

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Wednesday 25 November 2020
3:30pm – 5:30pm
By Zoom (details sent in calendar invite)

NO.	ITEM	Attachment	PRESENTER	TIME
1.	Welcome and introductions		Michael Rake, Chair	3:30pm
2.	Apologies for absence		Michael Rake, Chair	
3.	Declarations of interest		Michael Rake, Chair	
4.	Minutes of the meeting held on 14 July 2020 and 21 October 2020 (extraordinary meeting)	A	Michael Rake, Chair	
5.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
	STRATEGY, PERFORMANCE and ASSURANCE			
6.	Annual Business Planning	C - Presentation	Ella Vallins, Head of Planning and Strategy	3:40pm
7.	Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 20/21	D	Rebecca Stevens, Head of Performance	3:55pm
8.	Chief Executive Report including: <ul style="list-style-type: none"> Update on impact of COVID-19 Integrated Quality and Performance Report (IQPR) October 2020 Finance report (highlights) October 2020 	E	Matthew Shaw, Chief Executive Helen Jameson, Chief Finance Officer	4:05pm
9.	Governance Update: <ul style="list-style-type: none"> Update from the CoG Nominations and Remuneration Committee <ul style="list-style-type: none"> NED appraisals October 2020 (two NEDs) NED reappointment for second term Change to the Constitution and extension of NED appointment General Governance Update Schedule of Matters Reserved for the Board and Council 	L M N O P	Anna Ferrant, Company Secretary Anna Ferrant, Company Secretary Adetutu Ojo, Stakeholder Engagement Manager , Paul Balson, Head of Corporate Governance Anna Ferrant, Company Secretary	4:20pm
10.	Update on GOSH Commercial Strategy	K – Presentation	Chris Rockenbach, Commercial Director	4:40pm

11.	Update from the Young People's Forum (YPF)	J	Amy Sutton, Patient Involvement and Experience /Chair of the YPF	5:00pm
12.	Reports from Board Assurance Committees <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee (October 2020) • Audit Committee (October 2020) • Finance and Investment Committee (September 2020) • People and Education Assurance Committee (September 2020) 	F G H I	Amanda Ellingworth, Chair of the QSEAC Akhter Mateen, Chair of Audit Committee James Hatchley, Chair of the F&I Committee Kathryn Ludlow, Chair of the People and Education Assurance Committee	5:10pm
13.	Any Other Business	Verbal	Chair	5:30pm

**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
14th July 2020
Charles West Boardroom
Held virtually via videoconference**

Sir Michael Rake	Chair
Faiza Yasin	Patient and Carer Governor: Patients outside London
Zoe Bacon	Patient and Carer Governor: Patients from London
Elena-May Reading	
Mariam Ali	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Lisa Allera	Patient and Carer Governor: Parents and Carers from outside London
Dr Claire Cooper-Jones	
Colin Sincock	Public Governors: The rest of England and Wales
Julian Evans	
Fran Stewart	Public Governors: South London and Surrounding Area
Margaret Bugyei-Kyei	Staff Governors
Dr Quen Mok	
Paul Gough	
Josh Hardy	Appointed Governor: Young People's Forum

In attendance:

Akhter Mateen	Non-Executive Director
Lady Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Matthew Shaw	Chief Executive
Helen Jameson	Chief Finance Officer
Sanjiv Sharma	Medical Director
Paul Balson	Deputy Company Secretary
Adetutu Ojo	Stakeholder Engagement Manager
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)

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

12	Apologies for absence
12.1	Apologies for absence were received from: Alice Rath, Patient and Carer Governor; Emily Shaw, Patient and Carer Governor; Simon Hawtrey-Woore, Public Governor; Theo Kayode-Osiyemi, Public Governor; Simon Yu Tan, Public

	Governor; Teskeen Gilani, Public Governor; Sarah Aylett, Staff Governor; Lazzaro Pietragnoli, Appointed Governor and Shelby Davies, Appointed Governor.
13	Declarations of interest
13.1	No declarations of interest were received.
14	Minutes of the meeting held on 22 April 2020
14.1	The minutes of the previous meeting were approved .
15	Matters Arising and action log
15.1	The actions taken since the last meeting were noted.
16	Update on Speak Up for Safety Programme
16.1	Sanjiv Sharma, Medical Director said that the Speak Up for Safety Programme had been launched towards the end of 2017 as a safety and reliability improvement programme in partnership with the Cognitive Institute. The aim was to improve patient safety by giving a platform for all staff to speak up about the environment and behaviour in the moment. Considerable evidence was established around the impact of behaviours and culture on preventable harm. Originally the programme had been rolled out as a pilot in the Brain Directorate and had been helpful in the directorate; following some changes it was then rolled out across the hospital.
16.2	Between June 2019 and March 2020 over 250 workshops had been conducted resulting in almost 80% of staff receiving training. This was a key milestone in order to move onto the next phase of the programme (80% of staff had to be trained). Good feedback had been received from staff and there was evidence of staff feeling supported to speak up in both clinical and non-clinical settings. Training was also taking place through induction and a further 90 staff had been trained in this way, ensuring the programme would continue to be embedded in the organisation.
16.3	The next phase of the programme was 'Speaking up for Values' which was around professional accountability and was aligned with the principles of speaking up where there was a potential impact on patient safety. It was anticipated that this phase would launch in June 2020 and 27 peer messengers had been trained however the COVID-19 pandemic had paused this work. Work was taking place to develop an online version of the Speak Up for Safety training however the Speak up for Values launch had been delayed until autumn 2020.
16.4	'Praise' had been launched to reinforce positive behaviours which were regularly witnessed by colleagues. This system sends feedback back to the member of staff involved. Over 70 forms had been completed within 24 hours of the launch.
16.5	In a national index produced by NHS England GOSH had been in the top 10 most improved Trusts in terms of the use of the Freedom to Speak Up service.
16.6	Sanjiv Sharma said that the GOSH Children's Charity had been instrumental in the development of the scheme but it was vital that this was sustainable. He said

	that the team was learning from Vanderbilt University Medical Centre who had pioneered this work in partnership with the Cognitive Institute about how to build a faculty to take this work forward.
17	Chief Executive Report
17.1	Sir Michael Rake, Chair said that discussions were continuing around how best to involve Governors whilst being respectful of their time. Discussion had taken place in the Chair and Governor pre-meet around the level of detail in the papers which was, in many cases, too great and the importance of fulsome executive summaries.
17.2	Matthew Shaw, Chief Executive said that focus was being placed on safely increasing activity to begin the treat the backlog of patients. A clinical prioritisation group had been established to guide the prioritisation of patients for admissions, diagnostics and outpatients as clinical services are restored in a phased way. Matthew Shaw said it was crucial to ensure that staff were protected, the environment was safe and activity was maximised.
17.3	A national risk assessment tool to review the health needs of staff had been rolled out to managers and had been completed for approximately 90% of staff including 97% of staff from a BAME background. Matthew Shaw confirmed that GOSH's performance in this regard was amongst the highest for London hospitals.
17.4	New signage had been installed around the Trust as well as a one way system and rooms around the organisation were being assessed to ascertain the number of people who were safely allowed in each. Matthew Shaw said that the key issue was around changing and social space in theatres. The Executive Team were discussing a solution for this and it was anticipated that it would take approximately 2 months to implement. Communications continued to reinforce the importance of staff distancing from one another.
17.5	Approximately 60% of normal activity was currently taking place which benchmarked well against other London Trusts. A large number of patients were currently on waiting lists and approximately 50% of these patients had been through clinical prioritisation, which was a significant task. Letters were being sent to families to explain the process. It was vital to ensure that theatres were able to open however a number of staff were impacted by shielding, were off sick or unable to be fit tested. New masks had been ordered to support a greater number of staff to be able to work. A small number of patients were being transferred to other organisations and the NHS had a block contract in place with the private sector until the end of August 2020 and Matthew Shaw confirmed that this resource was being used where appropriate.
17.6	A poll had been taken weekly during the all staff briefings about the health and wellbeing of staff and this had been stable throughout the period until recently when an increased number of staff had begun to report feeling they were coping less well. The health and wellbeing hub continued to be well used by staff.

17.8	<u>Integrated Quality and Performance Report May 2020</u>
17.9	Matthew Shaw said that there were some key areas which required improvement and were receiving focus including Duty of Candour stage 2 and 3, compliance with the WHO checklist and the incident closure rate.
17.10	Quen Mok, Staff Governor expressed some concern that whilst work had taken place to establish the number of people who could use each room, there were not yet solutions in place for rooms in which the number of staff required in an area exceeded the number that could safely use a room. Matthew Shaw said that it was important for practice to be as efficient as possible and to change practice where possible in some areas such as handovers which could be done in an area in which there was additional space for distancing or via video conference. He said that it was important to work together to solve issues where they existed.
17.11	Margaret Bugyei-Kyei, Staff Governor expressed some concern about the testing process for patients in advance of surgical procedures. She said that issues with the process was leading to cancellations where results were not received in advance. Matthew Shaw said that it was clear that the testing process was not as smooth as it should be. He said that the Board would be reviewing the process at its July meeting with a view to risk assessing moving away from the national guidance. He said that for many patients who lived around the country it was not possible for them to travel to GOSH in advance for testing and therefore reliance was placed on access to local testing and results being received in time. Matthew Shaw emphasised the importance of ensuring that patients were not cancelled as this was extremely challenging for families who had been required to isolate prior to procedures.
17.12	Action: Fran Stewart, Public Governor requested further information on the number of cancellations in light of the extreme challenge for families. Matthew Shaw agreed that any cancellations were unacceptable due to the impact on the family and added that impact assessments showed the disproportional effect on families where an individual was subject to a zero hours contract. It was agreed that data on cancellations showing the increase in activity would be presented in the Integrated Quality and Performance Report.
17.13	Josh Hardy, Appointed Governor asked for additional information about the work of the clinical prioritisation group and the preparation for a potential second surge of the pandemic. Sanjiv Sharma said that an adapted framework developed by the Royal College of Surgeons was being used to describe urgency in terms of time to treat. This could also be used to identify the resource that was required for the activity. He said that there had been an increasing backlog and it was vital to plan as far ahead as possible to put the Trust in the best position in advance of winter pressures and a potential second surge. Matthew Shaw said that planning was taking place to ensure that GOSH could continue with business as usual throughout a second surge.
17.14	Paul Gough, Staff Governor noted the pressure on the Trust in terms of space and the requirement for space for the decant works for the Children's Cancer Centre. He asked for a steer on the risks around this. Matthew Shaw said that the plan was being reviewed and it was possible there would be a short term

	<p>impact on the movement of clinical space. He said that the programme board had accepted the RIBA stage 2 design at its most recent meeting and further work was required on planning for imaging in the hospital as a whole and this, along with the COVID-19 pandemic, would lead to a delay. Matthew Shaw acknowledged the increased complexities of decant planning and said that work was required to review the space that would be gained from some staff not returning to work onsite in the same way.</p>
17.15	<p>Claire Cooper Jones, Patient and Carer Governor asked whether the impact of the pandemic on patients was being monitored. Matthew Shaw said that there had been an increase in incidents being reported and red complaints, however no themes had been identified. He said that whilst risks had changed, particularly in relation to unprecedented waiting lists, quality and safety metrics continued to be reviewed.</p>
17.16	<p><u>Finance report (highlights) May 2020</u></p>
17.17	<p>Helen Jameson, Chief Finance Officer said that at month 2 the Trust's position was a £4.2million deficit offset by an NHS top up £4.2million for COVID-19 costs resulting in a breakeven position. A block contract was in place based on average Trust income and expenditure for months eight to ten for 2019/20 and this system would be in place until the end of July 2020. It was likely to be extended, however following this top ups would not be available and it was therefore vital that the block contract was appropriate.</p>
17.18	<p>GOSH's drug costs associated with home care were significant and would not reduce as a result of the pandemic. As GOSH's model was not in line with other organisations in the STP NHS England London region was reviewing this.</p>
17.19	<p>Quen Mok, Staff Governor noted that the majority of research trials had been paused and queried whether costs continued to be reimbursed. She asked whether costs beyond the original end date of the study would be paid. Helen Jameson said that the Trust was not currently recognising income for the paused trials and this funding was being provided through the top up payment. She confirmed that the Trust would request extensions to the grants provided for on-going studies.</p>
17.20	<p>Colin Sincock, Public Governor asked for further information about losses and special payments. He noted that this was a large amount and asked how it compared with previous years. Helen Jameson said that this was primarily comprised of expired drugs and blood and comparison took place year on year and losses continued to decrease. She added that this was a low number in comparison to that of other Trusts however acknowledged the importance to continuing to minimise these costs. Akhter Mateen, Chair of the Audit Committee confirmed that this was regularly reviewed by the Audit Committee and had been improving relative to previous periods. He confirmed that there was no element of theft reported within these costs. Colin Sincock asked whether there was a process of auditing stock and Akhter Mateen confirmed that there was however due to the pandemic it had not been possible for the external auditors to be physically present for this year's stock take. Helen Jameson said that a large proportion of stock was managed by materials management and would be updated on a daily basis however the key element was drugs which had been the main focus on external audits in previous years.</p>

18	Reports from Board Assurance Committees
18.1	<u>Quality, Safety and Experience Assurance Committee (April and July 2020)</u>
18.2	Amanda Ellingworth, Chair of the QSEAC asked the Council to note the report and confirmed that Professor Russell Viner had now joined the Committee which now had its full complement of three Non-Executive Director members.
18.3	<u>Finance and Investment Committee (March, May and July 2020)</u>
18.4	James Hatchley, Chair of the Finance and Investment Committee reported that the Committee had reviewed the change in commissioning throughout the pandemic and the outturn of the accounts. Consideration was being given to working towards business as usual and on the continuing development projects. There had been an increase in cyber security threats which had been discussed by the Finance and Investment Committee, the Audit Committee and the Board.
18.5	<u>People and Education Assurance Committee (February and June 2020)</u>
18.6	Kathryn Ludlow, Chair of the PEAC said that focus was being placed on updating the People Strategy to bring it into line with the changes in the workforce such as a substantial increase in staff working from home. Focus was also being placed on ensuring that staff felt safe and supported. It had been agreed that data around the impact of Brexit on the workforce would be considered at the next meeting.
19	Update from the Young People’s Forum (YPF)
19.1	Josh Hardy, Member of the YPF said that the forum had introduced more regular and shorter meetings as a result of lack of usual school exams for members. There had been a number of involvement opportunities including providing feedback on young people’s experiences during the pandemic.
19.2	The forum had discussed sustainability and how the Trust could become increasingly sustainable during capital developments. The forum was working with the European Children’s Hospital Organisation (ECHO) in order to encourage other organisations to become more sustainable. A ‘green promise’ had been developed to which other organisations could sign up and the forum had recommended oversight of compliance by young people.
19.3	Discussion had taken place around children and young people’s opinion of returning to school and it had been felt that schools should reopen in a timeframe which was in line with MPs returning to work in person.
19.4	James Hatchley noted had the YPF had requested further work on the green promise which they had not considered adequate. He asked whether the forum was now satisfied with this work. Josh Hardy said that the Trust could do more in this regard however he noted the importance of balancing it with other priorities. James Hatchley said that it was important for GOSH to be a leader in this area.

20	GOSH Quality Report
20.1	Sanjiv Sharma, Medical Director said that although the Quality Report had not been required as part of the annual report in 2019/20 and would not receive scrutiny from external audit, the Trust had committed to producing the report as a reflection of the importance that was being place on focusing on quality. The report focused on safety, clinical effectiveness and experience and the Board had recently approved a Quality Strategy and Safety Strategy; work was taking place to meet the priority of these documents.
21	Always Improving Action Plan (Response to CQC recommendations)
21.1	Sanjiv Sharma said that the Trust had completed all 'must do' actions arising from the CQC inspection in 2020. In addition approximately 60% of 'should do' actions had also been completed. He said that it was important that work arising from these actions was embedded into business as usual.
21.2	Sir Michael Rake highlight that the integrated quality and performance report contained a number of metrics which had deteriorated during a period when there had been fewer patients than usual and asked whether there was a trend associated with this data. Sanjiv Sharma said that although there had been a lower number of clinical referrals the operational and clinical leadership teams were working hard to maintain the environment according to infection control guidance as well as managing increased staff sickness levels over the period. He said that these multifactorial reasons had let to a reduced number of green rated metrics.
21.3	Lisa Allera, Patient and Carer Governor said that she and Stephanie Nash, Patient and Carer Governor had given comments on the draft Quality Report and had welcomed the report.
22	Governance Update
22.1	Update from the CoG Nominations and Remuneration Committee
22.2	<ul style="list-style-type: none"> • <u>NED appraisals June 2020 (three NEDs)</u>
22.3	Anna Ferrant, Company Secretary said that the Chair had conducted the appraisals of James Hatchley, Chris Kennedy and Amanda Ellingworth in June 2020 under the revised appraisal framework published by NHS England. Feedback was received from Governors through the Lead Governor and Executive Directors. The Council of Governors' Nominations and Remuneration Committee reviewed the findings and had emphasised the importance of NED visibility and discussed the opportunities for Governors to engage with Non-Executive Directors. It had been agreed that it was important both for Governors to be involved and Non-Executive Directors to be available and a paper on buddying would be discussed later on the agenda in order to reinvigorate the process. The Committee had recommended the findings to the Council for approval.
22.4	Anna Ferrant highlighted the relatively low proportion of Governors who had provided feedback and emphasised the importance of receiving this information.

22.5	The Council of Governors approved the outcome of the appraisal of three Non-Executive Directors.
22.6	Update from the Constitution Working Group
22.7	<ul style="list-style-type: none"> • <u>Transitional arrangements for changes to constituency boundaries</u>
22.8	Paul Balson, Deputy Company Secretary said that Council had agreed in principle in July 2018 to change the way that public and patient/carer members were allocated to classes to ensure alignment with current electoral boundaries. It had been agreed that this would be implemented from 1 st March 2021 following the expiration of the terms of all current elected Governors. In order to enact these changes, amendments were required to the relevant constitution annexes, annex 1 – public constituency; annex 3 – Patient and Parent/Carer Constituency and annex 4 – Composition of the Council of Governors. These amendments were approved by the Council.
22.9	Paul Balson said that following preparatory work to map members to new classes it had become clear that in the ‘Patient – Rest of England and Wales’ constituency there was a gap of only 17 members between the actual and minimum required number of members. The Council approved a reduction in minimum members required to 100 and requested that recruitment and retention efforts were focused in this area.
22.10	Update from the MERRC
22.11	<ul style="list-style-type: none"> • <u>Planning for the 2020/21 Governor Election</u>
22.12	The Council had agreed in November 2018 that phased elections would be implemented at the next election reducing the risk of loss of organisational memory through the turnover of a large proportion of Council seats. Paul Balson said that at the next election in 2020/21 Governors’ terms would be amended to one, two or three years based on the number of votes received. Staff Governors would also be affected by phasing. The Council approved the inclusion of annex 11 in the constitution – Composition of the Council of Governors – transitional period from 10 th November 2020 until 29 th February 2024.
22.13	<ul style="list-style-type: none"> • <u>Amendment to permit virtual AGM and AMM meetings</u>
22.14	The Constitution Working Group had discussed the Annual General Meeting (AGM) and Annual Members’ Meeting (AMM) in light of the ongoing pandemic and social distancing requirements. It had recommended to the Council the amendment of annex 10 of the Constitution to allow the Trust to hold a virtual AGM and AMM including virtual voting if required. The Council approved the proposal. It was noted that the theme for the AGM and AMM would be ‘celebrating our people’ and would take place on 9 th September.
22.15	Zoe Bacon, Chair of the MERRC said that the theme of the AGM would provide the opportunity to thank staff for their work during the COVID-19 pandemic. Discussions had taken place around how to involve the young people and consideration was being given to the use of a video involving inpatients through the play team. Paul Gough, Staff Governor said that it was important to be

	inclusive when involving staff in the hospital as there were a number of areas which often felt less involved.
22.16	Adetutu Ojo, Stakeholder Engagement Manager said that a communications plan for the 2020/21 elections had been considered by the MERRC. A theme was in place for each month and July's theme was to explain and promote membership. Substantial work had taken place on updating the Governor website pages and navigation to reach key information had been considerably improved.
22.17	James Hatchley, Non-Executive Director asked whether the social media account used in the communications was the GOSH Children's Charity account and Adetutu Ojo confirmed that the account was run by the communications team and it had been agreed that the Trust and the Charity would work in collaboration in this respect.
22.18	Council of Governors' Effectiveness Review Survey
22.19	Paul Balson said that to date 14 actions arising from the Council of Governors' Effectiveness Review had been completed and five remained open.
22.20	Members of the Constitution Working Group had proposed an alternative approach to the buddying programme involving Non-Executive Directors hosting a virtual session with their buddy group focusing on specific Trust Board or Assurance Committee paper. Governors would talk through the NED's approach to review the paper and the assurance they would seek.
22.21	Akhter Mateen, Non-Executive Director welcomed the proposed approach and emphasised the importance of engagement from both NEDs and Governors. He said that previous attempts to move the buddying programme forward had not been as successful as he had anticipated.
22.22	Amanda Ellingworth, Non-Executive Director said that it was important to be clear about the required outcomes of buddying and whether the focus was on holding NEDs to account or Governor development. Anna Ferrant said that both these impacts were key.
22.23	James Hatchley reiterated the value that Governors could gain from observing assurance committees which enabled Governors to gain a greater understanding of the material being discussed and the work of individual NEDs. He suggested that if Governors were keen to move forward with buddying it would be valuable to also observe assurance committees.
22.24	The Council approved the revised buddying programme and agreed to keep the programme under review.
22.25	Update to the Lead Governor and deputy Lead Governor Job Description and appointment of a Deputy Lead Governor
22.26	Anna Ferrant said that it had been agreed at the last meeting that it was important to retain the role of Deputy Lead Governor. Expectations for the Lead Governor and Deputy Lead Governor roles had been set out and included completing mandatory training, taking part in the appraisal of Non-Executive

	Directors and effectiveness surveys and observing assurance committees. One nomination for the Deputy Lead Governor role had been received from Faiza Yasin.
22.27	Faiza Yasin, Patient and Carer Governor said that it was important to involve a greater number of young people in both membership and the council and be aware of the opportunities that involvement would provide.
22.28	The Council approved the appointment of Faiza Yasin as Deputy Lead Governor.
23	Any other business
23.1	There were no items of other business.



