Great Ormond Street Hospital for Children
NHS Foundation Trust

Meeting of the Trust Board
Thursday 26 November 2020

Dear Members

There will be a public meeting of the Trust Board on Thursday 26 November 2020 at 1:30pm on Zoom and in Barclay House, 37 Queen Square, Great Ormond Street, London WC1N 3BH.

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**1:30pm**
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	**Minutes of Meeting held on 16th September 2020**	Chair	**J**	
3.	**Matters Arising/ Action Checklist**	Chair	**K**	
4.	**Chief Executive Update**	Chief Executive	**L**	**1:35pm**
5.	**Patient Story**	Chief Nurse	**M**	**1:45pm**
	STRATEGY AND PLANNING			
6.	**Research Hospital update: Focus on Biomedical Research Centre Renewal**	Director of Research and Innovation/ Director of NIHR GOSH UCL BRC	**N**	**2:00pm**
7.	**Patient Experience and Engagement Framework Progress Report**	Chief Nurse	**O**	**2:15pm**
8.	**Directorate Presentation: Blood, Cells and Cancer Directorate**	Interim Chief Operating Officer/ Chief of Service BCC and senior team	**P**	**2:20pm**
9.	**Approach to business planning and budget setting 2021/22**	Chief Finance Officer/ Interim Chief Operating Officer	**Q**	**2:35pm**
	PERFORMANCE			
10.	**Integrated Quality and Performance Report – Month 7 (October) 2020** Including: **Clinical outcomes overview**	Medical Director/ Chief Nurse/ Acting Chief Operating Officer/	**R**	**2:55pm**
11.	**Finance Report – Month 7 (October) 2020**	Chief Finance Officer	**S**	**3:05pm**
12.	**Safe Nurse Staffing Report (August - October 2020)**	Chief Nurse	**T**	**3:15pm**
13.	**Self-Assessment Flu Vaccination**	Director of HR and OD	**U**	**3:25pm**

	ASSURANCE			
14.	**Built Environment Update:** • **Progress with the Sight and Sound Hospital** • **Children's Cancer Centre** • **Fire cladding update**	Director of Built Environment and Estates and Facilities	**V** **7** **8**	**3:30pm**
15.	**Guardian of Safe Working Update**	Medical Director	**W**	**3:50pm**
16.	**Brexit Update**	Interim Chief Operating Officer	**X**	**4:00pm**
17.	**Update to the infection Control Assurance Framework**	Director of Infection Prevention and Control	**Y**	**4:05pm**
18.	**Learning from Deaths Mortality Review Group - Report of deaths in Q1 2020/2021**	Medical Director	**Z**	**4:10pm**
	GOVERNANCE			
19.	**Amendment to the Trust Constitution**	Company Secretary	**6**	**4:20pm**
	FOR INFORMATION			
20.	**Board Assurance Committee reports** • **Audit Committee** • **Quality, Safety and Experience Assurance Committee** • **People and Education Assurance Committee Update –September 2020** • **Finance and Investment Committee**	Chair of the Audit Committee Chair of the QSEAC Chair of the People and Education Assurance Committee Chair of the Finance and Investment Committee	**1** **2** **3** **4**	**4:30pm**
21.	**Council of Governors' Update – November 2020** **Reminder of new membership constituencies and Council election**	Chair Company Secretary	**Verbal** **5**	
22.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			
23.	**Next meeting** The next public Trust Board meeting will be held on 3rd February 2021 (location to be determined).			

Attachment J

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 16th September 2020

Present

Sir Michael Rake	Chair
Lady Amanda Ellingworth**	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy**	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen	Non-Executive Director
Professor Russell Viner**	Non-Executive Director
Matthew Shaw	Chief Executive
Phillip Walmsley**	Interim Chief Operating Officer
Sanjiv Sharma**	Medical Director
Professor Alison Robertson**	Chief Nurse
Helen Jameson**	Chief Finance Officer
Caroline Anderson**	Director of HR and OD

In attendance

Cymbeline Moore**	Director of Communications
Dr Shankar Sridharan**	Chief Clinical Information Officer
Zoe Asensio-Sanchez**	Director of Estates, Facilities and Built Environment
Richard Collins**	Director of Transformation
Mark Sartori**	Trustee, GOSH Children's Charity
Claire Williams* **	Head of Patient Experience and Engagement
Carolyn Akyil* **	Head of Nursing and Patient Experience, Sight and Sound Directorate
Elizabeth Jackson* **	Chief of Service, Sight and Sound
Chris Jephson* **	Deputy Chief of Service, Sight and Sound
Helen Dunn* **	Director of Infection Prevention and Control
Anna Ferrant**	Company Secretary
Victoria Goddard**	Trust Board Administrator (minutes)

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

98	**Apologies for absence**
98.1	No apologies for absence were received.
99	**Declarations of Interest**
99.1	No declarations of interest were received.
100	**Minutes of Meeting held on 15 July 2020**
100.1	The Board **approved** the minutes of the previous meeting.
101	**Matters Arising/ Action Checklist**

101.1	The actions taken since the last meeting were noted.
102	**Chief Executive Update**
102.1	Matthew Shaw, Chief Executive said that the North Central London STP had agreed to implement temporary changes to paediatric services over the autumn and winter period in order to minimise disruption caused by a potential second surge of the COVID-19 pandemic. GOSH would be working to support the system by accepting a broader range of elective and day case services and there would be a review in the coming months to assess the effectiveness of these arrangements.
102.2	Focus continued to be placed on returning to business as usual and GOSH was progressing well in this regard when benchmarked with other London Trusts however considerable work was required to treat a backlog of patients.
102.3	The Trust's 'Above and Beyond' Strategy would be officially launched later in September. Engagement had taken place in the development of the strategy and a plan was in place to embed it into the organisation.
102.4	A substantive Chief Operating Officer would be joining the Trust at the end of 2020 and Matthew Shaw welcomed Zoe Asensio Sanchez to the Trust in her role as Director of Estates, Facilities and Built Environment.
102.5	The Executive Team were in the process of agreeing and implementing a plan to work towards achieving a rating of 'outstanding' at the next CQC Well Led Inspection which was expected around 2022. This would include inviting a Well Led assessment in quarter 1 2021/22 undertaken by an external assessor and it was proposed that a short-life working group was established to draft and recommend the procurement document for appointing the external assessor. The group would include two Non-Executive Directors and Amanda Ellingworth and Akhter Mateen agreed to take part in the group.
103	**Patient Story**
103.1	The Board received a patient story by video from Samih, aged 16 who described his experience at GOSH as a blind patient. He said that it was difficult to navigate the hospital as he was not able to see the arrows or maps, however staff were friendly and helpful even when the hospital was very busy. He said that he had previously been nervous around needles and particularly when having a blood test and staff had been able to help him with this.
103.2	Samih said that he had not been aware that he would begin to receive his own hospital letters at the age of 16 and he said that it would be helpful to be told as well as to be prepared for the responsibilities he would have to take for his health as he got older at an earlier stage. Samih said that it would be helpful to be told about projects and services at GOSH by email or in person when he was in the hospital as posters were not as effective for visually impaired people.
103.3	Samih said that it was important that staff were confident about working with children and young people with a visual impairment in order to help the individual feel confident about their visit.

103.4	Claire Williams, Head of Patient Experience and Engagement said that there had been a focus on sign posting using bold colours and large graphics in the Sight and Sound Hospital development and different colours were being used to identify different floors. Quiet spaces and a sensory garden were also being developed. The development team had been working towards a deaf aware quality mark accreditation.
103.5	Work was taking place to review Samih's feedback and it was possible that volunteers could support people with additional needs to navigate the hospital and they would also be able to give additional information that patients and families could otherwise access from posters.
103.6	Amanda Ellingworth, Non-Executive Director welcomed this work and added that people with additional needs such as sight and hearing impairments or a learning disability accessed the hospital as a whole and it was vital to consider the hospital's environment in terms of its accessibility for all patients and families.
104	**Diversity and Inclusion Strategy and Health and Wellbeing Strategy**
104.1	Caroline Anderson, Director of HR and OD said that the People Strategy had been published in November 2019 and as part of this there had been a commitment to developing a Diversity and Inclusion Strategy and a Health and Wellbeing Strategy supported by programmes of work to ensure that the overall strategy was delivered. Although the development of the strategies themselves had been delayed by the pandemic, the response to the pandemic had provided an opportunity to accelerate and consolidate much of the planned work to create a solid foundation.
104.2	Following feedback received from the chaplaincy team the health and wellbeing strategy would now be called 'Mind, Body and Spirit'. Caroline Anderson said that both frameworks would include specific metrics to measure success including those measured in WRES and WDES surveys and staff survey. It was confirmed that a new staff forum would be established for oversight as well as formal assurance being provided through the People and Education Assurance Committee.
104.3	Sir Michael Rake, Chair welcomed the progress that had been made and asked whether there were sufficient resources in place to complete the work. Caroline Anderson said that a wide variety of people throughout the Trust would be involved in the work and added that it was important that it was recognised as a Trust wide project.
104.5	James Hatchley, Non-Executive Director said that there was considerable investment made in terms of staff wellbeing and it was vital that the KPIs also measured the extent to which staff used and valued each offering to ensure that resources were being focused appropriately.
104.6	The Board **approved** the Diversity and Inclusion Strategy and Health and Wellbeing Strategy.
105	**Board Assurance Framework Update**

105.1	Anna Ferrant, Company Secretary said that the Risk Assurance and Compliance Group (RACG) had reviewed BAF risk 2: Recruitment and Retention and proposed the reduction of the likelihood score from three to two resulting in a net score of 10.
105.2	Akhter Mateen, Non-Executive Director suggested that whilst he was supportive of the work that had taken place and the success particularly in terms of recruitment, more time was required in order to have clarity over retention levels particularly when the pandemic had reduced to manageable levels. Matthew Shaw said that it was now clear that COVID-19 would be a consideration in the medium term and this was affecting behaviours in terms of moving between organisations. GOSH's turnover had reduced to 14% which was within target for the first time. Akhter Mateen confirmed that he was satisfied that the net risk score should be within the amber range and Anna Ferrant said that the risk would continue to be reviewed and receive focus.
105.3	James Hatchley asked if's GOSH's reduction in turnover was in line with that of other Trusts and Matthew Shaw confirmed that it was.
105.4	The Board **approved** the reduction in the likelihood score to two.
106	**Directorate Presentation: Sight and Sound Directorate**
106.1	Phillip Walmsley, Interim Chief Operating Officer said that the Sight and Sound Directorate had done excellent work to support the organisation during the first wave of the COVID-19 pandemic and was currently being challenged by reduced access to theatres.
106.2	Elizabeth Jackson, Chief of Service for Sight and Sound said that throughout the year there had been a number of successes for the directorate including the opening of Falcon outpatients in the Zayed Centre for Research, working in partnership with North Central London general paediatrics in the response to COVID-19 and improved workforce and safety metrics. In response to the pandemic there had been an increased number of outpatient appointments taking place through video and telephone. The NHS had stipulated that a third of outpatient appointments should be conducted virtually and GOSH had agreed that virtual appointments should be available to all patients. In July 2020 52% of appointments had taken place virtually.
106.3	Substantial improvements had been made in terms of workforce metrics and sickness levels in the Directorate were now below the Trust's target. In 2019, focus had been placed on ensuring that PDRs were up to date which had resulted in 99% compliance rate for a number of months in the second half of 2019 and appraisals rates had been above the Trust target of 90% for a year. Appraisals for these individuals would soon be due in 2020.
106.4	The Directorate had experienced challenges in Dentistry with 52 week waits. Work had taken place to ensure that only the most appropriate patients were treated at GOSH with additional lists being added and patients being transferred to another London hospital where possible as well as the appointment of an additional paediatric dentist. Substantial improvements had been made prior to the pandemic however due to dentistry being an aerosol generating procedure it continued to be a challenging area.
106.5	Recovery from the first wave of the pandemic was a key challenge for the Directorate and the RTT position at the end of July 2020 had reduced to 42%.

	199 patients had now been waiting 52 weeks and over half of these patients required dentistry. Elizabeth Jackson said that the team's priorities included staff wellbeing and improving scores in a number of areas in the staff survey.
106.6	Chris Kennedy, Non-Executive Director asked for a steer on levels of staff morale given the considerable backlog of patients. Chris Jephson, Deputy Chief of Service for Sight and Sounds said that work had showed there was a greater number of patients requiring priority 2 treatment than capacity allowed and this gap continued to increase. He said that careful work was taking place to continuously review patients' clinical need however there remained an increased risk and staff were uncomfortable about this. Sir Michael Rake asked whether there was more that could be done in order to close the gap and Phillip Walmsley said that he was working with the Operations and Images Directorate to open as many theatres as possible. There was a large number of staff in this directorate who were either shielding or on maternity leave and a number of vacancies which was challenging and work was taking place to consider other ways that an increased number of patients could be treated such as by partnering with other Trusts. Matthew Shaw said that it seemed that surgeons in particular were cognisant of the increased levels of risk and acknowledged that this was a challenging issue. He said that although GOSH was the joint top performing London Trust in terms of activity levels a gap remained.
106.7	James Hatchley asked to what extent directorates felt a sense of ownership for improving staff survey outcomes and whether a balance had been achieved between pan Trust and local initiatives. Elizabeth Jackson said that the directorate had developed a number of local initiatives which she felt would be key to staff wellbeing. A staff wellbeing webinar had taken place and ambassadors were being established to provide low level wellbeing support. Staff were being encouraged to undertaken interesting development activities as part of their PDR. She said that she felt the directorate did have ownership and was also able to feed into the Trust's cross cutting work.
106.8	James Hatchley noted that improvement was required in BCMA scanning compliance and Carolyn Akyil, Head of Nursing and Patient Experience for Sight and Sound said that focus was being placed on this both in the directorate and in the hospital as a whole as Project Apollo was supporting improvement in this work. Heads of Nursing and Patient Experience were working to share learning and best practice.
106.9	Discussion took place around the directorate's experience of managing outpatients and patient experience in this area. Carolyn Akyil said that this had been a considerable piece of work particularly as a number of outpatient spaces were small including rooms and corridors. Therefore it had only been possible to allow one carer to attend with a patient in most areas and appointment times had been staggered to ensure that a large number of patients and families were not waiting at the same time. The team regularly received calls from families requesting an additional carer and this was managed on a case by case basis.
106.10	Phillip Walmsley thanked the Sight and Sound team for their work during a challenging time.
107	**Update on data quality assessment framework**
107.1	Phillip Walmsley said that GOSH was working towards compliance against the data quality assessment framework and adoption of the data quality kite mark to

	provide greater visibility and ownership of data being published in the Integrated Quality and Performance Report. The Trust's internal auditors were undertaking a review of the process.
107.2	Akhter Mateen highlighted that a number of data points provided in the IQPR was now shown to be unreliable by the kitemarking process. He asked whether the reliability of this data had recently changed or whether this had been the case for some time. Phillip Walmsley said that there had been no recent material change in data reliability and the team was now in a position to understand the gaps in reliability.
107.3	**Action:** It was agreed that a short report on the completion, and reliability of data related to, the WHO checklist would be considered at a future meeting. Matthew Shaw emphasised that this was a key matter.
107.4	Chris Kennedy welcomed the work on the kitemark and asked if the Executive Team were satisfied that, given the collective areas of unreliable data, there were no key high risk areas. Phillip Walmsley said that a schedule of 'must do' and 'should do' areas was being established. He added that over half of the must do areas were related to patient experience indicators.
108	**Integrated Quality and Performance Report – Month 4 (July) 2020**
108.1	Sanjiv Sharma, Medical Director said that work continued to focus on the incident closure rate and in recent months the team had been closing a greater number of incidents than had been opened. Work was still required however the number of open incidents had reduced. There had also been a substantial reduction in the number of open actions arising from serious incident investigations. The closure of the actions was monitored through the Closing the Loop Group to ensure they were closed appropriately.
108.2	Improvement was required on Duty of Candour. Clinical teams were working well on stages 1 and 2 however additional support was required for stage three.
108.3	WHO checklist compliance for main theatres improved in July 2020 to 95.9% for cases done under general anaesthetic which was the highest level in 2020. Sanjiv Sharma said that observational audits showed that the checklist was being completed however this was not being recorded in the correct way on Epic. Work was taking place with the teams in relevant areas to ensure they were clear on the requirements.
108.4	Sir Michael Rake asked for further information about a Serious Incident in which a tumour had been misidentified. He asked whether correct processes had been followed in this case and Sanjiv Sharma said that a professional judgement had been made from an equivocal biopsy and the team had held appropriate multidisciplinary team meetings and discussed the matter nationally and internationally. He said that despite the incident having been based on professional judgement, learning had been identified. He said that he had been impressed with the way the team had communicated with the family throughout the process. The family were now keen to be involved with the Trust as patient and family representatives.
108.5	Kathryn Ludlow, Non-Executive Director noted that two serious incidents had both occurred in renal and asked if there were any key causes. Sanjiv Sharma said that work was taking place to investigate and identify any commonalities.

