Meeting of the Trust Board
Thursday 6 February 2020

Dear Members

There will be a public meeting of the Trust Board on Thursday 6 February 2020 at 1:45pm in the Charles West Boardroom, Barclay House, 37 Queen Square, Great Ormond Street, London WC1N 3BH.

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**1:45pm**
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 27 November 2019**	Chair	**A**	**1:50pm**
3.	**Matters Arising/ Action Checklist**	Chair	**B**	
4.	**Chief Executive Update**	Chief Executive	**C**	**1:55pm**
5.	**Patient Story**	Chief Nurse	**D**	**2:10pm**
6.	**Directorate presentation: Operations and Imaging Directorate**	Interim Chief Operating Officer/ Senior Leadership Team for Directorate	**E**	**2:30pm**
	STRATEGY AND PLANNING			
7.	**CQC Inspection Report 2019**	Chief Executive	**F**	**2:50pm**
8.	**Above and beyond framework – Our five-year strategy to advance care for children and young people with complex health needs**	Chief Executive	**G**	**3:00pm**
9.	**Update on Business Plan and Budget 2020/2021**	Chief Finance Officer/ Interim Chief Operating Officer	**H**	**3:10pm**
10.	**Update on the R&I Strategy with a focus on Research Hospital**	Director of Research and Innovation	**I - Presentation**	**3:25pm**
	RISK			
11.	**Brexit Update**	Interim Chief Operating Officer	**J**	**3:45pm**
	PERFORMANCE			
12.	**Integrated Quality and Performance Report – December 2019**	Medical Director/ Chief Nurse/ Interim Chief Operating Officer	**K**	**3:50pm**
13.	**Finance Report - Month 9 (December) 2019**	Chief Finance Officer	**L**	**4:05pm**

14.	**Safe Nurse Staffing Report (October – December 2019)**	Chief Nurse	**M**	**4:20pm**
	ASSURANCE			
15.	**Healthcare Worker Flu Vaccination Checklist**	Chief Nurse	**N**	**4:30pm**
16.	**Guardian of Safe Working Report Q3 2019/20**	Guardian of Safe Working – Renee McCulloch	**O**	**4:35pm**
17.	**Board Assurance Committee reports** • **Quality, Safety and Experience Assurance Committee update – January 2020 meeting** • **Finance and Investment Committee Update – December 2019** • **Audit Committee Assurance Committee Update – January 2020 meeting** • **People and Education Assurance Committee Update – December 2019 meeting**	Chair of the Quality, Safety and Experience Assurance Committee Chair of the Finance and Investment Committee Chair of Audit Committee Chair of the People and Education Assurance Committee	**P** **Q** **Verbal Update** **S**	**4:50pm**
18.	**Council of Governors' Update – December 2019 meeting**	Chair	**T**	
	GOVERNANCE			
19.	**GOSH Arts Proposal for Board Creative Health Champion**	Amanda Ellingworth, Non-Executive Director	**U**	**5:05pm**
20.	**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.)			
21.	**Next meeting** The next public Trust Board meeting will be held on Wednesday 1 April 2020 in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.			

ATTACHMENT A

Attachment A

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 27th November 2019

Present

Sir Michael Rake	Chair
Mr Matthew Shaw	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Mr Chris Kennedy	Non-Executive Director
Ms Kathryn Ludlow	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Prof Rosalind Smyth	Non-Executive Director
Dr Sanjiv Sharma	Medical Director
Professor Alison Robertson	Chief Nurse
Mr Phillip Walmsley	Interim Chief Operating Officer
Ms Helen Jameson	Chief Finance Officer
Ms Caroline Anderson	Director of HR and OD

In attendance

Ms Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Mr Peter Hyland	Director of Operational Performance and Information
Dr Clarissa Pilkington*	Chief of Service, Blood, Cells and Cancer
Dr Anupama Rao*	Deputy Chief of Service, Blood, Cells and Cancer
Ms Tricia Bennett*	Head of Nursing and Patient Experience, Blood, Cells and Cancer
Ms Esther Dontoh*	General Manager, Blood, Cells and Cancer
Ms Meredith Mora*	Clinical Outcomes Development Lead
Dr John Hartley*	Director of Infection Prevention and Control
Ms Helen Dunn*	Lead Nurse for Infection Prevention and Control
Dr Renee McCulloch*	Guardian of Safe Working
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)

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

173	**Apologies for absence**
173.1	Apologies for absence were received from Mr Matthew Tulley, Director of Development.
174	**Declarations of Interest**
174.1	No declarations of interest were received.

175	**Minutes of Meeting held on 18 September 2019**
175.1	The minutes of the previous meeting were **approved.**
176	**Matters Arising/ Action Checklist**
176.1	The actions taken since the last meeting were noted.
177	**Chief Executive Update**
177.1	Mr Matthew Shaw, Chief Executive said that the People Strategy had been launched at GOSH Open House on 21st November and the team was keen to begin implementing the delivery plan.
177.2	Mr Shaw thanked Mr Matthew Tulley, Director of Development for his work at GOSH over that last 7 years and wished him well in his new role.
177.3	Positive feedback had been received from the CQC and the Trust was awaiting the formal report. The Board thanked GOSH staff and the Executive Team for their work during the CQC inspection.
177.4	GOSH had hosted the European Children's Hospital Organisation (ECHO) and a positive meeting had taken place. The Trust would be working with the organisation on relevant workstreams. A meeting of the Children's Alliance had also taken place and discussion had taken place around the tariff challenges which were mutually affecting the organisations.
178	**Feedback from NED walkrounds**
178.1	<u>Camelia Botnar laboratories</u>
178.2	Mr Akhter Mateen, Non-Executive Director said that he had visited the Camelia Botnar laboratories and staff had been enthusiastic and very much welcomed the visit as they reported that they felt that they were located a long way from the rest of the hospital and were under-valued. They had raised concerns about the safety of the storage facility for a liquid gas which they believed to be high risk. Mr Chris Kennedy, Non-Executive Director who had also visited the area queried why this risk had not been raised through risk escalation processes and Mr Shaw confirmed that action was being taken. Lady Amanda Ellingworth, Non-Executive Director said that there were other areas of the Trust which also felt hidden and undervalued and it was important to recognise this.
178.3	Mr Mateen said that the laboratories team had visited other centres internationally and were clear that GOSH was at the forefront both in terms of equipment and capability and they had said that important work took place at the Trust. Mr Kennedy said that they were already noting the potential benefits of the EPR which could save considerable time for staff. He emphasised that it was vital therefore that there were still sufficient EPR support on site to exploit these benefits.
178.4	<u>Genetics</u>
178.5	Lady Ellingworth said that she had visited the genetics team which occupied levels 4, 5 and 6 in Barclay House. They had discussed the recent merger to

	become the North Thames Genomic Medicine Centre and were appreciative of staff being able to work on one site. They had been clear about the importance of this work for GOSH and had felt that the service could expand and improve further with additional staff. Professor Rosalind Smyth, Non-Executive Director said that they had been challenged by Epic which had not been optimised for their service. Mr James Hatchley, Non-Executive Director said that business continuity for the area was key as the service would need to move offsite in the event of an issue at GOSH. He said that staff had highlighted beneficial areas for potential investment such as a centralised system to monitor fridges. He added that it was clearly a world class facility which received samples internationally. Lady Ellingworth highlighted the recent excellent outcome in the team's regulatory inspection.
178.6	<u>CICU</u>
178.7	Ms Kathryn Ludlow, Non-Executive Director said that she and the Chair had re-visited CICU following previous discussions which had taken place at the last walkround and more positive conversations had taken place. Mr Richard Collins, Director of Transformation said that the EPR team continued to meet with critical care to review their challenges and there was a general view that they were working better with the system.
179	**People Strategy**
179.1	Ms Caroline Anderson, Director of HR and OD said that a detailed presentation on the People Strategy had been provided to the Council of Governors at its meeting on 26th November. Mr Kennedy welcomed the strategy and said he felt that the presentation to the Council had been excellent. Sir Michael agreed that he was very supportive of the strategy and emphasised the importance of ensuring it was well executed.
179.2	The Board **approved** the People Strategy.
180	**Patient Experience and Engagement Framework**
180.1	Ms Alison Robertson, Chief Nurse said that the framework had been developed in order to set out the ambition, vision and priorities to enable GOSH to understand and improve the experiences of patients and families in partnership with the GOSH Children's Charity. She said that work would now take place to identify priorities. Ms Robertson said that following the patient story which had been received at the September 2019 Trust Board meeting highlighting the importance of the experiences of siblings, it would be important to go beyond the support that was currently provided.
180.2	Mr Mateen queried whether KPIs and the impact of additional funding from the Charity would be identified through the framework and Ms Robertson confirmed that this would be set out on a year by year basis in the delivery plan. Mr Kennedy asked whether transition would be included and Ms Robertson said she felt it should be as considerable work was required to embed processes into the Trust. She added that it was also important to explore innovative forms of engagement including through the use of technology.

181	**Directorate presentation: Blood, Cells and Cancer Directorate**
181.1	Dr Clarissa Pilkington, Chief of Service for Blood, Cells and Cancer said that the directorate was primarily medical with 8 teams and 7 wards. Since the inception of the new directorate structure there had been a focus on visiting all areas: clinical, ward and administration, to improve joint working and culture.
181.2	The directorate had been challenged in terms of performance as a result of gaps on the junior doctor rota. She said that support was required to fill gaps in prioritised areas in a timely fashion.
181.3	Focus was being placed on benchmarking clinical outcomes and some areas published these publically; Dr Pilkington said it was important to expand this. Good work had taken place to review clinical risks and learn from incidents and there had been a backlog of incident reports which had been substantially reduced. Work by nursing teams had improved the teams working together across wards.
181.4	Dr Pilkington highlighted the importance of the extremely innovative CAR-T cell therapy which along with International Private Patients was a key driver of the directorate's good financial position. Activity in some areas had reduced and this was being reviewed in more detail to ascertain the cause.
181.5	Sir Michael queried how the initiatives for research were developed and Dr Pilkington said that the majority of teams in the directorate were comprised of clinicians and academics working together and the majority of cases studies were developed through this relationship. Work was taking place to encourage nursing staff and Allied Health Professionals to undertake research but this remained a challenge, partly due to the need to balance this with clinical work. Professor Smyth said that full-time consultants were often keen to undertaken additional research activities however it was challenging to ensure there was sufficient time for this. She said that the blood, cells and cancer directorate had an excellent balance. Mr Shaw said that it was important that the Trust did all it could to support the entrepreneurship of clinicians however it was important to bear in mind the obligation to meet the control total.
181.6	Dr Pilkington said that there was likely to be reconfiguration of paediatric cancer services nationally and it was possible that the Trust would require additional capacity.
181.7	Professor Smyth said that a Non-Executive Director walkround had visited the oncology day services in the Southwood Building and concerns had been raised about the accommodation for the services. She queried how this would be improved in advance of the opening of the Children's Cancer Centre. Ms Tricia Bennett, Head of Nursing and Patient Experience said that there were plans in place to ensure that patients were moved out of the Southwood Building by Summer 2020.
181.8	Mr Hatchley noted the lack of capacity for removal and insertion of central venous lines and asked for a steer on the drivers of the issue. Dr Pilkington said that she felt this was as a result of lack of capacity. She said that whilst it would be possible to make small efficiencies this was a key issue in the area.

181.9	Dr Sanjiv Sharma, Medical Director congratulated Dr Pilkington on her leadership to improve junior doctor out of hours cover which had been a longstanding problem for GOSH.
182	**Integrated Quality and Performance Report – October 2019**
182.1	Dr Sharma said that there had been a deterioration in the incident closure rate which was being kept under review. The focus of the team had been on the closure of long-standing incidents. The proportion of high risks which had been reviewed in line with the risk management strategy was 76% which required improvement. This was driven primarily by non-clinical risks and it had been shown that some meetings to review risks had been cancelled due to not being quorate.
182.2	A backlog of actions arising from serious incidents were currently open on Datix however it was understood that the majority of these had been completed but the data had not yet been uploaded to Datix to allow closure. It was noted that the metrics for completion of stage two of Duty of Candour continued to be red rated and Dr Sharma said that the letters had been sent to families however the team had not had sight of this.
182.3	Ms Alison Robertson, Chief Nurse said that there had been an increase in complaints in September and October particularly in the Body, Bones and Mind directorate. The complaints had been reviewed and there were no particular themes. An information governance breach had been declared as a serious incident in the reporting period.
182.4	The process for Friends and Family Test was being adapted in response to new guidance. Response rates were broadly static and there had been an improvement in IPP response rates in September however this had reduced again and continued to be under review.
182.5	**Action:** Feedback was being collected from patients and families visiting the new Falcon Outpatients in the Zayed Centre for Research and it was clear that way finding from the main hospital to ZCR was challenging. It was agreed that work would take place to ensure that ZCR was shown on Google Maps.
182.6	Mr Phillip Walmsley, Interim Chief Operating Officer said that diagnostic waits continued to improve but remained below target with 49 breaches, approximately half of which were as a result of internal processes which would be addressed. Cancer waits performance continued to be 100% and RTT was now at 85.05% which was an improvement on the previous month.
182.7	Sir Michael noted the substantial increase in PALS contacts and Ms Robertson said that this was being monitored. Although there were no themes arising, work would take place to triangulate data to highlight any issues. Dr Sharma said that the data had been scrutinised by NHS Improvement who had commented that overall the number of complaints received by GOSH was low.
182.8	<u>Update on Children's Alliance Specialised Services Quality Dashboard (SSQD) benchmarking pilot</u>
182.9	Ms Meredith Mora, Clinical Outcomes Development Lead said that the Children's Alliance had prioritised benchmarking between organisations and it had been agreed that this would take place through members sharing their

	specialised services quality dashboards (SSQD) with support provided by NHS England. Three areas had been agreed for initial comparison and GOSH has been leading on the work with good engagement from other Trusts.
183	**Approach to business planning and budget setting 2020/21**
183.1	Ms Helen Jameson, Chief Finance Officer said that a business planning process for 2020/21 financial year had been developed and would be updated as NHS England and Improvement released further planning guidance and negotiations concluded with commissioners. Timescales associated with the process had not yet been released.
183.2	A gap of £18.6million would be created between the forecast outturn and the expected control total of breakeven which would constitute the Trust's better value programme target for 2020/21.
183.3	**Action:** Mr Mateen asked whether the current budget for 2020/21 included IFRS 16 and Ms Jameson said that at this point in time, the NHS had not taken this into account. She said that the impact had a potential to be considerable and agreed to bring a paper to the Audit Committee in January 2020 with an assessment of the likely impact.
183.4	The Board **approved** the business planning process.
184	**Infection Control Update**
184.1	Dr John Hartley, Director of Infection Prevention Control said that Directorate IPC committees had been established and the Trust had successfully implemented the second phase of the 'gloves off' campaign. He said that a key area of risk was around the maintenance of the estate to support infection control. Mr Shaw said that the Trust's internal auditors had been asked to undertake an audit on ventilation in order to receive recommendations on action which could be taken for improvement.
184.2	Ms Robertson congratulated the team on their work throughout the year and said that good progress was being made.
184.3	**Action:** It was agreed that the QSEAC would undertake a deep dive into the impact of the estate on infection control.
185	**Board Assurance Framework Update**
185.1	Dr Anna Ferrant, Company Secretary said that following the Trust Board Risk Management Meeting which had taken place in October 2019 a review of risk 5: operational performance, risk 6: GOSH strategic position and risk 15: consistent delivery of quality services, would take place with risk owners to ensure the risk description was fit for purpose. The changes would then be reviewed by relevant assurance committees.
186	**Brexit Update**
186.1	Mr Walmsley confirmed that GOSH's current position in relation to Brexit continued to be rated green against the assurance questions set out by NHS

	England and Improvement. It was confirmed that the next national webinar on Brexit was taking place on 19th December.
187	**Electronic Patient Record Update**
187.1	Mr Richard Collins, Director of Transformation said that the EPR programme was currently in the optimisation phase which would continue to October 2020. He said that there some areas continued to have fixes applied and the first Epic upgrade had been successfully completed. The Trust had been the first UK site to undertake an upgrade which had increased the functionality of the system.
187.2	Focus was being placed on pharmacy and although not all issues had been fixed the team were comfortable that that there had been significant improvements. Concerns remained around depth of coding however some specialties had improved to pre-Epic levels. Sir Michael said that it was vital to continue to focus on benefits realisation and to ensure that clinicians in all roles were able to spend additional time working clinically with patients with better access to higher quality records.
187.3	Mr Walmsley said that work was required to ensure that the legacy systems which had been used prior to Epic could still be accessed to retrieve patient data.
187.4	Mr Hatchley asked whether there was sufficient focus on the impact on patients and families during the review of implementation. Ms Robertson emphasised that MyGOSH required substantial focus. She said that good feedback was being received from patients and families who were using the system but insufficient staff had information which enabled them to support families to activate accounts or promote the tool. Ms Robertson added that it was vital that families in services which weren't using the system as well were not disadvantaged and were able to access the same quality of information in a timely manner.
188	**Finance Report - Month 7 (October) 2019**
188.1	Ms Jameson said that at the end of October 2019 the Trust was £100,000 behind plan year to date and the Trust continued to forecast a breakeven position at year end in line with the Control Total. The deficit was primarily as a result of underperformance in IPP which was partially offset by vacancies throughout the Trust. Cash remained strong.
188.2	Mr Mateen noted that an under-spend of £7.7million on pay was being forecast and queried the impact on services. He asked whether this would be carried forward on a more permanent basis. Ms Jameson said that there were beds closed as a result and confirmed that a proportion would continue to be carried forward.
189	**Better Value Update**
189.1	Mr Richard Collins, Director of Transformation said that the Better Value target was currently behind plan and the gap had been largely filled by non-recurrent savings. Schemes continued to be reviewed in order to mitigate the gap. It was clear that there were opportunities around the recovery of debt and in procurement. Mr Shaw said that it was important that a balance was struck in

	continuing to close the gap for 2019/20 as far as possible and working on transformational schemes.
190	**Safe Nurse Staffing Report (August – September 2019)**
190.1	Ms Alison Robertson, Chief Nurse presented the report and said that work was required to ensure that the rostering system was used effectively to improve compliance with rostering rules which would improve staff experience.
190.2	A significant shift in the vacancy rate was anticipated going forward as a result of 84 newly qualified nurses starting in post and work was taking place on a local recruitment drive to fill gaps in Health Care Assistant posts. Ms Robertson said that it was important to be clear about existing staff benefits and good practice would be sought from other organisations.
190.3	Sir Michael asked about the profile of candidates year-on-year and Ms Robertson said that the Trust had good relationships with universities and received good quality candidates. She said that a reintroduction of the grant may provide support for mature students to consider nursing as a second career.
190.4	<u>Safe Staffing Nursing Establishment Mid-year Review</u>
190.5	Ms Robertson said that the staffing ratios had been determined using a variety of methods including the Royal College of Nursing and Paediatric Intensive Care standards as guidance. The methodology was in line with previous years however the 'safer nursing care' tool for children and young people had been piloted on one ward with a view to rolling this out in 2020. Going forward it was important to review the staffing which would be move into the sight and sound hospital as due to the configuration of the new facility over a number of different levels, it would not be possible to move the existing model into the new development.
190.6	An external review of GOSH's nursing establishments had been undertaken by Birmingham Children's Hospital and recommendations had been made for consideration. The Clinical Nurse Specialist cohort of staff would be reviewed in the coming weeks.
190.7	Mr Chris Kennedy, Non-Executive Director asked for a steer on the feelings of staff about the number of nurses, separate from the data, and Ms Robertson said that GOSH was an outlier in terms of its particularly junior nursing workforce and therefore it was important to ensure that appropriate skill mixes were in place rather than complete focus on numbers. She said that as a result the retention plan was focused on support and career development for newly qualified nurses and recruitment and retention of band 6 nurses.
191	**Transparency in Healthcare**
191.1	Dr Sanjiv Sharma, Medical Director said that the paper had been developed in response to the discussion at the Trust Board Strategy Day which highlighted the Board's commitment to being open and transparent. Mr James Hatchley, Non-Executive Director asked for a steer on the sense of transparency of other Trust's in the Children's Alliance and asked whether other organisations were taking steps that GOSH was not. Dr Sharma said that perception was vital and

191.2 191.3	said that there did not appear to be actions taken by other Trusts, giving GOSH the opportunity to be an exemplar. Lady Amanda Ellingworth, Non-Executive Director said that it was also important to review internal transparency and Dr Sharma said that a review was taking place of the way in which directorate performance reviews took place in support of the Integrated Quality and Performance Report to ensure that there was standard information across the Trust. Mr Shaw said that the GOSH was committed to putting issues into the public domain and agreed that this was as important to be open internally.
192	**Royal College of Surgeons Urology Service Review Summary and Action Plan**
192.1 192.2 192.3	Dr Sharma said that an external review had been commissioned from the Royal College of Surgeons (RCS) on the culture and performance of the Urology Service at GOSH. He said that the review had been discussed at the Quality, Safety and Experience Assurance Committee and Trust Board and the CQC and NHS England had been informed. An action plan had been submitted to the RCS arising from the recommendations in the formal report and they had welcomed the Trust's action to move the service forward. Dr Sharma said that the action plan would continue to be reviewed through the Patient Safety and Outcomes Committee and QSEAC and the RCS would revisit the Trust in early 2020. Mr Hatchley thanked the Trust for the work to undertake the review and welcomed its pre-emptive nature.
193	**Guardian of Safe Working Report**
193.1 193.2 193.3	Dr Renee McCulloch, Guardian of Safe Working said that exception reporting was not culturally well embedded within the Junior Doctor workforce. She said that in general junior doctors felt that they were working as part of a team to complete tasks however reports were helpful to indicate areas which required follow up. Dr McCulloch said that vacancy rates continued to fluctuate and was currently at 11%. There was excellent engagement with the Junior Doctor's Forum and roles had been created were in line with the directorate management teams. The junior doctor contract had been refreshed and final terms agreed. Some of the working directives had been amended and were now more restrictive which led to challenges in filling the rota, there were now non-compliant rotas on ICU, and impacted training. It had not been possible to recruit to additional posts in ICU prior to sign off of the rotas however this would now be required. The junior doctor 24/7 task and finish group had reviewed models of working and rota systems focusing on out of hours work. The rota had become more equable and it was anticipated that this would support recruitment and retention. The reconfiguration had shown that some specialties had an extremely lean workforce which made it challenging to staff the day time service whilst enabling junior doctors to take annual leave and study leave.

