Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

Meeting of the Trust Board
Wednesday 27 November 2019

Dear Members

There will be a public meeting of the Trust Board on Wednesday 27 November 2019 at 2:00pm 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**	**2:00pm**
	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 18 September 2019**	Chair	**L**	**2:05pm**
3.	**Matters Arising/ Action Checklist**	Chair	**M**	
4.	**Chief Executive Update**	Chief Executive	**N**	**2:10pm**
5.	**Patient Story**	Chief Nurse	**O**	**2:25pm**
6.	**Directorate presentation: Blood, Cells and Cancer Directorate**	Interim Chief Operating Officer	**P**	**2:45pm**
	STRATEGY AND PLANNING			
7.	**People Strategy**	Director of HR and OD	**Q**	**3:05pm**
8.	**Patient Experience and Engagement Framework**	Chief Nurse	**R**	**3:15pm**
9.	**Approach to business planning and budget setting 2020/21**	Chief Finance Officer/ Interim Chief Operating Officer	**S**	**3:25pm**
	RISK			
10.	**Board Assurance Framework Update**	Company Secretary	**T**	**3:35pm**
11.	**Brexit Update**	Interim Chief Operating Officer	**U**	**3:45pm**
12.	**Electronic Patient Record Update**	Interim Chief Operating Officer/ Director of Transformation	**V**	**3:55pm**
	PERFORMANCE			
13.	**Integrated Quality and Performance Report – October 2019** **Update on Children's Alliance Specialised Services Quality Dashboard (SSQD) benchmarking pilot**	Medical Director/ Chief Nurse/ Acting Chief Operating Officer/	**W** **X**	**4:05pm**
14.	**Finance Report - Month 7 (October) 2019**	Chief Finance Officer	**Y**	**4:20pm**

15.	Better Value Update	Director of Transformation	Z	4:30pm
16.	Safe Nurse Staffing Report (August – September 2019) Safe Staffing Nursing Establishment Mid-year Review	Chief Nurse	1 2	4:40pm
	ASSURANCE			
17.	Transparency in Healthcare	Medical Director	3	5:00pm
18.	Royal College of Surgeons Urology Service Review Summary and Action Plan	Medical Director	4	
19.	Guardian of Safe Working Report	Guardian of Safe Working – Renee McCulloch	5	5:15pm
20.	Emergency Preparedness, Resilience and Response Assurance 2019 Compliance	Interim Chief Operating Officer	6	5:25pm
21.	Learning from Deaths (Mortality Review Group - Report of deaths) in Q1 2019/20	Medical Director	7	5:30pm
22.	Infection Control Update	Director of Infection Prevention and Control (DIPC)	8	5:40pm
23.	Board Assurance Committee reports • Quality, Safety and Experience Assurance Committee update – October 2019 meeting	Chair of the Quality, Safety and Experience Assurance Committee	9	5:50pm
	• Finance and Investment Committee Update – September 2019	Chair of the Finance and Investment Committee	10	
	• Audit Committee Assurance Committee Update – October 2019	Chair of Audit Committee	11	
	• People and Education Assurance Committee Update – September 2019	Chair of the People and Education Assurance Committee	12	
24.	Council of Governors' Update – verbal from November 2019	Chair	Verbal	
	GOVERNANCE			
25.	Register of Seals	Company Secretary	14	6:00pm
26.	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.)			
27.	Next meeting The next public Trust Board meeting will be held on Thursday 6 February 2020 in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.			

ATTACHMENT L

Attachment L

Great Ormond Street Hospital for Children
NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on
18th September 2019

Present

Sir Michael Rake	Chair
Mr Matthew Shaw	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr James Hatchley	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
Professor Andrew Taylor	Acting Chief Operating Officer
Ms Helen Jameson	Chief Finance Officer
Ms Caroline Anderson	Director of HR and OD

In attendance

Mr Matthew Tulley	Director of Development
Ms Cymbeline Moore	Director of Communications
Ms Claire Williams*	Interim Head of Patient Experience and Engagement
Ms Emma James*	Patient Involvement and Experience Officer
Mr Richard Collins*	Director of Transformation
Dr Allan Goldman*	Chief of Service - Medicines, Therapies and Tests
Mr Steven Tomlin*	Chief Pharmacist
Mr Chris Longster*	General Manager – Medicines, Therapies and Tests
Mr Anthony Murphy*	Interim Recovery Lead, Pharmacy
Ms Stephanie Williamson*	Deputy Director of Development
Mr Crispin Walkling-Lea*	Head of Healthcare Planning
Mr Anthony Sullivan*	General Manager, Brain
Mr William McCready*	Children's Cancer Centre Programme Manager
Mr Nick Martin*	Head of Sustainability and Environmental Management
Ms Mani Randhawa*	Lead Nurse, Quality
Mr Peter Hyland	Director of Operational Performance and Information
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*

124	Apologies for absence
124.1	Apologies for absence were received from Mr Chris Kennedy, Non-Executive Director and Dr Shankar Sridharan, Chief Clinical Information Officer.

125	**Declarations of Interest**
125.1	No declarations of interest were received.
126	**Patient Story**
126.1	Ms Claire Williams, Interim Head of Patient Experience and Engagement introduced Hannah to the Board. Hannah had been coming to GOSH for approximately 8 years as the sibling of a GOSH patient. Hannah said that after initially feeling somewhat isolated, she had become a member of the Young People's Forum and been involved for two years which she had found to be an extremely valuable experience as she had felt able to voice her opinions and had encouraged other young people to do the same. She now felt more confident in her understanding of her brother's medical condition which had impacted all areas of her family's life.
126.2	Hannah emphasised the importance of GOSH in families' lives and reiterated the sense of belonging that the YPF had provided and the importance of understanding her brother's medical condition. GOSH had been able to provide training on ways to support her brother's condition in an emergency which her local Trust had not and this had made Hannah feel part of her brother's care.
126.3	Hannah emphasised that GOSH staff must 'think triple', meaning considering the patient, parents <u>and</u> siblings. She said that siblings have a unique view in many areas of a patient's life which even parents do not have providing an understanding of the impact of a condition on the patient's life. Hannah suggested that a sibling's forum could be established which could either be used to research the barriers experienced by other siblings in the Trust or be similarly structured like the YPF.
126.4	Sir Michael Rake, Chair thanked Hannah on behalf of the Board and said that she had given an excellent overview of the impact of GOSH on patients, families and siblings lives. Mr Matthew Shaw, Chief Executive agreed and said that the Trust was proud of the contribution that the YPF made to the Trust and recognised that care did not always extend to families and social situations which was often important to the patient.
126.5	Ms Williams said that the Trust would be working with Hannah to understand the experiences of other siblings.
126.6	<u>Draft Patient Experience and Engagement Framework (for information)</u>
126.7	Ms Alison Robertson, Chief Nurse said that the draft patient experience and engagement framework was also part of the paper and requested any comments were passed to her in advance of the document being presented to Board for approval in November.
127	**Minutes of Meeting held on 18 July 2019**
127.1	The minutes of the previous meeting were **approved**.
128	**Matters Arising/ Action Checklist**
128.1	The actions taken since the previous meeting were noted.

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129	**Chief Executive Update**
129.1	Mr Shaw said that the EPR system had gone live on time on 19th April and substantial progress had been made with moving towards 'business as usual'. He said that the Trust had worked extremely hard and some metrics were now the best they had been. Culture remained the priority and Speaking Up for Safety training rates remained positive with approximately 65% of staff having been trained or signed up for training and evidence of the process having been used.
129.2	Work continued to update the strategy and a consultation with staff was in progress to receive feedback on the work that had taken place so far. Good attendance continued at 'Mat's big briefing' sessions which was a positive way to be open with staff.
129.3	Workforce Race Equality Standard data had been published for 2019 and would be discussed later in the agenda however it was clear that the organisation did not have the level of diversity and inclusion required which was best for the Trust.
129.4	Mr Shaw highlighted the recent inquest into the death of a patient where the parents felt the Trust had not been transparent in dealing with them. Mr Shaw expressed profound disappointment and said that there were lessons to be learned from this case. He apologised again for the care that Amy Allan received which did not meet the expected standards at GOSH.
130	**Sustainability Transformation Partnership Finance Return**
130.1	Ms Helen Jameson, Chief Finance Officer said that as part of the NHS Long Term Plan, providers had been asked to submit their projections on expenditure, income, workforce, efficiencies and activity for the next five years. The base case for the Children's Cancer Centre modelling had been used to provide the plan and the Non-Executive Director members of the Finance and Investment Committee had attended workshops to allow further discussion. Modelling had shown the Trust achieving a breakeven Control Total for each year and the key assumption and challenge was around meeting the savings delivery requirement and maximising income. The Trust had recently been issued with a draft Control Total of breakeven which was in line with plan.
130.2	Mr James Hatchley, Non-Executive Director said that substantial work was taking place on the Long Term Financial Model in the context of the Children's Cancer Centre. He added that a critical part of this work was ensuring that the Trust was able to change its culture around the way it worked to release efficiencies however it was vital to understand that the outturn was significantly support by IPP activity.
130.3	The Board **agreed** to delegate authority to the Executive Team to sign off the finance return.
131	**Pharmacy**
131.1	<u>Feedback from NED walkround in pharmacy</u>

131.2	Mr Hatchley said that the Chief Pharmacist was the national Brexit lead for pharmacy and a plan would be in place for the anticipated challenges of Brexit. He said that the team had reported that the Executive support for pharmacy had been valuable however there continued to be issues around procurement and the continued use of paper. Issues in pharmacy with Epic were on-going and the US Epic team had been at the Trust working on this.
131.3	Ms Kathryn Ludlow, Non-Executive Director said that she had been informed that there were national issues with the manufacturing of total parenteral nutrition (TPN) and therefore it was challenging for GOSH to outsource its TPN manufacture, which was substantial, in order to create capacity.
131.4	<u>Pharmacy presentation</u>
131.5	Professor Allan Goldman, Chief of Service for Medicines, Therapies and Tests said that the pharmacy transformation project had begun in 2017 in response to waiting times and culture within the team. The reviewer became embedded within the department for six months in order to carry out the review. Following this, the Pharmacy Transformation Board had been established.
131.6	Professor Goldman said that staff in pharmacy were extremely dedicated and had excellent expertise and the Trust had underestimated the level of production of both TPN and CIVAS at GOSH which was substantially greater than other units nationally. A new Chief Pharmacist had been appointed who had been instrumental in changing the culture in the department.
131.7	Epic had been extremely challenging as the team had already been working at capacity and another London Trust which had gone live with Epic had experienced similar issues. Sir Michael asked whether there was a timeframe for the improvements being made by the Epic team and Mr Steven Tomlin, Chief Pharmacist said that the US Epic team were clear that rapid changes were required and understood the impact on the Trust. A report would be provided on 20th September about the action that would be taken. Mr Shaw said that he had met with the Chief Executive of Epic to ensure that resources were deployed to GOSH and another London Trust which she had committed to do.
131.8	Professor Rosalind Smyth, Non-Executive Director queried whether the pharmacy issues with Epic could have been anticipated based on the experiences of other Trusts and whether there was learning to be gained from other Trusts outside the UK. Mr Tomlin said that other organisations did have issues and added that GOSH would be advising that no other Trust went live before the pharmacy issues had been fixed.
131.9	Following the critical report arising from the MHRA inspection the Trust had appointed an interim recovery lead which had been extremely positive. A restructure had been undertaken and leads appointed for each area. Manufacturing had been reduced as far as possible which provided capacity to make other changes. The MHRA had returned for a follow up inspection and were satisfied that improvements had been made but work continued.
131.10	Mr Anthony Murphy, Interim Recovery Lead said that the quality system had been overly complex and leadership was required in a number of areas, particularly around people management. Weekly quality meetings had been established and the team was skilled and enthusiastic to move forward.

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131.11	On her walkround to pharmacy, Ms Ludlow said that she had been advised that CIVAS had previously been manufactored in a specific and specialist environment and would now be made on wards. She asked whether this had safety implications. Mr Tomlin said that this had been an important decision in terms of workload on wards, which was being monitored, however in some cases such as first doses, manufacturing already took place at ward level. Ms Robertson said that substantial work had taken place to ensure nursing staff were IV competent and in the event that wards were under pressure they had the ability to request additional staff to short shifts around IV times. No feedback had been received that the change had been overly burdensome.
131.12	The Board discussed Brexit and Mr Hatchley queried whether additional resources were required for this issue. Mr Tomlin said that weekly Brexit meetings were taking place internally and nationally paediatric pharmacists had worked with the Department of Health to review each medicine used in paediatric care including the manufacturing ingredients. A key issue was around the freezer capacity to store additional drugs. Mr Tomlin said that there were often shortages of drugs and Brexit would exacerbate this and it was vital that there was a plan in place to manage the issue. He added that GOSH had specific issues as there were a large number of drugs which were only used at the Trust and therefore it was important to be clear about the stock which was being held.
131.13	Mr Hatchley asked how concerned families were being communicated with and Mr Tomlin said that the first meeting with the Department of Health would be taking place on 19th September and additional guidance would be issued after this. The current guidance continued to be to advise patients and families not to stockpile medication. Mr Tomlin added that he felt the Trust was doing all it could.
131.14	Ms Ludlow asked whether, given the pharmacy issues with the EPR and associated costs to the hospital, this had been discussed with Epic. Mr Shaw gave assurance that this would be discussed.
131.15	Sir Michael said that despite ongoing issues the Board recognised the excellent work which was taking place in pharmacy and the improvements which were being made.
132	**Board Assurance Framework Update**
132.1	Dr Ferrant said that the Risk Assurance and Compliance Group (RACG), which was chaired by the Chief Executive, had reviewed all risks on the Board Assurance Framework making a number of proposals to the Board.
132.2	BAF Risk 1: Financial Sustainability
132.3	The RACG had proposed that the likelihood net score was reduced to 3 from 4 in recognition of the work that had been done to future proof Trust finances and as a result of current finances being in line with plan. Mr Akhter Mateen, Non-Executive Director said that he did not agree with the proposed change as there was also a recommendation for an increase in the risk scores for Better Value and IPP which were key components of the Trust's financial sustainability. Mr Hatchley agreed and added that he felt the environmental challenges were so great it was not possible to say that the likelihood had reduced.

132.4	The Board agreed that the risk score would not be changed.
132.5	<u>BAF Risk 2: Better Value</u>
132.6	Mr Mateen said than in terms of financial impact a £20million would be catastrophic and therefore he suggested that the risk score should be increased to 4x5.
132.7	<u>BAF Risk 3: IPP Contribution</u>
132.8	The RACG had proposed that as the IPP target had not been achieved in quarter 1 of 2019/20 the score should be amended to 3x5. Mr Mateen said he felt that the impact would not be this great however he suggested that the likelihood score should be increased to 4.
132.9	**Action:** It was agreed that the proposals from the RACG would be reconsidered by the RACG and reviewed again at the November Trust Board meeting.
132.10	Dr Ferrant said that the risk appetite scores had been reviewed and stress tests were being undertaken on BAF risks to be assured that the controls in place were working.
132.11	Mr Hatchley said he felt that the red rated risks were key areas for focus for the Board and Executive Team. Mr Mateen said that whilst some red risks were unique to GOSH the majority would be common to many Trusts.
133	**Preparations for Brexit**
133.1	Professor Andrew Taylor, Interim Chief Operating Officer said that the Trust had been asked to complete a self assessment of 69 areas of which 2 had been rated amber for GOSH and the remaining areas were green. It was anticipated that the amber areas would soon be rated green.
133.2	Sir Michael noted that preparations for Brexit in terms of workforce had been rated green and emphasised that it was important to be clear about the medium term as well as short term impact. Professor Smyth highlighted that the impact on workforce in research was significant and the UCL GOS Institute of Child Health was working hard to ensure that it was clear that staff were valued and was working nationally to highlight issues. Sir Michael said that it was vital that these issues were clear particularly for a Trust such as GOSH which was reliant on research.
133.3	Mr Mateen queried how the impact could be articulated given that the Board Assurance Framework Brexit risk had a net risk score of 20 and Professor Taylor said that the underlying questions within each area of the EU exit template were very specific. Dr Sharma said that the medical workforce was very reliant on an international workforce which would skew the way that Brexit impacted the Trust.
134	**Children's Cancer Centre Outline Business Case**
134.1	Mr Shaw said that the Outline Business Case had been developed following the agreement of the project principles and parameters at the joint Board to Board meeting between the Trust and the GOSH Children's Charity (GOSHCC). The project would include provision for cancer services, pharmacy and the school all

	within a budget of £250million. Mr Shaw added that if the OBC was approved by the Board and GOSHCC the Trust would enter into the Pre-Construction Services Agreement (PCSA) design agreement with the design partner and funding would be allocated to progress the decant works.
134.2	Sir Michael said that the key principles were that the project was affordable as the Trust could not take on debt. He said that it was essential that the project delivered what was required and had the necessary flexibility.
134.3	Mr Hatchley said that the financial case had been reviewed at the Finance and Investment Committee and highlighted that the development would increase the Trust's running costs and GOSH had responsibility for any budget overruns. He added that whilst the commercial case for the development was good the Trust still had short term issues of sustainability and delivery of better value. Ms Jameson agreed that short term challenges were substantial but said that the running costs of the building would need to be covered by savings and additional income associated with increased activity.
134.4	Mr Mateen suggested that learning was taken from the successful way that the EPR implementation was managed including the oversight, user involvement and milestones. He noted that the gateway review had highlighted the importance of detailing benefits realisation at the outset. Mr Matthew Tulley, Director of Development said that gateway reviews would be ongoing to provide additional assurance and a large number of user groups would be involved in the design and would be regularly engaged.
134.5	Mr Hatchley confirmed that the OBC had been recommended for approval by the Finance and Investment Committee.
134.6	The Board **approved** the Outline Business Case.
135	**Update on implementation of Electronic Patient Record**
135.1	Mr Richard Collins, Director of Transformation said that the EPR programme had moved from the planned 'stabilisation' phase into the 'optimisation' phase which would continue until October 2020. Key areas of focus continued to be pharmacy along with the impact of depth of coding.
135.2	Professor Smyth expressed concern about the issues in pharmacy and asked for a steer on the impact on the rest of the hospital. Mr Collins said that the impact was limited as the issues were primarily related to prescribing rather than dispensing. Mr Shaw said that patients were experiencing longer delays to receive their medication and the team were doing well but it was a challenging situation. Ms Jameson said that the finance team were working with pharmacy to support inventory control.
135.3	Mr Collins said that in terms of discharge summaries, whilst teams had initially struggled with Epic, around 97% of summaries had been sent to patients and parents and only approximately 192 were outstanding. He stated that this was excellent progress. Professor Taylor said that turnaround times for clinic letters were the best they had ever been and Epic gave clarity about the point at which issues occurred in the process. Following go live, clinic letter turnaround time had been 33 days and it was currently 3 days. He said that Epic had already proved to be transformational in this respect.

135.4	Mr Hatchley asked about the impact on billing and Ms Jameson said that estimates for drugs were still being used at month 5 however the results of a stock take would be available shortly and an update would be provided to the Finance and Investment Committee. There had also been a reduction in depth of coding and a change in the activity profile and work was taking place to ascertain whether this was a real change or related to Epic. It would be important to work with commissioners when discussing contracting for 2020/21 as the current year's results would not be representative of activity. Ms Jameson said that it was important to keep this under review as the Trust was required to give notice to commissioners around changes of coding.
135.5	Mr Mateen said that he had been on a walkround to Squirrel Ward and had spoken to two patients and parents who had been complementary about their experience with the MyGOSH patient portal. He noted that the report highlighted a backlog of reporting test results in Regional Genetics and queried if there was a financial penalty or patient experience impact. Ms Jameson said that getting used to Epic had slowed the work of the team and whilst there was no financial penalty it was important to ensure that patients had access to their test results as soon as possible. She said that updates would be provided to the Quality, Safety and Experience Assurance Committee and weekly updates were being provided on the number of outstanding results. She said that the team was working well to close reports.
136	**IPP walkround feedback**
136.1	Lady Amanda Ellingworth, Non-Executive Director said that during a walkround when discussing the vacancy and turnover rates with staff in IPP they had reported that some NHS staff were personally challenged by the ethos of working with private patients however the team felt that there had been some stabilisation in the medical workforce. Staff had also queried whether the Trust was doing all that was possible to encourage UK based private patients to be treated at GOSH. Sir Michael said that staff were also very keen for the Board to reiterate that IPP was vital in order to support NHS services and doctors and nurses were all NHS employees.
137	**Integrated Quality and Performance Report – August 2019**
137.1	Professor Taylor said that the Trust had retained its 100% performance against cancer waiting times throughout the Epic go live period however, as planned, RTT had reduced. The trajectory for RTT was planned for recovery by April 2020 and waiting times were currently challenging in dental due to a shortage of consultants. Discussion had taken place with NHS England about GOSH pausing referrals which would be accepted by other centres. Professor Taylor added that PDR rates were currently at 91% and statutory and mandatory training compliance was at 94%.
137.2	The number of incidents being closed month on month was increasing however due to the number of historical overdue incident investigations the proportion of incidents closed within 45 working days was skewed and remained below 50%.
137.3	Ms Robertson said that a large number of complaints and PALS contacts were related to communication and it was anticipated that this would improve with the full implementation of MyGOSH. To date 5000 families had signed up to MyGOSH which was significant when compared to other organisations which

	had implemented Epic and it had the potential to make substantial patient experience improvements.
137.4	The Trust received a low number of complaints relative to its size however those received could be complex. There were currently 17 open complaints, none of which were red, however 2 red complaints had been received in year. The outcome of red complaints was monitored and were considered at the 'closing the loop' meeting which facilitated information dissemination.
137.5	The response rate and satisfaction from Friends and Family Tests responses in Research and Innovation had reduced and it was thought that this was primarily as a result of the delays patients were experiencing as a result of pharmacy delays. Satisfaction rates had reduced in IPP in recent months and was lower than the rest of the organisation which was being reviewed and was discussed further under the safe staffing report.
137.6	Mr Hatchley noted that there had been an increase in medication incidents causing harm and Ms Robertson said that whilst a number of Datix reports were for near misses, there had been an increase.
137.7	Mr Hatchley queried whether, following the patient story, staff who communicate with patients were also trained to work with siblings. Ms Robertson said that this had been somewhat of a hidden issue which had not yet been the subject of patient experience work. She said that work was taking place to develop a three year patient experience action plan alongside GOSHCC and a workstream focus would be around siblings.
137.8	Dr Sharma said that performance in reviewing high risks in line with the risk management strategy had improved as a result of completing the review of overdue high risks. Completion of both conversations and letters in relation to Duty of Candour were now at 100% and work had moved on to ensuring that investigations were completed within the required timeline.
137.9	Sir Michael queried what action was being taken to improve last minute non-clinical hospital cancelled operations. He said that this significantly impacted patient experience and also had a detrimental effect on theatre utilisation and efficiency. Professor Taylor said that it was likely that utilisation metrics would have reduced as a result of the decision taken to reduce activity over the EPR go live period. He confirmed that a patient flow project was ongoing which was complex and agreed that it was vital to be as efficient as possible. Dr Sharma said that some patients were cancelled for clinical reasons and therefore work was taking place to improve the use of pre-operative clinics to ensure that patients were seen with enough notice to make decisions about going ahead with interventions and utilising theatre slots in the event that rescheduling was required.
138	**Finance Report - Month 4 (July) 2019**
138.1	Ms Jameson said that at month 4 the Trust was £400,000 behind plan and this at increased to £600,000 behind plan year to date. Although IPP activity is behind plan there has been a substantial increase in activity in August and the pipeline was strong. The Trust was not currently delivering the Better Value programme at the required level and this was currently partially offset by vacancies (£4million year to date). Ms Jameson said that cash remained strong and the capital programme continued to be delivered.

