# Great Ormond Street Hospital for Children NHS Foundation Trust

# Quality Report

2020-2021

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# What is the Quality Report?

The Quality Report is an annual report produced for the public by NHS healthcare providers about the quality of services they deliver. Its aim is to enhance accountability and engage leaders of NHS organisations in their quality improvement agendas. The Quality Report is a mandated document, which is laid before Parliament before being made available to patients, their families, and the public on the NHS website.

## What does it include?

The content of the Quality Report includes:

- Local quality improvement information, which allows trusts to:
    - demonstrate their service improvement work
    - declare their quality priorities for the coming year and how they intend to address them
- Mandatory statements and quality indicators, which allow comparison between trusts
- Stakeholder and external assurance statements

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

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) has a long-standing reputation as one of the finest paediatric hospitals in the world. We are keen to share information publicly about the quality of our services and about our continuous improvement work.

## Our strategy: To go above and beyond

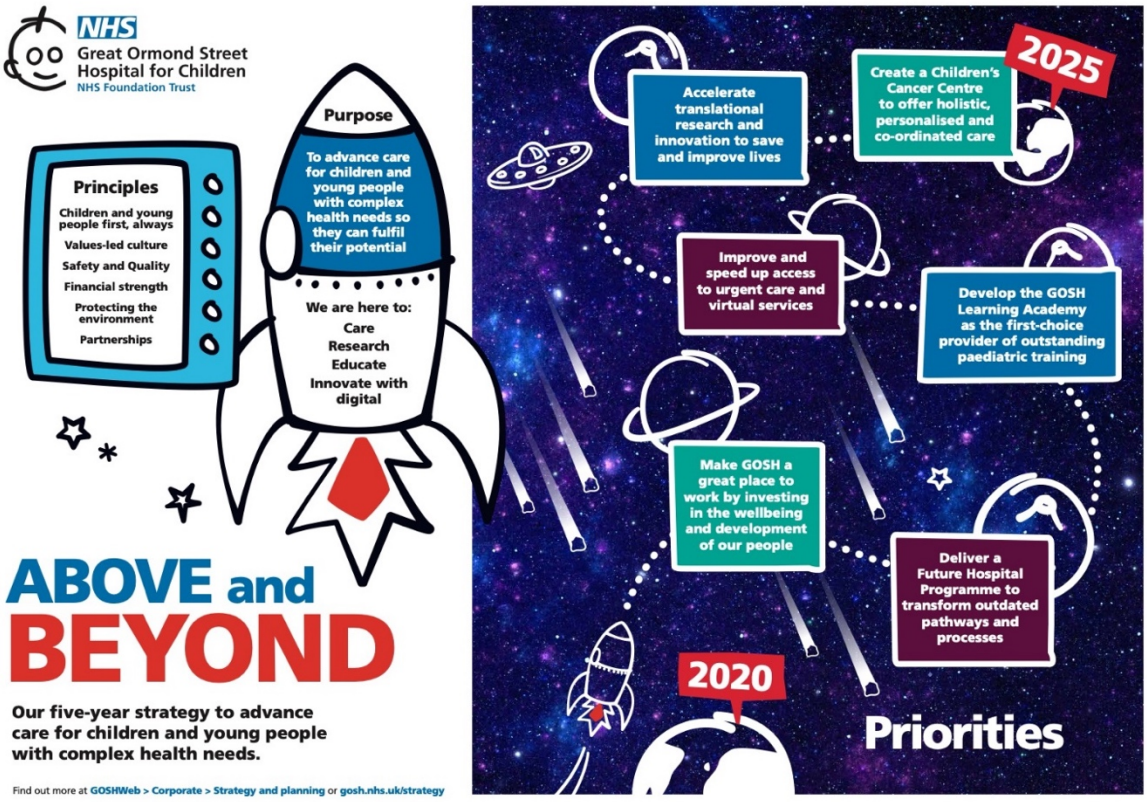
As a Trust we have a clear purpose which has endured since the Hospital first opened it's doors in 1852. We provide healthcare for children. How and what we deliver has always and will continue to be driven by the needs of our patients. With clarity about our purpose and the needs of our patients, we have developed a set of principles and priorities to guide us. We have a vast set of enablers that facilitate the work we do, from human support and capacity to expert medical knowledge, to the bricks and mortar premises that house us. Our enablers allow us to get on with the activity of providing care to our patients. Each one of our activities generates an outcome for our patients. Achieving the very best outcomes for our patients is our ultimate goal.

Our purpose is **to advance care for children and young people with complex health needs**.
We have six guiding principles:

1. Children and young people first, always
2. Always welcoming, helpful, expert and one team
3. Safe, kind, effective care and an excellent patient experience
4. Stronger finances support better outcomes for more children and young people
5. We aren't caring for children if we don't protect the environment
6. Together we can do more

### Above and Beyond

Our Trust Strategy Above and Beyond, sets GOSH's vision for the next five years and lays out priorities that are strategically important.




Our big six priorities for the next four years are:

- Make GOSH a great place to work by investing in the wellbeing and development of our people
- Deliver a Future Hospital Programme to transform outdated pathways and processes

- Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training
- Improve and speed up access to urgent care and virtual services
- Accelerate translational research and innovation to save and improve lives
- Create a Children's Cancer Centre to offer holistic, personalise and co-ordinated care

To help move us from strategy to activity, the Trust has and is developing enabling strategies that cover the themes of:

- People
- Clinical business
- Research
- Education
- Transformation

## Our Key achievements in 2020/21

- Recognition by the Children's Commissioner for good practice in opening a new paediatric ward specifically for children presenting to hospitals within North Central London with acute mental health support needs during the first wave of COVID-19-19-19
- Developed a Little Room of Horrors (escape room) for staff as part of Break-the-Chain week to raise awareness of infection prevention and control
- Supported the launch of electronic patient records at the Royal Devon and Exeter Hospital.
- Launched new app called CHEER (children, climate and health emergency response) to help motivate staff and track their sustainable travel, electrical device use and food choices
- Our Zayed Centre for Research won a European Healthcare Design Awards, American Institute of Architecture UK Design Award, Architecture Master prize, and 'caring' category at New London Architecture Awards
- Our Apprenticeship Team won a BAME Apprenticeship Award
- The Minimal Residual Disease Team in Haematology won an Innovations in Healthcare Science Award
- Lion Ward won a Solving Kids' Cancer NHS Hero Award
- UCL Great Ormond Street Institute for Child Health achieved gold award in the Athena SWAN Charter
- Medical Journalists' Association award won by the BBC for their coverage of Safa and Marwa, craniopagus conjoined twins' story
- Developed the COLLABORATE Leaders' Network to share exemplary and new practice in leadership and management
- Developed an acute, multi-layered, multi-dimensional Staff Wellbeing Service during COVID-19. This resulted in a 17% increase in our staff perception that the trust was taking positive action on health and wellbeing. This was the largest improvement across the staff survey.

**Our key strategic objectives for 2021/22 are:**

| | |
|---|---|
| **Make GOSH a great place to work by investing in the wellbeing and development of our people** | • External recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice<br>• Create internal career paths and progression opportunities<br>• Create a more inclusive work culture<br>• Create channels and safe spaces which amplify the employee voice<br>• Ensure that wellbeing is considered across the organisation<br>• Provide occupational health and support services that meet the needs of our changing context<br>• Ensure our staff feel safe and secure while working |
| **Deliver a Future Hospital Programme to transform outdated pathways and processes** | • Continue to optimise and integrate our electronic patient record<br>• Improve inpatient flow<br>• Transform our outpatient services<br>• Redesign our clinical pathways<br>• Transform our pharmacy services<br>• Integrate technology into our everyday<br>• Value and integrate our patient, family and partners contributions |
| **Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training** | • Build sustainability<br>• Utilise our education voice<br>• Broaden our education portfolio<br>• Support educational research and innovation e.g. virtual reality<br>• Ensure education is accessible for all<br>• Launch our Virtual Learning Environment<br>• Continue with patient safety simulation programmes<br>• Ensure we have the skills and knowledge to support the Trust's six priorities<br>• Partnership working through DRIVE, STP, HEE |
| **Improve and speed up access to urgent care and virtual services** | • Technology to support care<br>• Always say yes, safely<br>• To right size services<br>• Optimise use of electronic patient records<br>• Working in partnership<br>• Increase use of MyGosh patient portal<br>• Refine theatre scheduling<br>• Open Operations Hub<br>• Revised Bed meeting implementation |
| **Accelerate translational research and innovation to save and improve lives** | • Continue to transform GOSH into a Research Hospital<br>• Maximise the use of the rich data sets and analytic capacity<br>• Maximise the use of patient biological samples by building a fit for purpose Sample Bank<br>• Harness digital innovation<br>• Renew NIHR funding to support our world-class Biomedical Research Centre and Clinical Research Facility<br>• Establish and embed a fit for purpose commercial strategy<br>• Support and develop clinical academic careers |
| **Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care** | • Clinically lead project – this is not just about a building<br>• Meaningful patient and family engagement to inform design<br>• Clear transparent governance between the Hospital and Charity<br>• Early consideration of future digital and research innovations<br>• Robust and proactive cost, programme and risk management<br>• Sustainable approach to design incorporating nature<br>• Establishing the best long term solution for our Imaging and Intensive Care services |

## Our contribution during COVID-19

The COVID-19 pandemic has had a significant impact on the NHS. Although the disease primarily affected adults and the elderly in particular, we supported our partners and the wider NHS to respond to the pandemic whilst continuing to provide care for children with critical illness and rare and complex diseases.

We supported the North Central London (NCL) sustainability and transformation partnership in a number of ways. General paediatric patients were transferred from hospitals across NCL to GOSH to allow our NCL partners to use these wards to care for adults. We diverted staff from other duties, reconfigured rotas and collaborated with centres across NCL to admit 315 children and young people under our General Paediatric team. The youngest was 13 days, the oldest was 18 years.

The pandemic had a significant impact on children's mental health. Children were being held for longer periods in emergency departments whilst waiting for a suitable environment for ongoing care. Recognising the significant impact of this, we opened a new ward to provide a dedicated and safe environment to support this group of vulnerable children. GOSH requested and were granted a temporary amendment to our Care Quality Commission (CQC) registration to allow us to assess and/or treat patients detained under the Mental Health Act 1983. Clinical experts from our Child and Adolescent Mental Health team worked with our general paediatric team and the wider hospital to provide support. The effort was recognised in a report published by the Children's Commissioner which praised GOSH for its 'innovative response' in supporting this group of children and young adults.

Paediatric haematology and oncology service at University College London Hospitals (UCLH) were also transferred to GOSH with both teams collaborating to ensure continuity of treatment. Our long-standing partnership with UCLH smoothed this transition and children with life-threatening illness continued to receive high quality specialist care throughout the pandemic.

The pandemic brought a surge of adult patients requiring critical care. To allow other hospitals to convert their paediatric intensive care units to care for adults, GOSH increased paediatric intensive care capacity to ensure we 'never said no' to a child needing critical care. Staff were deployed from wards across GOSH to support the service and our education team stood up development programmes through the GOSH Learning Academy to rapidly upskill staff. The Children's Acute Transport Service (CATS) supported paediatric critical care transfers across London and beyond, and stood up 'Big CATS' to transfer adults critical care patients between hospitals to support the increased demand. We loaned critical care equipment including ventilators and life-saving ECMO machines to hospital across London. We also supported the Nightingale Hospital by deploying staff to lead education programmes and provide clinical and operational leadership.

In late Spring 2020 GOSH and other hospitals experienced a sudden increase in children admitted to the paediatric intensive care unit (PICU) with shock and fever. Children's hospitals and professional organisations came together and found that a small number of children experienced a significant systemic inflammatory response to COVID-19. This rare but serious complication was given the name PIMS-TS. GOSH saw high numbers of children with PIMS-TS, most of whom required admission to paediatric intensive care. Our infectious diseases ward, Pelican, was re-purposed to care for children with PIMS-TS and our clinicians and researchers collaborated to share understanding on how to identify and treat this new disease. Since December we have treated 107 children with actual or suspected PIMS-TS and you can read more about how we did this in the next section of the report.

GOSH responded to requests to support our NCL partners by deploying staff to areas of most need. During the second surge 126 nurses were deployed to external hospital across London. They supported a

range of services including General Paediatrics, Adult Intensive Care Units, mental health units and emergency departments at the Royal Free, Whittington, University College, North Middlesex and Barnet Hospitals. Many worked under extremely challenging conditions to ensure the NHS could continue to support all patients who needed care.

Our GOSH Learning Academy (GLA) led on upskilling and refresher sessions to support staff at GOSH and prepared others who were deployed to hospitals across NCL. At the height of the pandemic the Learning Academy delivered a 7-day a week service. Sessions in general paediatrics, adult vaccination, anaphylaxis, adult Basic Life Support (BLS) and adult ICU skills were delivered by the education team to support clinical competence. By May 2020 over 2,000 clinical and non-clinical staff had attended GLA COVID-19 up-skilling and update sessions, including many colleagues from external Trusts redeployed to GOSH. This included clinical staff who were 'out of current clinical practice' to clinical staff needing critical care skills to non-clinical staff who had not worked previously in clinical environments. GLA also worked with senior nursing staff and education teams to ensure skills and competencies developed during the first surge were maintained to support a rapid response during the second surge. The GLA also provided education for the Nightingale Hospital with several senior educators redeployed to up-skill the large volume of staff required.

Continuing to care for children remained our mission throughout the pandemic. During the first wave elective work was postponed and restrictions were in place which prevented many face-to-face consultations. Our ICT, Epic and Improvement teams worked with clinicians to develop virtual clinics so we could continue to support patients remotely. During the pandemic a large proportion (64%) of GOSH's outpatient work was conducted virtually, using telephone or video conferencing. You can read more about our virtual clinics later on in the Quality Report.

To support children and families information was made accessible through the Covid Information Hub on our website. Patients and families could access information about how the Trust was operating, and guidance on isolating and shielding, with specially developed resources to help children and young people cope with the changes related to COVID-19. The GOSH charity provided a large number of tablet devices to enable patients and their carers to stay in touch with family and friends who could not visit due to restrictions in the hospital. The charity also provided items for arts, craft, music and sensory activity packs for children as well as toiletries, toothbrushes and other items to support families at the hospital.

Following advice from NHS England we were able to re-start our elective work at the end of April 2020. To ensure we were treating children in most need first, we established a clinical prioritisation group, led by our Medical Director. The group developed clear criteria and processes to ensure each child was assessed and treated in priority order and delays to treatment were assessed, monitored and documented. Our EPR team worked with clinical and operational colleagues to rapidly develop a 'first of type' digital solution to support the clinically prioritisation of patients based on clinical assessments. This was designed and deployed to over 4,000 clinical and operational staff in just four weeks. This solution has been shortlisted for a Health Service Journal award in the Operations and Performance Initiative of the Year category.

Keeping children, families and staff safe and informed was a priority. At the peak of the pandemic, our senior leaders were meeting daily at the Silver and Gold operational meeting. Information was cascaded to the rest of the hospital via departmental bronze meetings, the daily coronavirus email and a weekly live blog with the CEO and executives. The blog was viewed by several hundred staff on site and working remotely each week. We set up an internal website as a single hub for all Covid-related documentation, research and policies for both internal staff and guests. Within a week there were hundreds of documents and links available in a single place and the site was continually updated so staff had access to the most current information.

GOSH laboratory service worked in partnership with the infection control team and UCL Great Ormond Street Institute of Child Health to establish a COVID-19 testing facility for patients and staff. This vital service enabled us to protect patients, families and staff by rapidly identify those who had COVID-19. During 2020-2021 we tested 2285 staff, 7617 patients and 639 parents at GOSH. We also supported external hospitals by delivering 8291 COVID-19 tests for patients receiving mental health services at Barnet, Enfield and Haringey Trusts' and 1713 tests for NHS staff outside of GOSH.

Personal Protective Equipment (PPE) was essential to protect staff caring for children with COVID-19. At the height of the pandemic supplies of vital equipment like masks was maintained by using different suppliers. At least 23 different types of masks were available. This presented challenges as staff needed to be tested against each type of mask to ensure a proper seal. Our infection prevention and control (IPC) team set up fit test "clinics" for staff and our improvement team developed a browser-based application with a central database to store their results. This allowed 3705 staff who had masks fit tested to see their results and allowed the IPC team to assess the impact if supplies masks were disrupted.

At the end of 2020 a vaccine to protect against COVID-19 was released. 300 GOSH staff undertook training to become vaccinators. Our improvement team developed an in-house booking system so staff could choose a date and time slot for their vaccinations, with calendar appointments sent automatically. To date we have delivered 8997 vaccines to our staff.

We were extremely sad to hear of the untimely death of three of our treasured GOSH colleagues as a result of COVID-19, and our sympathies are with their families and friends.

## A new paediatric disease triggered by COVID-19: PIMS-TS

Most children with COVID-19 have either no symptoms or show only very mild symptoms. However, in late Spring 2020 GOSH and other hospitals experienced a sudden increase in children admitted to the paediatric intensive care unit (PICU) with shock and fever. Children's hospitals and organisations such as the Royal College of Paediatrics and Child Health (RCPCH) and NHS England came together and found that a small number of children experienced a significant systemic inflammatory response to COVID-19. This rare but serious complication was given the name PIMS-TS.

From around April 2020 we began to see relatively large numbers of children with PIMS-TS at GOSH, nearly all of whom required intensive care. As this was a new disease there were no recommended treatments or pathways for us to follow. We repurposed Pelican Ward so our multidisciplinary team (MDT) could work together to care for children with suspected PIMS-TS after transfer from intensive care. Large numbers of GOSH specialists, laboratory staff, therapists, the infection prevention and control team, specialist nurses and researchers worked intensively together to develop completely new treatment protocols and pathways. Our clinicians collaborated with experts from across the UK to develop a national consensus management pathway for PIMS-TS.

To support children who were ready to leave hospital we set up a new PIMS-TS MDT clinic. The clinic provided expert specialist input and the best possible follow-up experience, limiting hospital visit time, providing information and support from a defined group of specialists, with an easy contact point for concerns and queries. The clinic is co-ordinated by the infectious diseases team and provides a contact point for specialist nurses and other members of the MDT. The clinic has been running for just over a year, is a leader in the field and a model for similar clinics elsewhere in the world.

Research was essential so we could understand the cause of the disease and how best to treat it. GOSH staff helped to modify the 'RECOVERY' research trial protocol to allow children and young people with PIMS-TS (and COVID-19) to participate. To date, GOSH has recruited the largest number of UK paediatric patients. Our Clinical Research Facility ensured as many children as possible were included in observational studies and we have contributed to a large number of collaborative, high impact research papers to share our experience for benefit of patients across the globe.