194	**Emergency Preparedness, Resilience and Response Assurance 2019 Compliance**
194.1	Mr Phillip Walmsley, Interim Chief Operating Officer said that following an assurance visit by an external expert and NHS England in October 2019 it had been confirmed that GOSH was 100% compliant with all business continuity standards for the first time. The Trust was one of only two in London to achieve this score.
194.2	Mr Akhter Mateen, Non-Executive Director said that the matter had been discussed at the Audit Committee and it had been noted that there had been a number of incidents which had occurred at GOSH or locally. He queried whether the security actions were complete following a stabbing which had taken place near the Trust recently and asked for confirmation that guttering had been appropriately cleaned and unblocked following a recent flood in the hospital. Ms Jameson confirmed that the security actions were on-going and guttering had been cleaned, appropriate contracts were in place and work was taking place to recover funds from the Trust's insurance.
194.3	The Board **agreed** the Trust's level of compliance.
195	**Learning from Deaths (Mortality Review Group - Report of deaths) in Q1 2019/20**
195.1	Dr Sharma said that there had been 31 deaths in the reporting period, none of which had been found to have modifiable factors.
195.2	Mr Mateen noted that there was a project to refurbish the mortuary and asked if this had been completed. Ms Robertson said that there had been a refurbishment which had created a significantly improved environment.
196	**Board Assurance Committee reports**
196.1	<u>Finance and Investment Committee Update –September 2019</u>
196.2	Mr James Hatchley, Chair of the Finance and Investment Committee said that the committee had been undertaking directorate reviews and consideration was being given to the way in which this was done in also to receive the most useful information. He said that directorates tended to focus more on their clinical outcomes and achievements.
196.3	<u>Quality, Safety and Experience Assurance Committee update – October 2019 meeting</u>
196.4	Lady Amanda Ellingworth, Chair of the QSEAC said that a full report had been provided to the Council of Governors at the November meeting. She said that deep dives of BAF risks took place at each meeting however it was possible that a new process was required to receive the required assurance. Dr Ferrant said that deep dives at Audit Committee were valuable and therefore it would be important to share learning.

196.5	Audit Committee Assurance Committee Update – October 2019
196.6	**Action:** Mr Akhter Mateen, Chair of the Audit Committee said that a full report had been provided to the Council of Governors. He had noted that there was a theme arising in Audit Committee papers about IT and cyber security. It was agreed that the next Committee meeting would receive a further update from the Director of ICT which would include hardware and software, Epic recovery and ethical hacking.
196.7	People and Education Assurance Committee Update – September 2019
196.8	Ms Kathryn Ludlow, Chair of the PEAC said that a report had been given at the Council of Governors meeting. She said that three BAF risks were overseen by the Committee and deep dives would begin at the next meeting.
197	**Council of Governors' Update – verbal from November 2019**
197.1	Sir Michael Rake, Chair said that a number of papers on the Trust Board agenda had been reviewed with the Council of Governors.
198	**Register of Seals**
198.1	The Board **endorsed** the use of the company seal.
199	**Any other business**
199.1	It was noted that it was Professor Rosalind Smyth's last Board meeting. Sir Michael thanked her for her contribution to the Board over the past 7 years.

ATTACHMENT B

Attachment

TRUST BOARD – PUBLIC ACTION CHECKLIST
February 2020

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
141.2	18/09/19	Discussion took place around the potential declaration of a climate emergency which had already been done by more than 100 local authorities and two NHS Trusts and it was agreed that work would take place to understand the implications and responsibilities so that this could be considered by the Board at its November meeting.	Nick Martin/ Matthew Tulley	April 2020	It has been agreed that the plans will be presented at the April 2020 Board including a review of the implications, opportunities and benefits of declaring a climate emergency
144.7	18/09/19	It was agreed that the Board would undertake unconscious bias training.	CA	February 2020	Being incorporated into a Board Development Programme for delivery in 2020.
182.5	27/11/19	Feedback was being collected from patients and families visiting the new Falcon Outpatients in the Zayed Centre for Research and it was clear that way finding from the main hospital to ZCR was challenging. It was agreed that work would take place to ensure that ZCR was shown on Google Maps.	SW	December 2019	Actioned: The ZCR now shows on Google maps.
183.3	27/11/19	Mr Mateen asked whether the current budget for 2020/21 included IFRS 16 and Ms Jameson said that at this point in time, the NHS had not taken this into account. She said that the impact had a potential to be considerable and agreed to bring a paper to the Audit Committee in January 2020 with an assessment of the likely impact.	HJ	January 2020	On January 2020 Audit Committee agenda
184.3	27/11/19	It was agreed that the QSEAC would undertake a deep dive into the impact of the estate on infection control.	John Hartley	April 2020	On QSEAC agenda for April 2020
196.6	27/11/19	The Chair of the Audit Committee said that he had noted that there was a theme arising in Audit Committee papers about IT and cyber security. It was agreed that the next Committee meeting would receive a further update from the Director of ICT which would include hardware and software, Epic recovery and ethical hacking.	Sarah Trewella	January 2020.	On January 2020 Audit Committee agenda.

Attachment C

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board **6th February 2020**	
Chief Executive Update **Submitted by:** Matthew Shaw, Chief Executive	**Paper No: Attachment C**
Aims / summary Update on key operational and strategic issues.	
Action required from the meeting For noting.	
Contribution to the delivery of NHS Foundation Trust strategies and plans • Compliance with CQC Well-Led framework • Delivery of trust strategy	
Financial implications • None (business as usual)	
Who needs to be told about any decision? Not applicable	
Who is responsible for implementing the proposals / project and anticipated timescales? CEO and executive colleagues	
Who is accountable for the implementation of the proposal / project? CEO	

Part 1: People

1.1 Strategic priorities for the year

We are presenting our revised Strategy, *Above and Beyond*, at the board meeting today for noting and approval. Supported by the People Strategy and the Transformation Strategy, together these three documents establish the roadmap for an ambitious level of organisational change, which the exec team is excited to move forward with at pace.

Created following last year's consultation with GOSH staff, governors, patients and families, FT members and partner organisations, *Above and Beyond* sets out a statement of purpose, a set of 'due north' principles and a series of priorities to advance care for children and young people with complex health needs.

Above and Beyond is underpinned by an ambitious set of programmes that aim to transform our skills and capacity to deliver a patient-centred, digital-first culture, driving better outcomes, more research discoveries and a better experience for patients, families, staff and partners.

We will be launching the strategy at an all-staff meeting in late February and are preparing a strategy toolkit for GOSH leaders, which will support them in operationalising the strategy across directorates and departments.

Linked to the strategy as well as to our recent CQC report, I have shared three key expectations for the year with all staff through EMT, SLT, all-staff meetings and communications. These are:

1. Continuing to improve the basics
Embedding the shared motivation, discipline and straightforward systems that help our people to consistently deliver the basic elements that define high quality hospital care.
In particular:

- Medicines management
- Patient flow
- Information governance
- Financial management.
- People management.

2. Getting involved in operationalising the GOSH strategy
Responding positively and proactively to a new strategy framework that articulates the priorities expressed by our patients and families, staff and partners. We want teams and individuals to consider their own role in driving the organisation towards its vision and purpose, by actively supporting a strategic programme or embedding the principles in all areas of hospital life.

3. Starting to deliver true transformation
Across our transformation portfolio, we are looking to support people in thinking differently about the way services are run, embracing innovation and new technologies and re-designing processes so that they work better for our patients and for our staff.

We are also engaging with the GOSH Charity and UCL Great Ormond Street Institute for Child Health to translate our strategy into the Hospital Priorities Funding framework. Myself or James Hatchley will be in a position to update verbally on the outcomes of a workshop on this theme, which is taking place at the charity on 30 January 2020.

1.2 Staff wellbeing, diversity and inclusion

The annual staff survey was carried out between September and November 2019. 2,489 out of a total sample of 4,665 staff responded, a 53.4 per cent response rate – higher than the previous year but lower than the average of 55 per cent amongst our peer Trusts.

The current data analysis has not yet been benchmarked, but indicates that we are really moving in the right direction. We received more positive responses for 65 out of 90 questions, in particular a 9 per cent improvement on 'effective communication between senior management and staff' and 'senior managers act on staff feedback'.

There was no change across 15 out of 90 questions, and less positive responses for 10. Notably, 3 per cent fewer responses indicated 'the organisation acts fairly on career progression' and 3 per cent more indicated experience of harassment, bullying or abuse.

It is possible that these responses reflect our drive to talk more openly about poor behaviour, bias and discrimination. So while the data itself is concerning, I'm pleased that it is consistent with the development areas we have prioritised in the People Strategy. As with safety reporting, giving staff the confidence to call out poor behaviour is the first step towards learning and improving.

I have attended a wide range of different staff meetings since the launch of the People Strategy, but I wanted to share a wonderful example of how staff are responding positively to the emphasis on health and wellbeing. I was invited to attend an away day for Panther Ward earlier this month and was so impressed by this forward-thinking and energetic team, who were taking the time out to consider how to look after themselves and each other given the challenges and pressures they face at the frontline of care. We had a great discussion with lots of good ideas, including end-of-shift debriefs with deliberate 'checking in' conversations to help make sure no one leaves their working day feeling unsupported.

At Mat's Big Brief in January I shared the stage with the GOSH Women's Forum for a discussion on gender balance in the organisation and how we can work together as a community to provide opportunities for all our staff to fulfil their potential.

1.2 *Speaking Up for Safety* update

We are pleased to report that over 80 per cent of staff have now participated in our *Speak Up for Safety* workshops as part of the Safety, Reliability and Improvement Programme (SRIP).

In March we will be rolling out the second phase of the programme, *Speaking Up for Values, w*hich develops the safety culture by focussing on setting clear, shared expectations through peer review and informal, honest and collaborative conversations.

1.3 Update on senior posts

The former General Manager for International Private Patients, Chris Rockenbach, is now in post as the Trust's commercial director. This role was created to maximise commercial income in support of our strategy to build the financial strength to support our core purpose - advancing care for children and young people with complex health needs. Chris is leading the development of a commercial strategy that will support our ability to deliver specialised NHS services, roll-out our transformation portfolio and extend the reach of our research, education and digital programmes. He is reviewing our current commercial processes in research, education, technology, private patients and healthcare services and will develop strategic partnerships to support us in developing and accessing the right commercial skills.

We have continued at pace with our recruitment process to appoint a Director of Estates, Facilities and Development and have selected a strong pool of candidates for interview. A verbal update will be provided at the meeting.

Part 2: Service quality

2.1 CQC report

Our CQC report was published on 22 January 2020. We have been rated as Good overall. Every single clinical service is now Good or Outstanding. The Surgery service has moved up a rating and our Well Led rating is now Good.

The CQC found multiple examples of outstanding practice. These include services completely centred around the needs and experience of children and young people, lots of meaningful engagement with families, the public and national and local organisations in developing our services, and world-leading research and surgery programmes.

We can't underestimate how much hard work this has taken in a year that saw us deploy Epic, bed down a new organisational structure and save more money than we have in our history. To get to this point is a fantastic achievement and a real team effort. We are extremely grateful to all staff and the Board who helped us to prepare for and engage with the CQC inspection process.

Our initial review of the raw data from the staff survey also indicates that we are on the right track – but there is much more to do over the next 2-3 years to make the necessary improvements and really embed excellence across all our activities.

Most importantly, we were rated as Requires Improvement for Safe. The board is familiar with the issues raised and is aware of the actions underway to improve pharmacy and resolve outstanding issues with Epic. We need to be making sure we manage and store medicines safely, consistently get the basics right when it comes to hand hygiene, and maintain our equipment.

We also need to do more to support our Mental Health teams to develop Epic in a way that works best for them and for their patients. Our improvement plans for this are already in place. Our challenge is building on the momentum we generated in preparation for the inspection, so that we are always up to date with things like mandatory training and always inspection-ready. We have established new 'Always Improving' meetings to achieve this aim.

I want to thank the CQC inspection team for a really interactive inspection, providing a fair and accurate picture of our progress and some really helpful guidance to drive us forwards in our journey to Outstanding.

2.2 Urology service

Our decision to share the report we commissioned from the Royal College of Surgeons into our urology surgical service with November's public board papers resulted in significant media interest and, I'm sorry to report, personal intrusion – with staff members being approached by journalists at their own homes. This was upsetting for a team who are working hard and making good progress towards tackling the issues identified and who were recognised within the report as being excellent and dedicated. We continue to provide them with support and have shared the learnings from the review with all our staff so that other teams can learn from their experiences.

This was an important step towards being more open and transparent about our services. However, it is still important that we reflect on the decision to put the report into the public domain and the consequences for the staff, patients and families directly involved

[Ends]

Attachment D

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
6 February 2020

Patient Story – Experiences of a 10 year old who has just finished their chemotherapy treatment at GOSH **Submitted on behalf of** Alison Robertson, Chief Nurse Author: Emma James, Involvement and Engagement Officer	**Paper No: Attachment D**

Aims / summary

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

Each story includes information on actions which were taken to improve aspects of a service, if applicable. Stories which are selected represent a range of families' experiences across a variety of wards and service areas across the directorates, ensuring that the experiences of families are captured.

The story to be shared on 6 February will be in person. Eric is ten years old and has been coming to GOSH for three years. On Friday 17 January, he received his last chemotherapy treatment. Eric invited the Patient Experience Team to record him ringing the end of treatment bell. The video of this significant event will be shown at the Trust Board Meeting.

The story will cover four areas:

1. Celebrating the end of Eric's treatment and the completion of his Beads of Courage story for GOSH. The Beads of Courage (collection of different shaped beads) is a tool for patients to explain their treatment and condition to themselves and others; "This is my story, this is what I'm doing – it's not nice but I'm strong and I will get through it".

2. Eric's first memories of GOSH – not liking needles.

3. Eric will share what happens on a normal visit to GOSH for him, who he sees, what happens, how he feels. Positives include staff, play rooms and catering. He does not like waiting to have his treatment.

4. Eric wants to say thank you to staff that have helped him on his journey, particularly nurses Raymond and Camilla.

Action required from the meeting

Review and comment

Attachment D

Great Ormond Street Hospital for Children
NHS Foundation Trust

Contribution to the delivery of NHS / Trust strategies and plans • The Health and Social Care Act 2010 • The NHS Constitution for England 2012 (last updated in October 2015) • The NHS Operating Framework 2012/13 • The NHS Outcomes Framework 2012/13 • Trust Values and Behaviours work • Quality Strategy
Financial implications None
Who needs to be told about any decision
Who is responsible for implementing the proposals / project and anticipated timescales Emma James – Involvement and Engagement Officer
Who is accountable for the implementation of the proposal / project Claire Williams – Head of Patient Experience and Engagement
Author and date Emma James – Involvement and Engagement Officer – January 2020

ATTACHMENT E

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

OPERATIONS AND IMAGES

Operations and Imaging Directorate Trust Board

Thursday 6th February 2020

Eithne Polke
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Tim Liversedge
Deputy Chief of Service

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Ciara McMullin
Head of Nursing

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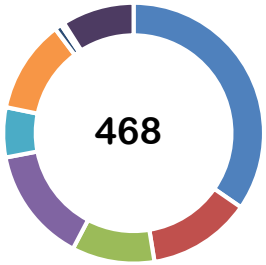
☎ Ext : 5987

Nick Towndrow
General Manager

✉ Nick.Towndrow@gosh.nhs.uk
☎ Ext : 1557

Who we are



- 162 nurses, clinical nurse specialists, practice educators
- 60 radiographers and sonographers
- 48 ODPs
- 67 Consultants
- 29 HCAs Theare support workers
- 54 clerical and administrators
- 4 housekeepers
- 1 floor manager
- 1 physicist
- 42 specialty registrars

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

OPERATIONS AND IMAGES

Who we are.

Anaesthetic pre-operative assessment service

Theatres

Anaesthesia

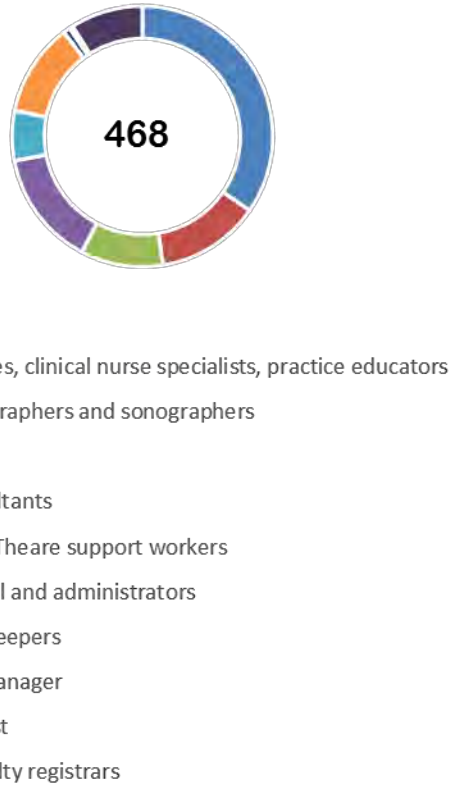
Nurse led sedation service

Radiology

Interventional radiology

Nuclear medicine

Cath labs



NHS Great Ormond Street Hospital for Children NHS Foundation Trust

OPERATIONS AND IMAGES

Who we are

Anaesthetic pre-operative assessment service

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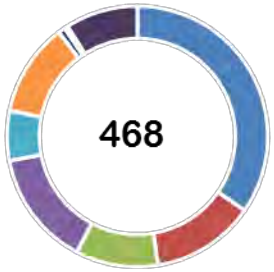


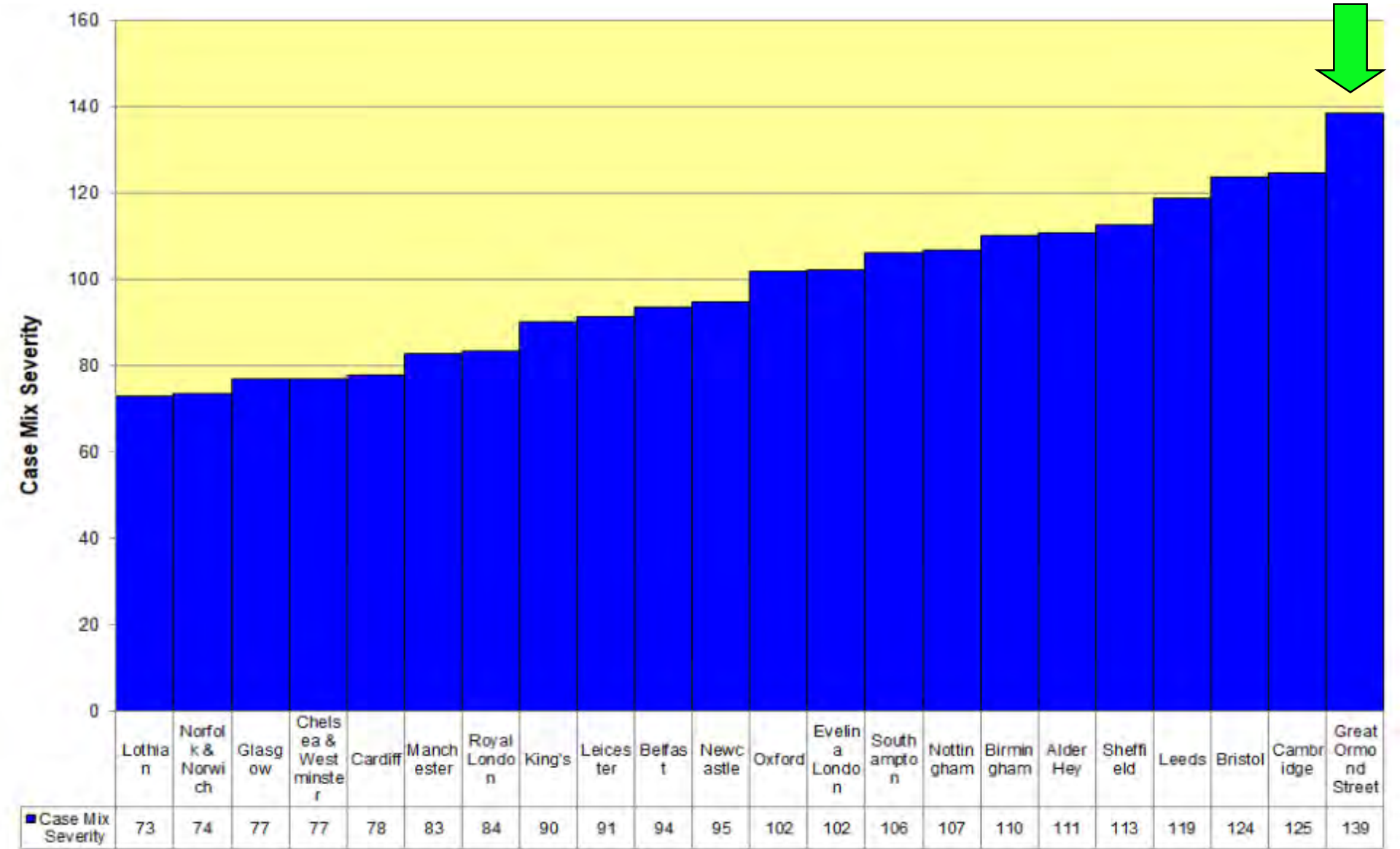
- 162 nurses, clinical nurse specialists, practice educators
- 60 radiographers and sonographers
- 48 ODPs
- 67 Consultants
- 29 HCAs Theare support workers
- 54 clerical and administrators
- 4 housekeepers
- 1 floor manager
- 1 physicist
- 42 specialty registrars

£36m (expenditure budget 2019)

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

OPERATIONS AND IMAGES

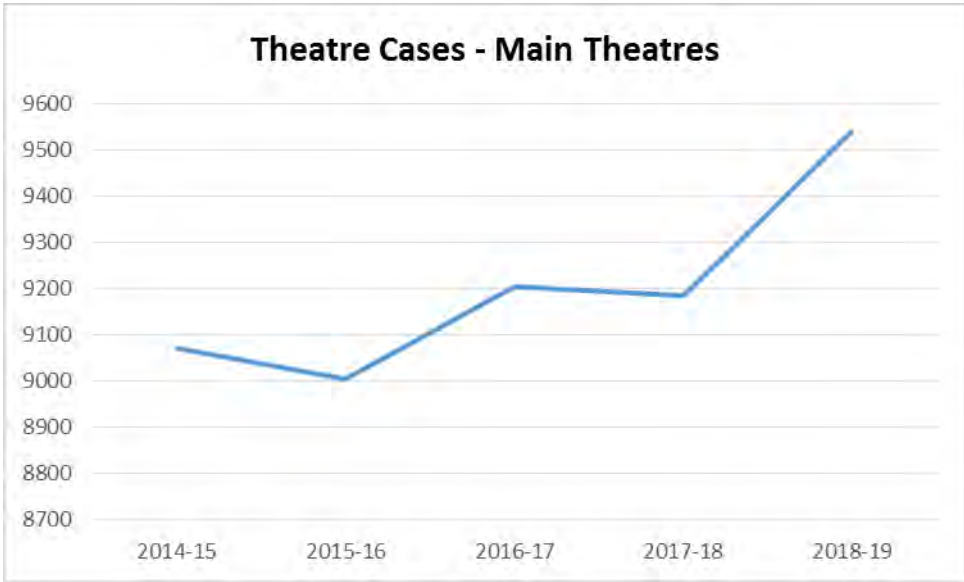
Case mix severity for admitted care activity (elective and non-elective)



Activity

Year	Imaging Examinations
2014-15	57,859
2015-16	59,350
2016-17	60,918
2017-18	59,305
2018-19	61,297