138.2	IPP debt had reduced as had debtor days and a marked improvement in regular payments had been noted from one territory.
138.3	Focus was being placed on forecast outturn and forecasting was taking place on a monthly basis with directorates along with reviews of the outturn. The finance paper would become more forward facing and actions plans were requested at performance meetings where directorates were not meeting their forecast outturns.
138.4	Mr Mateen asked whether there was a risk to the provider sustainability funding (PSF) for quarter 2 and whether Epic was impacting pass-through. Ms Jameson said that it was likely that the required position would be reached if IPP continued on their improved trajectory. She said that estimates continued to be used for drugs however the results of a stock take would soon be available which would provide accurate information. Ms Jameson added that less income was being received from areas with cost and volume contracts and it was not yet clear whether this was a result of a change in activity or a reduction in depth of coding. The impact was approximately £0.5million year to date and the Trust was continuing to be able to identify changes in coding during the commissioner flex period.
139	**Better Value Update**
139.1	Mr Richard Collins, Director of Transformation said that delivery of the £20million Better Value programme remained a significant risk and challenge. The programme had not delivered full savings at month 4 however this had been largely offset by vacancies. Schemes totalling a potential value of approximately £20million had been identified however they had not been fully worked up or signed off and had therefore been risk rated accordingly.
139.2	Sir Michael said that Mr Kennedy had submitted comments and had highlighted the risk to the programme and asked what action would be taken. Mr Kennedy had asked for a steer on the likelihood that the programme would be achieved. Mr Collins said he felt it was likely that the programme would be achieved however this would be with non-recurrent schemes, some of which would be around vacancies.
139.3	Professor Smyth said paediatric care was likely to transform in the coming years and asked how plans were being developed to adapt to this. She said that there would be increased monitoring of patients remotely and this was not reflected in current thinking around Better Value or longer term financial sustainability. Mr Shaw said that as part of the strategy refresh staff were being asked to consider how ways of working could be changed. He said that following the work to refresh the strategy work to move forward to consider further the transformation of services and clinical work.
139.4	Ms Jameson said that the Trust continued to forecast that the control total would be met and alternative plans were being reviewed which could support this. She added that it was important to work with NHS Improvement around the tariffs as the tariff had significantly affected income, and in conjunction with the increased running costs resulting from the opening of the Zayed Centre for Research 2019/20 was a challenging year for GOSH.
140	**Safe Nurse Staffing Report (June and July 2019)**

140.1	Ms Alison Robertson, Chief Nurse said that the paper had been discussed at the People and Education Assurance Committee alongside the retention plan. She said that her visible leadership walkround had visited IPP and had found that staff were very supportive of one another and keen to work through issues. There had been an increase in moderate harm incidents and complaints had increased in recent months including red complaints demonstrating that that the directorate was being challenged in maintaining patient experience and safety. The Board had expressed concern about the level of staff turnover and vacancies and Ms Robertson said that the directorate had recruited to five nurse associate roles to support skill mix and the Trust had partnered with UCLH to explore international recruitment. Establishments would be reviewed Trust wide which would include IPP and particularly Butterfly Ward as acuity of patients on the ward had changed and there was a gap between their establishment and that of other oncology wards in the Trust. Butterfly and Hedgehog Wards had been merged due to staffing levels and the beds would not be reopened until it was safe to do so. A large number of newly qualified nurses would begin in post on 23rd September and some would be working in IPP. Sir Michael asked whether it was beneficial to induct a large number of newly qualified nurses at one time and Ms Robertson said that the number was lower than it had been in previous years and that whilst it was more ideal to induct nurses throughout the year organisations were tied to university schedules when newly registered nurses qualified, primarily in September.
140.2	Mr Hatchley noted that the government bursary to cover university fees for nursing had been abolished in 2016/17 and asked if there had been an impact on the number of trainees as a result. Ms Robertson said that nationally there were approximately 40,000 nursing vacancies and the workforce was not sufficient to fulfil the 10 year plan. She said that the loss of the bursary had changed the profile of applicants and fewer mature students were joining programmes however funding had recently been announced for continuing professional development.
140.3	Lady Ellingworth queried the length of time that IPP beds would be closed and Ms Robertson said that although international recruitment would be helpful it was likely to take 6-9 months before additional staff would enable the beds to be reopened. Professor Taylor said that there would be a total reduction of 20 IPP beds and discussions were taking place as to whether some beds could be accommodated elsewhere in the organisation. It was anticipated that 5 beds could be opened by the beginning of January 2019.
141	**Sustainability Management Plan**
141.1	Mr Nick Martin, Head of Sustainability and Environmental Management gave a presentation on the Sustainable Development Management Plan (SDMP) which showed where GOSH's services had an environmental impact and presented opportunities to reduce this and bring health benefits to patients, staff and communities.
141.2	**Action:** 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. Sir Michael said that he was supportive of declaring a

	climate emergency but agreed that it was important to have all the information before considering the decision.
141.3	The Board **approved** the SDMP for adoption by the Trust for 2020-2023.
142	**Children and Young Person's Inpatient Survey Results**
142.1	Ms Robertson presented the report which outlined key findings from the CQC Children and Young People's Patient Experience Survey 2018 focusing on areas for improvement. The data had been collected from patients who were discharged from GOSH in November and December 2018 but unfortunately the survey was not open to patients over 16 years of age and results were not received broken down by ward or directorate.
142.2	The report was positive for GOSH with a higher than average response rate and placed sixth in terms of the positive score ranking in this benchmarked pool. Particularly good results were around staff speaking to children and young people about their worries and in terms of providing accommodation for families. Less positive was a deterioration in the score for patients feeling able to talk to a doctor or nurse without a parent or carer present. This linked well with the transition work focusing on 'growing up and gaining independence' and the areas for improvement would inform the patient engagement and experience framework action plan.
142.3	Sir Michael asked if feedback was provided to the respondents and Ms Robertson said it was important to be more proactive in terms of 'you said, we did' and confirmed that the results would be presented to the Young People's Forum. She added that the Trust would be developing a similar survey in Arabic to gain feedback from international patients.
143	**Well Led Action Progress Update**
143.1	Dr Ferrant said that the work to close actions related to Well Led was taking place in three parts: actions arising from the independent governance review in 2016; actions arising from the negative commentary in the CQC Well Led report in 2018; and an iterative Executive Team workplan. The outstanding action from 2016 would be closed through the Board development programme.
143.2	Ms Ludlow asked how the Board development work was being taken forward and Mr Shaw said that all Non-Executive Directors had now had 1:1 interviews with the King's Fund. This had shown that they were keen to undertake development for the Board as a whole and the King's Fund had proposed a potential programme of work. Further discussion and agreement on a way forward would take place as the Trust Board Strategy Day in October. The Executive Team was taking part in regular development sessions with the King's Fund.
144	**Workforce Equality**
144.1	<u>Workforce Disability Equality Standard 2019</u>
144.2	Ms Caroline Anderson, Director of HR and OD said that the information held by the Trust relating to workforce disability Equality Standards 2019 was poor and the infrastructure to collect the relevant information was not in place. Information

	was collected on appointment but there was no facility in place to update this information. HR self-service would be rolled out throughout the Trust which would give the opportunity to review meaningful data.
144.3	<u>Workforce Race Equality Standard 2019</u>
144.4	Ms Anderson said that the workforce race equality data had been concerning to the Executive Team and it was clear that improvement was required. She said that the historic lack of focus on people issues within the organisation had led to a lack of experience of management, issues with the processes for recruitment and management of the workforce.
144.5	Ms Mani Randhawa, Lead Nurse for Quality who was a founding member of the BAME staff forum said that the forum had been launched with the Chief Nurse as the Executive sponsor and work had focused on working with the senior leadership and executive team to embed the forum into the Trust. A number of events and cultural celebrations had been taking place and the first AGM was scheduled for October.
144.6	Ms Ludlow said that the paper had been discussed at the People and Education Assurance Committee and concerns had been raised that alongside results being worse than those of other Trusts, in some areas they continued to deteriorate. Ms Anderson said that focus was being placed on ascertaining the drivers of these issues and working with communications to develop a brand which highlighted the Trust's aspirations in this regard. Mr Shaw said that data showed that people from a BAME background experienced difficulties in moving forward in their careers and Professor Smyth said that it was vital that actions were taken such as ensuring there was BAME representation on all interview panels and specific leadership programmes to support staff from a BAME background. Ms Robertson said that a new Head of Nursing for Workforce would be in post by the end of September 2019 and a key part of her role would be to support the BAME staff forum to review Trust recruitment processes.
144.7	**Action:** Ms Anderson said that GOSH was far behind other organisations in this work and said it was vital that the Board and Executive Team were supportive. It was agreed that the Board would undertake unconscious bias training.
144.8	Ms Randhawa invited the Board to the BAME forum AGM on 31st October at which there would be a talk on cultural intelligence.
145	**Revised Assurance and Escalation Framework**
145.1	Dr Ferrant said that the assurance and escalation framework had been updated in light of the directorate restructure and changes to the risk management strategy. The review had also considered the greater opportunities for staff, patients and families to raise concerns.
145.2	Lady Ellingworth said that the Risk Action Group (RAG) meetings were a key part of the risk management process and highlighted that there had previously been variation in the way the groups worked between directorates. She asked if this had been resolved. Dr Sharma said that the Quality and Safety team were attending as many RAG meetings as possible to support them to become standardised however work was still required. Professor Taylor said that action plans were being developed and reviewed at performance reviews for risks which had been on registered for more and one year.

Attachment L

145.3	Lady Ellingworth asked for assurance that compliance work took place throughout the year rather than just when an inspection was due and Dr Ferrant confirmed that although the compliance framework was focused on managing information around inspections, it was vital that teams were quality assuring their position against requirements on an on-going basis.
145.4	The Board **approved** the revised assurance and escalation framework.
146	**Board Assurance Committee reports**
146.1	Quality, Safety and Experience Assurance Committee update – July 2019 meeting
146.2	Lady Ellingworth said that the QSEAC continued to review its way of working to ensure that it was receiving assurance and a meeting was taking place to discuss the agenda and contents of papers on 19th September. Professor Smyth who was a member of the committee said she felt progress was being made in the working of the committee.
146.3	Finance and Investment Committee Update – July 2019
146.4	Mr Hatchley said that a number of matters which had been discussed at the Committee had also been reviewed by the Trust Board. Thorough discussion had taken place around Better Value and the Long Term Finance Model and focus was placed on the block contract for the current financial year and forecasting and contracting in 2020/21.
146.5	Directorate reviews had begun and this had included corporate for the first time.
146.6	The Committee continued to undertake post implementation reviews of large projects in order to learn financial lessons.
146.7	People and Education Assurance Committee Update – July 2019 and September 2019
146.8	Ms Ludlow said that the new committee allowed valuable time to focus on people and culture issues. Discussion had taken place around receiving staff stories at the meeting in the way that the Board received patient stories.
146.9	The Committee had discussed placing a focus on line management as GOSH had a young workforce who were, in general, managerially inexperienced.
146.10	Mr Hatchley said that it had been proposed that a small proportion of committee time was used to consider people successes of which there were many in the Trust.
146.11	Mr Mateen said that whilst there had not been an Audit Committee meeting since the last update to Board, preparations were taking place for the annual Trust Board Risk Meeting in October followed by the Audit Committee.
147	**Council of Governors' Update – July 2019**

147.1	Sir Michael said that Governors were keen to be involved and to find a balance of involvement. It had been agreed that the Governors would hold a private meeting prior to the Council meeting. Meetings continued to take place between the Chair, the Lead Governor and the Deputy Lead Governor which were open and positive. At the meeting in July the Council had approved the reappointment of Mr Hatchley as a Non-Executive Director for three years.
148	**Trust Board Terms of Reference**
148.1	Dr Ferrant said that the Terms of Reference had been updated to reflect changes to roles in the Executive Team. It was proposed that whilst the Audit Committee continued to monitor data quality and security an annual update would be received by the Trust Board in recognition of the critical nature of these matters.
148.2	The Board **approved** the revised Terms of Reference and Workplan.
149	**Schedule of Matters Reserved for the Board**
149	Dr Ferrant said that the Code of Governance required the Trust to hold a formal schedule of matters which defined the powers reserved to both the Board and the Council of Governance. The document had been updated to reflect the decision making powers and monitoring responsibilities of the Board and the Council.
149.1	**Action:** It was noted that monitoring of education and training was now within the remit of the People and Education Assurance Committee as well as the Trust Board.
149.2	Subject to the above amendment, the Board **approved** the schedule of matters.
150	**Register of Seals**
150.1	The Board **endorsed** the use of the company seal.
151	**Any Other Business**
151.1	Feedback from walkround on Squirrel Ward
151.2	Professor Smyth said that they had been shown around by the Charge Nurse and the ward offered a good environment with parents who were happy with their child's care despite the challenging clinical work taking place. Mr Mateen said that he had spoken to parents who had previously been on another ward and it was clear that the facilities were much improved on Squirrel.

ATTACHMENT M

TRUST BOARD – PUBLIC ACTION CHECKLIST
November 2019

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
132.9	18/09/19	It was agreed that the updates to risk scores proposed by the RACG would be reconsidered by the RACG and reviewed again at the November Trust Board meeting.	AF	November 2019	Actioned – the RACG reviewed the BAF scores at its meeting in October 2019 and reported these to the October Board Risk Management Meeting where it was agreed that the RACG would refresh and revise some risk statements and bring them to the Board – the updated BAF is on the agenda and the revised risk statements will be reviewed by the RACG and then recommended to the Audit Committee in January 2020.
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	February 2020	Work is underway to develop tools to support this and draft a communication plan for staff and stakeholders
144.7	18/09/19	It was agreed that the Board would undertake unconscious bias training.	CA	TBC	This is planned for February 2020 as part of the Board Development Programme
149.1	18/09/19	Amendment to be made to the schedule of matters reserved for the Board to list the monitoring of education and training as within the remit of the People and Education Assurance Committee.	AF	September 2019	Actioned

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

Trust Board **27th November 2019**	
Chief Executive Update **Submitted by:** Matthew Shaw, Chief Executive	**Paper No: Attachment N**
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 'Fulfilling Our Potential'	
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	

Attachment N

Part 1: People

1.1 People strategy

I'm delighted that the People strategy is being launched at GOSH Open House on Thursday, 21st November and would like to thank our Director of Human Resources and Organisational Development Caroline Anderson for her leadership on this essential piece of work. We will review the year one delivery plan, with a clear set of actions for us to monitor progress against, during the meeting.

We are hosting Open House and our GOSH staff awards during the week commencing 18th November, so myself and the team will be able to share a few reflections from these important activities at the meeting.

1.2 Diversity and inclusion

At our last meeting I highlighted a concern that the board must stay on top of our organisation's Workforce Race Equality Standard (WRES) data to help ensure we stay accountable to each other in making better progress in this area.

As reported last month, I am pleased that we are reporting some improvement since 2018 in the proportion of BAME staff reporting discrimination, harassment, bullying and abuse and in BAME representation at Board level. However, we need to improve our overall performance, including the indicators for total workforce composition, appointment following shortlisting and relative proportion of BAME staff undergoing disciplinary action.

As part of our approach to get a better understanding of some of the possible causes of these issues and work collaboratively with all our staff to solve them, I shared the floor at October's Mat's Big Briefing with the BAME Forum chair Adeboye Ifederu. We had a useful Q&A discussion with the staff present, covering issues including the recruitment process, the need to be deliberate about reviewing and reflecting on data together and the importance of learning from other organisations. Ade was able to share the BAME forum objectives forum objectives (empowerment, leadership development, career progression, cultural celebrations) and provide useful insights and advice for colleagues looking to redress the balance – including raising BAME staff representation with those chairing key meetings, and being more deliberate about considering mentoring BAME staff or recommending them for leadership opportunities.

I attended a useful *Deconstructing Difference and Diversity* study day this month, arranged by GOSH Psychosocial Services and attended by multidisciplinary professionals from across the country. This was a useful session which encourages clinicians to consider how their own history and culture affects how they work with children and families.

1.3 Speaking Up for Safety update

We are pleased that there continues to be a good deal of activity inspired by the Trust-wide roll-out of *Speaking Up for Safety,* and acknowledge the hard work of our teams who are looking into and resolving any concerns and enquiries.

We are now preparing to launch phase 2 of our Safety, Reliability and Improvement Programme (SRIP), *Speaking Up for our values* in the New Year and are confirmed as a pilot site for the GMC to run workshops on Professional Behaviours and Patient Safety for medical staff during the next year.

1.4 NHS pensions

The changes to NHS pensions continue to cause considerable concern and uncertainty as our workforce are faced with poor visibility on the tax bills and other issues that they might be facing down the track. We have taken advice and consulted with the members of the UK Children's Hospitals Alliance to see how they are handling the issue. We have now developed a trust-wide solution which has been accepted by the STP and will be presented to the next Remuneration Committee for approval to implement.

1.5 Board development

At our recent board strategy day we agreed to put together a 2 year programme of board development activities to dovetail with our existing schedule of meetings rather than create a bespoke series of away-days. Sessions will be topic-led, with a combination of masterclasses, presentations and facilitated discussions. A programme will be circulated for comment in the New Year.

1.6 Exec team changes

I would like to thank our Development Director Matthew Tulley for his service to the Trust over the past seven years and congratulate him on his new role as the Redevelopment Director at Imperial College Healthcare NHS Foundation Trust. Deputy Development Director Steph Williamson has kindly agreed to step into the role on an interim basis while we assess our recruitment options.

1.7 Launch of hospital brand

This month we launched a new hospital identity. This was developed through extensive consultation with staff, patients and their families. It is aligned to the GOSH Charity's identity which many members of the public view as the Hospital's identity while keeping the NHS branding intact. It will provide clarity and consistency to all our communications and create a more coherent experience for patients and families. A short over view is attached as an appendix.

Part 2: Service quality

2.1 CQC inspection feedback

We are extremely grateful to all staff and the Board who helped to prepare for and engage with the CQC inspection process. The attached letter from the inspection manager indicates that we have made real progress in terms of leadership and that the confidence of our staff has improved. The board is reported to be functioning well, based on foundations of trust, openness and supportive challenge. Our new strategy is described as robust and realistic, our governance systems are reported to be effective and our efforts to engage with the STP are recognised.

Opportunities for improvement noted include extending our 'closing the loop' meetings to the legal team and improving the organisational understanding of financial risk.
The draft report and appendices are due in the middle of December.

2.2 RCPCH review of gastroenterology services

As the Board are aware, the *Telegraph* newspaper published an article on 16th November 2019 alleging that GOSH has tried to cover up criticisms made in a draft review by the by the Royal College of Paediatrics and Child Health (RCPCH) of our gastroenterology service in 2017.

These are serious allegations and ones which we strongly refute.

We have provided a statement on the trust website, provided support for the staff involved and sent an email to all our staff which encouraged them to support each other and recapped our position on this issue, which is that:

- This is a really complex area of medicine with no agreed clinical guidelines and within this context, we have acknowledged we have not always got it right. In 2015, we recognised our gastroenterology service was not offering the best service to our patients, so we commissioned an independent review by the RCPCH to address this
- It is standard practice that draft reports should be reviewed for fact checking. Our dialogue with the RCPCH to support this process was open and constructive and the final review was comprehensive and thorough.
- We have been very open about the changes we requested to be made and why – sharing our copy of the draft report and comments we sent to the RCPCH.
- To make sure we had fully addressed these learnings and to reassure ourselves that progress was being made to address the RCPCH's original recommendations, we commissioned a follow-up external review and invited them to revisit the service in 2017.
- Today, all our patients are now supported by a multi-disciplinary team, there is more psychological provision for inpatients and outpatients, and we have improved the ward environment. We have also reviewed all our gastroenterology patients and are assured that they are receiving appropriate treatment.

As part of the action plan arising from the review, and to continuously improve and evolve our service, we are considering a further expert clinical review of the service in due course. We understand how important it is to reflect on our position to continually ask what more we can do to improve the care we give our patients.

2.3 High profile case at inquest (update)

The Board will be aware of the recent inquest into the death of our former patient Amy Allan. Amy was admitted to GOSH last year, aged 14, for spinal surgery with the background of a complex cardiac condition. After the surgery she was admitted to intensive care, but sadly her condition deteriorated and she died a month after the operation. Amy's family have concerns about the standards of care she received at GOSH and are calling for a full CQC investigation into what happened.

At the heart of this case is a family who have had to re-live a terrible tragedy and I am so sorry that Amy didn't get the level of care she should have. We know there are things the hospital could have done better and that we will learn from. We've already made some changes to practice, are providing support to the staff involved and will be looking closely at the Preventing Future Deaths Report that will be issued by the Coroner presently. This document and our action plan will be shared at the next board meeting.

Part 3: Partnerships

3.1 North Thames Paediatric Network

The Board is aware that Great Ormond Street Hospital hosts the North Thames Paediatric Network, providing not only operational support but also senior management strategic input, with our CEO acting as chair of the Network board. All members, including NHSE and the North London STPs, have entered into a memorandum of understanding that highlights putting children and young people at the centre of service design, as well as working together regardless of organisational boundaries.

The Network brings together 24 providers of paediatric services across the North Thames region; 18 acute care and six specialist providers with in-patient facilities. It also provides a forum for these providers, NHS England & NHS Improvement and local commissioners of paediatric services to work closely together to ensure that specialist service provision in particular are configured around children and young people rather than organisations.

The current focus for the network on delivering the plans of work developed for four key workstreams – paediatric critical care, surgery in children, gastroenterology and neurology/neurodisability. The wider, strategic role of the Network is being championed by NHSE Specialised Commissioning as they consider options for provider-commissioner models in future.

The GOSH and Barts Health Centre's Congenital Heart Disease Operational Delivery Network is also hosted by GOSH. A manager and nurse lead for network have been appointed and clinical leadership confirmed. However, funding for 20/21 is not confirmed – an issue which we will continue to discuss with NHS England.

3.2 North Central London STP

It was a pleasure to welcome Helen Pettersen, the accountable officer for North Central London STP to our board strategy meeting to share information about the long term plans for the partnership and to get her insights in support of our strategy development. It was helpful to hear Helen reflect on the central importance of supporting those citizens who depend the most on healthcare services, since this resonates with GOSH's core purpose to support children and young people with complex health needs.

The STP continues to face significant financial challenges and is looking to provider members to support a combined plan to achieve financial sustainability. It is likely that structural changes to how providers work will be required to deliver on this vision.

3.3 European Children's Hospitals Organisation

We are hosting the board meeting of the European Children's Hospitals Organisation on 21st November and will be discussing the future role for this partnership and advancing patient care through benchmarking, collaboration on research and innovation and joint advocacy initiatives at the EU level. ECHO delegates will also be our guests for the GOSH conference on care of the complex child on 22nd November 2019. A verbal update on the partnership will be delivered at the meeting.

3.4 UK Children's Hospitals Alliance

The UK Children's' Hospitals Alliance met on Wednesday 16th October and held useful discussion about the ongoing workstreams that GOSH is leading on for Paediatric Pathology and the development of the Specialised Services Quality Dashboard. The CEO, medical director and finance director sub-groups continue to liaise on shared initiatives and learning including on pensions and tariff.

The group is scoping a brief to commission an external piece of work on the costs of complex care and the next meeting will involve a workshop on innovation in paediatric healthcare and sessions on benchmarking and approaches to supporting children and families dealing with medical complexity.

Manchester Children's Hospital, one of the alliance partners, has procured EPIC. They will be visiting the hospital this week to meet with myself and our EPR teams for a session on lessons learned.

[Ends]

BY EMAIL

Mr Matthew Shaw
Chief Executive
Great Ormond Street Hospital

17 November 2019

Dear Matthew

Re: CQC inspection of Great Ormond Street Hospital for Children NHS FT

Following your feedback meeting at the end of your well led inspection, I thought it would be helpful to give you written feedback as was given to your colleagues at the end of the well led inspection.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 7 November 2019 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

- Leaders had experience and capability. You appeared a cohesive executive team and understood one another's portfolios.

- The board functioned effectively. We noted the progress that had been made to develop the board based on the foundations of trust, openness and supportive challenge.

- Your new strategy appeared robust and realistic, we noted the amount of consultation you had done with your new strategy.

- You recognise shifting the culture in the organisation is one of your top priorities. We heard lots of ways you are trying to achieve this. during our core service inspections, we saw examples of how this shift in culture is being borne out. Staff often described the new executive leadership team very positively. The new people strategy seems to have had a promising start. Although its too soon to say yet, staff do feel it's going to make a real difference. Throughout the inspection staff and leaders have told us the hospital has transformed and although there was more to do it was heading in the right direction.

- We found your governance systems to be effective. Your structures were clear and seemed to be working well. Leaders were clear where improvements and refinements could still be made.

- Your new processes for closing the loop seemed very positive and had lots of potential. There could be an opportunity to extend your closing the loop meetings to your legal team.

- Financial risks appeared to be understood by some more than others, there are further opportunities to make sure financial risks are integral to your work.

- You were engaging with the STP, recognising that as a specialist trust you still had a role as part of the local health care system.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
              Citygate
              Gallowgate
              Newcastle upon Tyne
              NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Carolyn Jenkinson
Head of Hospital Inspection

Copies to:
Fiona Wray CQC inspection Manager
NHSI

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust

Our new brand
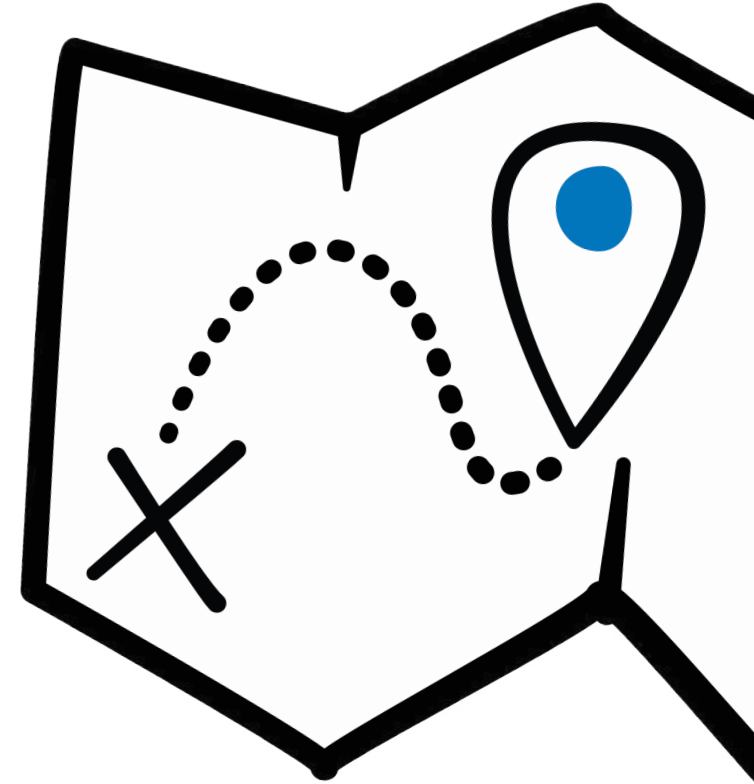
A new look and feel for communications

The current situation

No defined brand for the Trust (no guidelines or direction)

Where does this leave us?
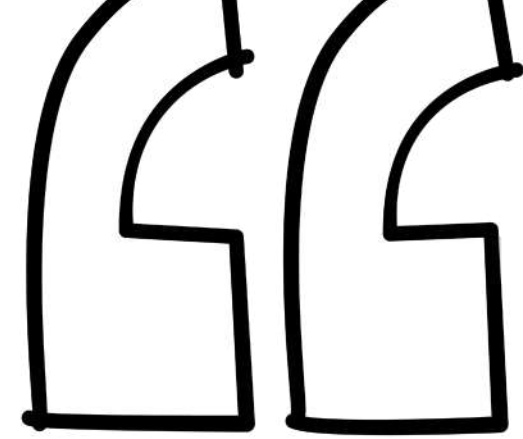Varying visual styles and tone

Introducing more consistency (and a new logo)

A clear and consistent tone of voice

ARE YOU AWARE THAT WE OPERATE A PAGING/BUZZING SYSTEM IN THIS CLINIC?

The Pager/Buzzer system gives you the freedom to leave The Rhino Clinic Waiting Area.

You may want to, for example get something to eat:

Try Our Lagoon Restaurant.

Situated in The Main Building – Level 2.

If this is of interest to you please ask a Clinic Assistant (in green) for a Buzzer We will contact you when the Clinic Team are ready to see you.

Don't want to sit around?

We'll buzz when we're ready to see you.

Just ask a Clinic Assistant (dressed in green) for a buzzer before you leave.

Looking for something to eat? Try the Lagoon Restaurant in the Main Building on Level 2.

Tone of voice

Great Ormond Street Hospital is respected the world over for its exceptional medical care, state-of-the-art facilities and cutting-edge research

Welcome to Great Ormond Street Hospital. We provide exceptional care for children and young people from around the world.

Hiya! We're Team GOSH — and we're working super hard to give poorly tots and teens from all over the world the care they deserve

Cold, corporate, and arrogant

Clear, confident, and inspiring

Chatty, familiar, and over-the-top

✕   ✓   ✕

Some of our new assets

Benefits the new brand will bring

- It will provide clarity, consistency and recognisability to all of our communications, to give a better sense of who we are.

- It will create a clearer and more consistent experience for patients and families.

- It will save valuable time and resource because guidance and templates will be provided to anyone at the hospital creating communications.

- Ultimately, it will provide GOSH with the tools to be the best it can be in communicating with all of its stakeholders.