108.6	Alison Robertson, Chief Nurse said that the number of complaints and PALS contacts had returned to pre-pandemic levels and Friends and Family Test response rates had continued to be positive which meant that more meaningful analysis could be drawn from the data. Patient and family satisfaction levels were 98% for both inpatients and outpatients. No further red complaints had been received however a deep dive on complaints data from the past two years would be undertaken to ascertain whether any themes could be identified. Alison Robertson said that the patient experience team had worked well to support patients and families during the pandemic and had worked closely with the GOSH Children's Charity to identity any additional support required.
108.7	Phillip Walmsley said that marginal increases in performance had taken place in some metrics and Project Apollo would be taking place in the week of the 28th September to support working towards business as usual.
109	**Finance Report - Month 4 (July) 2020**
109.1	Helen Jameson, Chief Finance Officer said that from 1st April 2020 financial payments to the Trust had been made on a block contract with additional costs to a breakeven position being paid as a retrospective top up. The block contract had not been sufficient to cover costs and therefore the Trust's position at month 4 was a £7.1million deficit which had been requested as the top up in August 2020. The total accrual for NHS top up payments year to date at month 4 had been £24.5million of which £15.7million had been paid.
109.2	The payment system would be changing for months 7 to 12 and work was taking place to clarify what would be included in the block contract. High cost drugs had moved to cost and volume contracting which was positive however there was an assumption that non-NHS income would return to pre-pandemic levels.
109.3	Akhter Mateen said it was important to consider the impact of the 2020/21 outturn on future years and of GOSH potentially becoming a deficit making Trust. He asked for an update on the status of the Better Value Programme and Helen Jameson said that the programme had been paused during the first wave of the pandemic however transformational work had taken place which had led to efficiency savings. The Better Value Programme was now being brought back online.
109.4	James Hatchley noted that staff had moved between organisations during the first wave of the pandemic and asked if this would be possible going forward without impacting the Trust' financial position. Helen Jameson said that for months 7 to 12 funding would be provided at a system level and it would be possible for the integrated care system to re-organise funding in response.
110	**Safe Nurse Staffing Report (June and July 2020)**
110.1	Alison Robertson, Chief Nurse said that progress was being made in ensuring that the team had better quality data available in order to drive improved decision making. There were currently 56 aspirant nurses employed at GOSH who were being upskilled to ensure they were ready to join workforce numbers in September along with an additional 44 newly qualified nurses who would be supernumerary. This group of newly qualified nurses had self-declared 42%

	representation from BAME backgrounds which showed the positive impact of changes made to nurse recruitment.
110.2	The Brain directorate continued to have a vacancy rate of 11% which was high in comparison to others' and these vacancies would be filled by newly qualified nurses in September
	<u>Six monthly staffing review</u>
110.3	Alison Robertson said that each ward's staffing requirements had been reviewed and cross referenced with directorates own information and Heads of Nursing and Patient Experience for each directorate had confirmed that they felt their establishments were safe and correct. In the Operational and Images Directorate the establishment had been below the national recommendations however this was mitigated through the use of GOSH staff undertaking bank shifts. A bespoke recruitment programme would be developed for the directorate in order to improve their staffing pipeline.
111	**Update with completion of CQC recommendations**
111.1	Sanjiv Sharma said that following the Trust's CQC inspection in January 2020 two enforcement notices had been issued which were now closed. All 'must do' actions were also complete along with 70% of the 'should do' actions which continued to be tracked on a monthly basis.
111.2	The CQC had reported that the process for inspections would change going forward and would primarily be focused on the Safe and Well Led key lines of enquiry. The inspection itself would be more data driven with fewer inspectors physically being on site.
111.3	Discussion took place around clinical outcomes and James Hatchley asked if they were reviewed by the CQC and Sanjiv Sharma said they were not. The Trust was focusing on ensuring there was visibility of outcomes at an organisation level across all teams. Amanda Ellingworth said that QSEAC was focusing on clinical outcomes particularly where they were not publically available on the website.
111.4	Russell Viner, Non-Executive Director highlighted that the 'Getting It Right First Time' (GIRFT) programme would be working in partnership with the CQC and asked if the Trust collated GIRFT reviews. Sanjiv Sharma said that GIRFT along with other compliance areas of the Trust were monitored through the Risk Assurance and Compliance Group and the Patient Safety and Outcomes Committee. He said that the Internal Review Manager had been focusing on developing a dashboard which could be presented for all services.
112	**Workforce Equality: Workforce Race Equality Standard 2020 and Workforce Disability Equality Standard 2020**
112.1	Caroline Anderson, Director of HR and OD said that GOSH continued to be an outlier in comparison with other NHS Trusts with worse metrics than others in terms of both WRES and WDES.
112.2	Metrics from WRES would be used to measure the impact of the diversity and inclusion strategy and improvements were anticipated.

113	**Board Assurance Committee reports**
113.1	People and Education Assurance Committee Update –September 2020
113.2	Kathryn Ludlow, Chair of the PEAC said that many of the items discussed at PEAC had also been discussed by the Board however the Learning Academy had also been discussed and the Committee had welcomed its work thanks to the support of the GOSH Children's Charity.
114	**Council of Governors' Update – July 2020**
114.1	Sir Michael Rake said that an excellent update had been provided by the Lead Governor at the AGM. He said that Governors' key concerns during pre-meets were around ensuring that they were providing the greatest possible assistance to the hospital.
115	**Emergency Planning Annual Report 2019/20**
115.1	Phillip Walmsley, Interim Chief Operating Officer presented the report and said that during the Emergency Planning Officer had completed a RAG rated self-assessment for core Emergency Planning standards which showed an increase in compliance against the previous year with four amber rated standards identified. Work to close these areas was completed by October 2019 and resulted in GOSH achieving a fully compliant score for the first time.
115.2	James Hatchley asked whether any changes were required to emergency responses such as fire evacuation given the infection control practices in place and Philip Walmsley said that processes used during an emergency situation superseded standard infection control processes.
115.3	**Action:** Discussion took place around cladding and it was agreed that an update would be provided at the next meeting.
116	**Infection Control Annual Report 2019/20**
116.1	Helen Dunn, Director of Infection Prevention and Control said that focus had been placed on developing infection control audit days and assurance processes in terms of hand hygiene and ensuring that good quality data was provided to clinical teams at ward level. The team continued to lead the 'Gloves Off' campaign and shared their practice at a national conference earlier in 2020.
116.2	Helen Dunn emphasised the importance of ensuring that laboratory services were maintained on the GOSH site and this had been clear during the pandemic. Matthew Shaw said that he was committed to ensuring this was the case and recognised the importance of this service.
116.3	Key areas for activity in 2020/21 included working with estates to complete the water safety plan and work to unify surgical site surveillance services across the Trust in order to enhance the service for patients.
116.4	**Action:** James Hatchley highlighted that data for the CVL infection rate had been rated zero in kite marking terms and it was agreed that Phillip Walmsley would provide an update on the reason for this at the next meeting.

116.5	Sir Michael Rake highlighted the outcome of the CVL care bundle audit which had been 47% and asked what action would be taken to improve this. Helen Dunn agreed that this was an unacceptable outcome and added that the primary issues was around documenting compliance rather than compliance itself. Hand hygiene compliance continued to be lower than previous years however the team focused on achieving real improvements rather than only on demonstrating compliance.
116.6	Alison Robertson thanked Helen Dunn and her team for their work which had substantially benefitted the hospital during the pandemic.
117	**Trust Board Terms of Reference and Workplan**
117.1	Anna Ferrant, Company Secretary said that the Terms of Reference had been updated to reference embracing diversity in line with the focus the Trust was placing on that area. The Diversity and Inclusion and Health and Wellbeing Frameworks had also been added to the workplan.
117.2	The Board **approved** the revised Terms of Reference and Workplan.
118	**Schedule of Matters Reserved for the Board and Council of Governors**
118.1	Anna Ferrant said that the NHS Code of Governance required a formal schedule of matters to define the powers specifically reserved to the Board and Council of Governors. The document had been reviewed in detail and updates had been made in order to clarify where committees reviewed matters in advance of the Board.
118,2	The Board **approved** the schedule of Matters Reserved for the Board and Council of Governors.
119	**Any other business**
119.1	There were no items of other business.
119.2	The Board agreed that a hybrid meeting in which a small number of Board members had taken part in the meeting on site in a socially distanced way whilst other joined via teleconference had worked well, however it was important to ensure that unnecessary risk was not introduced.

Attachment K

TRUST BOARD – PUBLIC ACTION CHECKLIST
November 2020

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
75.7	15/07/20	It was agreed that members of the BAME forum would be invited back to the Board to discuss progress before Christmas.	AF	November 2020	Transferred to PEAC agenda where representatives from all forums will be invited to attend on a rotational basis
81.3	15/07/20	Sir Michael Rake requested that sustainability was discussed by the Board again at a time which was more appropriate to declare a climate emergency.	ZAS	Q1 2021	Not yet due
107.3	16/09/20	It was agreed that a short report on the completion, and reliability of data related to, the WHO checklist would be considered at a future next meeting. Matthew Shaw emphasised that this was a key matter.	PW/ SS	February 2021	Not yet due
115.3	16/09/20	Discussion took place around cladding and it was agreed that an update would be provided at the next meeting.	ZAS	November 2020	On agenda
116.4	16/09/20	James Hatchley highlighted that data for the CVL infection rate had been rated zero in kite marking terms and it was agreed that Phillip Walmsley would provide an update on the reason for this at the next meeting.	PW	November 2020	Additional information has been received from the Director of Infection Prevention and Control and all areas are now marked as assured.

Attachment L

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 26 November 2020	
Chief Executive Report **Submitted by:** Matthew Shaw, CEO	**Paper No: Attachment L** □ **For information and noting**
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to: • Covid-19 response • Key people, finance and service issues • Trust strategy and partnerships	
Action required from the meeting None	
Contribution to the delivery of NHS Foundation Trust priorities □ **PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people** □ **PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes** □ **PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training** □ **PRIORITY 4: Improve and speed up access to urgent care and virtual services** □ **PRIORITY 5: Accelerate translational research and innovation to save and improve lives** □ **PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care** □ **Quality/ corporate/ financial governance**	**Contribution to compliance with the Well Led criteria** □ **Leadership, capacity and capability** □ **Vision and strategy** □ **Culture of high quality sustainable care** □ **Responsibilities, roles and accountability** □ **Engagement of public, staff, external partners**
Strategic risk implications BAF Risk 3 Operational Performance BAF Risk 4 GOSH Strategic Position	**Financial implications** Not Applicable
Implications for legal/ regulatory compliance Not Applicable	**Consultation carried out with individuals/ groups/ committees** Not Applicable

Who is responsible for implementing the proposals / project and anticipated timescales? Executive team	**Who is accountable for the implementation of the proposal / project?** CEO
Which management committee will have oversight of the matters covered in this report? Executive team	

Part 1: COVID-19 response

Support to sustain and recover services for local children and young people

As the Board is aware, we are no longer hosting general paediatrics services for NCL here at GOSH but we continue to work with our NCL partners to ensure that we learn the lessons of the pandemic and protect and improve services for children as we move into the second wave.

In October 2020 The Children's Commissioner published a report on inpatient mental health wards during Covid-19 here. This highlighted our "innovative response" to setting up a mental health inpatient ward at GOSH for children presenting to NCL hospitals with acute mental health presentations during the first wave of Covid-19. It "brought together specialist mental health professionals and paediatrics, providing short term support for crisis presentations, joined up with local crisis teams in the region to deliver multi-disciplinary care for children, young people and their families dealing with mental health crises during the pandemic." We are in active discussions with our NCL partners in mental health to take forward the learning from this collaboration and develop a more integrated physical and mental health service offering for children and young people in NCL.

From September 2020 a pre-agreed set of gastroenterology procedures (including those which would normally take place within NCL hospitals under GOSH consultants through outreach) will be undertaken in GOSH theatres. We will also accommodate procedures that will be carried out by Royal Free gastro consultants. The clinical rationale is that undertaking these procedures at GOSH will minimise any potential risk and delays for these children.

Other pathways which have been altered to protect services include complex vascular cases and emergencies involving appendicitis and testicular tortion in younger children. We are also participating in a longer term view on paediatric care in NCL that will make recommendations in the New Year.

Part 2: People

Staff health and wellbeing

We paused our Pulse Surveys in September to ensure that all staff are directed to the NHS Staff Survey. Our response rate stands at 46 per cent and a considerable amount of effort and energy is going into encouraging as many staff as possible to respond.

We know that staff across the trust are finding things tough and we are encouraging teams to look after one another by taking time to connect, recognise and share their worries and concerns openly. Our Health and Wellbeing team continues to deliver outstanding support and resources for all staff and our comms and HR teams, as well as senior leaders across the trust, are working really diligently to signpost these resources to those who may need them – now more than ever.

We have received some reports from staff members concerned that colleagues are not complying with the requirement to wear face masks on site at all times. We have been emphatic about this requirement, widely communicating the reasons why compliance is essential and tackling any reported issues at a senior level as they arise. We have also developed a resource pack for managers to support them in dealing with these issues in the moment, incorporating the highly practical Speak Up For Safety framework for having difficult conversations and contact details for the iSpeakUp peer messengers to get instant support.

In recognition of the pressure that teams are under to recover activity, keep the trust Covid Secure and get back on track with operationally and strategically significant programmes, we have decided to postpone our popular annual 'Open House' event until the New Year. However, we will be running our staff awards in December with a revised format to reflect our new strategy. We have opened for nominations and look forward to celebrating the outstanding contributions of our staff through this difficult year.

Part 3: Service quality

As the board is aware, we are reviewing a range of services in depth to identify and address any issues and identify and share good practice to support our safety strategy and Always Improving programmes.

The EMT accepted an internal review of the Ophthalmology Service this month, which concluded that this is a well-respected and patient-centred service, delivering good treatment outcomes. The reviewer commented on the strength of team relationships and culture of working together to deliver excellent care. She also noted that safety and good governance were demonstrated, as well as a strong research culture, and good links with peer organisations. A number of areas for improvement were identified, including patient flow, patient discharge, support services for patients and families, some areas of career development and junior doctor training. Opportunities for service development were also identified. The team is currently working on an action plan as well as an appropriate response via their 2021/22 business plans.

Part 4: Partnerships

Federation of Specialist Hospitals

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

Ends

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26 November 2020

Patient story- Experiences at GOSH and of making a complaint Submitted by**: Alison Robertson, Chief Nurse**	**Paper No: Attachment M** ☐ **For information and noting**

Purpose of report

The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for the Trust Board. The purpose of the stories is to ensure that the voice of patients and their families is heard, that their experiences are shared, and that this informs further action to share good practice and drive improvements.

Summary of report

Mike, father of Lucas (aged 5 years old), will attend Trust Board by zoom to talk about his experiences during an Ophthalmology appointment and of making a formal complaint.

Mike raised concerns that when his son refused eye drops, he was asked to restrain Lucas (by physically holding him) and was offered assistance from other staff to do this. Mike felt under pressure to restrain Lucas himself and this was a very distressing and upsetting experience for both of them. Mike questioned the approach taken, delays during the appointment and how this can be reduced for patients with ADHD, and alternatives to ensure Lucas' emotional wellbeing at future appointments. In the complaint response, the Trust apologised for the distress caused and outlined action taken including further training for staff, changes to Lucas' appointments and a referral to the Play team for support during future visits to the hospital. Appointments since have been positive.

This complaint highlights some wider issues in relation to restraint and learning disabilities and there is extensive work already under way in relation to this. The Trust's restraint policy has been updated and resources for families and staff as well as further staff education is planned. A new Learning Disability strategy and a comprehensive five year delivery plan is also now in place. This includes positive behaviour support training focusing on de-escalation and other strategies and wider action to meet the needs of children with learning disabilities, autism and/or additional needs.

Action required from the meeting
For information

Contribution to the delivery of NHS Foundation Trust priorities	**Contribution to compliance with the Well Led criteria**
☐ **Quality/ corporate/ financial governance**	☐ **Culture of high quality sustainable care** ☐ **Robust systems for learning, continuous improvement and innovation**

Strategic risk implications BAF Risk 13: Inconsistent delivery of safe care
Financial implications Not Applicable
Implications for legal/ regulatory compliance • The Health and Social Care Act 2010 • The NHS Constitution for England 2012 (last updated in October 2015) • The NHS Operating Framework 2012/13 • The NHS Outcomes Framework 2012/13 Not applicable.
Consultation carried out with individuals/ groups/ committees Not applicable
Who is responsible for implementing the proposals / project and anticipated timescales? Claire Williams, Head of Patient Experience & Engagement
Who is accountable for the implementation of the proposal / project? Alison Robertson, Chief Nurse
Which management committee will have oversight of the matters covered in this report? Quality, Safety, Experience and Assurance Committee

Attachment N

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26 November 2020

Research Hospital update: Focus on BRC renewal **Submitted by:** Professor David Goldblatt, Director of R&I	**Paper No: Attachment N** For discussion

Purpose of report
To present an update on the Trust's Research Hospital implementation with a focus on activities to strengthen our position for NIHR Biomedical Research Centre (BRC) renewal (expected to be 2022). This update will provide the Board with an opportunity to feed in to the strategic direction of the BRC renewal and wider Research Hospital agenda.

Summary of report
This presentation will provide an update on Research Hospital with a focus on the NIHR Biomedical Research Centre performance and renewal including:

- Activities/strengths to date
- Risks/challenges
- Leadership
- Key changes being proposed for renewal
- Renewal timescale

Action required from the meeting
Support for renewal planning activities, input/suggestions

Contribution to the delivery of NHS Foundation Trust priorities	**Contribution to compliance with the Well Led criteria**
□ PRIORITY 5: Accelerate translational research and innovation to save and improve lives	**□ Leadership, capacity and capability** **□ Vision and strategy** **□ Culture of high quality sustainable care** **□ Engagement of public, staff, external partners** **□ Robust systems for learning, continuous improvement and innovation**

Strategic risk implications
BAF Risk 6: Research Infrastructure

Financial implications
BRC award £37.5m over 5y, leveraging an additional £53m in research income, providing crucial infrastructure for translational research across GOSH and ICH. Funding is also linked to that for our NIHR Clinical Research Facility which may be more embedded (financially) in next round.

