

Great Ormond Street Hospital for Children  
NHS Foundation Trust

Quality Report

2022-2023

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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

Since its inception in 1852, Great Ormond Street Hospital NHS Foundation Trust (GOSH) has had a clear purpose: to focus on children who rely on specialist care – those who are seriously ill, those who have complex needs, and those with rare or undiagnosed conditions. What has allowed GOSH to set it apart from other specialist paediatric Trusts is its co-location of multiple specialties and the clinical expertise of its multidisciplinary staff. These have helped the Trust drive forward world-leading care, clinical research, education and innovation to secure its position as the only UK hospital in the top three best paediatric hospitals in the world.

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 its 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.

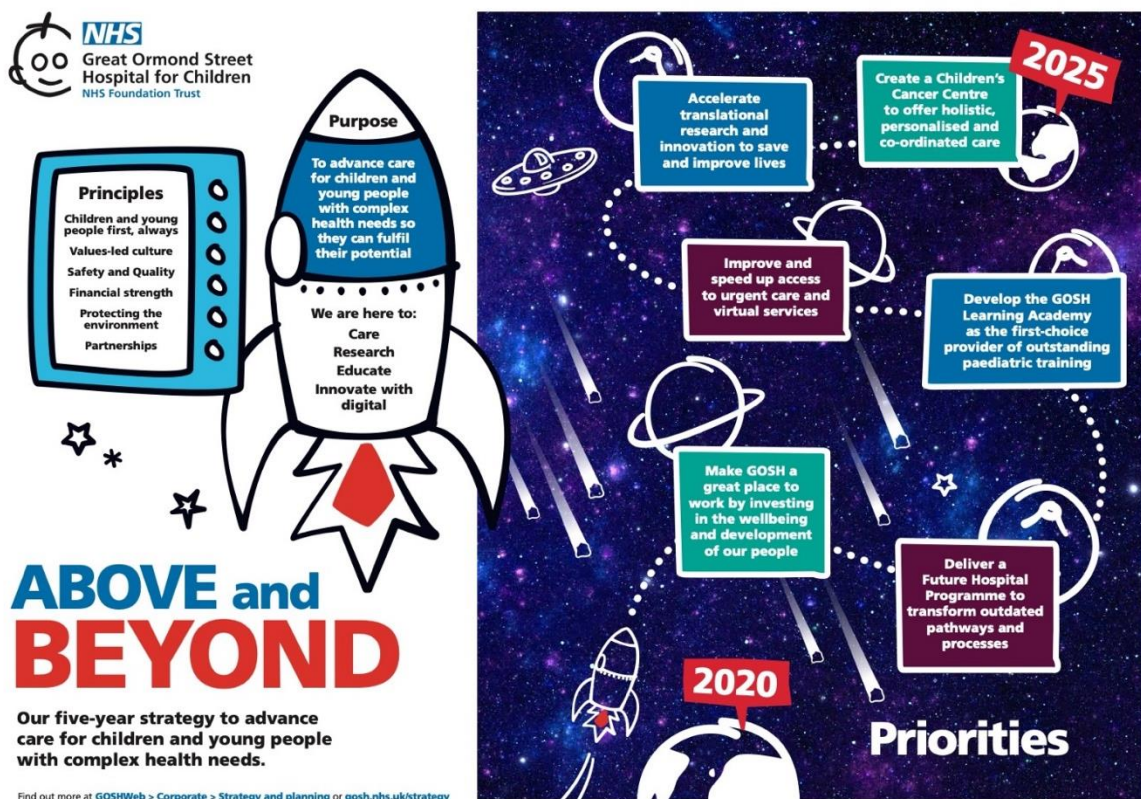
Our purpose is **to advance care for children and young people with complex health needs**.

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 the vision for GOSH from 2020 - 2025 and lays out priorities that are strategically important.



Our big six priorities for the next three 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

#### [A look back at 2022/23](#)

- 2022/23 was a challenging year for GOSH as it focused on recovering activity to pre-pandemic levels while facing industrial action from various staff groups. Yet, despite these challenges, GOSH continued to deliver safe and efficient care to its paediatric patients and witnessed several achievements throughout the year.
- In terms of performance, GOSH continues to be ranked in the top quartile of Trusts for Referral to Treatment (RTT) and the second quartile for diagnostic waiting times nationally, comparing strongly against North Central London (NCL) providers and peers. Our cancer standards compliance was 100%. In order to uphold our dedication to reducing health disparities, GOSH has made certain that patients receive necessary care by providing virtual outpatient appointments to 32% of patients, whenever feasible, during challenging times. To date, GOSH's overall activity is 8% above 2019/20 levels, which confirms the Trust's commitment to reducing backlogs following the pandemic.

GOSH delivered its highest better value programme in the Trust's history with £16m in savings. In February 2023, the London Borough of Camden granted GOSH planning permission to proceed with the Children's Cancer Centre, and following this, in March 2023, the Electronic Patient Record team at GOSH successfully launched the shared Epic EPR system with the Royal Marsden NHSE Foundation Trust.

Our Strategy:

In 2023/24, GOSH enters year four of the Trust’s corporate strategy, Above and Beyond, which outlines six bold and ambitious programmes of work, or “planets”, to help GOSH deliver better, safer, kinder care and save and improve more lives:

The key areas of work that the six planet programmes will be delivering and focusing on in the next financial year are:

<p><b>Make GOSH a great place to work by investing in the wellbeing and development of our people</b></p>	<p>A refresh of the <b>GOSH People Strategy</b> will be published by Q1 23/24. The refreshed strategy will build on the solid foundations established by the previous strategy and will have delivery plans shaped around four themes:</p> <ul style="list-style-type: none"> <li>• <b>Building a Sustainable Workforce:</b> focusing on recruitment, retention, and workforce planning with increased emphasis on fair and open recruitment, onboarding, careers pathways and progression, along with service redesign to support increased productivity through differently utilising exiting skills, adapting skill mix and the introduction of new roles</li> <li>• <b>Skills and Capability:</b> continuing to build on our well-established education and development offer from the GOSH Learning Academy, new programmes will be developed focusing on system working, financial and digital literacy, and leadership and line management</li> <li>• <b>Process Systems and Infrastructure:</b> focusing on improving processes around business planning, demand and capacity planning and business development. Upgrading our systems and tools to improve collaborative working and decision making – while maximising opportunities to consolidate, standardise and automate corporate service processes</li> <li>• <b>Culture and Engagement:</b> The work programmes from our Equality, Diversity &amp; Inclusion, and Health &amp; Wellbeing frameworks will continue from the solid progress made over the last two years. New areas of work will include a review of our values and a cultural change programme to embed speaking up and psychological safety</li> </ul>
<p><b>Deliver a Future Hospital Programme to transform outdated pathways and processes AND improve and speed up access to urgent care and virtual services</b></p>	<p>Learning from leading organisations, we will be adopting ‘Objectives &amp; Key Results (OKR)’ to ensure our efforts are prioritised and coordinated to embed the clinical, operational and technical changes needed for Transformation.</p> <p>The first pilot OKRs are anticipated to be live by the start of the 2023/24 financial year, with oversight at the Future Hospital and Access to Care Board.</p> <p>Second stage OKRs will be agreed during Q1 to support this annual plan, the Recovery Plan and Clinical Strategy delivery.</p> <p>Evaluation of the first pilot OKRs will take place during Q2, identifying lessons learned to inform future rollout over the second half of the year.</p>

The Future Hospitals programme will harness learnings of COVID and EPR go-live to use the best of those experiences to rally the organisation to deliver on key, meaningful, measurable changes that matter to children, families and GOSH. Linked to this, benchmarking information, coupled with information from our newly established Clinical Intelligence Unit, shows where there is potential to do better. Targeted transformation teams equipped with skills to deliver and share learning about successful change will ensure patient, family, carer and staff perspectives are embedded in solutions to allow us to deliver them quickly and effectively. NHS benchmarking data provides insight into areas where others have found efficiencies that can be adopted by GOSH. Our transformation activities will support GOSH to treat as many children who need our services as possible, within the resources and capacity at our disposal:

**GOSH2HOME.** Getting patients back to their home or community quickly can be achieved by reducing length of stay, implementing virtual wards, remote monitoring and shared care, and an increase in day surgery and procedures, with the added benefit of also reducing the carbon footprint of their care and reducing costs. Current work to address day services will expand to include not using ward beds, improved pre-procedure pathways and EPR improvements to reduce the need for children to stay in hospital overnight unnecessarily.

**Flow and Theatre Utilisation.** While GOSH2HOME will allow us to find savings it can also support improved flow through the hospital, increased theatre utilisation and more timely discharge, to help GOSH get back to and improve upon pre-pandemic performance. Further embedding of estimated discharge dates, optimising the use of our critical care and high dependency beds, and an enhanced role for the Operations Hub coupled with improved partner repatriation agreements will allow us to enable more timely discharge, ensuring more children are cared for closer to home when that is the most appropriate setting and reducing average length of stay, freeing up hospital bed capacity which could potentially be used to care for more patients requiring care at GOSH.

**Virtual Rounds** will be a key safety tool to ensure earlier discharges are not adversely affecting patient outcomes.

**Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training**

As a key planet within GOSH's *Above and Beyond Strategy*, we are here to educate, with an overall aim to develop the GOSH learning Academy to be the first-choice provider of outstanding paediatric education. With this driving our ambition, we have set out strategic aims with cross cutting themes to measure our success:

- GLA recognised as preferred provider of paediatric healthcare education and training.
- GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people.



- Develop a bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation.

As we progress into year four of the above and beyond strategy our six key priorities remain unchanged.

- **Academic Education** – We plan to increase our reach by working with an increased number of Higher Education Institutes (HEI), developing a national MSC Paediatric Advanced Clinical Practice award, and aiming to have a year on year 10% increase in external candidates undertaking academic education with us.
- **Apprenticeships** – Further develop clear career pathways for clinical and non-clinical staff utilising apprenticeships as an effective tool. Feedback from all staff groups suggests they would like clear guidance on how to grow and develop in their role. Established career pathways provide this guidance and demonstrate how GOSH invest in staff to ensure we deliver high quality care.
- **Clinical Simulation** – We will continue to develop, deliver, and expand a sustainable simulation service, providing relevant, high-fidelity, and contemporary learning experiences for our multi-professional workforce. We aim to attain Association for Simulated Practice in Healthcare (ASiPH) accreditation, allowing us to benchmark ourselves against leading organisations worldwide.
- **Digital Learning** – The population of content and expansion of the Virtual Learning Environment will continue to be seen in Year 4, with the aim to create sustainable delivery methods and content creation for the future, positioning GOSH as a leader in this area.  
In partnership with DRIVE the GLA will develop and implement new education technology, particularly virtual and augmented reality (VR and AR). Potential facilities development would work in tandem with the uptake of these technologies within newly developed clinical simulation spaces and contemporary learning environments e.g., multimedia space.
- **Leadership and Management** – We will continue to build programmes that are linear in progression and aligned to our leadership framework to provide the opportunity for all colleagues to develop their leadership capabilities.
- **Speciality Training** – Within GOSH the GLA will continue to prioritise the development of speciality training across all specialities. Development of new programmes of work such as the Oliver Magowan Training will be a key focus. Educators from across the GLA continue to deliver expertise and content to support our international collaborations resulting in global impact to paediatric healthcare outcomes.



<p><b>Accelerate translational research and innovation to save and improve lives</b></p>	<p>Three key transformational areas have been identified for this financial year to reach the Research Hospital ambition:</p> <ul style="list-style-type: none"> <li>• Transitioning research studies into clinical care.</li> <li>• Education, particularly clinical and non-clinical academic careers.</li> <li>• Development and expansion of Sample Bank.</li> </ul> <p>Running alongside these workstreams will be projects to improve the quality of research data and reporting, as well as financial transformation, the development of research culture at GOSH, and innovation to develop the use of data and digital technology.</p>
<p><b>Create a Children’s Cancer Centre to offer holistic, personalised and coordinated care</b></p>	<p><b>Full Business Case Approval</b></p> <p>The final Full Business Case was approved by the Trust Board and Council of Governors in March 2023. Once internal approvals have been obtained, the business case will be submitted to NHSI/E for approval, which we are hoping to receive in Spring 2023.</p> <p><b>Planning Permission</b></p> <p>The application for Planning Permission was submitted to the London Borough of Camden (LBC) on the 20<sup>th</sup> May 2022. This commenced the formal review process of the scheme and invited comments from the local community and statutory organisations on the project. The resubmission of the clarification report and further information was submitted to LBC on Friday 21st October 2022. LBC approved the project and granted GOSH permission to build the Children’s Cancer Centre in February 2023.</p> <p><b>RIBA 4 Design Stage</b></p> <p>The Royal Institute of British Architects (RIBA) 4 design stage commenced in October 2022 and is scheduled to complete in November 2023. This is the detailed design stage which, when complete will produce design information to a level which can be built which includes room loaded plans, full equipment list and mechanical and electrical strategy.</p> <p>This period will include significant clinical engagement, as well as patient, and family engagement to progress the detailed designs, strong patient and family engagement will be required to ensure the project delivers on the patient led design brief and robust enabling, engineering design to develop a building that functions as efficiently as possible.</p>

	<p>There is a Cost Check Gateway planned for July 2023 which will see the designs frozen in order to work up a detailed cost plan to ensure the project remains within the affordability limits stipulated by the Trust Board.</p>
<p><b>Sustainability</b></p>	<p>As a key principle within GOSH's <i>Above and Beyond Strategy the GOSH Climate &amp; Health Emergency response aims to integrate 'Protecting the Environment' into all the planets.</i></p> <p>In March 2021 GOSH acknowledged that we face a Climate &amp; Health Emergency that will impact negatively on children and young people. GOSH recognised that the organisation must play its part to respond and move <b>towards Net Zero for the emissions we control by 2030 and those we can influence by 2040</b>. To do this full integration across the hospital and our partners is required.</p> <p>The changes required to reach this point will be challenging but will bring multiple benefits to the organisation including enhanced operational resilience, reputation, and patient care.</p> <p>As we progress into year four of the Above and Beyond strategy the need for the organisation to become fully aligned with the change required has never been greater. Therefore, we will prioritise work on the following activities.</p> <p><b>Emissions baselining and Trust wide Sustainability Strategy</b></p> <ul style="list-style-type: none"> <li>• The new 'Towards a Greener 2030' strategy will be signed off by boards across the trust.</li> <li>• The associated high-level trust wide 'action plan' will follow. This will allocate responsibility for delivery of key emissions reduction programme areas across the organisation.</li> <li>• Our evolving emissions baseline data and emissions reduction pathways are incorporated into the strategy and action plan and all hospital communications.</li> <li>• Ongoing baselining data optimisation programme is in place</li> <li>• Through RIBA phase 4 the Children's Cancer Centre's sustainability credentials will be optimised along with its integration into wider estate decarbonisation</li> </ul> <p><b>GOSH Carbon Footprint 2030 Target</b></p> <p>This is a primary focus area for the year covering:</p>

- Building energy/estate decarbonisation – working with engineering team to develop and sign off project delivery plans/business cases for key projects across each programme area. This will include a heat/cooling strategy and BMS programme.
- Sustainable travel/transport – A focus on the Childrens Cancer Centre and wider estate, staff active travel, Childrens Acute Transport Service and Non-emergency transport etc.
- Waste – Food waste baselining and support for a series of wider waste pilot projects including sustainable sharps, offensive waste and furniture refurbishment.
- Medical gas – Continue programme of emissions reduction.

#### Areas of core interest (not 2030 target)

Innovation and delivery - Priority areas:

- Climate Adaptation plan.
- Clean Air Hospital Framework & monitoring .
- Healthy Hospital Street delivery.
- Support for 10 Programme of Work areas within the sustainability delivery structure.

#### Long term projects

- Sustainable procurement transformation programme commences.
- Staff Climate & Health engagement programme ongoing.

To further support Above and Beyond, the new GOSH Clinical Strategy was approved by the Trust Board in 2022/23. The new Clinical Strategy aims to help GOSH understand how it can live its purpose with the advent of the local decision making, while addressing the issue of access and where to focus clinically, to ensure that it continues to advance care and allows children to live to their full potential. It introduces a set of Clinical Tenets that will help guide strategic-decision making at GOSH:

- We are a highly specialist tertiary and quaternary hospital with a global reach.
- We provide multidisciplinary specialist care for children with complex and rare diseases.
- We discover novel treatments and expedite translation into clinical practice.
- We ensure that every child has the opportunity to be part of, or contribute to research.
- We accelerate the progress of complex medical care through the sharing of expertise.
- We foster a culture of innovation so we are always moving ahead.

The Clinical Strategy also introduced four-cross cutting clinical themes that will allow GOSH to live its unique selling point, address the challenges facing it in the new landscape and provide direction to capitalise on opportunities, while staying true to its founding and enduring principle of putting the The Child, First. Always. These four cross-cutting themes are:

- Expediting access
- Accelerating diagnostics
- Pioneering novel therapies and treatments
- Advancing the frontiers of surgery

These four clinical themes are applicable to each and every directorate and team at GOSH, enabling us to harness our collective strength and come closer together to continue to provide care to children with rare and complex diseases.

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

Our staff have dealt expertly with the continued instability this year has brought for our organisation and the wider NHS. They have navigated COVID recovery, industrial action and a challenging financial situation while continuing to provide high quality care for our patients.

This challenging climate brings a renewed focus on looking after our staff. By prioritising their experience, we can bring about the circumstances for them to make strides in safety, clinical effectiveness, and patient experience.

Despite industrial action in our sector and beyond, we have strived to see as many patients as possible by rescheduling appointments and seeing patients virtually where we could. Our overall activity is 8% above 2019/20 levels and GOSH continues to be ranked in the top quartile of Trusts for Referral to Treatment waiting times and the second quartile for diagnostic waiting times nationally. Most importantly, we were able to keep the hospital safe thanks to the huge effort across operational and clinical teams.

This achievement has however had an impact on our people that we cannot and should not ignore. Our response rate and results of the most recent staff survey have not followed the positive trajectory we've seen in previous years. As a result, we are focussing on four key areas: wellbeing; equality, diversity, and inclusion; career progression; and reward and recognition to support our people over the next year. We are launching our new People Strategy and looking to refresh our organisational values to make sure they align with what matters most to staff now. Our culture and how we treat each other has an impact on the quality of care we can provide - if we look after our people, they will be able to look after each other and in turn will be able to look after our patients.

Alongside this, a focus for us this year remains safety and quality. It's one of the fundamental principles of our strategy and there has been a huge amount of work done across the organisation in this area. Our five-year Quality Strategy is now supported by a patient safety delivery plan and teams have worked closely with staff across GOSH to ensure everyone understands their responsibility to keeping our patients safe and creating an open and honest environment where we are empowered to learn from mistakes and listen to feedback and the lived experience of our patients and families.

A large part of this work is the implementation of a Quality Management System which will keep us accountable to the aims of our *Above and Beyond Strategy*. We've put a new medicines governance structure in place to ensure medicines safety, reduce patient risk and promote good practice.

The last year has brought change and challenge, but we have continued to not only address the immediate operational needs, but to also strive for quality and improvement. Despite this, there is always more work to be done and this report lays out our ambitions for the next year and how we mean to achieve them.

Finally, to all our staff who come together to ceaselessly focus on the child first, and always, I cannot thank you enough.