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

Trust Board **Wednesday 27 November 2019**	
Patient Story – Experiences of a parent under multiple teams **Submitted on behalf of** Alison Robertson, Chief Nurse Author: Emma James, Involvement and Engagement Officer	**Paper No: Attachment O**

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 27 November will be in person. Kasia and Chris are parents of a child who has been treated at GOSH for nine years under several specialties within the Brain, Sight and Sound, Blood Cells & Cancer, and Heart and Lung directorates. Antoni (aged 9) has Kabuki Syndrome (a genetic condition) that has resulted in developmental delays and associated conditions. Kasia and Chris' story covers four areas:

1. An introduction to Antoni, from his birth and the impact his condition has on his life

2. Kasia and Chris will detail her experiences of:
   a) The complexity of being seen by a number of teams
   b) Communication between teams, and within teams
   c) Receiving support for a patient with specialist communication needs

3. The positives of being seen at GOSH

4. Actions that would make Kasia, Chris and Antoni's life easier:
   a) One doctor to have an overall view of Antoni's conditions
   b) Additional support for Antoni's specialist communication needs
   c) Virtual or telephone appointments

Action required from the meeting

Review and comment

Contribution to the delivery of NHS / Trust strategies and plans

• The Health and Social Care Act 2010

Attachment O

• 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 N/a
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 – Interim Head of Patient Experience and Engagement
Author and date Emma James – Involvement and Engagement Officer – November 2019

Trust Board 27 November 2019	
Blood, Cells and Cancer 2019/20 Directorate Review **Submitted on behalf of:** Clarissa Pilkington, Chief of Service	**Paper No: Attachment P**
Aims/Summary This presentation presents a performance review of the Directorate's quality outcomes, financial position including Better Value, risks and workforce for 2019/20.	
Action Required from the meeting To note the Directorate's position and in particular the overall assessment of performance	
Contribution to the delivery of NHS Foundation Trust strategies and plans The performance review is essential to ensure the Directorate is compliant with local and national standards, such as quality outcomes, performance and finance.	
Financial implications The presentation sets out the Directorate's financial position	
Who need to be told about any decisions Blood, Cells and Cancer Directorate Clinical Operations Directorate	
Who is responsible for implementing the proposals/project and anticipated timescales • Senior leaders, Blood, Cells and Cancer Directorate	
Who is accountable for the implementation of the proposal/project • Director of Operations • Chief Operations Officer • Clinical Director of Operations • Senior leaders, Blood, Cells and Cancer Directorate	
Author and date Senior leaders, Blood, Cells and Cancer Directorate, 21/11/19	

Blood, Cells & Cancer

2019/20 Directorate Review

Clarissa Pilkington – Chief Of Service
Anupama Rao – Deputy Chief Of Service
Tricia Bennett – Head of Nursing
Esther Dontoh – General Manager

November 2019

The child first and always

The Leadership Team

BLOOD, CELLS AND CANCER

Great Ormond Street Hospital for Children NHS Foundation Trust

Chief of Service
Clarissa Pilkington

I've worked at GOSH since 1995, first as a Flexible Trainee and then as a Consultant. I was the Clinical Lead for the Rheumatology team 2004-2018. My areas of research include Juvenile Dermatomyositis and Systemic Lupus Erythematosus. I was President of our national organisation from 2012-2017 and I am on the NHSE Paediatric Medicine Clinical Reference Group representing Paediatric Rheumatology and the London area. I am keen to work with all the teams within the Blood, Cell and Cancer Directorate to provide a world class service for our patients and to ensure the well-being of GOSH staff.
In my spare time I love walking, travelling, and skiing! At weekends, I particularly enjoy good meals with my family who always make me laugh.

Deputy Chief of Service
Anupama Rao

As a Paediatric Haematologist working at GOSH for the last ten years, I've provided local and national leadership for children with rare paediatric haematological diseases, an area close to my heart. Across directorates, I've learnt that we each have a unique view on the challenges ahead and what binds us together is uniformity of purpose and dedication to our patients. I've always had a keen interest in human psychology. With all members of my directorate, I look forward to providing visible leadership as we embark on a shared journey, where each of us play a valued role, continually striving for excellence and celebrating our achievements together.

Head of Nursing
Tricia Bennett

As a directorate I hope we will work towards excellence not only clinically, in research and innovation, but also in the experience of our patients and their families. One of my personal objectives is to ensure all staff are recognised and appreciated for their hard work, dedication and commitment. I started at GOSH for the first time in 1981 and throughout my varied career, I've encountered many challenges, so I am not only prepared but extremely excited to take on this role. Away from GOSH I live by the coast and have the honour of being not only a Sitting Magistrate in Criminal court but also Chair and Vice Chair of Governors in three of our local secondary schools. In my downtime I'm an avid reader, but usually fall asleep cuddling my kindle!

General Manager
Esther Dontoh

As an Operations Manager with over 10 years NHS years senior management years across a number of NHS Organisations, I have managed Outpatients Services, Medical Specialties, Quality Improvement and Cancer Services. Blood, Cells and Cancer is a perfect amalgamation for me. I look forward to working and supporting all the teams within the Directorate to deliver a safe and financially viable service that puts the child first and always, supporting families as we aim to achieve outstanding in the next CQC.
I enjoy traveling and catching a live football match whenever possible. At weekends, I enjoy relaxing and spending time with my family and friends.

Specialty Leads

Rheumatology	Haematology and Oncology	Haemophilia	Bone Marrow Transplant	Palliative Care	Immunology	Infectious Diseases	Dermatology
Paul Brogan	Ajay Vora	Mary Mathias	Kanchan Rao	Julie Bayliss	Austen Worth	Alasdair Bamford	Anna Martinez

Matron – Haematology, Oncology, Palliative Care, Lion, Elephant, Giraffe, Safari	Matron – Bone Marrow Transplant, Immunology, Infectious Diseases, Rheumatology, Dermatology, Haemophilia, Pelican, Fox, Robin	Service Manager – Haematology, Oncology, Palliative Care	Service Manager – Immunology, Haemophilia, Bone Marrow Transplant, Infectious Diseases	Service Manager – Rheumatology and Dermatology
Mary Foo-Caballero	Emma Gilbert	Ali Wood	Tom Foster	Tara Zayadine

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The Blood, Cells and Cancer Directorate

- Bone Marrow Transplant
- Dermatology
- Haematology and Oncology
- Haemophilia
- Immunology
- Infectious Disease
- Rheumatology
- Palliative Care

Assessment of Overall Performance

Metric	Progress to date	Assessment
Outcomes	• The Directorate is working on developing clinical outcomes for all services – currently 7/9 of the directorate services have outcomes these are kept updated- Haematology and Oncology outcomes being discussed with the clinical teams.	(amber)
Performance	• RTT remains an issue for Rheumatology and Dermatology. • Dermatology RTT is currently at 83% against a target of 92% and behind on the recovery plan trajectory of 88% at month six. • Rheumatology RTT is currently at 86% against target of 92% and behind trajectory recovery plan of 90% at month six. • Action plan to recover the RTT position has been developed. • On-going Trust-wide Epic issues with clinic letters and discharge summaries - these are actively being addressed on a weekly basis - Directorate has recruited additional bank staff to support clearing the backlog.	(red)
Finance	• The Directorate is reporting £0.09m adverse position in month seven and £0.26m YTD favourable against the control total. • Clinical Income is £0.60m YTD favourable attributed to CART over-performance against plan and IPP • Pay is £0.19m adverse YTD. This position is impacted by the unallocated Better Value target of £0.37m, Nursing is £0.38m favourable – forecast to reduce following September intake. The Directorate has 0.18m adverse unfunded bank spend for junior doctors following Trust implementation of new rotas. • Non-Pay is £0.59m YTD adverse and includes 0.52m unidentified Better Value Target, drugs 0.06m adverse - 0.12m is offset by Haemophilia income • Previous month forecast outturn was £0.15m. Forecast outturn improved by £0.01m as a result of IPP performance	(amber)
Better Value	• Better Value unidentified target reduced from £1.77m in month 2 to £1.51m in month 6. This was due to i) Supply Chain 0.08m, ii) Transcription £0.04m iii) Drugs savings (eculizumab) £0.12m recurrently. • The projected forecast at month seven is a break even position primarily as a result of CAR-T and IPP and Clinical Income over performance	(amber)
Risks	• Risk governance strategies are employed to manage Blood, Cells and Cancer Directorates' risk with good cross-professional input to raise concern, implement action plans and mitigate external risk	(green)
Workforce	• Staff turnover, clinical vacancy rate, and sickness rates are consistently below the target • Appraisals rates for clinical teams still an issue that is being actively addressed by CoS and HoN • Statutory and Mandatory training is above target	(amber)
Business Cases	• A business case is being developed to cover the funding for new Junior Doctors within the Directorate due to gaps caused by a new rota.	(amber)
Overall	• Performance has improved against each of the metrics at month six. • The Directorate is applying a cautious assessment 0f our overall position. Applying an amber rating due to the risk of not-delivering the whole of the £1.5 million Better Value target . • RTT non-compliance for Rheumatology and Dermatology is being addressed with an action plan • Appraisal rates is proactively being chased by Chief Of Service and Head of Nursing	(amber)

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Blood Cells and Cancer Clinical Outcomes

Benchmarking of outcomes, nationally and internationally, with other paediatric centres of excellence

Publication of outcomes to the Trust website for public visibility for the following services:

- Bone Marrow Transplant
- Haemophilia
- Immunology
- Infectious Disease
- Rheumatology
- Palliative Care

Clinical Outcomes currently in development include:

- Dermatology
- Haematology
- Oncology

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BCC Directorate Successes

- Work led by HoN resulted in 402 faulty Intravenous Pumps being replaced throughout the hospital; warranty reset, should result in reduced consumables

- Reduced open incidents from 470 to under 70

- Improved nursing retention (attrition down year on year by 2%) Nursing establishment reviewed to reflect the acuity of our patients.

- Pelican ward successfully turned around by new sister

- Joint Consultant appointed with Moorfields (3 sessions) for rheumatology as part of service specification

- GOSH ID team organised first Antimicrobial stewardship (AMS) National Conference in 2019 with over 100 attendees

- Palliative Care Service had worst offices in Trust: moved to Barclay House

- Plan for 5 for CAR-T transplants: achieved, with 2 more likely

Workforce Summary

- 415.1 WTE staff in Post (against budget of 416.6 WTE)

- Vacancy rate is -4.3% (target 10%)

- Voluntary turnover is 19.2% (target 14%)

- Agency Spend of 0.0% (target 2%)

- Bank Spend of 3.0% against last year 5.3%

- Sickness Absence Rate is 2.3% against last year (2.9%)

- Stat-Man Training compliance is 93% (target 90%)

- Non-Medical PDRs compliance is 92%(target 90%)

- Medical Appraisals compliance is 93% (target 90%)

Key Financial Information

- The Directorate is reporting a £87k adverse variance for M7 and £266k favourable YTD.

- Pay costs are £76k adverse in month and £139k YTD – is attributed to £0.31m unidentified better value target, £0.07m unfunded junior doctor spend due to rota changes and nursing £0.33m favourable – forecast to reduce following September intake

- Non-Pay (excl pass-through) is £590k adverse YTD – however unidentified Better Value target of £440k is the main driver with £0.06m drugs, 0.12m offset by Haemophilia patient

- Other NHS Clinical income is £547k favourable. £150k is attributed the success of the CAR-T and a further £117k relates to a Haemophilia Jersey patient but is offset by costs.

- Non Clinical Income £5k YTD favourable which is largely due to Sponsored Clinical Trials

- The Directorate is working up Better Value schemes particularly around Procurement which should deliver in coming months.

- **Forecast outturn £0.15m adverse –** an improvement of 0.33m in M6 driven primarily by CART and IPP

Activity YTD Overview

Row Labels	Cumulative YTD metrics				Weekly average metrics					
	Plan YTD	Actual YTD	Variance YTD	Variance YTD %	Avg Weekly YTG required to meet Plan	Avg Weekly YTD	Variance weekly YTD vs YTG	Variance avg YTD vs YTG %	Recent performance (weekly average over last 4 weeks)	Recent trend (variance against avg weekly YTD)
NHS										
IP										
Beddays	1,287	1,151	(136)	-12%	49	37	(11)	-24%	34	↓ (3)
Day Cases	4,746	4,940	194	4%	149	159	10	7%	167	↑ 7
Elective	866	1,196	330	28%	13	39	25	189%	37	↓ (2)
Non-Elective	18	64	46	72%	-2	2	4	-228%	1	↓ (1)
Non-Elective Non Emergency	86	38	(48)	-125%	5	1	(4)	-76%	1	→ (0)
Regular Day Admission	0	1	1	100%	0	0	0	-168%	0	→ (0)
Chargeable	0	1	1	100%	0	0	0	-168%	0	→ (0)
OP										
First	2,163	1,680	(483)	-29%	97	54	(43)	-44%	57	↑ 3
Follow-Up	10,370	8,379	(1,991)	-24%	452	270	(181)	-40%	288	↑ 18
Telephone	2,240	939	(1,301)	-139%	139	30	(109)	-78%	13	↓ (18)

Inpatients:
1. **Bed days (136):** All of the variance due to Rheumatology initially projecting a 20% reduction in plan, actual reduction was 35%.
2. **Non-elective Non-emergency (48):** is due to a recording issue.

Actions:
1. Ensure business plan is adjusted for 20/21
2. Recording issues with Non elective Non-emergency as Non Electives - to be investigated

Outpatients:
1. **New Appointment (483)** Projecting a 10% reduction in plan which was underestimated actual 35%. Activity incorrectly mapped.
2. **Follow-up outpatient appointments (1991):** Reduction in activity due to long term sickness, activity being incorrectly mapped ophthalmology. Incorrect activity projections.
3. **Telephone (1,301):** Epic recording and training issues.

Actions:
1. Business plan adjusted for 20/21, mapping issues escalated to contracts and EPIC teams.
2. Retrospectively adding activity and capturing telephone clinics correctly on EPIC

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Cancer Performance Dashboard July to September

Cancer 31 Day: Referral to First Treatment	No Pts	No Pts	No Pts		85%
Cancer 31 Day: Decision to Treat to First Treatment	No Pts	No Pts	No Pts		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery	100%	100%	100%	→	94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs	100%	100%	100%	→	98%
Cancer 62 day: Consultant Upgrade of Urgency of a referral to first treatment	100%	90%	100%	↑	

- Consistently strong cancer waiting times 1 breach in a 12 month period.

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Risks (taken from local risk registers)

DESCRIPTION	MITIGATING ACTIONS
Lack of capacity for insertion and removal of CVLs/PICs for haem/onc patients in IR/Surgery – 16	DCoS leading work stream to maximise utilisation of current lists, via timely clerking and consenting of patients. Plan to redirect port removals to surgical list – additional list required for general HaemOnc work. Ad hoc lists arranged when possible to mitigate for waits, also exploring St Marys as a POSCU site for line insertions. Add-hoc lists arranged. Agreement for these to be done at some POSCU's.
Lack of Clinical Immunology Consultants leading to unmanageable and unsafe workload, resulting in an unacceptable quality of care	Business case has been approved, recruited to 1 post to cover maternity, second advert due out for new post. Existing doctors are currently covering service.
Inadequate pharmacy provision on Pelican Ward	Directorate provided fixed term funding to support this post
Palliative Care Nursing On Call Rota	Working with HR and BCC management team to explore options for shift system Support and listen to staff concerns
Palliative Care Service funding gap of 1.5 million	Charity funding till 2022, discussions taking place with the commissions to fill the 1.5 million gap. Discussions ongoing with NHS England Commissioners.

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Current Research Activity

Sum of Participants		
Disease Area	Main Specialty	Total
		8
	BMT (Bone Marrow Transplant) [West A]	10
	Haematology / oncology [West A]	13
	Haemophilia [West A]	0
	Immunology and gene therapy [West A]	49
	Infectious diseases [West A]	62
	Rheumatology and dermatology [West A]	206
Total		348
Brain and Nervous System		0
Brain and Nervous System Total		0
Cancer		0
Cancer Total		0
Colorectal		0
Colorectal Total		0
Gynaecological		0
Gynaecological Total		0
Haematological		0
Haematological Total		0
Haematology - Leukaemia		0
Haematology - Leukaemia Total		0
Lymphoma		0
Lymphoma Total		0
Paediatric Oncology		8
Paediatric Oncology Total		8
Paediatrics		0
	Infectious diseases [West A]	0
Paediatrics Total		0
Prostate		0
Prostate Total		0
Rheumatology		0
Rheumatology Total		0
Sarcoma		0
Sarcoma Total		0
Grand Total		356

- 8 of 9 services within the directorate have a number of trials running simultaneously

- 356 participants in clinical trials in 19/20

NHS England Review

- Professor Sir Mike Richards visited GOSH-UCLH PTC on 28th October as part of a NHS England review into Childhood cancer services in London

- Executive provided a presentation on the New Cancer Centre

- Tour of wards, GMP facilities, ZCR, Chapel

- Future strategy discussions with the consultants

- Professor Sir Mike Richards will present his findings in Jan 2020. GOSH received positive feedback following the visit.

Service Developments

- Gene Therapy in Dermatology

- Expanding CAR-T Services

- Palliative Care Service funding from NHSE

- Implementing Cancer Services Specifications

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Any Questions?

Clarissa Pilkington – Chief Of Service
Anupama Rao – Deputy Chief Of Service
Tricia Bennett – Head of Nursing
Esther Dontoh – General Manager

November 2019

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

Trust Board **27th November 2019**	
Approval of the GOSH People Strategy **Submitted by: Caroline Anderson** **Director of HR&OD**	**Paper No: Attachment Q**
Aims / summary The draft People Strategy was considered at the Trust Board strategy meeting held on 30th October 2019, attached is a copy of the final version of the strategy which is submitted to the Trust Board for noting and formal approval.	
Action required from the meeting Noting and formal approval of the GOSH People Strategy	
Contribution to the delivery of NHS Foundation Trust strategies and plans NHS People Plan and GOSH Strategy	
Financial implications To be determined	
Who needs to be told about any decision? All Staff	
Who is responsible for implementing the proposals / project and anticipated timescales? Executive Management Team	
Who is accountable for the implementation of the proposal / project? Executive Management Team	

People
Strategy
2019–2022

Making GOSH a great place to work

Contents

Foreword by Matthew Shaw

I am a passionate believer in the NHS and for me, Great Ormond Street Hospital (GOSH) is the pinnacle of what I believe we can do in medicine; its ability to make a difference in healthcare is second to none.

Historically, the organisation has always wanted to be known for its outputs, particularly around innovation and discovery. But there's something more important: that it is a fantastic place to work. If staff don't feel that, then we'll never be as good as we can be at transforming the lives of children and young people that need our care.

This strategy sets out how we are going to make GOSH a great place to work.

At its heart is a desire to value people for who they are, not just the role they do.

This includes taking concrete steps to ensure we treat people fairly. This is something that means a lot to me, it's a value that was passed down to me from my mum. She instilled in me a real sense of justice and equality and a belief that you shouldn't show reverence to things like hierarchies or history, but judge situations, people and behaviours as they present themselves.

I want us to create an organisation without boundaries where people feel they can go to anyone in the organisation to get advice or support to help solve their problem. I also want us to be an organisation that is open and inclusive. All our current data tells us that opportunities for staff from diverse backgrounds are far from where they should be and that is not acceptable, so we will be tackling this at pace.

We will also need to create more opportunities for promotion and progression for all our people and have HR policies which deliver fair and just decisions.

Our strategy has an emphasis on treating everybody with kindness and respect. This is particularly important in a highly pressured organisation like ours where this pressure does not always lead to the right types of behaviours and communication. In this document we set out the conditions we will create to help every member of staff make themselves as good as they can be - and not just technically - and in turn make their teams and the hospital as good as it can be.

Our patients are often very complex so we will need our staff to work across organisational boundaries and want to be part of a whole hospital community rather than only working in a particular service.

There are also expectations of our people. We will strive to create the right conditions but we expect staff members to fulfil the values of the organisation, to role model and live them. We also expect that everyone has a sense of responsibility and will be held to account for the things we need to do. We should all feel able to call out behaviour, regardless of seniority, that is not in line with our values.

Taken together, these are our building blocks and with the right support and focus this will create a culture that is open, fair, compassionate, collaborative and fun. What a fantastic place to work!

Introduction and purpose

Our people are the head, the heart, the hands and the face of Great Ormond Street Hospital (GOSH). They make us who we are and allow us to do extraordinary things.

We value and respect them individually and collectively for who they are, as well as what they do.

As a Trust we are committed to ensuring all our people are well led and well managed, but also, supported, developed and empowered to be, and do, their best.

The purpose of this People Strategy 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 People 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 both a response to our current challenges around recruitment, retention, leadership, performance, culture and engagement, as well as the impact that the priorities and ambitions of the newly refreshed GOSH strategy will have on service configurations, skills and capabilities, structures and ways of working.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) was established in 1852 and was the first hospital providing in-patient beds specifically for children in England. Today, GOSH is a tertiary and quaternary care hospital that provides specialised and highly-specialised services to children and young people (CYP) with rare and complex conditions. GOSH is the largest paediatric centre in the UK for intensive care, cardiac surgery, neurosurgery, cancer services, nephrology and renal transplants. There are 63 different clinical specialties at GOSH and around half of patients come from outside London. GOSH is also renowned internationally. We work with governments and other sponsors to welcome 5,000 children annually from around 90 countries that lack the facilities and expertise to treat rare or complex paediatric conditions.

The People Strategy will cover the period from December 2019 through to December 2022. The annual work programmes and plans which will underpin its delivery will be overseen by the People and Education Assurance Committee. The first year's activity will focus on addressing the most acute and urgent workforce issues as set out in this strategy, alongside creating the building blocks for a more positive working environment for all our people. This will include joining up and extending staff support arrangements and creating an employee voice. This work will be extended in year two to deliver a more strategic approach to addressing some of the longer-term systemic workforce issues. These include the development of clear career and training paths for all roles, building skills for the future and becoming an employer of choice. In year three it is expected that there will be a need to review and refresh the People Strategy against the progress and delivery of the overarching GOSH Strategy, to ensure that it remains aligned and mutually reinforcing but also to prepare for the new roles, multidisciplinary team working and the integrated care systems which will become a key feature of the future healthcare workforce.

National and local drivers for change

In January 2019 the NHS published its 10-year *Long-Term Plan* which set out its vision and ambition for healthcare in England. The plan is based on a new service model which includes: more focused action on prevention and health inequalities; improved quality of care and health outcomes across all major health conditions; and the harnessing of technology to transform and integrate services and maximise the value of taxpayers' investment. Underpinning that vision is a commitment to invest in the NHS workforce which is captured in the NHS *Interim People Plan* which was published in May 2019.

The *Interim People Plan* recognises that in order to deliver the ambitions set out in the *Long-Term Plan* we need new roles, and new professions working together in new ways. We also need to address the cultural changes that are necessary to build a workforce that befits a world-class 21st century healthcare system. It argues that we need to promote positive cultures, build a pipeline of compassionate, engaging leaders and make the NHS an agile, inclusive and modern employer if we are to attract and retain the people we need to deliver the commitments made. It also recognises that essential to delivery is a need to address the systemic recruitment and retention issues in the current system.

The *Interim People Plan* is built around five work themes:

- Making the NHS the best place to work

- Improving the NHS's leadership culture

- Prioritising urgent action on nursing shortages

- Creating a workforce to deliver 21st century care through the development of multi-professional and integrated work teams

- Developing new operating workforce models which promote and deliver integrated care systems, internally, across STPs and beyond.

The plan also sets out commitments and targets for each Trust and these are reflected in this People Strategy.

Our people in numbers

- 58 percent of our staff are in bands two to six

- The average age of this group is 35, with tenure of three and a half years

- We have a younger workforce than the NHS average with 53% of GOSH staff under 40 (NHS 42%), while only 23% are above 50 (NHS 33%)

- Average tenure across all grades is four and a half years

- 13% of our workforce is from the EU/EEA, rising to 23% of our medical workforce and 28% of our Estates teams

- Nursing vacancies (7.4%) are low in comparison to NHS averages, but masking challenges in some areas including International and Private Patients which runs at circa 27%

- Our BAME workforce (29%) is significantly lower than other London NHS Trusts (45%)

- BAME Nursing (15%) and Allied Health Professionals at 12% are particularly low

- Turnover is highest in admin bands two to four at just under 25%, although their tenure is slightly higher than Trust average, with average tenure being four and three quarter years

- The next highest turnover is inf nursing band five which has an average tenure of one and a half years and turnover of 24.1%

- Temporary staffing usage, particularly agency staff is well controlled representing 1% of the pay bill.