APOA Clinics	14/15	15/16	16/17	17/18	18/19
TOTAL	739	3,842	3,646	3,645	3,725



Pain Attendances	14/15	15/16	16/17	17/18	18/19
Follow-Up	1,072	1,040	1,167	1,400	1,333
New	132	130	133	163	165
TOTAL	1,204	1,170	1,300	1,563	1,498

NHS Great Ormond Street Hospital for Children NHS Foundation Trust | OPERATIONS AND IMAGES


STORZ
MAQUET

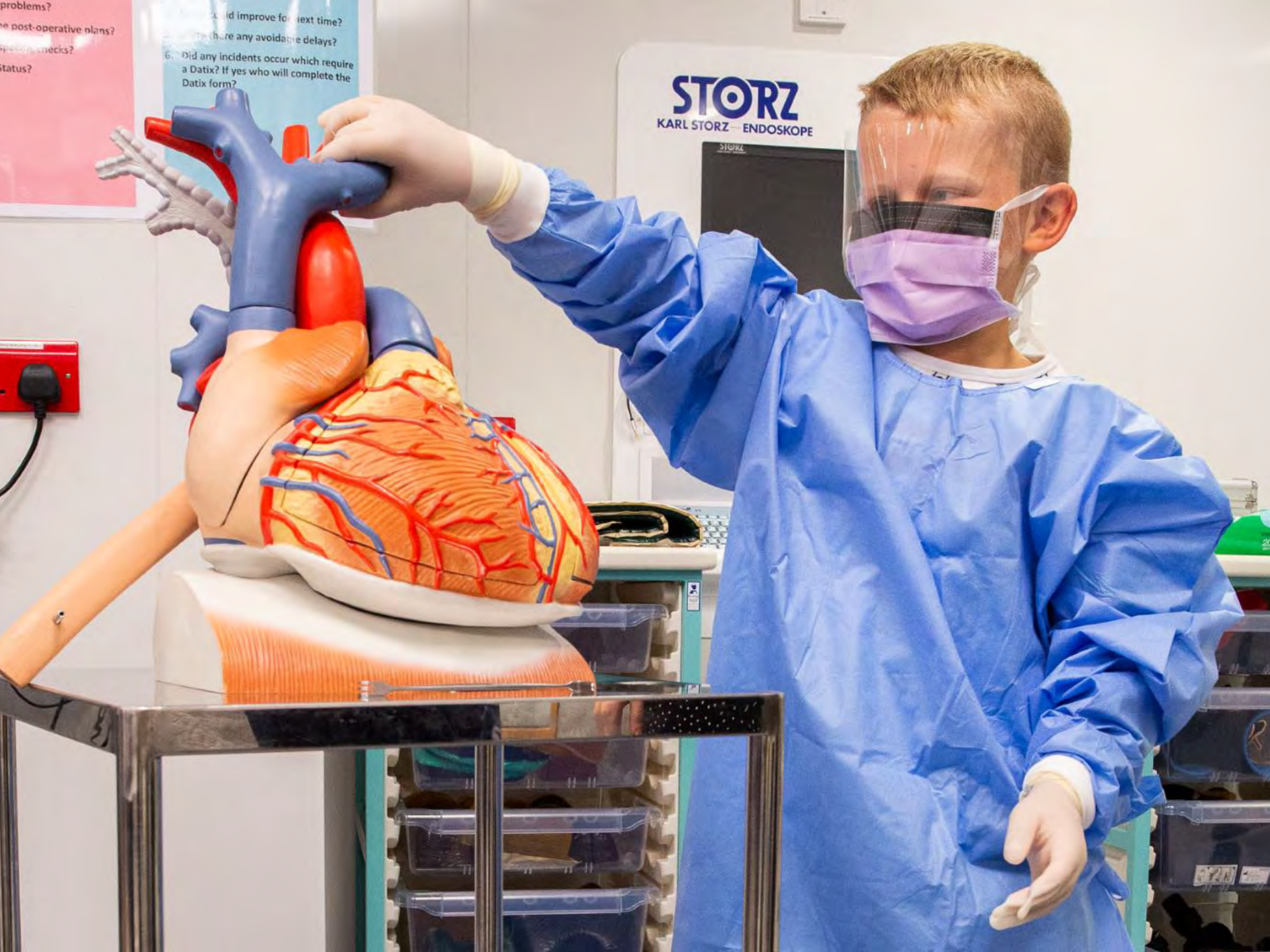
Successes

- Complex and innovative services

- Foetal surgery team
- Quality standards for Imaging accreditation
- IR – awarded exemplar status by British society of radiology
- Sedation service development
- Team debriefs

- Professor Walker
- Dr Alex Barnacle Dr Mark Thomas

NHS Great Ormond Street Hospital for Children NHS Foundation Trust | OPERATIONS AND IMAGES


problems?
e post-operative plans?
Status?
6. Did any incidents occur which require a Datix? If yes who will complete the Datix form?
STORZ
KARL STORZ — ENDOSKOPE

Challenges

- Recruitment to specialist roles
- Capacity – MRI, IR, theatre
- iMRI
- Improving systems and processes
    - Scheduling
    - Flow
    - Anaesthetic Preoperative assessment clinics
    - Developing a formal anxiety management service
- Anaesthetic department accreditation

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NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

OPERATIONS AND IMAGES

Attachment F

Trust Board 6th February 2020	
CQC Inspection Report 2019 **Submitted by:** Sanjiv Sharma, Medical Director	**Paper No: Attachment F**

Aims / summary

The attached presentation provides a high level overview of the results of the CQC inspection which was undertaken between October and November 2019 and was published on the 21st January 2020.

The key points are:

- The Trust retains its overall rating of *Good*.
- All services provided by the hospital are now rated as either *Outstanding* or *Good*.
- The effectiveness of our care, and the caring attitude of our staff have been rated as *Outstanding* again.
- Many fantastic examples of outstanding practices by our teams were highlighted including patient experience and engagement work, innovative and world leading research and our Play Streets.
- Our Well Led rating has improved to *Good* at Trust level and in critical care and surgical core services which is a welcome reflection on the work at all levels in the organisation to improve.
- The safety of the care we provide has reduced to *Requires Improvement.* This is linked primarily to medicines management within the hospital specifically the storage and disposal of medicines.

A copy of the report is attached.

The CQC issued 2 enforcement notices:

<u>Regulation 12: Safe Care and Treatment</u>
Relates to the robustness of access control measures in PICU medication room; the safe storage of IV fluids in theatres, interventional radiology and on one of the surgical wards; the process for denaturing controlled drugs on wards; and the temperature monitoring arrangements for medication rooms.

<u>Regulation 17: Good Governance</u>
Relates to: the articulation of the breadth of the medicines risk on the board assurance framework; and the need to ensure that the EPR system fully meets the needs of the staff in the CAMHS service to deliver safe care.

In total the hospital has been advised of 4 ‘Must Do’ actions which are required to bring services in line with legal requirements. These link to the actions to address the enforcement actions. The Trust has also been advised of 18 ‘Should Do’ actions (10 Trust wide, 2 Critical Care, 3 Surgery and 3 Mental Health) which are required to comply with minor breaches that did not justify regulatory action and to prevent the service from failing to comply with legal requirements in future, or to improve services.

An action plan has been developed to address all *Must Do* and *Should Do* actions. A copy of this is included here for assurance. The plan to address the enforcement notice must be submitted to the CQC by the 13th February 2020. We must inform the CQC in writing when these actions are complete. An executive led committee, Always Improving, has been established and will meet monthly to review progress against this action plan, whilst supporting the ongoing work on the journey towards *Outstanding*. This committee will report into the Risk, Assurance and Compliance meeting.
Action required from the meeting • Acknowledge progress made since the last inspection which is reflected in the report, including the many examples of outstanding practice. • Review the action plan and consider whether the identified actions and timescales are sufficient to address the regulatory breaches identified • Consider whether the proposed structure for monitoring is sufficient and will provide the assurance that the Board requires in relation to progress against the agreed actions. • Approve the proposal to publish the action plan and regular updates on progress to promote transparency
Contribution to the delivery of NHS Foundation Trust strategies and plans • Ensuring we are meeting our regulatory requirements to our patients and their families
Financial implications • A failure to address the concerns identified in the enforcement notices, must dos and should dos may results in enforcement action in future, which may include fines.
Who needs to be told about any decision? • Medical Director • Company Secretary • Head of Special Projects for Quality and Safety
Who is responsible for implementing the proposals / project and anticipated timescales? The action plan implementation will be overseen by the Always Improving committee with support provided by the Head of Special Projects for Quality and Safety.
Who is accountable for the implementation of the proposal / project? Medical Director.

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

CQC Report January 2020

Inspection Oct-Nov 2019

Great Ormond Street Hospital for Children NHS Trust

GOSH 2019 CQC Inspection

2018

Ratings for Great Ormond Street Hospital for Children NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015
Surgery	Requires improvement ↓ Jan 2018	Good →← Jan 2018	Good ↓ Jan 2018	Good ↑ Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018
Critical care	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires improvement Apr 2015	Good Apr 2015
Neonatal services	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Transition services	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires improvement Apr 2015	Good Apr 2015
Services for children and young people	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
End of life care	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015
Outpatients	Good →← Jan 2018	Not rated	Outstanding →← Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018

2019

Ratings for Great Ormond Street Hospital NHS Trust

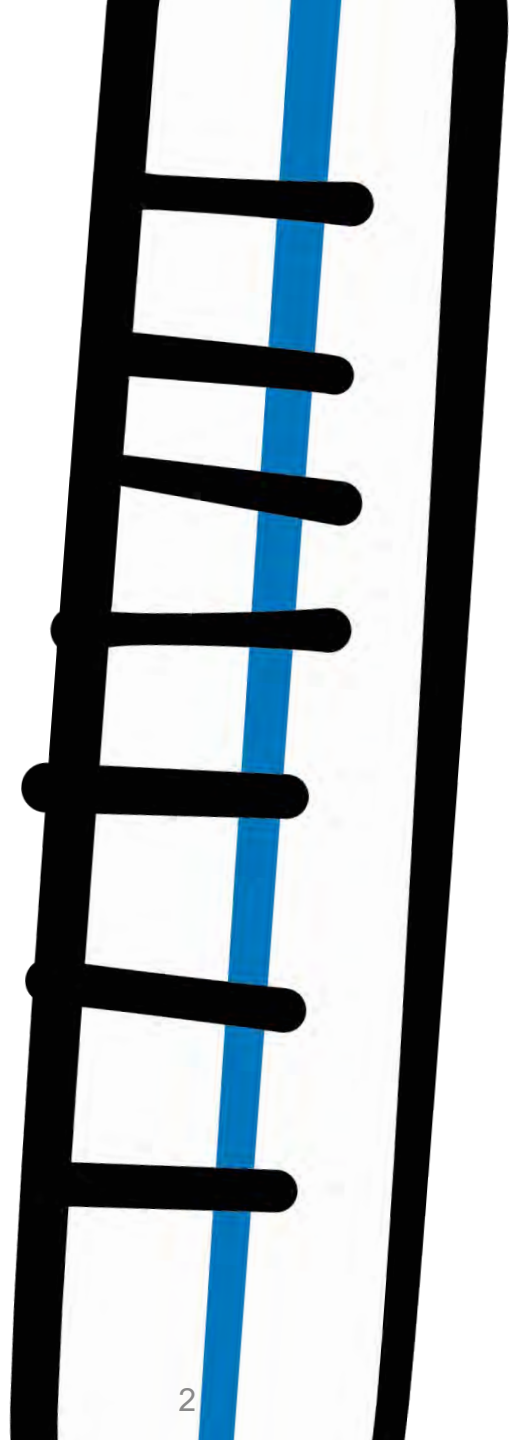
	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016
Surgery	Requires improvement →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Good →← Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Critical care	Requires improvement ↓ Jan 2020	Good →← Jan 2020	Outstanding →← Jan 2020	Good →← Jan 2020	Good ↑ Jan 2020	Good →← Jan 2020
Neonatal services	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Transition services	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Requires improvement Jan 2016	Good Jan 2016
End of life care	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016
Outpatients	Good Apr 2018	N/A	Outstanding Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Child and adolescent mental health wards	Good →← Jan 2020	Good →← Jan 2020	Good ↓ Jan 2020	Good →← Jan 2020	Requires improvement ↓ Jan 2020	Good →← Jan 2020

Headlines:

Overall Trust rating of **Well Led** – **GOOD**
All Hospital services are rated either **GOOD** or **OUTSTANDING**
Rating for Safe has deteriorated to **Requires Improvement**

Surgical Services (spanning 6 of our Directorates) – improved to **GOOD** overall with **Caring** and **Effective** now rated as **OUTSTANDING** and moving to **GOOD** in **Well Led**

Critical Care – improved to **GOOD** in **Well Led**
Mental health – rated **GOOD** overall



OUTSTANDING PRACTICE

YOUNG PEOPLE'S FORUM

Our YPF actively engages with young people and their siblings so their views and experiences influence and inform service developments

The support available from our Family Liaison Sisters for bereaved families is outstanding

We led the drug trial for a new Spinal Muscular Atrophy treatment which has now been approved by NICE.

Research is embedded in our critical care teams. They were lead authors on 4 of the 8 multiple centre trials in Paediatric Intensive Care published globally in 2018 and 2019

Our two Play street events promoted clean air and the benefits to patients, and were an opportunity to engage with the local community.

New Gene Therapy has treated patients with severe combined immunodeficiency without a transplant

GOSH is the first centre in the UK undertaking foetal surgery for Spina Bifida

Weekly psychological support sessions for critical care staff include pre-briefs ahead of possible bereavements

Pioneering 3D heart modelling and virtual reality helps clinicians plan and practice complex procedures

Participating in Harvey's Gang allows children to understand what happens to their blood samples

We have a well structured appraisal process for Non-Executive Directors

GOSH teens CAREERS FESTIVAL

We introduce patients to a range of companies and help them sign up for work experience opportunities and learn new skills

We got a silver dolphin award at Cannes for a short film showing a European collaboration, coordinated by our Consultant Neurologist

Our range of services to reduce anxiety, including:

- blood parties using disco lights and sensory equipment to distract patients while having their blood taken
- poets on the ward
- music therapist to provide opportunities for creative expression

Enforcement Notices

Regulation 12 Safe Care and Treatment

The service did not always use systems and processes to safely store, record or destroy medication in line with legislation

- PICU: access to rooms where medication is stored was not appropriately controlled.
- Theatre and 1 Surgical Ward: IV fluids not stored securely
- Surgery: not denaturing CDs in line with policy
- Surgery: Temperature in rooms used to store medicines were not stored and recorded.

Regulation 17 Treatment of disease, disorder or injury

The known medicines risks raised at the previous inspection relating to safe storage of medicines had not been mitigated. The Trust must ensure the BAF reflects all known medicine risks.

In CAMHS there was ineffective governance in respect of the introduction of the new EPR system. The new system did not meet the unit's needs. This had been recognised but not addressed promptly.

The Trust is progressing action plans to address both enforcement notices and is due to respond to CQC on 13th February 2020

Provision of Safe Care

We were rated **Requires Improvement** for **Safety**

This relates mainly to:

- Consistent management of medicines
- Consistently managing our infection control risk
- Consistency of systems to ensure that our equipment is maintained and safe to use
- Pharmacy provision on critical care wards was below recommended standards

We MUST do:

- Ensure that our Board Assurance Framework reflects all known medicines risks
- Ensure that our medicines are stored safety and destroyed in line with legislation in critical care and surgery
- Ensure that the EPR meets the needs for the CAMHS service so staff can record, update and find patient records promptly.

We have established a monthly executive led **Always Improving** meeting to focus on embedding change in light of the findings, and to establish ongoing monitoring of compliance with CQC regulations across our services.

The Should Do's

Trust Wide

- Continue to implement a formal board development programme
- Take action to develop and assure itself about financial sustainability going forward
- Continue to promote the role of the Freedom to Speak Up Guardian
- Raise staff awareness of the safe and respectful behaviour policy
- Continue to improve on our WRES data
- Raise awareness of the accredited safety champions
- Clarify role and expectations of governors in interview stakeholder groups
- Improve oversight of pharmacy department including development of KPIs via the directorate performance process
- Take action to improve the number of incidents closed within 45 working days
- Improve accuracy of Trust's information asset register.

Critical Care

- Consider developing a directorate clinical strategy for critical care areas
- Provide consistent check in relation to all in use resuscitation equipment in the critical care areas

Surgery

- Improve the timeliness of discharge summaries sent to the patient's GP
- Continue work to improve referral to treatment times
- Review and imped systems for equipment maintenance in theatres so that staff are assured it is fit for use.

CAMHS

- Continue to take action so that staff are not negatively affected by the lack of disabled access to the roof terrace
- Provide training to improve understanding of Gillick competency
- Provide timely admin support so audits and document scanning are not delayed

Benchmarking

Ratings for Great Ormond Street Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016
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Critical care	Requires improvement ↓ Jan 2020	Good → ← Jan 2020	Outstanding → ← Jan 2020	Good → ← Jan 2020	Good ↑ Jan 2020	Good → ← Jan 2020
Neonatal services	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Transition services	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Requires improvement Jan 2016	Good Jan 2016
End of life care	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016
Outpatients	Good Apr 2018	N/A	Outstanding Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Child and adolescent mental health wards	Good → ← Jan 2020	Good → ← Jan 2020	Good ↓ Jan 2020	Good → ← Jan 2020	Requires improvement ↓ Jan 2020	Good → ← Jan 2020

Ratings for Sheffield Childrens Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019
Medical care (including older people's care)	Good Oct 2016	Good Aug 2014	Good Aug 2014	Good Oct 2016	Good Oct 2016	Good Oct 2016
Surgery	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019
Critical care	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Oct 2016	Good Aug 2014
Neonatal services	Good Aug 2014	Requires Improvement Oct 2016	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Transition services	Good ↑ Jul 2019	Good ↑ Jul 2019	Good → ← Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
End of life care	Good Aug 2014	Good Aug 2014	Good Aug 2014	Outstanding Aug 2014	Outstanding Aug 2014	Outstanding Aug 2014
Outpatients	Good → ← Jul 2019	N/A	Good → ← Jul 2019	Requires Improvement ↓ Jul 2019	Good → ← Jul 2019	Good → ← Jul 2019

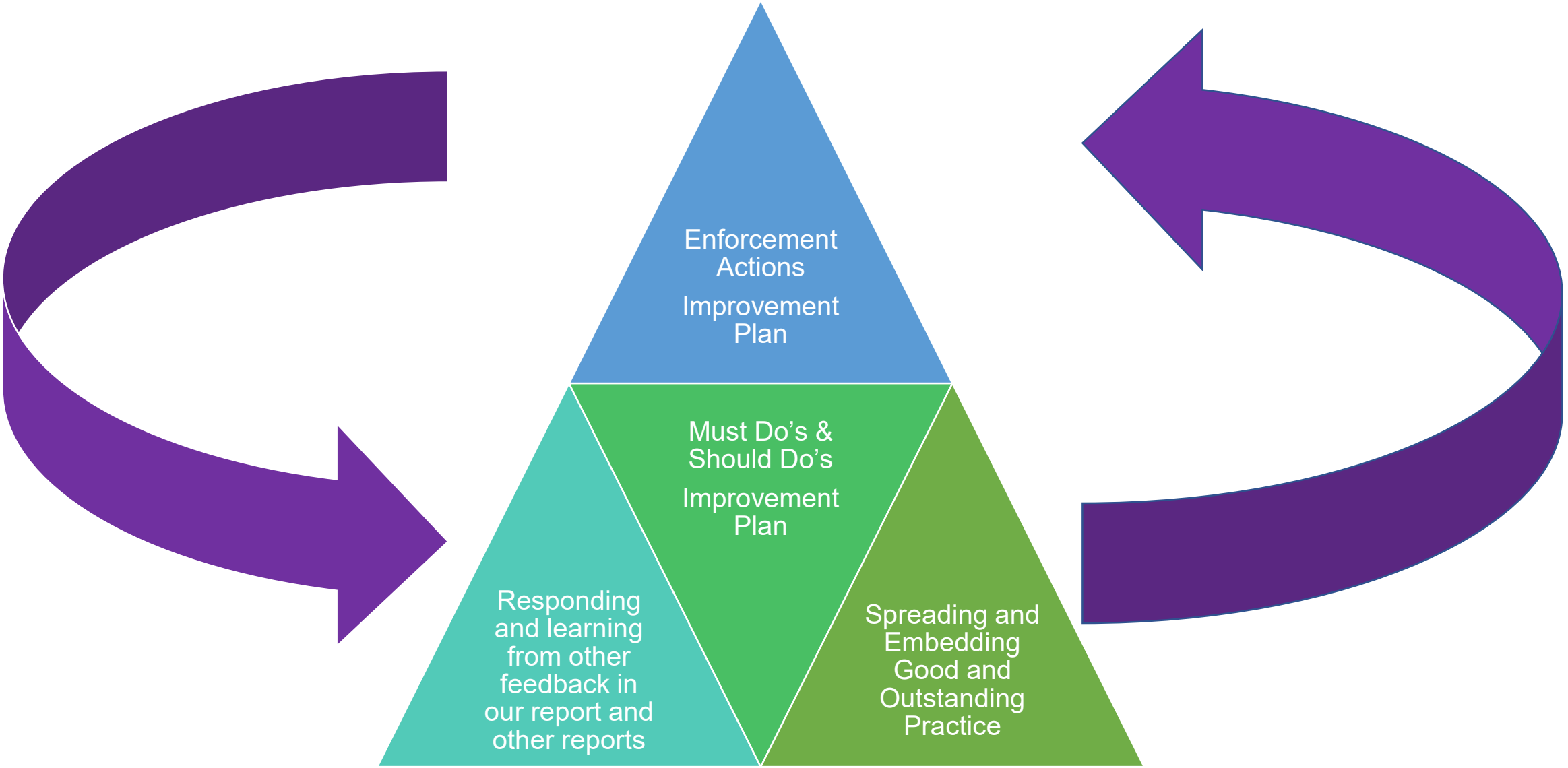
Ratings for Birmingham Children's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Medical care (including older people's care)	Good Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017
Surgery	Good ↑ Oct 2019	Good ↓ Oct 2019	Outstanding ↑ Oct 2019	Good → ← Oct 2019	Good → ← Oct 2019	Good → ← Oct 2019
Critical care	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017
Transition services	Good Feb 2017	Outstanding Feb 2017	Good Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017
End of life care	Good Feb 2017	Good Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Good Feb 2017	Outstanding Feb 2017
Outpatients and diagnostic imaging	Good Feb 2017	N/A	Outstanding Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Good Feb 2017
Overall*	Good ↑ Oct 2019	Outstanding → ← Oct 2019	Outstanding → ← Oct 2019	Outstanding → ← Oct 2019	Good → ← Oct 2019	Outstanding → ← Oct 2019

Ratings for Alder Hey Children's Hospital

	Safe	Efective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Aug 2014	N/A	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Medical care (including older people's care)	Requires Improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Surgery	Requires Improvement Apr 2017	Good Apr 2017	Outstanding Apr 2017	Good Apr 2017	Requires Improvement Apr 2017	Requires Improvement Apr 2017
Critical care	Good → ← Jun 2018	Good → ← Jun 2018	Outstanding → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018
Neonatal services	Good Aug 2014	N/A	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Transition services	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
End of life care	Good → ← Jun 2018	Good → ← Jun 2018	Outstanding → ← Jun 2018	Good → ← Jun 2018	Good ↓ Jun 2018	Good ↓ Jun 2018
Outpatients	Requires Improvement Jun 2018	N/A	Good Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018
Diagnostic imaging	Good Jun 2018	N/A	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Requires Improvement ↓ Jun 2018	Good → ← Jun 2018	Outstanding → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018

Always Improving: 2020 Focus



Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
6 February 2020

***Above and beyond* framework – Our five-year strategy to advance care for children and young people with complex health needs** **Submitted by:** **Matthew Shaw, Chief Executive**	**Paper No: Attachment G**

Aims / summary

Above and beyond is the strategic framework for GOSH, developed during 2019 in consultation with patients, families, staff and partners. It builds on the work done to develop the 2017 strategic framework *Fulfilling Our Potential* and restates our purpose as an organisation focused on advancing care for children and young people with complex health needs.