**Mat Shaw**  
Chief Executive

## Part 2a: Priorities for improvement

This part of the report sets out how we have performed against our 2022/23 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 incidents 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 2022/23

In our previous Quality Report, we identified three priority areas for improvement in safety (improve identification and management of the deteriorating child), Clinical effectiveness (Developing and implementing ward accreditation) and Experience (Managing uncertainty in healthcare). These are reported below:

### Safety

- Refine governance structures for the trust-wide use of medicines

### Clinical effectiveness

- MDT informed consent for tertiary and quaternary referrals

### Experience

- Implementation of the National Patient Safety Syllabus level 1
- Update and implementation of Duty of Candour education
- Patient Safety Team development

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

1. What we said we'd do
2. What we did
3. What the data show
4. What's going to happen next
5. How this benefits patients



## Safety: Refine governance structures for the trust-wide use of medicines

### What we said we'd do

The Trust has identified key themes affecting the safety of patients relating to medicines. To eliminate avoidable harm we propose to refine governance structures for the trust-wide use of medicines. In order to achieve this the following was to be considered and undertaken:

- Embed sustainability of improvements made under the Safety Programme of Work focusing on the most recent CQC Inspection and the 'Requires Improvement' findings for the trust-wide use of medicines.
- Understand and embed lines of reporting, assurance through vigilance and the identification and management of risk through the Medicines Safety Committee (MSC) and the core audit programme.
- Continually reduce patient risk and promote the safe use of medicines. Promote the journey towards good practice and an 'Outstanding' CQC rating for Medicines Management

We said we would focus and address the most recent Care Quality Commission (CQC) inspection findings of "Requires Improvement", develop and monitor a core audit programme through the MSC, and promote the safe use of medicines working towards an "Outstanding" CQC rating for Medicines Management.

### What we did

The new medicines governance structure is in place and is currently being embedded across 2023-24. The focus over the past year (2022-23) has been to assure Medicines Safety and Drugs & Therapeutic Committee (DTC) as the priority governance meetings. Both have an established meeting, approved Terms of Reference (TOR) and a programme structure in development. To improve medicines governance support for the clinical team in the use innovative treatments, we have introduced scheduled urgent DTC meetings in addition to unscheduled emergency DTC meetings.

Within the MSC workstream, in collaboration with key stakeholders, we have developed and are currently embedding local vigilance with a programme of structured audits demonstrating compliance with standards. Audits undertaken include the safe storage of medicines and controlled drugs (CDs) audit, Patient and Carer Self Administration of Inpatient Medicines audit, and the DTC urgency level audit.

Embedded within the MSC workplan are learning from incidents and measures to prevent future similar incidents. The team have participated in the Trust safety podcast, lunchtime safety teaching sessions, and are involved in the medication administration review work. In addition, we have undertaken a CQC peer review assessment with University College London Hospitals (UCLH).

We aim to reduce financial losses of medicines due to inappropriate storage of medicines and improve staff utilisation due to best practice medicines handling processes. In pharmacy we have focused on our inventory control. This includes:

- Critical drug list to control inventory management.
- Establishing a procurement team.
- Routine cycle counts (cycle counts are an audit tool to ensure inventory is correct). At the stock take inventory control is now at 82% accuracy (see details below in "What the data show" section).
- Expired drugs – improved inventory management controls have resulted in a 26% reduction of expired drugs from £304,065 (2021/22) to £224,711 (2022/23).

## What the data show

Safe storage of Medicines and CDs audit was undertaken in June 2022. The mean performance with all standards for CD documentation and storage was 94%. These are positive when compared to previous audit results (Figure 1).

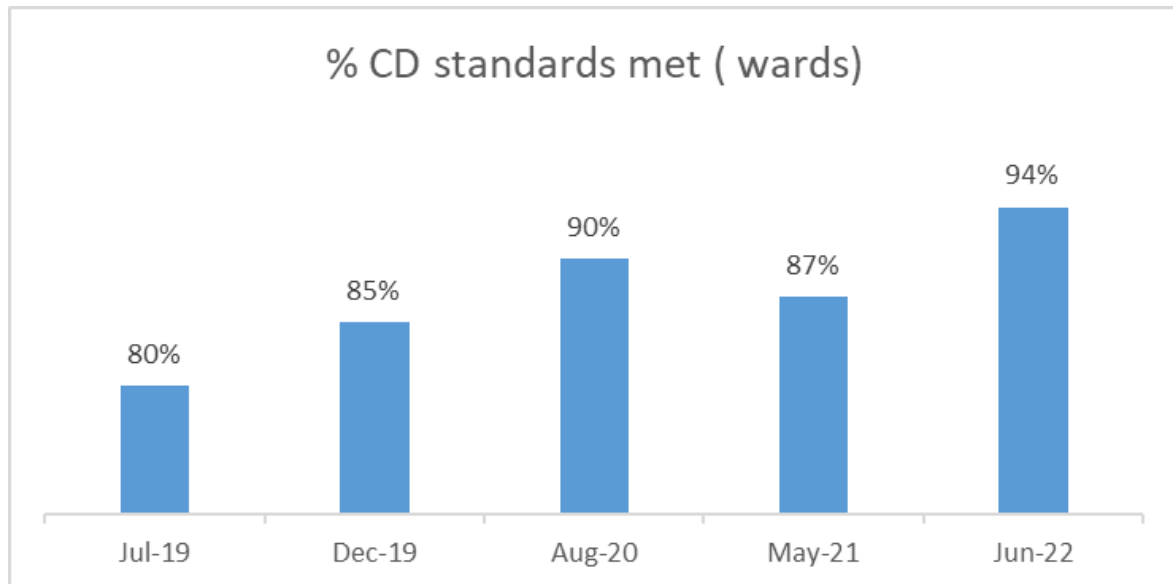


Figure 1. Mean performance of wards across GOSH with all standards for CD documentation and storage for the five years from 2019 – 2022.

Patient and Carer Self Administration of Inpatient Medicines audit (Figure 2) was undertaken December 2022 and demonstrates that there is variability in practice regarding patient and carer self administration.

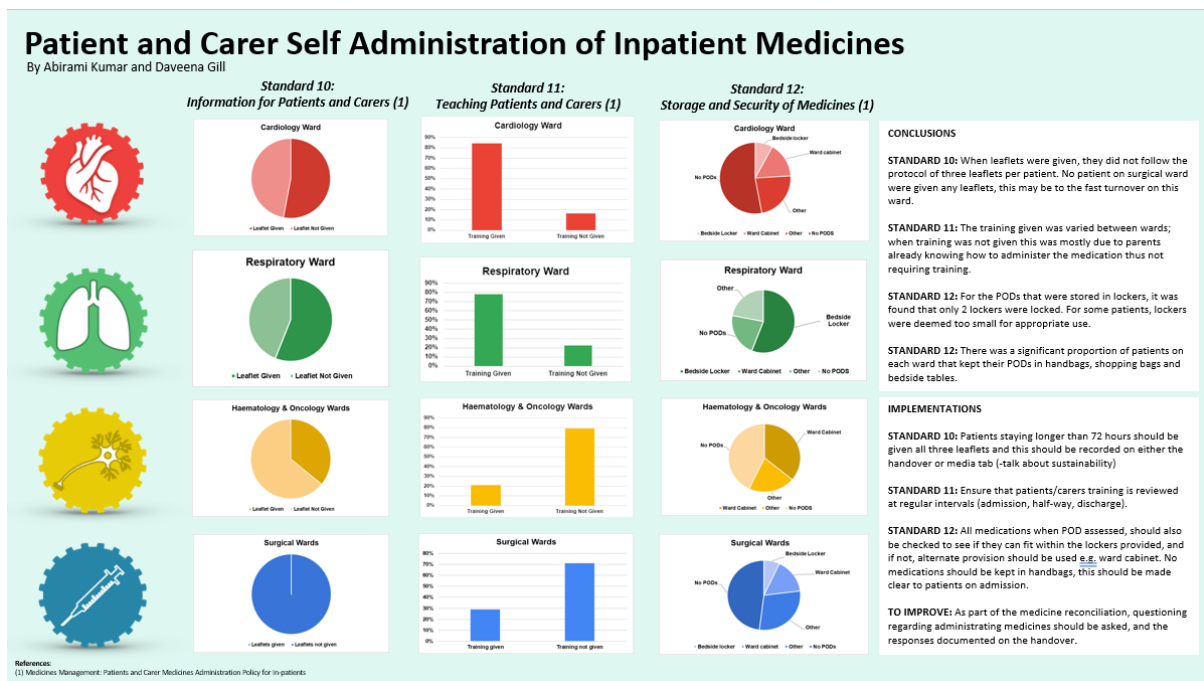


Figure 2. Patient and Carer Self Administration of Inpatient Medicines

The New Drug Pathway urgency levels audit (Figure 3) was undertaken between January and May 2022 and demonstrated that there was an increase need for scheduled urgent and emergency DTC meetings.

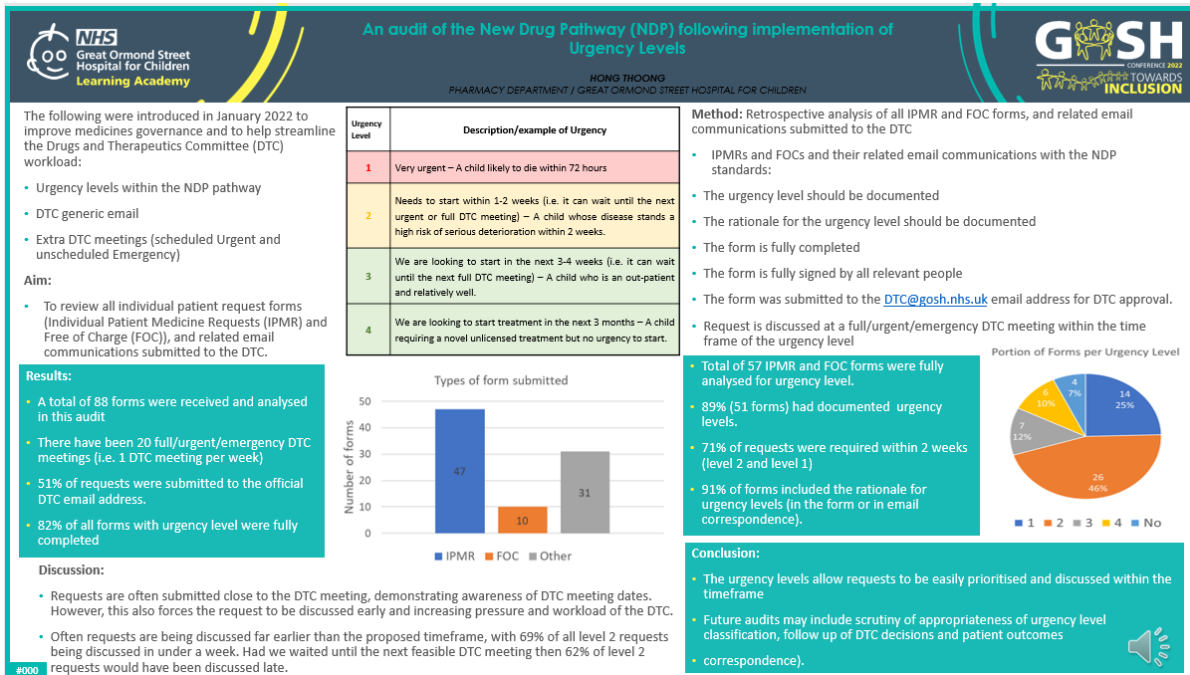


Figure 3. Audit of New Drug Pathway

CQC peer review assessment was undertaken in January 2023 and the findings demonstrated that for the areas reviewed, we scored well for treatment room access, CD storage and oxygen cylinder storage, and not well on patients own medicines and discharge medicines (TTOs) and fluid storage.

## Outcome and Actions

- Red/Amber/Green rating of issues with key themes and suggested solutions
- Findings presented to:
  - Pharmacy department
  - Good Hospital Group
  - Trust Medicines Safety Committee
- Replication of CQC peer review at other NCL sites

✓	Treatment Room access
✓	Controlled Drug storage
↔	Medicines storage
↔	Medicines waste / returns
✗	Patients Own medicines and TTOs
↔	Temperature monitoring
✗	Fluid Storage
✓	Oxygen cylinder storage

A stock take was undertaken in March 2023. We found:

- 4163 drugs stock take transactions (counted)
- 3414 drugs have the same quantity entered into Epic (no stock level change)
- 749 drugs had a change in stock value
- Stock accuracy value  $(3414/4163 * 100) = 82.0\%$

### **What's going to happen next**

Planned audits for 2023-24 include clinical appropriateness audit and a repeat medicines storage audit once locked medicines cupboards have been reinstated within the Trust.

Financial focus will be in improving reporting and transparency of pricing through the adoption of average pricing. We will work to establish a correct mapping of drugs to cost codes, embedding of RX-Info Refine, Define and Exend, and adopt Epic homecare module. Cycle counts will focus on high cost drugs in 2023-24.

The CQC peer-review is planned to be extended to other clinical areas in the hospital and also to be rolled out to other North Central London hospitals.

### **How this benefits patients**

By ensuring that good medicines management is in place and CQC recommendations are undertaken, we will improve the quality of our service and mitigate any foreseeable harm to our patients. This will ensure that patients receive a first class service from our expert clinical teams.

# Clinical Effectiveness: MDT informed consent for tertiary and quaternary referrals

## What we said we'd do

Update Trust-wide policy and guidance notes regarding decision making & consent. This will explicitly set the expectations of healthcare professionals in how they support children, young people, their adults with parental responsibility, including their responsibility to record and evidence the decision-making conversations that take place, and the information/ documents shared with their patients.

Patients' electronic records will be updated to include a decision making and consent dialogue section which will aid healthcare professionals working in multi-disciplinary/ specialty care pathways to access/ review previous conversations between healthcare professionals and the patient to aid fluency between collaborating healthcare professionals.

## What we did

From May 2021 to September 2022 a GOSH multi-disciplinary project board, led by the Deputy Medical Director analysed this and other professional guidance, experiences of staff and young people at GOSH to identify weaknesses in current practice and to formulate recommendations for best practice addressing our delivery of healthcare and research.

Key project outputs were:

- Revised Trust Consent Policy (approved in October 2022)
- Updated induction/ mandatory training products to inform healthcare professionals of their responsibilities (due April 2023)
- Enhanced electronic patient record (EPR) functionality to record what matters to a patient, and other decision making dialogue between a healthcare professional and patient/ family (due June 2023)
- Enhanced electronic patient record functionality to record a patient's consent for a clinical intervention electronically (due June 2023)

Successful implementation of the revised policy through GOSH Legal and Learning Academy produced online training, supported by clinical leadership across Consultant, Junior Doctor and Advanced Clinical Practitioner roles is anticipated to deliver the following outcomes:

- More patients satisfied by their clinical intervention outcomes and experience of receiving care, through enhanced quality of shared decision making and patient engagement.
- Enhanced experience of healthcare professionals co-operating as one team to deliver the Trust's purpose (to advance care for children and young people with complex health needs so they can fulfil their potential) through consistent information management.
- Increased productivity through reduction in late theatre starts owing to delays in recording a patient's consent for a procedure.
- Decreased legal costs through a reduction in the number of cases submitted to GOSH legal team where a patient's decision making & consent process is poorly documented
- Enhanced quality of training through positive experience of junior doctors rotating through placements at GOSH
- Enhanced reputation through engagement and case study communication via the General Medical Council

### **What's going to happen next**

A key deliverable of the project is digital functionality within EPR to provide patient/ consentor access to written decision making dialogue and the provision of digital consent forms (which could be reviewed and signed in the comfort of a patient's home, rather than in a time-limited interaction in the hospital). The GOSH EPR system is not currently capable of delivering a resilient electronic consent product, however an upgrade expected in Autumn 2023 is anticipated to deliver a functionality which would enable updates to electronic consent forms to be made, and new signatures collected.

### **How this benefits patients**

Children, young people and adults with parental responsibility will have access to review their decision making & consent dialogue and access patient information communicated digitally through the EPRs system. This will empower patients to have access to the relevant information to carry out shared decision making including the ability to ask their healthcare professionals questions. This digital recording of consent will enable formal consent to be taken prior to the day of planned intervention which will deliver improved patient flow and productivity.

# Experience: Implementation of the National Patient Safety Syllabus

## Level 1

### What we said we'd do

Implement Level I of the NHS Patient Safety Syllabus on GOSH GOLD and each Trust member's mandatory training dashboard in line with NHS England and HEE's requirements.

### What we did

Following submission for approval via the GLA Statutory and Mandatory Training Steering Group, this was added to individual GOSH GOLD mandatory training dashboards. Trustwide promotion of this training as well as negotiation with individual teams as to how some 'hard to reach' areas who do not routinely access the intranet was undertaken. For the groups described, an on-going programme of face-to-face sessions is in progress. Whilst resource heavy, this gives a chance for those in the organisation who do not always have a voice in patient safety to speak and be involved in this conversation.

As of March 2023, Trust-wide compliance (i.e. training completed) is 52%. Compliance has been incremental and consistent, with a small jump month on month. To this time, it has not been possible to demonstrate staff undertaking this in another organisation unless this was accessed via HEE's Learning Management System, e-learning for health. In this instance we do not currently have the capability to automatically reflect this information in GOSH GOLD records. It is hoped that the planned upgrade of GOSH GOLD will enable this.

### What the data show

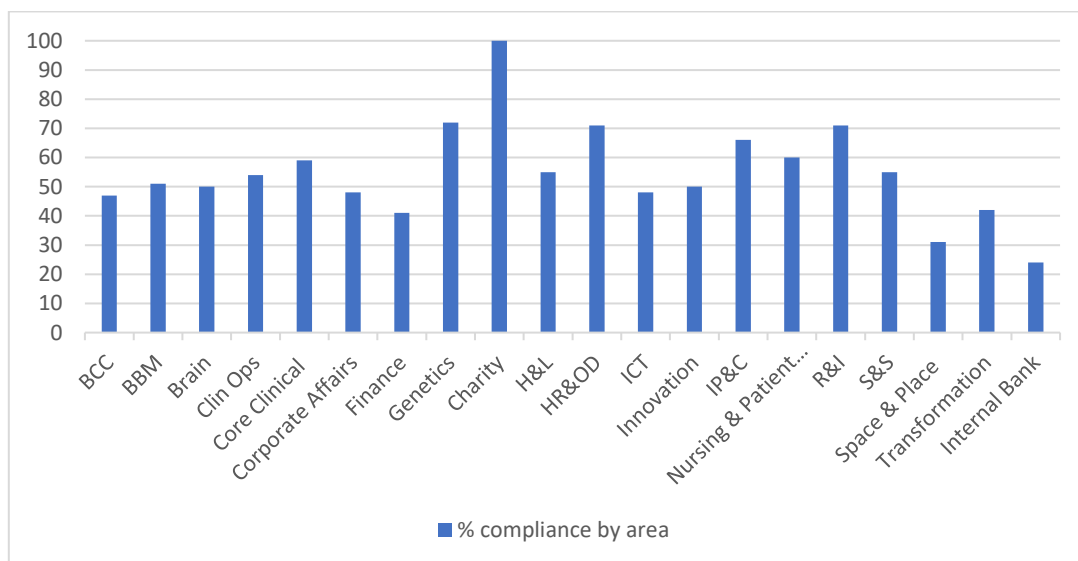


Figure 4. % Compliance by area

### What's going to happen next

This remains on individual staff member's dashboards and compliance will continue to be monitored. Reminders and encouragement will continue. The increasing emphasis on Patient Safety, including the Trust Communications Strategy's 'Big Conversation' around patient safety will continue this focus. When Trust-wide compliance reaches 60%, Level II will be launched. NHS England set out its intent that this should be accessed by all staff in Bands 7 and above, and those involved more closely with patient safety decision making. NHS England guidance is that this is not mandatory, instead it is hoped that there be a willingness to engage with the subject matter as part of an individual's role and their annual appraisal.