Staff at GOSH

- 64% Clinical (Registered)
- 21% Clinical (Support)
- 15% Corporate & Central
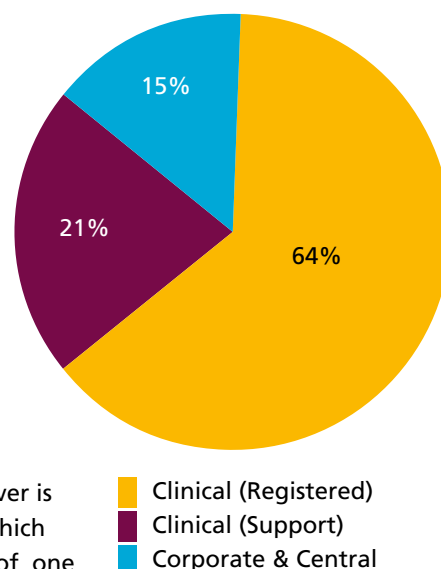
Staff Cohort	Group	Headcount	% of Trust
Nursing & Healthcare Assistants	Nursing (Wards, Theatres & Outpatients)	1202	24.2%
	Nurse Specialist (CNS/ANP)	294	5.9%
	Nursing Educators	79	1.6%
	Nurse Managers	35	0.7%
	Healthcare Assistants	211	4.2%
Nursing & Healthcare Assistants Total		**1821**	**36.6%**
Medical and Dental	Medical: Consultant	372	7.5%
	Medical: Non-Consultant	12	0.2%
	Medical: Drs in training grades	339	6.8%
Medical Total		**723**	**14.5%**
Other Clinical roles	Allied Health Professionals	268	5.4%
	Healthcare Scientists	309	6.2%
	Pharmacists	59	1.2%
	Other Clinical staff	196	3.9%
Other Clinical roles total		**723**	**14.5%**
Clinical support	Admin Clinical support	562	11.3%
	Clinical support staff	296	6.0%
Clinical Support Total		**858**	**17.3%**
Corporate & Central	Admin Central functions	586	11.8%
	Estates & Ancillary staff	152	3.1%
Corporate & Central Total		**738**	**14.8%**

GOSH volunteers

GOSH is very lucky to have a thriving and energetic volunteering service, and our volunteers make a major contribution to the wel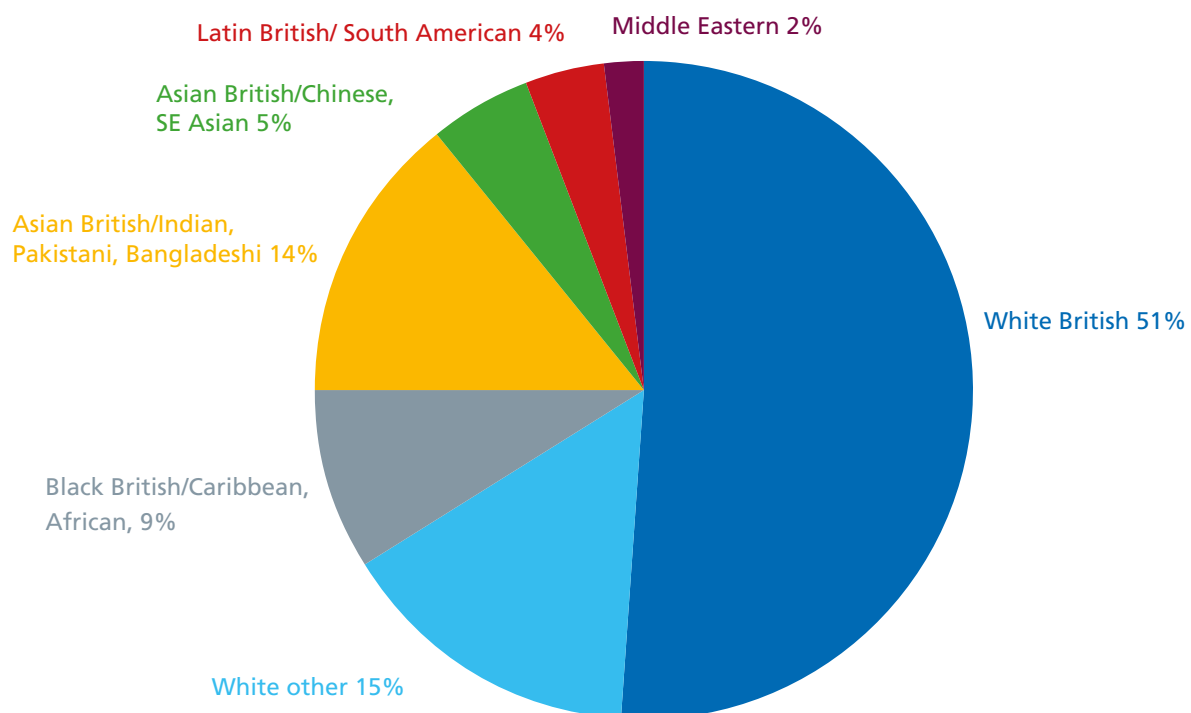lbeing, health and vibrancy of hospital life, as well as a significant and highly valued contribution to patient care. We currently have over 1,000 volunteers including 390 individual volunteers, working across 42 roles. These volunteers cover, activity clubs, act as guides to patients and families, are play buddies and ward hosts, provide massages and beauty sessions and even bring therapy dogs into the hospital. We also partner with 26 external charities, who between them provide a wide range of support to patients and families. These include Radio Lollipop, Scouts and Guides, Spread a Smile, Giggle Doctors, Rays of Sunshine, Noah's Ark, Contact, Caudwell Children, and many others.

GOSH attracts a wide range of volunteers from different backgrounds and age groups, with different experience and skills. This diversity adds to the range, vibrancy and breadth of the activities the service supports and offers.

Volunteer age groups

- 61-70, 19%
- 71+, 10%
- 41-51, 14%
- 26-30, 9%
- 18-25, 14%
- 31-40, 16%
- 51-60, 18%

Ethnicity breakdown

- Latin British/ South American 4%
- Middle Eastern 2%
- Asian British/Chinese, SE Asian 5%
- Asian British/Indian, Pakistani, Bangladeshi 14%
- White British 51%
- Black British/Caribbean, African, 9%
- White other 15%
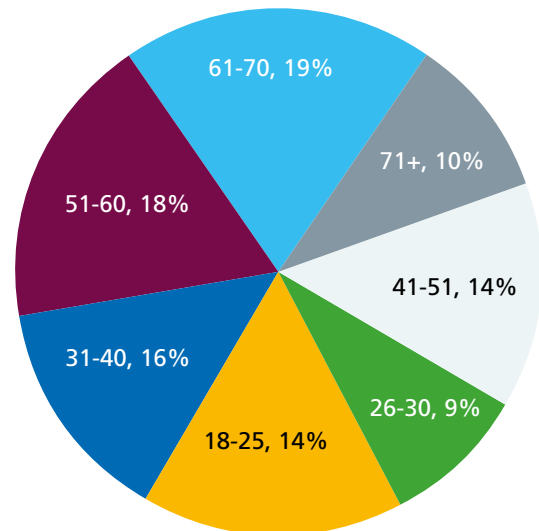
Our organisational context and priorities

Our current financial and organisational context is challenging and complex. It has been informed over time and is a consequence of both the complexity of our work, the workforce we employ and the children we care for, as well as the choices and decisions made in the development of individual services.

As an organisation, GOSH has grown organically with our service configurations and ways of working reflecting developments in patient care and the roles to support them, as well as the research and clinical outcomes pioneered here. As a consequence, GOSH can best be described as a collection of highly specialised services which sit within and alongside each other. The absence of the integrated pathways and service delivery models has resulted in silo working within and between some teams, reducing the opportunity for more efficient ways of working.

The complexity, range and uniqueness of the services we offer is reflected in our workforce.

We employ a higher number and broader range of senior clinical roles including Consultants and Advanced Clinical Practitioners, Allied Health Practitioners and Health Care Scientists, which alongside national and local shortages across key roles add additional pressure to our recruitment and retention requirements.

Our workforce challenges have been exacerbated by the absence, until recently, of an organisation-wide strategy and corporate narrative, primarily as a result of a churn in the senior leadership, particularly over the last three years. The annual staff survey and the 'Staff, Friends and Family Test' tells us that the 'Always Values' and the 'Strategy House' are well recognised by staff, but inconsistent leadership has meant that there has been no opportunity to operationalise the strategy to provide clarity and direction to strategic planning and staff do not always see the values demonstrated. There was insufficient understanding for staff on what the future holds for the Trust, their services and teams or themselves. As a consequence, the Trust has lacked a coherent corporate narrative, an essential building block for effective staff engagement, leaving it without a clear direction, inwardly focused, delaying corporate initiatives and creating uncertainty for staff. In October 2018 a new organisational structure was implemented, based on a distributed leadership model which introduced new roles, responsibilities, processes and ways or working. While a necessary step and providing real potential to improve service delivery and management of staff, it also introduced additional complexity and challenges for an organisation in transition.

In addition in 2019/20 GOSH has seen a marked change in our financial position. Historically, the Trust has been relatively well funded principally due to and International Private Patient (IPP) practice which has subsidised the financial deficit in NHS work and the GOSH Charity which funds over and above what the NHS is able to do. However, tariff income is reducing across London, and for specialist providers in particular. Alongside an increase in fixed costs, this has resulted in a budget deficit for the first time. As a result, the Trust is having to bridge this financial gap through a significant 'Better Value' programme focusing on quality improvement and efficiency.

The appointment of a new Chief Executive and Executive Management Team has provided an opportunity to refresh the GOSH Strategy and to reposition and reassert our leadership and partnership role, both in the wider NHS system and across London and the STP footprint, but also internally, in our relationship with our staff and their representatives.

The refresh of the GOSH strategy and the development of the supporting programme of work and operational delivery plan that underpins it, provides context and clarity for the Trust and its people as well as for patients, partners and other stakeholders.
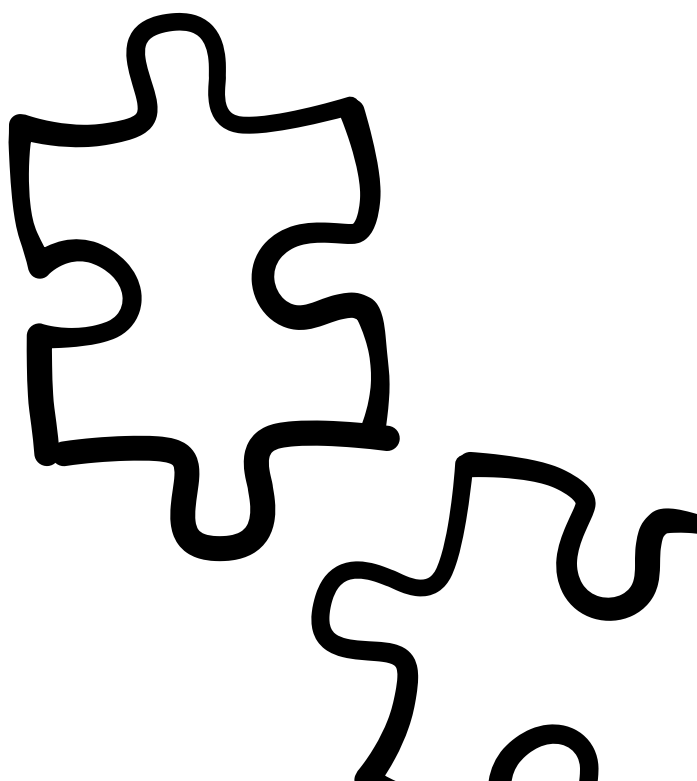
The refreshed GOSH Strategy commits the Trust to four guiding principles (to be confirmed and agreed) and these are:

Prioritising the basics – We will prioritise our most urgent challenges: the quality of our clinical services, the skills, capacity and morale of our people and the financial sustainability that allows us to continue to do what we do.

Working together to better serve our patients – We will re-design services around what our patients and their families need, developing a smaller number of care pathways, reducing variation and optimising electronic systems so that we offer the same high quality service to patients across all our specialities. We will better integrate our clinical services and support functions, delivering shared programmes and projects to embed GOSH-wide collaboration and to develop GOSH as a 'learning organisation'.

Developing the capacity to support more patients at GOSH and beyond – We will work with our patients, families, clinical teams and NHS partners to improve access to our services and provide more support to our patients, wherever they are in the healthcare system. This will involve expanding the functionality of our electronic health record, providing better on-site support for children and young people who need urgent access to a specialist team, developing virtual outpatient services and formalising our outreach support for referring partners.

Driving discovery, innovation and partnerships to make things better for our patients – We will develop GOSH's essential role as a national and international hub for research and development of treatments and interventions for children with rare and complex conditions. We will develop and strengthen the academic and commercial partnerships that expedite the translational research cycle, and deliver scalable technologies that support better clinical decision-making and allow patients and their families to live healthier and more independent lives.

Realising these ambitions will require the building of organisational capacity and capability including in leadership, financial and business planning as well as in change leadership and workforce and service transformation.

In response to the above, and the national and local context in which we must now operate, the People Strategy has been built around four key themes:

1. **Capacity and workforce-planning** - Resourcing, retention and strategic workforce planning.

2. **Developing skills and capability** - Ensuring that the Trust continues to meet its core responsibilities as a teaching, training and research hospital, as well as building skills and capability to meet the new challenges and changing priorities.

3. **Modernising and reshaping the corporate and HR infrastructure** - Including HR policies, processes, systems and supporting structures.

4. **Culture, engagement, health and wellbeing** – ensuring all our staff feel well led and well managed, but also valued, developed, supported and empowered to be and do their best.
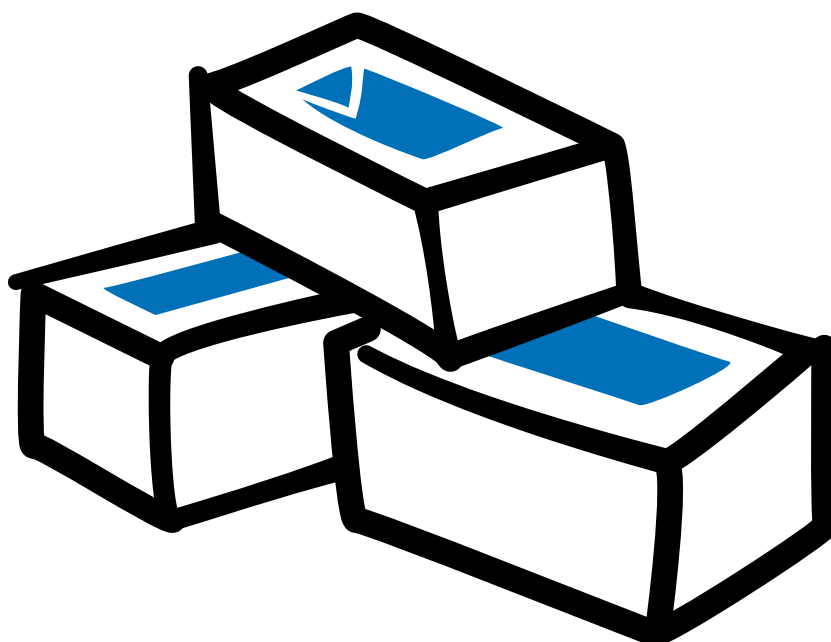
Capacity and workforce planning

Context and key issues

In many ways, our workforce of circa 5,000 is typical of many Trusts in that it is predominately female (76%) and weighted in favour of clinical roles (3,800 staff, (73%) supported by staff in non-clinical roles (1,300 staff, 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 include having both a young workforce and low BAME representation, relative to other parts of the NHS, together with low tenure in some key roles. All together this indicates that there are a range of issues to address relating to: recruitment pipelines and our employer brand; career and training paths for both medical and non-medical roles; and 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 at GOSH, it is essential that we are able to provide an employment offer which is attractive in the first place, and follow that up with a working environment and career opportunities that encourage 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 encourage 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 be more integrated, with multidisciplinary teams. 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 five nurses averaging one and a half years, but recruitment into more experienced band six 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

This is significantly below that of other London Trusts which would indicate issues with our pipelines and our employer brand. Of note, the employer brand has evolved organically and should be viewed against the backdrop of the strong external brand of the hospital and the Great Ormond Street Hospital Children's Charity (GOSH Charity) brand, 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.

Commitments and actions

In response to the above we will:

- Review, update and reposition our employer brand and employee value proposition (EVP) to promote GOSH as an open and inclusive employer of choice

- Develop an overarching recruitment and resourcing strategy with sub strategies to support key roles

- Review our recruitment policies and processes to deliver an efficient and effective resourcing function which is recognised and valued by the organisation

- Build and maintain a strategic workforce planning model which is integrated into financial and activity planning work streams and the business planning cycle to support recruitment planning

- Build and maintain the annual recruitment plan underpinned by a quarterly tactical recruitment plan

- Establish an administration recruitment and retention work stream focused on building career and training paths and promoting opportunities which encourage people to stay and build a career at GOSH

- Continue and extend our nursing recruitment and retention programme to include responding to recruitment hotspots

- Open up and promote internal recruitment opportunities through secondments, work shadowing and promotion opportunities.

Developing skills and capability

Context and key issues

As a world-renowned teaching and training hospital, the Trust has a well-established and well respected clinical training offer, which will be further enhanced by the ambitious and exciting plans for the establishment of a GOSH Learning Academy (GLA). The GLA will be recognised as a national and international learning provider offering world class paediatric healthcare education and training.

We recognise that education and learning underpin good patient experience, but also recognise the need for all staff to feel engaged with the Trust in each and every role. Our generic workforce development offer remains undeveloped and whilst there have been pockets of excellent work, we need to bring this together to create opportunities to develop within roles and for advancement for all staff. As a consequence, the People Strategy will focus on the development of core and generic skills for the wider workforce outside of clinical disciplines, including leadership and line management.

Realising the ambitions set out in the GOSH Strategy, alongside the commitments to our people arising from the new People Strategy, will require investment in building capability and capacity in a range of skills and disciplines, including but not limited to; leadership, line-management, transformation and service redesign, programme and project management, financial and service planning and analytics. There will also be a requirement for a significant increase in the level and sophistication of staff communication and engagement.

Supporting development and progression

In the past we have invested less in our non-medical workforce and our learning and development offer to them has been limited. GOSH is an excellent environment for our people to have an interesting and varied career, supported by structured learning interventions and opportunities. We need to invest in our people working in allied health professions, our health scientists, and the whole range of administrative and managerial roles that are so vital to ensuring our services function every day. We have also underinvested in our corporate services including our people working in human resources, finance, ICT and digital facilities, and estates. We need to provide clear career paths for people working in all services to support their professional and technical development to meet the changes that the refreshed organisational strategy will require.

Developing compassionate and competent leadership

We previously provided pockets of leadership development largely delivered as part of clinical training paths. The adoption of a GOSH leadership strategy provides an opportunity to establish clarity and expectations of all leaders in their roles as corporate, service and systems leaders as well as line managers. The strategy will form part of a broader leadership framework and will be used to develop leadership programmes for aspiring leaders, developing leaders and established leaders. All levels of the leadership development programme will focus on self-leadership, team leadership, system leadership as well corporate leadership for senior roles. To this end we will make best use of our apprenticeship levy to provide access to academic programmes. Going forward the leadership framework, its standards and expectations will feed into roles, structures, recruitment as well as performance and assurance frameworks.

Improving line management

Our relationship with our immediate line manager is essential to providing a supportive work environment. We recognise that our previous underinvestment in this area, together with our age profile means that not all managers feel competent or confident in their ability to make sound people management decisions. In extreme cases this has led to requirements for mediation and team interventions to remedy positions of conflict or ineffective team working. We will focus on people who have a line management responsibility to develop their capability to ensure good judgement and decision making. We will also offer support to managers in developing their coaching skills and approach, team development, and empowering and engaging their teams. In addition we will increase the capability across the organisation to engage with and lead service redesign, increase financial capability and acumen, embed the use of quality improvement methodology, and improve project and programme management.

Digital, data and technology

With the growing digitisation of healthcare data, underpinned by integrated clinical systems and data/research platforms such as our Epic EPR and Digital Research Environment (DRE), and increasingly by personal medical devices and the wider 'Internet of Things', the NHS has recognised the need for the introduction of new roles and competencies, such as clinical informaticists. We need to provide a clear development/recruitment strategy and career path for staff with an interest in undertaking new roles, ensuring GOSH fully capitalises on the transformation opportunities provided by digital/technological innovation.

Sharing information and opportunities

We have a range of development opportunities and qualifications to develop people throughout the Trust and this will increase, however, we need to be able make these accessible for all staff and a 'one stop shop'. There have been traditional boundaries of medical, nursing and non-medical education and whilst these will continue, for some development we will ensure we have a multi-professional approach, where appropriate, and ensure these are well communicated. We will provide career coaching for colleagues that are unsure of how to take the next steps in their development and enable managers to have information at their fingertips.

Commitments and actions:

To realise the ambitions set out in the GOSH Strategy, alongside the commitments to our people arising from the new People Strategy, will require investment in building capability and capacity in a range of skills and disciplines.

In order to meet the changing requirements of the organisation we will:

- Provide a learning and development framework that is easily accessible for all staff across all roles and disciplines

- Develop career pathways for all roles linked to learning opportunities and apprenticeships

- Provide multi-professional leadership development programme for aspiring, developing and established leaders

- Embed leadership behaviours into appraisal and talent processes

- Review and modernise our approach to personal development reviews (PDRs) to provide meaningful opportunities to improve performance and capability alongside development

- Increase the capability of managers to provide a supportive work environment

- Provide a structured approach to accessing coaching, mentoring and mediation

- Develop a programme of development to increase capability for service redesign, project management, digital technology, and project management.

Modernising and reshaping

Key issues

The evelopment of the new GOSH People Strategy has brought into sharp focus the previous absence of investment in people related issues across the Trust and this is reflected in the quality of our corporate infrastructure and our corporate services generally. All organisations need efficient and effective infrastructure (policies, structure, systems, processes and skills) in order to function effectively. This underinvestment is reflected in:

A framework of HR polices which have grown over time

Our HR policies lack coherence, they focus on process as opposed to outcome and are seen by staff and their representatives as overly punitive and negative in both tone and language. They do not provide a backdrop to adequately support constructive employee relations. This is exacerbated by lack of experience and skills on the part of line managers and the level and quality of support provided to them, resulting in prolonged processes with unsatisfactory outcomes for all parties. There is a need to reposition our approach to policy design and its application which facilitates healthy workplace relationship and promotes informal resolution, before initiating formal processes.

An HR&OD structure built around its transactional services

Our structure does not reflect the technical disciplines or the strategic role that should form part of a modern and effective HR&OD function. Historically the function has been unable to respond to the organisational demands required of it, which have been picked up by other services or more often, not at all, resulting in frustrations and delays in initiatives.

Use and configuration of our HR and support systems are underdeveloped

The systems we use to engage and support our managers and staff have not kept pace with developments in the wider sector. As well as restricting processes, we have not maximised our use of national tools such as the national Electronic Staff Record (ESR) system to deliver an integrated people management function. This has had a detrimental impact on our ability to analyse and therefore understand our workforce and to identify workforce issues and their drivers.

Our current Microsoft Office administration software is outdated

Our current Microsoft Office suite products (e-mail, calendar, Word, Excel, and PowerPoint) restricts our ability to work efficiently and communicate effectively. A move to a modern system and platform will provide improved functionality and tools, support collaborative working and provide the opportunity to host a new intranet and use modern digital communications tools to improve staff communication and engagement.

Resourcing and recruitment processes

These are not responsive or aligned to need. The Trust has historically had a lower vacancy rate than the national average but requires regular recruitment due to higher than average turnover. Recruitment processes for recruiting staff have been transactional and aligned to individual recruitment episodes rather than to a wider recruitment and attraction strategy. This has often led to duplication and delays to recruitment which in turn can impact the delivery of services.

The current HR&OD function and teams

As it has with other corporate services, the Trust has underinvested in the skills and capability of the HR function and team resulting in inconsistent and sometimes inadequate advice and support. There is a need to strengthen core HR capabilities in organisational development and design, L&D, employee relations, advice and consultancy, workforce analysis and planning, strategic resourcing, diversity and inclusion (D&I) and health and wellbeing.

Delivering service improvements, efficiency and change

Over recent years the Trust has adopted a number of different tools and projects to deliver quality, safety and efficiency improvements – these have resulted in some excellent local examples of change but in many cases these have not become widely embedded across the Trust and often fall away when not actively managed by individuals within local teams. There is an urgent requirement to develop change management capability, infrastructure and a culture of transformation across the Trust. This is alongside an enabling organisational structure which will support and empower our staff to identify, design and adopt new practice and successfully deliver the changes required at both a strategic and local level.

It is crucial to the successful delivery of any change that the people implications are understood and planned for at the outset, including interdependencies and the cumulative impact, in order that inherent risks can be managed and mitigated.

Commitments and actions:

In order to support the organisation through the changes, we need to build new capabilities and stronger corporate support functions with roles that allow them to operate as strategic support functions, working in partnership with the CEO, directors, senior leaders, staff and their representatives, to safely prepare the organisation and deliver the

transformation and change required alongside transactional services which are efficient and effective.

In order to meet the changing requirements of the organisation we will:

- Establish appropriate capability and structures to champion the transformation agenda and to oversee the successful design, implementation, integration and delivery of transformation programmes informed by our strategic objectives

- Develop a transformation portfolio to provide support for and oversight of projects and programmes delivering change across the organisation, ensuring we have the capability and capacity to deliver and embed a culture of transformation

- Refocus both the work and structure of the HR function to reflect its new enhanced role and provide a foundation for future investment in capability building and career development

- Establish a policy framework which promotes and supports modern employee relations and puts people before process

- Upgrade our HR systems to ensure that we are supporting managers and staff effectively, and embedding robust analytics to identify areas for improvement

- Replace and upgrade our office administration software to provide improved functionality, support collaborative working and communication tools.
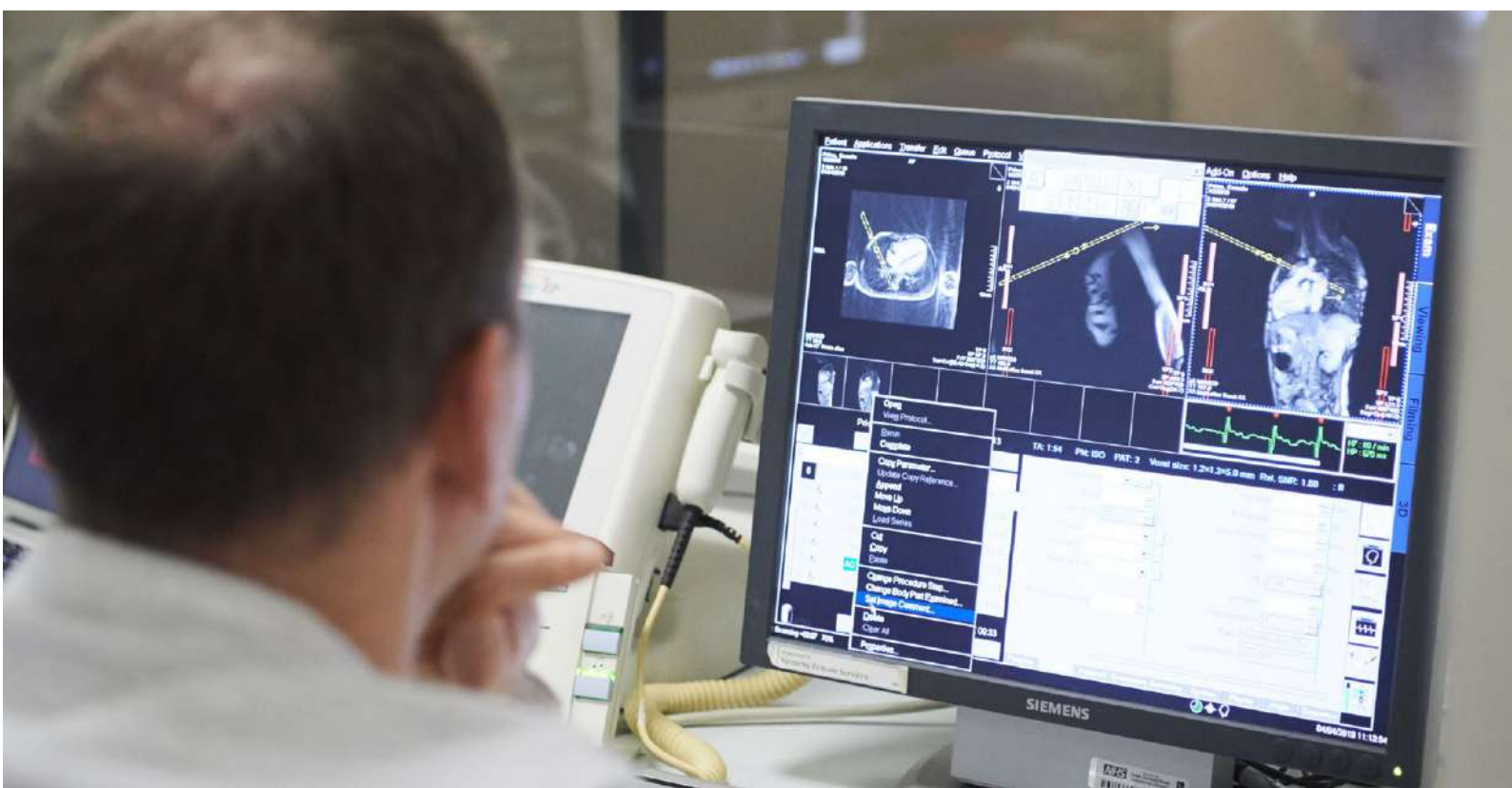
Culture engagement, health and wellbeing

Context and key issues

In addition to the issues set out above, there are a wide range of other complex organisational issues which are contributing to our current culture. They have been developed over time and include, but are not limited to:

Underdeveloped internal communication infrastructure

While our external brand and reputation is strong and supported by an effective public affairs and external communications team, internal communications remains underdeveloped and uncoordinated. There is little opportunity for staff to engage in activities which promote advocacy and pride and there has been a failure to recognise the value and take advantage of the staff survey and other feedback mechanisms to proactively engage with staff to improve working practices, infrastructure and culture. The organisation has been very slow to take advantage of new technologies which can promote and enhance two-way communications and support the building of a sense of community. Staff survey results have reduced as a consequence.

