Great Ormond Street Hospital for Children NHS Foundation Trust

Forward Plan Strategy Document for 2012-13

Great Ormond Street Hospital for Children NHS Foundation Trust

Section 1: Forward Plan

A. The Trust's vision is summarised as:

Great Ormond Street Hospital NHS FT (GOSH)'s highest level aim is summarised in our mission statement "The Child First and Always". GOSH is an international centre of excellence in child healthcare, specialising in children and young people with complex, rare or highly specialised illnesses or disabilities. The hospital does not have an Accident and Emergency department and chiefly accepts specialist referrals from other hospitals and community services. Working with the University College London (UCL) Institute of Child Health (ICH), we are also one of the largest centres for research into childhood illness in the world and with ICH and London South Bank University (LSBU), a significant trainer of children's health specialists.

Our vision is that through the work undertaken at GOSH more sick children across the world get better and have a higher quality of life than is possible today. We wish to be seen by all our stakeholders as absolutely committed to delivering this, in partnership with families, other healthcare providers and other agencies.

Our well established vision of clinical excellence, quality improvement and financial stability are summarised in our Transformation Programme goals of Zero Harm, No Waste and No Waits, which underpin our objectives and run, like a thread, through every part of the organisation and inform everything we do. To achieve our mission we have set the following three year strategic objectives, each with a series of executive-led critical workstreams and actions to ensure close monitoring and successful delivery.

Trust objectives

1. Consistently deliver clinical outcomes that place us amongst top 5 Children's Hospitals in the world.
2. Consistently provide an excellent experience that exceeds our patient, family and referrers' expectations.
3. Successfully grow our clinical services to meet the needs of our patients and commissioners.
4. In partnership with UCL Institute of Child Health, and with UCL Partners (UCLP), maintain and develop our position as the UK's top children's research organisation.
5. To work with our academic partners to ensure that we are provider of choice for specialist paediatric education and training in the UK.
6. Deliver a financially stable organisation.
7. Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation.

B. The Trust's strategic position is summarised as:

Due to the nature of our work, we operate primarily within a regional and national (rather than local) health economy. For example, over half of our patients come from outside of London and over 90% of patients are referred by other hospitals. Our position is therefore a complex one, acting as a quaternary, tertiary and specialist secondary provider for different services for a large number of local health economies.

However, every local health economy within the NHS is now facing a challenging economic situation, with the overall requirement on the NHS to make efficiency savings of around £20billion to meet expected demands and increased costs. GOSH faces the impact of this in terms of tariff decline, along with all other providers, but has experienced less pressure than other providers to reduce activity levels, as the majority of our work is not amenable to traditional 'demand management' initiatives or community provision.

The possible threat posed by competition and its potential impact:

Our competitors vary for each service, and were carefully mapped and analysed in our Integrated Business Plan. For many services we compete with local tertiary providers, and there is pressure within local health economies to keep patients and funding locally wherever possible. However to date our strategies of providing clinically excellent services, demonstrating value for money to commissioners and focussing on referrers' expectations have been successful in mitigating this potential threat, and we have been successful in maintaining our growth strategy.

The possible threats and opportunities from changes in commissioning intentions and service delivery changes:

There is an overall national and international trend towards the centralisation of specialist services, and this is reflected in the key proposed changes in commissioning for GOSH:

- The National Safe and Sustainable Paediatric Cardiac Surgery and Neurosurgery reviews. The reviews aim to rationalise the numbers of centres undertaking paediatric surgery across the country. All options consulted on in relation to Cardiac Surgery include a reduction of centres in London to two, with GOSH as one of the remaining centres. For Neurosurgery there will be a rationalisation of centres – particularly those undertaking highly specialised procedures such as for epilepsy or tumours. The first wave of this has been through the tendering process with GOSH appointed as one of only four centres in the country for epilepsy services.

- Within London, the development of two tertiary paediatric networks is now underway. This is a mechanism to deliver the NHS London publication, "Children's and Young People's Project – London's Specialised Children's Services: Guide for Commissioners", which recommended a rationalisation of the number of providers of specialist children's services whilst enabling as much care as possible to be provided closer to home.