All members of the MDT have gone above and beyond throughout the two waves of the pandemic so far, often working way beyond their contracted hours and with extreme dedication to ensure that children and young people suffering from this rare but severe response to Covid receive the highest quality of care.

# Part 1: A statement on quality from the Chief Executive

This Quality Report covers an unprecedented period for Great Ormond Street Hospital for Children (GOSH). As part of the wider NHS response, our hospital and our hard working, committed team responded swiftly, flexibly and collaboratively to fast moving situations throughout the global pandemic. Our three quality priorities, of safety, clinical effectiveness and a positive experience for patients and families, helped us respond in a consistent fashion that aligns with our core principles. By launching our Trust Strategy, Above and Beyond, in the summer of 2020, we were able to enshrine the principle of quality in a document that will guide our work to 2025.

Of our three quality priorities, safety has most definitely been front of mind in the face of COVID-19. As we learned more about the virus, it became apparent that the disease posed a more significant danger to older people and vulnerable adults than to children and the young. Nonetheless, our responsibility to keep our patients, families and staff safe, and our commitment to support the wider healthcare system, required that we implemented change at pace. As a result of internal and external scrutiny of our patient safety processes and learning from our mistakes, errors and incidents, we have made a commitment to an extensive patient safety transformation programme over the next three years, partnering with external experts and patents.

Our laboratory service, working with the infection control team and UCL Great Ormond Street Institute of Child Health, worked quickly to establish a Covid testing facility for patients and staff. This testing facility rapidly identified those who had the virus so we could manage patient care and support our colleagues and families accordingly. We tested 2285 staff, 7617 patients and 639 parents at GOSH. We used the results to move children and young people onto appropriate care pathways to reduce the risk of cross infection. Reluctantly, we imposed visiting restrictions on our families, which we applied as compassionately as we could. Across the hospital site we developed and followed strict rules on hand hygiene, social distancing, mask wearing and home working to manage the risk of contagion.

As the wider NHS came under pressure, we increased the capacity of our paediatric intensive care units. This allowed us to take more patients from other Trusts so that they, in turn, could care for high numbers of adult patients as safely as possible. Later in the year, when a vaccine became available for COVID-19, 300 GOSH staff trained to become vaccinators and our improvement team set up an in house booking system to help staff access the vaccine as quickly as possible. To date we have delivered 8997 vaccines to our staff, supporting the most effective strategy available to keep colleagues, patients and families as safe as we can from the virus. We continue to advocate the vaccine programme to our staff and families to give them and the wider community the best protection against COVID-19.

We chose to launch our strategy, Above and Beyond, in the eye of the pandemic storm so we could reaffirm a clear, consistent direction for the Trust. While external challenges like COVID-19 might alter our day-to-day work, they don't change the core priorities that we are working towards, nor the principles that underpin everything we do. Safe, kind, effective care is what our committed colleagues strive so hard to provide and this has been enshrined as a core principle of Above and Beyond, where it will underpin multiple programmes. We committed to make GOSH a great place to work, where staff feel safe and secure, and to create a more inclusive working culture in which people feel psychologically safe to ask questions and challenge their colleagues. We also set out to develop further patient safety simulation programmes, to support constant improvement.

Our clinical effectiveness, the second of our quality principles, was particularly tested in the Spring of 2020. In mid-April, healthcare professionals in the UK observed a cluster of children with an unexplained inflammatory response following COVID-19 infection. Clinicians, researchers and clinical scientists from the UK and overseas came together to communicate, collaborate and work towards a common purpose:

the identification of a new emerging disease. This rare but serious complication became known as PIMS-TS and GOSH is proud to have contributed to this global collaboration.

Improved clinical effectiveness will be reinforced by our strategic priority to develop our GOSH Learning Academy (GLA). Our GLA will ensure education is accessible for all and that we have the skills and knowledge to operate effectively. It was our GLA that led the upskilling of our staff to support their deployment in new areas in response to the pandemic and prepare them to join with hospitals across North Central London. By May 2020 over 2,000 clinical and non-clinical staff had attended GLA COVID-19 up-skilling and update sessions, in general paediatrics, adult vaccination, anaphylaxis, adult Basic Life Support (BLS) and adult ICU skills.

We are also committing to accelerate translational research and innovation. Our determination to maximise the use of our rich data sets and patient biological samples will help us find improved treatments. During 2020/21, in the face of the pandemic and with research staff working flexibly to support other areas of the hospital, we managed to run 1,175 research projects at GOSH/ICH. As the COVID-19 situation becomes less acute, we will build on this to engage more research participants and staff.

The experience of our patients and staff, the third of our quality principles, has been widely affected by our response to the pandemic. Reduced visiting has been hard for our families, and social distancing presented major challenges for our outpatient services. Swift moves to take advantage of new technologies meant we were able to offer changed but still positive experiences for our patients. Our ICT, Epic and improvement teams worked closely with clinicians to develop virtual clinics so that 64% of our outpatient work could be conducted using telephone or video conferencing. In parallel, we improved MyGOSH, a safe online portal that gives children, young people and families access to parts of their electronic patient record. This meant families could keep in touch with their GOSH team, view test results, review and reschedule their appointments and communicate securely with their medical team.

Putting children and young people first, always, remains a core principle of our strategy, and that means designing services and systems that work for them and their families. Further increasing the use of MyGOSH will help us improve and speed up access to urgent care. In addition, our future hospital programme will lead to a transformation in outpatient and pharmacy services and a redesign of our clinical pathways. As we set out to create a world leading children's cancer centre, it is meaningful patient and family engagement that will shape our design and our services.

This Quality Report describes in detail the work I've highlighted here. It sets out the projects that we've completed in the year so far and describes how our strategy will provide a platform for quality improvements in the future. It sets out information that serves as reassurance from the Board as to the quality of our services and maps out how we are performing against core quality indicators and national targets.

Quality remains a watchword at GOSH. I would like to thank all our colleagues for their excellent contributions and for their determination to deliver on our quality priorities in a challenging environment.

**Mat Shaw**
Chief Executive

# Part 2a: Priorities for improvement

This part of the report sets out how we have performed against our 2020/21 quality priorities. These are made up of a combination of national priorities as well as local priorities identified by staff, patients and their families, and wider stakeholders such as referrers and commissioners. The quality priorities fall into three categories: safety, clinical effectiveness and experience. These categories were defined by Lord Ara Darzi in his 2008 NHS review for the Department of Health, in which he emphasised that quality should be a central principle in healthcare.

### Safety

We are committed to reducing avoidable harm and improving patient safety as rapidly as possible. Our aim is to ensure that each patient receives the correct treatment or action the first time, every time. However when this does not happen we are committed to learning from mistakes, errors and incident to ensure the safety of patients and their families, visitors to GOSH and our staff.

### Clinical effectiveness

At GOSH, we seek to provide patient care that is amongst the best in the world. As a major academic centre, we work with our patients to improve the effectiveness of our care through research and innovation. We use national and international benchmarks to measure our effectiveness whenever possible, and we publish this outcomes data on our website and in renowned academic journals. To measure our effectiveness from the patient's perspective, we use Patient-Reported Outcome Measures (PROMS).

### Experience

We wish our patients and their families to have the best possible experience of our treatment and care. Therefore, we measure patient experience across the hospital and seek feedback from our patients, their families, and the wider public to improve the services we offer. We do this via:

- Membership, patient and member surveys
- Focus groups and events
- Social media
- Asking patients and families about their experience within 48 hours of discharge

# Reporting our quality priorities for 2020/21

In our previous Quality Report, we identified three priority areas for improvement in Safety (improving medicine's safety), Clinical effectiveness (Improving Psychological and Mental Health Services documentation) and Experience (Improving the experience of children and young people with learning disabilities). These are reported below. We have also chosen to report on three further quality improvement initiatives which are related to our response to COVID-19. The six quality priorities reported for 2020/21 are:

### Safety

- Improving Medicine's safety
- Staff well-being through our Well-being Hub

### Clinical effectiveness

- Improving Psychological and Mental Health Services documentation
- Virtual clinics

### Experience

- Improving the experience of children and young people with learning disabilities
- Improving communication through MyGOSH

In this section, we report on our performance against each quality priority by outlining:

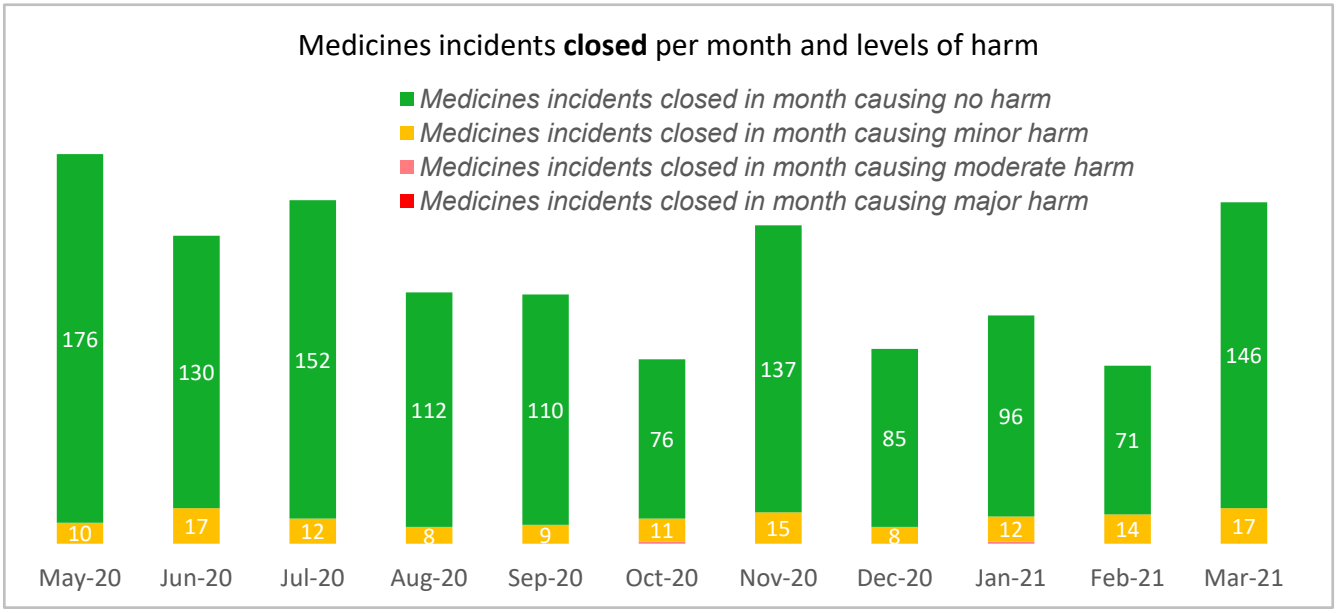
- What we said we'd do
- What we did
- What the data show
- What's going to happen next
- How this benefits patients

## Safety: Improving Medicines Safety

**What we said we'd do**
There are around 4000 drug administrations a day at GOSH. Many of the medicines are highly specialist and being used in innovative ways so it is really important to have good over-sight and understanding of our medicines safety.

We have updated all our medicines policies and procedures on storage, administration and disposal of controlled drugs so everybody knows what to do. There is direct teaching, an updated medicines training package on the intranet and a monthly newsletter "*Medicines Matter*".

**Medicines Incidents per month and reported levels of harm**




**What the data show**
We benchmarked our error reporting rate and whilst it is difficult to compare our error reporting rate, it is in line with other centres. There was a worry that we were reporting a higher frequency of errors causing harm and thus we sought an external review of our errors over a one year period. The review concluded that, in general, we had a low threshold for "declaring harm" as opposed to a higher proportion of harm related events. The advice was not to change the culture of reporting, but to monitor against our own trends.

To keep medicines safe we reviewed our ward drug room and audited 10 wards. This looked 1069 "swipe-card" access entries into the drug rooms. Along with many aspects of the medicines policy these audits are repeated yearly.

Many medicines were left uncollected in pharmacy, giving rise to concerns about medicine waste, patient compliance and lack of space in pharmacy. A Quality Improvement project was initiated to improve understanding of the number and type of medications. Key findings included:

- 23% of uncollected medications had been 'discontinued' on EPIC after they had been dispensed.
- 13% of medications had 'expired'
- 50% of families interviewed were not aware there was a prescription waiting for collection.

- Long waits in pharmacy was reported by parents as the main reason why they did not collect medications
- 2/3 of families were not informed at their next appointment that uncollected medication was in the pharmacy.

The review showed that most issues were related to communication and shared understanding between i) prescribers and their patients; ii) prescribers and pharmacy through EPIC; and iii) pharmacy and patients. Covid has fundamentally changed many of our processes for supplying outpatients and the large number of uncollected medicines has been eliminated. However the issue of collective understanding of systems and good communication still remains relevant and important and is being addressed through the Medicines Optimisation Committee. A number of projects focusing on medicine supply outside of the Trust have been started supported by several focus groups partnering with parents and children and the multidisciplinary clinical teams to ensure we get this right moving forward.

**What's going to happen next**

We have a programme of work to improve work flows in pharmacy and to benefit from the safety features of the EPIC system. Progress has been slower than we would have hoped due to the impact of COVID-19 but we remain committed to improved medicines safety.

**How this benefits patients**

We are really encouraged by the enormous amount of work we have achieved in this area and with our plans for the future. Technology will be key to some aspects of medicine safety moving forward and we are already fully engaged with assessing these. Until then we feel as if we have created the right structures and culture to ensure we keep medicines practice as safe as possible for our children, their carers and our staff.

## Safety: Staff well-being through our Well-being Hub

Our people are the head, the heart, the hands and the face of GOSH. They make us who we are and allow us to do extraordinary things.

GOSH People Strategy 2019-2022

**What we said we'd do**
Working with seriously ill children and their families, many of whom have complex conditions and uncertain futures, is physically and emotionally challenging. The COVID-19 pandemic exacerbated many of these pressures, whilst social distancing removed some of the normal support mechanisms used by our staff. Many staff were isolated from family and friends. Some found themselves unable to travel to family and friends due to international travel restrictions. Others were required to shield at home and were separated from work colleagues and on-site support. So supporting our people to ensure their well-being was a priority during the pandemic.

**What we did**
Experts from across GOSH came together with external partners in our Wellbeing Operational Group. The shared aim was to ensure support for all GOSH staff including those working within the hospital and those working from home. Many GOSH staff offered their time selflessly, over and above their normal work commitments.

We created a Well-being Hub, accessible to all staff. Our 'well-being' email were triaged by Consultant Psychologists and staff received a phone response within 24 hours. Camden Adult Mental Health Trust ensured we had seamless access to adult psychiatrists for advice and referrals for treatment. The Well-being Hub provided bereavement support, psychological first aid and helped staff experiencing anxiety, stress or experiencing an acute deterioration of their pre-existing mental health condition. Our Virtual Well-being Hub signposted staff to resources inside and outside of GOSH. This included both emotional and practical support such as ICT equipment and advice for home workers and accommodation and food for staff on-site.

Sadly, three colleagues died due to COVID, which deeply affected our staff. The wellbeing groups provided bespoke bereavement support which would not have been available in the community.

**What the data show**
In 2020, CareFirst, an external provider received 72 calls for emotional health. During Covid the GOSH wellbeing hub responded to more than 1100 requests for support. Feedback from staff was positive with an emphasis on the specific challenges faced at GOSH. Comments include "they know what it's like at GOSH' and 'they know what it's like to work here".

The evaluation of the wellbeing hub was really positive…."The 'wellbeing' email was quick to respond and kind - I have no suggestions on how to make it better as I thought it was excellent." And "so much has been created for us…. it helps me feel part of the GOSH family whilst remote working".

Feedback from the NHS Staff Survey 6 months after the start of the GOSH wellbeing services saw a 17% increase in positive responses the question: 'does your organization take positive action on health and wellbeing'.

As a result of the investment in our people's well-being we now have:

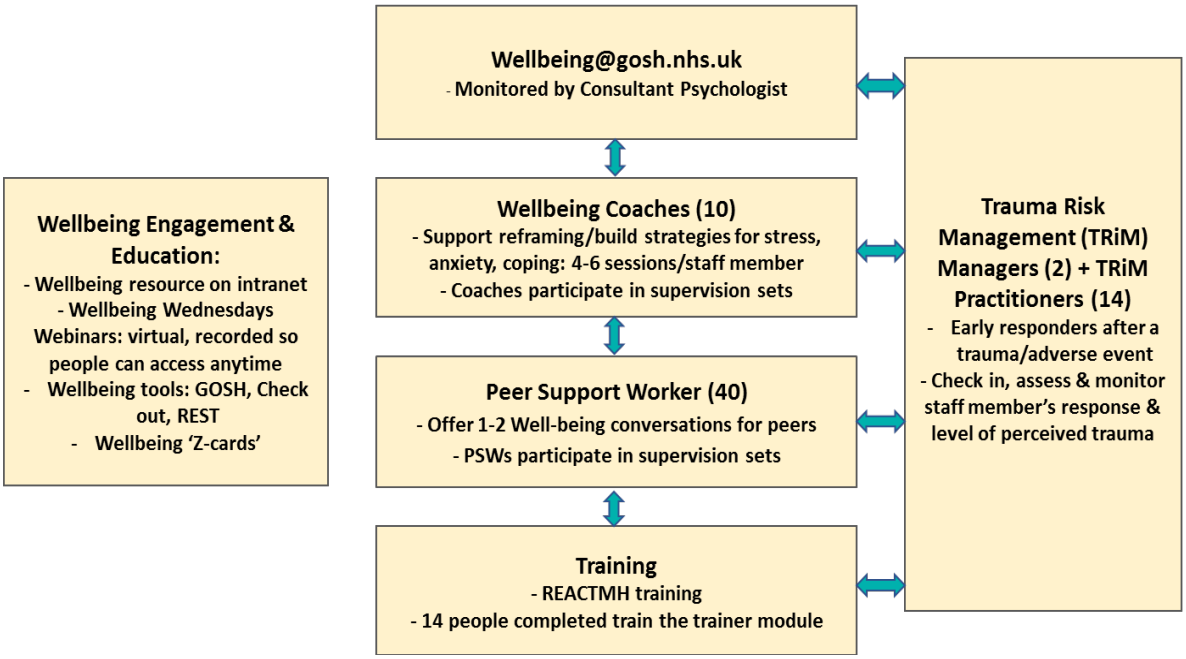
- 40 active Peer Support Workers that connect with their communities and listen, signpost and provide basic psychological first aid
- 11 Wellbeing Coaches that provide a series of coaching sessions to manage anxiety, stress or help staff to reframe and mentally adjust to their new lives

- 16 Trauma Risk management Practitioners (TRiM) practitioners that assess colleagues for trauma, a step in changing the culture where trauma is openly discussed and managed
- Well-being Wednesday - 20 minute webinar focused on wellbeing which is recorded and available to all staff.
- Dedicated, 20 minute drop-in sessions for communities of staff that may not access on-line resources

**What's going to happen next**

We have a four-part programme of work to build on the success of our well-being hub.