Upholding our values and standards of behaviour

GOSH has a rich history and heritage, which alongside its unique range of paediatric disciplines and its reputation for research and clinical excellence attracts some of most talented practitioners in healthcare. The complex and often unique nature of our patients, results in the creation of transitionary multidisciplinary teams built around the needs of the child. At its best, matrix working is highly effective, but carries with it inherent risks as it cuts across the traditional concepts of line management and team structures. It therefore requires active management of team dynamics, a failure to do so creates challenges in working practice and relationships. This is exacerbated by a failure in some teams to tackle inappropriate behaviours which has led to a breakdown in individual relationships and/or dysfunctional team working.

An absence of consistent and empowering leadership

Inclusive, compassionate and competent leadership is essential to creating a productive and successful work environment. In common with other Trusts we have valued the acquisition of knowledge and technical ability over, as opposed to alongside, effective leadership. This has led to the focus and elevation of the individual and is reinforced by clinical training paths which promote the acquisition of technical competence but often leaves support and reporting lines blurred.

Valuing and promoting teamwork and collaboration

The principle of 'The child first and always' is deeply engrained in the organisation and guides the way we work. However, it is not matched by an equally clear and unequivocal statement of commitment to our people. We do not adequately acknowledge the roles of all our people and the vital collective contribution they make to deliver our services. This has created a vacuum but also an imbalance in the characteristics which drive and define organisational culture.

Taking care of the carers

Working with seriously ill children and their families, many of whom have complex conditions and uncertain futures, is physically and emotionally challenging. It places huge demands on our staff day in and day out. While there are a wide range of support arrangements in place for staff, they have been introduced over time and are therefore uncoordinated and sometimes difficult to navigate. The situation is further exacerbated by a lack of organisational infrastructure, systems and strategies which promote trust, respect, inclusion and health and wellbeing. For many, our external reputation is at odds with the internal reality of working here.

Commitments and actions:

Shifting organisational culture requires continued focus on and investment in the promotion of those characteristics which contribute to a positive working environment, creating an open supportive and inclusive work place, as well as dealing with the negative characteristics which detract from it.

In response to the above we will:

• Develop a corporate narrative and communication plan to promote understanding and connection to the refreshed strategy, work programmes and plans

• Develop a leadership expectation statement which sets out corporate accountability and ownership within the senior leadership cohort to sit alongside their service responsibilities

• Create a joined up and effective internal communications framework which promotes engagement, encourages connection and delivers an employee voice

• Establish cross-organisational and directorate staff forums to inform and co-design our response to staff engagement and support initiatives

• Create and publish a Trust-wide response to the staff survey supported by local plans

• Refresh and relaunch of behavioural framework associated with GOSH values/acceptable behaviour frameworks

• Establish a culture which promotes transparency and supports the right and responsibility for all staff to speak up for safety, for themselves and for others

• Invest in understanding and supporting effective matrix and complex team working including setting expectations and standards of behaviour, supported by conflict resolution and mediation services

• Refresh of our approach to reward and recognition mechanisms to reinforce what we value, including collective contribution and teamwork

• Create an integrated health and wellbeing strategy to provide a more holistic approach to managing health and wellbeing based on the prevention of physical and mental ill health and the promotion of wellness

• Create an integrated Diversity & Inclusion Strategy (D&I) to imbed D&I considerations into workplace relationships, policy and practice. Extend the use and influence of the staff network

• Establish a D&I delivery plan which promotes inclusive and flexible working opportunities.

• Extend and join our support mechanisms for staff to support them individually and collectively at difficult times ensuring that they are clear, accessible and mutually reinforcing

• Design and rollout a programme of culture workshops to inform and co-design the articulation of our desired culture going forward

• Create a respectful, constructive and mutually beneficial relationship with the staff partners and union representatives and ensure full involvement in and shaping of GOSH People Strategy and appropriate programmes.
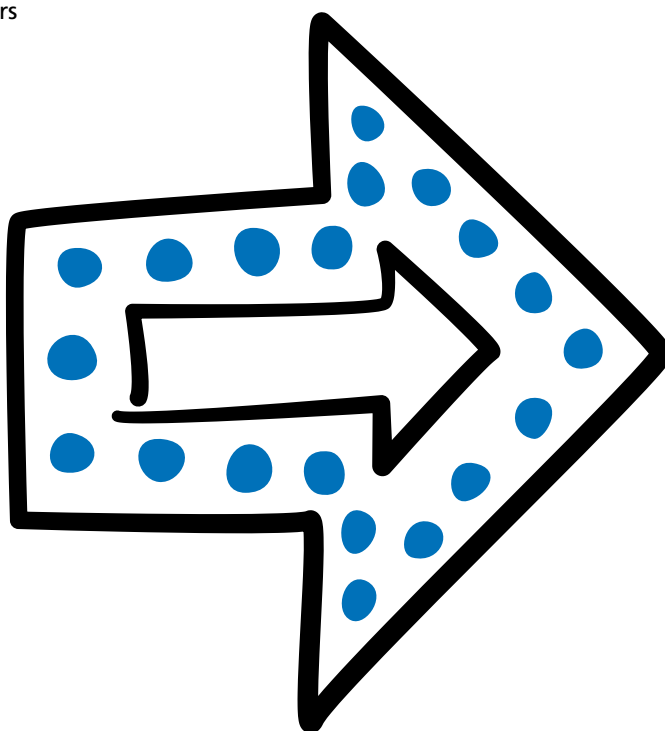
Summary

Great Ormond Street Hospital is a challenging, complex and inspiring place to work. Each and every day our people come together to support each other to deliver excellent patient care, often working to help our patients and their families navigate through demanding processes and difficult decisions. Creating a working environment where all our people are valued for who they are as well as what they do, and where they enjoy their work and coming into work, is everybody's job and is in everybody's interests.

Currently, our organisational culture is primarily defined by our regulatory framework as it is with all hospitals, but also and uniquely, by our reputation, our research and clinical outcomes, our undeniable commitment to our patients and a strong value-based commitment by individuals to their work, and pride in what the organisation stands for and delivers.

However, these positive characteristics are being undermined by poor basic infrastructure and a failure to clearly articulate a commitment to our people, including in some instances setting and upholding standards of behaviour.

Through this People Strategy we will:

- Invest in the development and welfare of our whole workforce

- Create opportunities for career development and advancement across all disciplines and professions

- Develop the competence and skills to meet existing requirements alongside capability for the future, including service transformation

- Raise our leadership and line management capability, developing compassionate and inclusive leaders, who are trusted for their motivation as well as their competence

- Reposition our employee brand as an open and inclusive employer of choice, to attract and retain talent

- Invest in our systems and HR infrastructure to improve support to both managers and staff

- Improve our internal communication with staff and create an employee voice

- Embed our values in all that we are and all that we do.

As a Trust we will work together with all our people and their representatives, to create a working environment, job roles, training and development, opportunities, support and culture that our people want and deserve. We will create an organisation which actively promotes and values teamwork and collaboration, where all our staff are well led and well managed and where everybody irrespective of their role, feels valued, heard, supported, safe and connected.

NHS

Great Ormond Street Hospital for Children

NHS Foundation Trust

Trust Board **27 November 2019**	
Patient and Family Experience and Engagement Framework **Submitted by:** Claire Williams, Interim Head of Patient Experience and Engagement	**Paper No: Attachment R**

Aims / summary

The Patient and Family Experience and Engagement Framework sets out the ambition, vision and priorities to enable GOSH, in partnership with GOSH Children's Charity, to understand, improve, enhance and build on the experiences of patients and families.

The Framework outlines the ambition to:

- ensure that patients and their families feel safe, well cared for and supported by staff who treat them with kindness, compassion, understanding and respect
- lead and innovate for patient experience and engagement with children, young people and their families, working towards collaborative improvement in their experiences at GOSH
- enhance, develop and expand existing and new initiatives to improve experience for patients and families and the reach of services through technology, effective use of resources and partnership with others

and create a 3-5 year delivery plan commencing in April 2020.

Action required from the meeting

Review and comment

Contribution to the delivery of NHS / Trust strategies and plans

- The Health and Social Care Act 2010
- The NHS Constitution 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

N/a

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Who is responsible for implementing the proposals / project and anticipated timescales Claire Williams – Interim Head of Patient Experience and Engagement
Who is accountable for the implementation of the proposal / project Claire Williams – Interim Head of Patient Experience and Engagement/ Alison Robertson, Chief Nurse
Author and date Claire Williams – Interim Head of Patient Experience and Engagement

Patient and Family Experience and Engagement Framework

Contents

1. Introduction

Good experience of care, treatment and support alongside clinical effectiveness and safety is the marker of an excellent health service. We are committed to providing safe, high quality and compassionate care and we know that patient experience is a critical component of that. This framework sets out our vision for patient experience and engagement taking consideration of the Patient Experience Improvement Framework produced by NHS Improvement[1] , feedback from patients, families and our staff, the Trust's Strategy for Patient and Public Involvement and Patient Experience in Research[2], and GOSH Arts: Vision and Strategy 2017 – 2020 (currently under review). Conscious of the connection between staff experience and wellbeing on good patient care, the framework also takes account of the Trust's work to review and develop its People Strategy.

This framework seeks to ensure that the perspectives of patients and their families are at the heart of what we do and that GOSH consistently delivers experiences that meet, and wherever possible, exceed expectations fulfilling their physical and emotional needs. This framework will form the foundation for detailed directorate and service specific action plans.

2. What is Patient Experience and Engagement?

The Department of Health defines patient experience as:

"Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control; being talked to and listened to as an equal and being treated with honesty, respect and dignity" (DoH, 2009)

More simply GOSH defines patient experience as:

"This is what happened to me and this is how I feel about it"

Definitions of engagement vary considerably but GOSH view this as working together with patients and families to develop, shape, improve and enhance how we work, the care we provide and the experience of patients, families and carers at GOSH.

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[1] https://improvement.nhs.uk/resources/patient-experience-improvement-framework/
[2] https://www.gosh.nhs.uk/research-and-innovation/nihr-gosh-brc/patient-and-public-involvement

3. Patient and Family Experience at GOSH

Good patient experience is critical at each stage of the patient journey and is the collective responsibility of everyone at GOSH.
The following teams work as part of/ with the Nursing and Patient Experience directorate.

Bereavement Services

Citizen's Advice

Chaplaincy

ORCHID*

Complaints

Learning Disabilities team

Equality, Diversity & Inclusion (Patients)

Patient Experience

Hospital School (support & oversight)

Health Information

Volunteer Services

Involvement & Participation

Play Services

Patient & Family Feedback

Patient Advice & Liaison Service

*Centre for Outcomes and Experience Research in Children's Health

There are a number of additional teams who have a specific focus to support and enhance patient experience and engagement at GOSH. This includes but is not limited to:

- GOSH Arts
- GOSH Biomedical Research Centre and Clinical Research Facility
- Built Environment
- Family Liaison teams
- Heads of Nursing and Patient Experience
- PICU
- NICU
- Quality Improvement
- Quality and Safety
- Social Work

4. Our ambition

To ensure that patients and their families feel safe, well cared for and supported by staff who treat them with kindness, compassion, understanding and respect.

To lead and innovate for patient experience and engagement with children, young people and their families, working towards collaborative improvement in their experiences at GOSH.

To enhance, develop and expand existing and new initiatives to improve experience for patients and families and the reach of services through technology, effective use of resources and partnership with others.

5. We will achieve this by:

a) **Ensuring that feedback methods are accessible and appropriate**

- We will promote the various mechanisms for feedback including via Friends and Family Test 'FFT' (paper or online), Pals and Complaints through information displayed and available around the Trust, in addition to social media.
- We will implement processes to enable patients with learning disabilities and additional needs are able to give us feedback on their experiences and what matters to them.
- We will seek feedback from bereaved parents/carers in the context of 'When a Child dies' and will explore other methods of doing so to minimise added distress to families.
- We will work with our volunteers to actively seek feedback from patients, families, and carers in wards, in outpatient clinics and around the hospital.
- We will work with the Trust's Young People's Forum to explore, evaluate and enhance existing and new feedback mechanisms.
- We will develop and launch a bespoke online feedback tool for children and young people to enable and encourage them to share their experiences.
- We will create and implement a child/young person friendly process for Pals and Complaints which enables patients to raise concerns with us directly and offers reassurance that this will not adversely affect their care.
- We will ask patients and families to feedback on GOSH Arts activities.
- We will develop mechanisms to engage with patients and families (including but not limited to a consultation/ readers' panel) to review Trust-wide information resources.

b) **Supporting staff to optimise opportunities for feedback and engagement with patients, families and carers**

Patient experience will form an integral part of the Trust induction and ongoing training and development for the Heads of Nursing and Patient Experience. We will provide ad hoc

training and support to staff to help to increase feedback. This will include information on engaging patients and families by highlighting the importance of feedback and evidencing positive changes made as a result of feedback received. The Heads of Nursing and Patient Experience will also share action plans via the Patient and Family Experience and Engagement Committee (PFEEC) of how they will optimise feedback (including how they will achieve Trust targets for the Friends and Family Test) and have acted on feedback given about our services.

c) **Actively listening to ensure we understand what matters to patients, families and carers and that we use their views and feedback to improve services and experience**

- We will communicate with families to ensure that we understand the nature of any concerns and the outcomes they are seeking in raising them. We will respond to feedback honestly and will be open about the outcomes and change we can achieve.
- We will share both positive and negative FFT comments with the relevant services and directorates. We will record and report on responses and actions taken following negative FFT feedback via Patient Experience reports and PFEEC.
- Pals and Complaints also focus on individual outcomes and wider learning to address issues and prevent them happening again. We will share this information through individual responses as well as wider reports and committees. We will discuss and share learning through a number of avenues including directorate governance meetings and referrals to the Closing the Loop Group which further seeks to triangulate learning from feedback.
- We will participate in mandated national surveys and will also develop further surveys to obtain feedback on issues including but not limited to decision making, communication particularly with children and young people, holistic and spiritual care, and support for families. We will use and develop mixed methodologies to become leaders in patient feedback and experience.
- We will support directorates to produce SMART action plans in response to feedback gained through national and local surveys.
- We will measure feedback from our bereaved families about their End of life experience when a child dies in line with National NHS England requirement of a Bereavement Experience Measurement.

d) **Sharing feedback received and our learning/ actions with patients, families, carers and staff**

- We will reports actions and learning outcomes from feedback. We will work to ensure that these reports are shared more widely with staff. We will improve how we share this information more effectively. We will work with the directorates to ensure that 'You Said We Did' information is incorporated into Quality and Safety/ information boards which are updated regularly.

- We will continue to present Patient Stories to Trust Board and will publish details of those stories and actions taken on the Trust intranet site. We will share this via meetings at Matron, Ward Managers, Nursing Boards and wider directorate level.
- We will hold Listening Events to enable the voices of patients and their families to be heard more widely and to act as a springboard for service level actions to address issues raised.
- We will publish quarterly bulletins for patients, families, carers and staff which give an overview of feedback received, themes and how we have used it to improve services or promote good practice. The bulletins will also include upcoming Patient Experience events and highlights of activities

e) **Working in collaboration with patients, families and carers**

We will continue to seek and develop opportunities for working in collaboration with patients, families and carers to shape and design our services. We will also provide expert support to directorates to do this. The Young People's Forum will continue to be at the heart of this through consultation on proposed changes, involvement in key recruitments and ensuring that the voice of young people is heard throughout the Trust. Building on the success of the first Trust Open Day in July 2019 we will seek to hold similar events to enable us to capture the views of patients, families, and carers and we will continue to target more diversity of participation in focus groups

Through the Family Equality and Diversity Group, we will continue to explore ways of reaching out to families who have traditionally faced barriers to participation owing, for example, to their age, disability, gender, ethnicity, religion and belief or language by organising special events to listen to their views.

f) **Supporting and continuing to provide services and initiatives that ease the burden on families/ carers, raise spirits, and support children and young people through treatment**

- The Patient Experience team's remit is wide and it encompasses extensive work to support children, young people, families and carers. The Bereavement, Chaplaincy, Play, GOSH Arts, Volunteer Services in particular play a fundamental role in providing practical and emotional support to patients, families and staff.
- We will continue to promote services and to enhance a culture of responsiveness and creativity to ensure they evolve to meet the needs of patients and families. This will involve seeking feedback ensuring transparency and openness in practice, and carrying out evaluations of the services provided by us and by our partner organisations.
- Together with the Trust Consultant Nurse for Learning Disabilities, we will ensure that training, processes and initiatives are in place so that the needs of patients with learning disabilities and additional needs (and their families) are identified, acted on and met

ensuring that they feel appropriately supported and accepted at GOSH and are treated with dignity and respect.

- We commit to ensuring we adapt our communication style to fit the needs of patients and families. We will continue to invest in staff training in Makaton and support the roll out of communication tool packs throughout the Trust.
- We will explore ways of expanding the reach of our services through technology and innovation using Drive as a key resource where possible.
- We will explore areas of research into Patient Experience to further enhance our patients' experiences and identify and implement further innovations in patient experience.
- We will contribute to the further development and optimisation of MyGOSH and MyGOSH Bedside to ensure greater access to information and communication with clinical teams. We will ensure that feedback is gathered to ensure that the voice of patients and families drives further changes and further development of MyGOSH and MyGOSH Bedside.
- We will continue to build a strong, well trained and prepared volunteer base to support services to patients and families. Acknowledging that volunteers are invaluable to the Trust, we will ensure that appropriate support, escalation and governance processes are in place.
- Recognising the value of the work and the impact of this on staff, we will seek to create a culture of mutual respect, support, collaboration, positive challenge and continuous learning across the Trust.
- Focusing on sustainability and best use of our resources, we will seek to ensure the continued growth of services through effective planning, robust impact evaulation and identification of opportunities for funding.

6. Underpinning what we do through:

Listening and improvement	- ensure accessible, innovative and engaging feedback methods for patients families - Build on what feedback tells us to understand what is important and where we need to do better - Effective use of feedback to make it meaningful and avoid 'feedback fatigue' - ensure that information produced for patients and families is reflective of experiences at GOSH and incorporates up to date and best practice - share information about changes made in response to feedback with patients, families, carers, volunteers, staff and governors - use feedback to promote good practice throughout GOSH

Engagement and involvement	• shape, develop and improve services and experience informed by the feedback we receive from patients, their families and carers • ensure that our Young People's Forum is actively consulted and involved in changes and decisions made within GOSH • work in collaboration with patients, families and carers to design, create and make changes to services informed by their experiences, knowledge and expertise
Access	• ensure opportunitites for children and young people to thrive by supporting their right to access Play, recreation and the arts • strive to ensure patients and families can access the comprehensive range of support services available to them • actively reach out to diverse and underrepresented groups, respecting individual and recognised differences, to ensure that everyone who wishes to provide feedback has the opportunity to do so

7. Our priorities for development

With the support of the Great Ormond Street Hospital Children's Charity (the Charity), we will continue to deliver our 'core functions' (shown at page 2 of this framework). We will work with the Charity in order to realise our ambition of:

- Ensuring that patients and their families feel safe, well cared for and supported by staff who treat them with kindness, compassion, understanding and respect.
- Leading and innovating for patient experience and engagement with children, young people and their families, working towards collaborative improvement in their experiences at GOSH.
- Enhancing existing and new initiatives to improve experience for patients and families and the reach of services through technology, effective use of resources and partnership with others.

Embedding patient experience and the perspectives of our patients and their families at the heart of what we do, and in partnership with the Charity we will focus on:

• Development of services to effectively recognise and meet the needs of children with learning disabilities and/ or additional needs ensuring that they are treated with dignity and respect and supported to thrive.

• Support for the siblings of our patients- building on what siblings tell us to understand what is important them and to develop opportunities for practical, emotional and peer support.

- Patient Experience Research- in the context of limited research, GOSH as a research hospital and our aim of leading in patient experience, we will work in collaboration on a research project which improves and innovates in patient experience.

- Digital innovation enabling us to reach more patients and families and to enhance experience and increase engagement.

- Increasing feedback from patients at GOSH both online and through development of Pals and complaints processes which actively encourage children and young people to share their views and raise concerns.

- Building on best practice in Patient Experience develop consistent participation in service development and improvement

8. Implementing the framework and next steps

Our patients and families will be fundamental in further shaping the patient experience priorities for 2019/20 and measuring their success. In January 2020 the Patient Experience team will hold an event with patient and families to inform the key actions to meet the focus areas outlined above. From this a 3 to 5 year delivery plan will emerge commencing in April 2020.

Trust Board **27 November 2019**	
Business Planning for 2020/21 Briefing Paper – November 2019 **Submitted on behalf of:** Peter Hyland Director of Operational Performance and Information	**Paper No: Attachment S**

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. This paper will provide a summary of the process, governance structure and timeline put in place to meet the annual planning obligations and deadlines
.

Action Required from the meeting

To note and approve the process and current progress

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

Sets out the budget setting and financial planning processes for the 2020/21 financial year

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
- Executive Directors
- Trust Board Members

Author and date

Nia Thomas, Senior Business Manager, Strategy and Planning, 18/11/19

Business Planning for 2020/21

Briefing Paper - November 2019

1. **Introduction**

The Trust is required to submit an annual business plan to commissioners at NHS England and NHS Improvement (NHSE&I), detailing the goals and objectives of the organisation for the coming year. The plan must align with national strategic drivers, such as the NHS Long Term Plan as well as regional and local drivers. The plan must link with the work of the Sustainability Transformation Partnership and will be fundamental to the delivery of the organisation's strategy, Mission GOSH 2025.

The organisation's overarching business plan will be informed by both the Strategy and the detailed business plans developed by each directorate. This ensures that the work of the Trust is informed from both a top down and bottom up approach and captures all of the important developments and activities which the Trust wishes to pursue.

To meet the Trust's planning and commissioning expectations, 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.

This paper sets out the business planning process for the 2020/21 financial year and updates on progress, whilst also setting out next steps. The process and assumptions will be updated as NHSE&I release further planning guidance and negotiations are concluded with commissioners. The Trust currently does not have guidance from NHSE&I about the information and timescales associated with the business plan submission for 2020/21. It is anticipated that there will be a number of submission opportunities, with the final submission occurring at the start of April 2020. The Trust isusing an internal process that allows each directorate to build their business plans, review them on several occasions and sign them off ahead of the final anticipated submission date in April 2020.

This process will enable to Board to sign off the Trust Business Plan (including budget) which will be submitted to NHSE&I.

2. **Business Planning for 2020/21**

Business planning's purpose is to help execute and implement the Trust's strategy and is the process of converting the vision, mission and strategic priorities into a set of goals and objectives that are specific, measurable and achievable within the lifespan of the business plan, allocated to a specific lead role and time-bound. Every directorate, both clinical and corporate, within the Trust will have a business plan which

is directed by the organisation's strategy and informs the overarching business plan which will ultimately be submitted to NHSE&I.

In order to ensure that the organisation is well prepared for the deadline for submission to NHSE&I in April 2020, the organisation has determined that the business planning process should begin six months before that deadline. This will ensure sufficient time to allow development, seek feedback, amend and increasingly integrate plans across directorates. This will ensure the most effective use of resources – human, financial and environmental.

The business planning process has begun with a number of sessions. This is considered a key element of the governance process for 2020/21, which establishes a clear process of information sharing, parameter setting and update sharing. A key element of the governance process is regular updates to Clinical Operations Board, Executive Management Team, Finance and Investment Committee and Trust Board, between October 2019 and March 2020.

The business planning support sessions focus on the organisational drivers: clinical activity, revenue and capital budget, charitable funding, education, research, transformation, workforce development and international and private patients. They clearly set out the internal and external parameters against which clinical and corporate directorate must plan and also provide an opportunity to discuss reciprocal dependencies and assumptions in place across directorates. This ensures that the planning process is both a top down and bottom up process. The strategic drivers of the organisation and the planning parameters are clearly set and there is an expectation that every directorate works within their financial envelope to develop localised plans which will be an integrated set of goals considering business as usual and transformative change as a means of delivering excellence in healthcare.

The business planning governance process instigated for 2020/21 is a development of that implemented in preparation of the 2019/20 financial year and builds on three primary elements of learning: timescales, in that the process has begun earlier in the year; integration; in that the workshops share information across corporate and clinical directorates to establish planning parameters early on in the process; and governance, in that the process of updates, feedback and plan iteration is clear and unambiguous.

To ensure that business plans are representative of the views of the directorates and also take account of dependencies and assumptions relevant to other directorate, each business plan must be signed off by: clinical – Chief of Staff, General Manager and Head of Nursing; corporate – Chief Operating Officer, Chief Finance Officer, Director of Clinical Operations, Director of Operations, Director of Nursing Operations and Director of Transformation. Where business plans have implications for space and premises, sign off is also required by the Head of Estates and Facilities.

The first submission of draft directorate business plans is due on the 4th December 2019. This will give directorates the time to work together to ensure that dependencies and assumptions are cross-referenced and included in respective plans. The second

submission will be due in early January 2020 and the third, in late January, with the fourth and final submissions due in February and March.

A planning timetable has been developed setting out the milestones and timescales throughout the process and this can be found at Appendix 1

3. Activity Planning for 2020/21

It is proposed that the activity data used for planning purposes will be based on 2018/19 levels of activity using actuals at month 6 pro-rata'd for a full year effect. The reason for the selection of this period, compared to month 6 times 2 position for 2019/20, is due to the variation in activity profile due to the go-live period of EPIC in month 1, in that the activity volume recorded reduced significantly over that period. A review of directorate activity levels will be undertaken to identify variances between the proposed 2020/21 activity and the forecasted 2019/20 activity, taking into account the fact that inpatient activity has returned to pre-EPIC implementation levels and outpatients are now only 5% behind target. Any discrepancies will be reviewed and adjustments made, as appropriate. This will ensure that the 2018/19, 2019/20 and 2020/21 activity is aligned.