We see these changes as a positive development for children and families, whilst additionally providing significant opportunities for the hospital.

We have the largest specialist paediatric private patient practice in the UK. International Private Patients (IPP) competes with other providers internationally and for some services with two private providers in London. Patients, primarily from Middle Eastern countries, are typically funded by government bodies. We are well positioned to grow our private patient activity once the Private Patient Cap (PPC) is lifted provided our Members Council are in support of the proposition. Capacity within the private patient wards has recently been increased by the refurbishment of ward areas to allow an increase in the number of beds.

Clinical and Quality Strategy

C. The Trust's Clinical and Quality strategy over the next three years is:

Clinical strategy

Our overarching clinical strategy focuses on treatment and care for complex conditions and on providing services which are available at a limited range of centres. We are fully committed to providing health care locally where it can be done so safely and efficiently, and delivering cost effective care pathways to commissioners.

Our approach is based on the development of clear clinical pathways, working in partnership with local services, and building on our well established strengths in providing nationally and internationally significant specialist paediatric healthcare services.
The wider NHS / national benefits of our strategy are:

- Providing services for patients with the most rare and complex conditions, who have limited (or no other) healthcare options.
- Saving costs for the NHS and other public services as we deliver the right high quality care in a timely manner avoiding waste and harmful delays in both diagnostic and therapeutic services.
- Offer the widest range of paediatric specialties on one site, which suit a complex case mix by delivering integrated care from one location.
- As the leading paediatric research provider, the concentration of complex cases at GOSH delivers the optimum environment for developing new techniques through translational research.
- Worldwide evidence suggests that higher volumes deliver better clinical outcomes for the most complex cases.

With these criteria established we have undertaken a detailed market assessment of every specialty at GOSH to determine the external factors that will affect each particular specialty over the coming year and beyond. Based on the overarching principle of focusing on the most complex cases, we have identified a number of priority specialties where the external need to further develop services is highest. We aim to develop the capacity to meet these demands and ensure that we provide the paediatric population with the services it requires in the most efficient manner. The key specialties with the largest material change in terms of activity and income to GOSH are as follows:

Cardiac Surgery

In cardiac surgery we expect growth by increasing our market share. As previously outlined, the national Safe and Sustainable Paediatric Cardiac Surgery Review aims to rationalise the numbers of centres undertaking paediatric cardiac surgery across the country. All options consulted on in relation to Cardiac Surgery include a reduction of centres in London to two, with GOSH as one of the remaining centres. We have the physical capacity to increase resources to meet the additional demand needed to treat more patients.

Neurosurgery
We are the largest provider of paediatric neurosurgery in the UK, delivering the highest quality of emergency and planned neurosurgery to children throughout the country, with a dedicated paediatric clinical team. The national Safe and Sustainable Paediatric Neurosurgery also aims to rationalise the number of centres – particularly those undertaking highly specialised procedures such as for epilepsy or tumours. The first wave of this has been through the tendering process with GOSH appointed as one of only four centres in the country for epilepsy surgery. During 2012/13 we will be running an additional day in theatres for surgery and opening more beds to ensure that we meet the increase in demand for Neurosurgery in a timely manner.

Spinal Surgery
We are implementing a new multi-disciplinary pathway for patients undergoing complex spinal surgery, which will improve safety and clinical outcomes. We need to expand this service to ensure that patients are treated in a timely manner.

Paediatric Intensive Care Unit (PICU) / Neonatal Intensive Care Unit (NICU)
We will open more beds within our PICU/NICU with an aim to decrease the number of patients that we have been unable to accommodate that are referred from our Children's Acute Transport Service service.

Haematology / Oncology / Bone Marrow Transplant (BMT)
We provide comprehensive haematology, oncology and BMT services for all children in North London and for children under 1 across the whole of London. The service is well respected with a good established network of shared care providers. Research and development output is extensive, with high numbers of publications. We are opening more beds and improving our processes to ensure that we can accept transfers from shared care providers in a timely manner. We also expect to see an increase in the number of BMTs undertaken due to further clinical indications for this treatment.