1. ***Staff Mental Health Surveillance Program*** run by GOSH psychologists supported by external Stakeholders such as NHSE, NHS Practitioners Health, Carefirst and Camden Mental Health Trust.
2. ***Leading Self*** - a series of interactive, open access, virtual webinars to encourage staff members to take personal responsibility and become better advocates for their own health and well-being. A staff well-being barometer, as a self-assessment tool, will assess progress.
3. ***Leading Teams***: a multi-modal team mental and emotional resilience training programme including webinars, facilitated team training sessions and team coaching, supported by a team resilience assessment tool.
4. ***Corporate/System Leadership***: a well-being specific development opportunity for leaders, combining training and coaching to explore values, behaviours and actions that will result in compassionate, inclusive leadership.




**How this benefits patients**

Our well-being work was very much developed 'by our staff, for our staff'. Making sure we have a resilient, healthy and compassionate workforce ensures we can continue to deliver high quality care to our children and their families and embodies our 'one team' values.

## Clinical effectiveness: Improving Psychological and Mental Health Services documentation

Last year's Quality Report spoke of our plan to improve documentation in our Child and Adolescent Mental Health Service (CAMHS). Since the last Quality Report the CAMHS has merged with our psychological services as part of the strategic vision for mental health care and is now known as Psychological and Mental Health Services or PAMHS.

**What we said we'd do**
We identified that improvements were needed to healthcare record documentation through staff feedback. The CQC also remarked that the system did not allow easy filtering or vision of key governance issues to allow staff to find key documents easily.

We said we would:

- Improve recording of consent and competence and ensure that these are accessible on the electronic record.
- Improve the layout of the electronic record to make it easier to navigate e.g. a drop down tab for 'Core team minutes'
- Add suitable templates for core meetings such as ward rounds, clinical review meetings, and standardise discharge summaries
- Improve the recording of risk assessments with a suitable template, including adequate free-text space for documentation ad comments.

**What we did**
The Mildred Creek Unit (MCU) Nursing Team have worked collaboratively with the electronic patient record (EPR) team to design and implement a well-functioning and robust means of documenting care. Since the CQC visit significant advances have been made and this has improved staff confidence with the system.

The MCU navigator allows an easier movement through the patient records as staff can filter to find key documents such as ward round recommendations or risk assessment. We improved our Ward Round Template to make it clear which members of the multi-disciplinary team (MDT) attended and ensure all documents are clearly dated. There is now a section on Gillick Competence, with the date of assessment and considerations over reassessment clearly visible. The template also specifies parental consent dates and identifies who should provide consent. Parental and patient goals and ward recommendations including working discharge dates are outlined.

The risk assessment template, and past risk assessments can be reached through the navigator and have the expected clear measurable risks. This allows prompt action planning and mitigation by the MDT as required. Monitoring of reassessments can now be audited through the ward round entries which allows oversight from the consultant and ward manager. The core team minutes follow a similar structured template to ward rounds, allowing MDT attendance monitoring and a clear action log at the close of the meeting.

All new staff across PAMHS and all requiring updates are now having bespoke Epic training this has been made possible since the appointment of the Epic Training Lead

**What the data show**
A documentation audit is undertaken monthly to monitor the recommendations from the CQC inspection. These were reassessed during our 2021 QNIC inspection and the improvements were noted by the assessment team.

We surveyed staff to get feedback on our progress. Comments were positive:

*"The improvements to the ward round template allow the long stay panel to clearly view the patient journey, goals, outcomes and working discharge dates. Action planning ensures potential delays are identified early"*
*"An ongoing rolling training sessions around competency assessment has been really useful for new staff to ensure as key workers the requirements and documentation required"*

**What will happen next**
To understand the longer term impact, progress will be reviewed regularly over the coming 12 months through ongoing audits and staff feedback.

We are also working to improve the documentation of consent. Although it is included in the ward round templates, it is currently documented on paper and uploaded to the Epic records which can mean a delay in this being visible electronically. The MCU and EPR teams are working with the trust wide consent project to ensure for the specific needs of mental health patients are addressed.

**How this benefits patients**
Patient safety and care quality is improved, particularly around easier navigation and location of documents. The recommendations from ward rounds and the dates and outcomes of competence assessments, consent and risk assessments are visible and accessible to all the healthcare team. This facilitates clear communication to ensure treatment is timely, effective and inclusive of patient's preferences and wishes.

# Clinical Effectiveness: Virtual Clinics

**What we said we'd do**
Virtual clinics were key to our Above and Beyond strategy to help speed up our response times, reduce the cost and inconvenience of travel and make healthcare more accessible, particularly for those who live far from GOSH. COVID-19 brought social distancing into our lives which presented GOSH with immediate challenges in seeing our patients and families. For some, Virtual Clinics became the only viable way to ensure our patients were seen quickly and safely.

**What we did**
During 2020, GOSH rolled out Virtual Clinics in almost all specialities. We integrated a video communication platform with our electronic patient record system to provide a secure, safe environment. Children and families were offered the choice of video or telephone appointments. Our enhanced functionality now allows third parties to join video visits, meaning patients and families can have joint appointments with another speciality or even with their GP or secondary care clinician. Joint appointments also allow us to invite interpreters, playworkers and others to support those with language difficulties and other needs.

**What the data show**
In 2019-2020, less than 1% of outpatient activity was delivered via video. That rose to 24% in 2020/21, meaning almost a quarter of outpatient consultations 'went virtual'.

Understanding our patients and families experience was very important. Overall 85% of families who responded said they were extremely/very satisfied with their experience during the virtual visit. Overall patent and families experience scores were lower when the focus was on treatment rather than assessment or follow-up. The majority of families said that they would prefer a mix of face-to-face and virtual appointments going forward.

| What did children and families like? | What did children and families dislike? |
|---|---|
| • No commute to GOSH<br>• Don't need to get on public transport during Covid.<br>• Had time to ask all questions.<br>• Didn't feel rushed.<br>• Appointment started on time.<br>• No travel costs<br>• Child felt more comfortable in familiar surroundings | • Poor visibility made it difficult to be reviewed by a surgeon<br>• Doctor did not attend!<br>• English is not our first language so would prefer a mixture of appointment styles<br>• Didn't feel as involved as I could have been.<br>• Zoom was too long with too many people<br>• Video clinics are tiring.<br>• Zoom fatigue. |

**What's going to happen next**
We listened to families and staff comments and have already made changes such as a zoom 'how to guide' and requesting any images to be sent beforehand and uploaded into the child's electronic health record. We continue to refine and improve our virtual clinics in response to feedback. A stakeholder event is planned to gather further improvement ideas and implement ideas. We continue to gather data on outcomes and experiences following virtual clinics

**How this benefits patients**
Virtual clinics cannot replace all appointment types, particularly if a physical examination or diagnostic tests are needed. They do allow us to see children and families who may not want or cannot travel or attend hospital. We are now able to provide care closer to home, which reduces transport time and costs. All these benefit children and families as well as helping to protect the environment.

During Covid, virtual clinics kept patients and families safe and allowed them to access care and support. Our outcome data and feedback demonstrates that virtual appointments can be an effective and valuable alternative when face-to-face meetings are not desirable or possible.

## Experience: Improving the experience of children and young people with learning disabilities

**What we said we'd do**
We are committed to ensuring that children and young people (CYP) with learning disabilities, autism or additional needs and their families receive equal access to safe, high quality care and treatment that is individualised to meet their particular needs, across all of our services.

In 2019/20 we planned to deliver four interconnected workstreams:

1. Develop and implement a comprehensive and targeted programme of staff training on learning disabilities
2. Improve safety for CYP with learning disabilities
3. Increase involvement of CYP with learning disabilities in making decisions about their care and planning services
4. Improve the hospital experience for CYP with learning disabilities and their families through the use of an accessible patient reported experience measure (PREM) purposefully designed to meet their needs

**What we did**
We developed a Learning Disability Strategy which was approved at Trust Board. This provided a clear vision and programme of work to support our four interconnected workstreams. Unfortunately the COVID-19 pandemic, staff deployment and long-term staff sickness has slowed our work plan and led to a revision to the workstream priorities.

We have increased our Learning Disability Education resource in collaboration with the GOSH Learning Academy. Prior to the implementation of social distancing and other Covid restrictions we developed a multi-professional Learning Disability Simulation education and training co-delivered with actors with lived experience. The roll-out was delayed as our education and learning disabilities staff were deployed to support the COVID-19 effort through assuming clinical duties or focusing on training related to Covid. We were also restricted in our ability to have external visitors on site, which meant the actors with lived experience could not attend GOSH to participate.

We have, in collaboration with the Mental Capacity Act (MCA) Lead, developed and launched a new process for reviewing patients aged 16 and over who are inpatients to ensure that the Trust is meeting MCA and Deprivation of Liberties (DoLS) legislation. This is being delivered in tandem with a programme of supporting education.

The introduction of mandatory COVID-19 testing on admission and before procedures had an immediate impact for CYP with learning disabilities and their families. The Learning Disabilities team developed new pathways to identify and support CYP with learning disabilities who struggled with testing. The team provided clinical support for the most complex cases and maintained a list of CYP with learning disabilities who benefitted from their specialist input.

**What's going to happen next**
The pandemic has led to a revised programme of work. Our current priorities are to improve our process and guidance around consent for CYP with learning disabilities and their families. We are also developing training so staff better understand and are able to implement reasonable adjustments. We are also developing a library of sensory toys so staff can better support CYP with learning disabilities.

## Experience: Improving communication through MyGOSH

**What we said we'd do**
MyGOSH is a safe and secure online portal that enables children, young people and families to have access to specific parts of their electronic patient record at GOSH. MyGOSH has played a vital role during the COVID-19 pandemic by keeping children and families in touch with their GOSH team, even when they weren't able to visit GOSH in person. We now have a dedicated team to support patients and carers and assist with requests to sign up to MyGOSH.

**What we did**
Over the past year we have improved and enable new features. With MyGOSH you can now:

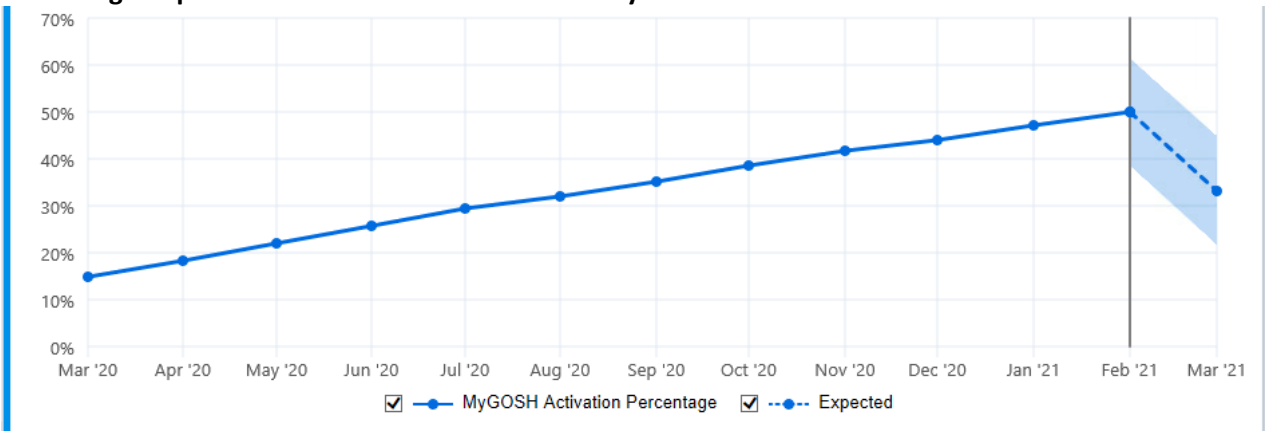
- Have a virtual outpatient video visit via the MyGOSH platform
- Review and reschedule certain appointments as well as accept earlier appointment offers
- See an up to date health summary, taken from the child's electronic patient record
- View test results
- Ask for repeat prescriptions for medicine that is only supplied by GOSH
- Communicate securely with the medical team
- Share the MyGOSH record with other health professionals.

At the start of the pandemic, some children and young people could not visit GOSH to have vital tests or assessments because of government travel and visiting restrictions. This was particularly problematic for our respiratory team, who could not perform vital tests to diagnose and monitor children with breathing problems. Through the collaboration of our clinical, biomedical and digital team we have enabled Video Visits by our Lung Function team, where spirometry assessments can now be performed remotely.

We also went live with a pilot of the MyGOSH Bedside application in Squirrel ward. Patients can download on the Bedside app either on their own personal tablet or one provided by GOSH. MyGOSH Bedside gives patients and their families access to their medical record and provides a platform to support education on their health condition, adherence to treatment, and increased communication. MyGOSH bedside also supports video consultations with clinicians and links carers who may not be able to travel to participate in discussions with their clinical team.

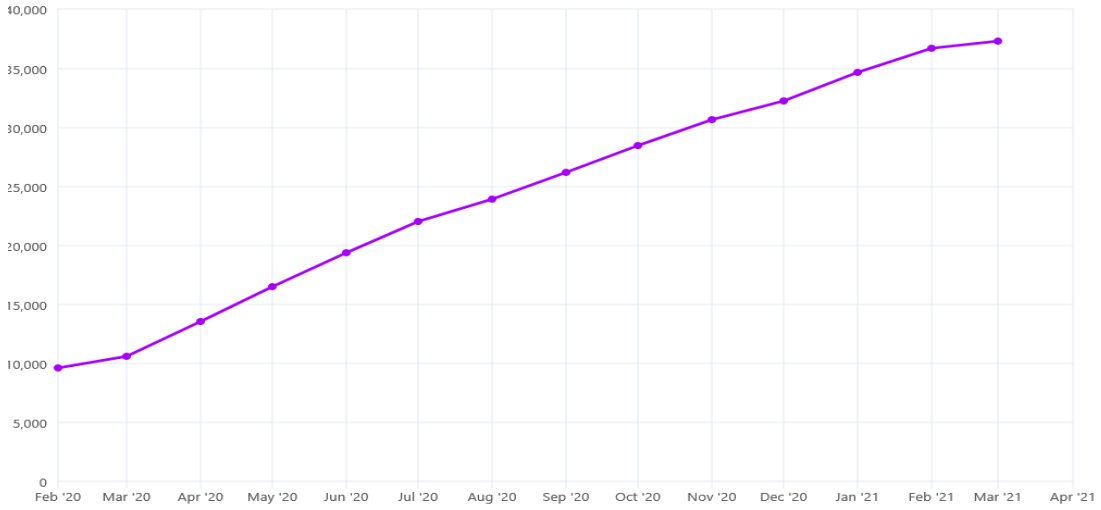
**What the data shows**
We have monitored the number of children and families who activated a MyGOSH account and this has increased by 35% overall in the last year.

**Percentage of patients seen face to face who are MyGOSH active**




The total number of MyGOSH Users has also increased from 10,619 to 37,311 by March 2021, which is a 251% increase over the last year.

**Total MyGOSH users**




At the end of 2020, we enhanced MyGOSH to allow patients and families to send 3 questions they might want answered at their next visit. We called this initiative 'Heads Up'. We released this at the end of January 2021 and within one month it was already being used by 55% of completed outpatient appointments.

**What's going to happen next**

During the last year, we looked at how MyGOSH can use data from wearable technology devices. Towards the end of 2020, we ran a pilot that successfully enabled MyGOSH users to submit their own data to their own electronic health record in Epic. Our next phase is to make the process automatic and to see how and where we can use this in clinical practice.

**How this benefits patients**

MyGOSH allows everyone to manage their health and care wherever they can get online. This helps patients and families to keep in touch with GOSH and to be more involved and in control of their own health and well-being.

# Quality priorities for 2021/22

The following tables provide details of three of the quality improvement projects that GOSH will undertake in 2021/22. In common with previous quality reports these quality improvement projects are in line with our strategic priority to provide the safest, most effective and efficient care, with the best possible outcomes.

The COVID-19 pandemic has meant we have not been able to consult widely on our quality improvement priorities. In previous years priorities have been selected with input from children, families and staff as well as our commissioners, Council of Governors, Young People's Forum, and the Patient and Family Engagement and Experience Committee. This was not possible in 2020-21 due to the late notification of the Quality Report, social distancing restrictions and the unprecedented workload of the pandemic. We have therefore selected three programmes of work that were planned prior to the pandemic but were delayed or suspended as a result.

## Safety:

To eliminate avoidable harm

| Improvement initiative | What does this mean and why is it important? | How will progress be monitored, measured and reported? |
|---|---|---|
| Improve identification and management of the deteriorating child | Thematic analysis of complaints, incidents, mortality review/ learning from deaths, identified the significant need to improve our identification and response to deteriorating patients.<br><br>A Trust-wide Quality Improvement programme is being initiated by the Medical Director's Office which aims to improve:<br>· Safety in the care provided<br>· Effectiveness in the treatment<br>· Timeliness in the response<br>· Patient, family and staff experience<br><br>Programme design will focus in the areas of: Identification of deterioration, Monitoring, Escalation and Review- re-escalation or de-escalation. The work done acknowledges the complexities which contributes to these areas in terms of the organisational, digital and human processes. | Number of mortality reviews identifying inadequate response to patient deterioration<br><br>Learning from serious incidents, complaints and Root Cause Analysis – increase in appropriate management of deterioration<br><br>Improved recording of parental and clinician concern<br><br>Timeliness of observations sets (PEWS)<br><br>Reports and updates of the Programme is submitted to Patient Safety and Outcomes Committee and Closing the Loop Committee |

## Experience:

To deliver kind and compassionate care, and communicate clearly to build confidence and ease.

| Improvement initiative | What does this mean and why is it important? | How will progress be monitored, measured and reported? |
|---|---|---|
| Managing uncertainty in healthcare | Uncertainty is a common experience in healthcare. Healthcare professionals have to communicate a wide range of facts and contextualise these facts to the individual circumstances of the patient.<br><br>However, the public understanding of a number of factors such as statistical analysis result in challenges for the healthcare professional and the decision maker in evidencing informed consent.<br><br>The healthcare professional may also need support in being open about the limitations of their knowledge while feeling a responsibility to assure the patient or family.<br><br>This professional-cultural need to communicate assurance rather than open and informed consent can leave the healthcare professional vulnerable.<br><br>Training is needed to better communicate how we know what we know, what we cannot know and how, given sometimes only partial information we can together make the most informed healthcare decisions we can. | Literature review: Identifying best practice guidelines in law, healthcare research and other research in communication and the public understanding of healthcare related information and risk.<br><br>Co-production of training programmes with both healthcare professionals and families.<br><br>Monitoring data sets such as Friends and Family Test responses, Pals and Complaints cases as well as Incident reports via Datix.<br><br>This programme is supported by the Associate Medical Director, Dal Hothi. |

## Clinical effectiveness:

To consistently deliver excellent clinical outcomes, to help children with complex health needs fulfil their potential

| Improvement initiative | What does this mean and why is it important? | How will progress be monitored, measured and reported? |
|---|---|---|
| Developing and implementing ward accreditation | Monitoring core standards of care helps identify areas for improvement and opportunities to share good practice.<br><br>We have identified 7 quality pillars which support excellence in care: Patient Experience, Nursing Quality, Quality and Safety, Nursing Education, IPC, Nursing Workforce and Staff Experience. | Audits of the 7 quality pillars will be completed monthly by the ward teams supported by data from our electronic health record.<br><br>Results will be available on an online dashboard in a easily visualised format, allowing ward teams to interpret data and assess what their priorities for improvement are. |

## Part 2b: Statements of assurance from the Board

This section comprises the following:

- Review of our services
- Participation in clinical audit
- Learning from deaths
- Participation in clinical research
- Use of the CQUIN payment framework
- CQC registration
- Data quality
- Priority clinical standards for seven-day hospital services
- Promoting safety by giving voice to concerns
- Reducing rota gaps for NHS doctors and dentists in training

## Review of our services

During 2020/21, GOSH provided and/or sub-contracted over 60 relevant health services. The income generated by these services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant services by GOSH for 2020/21. GOSH has reviewed all the data available to us on the quality of care in our services.