4. Revenue Budget Setting for 2020/21

The Trust is proposing that a process is started whereby budgets are to be built up by each directorate across the Trust and then combined to create the Trust budget for Board approval and submission to NHSE&I, to ensure the bottom-up element of the approach. In order to facilitate this process and achieve the breakeven position, it is proposed that each directorate is assigned a control total that, when combined, equals a Trust wide breakeven position. This forms the top-down element of the approach. Together, the approaches ensure that the budget setting is fully informed by internal as well as external drivers.

In previous years actual spend or budget rollovers have been used to provide directorates with budgetary targets. In order to create individual control totals that align with predicted 2019/20 contributions it is proposed that the month 6 forecast outturn is used as the base for each directorate with the following applied:

- Inflationary uplifts
- Full year effect of ZCR and part year of Sight & Sound
- Reductions in Charity income for completed projects
- Reduction in HEE income.
- Increased Depreciation

When this is compared to the breakeven target, it will create an £18.6m gap to the expected control total for 2020/21. This gap will constitute the better value programme target for 2020/21 and will be allocated out to the directorates.

To aid the Trust in delivering both the better value programme and the Trust breakeven position, the Trust will begin budget setting earlier than in previous years and utilises benchmarking data to help identify areas where efficiencies can be made and distribute better value targets accordingly.

5. Capital Budget Setting for 2020/21

The Trust is required to complete a five year capital plan, the first year of which needs to be accompanied by a detailed scheme-by-scheme submission. These requirements also meets the GOSH Children's Charity's need for information about hospital priorities, facilitating the determination of their future business planning needs. The amount of capital funding across the NHS is lower than it has been in previous years. In addition to this, a new capital regime is being introduced which includes greater strategic oversight by NHSE&I over capital spending. In previous years, the Trust has been able to set its own capital budget based on affordability, whereas NHSE&I will now set this limit, based on the capital plans of the entire NHS.

The introduction of the new accounting rule 'IFRS 16', from 1 April 2020 will also impact on the Trust's capital expenditure. This guidance will see capital items used by the organisation, through any kind of contract or lease agreement, being considered a capital asset. The Trust is currently engaged in a project to identify all existing leases falling under this new accounting rule as well as developing new procedures to capture any new contracts entered into to which this new rule may apply.

For the purposes of capital planning, the Trust is working to a capital expenditure limit of £18m of which £3m is being held back as contingency. The Trust leads for capital, built environment, ICT, medical equipment and estates and facilities have been asked to start developing their capital plans in conjunction with business planning leads. Capital planning of equipment replacement is done so on the basis of rolling replacements informed by the rolling equipment audit. This informs the Trust and Charity about future demands and allows both organisations to future plan budgets and charitable fundraising programmes, respectively. The Capital Investment Group will review the prioritised list of proposed schemes, based upon the following prioritisation:-

- Contractual commitment which cannot be avoided
- Delay will result in a cancellation / delay to clinical services and compromise patient safety
- Delay increases the risk of cancellation / delay to clinical services and reduction in patient outcomes
- Delay will limit efficiency and/or effectiveness in clinical services but will not impact patient safety
- All other requests

Capital planning will be an iterative process completed to the same timetable as the revenue planning process.

6. **Next Steps**

The next key milestone within the business planning process for 2020/21 will be the first submission of the draft business plan by every directorate by early December. Plans will then be scrutinised and cross-referencing will formally occur at an all-directorate business planning workshop on the 12th December.

The Trust Board will next be updated on the progress of business planning at the January Board meeting

Appendix 1

Business Planning 2020/21 – Timetable and Milestones

November 2019	
27/11/19	Progress Update - Trust Board
December 2019	
04/12/19	Submission of first draft Directorate Business Plans
06/12/19	Progress Update - Executive Management Team
06/12/19	Progress Update - Finance and Investment Committee
08/12/19	Publish performance requirements across all KPI's for the organisation
11/12/19	Progress Update and review of first draft of business plans - Operational Board
12/12/19	Progress update from each Directorate - Finance and Investment Committee
18/12/19	Progress Update - Executive Management Team
TBC	STP - Further operational and technical guidance issues. And publication of the national implementation programme for the long term plan
January 2020	
03/01/20	Submission of second plan for review
08/01/20	Progress Update and review of business plans - Operational Board
15/01/20	Progress Update and review of business plans - Executive Management Team
TBC	Initial plan submission to NHSE&I (focused on activity and efficiency)
17/01/20	First draft of Trust Operational Plan to be completed
22/01/20	Progress update and sign-off of first draft of Trust Operational Plan - Operational Board
24/01/20	Submission of third plan for review
27/01/20	Review of Trust Operational Plan - Executive Management Team
30/01/20	Detailed submission - Trust Board
February 2020	

Attachment S

05/02/20	Progress update and review of third plan - Executive Management Team
06/02/20	Detailed submission of the current version of the plan and Trust Operational Plan - Trust Board
12/02/20	Grant Committee submission sign off - Operational Board
19/02/20	Progress update and Grants Committee submission sign off - Executive Management Team
26/02/20	Progress update - Operational Board-
TBC	STP - first submission of draft operational plans
TBC	Draft 2020/21 operating plan submission to NHSE&I
28/02/20	Submission of fourth plan for review
March 2019	
06/03/20	Charity Grants Committee
TBC	Sign off business plans - Operational Board
13/03/20	Submission of final plan for sign off
18/03/20	Sign off business plans and Trust Operational Plan - Executive Management Team
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 NHSE&I
TBC	Deadline for 2020/21 NHS contract signature
April 2020	
01/04/20	Sign off of all budgets
01/04/20	Trust Board- Final Sign off of Operational Plan and Business Plan

Annual Business Planning at GOSH

Peter Hyland

Director of Operational Performance and Information

27th November 2019

GOSH's Plan and work to date

- We submitted our 20/21 Commissioning Intentions Letter in September 2019 to inform discussions moving forward

- Internal programme of work defined within GOSH to provide a more of a 'bottom up' approach to include input from all areas.

- Combined organisational approach which encompasses Clinical and Corporate Directorates through the same process.

- Plan to detail work plan for the coming year, together with risks and aligned to Trust Strategy

- Plan to encompass, Activity, Workforce, Finance, Better Value and performance

- Facilitation workshops completed to define the 'rules' - Clinical Activity/Income, Education, Transformation / Better Value, Budget setting/Capital/Charity, Workforce development, Research.
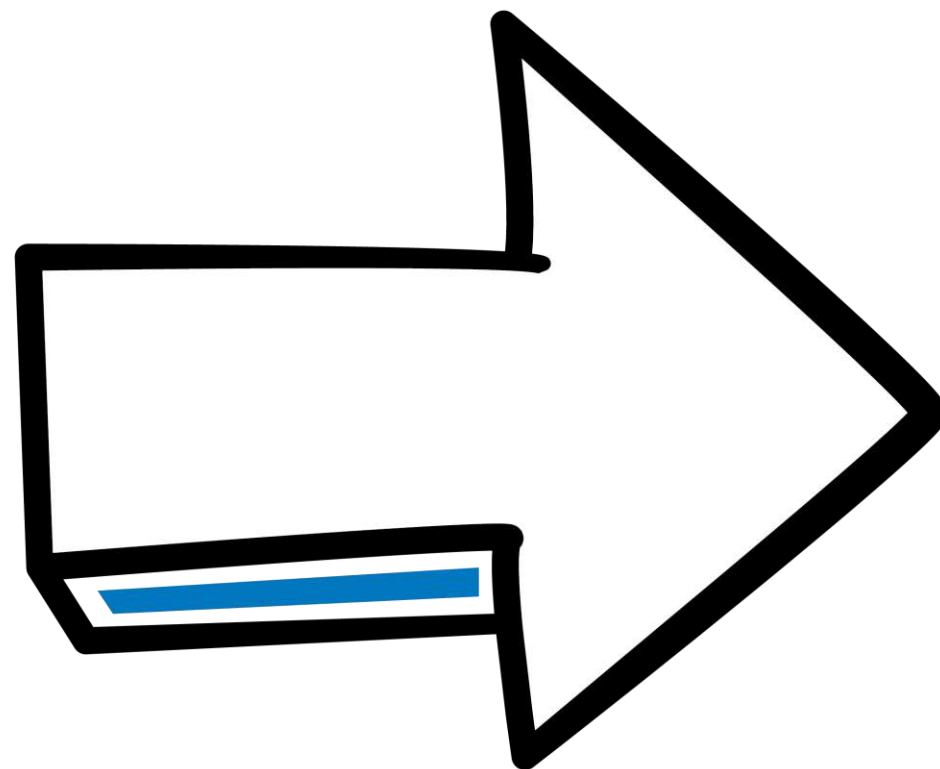
Plan moving forward and next steps

- Trust activity plan and Directorate control totals have been issued

- More integrated approach this year to include charity bids process

- Transformation and Better Value plan being worked up- Available by 20th December 2019

- Multiple (five) submissions of the plan between now and final submission in mid March 2020, ready for sign off at Trust Board on the 1st April 2020. First submission due on 4th December 2019.

- Awaiting further guidance on national process from NHSIE- Post General Election, however current plan modelled on previous years

High Level Timetable for Business Planning- 2020/21

Timescale	Milestone
15/11/19	Sustainability Transformation Plans (STP) - plans agreed with system leads and regional teams
04/12/19	Submission of first draft directorate business plan
Dec TBC	STP - further operational and technical guidance issues. And publication of the national implementation programme for the long term plan
Jan TBC	Initial plan submission to NHSIE (focused on activity and efficiency)
03/01/20	Submission of second directorate business plan for review
24/01/20	Submission of third directorate business plan for review
Feb TBC	STP – first submission of draft operational plan
Feb TBC	Draft 2020/21 operating plan submission to NHSIE
28/02/20	Submission of fourth directorate business plan for review
Mar TBC	STP - final submission of operational plans
Mar TBC	Contract / Plan alignment submission to NHSIE
Mar TBC	Deadline for 2020/21 NHS contract signature
06/03/20	Charity Grant Committee
13/03/20	Submission of final directorate business plan for sign off
31/03/20	Final Budget uploaded to the Financial Ledger

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

Trust Board **27 November 2019**	
Board Assurance Framework Update **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment T**

The purpose of this paper is to provide an update on the Board Assurance Framework (BAF) and to remind Board members of the current status of risks on the BAF. A summary of all risks is presented at **Appendix 1**.

The Board will be aware that the Risk Assurance and Compliance Group (RACG) made recommendations to the Board Risk Management Meeting (held on 23 October 2019) on the status, scores and assurances of the current risks on the BAF.

The RACG recommendations proposed to the Board Risk Management Meeting were presented alongside additional information, as follows:

- Top 3 Risk Survey results 2019 mapped to BAF risks
- High rated risks on operational risk registers and trust wide risks mapped to BAF risks
- Internal audit results 2019/20 mapped to the BAF risks
- Serious Incidents and Red complaints since 1 April 2019 mapped to BAF risks
- Performance against internal and national targets mapped to BAF risks
- Emerging and current clinical risk issues (as presented at Board and QSEAC in September 2019) mapped to BAF risks

The information was used to scrutinise the BAF risks and, alongside presentations from external and internal speakers on horizon scanning of risks facing healthcare, Board members were asked to consider whether the current BAF risks required amending or new risks added.

Appendix 2 summarises the recommendations made to the Board Risk Management Meeting (RMM) and for each risk, documents the feedback from the RMM. Where actions were proposed by the Board, members of the Executive Team reviewed these proposed actions and a response is documented.

All actions presented in green font have been implemented. All actions presented in red font are under review and will be ready for presenting to the RACG and then the relevant Board assurance committee in January 2020.

Two risks were highlighted by the RMM as follows. The executive team's response is documented below:

Risk 4: Recruitment and retention

Feedback from RMM: The Board agreed that the risk needed to be considered in the context of the level of vacancies across the wider NHS (i.e. this was not just a problem faced by the Trust) and that there should be a focus in the risk on workforce transformation.

Action: The RACG was asked to consider the feedback. The risk owner has recently updated the risk and it was proposed that either:

- The content under the risk is updated to additionally reflect the controls and assurances in place to mitigate the risk of not having a robust strategy/ plan for transforming the workforce. It is suggested that the risk statement will require re-scoping to enable this fit; or
- Cross-reference is made to the Risk 17 (service innovation) and this risk is further extended to reflect the controls and assurances in place to mitigate the risk of not having a robust strategy/ plan for transforming the workforce.

The executive team concluded that the 'best fit' would be for cross-reference to be made to the Risk 17 (service innovation) and this risk is further extended to reflect the controls and assurances in place to mitigate the risk of not having a robust strategy/ plan for transforming the workforce. This work is underway by the risk owner and the risk will be reviewed at the RACG in December 2019..

Risk 17 (Service Innovation)

Feedback from RMM: It was agreed that the risk should include a commercial perspective on GOSH's activity and that consideration should be given to whether this was a Board risk in its own right or became part of the culture risk.

Action: The RACG was asked for a view on the proposal as to whether the risk remains a separate risk or is integrated with the culture risk (risk 18 on the BAF). The commercial perspective will be added regardless of option chosen.

The executive team concluded that service innovation should be documented as a separate risk on the BAF and that the commercial, aspect of the risk be included. The revised risk will be reviewed at the RACG in December 2019.

Board Assurance Committee Deep Dives into relevant BAF risks

The Board assurance committees conduct deep dives into the BAF risks relevant to their terms of reference. The deep dives provide an opportunity for committee members to scrutinise the robustness of the controls and assurances cited and seek assurance that the gaps/ actions have been appropriately identified and that sufficient progress is being made to close these gaps and deliver the actions.

The assurance committees conduct the deep dives of the relevant BAF risks at least once annually on a rotational basis.

A summary of the risks reviewed by each assurance committee since October 2019 is documented at **Appendix 3** including comments from the committees.

Action required from the meeting
Board members are asked to:
- note the findings from the RMM and actions taken to update the BAF since the RMM meeting on 23 October 2019
- note the updates from the Board assurance committees on the deep dives conducted into the relevant BAF risks.

Attachment T

Financial implications   None   3
Legal issues   None
Who is responsible for implementing the proposals / project and anticipated timescales   Risk Owners
Who is accountable for the implementation of the proposal / project   N/A

Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (19 November 2019)

Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

No.	Short Title	Risk type and description		Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
				L x C	T	L x C	T							
1	Financial Sustainability	Strategic & Operational	Failure to continue to be financially sustainable due to: • Reductions in tariffs and impact of new 2019/20 tariff and potential reduction in MFF • Impact of inflationary costs and potential impact of Brexit of cost of drugs, supplies and staffing • Challenges in completing contracts with NHS Commissioners • Lack of capacity to deliver growth in activity /income targets for NHS and non NHS activities (including IPP); • Challenges is obtaining appropriate growth funding in Contract; • Inadequate local pricing in NHS contract; • Delivery of financial efficiency targets; • Failure to collect IPP debt; • Lack of capital funding in the NHS potentially limiting major capital projects to those that can be supported by the Charity • Changes to accounting standards could impact delivery of the control total • Robust financial management across all operational and corporate teams to ensure the cumulative impact of all decisions is understood • Risk to charity funding supporting both patient welfare and capital programmes in the current economic climate. • Risk of impact on contract procurement as a result of a fall in the value of pound following leaving the EU.	4 x 5	20	4 x 5	20	Low (1-6)	1-2 years	Chief Finance Officer	Helen Jameson, Chief Finance Officer	30/09/2019	Audit Committee	October 2018 April 2019 (TB)
2	Better Value	Operational	The risk that the organisation will not deliver productivity and efficiency targets and that targets indirectly impact on patient care	4 x 4	16	4 x 4	16	Low (1-6)	1 -2 years	Director of Transformation	Richard Collins, Director of Transformation/Jon Schick, Programme Director, PMO	03/10/2019	Audit Committee	October 2018 May 2019
3	IPP Contribution	Strategic & Operational	The risk that the organisation will not deliver IPP contribution targets	4 x 5	20	4 x 5	20	Med (8-10)	1-2 years	Interim Chief Operating Officer	Chris Rockenbach, General Manager, IPP	04/10/2019	Audit Committee	Jan 2018 Sept 2018 (TB) May 2019

No.	Short Title	Risk type and description		Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
				L x C	T	L x C	T							
4	Recruitment and Retention	Operational	The risk that the organisation will be unable to recruit and retain sufficient highly skilled staff	4 x 5	20	3 x 5	15	Med (8-10)	1-2 years	Director of HR and OD	Alison Hall, Deputy Director of HR and OD	24/10/2019	People and Education Assurance Committee	May 2018 July 2019
5	Operational Performance	Operational	The trust is unable to demonstrate compliance with Performance Management Framework/ Monitor's licence (*risk statement under review following Board RMM meeting on 30/10/2019*)	5 x 4	20	3 x 4 4 x 4	12 16	Low (1-6)	1 year	Interim Chief Operating Officer	Peter Hyland, Director, Planning & Information/ Anna Ferrant, Company Secretary	04/10/2019	Audit Committee/ Quality, Safety and Experience Assurance Committee	May 2018 Jan 2019 Oct 2019
6	GOSH Strategic Position	Strategic	Lack of priority given to specialist paediatrics in the NHS wide strategies leading to lack of progress in developing appropriate system wide services and support for GOSH's role (*risk statement under review following Board RMM meeting on 30/10/2019*)	3 x 3	9	3 x 3	9	Med (8-10)	5-10 years	Interim Chief Operating Officer	Peter Hyland, Director, Planning & Information	04/10/2019	Audit Committee	October 2018 October 2019
7	Unreliable Data	Operational	Failure to monitor data quality impacting on accurate, consistent and appropriate data reporting across the Trust and to external parties (commissioners etc.)	4 x 4	16	3 x 4	12	Low (1-6)	1-2 years	Interim Chief Operating Officer	Head of Information, & Peter Hyland, Director, Planning & Information	17/10/2019	Audit Committee	April 2018 January 2019
8	Research Income	Strategic	The Trust may not be able to provide the required level of research infrastructure or leverage additional research income as core research funding streams are reduced.	3 x 4	12	3 x 4	12	Med (8-10)	1-2 years	Director, Research & Innovation	Jenny Rivers, Dep Dir, R&I	04/10/2019	Audit Committee	April 2018 Jan 2019 October 2019
9	Research Hospital Status	Strategic	The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered	3 x 3	9	2 x 3	6	Med (8-10)	3-5 years	Director, Research & Innovation	Jenny Rivers, Dep Dir, R&I	04/10/2019	Quality, Safety and Experience Assurance Committee	April 2018 February 2019 (TB)
10	Electronic Patient Records	Operational	The risk that the: • stabilisation of the EPIC system is not achieved and the appropriate systems are not adopted to embed new clinical and operational processes • the EPR system is not maximised to ensure successful optimisation within a defined governance framework; • not maximising accurate , timely and high quality data (performance, quality and financial data) • the EPR system does not realise the benefits for the organisation (as outlined in the EPR Business Case)	4 x 4	16	3 x 4	12	Low (1-6)	1-2 years	Interim Chief Operating Officer	Phil Walmsley, Interim Chief Operating Officer/ Richard Collins, Director of Transformation	03/10/2019	Audit Committee/ Trust Board	April 2019 May 2019 July 2019 (TB) September 2019 (TB)

No.	Short Title		Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
				L x C	T	L x C	T							
			• the EPR has a detrimental impact on the quality, safety and experience of patients, families and carers.											
11	Business Continuity	**Operational**	The trust is unable to deliver normal services and critical functions during periods of significant disruption.	3 x 4	**12**	3 x 3	**9**	**Low (1-6)**	1 year	Interim Chief Operating Officer	**Camilla McBrearty, Emergency Planning Officer/ Phil Walmsley, Interim COO**	04/10//2019	Audit Committee	April 2018 (TB) April 2019
12	Redevelopment	**Operational**	Inadequate planning or management of infrastructure redevelopment may result in poor VFM or failure to deliver expected business benefit.	3 x 4	**12**	3 x 3	**9**	**Med (8-10)**	1-5 years	Dir, Development & Property Services	**Stephanie Williamson, Dep Dir of Development & Property Services**	03/10/2019	Audit Committee	April 2018 Dec 2018 (T)B April 2019 July 2019 (TBC)
13	Information Governance	**Operational**	Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements.	4 x 5	**20**	4 x 5	**20**	**Low (1-6)**	1 year	Interim Chief Operating Officer	**Peter Hyland/ Anna Ferrant/ Joseff Eynon-Freeman**	07/10/2019	Audit Committee	April 2019 October 2019
14	Medicines Management	**Operational**	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	4 x 5	**20**	5 x 5	**25**	**Low (1-6)**	1-2 years	Interim Chief Operating Officer	**Steve Tomlin, Chief Pharmacist/ Chris Longster, GM/ Phil Walmsley, Interim Chief Operating Officer**	02/10/2019	Quality, Safety and Experience Assurance Committee	April 2019 July 2019
15	Consistent delivery of quality services	**Operational**	All services are not appropriately managed or governed or are of the appropriate standing to deliver quality services within a complex, specialist health environment. (*risk statement under review following Board RM meeting on 30/10/2019*)	4 x 4	**16**	2 x 4	**8**	**Low (1-6)**	1-2 years	Medical Director	**Sanjiv Sharma, Medical Director, Salina Parkyn, Head of Quality and Safety**	07/10/2019	Quality, Safety and Experience Assurance Committee	April 2019
16	Brexit	**Strategic**	Brexit will have an adverse impact on the ability of Trust to ensure continuity of effective patient care including but not limited to financial sustainability, availability of workforce, access to medicines and	4 x 5	**20**	4 x 5	**20**	**Med (8-10)**	1-5 years	Interim Chief Operating Officer	**Anna Ferrant, Company Secretary/ Phil Walmsley, Interim Chief**	04/10/2019	Trust Board	February 2019 (TB) September 2019 (TB)

No.	Short Title	Risk type and description		Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
				L x C	T	L x C	T							
			medical devices and participation in collaborative research and access to research funding, clinical trials and clinical networks.								Operating Officer			
17	Service Innovation	**Operational**	Failure to embrace service transformation and deliver innovative, patient centred and efficient services including: • failing to identify where transformation is needed and continuing to operate inefficient and ineffective services • failing to work in partnership with staff and others (commissioners, referrers other stakeholders including the third sector) to identify, plan and design service transformation • failing to ensure appropriate resources (finances and workforce) are made available to lead and implement transformation of services • failing to support staff in making change happen. *(risk statement under review following Board RM meeting on 30/10/2019)*	4 x 4	16	3 x 4	12	Med (8-10)	1-5 years	Director Of Transformation	**Richard Collins, Director of Transformation**	03/10/2019	People and Education Assurance Committee	July 2019 - PEAC
18	Culture	**Strategic**	Given the 2018 staff survey results which demonstrate the Trust to be below average in the majority of indicators and shows high levels of staff reporting bullying and harassment, there is a risk that GOSH fails to develop its culture and levels of staff engagement and motivation in alignment with its strategy and values, impacting on: • The effective implementation of plans and policies across the Trust and the associated impact on safety and quality of services and the patient and family experience. • The ability of the Trust to attract competent staff and promote the Trust as a place to work and feel engaged. • Missed market opportunities arising from a failure to remain agile and connected and adapt to the ever-changing NHS landscape. • The Trust's reputation with partners, commissioners, regulators, the NHS and the public.	4 x 4	16	3 x 4	12	Low (1-6)	1-5 years	Chief Executive	**Alison Hall, Deputy Director of HR and OD/ Caroline Anderson, Director of HR and OD**	07/10/2019	Trust Board/ People and Education Assurance Committee	July 2019

Appendix 2
RACG = Risk Assurance and Compliance Group – chaired by the Chief Executive
RMM – Board Risk Management Meeting (Annual) – chaired by the Audit Committee Chair

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Risk 1 (Financial management).
RACG Recommendation to RMM: *The committee noted that the net score (L4 x C5) was the same as the gross risk score. The committee considered the mitigations and agreed that whilst the right mitigations were cited and being implemented, there had not been sufficient time for them to have the full effect. As such, it was agreed that in the current climate this risk remains with a net score of L4 x C5.*

Feedback from RMM: Discussion took place about the action which could be taken to reduce the risk including an injection of funding into the system or the development of a multiyear Better Value programme. It was agreed that whilst over a longer term the net risk score could arguably be below the gross score, in the short and medium term this was not the case. It was agreed that the scores would be remain the same.

No action for RACG. Risk subject to routine review in December 2019

Risk 2 (Better value).
RACG Recommendation to RMM: *The net risk rating (L4 x C4) was recommended to remain the same due to the fact that the efficacy of control measures was uncertain at this point in time.*

Feedback from RMM: Mr Shaw said that the in-year position was improving and it was becoming clearer that the target would be met however this would be through non-recurrent schemes and therefore there would be an increased challenge in 2020-21. Mr Mateen noted that vacancies were contributing to better value and queried whether quality impact assessments were continually being undertaken to confirm that there was no risk of this negatively impacting quality or safety. Sir Michael said that risks had been identified in areas such as pharmacy however it was possible that some areas had not been identified and it was vital that this was continually reviewed and tracked. Mr Shaw said that the Trust had a clear performance framework and 'hotspots' were reviewed on a monthly basis at performance reviews to mitigate these issues. The pharmacy team presented to the Executive Management Team meeting at Board as it was a key issue.

Action from RMM:
- It was agreed that the BAF would be reviewed by the RACG to highlight the individuals who were accountable for each risk.
- In future recommendations from internal audit would be assigned to operational leads who were responsible for completing the work rather than the responsible executive director.
- Discussion took place about the importance of clinical leadership and Mr Shaw said that it was clear, as had been shown during the Epic implementation, that staff would become engaged when a programme was run effectively.
- It was agreed that the net risk rating would remain the same.

No action for RACG. Net risk score remains at L4 x C5. Risk subject to routine review in December 2019

Risk 3 (International Private Patients).

RACG Recommendation to RMM: *The committee agreed that the net risk score should increase (currently L4 x C3) and that the consequence score be realigned with the gross risk consequence score of 5 (noting the impact on the financial sustainability of the trust of the risk being realised).*

Feedback from RMM: Discussion took place around whether the focus of the risk should remain on IPP or should be more about commercialisation in the round. It was agreed that the risk should remain focused on IPP.

The Board discussed whether there were clear causes of the issues in IPP whether around the market, leadership or competition. Non-Executive Director had been on a walkround in the area and staff had given feedback about the differences in the service. Lady Ellingworth queried whether consideration should be given to separating IPP services to enable them to be increasingly responsive. She said that GOSH staff must be clear that IPP income was vital in order to support NHS activity.