Specialist Neonatal and Paediatric Surgery (SNAPS)
We anticipate increasing our market share through The NHS London publication, "*Children's and Young People's Project – London's Specialised Children's Services: Guide for Commissioners*", which recommends a strategic direction of rationalisation of the number of providers of this specialist children's service. We are increasing resources to meet this anticipated growth in demand and working with other key parties to strengthen our neonatal surgical service and network.

International and Private Patients
Following the Health and Social Care Act, 2012 and the subsequent removal of the PPC we will increase our IPP workload and income, which mostly comes from the Gulf States. This will not impinge on our ability to treat NHS patients, indeed the profit we make from IPP patients will be reinvested into NHS resources.

Risks
Mitigating risks to our growth strategy was identified as a key concern of our Members' Council. In response we outlined that we will continue to expand services to meet demand and remain focussed on zero refusals in these areas. Additionally, we will actively market these services with referrers and routinely monitor our market share.

Quality strategy

We are devoted to the care of children and young people and they and their families are at the centre of our culture. Our intention is to be one of the Top Five Children's Hospitals in the World and to demonstrate this we have placed Quality and Safety at the top of our agenda. To achieve our goals we will utilise the three key domains identified by Darzi (Next Stage Review, Department of Health (DH) 2008), including Safety (Zero Harm), Effectiveness and Experience to drive continuous improvements.

Safety (Zero Harm)

Zero Harm is the part of our strategy aimed at minimising avoidable harm to patients and improving safety. We are committed to reducing harm year on year, and to doing so as rapidly as possible. The *Zero Harm* programme aims to ensure that the patient receives the correct treatment or action the first time every time. The implementation of the Zero Harm component of our strategy follows the interventions recommended by the Patient Safety First Campaign. The elements of the campaign are:

- Leadership for safety (Executive WalkRound™, Safety on the Board agenda, Safety climate and culture surveys)
- High-risk medications (Prescribing, dispensing, administration and reconciliation)
- Peri-operative care (Briefing, WHO checklist, surgical site infections)
- Critical care (Ventilator Associated Pneumonia, Central line Infections)
- Deteriorating patient (ICON outreach, SBARD, CEWS)
- Decreasing Serious Untoward Incidents
- Human factors training
- Child Protection training
- Improving standardisation of processes and eliminating variation where possible

Effectiveness

Delivering effective care is, and always has been, a primary focus of GOSH. Over the last couple of years we have been evidencing the effectiveness of our care through the identification of measures that demonstrate the outcome of treatment, including clinical measures such as survival rates, complication rates or measures that demonstrate clinical improvement. In addition we have measured the effectiveness of care from the patient's own perspective through the use of patient-reported outcome measures (PROMs). Wherever possible we will use established national or international measures that allow us to benchmark our results with other services.

To ensure that we make progress in demonstrating outcomes that place us among the top five children's hospitals in the world we have established a clinical outcome programme. The programme supports specialities in the development of clinical outcome measures as well as identifying comparable organisations and measures with which to benchmark against. It also monitors the development of measures across specialities and reviews the information that is produced.

Experience
We aim to consistently deliver an excellent experience that exceeds our patients', families' and referrers' expectations. We recognise that the memories and perceptions that patients and families have of GOSH are heavily influenced by the quality of their experience. Therefore, we will measure patient experience across the hospital and ensure that we use that information continuously to improve the services we offer. We will also continue to create meaningful opportunities for engagement with our patients, their families and the public.

Access
We will continue to meet the DH and Monitor's Compliance Framework targets including:

- Referral to treatment waiting time standards, which include 90% of admitted patients and 95% of non-admitted patients receiving treatment within 18 weeks
- All applicable national cancer waiting time standards including the maximum waiting time of one month from diagnosis to treatment for all cancers and cancer patients waiting no more than 31 days for second of subsequent treatment for Surgery, Drug treatments and Radiotherapy
- Clostridium Difficile and MRSA infection control objectives
- Compliance with requirements regarding access to healthcare for people with a learning disability

Performance against all key national and commissioning standards will continue to be closely monitored through regular performance reports to Clinical Unit Boards, Management Board and Trust Board.