The framework is submitted today for board noting and approval. It provides a statement of purpose that explains why our organisation is focused on specialist care, our role as a partner to the global child health community and our commitment to the staff who work here as well as the patients and families we serve. It also provides a set of 'due north' principles and an ambitious set of programmes to transform our skills and capacity to deliver a patient-centred, digital-first culture, driving better outcomes, more research discoveries and a better experience for patients, families, staff and partners.

We will be launching the strategy at an all-staff meeting in early March and have established a launch working group chaired by the Director of Communications. A strategy toolkit for GOSH leaders is being prepared to support them in operationalising the strategy across directorates and departments.

The executive team will oversee progress on implementing the strategy at a new executive team strategy meeting, which will be held every six weeks. They will oversee the six programmes of work:

- Making GOSH a great place to work by investing in the wellbeing and development of our people.
- Delivering a Future Hospital Programme to transform outdated pathways and processes.
- Developing the GOSH Learning Academy as the first-choice provider of outstanding paediatric training.
- Improving and speeding up access to urgent care and virtual services.
- Accelerating translational research and innovation to save and improve lives.
- Creating a Children's Cancer Centre to offer holistic, personalised and co-ordinated care.

Each of these will be led by an executive team SRO and delivered through a programme board, which will report into the executive team strategy meeting.

Action required from the meeting

Noting and approval

Contribution to the delivery of NHS Foundation Trust strategies and plans

To develop and update the GOSH strategy

Financial implications
None at this stage

Legal issues
None

Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place?

A strategy working group (comprising the CEO, COO, HR director, Medical Director, Transformation Director, Director of Performance and Planning, Deputy Director of Communications, heads of strategy and PMO and a consultation project manager) have met fortnightly throughout to develop and deliver the strategy refresh process.

The group delivered a comprehensive consultation process involving:

- Exploratory workshops for staff, Governors, the Young People's Forum and our academic partners to develop vision and priorities by reflecting on GOSH today, the ideal version of GOSH in 2025 and high-impact ideas to achieve the vision.
- A space-themed Open Day for patients, families and staff exploring options for developing virtual hospital services, hub and spoke models and urgent care.
- Creation of the draft Mission GOSH framework which was consulted on with a roving exhibition stand, face-to-face sessions with key staff (including EMT, SLT, nurses, porters, healthcare scientists etc.), meetings with partners, a partner questionnaire and a feature in the FT membership newsletter.

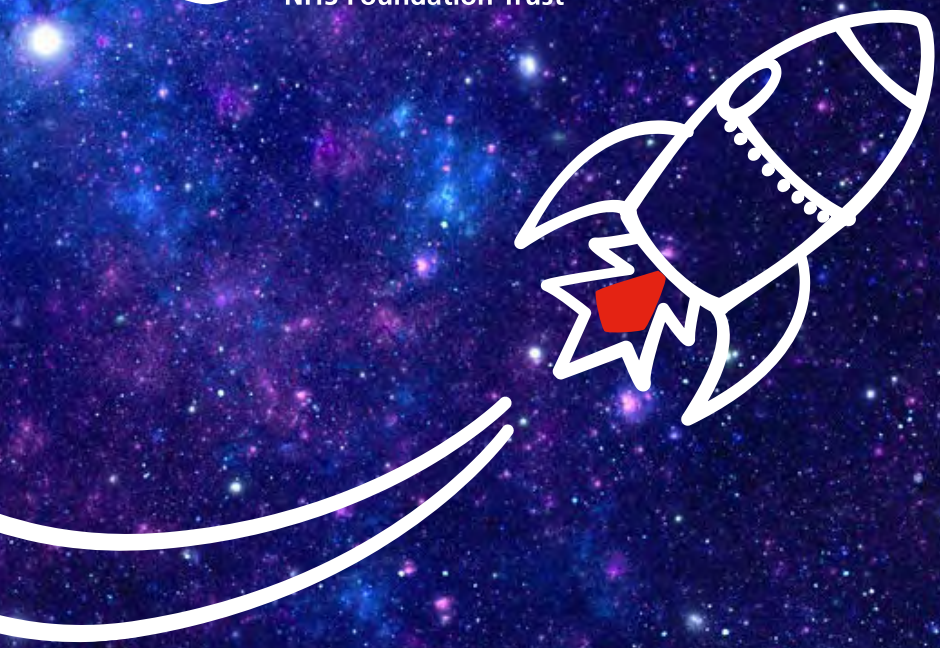
Plans to socialise and operationalise the approved strategy framework are being developed by a launch working group and through programme boards.

Who needs to be told about any decision?
Staff, patients, families, Governors, FT members, partners and commissioners.

Who is responsible for implementing the proposals / project and anticipated timescales?
The whole of the executive team under the leadership of the CEO.

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

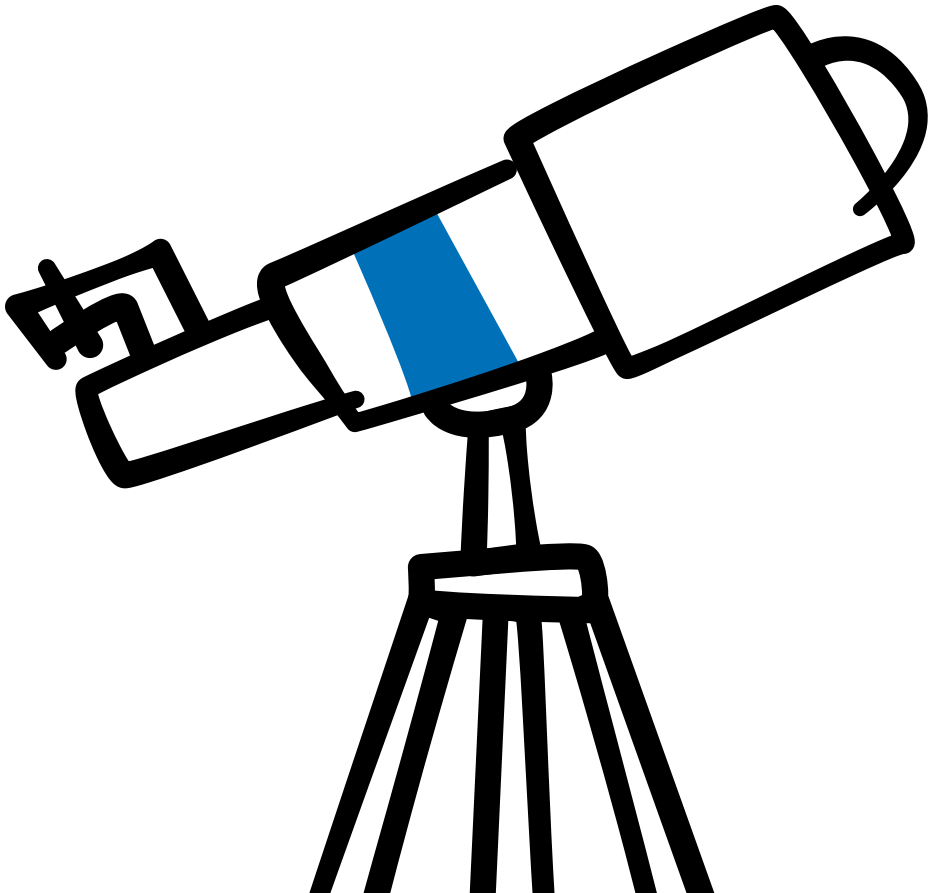
NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust



ABOVE and BEYOND

Our five-year strategy to advance care for children and young people with complex health needs.

Our vision for 2025



Every day, here at Great Ormond Street, I see people who go above and beyond. All across the hospital and in sorts of roles, our people are really going the extra mile to make things better for our patients and families. This strategy recognises that commitment and will make sure every bit of that effort counts for something.

To help us shape our hopes for the future, patients and families, staff and partners have told us what they think of our hospital. What we do well and what we could improve. What we should do more of so that we're always improving, and what we should do less of so we can focus on what matters most. This strategy is the result of that helpful advice.

Our purpose is clear: to advance care for children and young people with complex health needs so they can fulfil their potential. We'll do this by focusing time and energy on a limited number of priorities. And we'll stay on track by embracing some simple principles to guide our decision-making.

By working with our partners and focusing our time and energy on a limited set of ambitious goals, we'll do right by our patients and right by our staff. More children will fulfil their potential, and the GOSH of 2025 will be truly out of this world.

Matthew Shaw, Chief Executive

Our Purpose

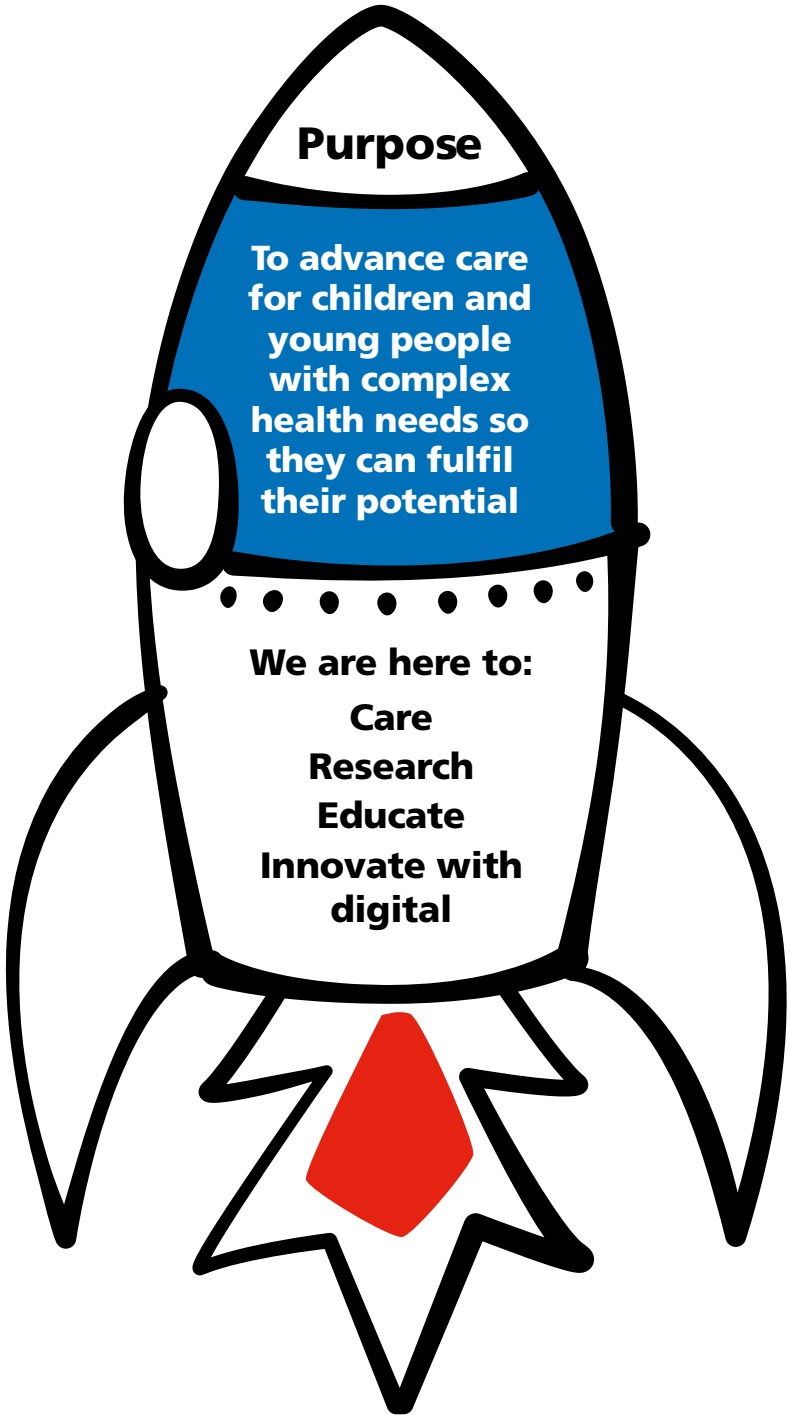
At Great Ormond Street Hospital we advance care for children and young people with complex health needs so they can fulfil their potential.

We are here to **CARE**; to meet the physical, emotional, social, educational and spiritual needs of children, young people and their families.

We are here to **RESEARCH**; to learn from all we do, collaborate with the global child health community, and develop treatments, cures and holistic approaches to care that will offer children and young people a brighter future.

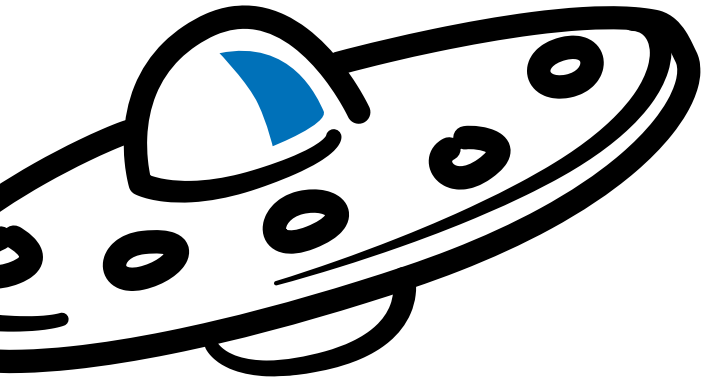
We are here to **EDUCATE**; to be a stimulating place for children and young people, to help colleagues build rewarding careers and to provide outstanding training to drive improvements in paediatric care.

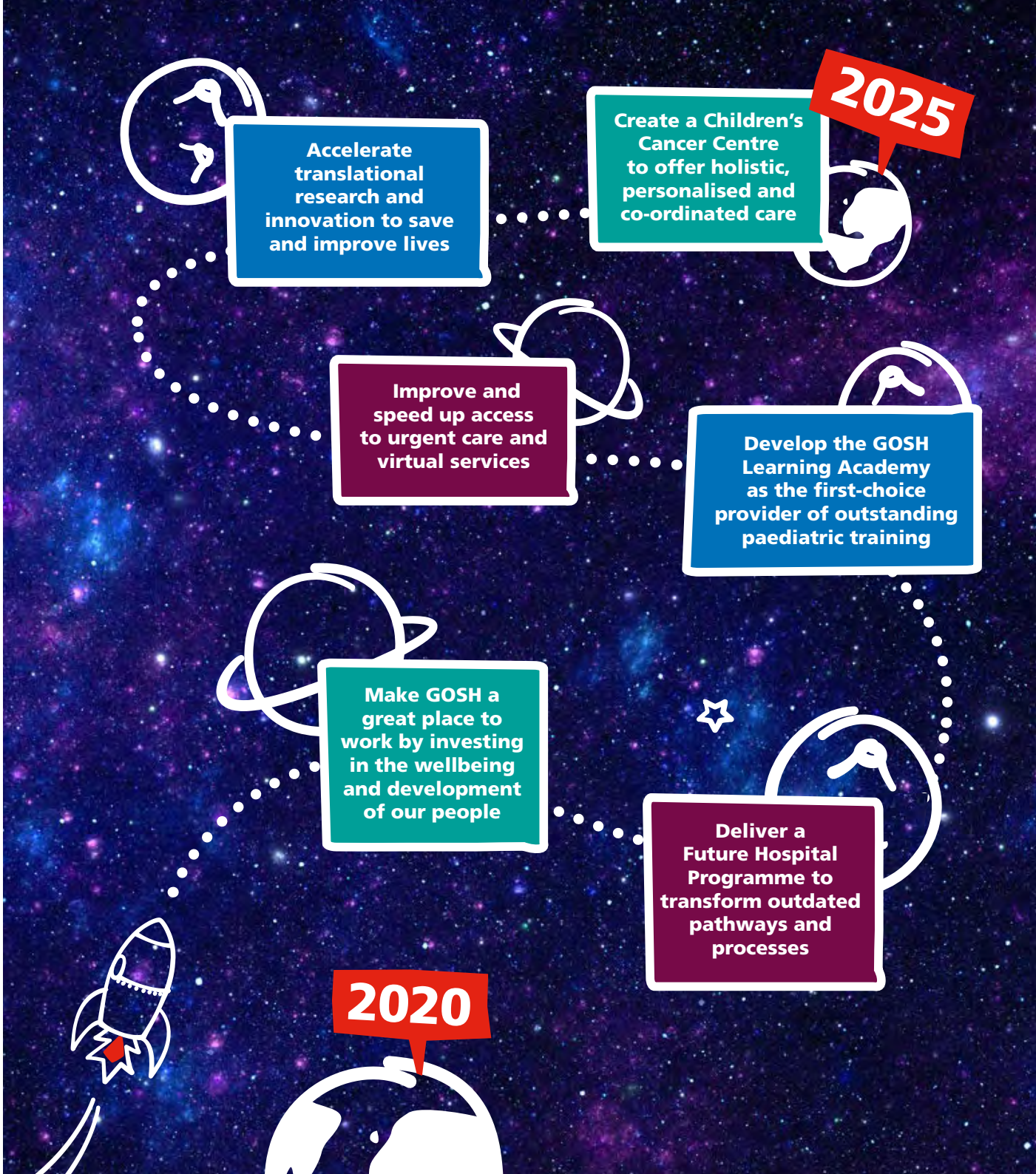
We are here to **INNOVATE WITH DIGITAL**; to embrace and master digital technologies that will help us save and improve lives and make support available to children and families around the clock.



Our Priorities

We will complete six bold and ambitious programmes of work to help us deliver better, safer, kinder care and save and improve more lives.





Our Principles

Six clear principles will guide our planning, our decision making and our day to day work. Sticking to our principles gives us the best chance of achieving our purpose and delivering our priorities while doing the things that matter most to the GOSH community. But that will sometimes be hard. We will have to say no to things in order to focus on what matters most.

Principle 1: Children and young people first, always

GOSH in 2025 will be very different to the hospital established in 1852. But while our founders would marvel at our progress and wonder at our technology, our ethos would be quite familiar. Fulfilling the potential of children and young people has always and will always drive us on to achieve great things.

Principle 2: A values-led culture

Always Welcoming, Helpful, Expert and One Team.

In 2025, GOSH will be a tolerant, inclusive, open and respectful place where staff are valued for who they are as well as what they do. Our people will enjoy coming to work and will live the GOSH Always Values – Always Kind and Welcoming, Always Helpful, Always Expert and Always One Team. We will form strong, supportive multi-disciplinary teams in which everyone has the freedom to learn and contribute and no one is afraid to speak up.

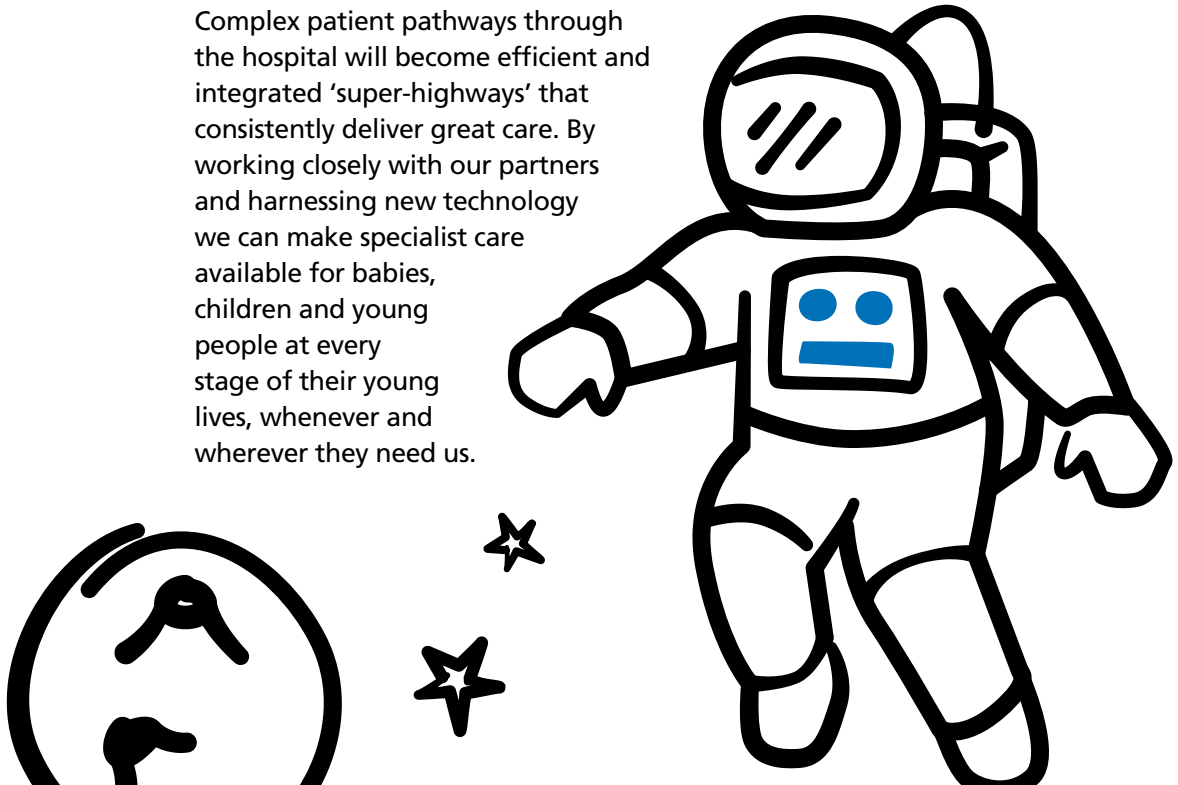
Principle 3: Quality

Safe, kind, effective care and an excellent patient experience.

In 2025 we will be world leading in clinical outcomes and service design that puts patients first. Patients and families will be confident in their care because clinical outcomes across all our services will be scrutinised and benchmarked against our international peers and made publicly available on our website.

Maintaining quality means maintaining our core focus on specialised services for rare and complex conditions, while supporting our partners in developing population health and prevention approaches to improve the health of children everywhere. We will develop our capabilities in cancer, cardiac, neurology and rare diseases and nurture the broad base of services that are essential to high quality, holistic care in the specialist children's hospital setting.