The Committee confirmed that the likelihood score should not reduce and agreed that the consequence score should be increased to 5.

> **Actioned**: Net risk scores amended to 20 (L4 x 5C). Risk subject to routine review in December 2019

Risk 4: Recruitment and retention.
RACG Recommendation to RMM: *The committee noted that there had been no changes in the controls or assurances cited and agreed that the net risk score remain the same (L3 x C5 = 15).*

Feedback from RMM: The Board agreed that the risk needed to be considered in the context of the level of vacancies across the wider NHS (i.e. this was not just a problem faced by the Trust) and that there should be a focus in the risk on workforce transformation.

> **Action**: The RACG is asked to consider the feedback. The risk owner has recently updated the risk but it is proposed that either:
> * The content under the risk is updated to additionally reflect the controls and assurances in place to mitigate the risk of not having a robust strategy/ plan for transforming the workforce. It is suggested that the risk statement will require re-scoping to enable this fit; or
> * Cross-reference is made to the Risk 17 (service innovation) and this risk is further extended to reflect the controls and assurances in place to mitigate the risk of not having a robust strategy/ plan for transforming the workforce.

Risk 5 (Operational performance).
RACG Recommendation to RMM: *The committee agreed that the likelihood (2) should be increased noting the current performance issues related to RTT and including achievement of the diagnostic waits target. The committee recommended that the net score is increased to 16 (L4 x C4).*

Feedback from RMM: It was agreed that the risk should be reworded by the RACG to recognise that the focus was on adherence to the license to operate rather than operational performance.

> **Action**: It is proposed that the risk is reviewed to reflect the recommendation from the RMM.

BAF Risk 6: GOSH Strategic Position
RACG Recommendation to RMM: *The RACG noted that the Trust was actively engaged with the Children's Alliance, working on tariff negotiations for complex paediatric services and that in addition, it was part of the Shelford Group which was now being engaged by the centre as an expert panel group for specialist care. However, much of this work was ongoing and had not had sufficient time to rake full effect. The RACG agreed that the net risk score remain at L3 x C3.*

Feedback from RMM: The meeting proposed that the risk is revised to include GOSH's approach and position with regards to Integrated Care Systems and the impact this change would have on GOSH. It was agreed that the score would remain the same.

No action for RACG. Net risk score remains at L3 x C3. Risk subject to routine review in December 2019

BAF Risk 7: Unreliable Data.
RACG Recommendation to RMM: *The RACG noted that the risk had been reviewed and on the basis of the data accuracy issues arising from the transition to EPIC that the risk owner had proposed that the net risk score was increased to 12 (L3 x C4). The RACG endorsed this proposal.*

Feedback from RMM: The Board agreed the increased net risk score of 12 (L3 x C4).

No action for RACG. Net risk score increased on BAF to L3 x C4. Risk subject to routine review in December 2019

BAF Risk 8: Research Income.
RACG Recommendation to RMM: *The RACG agreed that this risk should reflect the risk of the loss of EU research funding (under the Research risk) as a result of leaving the EU without a deal. The Research team reviewed the risk highlighting that on average the proportion of EU funding of the total R&I research income to the Trust is around 1%. The RACG noted that there had been recent changes to CRN and BRC income. The committee agreed that the gross and net risk scores be updated to reflect the appropriate likelihood and consequence of the risk, taking into account the importance of research income to the Trust. The proposal was to increase the net score to L3 x C4 = 12.*

Feedback from RMM: The Board agreed the increased net risk score of 12 (L3 x C4).

No action for RACG. Net risk score increased on BAF to L3 x C4. Risk subject to routine review in December 2019

BAF Risk 9: Research Hospital Status.
RACG Recommendation to RMM: *The RACG made no changes to the gross risk score (L3 x C3) or net risk score (L2 x C3).*

Feedback from RMM: The Board agreed that the scores remain the same.

No action for RACG. Net risk score remains at L2 x C3. Risk subject to routine review in December 2019

BAF Risk 10: Electronic Patient Record.
RACG Recommendation to RMM: *The RACG noted that the risk statement had been revised in light of the journey from implementation towards stabilisation of the EPR and*

the risks inherent with this transition from an operational perspective. The RACG reviewed the controls, assurances and gaps and proposed that the gross risk score is 4(L) x 4(C) = 16 and the net risk score is 3(L) x 4(C) = 12.

Feedback from RMM: The Board agreed that the issues with EPR in pharmacy would be managed outside of the EPR BAF risk and subject to this agreed the gross risk score of 16 and net risk score of 12.

> No action for RACG. Gross risk score approved at L4 x C4= 16 and net risk score approved at L3 x C4 = 12. Risk subject to deep dive at RACG in December 2019

BAF Risk 11: Business Continuity.
RACG Recommendation to RMM: *The RACG requested further assurance about the robustness of the testing of emergency plans and the staff knowledge of these plans. This information has been documented and the RACG is satisfied that the net risk score reflects this (L3 x C3). The committee agreed that a deep dive into the risk be conducted at its meeting in December, taking into account the controls in place to manage an interruption to the EPR.*

Feedback from RMM: Mr Mateen queried whether the score was too high and noted that GOSH was one of only two Trusts in the country who had been rated 100% compliant by NHS England.

> **Action**: Following the assurance visit on 15th October 2019, it was confirmed that the Trust scored 100% and was fully compliant with all EPRR core standards. This will be reported to the Trust Board in November 2019. On the basis of this external assurance, the RACG is asked to consider the 'deep dive' discussion at the meeting of the group in early December 2019 and whether the net score should be reduced to L2 x C3.

BAF Risk 12: Redevelopment.
RACG Recommendation to RMM: *The RACG made no changes to the gross or net risk scores but agreed that a deep dive be conducted into the risk at the next RACG meeting in December 2019.*

Feedback from RMM: It was agreed that further review of the risk would take place once the development of the Children's Cancer Centre was further progressed.

> No action for RACG. Net risk score remains at L3 x C3. Risk subject to deep dive at RACG in December 2019

BAF Risk 13: Information Governance.
RACG Recommendation to RMM: *The RACG made no changes to the gross score (L4 x C5) or net risk score (L4 x C5).*

Feedback from RMM: Work was required to develop a strategy and infrastructure to support staff to manage data. Mr Mateen highlighted that the internal audit of GDPR had provided a rating of partial assurance with improvements required which was disappointing. It was agreed that no changes would be made to the risk scores

> No action for RACG. Net risk score remains at L4 x C5. Risk subject to routine review in December 2019, taking into account progress against the Internal Audit recommendations.

Risk 14 (Medicines management).

RACG Recommendation to RMM: *The RACG noted that the net risk score (25) had recently been moved higher than the gross risk score (20) and agreed that despite the planning and monitoring in place and response from the MHRA follow up inspection that the net score remained the same for now and would be reviewed again in December 2019.*

Feedback from RMM: The Board requested QSEAC to agree the frequency of review for the risk and to agree how to measure improvement ensuring there was a balance between the Board being assured and members of the pharmacy team having sufficient time to undertake operational work. It was agreed that the net risk score would remain the same and would be reviewed again in December 2019 in line with the RACG recommendation.

No action for RACG. Gross risk score approved at L4 x C5= 20 and net risk score at L5 x C5 = 25. Risk subject to deep dive at RACG in December 2019

BAF Risk 15: Consistent delivery of quality services.
RACG Recommendation to RMM: *The RACG agreed that there was enhanced oversight of clinical services via the integrated quality and performance report, the quality rounds, stronger local management teams and regular robust performance reviews. It was agreed however, with oversight of the services currently under review by management, that the net risk score should be increased to L3 x C4 = 12 (from L2 x C4).*

Feedback from RMM: Discussion took place around the likelihood score. Mr Hatchley said that in terms of benchmarking, GOSH rated well internationally however given the oversight of services under review by management he suggested that the likelihood score should be increased to 4. Professor Smyth highlighted the substantial good and high quality activity which took place at GOSH and suggested that the likelihood should remain at 2. Dr Sharma said that improvement was required in terms of process and embedding learning. It was agreed that the risk would be rewritten and would be updated once improvements would be made. The score would remain unchanged until that point.

Action: The risk owner will be asked to review the risk statement and controls and assurances in time for the December 2019 RACG meeting. The score remains unchanged: Gross score L4 x C4 and net score L2 x C4.

Risk 16 (Brexit):
RACG Recommendation to RMM: *The RACG noted the planning and monitoring underway but accepted that the net risk score remain the same at (L4 x C5 = 20) due to the ever changing political environment which the Trust could not fully mitigate against.*

Feedback from RMM: Discussion took place about whether the risk would continue to be focused on Brexit or would be expressed in terms of political instability which materialised in many forms and it was agreed that the risk would be reframed to be around political instability. The involvement of local councils in Integrated Care Systems was likely to add a political dimension to this work.

Action: The risk owner will be asked to review the risk statement and controls and assurances in time for the December 2019 RACG meeting. The score remains unchanged: Gross score L4 x C5 and net score L4 x C5.

Risk 17 (Service Innovation).

RACG Recommendation to RMM: *The committee agreed that the net risk score remain the same at (L3 x C4 = 12) and that a deep dive be conducted into the risk at the next RACG meeting in December 2019.*

Feedback from RMM: It was agreed that the risk should include a commercial perspective on GOSH's activity and that consideration should be given to whether this was a Board risk in its own right or became part of the culture risk.

Action: The RACG is asked for a view on the proposal as to whether the risk remains a separate risk or is integrated with the culture risk (risk 18 on the BAF). The commercial perspective will be added regardless of option chosen.

Risk 18 (Culture).
RACG Recommendation to RMM: *The RACG noted that the Deputy Director of HR and OD had updated the risk in line with the framing of the People Strategy.*

Feedback from RMM: Consideration was being given to the way in which changes could be measured which was likely to include regular 'pulse' surveys. The Board agreed that the gross risk score should be 16 and the net risk score should be 12.

No action for RACG. Risk subject to routine review in December 2019

Appendix 3

Board Committee and date	BAF Risk reviewed	Summary from meeting
Quality, Safety and Experience Assurance Committee – 17 October 2019	**Risk 9**: The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered.	Work was required to move to the next stage of becoming a research hospital in order to ensure that this was recognised by patients, families and staff. It was agreed that more discussion about research was required at Board level as well as a greater understanding of the interrelationship between the hospital and the UCL GOS Institute of Child Health.
Audit Committee – 24 October 2019	**Risk 5**: The trust is unable to demonstrate compliance with Performance Management Framework/ Monitor's licence.	External focus was moving away from RTT compliance and towards length of waiting list and 52 week waits. GOSH was a pilot site for these changes.
Audit Committee – 24 October 2019	**Risk 6**: Lack of priority given to specialist paediatrics in the NHS wide strategies leading to lack of progress in developing appropriate system wide services and support for GOSH's role.	Considerable work was taking place to engage with external organisations so that GOSH was part of discussions around paediatric services going forward. A stakeholder mapping exercise had taken place to ensure focus was being placed in the most productive areas.
Audit Committee – 24 October 2019	**Risk 8**: The Trust may not be able to provide the required level of research infrastructure or leverage additional research income as core research funding streams are reduced.	It was confirmed that the delays in the GMP would not impact current research projects as alternative space could be occupied until it was open. Cost recovery was being reviewed on a case by case basis. Discussion took place around the work that was required to move to the next stage of becoming a research hospital.
Audit Committee – 24 October 2019	**Risk 16**: Brexit will have an adverse impact on the ability of Trust to ensure continuity of effective patient care	Weekly meetings of the Brexit Steering Group continue to take place and GOSH has undertaken a self-assessment against national reporting which shows that progress is good with only minor areas outstanding. The Committee emphasised the important of focusing on staff wellbeing including around potential family issues arising from Brexit and its uncertainty.

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board **27 November 2019**	
Brexit Update **Submitted by:** Phil Walmsley, Interim Chief Operating Officer	**Paper No: Attachment U**

Aims / summary

This report summarises for the Board the work being done across the Trust to ensure a good level of preparedness for Brexit on the following work streams (and their rating on a Red, Amber, Green system): Supply/procurement (medicines and also supplies such as food), Workforce, Clinical Trials, Finance, Data, Health Demand, Operational readiness and Operational communications.

The attached data shows the current position at GOSH, as required by NHS England & Improvement, and submitted centrally.

Action required from the meeting

For the Board to agree that they are assured regarding the level of preparedness for the Trust in relation to Brexit, provided through the work of the Brexit Steering Group.

On the 28 October 2019, the EU announced an extension of the Article 50 period to 31 January 2020, and due to this, the majority of this work has been 'stood down' at this time. The Chair of the Steering Group and Emergency Planning Officer are keeping a watching brief on new guidance provided by Professor Keith Willett, EU Exit Strategic Commander, and will reconvene and update as necessary. Current information suggests that we will stand up formal operational response again on 6 January 2020.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Zero Harm

Financial implications

Not known at present, work ongoing to estimate costs.

Legal issues

All legal issues are currently captured under the umbrella work being done by NHS England & Improvement

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?

N/A

Who needs to be told about any decision?

Centrally we are asked to show that the Board has been sighted on operational guidance and planning assumptions, so the decision/comments on this paper will be shared with NHS England & Improvement.

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

Brexit Steering Group, Chair - Phil Walmsley

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

Brexit Steering Group, Chair - Phil Walmsley

These questions were broadly used in the previous rounds of assurance so your organisation should be familiar with these, the key difference is that the questions have now been brought together in one template.

Organisation name (can be completed by CCG cluster, please name each CCG individually): Great Ormond Street Hospital for Children
Completed by (name and role): Heather Goult, Events and Organisational Development Manager, approved by Peter Hyland, Director of Operational Performance and Information
Email address: heather.goult@gosh.nhs.uk

Please mark as N/A if question not applicable to the organisation.
Please RAG rate: Red – no preparations made/"No", Amber – preparation commenced, but some risks outstanding/"Partially", Green – organisation fully prepared/"Yes"

Topic	Assurance questions:	RAG rating	Comments
(1a) Operational communications	Is the board sighted on published operational guidance for EU Exit (21 Dec 2018) and subsequent publications? (see https://www.england.nhs.uk/eu-exit/)	green	
(1b) Operational communications	Has your EU exit SRO briefed your board on the published planning assumptions and guidance in relation to the NHS for a no deal EU Exit?	green	
(1c) Operational communications	Are plans in place and being implemented to communicate EU Exit preparation actions to front-line staff?	green	
(1d) Operational communications	Have you discussed EU Exit impact across the local health system and through LHRP (Local Health Resilience Partnerships)?	green	
(2a) Operational readiness for a response	Has the organisation established its EU Exit team and planned for the potential to respond out of hours or over a sustained period of time?	green	
(2b) Operational readiness for a response	Have you established a single point of contact for EU Exit and communicated the escalation process across the organisation?	green	
(2c) Operational readiness for a response	Have you identified local leads for workforce, supply, data, research and medicines?	green	
(3a) Supply	Are national contingency arrangements for supply understood across the organisation?	green	
(3b) Supply	Has your organisation identified local actions required to implement national contingency arrangements for supply and have these been tested?	green	
(3c) Supply	Are plans in place to "walk the floor" to escalate any further EU dependent supply issues that are not addressed nationally?	green	
(3d) Supply	Can you confirm that your organisation is not stockpiling over and above your business as usual stock levels?	green	
(3e) Supply	Have plans been assured and tested to manage with longer lead times for supplies, and have the ability for receiving deliveries out of hours?	green	
(4a) Workforce	Are the key workforce risks of EU exit understood in the organisation?	green	
(4b) Workforce	Following on from question 4a, have actions been put in place to mitigate this and monitor impact?	green	
(4c) Workforce	Has your organisation identified sufficient workforce capacity to manage concurrent issues in relation to EU Exit, Emergency Preparedness Resilience and Response and winter pressures?	green	
(5a) Clinical trials	If there are Chief Investigators for clinical trials within your organisation have they contacted the trial sponsors to understand their arrangements for ensuring supply for clinical trials and investigations?	green	
(5b) Clinical trials	If your organisation sponsors a clinical trial, do you understand your supply contingency arrangements and have they responded to DHSC's data request by emailing clinicaltrialssurveyreturns@dhsc.gov.uk?	green	
(6) Data	Have you identified inbound personal data flows, which are data transfers from any EEA organisation to your organisation? Data guidance for info: https://www.england.nhs.uk/eu-exit/data/	green	Two systems hosted in Europe
(7a) Finance	Are systems in place to record the costs of EU Exit preparations and impact?	green	
(7b) Finance	Do you have any financial risks or concerns to flag relating to a no-deal EU exit?. If yes (amber/red), please provide further detail in the comments field.	green	Concern that there may be an additional wave of increased costs if any tariffs are added as a result of EU Exit.
(7c) Finance	Is any additional support/advice or finance information required from a national or regional level?	green	Not at present.
(8) Geography/Health demand	Have the wider risks of EU Exit on the local health and care system been assessed and plans developed to address them? For example increased demand, difficulties in accessing key sites, fuel shortage, winter pressures and traffic issues. Please specify in notes section.	green	o As far as possible, these risks have been assessed. GOSH is in close contact with the North Central London STP. o Emergency plans are in place. o Anxiety over whether other organisations would give stock up, if it was needed.
(9a) Social, Community and Home Care	Does the local system have systems and processes in place to alert to issues with care home capacity?	N/A	
(9b) Social, Community and Home Care	Does the local system have plans in place to work with adult social care providers to provide early alerts of workforce shortages and ensure rostering plans are in place?	N/A	
(9c) Social, Community and Home Care	Have actions been taken to mitigate short-term risks (Oct-Dec) in domiciliary care or care home sectors and have plans been shared across LHRPs and LRFs?	N/A	
(9d) Social, Community and Home Care	Have the local contingency plans in place to manage a care provider failure been refreshed in the last 6 months?	N/A	
(9e) Social, Community and Home Care	Do local authority, CCGs and providers collaborate effectively to manage workforce/supplier/ provider risks across health and care provision, including for people who pay for their own care and unpaid carers?	N/A	
(10a) Food Shortages	Are providers aware of the most up to date guidance on food? Link to guidance: https://www.gov.uk/government/collections/planning-for-a-possible-no-deal-eu-exit-information-for-the-health-and-care-sector#food-and-animal-feed	green	
(10b) Food Shortages	Have plans been put in place around substitution of different foods?	green	
(10c) Food Shortages	Have vulnerable patients and patient groups been identified and any special dietary needs considered?	green	
(10d) Food Shortages	Following on from question 10c, have these dietary requirements been addressed?	green	
(10e) Food Shortages	Have suitable replacement menus been considered in conjunction with local dieticians including timescales for implementation?	green	
(11) GP Registrations	Has robust planning has been undertaken to date to accommodate "UK returners" seeking temporary or permanent registration with General Practice to access primary care and/or secondary NHS referral, recognising the current capacity constraints in General Practice in your locality?	N/A	
(12a) Radio isotopes	Are all providers using radio isotopes aware of the procedure for escalating issues?	green	
(12b) Radio isotopes	Have radio pharmacies in your region/area worked with their suppliers to ensure suppliers have arrangements in place for continued supply of medical radioisotopes in the event of a no deal EU Exit?	green	
(12c) Radio isotopes	Is there a process in place for dealing with media enquiries relating to isotopes?	green	

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

Trust Board 27 November 2019	
EPR Programme Update **Submitted by:** Helen Vigne – Head of EPR Programme R Collins – Director of Transformation	**Paper No: Attachment V** -EPR Programme November Status Report -Improving Depth of Clinical Documentation Plan of Action
	For Information

Aims

The aim of this paper is to provide members of the Trust Board with a summary of status of the Electronic Patient Record (EPR) Programme.

Summary

The EPR Programme is currently in the 'Optimisation' phase which will continue through to October 2020. Good progress is being made against the current optimisation plan (Tranche 2, October to December) however it should be noted that, whilst the programme phase is 'Optimisation', the work undertaken in this phase is not always new functionality but often includes improvements to existing workflows and features in response to issues being experienced by users.

The EPR and Trust teams successfully completed the first upgrade of Epic which brought in new functionality as well as a number of fixes to resolve outstanding issues. GOSH remains the only UK Trust to have upgraded the system post initial go-live. The team also successfully supported a maintenance window during the clock-change in October. The team also supported the outpatient in their move to ZCR.

The programme has undertaken its go-live Epic Gold Stars review and has been awarded a 7 which puts us in the top 20% of all Epic sites. Gold Stars measures our system usage against Epic's best practice and achieving a 7 or higher at go-live represents a successful implementation. We will work to continually improve our Gold Stars rating by turning on new features or making better use of existing features and will review yearly. Work has also commenced on achieving HIMSS level 6 and 7 status. The Epic team provided the first Executive Packet, a collection of data-driven reports from different areas which highlights areas where Epic's technology and automation could better support and advance system use.

Epic conducted the second of its three post live visits over the first two weeks of September. During the visits, EPR and Epic programme teams observed workflows, interviewed end users, and identified specific areas of improvement for each role that would improve their workflows and efficiency in the system. Based on Epic's observations, review of relevant metrics, and comparison to other institutions of similar size, they believe that overall GOSH stabilisation is progressing as expected with the exception of Willow, with some important areas of focus noted to improve user experience and efficiency in the coming months.

Key areas of focus

As previously reported to Trust Board, the programme (together with the Trust leadership team) continues to provide specific focus on a number of issues which have caused most challenges since go live.

Discharge Summaries / Clinic Letters
There has been significant improvements in timely submission of Discharge Summaries and Clinic Letters. Whilst compliance to national standards will continue to be reported and monitored during monthly Clinical Directorate performance reviews, they are no longer being tracked within the EPR Programme.

Pharmacy

There have been significant and measurable improvements within Pharmacy. The Epic, EPR and Pharmacy team have continued to meet regularly to work through the issues which included underlying system issues, configuration and workflow issues and local 'process' issues. The GOSH team (both EPR and pharmacy leadership) are working closely with colleagues at UCLH and have agreed an initial scope of software fixes which Epic has committed to deliver before the end of December 2019. These are being developed at no cost to either Trust. There is a further scope of change that is required and these are being prioritised for the next development phase. Whilst there are still 'issues' within the pharmacy workflows, the Chief Pharmacist and General Manager for the Medicines, Therapies and Tests Directorate have agreed to start the transition from stabilisation to optimisation. A detailed handover report will be provided which summarises the current position and subsequent plans.

Depth of clinical documentation

As previously reported to the Board, the next key area of focus has been depth of clinical documentation. The issue is being actively managed through the EPR Clinical and Operational Adoption Group (COAG) and the attached paper *(Improving Depth of Clinical Documentation Plan of Action)* describes the plans to mitigate some of the issues currently being experienced. Following a more detailed review of the documentation and the use of some automated Epic tools, the initial findings suggest that in the vast majority of cases, staff are documenting in Epic, but may not always be selecting the most appropriate 'note type' and may be entering key data such as diagnosis within the clinical note rather than in the section in Epic which is used by the coding team.

Great Ormond Street Hospital

EPR Programme Status Report

SECTION 1 – PROGRESS SUMMARY				
Reporting Period	16 October – 19 November 2019			
Programme Name	Electronic Patient Records (EPR)			
Programme Stage	Optimisation 19 July 2019 – 30 October 2020 Tranche 2- 1 October – 31 Dec 2019			
RAG Status	This Period	G	Last Period	A/G
RAG Reason	Overall RAG status has improved to Green this month as good progress has been made in all watch areas. Pharmacy stabilisation tasks now complete and transition to optimisation underway with follow on actions handed over to operational teams. Discharge summaries, clinic letter and missing blood products no longer being tracked as watch areas. The programme will continue to track key watch areas as detailed below, however the team are successfully managing these works whilst delivering Tranche 2 build projects, speciality level optimisation meetings and tasks and BAU functions.			
Overview	All tasks within the Pharmacy Stabilisation Plan are now complete and an end of phase document is being jointly produced by David Chatterton, Epic and Pharmacy leadership teams with the aim of transitioning from stabilisation to optimisation. Planning for Tranche 3 (January-March 2020) has commenced. This Tranche includes a significant upgrade and the implementation of 'Storyboard' which sees key navigation move from the top of the screen to the left of the screen. This function must be taken in March 2020 and is likely to require significant build effort for most application teams and have an impact on the majority of Epic users. The project is in the early stages of planning and is expected to commence in January. A HIMSS Task and Finish Group has been established to make the necessary steps towards a HIMSS level 6 and 7 accreditations. With the exception of Barcoded Meds Administration (BCMA) compliance metrics which have declined over the past few months, GOSH appears to meet all of the criteria for Level 6 and for Level 7 Ambulatory (for level 7 you are accredited for inpatients and outpatients separately but only need one to achieve Level 7 status). Accreditation for Level 6 entails an online survey and conference call assessment. Once complete we can apply for level 7 which will require more effort to prepare and gather evidence for. A number of onsite visits and interview will also be required over a 2 day period.			

		The quarterly UK Epic Collaboration Forum met at London Cleveland Clinic on 6th November. The forum is for UK senior Epic community members to meet regularly in person to focus on highlighting successes and learning from one another. The group discussed recent issues with Willow and how software changes in response to this may affect the UK Trusts. Epic presented their Interoperability plans for global as well as NHS direction. The GOSH and UCLH teams met later in the day to talk about more specific shared issues around pharmacy and day admit workflows. GOSH and UCLH will meet again in January and a sub-group of senior analysts has also formed to work through common problems across the two sites.
WATCH AREAS		
Pharmacy	🟢	Issue: Since go-live the pharmacy team have continued to struggle with Medication stock and cost discrepancies impacting on pharmacy purchasing, dispensing workflows and financial reporting. There are also a number of general workflow and internal staffing issues further exacerbating the situation within pharmacy. Action Plan: The pharmacy team are receiving intensive stabilisation support from the EPR team and a stabilisation plan including action activities are themed under: stock control, financial reporting, procurement, homecare, robot, and user support is in place. The EPR and Pharmacy team meet weekly to review progress. Update: All tasks within the Pharmacy stabilisation plan are now complete and the end of phase report including recommendations for follow-on actions from both operational and EPR Teams is in joint development between by the EPR team, Chief Pharmacist and General Manager for the Medicines, Therapies and Tests. Pharmacy will no longer be tracked as a watch area within the EPR Programme and will begin the transition from stabilisation into Optimisation. Epic developments are expected to be delivered in late December at which time the EPR team will re-engage further for detailed testing and intensive implementation support.

Percentage of Negative Balances

A measure of balance inaccuracy calculated from cycle count actions. Lower values indicate more accurate inventory levels

Trend:

Successful Robot Dispense Rate - Weekly Average

A measure of successful dispenses from the robot as a percentage of total. Higher values result in more efficient dispensing workflows.