Commissioning of Quality and Innovation (CQUIN)
The CQUIN payment framework makes a proportion of providers' income conditional on quality and innovation. The framework aims to support a cultural shift by embedding quality improvement and innovation as part of the commissioner-provider discussion. In 2011/12 we made excellent progress across all our Primary Care Trust and London Specialist Commissioning standards, achieving an overall compliance rate of 96%.

In 2012/13 each provider on a national standard contract is entitled to recoup 2.5% of contract value subject to achieving goals in a CQUIN scheme. CQUIN measure themes for 2012/13 have been agreed with commissioners and include:

- Mortality review of all deaths
- Reducing the number of pressure ulcers within the hospital
- Reducing surgical site infection and blood stream infections
- Improving patient experience
- Introducing smoking cessation for parents
- Improving the discharge planning process

A CQUIN monitoring group that is chaired by the Co-Medical Director and attended by QUIN indicator leads is already in place. The group meets on a monthly basis to review progress and identify remedial actions where performance is not being achieved. High level performance is also monitored through a monthly Key Performance Indicator (KPI) report to Lead Commissioners and Management Board.

Clinical and Quality priorities and milestones

D. Clinical and Quality priorities and milestones over the next three years are:

Safety (Zero Harm)
The key elements of our Zero Harm programme include;

- Ensuring effective safeguarding systems
- Reducing the number of medication errors
- Reporting and learning from incidents
- Reducing infection rates
- Effective monitoring of the deteriorating child
- Use of the World Health Organisation (WHO) surgical check-list

Over recent years, these targets have been the subject of intense scrutiny with data aggregated for Clinical Unit Boards and summarised as part of a regular suite of reports to our Management Board and Trust Board, highlighting safety issues. We are committed to expanding the list of safety items, which we will identify from national and international safety reports, critical incident analysis and complaints. We will seek year on year improvement in our current results and will continue to work with our peers to benchmark safety outcomes where possible.

As part of our 2012/13 Quality Account we have identified several further initiatives for reducing harm. These have been developed with our lead commissioners and include the effective monitoring and communication of the deteriorating child and improving the patient's skin viability.

We recognise that effective communication is fundamental in managing the safety of patients where health is deteriorating and urgent clinical support is required. To support improvements in this area we have adopted the Situation–Background–Assessment–Recommendation-Decision (SBARD) communication tool to ensure clarification of what information should be communicated between members of the team, and how - and have implemented the use of the Children's Early Warning System (CEWS) in calls to the Clinical Site Practitioner to identify, record and report signs of deterioration in patients through a scoring system based on vital sign observations.

Whilst SBARD and CEWS are an important part of our work to improving care of the deteriorating child we also recognise the need to monitor our progress and spread good practice. To this end we have established a multi-professional group that will review all data on clinical emergency team calls, cardiac and respiratory arrests, and unplanned transfers from the ward to intensive care to identify areas where improvements might be made.

Our initial target in 2012/13 is to achieve a 50% reduction in cardiac and/or respiratory arrests in patients on wards with a longer term aim to eliminate all preventable cardiac and respiratory arrests.

As part of our commitment to reduce harm and as set out in our Quality Account we also aim to improve the skin viability of our patients whilst they stay in hospital by reducing the number of pressure ulcers graded 2 to 4 by 20% in 2012/13. In order to achieve this we will implement a new pressure ulcer risk assessment that will be completed for all patients that require a hospital stay with preventative measures adopted for those patients deemed to be at medium to high risk. This will be supported by new training for clinical teams on wards and new members of clinical and allied health professional staff through corporate induction.