Implications for legal/ regulatory compliance
N/A

Consultation carried out with individuals/ groups/ committees
N/A

Attachment N

Who is responsible for implementing the proposals / project and anticipated timescales? Dr Laura Turner (Deputy Director of Operations, BRC) Dr Jenny Rivers (Deputy Director of R&I)
Who is accountable for the implementation of the proposal / project? Professor Thomas Voit (BRC Director) Professor David Goldblatt (Director of R&I)
Which management committee will have oversight of the matters covered in this report? R&I Board BRC Strategy Board

NIHR | Great Ormond Street Hospital Biomedical Research Centre

The National Institute for Health Research (NIHR) Great Ormond Street Hospital Biomedical Research Centre (BRC)

Overview and Future Strategy

Professor Thomas Voit

Thursday 26th November 2020

Athena SWAN Gold Award

Overview

- Review of key metrics
- Future Organogram and Theme Structure
- Training the next generation of translational scientists
- Delivering progress into the NHS
- COVID
- The BRC in the Research Hospital
- Data Science

Please remember we are a methodology-driven BRC

Key metrics: funding and performance

BRC	Award
Cambridge	£114,300,000
Oxford	£113,718,800
UCLH	£111,503,317
Imperial	£90,008,746
Maudsley	£65,977,500
GSTT	£64,400,267
Royal Marsden	£43,074,315
GOSH	£37,005,790
Manchester	£28,500,000
Nottingham	£23,642,003
Bristol	£20,858,545
Moorfields	£19,075,000
Newcastle	£16,208,633
Southampton	£14,509,067
Oxford Health	£12,824,900
Birmingham	£12,120,962
Leicester	£11,591,314
Leeds	£6,736,575
Barts	£6,557,380
Sheffield	£4,049,681
Total	**£816,662,795**

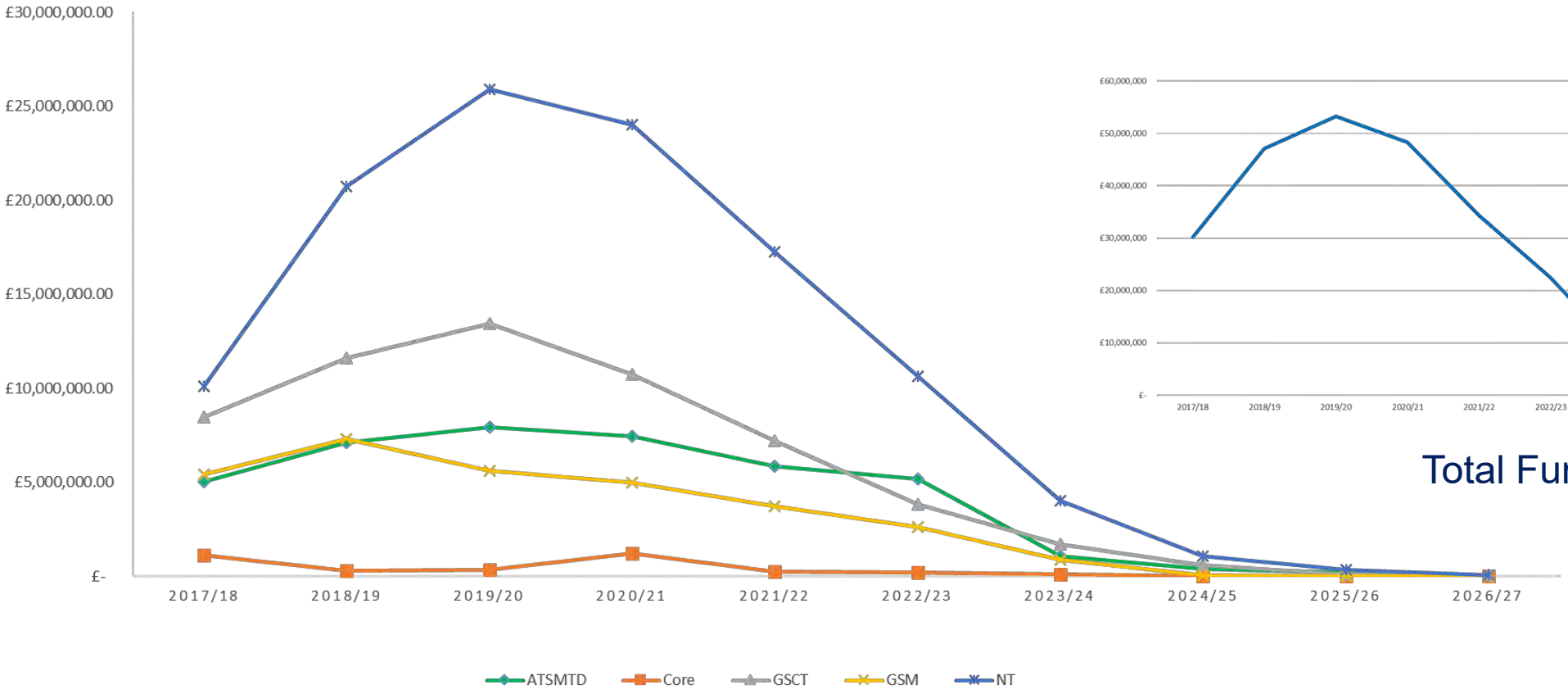
8th largest
5% national award

NIHR GOSH BRC High Level Data	2017/18	2018/19	2019/20
Total external income (excl. BRC)	**2017/18**	**2018/19**	**2019/20**
Industry Contract	£2,186,138.56	£6,063,672.78	£5,220,963.51
Industry Collaborative	£1,562,634.44	£4,891,313.34	£7,060,203.21
Research Charity	£12,099,424.17	£19,029,236.96	£21,285,898.12
Research Council	£3,521,379.84	£3,971,073.02	£5,871,263.60
Other Non-commercial	£5,331,928.65	£6,062,541.47	£5,366,220.23
DHSC/NIHR	£5,479,578.84	£7,026,706.11	£8,401,548.03
Total	**£30,181,084.50**	**£47,044,543.68**	**£53,206,096.70**

55.87% growth in leveraged income in 2018/19 and 13% in 2019/20 compared to previous year. High growth in 2018/19 may be partially accounted for by improved data collection methodology to capture previously missed data.

Leverage factor X 7.7 over first 3 years

Research Funding Sustainability



Funding by Theme

Total Funding

Publications

Publications	2017/18	2018/19	2019/20
Total no. of publications	763 36.7% acknowledgements	658 40.12% acknowledgements 54.7% open access	497* 80.08% acknowledgements 62.17% open access

**Reduction in total publications submitted following strategic decision to focus primarily on those papers acknowledging the NIHR.*

For comparison, the total number of papers submitted each year that acknowledged the NIHR was 280 (2017/18), 263 (2018/19) and 398 (2019/20). A significant improvement in papers acknowledging the NIHR was observed in 2019/20 following an extensive awarness campaign relating to this metric.

Publications with acknowledgement absolute: 280 264 398

Early Phase Clinical Trials

Projects	2017/18	2018/19	2019/20
Total no. of projects	865	1105	1026
No. 1st in human projects	47*	59*	21 + 6 first in child
Phase 1 and 1/2	28	42	39
Phase 2 and 2/3	50	53	66

Bringing new drugs to patients: 5 drugs approved, 1 under approval

- Nusinersen//Spinraza, the 1st FDA- and EMA-approved drug for Spinal Muscular Atrophy *(Finkel, NEJM 2017,* GOSH PIs *Muntoni, Voit)* approved by NICE
- Golodirsen antisense for DMD: approved by FDA (GOSH CI *Muntoni*)
- Brineura for Batten disease first global approval *(Schulz, NEJM 2018,* GOSH PI *Gissen),* approved by NICE
- Epidyolex, approved by EMA for seizures associated with Lennox-Gastaut and Dravet syndrome (*Cross)*
- Zolgensma, AAV GT for SMA approved by FDA/EMA. GOSH led research *(Muntoni)*. GOSH selected as a site for Avexis' MAP
- Lumasiran, an RNAi therapy for primary hyperoxaluria type 1. GOSH patients in phase 1/2, 3 and young child studies *(van't Hoff). FDA NDA and EMA MAA pending*
-

Patents and IP valorisation

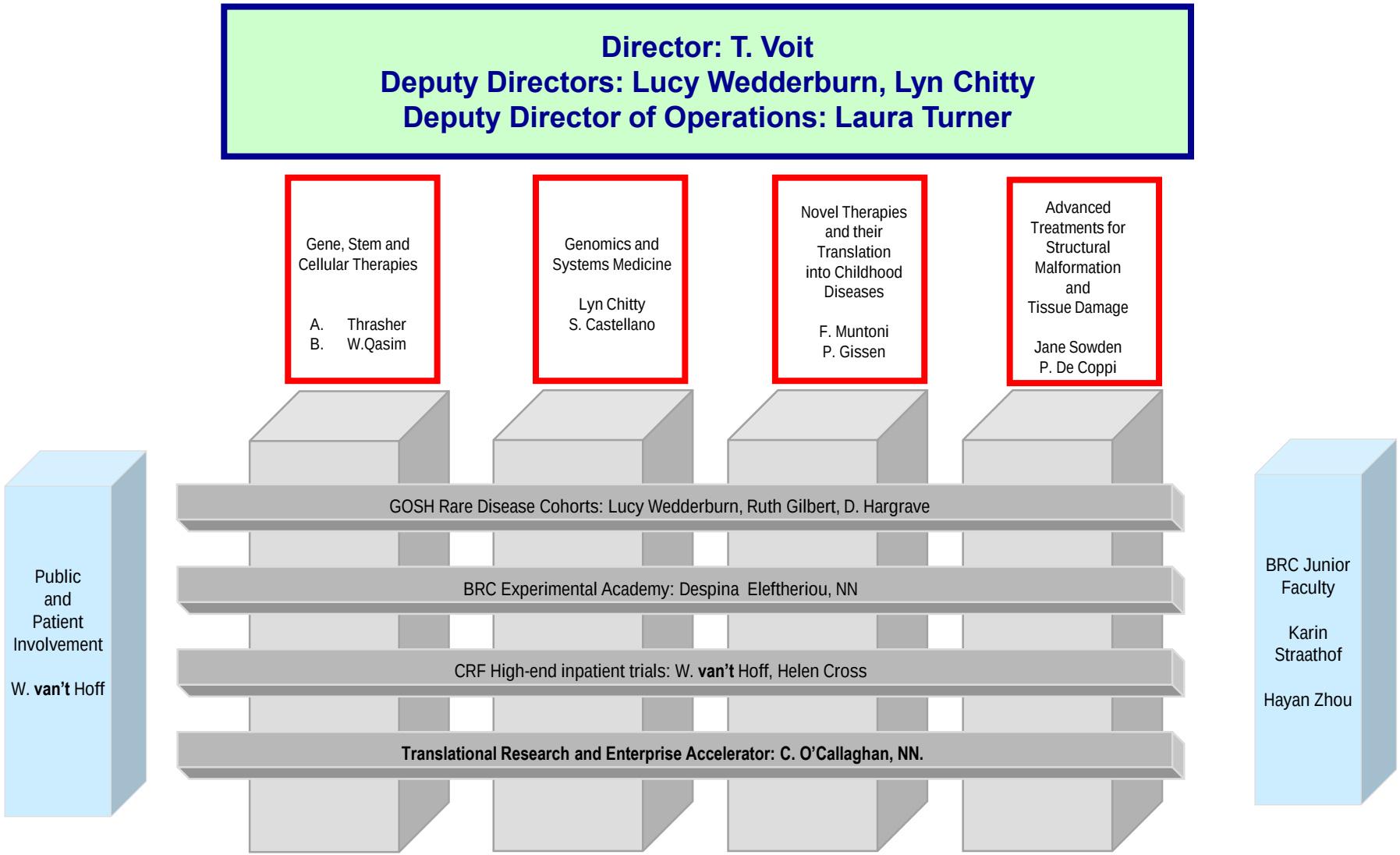
Intellectual Property Data	2017/18	2018/19	2019/20
Patent Applications Filed	7	7	7
Patent Applications Granted	0	1	4
Number of Spin-outs created as a result of the centre's research	0	0	0
Royalties/revenue received by UCLB from commercial licenses (subject to revenue share)	£395,229.33	£76,042.46	£121,708.46
On target to meet our 5 year BRC goal of 30 patent applications filed: 21 filed in years 1-3.			

- 1 new spin-out company created (AXOVIA, AAV-GT of ciliopathies)
- Research projects with an SME: 36
- Research projects with a large co. : 118

Training the next generation of translational scientists

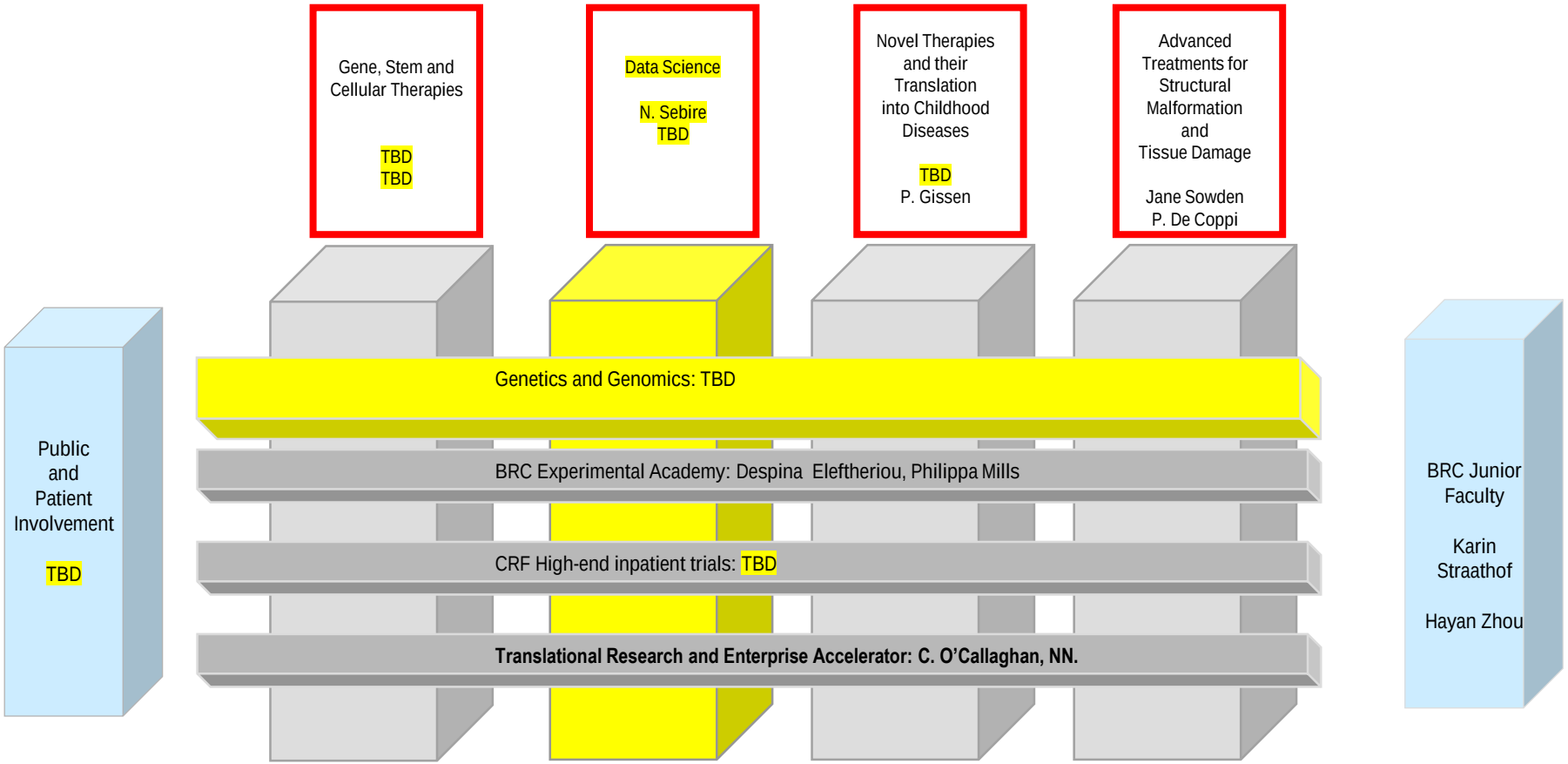
- BRC Catalyst Award: 12-18 m FET salary for MD or PhD
- £490K invested, >£4m grants obtained
- 1 Wellcome Trust Clinical Research Career Development Fellowship
- 2 MRC Clinician Scientist Fellowships
- 1 a Cure JM Foundation Award and multiple individual project awards
- 15 (+4) PhD supported by BRC

GOSH BRC Organogram 2019

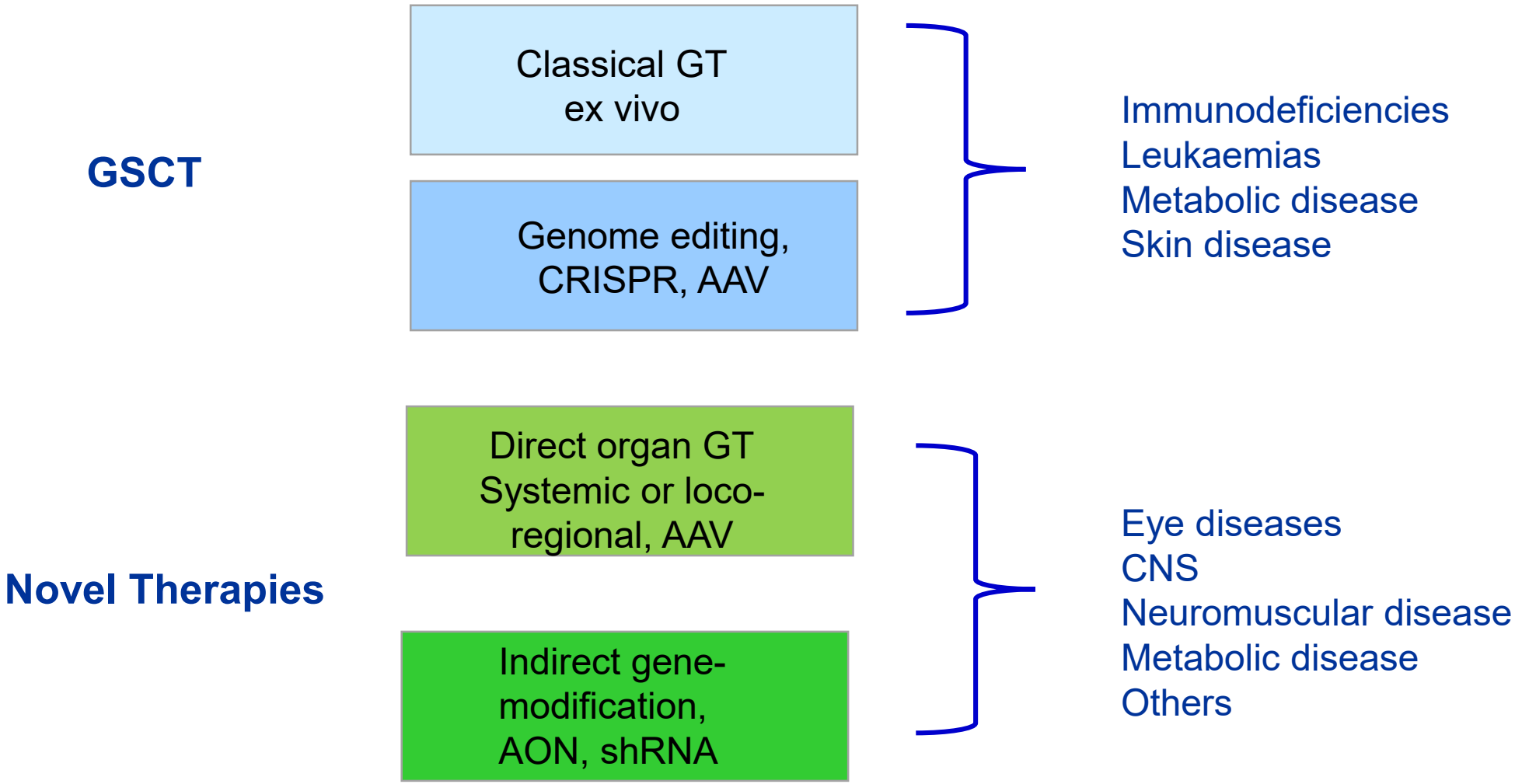


GOSH BRC Organogram Next BRC

Director: T. Voit
Deputy Directors: TBD
Deputy Director of Operations: Laura Turner