**DRAFT MINUTES OF THE EXTRAORDINARY COUNCIL OF GOVERNORS' MEETING
21st October 2020
Held virtually via videoconference**

Sir Michael Rake	Chair
Faiza Yasin	Patient and Carer Governor: Patients outside London
Zoe Bacon	Patient and Carer Governor: Patients from London
Elena-May Reading	
Mariam Ali	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Dr Emily Shaw	
Lisa Allera	Patient and Carer Governor: Parents and Carers from outside London
Dr Claire Cooper-Jones	
Colin Sincock	Public Governors: The rest of England and Wales
Fran Stewart	Public Governors: South London and Surrounding Area
Dr Quen Mok	Staff Governor
Dr Sarah Aylett	
Paul Gough	
Josh Hardy	Appointed Governor: Young People's Forum
Grace Shaw-Hamilton	

In attendance:

Akhter Mateen	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Matthew Shaw	Chief Executive
Paul Balson	Deputy Company Secretary
Adetutu Ojo	Stakeholder Engagement Manager
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)

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

24	Apologies for absence
24.1	Apologies for absence were received from: Alice Rath, Patient and Carer Governor; Theo Kayode-Osiyemi, Public Governor; Simon Yu Tan, Public Governor; Teskeen Gilani, Public Governor; Julian Evans, Public Governor; Lazzaro Pietragnoli, Appointed Governor and Prof Jugnoo Rahi, Appointed Governor

25	Declarations of interest
25.1	No declarations of interest were received.
26	Chief Executive Update
26.1	Matthew Shaw, Chief Executive provided an update on the performance of the hospital as it worked to return to business as usual following the initial surge of the COVID-19 pandemic. He said that in the week beginning 12 th October GOSH had achieved 100% of pre-pandemic activity levels for both inpatients and outpatients which was a significant achievement given the increased infection control measures in place including distancing requirements. A significant backlog of patients remained and GOSH's backlog as a proportion of usual activity was in line with that of other Trusts in London. There had been a considerable reduction in paediatric theatre capacity across London through the first surge of the pandemic and it was vital that GOSH was able to advocate for children and young people around this significant gap between capacity and demand.
26.2	Considerable work had been taking place to ensure that the Trust was as safe as possible. Matthew Shaw emphasised that staff must continue to take all required steps to ensure that GOSH was safe for patients, families and staff.
26.3	An audit had been undertaken on compliance with infection control requirements such as mask wearing and hand hygiene and results had been below expectations in some places and communications had been sent to staff to this effect with the audit being repeated.
26.4	The financial impact on the Trust was as a result of the reduction in research and IPP activity. One particular territory which was usually responsible for a large proportion of GOSH's international referrals had closed its borders to patient travel which would have a considerable impact on financial performance. Matthew Shaw confirmed that discussions were taking place with NHS England and Improvement about potential support.
26.5	The Board and Executive Team continued to discuss whether or not it was appropriate to begin to accept international patients whilst there was a backlog of NHS patients.
26.6	Staff had provided feedback during the all staff briefings that there was increasing levels of anxiety and additional health and wellbeing services had been established to support those who required it. A large number of staff continued to work from home and had been provided with the equipment to do so safely and effectively.
26.7	Sir Michael Rake, Chair welcomed the hospital's substantial achievements throughout the pandemic and said that the Board was extremely appreciative of the efforts of staff over this period.
27	Using photographs and video in Governor elections
27.1	Adetutu Ojo, Stakeholder Engagement Manager said that research showed that visual media content such as photographs and videos were amongst the most shared social content. She said the use of this material was likely to encourage greater engagement both in terms of nominations and voting and would support an increasingly digital process by replacing some of the engagement activity

	<p>which would usually have taken place face to face. Nominees would be required to sign a consent form for GDPR purposes and where a nominee was under the age of 18 the consent form must be co-signed by a parent or guardian. Adetutu Ojo confirmed that the approach had been recommended to the Council for approval by the Membership Engagement</p>
27.2	<p>Claire Cooper-Jones, Patient and Carer Governor welcomed the proposal particularly given the restrictions in face to face activity.</p>
27.3	<p>The Council approved the use of visual content in the upcoming elections.</p> <p><i>Sir Michael Rake left the meeting and Akhter Mateen, Non-Executive Director took the chair.</i></p>
28	Results of Chair appraisal process 2020
28.1	<p>Akhter Mateen, Non-Executive Director said that the appraisal of the Chair had been undertaken by James Hatchley in his role as Senior independent Director in line with the new guidance from NHS England and Improvement. He confirmed that the outcome of the appraisal had been recommended to the Council for approval by the Council of Governors' Nominations and Remuneration Committee.</p>
28.2	<p>The Council approved the outcome of the Chair's appraisal.</p>
29	Chair re-appointment
29.1	<p>Akhter Mateen said that Sir Michael Rake had expressed a wish to be reappointed for a further term of three years for which he was eligible under the constitution, subject to the approval of the Council of Governors. He confirmed that the reappointment had been recommended for approval by the Council of Governors' Nomination and Remuneration Committee.</p>
29.2	<p>The Council approved Sir Michael Rake's reappointment for a three year term until 31 October 2023.</p>
30	Any Other Business
30.1	<p>There were no other items of business.</p>

**COUNCIL OF GOVERNORS ACTION CHECKLIST
November 2020**

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
17.12	14/07/20	Fran Stewart, Public Governor requested further information on the number of cancellations in light of the extreme challenge for families. Matthew Shaw agreed that any cancellations were unacceptable due to the impact on the family and added that impact assessments showed the disproportional effect on families where an individual was subject to a zero hours contract. It was agreed that data on cancellations showing the increase in activity would be presented in the Integrated Quality and Performance Report.	PW	February 2021	Not yet due

Council of Governors

25th November 2020

An update on our annual plan

Summary & reason for item:

To provide the Council with an update on the Business Planning approach for 2020/21 across the organisation and to seek feedback.

Governor action required: For Noting

Report prepared by: Ella Vallins, Head of Strategy and Planning

Item presented by: Ella Vallins, Head of Strategy and Planning



NHS

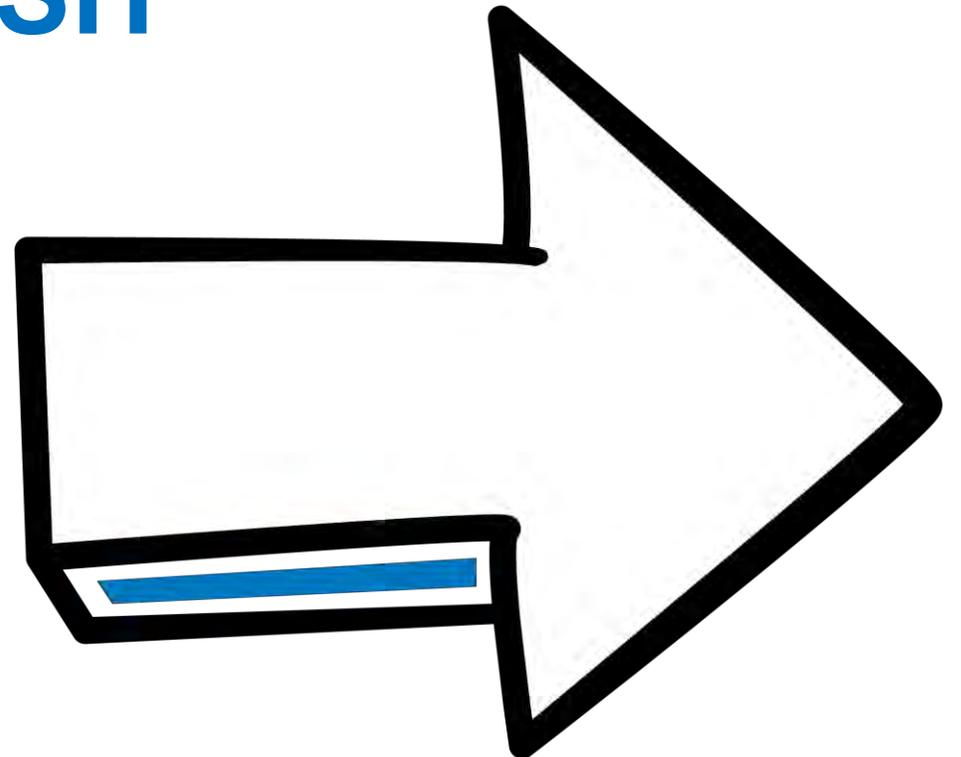
Great Ormond Street
Hospital for Children
NHS Foundation Trust

Business Planning at GOSH

Ella Vallins

Head of Strategy and Planning

26th November 2020





NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Business Planning Process

Business planning's purpose is to help execute and implement the Trust's Strategy Above and Beyond and is the process of converting the purpose, principles and priorities into a set of goals and objectives that are specific, measurable and achievable.

The Business Planning Budgeting Setting for 2021/22 commenced in October, following the launch of Above and Beyond, to ensure the Trust is in a position to meet its external planning obligations, set by commissioners at NHS England and Improvement, as well as its internal requirements, by April 2021



Work to Date:



- We submitted our 20/21 Commissioning Intentions Letter in September to inform discussions moving forward
- Built a new Business Planning template with a built-in monitoring and a system to ensure the golden thread from Above and Beyond to Directorate Contribution
- 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 Moving forward and next steps:



- Awaiting further guidance on national process from NHSIE
- The next key milestones within the business planning process for 2021/22 are:

first submission of the budget on 20th November

first submission of business plans on 1st December

- Analysis of all of Business Plans
- Throughout the year, the business plans and budgets will be regularly monitored. Business plans will be considered 'live' documents.

Business Planning 2021/22 Timetable

November 2020	
20/11	<ul style="list-style-type: none"> Budget submission 1
26/11	<ul style="list-style-type: none"> Presentation to Council of Governors
December 2020	
1/12	<ul style="list-style-type: none"> Business Plan submission 1
TBC	<ul style="list-style-type: none"> NHSEI release Operational Plan Guidance
16/12	<ul style="list-style-type: none"> Above and Beyond Executive Oversight Group
18/12	<ul style="list-style-type: none"> Budget submission 2
January 2021	
22/1	<ul style="list-style-type: none"> Budget submission 3
29/1	<ul style="list-style-type: none"> Operational Plan for NHSEI developed in draft
February 2021	
1/2	<ul style="list-style-type: none"> Business Plan submission 2
19/2	<ul style="list-style-type: none"> Budget submission 4
TBC	<ul style="list-style-type: none"> List of bids shared with Charity
March 2021	
3/3	<ul style="list-style-type: none"> EMT – final report (papers 26/2)
11/3	<ul style="list-style-type: none"> Final business plans and budgets presented to Operational Board (papers 5/3)
TBC	<ul style="list-style-type: none"> Draft Sustainability and Transformation Partnership plans submitted to NHSEI
30/3	<ul style="list-style-type: none"> Final NHSEI Operational Plan presented to Trust Board (papers 19/3)
April 2021	
20/4	<ul style="list-style-type: none"> Presentation to Council of Governors
TBC	<ul style="list-style-type: none"> Final Operational Plan submitted to Sustainability and Transformation Partnership plans for submission to NHSEI



Ask of the Council of Governors



- To review and provide feedback on the Trust Business Plan Approach for the next year



NHS

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

**Council of Governors
25 November 2020**

**Selection by Governors of a Local Quality Indicator for external data testing
and inclusion in the Quality Report 20/21**

Summary & reason for item:

To select a local Quality Indicator for Deloitte (the Trust's external auditors) to undertake a review as part of the Quality Accounts review.

Councillor action required:

Each governor to select a first preference and second preference from the list above. Please email your clearly stated first preference and second preference to Rebecca.Stevens@gosh.nhs.uk by **12pm Tuesday 15th December 2020**.

Report prepared by: Rebecca Stevens, Head of Performance

Item presented by: Phillip Walmsley, Interim Chief Operating Officer

Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 2020/21

Introduction

As part of the annual preparation for the Quality Report, Deloitte (the Trust's external auditors) will test the accuracy of data for three indicators as set by NHS Improvement. One of the indicators is to be determined locally, and this is an opportunity to select based on relevance to each Trust.

GOSH asks its Foundation Trust Governors to select a local indicator from a shortlist felt to be of most relevance to our organisation and its members. The selection is conducted by e-mail to enable every governor to participate. The indicator with the most selections will be tested. The second preference option is used in the event of a tie of first preferences. Deloitte's findings from the data testing will be published in the Quality Report.

In line with last year's process, we have provided a choice of five indicators to choose from, one from each section of the Trust Performance Report. For consistency sake, we have kept the three indicators that were included as a choice last year. However, due to Covid-19 the audit was not performed but the local choice was Last Minute Non-Clinical Hospital Cancelled Operations

Last year (2018-19), governors selected "Number of PICU Delayed Discharges" and the previous year (2017-18) "CV Line related blood-stream infections (per 1000 line days)".

List of local indicators to select from for 20/21:

Domain	Indicator	Description
Patient Safety	CV Line related blood-stream infections (per 1000 line days) – selected 2017/18	A central venous line (CVL) is an indwelling tube with its tip lying in the central veins. Infections are significant because they harm the patient, disrupt treatment provided through the CVL, and cost money to treat. A large percentage of children at GOSH require CVLs and while the rate of infection is not high, the absolute number is significant. Surveillance of infections is used to drive the preventative intervention programme.
Patient Access	Last Minute Non-Clinical Hospital Cancelled Operations	Last Minute Non-Clinical Hospital Cancelled Operations is a nationally reported standard on a quarterly standard with a tolerance of less than 0.8% of elective admissions. This indicator is directly related to the experience of the patient as cancellation of the patient on the day of surgery is not acceptable. This has been an area of delivery the Trust has struggled to achieve recently, although there is focused work being completed to reduce the volume.

Productivity & Efficiency	Number of PICU Delayed Discharges – selected 2018/19 Discharge Summary Turnaround rate within 24 hours	Number of patients who are fit and ready for discharge from PICU but who are unable to be discharged due to capacity issues. This can be either a discharge internally within the organisation or to an external hospital. The Trust is required to provide a discharge summary for any inpatients (including daycases) within 24 hours of the patient being discharged, to the patient, GP and referrer as appropriate. Given the recent go-live of the Epic EPR system, there has been a considerable focus on this over previous months, with the data used to make up the indicator is taken directly from the Epic system.
People	% of compliance against the Trust mandatory training standard	As employees of GOSH, all staff are required to complete mandatory training which is adjusted based on the role of the individual. The indicator is inclusive of all substantive staff members (we do collect and monitor mandatory training for other staff as well) and the mandatory training they are required to complete which is role specific. Therefore the indicator is made up of each employee, multiplied by the number of courses they have completed, divided by the number they are required to complete.

What is required from governors?

Each governor is asked to select a first preference and second preference from the list above. Please clearly state your first preference and second preference and send it in an email to Rebecca.Stevens@gosh.nhs.uk by **12pm Tuesday 15th December 2020**.

Governors will be informed of the result by email on **Friday 18th December 2020**. The tested indicator will also be noted in the minutes at the next Council of Governors' meeting.

Many thanks for your engagement in this process. I look forward to receiving your selections.

Rebecca Stevens
Head of Performance



Council of Governors

25 November 2020

Chief Executive Report – November 2020

Purpose

The purpose of this paper is to provide a summary of key work priorities and achievements since the 14 July 2020 report to the Council of Governors and the update provided at the 21 October extraordinary meeting of the Council of Governors.

The report includes:

- COVID-19: Support to sustain and recover services for local children and young people
- Support for Governors in lockdown
- Clinical Prioritisation update
- Trust Board Summary
- Integrated Quality & Performance Report – October 2020 data
- Finance report – October 2020 data
- GOSH news
- Appendices
 - Integrated Quality and Performance Report (highlights) November 2020 (October 2020 data) – this report will follow
 - Finance report (highlights) November 2020 (October 2020 data)

Governor action required:

Governors are asked to note the report and pursue any points of clarification or interest.

Report prepared by:

Paul Balson, Deputy Company Secretary, paul.balson@gosh.nhs.uk

Report presented by:

Matthew Shaw, Chief Executive

1 COVID-19: Support to sustain and recover services for local children and young people

The Council may be aware that the Trust is no longer hosting general paediatrics services for North Central London (NCL). However, we continue to work with our NCL partners to ensure that we learn the lessons of the pandemic and protect and improve services for children as we move into the second wave.

In October 2020 The Children's Commissioner published a report on inpatient mental health wards during COVID-19. This highlighted our "innovative response" to setting up a mental health inpatient ward at GOSH for children presenting to NCL hospitals with acute mental health presentations during the first wave of COVID-19. It "*brought together specialist mental health professionals and paediatrics, providing short term support for crisis presentations, joined up with local crisis teams in the region to deliver multi-disciplinary care for children, young people and their families dealing with mental health crises during the pandemic.*"

We are in active discussions with our NCL partners in mental health to take forward the learning from this collaboration and develop a more integrated physical and mental health service offering for children and young people in NCL.

2 Support for Governors in lockdown

To support staff through what may be a time of heightened anxiety following the announcement of a new national lockdown, the Trust, through its Health and Wellbeing Hub has produced advice and resources to help staff look after themselves and those around them.

This service is also available to governors. If you need to speak to someone about how you're feeling, please email well.being@gosh.nhs.uk and a wellbeing practitioner will be in touch.

3 Clinical Prioritisation update

In April 2020, as part of our restoration of services following the first peak of the pandemic, the Trust established the **Clinical Prioritisation Group**. With the cancellation of all elective activity across the NHS in March 2020 the Trust built up a large backlog of patients who required admission and treatment, some more urgently than others.

Restoration of clinical services presented an operational challenge in the context of:

- reduced staffing (sickness, self-isolation)
- social distancing measures
- physical infrastructure
- requirement to support for other paediatric patients in NCL

In the context of limited resources there have been difficult decisions to be made about how resources were effectively, fairly and equitably used at specialty, directorate and Trust level. These decisions must be transparent and stand up to scrutiny.

The Clinical Prioritisation Group (CPG) was formed to explicitly allow the Trust to focus on developing a methodology for prioritising patients by clinical need. The operational challenges of delivering care for those patients remains, rightly, the responsibility of the directorate management and operational leadership teams through Silver command and Operational Board.

The CPG, chaired by the Medical Director, meets weekly. The group is comprised predominantly of the Deputy Chiefs of Service with representation from Nursing, Allied Health Professionals and Healthcare Scientists. The link to the operational pathways is facilitated through the Director of Operations. Support for the group in terms of data and governance is provided by the Performance Team and the Quality & Safety Team.

The group has worked to develop and publish:

- surgical and medical prioritisation frameworks,
- principles for treating international and private patients,
- guidance on managing 52 week breaches in the context of clinical prioritisation
- guidance for managers on waiting list management and monitoring in the context of clinical prioritisation
- Tip-sheets on completing clinical prioritisation on the Electronic Patient Record (EPR).
- Harm impact assessment forms and guidance.

4 Trust Board Summary

The most recent meeting of the Trust Board was held on 16 September 2020. Highlights from this meeting that are not reported elsewhere within the Council of Governors’ papers are summarised below.

4.1 Chief Executive Update

4.1.1 North Central London Sustainability and Transformation Partnership (STP) update

The North Central London STP had agreed to implement temporary changes to paediatric services over the autumn and winter period in order to minimise disruption caused by a second surge of the COVID-19 pandemic. GOSH would be working to support the system by accepting a broader range of elective and day case services and there would be a review in the coming months to assess the effectiveness of these arrangements. Focus continued to be placed on returning GOSH to business as usual.

4.1.2 New Executive Team Members

A substantive Chief Operating Officer, John Quinn will be joining the Trust at the end of 2020.

The Trust welcomed Zoe Asensio-Sanchez to the Trust in her role as Director of Estates, Facilities and Built Environment.



John Quinn, Chief Operating Officer



Zoe Asensio-Sanchez, Director of Estates, Facilities and Built Environment.

4.1.3 Preparing for CQC Well Led Inspection

The Executive Team is in the process of agreeing and implementing a plan to work towards the next CQC Well Led Inspection which is expected around 2022.

4.2 **Patient Story**

The Board received a patient story by video from Samih, aged 16 who described his experience at GOSH as a blind patient. Key points raised included:

- Raising staff confidence in working with children and young people with a visual impairment in order to help patients feel confident about their visit.
- Consideration of how to communicate projects or initiatives to children and young people with a visual impairment

Work is underway place to review Samih's feedback.

4.3 **Directorate Presentation: Sight and Sound Directorate**

The Trust Board received a presentation from the Sight and Sound Directorate covering success, performance, challenges and the impact of COVID-19.

The Directorate Presentations present an opportunity for all the Non-Executive Directors to explore their areas of special interest without the need for Directorates to report to all of the Assurance Committees. It is expected that all of the Clinical Directorates will report to the Trust Board.

4.4 **Other items**

4.4.1 Diversity and Inclusion Strategy and Health and Wellbeing Strategy

The Board approved the Diversity and Inclusion Strategy and Health and Wellbeing Strategy. Copies are available in the Board papers on the Governor Portal.

4.4.2 Update on data quality assessment framework

The Interim Chief Operating Officer reported that GOSH was working towards compliance against the data quality assessment framework and adoption of the data quality kite mark to provide greater visibility and ownership of data being published in the Integrated Quality and Performance Report.

4.4.3 Update with completion of CQC recommendations

The Medical Director reported that following the Trust's CQC inspection in January 2020 two enforcement notices had been issued which were now closed. All of the 'must do' actions were also complete along with 70% of the 'should do' actions. Progress against these actions are tracked on a monthly basis.

4.4.4 Board Assurance Committee reports

The Board received reports from:

- People and Education Assurance Committee Update –September 2020
- Council of Governors' Update – July 2020

4.4.5 Annual reports

The Trust received the following annual reports:

- Emergency Planning Annual Report 2019/20
- Infection Control Annual Report 2019/20

4.4.6 Trust Board Terms of Reference and Workplan

The Trust Board approved a revised Terms of Reference. The ToR had been updated to reference embracing diversity in line with the focus the Trust was placing on that area.

4.4.7 Schedule of Matters Reserved for the Board and Council of Governors

The Board approved the Schedule of Matters Reserved for the Board and Council of Governors. The document had been reviewed in order to clarify where committees reviewed matters in advance of the Board.

4.5 **Accessing Board papers**

The full sets of papers, including those for the Trust Board meeting in September 2020 are uploaded here: <https://www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board/trust-board-meetings>. The November 2020 agenda and papers will also be on the website prior to the meeting.

If you would like to observe the Trust Board or have any queries please contact: Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk.

5 **Integrated Quality & Performance Report – October 2020 data**

The Integrated Quality & Performance Report provides a three month snapshot of hospital performance in key metrics relating to quality (safety, experience, effectiveness, responsiveness and whether we are well led). Highlights from the report and data will follow as **Appendix 1**.

6 **Finance report – October 2020 data**

The report presents the Trust's finance position against the current plan submitted to NHSE/I for Month 7-12 (see **Appendix 2**). Highlights for the Council's attention are below:

In Month 7, the NHS switched to a new financial payment system whereby the Trust is paid a block amount of income which was determined by NHSE/I.

The block income value was calculated assuming that all non-NHS income would flow as per 2019/20 i.e. all private patient activity would be at the previous year's level. Using the figures from NHSE/I and assessing the Trusts' expected costs and other income for the rest of the year (recognising the additional costs related to new infection control guidelines etc.) resulted in a revised plan that forecast a £26.3m deficit the 6 month period.

The In month position for month 7 was a £4.1m deficit which is £0.8m better than plan. This is due to a more favourable research position than planned and 2 high value private patients (that are not expected to be a trend going forwards).

All Trust have been asked to resubmit updated plans to reflect any additional information known and any reallocation of funds from the national or local (STP) pots. Whilst completing this exercise the Trust will also correct the research costs to better reflect the expected position for the rest of the year.

7 Other news

7.1 Staff Awards 2020

On 16 November the Trust opened nominations for our annual Staff Awards.

We know how much of a difference our staff make for our patients and their families every day. The annual Staff Awards are an opportunity to celebrate all our colleagues who go Above and Beyond and highlight their exceptional accomplishments.

Nominations close on Thursday 3 December.

7.2 Break-the-Chain week

On 2 November 2020 the Trust launched 'Break-the-Chain week'. The week focussed on breaking the chain of infection and educating staff around the Trust.



Every ward had Break-the-Chain Champions who provided education and support every day at 9-10am and 4-5pm. There were some great activities around the wards, including the room of horrors where participants were tasked with picking out deliberate infection control mistakes.

Click [here](#) for a short 2-minute video to find out what we can all do to break the chain of infection.

7.3 Federation of Specialist Hospitals

GOSH was pleased to be represented by Professor Neil Sebire at a briefing with Rt. Hon. Jeremy Hunt MP earlier this month to discuss the contribution of specialist hospitals through the pandemic. Prof Sebire shared his perspective on the value of data from specialist trusts to inform policy and patient safety initiatives, citing the rapid analysis of GOSH clinical data on children with COVID and PIM-TS as an example. He also reflected on the impact of technology such as remote consultations, and how this might be managed in an ICS environment where specialist hospitals have patients from all over the country.

7.4 Coronavirus (COVID-19) – information for children, young people and families

On 23 October 2020 the Trust published on its website an information sheet for children with long-term health conditions. The information sheet sets out advice and the action the Trust is taking to respond to the coronavirus outbreak.

You can find guidance for specific patient groups [here](#).

The Trust is following official guidance from the NHS, UK Government and World Health Organisation. The situation is changing constantly so we will update this information as needed.

7.5 Celebrating our Allied health professionals (AHPs)

On 14 October, the Trust took the time to celebrate our Allied health professionals (AHPs).

Allied health professionals (AHPs) give treatment to rehabilitate patients. There are 14 types of AHPs, from music therapists to radiographers. At GOSH we have 282 AHPs that span seven specialties.

For more information about AHPs, please click [here](#).



7.6 World Mental Health Day - 2020: 5 tips for supporting young people during COVID-19

10 October 2020 was World Mental Health Day. To support this event, GOSH published Dr Jon Goldin's (Consultant Child and Adolescent Psychiatrist at GOSH) top 5 tips about supporting children and young people during COVID-19. These were:

- When a young person wants to talk, make time to answer their questions. This doesn't have to be sitting down face-to-face, especially for teenagers. Take advantage of any opportunities to chat as they arise.
- If they ask you a hard question, don't try to close it down. Offer reassurance without being dishonest.
- It's important to normalise the feelings of anxiety: say 'yes, I'm feeling a bit anxious too.' But also try not to get things out of perspective.
- We have a 24-hour news cycle and you only have to turn on the TV or radio and you'll hear things about coronavirus. Monitor that, and moderate it to some extent.
- Establish a 'normal' routine and try to follow it as much as possible. That's difficult in the current climate, so young people need to understand why things are different.