### **How this benefits patients**

The increased engagement and on-going requests for patient safety education, as well as significant compliance with Level I reflects positively on the organisation. We feel assured that the content delivered and the engagement from across the organisation is beneficial to patients and their families. There is a growing sense of purpose around patient safety, with the wide engagement of teams in this education leading to, we believe, improved safety awareness and culture. From this it is hoped that patients will benefit. The invisible nature of cultural change means demonstrating true impact is difficult in such a short period of time.

## Experience: Update and implementation of Duty of Candour education

### What we said we'd do

Engage significant numbers of the organisation in Duty of Candour (DoC) education after revising course content and embedded on GOSH DEN. Targeting senior members of the organisation and those who are likely to carry out Duty of Candour conversations or participate in the process.

### What we did

The DoC eLearning package was peer reviewed, updated to reflect the GOSH policy changes and moved from GOSH Online Learning & Development (GOLD) to the Digital Education Network (DEN). This was actively promoted via education channels, through SLT and other patient safety updates.

Bespoke, face to face DoC education was also promoted and offered as part of senior team training. GOSH had previously commissioned Action against Medical Accidents (AvMA) to deliver DoC with Empathy training, the remaining session also took place during this time.

### What the data showed

Face to Face	GOSH delivered: n. 45
	AvMA n. 9
eLearning	DEN: course commenced n. 80
	DEN course completed: n. 27

### What's going to happen next

This remains a significant part of the educational offering for patient safety and will be actively promoted as such. It is difficult to balance the significant training demands of the workforce which must always be taken into account when considering compliance. As we move towards Patient Safety Incident Response Framework (PSIRF) implementation, the focus on patient safety education will grow and DoC will remain a significant aspect of this.

### How this benefits patients

Whilst the numbers of those undertaking this training are not large, the impact on patients will be significant. The inherent value of this type of programme is the role modelling good practice it engenders. Honesty and openness with families in central to this, and can only be beneficial to families. Saying sorry with honesty, openness and a willingness to learn and share about incidents will impact positively on both affected families and others.

## Experience: Patient Safety Team Development

### What we said we'd do

A number of educational endeavours were set out to begin the process of 'professionalisation' of the Patient Safety team, as prescribed by the National Safety Strategy. Significant factors were taken into account when planning and delivering this work namely, the diverse experience and expertise of the team, their previous roles and ensuring the education plan meets the needs of the team and the organisation.

In terms of specific plans, these involved bespoke Investigative Interviewing Skills, undertaking Bronze level Healthcare Safety Investigation Branch (HSIB) training and targeted sessions for tasks such as using the System Engineering Initiative for Patient Safety (SEIPS) model for safety investigations.

### What we did

Investigative Interview Skills, delivered in partnership with the Simulation team. To begin this work, the Patient Safety team agreed a new model for interviews and accompanying Standard Operating Procedures (SOPs). This was based on some previous experience of this work including use of the PEACE investigation model (P-planning & prep, E- engage & explain, A- account, clarification & challenge, C- closure, E- evaluation).

The team then undertook bespoke simulation training using trained simulation actors, to practice conducting a number of interviews.

HSIB Bronze was completed by all team members. This enables an enhanced level of understanding of many facets of the investigation process, as well as safety science and systems thinking.

The team had varying levels of understanding of the SEIPS model and all have attended updates on its use in deepening safety event understanding.

### What the data show

All training was completed as set out.

Anecdotal feedback suggests high satisfaction with the investigative interviewing approach and a recommendation from the Patient Safety team that this be rolled out to Deputy Chiefs of Service and others in senior roles who may need to carry out similar conversations. A deeper narrative with greater uniformity in terms of content and style have been observed. This has been welcomed by the team and those in receipt of reports as it aids understanding of the issues being explored and the incident as a whole.

### What's going to happen next

Following feedback from the Patient Safety team, Investigative Interviewing Skills training has begun to be rolled out to the Deputy Chiefs of Service. This is with a view to the Directorate's Safety Partner and Deputy Chief of Service interviewing together, furthering strengthening the partnership approach to patient safety. Next steps are for this to be rolled out to the wider Trust, targeting those who will be involved in challenging and sensitive interviews with colleagues relating to patient safety. This is all in collaboration with the Simulation team.

The Patient Safety Team continue to be invited to attend relevant educational opportunities, for example the Patient Safety & Experience Grand Round, or those delivered in partnership with Patient Safety

Learning. This programme, aimed primarily at the Deputy Chiefs of Service involves expert speakers joining a webinar on a monthly basis. These sessions are part didactic and part 'how to implement this at GOSH/ as part of our roles?'.

### **How this benefits patients**

The National Patient Safety strategy sets out the imperative for increased knowledge, skills and expertise of those in patient safety roles. The rationale being that enhanced decision making and understanding around safety events will improve our organisational approach to patient safety. For individual patients and families, this will lead to better insights into their experiences and, we hope, more satisfactory responses to concerns. All of this will, in turn, be reflected in the education delivered by the patient safety team to the organisation- sharing insights, themes and valuable patient stories to illustrate the importance of acting for patient safety.

## Quality priorities for 2023/24

The following tables provide details of three of the quality improvement projects that GOSH will undertake in 2023/24. 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.

Quality Priorities for 2023/24 have selected with input from membership of the newly formed Quality Review Group. After consideration, consensus was reached and the following Quality Priorities were agreed upon.

### Safety:

#### To eliminate avoidable harm

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Development of overarching governance system to enhance awareness, data intelligence, action delivery, outcomes and decision making in quality, safety, and compliance.	<p>There is an opportunity to introduce a single governance system to overcome the need for multiple systems (e.g. incident, audit, compliance, staff training, activity)</p> <p>A single system can enable:</p> <ul style="list-style-type: none"> <li>• Reduction of effort and time spent by directorate staff to manage and have oversight of safety, compliance, and quality information</li> <li>• Increased oversight and ability to understand and manage actions required to support good governance</li> <li>• Triangulation of multiple intersecting data sources to improve early signalling of a pattern or trend that may require further investigation to support and improve safety</li> </ul> <p>No system would replace the need for thorough investigation, including detailed thematic analysis. But it could crucially enable a focusing of resource to areas of 'signal'. This would support the delivery of PSIRF in its ambitions to enable Trusts to locally decide where to put their investigation efforts based on safety themes uniquely relevant to them.</p>	Develop and implement a Quality Management System (QMS) at GOSH by Q3 2025

	<p>This would involve the key elements of an overarching QMS “A fundamental part of the future development of the Quality function at GOSH will be to implement a Quality Management System. Having a QMS will be a critical component of supporting GOSH achieve the aims of its “Above and Beyond” strategy as it provides a framework for an organisation to critically define, execute and evidence that it is doing what it is saying it is doing” <i>GOSH Quality Strategy</i></p>	
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## 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?
<p>Improving the co-ordination of care of children cared for by multiple specialties at GOSH - including communication with local hospitals, between GOSH teams, and parents/carers/ young people and children</p>	<p>GOSH's paediatric patients have the highest complexity nationally and this is evident in a comparison against our peers. Our patients have the highest average number of diagnoses per finished consultant episode. We also see a significantly larger number of patients with a comorbidity score of 1 or higher and an even greater number of patients with a score of 6 or higher (GOSH 2023 Clinical Strategy).</p> <p>We have data showing how often patients move between specialties and how often care could be more effectively co-ordinated We also have learning from complaints and incidents related to coordination of multi-specialty care.</p> <p>We can harness opportunities for delivering coordinated and seamless care to:</p> <p>Reduce obstacles and frustrations for healthcare teams to enable whole system flow resulting in effective co-ordination of care.</p> <ul style="list-style-type: none"> <li>• Improve experience of care by parents/carers. While parents/carers play a key role in the coordination of care, communication and coordination of care may be unduly held by families, and that burden is greatest where the number of specialties involved is high.</li> <li>• Improve coordination in terms of actual intervention - better management of care and communication between teams.</li> <li>• Seek opportunities to combine investigations, cluster consultations and understand</li> </ul>	<p>Project to be established 2023-24</p> <p>Explicit outcomes measures would need to be defined within a specific project group</p>



	<p>common goals e.g. facilitating simple procedures such as combining blood tests or scan appointments, booking clinic appointments on the same day (where possible).</p> <ul style="list-style-type: none"><li>• Ensuring local hospitals are kept informed.</li></ul>	
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## 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?
<p>Quality Improvement approach - QI to support what really matters Reducing failure demand (i.e., demand due to failure to do something or failure to do it right) and optimise value demand (i.e., what provides value to patients)</p>	<p>Measure failure demand – resource/time spent fixing failure (re-work), work that is consistently failing – common themes to reduce failure (Right first time)</p> <p>Ensure our approach to QI and allocation of QI support is about enabling and supporting improvements that address and reflect ward priorities and work with the clinical directorates to enable them. QI priorities will be co-designed through the Quality Review Group. The QRG will establish a systematic, reliable process for determining where there is value in initiating quality improvement activities that ultimately serves the needs of the organisation.</p>	<p>Monitoring of Key Performance Indicators yet to be clarified</p>

## 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 2022/23, GOSH provided and/or sub-contracted over 60 relevant health services. The income generated by these services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant services by GOSH for 2022/23. 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 let’s 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

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

### Participation in National Clinical Audit

During 2022/23 thirteen national clinical audits and clinical outcome review programmes covered the NHS services that GOSH provides. The data submissions have been outlined below for those audits.

<b>Name of audit / clinical outcome review programme</b>	<b>Cases submitted as a percentage of the number of registered cases required</b>
Cleft Registry and Audit Network (CRANE)	Data for 69 GOSH patients for GOSH submitted
Inflammatory Bowel Disease (IBD) Registry	GOSH patients are included in the IBD registry. It was not possible to submit new cases for 2022/23. A data processing agreement is required before new cases can be submitted, and this is being worked on between the Gastroenterology service and Information Governance
Learning Disabilities Mortality Review Programme (LeDeR)	11 deaths notified
Maternal, Newborn, and Infant Clinical Outcome Review Programme Confidential enquiries of perinatal morbidity and mortality	22/22 required cases notified
National Audit of Pulmonary Hypertension (NAPH)	543 Consultations 157 Exercise test 9 Diagnostic Catheters
National Cardiac Arrest Audit (NCAA)	14/14 required cases submitted
National Audit of Cardiac Rhythm Management (CRM)	178/178 CRM procedures submitted
National Congenital Heart Disease (CHD)	1038/1038 cases submitted
National Paediatric Diabetes Audit (NPDA)	52/52 cases required
Paediatric Intensive Care Audit Network (PICANet)	689 CICU admissions 1092 PICU/NICU admissions
UK Renal Registry Chronic Kidney Disease Audit	512/512 required cases submitted
Transition from child to adult health services [National Confidential Enquiry into Patient Outcome and Death (NCEPOD)]	GOSH returned 14/20 (71%) of clinician case record reviews which were requested. NCEPOD have advised that this is very good return rate compared to other hospitals and the role GOSH has played in returning cases to support the study

The following national clinical audit reports and data were published from relevant mandatory national clinical audits in 2022/23. The relevance of those reports to GOSH are described below.

#### National Audit of Cardiac Rhythm Management (NACRM) (published in June 2022)

Cardiac rhythm management (CRM) is the treatment of arrhythmias (heart rhythm disorders). The National Audit of Cardiac Rhythm Management 2022 audit report was published in June 2022 and reports on data relating to CRM procedures at implanting hospitals and ablating hospitals from across the UK.

The data shows that the GOSH reintervention rate is within expected controls. For first implants performed for 2020/21 no patient with simple devices and no patients with complex devices had a reintervention within one year in a different hospital.

#### National Audit of Pulmonary Hypertension, 13th Annual Report

The National Audit of Pulmonary Hypertension is an audit of processes and outcomes, and all eight designated centres participate. The audit uses national standards to measure clinical practice. GOSH exceed the standard for two of the three of the measures that were compared to other centres in the 2021-22 data

Standard	National	GOSH
95% of patients should be diagnosed within 6 months	95%	98%
80% of new patients should begin drug therapy within 12 weeks of referral	83%	100%
95% of patients receiving a PH drug should have an annual consultation	96%	94%

#### National Cardiac Arrest Audit (NCAA) annual report 2021-2022

The National Cardiac Arrest Audit (NCAA) is the national clinical audit of in-hospital cardiac arrests in the UK and Ireland.

All GOSH cardiac arrest data are shared with the NCAA so GOSH can benchmark survival from cardiac arrest against hospitals who have similar patient admission numbers across the UK.

The 2021/22 report was published in July 2022 and has been reviewed by the Head of Resuscitation Services, and the Education Lead for Resuscitation Services and reported to the Quality Safety Outcomes and Compliance Committee (QSOCC).

The key audit findings as they relate to GOSH are outlined below

- NCAA looks at cardiac arrest calls attended by 2222 teams and does not include those occurring in ICU areas.
- The incidence of cardiac arrests was 0.34 per 1000 patients in 2021/22, this figure has fallen since 2017/18 when it was > 0.5 per 1000 patients (hospital admissions). This is favourable despite increasing patient complexity but does not suggest that the sicker patients are being admitted to ICU earlier before they suffer a cardiac arrest.
- There are only four paediatric hospitals noted for comparison in this audit and GOSH had the second highest incidence of cardiac arrest. The definition of a paediatric centre is about to change in NCAA so more comparative data should be available in future reports.
- The incidence of cardiac arrests on the wards dipped in 2019/2020 and early 2020/2021 but is now 0.31 per one thousand hospital admissions which is little changed from 2017/2018.
- Looking at outcomes when risk adjusted for patient severity of illness

GOSH achieves better than expected return of spontaneous circulation rates.

GOSH is indicated as having slightly lower than expected rates of survival to hospital discharge for patients who suffer a cardiac arrest outside of ICU. Approximately half of the patients who suffered a cardiac arrest and were attended by a 2222 team survived to hospital discharge in the one-year period 2021/2022. Survival to discharge of patients appears to have fallen in 2021, but have steadily improved in 2022. GOSH patient survival to discharge remains better than similar hospitals with similar admission rates within the UK for this reporting year ”

Overall Survival to discharge for cardiac arrested requiring CPR or defibrillation remain within the predicted control limits of the NCAA data set . The Trust Resuscitation Committee, believe this positive increase this is due to Resuscitation Services introducing “Just in Case” support for patients and staff ,at the bed side, when greater focus is required, to support early recognition and management of the deterioration in patients and staff resuscitation refresher skills should an clinical emergency event occur.

#### [2022 National Congenital Heart Disease Audit report](#)

The 30-day survival rate for paediatric cardiac surgery is a nationally accepted benchmark 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).

For 2018-21 risk-adjusted survival rates for paediatric cardiac surgery are defined as ‘higher than predicted’.

More information about this can be found on the [Cardiothoracic Clinical Outcomes page](#)

#### [Paediatric Intensive Care Audit Network Annual Report \(PICANet\) 2022](#) (published in March 2023)

The report covers the period from January 2019 to December 2021

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.

The 2022 PICANet report compares Trusts Standardised Mortality Ratio [1] for the calendar years of 2019-21. The data in this report shows GOSH ICU mortality as within what would be expected based around the case mix.

The clinical teams will be reviewing the significance of all benchmarked data and this will be made available publicly on the [Intensive Care Clinical Outcomes page](#) in June 2023

#### [National Paediatric Diabetes Audit \(NPDA\) 2021/22 Report](#) (published in March 2023)

The report focuses on the completion of seven key health checks for type 1 diabetes. GOSH does not have sufficient numbers of typical type 1 diabetes to allow meaningful comparison of data in the report (GOSH data is included for five patients over the age of 12 year old).

For GOSH the data shows that we did not complete eye and foot checks in young people for those five patients in the audit year.

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<sup>1</sup> 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.



- In 2021/22 changes to the service were made so that GOSH has software access to patient eye screening reports; in addition, requests made to patient GPs to send the reports. The team have since added foot checks to their standard clinic visit. It is expected that the impact of these will be noted in the 2022/23 NPDA reportReview if transfusion information can be incorporated into the EPR workflow, as a tick box or reminder within any pre-operative discussions with a link to electronic copies (NB: not all surgical patients will require a blood transfusion).
- Ensure printed information is available in key areas for families to read (patient information leaflets have not been available in paper copies in general areas during the covid 19 pandemic).

#### [UK Cystic Fibrosis Registry 2021 Annual Report](#) (published in September 2022)

The report includes data about individual cystic fibrosis centres, to help the centres benchmark themselves against their peers.

The data shows that GOSH clinical outcomes all lie within expected variation or above the national average.

Key measures include

- Forced Expiratory Volume
- Age adjusted BMI percentile among patients aged 1-15 years
- Proportion of patients with chronic Pseudomonas aeruginosa

Further information about GOSH Cystic Fibrosis Clinical Outcomes, which includes reference to the report, can be found [here](#)

#### [UK Renal Registry](#)

The UK Renal Registry report was published in July 2022 and includes analyses of paediatric data to the end to the 31<sup>st</sup> of December 2020. Clinical Outcome measures for the Nephrology service at GOSH can be found on the [Nephrology Clinical Outcomes page](#) and include analyses of key benchmarked metrics identified in the report.

## Priority Clinical Audit plan

At GOSH we undertake audits to support learning from incidents and to investigate areas for improvement in both quality and safety. Some of our key priority audits completed in 2022/23 are outlined in this section of the report.

### Re-audit - Documentation of central venous line insertion on PICU Background

A Serious Incident (SI) occurred in 2020 where a central venous line (CVL) was inserted to administer medications for a critically unwell patient on PICU. It was noted on x-ray imaging approximately ten hours later that the guidewire was still inside the line- this should have been removed following confirmed placement of the central line. Audit completed in June 2021 highlighted that the SI recommendations around CVLs on PICU had been implemented.

#### Aim of audit

To understand if practice has been sustained following the initial audit. An audit of the documentation of thirty consecutive CVL insertions took place in June 2022.

#### Conclusion

Key recommendations have been sustained:

- Checklist completion for PICU central line insertions (100%).
- Second person being present to assist with the procedure (100%).
- Confirmation that the guidewire has been removed (100%).

### Documentation of management of External Ventricular Drains (EVD)

#### Aim of audit

To check whether best practice is followed for documenting cerebrospinal fluid loss, electrolyte balance, and the position of EVDs in line with the GOSH EVD Clinical Guideline and following learning from an SI.

#### Background

An SI was concluded in 2022 where concerns were raised that the patient's fluid management prior to cardiac arrest may have contributed to this event. The SI investigation included broader learning points around clear treatment plans for external ventricular drains in neurosurgical outliers.

#### Key findings

The audit supports that we are practicing within trust guidelines in the areas where children are routinely cared for with an EVD (Koala and PICU). One infection, prevention and control (I+PC) EVD admission was included in the audit period. The audit of the I+PC admission highlighted that there could be improvement in the frequency with which the height of the EVD is documented.