Complex patient pathways through the hospital will become efficient and integrated 'super-highways' that consistently deliver great care. By working closely with our partners and harnessing new technology we can make specialist care available for babies, children and young people at every stage of their young lives, whenever and wherever they need us.



Principle 4: Financial strength

Stronger finances support better outcomes for more children and young people.

In 2025 we will be a more efficient, resourceful and resilient organisation. We will take a proactive and enterprising approach to developing long term partnerships, seizing opportunities and creating diverse streams of income. The generosity of philanthropic donors will enable us to go over and above what is possible through the NHS so we can extend our reach to help more children and advance discovery. We will use our influence to champion a fairer funding deal for children who need complex care.

Principle 5: Protecting the environment

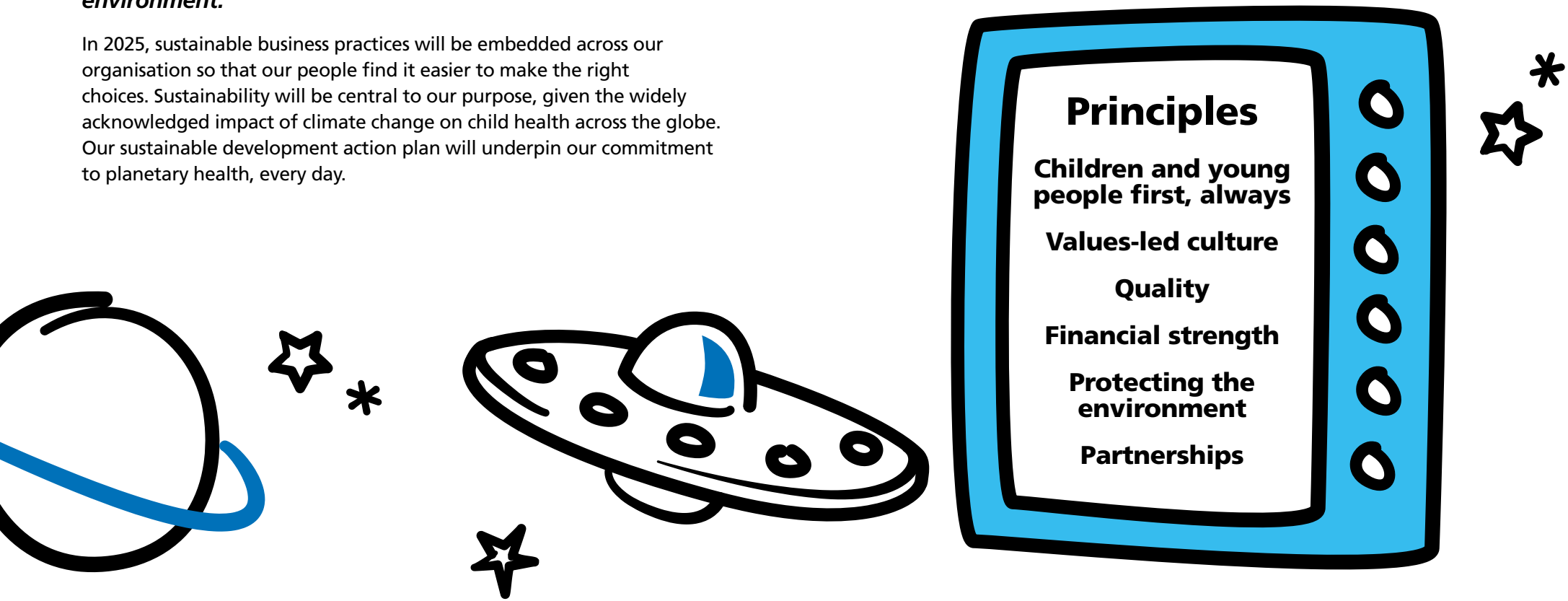
We aren't caring for children if we don't protect the environment.

In 2025, sustainable business practices will be embedded across our organisation so that our people find it easier to make the right choices. Sustainability will be central to our purpose, given the widely acknowledged impact of climate change on child health across the globe. Our sustainable development action plan will underpin our commitment to planetary health, every day.

Principle 6: Partnerships

Together we can do more.

In 2025, we will never work in isolation if we can better achieve our goals by working with others. Our NHS, charitable, academic and business partnerships allow us to make faster progress – connecting us to the global effort to advance care for children and young people, driving us to contribute where we are strongest and bring in expertise where we need it. We will be proactive in asking for help from policy makers and in making the case for the change to remove barriers to progress. We work with regional and national partners and our patients and families, to co-design pathways of care that work best for children and young people. By partnering with academia and industry, we will accelerate research and innovation into clinical practice to save and improve more children's lives.



You can find out more about *Above and beyond* by getting in touch with our strategy team:

strategyandplanning@gosh.nhs.uk

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 6 February 2020	
Business Planning for 2020/21 **Briefing Paper – February 2020** **Submitted on behalf of:** Peter Hyland Director of Operational Performance and Information	**Paper No: Attachment H**

Aims/Summary

The Trust is required to submit an annual plan to NHS Improvement/England. In preparing to meet the set deadline, the Trust business planning process was initiated in October, 2019. This paper will provide an update on the progress to meet the annual planning obligations and deadlines and a first draft of the Trust Operational and Financial narrative.

Key items

1. The national planning guidance for 2020/21 has not been issued but is expected imminently and a summary of this will be shared with the next FIC.

2. The plan submission dates that the Trust have been informed off are the 5th March for the initial submission and the 29th April for the final submission

3. The Trust is aiming for a breakeven control total and the Trust plans are being developed to achieve this.

4. The Trust has set a better value program for 2020/21 of £18.6m and have sent a submission to the STP confirming that £8.6m has been identified.

5. The budget for Trust funded capital expenditure has been set at £18m

Please note the additional paper NHSI Narrative, Submission of the NHSI Financial Plan 2020/21 forms part of the Operational Plan, but is included as a separate paper due to the level of detail it presents.

Action Required from the meeting

To note the progress to date, to approve the future direction of the process and to provide the Chief Executive, Chief Financial Officer and Chief Operating Officer with delegated authority to make the necessary draft submissions of the Trust plan.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Business planning for 2020/21 is fundamental to supporting the Trust to achieve its vision and mission

Financial implications Details the budget setting and financial planning processes for the 2020/21 financial year are included as part of this process
Who need to be told about any decisions Business Planning Group and the Strategy and Planning Team
Who is responsible for implementing the proposals/project and anticipated timescales • Strategy and Planning Team • All senior leads in the clinical and corporate directorates
Who is accountable for the implementation of the proposal/project • Chief Executive • Chief Operating Officer • Chief Financial Officer
Author and date Nia Thomas, Senior Business Manager, Strategy and Planning, 15/01/20

Great Ormond Street Hospital for Children NHS Foundation Trust

Business Planning for 2020/21
Briefing Paper – February 2020

1. Introduction

In June 2018, the Government announced a five-year (2019/20 to 2023/24) revenue budget settlement for the NHS, representing an annual real-term growth rate of 3.4% over five years. At the same time the Government asked the NHS was asked to develop the ten-year Long Term Plan.

To support the delivery of the Long Term Plan, Great Ormond Street Hospital for Children NHS Foundation Trust ("the Trust") must submit an annual Operating plan to NHS England and NHS Improvement. The plan must set out the Trust's intentions around Quality, Finance, Activity, and Workforce as well as align with the work of the local Sustainability Transformation Partnership.

At the time of writing, the Trust has not received the national guidance from NHS England or NHS Improvement around the process, information and timescales of the 2020/21 Operating Plan. However, a draft based on the structure of the 2019/20 plan is presented in Appendix 1. Please note the additional paper NHSI Narrative, Submission of the NHSI Financial Plan 2020/21 forms part of the Operational Plan, but is included as a separate paper due to the level of detail it presents. Based on previous processes we expect there to be a number of submission opportunities, with the final submission due in April 2020.

The Operating plan is informed by the Trust Strategy and the detailed business plans developed locally by each clinical and corporate directorate. This ensures the work of the Trust has a balanced top down and bottom up approach which captures all of the important developments and activities that the Trust wishes to pursue over the coming year and beyond.

Therefore, as part of this planning process the Trust has established and is following its own internal business planning round that allows each clinical and corporate directorate to build their own business plan. The process includes opportunities for review, challenge, escalation and guidance around key priorities, objectives, and risks. Critically, the internal process covers a governance process, planning timetable, business planning template and supporting financial and budgetary rules have been developed for both clinical and corporate directorates to guide them in achieving the Trust's obligations and Strategy. Further, the process has been supported through the Weekly Business Meetings, individual directorate meetings, dedicated support sessions, challenge sessions, and a business planning networking event.

Following on from the briefing paper that was presented to the Board in November 2019, this paper sets out an update on the process along with some of the prominent themes and issues within the draft clinical and corporate business plans to date.

2. Business Planning for 2020/21

The first draft of the local business plans was submitted on 4 December 2019. The plans were reviewed and feedback was provided, emphasising the importance of clarifying risks and making sure plans were shared between departments – e.g. dependencies and assumptions across clinical and corporate directorates.

The second submission of draft directorate business plans were received in early January, 2020. The common themes emerging across the plans are:

- **Activity and capacity:** we need to plan for enough space, staff and equipment
- **Staffing:** we need the right staff, in the right roles, with the right training
- **Space and equipment:** we need to use the space we have effectively, efficiently and sustainably. E.g. to ensure patient and family accommodation is fit for purpose and to prepare for the build of the Children's Cancer Centre
- **External collaboration:** ensure we work with external partners and networks
- **Internal collaboration:** ensure we work collaboratively across the organisation
- **Funding:** we have to work efficiently to ensure we use money in the best way
- **Commercialisation**: work efficiently to ensure we use money in the best way and leverage opportunities to create commercial value to support our work
- **Digital Transformation:** we need to explore and use the latest technology along with patient data to improve patient outcomes, experience and flow
- **Quality and regulatory:** ensure we continue to maintain and drive standards
- **Research:** continue to provide high quality research delivery support for complex research portfolio, opportunities for patients and families to participate in research, and for clinical staff to engage in research.

The fourth iteration of the plans is due in February and the final submission in mid-March. An updated planning timetable, incorporating the business planning and governance process for presenting appropriate, prioritised bids to the GOSH Children's Charity can be found at Appendix 2.

Although the NHS planning guidance has not been issued, the Trust has been informed of the expected submission dates for the Trust 2020/21 plan.

- 5th March Initial Plan Submission
- 27th March Contract Sign Off
- 29th April Final Submission

Once the guidance is received the Trust will review and update the Trust plans, templates and timetables to ensure compliance with the NHS requirements.

3. Budget Setting for 2020/21

In order to deliver a budget for 2020/21 that meets the Trust control total of Breakeven the Trust has identified expected changes in our costs and income for 2020/21 compared to the Forecast outturn. The key assumptions that have been incorporated into our budgets for 2020/21 are:

- Inflation for Pay, non-pay and income (£6.8)m
- Reduction in external funding sources (£4.4)m
- Additional costs of running new buildings (£2.1)m
- Changes to activity related income £1.6m
- Contingency and depreciation (£4.0)m
- Other items (£2.9m)

This creates a deficit position for the Trust of £18.6m which is the value identified as the Trust as its Better Value program. With this better value program the Trusts plans are for a breakeven position.

In order to facilitate the development of the Trust budgets each directorate has been set an individual control total that when amalgamated equals a breakeven Trust control total. Within these individual targets the better value program of £18.6m has been included. The £18.6m has been allocated based on a flat percentage, delivery in 2019/20 and national benchmarking efficiency. The Trust is working on developing up its Better Value program and has at the moment reported the identification of £8.6m of the better value program.

The Trust has set a Trust funded capital budget of £18m for 2020/21, which contains a £1.5m contingency budget for items that appear in year. The capital budget for 2020/21 is part of the Trusts larger 5 year capital plan that has been developed. ..

4. Next Steps

The next key milestone within the business planning process for 2020/21 is the submission of the fourth iteration of plans on the 28 February. Between now and then updates are being reviewed daily so that the position can be managed with the latest information from across the Trust. Updates will also be provided biweekly to the Operations Board, Executive Management Team, and then updates for the Finance and Investment Committee and Trust Board.

5. Action Required

The Trust Board are asked to note the progress that has been made to date and the direction, to agree with the future direction of the process.

The Trust Board is also requested to provide delegated authority to the Chief Executive, the Chief Financial Officer and the Chief Operating Officer to authorise the various national submissions, with a view to the updated position being taken to Finance and Investment Committee in March then the final position being brought back to Trust Board in April 2020.

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix 1

Great Ormond Street Hospital for Children NHS Foundation Trust
Operational Plan 2020/21 DRAFT

1. Introduction

1.1 Strategic context

In 2017 GOSH launched a strategy framework which set out GOSH's guiding principle – *The Child First and Alway*s and its role in helping children with complex needs to fulfil their potential. It also set our four priorities (care, people, research and technology) and four enablers (voice, spaces, information and funding). Known as *Fulfilling Our Potential*, the framework captured the priorities and aspirations that were expressed in consultation with GOSH staff. However, key elements were missing, including:

- a statement of purpose that explains why the organisation is focused on specialist care
- an explanation of its role in relation to the wider world
- a sense of commitment to GOSH staff and partners (in addition to children)
- a clear set of strategic choices that help to guide decision-making and prioritisation
- a vision for the GOSH of the future
- a series of co-ordinated programmes of work that cut across strategic themes to deliver on this transformational vision.

At the same time, *Fulfilling Our Potential* didn't equip the organization to deal with some of our most pressing challenges. These include:

1. **The scope and scale of our non-specialist service offer.** The strategy re-states our commitment to focusing on specialised services for rare and complex conditions and the development of a global centre of excellence in care, discovery, learning and digital innovation to make life better for children and young people with complex health needs.
2. **Rapid access offer / urgent care.** A conclusive decision has been made to move forward with scoping to develop this service. Our next step is engaging with our clinicians, patients and partners to scope and develop the service offer and establish a programme to take it forward.
3. **Embracing digital innovation.** Digital innovation will be addressed across the focus areas in our upcoming digital strategy. There is clearly going to be a huge difference in a virtual hospital model delivered by a specialist children's hospital from the more standardised offer that is likely to operate from a District General Hospital.

4. **GOSH's place in the system – Locally, regionally, nationally, internationally.** There is a clear disparity between the expectation of excellence from GOSH and the inconsistencies that our patients, families, staff and partners experience in their interactions with us. The strategy highlights the importance of a developing values-based culture, quality and financial sustainability.
5. **Integrated care.** The strategy will reflect the need for GOSH to play a proactive role in designing models of integrated care, while recognising the scale of the challenge and the importance of addressing the need to improve our 'in-house' models of integrated care first.

Therefore, *Above and beyond* has been created in consultation with GOSH patients and families, staff and partners. It seeks to develop the work done to create *Fulfilling Our Potential* by providing these essential building blocks. At the same time it is more closely aligned with the 10 Year Plan and other important publications such as 2016 NHS England Healthy Children: A Forward View for Child Health Information. Subject to approval by the Trust Board, a co-ordinated delivery plan will be created to map out the activities that will take place over the coming financial year and beyond to deliver on the priorities identified for the coming five years. Above and Beyond sets out more clearly our purpose, principles, and priorities.

At Great Ormond Street Hospital we advance care for children and young people with complex health needs so they can fulfil their potential. Our purpose states:

1. We are here **to CARE**; to meet the physical, emotional, social, educational and spiritual needs of children, young people and their families.
2. We are here **to RESEARCH**; to learn from all we do, collaborate with the global child health community, and develop treatments and cures that offer children and young people a brighter future.
3. We are here **to EDUCATE**; to be a stimulating place for children and young people, to help colleagues build rewarding careers and to provide outstanding training to drive improvements in paediatric care.
4. We are here **to INNOVATE WITH DIGITAL**; to embrace and master digital technologies that will help us save and improve lives and make support available to children and families around the clock. We care for children and young people with complex health needs, supporting them and their families in living their best lives and collaborating with the global child health community to develop the treatments and cures that will offer them a brighter future.

Supporting our purpose are six clear principles that will guide our planning, our decision making and our day to day work:

1. Children and young people first, always;
2. A values-led culture;
3. No compromises on quality;
4. Financial strength;

5. Protecting the environment; and
6. Working in partnership.

Above and Beyond will see us complete six bold and ambitious programmes of work to help us deliver better, safer, kinder care and save and improve more lives:

1. Make GOSH a great place to work by investing in the wellbeing and development of our people
2. Deliver a Future Hospital Programme to transform outdated pathways and processes
3. Develop a GOSH Learning Academy and become the first-choice provider for paediatric training
4. Improve and speed up access to urgent care and virtual services
5. Accelerate translational research and innovation
6. Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care

1.2 Transformational change

The GOSH Transformation Strategy sets out the ambition and high level implementation plans for programmes of work that aim to support and deliver innovation and new ways of working. It has been aligned with other key strategic programmes, such as the People Strategy, and underpins delivery of the Trust's revised five-year strategy, ("**Above and Beyond**"), to advance care for children and young people with complex health needs.

The Transformation Strategy has been developed within the context of the changing national NHS, and local Sustainability and Transformation Partnership (STP) landscape, as well as our current organisational context. It provides the structure to pursue a patient-centred 'digital first' approach, leveraging the power of our data and advancements in technology whilst at the same time responding to current challenges such as data security, organisational capability and capacity (to identify, implement and adopt new ways of working) and financial sustainability.

The Transformation Strategy will initially cover the period from January 2020 through to December 2022. The annual work programmes and plans which will underpin its delivery will be overseen by the Transformation Portfolio Board.

The first year's activity will focus on:

- fully embedding and optimising the Electronic Patient Record (EPR) system;
- establishing an environment which encourages change with standardised processes to support identification, scoping and prioritisation of change opportunities;

- improving patient experience through provision of video visits, enhanced MyGOSH functionality and development of apps;
- developing a curriculum for managing change as part of our Trust-wide leadership development strategy;
- initiating (or re-initiating) clinically & operationally led programmes such as Flow and Clinical Pathway redesign which address the needs of our patients, staff, partners and stakeholders; and
- developing a commercial framework for the Digital Research & Innovation Virtual Environment

These programmes will be extended in year two with a specific focus on maximising the use of high quality data to inform predictive modelling for staffing and scheduling, further app development, application of Artificial Intelligence (AI), Machine Learning and Robotic Process Automation (RPA) into healthcare, the wider use of personal medical devices / wearable technology and extending pathway management outside of the hospital.

In year three there will be further development of clinical pathways aligned with: the new roles, multidisciplinary team working and the integrated care system (envisaged within the People Strategy); the ongoing redevelopment and use of clinical space and; new technologies and innovations.

1. **The Future Hospital will be Digital First.** For example, our physical infrastructure is augmented with fully integrated 'virtual hospital' technologies. Ambient intelligence produces an environment which is responsive to the presence of our patients, their families and our staff. Pervasive or ubiquitous computing – i.e. computers in everyday objects – provides our staff with the ability to capture important clinical and operational data more seamlessly and less intrusively, providing more time to focus on patient interaction or planning delivery of care.
2. **The Future Hospital will be data enabled.** For example, all patient data will be held and accessible through a single system which captures more data automatically through solutions such as Natural Language Processing (NLP) and voice recognition. Live monitoring of clinical data ensures that we are able to more rapidly identify and treat deteriorating patients or those who are not responding to planned interventions in the way we expected. Patients are placed on the most appropriate pathways and our analytical capabilities allow us to understand and predict admission types and volumes, and plan who to treat and when based on complex and comprehensive assessment which includes social and environmental factors.
3. **The Future Hospital will have empowered, confident and capable patients and staff.** For example, culturally we are an optimistic, decisive and action-focused organisation that leads and embraces change and innovation. Our staff have capabilities in areas such as quality improvement, analytics, and other

digital solutions enabling them to standardise care and introduce new ways of working.

4. **The Future Hospital will be financially and environmentally sustainable.** For example, the development of standardised clinical pathways with advanced clinical decision support embedded into our clinical systems has enabled us to deliver kinder, safer care more efficiently, reducing the cost of care. We are treating the right patients, with the right staff at the right time and in the right place, providing savings across the whole continuum of care. We are able to track our patients throughout their entire pathway, ensuring that we avoid delays, reduce the patient's length of stay, and create capacity to treat more children and young people. We are able to predict what equipment, medication and consumables are needed and manage our stock holding accordingly. We manage our staffing and physical resources in line with predictable demand and proactively mitigate constraints, leading to fewer unnecessary cancellations and best use of physical resources and staff time.

The key transformational programmes of work over the following three years will be:

1. **Patient engagement.** Whilst 'patient engagement' is not a transformation programme, there are a number of discreet projects or workstreams within other transformation programmes which focus specifically on using technology and data solutions to improve how we engage with our patients and families. Some of these projects will also provide solutions which enable patients to contribute directly to their health data and take a more active role in managing their condition(s). These align with a wider strategic agenda for patient engagement, the scope for which is currently being defined.
2. **Patient flow.** Patient Flow will focus primarily on inpatient care, improving how we deliver the best care in the most effective way as we move patients into, through and out of the hospital. It will also include improved access to information at patient, service, and hospital level as well as the use of technologies to improve patient and staff experience.
3. **Clinical pathway redesign.** Development of clinical pathways which are embedded within our clinical systems will support care teams to reduce unwarranted clinical variation and ensure that our patients receive the right care, at the right time and in the right place. In all cases, clinical decisions regarding the most appropriate care for the child at any point along the pathway will be made by the care team and should not be constrained by clinical system configuration. It will also include enhanced clinical decision support tools and collaboration with local networks.
4. **Outpatient transformation.** Digitisation of our referral pathways will improve the quality of the data we receive from referrers, reducing the time required for triage and improving the ratio of patients seen in outpatients who need to be treated at GOSH. Automated processes will compare referral data (including images) with external datasets, introducing additional clinical decision support to the care team and directing the referral to the most appropriate team for initial review. Ultimately, access to population health data (which will include genomic data) will be used to suggest children who should be referred to GOSH for

treatment. Developments within the MyGOSH patient portal, video visits, and the use of patient apps will also be important.

5. **EPR Optimisation.** Ongoing development of available functionality and clinical content within the EPR will provide for improved data capture which enables many of the other transformation activities.
6. **DRIVE/DRE.** By creating skills and capacity within the organisation to maximise the use of our data, develop new patient focused apps and safely assess and subsequently introduce new technology solutions into the hospital, we will continue use technology to support a cycle of improvement. Working with external business and technology partners will also be a critical part of this work.
7. **Benchmarking.** Comparing GOSH with national and international peers as well as internally, within and across specialties will provide useful data which will start to indicate where there are opportunities to improve or change services. It will also highlight areas where GOSH is already delivering highly successful clinical outcomes with efficient use of resources.
8. **Better Value.** There will be continued focus on delivering efficiencies and reducing unnecessary costs. With the advancement of new technologies such as robotic process information and AI, we will automate more of our processes. As more elements of the Transformation Strategy are delivered, such incremental improvements will become part of a normal change cycle.
9. **Hospital Pharmacy Transformation Programme (HPTP). This** transformation team will support the pharmacy team with delivering elements of the HPTP programme, which is part of a national initiative, in areas such as the developing role of prescribing pharmacists / pharmacy technicians, medicines optimisation and use of generics and biosimilars.
10. **Workforce planning.** There is growing focus across the NHS about how new roles can be introduced to support existing teams and mitigate some of the challenges of staff recruitment and retention, especially in areas where there is a national skills shortage. Consideration of how new roles can support new ways of working will be carefully coordinated through other initiatives being delivered through the People Strategy.