Trend:

Cycle Count Backlog (Weeks)

A measure of how many weeks (5 working days) is required to catch up to cycle count workload. Lower values yield more accurate inventory reporting.

Trend:

The child first and always

Open Homecare and Stock Purchase Invoices

Stock and Homecare purchase requests that have not been processed in Epic. Lower values lead to more accurate inventory and efficient supplier payment workflows.

Trend:

Open Hornbill Tickets

Number of open hornbill tickets assigned to the Willow team. A lower average number over time indicates system stability.

Trend:

Clinical Documentation and impact on depth of Coding	🟠	Issue: Clinicians are not entering the level of required clinical data, particularly in inpatients e.g. Admission navigator and problem list, ward round notes, op notes and ICU transfer notes required for safe patient care and the required depth of clinical coding. Update: A new action plan has been agreed by COAG as follows: • A smart ward round tool has been configured within Epic that will allow the care team as well as operational managers to see in real time where the gaps in inpatient documentation are • Medical Information Officers will spend their allotted EPR time on the wards helping clinicians use the admission navigator and smart ward round tools. New support materials have been developed to support • A dashboard has been created to review the metrics and this will be monitored weekly by the Chiefs of Service and

		Operational Directors. Metrics will also be reviewed weekly at SLT
Radiology	🟡	Radiology, in particular Interventional Radiology and Sedation are experiencing number of issues around workflow build and the impact of poor usage from users further up the patient workflow. Action Plan: Weekly meetings have been established with EPR and Radiology management to review key issues, fixes and plan messaging to the teams. Update: Radiology improvement works are progressing to plan and fortnightly EPR/Radiology meetings continue. All high bar priority tasks (bar one awaiting Radiology sign-off) have been implemented and the team are working together to prioritise and deliver the medium and low priority tasks into work packages within the same Tranche dates as applied to Optimisation.
IPP	🟡	Issue: IPP have modified workflows which some clinicians are not using. This is causing issues for admin staff who then cannot complete their tasks as they have not been initiated in Epic. Additionally some workflow build does not give the tools needed to plan admissions in in a way that meet IPP requirements and day care (day admit) build is complex and difficult for nursing staff to use. Action Plan: The EPR has undertaken shadowing of the IPP teams to fully understand the issues. A weekly working group has been established to review and improve the workflows and identify how to get the correct level of clinician engagement. Update: EPR and IPP clinical and administration teams are meeting weekly to progress an action log of improvement steps. Process mapping to re-define the admission order is currently underway. Shankar Sridharan is working with Chris Rockenbach to improve the compliance of consultants in using the referral orders and other key parts of system workflow in IPP

SECTION 2 –RISKS AND ISSUES

EPR Programme Board Risks & Issues Summary

	High	Medium	Total	New	Increased	Reduced	Closed		
Number of Open Risks	4	3	8	0	0	0	0		

	High	Medium	Total	New	Increased	Reduced	Closed		
Number of Open Issues	0	4	5	0	0	1	1		

Risks

Risk No.	Owner	Description	Score Pre Mitigation	Score Post Mitigation	Trend	Comments
R1	RC	Inability to realise financial benefits detailed within the FBC	16	12		
R2	RC	Inability to deliver the scope of optimisation / transformation or qualitative benefits realisation due to competing programmes and projects/dependencies on other projects/workstreams	20	8		
R3	HV	GOSH/Supplier relationship with becomes strained	8	4		
R4	CA	Inability to adequately resource the programme to deliver planned optimisation scope	12	8		Currently recruiting
R5	PW	Poor user adoption of system and or new processes/ inefficient use of epic	16	12		
R6	MS	Lack of staff engagement / lack of Trust resource to continue to develop the EPR.	16	12		
R7	ST/HV	Data security is compromised	15	10	↓	Proxy errors reduced
R8	ST/HV	Unintended system outage	15	15		

Issues

Issue No.		Description	Priority	Trend	Comments
I1	PW	Medication stock and cost discrepancies in pharmacy	Medium	↓	Action plan in place
I4	HV	Some key members of the team have declined positions in the new structure, leaving the programme with vacancies and the loss of key knowledge at short notice.	Medium	↓	Further Vacancies
I6	PW	Poor clinical documentation within Epic, in particular for inpatients	Medium	↓	Action plan in place
I8	PW	Issues with build and workflow in Radiology and IR/Sedation	Low	↓	Action plan in place
I9	SN	Issues with build and workflow IPP	Medium	↓	Action plan in place

Notes:

All risks have been reviewed and scores remain as per last month.

I6 has been reduced to medium now that an action planfor improving clinical documentation is in place. All other issues are trending towards a decrease due to the progress of the relevant action actions.

Risks detailed in the EPR Risk Register are solely those which impact the delivery of optimisation phases, the realisation of benefits or the adoption of the system. Risks relating to patient care, or other operational themes should be added to operational risk registers.

Full Risk and Issue log:

EPR Programme Risk Register 2019 1

SECTION 3 –PROGRAMME MILESTONE STATUS				
Milestone ID	Date	Date Achieved	Title & Description	BRAG
01	14/06/2019	21/06/2019	Upgrade scoping complete	Complete
02	17/06/2019	17/06/2019	Upgrade build commenced	Complete
03	28/06/2019	12/07/2019	Tranche Plan finalised	Complete
04	28/06/2019	28/06/2019	25% upgrade build complete	Complete
05	12/07/019	12/07/2019	50% upgrade build complete	Complete
06	02.08.2019	05.08.2019	75% upgrade build complete	Complete
07	16.08.2019	20/08/2019	90% upgrade build complete	Complete
08	13.09.2019	18/09/2019	Testing complete	Complete
09	20.09.2019	20.09.2019	Training environment & materials complete	Complete
10	22.09.2019	22.09.2019	Installation	Complete
11	30.09.2019	30.09.2019	Post implementation training and support complete	Complete
13	01.10.2019	01.10.2019	Commence Tranche 2	Complete
14	16.10.2019	16.10.2019	Cycle 1 deliverables approved for build	Complete
15	25.10.2019	25.10.2019	Cycle 1 deliverables built in POC	Complete
16	30.10.2019	30.10.2019	Cycle 1 deliverables tested and approved for delivery	Complete
17	30.10.2019	05.11.2019	Cycle 1 deliverables training updates complete	Complete
18	05.11.2019	05.11.2019	Cycle 1 deliverables live	Complete
19	06.11.2019	06.11.2019	Cycle 2 deliverables approved for build	Complete
20	21.11.2019		Cycle 2 deliverables built in POC	On Track
21	27.11.2019		Cycle 2 deliverables tested and approved for delivery	On Track
22	27.11.2019		Cycle 2 deliverables training updates complete	On Track
23	03.11.2019		Cycle 2 deliverables live	On Track
24	04.12.2019		Cycle 3 deliverables approved for build	On Track
25	12.12.2019		Cycle 3 deliverables built in POC	On Track
26	17 .12.2019		Cycle 3 Deliverables tested and approved for delivery	On Track
27	17.12.2019		Cycle 3 deliverables training updates complete	On Track
28	23.12.2019		Cycle 3 deliverables live	On Track

SECTION 3 –PROGRAMME MILESTONE STATUS

Milestone ID	Date	Date Achieved	Title & Description	BRAG
29	23.12.2019		Tranche 3 Plan approved	On Track
30	01.01.2020		Commence Tranche 3	On Track
31	01.04.2020		Commence Tranche 4	On Track
32	01.07.2020		Commence Tranche 5	On Track

Notes:
BRAG KEY

Complete	Milestone is complete	Delays	Milestone is delayed but action plan is in place and /or does not impact overall tranche delivery
On Track	Milestone is on track for delivery	Critical Delays	Milestone is delayed and no plan is in place and / or impacts on overall tranche delivery

SECTION 4– PROJECTS REPORTS

To be added as and when specific projects are defined

SECTION 5 – BENEFITS REALISATION

Reference	Short Benefit description	Business case benefit value as year NPV format	Revised benefit value as year NPV format	Target Year 1 delivery (NPV)	Projected Year 1 delivery (NPV)	Exception report - July 2019
CRB 1	Software maintenance	£ 5,625,000	£ 5,558,257	£ 391k	£ 321k	Slippage on system turn-offs due to changes in clinical use cases.
CBB 2	Transcription	£ 826,225	£ 2,674,368	£ -	£ 348k	On track
CRB 3	Data centre	£ 750,000	£ 750,000	£ 52k	£ 52k	On track
CRB 4	Pathology testing	£ 160,839	£ 188,370	£ -	£ -	No update
CRB 5	Radiology testing	£ 131,036	£ 153,465	£ -	£ -	No update
CBB 7	Coding	£ 6,250,000	£ 7,000,000	£ -	£ -	No update
CBB 8	Paper, Printing and Postage	£ 2,974,619	£ 800,000	£ -	£ -	No update
CRB 9	Medicines	£ 896,000	£ 1,864,500	£ 117k	£ -	Benefit moved to subsequent years
CRB 10	Theatres	£ 179,820	£ 179,820	£ -	£ -	No update
CBB 11	Medical records WTE	£ 2,558,667	£ 2,579,971	£ -	£ 28k	Medical records have been able to phase forward somne of the benefits into a vacancy
CBB 13	LOS	£ 17,246,250	£ 17,246,250	£ -	£ -	No update
CRB 14	Outpatients	£ 2,387,313	£ 2,387,313	£ -	£ -	No update
CRB 15	IT WTE	£ 13,544,776	£ 7,000,000	£ 1,748k	£ -	Value has been slipped to year two
CRB 16	Nursing and Clinical time	£ 6,690,045	£ -	£ -	£ -	No update
CRB 17	Supply chain	£ 1,942,500	£ 1,942,500	£ -	£ -	No update
CRB 18	IPP	£ 1,875,000	£ 1,875,000	£ -	£ -	No update
CRB 19	Research	£ 5,250,000	£ 5,250,000	£ 104k	£ 104k	Incororated into the envelope for R&I directorate. R&I currently have a positiv be able to over-deliver on the benefit
		£ 69,288,089	£ 57,449,814	£ 2,411k	£ 853k	

Notes:

A Detailed Benefits Realisation Plan is in development, outlining all tasks, responsibility and timescales in realising both FBC and emergent benefits. Due to the common themes for improvement within the EPR and the Better Value programme plans, management and realisation resources will be merged to ensure maximum return.

SECTION 6 – SUBCOMMITTEE UPDATES		
EPR Clinical & Operational Adoption Group (COAG) Chair: Phil Walmsley	The group agreed a new plan to improve clinical documentation which has the Medical Information Officers re-training doctors on the ward and includes operational commitment to helping monitor as well educate staff on correct processes. Risks related to Epic on the Trust Risk Register, and a newly developed log of the areas the EPR team is working on with the organisation to fix issues/improve workflows was reviewed to increase overall visibility of issues and ongoing works. Chiefs were invited to share their most high priority issues. Discussions around activity levels and areas that have not yet returned to pre-Epic numbers have been ongoing Next meeting: 04/12/2019	07/11/2019
EPR Data, Reporting & Finance Group Chair: Peter Hyland	The group reviewed updates on the quality of clinical documentation and its impact on clinical coding, Reporting progress and legacy system sun-setting plans. The group acknowledged the achievement of upgrading Epic without impacting any statutory returns. The group has now amalgamated the Trust Data Quality Review group into this meeting. Next Meeting 21/11/2019	17/10/2019
MyGOSH Steering Group Chair: Claire Williams	The group reviewed the high level plans for optimisation of MyGOSH over the next 12 months including Patient entered data e.g. questionnaires and flowsheets, appointment management e.g. rescheduling and Fast Pass (offering cancelled slots) 'My Conditions' page and increasing staff awareness for improved sign-up and staff engagement. The Charity Design team will work on a new patient leaflet following Open House and the MyGOSH staff day has been postponed to 11th Dec due to room availability. Next Meeting: 03/12/2019	05/11/2019
Nursing Advisory Group Chair: Alison Taberner-Stokes	The group discussed proposed changes to the Infection Control alerts and recommended it be taken for final approval at COAG. Helen Vigne presented the governance structure around optimisation decisions and planning to ensure nursing teams aware of the importance of attending the group. Next Meeting 02/12/2019	04/11/2019

SECTION 6 –SUBCOMMITTEE UPDATES		
Admin Advisory Group Chari: Dani Soar	The group discussed revised DNA workflow and issues around telephone encounters and the lengthy conversion to billable appointments. Standing agenda items such as hornbill themes, speciality level optimisation sessions and progress of Tranche 2 projects were also discussed. Benefits realisation has been added as a key discussion point at future meetings Next Meeting: 22/11/2019	25/10/2019
AHP & Psychology Advisory Group Chair: Philippa Wright	The group reviewed the changes agreed by the Medical Advisory Group that have the potential to impact AHPs. Allied teams discussed shared learning areas such as for logging issues, accessing tip sheets and workflow, particularly around work queues. The process for change requests was discussed and a path for changes via the group agreed. Next Meeting: 03/12/2019	05/11/2019
Medical Advisory Group Chair: Shankar Sridharan	The group reviewed the list of recent changes impacting on medical teams. The incorrect use of Admission Navigator and correct notes types and general issues with depth of clinical documentation on the wards also discussed. A number of proposed changes were reviewed; 4 were agreed, one denied and one postponed. Progress of agreed Tranche 2 tasks were also agreed and the work is being delivered to plan Next Meeting: 05/11/2019	01/10/2019

SECTION 7 –FINANCES [All figures ex VAT]			
Finance RAG Status	G	Capital	Revenue
Original Programme Budget 2019/2020		£2.40m	£10.90m
Planned Spend (Full year)		£9.10m	£6.27m
Current Forecast (Full year)		£9.6m	£5.2m
Actual Spend (Month 6, month 7 still TBA)		£6.01m	£3.04m

Electronic Patient Records Programme FBC Figures (excluding VAT)

EPR Lot 1 Capital Cost

		FBC	Initial Plan	Current Plan	Plan YTD	Actual YTD	Variance
Vendor Capital	Epic Licence Fee	1,017	1,022	1,122	511	611	-100
	Epic Implementation Fees	905	2,630	2,388	1,859	1,618	241
	Epic Third Party Licence Fee	0	0	141	141	141	0
	Epic Hosting	0	88	124	124	124	0
	Vendor Capital Sub-total	1,922	3,739	3,774	2,635	2,493	142
GOSH Capital	GOSH Staff	0	3,654	4,561	2,265	2,798	-534
	Clinical Pathway Development	300	300	175	150	0	150
	GOSH Third party System	0	0	140	0	140	-140
	End User Devices	0	133	249	133	249	-117
	Additional Hardware	0	125	400	125	400	-275
	Accommodation	0	0	-3	0	-3	3
	Office costs (Contingency)	0	0	-21	0	-21	21
	EPR Travel Costs (Contingency)	0	50	-3	50	-3	53
	Integration medical devices/lab analysers	0	100	0	100	0	100
	Data conversion/migration	0	200	-25	200	-25	225
	GOSH Capital Sub-total	300	4,562	5,474	3,023	3,536	-513
Capital Cost Contingency	Contingency Sub-total	181	794	360	£414	0	414
	Totals	2,403	9,095	9,608	6,071	6,029	42

EPR Lot 1 Revenue Cost

		FBC	Initial Plan	Current Plan	Plan YTD	Actual YTD	Variance
Vendor Revenue	Epic Software Service Charge	1,414	1,376	1,401	651	676	-25
	Epic subscription charges	92	87	115	41	69	-28
	Epic Third Party Maintenance	194	203	143	96	36	60
	Hosting	1,547	1,458	701	685	419	266
	Vendor Revenue Sub-total	3,247	3,124	2,360	1,473	1,200	273
GOSH Revenue	GOSH Staff	5,514	2,094	1,449	977	857	120
	Third Party System Costs - GOSH	766	736	385	368	10	358
	3rd Party Hardware Maintenance	102	100	25	50	-24	74
	Accommodation	130	0	371	0	371	-371
	Operational Support	99	116	704	39	625	-587
	GOSH - Activity Drop in M1	398	98	30	98	0	98
	GOSH Revenue Sub-total	7,009	3,143	2,964	1532	1838	-307
Revenue Cost Contingency	Contingency Sub-total	647	0	-107	0	0	0
	Totals	10,903	6,267	5,217	3,005	3,039	-34

FUTURE PROOF
ELECTRONIC PATIENT RECORDS

Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

EPR Clinical and Operational Adoption Group 7th November 2019	
Improving Depth of Clinical Documentation Plan of Action **Submitted by:** Helen Vigne, Shankar Sridharan, Peter Hyland & Anne Layther	**Paper No** Enc. B - Improving Depth of Clinical Documentation Plan of Action

Aims / summary

Following the go-live of Epic at GOSH in April 2019, clinical coders expressed difficulty achieving the required level of coding due to missing clinical documentation. On investigation, clerking information and problems lists were not being documented for many patients and in some cases ward round notes, op notes and ICU transfer notes were also missing, having the potential to affect patient care in addition to the financial impact of poor depth of coding. On further investigation it appears that much of the documentation is in fact being recorded but not in the correct place or format as staff have been trained.

Recording this information in the correct format and place enhances the clinical narrative, promotes patient safety and would minimise clinical data entry thereby freeing up time for patient facing care. Use of the problem list is key to creating a working clinical profile of our patients and is essential to best-practice advisories, clinical decision support and facilitate digital intelligence to augment care delivery.

Following recent discussions at the EPR COAG, the following plan has been developed by Operational Directors Anne Layther and Peter Hyland in conjunction with the Head of EPR Helen Vigne and the Chief Clinical Information Officer Shankar Sridharan.

Improvement of clinical documentation will be tackled by implementing 4 key work streams as follows:

1. Ward Analysis and Supporting Data and Metrics

In order to easily detect where data is missing and to enable us to track improvement there are a number of tools we will use;

- Deficiency Tracking is an Epic tool that can show where data is missing from the record. It must be configured within Epic and this configuration is time consuming. In addition, the team does not currently have a fully trained Health Information Management (HIM) analyst and are relying on Epic for any HIM build tasks while our new member of staff is trained up. It is estimated that 60 hours of configuration is required to build the list of data items and therefore it has been agreed that for now we will focus on the key items that are harder to track manually such as the Problem List. Over time we will continue to build out deficiency tracking on the full list of data items for ease of future auditing purposes

- The Coding team can also produce data based on their inability to code which tracks depth of coding based on average diagnostic (ICD10) and procedure (OPCS) codes by episodes coded. Attached as Appendix 1 is a summary of the report from September 2019 where there has been notable improvement in the depth of coding required. In summary,

	EPIC			PIMS		
	Coded Episodes	Mean depth of ICD	Mean depth of OPCS	Coded Episodes	Mean depth of ICD	Mean depth of OPCS
Trust-wide Average	3885	6.5	1.9	4509	6.8	1.8

However there is considerable variation by specific speciality areas with those specialities who have seen a significant drop in the average number of procedure and diagnosis codes being, Cardiac Surgery, Cleft, Dermatology, Endocrinology, Gastroenterology, Haemophilia, Immunology, Metabolic Medicine, Ophthalmology, Respiratory Medicine, Rheumatology and Urology. Focused work is on-going with the speciality areas supported by the Clinical Coding team.

- In the meantime, a 'Ward round tool' has been created within Epic to act as a 'Ward' home-screen to facilitate and improve how as a Trust we do ward rounds. Workflow to support ward-rounds (except for a patient specific ward round list) did not exist in Epic until now. Doctors currently use the base ward list to simply move from patient to patient with no overall viability; the list is static and does not change. A dynamic ward-round view for each ward has now been created. This 'Smart Round' view shows key elements including EDD / Ward round note completed / Discharge Note completed / COD (Clinically Optimised for Discharge) and new fields; 'Why is this patient in hospital?' 'Red-Green days' these new data points are easy to enter on the fly and provide previously unavailable visibility to support patient flow. This approach with a dynamic view facilitates the auto creation of real-time deficiency tracking. Ward doctors will immediately be able to see which patients are missing an admission note / have not had their EDD updated etc.

2. Training and On Floor Support

The major cause of missing/incorrectly documented data is likely to be due to staff forgetting the correct workflows following training and adopting workarounds. In response to this the EPR team held a mobile inpatient roadshow held in ward seminar rooms across the Trust however many – particularly those facilitated by member of the EPR team – were poorly attended. The MIO-led sessions saw better attendance levels and those who did attend were grateful for the guidance received. Anne Layther also spent some time on Safari ward with Matt Fenton (MIO) and together they experienced very good engagement from the clinical team.

Overall, it is felt that a clinical ward-based presence would be required to see improvement and therefore that a peer-led at-the-elbow training and support plan is required, along with visible leadership as follows;
- MIOs will spend their EPR PA each week for 4-6 weeks on the wards, training and supporting doctors during ward rounds, and when clerking admissions. Where possible they will be joined by EPR analysts and trainers to help embed them within the clinical teams for better engagement in the future when they return to the wards to offer help
- Operations Directors will also spend some time on the floor during this period encouraging correct documentation.

3. Regular Review, Responsibility and Accountability

As with the measures implemented to improve discharge summary and clinical letter compliance and metrics, regular tracking of performance will be required as part of this improvement plan. This work will also require the full commitment of clinical and operational leadership;

- Speciality Leads should be responsible for reporting their metrics weekly to the Chiefs of Service for Review at their weekly meeting. EPR will provide the necessary tools and guidance to support this.
- Speciality leads, Chiefs of Service and Deputy Chiefs of Service should seek out their directorate MIO to ensure they are fully aware of the workflows and can help train and encourage correct documentation when required.
- Additional considerations;
    - The Trust should consider committing to a mandatory 30-minute follow up to training for new junior doctors within 30 days, to ensure they have adopted the new key workflows.
    - In the event that no improvement is seen we should consider the use of a compliance team who contact staff for missing/incomplete data

Attachment V

4. Communication
- Email communications to be sent by the Medical Director
- Performance metrics in relation to clinical documentation will be reviewed weekly at SLT
- The EPR team will issue weekly operational comms such as screen savers in support but it should be noted that the target audience of doctors are less likely to see screen savers regularly
- Training plan will be shared with operational teams and ward administrators

Key Dates
Review coding data to highlight worst affected areas w/b 11/11/2019
Comms to go out from MD/CEO w/b 11/11/2019
Anne & Shankar to present plan to Chiefs of Service 14/11/2019 (may not be required depending on attendance at COAG 5/11)
MIOs commence ward sessions w/b 18/11/2019
Weekly review of improvements from 25/11/2019

Action required from the meeting

The EPR Clinical and Operation Adoption Group is asked to;
1. Review and approve the plan
2. Advise on additional considerations listed in section 3
3. Identify relevant clinical/operational leads to communicate the plan with the relevant stakeholders identified in Section 3 to ensure delivery of the agreed actions

Legal issues

None

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

Helen Vigne, Head of EPR Programme, Anne Layther, Operations Director and Peter Hyland, Director of Operational Planning and Performance

Who is accountable for the implementation of the proposal / project

Philip Walmsley, Chief Operating Officer

FUTURE PROOF
ELECTRONIC PATIENT RECORDS

Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

Appendix 1- Depth of Coding for September 2019 compared to September 2018, comparing PiMs and Epic Coding. Note the red specialities.

Encounter Data Source	EPIC	EPIC	EPIC	PIMS	PIMS	PIMS
Local Specialty	Coded Episodes	Mean depth of ICD	Mean depth of OPCS	Coded Episodes	Mean depth of ICD	Mean depth of OPCS
Anaesthetics				3	8.3	1.0
Audiological Medicine	5	7.6	1.4	13	4.3	1.5
Bone Marrow Transplant	53	12.9	2.4	41	9.1	1.6
CAMHS	10	0.6				
Cardiac Surgery	81	6.2	3.6	112	8.5	3.4
Cardiology	254	7.0	1.5	220	4.5	1.4
Cardiothoracic Transplantation	10	12.4	2.6	26	8.4	1.8
Child and Adolescent Mental Health Services				2	9.0	4.0
Children's Acute Transport Service	89	5.5	1.1	75	3.2	1.0
CICU	76	11.0	3.5	59	10.3	3.8
Cleft	22	2.0	1.3	28	5.5	1.4
Clinical Neurophysiology	3	2.7	1.0			
Cochlear Implant	1	1.0	1.0	8	5.8	1.3
Craniofacial	25	10.3	2.7	40	6.1	1.7
Cystic Fibrosis	14	5.7	3.2	16	8.8	1.2
Dental	12	4.3	4.1			
Dental and Maxillofacial Surgery				43	3.9	2.6
Dermatology	204	1.6	1.2	213	2.5	1.2
Ear Nose and Throat	163	5.7	2.0	179	5.4	2.1
ECMO	12	18.4	8.4	5	15.2	8.2
Endocrinology	126	3.0	1.2	120	5.6	1.3
Epilepsy	41	4.4	1.4	58	3.8	1.2
Gastroenterology	111	4.3	1.4	175	7.8	1.6
General Paediatrics				1	5.0	3.0
Genetics				2	5.5	
Haematology	264	7.1	2.3	217	5.6	2.4
Haemophilia	11	0.9	1.4	4	4.0	1.0
Immunology	33	7.8	1.5	42	10.3	2.0
Infectious Diseases	12	5.2	2.0	27	5.0	1.3
Interventional Radiology	112	4.4	1.1			
Maxillofacial	13	1.8	1.8			
Metabolic Medicine	78	4.8	1.5	102	7.7	1.7
Nephrology	227	11.4	2.2	288	11.8	2.0
Neurodisability	35	5.0	1.3	36	5.9	1.3
Neurology	142	6.5	1.7	203	5.2	1.2
Neuromuscular	63	3.1	1.0			
Neurosurgery	184	11.1	1.9	181	7.0	1.8
Oncology	225	8.4	1.7	307	8.0	1.6
Ophthalmology	50	2.6	2.0	60	3.2	2.3
Orthopaedic Surgery				74	6.5	2.3
Orthopaedics	82	7.0	2.1			
Paediatric Intensive Care	80	17.0	3.5	107	14.4	2.4
Plastic Surgery	59	3.8	1.6	83	2.8	1.9
Pulmonary Hypertension	21	6.4	2.2	25	6.2	1.7
Radiology	2	17.5	2.0	215	8.9	1.5
Respiratory Medicine	182	5.4	1.1	229	7.4	1.2
Rheumatology	249	3.4	1.2	420	6.0	1.1
SNAPS	105	8.2	1.9			
Spinal Surgery	56	7.9	2.4	39	7.1	2.0
Surgery				146	6.5	1.7
Transitional Care				1	26.0	
Urology	288	5.1	2.7	264	6.1	2.5
	EPIC			PIMS		
	Coded Episodes	Mean depth of ICD	Mean depth of OPCS	Coded Episodes	Mean depth of ICD	Mean depth of OPCS
Trust-wide Average	3885	6.5	1.9	4509	6.8	1.8