Subdividing gene and cell therapies



Developing the Zayed Centre

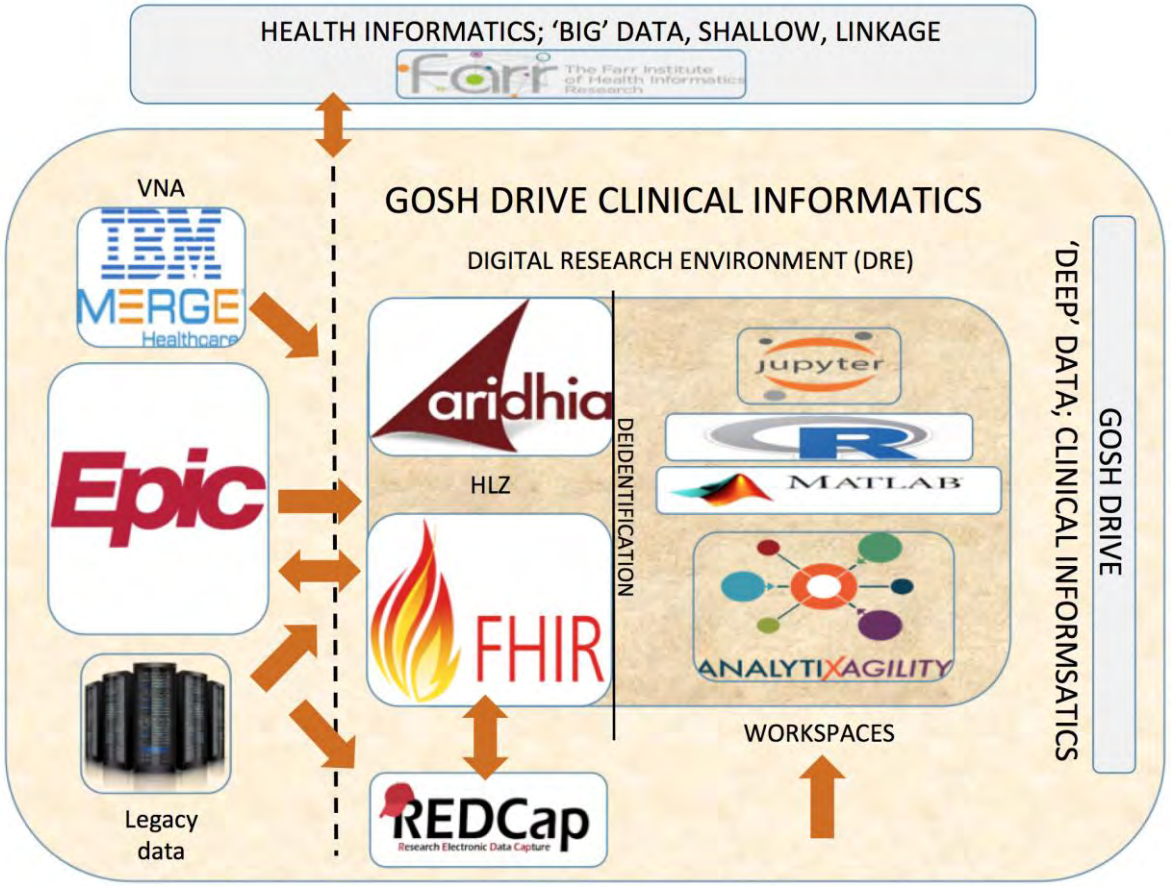
- Develop a sustainable business plan
- Integrate (as for now) COVID research/hVIVO
- Decide on vector GMP production (MRC/LifeArc call pending)
- Balance PI-led and industry-led production campaigns and overheads

Zayed Centre for Rare Diseases

Make the Research Hospital Novel Therapy-ready

- Zolgensma (SMA), Luxturna (retinopathy) GOSH commissioned site: AAV-GT approved medications
- GOSH OGM Commission and SOPs
- 4 AAV trials ongoing, 27 gene therapy trials in total
- Approach diversification: intra-ventricular (Brineura), intra-spinal (Spinraza, Zolgensma SMA 2-3), intra-ocular….
- Need for in-patient space/ward for ‘novel therapies’

New Data Science Theme
Applied Child Health Informatics



- GOSH HIMSS7 certified
- 2 Data Scientists appointed
- 150 Rare Disease Cohorts
- HDR UK: N. Sebire Chief Clinical Data Officer
- 20.1m UKRI NPIC grant (N. Sebire pathology lead)
- High impact child health national data linkage
  (Ruth Gilbert, ADR-UK £334K)
- Nationwide registries (NorthStar) for drug surveillance
- Genetics/genomics large data (GEL…)
- 2 CDTs for AI-enabled healthcare (UKRI)

GOSH BRC as ‘good citizen’: the role of COVID research

- 95 articles published on COVID/SARS-2
- 36 COVID research projects under way
- N.Sebire standards lead for the new national Co-Connect study collating data on COVID-19 immunology data
- N. Sebire senior team and standards lead for the Gates / Zuckerberg Foundation funded ICODA (International COVID-19 data alliance)
- K. Mills Moonshot Project (DH/UKRI) site for MassSpec
- SARS2 synthesis project in ZAYED (hVIVO industry project)
- National SARS2 genotyping (Breuer), COG-UK: COVID-19 Genomics UK Consortium

Concrete COVID contributions

Science REPORTS

Cite as: K. W. Ng et al., Science 10.1126/science.abe1107 (2020)

Preexisting and de novo humoral immunity to SARS-CoV-2 in humans

Kevin W. Ng[1*], Nikhil Faulkner[1*], Georgina H. Cornish[1*], Annachiara Rosa[2*], Ruth Harvey[2], Saira Hussain[3], Rachel Ulferts[3], Christopher Earl[4], Antoni G. Wrobel[3], Donald J. Benton[5], Chloe Roustan[6], William Bolland[1], Rachael Thompson[1], Ana Agua-Doce[7], Philip Hobson[7], Judith Heaney[13], Hannah Rickman[13], Stavroula Paraskevopoulou[13], Catherine F. Houlihan[13,14], Kirsty Thomson[13], Emilie Sanchez[13], Gee Yen Shin[13], Moira J. Spyer[13,15], Dhira Joshi[8], Nicola O'Reilly[8], Philip A. Walker[6], Svend Kjaer[6], Andrew Riddell[7], Catherine Moore[16], Bethany R. Jebson[17,19], Meredyth Wilkinson[17,19], Lucy R. Marshall[17,19], Elizabeth C. Rosser[17,18], Anna Radziszewska[17,18], Hannah Peckham[17,18], Coziana Ciurtin[17,18], Lucy R. Wedderburn[17,19], Rupert Beale[9], Charles Swanton[10], Sonia Gandhi[11], Brigitta Stockinger[12], John McCauley[3], Steve J. Gamblin[5], Laura E. McCoy[14]†, Peter Cherepanov[2]†, Eleni Nastouli[13,15]†, George Kassiotis[1,20]†

JAMA The Journal of the American Medical Association

Original Investigation FREE

June 8, 2020

Clinical Characteristics of 58 Children With a Pediatric Inflammatory Multisystem Syndrome Temporally Associated With SARS-CoV-2

Elizabeth Whittaker, MD[1,2]; Alasdair Bamford, MD[3,4]; Julia Kenny, MD[5,6]; et al

Lancet Child Adolesc Health 2020

Gastrointestinal features in children with COVID-19: an observation of varied presentation in eight children

attention to COVID-19 presenting in paediatric patients with primary symptoms of fever and abdominal pain, which might be mistaken for appendicitis.

Eight patients in a tertiary paediatric institution were referred for a surgical review over an 8-day period (April 25–May 2, 2020). All

modality to show a non-inflamed appendix than does ultrasonography.

Patient 4 had a severe inflammatory response and myocarditis, and was transferred from another institution to be offered extracorporeal membrane oxygenation. Thr (3, 5, and 6) developed inflammatory response

Published Online May 19, 2020 https://doi.org/10.1016/S2352-4642(20)30165-6

*Lucinda Tullie, Kathryn Ford, May Bisharat, Tom Watson, Hemanshoo Thakkar, Dhanya Mullassery, Stefano Giuliani, Simon Blackburn, Kate Cross, Paolo De Coppi, *Joe Curry*
joe.curry@gosh.nhs.uk

Kawasaki-like disease: emerging complication during the COVID-19 pandemic

Children have to date borne a minimal medical burden in the global COVID-19 pandemic. Epidemiological data from many countries show that children are a small minority of those who test positive. Children younger

much higher proportions with asymptomatic disease, is unclear.[1] Studies from several countries have confirmed that severe illness and death due to COVID-19 among children are rare,[1,6] with accurate estimates unavailable

Published Online May 13, 2020 https://doi.org/10.1016/S0140-6736(20)31129-6
See Articles page 1771

Russell M Viner, Elizabeth Whittaker
r.viner@ucl.ac.uk

Population, Policy & Practice Research Department, UCL Great Ormond Street Institute of Child Health, London WC1N 1EH, UK (RMV); and Paediatric Infectious Diseases, Imperial College Healthcare NHS Trust and Section of Paediatric Infectious Diseases, Department of Medicine, Imperial College London, London, UK (EW)

Renal dysfunction in hospitalised children with COVID-19

Children and adolescents with COVID-19 fare considerably better

injury in children is challenging as serum creatinine varies with age and is dependent on muscle mass. Furthermore, the Kidney Disease Improving Global Outcomes (KDIGO) 2012 diagnostic system for acute kidney injury uses baseline serum

to creatinine ratio. Haematuria was more likely to be detected as urine was often sent for microscopy as part of a septic work-up (for 40 [77%] patients; appendix p 1). Of the acute kidney injury cohort, five (33%) had abnormal renal ultrasound findings

Published Online June 15, 2020 https://doi.org/10.1016/S2352-4642(20)30178-4

*Douglas J Stewart, John C Hartley, Mae Johnson, Stephen D Marks, Pascale du Pré, *Jelena Stojanovic*

CSH Cold Spring Harbor Laboratory bioRxiv THE PREPRINT SERVER FOR BIOLOGY

HOME | ABOUT

Search

bioRxiv is receiving many new papers on coronavirus SARS-CoV-2. A reminder: these are preliminary reports that have not been p practice/health-related behavior, or be reported in news media as established information.

New Results Comments (1)

SARS-CoV-2 infection and replication in human fetal and pediatric gastric organoids

Giovanni Giuseppe Giobbe, Francesco Bonfante, Elisa Zambaiti, Onelia Gagliano, Brendan C. Jones, Camilla Luni, Cecilia Laterza, Silvia Perin, Hannah T. Stuart, Matteo Pagliari, Alessio Bortolami, Eva Mazzetto, Anna Manfredi, Chiara Colantuono, Lucio Di Filippo, Alessandro Pellegata, Vivian Sze Wing Li, Simon Eaton, Nikhil Thapar, Davide Cacchiarelli, Nicola Elvassore, Paolo De Coppi

doi: https://doi.org/10.1101/2020.06.24.167049

NIHR | Great Ormond Street Hospital Biomedical Research Centre

Conclusions

- We do not know when the next call will be out and what it will contain
- We don’t know the impact of basic science (Science, 2 x Nature, 2 x Nat Med, Nat Cell Biol…) versus NHS implementation (biomarkers, RAPS, cfDNA…)
- Regarding past and present performance we are in good shape
- Structure development: we have a clear idea, which may need adjustment to the call
- Individual Themes: more work to do, particularly for structuring Data Science & Genetics and Genomics
- Continue to develop our USPs

End of slides

Attachment O

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26 November 2020

Patient and Family Experience and Engagement Framework – Progress Report **Submitted by:** Alison Robertson, Chief Nurse **Prepared by:** Claire Williams, Head of Patient Experience and Engagement	**Paper No: Attachment O** □ **For information and noting**

Purpose of report
To present an update of the Patient Experience and Engagement Framework which was approved at Trust Board in January 2020.

Summary of report
This paper:

- Highlights continued efforts to encourage feedback from our patients and their families.
- Describes progress to date in developing a three year patient experience proposal for the GOSH Children's Charity to consider in the New Year (2021).
- Informs Trust Board that we have updated the Equality Objectives for those who use our services. Progress will be monitored via the Family, Equality and Diversity Group.
- Informs the Trust Board that the Patient and Family Experience and Engagement Committee (PFEEC) approved our Learning Disability Strategy.
- Outlines support given to families during COVID.

Action required from the meeting
For the Board to receive for information, providing any comment for future direction.

Contribution to the delivery of NHS Foundation Trust priorities □ **PRIORITY 4: Improve and speed up access to urgent care and virtual services**	**Contribution to compliance with the Well Led criteria** □ **Vision and strategy** □ **Culture of high quality sustainable care** □ **Engagement of public, staff, external partners** □ **Robust systems for learning, continuous improvement and innovation**

Strategic risk implications
A control linked to BAF Risk 13: Patients are not consistently cared for within a comprehensive safety system which ensures they are protected from avoidable harm and focuses on openness, transparency and learning when things go wrong.

Financial implications
None

Implications for legal/ regulatory compliance
'Not Applicable'

Attachment O

Consultation carried out with individuals/ groups/ committees Consultation with Children, Young People and their Families. PFEEC. GOSH Children's Charity
Who is responsible for implementing the proposals / project and anticipated timescales? Head of Patient Experience and Engagement
Who is accountable for the implementation of the proposal / project? Chief Nurse
Which management committee will have oversight of the matters covered in this report? Patient and Family Experience and Engagement Committee

Patient and Family Experience and Engagement Framework Progress Report

Introduction:

The purpose of this report is to provide an overview of the action taken in response to the Patient and Family Experience and Engagement Framework (the Framework) approved at Trust Board in January 2020.

The Framework set out our ambitions for enhancing, developing and improving patient and family experience at GOSH. Several of the Patient Experience functions and teams are funded by the GOSH Children's Charity (GOSH CC). Historically funding has been provided annually. Following the work of the Hospital Priorities Steering Committee to agree priorities for charitable funding in a more thematic and strategic way of supporting the hospital in the area of Patient and Family Experience, a three year package of support is proposed. This is subject to development of a strategy and proposal for a step change in patient and family experience which will be presented to the GOSH CC Grants Committee. In light of this, the timetable for a delivery plan arising from the Framework has changed but as shown below work to pursue the aims has continued.

Progress

Feedback and engagement

A central tenet of the Framework is the importance of feedback and engagement with patients and families. In addition to more than 9,000[1] Friends and Family Test submissions received since January, there have been 39 separate surveys to patients and families seeking feedback on experiences of the hospital including but not limited to views on changes made as a result of COVID such as virtual clinics and appointments. Data from these surveys is feeding into local and trust wide groups working to enhance processes within the Trust.

During COVID, the Young People's Forum meetings have increased as have requests for the members' input on issues ranging from training regarding transition to adult services, a paper with the Ethics team on the role of children and young people in how society recovers from the Covid-19 pandemic, Trust communications during COVID, sustainability and Duty of Candour.

A wide reaching engagement project has also been completed in order to shape the proposals to GOSH CC and prioritise ideas of how to make patient and family experience 'out of this world'. In conjunction with Parent Representatives and the Young People's Forum, the Patient Experience Team created surveys to help illicit ideas from children, young people, families and staff. These surveys were then promoted to maximise contact during the COVID lockdown through social media and the GOSH Foundation Trust membership. There have also been several focus groups with patients, siblings and families to obtain further insight. Feedback supports initiatives including but not limited to:

- office space for parents and carers
- designated sibling spaces
- reducing digital exclusion

[1] This number is lower than usual due to reductions in feedback during the pandemic.

- increasing financial support for families
- music therapy
- advocacy training
- family mediation

Further detail is set out at Appendix 1. These proposals are being developed and a draft summary of the Patient and Family Experience approach can be found in Appendix 2.

In addition to this, there has been work to encourage feedback from patients and families and increase awareness of the Pals and Complaints team and support they can offer. This is through revised web content, updated patient information leaflets and posters displayed around the Trust. There has also been further work with the Young People's Forum to better understand barriers to children and young people providing direct feedback on their experiences of GOSH rather than their families raising issues on their behalf. In response to this, a pilot 'Help Us to Help You' is about to commence. This pilot is targeted at children and young people and following triage of feedback by the Patient Experience team, will ensure that feedback is looked at through one of three routes: 1) general feedback through FFT; 2) a Patient Advice and Liaison Service contact requiring a response or 3) a formal complaint. In support of this, a new Children and Young People formal complaints process is being finalised.

The Patient Experience team are also working with Drive and others to identify new survey software to enable increased functionality for patient, family, staff surveys and research projects and consistency across the Trust.

Equality objectives

Aligned to the Framework, the objectives for 2020- 2024 to advance and improve equality, diversity and inclusion for children, young people and families who use services at GOSH have been updated and agreed. The updated objectives set out clear and measurable delivery plans under the following three key areas:

Objective 1: Improve data collection and integration to bring practical clinical benefits

Objective 2: Provision of core information in alternative formats and languages

Objective 3: Encourage feedback (positive and negative) from hard to hear groups

Progress is monitored through the revised Family, Equality and Diversity Group.

Learning Disability Strategy

The Learning Disability Five Year Strategy produced by Kate Oulton, Consultant Nurse for Learning Disabilities, has been agreed and approved at the Patient and Family Experience and Engagement Committee. The strategy sets out the Trust's ambition and commitment to ensuring that children and young people with learning disabilities, autism and/or additional needs receive equal access to safe, high quality care and services that meet their particular needs, and are equally valued and included as active partners in their care. Two of the key

themes of the strategy relate to Patient Experience and Parent Wellbeing. The LD team and Patient Experience team continue to work closely incorporating elements of the LD strategy into the Patient and Family Experience proposal (e.g. LD Communication tool and the Play Programme and tools) and in other work with the support of GOSH CC such as a sensory toy library.

Continued support for patients and families

In addition to the action outlined above, work continues to respond to patient and family needs particularly during COVID. Patient Experience teams continue to provide virtual support where possible through play and music therapy, online chaplaincy and bereavement support. With the support of GOSH CC, it has been possible to provide activity and pamper packs for patients and families and through the provision of additional games consoles, games, films and activities, we have been better able to meet requests from older patients for more age appropriate things to do.

Feedback has highlighted the importance of clear information for patients and families particularly during COVID. In response to this, the Health Information Manager and Communications teams have worked tirelessly to ensure that patient and family information is accurate and accessible

Next steps

The Patient and Family Experience strategy and proposal to the Charity will be completed in December to allow appropriate review before submission to the GOSH CC Grants Committee. As part of this, a delivery plan with costed initiatives where possible will be developed.

Claire Williams- Head of Patient Experience and Engagement

Appendix 1

Adult's Prioritisation for Patient Experience Charity Funds:

Facilities

- Office space for Parents and Carers
- Challenging Digital Exclusion
- Sibling Space
- Information App: accessibility
- Tablets for Patients/Families to stay in touch at GOSH

Skills

- Accredited hospitals Scheme for Learning Disabilities and for Mental Health
- Self-Advocacy and Transition Training
- Play Skills for Staff
- Learning Disabilities Communication Tools for Healthcare
- Family and CYP Involvement Skills for staff

Support

- Music Therapy
- Financial support: Food vouchers and Crisis fund
- Family Mediation
- Play programmes and tools for Learning Disabilities, Autism and Mental Health
- Fathers Bereavement Support Programme

Children and Young People's Prioritisation for Patient Experience Charity Funds:

Facilities:

- Tablets for Patients and Families to stay in touch at GOSH
- Office Space for Parents and Carers
- Information App: accessibility
- Challenging Digital Exclusion
- GOSH Arts additional funds for more arts involvement

Skills:

- Self-Advocacy and Transition Training
- Play Skills for Staff
- Learning Disabilities Communication Tools for Healthcare
- NHS Cadet Scheme
- CYP Information Co-Production

Support

- Financial Support, food vouchers and crisis funds
- Music Therapy
- Office Space for Parents and Carers
- Play programmes and tools for Learning Disabilities, Autism and Mental Health

- Family Mediation Service

Sibling's Prioritisation for Patient Experience Charity Funds

- Sibling School Pack
- Sibling Badges
- Sibling Room

Staff's Prioritisation for Patient Experience Charity Funds

- Fathers Support Groups
- Parent Skills, finance, benefits, housing and Education and Healthcare Plans
- Baby Massage classes to de-stress and manage anxiety.