7.7 GOSH Membership - join our Council of Governors

On 29 October 2020, Zoe Bacon, Patient from London Governor in a video published to the Trust website explained how important it was to be on the Council of Governors.

This was the start of a series of communications to advertise the governor elections at the end of the year.

There are more information on the Council elections elsewhere in the Council of Governors papers.

7.8 Mat Shaw quizzed by Young Persons' Advisory Group

Mat sat down for an interview with the GOSH Young Persons' Advisory Group for research (YPAG) for the latest episode of the *We Are ICH* podcast.

YPAG members Lauren and Sukion spoke to me about issues including the environment and changes at GOSH during COVID-19. To listen to the Podcast, click [here](#).

7.9 Damien Hirst donates art to GOSH



We're delighted that Damien Hirst has donated a piece of artwork celebrating the NHS and the work done by staff during the COVID-19 pandemic to GOSH Arts.

We will install this iconic rainbow with its famous butterfly print in the main entrance for everyone to enjoy.

We're hugely grateful to have been chosen as one of the NHS trusts to receive this amazing piece of art.

7.10 Professor Faith Gibson becomes fellow of American Academy of Nursing

Professor Faith Gibson, is GOSH's Director of Research – Nursing and Allied Health, has been named as a fellow of the American Academy of Nursing.

Professor Gibson said *"I am delighted to be a part of the 2020 Class of New Fellows. Improving the experiences of children with cancer is a passion of mine and something I will continue to do for many years to come. I am thrilled that my work has been recognised in this way and would like to extend my thanks to the American Academy of Nursing."*

7.11 Major awards success for Zayed Centre for Research into Rare Disease in Children



The Zayed Centre for Research won both the Health and Life Sciences Research award and the Interior Design and Arts award and was highly commended in two other categories; (Healthcare Design under 25,000 sqm and Design for Health and Wellness) at the European Healthcare Design Awards 2020.

For more about these awards, click [here](#).

7.12 Operational Hub launched

On Tuesday 6 October our new Operational Hub was launched. This exciting new space provides us with the latest technology to view live information about the Trust, meaning we can improve the care we provide to children and young people and how we support and manage our staff.

8 Attachments

- Integrated Quality and Performance Report (highlights) November 2020 (October 2020 data) Appendix 1 – to follow.
- Finance report (highlights) November 2020 (October 2020 data) Appendix 2

Integrated Quality & Performance Report

November 2020 (October data)



Sanjiv Sharma

Alison Robertson

Phil Walmsley

Caroline Anderson

Medical Director

Chief Nurse

Chief Operating Officer

Director of HR & OD

Data correct as of 21st November 2020

Hospital Quality Performance – November 2020 (October data)

Are our patients receiving safe, harm-free care?

	Parameters	Aug 2020	Sept 2020	Oct 2020
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	86 (n=624)	96 (n=622)	88 (n=651)
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	633	574	546
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	64%	77.9%	75.5%
Average days to close	R ->50, A - <50 G - <45	54	34	32.4
Medication Incidents (% of total PSI)	TBC	20.3%	19.8%	22.2%
WHO Checklist (Main Theatres)	R<98% G>98-100%	94.5%	93.7%	98%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	5.4%	4.5%	4.3%
New Serious Incidents	R >1, A -1 G – 0	2	4	1
Overdue Serious incidents	R >1, A -1, G – 0	0	0	1
Safety Alerts overdue	R- >1 G - 0	0	0	1
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	2	2
	Open and ongoing	7	8	8
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2

Are we delivering effective, evidence based care?

	Target	Aug 2020	Sept 2020	Oct 2020
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	80%	77%	75%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	42	50	56
NICE guidance overdue for assessment of relevance	R=1+, G=0	0	0	0
Relevant NICE national guidance without a gap analysis	R=1+, G=0	0	0	0
Participation in mandatory relevant national audits	G=100%	100%	100%	100%

Are our patients having a good experience of care?

	Parameters	Aug 2020	Sept 2020	Oct 2020
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	98%	98%	98%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	98%	97%	96%
Friends and Family Test - response rate (Inpatient)	25%	35%	34%	31%
PALS (per 1000 combined pt episodes)	N/A	10.08	8.11	8.56
Complaints (per 1000 combined pt episodes)	N/A	0.35	0.23	0.49
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	8%	11%	11%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	3%	3%	2%

Are our People Ready to Deliver High Quality Care?

	Parameters	Aug 2020	Sept 2020	Oct 2020
Mandatory Training Compliance	R<80%,A-80-90% G>90%	94%	94%	94%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	87%	87%	85%
PDR	R<80%,A-80-89% G>90%	87%	86%	86%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	Actual: 70%	Actual: 75%	Actual: 87%
Honorary contract training compliance	R<80%,A-80-90% G>90%	92%	88%	83%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	88%	89%	85%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	95%	93%	94%
Resuscitation Training	R<80%,A-80-90% G>90%	87%	84%	87%
Sickness Rate	R -3+% G= <3%	2.2%	2.4%	2.6%
Turnover - Voluntary	R>14% G-<14%	13.5%	12.5%	12.2%
Vacancy Rate – Contractual	R- >10% G- <10%	6%	8.3%	7.4%
Vacancy Rate - Nursing		10.05%	6.9%	4.9%
Bank Spend		5.3%	4.9%	5.4%
Agency Spend	R>2% G<2%	0.8%	1%	1%

Hospital Quality Performance – November 2020 (October data)

Is our culture right for delivering high quality care?

	Target	Aug 2020	Sept 2020	Oct 2020
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	70%	92%	98.3%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	23	24	21
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	0	0	0
Duty of Candour Cases	N/A	13	8	6
Duty of Candour Conversation (Stage 1)	R<75% A 75-90% G>90%	100%	100%	100%
Duty of Candour Letter (Stage 2) Has a letter been sent?	R<75% A 75-90% G>90%	78%	100%	83%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	56%	81%	67%
Duty of Candour - Stage 3 Total sent out in month	Volume	6	8	9
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	17%	25%	44%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	3	2	2
Policies (% in date)	R 0- 79%, A>80% G>90%	75%	76%	74%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	83%	84%	84%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	100%	100%
Inquests currently open	Volume monitoring	9	10	12
Freedom to speak up cases	Volume monitoring	4	3	TBC
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	1	1	1
New Bullying and Harassment Cases (reported to HR)	Volume	0	0	0
	12 month rolling	1	1	2

Are we managing our data?

	Target	Aug 2020	Sept 2020	Oct 2020
FOI requests	Volume	38	57	49
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	84%	69%	78%
No. of FOI overdue (Cumulative)		3	2	9
FOI - Number requiring internal review	R>1 A=1 G=0	0	0	0
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	11	6	9
IG incidents reported to ICO	R=1+, G=0	0	0	0
SARS (Medical Record) Requests	volume	78	94	122
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	100%	100%	95%
New e-SARS received	volume	0	0	0
No. e-SARS in progress	volume	4	3	3
E-SARS released	volume	0	1	0
E-SARS partial releases		NA	NA	1
E-SARS released past 90 days	volume	0	1	0

	Target	Aug 2020	Sept 2020	Oct 2020
52 week + breaches reported (ticking at month end)	Volume	239	282	333
52 week + harm reviews to be completed (for treatment completed)		12	Data not available	49

Do we deliver harm free care to our patients?

Central Venous Line Infections

3. GOSACVCRB (GOS acquired CVC related bacteraemias ('Line infections'))*

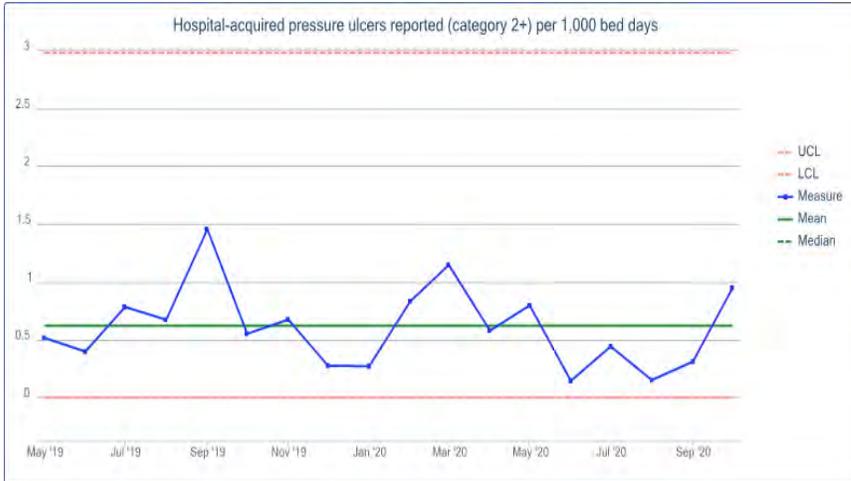
Year	Count	Days	Rate	Rate
Year 16/17	87	52679	1.7	1.7
Year 17/18	82	50835	1.6	1.6
Year 18/19	82	52947	1.5	1.5
Year 19/20	73	55726	1.3	1.3
Apr-20	8	4829	1.7	1.7
May-20	9	4530	2	1.8
Jun-20	4	4454	0.9	1.5
Jul-20	7	4571	1.5	1.5
Aug-20	4	4237	0.9	1.4
Sep-20	3	3997	0.8	1.3
Oct-20	5	4471	1.3	1.1

*During the initial covid surge, the blood culture assessment was not completed for March of year 2019/20. 4098 line days were removed from the total year days recorded, so this figure is for 11 months data.

Infection Control Metrics

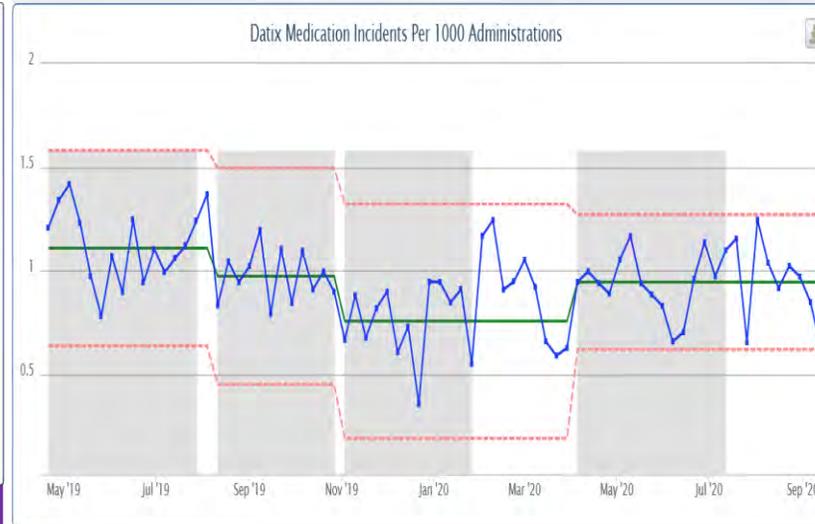
Care Outcome Metric	Parameters	June 2020	Jul 2020	August 2020	Sep 2020	Oct 2020
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	6	9	8	8	2
	YTD (financial year)	23	32	40	48	50
C Difficile cases - Total	In month	0	0	0	1	0
	YTD (financial year)	4	4	4	5	5
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E)	In Month	0	0	0	0	0
	YTD	3	3	3	3	3

Pressure Ulcers

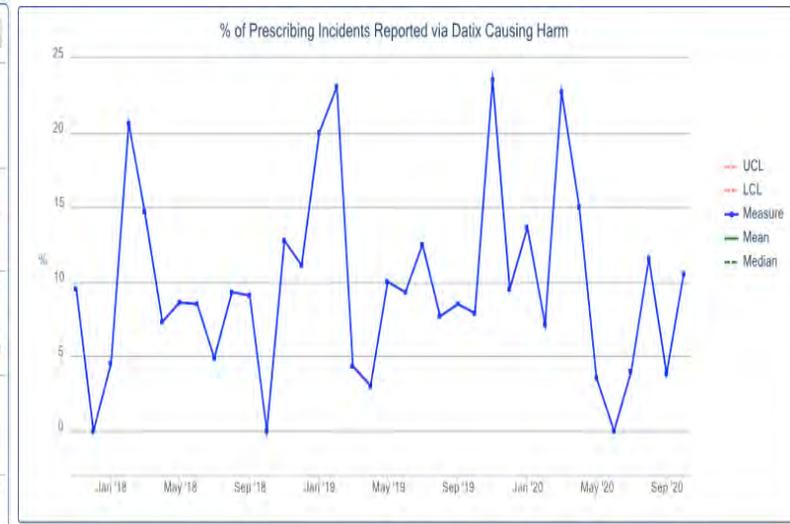


		Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20
Volume	R=12+, A=6-11 G=0-5	8	4	6	1	3	1	2	7
Rate	R=>3 G=<3	1.15	0.6	0.79	0.14	0.43	0.14	0.31	0.95

Medication Incidents



	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20
% medication incidents causing harm	9%	11%	11%	12%	11%	10%	10%	4%	13%	9%	11%



	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20
% medication incidents causing harm	9%	11%	11%	12%	11%	10%	10%	4%	13%	9%	11%

Does our care provide the best possible outcomes for patients?

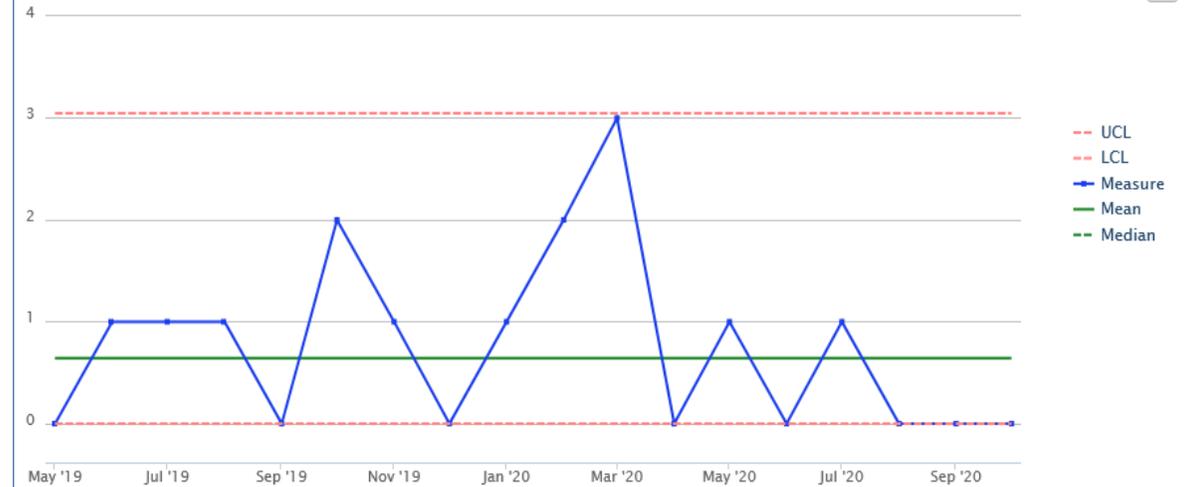
Inpatient mortality

Inpatient mortality rate per 1000 discharges



Cardiac Arrests

The Number of Cardiac Arrests outside ICU / theatres



Respiratory Arrests

The Number of Respiratory Arrests outside ICU / theatres



The crude mortality rate is within normal variation. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting

Are we Safe?

There are currently 10 open **serious incident investigations**. 9 are within agreed timeframes although a small number have required extensions to the standard 60 days timeframes. The 1 SI listed as overdue is due to the delay in requesting an extension. Unfortunately, an extension request cannot be requested retrospectively. The other investigations requiring extensions have been due to the availability of key pieces of information/ staff but also due to the complexity of the investigations and requiring external input. All extensions were approved by NHSE. There was 1 new SI declared in October 2020.

The incident reporting rate has decreased slightly to 88 per 1000 bed days (n=651) but is still compares favourably with incident reporting rates for peers.

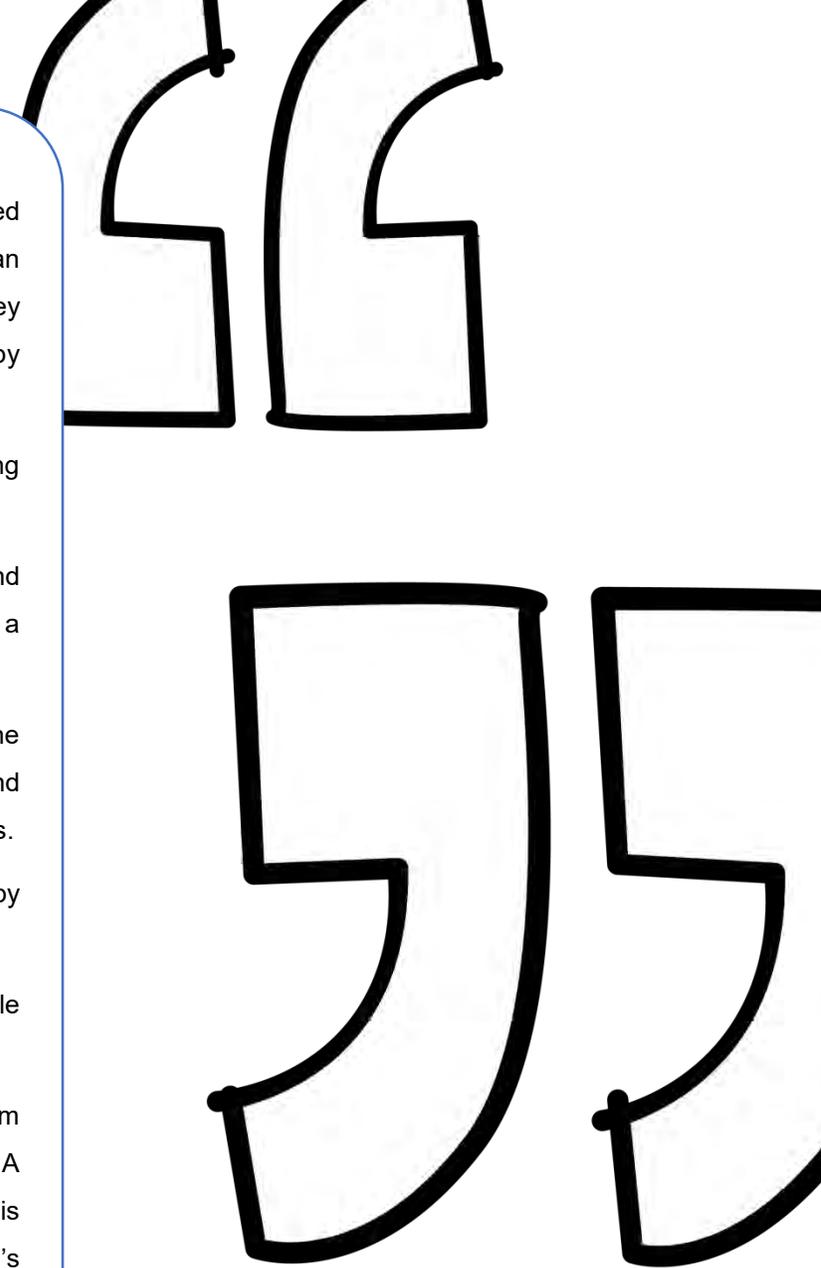
The number of **incidents** being quality checked and closed has decreased slightly to 546 when compared to the previous month (n= 574) and unfortunately the numbers reviewed and closed were slightly lower than the number reported. This process continues to be supported by a bank member of staff who has been on leave and also was supporting the team in preparing timelines for SI investigations.

The percentage of incidents being closed within 45 working days has sustained good progress with 75.5% of all incidents being closed in line with policy timescale (45 days) with the average days to closure reduced to 32 days. Compliance continues to be monitored weekly and summary reports and milestone documents are circulated to the Executive team, directorate/departmental leads as well as individual handlers.

There is one overdue EFN alert noted as overdue. This alert is related to door buffers. Action required for this alert is due to be signed off by the end of November when completed.

In terms of **infection control** (please refer to slide 4) there were 2 mandatory bacteraemias reported for October 2020. There was 0 C..Difficile infection. Our line infection rate for the year to date is 1.5 which is in line with previous years reporting.

Clinical Harm Reviews are carried out for patients who have waited longer than 52 weeks for their treatment. As of October 2020, 49 harm reviews have been sent for completion. There are 333 breaches of the 52 week pathway (at month end) for patients on a ticking pathway. A review of the 52+ week review pathway is currently underway. It is reported that the current process is confusing and cumbersome. The aim is to ensure that this is simplified with a 2 stage review process to be implemented. An update of this review will be shared within next month's report.

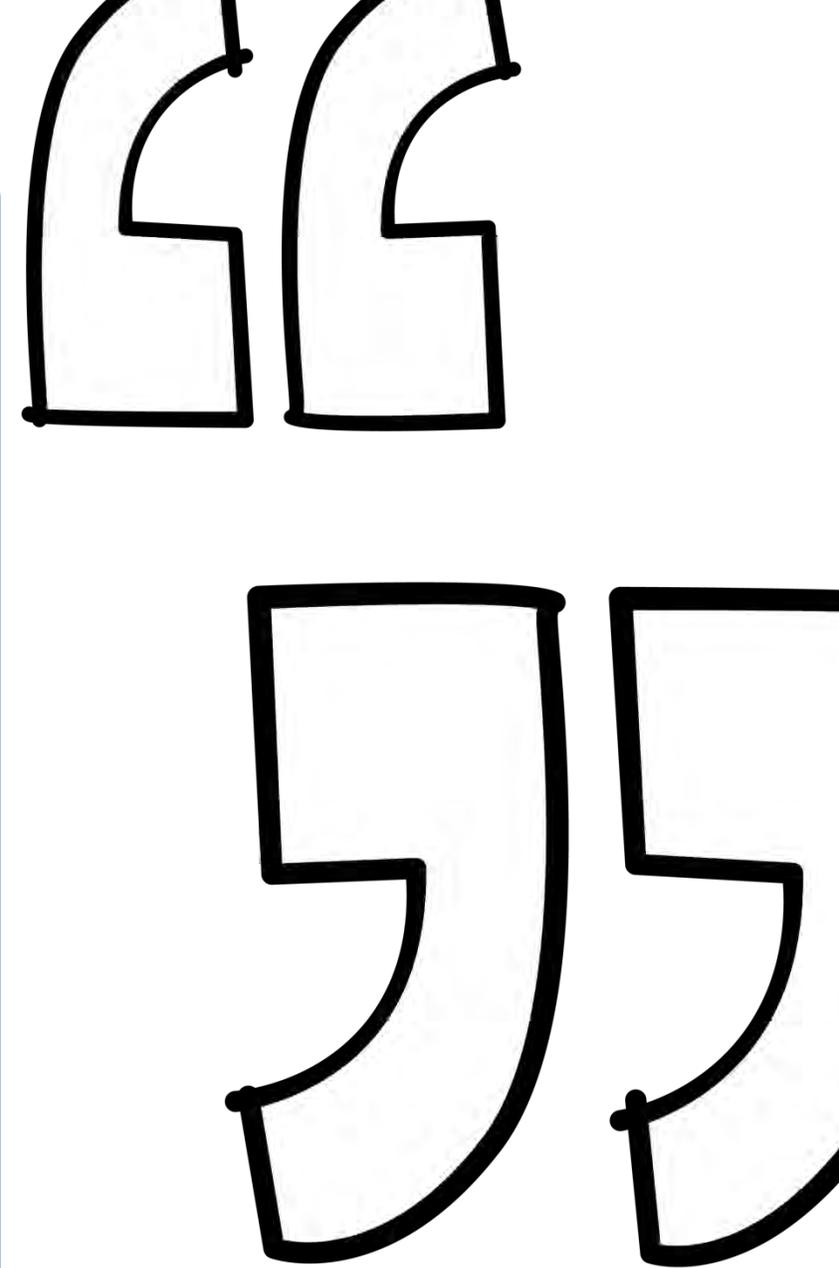


Are we Caring?

The number of **Friends and Family Test** responses decreased slightly (from 1245 to 1188) this month. The Trust targets for FFT responses and the experience ratings were met. There was an increase in FFT submissions by children and young people. Although the number of negative comments was relatively low, comments included concerns about the one visitor policy, communication, availability of hand sanitiser and infection control procedures, and cancelled appointments. All comments are followed up and responded to (where contact details are provided) and used to drive improvements in the hospital.