# Participation in Clinical Audit

## What is clinical audit?

"Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients."
[NHS England definition]

Clinical Audit at GOSH supports the Quality framework outlined in the Trust Quality Strategy ("doing the right thing").

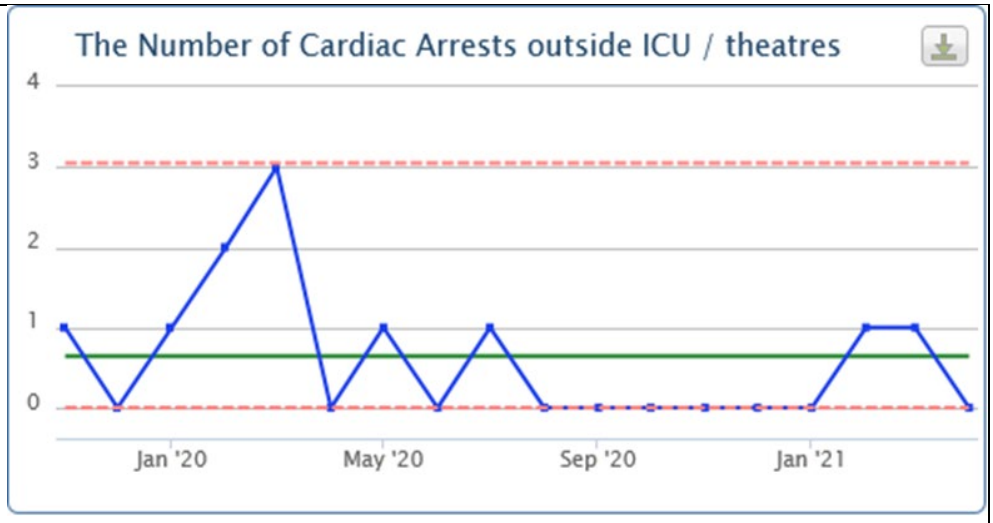
## Participation in National Clinical Audit

During 2020/21 thirteen national clinical audits and clinical outcome review programmes covered the NHS services that GOSH provides. The Trust has participated in them all and data submissions have been outlined below.

| **Name of audit / clinical outcome review programme** | **Cases submitted as a percentage of the number of registered cases required** |
|---|---|
| Cleft Registry and Audit Network (CRANE) | 125/125 (100%) |
| Inflammatory Bowel Disease (IBD) IBD Registry | 47/47 (100%) |
| Learning Disabilities Mortality Review Programme (LeDeR) | 5/5 (100%) |
| Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) | 31/31 (100%) |
| National Audit of Pulmonary Hypertension (NAPH) | 663/663 (100%) |
| National Cardiac Arrest Audit (Intensive Care National Audit & Research Centre). | 2/2 (100%) |
| National Audit of Cardiac Rhythm Management (National Institute for Cardiovascular Outcomes research) | 254/254 (100%) |
| National Congenital Heart Disease ( (National Institute for Cardiovascular Outcomes research) | 965/965 (100%) |
| National Paediatric Diabetes Audit (National Paediatric Diabetes Association) | 49/49 (100%) |
| Paediatric Intensive Care Audit Network (PICANet) | 1753/1753 (100%) |
| Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme | 12 /12(100%) |
| UK Cystic Fibrosis Registry | 200/203 (98.5%) |
| UK Renal Registry | At the time of writing the Nephrology service are reviewing administration support to ensure all 2020/21 cases are uploaded |

The following national clinical audit reports and data were published from relevant mandatory national clinical audits in 2020/21.

| Name of audit / clinical outcome review programme | Relevance to GOSH practice |
|---|---|
| Congenital heart disease including paediatric cardiac surgery | The 30-day survival rate for paediatric cardiac surgery is a nationally accepted benchmark that is used to judge outcomes. Predicted patient survival is determined for all centres using a calculation called PRAiS2, which adjusts for procedure, age, weight, diagnosis, and co-occurring conditions (co-morbidities).<br><br>The 2020 National Congenital Heart Disease Audit report shows that in the last 3 years, all centres have performed such that 30-day survival was as predicted or better than predicted, given the alert and alarm control limits, for aggregated outcomes after all surgical procedures in children.<br><br>"*Three centres performed 'better' than predicted (Alder Hey Children's Hospital, Liverpool (fifth year running); Bristol Royal Hospital for Children (second year running); and Great Ormond Street Hospital, London (following 4 years of performing 'much better' than predicted)), whilst this year one centre, Leeds General Infirmary, Leeds, was 'much better' than predicted. This is indicative of good performance and represents an opportunity for sharing more optimal practice across specialist centres." (*National Congenital Heart Disease Audit (NCHDA) 2020 Summary Report (2018/19 data), NICOR: National Institute for Cardiovascular Outcomes research)<br><br>More information about this can be found on the NICOR website. |
| Inflammatory bowel disease Registry | The IBD registry report quarterly data. There is not significant paediatric data included in the report to allow measurement of GOSH practice against the national data.<br><br>The Gastroenterology Service at GOSH participates in Improve Care Now, an international collaboration between Paediatric Gastroenterology centres .The collaboration benchmarks improvement in quality and monitors clinical outcomes for children with inflammatory bowel disease. As part of the Improve Care Now initiative, GOSH monitors specific IBD outcome measures and have routinely collected data since 2011. These data include outcomes relating to disease remission rates, nutrition and growth for the children we treat.<br><br>More information about this can be found on the Gastroenterology clinical outcomes page on the Great Ormond Street Hospital Website. |
| National Cardiac Arrest Audit (NCAA) (ICNARC (Intensive Care National Audit & Research Centre). | The NCCA publish quarterly reports at organisational level to support benchmarking and to identify trends to inform practice and policy on both a local, and national level. GOSH has not had sufficient cardiac arrests in the 2020/21 to allow benchmarking in the reports. We place close attention internally with real time monitoring and oversight of cardiac arrests outside of ICU reported to the Patient Safety and Outcomes Committee.<br>We have noted a trend in a reduction of cardiac arrests outside ICU/theatres this year. |

| | |
|---|---|
| |  <br><br>Resuscitation Services developed and led the "Just in Case" support programme for the wards in March 2020 and the data suggests this programme has had impact. |
| Paediatric Intensive Care Audit Network (PICANet) | The Paediatric Intensive Care Audit Network Annual Report 2020 was published in February 2021.<br><br>The primary outcome measure used in Intensive Care Units (ICU) is the survival rate for patients, measured at the time when they are discharged. Raw survival/mortality rates may be challenging to interpret as patients that are admitted in a sicker condition are at greater risk, and therefore the outcomes need to be 'adjusted' to consider the level of severity of the patients in respect of case mix.<br><br>The 2020 PICANeT report compares Trusts Standardised Mortality Ratio[1] for the calendar years of 2017-19.The data in this report shows GOSH ICU mortality as within what would be expected based around the case mix.<br><br>More information about this can be found on the Intensive Care Unit clinical outcomes page on the Great Ormond Street Hospital Website. |
| UK Cystic Fibrosis Registry (Cystic Fibrosis Trust) | The 2019 UK Cystic Fibrosis Registry Annual Data Report was published in August 2020 and includes data about individual cystic fibrosis centres, to help the centres benchmark themselves against their peers. The data shows that GOSH clinical outcomes are within expected variation.<br><br>The 2019 UK Cystic Fibrosis Registry Annual Data Report can be accessed here |
| UK Renal Registry | The UK Renal Registry report was published in 2020 and includes analyses of paediatric data to the end of 2018. Clinical Outcomes measures for the Nephrology service at GOSH can be found on the Nephrology Clinical Outcomes page on the Great Ormond Street Hospital Website and will be updated further in 2021/22. |

The Health Care Quality Improvement Partnership (HQIP) have recently developed a public access website to display National Clinical Audit Benchmarking (NCAB). GOSH performance in key audit metrics

[1] Standardised Mortality Ratio (SMR)
The SMR is the ratio of observed deaths in the ICU compared to the expected number of deaths based upon the PIM3r score: the SMR is calculated periodically and is used as a method of benchmarking the outcomes between ICUs nationally via PICANET.

can be seen and compared with other Trusts for both the PICANET and NPDA audit programmes. This data can be seen for Great Ormond Street at https://ncab.hqip.org.uk/reports/card/trusts/RP4/

The NCAB highlight data from the 2020 PICANET report highlights "the crude number of qualified nurses per bed (WTE)" in 2019, and notes that only eight of the 26 PICUs nationally have been able to meet the standard. GOSH did not meet the standard for the calendar year of 2019 but note improvements since 2018. There have been challenges with the recruitment of ICU nurses nationally and in London. This issue is monitored by the PICU management team and is assessed as a low risk on the PICU risk register at the minute, due to progress made with recruitment and retention in the last two years. This had previously been a high risk.

### Priority Clinical Audit plan

At GOSH we have a central clinical audit plan which prioritises audits to support learning from incidents, risk, patient complaints, and to investigate areas for improvement in both quality and safety. This important support to our learning culture is part of our Quality Strategy and explicitly planned for in our Quality Assurance Operational Delivery Plan.

Some of our key priority audits completed in 2020/21 are outlined in this section of the report. Despite the pressures of the COVID-19 pandemic we have been able to maintain resilience with both the quantity and quality of our priority clinical audits, and also been able to be agile and adaptive to the needs of the organisation, and taken on specific work to support with the COVID-19 response.

### Quality of discharge summaries

This was an audit to allow us to proactively assess the quality of our discharge summaries in line with national standards. Our found significant improvement in compliance with standards for the content of a discharge summary, when compared to an audit of discharge summaries from 2016/17. This audit found 100% compliance with all mandatory national standards for the content of a discharge summary.

There were many clear examples of good practice enabled by our Epic patient record system including clear instructions on next steps for the patient and family, which were written directly to the family and in a clear and noticeable way.

### Height and Weight in outpatients- action from a Serious Incident investigation (2020/3609)

**Background**

An audit was initiated as the outcome of a Serious Incident to help assess the 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 was a significant gap between GOSH and national standards and the practice for recording height and weight at outpatient appointments. The audit found approximately one in three children coming to GOSH had their height and weight recorded at a physical outpatient appointment.

An action plan was finalised with the Outpatient Matron and the Head of Nursing and Patient Experience for the Sight and Sound Directorate. This audit and the action plan were monitored by the Patient Safety and Outcomes Committee.

**Changes made**

As a result of the audit significant work has been undertaken to clarify and communicate the requirements for height and weighting patients in all outpatient clinic. A list of requirements is available

electronically to all staff in outpatients to support practice. We believe the opening of the new Sight and Sound building will further support the specialties moving there to height and weight patients.

## Controlled Drugs audit

**Why we did this audit**

Learning from a Serious Incident in 2018 highlighted the importance of the documentation of controlled drugs. A detailed audit was conducted in July 2019. That audit found areas for improvement in documentation. An improvement action plan was agreed between the nursing education and pharmacy departments to support best practice. This included the development of digestible best practice guidance to be displayed in medicine storage rooms, revision of policy and an education roll out which took take place in September 2019

We did follow up audits to support our practice and to establish the effectiveness of our changes and have seen improvements in 2020/21.


These audits are part our Medicines Audit plan that are monitored and reviewed at our Medicines Safety Committee. Further audit was planned in 20/21 but postponed, with mitigations in place and an assessment or risk, due to pressures associated with the second wave of the COVID-19 pandemic. A repeat audit to assess sustained improvement is underway at the time of writing.

## Audit of progress with implementation of core standards for GOSH MDTs

**Background**

A Learning from a Prevention of Future Deaths report in 2019 highlighted a general learning point at GOSH to ensure appropriate attendance and documentation at GOSH multidisciplinary team (MDT) meetings.

Work took place at GOSH throughout 2019/20 to introduce standardised terms of reference (and a structure for recording MDT attendance and decision making in EPIC. We completed a baseline a Trust wide audit to assess our performance against our key standards in November 2019. The audit was shared at our Patient Safety and Outcomes Committee (PSOC), and Operational Board. It showed some areas for improvement, particularly around confirming who is attending meetings, which informed work to enable and communicate. We re-audited this in 2020/21.

**Highlights from this re-audit**

- It is positive that that 98% of MDT encounters had clear actions documented in November 2020, this compares to 80% in November 2019
- There are challenges with evidencing appropriate quoracy. It was possible to demonstrate quoracy for 59% of MDT meetings reviewed in November 2020.

**Next steps**
The audit report was reviewed at PSOC. It was confirmed that the intended direction of travel should be for all MDTs meetings to have terms of reference in order to support demonstration of quoracy. The approach to do this will require clarification and be monitored via PSOC. This will be subject to audit in 2021/22.

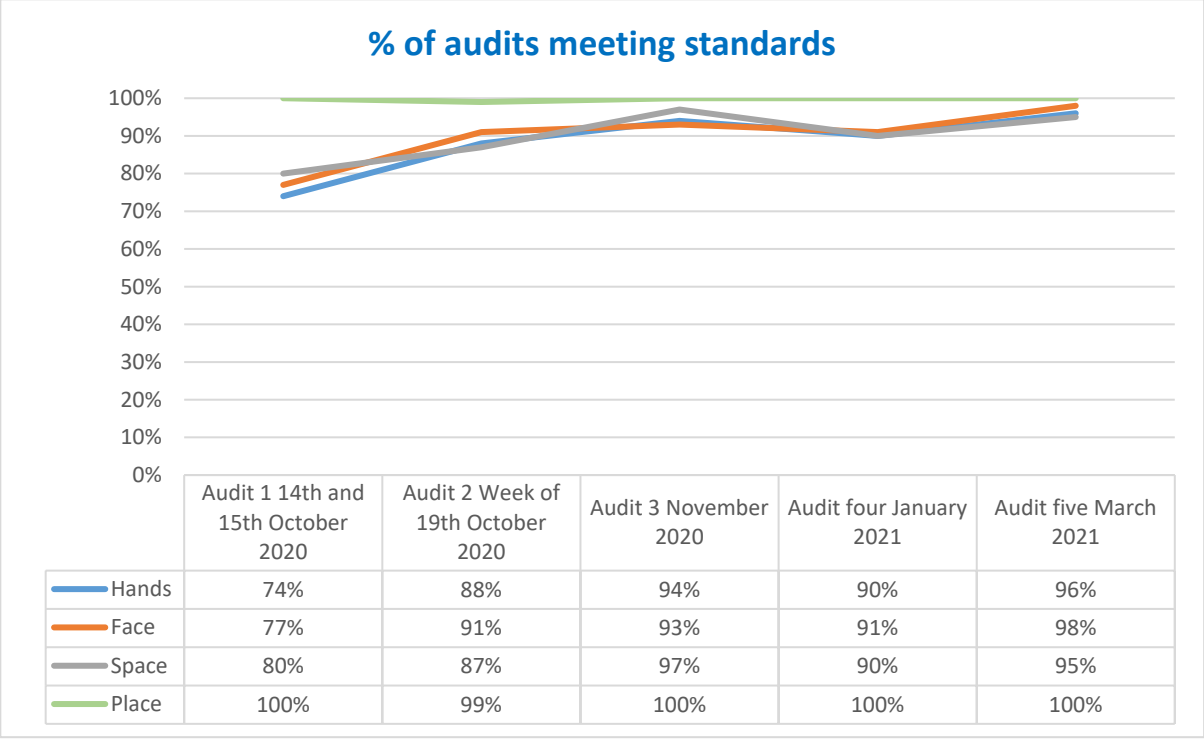
### Hands, Face, Space, Place audits

At GOSH we have committed to a collective responsibility for keeping each other safe by meeting our Hands, Face, Space and Place guidance to support our staff and services to patients throughout the COVID-19 pandemic. We have used our clinical audit expertise and resource at GOSH to facilitate a series of audits to support maintenance and improvement in these standards. The aim of the audit was to encourage and empower staff to take responsibility for meeting standards at each part of the organisation, and to review, challenge, and change practice where necessary. This was supported by daily transparent feedback and learning during the weeks we ran the audits.