The Trust has established the Transformation Portfolio Board to oversee delivery of the programmes of work. The Board is chaired by the Director of Transformation and attended by the executive team and members of the Trust clinical and operational leadership team. Further, Each programme will establish a Board with an executive SRO. Projects will be delivered with a standardised methodology and documentation, including delivery plans and management, mitigation and reporting of risks and issues

1.3 Key achievements in 2019/20

In summary, our key achievements in 2019/20 included:

- Development of the Young People's Forum exploring the thoughts and ideas of our teenage patients to improve their experience.
- Successfully separating conjoined twins, care of whom demanded a close collaboration between more than 100 experts at GOSH – one of the few places in the world with the skills and facilities for this procedure
- Closing Great Ormond Street and turning it into a Play Street for Clean Air Day and Traffic Free Day
- Completion of construction of the Zayed Centre for Research into Rare Disease in Children and the transfer of outpatient services to the Centre
- Roll out the Safety and Reliability Improvement Programme across the Trust.
- Launch of the GOSH Learning Academy providing first-choice, multi-professional paediatric education and training, available through state-of-the-art technologies and in contemporary evidence-based designed learning environments.
- Go Live of the Electronic Patient Records system, EPIC and the beginning of the optimization phase
- Development of GLH

1.4 Key objectives for 2020/21

In 2020/21, we plan to:

- Delivery of a £21m Better Value programme
- Implementation of the People Strategy, addressing culture change, recruitment and retention and ongoing HR support
- Further development the GOSH Learning Academy
- Move into the EPR Optimisation Phase
- Progress the initial design phase of the Children's Cancer Centre (Phase 4)
- Develop the Pharmacy space and the environmental and operating plans for the Children's Medicine's Centre

The following sections of this operational plan set out further details relating to these and other areas, following the format and prescribed content areas required by NHS Improvement.

2. Approach to activity planning

The following table summarises the proposed NHS activity plan for 2020/21, following contract activity data definitions. These assumptions are subject to negotiation and agreement with commissioners, principally NHS England.

	Plan baseline (18/19 actual)	Proposed 20/21 plan	Growth over plan baseline	% growth
Day Cases	22,400	22,938	538	2.4%
Elective spells	11,918	12,279	361	3.0%
Non-Elective spells	2,988	2,984	(4)	-0.1%
Outpatient attendences	144,765	146,382	1,617	1.1%
Outpatient telephone	21,848	21,926	78	0.4%
Package of Care	52,703	52,703	0	0.0%
Beddays	7,665	6,897	(768)	-10.0%

Key assumptions:

Plan baseline – impact of EPIC EPR implementation

As part of the go-live preparations for the Epic Electronic Patient Record system (EPR) in 2019/20, the decision was taken to reduce outpatient, theatre and imaging activity to allow for staff adapting to the new system. A number of areas still remain behind those activity levels that were seen pre-Epic mainly around outpatient services. However, work is on-going to focus on these areas to ensure that activity run rates return to pre-implementation levels by the end of 2019/20. For this reason, the proposed activity plan is set with 2018/19 actuals as a baseline to represent the return to pre-EPIC activity levels. Specific areas of growth and service developments have been added to this – as set out below.

Demographic changes

Based on review of activity trends, and given the nature of services at GOSH, material impacts of activity changes have been identified for specific services only. A generic demographic change assumption has not been applied. Demographic growth projections by the ONS for ages 0 - 18 range from 1.2% for North Central London area and 0.8% nationally.

Key additional service developments

CAR T-cell: In November 2019, GOSH became the first Trust to offer this ground breaking cancer treatment under the NHS. The activity plan for 2020/21 includes 10 CAR T-Cell cases.
Cochlear implants: new NICE guidance lowered the eligibility threshold for this in 2019/20 – this is expected to lead to demand for additional 24 cases of this high cost treatment on the 2018/19 baseline.
Cardiology: continued growth in cardiology is expected, particularly ongoing growth in Inherited Cardiovascular Disease patients (leading to outpatient and Cardiac MRI day case growth).
Urology: we expect an increase of 10 renal stone patients, as well as a switch of c. 100 day cases to elective procedures in line with a change to clinical policy.
Selective Dorsal Rhizotomy: the proposed plan for this service includes 50 surgical procedures, an increase of 30 over the 2018/19 baseline.
Other growth in neurosciences: the proposed plan includes 75 additional elective spells across neurosurgery, neurology and epilepsy, as well as 80 additional telemetry cases. This is enabled by the opening of four additional beds on Possum ward.

Pathway changes

Rheumatology: changes to the pathway for non-inflammatory Rheumatology patients have led to a reduction in rheumatology rehabilitation activity in 2019/20 and a reduction of c. 30% against 2018/19 baseline has been included to reflect this.

We have sufficient bed and theatre capacity to deliver these plans, with the focus now on ensuring appropriate staffing is in place (for example, through improved recruitment and retention – see section [xxx]) and maximising efficiency of staffed capacity through improved patient flow [see further detail in the Better Value section of the finance plan].

2.2 Access targets

Delivering the activity changes required for sustainable delivery of access targets has continues to be a focus for the Trust, and we continue to work closely with the specialist commissioner, NHS England, the CQC and NHS Improvement, to address the associated challenges and requirements.

Referral to Treatment target (RTT)

Following support from the NHS Improvement Intensive Support Team (IST) in 2015/16, the Trust has used IST tools to model demand and capacity on a rolling annual basis, particularly focusing on key challenged specialties for RTT compliance. The challenged specialties include:

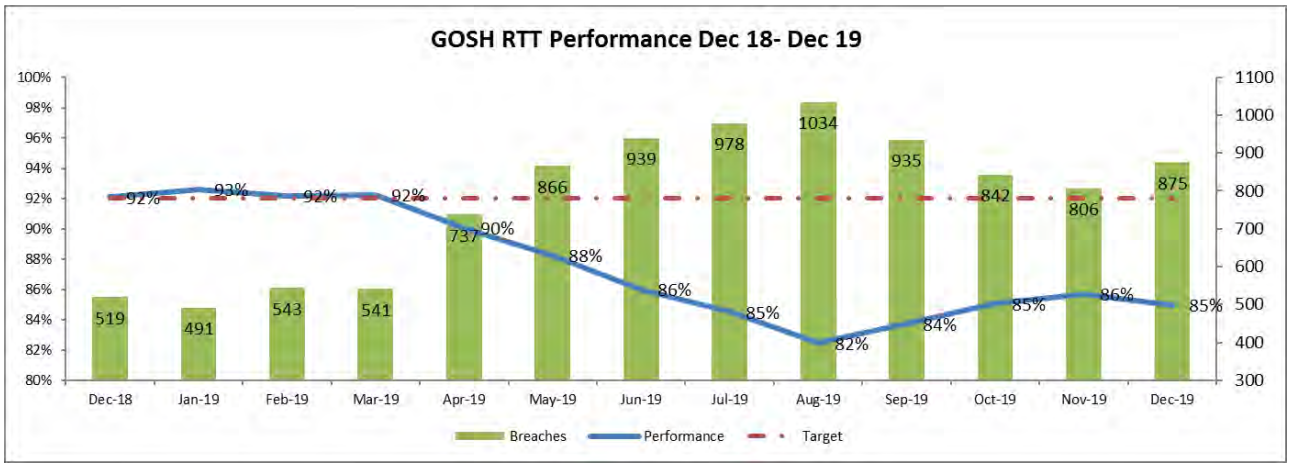
- Orthopaedics
- Spinal

- Urology
- Specialist neonatal and paediatric surgery (SNAPS)
- Plastic Surgery
- Dental
- Craniofacial
- Gastroenterology

The Trust made significant improvements to its processes in 2016/17 and this, coupled with the opening of additional capacity through the Premier Inn Clinical Building, enabled achievement of the RTT standard in 2017/18, which continued until March 2019.

Go-live of the EPIC EPR system took place in April 2019. As part of the go-live preparations for this system, the decision was taken to reduce outpatient, theatre and imaging activity to allow for staff adapting to the new system, and activity levels have remained below 2019/20 levels in particular areas. This had a significant impact of RTT performance in 2019/20, compounded by some specialty specific issues such as consultant shortages.

GOSH RTT performance – December 2018 to December 2019:

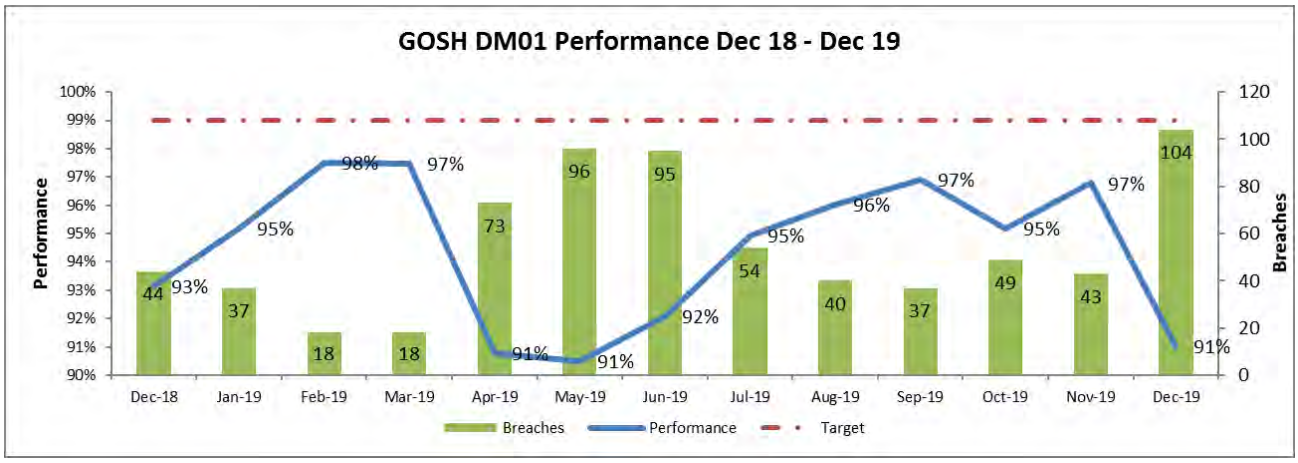


RTT performance deteriorated from 92% just prior to EPR go-live to a low of 82% in August 2019. Since then performance has improved, and we expect this improvement to continue, with performance potentially reaching 86% by March 2020.

Work is ongoing to establish an appropriate improvement trajectory for RTT performance in 2020/21, which is also subject to the negotiated activity plan with commissioners.

Diagnostics target

This target will always be a challenge for GOSH due to the very small margin allowed in terms of number of patients breaching (the target will be failed if there are c. 7 breaches in a month). However, performance in 2019/20 has been particularly challenged.



Through the year there have been a number of different causes of this, ranging from process issues to capacity constraints. A recovery plan is in place and is being closely monitored. This has been shared with NHS Improvement. The recovery trajectory is currently being revised, with compliance targeted for March 2020. However, as noted above, there will always be month on month variability and risk due to the minimal margin for error.

No change in the activity plan is required for this.

Cancer target

The Trust has continued to deliver against the relevant cancer targets during 2019/20.

The Trust commits to deliver all the required operational standards throughout 2020/21 and no change in the activity plan is required for this.

3. Quality planning

3.1 Approach to quality improvement, leadership and 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, Patient Safety, Risk management, Clinical Outcomes, and Compliance 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 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 Head of Quality and Safety, Head of Patient Experience and the Deputy Chief Nurse.

Working with the Directorate 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 patients.

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 improvement project has a steering group that 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.

3.2 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. In the past year the teams have successfully completed projects relating to implementing Daily Debriefs across the Body, Bones and Mind directorate, reducing harm from Extravasation events and repeated cannulation. The QI team also supported the roll out of the National ReSPECT document (Recommended Summary Plan for Emergency Care and Treatment).

The team continue to focus on the following projects:

- Supporting the medication safety work stream of the Hospital Pharmacy Transformation Programme Board (HPTPB): Improving dispensary processes
- Reducing pre-analytical lab sampling rejections

- Improving safety and standardisation of urethral catheterization
- Reducing the number of unnecessary blood tests, when ordered in sets/ bundles, in Brain Division (with identified opportunity for spread to other clinical divisions)

All Quality Improvement (QI) projects are monitored through QI project dashboards. The data is predominantly displayed using Statistical Process Control (SPC) charts, developed by the QI analyst team, displayed within Quality & Safety, on the GOSH intranet. The measures include: outcome, process and balancing measures as required. These dashboards are reviewed for improvement or deterioration by the steering group for each project, and these report to the Quality Improvement Committee, chaired by the Medical Director with clinical and operational representation from the clinical directorates.

As an example:

Further to the support of large Trust-wide projects, the QI team also provides a service to support smaller improvement projects, providing QI advice, training and support to clinical or non-clinical staff who wish to run a QI project in their area. The QI team provide comprehensive training in improvement methodologies and tools to clinical and non-clinical staff across the Trust. This is part of the ongoing support and encouragement we provide to staff who wish to undertake QI projects throughout the Trust.

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.

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, transformation programme, 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
  - 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 (see above)and embed a culture where all staff are empowered, encouraged and feel safe to speak up for safety.

Frontline/ business unit-level clinicians can request support from the Quality & Safety team; Clinical Outcomes, Clinical Audit or Quality Improvement on any of these aspects, for both formal and informal projects and initiatives.

3.3 Transforming culture – Speak up Programme

The Speak up Programme is a key part of transforming the culture of the Trust. The first phase of the programme has been has been rolled out by appointing 23 Safety Champions who have all be accredited as delivers of the Speak up for Safety programme. The programme was rolled out Trust wide following the successful pilot in the Brain Directorate.

The second phase of the programme has been introduced which focuses speaking up for the Trust values and ensuring that occurrences of poor behavior is addressed in the moment.

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

Every specialty within the Trust collects data on clinical outcomes. Support is on-going to see all identified outcome measures collected, and consistently. The introduction of the Electronic Patient Record (EPR) has been a significant enabler to capture and easily access the data required.

The Trust continues to develop the number of dashboards with the functionality of the clinical outcomes hub in a cycle of refinement and growth.

Work continues on benchmarking with ICHOM and the Children's Alliance. The European collaborative (ECHO) work is also underway with the Clinical Outcomes Lead appointed as the co-chair of Quality, Outcomes and Value working group, with Erasmus. 10/10 Children's Alliance hospitals signed up to benchmarking of the Specialised Services Quality Dashboards.

3.5 Learning from Deaths

All patients who pass away at the Trust have their case reviewed 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. In line with the Learning from Deaths policy all deaths at the Trust are reviewed at the Child Death Review meeting which supports clinical teams to review and identify any modifiable factors that the Trust can learn from.

3.6 Care Quality Commission

The Trust has a programme of work in order to ensure CQC readiness and to work towards achieving an outstanding rating for the Trust. This work is being rolled out with a view that compliance and governance are interlinked with quality, safety and experience and embedded in day to day working within the Trust.

Following the CQC inspection in September 2019, the Trust has produced an action plan which is managed by the Directorates and monitored via Always Improving Group meetings with the Medical Director, Chief Nurse and the Compliance team. The Trust had received three "must do" requirements under Safety. These are related to ensuring that our Board Assurance Framework (BAF) reflects all known medicines risks; ensuring that our medicines are stored safely and destroyed in line with legislation, and ensuring that the EPR meets the needs for the CAMHS service so staff can record, update and find patient records promptly. Extensive work is underway within the Trust to ensure that the required improvements are being made

In addition to monitoring the action plan from the previous CQC visit, the Trust is committed to ensuring that compliance and governance is embedded in to every day work. A peer review quality round framework, based on CQC inspections, was commenced in 2019 and disseminated across the Trust to ensure a rolling programme which promotes compliance and encourages shared learning. The Always Improving Group will be receiveing bi-monthly reports from other inspected Trusts in order to extract their learning. The Trust will be resuming the lunchtime learning from events sessions in February 2020, which will provide a presentation from Trust staff regarding an SI/complaint/claims trend of incidents to ensure that learning is disseminated across

the Trust. The aim is that these events will be filmed and uploaded to the GOSH intranet to enable all staff to view them. Monthly Steering Groups are being held with the Compliance team and Deputy Chiefs of Service to ensure that compliance and governance is regularly discussed and fed back to the Directorates.

3.7 Gram-negative bloodstream infections

Nationally, there is a focus on gram-negative bloodstream infections and an ambition to reduce these by 50% by 2020/21. As a paediatric trust we have seen substantially lower rates of gram negative bloodstream infection compared to adult trusts since the introduction of mandatory surveillance. Nevertheless, to date we have identified areas of improvement when they have been seen. This has included the introduction of an updated urinary catheter clinical guidelines and an associated care bundle which is audited on a quarterly basis. Quality improvement work has taken place to standardize care around the use of urinary catheters throughout 19/20. Further work will beundertaken to identifiy any further themes associated with healthcare associated gram-negative bloodstream infections through 2020/2021.

3.8 Summary of Quality Impact Assessment

In order to improve and embed a thorough QIA process within the Trust - following the input and advice from an external consultancy partner, a new Programme Management Office (PMO) was established in

2016/17 to oversee the Trust's CIP (and other major) plans, and business partners were recruited to support Directorates with the scoping and delivery of their contributing plans. Over the last years this process has been refined and enhanced further, meaning the PMO now has a very well-developed integrated system to scope each plan and assess its quality impact. The PMO - working with the Medical Director, Chief Nurse - has an agreed QIA process in line with Internal Audit recommendations

In support of the new directorate structure with its reinforcement of greater directorate responsibility, a new QIA scheme of delegation is in place:

- Directorate management teams (Chief/Deputy Chiefs of Service – Clinical Role, General Managers and Head of Nursing and Patient Experience) to review and approve all QIAs in the first instance;
- The QIA panel (co-chaired by the Medical Director and Chief Nurse) to be kept informed of the approval status of all schemes including those signed off at directorate level;
- The QIA panel to assess and sign off all QIAs for any proposal likely to have more significant potential impact (including for example those of a cross-cutting nature).

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.

According to the Trust's agreed policy, if any of the following criteria are applicable to a scheme then a
QIA will be required:

- Change to skill mix and/or headcount
- Service redesign
- Change to a business process or service delivery
- Cross-Directorate schemes

Following recent Internal Audit of the process, which provided an overall assurance of significant assurance with minor improvement potential, the Quality, Safety and Experience Assurance Committee has agreed that QIAs will be required for all non-income schemes valued over £100k, and all workforce schemes including those valued at less than £100k.

These schemes are then subject to the QIA process reporting to the QIA Panel as described above.

In addition to regular meetings of the QIA panel, QIA updates are provided to each meeting of the Quality, Safety & Experience Assurance Committee (QSEAC) which reports to the Trust Board. The QSEAC 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 Better Value programme. A wide range of such indicators is already reported through monthly dashboards as part of the directorate performance review process. In addition, a set has now been developed for routine reporting in QIA updates to the QSEAC, covering a range of tailored KPI's which are specified and linked to each of the schemes signed off by the QIA Panel.

For 2020/21 the summary reports on KPI monitoring to QSEAC will be further developed including the incorporation of KPI triggers were appropriate.

3.9 Summary of triangulation of quality with workforce and finance

Directorate performance reviews take place on a monthly basis, attended by Directorate 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 Integrated Quality and Performance Report, which is generated monthly, helps provide triangulated data which includes workforce, quality and safety metrics.

The 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 Directorate integrated dashboard reviewed in the monthly performance reviews. Examples of metrics contained in the integrated dashboard are.

4. Workforce planning

4.1 Workforce plan summary

Please see workforce template for final workforce numbers

4.2 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 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. Similarly, organisational change across the Trust is subject to similar considerations, prior to and during consultations. Workforce implications are considered in a similar way.

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 (See section 2.3).

4.3 Governance of Workforce challenges, risks and issues

In 2019 the Trust launched it's People Strategy, the purpose of which is to bring together all of the people management issues and related activities to provide visibility, but also to ensure that they are aligned, co-ordinated and focused on delivering the priorities of the Trust, alongside our commitment to our people. The strategy is based on 4 themes (Capacity & Workforce plannining, Skills & Capability, Modernising and Reshaping our corporate and HR infrastructure and Culture, Diversity, Health & Wellbeing.), and sets out our priorities for the 3 years to 2022.

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. During 2019, the Trust established a Board level committee, the People and Education Assurance Committee (PEAC) chaired by a non Executive Director to ensure workforce issues are appropriately scrutinized.
Monthly Directorate 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 are overseen by the Nursing Workforce Advisory Group which reports to the Trust Nursing Board chaired by the Chief Nurse.

The PEAC committee and GOSH Learning Academy Board ensures the alignment of clinical and non-clinical education and development with our workforce requirements. This Board additionally has oversight of identified workforce risks in the organisation.

Services, specialties and directorates hold risk registers that are reviewed and updated to provide a feedback mechanism to Trust risk registers. Additionally workforce risks on retention and Trust culture are held on the Board Assurance Framework with updates reported regularly to the Board.

4.4 Current Workforce Challenges

Capacity and Workforce Planning

Great Ormond Street Hospital for Children NHS Foundation Trust

Context and key Issues

In many ways, our workforce of circa 5,000 is typical of many Trusts in that it is predominately female at 76% and weighted in favour of clinical roles of 3,800 staff (73%) supported by 1,300 staff in non-clinical roles (27%). However these statistics mask a range of issues which have grown over time and have delivered both benefits as well as challenges.

Our workforce characteristics which include having both a young workforce, low BAME representation, relative to other parts of the NHS, together with low tenure, in some key roles indicate that there are a range of issues to address relating to: recruitment pipelines and our employee brand; career and training paths for both clinical and non-clinical roles; experience and line management capability as result of low tenure. There are also implications for communications and engagement. With a workforce which is young, mobile, digitally savvy and not necessarily committed to a future career in GOSH, it is essential that we are able to provide an employment offer which is attractive in the first place and then a working environment and career opportunities that encourages people to stay.

The impact of age and tenure

While bringing vibrancy and new ways of thinking, having a young workforce inevitably requires higher levels of supervision and support, especially for younger workers living away from home for the first time or being new to the UK or London. With 53% of our workforce under 40 and an absence until recently in line management development, that support has often been provided by a cohort of first time or less experienced and confident supervisors and managers.

Turnover in administration and support roles

We turnover 25% of our admin and support roles each year. This would indicate a lack of career opportunities and training pathways despite the breadth of the roles we have on offer. There is more we could do to promote internal promotion, secondment and shadowing. In addition there is still more work to do to understand the detail and drivers behind some of the other workforce statistics including succession planning and career paths for Allied Health Practitioners (AHP) and Health Scientists. The health workforce of the future is expected to more integrated, with multidisciplinary teams and this will have a significant impact on recruitment as well as training and education.