Formal Complaints- there were 11 new formal complaints in October 2020. This is more than double the number received in September 2020 (n=5) but reflects increased numbers in October 2019 (n=10) and October 2018 (n=15). There was one new red complaint regarding Blood Cells and Cancer which relates to a misdiagnosis and management of a Serious Incident. This brings the red complaints year to date to seven although based on the investigation findings, one complaint has been reassessed and will be downgraded to medium risk. Of the seven complaints YTD, three related to BCC (Oncology and BMT), two to BBM (Urology and Orthopaedics), and the remaining two about Sight and Sound (ENT and Cochlear) and Heart and Lung (PICU/ NICU). Close monitoring of red complaints continues to identify themes and trends.

Pals contacts increased this month. Over 50% of the total number of contacts received relating information with families seeking additional clarification and reassurance on care plans with a particular emphasis on shielding recommendations. Concerns about transport decreased following close liaison with the transport provider. Dermatology contacts increased again this month and review of correspondence confirmed that contact details were omitted hence families contacts PALS.



Are we Effective?

Four priority clinical audits have been completed in the last month

Audits where we have shown positive practice

- Audit to assess implementation of documentation recommendations made for the Urology Service by the Royal College of Surgeons
- Audit of implementation of actions for the Spinal MDT following a complaint (reference 18/056) and a Prevention of Future Death Report

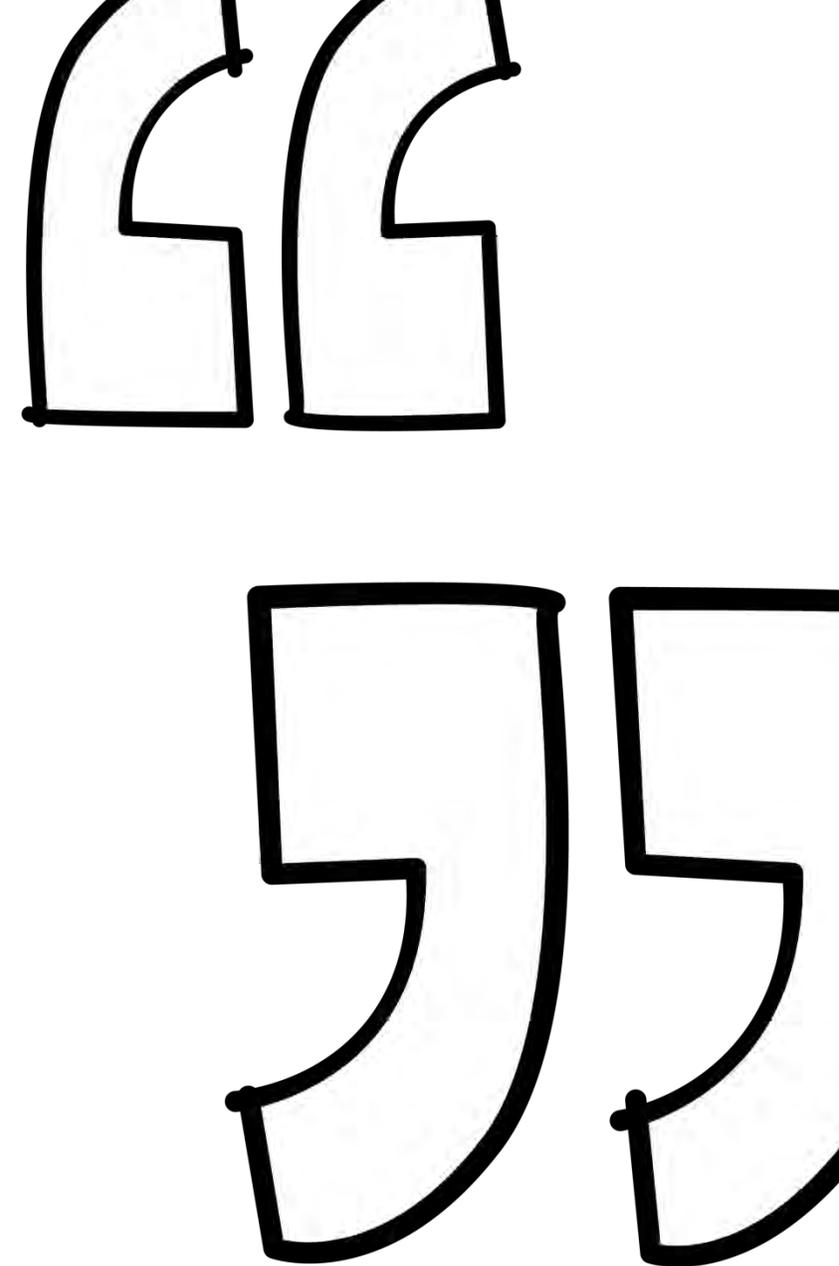
Audits where improvements are required.

- Audit of best practice with chaperoning of patients where intimate examinations take place
- Height and Weight in outpatients

In addition additional resource has been found to assess practice and encourage improvement with our **Hands, Face, Space, Place standards** to keep each other safe. This audit will be repeated at the end of November

Our long term data suggests we have a good culture of learning and improvement in relation to our **specialty led clinical audit** activity. We aim to have to have over 100 completed specialty led clinical audits per year. We have reported post COVID that there have been challenges meeting this target. At the end of October we are slightly off track (56 audits completed (target =58 completed by end of October) It is anticipated that there may be a reduction in the number of completed clinical audits this year due to the impact of the pandemic, which is reflected in the current position

We continue to monitor our **NICE guidance** and note that there is no NICE guidance overdue for review



Are we Well Led?

There were 6 incidents requiring **duty of candour** in October 2020. Being Open/Duty of Candour conversations took place in 100% of incidents. 5 (83%) of the stage 2 follow up letter were sent, with one delayed so as to incorporate the findings from the investigation which had been completed quickly following the incident, and the family are aware. 4 (67%) of the letters were sent within the 10 day timescale. One of the delayed letters was due to an oversight in the letter being sent out. 9 investigation reports were shared with families in October 2020. Unfortunately due to the length of time in completing these investigation, only 4 were shared within the expected timeframe. A new weekly candour catch up has been set up with the directorates to help pre-empt and manage delays.

Risk Register: High risk monthly review performance increased to 98% (from 92%) in October 2020.

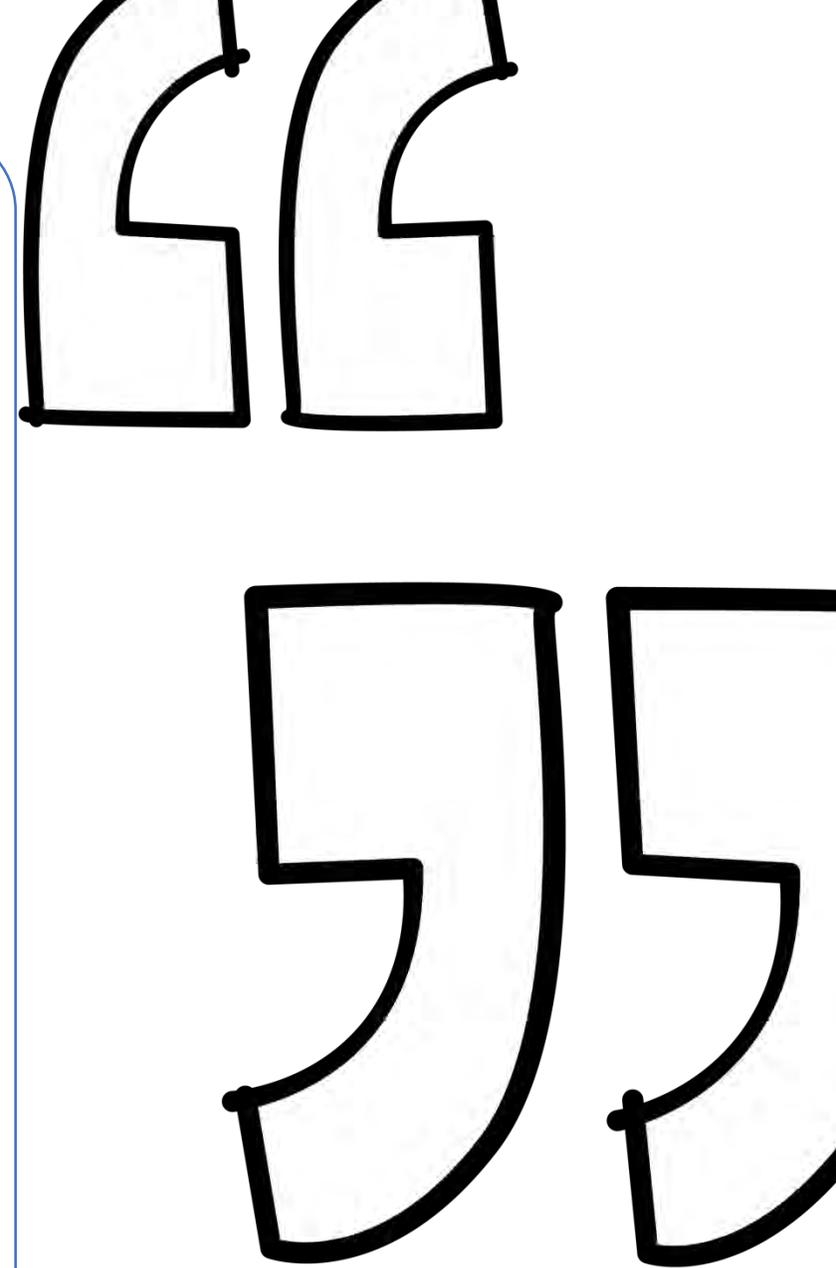
The Trust observed a broadly similar number of **FOI** requests in October 2020. The compliance timescale had increased slightly in October (78% from 69% in September) 2020 although remains slightly lower than seen in August 2020. The FOI team is currently one staff member with interim arrangements (1.5days per week) now in place since August 2020. The reduction in compliance is broadly due to the numbers of FOI's received as well as the complexity of requests and also length of time it is taking a number of departments to respond. There are currently 9 that are slightly overdue. Training will be provided by the senior advising solicitor to the Senior leadership team in November 2020. The aim will be to roll this training out to supporting teams.

There are currently 27 open **Serious Incident actions** in October 2020, 21 of which are overdue The Patient Safety Team continue to work with the directorates to ensure completion and closure of the overdue actions by the end of December 2020. The more recent actions are monitored via the Closing the Loop meeting.

Policy performance: 134 of 177 (76%) of all Trust policies are currently in date, with 84% (89 of 106) of our Safety Critical policies in date. Chief Executive requested an organisation wide push to improve performance.

All Executives will be asked to provide an update on their out of date policies at the 2 December RACG.

HR & OD are undertaking a root and stem review of their policies to identify which can be merged, retired or downgraded to departmental SOPs.



Workforce Headlines: October 2020



Contractual staff in post: Substantive staff in post numbers in October were 4874.2 FTE, an increase of 59 FTE since September, and 233 FTE higher than October 2019.

Unfilled vacancy rate: Vacancy rates for the Trust decreased in October to 7.4% from 8.2% in September and slightly lower than the same month last year. Whilst the vacancy rate remains below the 10% target, it is higher than the 12 month average of 6.8%. Vacancy rates in the clinical directorates (bar IPP) were all below target in October.

Turnover: is reported as voluntary turnover. Voluntary turnover continued to reduce to 12.2%, it's lowest level in nearly 5 years, and meets the Trust target (14%). Total turnover (including Fixed Term Contracts) also reduced to 15.2%, again it's lowest rate for nearly 5 years. The reduction is likely at least in part attributable to the impact of COVID and is therefore likely to eventually increase without the ongoing focus on retention as outlined in the People Strategy.

Agency usage: Use of agency staff was stable at 1% of paybill in October, but remains higher than the recent average. However agency usage remains well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill was 5.4% in October.

Statutory & Mandatory training compliance: In October the compliance rate across the Trust remained stable at 94%, which remains above the target with all directorates achieving target. Across the Trust there are 10 topics below target including Information Governance where the target is 95%.

Appraisal/PDR completion: The non-medical appraisal rate for October remained at 86% with only 2 clinical Directorates achieving the 90% target. Consultant appraisal rates increased in October to 79%. The Medical Appraisal and Revalidation Committee has established processes to address levels of medical appraisals that commenced from August. PDR non-compliance will be targeted at directorate performance reviews.

Sickness absence: The sickness KPI has been amended in 2020/21 to reporting in month sickness rather than the previous annual rate. This is to be able to monitor peaks and troughs more effectively. Sickness rates for October increased to 2.6%, but remain below target. While sickness rates remain within target, October saw an increase in the second half of the month in absences related to COVID-19

Covid-19 at GOSH

We have changed the way that we work at GOSH in March in order to ensure that we play our part in supporting the NHS to respond effectively to Covid-19. This slide brings together a number of key metrics to help understand the overall picture.



There were 29 COVID 19 related **incidents** reported in October 2020 which is a slight reduction when compared with the previous month. All incidents related to covid are reviewed by the infection control team and Health & Safety Advisor.

FFT feedback suggested that patients were generally satisfied with the care they received both inpatients (98%) and outpatients (96%) with many positive comments about management during the pandemic. However, there are a rising number of Pals contacts in October with parents/carers seeking confirmation of upcoming outpatient appointments and inpatient admissions.

The Trust remains 100% compliant with the review of **NICE rapid COVID-19** guidelines.

There have been 4 **outbreaks** between 1st April and 16th November 2020.

Location	Number of positive staff	Reported externally?
Ventilation Technician Department (Heart & Lung)	3	Yes
MRI sedation service (Operations & Images)	3	Yes
Blood Cells and Cancer services	5	Yes (currently still open)
Recovery (Operations & Images)	2	Yes (currently still open)

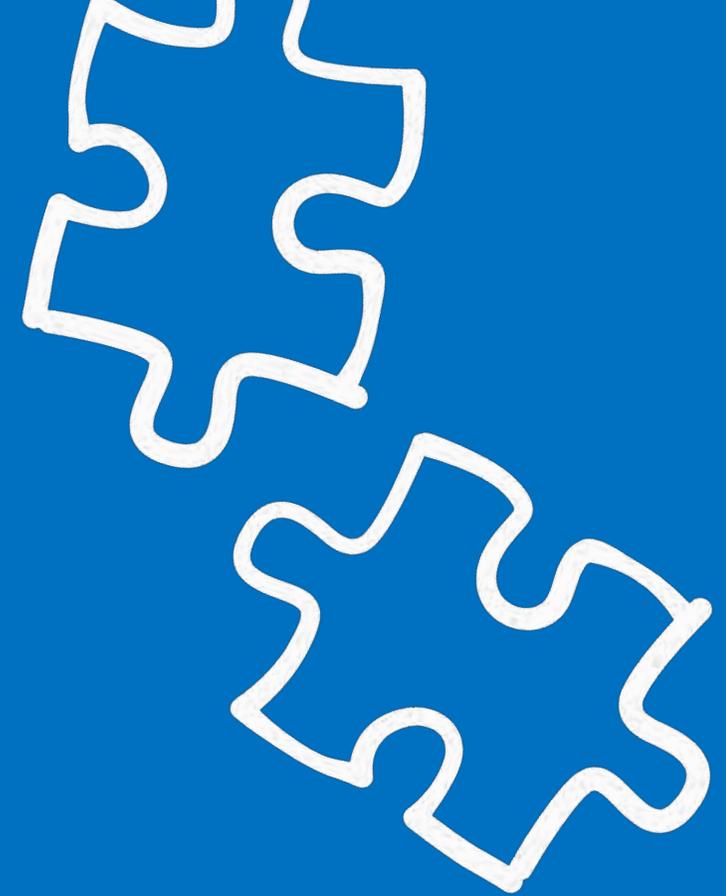
Although remaining lower than the spring peak, October saw an increase on **reported absences** due to self isolation and sickness related to COVID-19, particularly in the 2nd half of the month. Overall sickness in month remained within target.

There are currently 70 open **Risks** on the COVID 19 risk register Issues include infrastructure (including staffing, facilities and environment) which was the most common risk type. 5 risks were considered mitigated against and closed in September with 3 new risks identified. The current risk levels have changed slightly with 16 risks currently graded as high, 36 as low and 18 as medium.

Quality and Safety

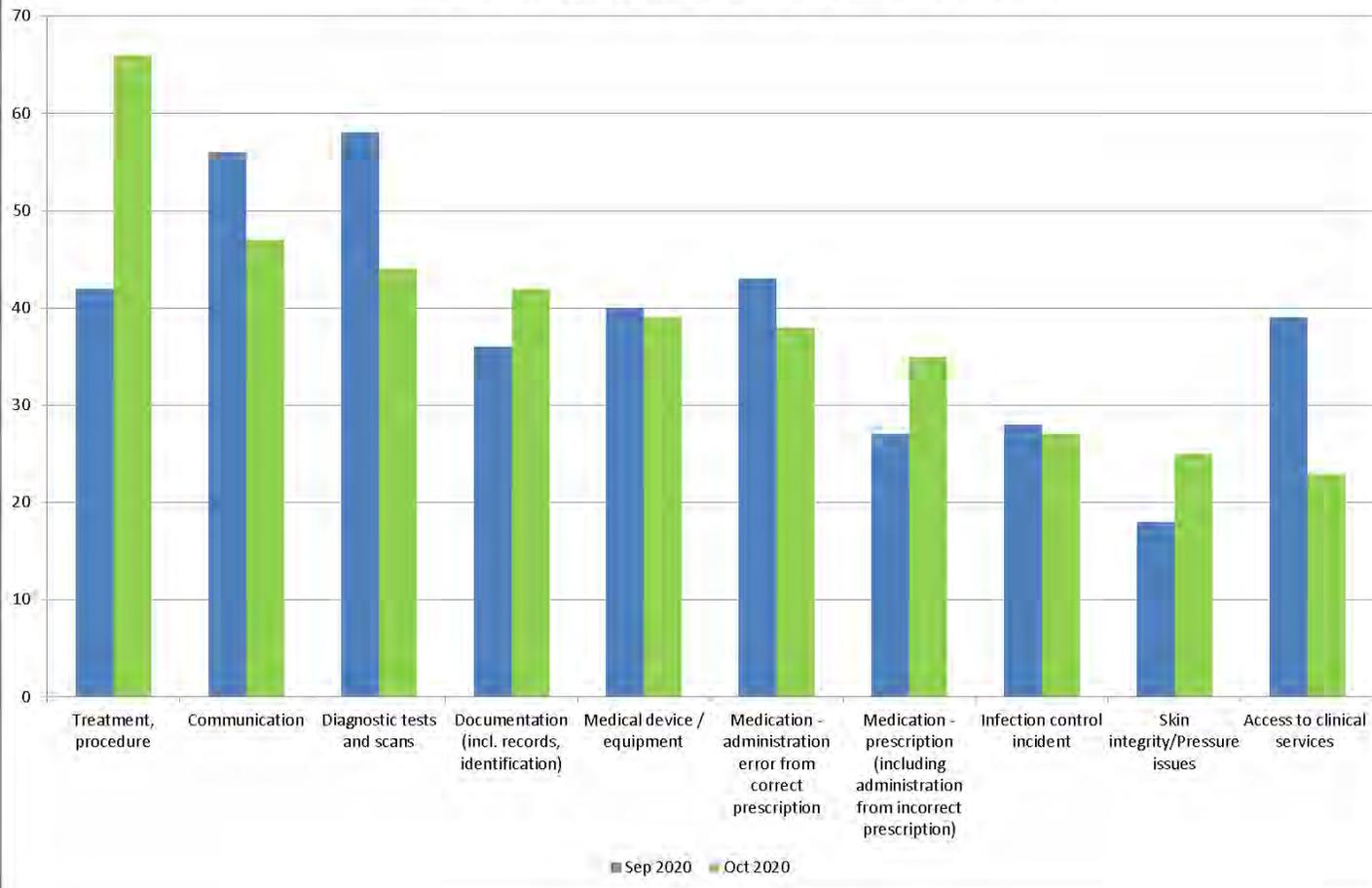
This section includes:

- Analysis of October's patient safety incidents
- Lessons learned from a recent serious incident
- Summary of Serious Incidents
- Overview of Safety Alerts
- Progress update on speciality led clinical audits
- Update on priority audits
- Summary of Hands, Face, Space & Place audit findings
- Overview of WHO Safer Surgery Checklist performance
- Overview of Quality Improvement work



Understanding our Patient Safety incidents

Incidents by Category and Reported (Month and year)



Treatment/Procedure rose to be the most common category in October 2020. The most common sub-categories were delay/failure of procedure (22) and complication of treatment/procedure (11) followed by failure to follow policy/guideline (5). A qualitative analysis of the “delay/failure of procedure” incidents shows that 19 of these incidents were related to patients being inadequately prepared for theatre causing delays in the list. This has been a historic problem and there are periods where theatres will report these occurrences on datix as on this occasion. 16 of these incidents related to patients on Bumblebee Ward.

There was a slight increase in **medication prescription** errors to 35 incidents. 15 of these incidents were listed as having occurred on CICU with the next highest area being Squirrel Gastroenterology with 3 incidents. 5 of the CICU incidents were related to drugs being prescribed from the wrong weight (instead of working weight). These were marginal differences and caused no harm and were picked up prior to administration. 7 of the CICU incidents were related to incorrect infusions where either the fluid or the drug was incorrect, e.g. the fluid should be 5% glucose 0.9% NaCl but it was 5% glucose 0.45% NaCl.

Skin integrity incidents saw a slight rise last month to 25 incidents. 10 incidents were on CICU, 5 on Leopard Ward and 2 each on Koala and Panther ENT, with the remainder spread evenly between 6 other wards. A review of these incidents has found the majority of incidents on CICU were unavoidable pressure marks on the nostrils, ears and catheter sites that were identified and treated quickly. 4 of the Leopard ward incidents related to a single patient who has been difficult to treat and this is being managed with the family. There were 3 extravasation injuries which were all quickly identified and treated. All incidents were graded minor or no harm.

Patient Safety – Serious Incident Summary

New & Ongoing Serious Incidents

Direct orate	Ref	Due	Headline	Update
H&L	2020/7770	28/10/2020	Retained surgical wire following post procedural identification	Report being finalised
H&L, O&I, BBM	2020/8287	28/11/2020	Concerns regarding the treatment plan following thoracic surgery in H&L	Further review required
H&L	2020/9488	20/11/2020	Cardiac condition not identified on fetal echocardiogram	Report being finalised
BBM	2020/13894	27/11/2020	Delay in monitoring resulting in loss of renal function	Panel took place – some queries remain
BBM	2020/14532	01/12/2020	Lack of nephrology input for child with poor kidney function	Reviewing local medical records
IPP	2020/16005	17/11/2020	Lack of clinical information on admission impacting on patient care	Panel meeting completed, report drafted
BBM	2020/17315	07/12/2020	Irrecoverable loss of kidney function	Investigation commenced.
Brain	2020/17701	14/12/2020	Surgical site infection	Panel date booked.
BCC/ O&I/ H&L/ BBM	2020/18320	21/12/2020	Delay to treatment	Investigation commenced.
O&I	2020/20297	21/01/2021	Respiratory arrest following general anaesthetic	Investigation commenced.

Learning from Serious Incidents: 2020/6535

Identification of neutropenic sepsis

What happened?

A 12 year old girl was admitted at her local hospital with a previous diagnosis of ALL. The patient was jaundiced and unwell but afebrile and it was felt her condition was due to anaemia. She continued to deteriorate over a 4 hour period and at this stage antibiotics (piperacillin-tazobactam and ciprofloxacin) were given and a transfer to GOSH arranged. On admission the patient was taken to PICU and later arrested there but was stabilised. Antibiotics were changed to meropenem as Klebsiella was identified in blood cultures. The port was also removed as it was felt to be the likely source of infection. Due to the deterioration of the patient's condition support was withdrawn the following day and the patient passed away.

Root cause

The root cause of the incident is a combination of factors. The patient presented following the onset of symptoms over the Christmas period with initial presentation being anaemia and pain related due to the absence of a fever. Once neutropenic sepsis was identified only one of the two recommended antibiotic was administered due to the patients deteriorating renal function and advice was sought and subsequently changed which incurred a delay in administration.