This has been shared with the I+PC senior nursing team and reviewed at the I+PC Risk Action Group. Educational support has been offered to the I+PC team around the recording of height from the Neurology practice educators. I+PC EVD admissions are being audited to review progress.

### March 2023 - Recording of implant LOT numbers for Interventional Radiology (IR) Embolisations

#### Background

An SI occurred in 2021 around a faulty batch of histoacryl glue which was used in five procedures. This was related to glue embolisation for arteriovenous malformations.

#### Aim of audit

Audit was identified as part of the SI process to review the implementation of a recommendation from the SI investigation. This looked at whether lot numbers are being recorded where implants, particularly products which are not obviously implants (such as glue) are used for IR embolisations.

### **Key findings**

Audit in 2022 identified that implant lot numbers were appropriately recorded in the EPR for all IR embolisations that were reviewed in the audit.

This was re-audited in March 2023 and provided assurance that good practice and learning had been sustained.

This audit was presented Trust wide as part of the Patient Safety and Experience Grand Round in March 2023, as an exemplar of how clinical audit can be used to support and sustain patient safety learning.

The poster features the NHS logo and Great Ormond Street Hospital for Children Learning Academy branding. The main title is 'PATIENT SAFETY & EXPERIENCE GRAND ROUND' in large, bold letters. Below this, it specifies 'Interventional Radiology Audit: outcomes and safety interventions'. A date and time box indicates the event is on Wednesday, 22nd March 2023, from 12-1pm. The presenters listed are Nimo Dhudi (IR Nurse), Andrew Pearson (Clinical Audit Manager), and Samantha Chippington (IR Lead Consultant). A Zoom link is provided at the bottom: <https://gosh.zoom.us/j/82012258683>. The background is dark blue with a large, stylized yellow and teal graphic element.

## Quality of medical documentation

### **Aim of the audit**

To understand the quality of our medical documentation across the Trust from a doctor's perspective, to gain insight of where we are doing well, and where we might have broader themes for improvement.

### **Methodology**

An audit tool was created based on GMC principles, national standards, from consultation with our Deputy Chiefs of Service, and from a pilot audit completed in 2021. Audits were completed by doctors who volunteered to complete the audit and supported by the Clinical Audit Manager. Audit data was collected for 151 cases in fourteen specialties by sixteen doctors in December 2022 and January 2023. Inpatient medical documentation was reviewed for inpatients or recently discharged patients at GOSH.

### **Key points**

The audit results are positive, and suggest areas where there could be improvements, rather than significant deficits that are concerning and represent significant risk.

### Our critical question.

*“It is 3.am and you have been asked to provide input into the care of this patient. Would the documentation for this patient support you to effectively do that?”*

77% of cases reviewed by doctors supported this



### Where we are doing well

Clear why the patient is at GOSH (84%)

Good up to date information on problems (89%)

Clear management plan up to date (99%)



### Where we can improve

Emergency plans being accurate and accessible (62%)

Evidence of plans being communicated to the family/patient (77%)

### Next steps

An action plan in response to this audit was agreed at the Medical Advisory Group in April, and also approved by QSOCC.

### Action plan

Short one page guidance to be created and shared in relevant forums with our medical staff to include:

- What are our principles of good practice for medical documentation
- What does our audit tell us?
- Guidance on critical places to document key information in order to support safe and effective documentation and cross specialty working.

This work was possible with the expertise, time, and input of some of our junior doctors including: Adem Polat, Ananth Kumar, Anuj Khatri, Flora Ogugua, Harsha Lochan, Hussein Hussein, Jewel John Ponvelil, Kirsi Malmivaara, Nadja Bednarczuk, Premala Muthukumarasamy, Sam Morrish, Sara Fara, Simran Kundan, Victor Ambrose, Yeu Jye Pang, Thomas McGrath

## MDT Terms of Reference Audit

### Background

Learning from a 2019 Learning from Prevention of Future Deaths report resulted in GOSH actions to ensure appropriate attendance and documentation at MDTs.

In March 2021 a clinical audit report was shared at Patient Safety and Outcomes Committee (PSOC) which highlighted limitations in assurance about demonstration of quoracy and whether the correct people were present in the decision-making process.

Following review of the audit report the PSOC confirmed that MDTs should implement ToR. To support teams to create ToR a Trust MDT ToRs template was developed by Andrew Pearson and Chris Jephson in consultation with the Deputy Chiefs of Service and the Patient Safety and Outcomes Committee.

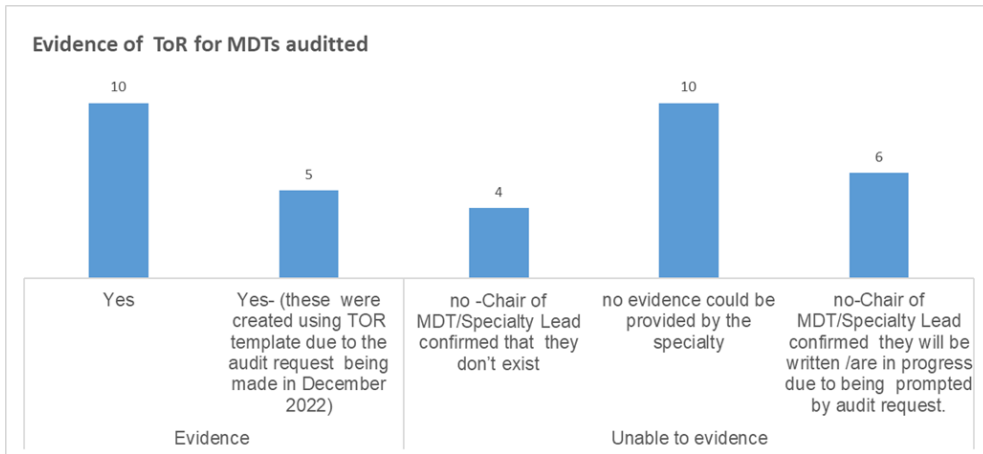
A request was made in June 2022 via PSOC, the Interim Head of Patient Safety and with the Deputy Chiefs of Service, to ask teams to identify if MDT meetings had terms of reference and to use the template guidance to support implementation if not. This audit evaluated progress with implementation.

### Methodology of audit

- 116 different MDT meetings identified as taking place during September and October 2022.
- All meetings where more than 50 patients were discussed in that period were included in the audit (n 35).

### Key findings

There was evidence of ToR for 15/35 (43%) of MDTs included in the audit.



### Next steps

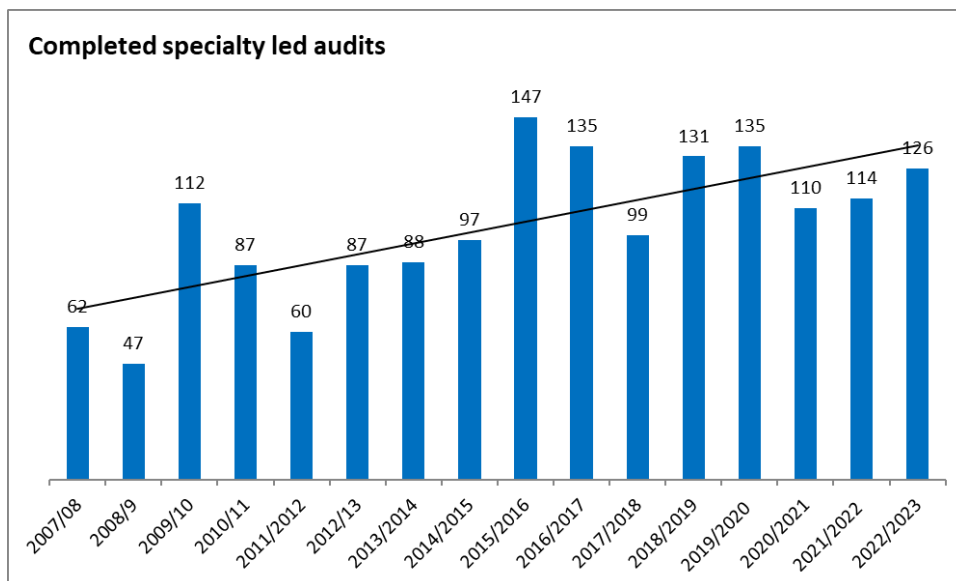
The audit recommendations were reviewed and supported by the April QSOCC.

- Directorates Deputy Chiefs of Service to request MDTs than do not have ToR to create them using the template guidance by the end of August 2023.
- Follow up audit to start in September 2023.
- Oversight of actions to be monitored via QSOCC.

### Speciality led Clinical Audit

In addition to our priority clinical audit plan, we support and enable clinical teams to engage in clinical audit to review the quality of care provided and to identify where improvements could be made. It is important to have timely oversight of the outcomes of specialty led clinical audit to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored.

126 clinical audits led by clinical staff were completed at GOSH during 202/23. We aim to have over 100 completed specialty led clinical audits per year. We were able to meet this aim for 2022/23, which is reflects an ability to engage in clinical audit and quality.



In 2022 we implemented our monthly “Clinical Audit excellence recognition” intranet page to promote best practice and spotlight the work that teams do to undertake good audit at GOSH. This forms part of

the wider work of the Quality team to support and enable team-led audit and QI. This features in our bimonthly "Our QI" news bulletin and web portal which gives space to show the excellent work our clinical teams do to review and improve quality.



OUR QI



See our new space to celebrate the good work that teams around the Trust do to improve quality at GOSH.

Available on the Quality Hub



Quality | Assurance  
Improvement  
Innovation

**Some examples of excellent specialty led clinical audits completed in 2022/23 are highlighted below**

#### **Anti-seizure medication (ASM) reduction after starting on the ketogenic diet**

The Epilepsy Service completed an audit that has highlighted good practice and also some learning to help improve patient experience and care.

*"This audit has highlighted a number of significant clinical issues which need to be taken in everyday practice. For instance, reduction of the total medication burden can be an additional benefit of the ketogenic diet and should be considered even if the response to the diet was not the expected. Every attempt of medication withdrawal needs to be individualized, balanced against any risks (e.g., in patients with a high pre-existing risk for seizure recurrence) and carefully discussed with patients/carers. It is worth discussing with patients and families what aspects are important apart from seizure frequency and set therapeutic goals at the beginning of every new therapeutic intervention"*

As a result of the audit, the medical management of patients with drug-resistant epilepsy on a ketogenic diet was reviewed within Neurology team, with agreement on a number of principles when approaching those patients.

[Credit-Dr Christin Eltze/ Dr Maria Gogou](#)

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#### **Palliative Care Team -Antenatal referrals to palliative care**

The team have undertaken a service evaluation to understand more about antenatal referrals to the service to help refine the pathway

## Key learning

*"Antenatal referrals to the paediatric palliative care team are increasing year on year. A number of patients referred antenatally die before birth or in the first 24 hours of life. There is also a large proportion of patients who survive. This teaches us a lot about the importance of parallel planning in this patient group."*

### **What difference will this completed work make to your team and patient care?**

*"Has helped us to refine the service pathway - thinking about number of follow ups per patient, writing antenatal symptom management plans and bereavement follow up. This will improve the service offered to patients and ensure that the service is equitable between patients. "*

Credit-Dr Sophie Bertaud

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### **Plastic Surgery -Audit of pre-operative cancellation amongst surgical patients**

The team used clinical audit to identify an opportunity to reduce same day cancellations for avoidable reasons of elective patients. The audit showed that dissemination of the pre-general anaesthetic information sheet, developed as the intervention for this audit, to patients and their parents ahead of their surgeries reduces the on the day cancellations of elective surgery for preventable reasons, namely, non-adherence to preoperative fasting rules.

The audit showed improved outcomes

- 67% decrease in on the day cancellations for the Consultant's elective operating list
- 100% reduction in red reasons for on the day cancellations
- 100% reduction in amber reasons for on the day cancellations

*"Addresses an important problem, clearly demonstrates an important reduction post intervention in same day cancellations for avoidable reasons of elective patients and therefore a positive outcome for patients and the team, MDT and patient involvement "*

It is a great example of an audit done well and was an multi -disciplinary team effort that included co development of an intervention with families.

Credit. Ms Anoopama Ramjeeawon, Ms Patricia Neves, Mr Neil Bulstrode



## 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 to identify 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 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 act 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's should be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews. CDRMs are the final meeting to confirm actions and learning in the mortality review process following the completion of all necessary investigations and reviews

### Deaths in 2021 and case record reviews

Between 1st January 2022 and 31 December 2022, 98 children died at GOSH.

70 of those deaths have been reviewed at a CDRM

- 12 cannot take place until the completion of necessary coroner investigations. This in line with the Child Death Review Statutory Guidance.
- 13 are being planned at the time of writing and haven't yet taken place due to challenges in all relevant parties being able to be available to attend the meeting.
- Three are to take place via a local child death review in the borough where the child lived.

### Learning from Child death review meetings concluded in 2022

CDRMs are the final review meeting in the mortality review process following the completion of all necessary investigations and reviews, and the point at which learning from deaths can be fully and conclusively reported. Therefore, we report below the learning points from concluded Child Death Review Meetings.



### Child death review meetings concluded in 2022.

	Jan – Mar 2022	Apr –Jun 2022	July–Sep 2022	Oct –Dec 2022
N of deaths reviewed at a Child Death Review Meeting	23	23	26	18
N where modifiable factors <sup>2</sup> around GOSH care were identified following the conclusion of a CDRM	0	2	0	0
N of deaths where there were learning points around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH	12	9	12	6
N where excellent practice at GOSH was highlighted in the mortality review process <sup>3</sup>	16	19	18	9

Cases where modifiable factors were identified:

- The patient was discharged after a planned admission despite abnormal blood tests and feeling unwell and mother given reassurance. Returned to the local hospital two days later in septic shock. No blood cultures were taken as the abnormal blood results were attributable to other causes. A learning point is that sepsis as a differential should always been considered in this complex cohort of children. An SI has been concluded at the local hospital.
- An SI highlighted a delay in identifying sepsis when the patient initially presented to their local hospital and subsequent delays in administering antibiotics. The SI also included some recommendations for GOSH around the review of supportive care protocols by Haematology/Oncology, which have been actioned.

The learning points from case record reviews and actions taken are shared via quarterly Learning from Deaths reports at the Quality, Safety Outcomes and Compliance Committee (QSOCC), and at Trust Board.

### **Identification of themes from CDRMs concluded from October 2021 to December 2022**

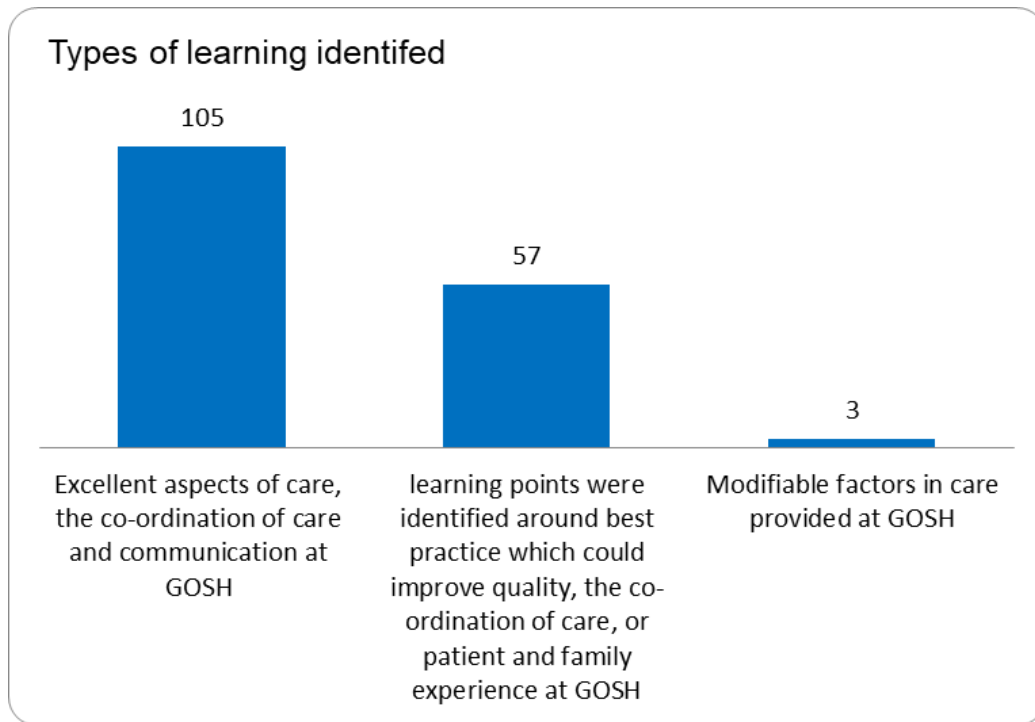
We have conducted a review of learning identified from CDRMs over a longer period of time than quarterly and annual reporting requirements in order to aggregate individual learning points into themes. This is to help identify areas of strength and where we may wish to focus attention and assess whether there may be adequate work streams taking place or are required to address any themes for improvement. It is also helpful to understand the balance of our reporting and that 64% of our learning from CDRMs is about excellence of practice, and to highlight themes where we have noticed excellent practice.

This was reviewed at QSOCC in February 2023 and at Trust Board in March 2023.

**One hundred and six CDRMs have been concluded 1<sup>st</sup> October 2021 – 31<sup>st</sup> December 2022.** It should be noted that each CDRM may identify more than one learning point.

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<sup>2</sup> 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 deaths.



### Themes identified from CDRM meetings at GOSH (Oct 2021 to December 2022)

#### Modifiable factors in care at GOSH

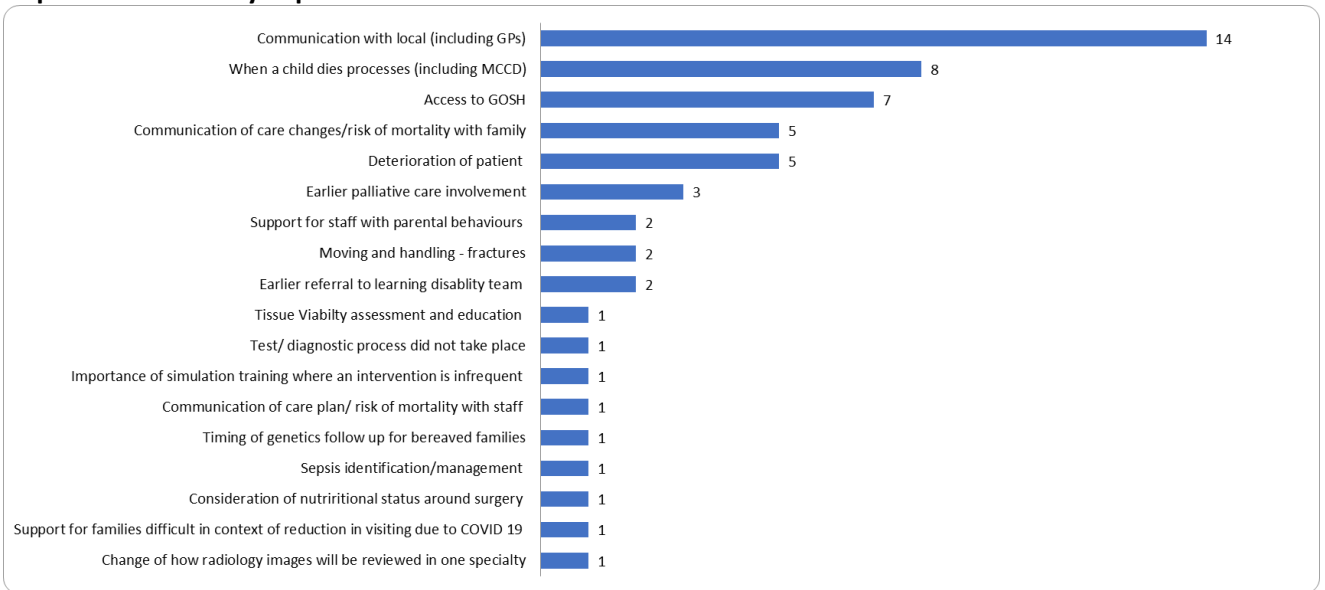
##### Sepsis identification/management

A Trust wide QI project is in place to support the identification and management of the deteriorating patient.