There have been a number of initiatives in place to support best practice across the Trust including:

- Guidance widely circulated through Coms, and messaging influenced by learning from audit
- High visibility of audit results and key messages profiled through the Senior Leadership Team, "Headlines "newsletter, and the Executive led all staff "Virtual Big Briefing"
- "Break the Chain" week in November 2020 led by Infection Prevention and Control,
- Emphasis on agency and a model of directorate and staff responsibility for meeting standards, owning audit results, and finding solutions.
- Engaging with junior doctors to understand what they need via the Associate Medical Director for Workforce and the Junior Doctors Forum

We have seen improvements, changes and widespread engagement since we started initial audits in October 2020.




| | Audit 1 14th and 15th October 2020 | Audit 2 Week of 19th October 2020 | Audit 3 November 2020 | Audit four January 2021 | Audit five March 2021 |
|---|---|---|---|---|---|
| Hands | 74% | 88% | 94% | 90% | 96% |
| Face | 77% | 91% | 93% | 91% | 98% |
| Space | 80% | 87% | 97% | 90% | 95% |
| Place | 100% | 99% | 100% | 100% | 100% |

The latest Hands, Face, Space and Place audit results in March 2021 were very positive. We've exceeded 95% in all safety standards and have improved in all the areas we could have since January 2021. The

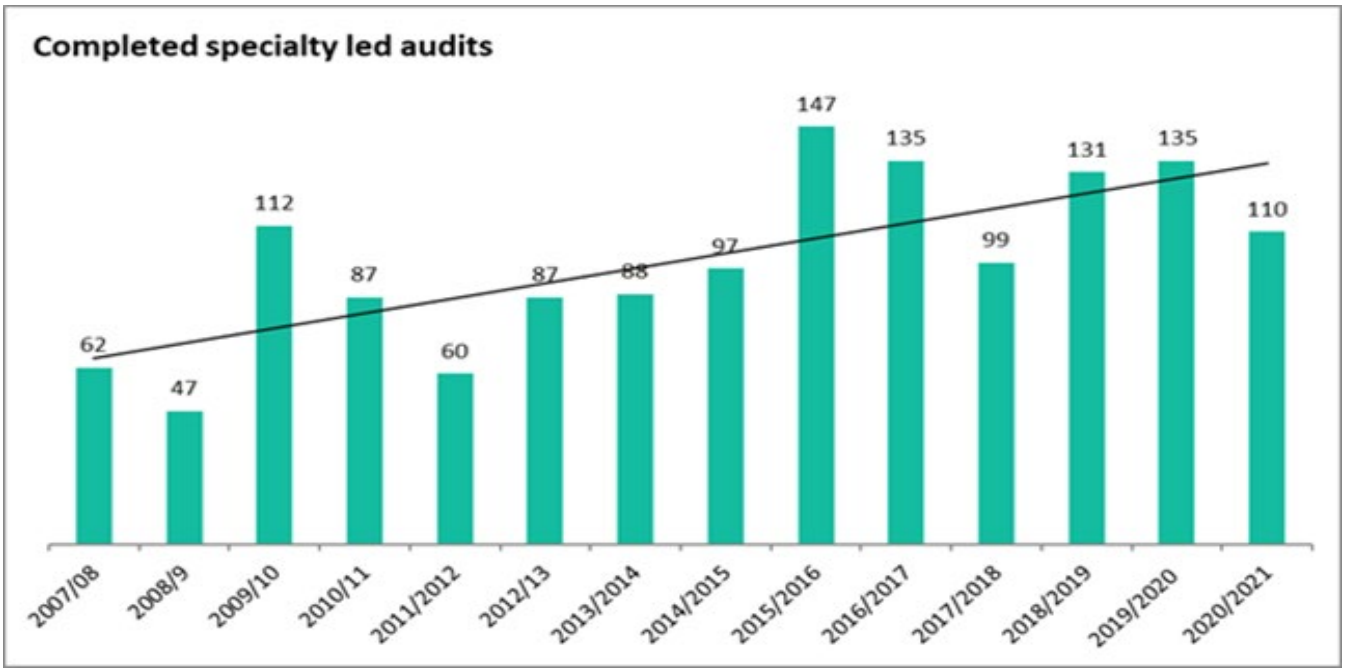
results show we're staying vigilant with hand washing and sanitising, as well as wearing our masks appropriately.

We are continuing to find innovative and supportive ways to monitor how well we are able to meet social distancing guidance at GOSH. We are planning further audit walk rounds in June 2021 to see how we are maintaining the standards we have set for ourselves and will review the frequency and approach we take with our audits in line with national guidance, and as the COVID-19 situation changes both locally and nationally.

### Speciality led Clinical Audit

In addition to our priority clinical audit plan we support and enable clinical teams to engage in clinical audit as a way of reviewing and assessing the quality of care provided and to identify where improvements should be made. 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.

110 clinical audits led by clinical staff were completed at GOSH during 2020/21. We aim to have to have over 100 completed specialty led clinical audits per year. We were able to meet this target for 2020/21, which is testament to the commitment and resilience of teams to be able to engage in clinical audit and quality. We have seen a small reduction in the number of completed clinical audits this year due to the impact of the COVID-19 pandemic, which was anticipated. Our long-term data suggests we are encouraging a culture of sharing our specialty led clinical audit activity.




In this report it is not possible to list every clinical audit completed in 2020/21 that has had a positive impact on quality. A summary of completed clinical audits in 2020/21 can be obtained on request by contacting the Clinical Audit Manager at clinical.audit@gosh.nhs.uk

Some examples of excellent specialty led clinical audits completed in 2020/21 are described below.

| Specialty | Audit Title | What difference will this audit make to the work of the team and patient care? |
|---|---|---|
| CATS | Cardiopulmonary resuscitation during inter hospital transport of paediatric patients | Transport of patients with ongoing resuscitation can be successful in groups of patients where additional lifesaving therapy (i.e ECMO) can be instigated. This will confirm some decision making around this process, particularly around the diversion of patients to ECMO centre. |
| ENT | Post-adenoidectomy VPI | Appropriate investigations and treatment took place for the vast majority of the patients. We have a better understanding of multidisciplinary clinic approach for post-adenoidectomy Velopharyngeal |
| Neurophysiology | Evaluation of collodion free electrode application | This audit enabled us to change our way of practice during the pandemic For our home video telemetry service parents were able to take the electrodes off at home themselves and did not have to come back to the hospital for removal of electrodes |
| Anaesthesia | Documentation of anaesthetic consent | Big improvement in documentation of consent process generally since the introduction of EPIC.We are improving in line with the GMC's Good Medical Practice guidelines for documentation of consent |
| Dietetics | A review of referral process of patients under haematology and oncology to dietetic service | The GOSH nutritional screening tool will be reviewed for accuracy and usability for children under care of haematology and oncology and compared to other nutritional screening tools available for this patient cohort |

# Learning from deaths

Death in childhood is a rare event. Whenever a child dies, it is important to learn if anything could be done differently in the future. We have systems and processes in place, to monitor mortality, highlight positive practice, and areas where improvements could be made in order to identity learning which could improve quality, the co-ordination of care, or patient and family experience. GOSH remains committed to a culture of learning, particularly from events which have a life-changing effect on families.

## Implementation of the Child Death Review Statutory Guidance

The guidance outlines the statutory NHS requirements for child death reviews for all child deaths occurring after 29th September 2019. This requires a Child Death Review Meeting (CDRM) that is a multi-professional meeting where all matters relating to a child's death are discussed by the professionals directly involved in the care of that child during life and their investigation after death. To support this process at GOSH a Medical Lead for Child Death Reviews in in post supported by a Child Death Review Coordinator. Assistance with data analysis and report writing is provided by the Clinical Audit Manager

Case record reviews take place through two processes at GOSH:
1. **Mortality Review Group (MRG).** This was established in 2012 to provide a Trust level overview of all deaths to identify learning points, themes and risks and take action as appropriate to address any risks. This process is linked with local case reviews (Morbidity and Mortality Meetings) undertaken by specialty teams and provides an additional oversight of inpatient deaths in the Trust. This group continues to review deaths to ensure a thorough level of review and challenge can be provided before reviews are finalised at a Child Death Review Meeting (CDRM), as well as identifying learning points and making referrals to other safety investigation processes at the earliest opportunity.
2. **Child Death Review Meetings (CDRM)**. Child Death Review Meetings are "a multi-professional meeting where all matters relating to a child's death are discussed by the professionals directly involved

in the care of that child during life and their investigation after death." They include clinicians or professionals from external providers. CDRM meeting should be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews.

## Deaths in 2020 and case record reviews

Between 1st January 2020 and 31 December 2020, ninety three children died at GOSH. All of those deaths have been subject to a case record review.

| | Jan – Mar 2020 | Apr –Jun 2020 | July–Sep 2020 | Oct –Dec 2020 |
|---|---|---|---|---|
| Number of deaths | 19 | 31 | 17 | 26 |
| Deaths where modifiable factors [2]around GOSH care were identified | 1 | 1 | 0 | 0 |
| Cases where additional learning points for GOSH were identified[3] | 6 | 6 | 6 | 9 |
| Cases where excellent practice at GOSH was highlighted in the mortality review process[4] | 8 | 21 | 7 | 18 |

## Learning from reviews

The learning points from case record reviews and actions taken are shared via quarterly Learning from Deaths reports at the Patient Safety and Outcomes Committee, and at Trust Board. The Learning from Deaths reports highlight specific learning points and actions taken and are included in the public Trust board meeting papers that can be found at https://www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board/trust-board-meetings

| **Learning from deaths in** | **Trust Board meeting discussed at** |
|---|---|
| Oct to December 2020 | 26th May 2021 |
| July to Sep 2020 | 3rd February 2021 |
| April to June 2020 | 26th November 2020 |
| Jan to March 2020 | 15th July 2020 |

We highlighted in our 2019/20 Q4 Learning from Deaths report that there had been a theme for improvement in relation to learning points around the recognition of clinical deterioration/sepsis. There is now a Trust wide Quality Improvement priority project - "Identification and responsiveness to the deteriorating patient**".**

The review process highlighted particular positive aspects of care, the co-ordination of care, and communication at GOSH in fifty-four cases. The reviews highlighted the support and sensitivity offered from members of the child's clinical teams and those involved in wider holistic care including psychology, family liaison nurses, play team, chaplaincy, as well as multi-disciplinary working between different clinical teams involved in the child's care.

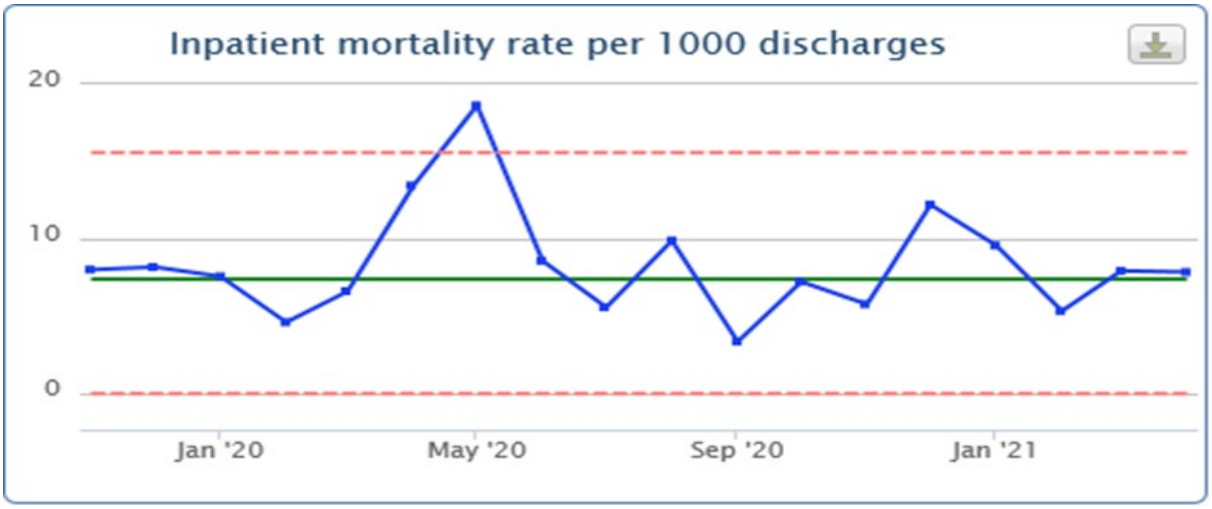
[2] Modifiable factors are defined as those, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child death

[3] These were not deaths where modifiable factors were identified, but where learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience. Learning points are not always indicative of suboptimal care, and reflecting through the mortality review process may highlight opportunities to share information to inform future case management.

[4] This does not mean that exemplary care and communication is not practiced more widely than in those cases, but the review process has highlighted particular examples of excellence in those cases.

## Mortality rate

The crude mortality rate is within normal variation. Crude mortality reflects the number of deaths that occur, but does not consider how the sick the patient was on arrival in hospital. There have been no mortality 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. The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANET).




The most recent PICANET report was published on the 11th February 2021 and covers the calendar years 2017-2019. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range. The Health Care Quality Improvement Partnership (HQIP) have recently developed a public access website to display National Clinical Audit Benchmarking (NCAB) which draws upon that PICANET data. Our ICU risk adjusted mortality can be seen here .

## Impact of COVID-19 pandemic on deaths at GOSH

We have been able to maintain resilience with our mortality reviews throughout the COVID-19 pandemic.

We amended our mortality review process at the start of the COVID 19 pandemic to ensure we understand where there has been impact of the pandemic on a death occurring at GOSH, and the experience of patients and families. Our mortality reviews have highlighted

1. The impact of the COVID 19 pandemic was noted explicitly on the experience for some families around managing visitation. It should be noted that GOSH has been following necessary national policy on COVID 19 visitation restrictions and paid close attention to them, as they changed, and their impact throughout the Covid 19 pandemic. GOSH guidelines on visiting have been frequently reviewed and amended when changes to national policy have allowed.
2. We noted in real time, an increase in our crude mortality rate in May 2020, above the upper control limit. The data is not risk adjusted to account for the sickness of the patient on admission, and it cannot be used in itself as a clinical outcome measure. The data represented an event that we internally decided we should review to understand the cause and identify if there were any factors that required further investigation. The increase was promptly noted and highlighted within our governance structure at GOSH. An expedited review of April and May 2020 deaths was led by the Medical Lead for Child Death Reviews. A report on the outcome of these reviews was shared at the July 2020 Patient Safety and Outcomes Committee, with the Quality, Safety and Experience Assurance Committee, and highlighted in the Learning from

Deaths reports shared at Trust Board. The conclusion of the report was that we saw an increase in deaths occurring at GOSH in May 2020 due to:

- Two deaths following admission to GOSH from another Trust who because of COVID 19 who would otherwise have died in a local hospital, and where death occurred at GOSH due to natural disease progression.
- One death where there was a COVID impact in terms of delayed presentation in the community.

The reviews did not indicate care or service delivery problems provided at GOSH which accounted for increased deaths.

## Participation in clinical research

GOSH, together with the UCL Great Ormond Street Institute of Child Health (GOS ICH), is world-renowned for translational research and innovation. Our 'Research Hospital' vision is that research is fully integrated into every aspect of the hospital, to improve outcomes for our patients and the working lives of our staff. We are focused on delivering world-leading research for patient benefit. The importance of research at GOSH is demonstrated by its inclusion as a key priority of the Trust's Above and Beyond strategy. A broad portfolio of programmes and projects have been established, alongside a Research Planet Delivery Board, to ensure that we are successful in the delivery of our aim of accelerating translational research and innovation to save and improve lives.

**Research activity**

During 2020/21, we have run 1,175 research projects at GOSH/ICH. Of these, 284 were adopted onto the National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio, a prestigious network that facilitates research delivery across the NHS (Figure 1). Our already extensive research activity continues to grow year-on-year with the support of our NIHR Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) awards, which began in April 2017, and, due to the COVID-19 pandemic, have been extended until September 2022 and November 2022 respectively. These underpin our entire research infrastructure at GOSH, in collaboration with GOSH ICH and we will apply for further funding under these schemes during 2021/22. Our BRC application will include a new research theme, Applied Child Health Informatics, utilising GOSH's status as the most digitally mature hospital in the UK (HIMSS level 7), and our advanced data science methodologies including artificial intelligence and machine-learning approaches to improve management of children with rare and/or complex disease.

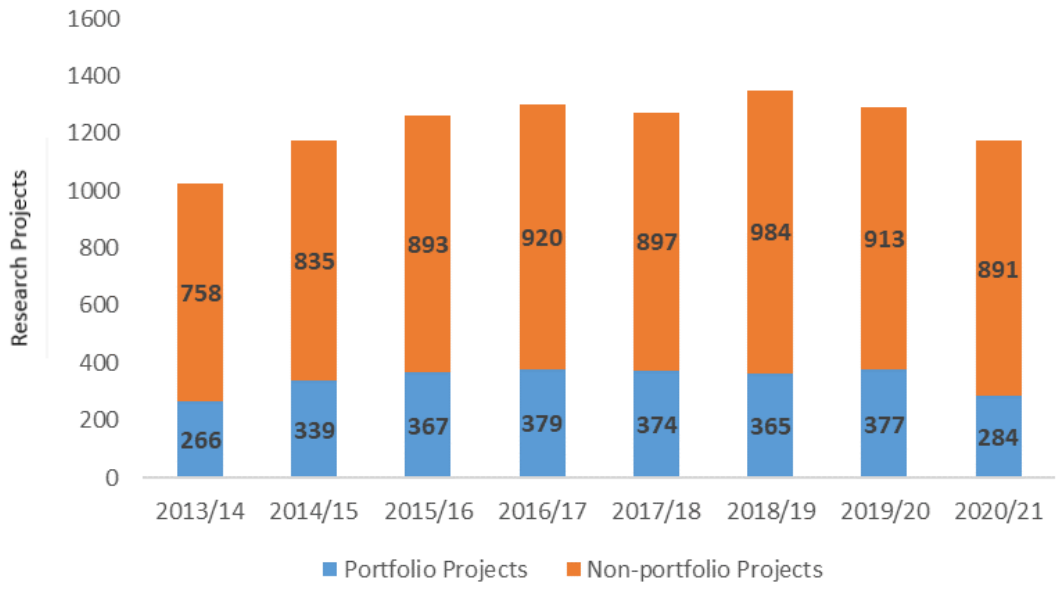



Figure 1: Number of research projects taking place at GOSH/ICH, highlighting the high-quality NIHR CRN Portfolio projects.

The overall trend for the CRF in 2020/21 is for fewer studies to be hosted, but these are of higher intensity with a higher proportion of trials being early-phase in line with our NIHR CRF strategy. Participant visits to the CRF over the course of the year of the pandemic were reduced by around 50%, though much of our research portfolio, particularly where essential treatment was being provided, was

maintained, with visits taking place remotely and medication couriered to patients' homes where possible.

In 2020/21, we had over 5,600 participants in research at GOSH (Figure 2), more than 3,000 of whom were recruited to a GOSH Staff COVID Serological Survey. All research undertaken is approved by the Health Research Authority (HRA), including Research Ethics Committee and Medicines and Healthcare products Regulatory Agency (MHRA) approval as appropriate.