Recruitment and retention of nursing staff

This is very much a mixed picture. While our vacancy levels are significantly below national and London averages they mask a mixed picture with ongoing challenges in particular teams or roles. Our retention rate is more in line with London with tenure for Band 5 nurses averaging 1 ½ years, but recruitment into more experienced band 6 nursing roles is more challenging. While there is already an established programme to support recruitment and retention in nursing, there is still work to do to respond to recruitment hotspots which require a more radical and creative response.

Our BAME representation

Great Ormond Street Hospital for Children NHS Foundation Trust

This is significantly below that of other London Trusts which would indicate issues with our pipelines and our employee brand. Of note, the employee brand has evolved organically and should be viewed against the backdrop of the strong external brand of the hospital and the charity with the latter in particular having a different purpose and role. There is more work we could and should be doing to promote GOSH as an open and inclusive employer of choice, with a wide range of careers, roles, training, education opportunities and people.

Workforce Challenge	Impact on Workforce	Initiatives in place
Retention	Increased pressure on remaining staff & potential for increased vacancies	Nursing participation in NHSI Retention Collaborative -Exit survey refresh to gather more qualitative data. -New Leadership strategy. -Nursing career conversations. Reward and Recognition programme Publication of benefits available Flexible working options PGME and NNME development programmes Improved visibility and management of vacancies
Vacancies in hotspot areas	Although Trust rate is low, in certain grades and areas there are more challenges. (i.e.) Band 6 Nurses Pharmacists Healthcare Assistants	--International Recruitment Programme launches in January 2020 to appoint a cohort of nurses to support high vacancy areas. -Improvements to recruitment technology and processes. Development of new roles such as physician associates and nursing associates (pilo site)
Culture	Lower levels of staff engagement lead to reductions in productivity	- 2019 "Census" Staff Survey Embedding of Forums to support Equality, Diversity & Inclusion agenda. -Embedding Values & Behaviours training. -Coaching & mentoring network. .

4.5 Current Workforce Risks

Workforce risks are managed locally through the HR and Directorate risk registers. These are monitored and managed locally, with strategic risks highlighted to the Board via the Board Assurance Framework. Currently retention and Culture are flagged as the key workforce risk on the Board Assurance framework.

Description of workforce risk	Impact of risk (high, medium low)	Risk response strategy	Timescales and progress
The risk that the organisation will be unable to recruit and retain sufficient highly skilled staff	High	-Development of retention strategy -Development of a Trust Employee Value Proposition (EVP) will address how the Trus recruits using it's strengths. -Participation in NHSI nursing retentior programme -Creation of non-clinical retention workstream	In progress (12 months)

Risk that GOSH fails to develop its culture and levels of staff engagement and motivation in alignment with its strategy and values.	High	People Strategy and Trust organizational strategy will address culture and staff experience.	In progress (12 months
Honorary Contract management	Medium	Improved governance and compliance monitoring	In progress (3months)

4.6 Long term Vacancies

The Trust does not currently monitor length of vacancies as the budgets are not held on ESR. A project group to rectify this has been established. Overall the Trust has low vacancy rates and have been below the 10% target for several years. The Month 9 vacancy rate is 7.8%. The table below indicates our key areas of focus.

Description of long-term vacancy.	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Band 6 Nurses		Potential for gaps in roster. Mitigated with use of temporary staff.	-Development programme for band 6s -New Junior sister Band 6 role -Over-recruitment of band 5s
Healthcare Assistants		Potential for gaps in roster. Mitigated with use of temporary staff.	-Ongoing recruitment campaigns. - Nursing Associates

5. Transformational change

The transformation agenda at Great Ormond Street Hospital will be delivered by a substantial portfolio of significant enabling projects and programmes. This portfolio (plus many other smaller scale and local initiatives) is designed to help children with complex health needs fulfil their potential, in support of our mission to put the child first and always. The current range of larger enabling work programmes covers a range of areas such as:

- creating a culture, together with the capability and capacity, that enables us to learn and thrive (including the development of the People Strategy, our work with the Cognitive Institute and development of the GOSH Learning Academy);
- transforming care through harnessing technology (including realising the benefits from Epic, as well as making the most of the innovation that can come from DRIVE);
- providing the most effective and efficient care (through the development of pan and intra Trust pathway and service redesign initiatives as well as through a Better Value programme which enables us to use our existing resources in the most efficient way); and
- creation of new spaces (for example the development of the Sight and Sound Centre and Children's Cancer Centre as well as smaller initiatives such as the development of an Operational Hub).

With the support of the GOSH Charity, the Trust has appointed a Director of Transformation who will be responsible for coordinating the programmes of work in association with executive colleagues who will often be the Senior Responsible Owner (SRO) for those programmes and who will ultimately be responsible for the day to day operation of new ways of working enabled by the transformation.

The following projects and programmes currently report into (or plan to report into*) the Transformation Portfolio Board:

- EPR
- Patient Flow
- Clinical Pathway Redesign
- Learning Academy*
- EASI*
- Procurement
- DRIVE & DRE
- Better Value

The primary purpose of the Transformation Portfolio Board, which is chaired by the Trust Chief Executive Officer is to:

- ensure that the various projects and programmes of work align to the strategic and operational objectives of the organisation;
- provide guidance and direction, particularly where there may be contention and / or dependencies across the different projects and programmes (e.g. where there may be limited resource or where the relative priority of a particular change might increase and therefore require additional focus and support), assisting with issues that can hold up delivery that are outside the direct control of individual work stream governance arrangements;

- hold each of the individual programme Senior Responsible Owners (SROs) to account regarding delivery to plan (time, budget and scope) and the achievement of anticipated benefits;
- through continual horizon scanning, benchmarking and learning from best practice internally, nationally and internationally, identify and prioritise new transformation opportunities for GOSH;
- ensure appropriate attention is paid to the impacts of change on our patients, their families, our staff and our stakeholders;
- ensure appropriate management of risks and issues which might impact successful delivery of the transformation agenda;
- ensure transformation activities are embedded within clinical and operational team, so as to create an empowered workforce helping the organisation strive for continuous innovation and improvement;
- ensure GOSH has capacity and capability now and in the future to deliver the portfolio of transformation programmes (and associated projects) and, where appropriate, engage planning and delivery partners to support these integrated programmes of work and;
- champion the transformation agenda through thoughtful communication and engagement activity, for example through the Open House initiative

5.1 Future Hospital Transformation Team

The Trust has established a transformation team, led by the Director of Transformation, to support the delivery of the programme of work. The team are currently recruiting to a number of new fixed term roles with a particular focus on staff with experience of managing complex patient flow and clinical pathway redesign programmes (including change analysts, informaticists and programme / project managers). The team will also work closely with members of the Medical Director's team, particularly those engaged with monitoring and measuring patient outcomes, to ensure that changes introduced through the Transformation Programme are appropriately assessed for any potential negative impacts on patient outcome and experience.

Nursing and Medical Information Officers
During implementation of the EPR the Chief Nursing Information Officer (CNIO) and Chief Clinical Information Officer (CCIO) worked with teams of nursing and medical staff to support the design, testing and training of the Epic EPR. In the run up to and during the early weeks post go-live, this team of Nursing Information Officers (NIOs) and Medical Information Officers (MIOs) provided expert advice to colleagues and played a key role in early identification and resolution of critical issues.

The Transformation Programme will continue to invest in dedicated time from a clinical team which will continue to provide input into the EPR Programme but will also support the wider transformation agenda. In line with national policy, the Transformation team

is looking to develop clinical informaticists and will provide this group with training; initially on some of the Epic tools but extending to other digital / technological solutions as these are adopted by the Trust. In addition to the NIOs, the team has been expanded to include an Allied Health Professional Information Officer (AIO).

Transforming Care Links
Lessons learned from the EPR Programme show that engagement with clinical staff is critical to the adoption of new systems and processes. The Chief Nursing Information Officer (CNIO) has established a group of nurses (in excess of 70 ward staff) and a group of AHPs to act as links between the Transformation Programme and key staff groups. The Transforming Care Links (TCLs) have met on multiple occasions and are starting to provide input into the prioritisation and scope /scale of projects.

5.2 Key current and future projects and programmes

The following represents the progress against a number of the main projects and programmes of work being delivered and / or facilitated by the Future Hospital Transformation Team.

Benchmarking
There primary purpose of the benchmarking project is to enable an empirical assessment of GOSH against peer organisations both within the paediatric specialist network and our STP / London. It is widely recognised that GOSH is different from many other NHS acute Trusts, and that some of these differences impact on our ability to change the way in which we deliver certain services. However, it is also recognised that GOSH can learn from other organisations and through that learning identify ways to deliver care in a more effective and efficient manner, improving patient outcomes, patient and staff experience and positively contribute to our overall financial sustainability.

The data is being shared with the directorate leadership teams to support the development of a narrative which can be used to explain why GOSH might vary from its peers. But this analysis will also be used to identify further opportunities to transform the organisation (either through simple efficiencies which will be supported and monitored through the Better Value programme) or through service redesign (which will be managed through one of our other existing transformation programmes or the establishment of a new programme).

EPR Programme
There is a whole programme of transformation work that is being delivered by the EPR team over the next 18-months which aim to bring the EPR into full operational use. The focus to date (since the go-live in April 2019) has been on stabilisation across all

users and applications, with more targeted intervention for certain teams (such as pharmacy). In addition, the first tranche of work completed in the early weeks of the Optimisation Phase (which commenced in August) was the upgrade to the latest (fully tested and deployed) version of the Epic code, which was implemented on 21st September.

The GOSH EPR programme was unique from other (equivalent) enterprise-wide clinical system implementations as it enabled the organisation to go-live on a functionally extensive but generic (content) build with a plan to optimise the core Epic system over an 18 months period post go-live. This was detailed in the original business case, as learning from other organisations had highlighted a tendency to build functionality that was not required / fit for purpose, as the true impact and requirements could not be evaluated until the system was live. This was a more efficient way to invest funding.

Further to this, the level of GOSH clinical and operational engagement during the design (and subsequent adoption) of the system has been unprecedented. This has in turn identified a significant scope of optimisation projects and activity which is likely to exceed that which was originally planned. This requires continued investment in the EPR asset in the short term to ensure it delivers the clinical outcome / staff experience benefits that will enable other system transformations to deliver a more efficient and effective service for patient and families. The key optimisation projects and impact on patients / families and staff are:

- **Development of clinical pathways**: to reduce the instances of unintended clinical variation and provide data that can be measured, evaluated and provide opportunities to improve these pathways.
- **Specialty content build**: to allow specialty teams to design new content based on the whole patient journey to further support the aim to improve the patient experience
- **Patient Safety / experience:** work towards such safety measures as infusion pump & onmnicell (drug cabinet) integration, further development of dashboards and management tools for patient safety, to increase standardisation of patient care plans
- **MyGOSH Patient Portal and MyGOSH Bedside**: to further develop the patient portal in terms of patient questionnaires, the ability for patients to reschedule their own appointments, increased access to results and the ability to add information on results from other care providers and personal medical device integration
- **Patient Flow**: To use data to support predictive analytics so that we can start to manage future planned activity against key variables such as staffing

The core aims of the EPR Optimisation Programme are:

- To optimise the Epic system to its maximum capability in the next 18 months to ensure clinician and operational engagement is maintained and built on to develop a culture of transformation
- To maximise the efficiencies available from the system over the next 18 months to ensure the increased cost of running the system is offset by savings thereby increasing the NHS funding available for direct clinical care
- To maximise the improvement for patient and family experience
- Ensure that all patient safety systems can be enabled within the project period
- Ensure the staff are trained to the highest level so the ongoing service can be delivered to the highest quality
- Ensure that the developments are complete within the optimisation period so the system can be efficiently run by the BAU teams.

Patient Flow / Clinical Pathway Redesign

The Patient Flow programme (which will incorporate other significant sized projects such as clinical pathway redesign and Outpatient Transformation) will align closely with the EPR Programme to develop new ways of working (as well as data driven efficiencies) which will improve the patient journey into, through and out of the hospital. Over the next two years, projects will include:

- Referral management – including uses of technology to support advanced triage and synchronous / asynchronous engagement with referring teams
- Improved OP pathways (including management of linked appointments / investigations and patient driven scheduling)
- Predictive modelling to smooth OP activity and conversion into inpatients (to model IP beds and access to theatre slots)
- Improved planning for transfers, especially from the ICUs
- Discharge management (beginning at admission) supported by IP standards (including 'Red2Green'), Integrated Care Pathways (with Epic build such as order sets and clinical decision support) and patient / staff education
- Operational Hub:
  - Providing improved operational visibility that will enable teams to achieve our aim to care for the right patient, in the right place, at the right time through more advanced data analytics, linking Epic data with other sources such as staffing (through Allocate integration)
  - Enabling the Trust to more efficiently relocate staff as required (e.g. to cover staff shortages) with an appropriate assessment of risk (based on live patient acuity data and detailed information on nursing capability / experience
  - Facilitating real-time operational and clinical-decision making; assessing the immediate needs of admitted patients against planned admissions and predicted emergency admissions
  - Providing information on timely bed availability
  - Maintaining an overview of site activity

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Digital Research, Informatics and Virtual Environments (DRIVE) and Digital Research Environment (DRE)

The DRIVE unit, led by Professor Neil Sebire, is the first of its kind in the world. It is both a physical and conceptual unit and is the result of a unique partnership between GOSH, University College London (UCL) and leading industry experts in technology, artificial intelligence and digital innovation. The idea behind DRIVE is to create a unique informatics hub to harness the power of the latest technologies to revolutionise clinical practice and enhance the patient experience, not only for GOSH patients but across the wider NHS.

Working with the Transformation leadership team, Professor Sebire (GOSH Chief Research Information Officer – CRIO) is identifying opportunities through DRIVE to introduce new technologies and solutions that will enable the Trust to transform its processes and clinical pathways at a scale which has not previously been possible. The implementation of the EPR has allowed for rich clinical data to be uploaded into the Trust's Digital Research Environment (DRE) which is already supporting clinical research projects. The DRE also offers the opportunity to use operational as well as clinical data to start developing predictive models which will ultimately feed into the Operational Hub to support more effective planning.

The key projects that the Transformation team are currently focussed on with DRIVE are Telemedicine and the Operational Hub (see above). In addition, the team are reviewing some of the pilot projects that the DRIVE team has been involved with. Project Fizzyo (initially a collaboration between Microsoft and UCL) uses sensors within medical devices to turn airway clearance exercises that cystic fibrosis patients are required to do into a game. As well as encouraging children to complete important exercises, the sensors collect key clinical data that can be used for more extensive research. The concept of gamification exists across most sectors, including healthcare, and there are multiple opportunities to extend this to other patient cohorts within the Trust.

6. Collaborative Working

GOSH's patient geography, funding anomalies, and mix of specialist/complexity requires reinforces the importance of working to help develop appropriate system-wide services and support for GOSH's role. Therefore, during the past few months we have been refreshing our strategy. This has also been done in the context of the NHS Long Term Plan that stresses the importance of Integrated Care, Local Systems and Prevention, and health and social care. Therefore, as part of the refresh we have consulted with partners to understand better how we shape our role in the health and care system. Against this risk work has included:

1. The refresh has restated our commitment to consolidated and centralised specialised services for children and young people presenting with rare and complex conditions, but also acknowledges we must increase in our partnership activities to on population health and prevention and therefore expand on non-specialist offer. This includes 'working in partnership' across local communities, local hospitals and specialist hospitals. This should also extend to Clinical Commissioning Groups (CCG), NHS organisations (GPs, ambulance, acute and mental health organisations) and councils (i.e. a source of some of the greatest future opportunities to improve health and care for children and young people).
2. We have continued to strengthen our role through networks, campaigns, and partnerships, alliances, and children's sector reviews. This has been done under our ongoing 'strategic enabler' of using our voice as a trusted partner to influence and improve care. Examples include: (I) EpiCARE group, GOSH, recognised as a European Reference Network (ERN) on rare and complex epilepsies; (II) Working with NHS England's Sign up to Safety campaign to peer review in-hospital deaths of children and young people; (III) Academic research partnerships with UCL Institute of Child Health, UCL Partners, and National Hospital; (IV) Memberships of various national and international partnerships and organisations including North Central London Sustainability and Transformation Partnerships (STP), Children's Alliance, administering the North Thames Paediatric Network for Specialist Paediatric Services, European Children's Hospital Organisation (ECHO); (v) In 2019 working with Global Action Plan we launched the first ever Clean Air Hospital Framework (CAHF), a strategy aimed at improving air quality in and around hospitals; and (vi) in September 2018 we joined forces with NHS Blood and Transplant to highlight the importance of organ donation.
3. GOSH is an important part of the UK Children's Hospitals Alliance – a group of children's hospitals across the UK that includes Alder Hey, Birmingham, Southampton, Manchester, Evelina London, Leeds, Sheffield, The Great North Children's Hospitals and Bristol Royal Hospital for Children. The group acts as a unified voice advocating for children and young people's services and runs a variety of projects to share learning, innovation and best practice. For example, finance experts from the Alliance hospitals have been working with the pricing team at NHS England and NHS Improvement on a review of tariffs and payments. Their aim is to work towards a budgeting framework that better reflects the complexities and high cost of care for children with complex health needs. This will safeguard services and improve the financial sustainability and viability of specialised children's hospitals.
4. In February 2019 GOSH invited members of the Alliance, along with other partners across the UK, to the first ever Children's Hospital Education Specialist Symposium (CHESS) – a national one-day forum championing paediatric

education. The event covered the opportunities and challenges for specialist paediatric education and multidisciplinary ways of working.

5. GOSH is a founding member of European Children's Hospital Organisation (ECHO), a partnership of 10 of the foremost specialist paediatric hospitals in Europe working jointly on priority work streams and shared goals. ECHO's Quality, Safety, Outcomes and Value working group has established a project to benchmark clinical outcomes and work is underway to develop a shared statement on the rights of children in hospital.
6. Working to maintain a role in the North Central London (NCL) Sustainability Transformation Plan (STP). Although just 4% of GOSH patients come from within the North Central London Sustainability and Transformation Partnership, national policy direction means that our contribution to this local network is very important. GOSH participates in several of its committees, looking at issues including procurement, leadership of transformation, nurse leadership and workforce. During 2018/19 GOSH has led on the development of an important new network looking at paediatric service delivery across North London. The North Thames Paediatric Network for specialist paediatric services is administered by GOSH. It brings together specialist providers and district general hospitals to improve access and outcomes for children across the care pathway. Further, – as part of the People strategy this will include considering how we help to develop new operating workforce models which promote and deliver integrated care systems, internally, across STPs and beyond.
7. Research is a key area in which we can promote clinical collaboration and benefits across clinical networks. For example, we host the UK's only paediatric National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) in collaboration with University College London Great Ormond Street Institute of Child Health (ICH). ICH published over 1,500 papers a year, in the five-year period 2012-2016. GOSH and ICH research papers together have had the second highest citation impact compared to international paediatric comparator organisations. By immersing our practice in research, we will drive improvements in treatment and outcomes not just for our patients, but for children and young people everywhere.
8. Within education and training, partnership programmes across the STP
    - Lead employer for CYP Nursing Associate pilot
    - Darzi Fellow working with lead educator for local CCG to improve the communication and care for children with rare diseases
9. Networks also provide valuable future opportunities for collaboration and to develop system-wide services and support, include:
    - North West & Central Paediatric Nephrology Network (with Imperial College Healthcare)

- Rheumatology Shared Care Network (with a number of trusts across North London)
- Complex Asthma Network (with Royal Brompton and Harefield and Guy's and St Thomas's)
- Cardiac Network (for patients with heart disease)
- Gastroenterology Network
- North Thames Children's Neurosciences Network
- North Thames Genomic Medicine Centre, through which we led the development of proposals for the Genomic Laboratory Hub in response to the recent NHSE tender.

As an acute specialist paediatric hospital with a regional and national catchment area, there is a risk that GOSH will not fit easily into future visions and plans for the health service and national priorities. Therefore, in addition to the above, our Contracting and Service Development Intentions for 2020/**21** reiterates the intention to work across STPs and ICSs as they continue to develop. To ensure GOSH is fully part of the changing landscape, we have embraced the principles of 'integrating care locally' such as opportunities for:

- Co-producing major national improvement strategies (e.g. identify productivity and efficiency savings, including benchmarking back-office services);
- Working more closely with commissioners and local governments
- Continuing to engage with communities and patients
- Involving front-line clinicians in service changes
- Driving improvements in strategically important services (e.g. cardiac, neurology, and oncology)
- Maintaining involvement in national programmes of care and clinical reference and formulary groups
- Continuing to provide services such as outreach clinics and act as a source of expert advice
- Continuing to work closely with referrers in our networks of care to strengthen care arrangements.

The Trust also actively participates in STP forums, with the Director of HR&OD contributing to NCL (North Central London) STP activities. In 2018/19, the Trust worked on several STP workforce schemes, including

- Streamlining recruitment and onboarding processes
- Streamlining Statutory & Mandatory training processes, the Trust is exploring implementing the national OLM system in 2019.
- Participating in international recruitment campaigns
- Calling off on a shared framework for the provision of temporary staff

- Exploring a collaborative STP bank model.
- Reviewing the NCL STP apprenticeship programme.
- Capital Nurse programmes

7 Financial Planning

Please see separate financial plan document, “NHSI Narrative Board v6”, Submission of the NHSI Financial Plan 2020/21

8 Membership and Elections

Membership and Elections

8.1 Council of Governors’ elections

There were no elections in 2019/20.

In January 2021, the current three-year Governor electoral term will conclude and Foundation Trust members will vote for their governor representatives on the Council of Governors. The elections will span a number of months from November 2020 to February 2021.

Members will be kept fully informed about the elections through a comprehensive communications plan.

8.2 Changes to Governor Constituency boundary changes

Following review of the number of members within each constituency and the number of outpatient appointments mapped to constituencies, governors approved changes to constituency boundaries and the number of governors they elect. Governors also agreed to move to the new arrangements from the 2021 term (starting March 2021), for which elections will commence in November 2020.

8.3 Phased Governor elections

At the November 2020 to February 2021 election only, governors’ terms will be amended to either one, two or three years based on the number of votes received during that election.

Subsequent elections will then be for full three-year terms, with elections held every year after.

Great Ormond Street Hospital for Children NHS Foundation Trust

Governor recruitment, training and development, and activities to facilitate engagement

8.4 'Buddying' with non-executive directors

The Trust established a buddying programme between non-executive directors (NEDs) and Governors to provides governors with direct contact with a NED to support their role and share information on matters of interest or concern. A review of the programme took place in July 2019 and it was agreed that buddying would continue with a revised structure: Governors would be paired with two non-executive directors and rotate every six months following objectives set by each buddying group.

8.5 Governors' online library

Governors have access to an online library of resources designed by the corporate affairs team that provides them with 24/7 access to key documents and information.

8.6 Governors' newsletter

Governors receive a monthly newsletter from the corporate affairs team containing actions required of them, key meeting dates, Trust developments and training and development opportunities.