Lessons learned

- Abdominal and generalised pain without changes in the patient's temperature parameters can be an indicator of neutropenic sepsis
- The timely administration of the correct antibiotics once sepsis is identified

Patient Safety Alerts/ MHRA/ EFN Alerts

NatPSA/2019/006/NHSPS:
Foreign body aspiration during
intubation, advanced airway
management or ventilation

Date issued: 01/09/2020

Date due: 01/06/2021

FSN/FA902: Medtronic
Heartware HVAD System
Battery Charger AC Adapter
Controller Power Port
Incompatibility

Date issued: 03/02/2020

Date due: N/A

FSN – Rashkind – UK DCL
HCP FA927 Rashkind Balloon
Septostomy Catheter Recall

Date issued: 11/09/2020

Date due: N/A

FSN – Product recall – BD
PosiFlushT XS 10mL syringe

Date issued: 20/07/2020

Date due: N/A

FSN – Fannin pre-filled
N/Saline Syringe 10ml

Date issued: 27/07/2020

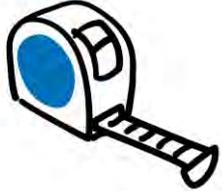
Date due: N/A

EFA/2019/005: Issues with
doorstops / door buffers

Date issued: 31/12/2019

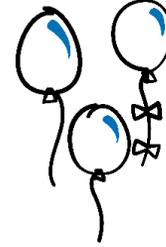
Date due: **30/10/2020**

Specialty led clinical audit



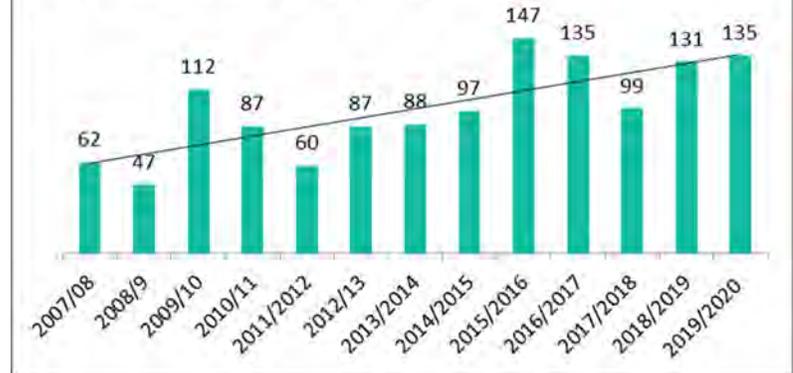
There are currently **251** clinical audits registered

30 audit projects have had support from the Clinical Audit Manger in October. Support ranges from guidance about governance , direction to reporting mechanism, setting of measures and approach, analysis of data, structuring reports.



Our long term data suggests we are encouraging a culture of sharing our specialty led clinical audit activity

Completed specialty led audits



We aim to have to have over 100 completed specialty led clinical audits per year. At the end of October we are slightly off track (56 audits completed (target =58 completed by end of October) It is anticipated that there may be a reduction in the number of completed clinical audits this year due to the impact of the pandemic, which is reflected in the current position

To find out more about clinical audit at GOSH and see what audits are taking place, and learning from completed work please see the link below

http://goshweb.pangosh.nhs.uk/clinical_and_research/CGST/clinical-audit/Pages/clinical-audit.aspx



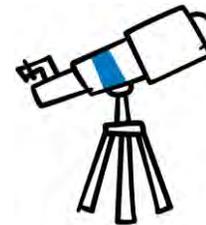
Specialty audits on track

It is important to have timely oversight of the outcomes of specialty led clinical audit in order to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored.

This is essentially about knowing what clinical audit we are doing in the Trust

The Trust is expected to provide evidence to regulators, including the CQC, that specialty led clinical audit activity takes place.

We are on target for speciality audits on track



Clinical Audit –priority plan in progress

Audit	Why are we doing this audit?	Timeframes for audit
Content of clinic letters	To review the content of our clinic letters against best practice standards	December 2020. This audit may need to be deferred due to COVID 19 and additional priorities.
Learning from a complaint (19-070)	To establish implementation of learning within BMT service that “All vital information regarding the patient and their treatment plan will be discussed at ward round .”	Audit plan in place and aim to start audit in November 2020
GOSH/IPP response to Patterson Inquiry	To provide assurance that recommendations that are relevant to GOSH have been implemented.	Audit plan approved from the Deputy Director, International & Private Patients Service. Audit to take place in November 2020
Learning from an inquest-GOSH MDT meetings –re-audit	Learning from an inquest has highlighted the need to ensure appropriate attendance and documentation at GOSH multidisciplinary team (MDT) meetings	Audit in progress and aim to be completed by end of December 2020
Learning from complaint (18/093)	Learning from complaint (18/093) re-audit to determine if we have changed our practice on PICU for documenting updates given to families	In progress
Learning from incidents. Quality of the Surgical Count	To look at how effectively we are using the surgical count to minimise the risk of retained foreign objects. The audit considers learning points raised from two retained foreign objects SI.	Paused due to impact of Covid 19. This will resume when there is capacity to complete the audit . This is being monitored by SSIPS .

Additional audit priorities

The **Medicines Audit plan** includes a process for assessing key medicine safety standards , including the implementation of ‘must dos’ highlighted by the 2020 GOSH CQC inspection report. These audits are supported by the Clinical Audit Manager and monitored by the Medicines Safety Committee

IPC Assurance Framework

Infection Prevention and Control (IPC) measures have been reviewed in light of changes in national guidance to support management of COVID-19. Additional clinical audit in addition to the IPC audit plan , with support from the Clinical Audit Manager has taken place to inform the IPC Assurance Framework

Safeguarding Audit Plan –continued support will be provided by the clinical audit dept. to assist with the delivery of the this plan

Ward Accreditation – assistance provided to Project Lead to support approach for agreeing standards and input into project aims and processes

Support with managing mandatory reporting of **Learning From Deaths**

Clinical Audit: Supporting learning & improvement

Completed priority audits since last month

Re-audit To assess implementation of documentation recommendations made for the Urology Service by the Royal College of Surgeons

Audit of cases from February 2020 highlighted that improvement was required in the documentation of a same day post-op Consultant ward round for each patient on the day of surgery as per the Urology team standards. The results were shared within the Urology team, and it was clarified that the data reflected an absence of documentation, rather than practice. The team agreed to ensure that individual Consultants took responsibility for ensuring documentation of the ward rounds they lead post operatively.

Findings

The re audit of practice in October 2020 highlights that there has been some sustained improvement in these standards, with some scope for refining practice to ensure more reliable documentation where parents are not present for post op review, and to be more explicit where a patient is not discussed at MDT

Audit of implementation of actions for the Spinal MDT following a complaint (reference 18/056) and a Prevention of Future Death Report

Aim of audit

- To assess current implementation of core standards as outlined in the Spinal MDT terms of reference
- To assess implementation of key steps around the Spinal MDT recommended through a Prevention of Future Death Report

Findings

The audit provided evidence of implementation of core standards for the Spinal MDT that were relevant to the learning from the Prevention of Future Deaths Report and complaint action plan.

Clinical Audit: Supporting Learning and Improvement

Completed priority audits since last month

Audit of best practice with Chaperoning of patients where intimate examinations take place

Aim of the audit

To capture the implementation of key areas of the GOSH Chaperone policy.

To review implementation of national best practice for intimate examinations undertaken at GOSH

Findings

There was no evidence in this audit that processes are in place, and that clinical documentation supports standards to ensure that chaperones are offered and documented when an intimate examination takes place.

A process must be developed to ensure that chaperones are offered, and the use of the chaperone is documented in the patient record where intimate examinations take place. This should be realised in an EPIC workflow. The GOSH Chaperone Policy needs to be reviewed and strengthened to be clear on the above, and also be more explicit on the GOSH definition of an intimate explanation

An action plan is being finalised and owned by Safeguarding. This has been added to the Safeguarding risk register.

Height and Weight in outpatients- action from SI investigation (2020/3609)

Background

An audit was requested following the outcome of an SI to assess the current position with some learning from the incident:

Aim of audit

To review adherence to best practice with height and weight recording for outpatient appointments.

Findings

There is a significant gap between GOSH and national standards and practice for recording height and weight at outpatient appointments. Approximately one in three children coming to GOSH have their height and weight recorded at a physical outpatient appointment.

An action plan is being finalised with the Outpatient Matron and Head of Nursing and Patient Experience for Sight and Sound. The opening of the to the Sight and Sound building in April 2021 will support the specialties moving there to height and weight patients. Work will be needed to review arrangements in other specialities.

Hands, Face, Space, Place audit

Why we did this audit?

To ensure local ownership of standards to check that our post 24 Sep COVID Hands, Face, Space, Place standards are being maintained in rest and meeting spaces, and shared offices. We need to get this right to protect each other, our services and our patients. Audit on the 14th and 15th October has shown we need to improve and own this at local level.

The ask

It has been requested to SLT that this audit was done in the week of the 19th October, and that teams and individuals review the spaces they work in and ensure that standards are met .

It is everyone's responsibility to meet these standards and take local ownership for doing so For further guidance click [here](#)

Our standards



HANDS: We must all practice excellent hand hygiene. Wash or sanitise your hands when you arrive at or return to your workplace and before you eat or drink

FACE: We must all wear a fluid repellent surgical mask everywhere in the hospital and everywhere on the hospital estate. Unless they are eating or drinking or in the room alone

SPACE: We must all practice good social distancing. Keep 2m away from others wherever possible. And only use those workstations that are appropriately distanced from your colleagues

PLACE: No-one should come into the hospital if they feel unwell or have any symptoms of COVID-19.

Results

% of rooms observed meeting standard	14 th and 15 th October audits (49)	16 th October plus (164 audits)
Hands	74%	88%
Face	77%	91%
Space	80%	87%
Place	100%	99%

There have been many individual change actions , and supportive conversations as a result of this audit . Some examples from the week follow

"I've had feedback from staff saying that the increased conversations, reminders, knowledge that audits will be happening at some point etc have all helped to make us all be more careful"

"this room has been arranged so that the allowed number of chairs sit on marked areas and cannot be moved to ensure that social distancing is adhered to"

There are a number of initiative in place to support best practice

- Guidance widely circulated through Coms
- High visibility of audit results and key messages profiled through SLT, Headlines, and big briefing
- A particular challenge in the audit was noted to be in Medical Records. The Trust Records Manager has led rapid improvement work with her team , which has increased performance
- Break the Chain week 2nd November
- Task and finish group to look at opportunity for outdoor spaces
- Engaging with junior doctors to understand what they need via the Associate Medical Director for Workforce

We will be re-auditing across the Trust the week beginning 23rd November

WHO Safer Surgery Checklist

Since April Epic launched it has been possible to collect real time information on the performance of the WHO checklist as staff are required to document completion of the various checks and stages in their record. There is however no 'hard stop' which means that there are times when the check may not have been documented. The initial reports from Epic suggested a very high level of compliance (typically 99% in main theatres, and 95-98% outside main theatres), which was in line with the feedback we had received from our observational audits of WHO checklist performance. However, in January 2020 some issues with the way in which the report had been set up were identified, and monthly performance for main theatres has typically been reported as between 90% and 93% for the first half of 2020.

Following a rapid improvement project managed through the GOSH Safer Surgery and Invasive Procedures (SSIPs) group from June 2020, improvements were noted with overall performance in main theatres sitting at 94-95% through summer. However, documentation of performance in non-theatre environments continued to be far below the required standard. The efforts of the GOSH SSIPs team saw an improvement from 45.3% in July to 79.8% in August 2020. In addition to data quality issues with non-traditional theatre checklist data, it was recognised that there were two main quality challenges:

- Identifying and supporting small numbers of staff in main theatres who were not completing all the checks on the system
- Supporting significant changes of practice in non-traditional theatre environments.

Project Apollo

Improvement in WHO checklist documentation (target 100%) was agreed as one of the organisation goals in Project Apollo (Sept-Oct 2020). This provided an opportunity to listen to the challenges faced by staff, provide support and training and redesign processes to support staff working safely

Results:  99%

	April – Sept 2020	Pre-Apollo Week	Apollo Week
Main theatres	95%	98%	100%
Outside areas	65%	86%	98%
TOTAL	84%	94%	99%

Next Steps:

- Culture- encourage quality; speak up; shared responsibility
- Educate- new staff; existing staff; staff unfamiliar with theatres; teams
- Redesign- workflow; checklist; epic; workspace
- Hardware- old computers; fixed location; flight boards



Have we sustained this improvement?

Clinical Area	Incomplete checklists on Epic	Completed checklists on Epic	%
CATH AND EP LAB	0	46	100%
CT	3	7	70%
GENERAL RADIOLOGY	2	1	33%
INTERVENTIONAL RADIOLOGY	17	327	95%
MAIN THEATRES	16	808	98%
MRI	16	146	90%
NUCLEAR MEDICINE	4	4	0%
Grand Total	58	1335	96%

The table shows performance for October 2020. Cath Lab have achieved 100% Main theatres have achieved 98%. MRI have made very commendable progress with support from the GOSHSSIPs team. Further attention is required in general radiology, nuclear medicine and CT through engaging checklist champions and sharing the good practice recently developed in MRI.

The GOSHSSIPs team were finalists in the HSJ Patient Safety Awards in the Perioperative and Surgical Care category in November 2020.

Quality Improvement - support the QI framework outlined in the Trust Quality Strategy (“doing things better”)

1. Trust Priority Projects

Project Commenced	Area of work	Project Lead (PL) Exec Sponsor (ES)	Expected completion date
Oct 2020	All children and young people at GOSH to receive TPN in accordance with their requirements by 30 th April 2021	PL: TBC ES: Polly Hodgson	30 th April 2021
June 2020	Implementing an effective trust-wide system and process for temperature monitoring of fridges and drug rooms	PL: Salina Parkyn ES: Sanjiv Sharma	30 th November 2020 (on track for handover to operations)
May 2020	Design and implementation of a Ward Accreditation Programme trust-wide.	PL: Darren Darby ES: Alison Robertson	31 st January 2021 (pilot phase) 30 th June (trust-wide implementation)
November 2020	Clinical Pathway Redesign (in collaboration with Transformation)	PL: Anthony Sullivan ES: Dal Hothi	To be scoped

2. QI Education/Training

In line with the 2020-25 Quality Strategy, QI training will be offered to all staff groups from Board to Ward with 1:1 coaching sessions to support local initiatives.

Current education priorities are:

- Aligning the QI training portfolio with GLA training pathways
- QI training sessions delivered to all nursing teams in preparation for Ward Accreditation process

3. Local / Directorate QI Work- coaching and data analytical support provided by the QI Team

*some projects have been paused during COVID-19 response and therefore completion dates adjusted

Project Commenced	Area of work	Project lead:	Expected completion date
Jun 2019	To reduce the number of unnecessary blood tests, when ordered in sets/ bundles, in Brain Division	Spyros Bastios (Metabolic Consultant)	August 2020 (adjusted to March 2021)- project scope has expanded
May 2020	To increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	October 2020 (adjusted to December 2020)- project scope has expanded
June 2020	To improve staff understanding of children and young people's Mental Health and Wellbeing across the Trust by March 2021	Shauna Mullarkey (Clinical Psychologist & Practice Educator)	March 2021
July 2020	To improve the safety and quality of patient handover from Theatre to PICU after complex surgery	Mae Johnson (PICU Consultant)	December 2020
Oct 2020	To improve holistic elements of care for cardiothoracic transplant patients	Helen Spencer (Consultant in Transplant and Respiratory Medicine)	August 2021
Oct 2020	To improve continuous measurement of impact of the Chaplaincy service to GOSH staff, patients and families	Dorothy Moore-Brooks (Deputy Team Leader- Chaplaincy)	December 2020

* A further 21 local projects have been supported in October 2020 through 1:1 'project surgery' sessions

Patient Experience

This section includes:

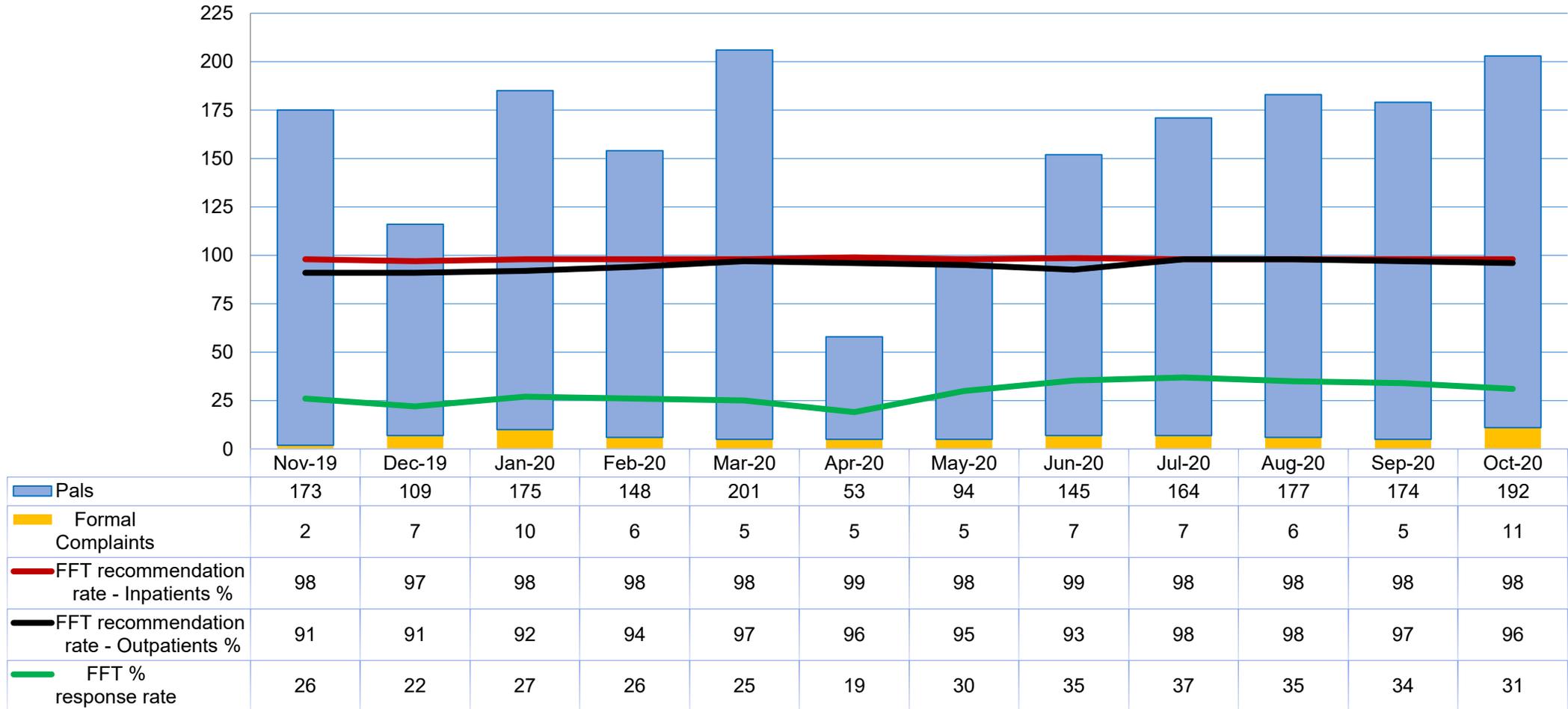
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- Lessons learned from a recent complaint
- Pals themes and trends
- Learning and improvements from Pals contacts
- Friends and Family Test feedback trends and themes
- Friends and Family Test – You Said, We Did



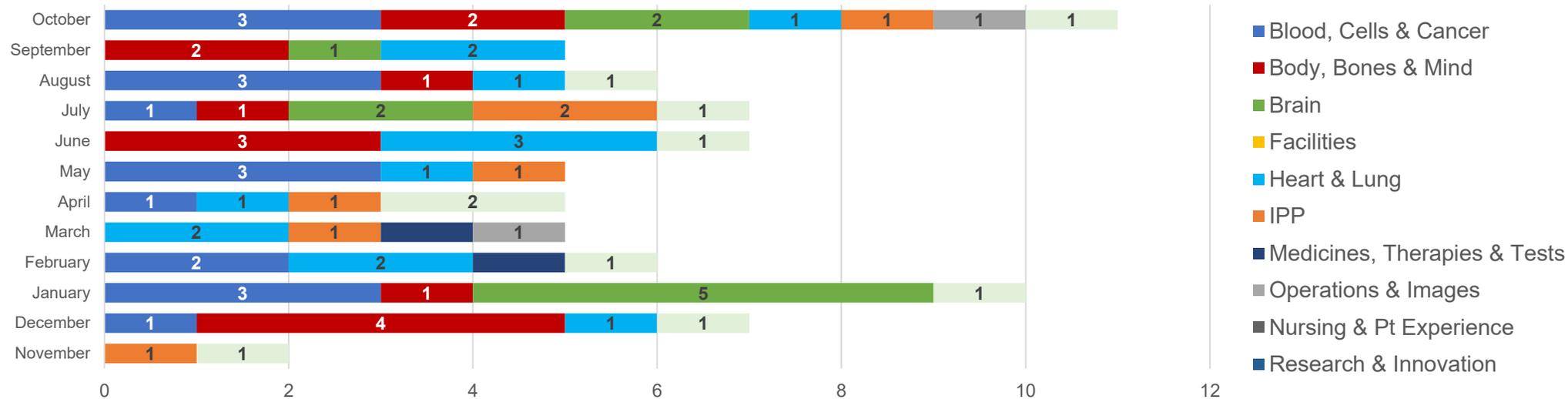
Patient Experience Overview

Are we responding and improving?

Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



Complaints: Are we responding and improving?



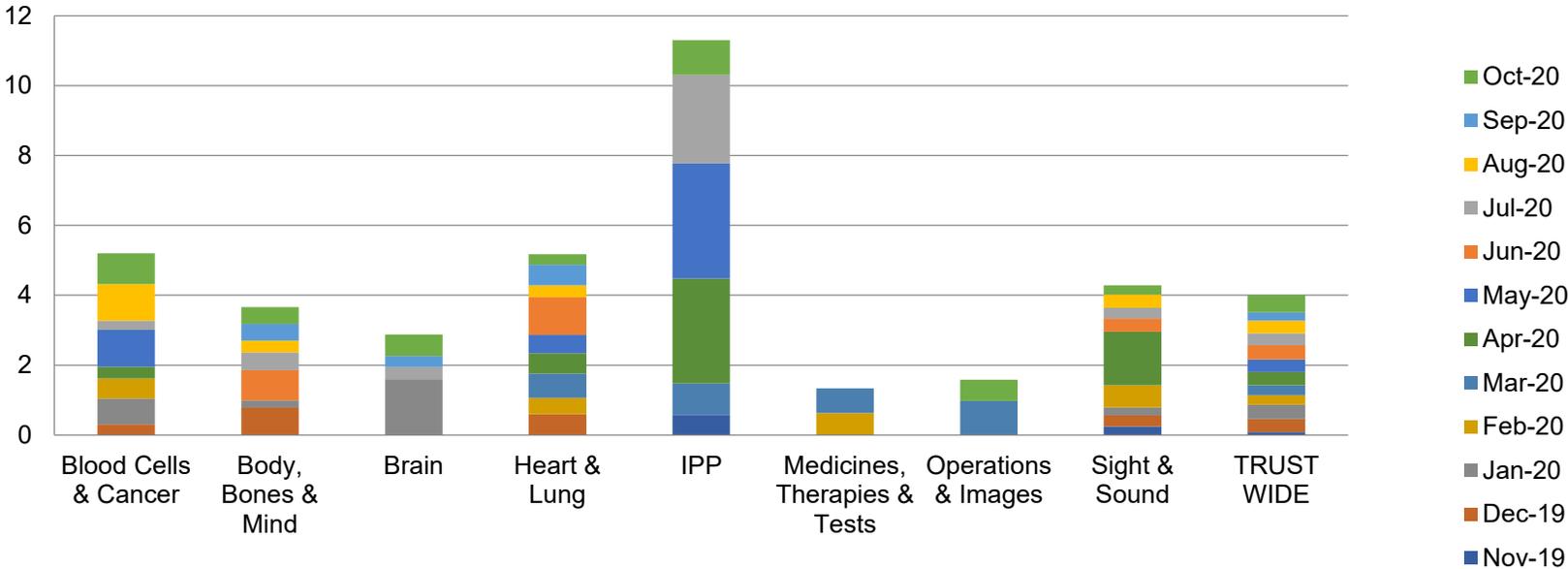
There were 11 new formal complaints received in October 2020 which is more than double the number received in September 2020 (n=5). However this reflects increased numbers in October 2019 (n=10) and October 2018 (n=15). This month families reported concerns about:

- The lack of informed consent, communication around clinical decisions and management of their concerns.
- An intensive treatment programme under the CAMHs and queries why physical investigation results did not alter the treatment plan.
- Recommendations given by GOSH to the local authority and court around access/visitation
- Aspects of their child's care and treatment at GOSH. Concerns relate to the involvement of the safeguarding team in their child's care, informed consent for a dental procedure and post-op complication following a PEG insertion.
- Inaccuracies within a clinic letter.
- The care and treatment decisions made by the clinical team and a lack of referrals to other teams within GOSH.
- Delays in follow up care and the lack of a formal diagnosis.
- The difficulty in contacting the international and private patients (IPP) administrative team and their experience on arrival to the IPP reception.
- Incomplete medical records (relating to care in 2002) following a Subject Access Request in 2020 and a lack of response to queries raised.
- Communication which included the risk of death being discussed in front of the patient.