Attachment O

Appendix 2

<table>
<tr><td>OUR AMBITIONS</td><td colspan="3">MAKING PATIENT AND FAMILY EXPERIENCE AT GOSH OUT OF THIS WORLD BY:
MAKING PATIENTS AND THEIR FAMILIES FEEL SAFE, WELL CARED FOR AND SUPPORTED BY STAFF WHO TREAT THEM WITH KINDNESS, COMPASSION, UNDERSTANDING AND RESPECT.
ENHANCING, DEVELOPING, AND EXPANDING EXISTING AND NEW INITIATIVES TO IMPROVE EXPERIENCE FOR PATIENTS AND FAMILIES AND THE REACH OF SERVICES THROUGH TECHNOLOGY, EFFECTIVE USE OF RESOURCES AND PARTNERSHIPS WITH OTHERS.</td></tr>
<tr><td>OUR OVERALL APPROACH</td><td colspan="3">THE PATIENT EXPERIENCE CONTINOUS LEARNING JOURNEY
 

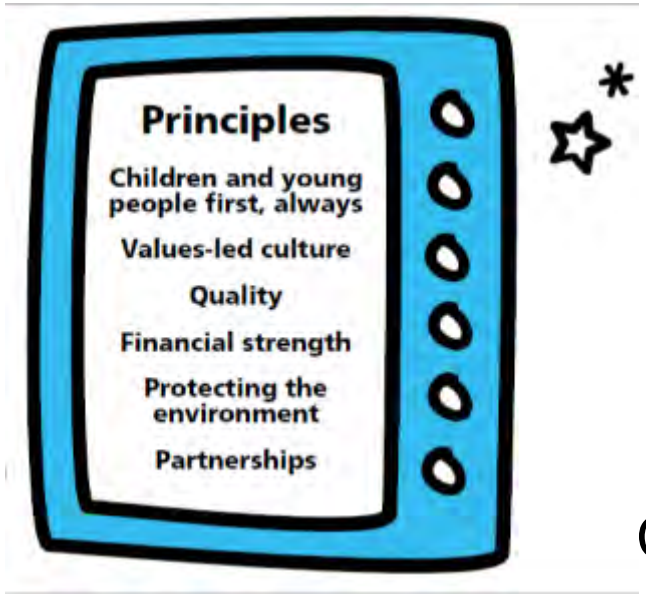
(AND REPEAT!)</td></tr>
<tr><td>OUR PRIORITIES</td><td>LISTENING, ENGAGING AND IMPROVING</td><td>CARING AND RESPECTING</td><td>ACCESSIBILITY</td></tr>
<tr><td>OUR CROSS-PRIORITY THEMES</td><td colspan="3">EMPOWERING PATIENTS AND FAMILIES/CARERS AND SUPPORTING RESILIENCE
JOY AT GOSH
ENHANCING SUPPORT FOR SELDOM HEARD GROUPS
PARTNERSHIP OPPORTUNITIES
CONTRIBUTES TO POSTIVE EXPERIENCE FOR STAFF
IMPACT BEYOND GOSH</td></tr>
<tr><td rowspan="2">INVESTMENT TOWARDS</td><td>SKILLS</td><td>SUPPORT</td><td>FACILITIES</td></tr>
<tr><td>PATIENTS</td><td>FAMILIES/ CARERS</td><td>SIBLINGS</td></tr>
</table>

Attachment P

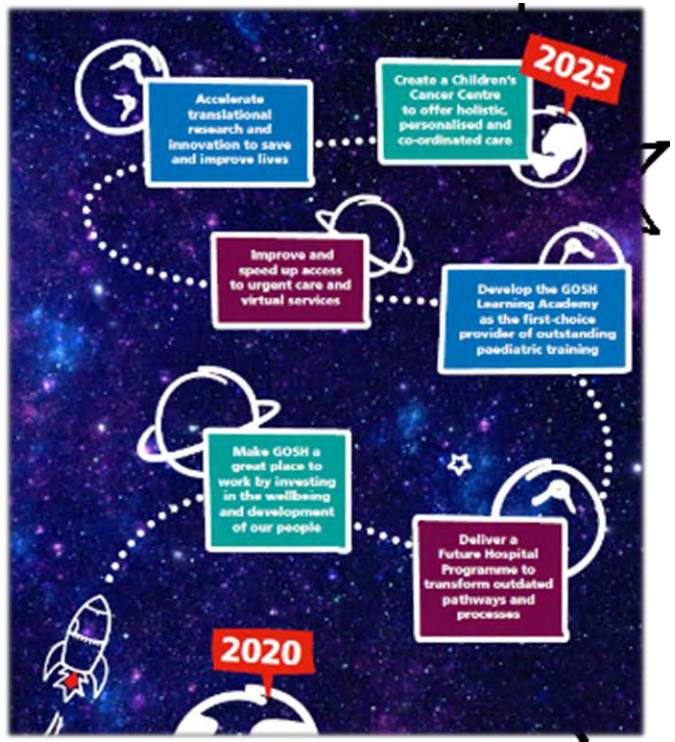
Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 26 November 2020	
Directorate Presentation: Blood Cells and Cancer Directorate **Submitted by:** Clarissa Pilkington, Chief of Service Blood Cells and Cancer Directorate	**Paper No: Attachment P**
Purpose of report **Aims / summary** · A review of Directorate performance – this is provided for information and background only · Progress made towards meeting the objectives of the new Trust strategy 'Above and Beyond' A short presentation will be delivered at the Board meeting with time for questions	
Action required from the meeting • For noting	
Contribution to the delivery of NHS Foundation Trust priorities • Delivery of Trust strategy • Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care	
Financial implications • None	
Who is responsible for implementing the proposals / project and anticipated timescales? • Not applicable	
Who is accountable for the implementation of the proposal / project? • Not applicable	

Blood Cells and Cancer DIRECTORATE REVIEW



Trust Board
26th November 2020



Clarissa Pilkington– Chief of Service
Anupama Rao– Deputy Chief of Service
Esther Dontoh– General Manager
Kate Pye– Head of Nursing and Patient Experience

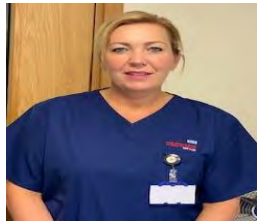
Services and Staffing

Chief of Service

Clarissa Pilkington

Deputy Chief of Service

Anupama Rao



Head of Nursing and Patient Experience

Kate Pye

General Manager

Esther Dontoh

Bone Marrow Transplant
Specialty Lead
Kanchan Rao

Haemophilia
Specialty Lead
Mary Mathias

Oncology
Specialty Lead
Olga Slater

Dermatology
Specialty Lead
Mary Glover

Immunology
Specialty Lead
Austen Worth

Rheumatology
Specialty Lead
Paul Brogan

Haematology
Specialty Lead
Sujith Samarasinghe

Infectious Disease
Specialty Lead
Alasdair Bamford

Palliative Care
Specialty Lead
Julie Bayliss

Staff Group in TB for BCC	WTE M6
Consultants	55.15
Directors, Senior Managers & Admin	60.29
Estates & Ancillary	9.27
Healthcare Assistants	39.81
Junior Doctors	39.8
Nursing	210.25
Other Staff	0.2
Scientific Therap Tech	1.12
Grand Total	415.89

Top four successes in the last year

- Directorate response to COVID-19; partnership working with NCL General Paediatrics, POSCU centres during a period of bereavement and outbreaks amongst teams has been phenomenal.
- Infectious Disease team leading and supporting pandemic response internally, nationally and internationally.
- Maintained all cancer operational standards and welcomed and incorporated UCLH adolescent oncology during first wave.
- Excellent directorate wide clinical engagement with Children's Cancer Centre, clinicians have felt integral to the design process.

Principle 1: Children and young people first, always

Restoring elective activity and clinical prioritisation

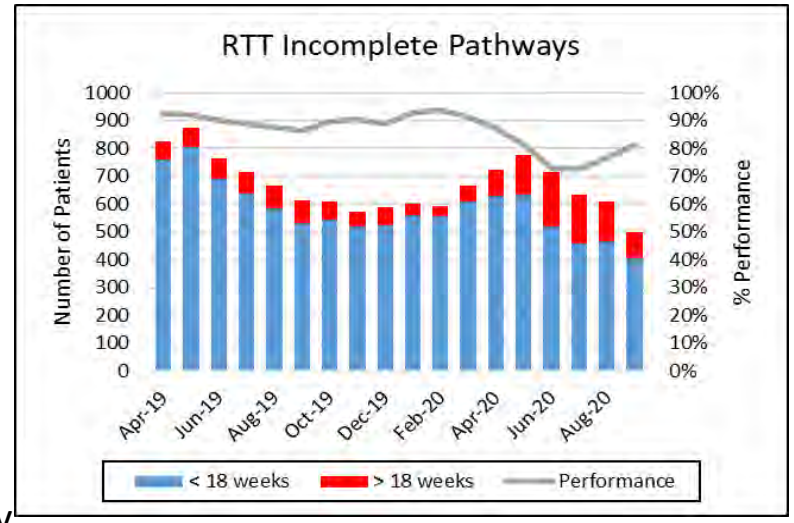
Situation:

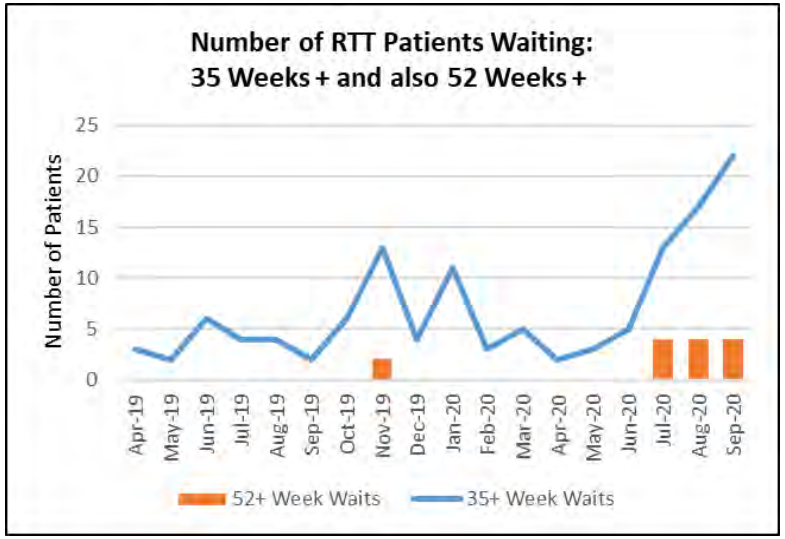
- 501 patients were waiting for their first appointment or treatment* at the end of September 2020; 474 are on known RTT pathways and a growing number are waiting more than 35 weeks for treatment now at 35.

Actions being taken:

- Continue to treat the most clinically urgent patients;
- Continue to clinically prioritise those on the waiting list and categorise as priority 2 **(383), 3 (423) and 4 (573)**
- In reply to NHSE's third phase response to COVID-19, those patients expected to breach 52 weeks by March 2021 will be prioritised for treatment once the priority 2s have been treated.

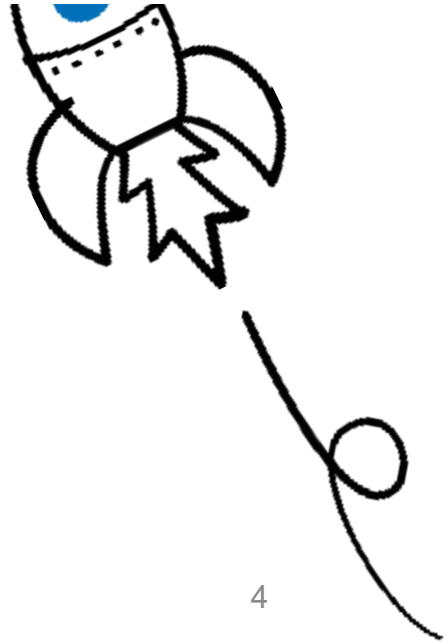
RTT incomplete pathways:
% of patients waiting < 18 weeks = 81.2% Sept 2020





Challenges:

- The number of priority 2, 3 and 4 patients continues to exceed available capacity.
- Directorate has worked hard to keep the number of patients waiting over a year at low levels currently standing at 6 (October 2020) including impact of cancelled electives
- Seeking agreement of families to come in for procedures and/or pre-admission COVID testing is a daily challenge.

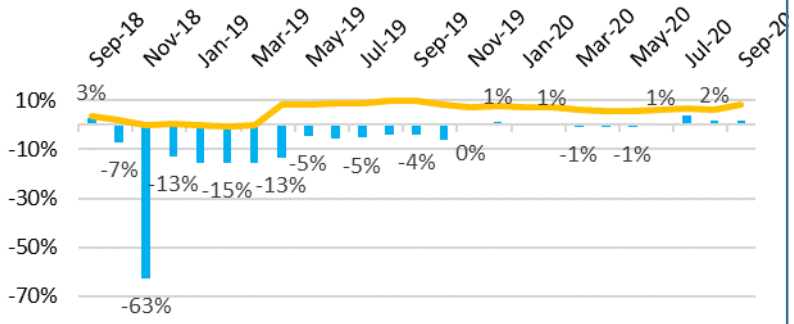


Principle 2: A values led culture

Workforce headlines

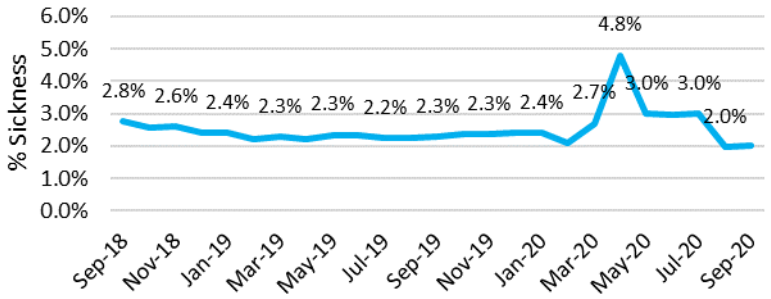
Key
- Trust target
- Trust performance
- Directorate performance

Vacanacy Rate



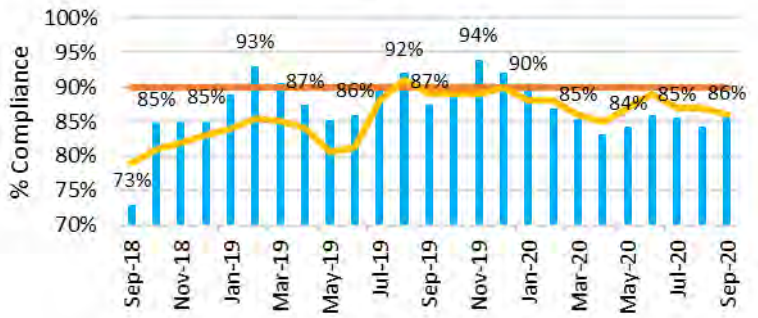
- **Successful recruitment to long standing vacant posts in 19/20 financial year.**
- Vacancy rate has remained low and within target over the last 12 months

Sickness Rate



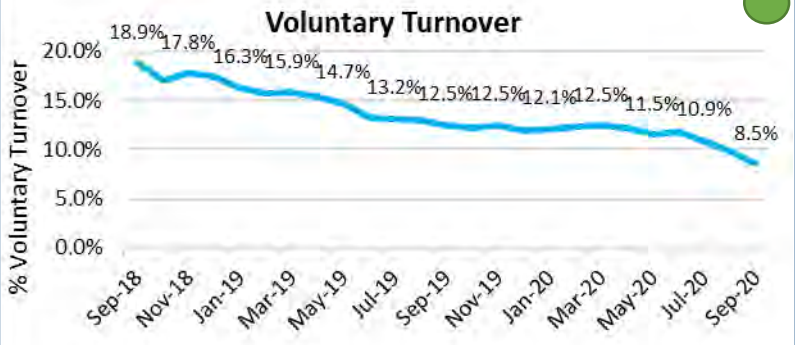
- **Improving trend** 2.% in September compared to 4.8% in April. Outbreaks during pandemic impacted our position
- Line managers are reporting that homeworking has reduced number of sickness episodes

PDR



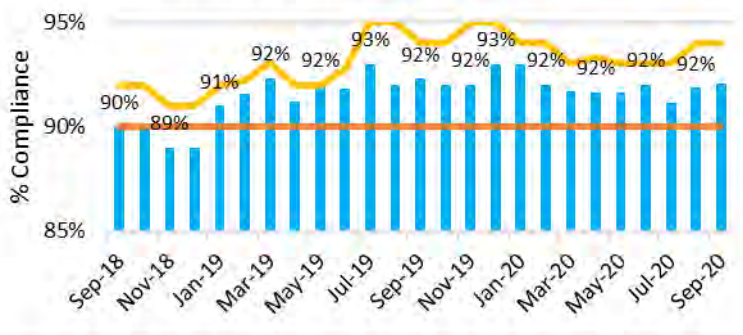
- **Inconsistent performance against the 90% target and Trust**
- PDR compliance dropped between March and May 2020 due to prioritising COVID management but is recovering now as we return to business as usual.

Voluntary Turnover



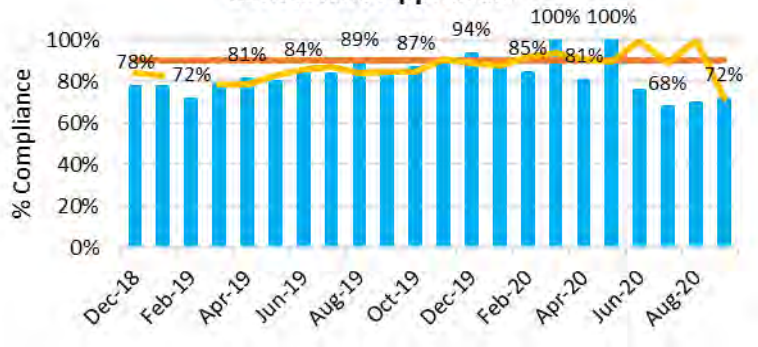
- **Improving trend** 8.5% compared to Trust target of 14%
- Total turnover (including fixed term contracts)

Statutory Mandatory Training



- **Consistently outperforming 90% target**
- Weekly monitoring and chasers by Chief of Service are the contributing factor to maintaining compliance even throughout COVID crisis period.