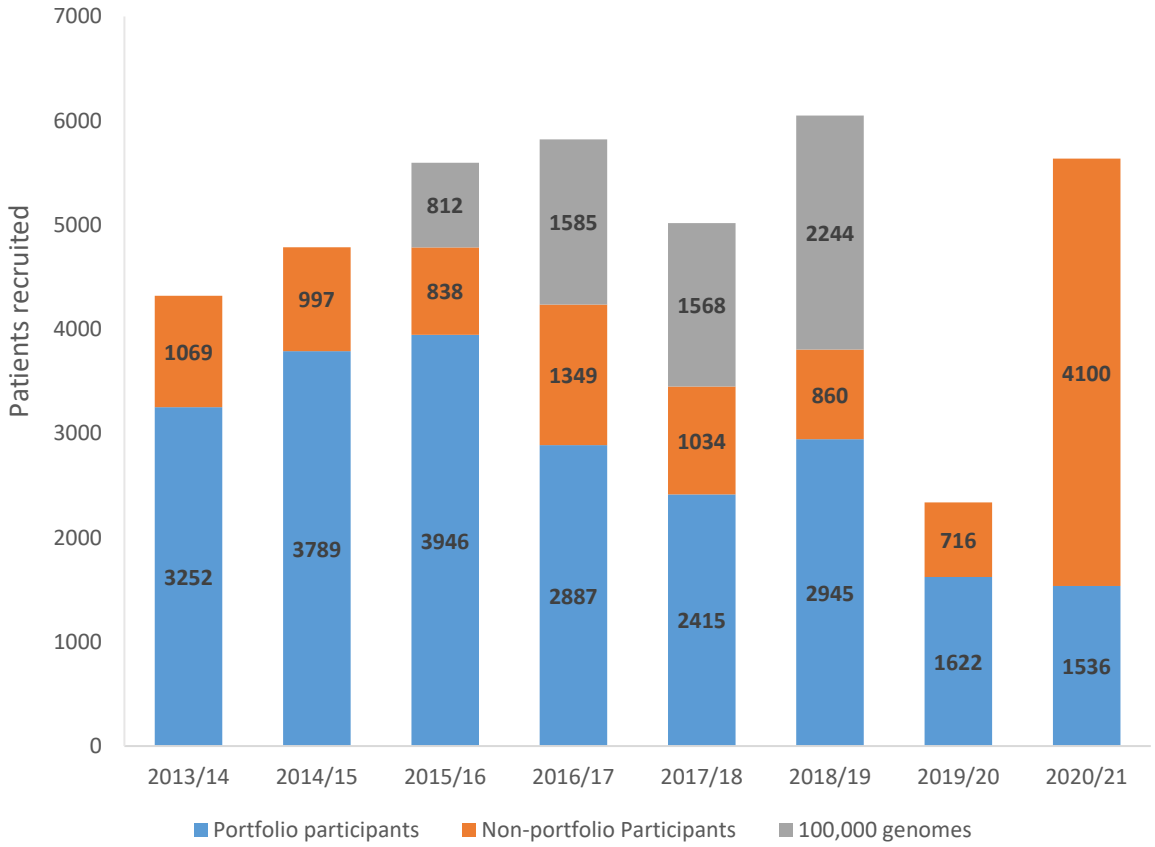



Figure 2: Number of research participants recruited at GOSH/ICH, highlighting the high-quality NIHR CRN Portfolio projects and those recruited to the 100,000 genomes project in previous years

Our extensive infrastructure and expertise have enabled us to maintain essential research activity during COVID-19 (research was completely stopped in many NHS organisations) and deliver a large portfolio of COVID research in parallel (we were able to register over 130 new COVID-19 research projects in total since the start of the pandemic; Figure 3). We have also adapted many of our studies due to COVID-19, for example offering remote visits and home dosing where appropriate. 35% of R&I staff (including 60% nursing workforce) were redeployed to provide frontline support for COVID-19 at the height of the pandemic, and many of our staff were involved in leading and supporting our first all-staff vaccine rollout at GOSH. Alongside this, we have delivered major breakthroughs in research from early stage science to clinical trials and virus manufacture. However, this has not been an easy year for research at GOSH – our staff have worked tirelessly to support the Hospital and the research effort but, as a result of added strains, we have not seen the growth in some areas that we had anticipated (active research studies and commercial research income).

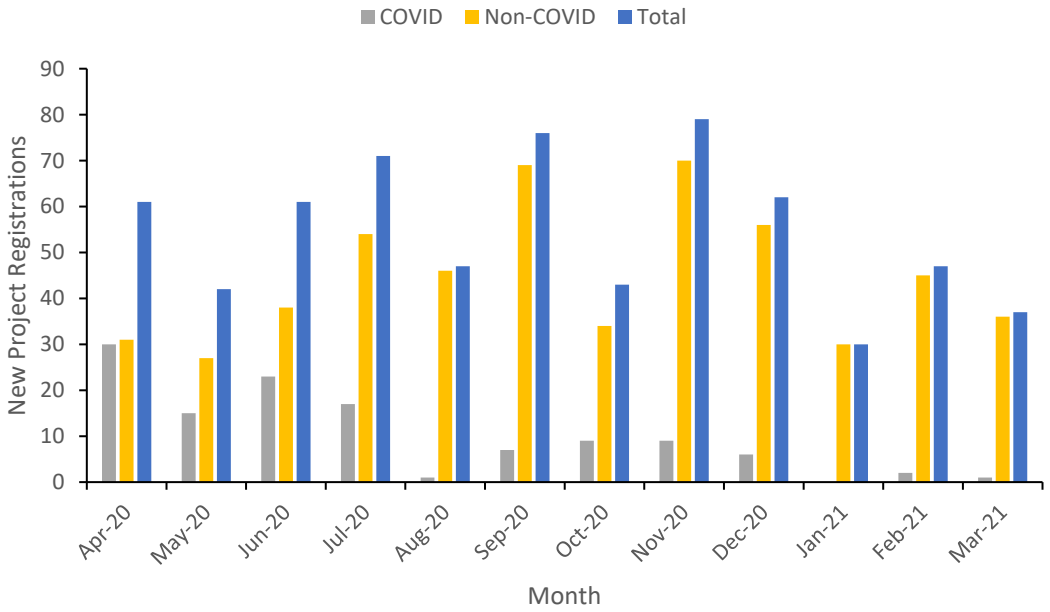



Figure 3: New Project Registrations in 2020/21

Launched in 2017 with a pilot phase, and formally launched in 2019, 2020-21 was the year that GOSH Sample Bank recruitment took off and exceeded its target of 500 recruitments in a single year, reaching a total of 662 patients. We expect recruitment to be healthy in 2021-2022, through more staff-wide communications and embedding taking consent for Sample Bank in the admissions process, to reach a target of 2000 patients by the end of March 2022 (Figure 4). Sample Bank is one of the key programmes of work being overseen by the Research Planet Delivery Board.

Through Sample Bank, the Pulmonary Hypertension team have been able to store explanted lung tissue from patients who received a transplant at GOSH. This tissue offers a unique opportunity for researchers to better understand a rare and complex disease, using tissue that would otherwise be discarded. We are also involved in a project looking at consenting across the Trust, with the aim of introducing e-consenting for Sample Bank as routine practice during clinical consenting.

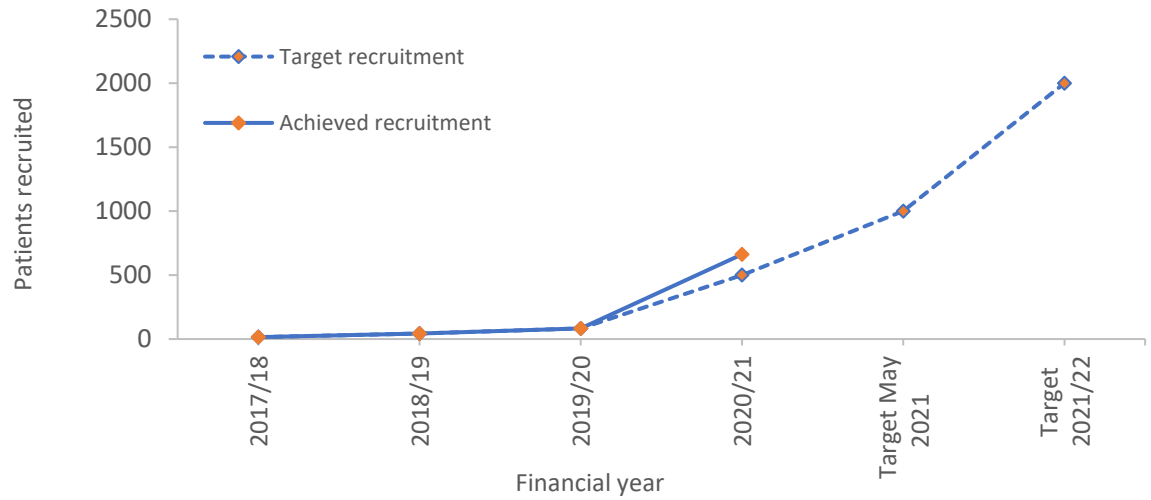



Figure 4: GOSH Sample Bank patient recruitment and targets

## Research income

This year, we saw a significant drop in research income to £23 million (from £28 million last year) due to the impact of the COVID-19 pandemic where our research activity was reduced. R&I incurred £2.5m of COVID-19 related support costs indicating the contribution the team made to support other services and the activity, particularly on non-essential, commercial projects was reduced. Given the position we were in, R&I still ended the year in a strong position, contributing nearly £1m to the Trust over and above our core costs.

At the start of 2021/22 we will focus on recovering and exceeding our research activity, in order to meet ambitious targets for income, continuing to ensure that we provide sufficient infrastructure to support research delivery across the Trust. During 2021/22, we will also be bidding for the next round of NIHR BRC and CRF infrastructure funding, which will be critical to the success of our Research Hospital strategy.

## Innovation

In December 2020, the Trust appointed a Director of Innovation, who is responsible for overseeing relevant workstreams as part of our Research Planet Delivery Board, for example digital innovation.

It has been essential to embed research within the Trust's electronic patient record system so that clinical care and research are fully integrated. This has proven especially important during the pandemic and can now be used to:

- Ensure priority research patients are seen, remotely where necessary, and staff can access e-patient records, collect data and flag adverse events wherever they are working.
- More rapidly and efficiently capture research activity.
- Provide specific and read-only access for Research Monitors, removing manual data processing.

In MyGOSH, we are testing the inclusion of patient-facing research information, capturing patients' expressions of interest and the potential to send information about research studies to eligible patients.

GOSH, and in particular the Zayed Centre for Research into Rare Disease in Children (ZCR), has played a key role in the world's first COVID-19 human challenge study. This study involves infection of healthy, young volunteers with coronavirus to test vaccines and treatments. The virus used has been manufactured at GOSH in the brand-new facilities in the ZCR, in collaboration with hVIVO and Imperial. ZCR is the largest single academic manufacturing unit for gene and cell therapies in the UK and one of the largest in the world.

There has been continued success for the gene and cell therapy research programme at GOSH and GOS ICH. Breakthroughs include a 'one size fits all' immune therapy, which could help to clear cancerous cells in children and adults who have exhausted all other treatment options for B-cell acute lymphoblastic leukaemia (B-ALL) and a clinical trial of Zolgensma, a new one-time gene therapy for some infants with SMA (spinal muscular atrophy) Type 1. In addition, an international collaboration with Harvard Medical School showed that the beneficial effects of gene therapy can be seen decades after the transplanted blood stem cells have been cleared by the body.

**Journal publications**

In 2020/21 we published 922 papers, 411 of these were with our academic partner. In the five year period between 2012 and 2016, GOSH and ICH research papers together had the second highest citation impact (1.997) of comparable international paediatric organisations.

**Education and Training**

We have a continued focus on education, with progress and achievements being monitored by our Research Planet Delivery Board with support from our BRC, Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID) and GOSH Learning Academy (GLA). Through these groups, we will continue to embed research and learning opportunities throughout careers at GOSH, to attract and retain research leaders. Development of research careers remains a priority.

Some of the highlights from 2020/21 include:

- Three Nursing/AHP internships awarded from NIHR GOSH BRC, in nursing and dietetics. These internships give clinical staff the opportunity to spend time developing research proposals.
- Funding was awarded by NIHR GOSH BRC for four clinical PhDs (three doctors, one clinician scientist).
- Successful funding from NIHR for one Advanced Fellowship, one Clinical Doctoral Fellowship and one Doctoral Fellowship.
- Three Pre-doctoral Clinical Academic Fellowships (PCAFs) awarded, in nursing and physiotherapy.
- One MRC Clinician Scientist Fellowship awarded.
- Two new NIHR Senior Investigators appointed.
- One NIHR Professorship awarded.
- Our first non-medical recipient of funding from NIHR for a Clinical Doctoral Research Fellowship was successfully awarded her PhD.
- First 'virtual' BRC Academic Training Day - 30 attendees developing their training in independent research.

## Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID)

This research centre is unique; it brings together non-medical professionals to undertake their own research as well as collaborate on multidisciplinary studies, within the field of child health, within an NHS setting. Professor Faith Gibson, Director of Research – Nursing and Allied Health, leads this centre, and along with Dr Paula Kelly, Dr Polly Livermore, Dr Kate Oulton, Dr Debbie Sell and Associate Professor Jo Wray, provides leadership across our organization. This Research Centre, has two faculties - the Research and Clinical Academic Faculties - which provide the structure to address our objectives. One of our objectives is to contribute to the development of the future research workforce, particularly that of clinical academics, which falls under the remit of the Clinical Academic Faculty. As described above under 'Education and Training', we have achieved significant success. More specifically, three Doctorates were awarded in 2020/21 to researchers in ORCHID; two to AHP's (Speech & Language Therapy & Occupational Therapy) and one to a nurse. Our success in mentoring and academic supervision is clearly impacting on the workforce. We are achieving growth, and developing 'home grown' clinical academics. Building a community of clinical academics to deliver care in the NHS is a priority to which our work is closely aligned. We have shared our approach widely, contributing to a special edition of the Journal of Clinical Nursing dedicated to this subject.

A further objective is to provide research leadership across the professions of Nursing and Allied Health within and outside of GOSH. Research leadership, influencing a research culture, and building research capability and capacity are crucial. Importantly there is a need to evaluate progress and monitor change. We have reported our progress with the Allied Health workforce, and have also shared this widely.

The final objective we want to share in this year's report, is the generation of research evidence that underpins good outcomes for children and young people requiring complex care, this falls within the remit of our Research Faculty. We have a number of outputs that have been well-received, generating much interest nationally and internationally.

## CQUIN payment framework

GOSH income in 2020-2021 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. As outlined in the Revised arrangements for *NHS contracting and payment during the COVID-19 pandemic* (NHS England and NHS Improvement 2020) the operation of CQUIN (both CCG and specialised) for Trusts was suspended for the period from April 2020 to July 2020.

## CQC registration

GOSH is required to register with the CQC and is currently registered, without conditions, as a provider of acute healthcare services. GOSH has not participated in any special reviews or investigations by the CQC in 2020/21 and the CQC has not taken enforcement action against GOSH during 2020/21.

As of March 2020, and in response to the NHSE/I request for the Trust to support the wider NHS during the COVID 19 pandemic, the Trust has expanded its registration to:

- Treat patients up to the age of 65.
- Treat patients who have been detained under the Mental Health Act.

There have been no inspections by the CQC during 2020 to 2021. The Trust will continue to conduct mock inspection framework (CQC Quality Rounds) in clinical directorates and review potential areas/sources of learning for example reviews of themes from other CQC reports and evaluation of CQC Insight reports.

# Data quality

Good quality data is crucial to the delivery of effective and safe patient care. Data is vital to enable us to run our services efficiently as well as to identify any care quality issues and predict trends in order to take early action.

Highlights of the work completed in 2020/21 across Information Services, Data Assurance, Information Governance, and Clinical Coding include:

## Information Services

- Statutory & Mandatory Returns datasets built in the EPR data warehouse with both internal (for validation) and external (for submission) reporting mechanisms.
- Statutory & Mandatory Returns datasets updated throughout the year as new versions and requirements released, including in-house XML translation to meet new requirements for submission in that format.
- Multiple datasets built in the EPR and HR data warehouses and QlikView to provide the Trust with oversight of various operational areas, from Theatre Utilisation to Patient Management, including any specific data quality issues.
- Standards for both data warehousing and reporting development consistently followed by the team and shared with other data teams across the Trust.
- Knowledge sharing with data teams across the Trust delivered via several means, including an Epic data warehouse user group established and run by the team.
- New processes developed for managing maintenance of data warehousing and reporting during system upgrades.
- Managed shutdown of warehouse data feeds from legacy systems and development of reporting on data from non-EPR systems, according to the requirements of diverse user groups.

## Data Assurance

- Refreshed Data Quality Strategy and roll out of data quality Kitemark across Integrated Quality and Performance Reporting at Board level.
- GOSH achieved agreed data quality action plans from two internal KPMG audits – Referral To Treatment (RTT) and Data Quality Kitemark respectively.
- GOSH was part of the National Diagnostic PTL programme to help flag data quality issues affecting RTT reporting. The data quality metrics from this programme are now prioritised as part of the data assurance checks.
- Established data assurance workflows that covers daily, weekly and monthly data quality checks from integrated Epic data quality dashboards and Qlikview Patient Management reporting.
- Data assurance team works closely with the EPR team to develop training content, deliver training, standard operating procedures and data entry support for front-end users. During COVID, face-to face training was adapted to virtual learning.
- Data Assurance team continue to ensure all dimensions of data quality criteria is met which includes full validation of all unknown RTT clock starts, RTT clock stop audit, administrative pathway audit, clinical prioritisation and statutory reporting (RTT, DM01, DID and SUS).

## Secondary Uses Service

As required by NHS Digital, GOSH submitted records during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the National Hospital Episode Statistics. These are included in the latest published data. The table below shows key data quality performance indicators within the records submitted to SUS.

| Indicator | Patient group | Trust Score | Average national score |
|---|---|---|---|
| Inclusion of patient's valid NHS Number | Inpatients | 94.6% | 99.5% |
| | Outpatients | 95.8% | 99.7% |
| Inclusion of patient's valid General Practitioner Registration Code | Inpatients | 99.9% | 99.8% |
| | Outpatients | 99.8% | 99.7% |

**Notes:**

- The table reflects data from year to date 2020-2021 at month 12 SUS inclusion date.
- Nationally published figures include our international private and Non-English patients, who are not assigned an NHS number. Therefore the published figures are consequently lower at 94.6% for inpatients and 95.8% for outpatients.
- Figures for accident and emergency care are not applicable as the Trust does not provide this service.