Effectiveness

We have already developed a program for identifying key clinical outcomes for each of our specialities, and at least two such outcomes per Clinical Unit are now available for Internet publication via our website. Several specialities have many more measurable outcomes than others, and the good practice they have developed will be spread throughout the Trust.

In the short term we will continue to develop reporting of outcomes against established national and international registries, where they exist, for example:

- Cardiology and cardiothoracic surgery – through the Central Cardiac Audit Database
- Cardiac and paediatric intensive care – through the Paediatric Intensive Care
- Audit Network
- Cystic fibrosis – through the Cystic Fibrosis Registry
- Renal – through the National Health Service Blood and Transplant Organisation
- Adolescent medicine – through the National Outcomes Database
- Gastroenterology inflammatory bowel disease – through the ImproveCareNow Registry
- Haemophilia – through a specialist commissioning forum
- Infectious diseases – through the Collaborative HIV Paediatric Study
- Ophthalmology – an early implementer Quality standards and indicators of the Royal College of Ophthalmologists

In parallel to this we will continue to work with the specialist commissioning forums to identify and/or develop measures that can be used across centres to compare clinical outcomes and will develop and share, with other world class centres, the full portfolio of clinical outcomes that we report with the aim of creating common baseline datasets.

In the longer term we have set ourselves an ambitious 5 year target of each speciality defining 5 outcome measures for the 5 items of care they do best and to identify 5 centres against which they should be compared to provide evidence of Top 5 status. We intend to publish these on the Intranet and Internet at the end of that period.

As part of our improvement initiatives as set out in our Quality Account and as one of our CQUIN measures for 2012/13 we have also established a Mortality Review Group. The group will review 60% of patient deaths occurring in the last 3 quarters of the financial year and will share learning with staff across the organisation. Reviews will be undertaken by a multi-professional team, including staff working in end-of-life care. The team will make use of an internally developed mortality review toolkit and will also identify system level issues using the NHS Institute 2x2 matrix as a means of categorising for each patient that died whether there was an intensive care admission and whether the patient was receiving palliative care. By taking this approach we aim to implement good practice and learning across the organisation and ultimately reduce the number of avoidable deaths across the hospital.

Experience

We have identified several priority workstreams that will ensure that we continue to deliver an excellent experience that exceeds our patients', families' and referrers' expectations. These include:

- Ensuring timely access to services
- Establishing frequent feedback mechanisms
- Ensuring equal access for all
- Improving communication
- Maintaining high levels of satisfaction for patients, parents and referrers

Timely access to services is an important factor in the way patients rate the quality of the services they receive. Whilst the Trust has consistently met the statutory targets it has been set for waiting and access times for patients, we always wish to do better. Thus we have introduced an Advanced Access programme, which will enable specialties to offer an appointment to new patients within two weeks of referral acceptance. The majority of specialties already have a plan in place to deliver Advanced Access in the early part of 2012/13 and we intend that all specialties will be engaged within the near future. We will also review our processes to reduce the number of 'did not attends' and cancellations to ensure that appointment slots are fully maximised.

Information from our inpatient and outpatient surveys over the past few years have shown that the majority of patients and families surveyed felt that they did have the relevant information about what would happen next or any further care that the child might need. However, information taken from our complaints and reports from our Patient Advice and Liaison Office, and from an independent survey of referrers suggested that we are not always as good as we could be at communicating effectively with all of the relevant people involved in a child's care. The Trust is committed to improving this.

We have established a referrers' experience improvement programme, which aims to address and improve the issues highlighted by the survey. Through this programme, we will:

- Continue to review our processes in order to improve the timeliness and quality of written and verbal information provided to the relevant teams, our patients and their parents
- Ensure that circulation lists for information are up-to-date and cross-referenced with the patient's medical records
- Review our bed-management systems to enable us to accept more emergency patients
- Host regular referrers' open days

The results of our independent inpatient and outpatient surveys provide an indication of some of the areas in which we need to improve. Whilst these surveys are important they only provide only a 'snapshot' of patients and families that visit the hospital within a short period of time. In addition to annual surveys each of our Clinical Units and Corporate departments will make available a variety of ways for patients and families to provide feedback, which will be monitored and acted upon e.g. Walkabouts and Inspections, surveys, hand held devices, on-line surveys, comment cards, patient stories, feedback to the Patient Advice and Liaison Team, family forums and focus groups.