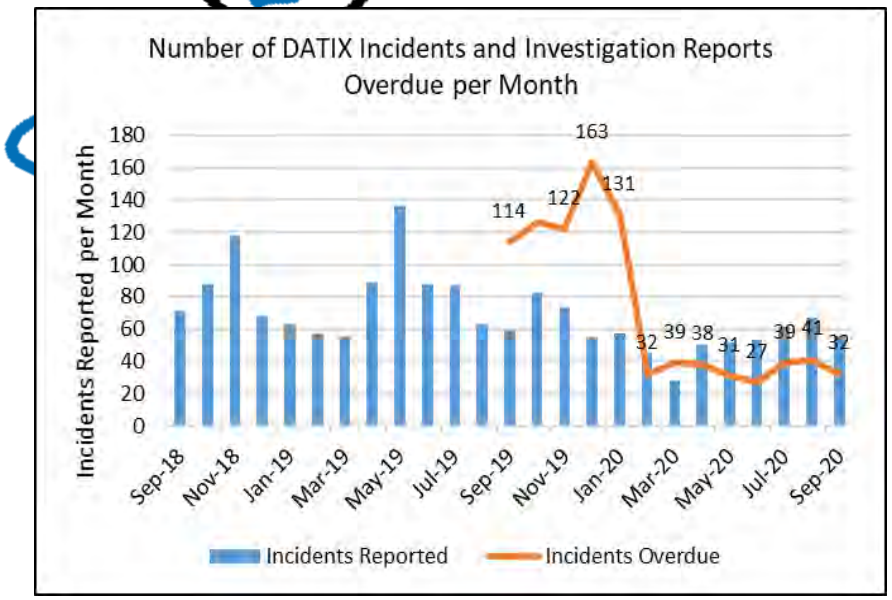
Consultant Appraisals

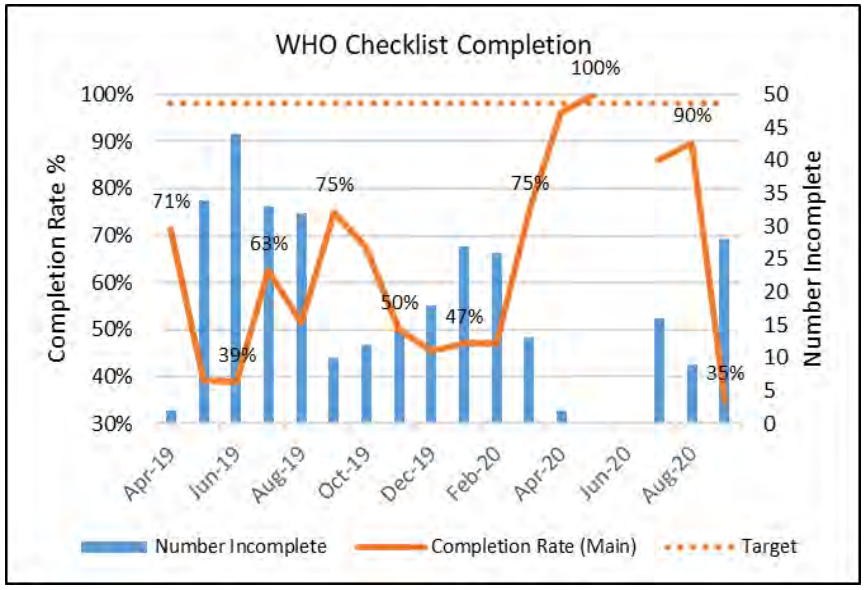


- **Inconsistent performance against 90% and Trust**
- The Directorate is currently sitting at 88% compliance. Target is 90% compliance by December 2020 . An action plan in place to maintain performance above target

Principle 3: Quality

Compliance





DATIX incidents

- DATIX incident reporting was lower in March/April 20. Believe this is correlated with reduced inpatient and outpatient activity due to COVID.
- Decline in number of overdue DATIXs is a direct result of increased levels of monitoring and leadership support to investigate and close incidents.
- **102** Number of overdue incidents has risen in last 3 months. Action being taken now to close these.

WHO checklist

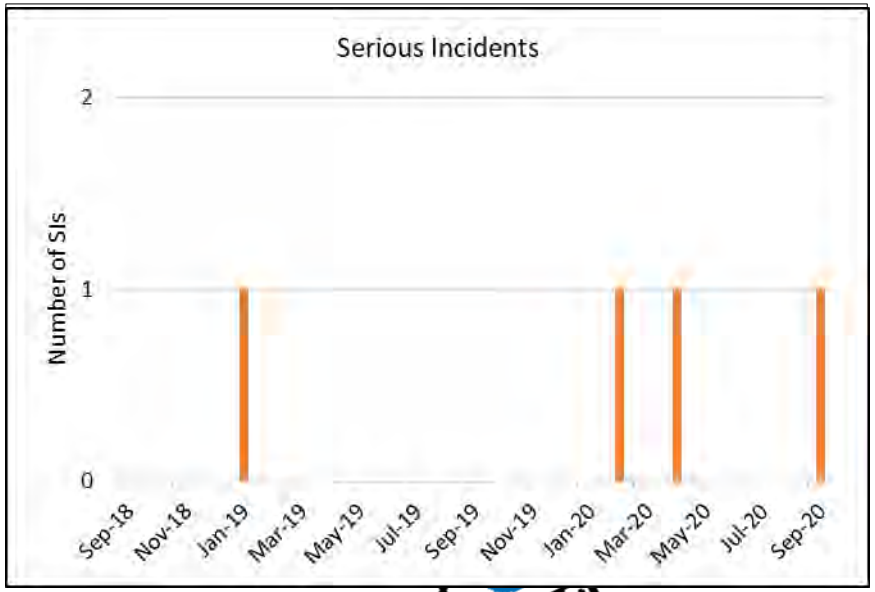
- Deputy Chief of Service has confirmed that WHO checklists are being completed in practice but there are documentation gaps on Epic.

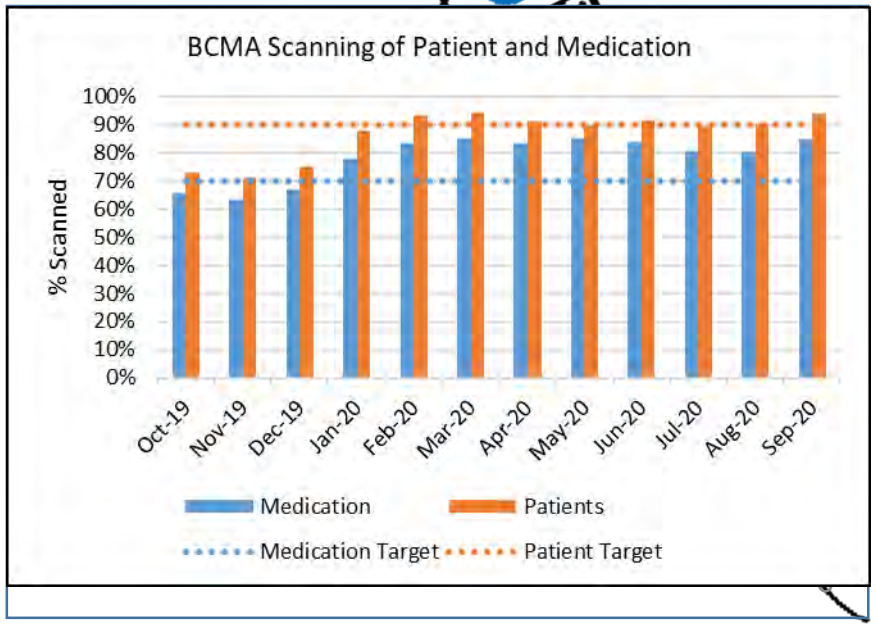
Serious Incidents

- There have been three SIs in last 12 months; Misdiagnosis of Brain Tumour –completed and signed by NHSE
- Failure to treat Sepsis as per supportive care protocol – awaiting response from NHSE
- Delayed removal of infected central line-SI panel on 21st December 2020

BCMA scanning compliance

- Since January BCC has met the BCMA scanning and medication target. Work continues to maintain performance





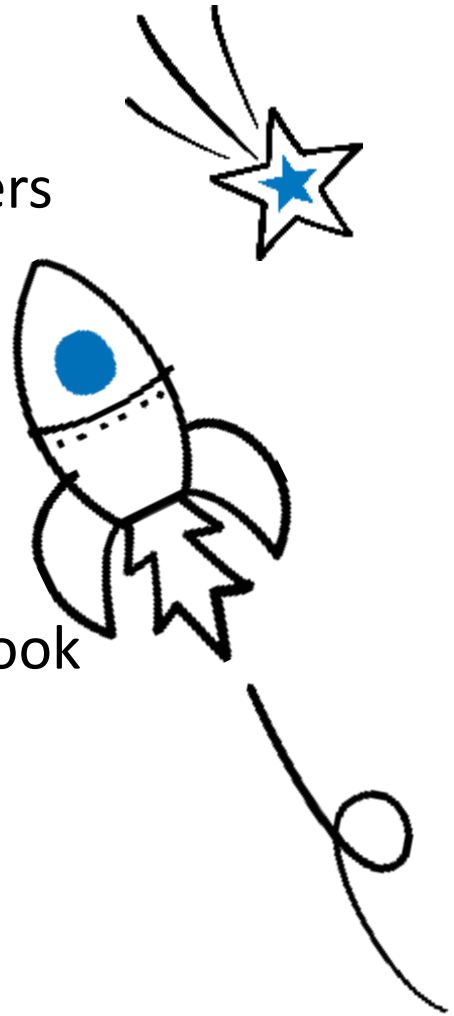
Top four challenges in the last year

Safari relocation abandoned – flagship service remaining in a suboptimal area.

Lack of theatre capacity impacted category 2, 3 and 4 patients numbers resulting in a growing number of 35+ 52 week waits.

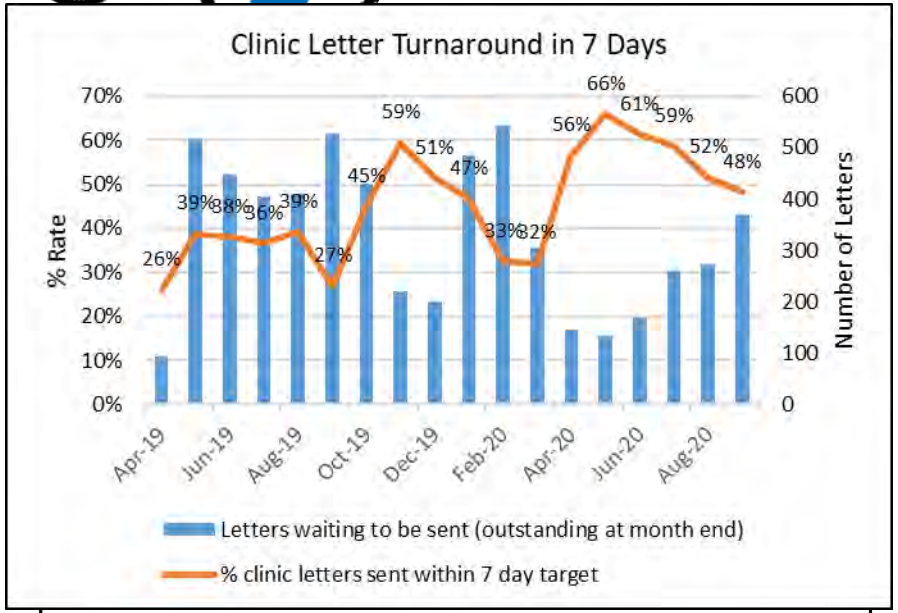
Junior doctor shortages throughout the year impacted by pandemic mitigations implemented.

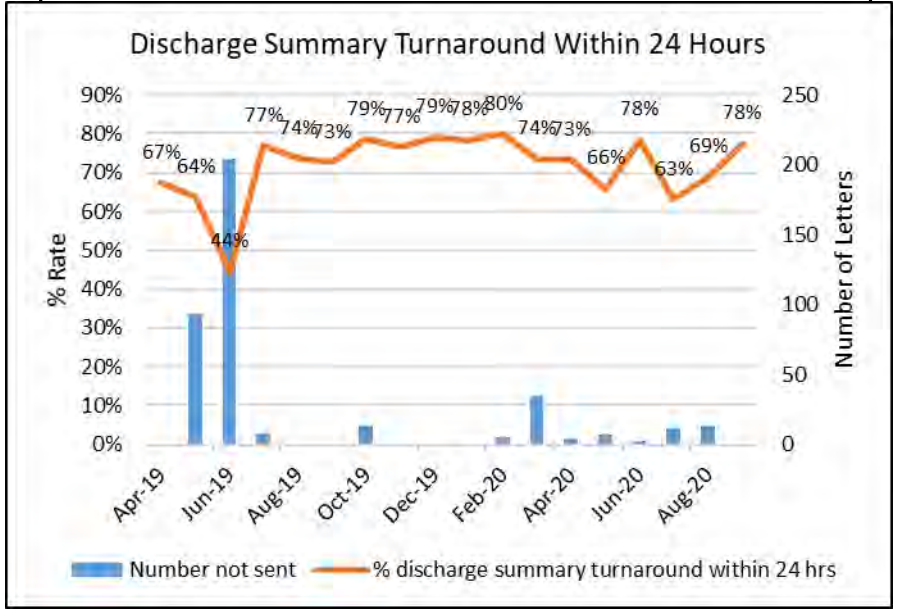
Staff wellbeing and fatigue as the directorate not only maintain and took on extra activity during the pandemic.



Principle 3: Quality

Compliance





Clinic letter turnaround in 7 days

- **Improving.** Each speciality has worked hard to overcome the challenges that followed the implementation of the new electronic patient record system and reduce their backlog. Average turnaround time is now 5.4 days compared to 25 days in April 2019.
- While percentage compliance with the 7 day turnaround target has worsened over the last couple of months,
- Activity has increased along with 2000 letter for shielding patients.
- Individualised actions plan are in place for specialties struggling with performance.

Discharge summary turnaround

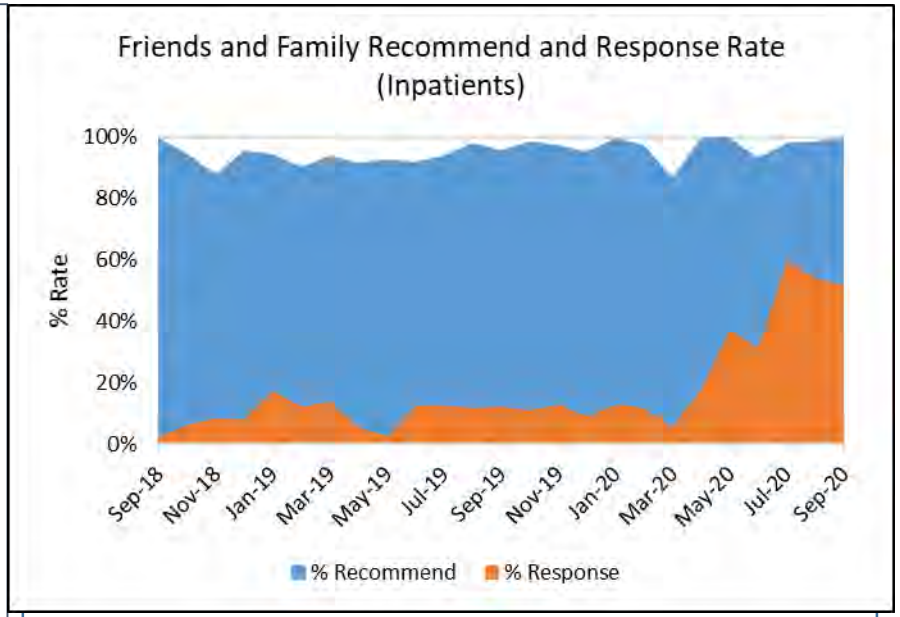
- **Improving.** Since the introduction of Saturday cover and increased team supervision, performance has improved and is expected to be maintained going forward.

Friends and Family Test (FFT)

- The inpatient response rate improved from May 2020 when the charge nurse on Panther ward took direct responsibility for speaking to families each morning and handing out FFT cards. This took a dip during April and May when interaction with families was restricted under COVID prevention measures. Average percentage is 54% across cancer wards.
- **100% satisfaction rates in IP areas**

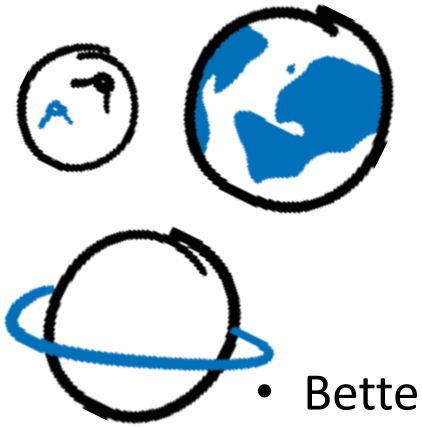
Complaints

- For the review period 19/20, Blood Cells and Cancer ranked five when comparing the ratio of complaints to combined patient activity (*outpatient attendances + inpatient episodes) with other Directorates. The trend of normally receiving 1-2 new complaints per month has continued in to 20/21.