## Information governance

The Trust is in the process of finalising its submission against the Data Security and Protection Toolkit (DSPT). This system allows us to demonstrate the controls we have in place to ensure the security and governance of the data we hold in the Trust. It also ensures we are meeting statutory data protection legislation such as the General Data Protection Regulations (GDPR). Meeting the DSPT requirements allows GOSH to maintain status as a `Trusted Organisation' with regards to sharing NHS data with NHS bodies and other trusted partners. Currently out GOSH meets 104 of the 110 requirements and has instigated action plans to complete the remaining 6 by October 2021.

Other activities of information governance are managing data sharing agreements with 3rd parties working with the Trust, managing data protection impact assessments for new systems and processes, managing the information asset register and overseeing policies related to the use of data and information in the Trust.

## Clinical coding

GOSH has a dedicated and highly skilled clinical coding team, which continues to maintain high standards of inpatient coding. The depth of coding continues to sit above the national average due to the complexity of our patients.

GOSH continues to deliver a continuous individual internal audit programme to ensure that accuracy and quality are maintained, that national standards are adhered to, and any training needs are identified. As a result of the audit programme, key areas have been identified for further training sessions and these continue to be undertaken on a regular basis on either a team or individual basis, and we continue to standardise coding across the Trust. Independent training and study sessions have been implemented for each member of the clinical coding team.

Next steps for the clinical coding team is to introduce a robust validation programme working with clinical teams across all specialties. Work on this has already begun and hopefully the results will be evidenced in next year's audit.

The recent 2020 / 2021 audit for the Data Security and Protection Toolkit showed results of over 97.5% accuracy for primary diagnostic coding, and 90.45% for primary procedure coding.

200 FCEs were audited and the accuracy percentages were as noted below. The findings of the audit demonstrated a very good standard of diagnosis coding accuracy.

| Area audited | Number of FCEs | Primary diagnosis accuracy | Secondary diagnosis accuracy | Primary procedure accuracy | Secondary procedure accuracy |
|---|---|---|---|---|---|
| Data security and protection toolkit | 200 | 97.50% | 98.02% | 90.45% | 82.34% |

There were a number of areas of good practice noted – these included:

- Quality of diagnoses coding is very good
- The full electronic patient records were available at the time of audit
- The medical records were all accessible electronically and are available in a timely manner to the coders
- Histology results were checked and updated
- There are currently no vacant posts in the department
- Encoder is in use, which allows coding 5th characters and coders can select source documents and add any relevant notes to the episode coded.

There were also a few areas that could be improved, these included:

- Majority of errors were coder errors
- Errors identified from previous DSPT audits were noted to be repeated in this audit. E.g – adhesiolyis, missing codes for revisional operation
- Coders not reading through full op notes to extract all information and assign codes to fully reflect the procedures undertaken. This resulted in the high number of secondary procedure coding inaccuracy.

GOSH was subject to a national Payment by Results clinical coding audit during the 2020/2021 reporting period.

## Priority clinical standards for seven-day hospital services

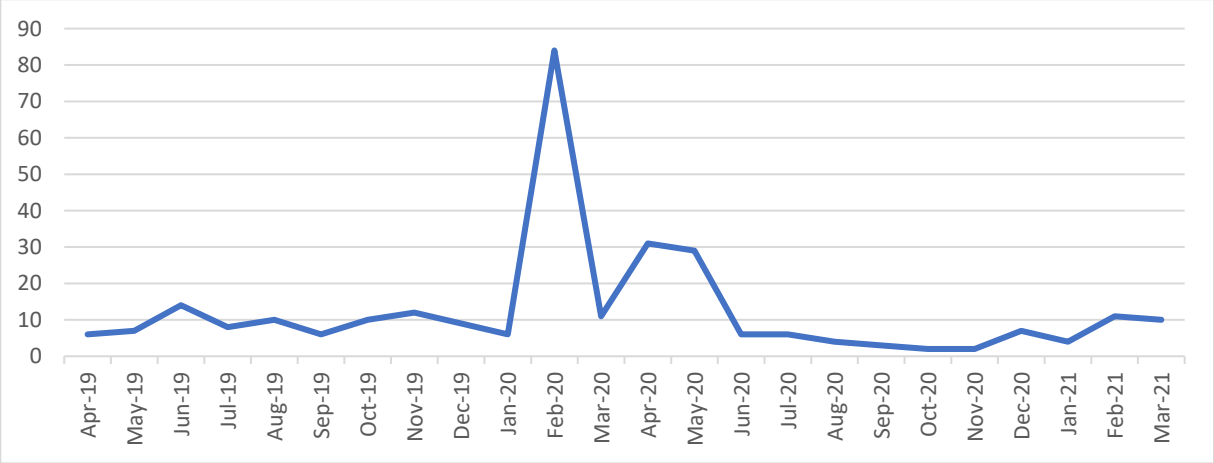
Participation in the NHS England seven-day service audit and self-assessment framework was suspended in March 2020 due to the unprecedented demand posed by the COVID-19 pandemic. We has not as yet been notified as to when it will resume.

# Promoting safety by giving voice to concerns

## Freedom to Speak Up Guardian

In 2020/21 the Freedom to Speak Up (FTSU) service dealt with 115 recorded cases. This compares to 183 recorded contacts in 2019/20 and 84 recorded cases in 2018/19. As was reported in last year's report, two special themes related to petitions brought by OCS staff accounted for 84 recorded cases in 2019/20 which accounts for the unusual increased number of concerns raised. This makes a year on year comparison difficult, but taking this number into account, it appears that there continues to be an increase in people accessing the service since 2018/19.

**Freedom to speak up cases over the last 2 years**




Staff highlighted bullying, harassment and difficult relationships with peers and managers as priority concerns. These tended to be complex and multi-faceted and on a number of occasions involved HR processes and investigations that were already in process. Patient safety and quality of care was the second highest concern raised and all matters have been, or are being, managed by the appropriate service leads. Some of the patient safety/quality of care issues were also related to the primary concern of bullying and harassment. The Guardian provides confidential and independent advice and support to our staff to raise concerns when they are unable to do so through other routes available to them or when they feel these have not been successful. Support and regular contact is provided throughout the process of speaking up. Feedback has highlighted the importance of this function for the wellbeing and empowerment of staff to speak up in future. The Guardian and Ambassadors promote awareness of FTSU pathways and promote a culture of speaking up. An important part of the Guardian role is also to support managers and leaders in the Trust to listen, act as required, and then feedback to those raising concerns.

The FTSU Guardian provides quarterly data and reporting to the National Guardians Office (NGO), Quality, Safety & Experience Assurance Committee and the People & Education Assurance Committee. In June, the Trust launched Praise as part of the Speak Up for Values programme. Praise continues to be well used in the Trust and is a positive way of acknowledging the good work of colleagues. The i-speak up platform was launched in October 2020 and allows people to provide feedback about a colleague's perceived unprofessional behaviour.

Due to COVID-19, the Speak Up for Safety training became an online only module via GOLD and continues to be part of induction for all new staff. The current compliance rate for people undertaking the Speak Up for Safety training is 85%.

In April 2021, the NGO national online training modules for workers and managers were embedded into the Trust training portfolio. This is an important step forward in meeting the national and local training needs of our staff.

# Reducing rota gaps for NHS doctors and dentists in training

The importance of appropriate working hours and attendance at training and education opportunities for junior doctors has a direct effect on the quality and safety of patient care with increasing recognition on the negative effect of rota gaps on junior doctor training and wellbeing.

**Supporting our staff during COVID-19**
The pandemic exposed significant workforce risk of a nature not seen before – high levels of unexpected absence and a changing patient demographic, with the requirement to continue daily clinical activity and rapidly upscale required a flexible, responsive and clinically capable medical workforce. In response GOSH rapidly made changes to all rotas to ensure there was appropriate cover to support the organisation in the face of unknown demands. The entire clinical workforce was activated to ensure sharing of responsibilities.

Staff wellbeing during Covid was paramount to safety. All rotas were compliant, with contingency staffing factored in to provide 30-50% back up on both day and night shifts to manage unexpected absence (which reached 30% in the first surge). Rotas also had rest days that were fully respected.

In order to support the restoration of services and a continued adaptive response to COVID surges further innovative work has included the establishment of a team of consultants as medical workforce leads (MWLs) to lead on an out of hours management and improvement programme:

- We have maximised the efficiency of our workforce by increasing the numbers of doctors on duty in the hospital at night team.
- We have developed a Senior Medical Officer leadership role to support more effective and collaborative team working.
- Depending on clinical situational awareness, MWLs make real time decisions about whether this flexible hospital at night team are able to safely absorb unexpected rota gaps without the need to deplete day time staffing or request our doctors to work extra hours.
- We have established the minimum numbers of doctors required to safely run specialty areas whilst ensuring we have enough doctors on the establishment to make sure our doctors get rest days and take annual and study leave.
- An enhanced governance and risk infrastructure for out of hours working scrutinises rota gaps on a monthly basis and mitigates any risks identified
- Working closely with rota coordinators and specialty leads we have implemented a standard operational procedure for rota gap management.
- Continuous review and monitoring of the recruitment pipelines in anticipation of/ planning for rota gaps (as over 50% of our workforce are internal medical graduates) occurs regularly. We are developing a real time ‘medical pipeline dashboard’ to improve our workforce intelligence.

**Electronic Patient Record**
It is known that basic administrative and clinical tasks can negatively affect patient safety and quality of experience by detracting from time available for tasks that specifically require doctors. Implementation of an electronic patient record ‘Epic’ introduced in April 2019 may have improved some of the burden of administrative tasks undertaken by Junior Doctors although the impact of Epic on Junior Doctor working is yet to be fully evaluated.

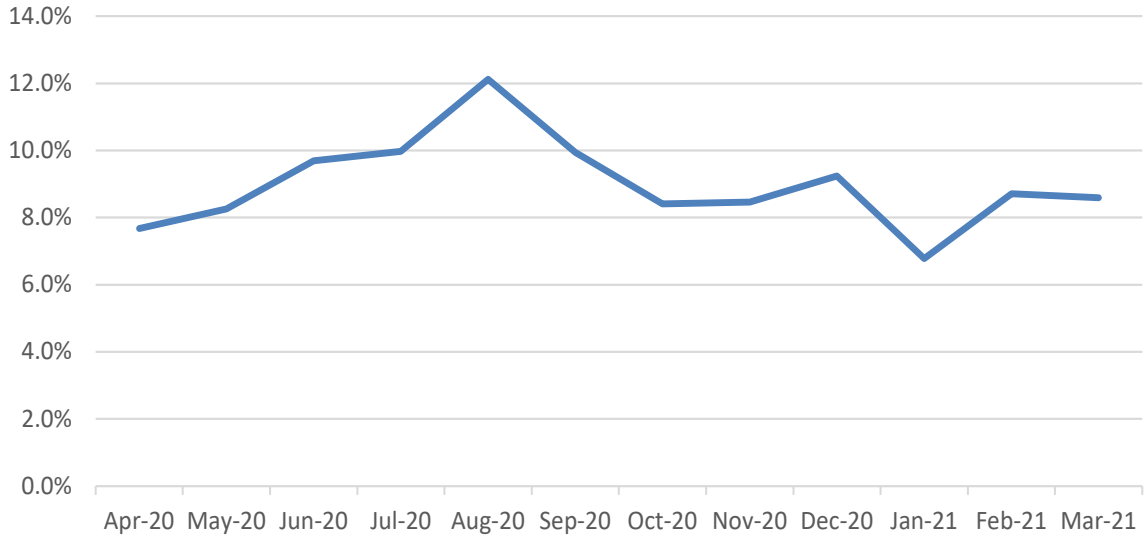
**Exception Reporting System**

Exception reporting (ER) is the mechanism by which doctors are able to report safety concerns in the workplace and as such GOSH enables both Health Education England (HEE) trainees and non-training (trust) grade doctors to exception report at GOSH, as we value all our doctor equally. In 2020/21 no immediate safety concerns were reported through this system. We do not find exception reporting an accurate reflection of rota gaps but it is a useful indicator for areas that may be under pressure.

**Vacancy Rates**

GOSH vacancy rate has varied between 6.8% and 12.1% over 2020/21 (broadly similar to the previous year; range 6.8-12.8%) and continues to sit below the national average. Our rota gaps were relatively low during the first and second COVID surge as we rapidly on boarded extra doctors; offering academics and regular bank staff short term contacts in order to minimise rota gaps.

**Vacancy rates for junior doctors 2020-2021**




Variations in numbers of trainees sent to the Trust by the London School of Paediatrics impact significantly on our ability to plan and mitigate rota gaps. Short notice leaves insufficient time to recruit to vacant posts and has had a major impact on several specialties as the availability of workforce alongside the extended lag time to recruitment has been impacted by the pandemic.

## Part 2c: Reporting against core indicators

| Indicator | From local trust data | | | From national sources | | | | GOSH considers that this data is as described for the following reasons: | GOSH intends to take the following actions to improve this score, and so the quality of its services, by: |
|---|---|---|---|---|---|---|---|---|---|
| | 2020 | 2019 | 2018 | Most recent results for Trust | Best results nationally | Worst results nationally | National average | | |
| The percentage of staff who would be happy with the standard of care provided by the organisation if a friend or relative needed treatment. | 91.5% | 88.7% | 88.2% | 91.5% | 95.5% | 82.0% | 91.5% | The survey is carried out under the auspices of the DHSC, using their analytical processes. GOSH is compared with other acute specialist trusts in England.<br><br>Source: NHS Staff Survey. Time period: 2020 calendar year | The key actions associated with addressing staff survey findings have been incorporated into the GOSH People Strategy – with its four pillars: Capacity, Infrastructure, Skills and Culture & Engagement.<br><br>The survey results indicate the need to prioritise the Culture & Engagement pillar. This workstreams purpose is to ensure all our people feel well led and managed, but also supported and empowered to do and be their best. The 2020 staff survey results show early evidence of positive change.<br><br>The launch of the Trust *"Seen & Heard"* (Equality, Diversity & Inclusion) & *"Mind, Body & Spirit"* (Health & Wellbeing) Framework in September 2020 will embed further positive change towards our aim of Making GOSH a great place to work. |
| Percentage of staff who agreed that care of patients is the organisation's top priority. | 89.1% | 86.5% | 84.2% | 89.1% | 91.8% | 82.9% | 89.1% | | |
| Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse at work from managers in last 12 months. | 13.8% | 16.3% | 17.2% | 13.8% | 7.2% | 17.5% | 11.3% | | |
| Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse at work from other colleagues in last 12 months. | 20.9% | 24.4% | 22.1% | 20.9% | 18.7% | 23.6% | 18.7% | | |
| Percentage of staff who consider the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. | 76.4% | 75.9% | 78.8% | 76.4% | 92.1% | 74.9% | 87.1% | | |

| Indicator | From local trust data | | | From national sources | | | | GOSH considers that this data is as described for the following reasons: | GOSH intends to take the following actions to improve this score, and so the quality of its services, by: |
|---|---|---|---|---|---|---|---|---|---|
| | 2020-21 | 2019-20 | 2018-19 | Most recent results for Trust | Best results nationally | Worst results nationally | National average | | |
| Friends and Family Test (FFT) - % of responses (inpatient). | 33% | 24% | 19% | 33% | † | † | † | The rates are from NHS England Time period: 2020/21 | FFT response rates at Great Ormond Street have been the highest in 2020/21 since FFT started at the Trust. GOSH maintained FFT throughout the COVID-19 pandemic as this is our main source of patient feedback, despite NHSE allowing the service to be suspended. |
| FFT - % of respondents who recommend the Trust (inpatient). | 98% | 97% | 97% | 98% | † | † | † | | |
| | | | | | | | | | |
| Number of clostridium difficile (C.difficile) in patients aged two and over. | 13 | 6 | 6 | 13 | ‡ | ‡ | ‡ | The rates are from PHE Time period: 2020/21 | Continuing to test stool samples for the presence of C.difficile, investigate all positive cases, implement isolation precautions and monitor appropriateness of antimicrobial use across the organisation. |
| Rate of C.difficile in patients aged 2 and over (number of hospital acquired infections/ 100,000 bed days). | 10.4 | 7.5 | 10.3 | 10.4 | ‡ | ‡ | ‡ | | |

Note: C.difficile colonisation is common in children and, while severe disease may occur at any age, it is rare. At GOSH, we test for C.difficile toxin in all diarrhoeal stool that 'conforms to the shape of the pot' (minimal national standard), as well as other stool where diarrhoea, fever or blood in stool was reported; where a request is made for enteric viruses; and as part of the surveillance programme in children with congenital immunodeficiency and undergoing bone marrow transplants. On agreement with our commissioners, we investigate all positive detections and report to Public Health England those aged 2 and above with diarrhoea (or a history of diarrhoea) where no other cause is present or, if another possible cause is present, clinical opinion led to treatment as a possible case. We report on the Healthcare Acquired Infection database according to a locally agreed paediatric modification of the national definition, to enable year-on-year comparison in our specialist trust. Our approach means we find more positive samples compared with the number of cases that we report.

† Data is released by NHSE and was not available at the time of publishing this report.
‡ Data is released by PHE and was not available at the time of publishing this report.

| Indicator | From local trust data | | | GOSH considers that this data is as described for the following reasons: | GOSH intends to take the following actions to improve this score, and so the quality of its services, by: |
|---|---|---|---|---|---|
| | 2020-21 | 2019-20 | 2018-19 | | |
| Patient safety incidents reported to the National Reporting and Learning System (NRLS): | | | | | |
| Number of patient safety incidents | 5915 | 5069 | 6751 | GOSH uses electronic incident reporting to promote robust reporting and analysis of incidents. It is expected that organisations with a good safety culture will see higher rates of incident reporting year-on-year, with the severity of incidents decreasing. | Initiatives such as: Risk Action Groups, local training in root cause analysis, and "Learning from…" events and posters, improve the sharing of learning to reduce the risk of higher-graded incident recurrence. Initiatives are reported and monitored by the Patient Safety and Outcomes Committee. |
| Rate of patient safety incidents (number/100 admissions) | 17.5 | 12.6 | 14.9 | | |
| Number and percentage of patient safety incidents resulting in severe harm or death | 9* (0.2%) | 4 (0.1%) | 12 (0.2%) | | |
| *At initial reporting of patient safety incidents zero were reported as resulting in severe harm or death. Nine incidents were initially reported under these levels of harm, however, after investigation they were found to be deaths or severe harm as a result of their underlying conditions and have subsequently been re-graded. Three of the nine incidents highlighted above are still open. Although the incidents occurred within 2020-2021, they did not come to our attention until after March 2021. These are currently being investigated to establish root cause and level of harm. | | | | | |

E**xplanatory note on patient safety incidents resulting in severe harm or death**
It is mandatory for NHS trusts in England to report all serious patient safety incidents to the CQC as part of the CQC registration process. GOSH also reports its patient safety incidents to the NRLS, which runs a national database designed to promote learning.