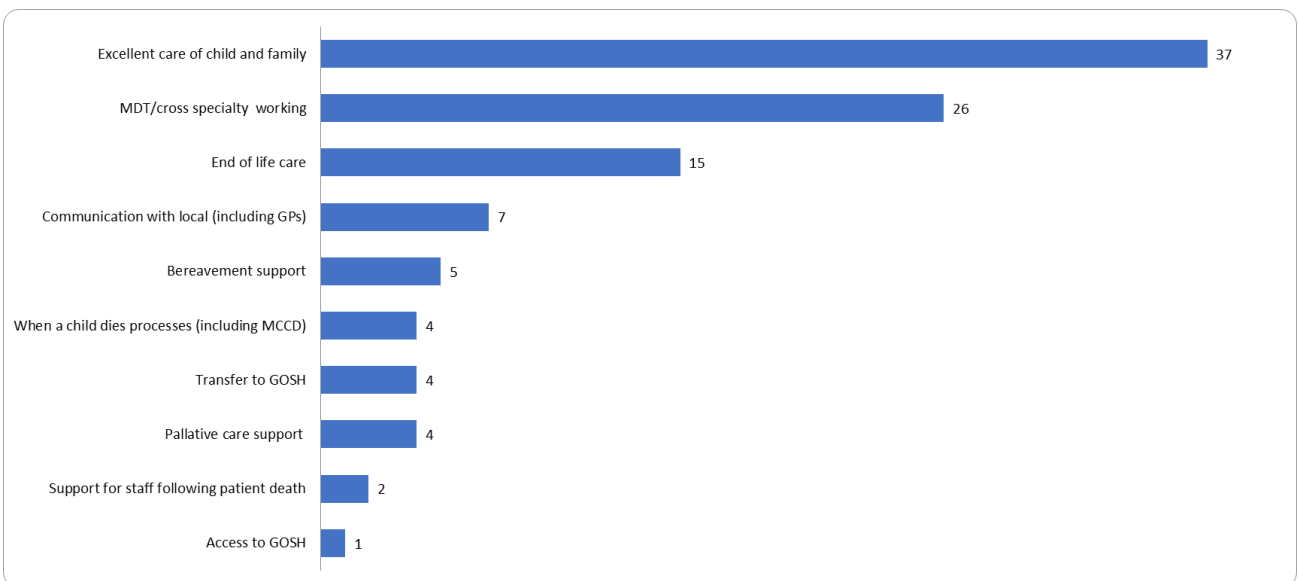
##### Management of field safety notice (histoacryl glue)

As a result of the learning from this SI at GOSH there has been improved control and monitoring of Central Alerting System and national patient safety alerts through clearer policy and periodic comms to support awareness. This has been led by the Safety Surveillance team with collaboration with directorates and staff from many different teams. The incident made recommendations around the recording of lot numbers for implants for embolisation procedures in interventional radiology. Clinical Audit took place in 2022 and 2023 which provided assurance that the recommended practice had been sustained. The positive progress made and learning from the incident and the audit were shared Trust wide through a "Patient Safety and Experience Grand Round" in March 2023.

**Learning points identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH**



**Excellent aspects of care, the co-ordination of care and communication at GOSH**

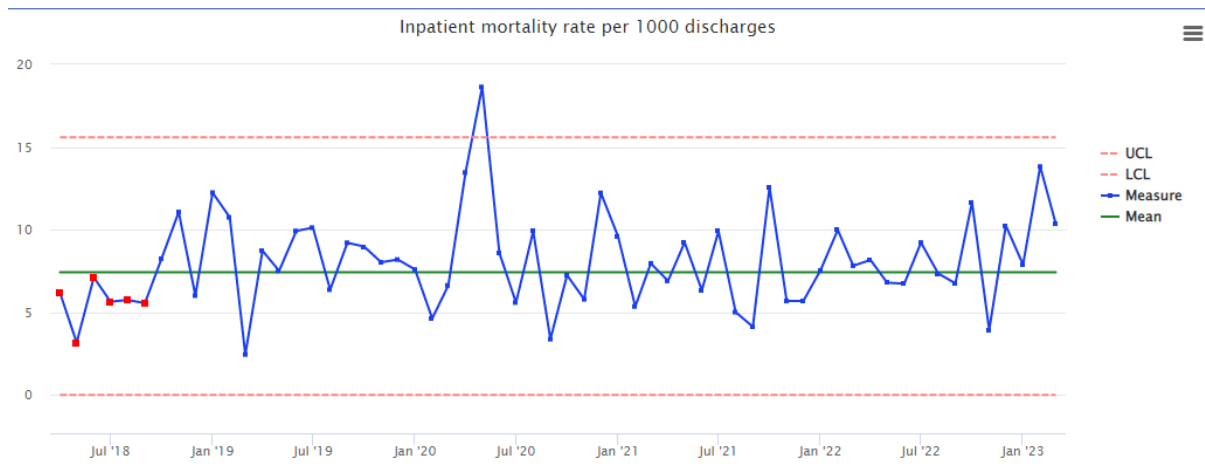


This was reported to QSOCC and there is work in place to address areas where key themes and improvements were identified.

Theme	Workstreams to address this
<ul style="list-style-type: none"> <li>Sepsis identification/management</li> <li>Deterioration of patient</li> </ul>	A Trust wide quality improvement project is in place to support the identification and management of the deteriorating patient.
<ul style="list-style-type: none"> <li>When a child dies processes</li> </ul>	An action plan in response to a learning review is being coordinated by the Head of Patient Experience and has this issue in scope.

## Mortality rate

The inpatient mortality rate is within normal variation



Our inpatient mortality rate is useful to understand the frequency of GOSH inpatient deaths compared to activity, and to signal if there is variation that may require exploration. We recognise that it is not risk adjusted data, which considers how unwell the patient was on admission and the likelihood of death as a potential outcome. There are two additional processes by which we can effectively understand our mortality outcomes at GOSH.

- There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting
- The most recent PICANet report was published on the 9th March 2023 and covers the calendar years 2019-21. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range.

## Using Audit to lead improvement

### Reducing Parenteral Nutrition prescription and administration errors at GOSH.

*Parenteral Nutrition (PN) is a method of administration of essential nutrients to the body through a central vein. Across GOSH, a variation in practice in the prescription and administration of PN was identified, relating to the multiple Datix incidents being reported across the Trust.*

*The project was initiated in late 2019, with the following aim "All children and young people at GOSH requiring PN receive safe, effective care by 30<sup>th</sup> March 2023".*

*Dietetics, led by Kelly Watson, had significant involvement and contribution to the success of this project to date:*

- *To address the issues of variation in practice, three guidelines have been written and released for trust-wide use. Specifically, the Monitoring and Assessment Guideline and Prescribing Guideline were co-authored by Pharmacy and Dietetics, highlighting excellent collaboration between the teams.*
- *To ensure the incidents causing patient harm are addressed, two third check calculators were designed and implemented by dietetics to reduce the incidence of prescribing errors.*

*The initial PN assessment is now a joint MDT assessment involving dieticians, fellows and pharmacists, introduced to follow best practice and reduce the inappropriate use of PN. This change was driven by dietetics and will soon be recordable on Epic using a SmartForm for the purpose of future auditing.*

**“Quality Improvement is a team sport, but we really saw great leadership and involvement from the team to reduce PN errors at GOSH”**

## Participation in clinical research

GOSH, together with the UCL Great Ormond Street Institute of Child Health (GOS ICH), is recognised globally for translational research and innovation. Our Intelligent Research Hospital vision is where every bed is a research bed and 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 and innovation for patient benefit. The importance of research and innovation 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 has been established, alongside the 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. Throughout 2022/23, GOSH Children's Charity has been developing its new Research Strategy, consulting with internal stakeholders to ensure alignment across the hospital and GOS ICH, and with external funders to take into account the national research funding landscape.

In 2022/23, we have led cutting edge translational research and innovation to improve and save the lives of children and young people. For example, we treated the first reported patient in the world with base-edited CAR-T cell therapy for her incurable T-cell leukaemia, identified the pathogen causing an epidemic of childhood hepatitis, and began a new clinical trial for an innovative haemophilia treatment.

### Research activity

During 2022/23, we have run 933 research projects at GOSH/ICH. Of these, 340 were adopted onto the National Institute for Health and Care Research Clinical Research Network (NIHR CRN) Portfolio, a prestigious network that facilitates research delivery across the NHS (Figure 5). Our extensive research activity continues with the support of our NIHR Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) awards, which were renewed in 2022 for a further 5 years. Our CRF received £4.8m (an increase of 58% on the previous award) and our BRC was awarded £35.3m. The BRC and CRF underpin our entire research infrastructure at GOSH, in collaboration with GOS-ICH and GOSH Children's Charity.

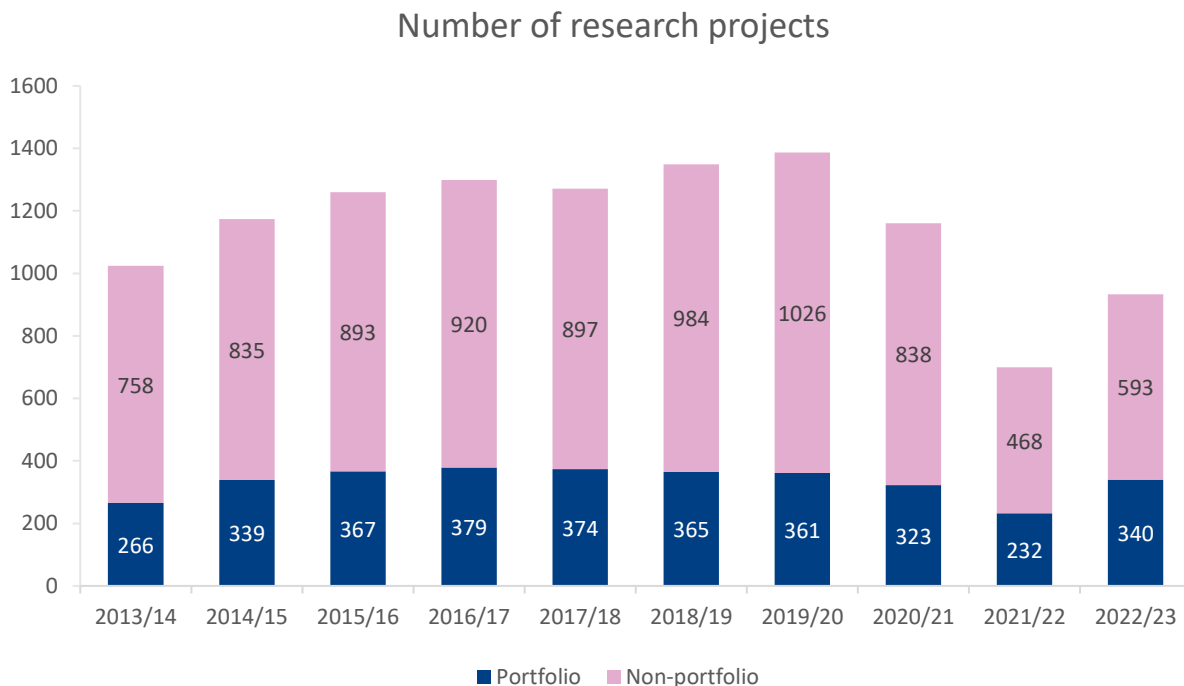


Figure 5: Number of research projects taking place at GOSH/ICH, highlighting the NIHR CRN Portfolio projects.

The number of CRF hosted studies has now returned to pre-pandemic levels, with 54 studies having CRF visits in Q4 of 2022/23. Occupancy of the CRF has increased from a low of 33% during 2021 to 60-70% occupation throughout the latter half of 2022/23. A total of 1359 participant visits took place in the CRF in 2022/23, twice the number of 2020/21 although slightly down on 2019/20. Some of the new ways of working introduced during the pandemic, such as virtual visits and telephone calls have continued as business as usual. There were 2060 telephone visits recorded in 2022/23, compared with 1205 in 2019/20. Overnight visits continue to increase, with 31 overnight stays in 2022/23. The data highlights the continued recovery of clinical research post-pandemic although there remain significant challenges ahead as the NHS tackles an ongoing clinical backlog and the UK looks to address an overall drop in industry engagement in clinical research. However there has been a significant increase in project registrations this year (Figure 2), which could translate into an increased number of active projects in the coming year. Despite the challenges the CRF has set ambitious objectives for future growth and is well placed to achieve these targets as it moves to its new larger location in 2024.

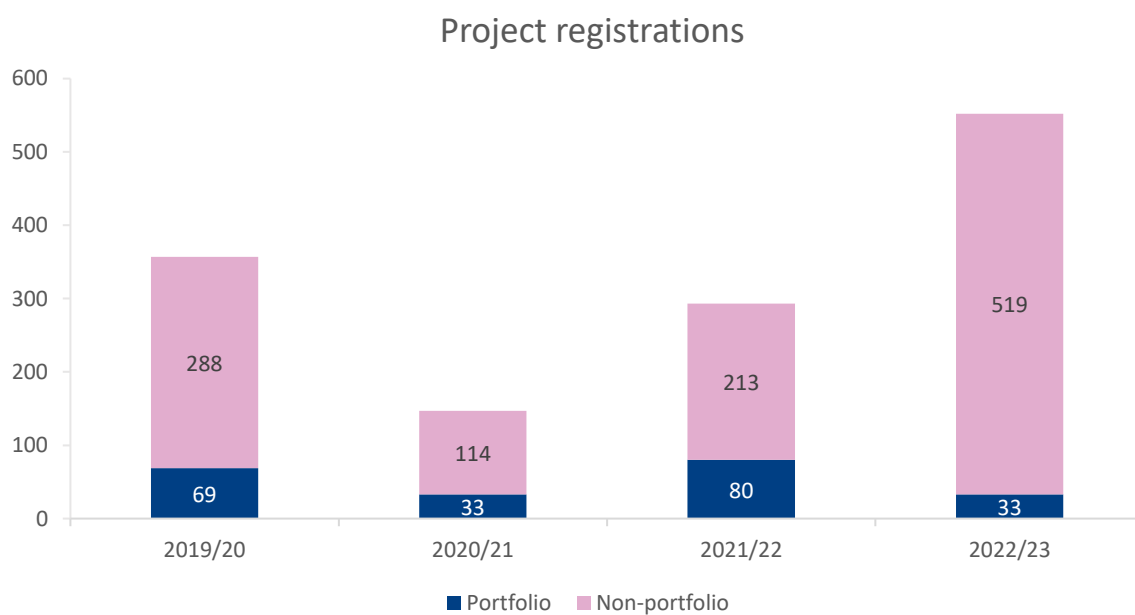


Figure 6: New Project Registrations, highlighting the NIHR CRN Portfolio projects.

In 2022/23, we had 2217 participants in research at GOSH (Figure 3). 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. Overall recruitment is still lower than figures pre-pandemic. As new registrations increase and the number of open studies returns to levels seen prior to 2020 we would look to see an accompanying increase in recruitment numbers albeit slightly behind the other metrics. As we go through 2023/24 this will be monitored to ensure continued recovery. There will also be scrutiny of the evolution of the portfolio as, in line with our strategic objectives, we look to increase complex, early phase work and have an increased focus on advanced therapy projects. This may result in a more high-risk, high-intensity portfolio with lower overall recruitment.

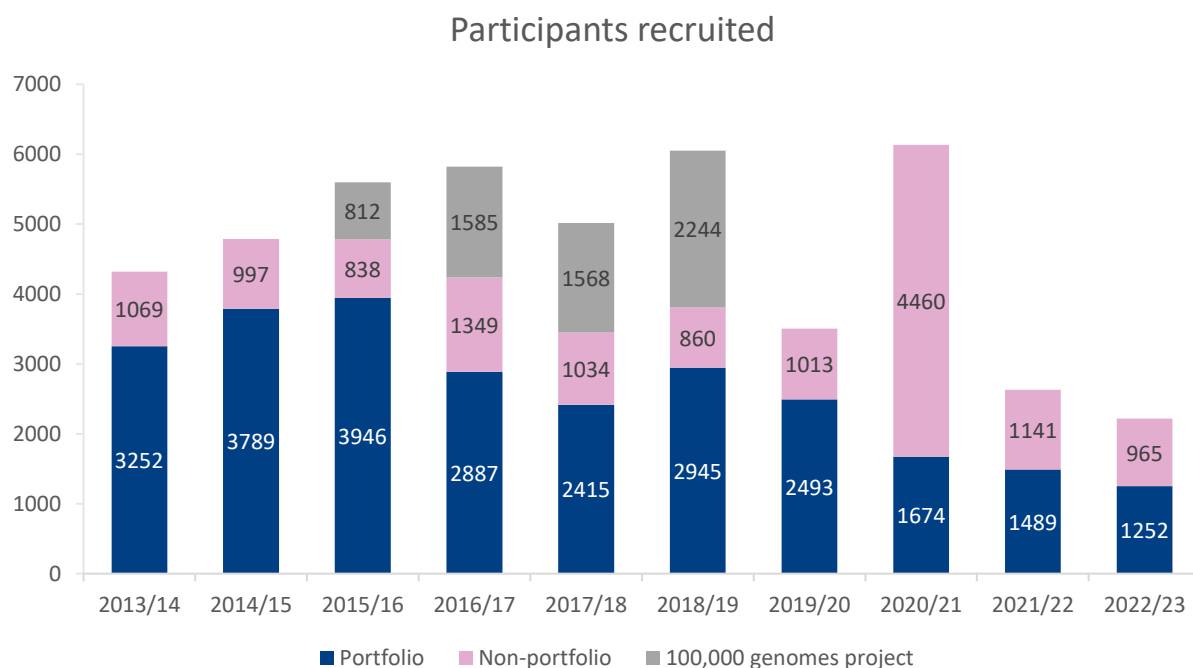


Figure 7: Number of research participants recruited at GOSH/ICH, highlighting the NIHR CRN Portfolio projects and those recruited to the 100,000 genomes project in previous years

### Research highlights

In 2022/23 we used our research expertise to bring ground breaking treatments to children and young people. Professor Waseem Qasim led the first trial in the world using base-edited CAR T-cells for T-cell leukaemia, treating GOSH patient Alyssa, then aged 13, who had no further treatment options available to her. Just 28 days following the treatment, she was in remission and went on to receive a second bone marrow transplant to restore her immune system. She continues her recovery at home with her family and has joined the GOSH Young Persons’ Advisory Group for research (YPAG). Alyssa returned to GOSH in January to co-host a special BBC Radio 5 live programme, where she was reunited with the clinical staff who cared for her and met laboratory and research staff who made the treatment possible. GOSH often sees the most rare and difficult-to-treat childhood cancers, with many of these patients being on a research study. Alyssa’s story sets an example of the high quality care and research we can build on, which will be central in the development of the future Children’s Cancer Centre.