As part of our Quality Account we have also made a commitment to improving the patient journey for young people and their families by implementing the DH 'You're Welcome' quality criteria, which aims to ensure that the experience and contribution of young people in the development of services is recognised and valued. We will review our services against the 'You're Welcome' criteria and identify and prioritise five areas for improvement for 2013/14.

Equality and access to healthcare is central to its delivery. We know how well and how quickly children recover depends not only on their clinical treatment, but also on whether they and their families feel comfortable, safe, understood, respected and listened to during their time with us. As part of our on-going work to ensure that GOSH meets the requirements of the Equality Act 2010 we will ensure that adjustments are made in the delivery of our services – and in particular we will ensure equal access for patients with a learning disability.

We have developed a learning disability action plan for 2012/13 to ensure that we continue to meet the key recommendations set out in the independent Inquiry into Access for People with a Learning Disability, led by Sir Jonathan Michael, 2008.

Risks to quality and mitigating actions are set out in Appendix 1.

Financial Strategy

E. The Trust's financial strategy and goals over the next three years

Our overall financial strategy is to maintain contribution on existing activities in spite of the continuing challenge from the national economic assumptions and ensure our growth strategy is achieved cost effectively. This will also ensure we maintain Financial Risk Ratios at 3 or above.
The goals over the next three years are to:

1. Deliver the planned growth in NHS activity through the increased centralisation of specialist services and the recently updated growth strategy for international patients once the PPC is lifted, currently assumed to be April 2013. This is achievable through leverage of the new capacity afforded through the Morgan Stanley Clinical Building (MSCB), additional capacity recently added in our private patient wards and improving productivity in all clinical areas. This will happen progressively over each of the three years and it is possible that when the current Safe and Sustainable workstreams reach conclusion that we will have the opportunity to secure more activity growth than is currently within the plan.

Key actions

- Maintain our current targets to reduce the number of referrals we are not able to accept
- Ensure our activity and capacity plans are capable of flexing should there be more significant transfers of activity as a result of the Safe and Sustainable workstreams
- Ensure the major building works are carefully planned and managed so as to reduce the likelihood of reductions in capacity
- Continue to seek transformation changes which result in improvements in activity and capacity metrics

2. Working with other paediatric providers and commissioners to manage the risk of price erosion over and above the national price deflator which might arise due to the continuing uncertainty around the appropriate level of tariff for specialist services.

Key actions

- Continue to work with the UK Children's Hospital Alliance to influence developments in tariff which recognise the differences in costs of services for complex and rare conditions, very young patients and children with multiple comorbidities
- Work in collaboration with commissioners to better understand specialist pathways and establish and lead network structures where appropriate

3. We will deliver Cost Improvement Plans (CIP) and Income Generation plans in line with the targeted values, which requires some significant changes in how we use our resources and improvements in the effectiveness of our underlying business processes through increased automation and standardisation.

Key actions

- Continue to closely monitor the development and delivery of CIP plans through the Programme Management Structure and ensure risks of non-delivery are appropriately assessed, early warning indicators monitored and contingency plans put in place

4. We will grow our international private patients activity, both specialist care and education, in line with our strategy and in order to provide financial support for our NHS services.

A delay in removal of the private patients cap is a key risk.

5. We will achieve increased Research and Development (R&D) funding through expanding the range of grant funders leveraging on the only paediatric Biomedical Research Centre and the Trust's Clinical Research Facility.