There is no nationally established and regulated approach to reporting and categorising patient safety incidents. Different trusts may choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents. The approach taken to determine the classification of each incident, such as those 'resulting in severe harm or death', will often rely on clinical judgement. This judgement may, acceptably, differ between professionals. In addition, the classification of the impact of an incident may be subject to a lengthy investigation, which could result in the classification being changed. This complexity makes it difficult to do a formal comparison.

# Part 3: Other information

NHS Improvement uses a limited set of national mandated performance measures, described in its Single Oversight Framework, to assess the quality of governance at NHS foundation trusts. Performance is measured on an aggregate (rather than specialty) basis and Trusts are required to meet the appropriate threshold each month. Consequently, any failure in one month is considered to be a quarterly failure. The table below sets out the relevant national performance measures used to assess the Trust's quality governance rating.

## Performance against key healthcare targets 2020-2021

| Domain | Indicator | National threshold | GOSH performance for 2020-21 by quarter | | | | 2020-21 mean | Indicator met? |
|---|---|---|---|---|---|---|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | | |
| Effectiveness | All cancers: 31-day wait from decision to treat to first treatment | 96% | 100% | 100% | 100% | 100% | 100% | Yes |
| Effectiveness | All cancers: 31-day wait for second or subsequent treatment, comprising:<br>• surgery<br>• anti-cancer drug treatments | <br>94%<br>98% | <br>100%<br>100% | <br>100%<br>100% | <br>100%<br>100% | <br>95.24%<br>100% | <br>98.31%<br>100% | <br>Yes<br>Yes |
| Experience | Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway | 92% | Apr-20: 76.17%<br>May-20: 67.73%<br>Jun-20: 59.55% | Jul-20: 55.64%<br>Aug-20 57.48%<br>Sep-20: 61.60% | Oct-20: 63.77%<br>Nov-20: 67.01%<br>Dec-20: 70.05% | Jan-21: 69.13%<br>Feb-21: 69.46%<br>Mar-21: 70.31% | † | No |
| Experience | Maximum 6-week wait for diagnostic procedures | 99% | Apr-20: 40.34%<br>May-20: 41.39%<br>Jun-20: 53.65% | Jul-20: 66.33%<br>Aug-20: 66.59%<br>Sep-20: 66.00% | Oct-20: 68.44%<br>Nov-20: 68.53%<br>Dec-20: 61.92% | Jan-21: 53.29%<br>Feb-21: 63.19%<br>Mar-21: 72.32% | † | No |
| Experience | Certification against compliance with requirements regarding access to healthcare for people with a learning disability | Compliance against requirements* | Achieved | Achieved | Achieved | Achieved | Achieved | Yes |

* Target based on meeting the needs of people with a learning disability, from recommendations set out in *Healthcare for All* (Department of Health, 2008)
† Data is not amenable to calculating mean value.

## Additional Indicators – Performance against local improvement aims

The Trust has also implemented a range of local improvement programmes focusing on the quality priorities described in Part 2a. These are reviewed at each Trust board meeting. Statistical Process Control (SPC) charts are used to measure improvements over time and to identify areas that require further investigation. All measures remain within expected statistical tolerance.

| Domain | Indicator | GOSH performance for 2020/21 by quarter | | | | 2020/21 mean |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| Effectiveness | Inpatient mortality rate (per 1,000 discharges) | 13.54 | 6.31 | 8.32 | 7.65 | 8.73 |
| Experience | Discharge summary completion time (within 24 hours) | 71.96% | 79.11% | 84.36% | 80.21% | 79.50% |
| Effectiveness | PICU discharges delayed by 8-24 hours | 3 | 1 | 10 | 4 | 4.5 |
| Effectiveness | PICU discharges delayed by more than 24 hours | 8 | 9 | 15 | 7 | 9.75 |
| Experience | Formal complaints investigated in line with the NHS complaints regulations | 17 | 17 | 27 | 17 | 78 total |
| Effectiveness | Last minute non-clinical hospital cancelled operations and breaches of 28-day standard*<br>- Cancellations breaches | 34<br>7 | 31<br>4 | 41<br>2 | 22<br>0 | 32<br>3.25 |
| Effectiveness | % of patients aged 0–15 readmitted to hospital within 28 days of discharge | 4.2% | 3.7% | 2.2% | 3.2% | 3.2% |
| Effectiveness | % of patients aged 16+ readmitted to hospital within 28 days of discharge | 0.0% | 0.0% | 2.4% | 1.9% | 4.8% |
| Safety | GOS acquired Central Venous Line related bloodstream infections (per 1,000 line days) | 1.5 | 1.1 | 1.3 | 0.8 | 1.2 |

+Does not include day cases
*'Last minute' is defined as: on the day the patient was due to arrive, after the patient has arrived in hospital, or on the day of the operation or surgery.

## Performance against key healthcare targets 2019-2020

| Domain | Indicator | National threshold | GOSH performance for 2019-20 by quarter | | | | 2019- 20 mean | Indicator met? |
|---|---|---|---|---|---|---|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | | |
| Effectiveness | All cancers: 31-day wait from decision to treat to first treatment | 96% | 100% | 100% | 100% | Jan and Feb only: 100% | 100% | Yes |
| Effectiveness | All cancers: 31-day wait for second or subsequent treatment, comprising:<br>• surgery<br>• anti-cancer drug treatments | <br>94%<br>98% | <br>94%<br>98% | <br>100%<br>100% | <br>100%<br>100% | <br>89.47%<br>100% | <br>96.65%<br>100% | <br>Yes<br>Yes |
| Experience | Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway | 92% | Apr: 90.08%<br>May: 88.26%<br>Jun: 86.00% | Jul: 84.47%<br>Aug: 82.45%<br>Sep: 83.72% | Oct: 85.02%<br>Nov: 85.71%<br>Dec: 84.98% | Jan: 86.14%<br>Feb: 85.95%<br>Mar: 82.88% | † | No |
| Experience | Maximum 6-week wait for diagnostic procedures | 99% | Apr: 90.79%<br>May: 90.52%<br>Jun: 92.08% | Jul: 94.93%<br>Aug: 96.04%<br>Sep: 96.92% | Oct: 95.19%<br>Nov: 96.79%<br>Dec: 91.02% | Jan: 87.94%<br>Feb: 91.57%<br>Mar: 74.77% | 91.55% | No |
| Experience | Certification against compliance with requirements regarding access to healthcare for people with a learning disability | Compliance against requirements* | Achieved | Achieved | Achieved | Achieved | Achieved | Yes |

* Target based on meeting the needs of people with a learning disability, from recommendations set out in *Healthcare for All* (Department of Health, 2008)
† Data is not amenable to calculating mean value

## Additional Indicators – Performance against local improvement aims

In addition to the national mandated measures identified in the above tables, the Trust has implemented a range of local improvement programmes that focus on the quality priorities as described in Part 2a. The table below sets out the range of quality and safety measures that are reviewed at each Trust board meeting. Statistical Process Control (SPC) charts are used to measure improvements in projects over time and to identify areas that require further investigation. All measures remain within expected statistical tolerance.

| Domain | Indicator | GOSH performance for 2019/20 by quarter | | | | 2019/20 mean |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| Effectiveness | Inpatient mortality rate (per 1,000 discharges) | 8.97 | 8.20 | 8.38 | 6.26 | 7.99 |
| Experience | Discharge summary completion time (within 24 hours) | 47.40% | 60.36% | 70.07% | 74.25% | 62.71% |
| Effectiveness | PICU discharges delayed by 8-24 hours | 9 | 6 | 11 | 14 | 10 |
| Effectiveness | PICU discharges delayed by more than 24 hours | 21 | 9 | 3 | 9 | 10.5 |
| Experience | Formal complaints investigated in line with the NHS complaints regulations | 21 | 24 | 24 | 21 | 90 total |
| Effectiveness | Last minute non-clinical hospital cancelled operations and breaches of 28-day standard*<br>- Cancellations breaches | 157<br>34 | 142<br>6 | 104<br>9 | 83<br>9 | 122<br>15 |
| Effectiveness | % of patients aged 0–15 readmitted to hospital within 28 days of discharge | 2.55% | 2.32% | 2.21% | 2.34% | 2.36% |
| Effectiveness | % of patients aged 16+ readmitted to hospital within 28 days of discharge | 0.00% | 0.00% | 3.87% | 4.76% | 3.02% |
| Safety | GOS acquired Central Venous Line (CVL) related bloodstream infections (per 1,000 line days) | 1.7 | 1.2 | 1.3 | 2.6 | 1.7 per 1000 bed days |

+Does not include day cases
*'Last minute' is defined as: on the day the patient was due to arrive, after the patient has arrived in hospital, or on the day of the operation or surgery.

# Annex 1:

## Comments from the Chair of Camden Health and Adult Social Care Scrutiny Committee

**Disclaimer: The Health and Adult Social Care (HASC) Scrutiny Committee did not sit between the receipt of the draft quality report and the due date for comments. They could not therefore provide comments on the named quality report. The following statement was provided solely by the Chair of the HASC Scrutiny Committee, Cllr Larraine Revah, and they should not be understood as a response on behalf of the Committee.**

Thank you for sending your 2020 - 2021 quality report for comment. The report is comprehensive and easy to follow.

GOSH continues to deliver incredibly impressive services and for children and their families with compassion and total commitment. The dedication of colleagues has, once again, been highlighted during the COVID-19 crisis.

The Trust is to be congratulated on the overall progress made in 2020/2021 in what has been an incredibly challenging year for everyone and particularly health services. The section on the Trusts key achievements for the year is a highly positive start to the report, and highlights some of the fantastic work the Trust has undertaken during COVID-19, for example opening a new paediatric ward specifically for children presenting to hospitals within North Central London with acute mental health support needs during the first wave.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden.

**1) Putting patients at the centre of all you do.**
Safety, clinical effectiveness and experience were the priorities for improvement in 2020/21. The report clearly outlines the impressive progress made in a range of areas.

Understandably, COVID-19 has slowed some of the progress in what the board aimed to achieve in relation to patient experience in the past year, and led to a revision of the priorities that emerged from the Trust's Learning Disability Strategy. The Learning Disability Education resource is a good initiative, I trust this will improve further once Covid restrictions are lifted, enabling actors with lived experience to attend GOSH to participate.

The way GOSH is now consistently listening and learning from patients and their families is to be commended. The MyGOSH communication tool and *Heads Up* effectively utilise technology to improve patients' ability to communicate with the Trust, the report demonstrates they have been hugely effective, with MyGOSH users increasing by 251% in the past year.

**2) Focussing on a common purpose, setting objectives, planning.**
The section of the report on prioritise for improvement is clear, including what we said we'd do, what we did, what the data shows, what's going to happen next and how this benefits patients.

The accounts demonstrate the Trust recognises the huge efforts of its staff and that their work can be physically and emotionally challenging. The work of the Wellbeing Operational Group and the Wellbeing Hub is very important in ensuring staff have access to appropriate resources to ensure they feel supported when they experience stress and anxiety.

The priorities for 2021/22 are clearly defined, it's very helpful that the report explains why they are important and how progress will be monitored, measured and reported. It is unfortunate that these

priorities were not widely consulted on, however these priorities provide an opportunity to pick up on work that was delayed due to COVID-19.

**3) Working collaboratively.**
The report is full of interesting examples of working positively with patients and their families and with staff.
For example, the report demonstrates the collaborative working during COVID-19, as the Trust worked with the NCL sustainability and transformation partnership, transferring patients from hospitals across NCL to GOSH to allow our NCL partners to use these wards to care for adults, and by deploying staff to NCL Hospital areas in most need.
The Trust's development of the COLLABORATE Leaders' Network to share exemplary and new practice in leadership and management is also commendable.

**4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does**
The Freedom to Speak Up (FTSU) Service demonstrates the Trusts willingness to act in an open, transparent and accountable way to ensure staff feel confident to raise concerns and ultimately enhance patient safety and experience.

It is fantastic to read the Trust's Apprenticeship Team won a BAME Apprenticeship Award.

**Cllr Larraine Revah**
**Chair of Camden Health and Adult Social Care Scrutiny Committee**

## Feedback from Members of the Council of Governors

The Quality Report confirms that we should hugely congratulated GOSH on the way it immediately stepped up and adapted its work across the whole organisation as a result of the Covid pandemic. The pandemic changed the requirements of patients, of families, of colleagues, of working with partners, of the use of the building – and so many processes and procedures.

The report provides an amazing story of the year and how life was transformed for so many – the many positive changes, but also the truly, truly difficult ones. The report begins with a moving introduction by Mat Shaw, the Chief Executive of GOSH. He succinctly describes the challenges, the successes during the year, focusing on the delivery of the Trust's three strategic priorities – safety, clinical effectiveness and improving the experience of patients and staff, putting children and young people first.

Turning to the main report, during the year, the Trust knew it had to change. And, regrettably, but inevitably, everyone was even more stretched than usual. For example, the Trust took on services for adults and for young people facing mental health issues – something it had never done before. The report is clear about the huge amount that went really well, the things that didn't go so well and the things that will be done far better in future. The Duty of Candor is one of the Chief Executive's key mantras. It is fully demonstrated throughout this report.

One disappointment is that there appears to be a lack of emphasis in the main report on colleagues, the amazing contribution they each make to GOSH and to each individual patient, and their families, and on the Trust's journey in relation to empowerment, speaking up, listening, safety, kindness, training, development, diversity, inclusion, equality, and encouraging health and wellbeing. For example, the GOSH Learning Academy is hardly mentioned. It is a beacon of excellence, as is the People Strategy.

It is positive that 91% of staff would be happy for a friend or relative to be treated at GOSH. However, only 76% consider that GOSH acts fairly regarding career progression regardless of ethnic background, gender, religion, sexual orientation, disability and age. There is so much to celebrate. GOSH is absolutely aware that there is also much more to do.

**Cllr Alison Kelly**
**Appointed Governor (London Borough of Camden)**
**Great Ormond Street Hospital for Children NHS Foundation Trust**

I agree with much of what has been said by my fellow Governor Cllr Alison Kelly and as always, the Quality Report is an excellent and through commentary of all the incredible work that happens in a year at GOSH, even more significant in the recent year.

As a parent Governor who has observed many of the Quality Safety and Patient Experience Assurance Committee meetings, I can confirm that the report covers much of the important ongoing priorities and activity of this group. I appreciate that the report has not been put into final format yet but I would be keen that as in previous years it is presented in a manner that ensures that it is an inviting and accessible read to patients and families of GOSH.

Despite the need to swiftly refocus efforts during the last year and the considerable toll that this has on staff it is reassuring to see the launch of and attention to wider strategic goals, including safely, education and experience. Also very encouraging to see that much of the learning from the COVID response will be put to good use, both from a clinical and operational perspective.

**Mrs Lisa Allera**
**Parents and Carer from Home Counties Governor**
**Great Ormond Street Hospital for Children NHS Foundation Trust**

# Annex 2: Statements from NHSEI, London Region, Specialised Commissioning

NHS England and Improvement (NHSEI) would like to thank Great Ormond Street Hospital NHS Foundation Trust (GOSH) for the ongoing collaboration during the course of another very challenging 12 months for the NHS.

During this year, NHS England has continued with a 4 to 6 weekly Clinical Quality Review Meeting. This has enabled ongoing dialogue about the COVID pandemic plans, its impact and the Trust's response. Notable was the action taken by GOSH, working in collaboration with the paediatric networks and other tertiary centres, to identity and respond to a new group of sick children, now known as Paediatric Multi-System Inflammation Syndrome (PIMS-TS).

Great Ormond Street has continued to provide mutual aid for acute paediatric care across North Central London Integrated Care Systems (ICS) and over the course of the year the Trust has participated in regional-wide discussions about elective recovery of services for children and young people, as well as establishing internal processes to clinically prioritise children requiring medical and surgical care. There remains further opportunity for improvement to ensure equity for elective surgery recovery and to assist with a predicted increase in children presenting with respiratory infection.

The pandemic response included the development of virtual clinics which has helped to improve speed and ease of accessibility to healthcare. Other key notable achievements from the past year include:

- Ongoing implementation of the recommendations arising from an MHRA inspection.
- Developing a well-being hub which is accessible to all staff and the development of a "freedom to speak up" service.
- Developing a strategic vision for CYP requiring mental health care.
- Establishing a collaborative virtual Multi-Disciplinary Team (MDT) for children impacted by long Covid in partnership with University College London Hospitals NHS Foundation Trust and Evelina London Children's Hospital.

There are some challenges ahead this year with potential changes in ICS legislation; NHS England will continue to work with North Central London ICSs to determine GOSH's accountabilities at a local, regional and national perspective.

NHS England will continue to work with GOSH to take forward recommendations in relation to congenital heart disease, oncology, paediatric critical care and surgery in children, where the Trust will need to undertake a direct role, and, as host to the North Thames Paediatric Network, to navigate the successful delivery of these very important programmes of work.

Beyond these, the necessary focus on pandemic recovery and, the quality priorities identified by the Trust for 2021/22 there are some specific areas of improvement activities for GOSH to undertake which include:

- Implementing agreed recommendations from the recent external Veritas "Well Led" Assessment which is due to report in the Autumn.
- Working formally with external stakeholders to determine how to improve incident investigation processes, learning from deaths and how to undertake more successful engagement with families in coming to terms with the sad loss or deterioration of their children as a result of complex clinical scenarios.
- Providing demonstrable and sustained improvements in the staff survey feedback, particularly in relation to culture.
- Describing and demonstrating the implementation of the NHS Patient Safety Strategy.
- Improving performance in relation to Workforce Race Equality Standards.

NHS England looks forward to working with and supporting the leadership team at GOSH and the ICS to secure a successful outcome in these areas over coming months.

# Annex 2: Statements of assurance

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the *Quality Report*.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance Detailed Requirements for Quality Reports 2019/20.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2020 to May 2021
    - papers relating to Quality reported to the board over the period April 2020 to May 2021
    - feedback from commissioners dated 30 June 2021
    - feedback from governors dated 28 June 2021
    - feedback from Non-Executive Directors dated 28 June 2021
    - feedback from Councillor Larraine Revah, Chair of Camden Health and Adult Social Care Scrutiny Committee dated 28 June 2021
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 23 June 2020
    - Children and Young People's Inpatient and Day Case Survey 2018
    - the national NHS Staff Survey 2020
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 31 March 2021
    - CQC inspection report dated 22 January 2020
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered.
- The performance information reported in the *Quality Report* is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the *Quality Report*, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the *Quality Report* is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the *Quality Report*.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

30th June 2021
Chief Executive

30th June 2021
Chair