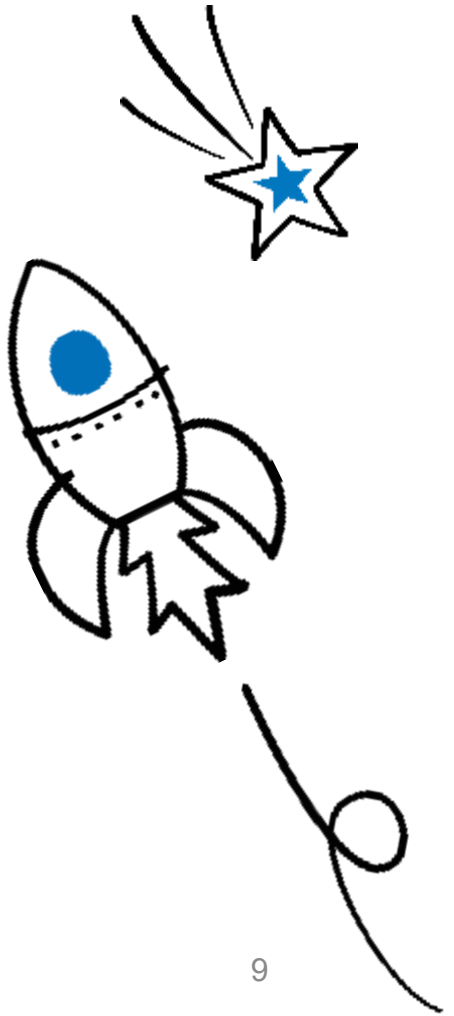
Complaints per 1000 combined patient activity (FY 19/20)

Directorate	Number of Complaints	Patient Activity	Complaints per 1000 CPA	% of Complaints per 1000 CPA
Blood Cells & Cancer	13	42947	0.30	12%
Body Bones & Mind	22	49095	0.45	18%
Brain	13	35360	0.37	13.8%
Hear & Lung	8	50471	0.16	6.4%
IPP	10	19855	0.50	20%
Medicines Therapies & Tests	5	17760	0.28	11.2%
Operations & Images	4	15251	0.26	10.4%
Sight & Sound	8	43939	0.19	7.2%



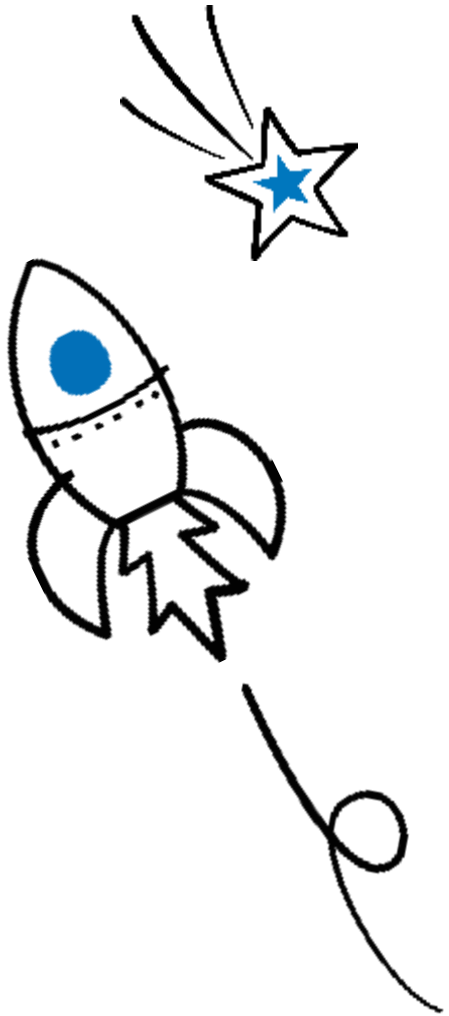
Principle 3: Quality- Safari suboptimal - Issues that must be addressed by relocation

- Better connectivity to rest of the hospital – to allow urgent transfer of severely ill children
- Reliable, working lifts that can fit the hospital bed with child, team and equipment.
- Pest Control concerns
- Heat control – high temperatures in the summer, freezing in the winter
- Numerous Datix reports: Remote location/inadequate lifts/unacceptable environment for cancer care /capacity/increased isolation
- Complaints Delays/Cancellations/poor patient experience
- Refurbishment would not address these issues even if extensive and overhaul – Relocation urgently required



Priorities and focus for the coming year

- Relocation of Safari Day Care and Outpatient services to allow delivery of high quality services.
- Resolving the lack of funding with NHSE for PIMS-TS patients
- Resolve Palliative Care funding agreement with NHSE as charity funding nears an end
- Resolve theatre capacity and utilisation rate to ensure appropriate/timely diagnosis and treatment of patients



Attachment Q

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 26th November 2020	
Business Planning 2021/22 **Submitted by:** **Phil Walmsley, Chief Operating Officer**	**Paper No: Attachment Q** **□ For information and noting**
Purpose of report To update the Board on the business planning process for 2021/22, including budget setting and the progress made to date.	
Summary of report The Trust is required to submit an annual business plan to NHS England and NHS Improvement (NHSEI), detailing the goals and objectives of the organisation for the coming year. The organisation's overarching business plan will be informed by both the strategic direction of Above and Beyond and the detailed business plans developed by each of the clinical and corporate directorates. To meet the Trust's planning and commissioning expectations, a governance process, planning timetable, business planning template and supporting financial and budgetary rules have been developed for all directorates to guide them in achieving the Trust's obligations. This paper sets out the business planning process for the 2021/22 financial year and updates on progress, whilst also setting out next steps. The process and assumptions will be updated as NHSEI release further planning guidance..	
Action required from the meeting To receive an update on the process and progress of business planning for 2021/22	
Contribution to the delivery of NHS Foundation Trust priorities **□ PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people** **□ PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes** **□ PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training**	**Contribution to compliance with the Well Led criteria** **□ Leadership, capacity and capability** **□ Vision and strategy** **□ Culture of high quality sustainable care** **□ Responsibilities, roles and accountability** **□ Effective processes, managing risk and performance** **□ Accurate data/ information** **□ Engagement of public, staff, external partners** **□ Robust systems for learning, continuous improvement and innovation**

□ PRIORITY 4: Improve and speed up access to urgent care and virtual services **□ PRIORITY 5: Accelerate translational research and innovation to save and improve lives** **□ PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care** **□ Quality/ corporate/ financial governance**	
Strategic risk implications All risks	
Financial implications This outlines the Trust financial plan for 2021/22 and the process by which the plan will be set.	
Implications for legal/ regulatory compliance N/A	
Consultation carried out with individuals/ groups/ committees All clinical and corporate directorate leaders are involved in the business planning process. They in turn consult with their service leads and relevant external partners	
Who is responsible for implementing the proposals / project and anticipated timescales? Strategy and Planning Team	
Who is accountable for the implementation of the proposal / project? Ella Vallins, Head of Strategy and Planning	
Which management committee will have oversight of the matters covered in this report? Finance and Investment Committee, Operational Board, Executive Management Team	

Business Planning for 2021/22
Briefing Paper - November 2020

1. Introduction

The Trust is required to submit an annual business plan to NHS England and NHS Improvement (NHSEI), detailing the goals and objectives of the organisation for the coming year. The plan must align with national strategic drivers, such as the NHS Long Term Plan, COVID delivery and recovery plans, as well as regional and local drivers. The plan must link with the work of the Sustainability Transformation Partnership (STP) / Integrated Care Systems (ICSs) and will be fundamental to the delivery of Above and Beyond.

The organisation's overarching business plan will be informed by the strategic direction of Above and Beyond and the detailed business plans developed by each of the clinical and corporate directorates. This ensures that the work of the Trust is informed from both a top down and bottom up approach and captures all of the important developments and activities that the Trust will pursue in the coming year.

A governance process, planning timetable, business planning template and supporting financial and budgetary rules have been developed for all directorates to guide them in achieving the Trust's obligations.

This paper sets out the business planning process for the 2021/22 financial year and updates on progress, whilst also setting out next steps. The process and assumptions will be updated as NHSEI release further planning guidance.. The Trust currently does not have guidance from NHSEI about the information and timescales associated with the business plan submission for 2020/21. It is anticipated that there will be a number of submission opportunities, with the final submission occurring at the start of April 2021. The Trust is using an internal process that allows each directorate to build their business plans, review them and sign them off ahead of the final anticipated submission date in April 2021.

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

2. Business Planning for 2021/22

Business planning's purpose is to help execute and implement the Trust's Strategy and is the process of converting the purpose, principles and priorities into a set of goals and objectives that are specific, measurable and achievable. Every directorate within the Trust will have a business plan, directed by the organisation's Strategy that will inform the overarching business plan submitted to NHSEI.

The business planning process began at the end of September, with directorate specific business planning support sessions. The sessions have involved directorate triumvirate colleagues, strategy and planning colleagues and finance and human resources business partners. They focus on the parameters and challenges concerned with: clinical activity, revenue and capital budget, education, research, transformation, workforce development and international and private patients. They also highlight the internal and external parameters against which clinical and corporate directorate must plan. There is an expectation that every directorate works within their financial envelope to develop localised plans which will be an integrated set of goals considering business as usual and transformative change as a means

of delivering efficiencies. A second round of support sessions are now being set-up to discuss progress in developing plans and to bring colleagues together where there are clear interdependencies across services.

A key element of the governance process is regular updates to Business Planning Meeting, Executive Management Team, Finance and Investment Committee and Trust Board, between October 2020 and March 2021. Details of timescales of progress reports can be seen at Appendix 1.

The first iteration of business plans and budgets will be submitted on 1st December. These will then be shared between directorates to ensure that there is read-across and plans are integrated. Colleagues at every Business Planning Support Session have raised concerns about the impact one directorate's business plan may have on another and therefore this stage of analysis and integration will be crucial. Colleagues will be expected to scrutinise plans and establish appropriate task and finish discussion groups to tackle and solve issues in readiness for the submission of a second iteration of plans on 1st February.

A 2020/21 planning timetable is attached which lists both internal process and committee timescales as well as assumed external timescales for NHSEI submission, based on previous years' deadlines. As formal deadlines are made known to the Trust they will be included in the timetable. The forthcoming key dates are listed in the timetable at Appendix 1.

3. **Activity Planning for 2020/21**

It is proposed that the activity data used for planning purposes is based on 2019/20 actuals at months 6 to 11 adjusted for a full year effect. The reason for the selection of this period is due to the variation in activity following the Epic implementation at the beginning of 2019/20 and Covid-19 at the end of 2019/20 and into 2020/21.

4. **Revenue Budget Setting for 2021/22**

Due to Covid-19 the way in which the Trust operates has changed significantly in order to meet new government guidelines, catch up on work postponed to treat Covid-19 patients, undertake virtual appointments and deal with new long term Covid-19 conditions. This has meant that traditional budget setting methodologies that uses historic actuals, trends or budgets are not going to provide a reliable baseline for the Trust to set budgets. The Trust is therefore planning to divide the budget setting process into two parts.

The first is to undertake a zero based budgeting exercise with each directorate. This is where each directorate builds its budgets from zero including workforce requirements, costing up all requirements within the budget. The second part is where the Trust takes its overall control total including better value programme and allocates this to each directorate so that they can refine their initial zero based budgets and business plan to create a Trust wide budget that meets the overall plan.

Due to the complex nature of undertaking a zero based budget exercise we have already started the process despite the fact that no guidance has been issued by NHSE. The directorates will be submitting their first draft on 20th November.

The plan will include the following key movements from 2020/21:

- Inflationary uplifts
- Full year effect of EPR and the Sight & Sound hospital

- Partial recovery of Private patient activity
- Increased CNST
- Increased Depreciation

With the changes to the Trusts cost base and the loss of Private patient income the Trust believes that it must develop a stretching better value programme and is therefore targeting a c4% better value (£19.5m). It is expected that all Trusts will be required to deliver a significant efficiency programme and this target will enable the Trust to progress the efficiency programme despite not having any national guidance. The better value programme will be divided across the trust with all corporate and clinical directorates being apportioned an element of the programme. In order to demonstrate both internally and externally that the Trust is making every effort to improve efficiencies a new governance arrangement is being developed to provide monitoring, programme support and oversight.

A more detailed report will go to both the next EMT meeting and the Finance and Investment Committee on 30th November 2020. This will provide more detail on the process that is being undertaken. The following Trust Board and Finance and investment Committee meetings will see the draft summary of the Trust budgets and any adjustments that have had to be made following national guidance. The final plan will be signed off by the Trust Board in March ahead of submission.

5. **Capital Budget Setting for 2020/21**

The Trust is required to complete a five year capital plan, the first year of which needs to be accompanied by a detailed scheme-by-scheme submission. These requirements also meets the GOSH Children's Charity's need for information about hospital priorities, facilitating the determination of their future business planning needs. The amount of capital funding across the NHS is lower than it has been in previous years. In addition to this, in 2020/21 a new capital regime was introduced whereby ICSs/STPs allocated capital funding budgets to Trusts even if the costs are funded by their own cash. .

The introduction of the new accounting rule IFRS 16, from 1 April 2021 will also impact on the Trust's capital expenditure. This new Standard (originally planned to be implemented in the NHS from 1 April 2020) will see capital items used by the organisation, through any kind of contract or lease agreement, being considered a capital asset. The Trust completed a large amount of work in the previous financial year to identify all existing leases falling under this new accounting rule. This work is now being taken forward again. The Finance Department is also developing new procedures to capture any new contracts entered into to which this new rule may apply.

During 2020/21 capital planning, the Trust prepared a 5 year capital programme. This included £18m of Trust-funded capital expenditure for 2021/22. This will be the starting point for 2021/22 planning; however it should be noted that the final total envelope for Trust-funded capital expenditure will be set by the STP.

The Trust leads for capital, built environment, ICT, medical equipment and estates and facilities have been asked to start developing their capital plans in conjunction with business planning leads.

The Estates and ICT teams will be asked to prepare a schedule of risk assessed back log maintenance to give assurance that high risk spend requirements are covered in the capital

plan. These schedules of planned preventative maintenance (PPM) will be presented to EMT in January.

CIG meetings have been scheduled fortnightly until the end of the financial year. Each meeting between now and the end of January will focus on detailed planning and prioritisation of investments for 2021/22. Additional monthly CIG meetings will be scheduled for any new business cases for delivery in 2020/21 (to ensure delivery of the annual plan) and normal monthly area updates.

As per previous years capital planning of equipment replacement will continue to be on a rolling basis in line the information held on the central equipment database. This informs the Trust and Charity about future demands and allows both organisations to future plan budgets and charitable fundraising programmes, respectively.

The Capital Investment Group will review the prioritised list of proposed schemes, based upon prioritisation criteria.

Capital planning will be an iterative process completed to the same timetable as the revenue planning process with regular reports being provided to EMT, the FIC and the Trust Board.

6. **Next Steps**

The next key milestones within the business planning process for 2021/22 are:

- first submission of the budget on 20th November
- first submission of business plans on 1st December

Appendix 1

Business Planning 2021/22 – Key Milestones

	November 2020 - Directorate's Response
18/11	• Executive Management Team – progress report (papers 13/11)
20/11	• Budget submission 1
26/11	• Trust Board (papers 13/11)
30/11	• Finance and Investment Committee (papers 23/11)
	December 2020
1/12	• Business Plan submission 1
TBC	• NHSEI release Operational Plan Guidance
16/12	• Above and Beyond Executive Oversight Group
18/12	• Budget submission 2
	January 2021
20/1	• Executive Management Team – progress report (papers 15/1)
22/1	• Budget submission 3
29/1	• Operational Plan for NHSEI developed in draft
	February 2021
1/2	• Business Plan submission 2
17/2	• Finance and Investment Committee (papers 10/2)
19/2	• Budget submission 4
TBC	• List of bids shared with Charity
	March 2021
3/3	• EMT – final report (papers 26/2)
11/3	• Final business plans and budgets presented to Operational Board (papers 5/3)
18/3	• Charity Grants Committee (papers 10/3)
TBC	• Draft Sustainability and Transformation Partnership plans submitted to NHSEI
24/3	• Finance and Investment Committee (papers 17/3)
30/3	• Final NHSEI Operational Plan presented to Trust Board (papers 19/3)
	April 2021
TBC	• Final Operational Plan submitted to Sustainability and Transformation Partnership plans for submission to NHSEI

Attachment R

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26 November 2020

Integrated Quality and Performance Report **Submitted by:** Sanjiv Sharma, Medical Director Alison Robertson, Chief Nurse Phil Walmsley, Interim COO Caroline Anderson, Director of HR & OD	**Paper No: Attachment R** □ **For discussion**

Purpose of report

To provide a 3 month snapshot of hospital performance in key metrics relating to quality (safety, experience, effectiveness, responsiveness and whether we are well led)
To provide a qualitative analysis of trends and themes and learning within the organisation. This now includes upcoming inquests with their links to other incidents and complaints.
To provide assurance regarding the plans to address non-compliance.

Summary of report

Are we safe?

- There were was 1 **serious incident** declared in October 2020. This relates to a patient becoming unresponsive after a cannula flush following return to the ward postoperatively.
- We have seen two months of very much improved **incident closure** timescales. The average days taken to investigate an incident has dropped from 54 in August to 34 in September and 32 in October. 75% of all incidents closed in October were closed within 45 days.
- **WHO checklist** documentation compliance within Main Theatres has improved to 98% in main theatres and very significant improvement has been seen in non-traditional theatre environments – rising to 96% in October following targeted support during Project Apollo week and ongoing interventions from the GOSHSSIPs group.
- **Stat & Man training** In October the compliance rate across the Trust remained stable at 94%, which remains above the target with all directorates achieving target. Across the Trust there are 10 topics below target including Information Governance where the target is 95%.

Are we caring?

- **FFT** performance in September has been excellent again with 98% experience rating for inpatients and 96% experience rating for outpatients
- Our new **red complaints** account for 11% of our total complaints in September and in October 2020. There is no evidence of a thematic concern. All red complaints continue to be reviewed through the EIRM process. There have been 7 red complaints YTD although one was re-assessed as medium risk following investigation.
- **Pals** contacts increased this month. Over 50% of the total number of contacts received relating information with families seeking additional clarification and reassurance on care plans with a particular emphasis on shielding recommendations. Concerns about transport decreased following close liaison with the transport provider.

Are we effective?

- We remain fully compliant with all NICE national guidance gap analysis completion.
- 75% of specialty led clinical audits are on track in September which is a positive position in light of the pressures faced in recent months. The overall volume of clinical audits completed over the last few months had been lower than usual given the pandemic. In August and September we recovered our position, but we have seen a small reduction in activity in October as focus returns to supporting second peak.
- 84.5% of patients discharged from GOSH had a letter sent to their referrer within 24 hours, with 91.8% sent within 48 hours. On average for October, letters were sent within 1 day after discharge compared to 1.1 days in September.
- For October 2020, performance has slightly increased in relation to 7 day clinic letter turnaround; 61.91% compared to 59.06% in September. At the point of writing the report, a backlog of 1,999 letters not yet sent was reported for this financial year of which 897 are in October 2020.

Are we responsive?

- NHS Outpatient attendances over the last 8 weeks has averaged 100%, with new attendances being 91.9% and follow-up 101.9%
- NHS Spell discharges over the last 8 weeks has averaged 88.24%, with Day-case being 88.21%, Elective 87.16% and Emergency 94.00%
- Main Theatre procedures over the last 8 weeks has averaged 89.34%, with the last two weeks being over 100%
- Imaging activity over the last 8 weeks has averaged 96.7%, with MRI being 100.9%, Non-obstetric Ultrasound 102.1% and CT 65.9%
- The Trust has embraced utilising virtual technology with 50% of new and 63% of follow-up outpatient attendances being conducted via these consultation media methods
- Patients with a length of stay of over 50 days has significantly reduced since August 2020 by 3000 bed days and 15 patients due to the focused work by the long stay panel.
- Theatre utilisation has maintained being above 77% since June 2020, which is on average 10% higher than pre-Covid-19 performance.

Are we well Led?

- Compliance with **Duty of Candour** for initial conversations is 100% for October 2020. Of the 6 duty of candour cases in October. 5 of the 6 stage 2 letters have been sent, and 4 of the 6 were sent on time. One has been delayed in order to incorporate the findings of the investigation which has been completed very quickly following the incident (due to go out on 23rd November 2020).
- 9 **investigations** were shared with families in October, with 4 (44%) of these was within timescale (45 days). Although still significantly under target, this marks a good improvement on August (17%) and September (25%). An RCA training programme led by the Quality and Safety team has commenced to support more timely investigation completion. Weekly catch ups with the Deputy Chiefs are in place as of October 2020 to support proactive management of those approaching their due dates.
- **PDR:** The non-medical appraisal rate for September remained 86% with 2 clinical Directorates achieving the 90% target (improvement from 1 last month). Consultant appraisal rates increased from 75% in September to 79% in October. The Medical Appraisal and Revalidation Committee has established processes to address levels of

medical appraisals that commenced from August. PDR non-compliance will be targeted at directorate performance reviews.