A red complaint was also received around a mis-diagnosis and management of their Serious Incident (SI) Investigation.

Complaints by patient activity*

*Combined patient activity (CPE) = the number of inpatient episodes + the number of outpatient appointments attended

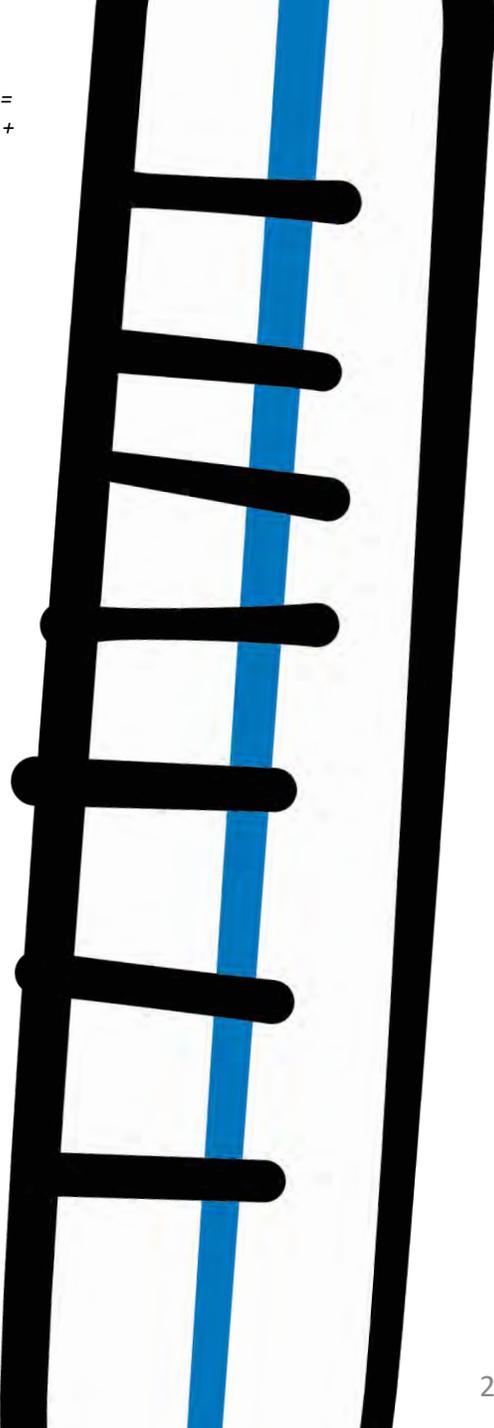


Patient activity increased this month for both NHS and private care. There was a significant increase in the number of complaints received in October (n=11) compared to previous months September (n=5) and August (n=6). This has resulted in an increase in the Trust's overall complaint rate by patient activity (0.50 per 1,000 CPE) compared with September (0.23 per 1,000 CPE).

As shown above, Brain had the highest complaint rate by patient activity (0.62 per 1,000 CPE) in October which was double the previous month (0.32 per 1,000 CPE).

Body, Bones & Mind also saw a very slight increase in their complaint rate by patient activity (0.48 per 1,000 CPE) compared to last month (0.47 per 1,000 CPE).

All other directorates saw a decrease in their complaint rate by patient activity.



Red/ High Risk complaints: Are we responding and improving?

NEW red complaints opened in October 2020	NEW red complaints since APRIL 2020	REOPENED red complaints since APRIL 2020	ACTIVE red complaints (new & reopened) as of 31/10/20	OVERDUE red complaint actions
1	7	0	3	0

New Red Complaint (October 2020)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
20-044	Blood, Cells & Cancer (Oncology)	Parents have raised concerns regarding a mis-diagnosis and management of their Serious Incident (including the content of the SI report)	Did not go to EIRM as the same concerns have already been investigated as an SI. Red Complaint being investigated.	Investigators appointed and investigation is underway.

Active Red Complaints (including new & reopened complaints)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
20/012	Body, Bones & Mind (Urology)	Concerns that a lack of follow up and monitoring resulted in further kidney damage.	SI confirmed at EIRM on 03.08.20	Case reviewed at 2 EIRMs and SI declared. Family informed and medical records have been obtained from the local hospital. Investigation underway and due to be completed by the end of November 2020.
20-035	Heart & Lung (PICU)	Concerns around aspects of care, surgery and infection prior to the patient's death.	EIRM took place on 05.10.20 and concluded that further information was required to make an informed decision.	Case reviewed at an EIRM on 5/10/20 and the conclusion was inconclusive due to lack of information post discharge from GOSH and regarding the cause of death. Further information has been requested from the local hospital.

Closed Red Complaints

Ref	Directorate	Description of Complaint	Outcome
20-031	Body, Bones & Mind (Orthopaedics)	Concerns that there were delays in communication, contradicting advice regarding post operative care and queries whether this led to further surgery/General Anaesthetic/pain.	Complaint response sent to family on 12 th October 2020 explaining that the clinical advice regarding post operative care was appropriate and correct.

Are we responding and improving?



A family told us:

That their child did not have an identification band put on when they were admitted onto the ward. The family wished to know what will be to done to ensure that staff adhere to the procedure for patient identification in the future.

What we did:

- The Nurse in Charge has reiterated the importance of checking patients are wearing identification wristbands at handover every day and the actions that should be taken if a patient does not have a identification wristband.
- New staff who have not scanned an identification wristband or put one onto a patient have been informed of the correct process for doing so (including how to use the scanning equipment and to link with the electronic patient record).
- The Matron and Nurses in Charge have recently undertaken a identification wristband audit and are working with the nursing team on the ward to ensure 100% compliance. This is being monitored very closely and ad-hoc identification wristbands audits continue to ensure continued compliance. This has been recently demonstrated in increased compliance with patient identification wristbands scanning seen on EPIC.

Pals – Are we responding and improving?

Cases – Month	10/19	09/20	10/20
Promptly resolved (24-48 hour resolution)	146	127	152
Complex cases (multiple questions, 48 hour+ resolution)	38	44	34
Escalated to formal complaints	2	2	4
Compliments about specialities	2	1	2
Total:	188	174	192
Top Six Themes			
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families).	63	70	57
Admission/Discharge /Referrals (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).	7	3	4
Staff attitude (Rude staff, poor communication with parents, not listening to parents, care advice)	15	0	0
Outpatient (Cancellation; Failure to arrange appointment).	44	14	20
Transport Bookings (Eligibility, delay in providing transport, failure to provide transport)	9	12	8
Information (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening)	50	75	103

Pals have recorded a 10% increase in the total number of contacts received in October compared to the previous month. In addition to this increase, the number of contacts promptly resolved also remains high, with 79% of all contacts received in October being resolved within 48 hours or less.

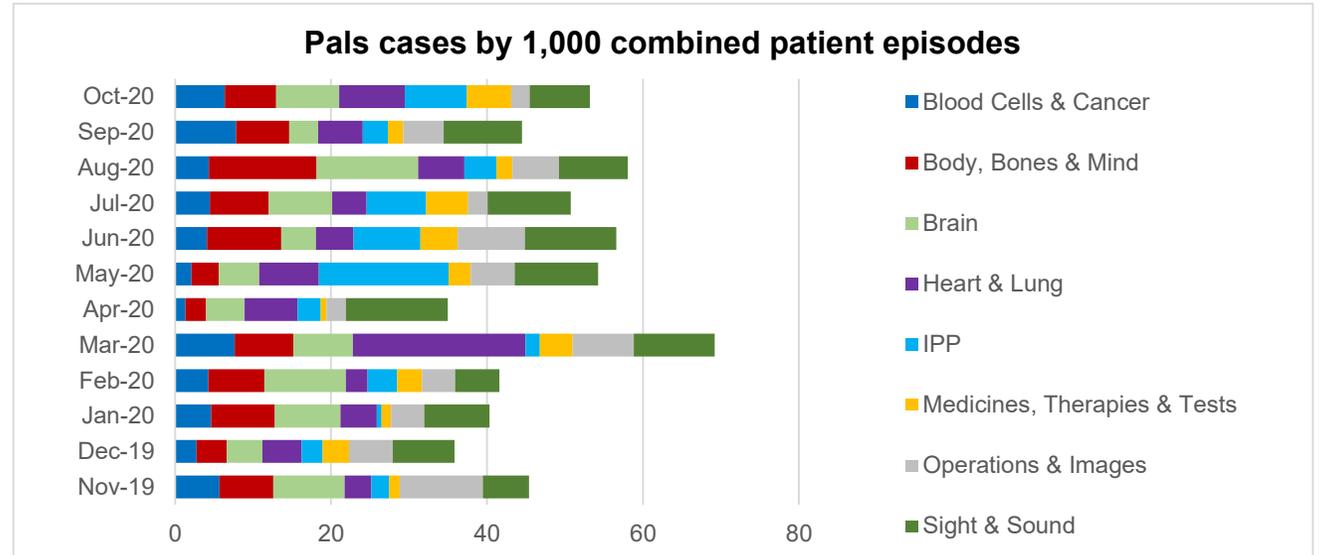
In October Pals have noted decreases in both Transport and Communications related contacts, with the latter recording its lowest number since July 2020. This is a positive reflection on the actions previously implemented and monitored via PFEEC.

Information remains a prominent theme in October with 53% of the total number of contacts received relating to this. A potential contributing factor may be the evolving situation and circumstances related to the COVID-19 pandemic. This can be evidenced by the large number of contacts received by Pals from parents/carers seeking additional clarification and reassurance on care plans with a particular emphasis on shielding recommendations.

Pals received a compliment from a mother regarding the transport team. She explained how, due to her child being immunosuppressed, they were understandably anxious about visiting the trust, but thanks to the *'friendly, approachable and professional'* service received from their drivers, they were left *feeling 'safe, reassured and well cared for'*.

Pals cases by directorate

The Brain directorate also recorded its highest volume of Pals contacts since August 2020 (8.06 CPE). Common contacts within the directorate's 5 specialities centre around parents/carers requiring assistance with contacting the team for confirmation and additional information on upcoming visits to the Trust.

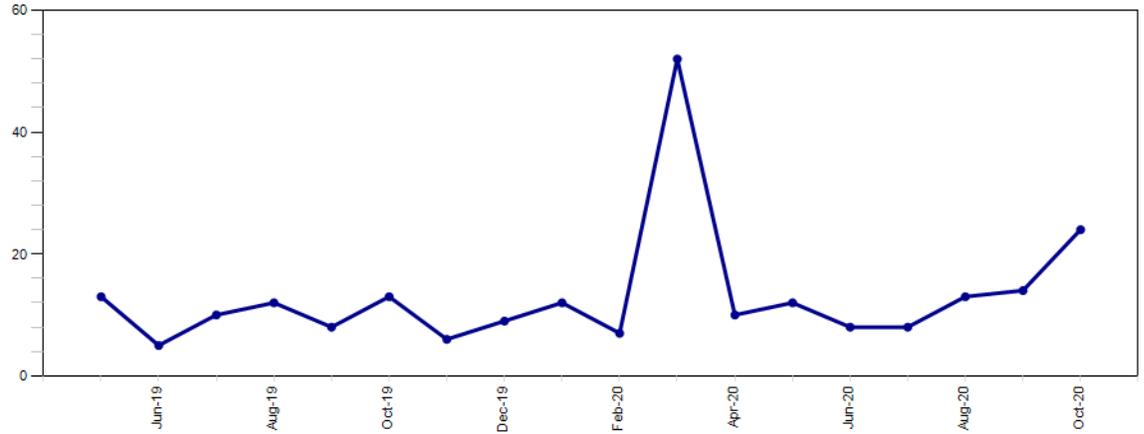


	BC&C	BB&M	Brain	H&L	IPP	MT&T	O&I	R&I	S&S
Nov-19	21	32	30	15	4	2	17	0	24
Dec-19	9	15	12	17	4	4	7	0	25
Jan-20	19	39	27	23	1	2	7	0	35
Feb-20	15	31	32	12	6	5	6	0	21
Mar-20	25	27	21	65	2	6	8	2	25
Apr-20	4	8	11	13	1	1	1	2	17
May-20	6	11	12	16	5	4	3	0	19
June-20	14	33	13	14	4	8	8	0	31
July-20	17	30	24	15	6	9	3	0	35
Aug-20	14	43	33	18	3	3	8	0	24
Sep-20	27	30	12	20	3	5	8	0	35
Oct-20	24	29	27	29	8	9	4	0	30
YTD	195	328	254	257	47	56	80	4	321

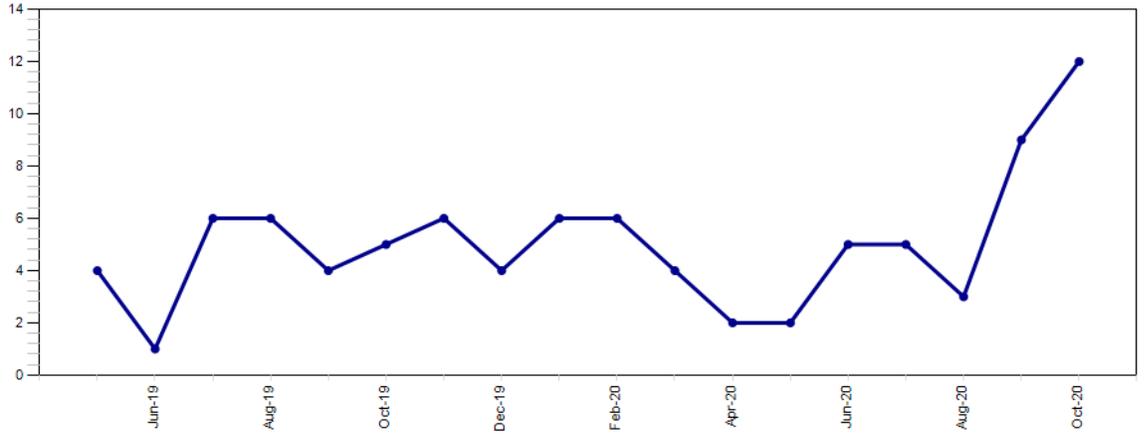
Pals – Are we responding and improving?

Top specialities - Month	10/19	09/20	10/20
Cardiology	13	14	23
Dermatology	5	8	12
Gastroenterology	15	4	11
Endocrinology	8	3	9
Neurology	13	3	8

Cardiology contacts by patient activity- (total cases excluding formal complaints)



Dermatology contacts by patient activity- (total cases excluding formal complaints)



Cardiology- Pals have received 23 Cardiology contacts in October (8.42 per 1,000 Combined Patient Episodes). This was the highest number since March 2020 when contacts peaked due to the cancellation of non-essential procedures and the start of lockdown. This month a marked contributing factor for high contacts related to requests for clarity and advice on patient specific conditions and how they can be best managed in the current climate. Of note, the Cardiology team also received a compliment from an ex-patient praising them for the excellent care and treatment provided to him and wishing them well during a challenging and uncertain time.

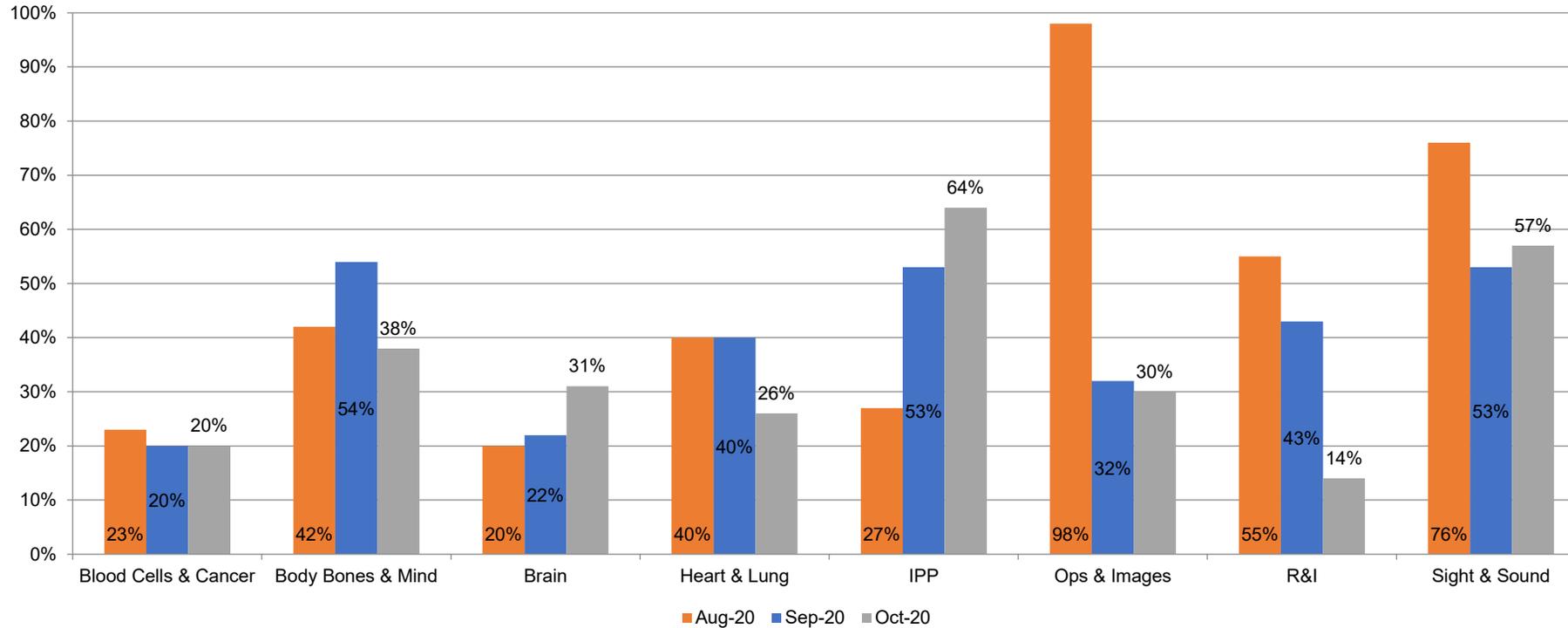
Dermatology- The spike in the number of Dermatology contacts noted in September continues to rise. There were 12 contacts received by Pals in October- the highest number for the specialty in 2020. Despite this increase, the Dermatology service remain proactive and efficient at promptly resolving concerns that have been shared with Pals (with 83% of October’s contacts being actioned within 48 hours).

Common themes for October include parents/carers seeking confirmation of upcoming outpatient appointments and inpatient admissions, these include a mother querying the length of a ward stay and a father confirming whether an appointment would be taking place online or in person. It appears that some letters do families do not include contact details for the clinical team hence they have contacted Pals and letter templates have now been updated.

Both Cardiology and Dermatology presented action plans at November PFEEC in response to increased case numbers. This will continue to be monitored closely through PFEEC.

FFT: Are we responding and improving?

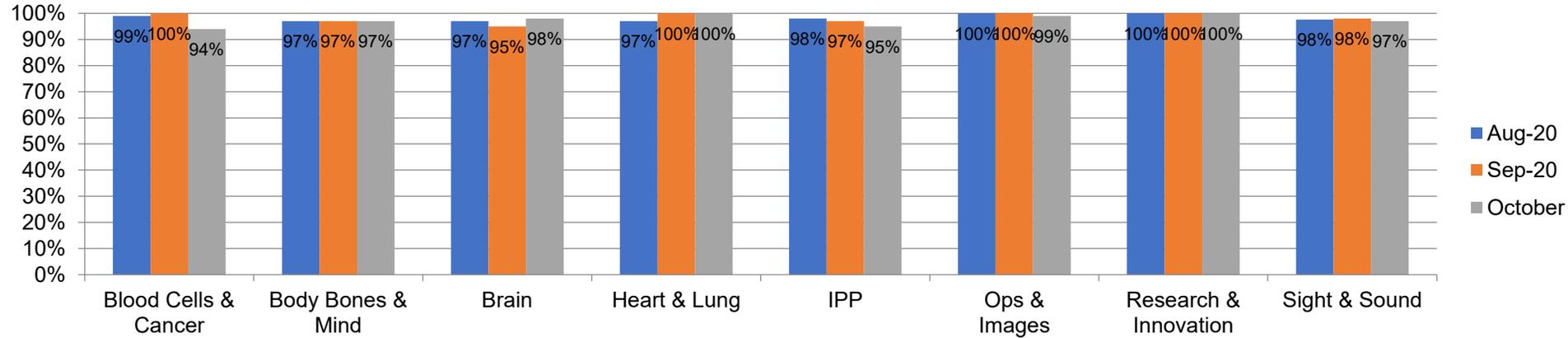
October 2020 - Directorate Response Rate



The overall response rate for inpatients was **31%** with six directorates achieving above the Trust target. We received a very low number of comments with a negative rating (18). Negative comments were about miscommunication regarding admissions and 'wasted journeys' made to GOSH. There were also negative comments about cancelled surgeries. However, the most common negative theme related to the Environment & Infrastructure. Specifically, there were comments about the lack of hand sanitiser, soap and adequate bins and also maintenance issues with TVs and a lack of parent facilities. Positive comments were about the care, expertise and staff professionalism. The interaction between the staff and patients was also praised.

FFT: Are we responding and improving?

October 2020

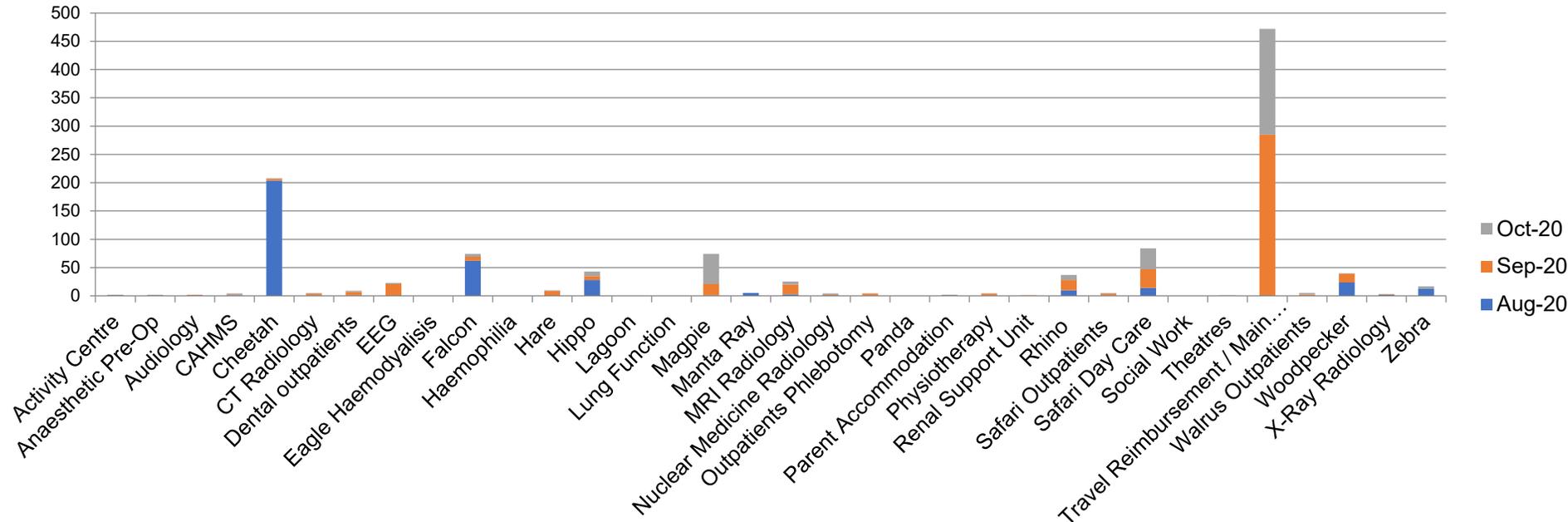


	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
May 20	349	20	12	381	18.4%	86.9%
Jun 20	514	27	32	573	16.9%	89.7%
Jul 20	701	260	28	989	17.4%	86.0%
Aug 20	627	375	46	1048	14.4%	86.6%
Sep 20	663	461	121	1245	12.2%	89.3%
Oct 20	712	329	147	1188	15.7%	90.9%

- Inpatient response rate – **31%**
- The experience measure for inpatients = **97.5%**
- **5%** decrease in responses compared to September 2020
- Consistently high number of qualitative comments – **91%**
- Low number of negative scores overall. 18 - Inpatients, 13 - Outpatients, 7 IPP.
- **16%** - Average number of FFT comments are from patients.