In 2022 there was global spike of non A-E hepatitis cases in children, and it was feared they could be related to previous infection with COVID-19. Professor Judy Breuer led a research collaboration between GOSH and UCL GOS ICH to identify the adeno-associate virus (AAV) 2 as the cause of the hepatitis outbreak, ruling out a connection with COVID-19. This finding is of particular significance for the gene therapy community, as many gene therapies are delivered using an AAV. Hepatitis has been a known complication of gene therapy for some time and this could suggest the root cause of this link. More research is now needed to unpick this complex relationship and teams are continuing to work together to turn cutting-edge research findings into patient impact and care.

2022 also saw the start of a new clinical trial for an innovative haemophilia treatment. Researchers from GOSH, Nottingham and Birmingham are testing the treatment in boys under 12 years of age with a rare complication of haemophilia B. The first patient to receive the new drug on the trial was Charlie, aged 7, who was diagnosed with the disease at birth. Charlie tried several different haemophilia treatments over his first few years before being diagnosed with a rare form of the disease which means he is naturally resistant to the conventional drugs. Current treatment involves injections via a portacath, requiring a lot of maintenance to keep them free from infection and delivery by a trained professional or family member.



This complexity often means affected children cannot lead a full active life. The new trial involves a daily injection via a pen injector, allowing Charlie to do his own injections and take part in school trips, or go away on holiday hassle-free.

The ZCR Gene & Cell Therapy facility has continued to grow as the UK's only academic manufacturing facility for gene and cell therapies within a paediatric hospital. In January 2023, the facility received accreditation from the Medicines and Healthcare products Regulatory Agency (MHRA). Older laboratories in the Octav Botnar and Camelia Botnar wings were also updated and MHRA approved. Combined, these approvals allow the Cell and Gene Therapy service to increase capacity for the manufacture of up to 150 products per year, projected growth of almost 300%. This supports the service's financial sustainability by enabling GOSH to collaborate with a wide range of academic and commercial partners and ultimately enabling more children to benefit from faster bench-to-bedside treatment. Already this year, a new commercial agreement has been confirmed between GOSH and biotechnology company Leucid Bio. The ZCR will provide the quality assurance services required to manufacture their gene therapy product LEU011, a type of CAR T-cell therapy.

### **Sample Bank**

In 2019, we formally launched our GOSH Sample Bank initiative, enabling patients to donate their leftover samples to be used for vital child health research instead of them being thrown away. The samples will allow us to carry out more research to better understand rare conditions and develop new treatments. In 2021/22 we hit 1,000 recruits and aimed to reach a target of 2,000 patients by the end of 2022 (Figure 4). With the CRF often at full capacity, and our delivery team fully stretched, it has been difficult to match the same scale of recruitment in previous years, and we have achieved just over 1400 recruits at the end of 2022/23. However we have taken advantage of Super Saturday events to boost recruitment. The last Super Saturday in November saw 59 patients consented, the highest number of consents in one day.

The initiative is already giving researchers easier access to the samples they need. Scientists at GOSH are part of an international consortium of researchers working to improve the diagnosis of sepsis in adults and children, the SEPTIMET study. Current diagnosis methods can take days, so treatment is often given pre-emptively based on symptoms and the antibiotic treatments are broad to cover lots of infections. This study will use cutting edge genomic sequencing technology, known as Nanopore sequencing, to try and reduce diagnosis time to hours. Sample Bank has given the team access to vital blood samples from children with suspected sepsis infections without the need to ask for extra draws at an incredibly difficult time for families. They are also able to use blood samples from across the hospital from children without sepsis to provide vital comparisons within the study.

GOSH patient Skye, ages 15, was diagnosed with a rare form of Primary Pulmonary Hypertension in 2020. Following a lung transplant in 2021, Skye donated her lung tissue to the GOSH Sample Bank in the hope that one day they will help scientists find a cure for other people living with the condition. During her diagnosis, it was discovered that Skye has a rare genetic mutation in a gene called Sox17, that has been connected to the development of PH. It is thought that Skye may be one of only a few people in the world with this mutation. This makes the donation of her lung sample even more invaluable, allowing scientists to study this rare genetic condition.

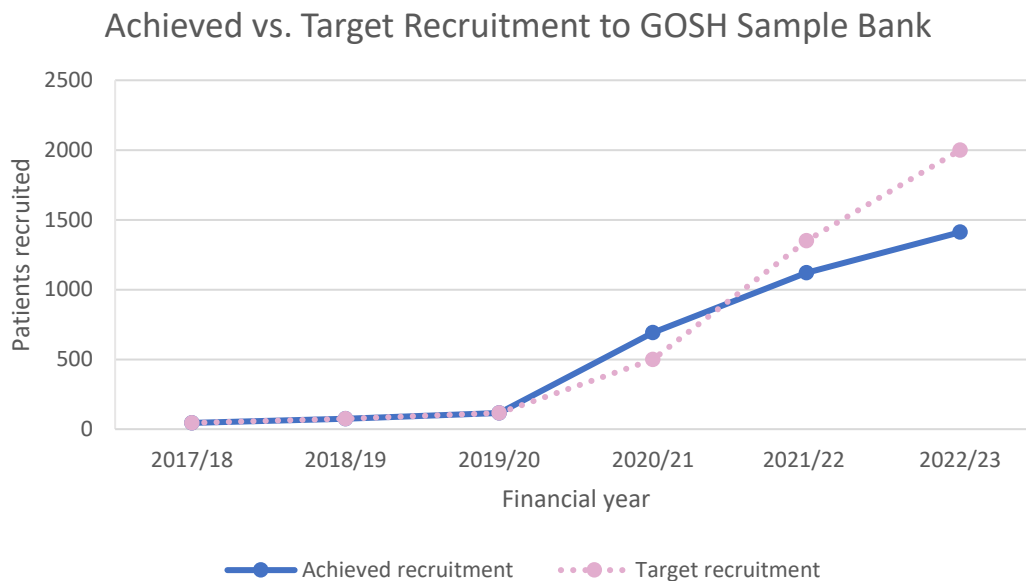


Figure 8: GOSH Sample Bank patient recruitment and targets

In addition, in 2022 GOSH BRC was named as one of six new NIHR BioResource centres, meaning we now receive funding to support this activity. The NIHR BioResource is a national resource that supports public participation in research, recruiting healthy patients and also making it easier to find patients with specific genetic variants. This enables work on specific disease themes, including difficult-to-study rare diseases. There are a total of 18 across the UK, and the Director and Deputy Director of the GOSH BRC are now members of the BioResource national steering committee.

In the last BRC term, GOSH voluntarily recruited participants with a series of rare eye disorders to the Rare Disease BioResource, and we are in the process of setting up the regulatory approvals to recruit to the paediatric Inflammatory Bowel Disease BioResource. We will be recruiting a BioResource Coordinator to be based in the BRC. They will work to increase the range of cohorts we recruit participants from and set up PPIE and dissemination activities relevant to the BioResource.

#### External Audits of hosted and sponsored clinical trials of investigational medicinal products

In 2022/23 GOSH participated in nine external audits, eight of the studies were hosted trials and one is a GOSH sponsored trial. Observations are categorized as critical, major, or minor. The rating scheme is based upon the observation’s potential impact on patient safety, data integrity, or the overall study. All nine of the external audits had no critical findings, however findings were evidenced where a departure from applicable legislative requirements, established Good Clinical Practice (GCP) guidelines or procedural requirements occurred, but was not critical. Typical findings were related to validation documents for Epic, site file management, training, delegation logs, source data and documentation. In all cases there was documented evidence of the Principle Investigator’s oversight and involvement in the trial. The observations and conclusions of the audits were based on interviews with key personnel and review of documentation. The protection of trial subjects and data integrity was not found to be a risk in all audit outcomes.

## Research income

Research income in 2022/23 was £24.6m and remains lower than in previous years (see Figure 5), we have also seen a decrease in commercial income over the financial year. Despite a drop in income overall, we have ended the year contributing £1.6m to the Trust over and above our core costs.

As we move into 2023/24, we are focusing on growing our research activity, in line with the Department of Health and Social Care's Recovery, Resilience and Growth Programme and to meet ambitious targets for income, continuing to ensure that we provide sufficient infrastructure to support research delivery across the Trust.

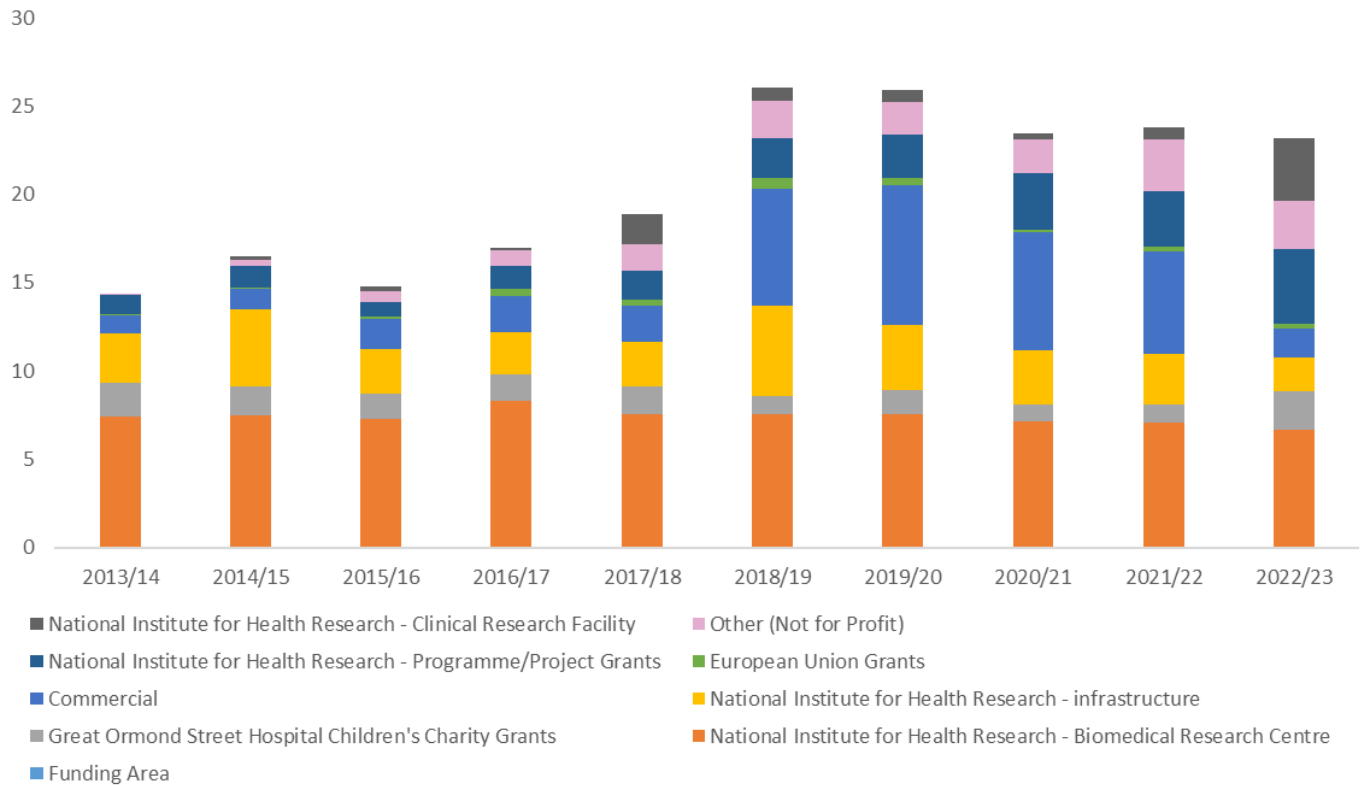


Figure 9: Research income (£m). Note final year end figures not yet validated.

## Innovation

The Data Research, Innovation and Virtual Environments unit (DRIVE) focuses on using data and technology to improve patient care, and the hospital experience for patients and families, as well as staff. Established in 2018, the unit is celebrated its fourth year in 2022. The unit brings together staff with expertise in data and digital technology, and our clinical expertise.

In 2022 the DRIVE roadshow engaged staff with innovation at DRIVE, showing examples of work and how to collaborate with the unit. The Ideas@GOSH process was launched to support staff interested in making improvements for the benefit of patients and families, and connect them with innovation stakeholders throughout the Trust. Always acutely aware that Innovation cannot happen in isolation, in 2022/23 we worked on ongoing projects with several partners including:

- Aridhia – to support delivery of the GOSH Digital Research Environment (DRE)
- 3M (Mmodal)
- Royal Free London – piloting novel methodologies for innovation
- Sensyne
- Roche
- YouTube

The DRE provides secure access to patient data recorded for more than 20 years and works alongside the Electronic Patient Record system at GOSH. This allows for data management, visualisation and analysis in research and operational projects, in collaboration with academics, clinicians and partner organisations. The DRE has established project organisational structures and processes aligned with best practice in data science. One current project uses RedCAP to support the largest cohort study of Juvenile Dermatomyositis and related inflammatory conditions in children and young people in the UK. The DRE has also set up a cardiac dashboard to enable the cardiac team to access data more rapidly in informative patient profiles to be discussed in clinical meetings.

GOSH, along with leading children's hospitals in the United States, Canada and Australia form the International Precision Child Health Partnership (IPChiP). It is the first major collaboration around genomics in child health and aims to accelerate discovery and therapeutic treatment for rare diseases. The first study of the partnership is looking at infantile epilepsy and whether earlier genetic diagnosis improves patient outcomes. The DRE team will design the architecture for, and implementation of, a completely new way to record genomic information so that it can be used to spot vital clues and patterns that can lead to potential new treatments.

In 2022, GOSH and Roche announced a five-year collaborative working agreement to establish a new Clinical Informatics and Innovation Unit at GOSH with four key areas of focus:

1. Improve research capability and clinical decision support systems
2. Increase the use of digital tools to improve how we collect data from research and clinical trials
3. Use anonymised real-world data to improve paediatric personalised healthcare
4. Improve clinical and research data using sensors, devices and wearable technology

During the five-year partnership, Roche will provide funding and second staff to work closely with GOSH DRIVE on projects, led by a steering group of leaders from both organisations. The team will work with other partners such as the public, patients, UK Government bodies and healthcare partners.

## Journal publications

In 2022/23 we published 647 papers, 552 of these were with our academic partners. 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. We have commissioned a further bibliometric analysis of GOSH and its comparators for the period 2018-2022, to evaluate GOSH & ICH's overall research output and citation impact.

## Education and Training

Training and education of the next generation of high calibre researchers in paediatric translational research is co-ordinated by the Career Development Academy (CDA) of the GOSH BRC and is monitored by our Research Planet Delivery Board with support from our Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID) and GOSH Learning Academy (GLA). Development of research careers remains a priority, and we continue to embed research and learning opportunities throughout careers at GOSH, to attract and retain research leaders. One such example is the GOSH BRC Academic Training Weekend, a residential event which took place in November 2022. The event brought together early career researchers from a wide range of disciplines and specialities, and from across the UK. The event programme was developed to support attendees as they move towards becoming independent researchers by taking them through the different steps along the journey.

Our unique programme of career development schemes for Early Career Researchers, including our Catalyst Fellowships and Wider Health Care Professional internships in partnership with ORCHID, has led to an increase in individuals securing prestigious external fellowships. Twelve Catalyst Fellowships and fourteen Wider Health Care Professional internships have been awarded since the scheme began. The Wider Health Care Professional internships were awarded to a range of professionals, including seven AHPs, one pharmacist, one health care scientist, four nurses, and one psychologist.

Seven individuals were awarded career development awards in 2022/23, including five securing NIHR Clinical & Practitioner Academic Fellowships (PCAFs) and Doctoral Clinical and Practitioner Academic Fellowships (DCAFs). Our Catalyst Fellowships continue to leverage external funding with £5.3M achieved against £881k BRC investment since the scheme began. Post-doctorate, two individuals also received NIHR Development and Skills Enhancement Awards, and Dr Polly Livermore was awarded GOSH's first NIHR Advanced Clinical and Practitioner Academic Fellowship (ACAF) - she is our first nurse to receive a post-doctoral fellowship of any kind.

In March 2022, GOSH's Executive Management Team endorsed a proposal for a Clinical Academic Framework for non-medical staff. The proposal, a collaboration between ORCHID (Centre for outcomes and experience research in Child Health, Illness and Disability), GLA (GOSH Learning Academy), and Research and Innovation, offers staff a structured 12-month programme following completion of doctoral studies, with dedicated time to undertake research activity (including preparing future grant proposals) embedded within their job plan.

We have an established clinical research delivery programme ensuring our clinical researchers provide high quality clinical research care. The Research Advanced Nurse Practitioner leads on advanced practice focussed on supporting the workforce to develop the complex clinical skills required to deliver early-phase translational research. They have established a multidisciplinary programme to enable investigators and research nurses to achieve competence in complex procedures such as intrathecal drug administration resulting in a uniquely skilled workforce allowing us to carry out 14 complex first-in-child studies in 2022/23. The research education team continue to work in collaboration with investigators to identify training needs and develop training packages with particular emphasis on our early phase portfolio pipeline of advanced/gene therapy studies.

## Patient Experience and Engagement

All the examples included here indicate the quality of research at GOSH which has a direct benefit to and involvement of patients, families and the public. Our highly successful Young Persons' Advisory Group for research (YPAG) has seen an increase in attendance and new members over the pandemic and since. We have continued to operate in a virtual format for the last 12 months, this has enabled us to increase our geographical reach. We are moving towards hybrid delivery as part of our wider [strategy to deliver patient and public involvement and engagement](#) (PPIE). Our PPIE [highlights](#) demonstrating progress against our strategy and [impact case studies](#) with examples of where, when and how our young people and families contributed to the development and implementation of the research can be found on the [GOSH website](#), along with more information about GOSH YPAG. Since August 2022 we have supported researchers to [engage](#) with the local community and since February 2023 we have returned to delivering in person research engagement [events](#) in the hospital.

Our patient and public involvement, experience and participation programme has been held up as an example of good practice repeatedly in our NIHR CRF and BRC annual report feedback. The NIHR GOSH BRC PPIE Steering committee meets monthly, currently supporting the development of the NIHR GOSH BRC/CRF PPIE 2023-2027 Strategy and exploring development of more partnership working with the Paediatric Excellence Initiative, supported by NIHR GOSH BRC funding. The initiative brings GOSH together with Sheffield Children's Hospital, Birmingham Women's and Children's Hospital and Alder Hey Children's Hospital to combine cutting-edge research methods with world-leading clinical trial expertise and accelerate discovery of new treatments for children with rare and complex conditions worldwide. The NIHR GOSH BRC/CRF PPIE 2023-2027 strategy will be submitted to the NIHR PPIE Central Commissioning Facility by June 2023. They will then review the PPIE strategy against the framework on core components and provide feedback to award holders.

Patient experience is at the heart of our clinical research activity. All our patients participate in research voluntarily and we understand the importance of play and play/distraction therapy in ensuring a child's research visit is a pleasant experience. We have a dedicated research Play Specialist who works with the delivery teams to ensure that those patients involved in our early-phase trials have a positive research experience. We are also continually striving to improve our research participant patient experience. Each patient/family who takes part in research within the CRF is asked to complete a feedback form. During 2022/23 the response rate was 34.17% (Trust average 28.20%) with a 99.76% positive experience measure (Trust average 98.24%). Enhanced patient experience has been the focus of plans for the new expanded CRF, with ensuite rooms and built in beds for parents and carers. The patient experience space, including reception, play and waiting area, parents lounge and kitchen, puts patients and their families at the centre of the CRF.