Key actions

- Continue to expand the sources of funding particularly EU and Commercial trials and address reasons for unsuccessful grant applications

Risks:
We are assuming ongoing tariff decline of 1.8% although recognise that the changes in specialist top up rates may continue. We believe this can be addressed through the ongoing work programme with the DH and hopefully successor teams in Monitor to more closely align tariff to specialist work.
We also recognise that as a low volume/ high complexity specialist provider, we have particular challenges in achieving efficiencies in our cost base. However we believe that there are opportunities to improve the effectiveness of our existing capacity and resources and our transformation and CIP programmes are aimed at identifying areas where this is possible. Internal benchmarking will also be used to identify best practice examples of efficient services.

The financial risks are set out more fully in Appendix 1 to the Plan.

Leadership and Organisational Development

F. The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:

Prior to authorisation as a Foundation Trust, the Trust Board completed the NHS Institute's self-assessment Board Development Tool (March 2010). Following authorisation in March 2012, the Board plans to undertake an internal review of its effectiveness early in 2013, with an external review planned for April 2014.

The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills.

The Board undertook a skills analysis of Board members and agreed the need to appoint an additional Non-Executive Director (NED) onto the Board with commercial skills and experience. This appointment was recruited to in November 2011 as a designate position on the Board and approved as a full NED position by the Members' Council at its first meeting in March 2012.

The Board is aware and planning to fill the following vacancy in 2012:

- Director of Redevelopment (non-voting) – the current Director of Redevelopment will be retiring in May 2012. In light of the extensive redevelopment of the hospital site, the Trust is in the process of recruiting to this post, with the intention of appointing someone with excellent project management experience and a background in estates management

Following the Foundation Trust application process we have also established a Finance Committee, which is attended by a number of non-executive members, to advise on investment proposals and reviews and monitor our financial plans.

Looking across the proposals outlined in the Forward Plan and the plans in place for recruiting to the above post, the Board believes that it has the necessary skills and experience to deliver the plan.
It is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability.

The management team has the capability and experience necessary to deliver the annual plan and deliver the forward plan for the next three years.

The Board is in the process of reviewing how it can fully engage with Councillors on the Members' Council through inclusion of them in the existing governance structures (committees and Boards) and development of a forward work plan with the Council so as to ensure engagement of the Council in the development of Trust wide strategies and service development initiatives.

The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the board.

Other Strategic and Operational plans

G. The Trust's other strategic and operational plans over the next three years:

Our redevelopment programme is continuing over the next three years with the delivery of the 2B enabling project between 2012 and 2014 and the development of the 2B business case and progression from procurement to construction with completion in Q3 2016.

We also have an ambitious IT strategy which aims at delivering Electronic Patient Records by 2015 with progressive investment in the underlying systems and technologies required to achieve this. The next major strand of this strategy is to procure an Electronic Data Management and Record System (EDMRS) during 2012 with a view to implementation by the end of 2013.

There are also some key investments targeted within the Medical Equipment strategy as some of the Trust's MRIs fall due for replacement. We are currently assessing an investment in a higher specification "3T" MRI as well as further investments in integrated theatre equipment.

The GOSH Charity has recently announced our appeal to build a new Centre for Children's Rare Disease Research. The hospital sees many more children with rare diseases than any other in the country. Taken together rare diseases are a significant health issue and this new Centre will serve as a facility to support the hospital and UCL in translating new research techniques into helping more children.

Resource requirements
We already have an Estates project team who are experienced in developing and delivering major capital projects in an operating environment. There is also dedicated IT project staff to work alongside operational managers in delivering the EDRMS.

Risks
We need to closely manage our capital investment plans in order to prioritise the available capital and ensure project benefits are delivered. There will be the usual project risks associated with all the above i.e. related to delivery of targeted benefits, within budget and within the targeted timescales. In addition, delivery of construction projects whilst continuing to maintain services at the targeted levels of activity in an operating site is challenging but is a risk we have managed effectively many times before in the last 10 years.

Regard to the views of Trust Governors

H. The Trust has had regard to the views of Trust Governors by:

In the short time between authorisation as a Foundation Trust and submission of the Forward Annual Plan the Members' Council (Board of Governors) has commented on the plan through a development session that was held in early May 2012. In the future we will include engagement with the Trust's annual plan in the development of the work plan for the Member's Council.