8.7 Report from the YPF

Every Council of Governors' meeting receives a report from the appointed Young Person's Forum governors. This report helps keeps the Council abreast of the key issues affecting our younger members.

8.8 Recruitment events

Throughout the year, governors held four membership recruitment and engagement events recruiting a total of 97 new members. The events were held: in the Lagoon (the Hospital Canteen), at the space themed Open Day for patients and families, at Play Street 2, where the Trust closed the street at the front of the Trust for a day of play and at the Royal Bank of Canada Race for Kids event in Hyde Park. Many more recruitment and engagement events are planned for 2020/21.

8.9 Changes to Member Matters

Member Matters was the bi-annual (Spring and Autumn) 16-page publication sent to all members. At the April 2019 meeting of the Membership Engagement, Recruitment and Retention Committee (MERRC), members voiced concerns around how well Member Matters served the needs of the Foundation Trust, provided value for money, its impact on the environment and its usefulness in including the most recent information for members.

To maximise engagement with the membership, while allocating appropriate time and resources, the Council agreed to consolidate the news, updates and

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involvement opportunities into one regular, monthly email 'Get Involved' which will enable the sharing of timely and relevant news, features and opportunities.

8.10 Revised membership form

The Council approved the new Foundation Trust membership form.

8.11 Change to format of Council development sessions

From November 2018, Governor induction sessions transitioned into Governor development sessions. These sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure.

From the November 2019 meeting onwards, it was agreed that the format of the development sessions would be changed to three different 45-minute to allow more topics to be covered.

In February 2020, the Council approved a revised development plan informed by a Council led training needs analysis. This plan will inform the content of Council development sessions in 2020/21.

8.12 Private Governors' meeting

From the November 2019 meeting onwards Governors hold a private meeting led by the Lead Governor and Deputy Lead Governor ahead of the private session with the Chair and the main Council meeting.

8.13 Feedback from Governor training and education events

Several Governors attended external training and events throughout the year and provided reports back to the Trust. These included:

- Governor Focus conference, to help Governors explore how they can be best equipped to support their Trusts in delivering quality healthcare.
- GOVSEC's Government IT Security Conference, which explored how public sector organisations and professionals could make sense of securing their IT functions in a rapidly changing environment.

- GovernWell: Member and public engagement, which aimed to help Governors explore what 'Representation' meant

9 Membership engagement plans for 2020

The Trust is committed to recruiting a membership reflective of the population it serves, in particular the underrepresented stakeholder groups. Supported by ideas from the Young People's Forum and the Membership Engagement, Recruitment and Representation Committee, the Trust will:

- Make better use of the Trust's social media channels to reach out to current and prospective members.
- Encourage and support the Young People's Forum and Play team and promote the benefits of membership to current patients.
- Additional engagement with the Young People's Forum and seek their ideas on recruitment.
- Revamp the Trust website and include Governor biographies to include the topics that members can contact Governors about.
- Recruit a Stakeholder Engagement Manager to deliver the Trust's Membership Engagement Strategy.

9. Link to the local sustainability and transformation plan

Section to be updated.

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Appendix 2

2020/21 Business Planning Timetable

February 2019/20	
05/02/20	Executive Management Team– progress update and review of third plan and Grants Committee submission sign off
06/02/20	Public (version) Trust Board – Detailed submission of the current version of the plan and Trust Operational Plan
12/02/20	Operational Board- Grant Committee submission sign off
13/2/20	Executive Management Team – papers to be submitted
18 February	• Finance and Investment Committee
24/02/20	Executive Management Team – progress update and review of fourth plan
26/02/20	Operational Board- Progress update
w/e 28 February	Fourth draft directorate plans submitted • Straggler Project Outline Documents and QIAs finalised for sign off by SROs and QIA Panel
TBC	STP - first submission of draft operational plans
TBC	Draft 2020/21 operating plan submission to NHSIS
28/02/20	Submission of fourth plan for review
March 2019/20	
TBC	Operational Board – Sign off business plans
05/03/20	Draft 2020/21 operating plan submission to NHSEI
13/03/20	Submission of final Plan for sign off
w/e 13 March	• Schemes signed off into relevant cost centres and budgets

18/03/20	Executive Management Team – Sign off business plans and Trust Operational Plan
20/03/20	Final submission of plan for Trust Board sign off
TBC	STP - final submission of operational plans
TBC	Contract / Plan alignment submission to NHSEI
TBC27/03/20	Deadline for 2020/21 NHS contract signature
April 2019/20	
01/04/20	Sign off of all budgets
01/04/20	Trust Board- Final Sign off of Operational Plan and Business Plan
20/04/20	Final submission of Operational Plan to NHSEI

Submission of the NHSI Financial Plan

2020/21

Financial narrative to accompany the 2020/21 plan

1. Executive Summary

The NHS planning and contracting process for 2020/21 has not yet been released however the Trust is expecting to submit an annual financial plan as per the previous year's process. This paper sets out the approach that is being undertaken and the key aspects of the Trust's deliverability including the key movements between the Trust's current forecast outturn and the projected control total.

Following the publication of the guidance the Trust will review the assumptions that have been made as part of the financial planning process. The current initial phase of the financial planning that has been undertaken is considered a 'top-down' approach and will provide the bridge and key assumptions between the current year forecast outturn and 2020/21. The Trust has been notified that its control total will be breakeven (pre implementation of IFRS16) and that there are no additional bonus funds (PSF or FRF) that it can access.

The Trust is currently reviewing the impact of tariff settlements as well as its cost base to understand if the control total is achievable. Analysis to date shows that the control total has been set at an extremely challenging level and although the Trust wishes to try and deliver this, the impact of the challenging national and local STP context may impact on its ability to do so. At present the Trust is working to a savings requirement of c£19m for the year.

Key items to note in the proposed budget are:

- The Better Value Programme from which CIP's are governed and undertaken will need to deliver a minimum of £18.6m of tangible savings for 2020/21. Progress has been made against identifying schemes to meet this challenge to date but the full extent of the programme has not yet been identified. It is still anticipated that the programme will be delivered in the next financial year.
- Inflation is funded for pay, non-pay (where relevant, e.g. unavoidable cost pressures etc.) which amounts to £8.0m. Inflation is applied to commercial income which equates to £1.2m.
- Charity income is expected to reduce by £3.7m due to projects coming to an end.
- A separate contingency of £3m has been set aside to account for cost pressures arising in year, and fund any developments arising.

2. Background

The control total numbers can be found in the table below and show the 2019/20 control total, 2019/20 outturn as at Month 9 in line with the submitted return and the 2020/21 control total. The Trust is currently developing a plan to hit the control total set by NHSI but considers this very challenging and there is a risk this isn't deliverable due to the high level of savings required to offset the impact of tariff changes.

Year	Control Total / Outturn (excluding PSF)	Adjustment for Depreciation on Charity Funded Assets	Net Surplus (Deficit) including Dep'n for charity funded assets
2019/20	£0.0million breakeven	£13.1 million	(£14.9) million Deficit
2019/20 FOT[1]	£0.0million breakeven	£13.1 million	(£14.5) million Deficit
2020/21	£0.0million breakeven	£13.1 million[2]	(£13.1) million Deficit

[1] As at Month 9, 2019/20 [2] based on 2020/21 estimates

3. Approach to financial forecasts/planning

Initial Business Plan

A bridge and key assumptions between the current year-end forecast outturn and the 2020/21 plan are outlined below. The Trust's draft financial plan for 2020/21 has been built from 2019/20 budgets with adjustments for:

- non-recurring income and expenditure;
- initial estimates for changes to contract activity and tariffs although much of this remains in flux
- updated Private Patient revenue prices
- known changes to costs for future years;
- cost inflation, productivity and efficiency targets and unavoidable cost pressures;
- changes to income supporting system implementations and the corresponding costs associated with running them;
- full year effect revenue costs for running the Zayed Centre for Research that opened last year, and for the Sight & Sound Hospital that is scheduled to open next year. The new facility will incur additional rental costs and facilities management costs.

Detailed Budget Development Phase

The detailed budget setting that feeds the overall Trust budget plan and NHSI plan submission continue to be developed and refined in line with the NHSI timetable. So that final budgets are approved at the Trust Board in early April prior to the final plan submission. During February there are planned review and challenge sessions by the executive to ensure a robust plan is developed.

Profiling

The Trust is working through the detailed phasing of their plans to incorporate staffing profiles, workload patters, service activity and private referral patterns.

4. Summary Financial Statements 2019/20

Control Total Targets

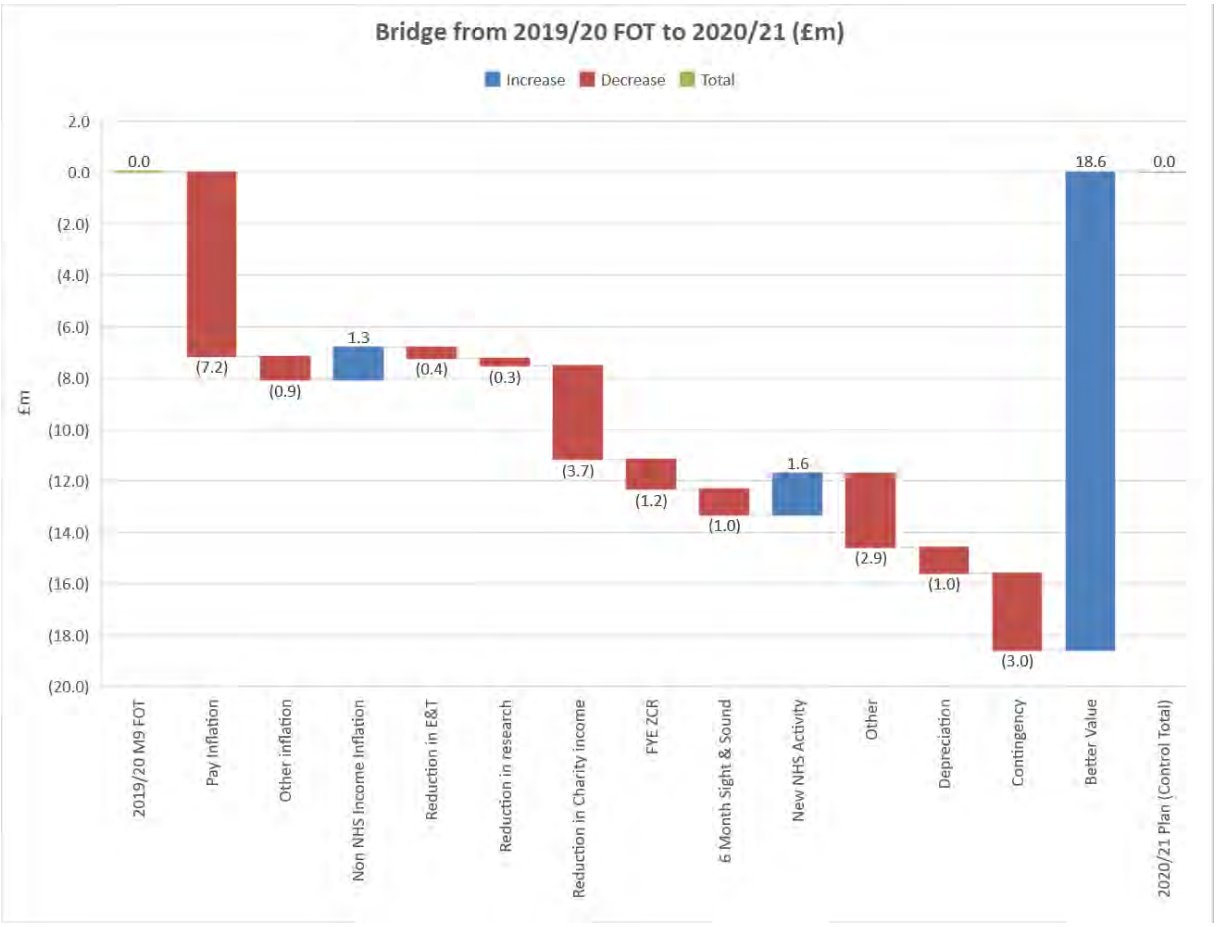
Year	Control Total	Adjustment for Depreciation on Charity Funded Assets	Net Surplus (Deficit) including Dep'n for charity funded assets
2019/20	£0.0 breakeven	£13.1 million	(£14.9) million Deficit
2020/21	£0.0 breakeven	£13.1 million	(£13.1) million Deficit

The statement below lays out the original 2019/20 plan, year-end outturn and the new revised plan incorporating the forecast outturn.

£m	2019/20 Plan	2019/20 FOT M9	2020/21 Initial Plan
NHS & Other Clinical Revenue	296.5	297.7	299.3
Pass Through	59.9	73.8	74.8
Private Patient Revenue	69.8	65.3	64.9
Non-Clinical Revenue	62.3	62.8	60.6
Total Operating Revenue	**488.5**	**499.6**	**499.7**
Permanent Staff	(269.3)	(266.4)	(267.6)
Agency Staff^	(3.5)	(2.3)	(2.1)
Bank Staff^	(16.4)	(15.4)	(16.0)
Total Employee Expenses	**(289.2)**	**(284.1)**	**(285.7)**
Drugs and Blood	(13.8)	(13.3)	(13.9)
Other Clinical Supplies	(42.8)	(43.1)	(45.4)
Other Expenses	(63.9)	(66.6)	(59.5)
Pass Through	(59.9)	(73.4)	(75.4)
Total Non-Pay Expenses	**(180.4)**	**(196.5)**	**(194.3)**
Total Expenses	**(469.6)**	**(480.6)**	**(479.9)**
EBITDA	**18.91**	**19.04**	**19.75**
Depreciation on Trust-funded assets	(11.2)	(11.1)	(12.1)
Interest	0.2	0.4	0.4
PDC	(8.0)	(8.3)	(8.0)
Control Total (Excl PSF)	**0.0**	**0.0**	**0.0**

5. Bridging/Planning Assumptions

The bridge below details the movement from 2019/20 to 2020/21 plan, excluding PSF funding.



It should be noted that whilst the Trust has delivered a surplus in previous years its NHS services have been in deficit and this has been offset by Private Patient and charitable revenue streams. In light of the challenging financial position facing the Trust, there will be increased reliance on this in future years although it may not be possible or appropriate to increase these funding streams significantly enough to offset the loss of NHS income proposed in 2020/21 tariff and beyond.

Heading	Actual (£m)	Notes
2019/20 FOT	**0.0**	Trust forecast outturn, excluding PSF.
Pay Inflation	**(7.2)**	Assumed costs of AfC pay award and associated medical staff costs in 2019/20.
Other inflation	**(0.9)**	Inflation assumed on uncontrollable cost pressures including rent / rates etc.
Non NHS income Inflation	**1.3**	Inflation of Private patient and commercial income
Reduction in E&T/Research	**(0.7)**	Assumed reduction in research contribution across the organisation and reduction in Education funding.
Charitable reductions	**(3.7)**	Reduction in income associated with the implementation of EPIC and other projects
FYE ZCR	**(1.2)**	FYE of costs associated with running ZCR

Heading	Actual (£m)	Notes
Sight& Sound 6 Months	**(1.0)**	6 months running costs for the new sight & sound building.
New NHS Activity	**1.6**	New NHS activity associated with new services including Battens, Nusinersen and Car-T.
Other	**(2.9)**	Anticipated income reductions following revisions to funding policy and external factors along with additional costs of delivery across the organisation.
Depreciation / Contingency	**(4.0)**	Additional cost of depreciation and contingency funding for unknown items in 2020/21.
Better Value	**18.6**	Delivery of the full Better Value programme.
2019/20 Plan	**0.0**	Expected control total for 2020/21.

6. NHS England Contract

The long term published in 2019 commits to reforming the payment system and moving away from activity-based payments to ensure a majority of funding is population-based to support local areas developing new models of care around the needs of patients. The draft NHS Standard Contract for 2020/21 does however stipulate that contracts or variations should be signed by 27 March 2020. GOSH signed a 3 year contract covering the period from 2019/20 to 2021/22 and therefore we will be required to agree the national variation for 2020/21. It has been proposed as part of the NHS Standard Contract consultation that there will be an additional requirement for trusts to sign an System Collaboration and Financial Management Agreement setting out how they will work together to deliver system financial balance

Payment & financial framework reforms

Payment System tariff policy changes were shared over the summer and the statutory consultation on tariffs based on these proposals closed on 22 January 2020 after which final tariffs will be published. The key changes that impact on GOSH and will be included in the 2020/21 plan are summarised below:-

- Updated market forces factor phased in over 5 years that reduces the % uplift from 28.4% in 2018/19 to 21.1% by 2023/24, a 7.3% reduction. The estimated financial impact for 2020/21 is a 1.5% decrease (£1m).
- Planned reductions to additional funding received to recognised the specialist nature of services at GOSH to be paused in 2020/21 (specialised top ups)
- Tariff uplift of 2.5%% with a tariff efficiency factor of 1.1%
- A proposed move to an outpatient blended payment model that incorporates a block element, variable payment for over/under-performance and quality payments. The latter will be linked to the roll out of advice and guidance services
- Additional pension contributions will be funded separately

These changes have been incorporated into setting the 2020/21 financial improvement trajectory for GOSH (sent on 4 October by NHSI) that shows an estimated deficit of £1.1m. As this is a deficit GOSH are required to deliver up to an additional 0.5% of efficiencies that would return us to a break even position. There is however a 0.5% reward of relevant income for delivery of the control total in 2019/20 and 2020/21.

Principles and Assumptions

The following principles and assumptions are being used to calculate the proposed Trust contract value for 2020/21.

1. *National Pricing*

Trust has grouped activity using the current tariff grouper and priced national tariff activity using the 2020/21 consultation tariffs. Local prices are uplifted in line with the net tariff inflator outlined by NHS Improvement.

2. Starting Baseline

The baseline activity is the 2018/19 month 1-6 actuals annualised 2018/19 is being used rather than 2019/20 owing to issues with data as a result of the EPR implementation. However this approach is still to be agreed with commissioners.

3. Other adjustments

The baseline includes the impact of the pricing review jointly undertaken in 2016/17, estimated RTT activity and the genomics regional hub.

The Trust has included agreed business cases and service developments e.g. as a result of new drug therapies, within the NHS England contract proposal for 2020/21.

4. CQUIN

The balance of CQUIN is currently included at 100% although this assumption may be revised as more detailed understanding of CQUIN is developed.

NHSE Contract Value
A summary of NHSE contract will be shared once completed including the details of elements that are on block, cost and volume or some other form.

7. Capital plan

Capital is funded by a combination of charity funds which are almost exclusively donated by the Great Ormond Street Hospitals Children's Charity (GOSHCC) and Trust funds. Charity funding assumed in this plan has been allocated based on grants committee approvals on final business cases and specific known schemes.

The budget for Trust funded capital expenditure has been set at £18m for 2020/21. The capital planning process has already begun and will continue through February 2020 and will form part of the Trusts 5 year Capital plan.

8. The Better Value Programme (CIPs)

Allocation of targets
The Trust's CEO-led Transformation Portfolio Board comprising the senior managerial and clinical leadership team is overseeing the development and delivery of the 2020/21 Better Value programme, which aims to save at least £18.6m to meet the control total. This is a very challenging target.

Directorate level control totals to deliver this target are based on 2019/20 forecast outturn expenditure, with adjustments to reflect areas of overspend plus a differentiated CIP allocation based on an assessment of efficiency informed by national PLICS (clinical directorates) and Model Hospital benchmarking (corporate directorates) data.

As for the current year, the Trust has acknowledged the risks of relying upon further income generation from NHS commissioners and will only accept these into the programme on an exceptional basis. The Trust is developing a transformation strategy that will be going to the board and will facilitate the delivery of the better value programme, form part of the better value programme and improve quality of care across the organisation. The Trust is planning, therefore, for the vast majority of contributions to come from schemes aimed at reducing cost and improving efficiency. These include further benefits from our procurement work in partnership with GSTT, continued rollout of Materials Management, benefits from our new EPR system and a range of other initiatives. Those income schemes which are being proposed are concentrated on the Trust's international and private practice as well as its DRIVE initiative.

Schemes under final development include:
Non pay and waste reduction - in addition to continued rollout of inventory management and improved stock control arrangements, plus ongoing work through the Smart Together partnership to negotiate the best prices, work over the coming year will continue to focus on minimising unnecessary practice variation and increasing product standardisation. Weekly procurement drop-in surgeries have been set up and regular meetings are held with each clinical directorate. Increasing focus will also be placed over the coming year on non-clinical procurement. This work is overseen by the Procurement Transformation Board chaired by the CFO.

Workforce - a wide range of schemes are under way across the Trust and directorates are working up plans related to skill mix reviews with consideration of ANPs, Physician Associates, CNSs, etc. The transformation team is working with the Medical Directorate (in particular work on Modernising the Medical Workforce), HR&OD and the Nursing Directorate to align opportunities taking into account existing plans, and propose a programme of workforce initiatives over the coming year. This programme will be brought back to the Transformation Portfolio Board in March.

Flow - immediate priorities include the completion and opening of a new Operational Hub, enhanced management of longer lengths of stay, development of a new clinical care pathways programme, finalisation of plans related to decant from the Safari (day care) area including incorporation of associated theatre lists, reconfiguration of admissions, recovery and day case beds, and a review of anaesthetic pre-operative assessment and scoping to improve theatre scheduling. This work is overseen by the Flow Programme Board chaired by the Chief Operating Officer.

EPR related benefits - a number of cash releasing benefits are planned over the coming year including reductions in software maintenance costs, data centre decommissioning, benefits for IPP and Research & Innovation, reductions in paper, printing and postage, etc. Benefits realisation is overseen by the EPR Programme Board and reported to the Transformation Portfolio Board.

Clinical support services – schemes are being developed to reduce unnecessary diagnostic testing (in part linked to QI work on a diagnostic pathway redesign for metabolic patients which may then be applicable to other patient groups), repatriation and reduction of pathology tests from other providers, a range of medicines optimisation initiatives, and work to improve utilisation of our MRI scanners. This work is being overseen by the Transformation Portfolio Board.

Other schemes - in addition to larger contributions from schemes such as those described above, the Trust is prioritising areas for the application of Robotic Process Automation (RPA) including finance, the central booking office and some EPR workflows. And all areas of the Trust are also working to finalise local Better Value schemes to deliver their targets, with progress on scheme sign off being overseen by the weekly Business Planning Steering Group and delivery managed through the directorate performance management review process.

Governance and reporting:
Progress on development of the programme is overseen by weekly business planning meetings and at the fortnightly Operations Board chaired by the chief operating officer; delivery is overseen by the Transformation Portfolio Board. Quality Impact Assessment continues to be overseen by the QIA Panel chaired by the Chief Nurse and the Medical Director. Assurance to the Board is provided through regular reports on the programme, both to the Board itself and to its committees – Audit and Risk, Quality, Safety and Experience, and Finance and Investment.

Approach to delivery risk:
In addition to the QIA process, before schemes are signed-off within the programme, they are risk-assessed with projected financial benefits adjusted as a result. Where this results in reductions to savings, divisions will need to work either to improve likelihood of full delivery of their schemes, or to find additional projects to fill the gap.