We continue to share our research success stories internally and externally, with a few examples demonstrating our leadership in major breakthroughs that have changed the lives of those with rare and complex diseases world-wide listed on refreshed research webpages: [Our commitment to live-changing research | Great Ormond Street Hospital \(gosh.nhs.uk\)](#). In 2022, we also published our research guide: [A Pioneer in Research](#), outlining our Intelligent Research Hospital ethos and aspirations, and reflecting key themes such as gene therapy, genomics, surgery and intensive care, where we are truly world-leading.

## CQUIN payment framework

### **What is CQUIN?**

The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of NHS healthcare providers' income conditional upon improvement. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers, and constitutes 1.25% of the Actual Contract Value between commissioner and provider.

CQUIN schemes have been reinstated for the first time since 2019/20 to help the NHS achieve its recovery objectives with schemes being split into CCG/ICB and Specialised Services. As a specialist provider GOSH was contracted to deliver the Specialised Services, Cerebral Palsy Integrated Pathway (CPIP) Assessment CQUIN. The scheme requires providers is to develop networks to support referral pathways ensuring patients receive a CPIP assessment and that this is entered onto the national database as early intervention can prevent deformity, reduce pain and the need for complex surgery. This scheme applies to all 18 acute paediatric lead centres and should therefore reduce and/or avoid geographical variation in care in line with the commitments of The NHS Long Term Plan.

The Trust has 100% achieved this CQUIN.

## CQC registration

GOSH is registered with the CQC as a provider of paediatric healthcare services, with Dr Sanjiv Sharma, Medical Director, registered as the Responsible Individual.

Since the height of the global pandemic, the CQC has not carried out any further inspections of the Trust since its 2019 inspection (report published January 2020; services rated 'good' overall and 'outstanding' for the 'caring' and 'effective' domains). Regular engagement meetings with between the Trust and the CQC have continued, to share information and foster an open and transparent relationship.

We have continued to bring actions to completion which arose from that inspection. During 2022 the Trust completed the actions arising from the BDO LLP Well-led independent review, primarily focussing on the Trust Board and senior management team. To support continued focus on the Well-led domain, the Trust has delivered a Board development programme focussed on the CQC's forthcoming single assessment framework for regulation of healthcare providers.

During 2022-23 the Trust amended its Statement of Purpose for the purposes of its CQC Registration. These amendments include the ability to provide care, treatment and support for children and young people detained under the Mental Health Act 1983 and includes the service type in relation to gender dysphoria and/or incongruence. This was approved at the Trust Board on 30 March 2023 and has since been formally submitted to the CQC.



## 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 to take early action.

Highlights of the work completed in 2022/23 across Information Services, Data Assurance, Information Governance, and Clinical Coding include:

### Information Services

- Further development in QlikSense – moving reporting for Genetics, GLH & GLA (Learning Academy) onto the platform & increased analytics apps for Theatres and Beds
- Multiple datasets built in the EPR and HR data warehouses, QlikView and QlikSense to provide the Trust with oversight of various operational areas.
- Standards for both data warehousing and reporting development reviewed and rolled out to wider data teams to align processes.
- Introduction of Staff Development process including Analyst Framework
- Knowledge sharing and best practice collaboration with data teams across the Trust
- Development of National Data Opt Out solution, Was Not Brought (AI) accelerator programme, FFT - collaborative project for theme and sentiment analysis of Friends and Family Test
- New processes embedded for managing team workload to provide updates, assurance, and easier prioritisation.
- New development started for reporting on data from non-EPR systems including GLH (Genetics) and GLA (Learning Academy).
- DHR Connect Project
  - Data Warehouse Environment Access review and standardised
  - Shared configuration updates from Development for RMH
  - Segregation of Data Warehouse environment to remove Marsden Data from custom development and additional segregation for Epic Standard Tables
- Submitted 876 Central and Statutory returns during 2022/23.

### Data Assurance

We continue to work to enhance our IG framework and our general approach to IG through:

- Ensuring that we have embedded, throughout the Trust, a ‘data protection by design and default’ approach.
- Maintaining the documentation of processing activities, including the lawful basis for processing personal data.
- Ensuring the appropriate security measures, such as our commitment to meeting the standards of the Data Security and Protection Toolkit (DSPT).

The updated IG Framework aims to support our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always.

Risks to data processing are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the Information Governance Steering Group, which meets on a monthly basis, and in turn providing assurance to the Trust’s Audit Committee.

During 2022/23, the Trust compiled its evidence for the DSPT and submitted this by the due date of 30 June 2022. On the basis of this submission the Trust received rating of “standards met”. (In prior years this has only been achieved after a number of follow-up submissions). This annual submission

demonstrates GOSH’s commitment to assuring that we are practicing good data security and our personal information is being handled correctly.

This year there have been six serious information governance incidents (classified at a reportable level using the Incident Reporting Tool within the DSPT). Three of these incidents were reported to the Information Commissioner’s Office (ICO)/ From these incidents the Trust has worked to improve the processes involved and adapted and extended training.

## Secondary Uses Service

As required by NHS Digital, GOSH submitted records during 2022/23 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	92.8%	99.6%
	Outpatients	93.3%	99.8%
Inclusion of patient’s valid General Practitioner Registration Code	Inpatients	99.9%	99.7%
	Outpatients	99.8%	99.5%

### Notes:

- The table reflects data from year to date 2022-2023 at month 12 SUS inclusion date.
- Nationally published figures include our international private and non-English patients, who are not assigned an NHS number.
- Figures for accident and emergency care are not applicable as the Trust does not provide this service.

## Information governance

KPMG completed an external audit using the Data Security and Protection Toolkit (DSPT), Great Ormond Street Hospital (GOSH) have been received significant assurance with minor improvement opportunities. The improvement will be completed before the submission of (DSPT) in June 2023. The DSPT allows the Trust to demonstrate the controls in place to ensure the security and governance of data held by the GOSH. The completion of the DSPT ensures GOSH meets its statutory obligation and data protection legislation such as the General Data Protection Regulations (GDPR) and GOSH will maintain its status as a ‘Trusted Organisation’ and therefore can share data with, conduct research and other data sharing activities with other NHS bodies and trusted partners.

The information Governance Team manages the Trust Data Protection Impact Assessments (DPIA), A (DPIA) is a process to identify and minimise the data protection risks of a project. This is carried out when engaging with other organisation who wishes to work with GOSH and have access to personal identifiable data for the purpose of new trials, acquiring new technology/software, sharing research or new research. The team also manages the information asset register and overseeing all policies relating to Information Governance.

## 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 ongoing 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. The coding team have created their own 'coding guide' and this is updated on a regular basis and allows the team to continue to standardise coding across the Trust. Independent training and study sessions remain in place for each member of the clinical coding team. In addition a weekly audit and training meeting has now been established with the senior coding team to identify common themes and address issues that need to be discussed with NHS information Standards for resolution.

The clinical coding team continue to work towards a robust validation programme working with clinical teams across all specialties. The work that has already been undertaken was acknowledge by the auditor during the 2022/2023 DSPT audit.

The recent 2022/2023 audit for clinical coding for the compliance of the Data Security and Protection Toolkit showed results of over 96.0% accuracy for primary diagnostic coding 98.82% for secondary diagnostic coding, and 96.07% for primary procedure coding and 90.8% for secondary procedure coding. The accuracy of clinical coding was rated as exceeding DSPT Standards across all 4 areas.

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	96.00%	98.82%	96.07%	90.80%

There were several areas of good practice noted – these included:

- Quality of diagnoses coding is very good
- Quality of Telemetry coding is very good in particular
- Significant improvement in the primary procedure coding from last year
- Endoscopies (Gastro) were coded well Histology results were checked and updated promptly
- Significant reduction in non-relevant codes being used compared to previous years
- Adhesiolysis coding has improved significantly against previous years
- Ear procedures were well coded
- The medical records were all accessible electronically and are available in a timely manner to the coders
- 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 are currently no vacant posts in the department

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

- Coders not reading through full op notes to extract all information and assign codes to fully reflect the procedures undertaken.
- Inconsistent coding of site and laterality codes with injections, although not governed by National coding standards.
- Trauma and orthopaedic coding would benefit from further training and consultant validation processes.
- Data quality errors in admission and discharge dates of patients
- Consultant not matching the specialty the patient is admitted under
- Documentation issues reported in previous DSPT audits persist – including the patients problem list not always being reviewed, op title being copied over from the pre-op notes as opposed to the actual procedure taken place resulting in incorrect code assignment by the coders.

Audit findings and errors have been discussed with individual coders and team training and feedback has been provided. Quick fixes have already been identified and actioned.

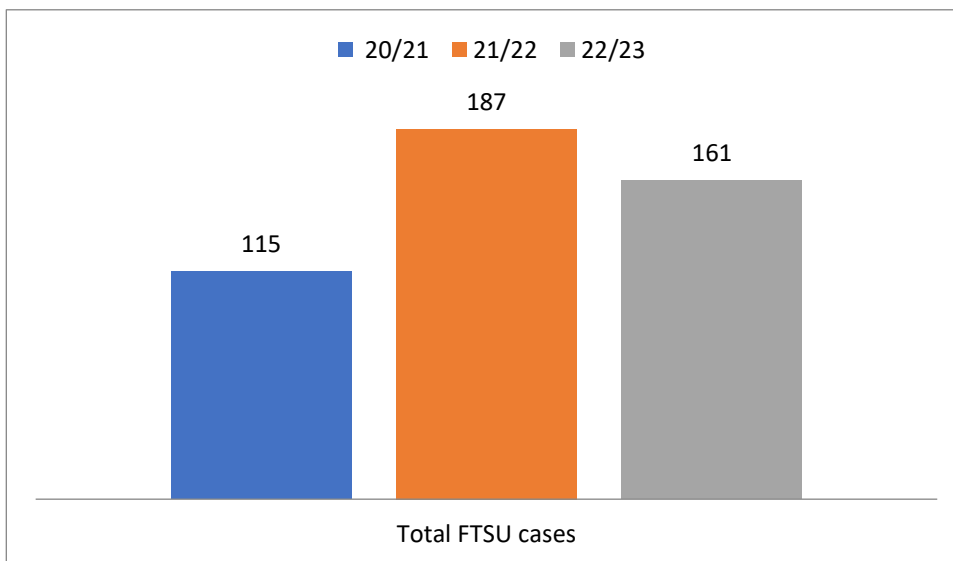
## Promoting safety by giving voice to concerns

### Freedom to Speak Up Guardian

The Freedom to Speak Up (FTSU) service provides confidential and impartial advice to support colleagues in raising concerns about patient safety, quality of care or anything that affects the working lives of staff at the Trust. It is one of several routes of speaking up in the organisation and offers support to staff throughout the process of raising a concern.

In 2022/23 the FTSU service recorded 161 cases of people speaking up about concerns. This compares to 187 recorded cases in 2021/22..

#### **Number of cases raised with the FTSU service**

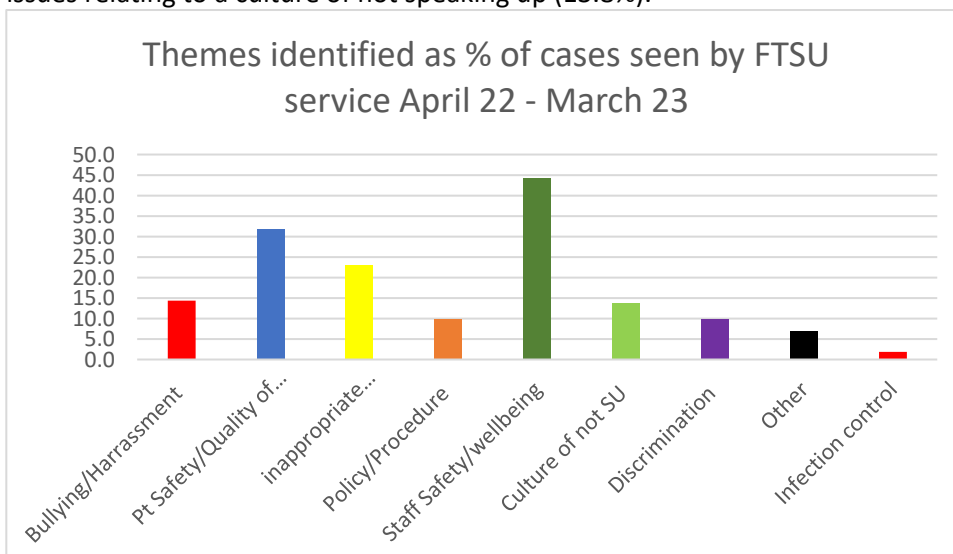


#### **Themes of concerns being raised with the FTSU service 2022/23**

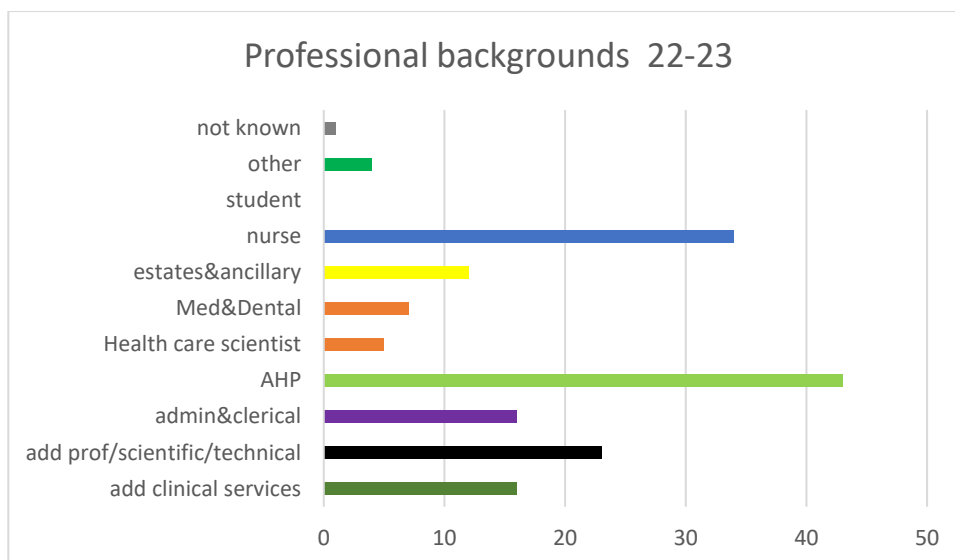
Many cases were complex and involve elements relating to several themes. Staff safety/ wellbeing was the most reported issue raised, with 44.4% of people reporting this as an element of their concern.

Several concerns led to formal investigations under the appropriate Trust policies.

Patient safety and quality of care was the second highest concern raised (31.9%) followed by cases that had an element of inappropriate behaviour/ attitude (23.1%), bullying/ harassment (14.4%) or reported issues relating to a culture of not speaking up (13.8%).



## Professional backgrounds of people raising concerns with the FTSU service



The FTSU Guardian reports quarterly data to the GOSH Quality, Safety & Experience Assurance Committee, and the People & Education Assurance Committee and externally to the National Guardians Office. This ensures that the work we are doing, including themes around concerns and data is shared both internally and externally through a clear governance structure.

Staff that use the service are asked two feedback questions which relate to their experience of accessing and working with the FTSU Guardian, and whether they would speak up again in the future. All staff who provided feedback described working with the Guardian positively, with many commenting on the speed at which initial discussions were arranged, and the empathetic and supportive advice they received. Some colleagues described not having initially known that the service was available and there continues to be work aiming to increase the profile of the service across the Trust.

91.3% staff who provided feedback to the second question said they would speak up again in the future. Of those who were unsure (6.5%/ N=3) or would not speak up again (2.17%/ N=1), the information shared related not to the FTSUG service itself, but to feeling not being heard by the wider organisation, there not having been significant change/ clear learning, or feeling that they had not received feedback. The FTSU Guardian works to help ensure cases raised via this process receive feedback as to action taken, whilst supporting a wider need for training for those in leadership and line management roles to be able to listen up and follow up.

The staff who reported they would speak up again in future identified that the FTSU service supported them to feel heard, enabled them to work through potential ways forwards, and supported them with this process.

Alongside the FTSU service, the Guardian also co-ordinates the i-speak up platform which was launched in October 2020 and allows people to provide feedback about a colleague's perceived unprofessional behaviour. For the financial year of 2022/23, 11 people raised concerns through this platform (compared to 26 the previous year) with six of those concerns leading to peer messenger conversations. The Trust is committed to reviewing the channels available for staff to use to enable them to raise concerns. It is recognised that not all staff groups have equal access to electronic platforms.

The service continues to promote awareness of FTSU pathways and supports the Trust to improve the culture of speaking up. Throughout the year, the Guardian attended a range of team meetings and Trust events to raise awareness of the FTSU service, other ways of speaking up and includes highlighting the NGO national online training modules speaking up (for all workers) and listening up (for managers). The final NGO module 'Following up' (aimed at board level) has also been embedded into the Trust learning

platform. In the last quarter of the year there was a transition period with a new Guardian starting in post March 2023 and there is ongoing work to promote this change across the Trust so that staff are aware who to contact and how support can be arranged.

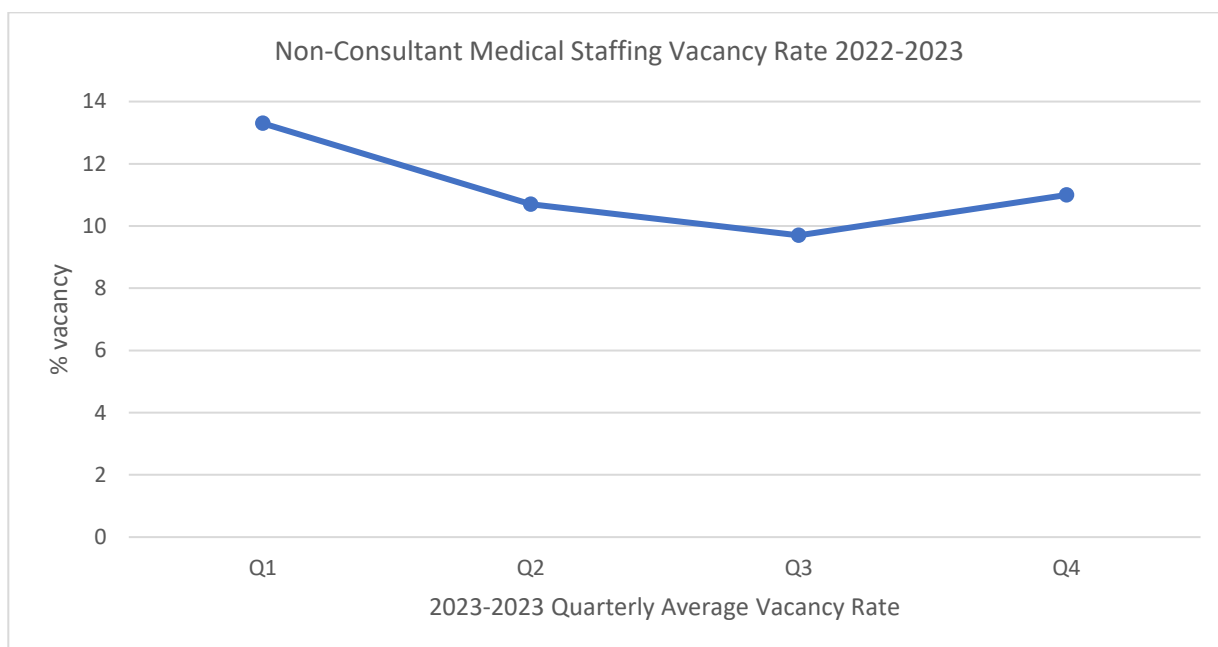
It is an expectation that all new starters to the Trust complete the speak up training. We believe by making sure that all our new starters have access to information about how to speak up and be heard in the Trust, as well as delivering ongoing training to help increase awareness of the speaking up/ listening up/ following up process, that we improve the care we provide our patients and make GOSH a better place to work.