FFT: Are we responding and improving?

FFT Outpatients - October 2020



Outpatient feedback has reduced this month by 26% to 329 comments. This is the first decrease in feedback since May 2020. However, the travel reimbursement desk continue to receive high numbers, this month they received 187 responses.

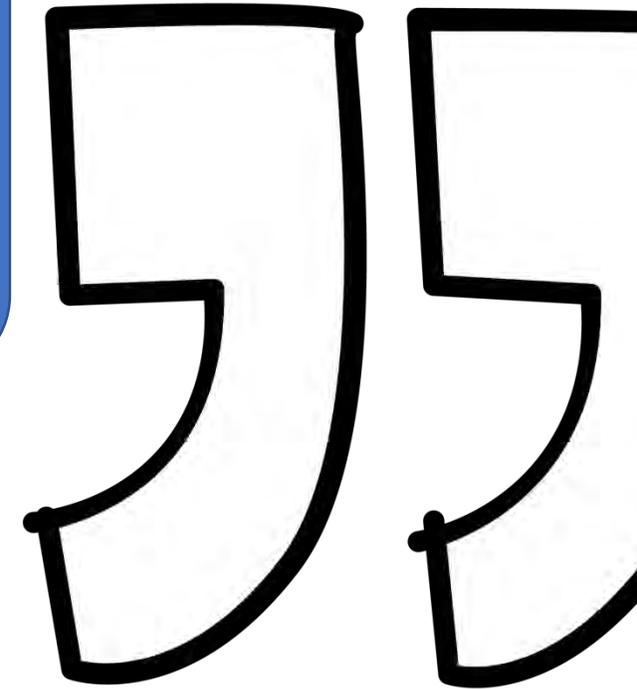
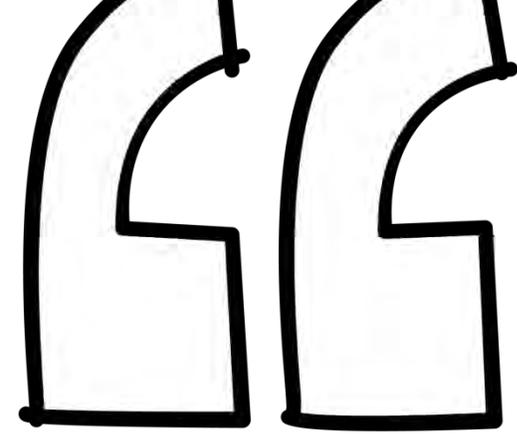
The recommendation rate for October 2020 remained just above the Trust target at **96.2%**. Once again the outpatient areas received a low number of negative scores (13). The negative comments primarily related to the one carer rule and the miscommunication around this rule before and at the time of the appointment. Families had increased anxiety about attending appointments and the adherence to infection control rules at GOSH. The positive comments related to the expertise of staff and how condition specific information was explained.

FFT Focus- October 2020 – One carer rule during Covid-19

‘The care at the hospital is fantastic and I can’t fault the specialists- they make it so much easier. However, I think something seriously needs to be addressed regarding the one parent per family if you were to receive bad news there about your child having to deal with it alone. Trying to get such a young child like mine to co operate in the appointments is really stressful. I’ve ended up being really distressed as was my daughter which I feel is a serious lack of duty of care to patients and their families. Also having the toys all put away in a children’s hospital has taken the little joy that was there during the experience which isn’t nice for them, I have recently been to the A&E children’s department and the toys were there for them to play with, just regularly sanitised so I think the same could be achieved at Great Ormond street. I don’t have any complaints about any of the care my daughter receives they do everything in their power to make her feel at ease and I know they are just following guidelines about visitors but people’s mental health is just as important as the pandemic and changes definitely need to be made.’ Rhino Ward

“Miscommunication between Panther and Sky Ward in regards to how many carers were allowed during the day at any one time. Contacted PALS and a manager contacted me to say only one carer allowed but when arrived two were allowed. As a single parent with limited support bubble I was disappointed to be given incorrect information as we could have benefited from this.”

The visitor policy, supporting materials and FAQs have been updated and include details of situations in which additional visitors will be allowed in the Trust. The policy reflects guidance and is under regular review. The removal of toys is in line with Infection Control advice but activity packs are available for all children.



FFT: Are we responding & improving? Qualitative Comments

“Excellent professionalism! We were treated with such great care and kindness. Thank you for helping us with everything possible” –
Anaesthetic Pre-Op Assessment Unit

“The staff both nursing and medical looked after us, the canteen is well stocked with good food and accommodation for parents is also very good” -
Badger Ward

“The staff at GOSH have been extremely dedicated to their patients and shown so much care to my son over the years. They have listened and answered my questions in a manner which put me and my son at ease” –
Magpie Outpatients

“My son and I thought the Dr was exceptional – she was incredibly thorough in explaining test results, the science behind what it might mean and what was going to happen next” –
Safari Ward

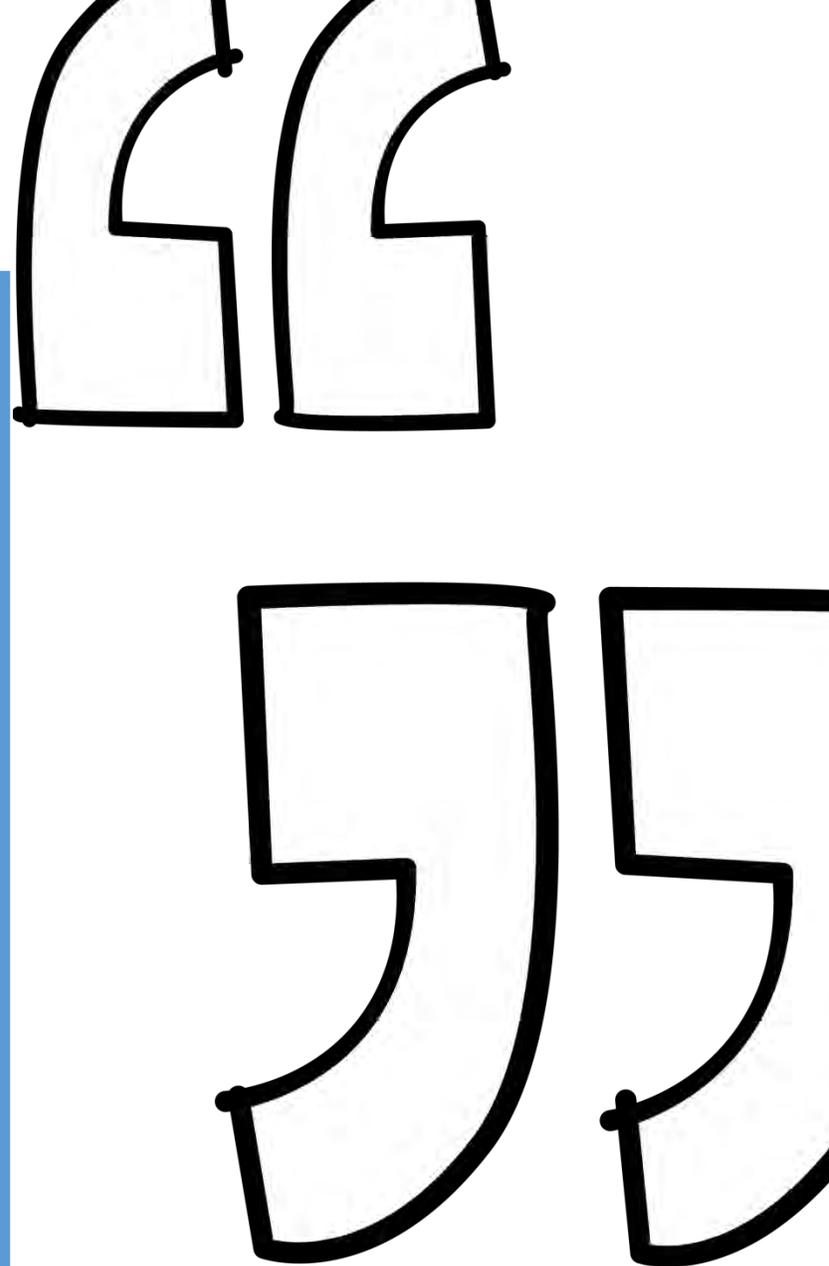


FFT: Are we responding and improving?

You said, we did

“We need a patient passport urgently so that everyone knows all my child's complexities. We need Epic to make the passport visible to everyone involved in my child's care when she is admitted or listed for an operation. We need Respiratory and Urology flagged up as high need involvement early on if not immediately post op”. Sky Ward

The ward manager has personally spoken to the family. As a result, one of our nurses who is trained in Learning Disability will be meeting with the parent to develop this passport. She is also looking into a way of incorporating this passport into EPIC in a clearer way which we will also look to apply to other patients in future.



Performance

This section includes:

- Recognising successes in performance in challenging times
- Performance against national diagnostic, cancer and referral to treatment (RTT) targets
- Access performance including referrals, admissions and 52 week breaches
- Productivity including theatre utilisation, bed occupancy, PICU activity, outpatient DNA and cancellation rates
- Performance in discharge summaries and clinic letters



Trust Successes

Through the challenging period the Trust has faced since the start of the pandemic and which remains, the Trust has continued deliver care for our patients through the hard-work and dedication of our staff

- Comparison of activity to previous year

- NHS Outpatient attendances over the last 8 weeks has averaged 100%, with new attendances being 91.9% and follow-up 101.9%

- NHS Spell discharges over the last 8 weeks has averaged 88.24%, with Day-case being 88.21%, Elective 87.16% and Emergency 94.00%

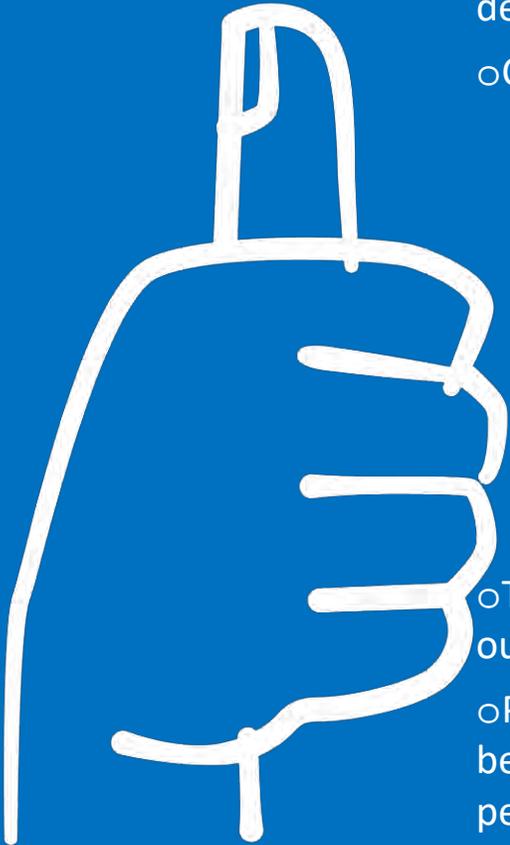
- Main Theatre procedures over the last 8 weeks has averaged 89.34%, with the last two weeks being over 100%

- Imaging activity over the last 8 weeks has averaged 96.7%, with MRI being 100.9%, Non-obstetric Ultrasound 102.1% and CT 65.9%

- The Trust has embraced utilising virtual technology with 50% of new and 63% of follow-up outpatient attendances being conducted via these consultation media methods

- Patients with a length of stay of over 50 days has significantly reduced since August 2020 by 3000 bed days and 15 patients due to the focused work by the long stay panel. Thus releasing over that period beds per day.

- Theatre utilisation has maintained being above 77% since June 2020, which is on average 10% higher than pre-Covid-19 performance.



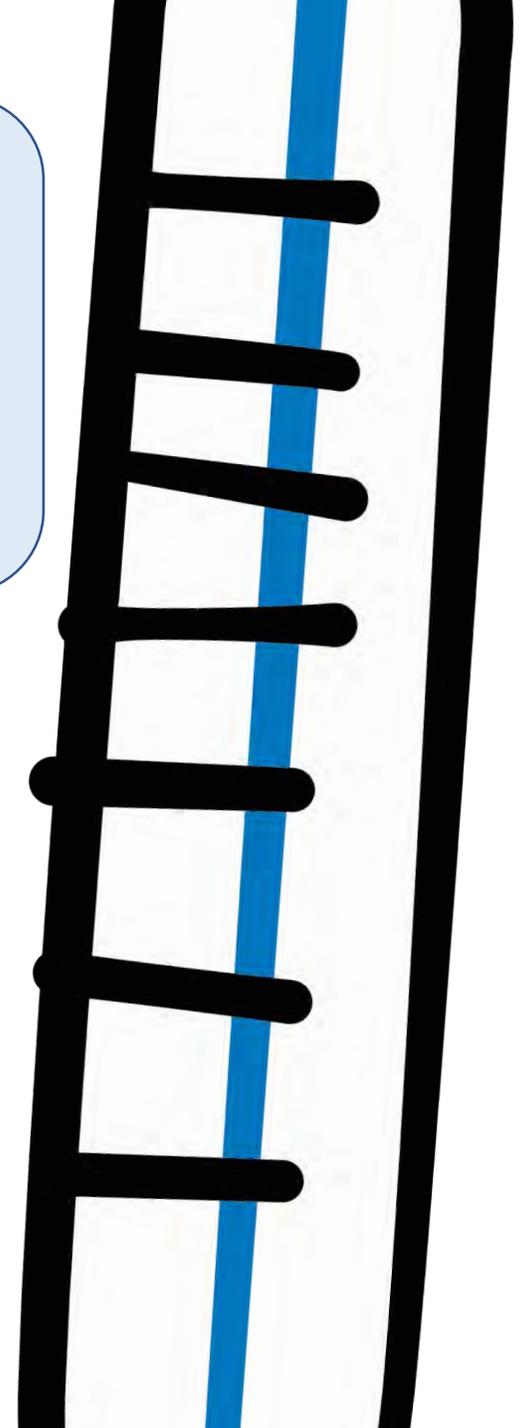
Patient Access – Diagnostic Waiting Times

- As the national Covid-19 situation remains, the Trust continues to struggle to deliver against the 99% national standard. We are currently at **68.44%** of patients waiting less than 6 weeks for the 15 diagnostic modalities. This is a slight improvement to last month's position when we reported 66%. The number of breaches reported in October (**598**) compared to the number of breaches reported in September (**632**) has decreased.
- Of the **598** breaches, 363 are attributable to modalities within Imaging (**191** of which are Non obstetric US and **127** of which are MRI), 74 in ECHO, 42 in Sleep Studies, 57 in Gastroscopy, 20 in Audiology, 8 in Cystoscopy, 28 in Urodynamics, 14 in Clinical neuro-physiology and 6 in Colonoscopy.
- Patients continue to be seen according to their clinical prioritisation with patients requiring a scan within 6 – 72 hours being booked as previously, patients within 2 weeks are being assessed by Radiologist and/or Radiographers and booked accordingly. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe. Through the Clinical Prioritisation Group the diagnostic teams are working closely with outpatient and inpatients teams to ensure capacity is opened at appropriate and safe levels.

- 401 of the breaches are connected with Covid-19 (Reduced capacity, unable to book due to Covid-19), 182 are due to clinical prioritisation (patients can wait up to or over 3 months), 5 are a booking process issue (no reasonable offers made), 7 are tolerance (Failed scan, patient shielding or cancelling/delaying due to COVID) and 3 are Trust process issues.
- Covid-19 is having a significant impact on the Trust's ability to deliver against the standard. Performance has plateaued for the last three months at around 66-68%. Taking into account the current government national guidance it is expected that more patients will decline offers of the appointment which will impact future reporting and therefore it is projected that performance will not improve significantly over the coming months. The national diagnostic position for September 2020 performance stood at 67%, a 23% deterioration from March 2020. GOSH saw a 9% reduction in performance over the same period. Nationally 420,445 patients were waiting 6 weeks and over for a diagnostic test at the end of September.
- Comparative children's providers have seen similar movements. GOSH, Sheffield Children and Birmingham Women's and Children's reported performance between 66-67% for September 2020 whilst Alder Hey was higher at 93.72%.

Cancer Wait Times

- September 2020 cancer waiting times data has now been submitted nationally and the Trust achieved 100% across all five of the standards we are required to report on.
- For October, the Trust is forecasting one breach for the 62 day consultant upgrade standard. This was an onward referral for surgery to UCLH, however, in the end the surgery ended up being done at GOSH but could not be brought forward to avoid a breach. Part of the action plan to avoid a repeat of this is to ensure pathways for onward referral patients to remain open until confirmation from the receiving trust that treatment has taken place is received. This will ensure that patient remains on the PTL for validation.





Patient Access – Referral to Treatment

- The Trust did not achieve the RTT 92% standard, submitting a performance of **63.7%** with **22242** patients waiting longer than 18 weeks. This is an increase in performance from the previous month's **61.6%**, as expected.
- The current 18 week position is as a result of the Trust significantly reducing non-essential elective workload since the middle of March 2020. From July 2020 performance has slowly improved, however, is not at the pre-Covid-19 position. It is expected that performance will not improve at the desired rates due to the impact of current government national guidance and patients declining offers of appointments.
- The Clinical Prioritisation Group assesses all patients who require outpatients, diagnostics or admission to ensure they are prioritised according to clinical need. As at 11th November, **80.75%** of patients on the elective waiting list had been prioritised, with **1429** identified for surgery and medical treatment within 4 weeks. During October, 820 patients were operated on. Any patient who experiences an extended wait has a harm review completed.
- The Trust continues to experience extended waits in some sub-speciality areas including Dental/Maxfax and SDR, and continue to work with Commissioners and other providers on the best way to treat these patients in a timely way.
- The Trust continues to monitor the volume of RTT pathways with an unknown clock start (both referred to us externally and internally) and the current position stands at 269 pathways, most of whom were referred to us by external providers.

National Position

At the end of September, 56.3% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard

Referrals, Admissions and Discharges

The Trust continues to see an increase in external referrals in October 2020; 32% increase compared to August and 16% increase compared to September. This is more inline with pre-Covid-19 levels. Internal referrals in the Trust as a whole have increased and are returning to pre-Covid-19 levels with the volume of internal referrals received in October being 24% greater than the volume received in February 2020.

The volume of admissions in October is the highest seen since March 2020 and is an increase of 78% compared to April but is still lower than previous months in 2019-20. There was an increase in admissions in October compared to September of + 132

Long stay patients:

This looks at patients with a LOS over 50 days and currently not discharged as well as the combined number of bed days accumulated during their stay. For the month of October there were 35 patients (both NHS and PP) whose LOS was more than 50 days, accumulating 7532 bed days in total. This is a significant reduction from previous months and is due to the focused work by the long stay panel.

52+ Week Waits: Incomplete pathways

As at the end of October, the Trust reported a total of **333** patients waiting 52 weeks or more; this is an increase of 51 patients (18%). The majority of breaches are within Dental (64), Plastic Surgery (60), Cardiology (30), Orthopaedics (25), Urology (22), Ophthalmology (19), ENT (17), SDR (12) and SNAPS (12).

National Position

September 2020 indicates a significant increase of over 1158% (compared to April) of patients waiting over 52 weeks (136,711 patients).

RTT Performance for comparative children's providers is Sheffield Children (62.9%) and Birmingham Women's and Children's (71.7%) and Alder Hey (47.9%). On average 220 52-week breaches were reported in September for these providers.

⚙️ Productivity & Efficiency

Theatre Utilisation

- To meet the Trusts operating requirements during Covid-19, main operating theatres scheduling significantly changed mid-March 2020. From beginning of September additional theatre sessions have come online to support operational teams and allocation of these lists has been based on Clinical Priority Category 2 patients and time required in theatres. The Trust has now reduced the number of Covid-19 dedicated theatres to one from two and access to emergency theatre remains in place.
- Scheduled main theatres in October saw utilisation of 77.80%. Out of 314 scheduled sessions in October, 44 were ring fenced for Covid-19 positive patients. We operated on 5 patients in these theatres during the month. Emergency theatre utilisation was 79.65% with the number of emergency theatre cases during October being 73.
- The latest data presented at Clinical Prioritisation Group suggest that the overall theatres minutes to meet the volume of category 2 patients is sufficient, however, shortfalls are seen at a specialty level. Services significantly impacted are Cleft, Dental, SNAPS, Spinal and Urology. The theatres team routinely review theatre allocation to cover the gaps.
- From 17th October 2020, Saturday all day theatre lists commenced and will continue until mid-December, during October 13 patients have been operated on covering SNAPS (6), Urology (2), Orthopaedics (2) and Cleft (3). These are currently being funded by NHSE/I.
- Additional processes are in place for the management and monitoring of category 2 patients for administrative and operational teams.

Last minute non-clinical hospital cancelled operation

Reported in the dashboard are the monthly breakdowns for this quarterly reportable indicator, with the latest available position being September 2020.

In September, 10 patients were cancelled compared to 8 in August. The areas contributing most to the monthly position are Ophthalmology (3), Neurology (2), Cystic Fibrosis (1), Cardiac Surgery (1) and Metabolic Medicine (1), SNAPS (1) and Rheumatology (1). The top reasons recorded for the month are: List overrun (3), Clinician Unavailable(1), Ward Bed unavailable (1).

Last minute non-clinical hospital cancelled operations: Breach of 28 day standard

The Trust reported two last minute cancelled operations (SNAPS and Rheumatology) not readmitted within 28 days in September.

Bed Occupancy and Closures

The metrics supporting bed productivity are to be improved for future months, however for now, they reflect occupancy and (as requested) the average number of beds closed over the reporting period.

Occupancy: For both the months of September and October, bed occupancy was higher than previous months at, 67% and 73% respectively, this includes IPP wards. For NHS wards only occupancy was at 76%. This is being driven by more day-case work being undertaken. Where bed closures have been identified these have been accounted, however, if this information was unknown it has been assumed that all beds were open. Therefore, the reported position could be lower than actual.

Bed closures: Throughout the Covid-19 period, the Trust assumed that all beds across the organisation were open, and therefore a position of zero has been reported

Productivity and Efficiency

PICU Metrics

The KPIs have been agreed collaboratively with the Trusts PICU consultants and are designed to provide a triangulated picture of the service. Further analysis and intelligence will be added in future reports.

CATS referral refusals to PICU/NICU:

The Trust reported six CATS referral refusals into PICU/NICU from other providers in October. This was due to lack of available beds in PICU.

PICU Emergency Readmissions:

The Trust had 5 readmissions back into PICU within 48 hours for the month of October. This is the highest it has been this financial year

Trust Activity

Outpatient DNA and Cancellation Rates

For the month of October, the Trust reported a DNA rate of 4.67%, a slight decrease to the rate reported in September of 4.86%.

The number of outpatient appointments that were cancelled either on the day or the day before (both by hospital and patient) decreased in October compared to September and still lower at 888 in October compared to 1,105 in March. However, this is reflective of the ramp up in increased outpatient activity since March, when the Trust was operating at approximately 30% lower than normal levels due to Covid-19.

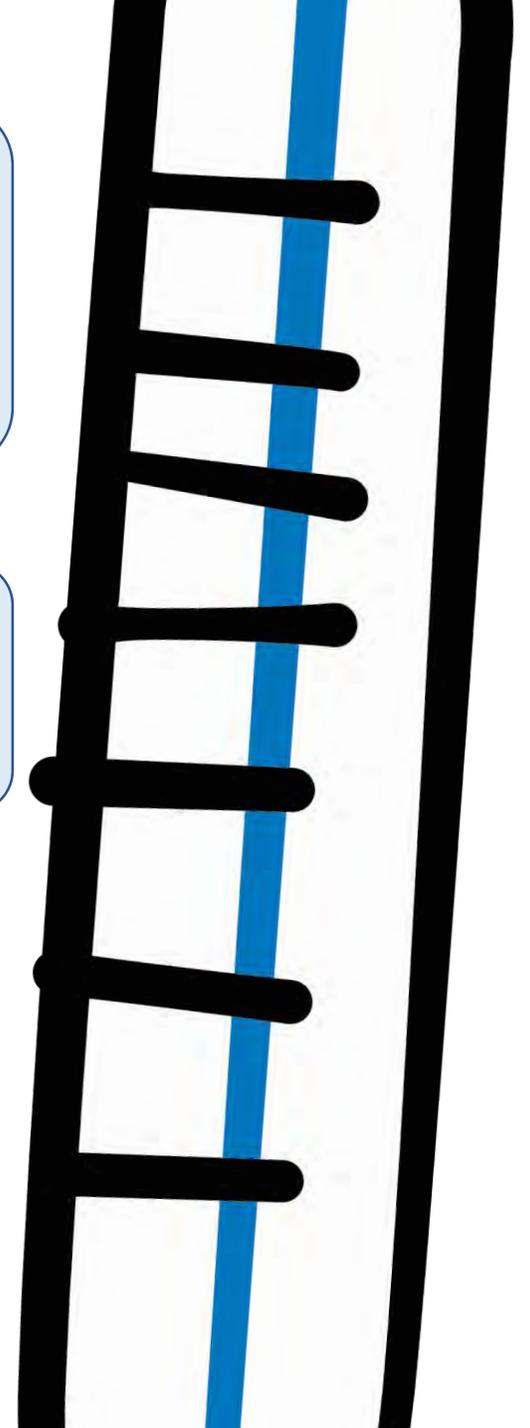
Trust activity

October 2020 activity for both day case and overnight stays remains below plan due to the Covid19 pandemic. Day Case and Elective are both 31% below their YTD plan. As expected Non Elective admissions are 32% above plan which reflects the peak of the Covid-19 pandemic and the Trust supporting the wider NHS system. Critical care bed days are 10% lower than YTD plan.