## Reducing rota gaps for NHS doctors and dentists in training

Rota gaps are a constant area of challenge within GOSH which has specific workforce needs as a specialist paediatric hospital. Rota gaps reflect the end point of multiple workforce issues at a national and local level. These issues include:

- short term unplanned absence.
- increase in less than full time working (60-80% whole time equivalent) with less opportunity to share posts.
- delays in the recruitment process particularly those related to onboarding International Medical Graduates who make up 40% of GOSH's non-consultant workforce.
- notification from Health Education England rotational training pathways occurring late, making it impossible to achieve recruitment in to the empty post within the limited time frame.
- national reduction in the available European paediatric workforce particularly noticeable since January 2020.

Vacancy rates have direct impact on rota gaps. Historically the vacancy rates at GOSH have been lower than the national average in comparable specialist hospitals.



Rota gaps continue to be highlighted as an organisational pressure and are monitored by the Guardian of Safe Working on a quarterly basis. Measure taken to mitigate rota gaps are varied across the organisation and include:

1. Departmental consultant rota leads work alongside band 5 rota coordinators to oversee rota management anticipating potential rota gaps in advance.
2. Every rota is compliant with the 2016 Terms and conditions of service with calculations for annual and study leave factored in.
3. Rota coordinators (RCs) work to maintain a minimum number of doctors known to be required for safe staffing in every specialty. RCs work alongside non-consultant doctors to receive leave requests and notification of absence. The RCs support the consultant rota leads to anticipate vacant posts on resignation, rotation, or end of post.
4. Recruitment dates are open up to 24 months earlier than start date in some circumstances to align with North American and Southern Hemisphere recruitment patterns.



5. The Hospital at Night team now has a generous establishment of medical and surgical doctors which is able to absorb unexpected or unfilled rota gaps without compromising patient and doctor safety.
6. Ongoing support of the exception reporting process to include all Trust grade (none-HEE training doctors) in the exception reporting process has been in place since May 2018. There is now a completely equitable Exception Reporting process available to all non-consultant doctors at GOSH including compensation (remuneration or time off in lieu) and review of work scheduling. Fines levied to departments for any breach on 2016 TCS are in place from November 2022. This supports proactive management of rota groups and is an important safety mechanism.
7. A working group established through the Medical Director's Office is focusing on modernising the clinical workforce through considering the roles of Advanced Clinical Practitioners (ACP). Working collaboratively a combination of ACPs and medics can provide a more robust and sustainable workforce model ensuring safe, skilled patient care.

## 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:
	2022	2021	2020	Most recent results for Trust	Best results Benchmark group	Worst results Benchmark group	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.	86.3%	89.6%	91.5%	86.3%	92.5%	71.6%	62.9%	<p>The survey is carried out under the auspices of the DHSC, using their analytical processes. GOSH is compared with other acute specialist trust in England.</p> <p>Source: NHS 2022 Staff Survey results</p>	<p>The key actions associated with addressing staff survey findings will be incorporated into the delivery plans that will support the new GOSH People Strategy.</p> <p>Many of the survey questions changed in 2021 to align responses to the NHS People Promise. Alongside these changes there was a focus on emotional resilience and wellbeing. While our results reflected the challenging circumstances in which our staff are working, we have observed a reduction in some of the gains achieved in previous years and brought GOSH closer to the NHS average.</p> <p>Despite this, our People Promise scores, although dipping from last year, have held compared with NCL, the NHS average, London trusts and Children's Hospital Alliance (CHA) being equal to or higher than in the following areas:</p> <ul style="list-style-type: none"> <li>• We are compassionate and inclusive</li> </ul>
Percentage of staff who agreed that care of patients is the organisation's top priority.	84.2%	87.5%	89.1%	84.2%	90.8%	80.4%	74%		
Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse at work from managers in last 12 months.	11.8%	13.3%	13.8%	11.8%	5.7%	14.8%	11.1%		
Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse at work from other colleagues in last 12 months.	22%	20.4%	20.9%	22%	11.1%	24.2%	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.	50.6%	74.8%	76.4%	50.6%	67%	46.6%	56%		

									<ul style="list-style-type: none"> <li>• We are safe and healthy</li> <li>• We are always learning</li> <li>• Staff engagement</li> <li>• Morale</li> </ul> <p>Results have been shared with local teams with a view to understanding their staff experience and develop an action plan alongside identified Trust wide priorities with the aim of “Making GOSH a great place to work. “</p>
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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:
	2022-23	2021-22	2020-21	Most recent results for Trust	Best results nationally	Worst results nationally	National average		
Friends and Family Test (FFT) - % of responses (inpatient).	27%	33%	33%	29%	†	†	†	NHSE FFT reporting resumed in January 2021 after the pandemic, however, the report no longer publishes response rates, only a comparison of the experience rating for inpatients and outpatients. GOSH has an internal target response rate of 25%.	GOSH is working on a project with Imperial College London which will use Natural Language Processing to automatically apply sentiment and theme to FFT comments. This will allow us to have more meaningful FFT dashboards at GOSH which frontline teams can use daily to identify and make improvements within the Trust.
FFT - % of respondents who recommend the Trust (inpatient).	98%	98%	98%	98%	100% *data from Feb 2023	66% *data from NHS England Feb 2023	94% *data only available up until Feb 2023		GOSH has an internal target of 95%.
FFT - % of respondents who recommend the Trust (outpatient)	95%	95%	96%	90%	100% *data from Feb 2023	73% *data from NHS England Feb 2023	94% *data only available up until Feb 2023		GOSH has an internal target of 95%.
Number of clostridium	13	8	13	11	‡	‡	‡	The rates are from PHE	Continuing to test stool samples for the

difficile (C.difficile) in patients aged two and over.								Time period: 2022/23	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).	25.1	15.9	27.1	15.9	‡	‡	‡		

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:
	2022-23	2021-22	2020-21		
Patient safety incidents reported to the National Reporting and Learning System (NRLS):					
Number of patient safety incidents	6015	6132	5915	GOSH uses electronic incident reporting to promote robust reporting and analysis of incidents. A good reporting profile is reflected in high reporting numbers with low levels of harm. Around 10% of incidents reported in 22/23 caused harm.	A combination of local feedback groups (such as Risk Action Groups and Directorate Boards) and education sessions (Grand Rounds and Patient Safety Education sessions) help raise the profile of Safety and the importance of reporting incidents.
Rate of patient safety incidents (number/100 admissions)	13.4	14.6	17.5		
Number and percentage of patient safety incidents resulting in severe harm or death	4 (0.07%)	8 (0.13%)	9 (0.2%)		
Four incidents graded major harm (4) or above were reported in 2022/23. Of these, two are SI investigations at GOSH and are currently open for investigation. One incident occurred in a local hospital and is being looked at there. The final incident is due to go for discussion at an IRM shortly to establish whether SI criteria has been met.					

### Explanatory 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 2022-2023

Domain	Indicator	National threshold	GOSH performance for 2022/23 by quarter				2022/23 mean	Indicator met?
			Q1	Q2	Q3	Q4 (up to Feb 23)		
Effectiveness	All cancers: 31-day wait from decision to treat to first treatment	96%	100%	100%	100%	88.46%	96.34%	Yes
Effectiveness	All cancers: 31-day wait for second or subsequent treatment, comprising: <ul style="list-style-type: none"> <li>• surgery</li> <li>• anti-cancer drug treatments</li> </ul>	94% 98%	100% 100%	100% 100%	100% 100%	88.46% 100%	96.34% 100%	Yes Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	Apr-22 75.27% May-22 76.83% Jun-22 75.31%	Jul-22 73.75% Aug-22 72.25% Sep-22 71.81%	Oct-22 72.42% Nov-22 73.24% Dec-22 70.90%	Jan-23 71.39% Feb-23 69.8% Mar-23 67.29%	Can't have a mean as this is a snapshot	No
Experience	Maximum 6-week wait for diagnostic procedures	99%	Apr-22 84.13% May-22 84.73% Jun-22 82.61%	Jul-22 83.93% Aug-22 84.19% Sep-22 83.53%	Oct-22 88.36% Nov-22 89.12% Dec-22 82.57%	Jan-23 82.64% Feb-23 87.62% Mar-23: 81.88%	Can't have a mean as this is a snapshot	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)

### 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.

Effectiveness	Inpatient mortality rate (per 1,000 discharges)+ (From data submitted to Hospital Episode Statistics (HES))		7.21	7.79	8.54	10.60	7.62	
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Experience	Discharge summary completion time (within 24 hours)		76.15%	76.52%	72..96%	70.23%	73.98%	
Effectiveness	PICU discharges delayed by 8-24 hours		5	15	35	44	24.75	
Effectiveness	PICU discharges delayed by more than 24 hours		29	36	75	59	49.75	
Effectiveness	Last minute non-clinical hospital cancelled operations and breaches of 28-day standard* - Cancellations - breaches		82 10	104 10	120 13	107 12	103.25 11.25	
Effectiveness	% of patients aged 0–15 readmitted to hospital within 28 days of discharge		2.6%	2.4%	2.4%	2.2%	2.4%	
Effectiveness	% of patients aged 16+ readmitted to hospital within 28 days of discharge		0.0%	0.0%	1.4%	2.0%	2.7%	
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.

## Annex 1: Comments from the Chair of Camden Health and Adult Social Care Scrutiny Committee

### Great Ormond Street Quality Report Response 2022/23

Comments from the Chair of the LB 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 Lorraine Revah, and they should not be understood as a response on behalf of the Committee.**

Firstly, I would like to congratulate the Trust in incredible work it has undertaken in continuing to provide excellent care for children in Camden whilst facing industrial action and continuing to recover from the pandemic.

The report is well structured, and clearly sets out how the Trust performed against priorities in 2022/23. 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.

It is promising that despite rate of patient safety incidents declining over the past year, from 14.6/ 100 patients in 2021-22 to 13.4/ 100 patients in 2022-23, the Trust still intends to take action to reduce this figure further through a combination of local feedback groups and education sessions to raise the profile of safety and the importance of reporting incidents.

The Trust's safety priority for 2022-23 was to refine governance structures for the trust-wide use of medicine in response to CQCs inspection findings that medicines management requires improvement. It is brilliant that in response the Trust are working collaboratively with stakeholders to develop local vigilance with a programme of structured audits including the safe storage of medicines and controlled drugs (CDs) audit and Patient and Carer self-administration of inpatient medicines audit.

Implementation of the National Patient Safety Syllabus level 1 was the priority under patient experience for 2022-23, demonstrating the Trust's ambitions to improve patient safety. It is promising that trust-wide undertaking of the training is steadily increasing, however as of March 2023 this stood at 51% of staff. I hope to see this figure increase in next year's Quality Account.

#### 2) Focussing on a common purpose, setting objectives, planning.

The accounts show the Trust has a clear plan and strategy, Above and Beyond clearly sets out the Trust's six priorities to 2025, and the Trust's six guiding principals with a clear purpose to advance care for children and young people with complex health needs.

Priorities for 2023/24 are clear, highlighting what each priority means and why it's important, as well as how each will be monitored, measured and reported.

#### 3) Working collaboratively.

The priority for 2023/24 to improve the co-ordination of care of children cared for by multiple specialties - including communication with local hospitals, between GOSH teams, and parents, carers, young people and children, demonstrates the Trusts acknowledgment of the importance of working collaboratively. The Trust demonstrate a commitment to working collaboratively with staff through the GOSH people strategy which aims to make the Trust a good place to work by investing in the wellbeing and development of staff. The Trusts efforts on staff wellbeing are reflected in excellent results in the friends and family test.



4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

Culture and Engagement is one of the key themes of the Trust's People Strategy, which will be refreshed in 2023-24, it is promising that new areas of work will include a review of our values and a cultural change programme to embed speaking up and psychological safety. I look forward to reviewing progress of this in next year's account.

Kind regards

Cllr Lorraine Revah, Chair of the LB Camden Health and Adult Social Care Scrutiny Committee

## Annex 1: Feedback from Members of the Council of Governors

This report is clearly laid out and related the strategy and purpose of the hospital and the many ongoing internal and external challenges faced in 2022-23. The political instability of the country with several changes of policy and health minister, industrial action by a range of staff and the legacy of the Covid impact have been addressed.

While retention and development of staff remains a challenge this has become a priority. Areas that are being focused on are highlighted and there have been clear improvements in equality, diversity and inclusion frameworks which are now fully embedded in hospital culture.

Of note this year the further development of the GLA as provider of outstanding paediatric health education which supports all healthcare staff in and out of the hospital. The children's cancer centre has been progressing with full staff engagement in the design of all aspects of the space and laudable ambitions to provide a world class cancer centre. GOSH remains a research active hospital with impressive numbers of projects and impactful conclusions.

It is good to see environmental Sustainability as a key principle of the GOSH strategy is addressed in the report. The commitment to the ambitious targets GOSH has set with an action plan based on both decarbonisation of the buildings and clinical engagement of staff in environmentally sustainable healthcare. The fantastic work on the clean air framework and monitoring have been well supported and addressed and work with other parties on these areas recognise GOSH as an anchor organisation.

Continuing provision of constantly updated and high standards of healthcare through quality improvement has in some cases included sustainability as outlined in the report. This could be further rolled out and governance and assurance around sustainability targets and the impact of non-sustainable healthcare and air quality are not included currently. Longer-term priorities should perhaps be seen as more urgent short-term priorities – i.e. engagement of staff in provision of sustainable healthcare and sustainable procurement transformation programmes, in order to be assured of reaching the 2030 targets set by the hospital.

Overall the improved patient safety and experience this year, a focus on clinical effectiveness and better documentation is notable and impressive. The range of audits shows constant reviewing and improvements in care provision despite the challenges faced. The Quality Report accurately reflects all that the hospital continues to do so well in providing extremely high quality healthcare for children and their families.

Jacqueline Gordon  
Staff Governor  
June 2023

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



**North Central London**

Integrated Care Board

19 June 2023

Laycock PDC

Laycock Street

London

N1 1TH

0203 198 9743

northcentrallondon.icb.nhs.uk

NHS North Central London Integrated Care Board Statement  
Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH)

NHS North Central London Integrated Care Board (NCL ICB) are grateful to Great Ormond Street Hospital NHS Foundation Trust (GOSH) for the opportunity to review and provide this statement on their Quality Account. We would like to thank the Trust for preparing this quality account detailing their work and achievements over the last year.

NHS NCL ICB is responsible for the oversight of health services from the Trust on behalf of the NCL population and non-NCL residents accessing its service. NCL ICB have worked in partnership with the Trust and NHS England Specialised commissioning teams throughout 2022/23, taking a pragmatic approach regarding assurance of commissioned services throughout the year, obtained through regular discussions with key staff and attending the Trust's Clinical Quality Review Group meetings.

We confirm that we have reviewed the information contained within the draft Quality Account (provided to NCL ICB in May 2023). The quality account is compliant with the standards set out by the Department of Health and Social Care.

2022/23 saw the creation of the North Central London Integrated Care Board as a statutory NHS organisation, which links all providers and commissioners into one system across NCL. The formalisation of this system working will allow us to scale up and strengthen integrated working between providers across the boroughs in the service of improved health outcomes for the whole population and a reduction in inequalities in health and care. This was evident recently during industrial action when the providers worked as a system, offering mutual aid to one another to ensure services across NCL were kept safe for patients. We would particularly like to thank GOSH for their significant contribution as system partners in offering resource and expertise in support of continuity of care for NCL residents and patients.

The NHS has continued to face significant challenges during 2022/23 due to the Covid -19 pandemic, and other outbreaks of seasonal illnesses including respiratory viruses, staff shortages and illness, combined with increased demand for healthcare and industrial action.

Despite these challenges, it is reassuring to note the progress made by the Trust in relation to their quality priorities and the plans to continue with this work through the coming year.

GOSH are now in the fourth year of their corporate strategy *Above and Beyond* and it is good to see progress made across all six programmes of work. We are also pleased to note the progress made by the Trust to strengthen their governance structures within medicines management following an inspection by the Care Quality Committee in 2020. This includes clear lines of understanding and accountability and management of risk through the Medicines Safety Committee (MSC) and their core audit programme.


Embedded within the MSC workplan are clear processes for the organisation to share learning from incidents across the organisation. The medicines management teams have participated in the Trust safety podcast, lunchtime safety teaching sessions, and are involved in the medication administration review work with clinical staff. In addition, the Trust invited a partner Trust to undertake a CQC peer review assessment of their processes.

The Trust Executive team at GOSH are committed to supporting the implementation of the NHS Patient Safety Syllabus as part of implementing with wider national Safety Strategy and the Patient Safety Incident Response Framework (PSIRF). The Trust have developed their internal training materials to support staff and have utilised the resources available nationally to support staff.

GOSH have illustrated how they utilise clinical audit to monitor the effectiveness of actions identified through investigations into Serious Incidents (SIs). An audit of medical documentation across fourteen specialities conducted during December 2022 and January 2023 involving 151 sets of case notes indicated that there was a clear management plans for these patients, more work was needed to ensure that management plans were communicated to parents.

The team who conducted the audit have developed an action plan in response to the findings and presented to and approved by the Medical Advisory Group in April 2023, and the Quality Safety Outcomes and Compliance Committee (QSOCC).

We are supportive of the three of the quality improvement projects the plan to undertake during 2023/24 and look forward to receiving regular updates on progress made against these.



**Frances O'Callaghan**  
**Chief Executive Officer**  
**NHS North Central London Integrated Care Board**

## Annex 2: Statements of Assurance

The directors are required under the Health Act 2009 and the National Health Service (Quality Reports) Regulations to prepare Quality Reports 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 2022/23 and supporting guidance Detailed Requirements for Quality Reports 2022/23.
- 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 2022 to March 2023
  - papers relating to Quality reported to the board over the period April 2022 to March 2023
  - feedback from commissioners dated 19<sup>th</sup> June 2023
  - feedback from governors dated 16<sup>th</sup> June 2023
  - feedback from Non-Executive Directors dated 19<sup>th</sup> June 2023
  - feedback from Chair of Camden Health and Adult Social Care Scrutiny Committee dated 21<sup>st</sup> June 2023
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, report will be published following review at the June '23 Quality, Safety and Experience Assurance Committee (QSEAC) meeting
  - 2020 Children and Young People's Patient Experience Survey published on 9 December 2021
  - the national NHS Staff Survey 2022
  - the Head of Internal Audit's annual opinion of the trust's control environment dated 31 March 2023
  - 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 Reports 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



27<sup>th</sup> June 2023  
Chief Executive



27<sup>th</sup> June 2023  
Chair