NHS Spell discharges over the last 8 weeks has averaged 88.24%, with Day-case being 88.21%, Elective 87.16% and Emergency 94.00%

Outpatient activity is 23% below plan overall, with First Outpatient attendances 35% and Follow-up Outpatients 21% below YTD plan. The Trust has embraced new technology for holding outpatient consultations with over 20,295 taking place virtually and 30,695 via telephone. NHS Outpatient attendances over the last 8 weeks has averaged 100%, with new attendances being 92% and follow-up 101%.

The Trust continues to work on recovery plans to return to planned levels in light of the Covid-19 activity reductions, together with other impacts on activity.

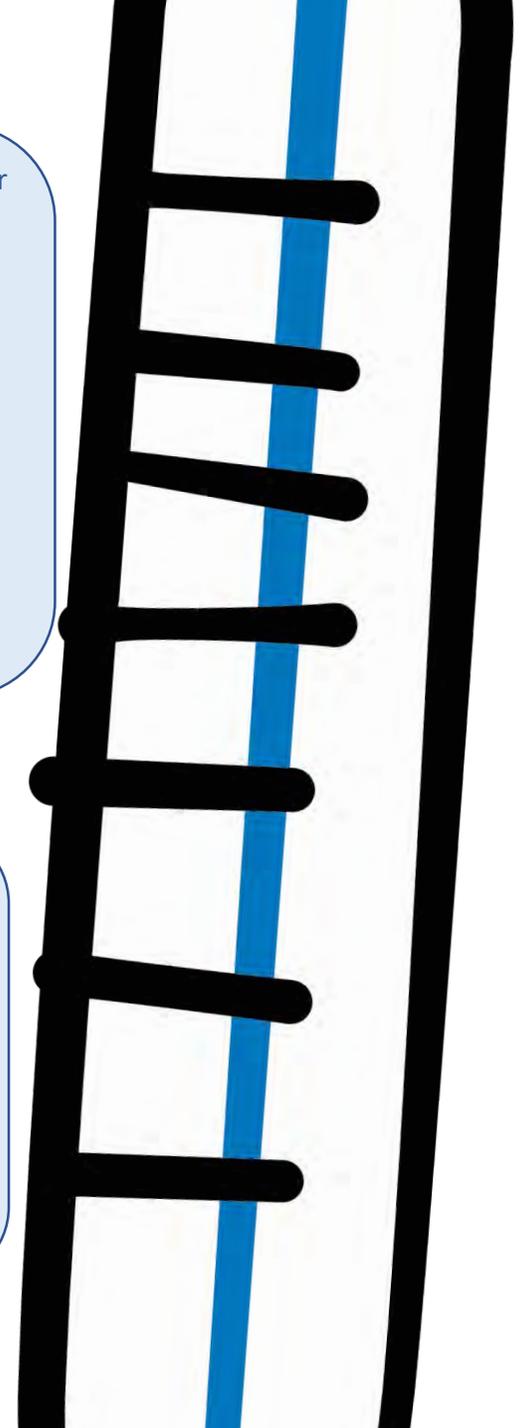


⚙️ Productivity & Efficiency– Discharge Summaries

- Although not at the required standard of 100% compliance, considerable focus has been placed on this indicator by both the operational and clinical teams to improve compliance. For the month of October, 84.53% of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours. This is a slight decrease from the September position of 85.46%. During Project Apollo week focus by directorates was on improving discharge letter completion.
- 91.8% of letters were sent within 2 days of discharge. On average for October, letters were sent within 1 day after discharge compared to 1.1 days in September.
- Focus includes backlog clearance of discharge summaries and the embedding of the completion of discharge summaries in real time into clinical practice. We now have a backlog of 79 discharge summaries up to September 2020. Focus going forward is around timely completion of discharge summaries in real time, including reviewing the weekend resource that is available across the organisation to complete this task.
- Working groups have been initiated to focus on specific challenges experienced by services and ensure resolutions are agreed and transacted. Training materials and courses have been reviewed and the workflow has been clearly communicated. Targeted support will be offered to individuals/services with poor metrics. The EPR team in conjunction with Service Managers will approach clinicians with additional training and guidance.

Clinic Letter Turnaround Times

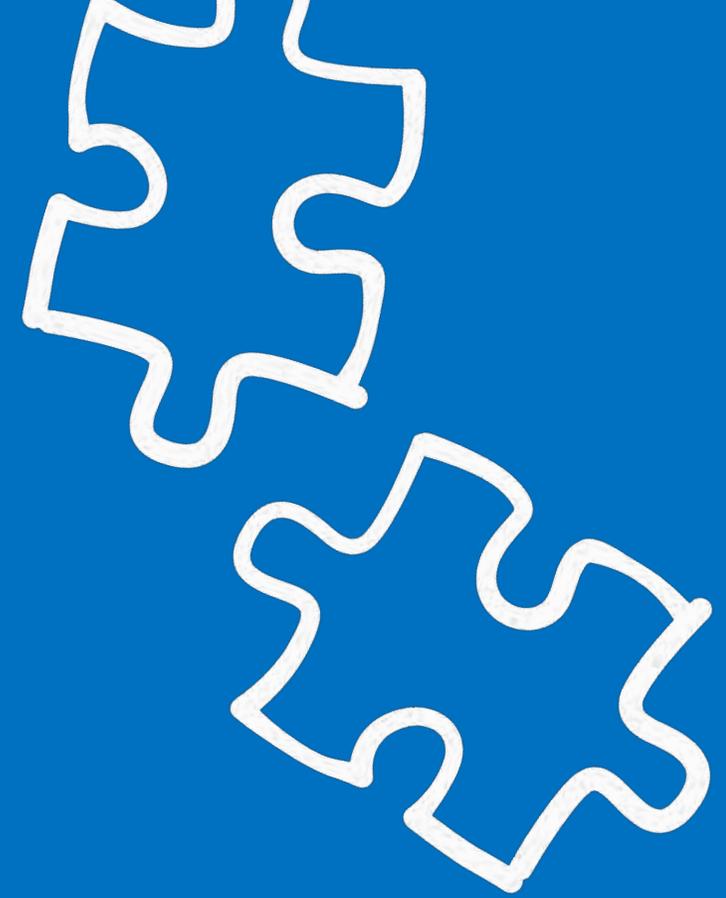
- For October 2020, performance has slightly increased in relation to 7 day turnaround; 61.91% compared to 59.06% in September. At the point of writing the report, a backlog of 1,999 letters not yet sent was reported for this financial year of which 897 are in October 2020.
- The EPR team have now rolled out the 'clinic letter not required' button within Epic, to specific specialties which can be used for specific patient appointments where a clinic letter will not be required for clinical reasons. In addition, additional training is being provided for Clinicians and Operational Managers around the process to ensure that everyone is aware of the process.
- Focused work is also looking at those areas by speciality where patients have multiple letters within the same service which have not been sent, to understand if some of the earlier letters can be closed off.



Workforce

This section includes:

- Workforce headlines
- Trust workforce KPIs
- Clinical directorate KPIs
- Corporate directorate KPIs
- Annual Staff Survey Response Rates
- Covid-19 related absences overview



Workforce Headlines: October 2020



Contractual staff in post: Substantive staff in post numbers in October were 4874.2 FTE, an increase of 59 FTE since September, and 233 FTE higher than October 2019.

Unfilled vacancy rate: Vacancy rates for the Trust decreased in October to 7.4% from 8.2% in September and slightly lower than the same month last year. Whilst the vacancy rate remains below the 10% target, it is higher than the 12 month average of 6.8%. Vacancy rates in the clinical directorates (bar IPP) were all below target in October.

Turnover: is reported as voluntary turnover. Voluntary turnover continued to reduce to 12.2%, it's lowest level in nearly 5 years, and meets the Trust target (14%). Total turnover (including Fixed Term Contracts) also reduced to 15.2%, again it's lowest rate for nearly 5 years. The reduction is likely at least in part attributable to the impact of COVID and is therefore likely to eventually increase without the ongoing focus on retention as outlined in the People Strategy.

Agency usage: Use of agency staff was stable at 1% of paybill in October, but remains higher than the recent average. However agency usage remains well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill was 5.4% in October.

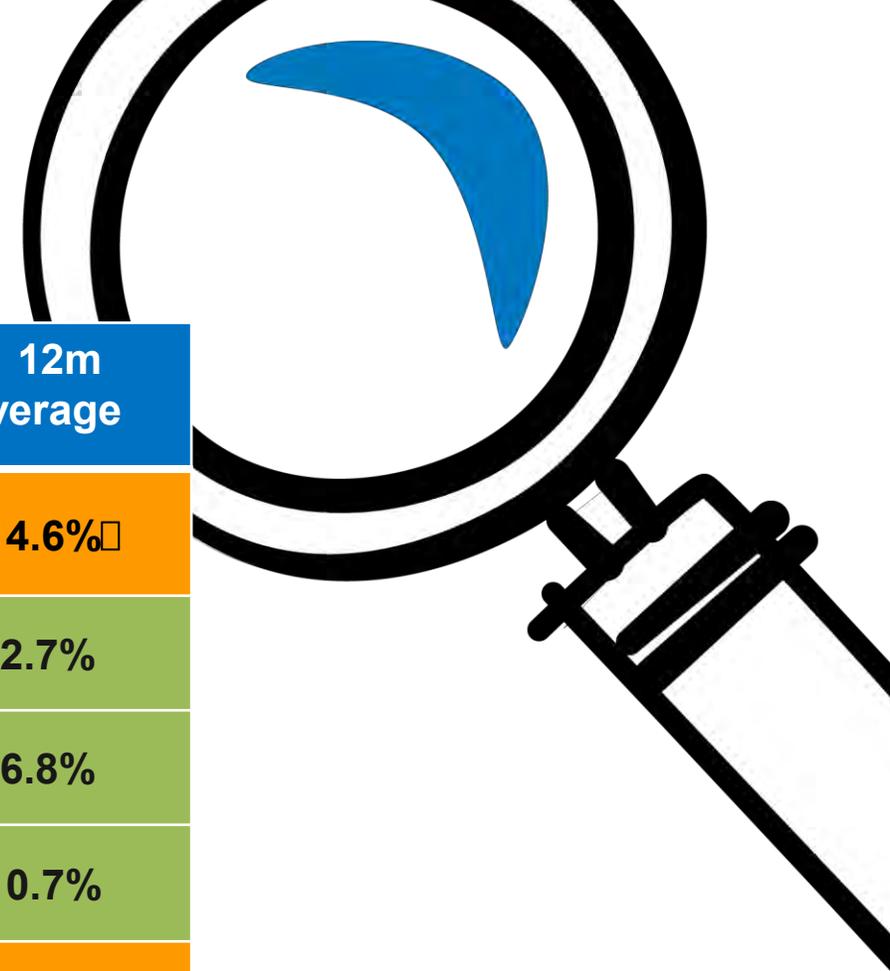
Statutory & Mandatory training compliance: In October the compliance rate across the Trust remained stable at 94%, which remains above the target with all directorates achieving target. Across the Trust there are 10 topics below target including Information Governance where the target is 95%.

Appraisal/PDR completion: The non-medical appraisal rate for October remained at 86% with only 2 clinical Directorates achieving the 90% target. Consultant appraisal rates increased in October to 79%. The Medical Appraisal and Revalidation Committee has established processes to address levels of medical appraisals that commenced from August. PDR non-compliance will be targeted at directorate performance reviews.

Sickness absence: The sickness KPI has been amended in 2020/21 to reporting in month sickness rather than the previous annual rate. This is to be able to monitor peaks and troughs more effectively. Sickness rates for October increased to 2.6%, but remain below target. While sickness rates remain within target, October saw an increase in the second half of the month in absences related to COVID-19

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

Trust Workforce KPIs: October 2020



Metric	Plan	Oct 2020	3m average	12m average
Voluntary Turnover	14%	12.2%	12.7% □	14.6% □
Sickness (1m)	3%	2.6%	2.4%	2.7%
Vacancy	10%	7.4%	7.2%	6.8%
Agency spend	2%	1.0%	0.9%	0.7%
PDR %	90%	86%	86%	87%
Consultant Appraisal %	90%	79%	75%	85%
Statutory & Mandatory training	90%	94%	94%	94%

Key:

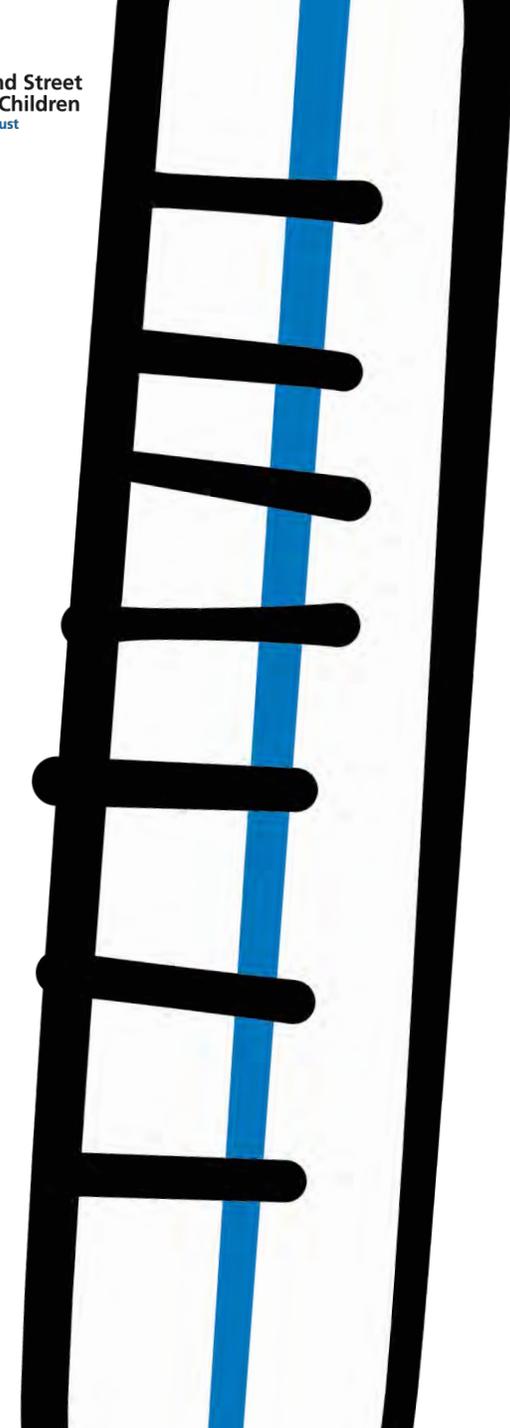
■ Achieving Plan
 ■ Within 10% of Plan
 ■ Not achieving Plan

Directorate (Clinical) KPI performance Oct 2020

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics
Voluntary Turnover	14%	12.2%	8.4%	18.6%	9.3%	12.7%	12.8%	10.8%	9.1%	12.2%	11.1%
Sickness (1m)	3%	2.6%	2.1%	2.4%	1.9%	3.1%	2.4%	2.6%	2.1%	4.2%	2.2%
Vacancy	10%	7.4%	1.0%	6.2%	5.5%	1.7%	0.7%	4.9%	6.7%	16.8%	4.9%
Agency spend	2%	1.0%	0.0%	0.0%	0.0%	0.0%	2.3%	1.9%	0.4%	0.1%	0.0%
PDR %	90%	88%	86%	89%	93%	86%	87%	88%	93%	89%	83%
Stat/Mand Training	90%	92%	92%	92%	93%	90%	95%	93%	98%	97%	99%

Key:

■ Achieving Plan
 ■ Within 10% of Plan
 ■ Not achieving Plan



Directorate (Corporate) KPI performance October 2020

Metric	Plan	Trust	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	12.2%	13.3%	27.7%	8.1%	5.8%	13.0%	9.1%	18.3%	8.0%	18.1%	17.1%
Sickness (1m)	3%	2.6%	4.9%	0.0%	3.3%	3.6%	2.1%	2.8%	0.1%	1.9%	2.5%	2.5%
Vacancy	10%	7.4%	9.1%	19.5%	21.1%	10.0%	3.1%	7.4%	16.2%	7.2%	12.0%	15.3%
Agency spend	2%	1.0%	1.5%	6.3%	10.1%	4.5%	5.2%	2.1%	3.2%	0.0%	0.0%	0.0%
PDR %	90%	86%	55%	64%	30%	91%	84%	90%	86%	85%	86%	90%
Stat/Mand Training	90%	94%	97%	99%	95%	97%	93%	98%	91%	97%	97%	96%

Key:

■ Achieving Plan
 ■ Within 10% of Plan
 ■ Not achieving Plan

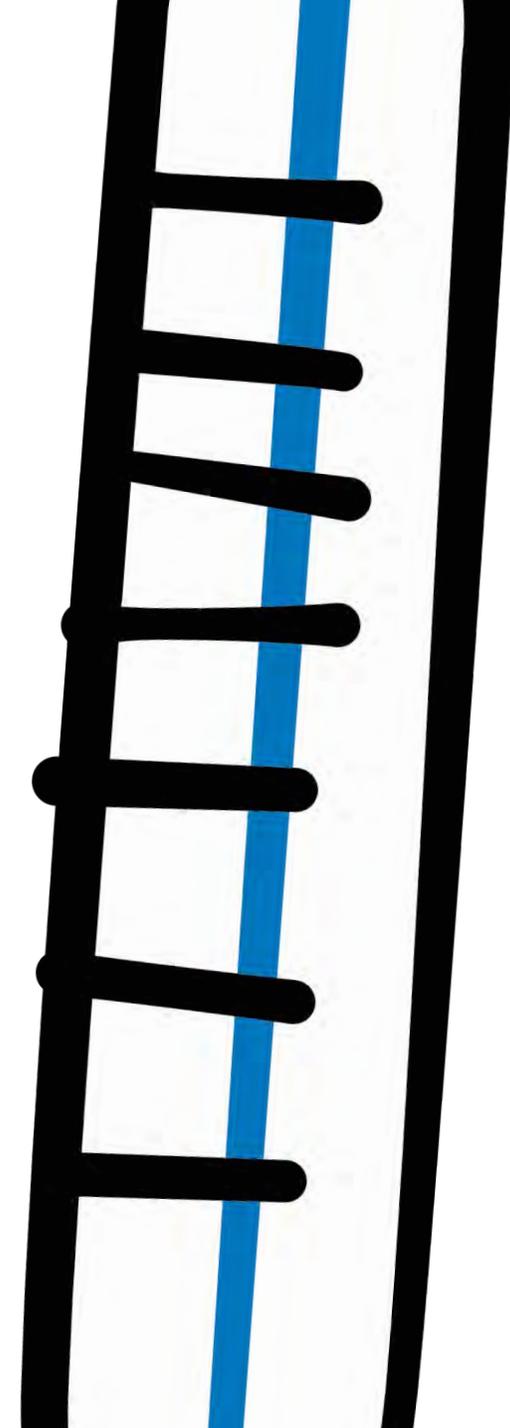


Annual Staff Survey 2020

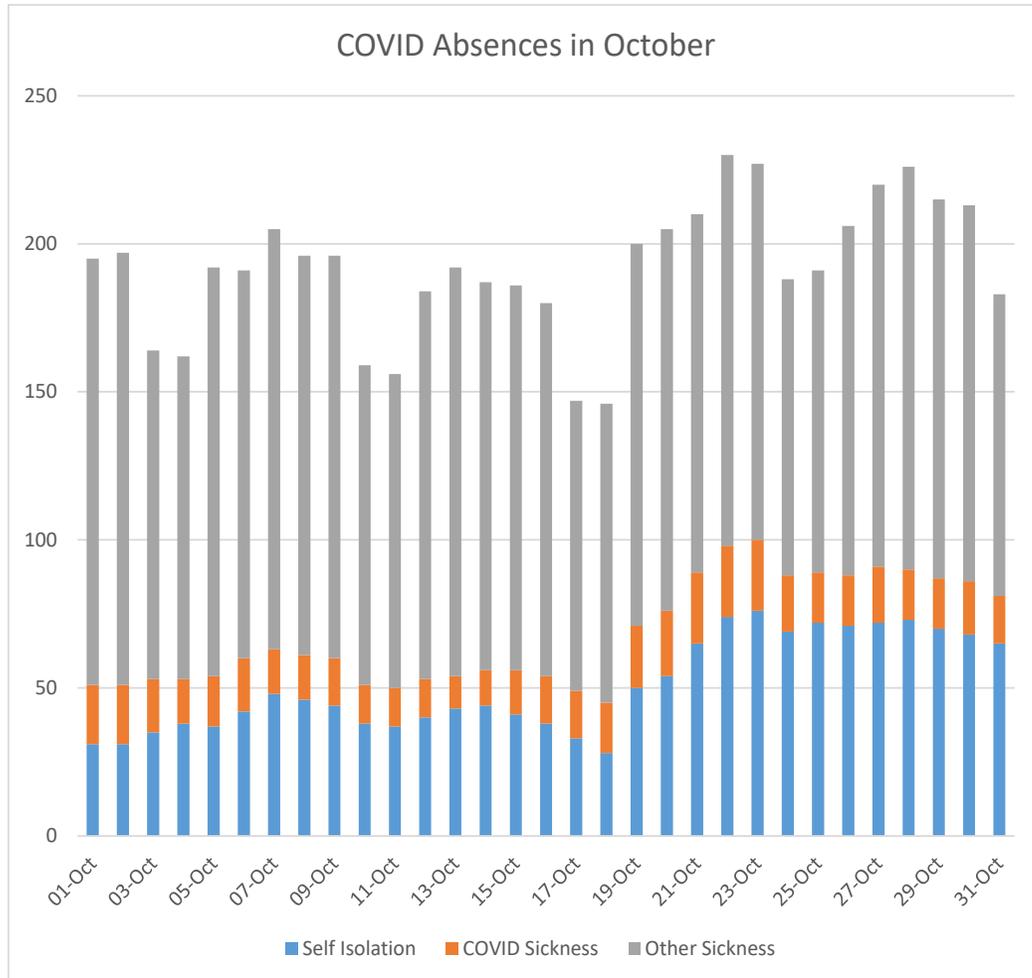
Directorate	Eligible Staff	Respondents	Surveys Outstanding	Response Rate
Blood Cells & Cancer	449	157	292	36%
Body Bones & Mind	551	205	346	39%
Brain	327	135	192	43%
Clinical Operations	83	54	29	70%
Corporate Affairs	14	12	2	86%
Finance	50	39	11	80%
Genetics	155	96	59	63%
Heart & Lung	919	295	624	33%
HR&OD	84	70	14	83%
ICT	73	35	38	48%
International	235	139	96	60%
Medical Directorate	44	35	9	80%
Medicines Therapies & Tests	658	304	354	47%
Nursing & Patient Experience	161	122	39	76%
Operations & Images	491	180	311	37%
Property Services	155	85	70	55%
Redevelopment	30	30	0	100%
Research & Innovation	121	75	46	64%
Sight & Sound	339	160	179	48%
Transformation	92	69	23	75%
Trust	5031	2297	2734	46%

The Annual NHS Staff survey launched in September. The survey will run until the end of November and along with the standard questions, will also explore staff experience of working through the pandemic.

The table to the left shows response rates as of 10th November, which are currently on target to exceed last years final rate of 54%.



COVID Absences



Although remaining lower than the spring peak, October saw an increase on reported absences due to self isolation and sickness related to COVID-19, particularly in the 2nd half of the month. Overall sickness in month remained within target.

There has been a renewed focus on the importance of maintaining rosters after a review indicated over 30% of absences were added retrospectively impacting the Trusts ability to plan effectively.