- **Honorary contract** performance has dipped below 90% - with September reporting an 88% compliance rate and October reporting 83% as individuals become non-compliant in certain topics. The HR team have contacted Directorates and individuals in November, reminding them of the training requirements and that they will not be able to have their contract extended if they are non-compliant with Safeguarding Children training and at least all but one of their remaining topics. From December the HR team will introduce monthly reminders outlining individual responsibilities to non-GOSH email addresses to ensure compliance. Should they remain non-compliant they will be unable to apply for an extension, and will be terminated.

Action required from the meeting

To note the report, and the actions identified to improve compliance with key quality metrics

Contribution to the delivery of NHS Foundation Trust priorities	**Contribution to compliance with the Well Led criteria**
□ PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people **□ PRIORITY 4: Improve and speed up access to urgent care and virtual services** **□ Quality/ corporate/ financial governance**	**□ Culture of high quality sustainable care** **□ Effective processes, managing risk and performance** **□ Accurate data/ information** **□ Robust systems for learning, continuous improvement and innovation**

Strategic risk implications

Financial implications

'Not Applicable'

Implications for legal/ regulatory compliance

This assesses our performance based on the CQC regulation framework. It identified areas in which we are performing well against target, but also areas that require attention and action to ensure improvement in the level of compliance.

Consultation carried out with individuals/ groups/ committees

Not applicable

Who is responsible for implementing the proposals / project and anticipated timescales?
Relevant leads are identified in the report.

Who is accountable for the implementation of the proposal / project?
Sanjiv Sharma, Medical Director
Alison Robertson, Chief Nurse
Phil Walmsley, Interim COO
Caroline Anderson, Director of HR & OD

Which management committee will have oversight of the matters covered in this report?
Patient Safety and Outcomes Committee
Patient & Family Experience and Engagement Committee
Performance Reviews

Great Ormond Street Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report
November 2020 (October data)

Sanjiv Sharma	Alison Robertson	Phil Walmsley	Caroline Anderson
Medical Director	Chief Nurse	Chief Operating Officer	Director of HR & OD

Data correct as of 21st November 2020

Hospital Quality Performance – November 2020 (October data)

Are our patients receiving safe, harm-free care?

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

Are we delivering effective, evidence based care?

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

Are our patients having a good experience of care?

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

Are our People Ready to Deliver High Quality Care?

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

Hospital Quality Performance – November 2020 (October data)

Is our culture right for delivering high quality care?

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

Are we managing our data?

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

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

Do we deliver harm free care to our patients?

Central Venous Line Infections

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

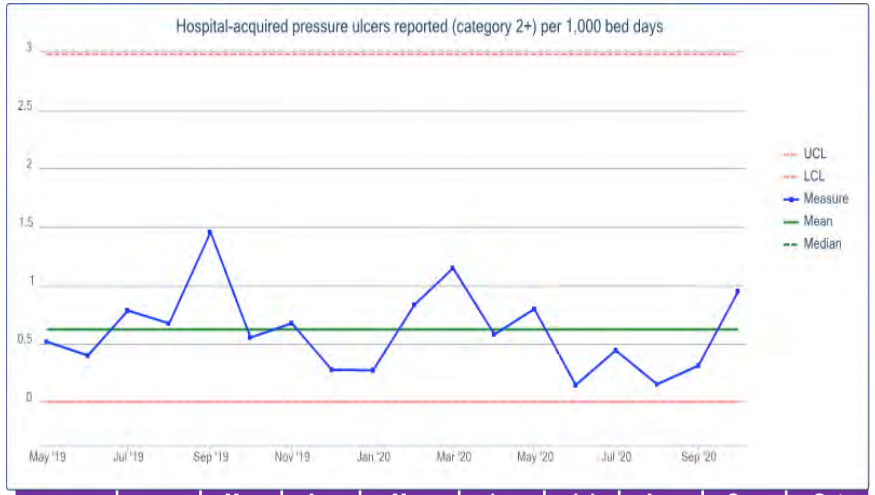
Year 16/17	87	52679	1.7	1.7
Year 17/18	82	50835	1.6	1.6
Year 18/19	82	52947	1.5	1.5
Year 19/20	73	55726	1.3	1.3
Apr-20	8	4829	1.7	1.7
May-20	9	4530	2	1.8
Jun-20	4	4454	0.9	1.5
Jul-20	7	4571	1.5	1.5
Aug-20	4	4237	0.9	1.4
Sep-20	3	3997	0.8	1.3
Oct-20	5	4471	1.3	1.1

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

Infection Control Metrics

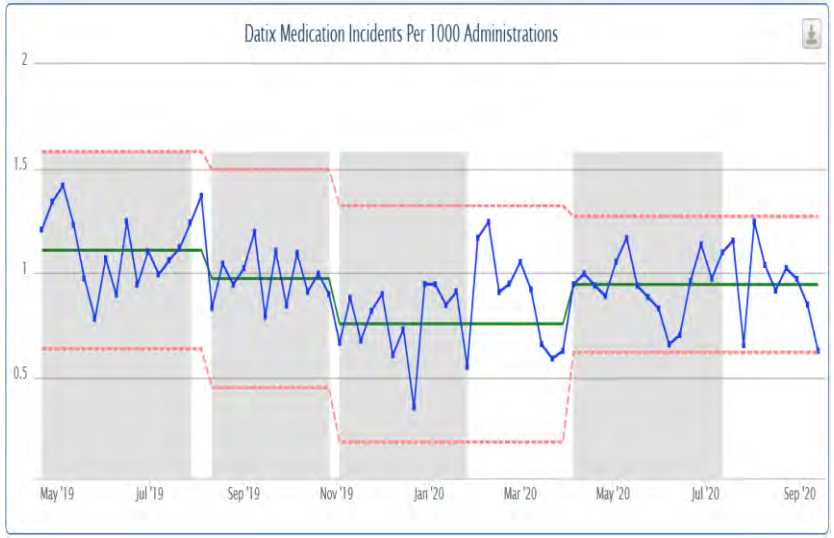
Care Outcome Metric	Parameters	June 2020	Jul 2020	August 2020	Sep 2020	Oct 2020
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	6	9	8	8	2
	YTD (financial year)	23	32	40	48	50
C Difficile cases - Total	In month	0	0	0	1	0
	YTD (financial year)	4	4	4	5	5
C difficile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

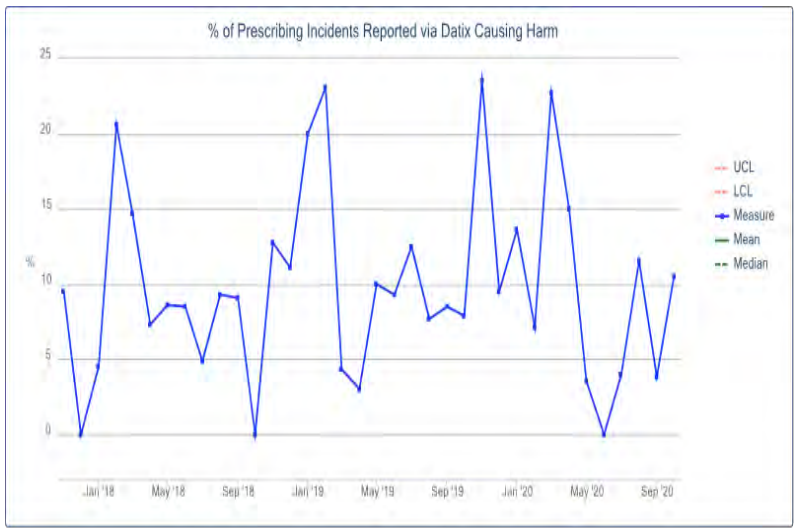
Pressure Ulcers



		Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20
Volume	R – 12+, A 6-11 G =0-5	8	4	6	1	3	1	2	7
Rate	R=>3 G=<3	1.15	0.6	0.79	0.14	0,43	0.14	0.31	0.95

Medication Incidents

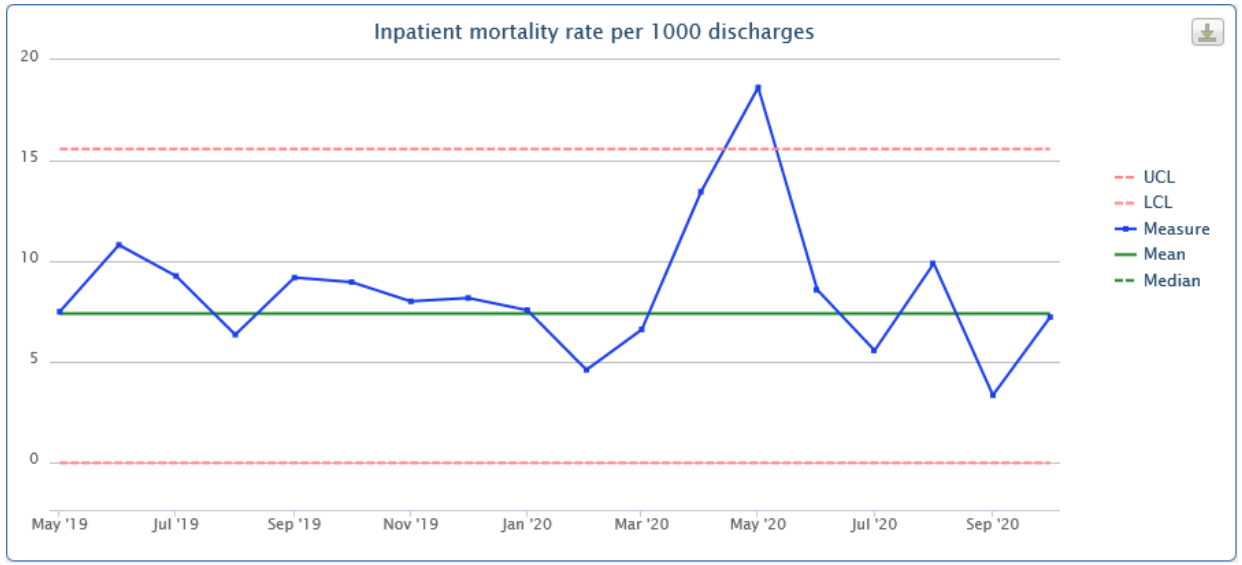




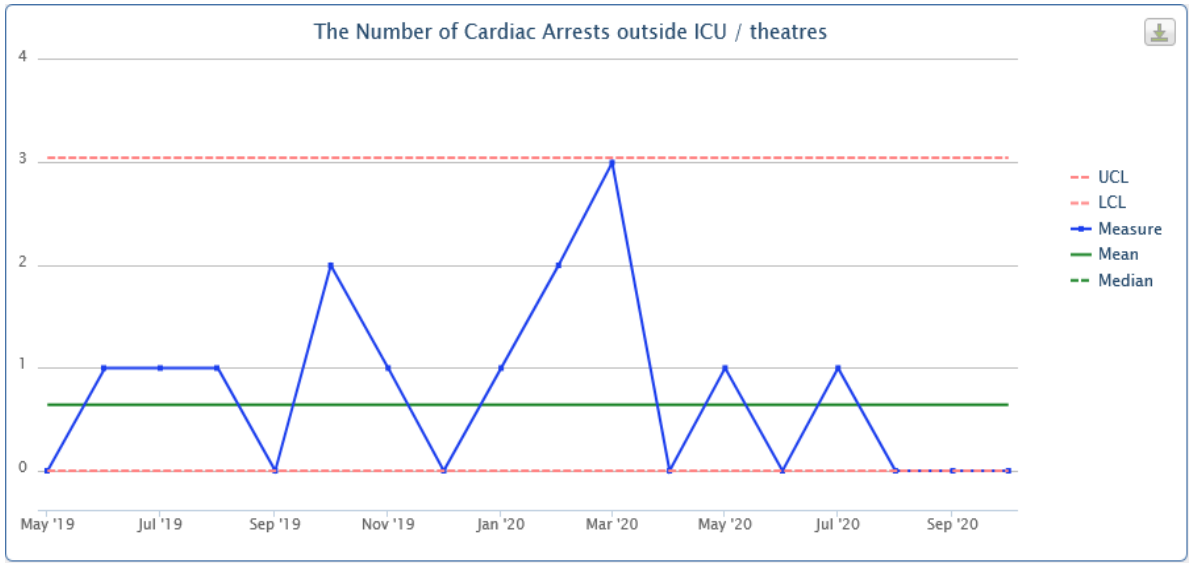
	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20
% medication incidents causing harm	9%	11%	11%	12%	11%	10%	10%	4%	13%	9%	11%

Does our care provide the best possible outcomes for patients?

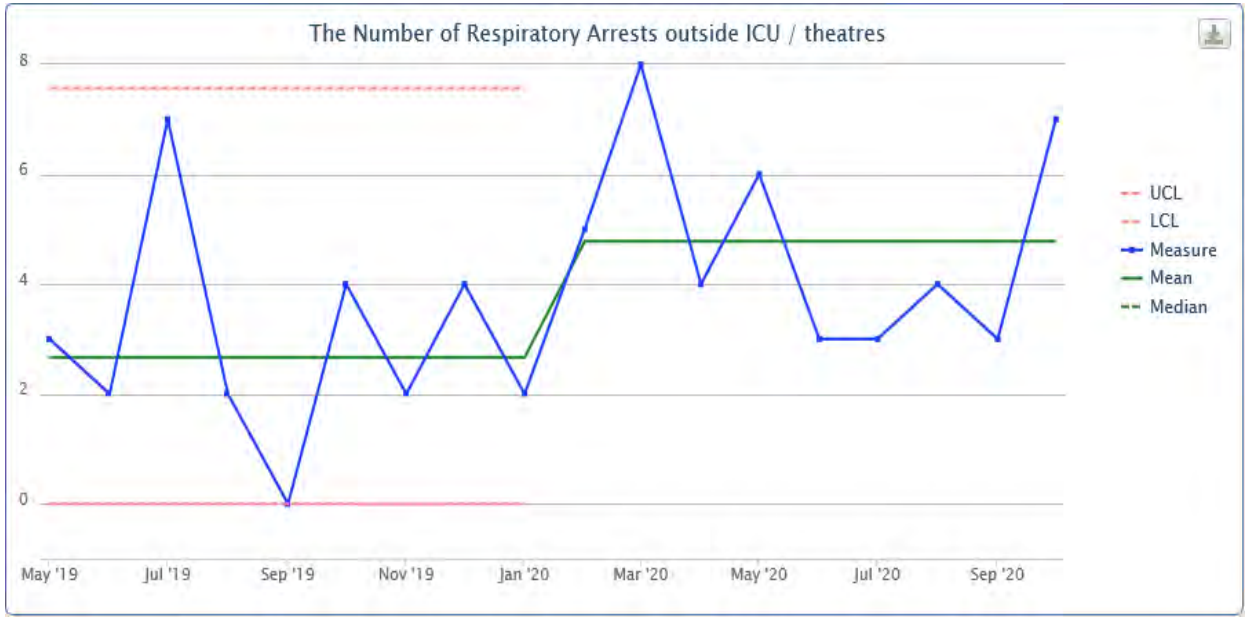
Inpatient mortality



Cardiac Arrests



Respiratory Arrests



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

Are we Safe?

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

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

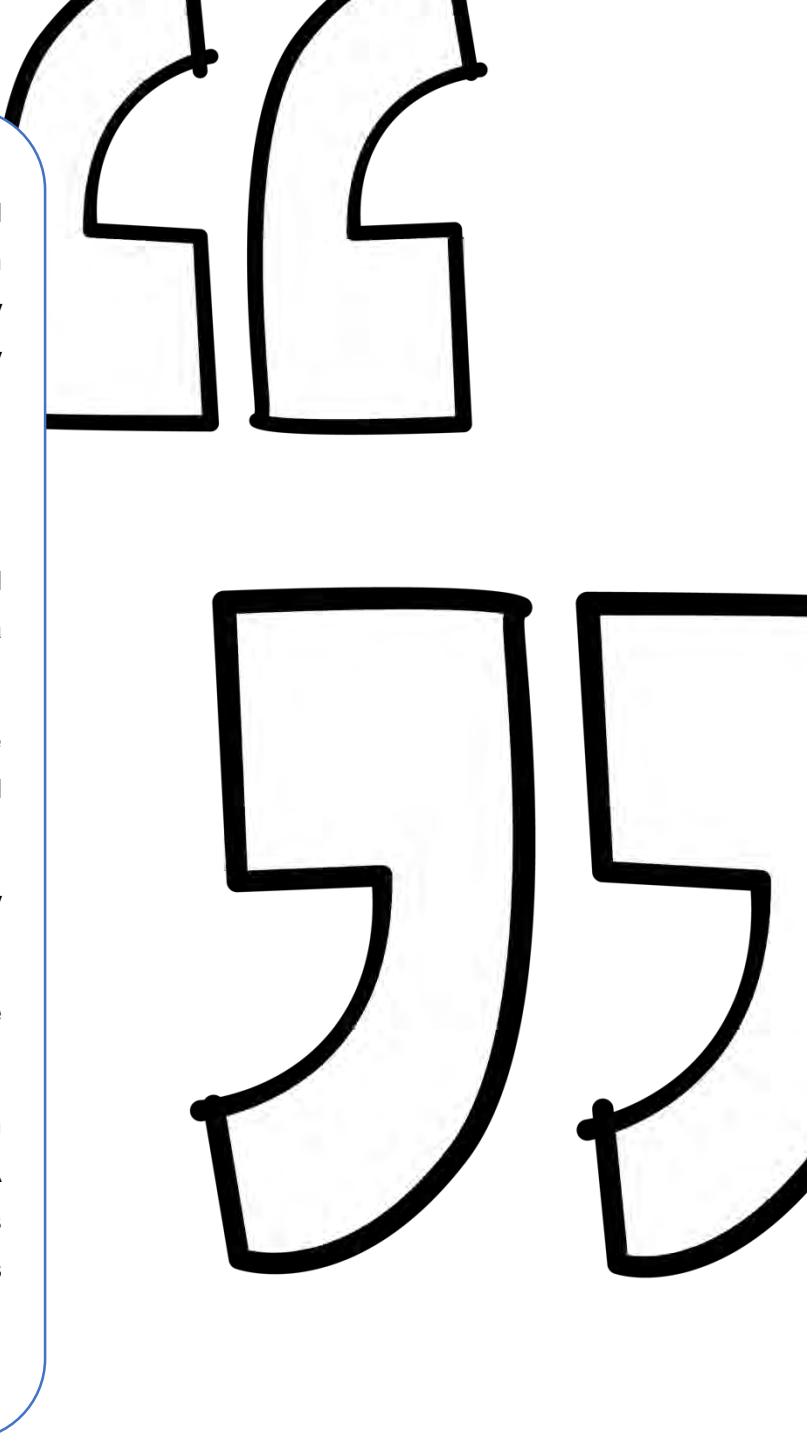
The number of **incidents** being quality checked and closed has decreased slightly to 546 when compared to the previous month (n= 574) and unfortunately the numbers reviewed and closed were slightly lower than the number reported. This process continues to be supported by a bank member of staff who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

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

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

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

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

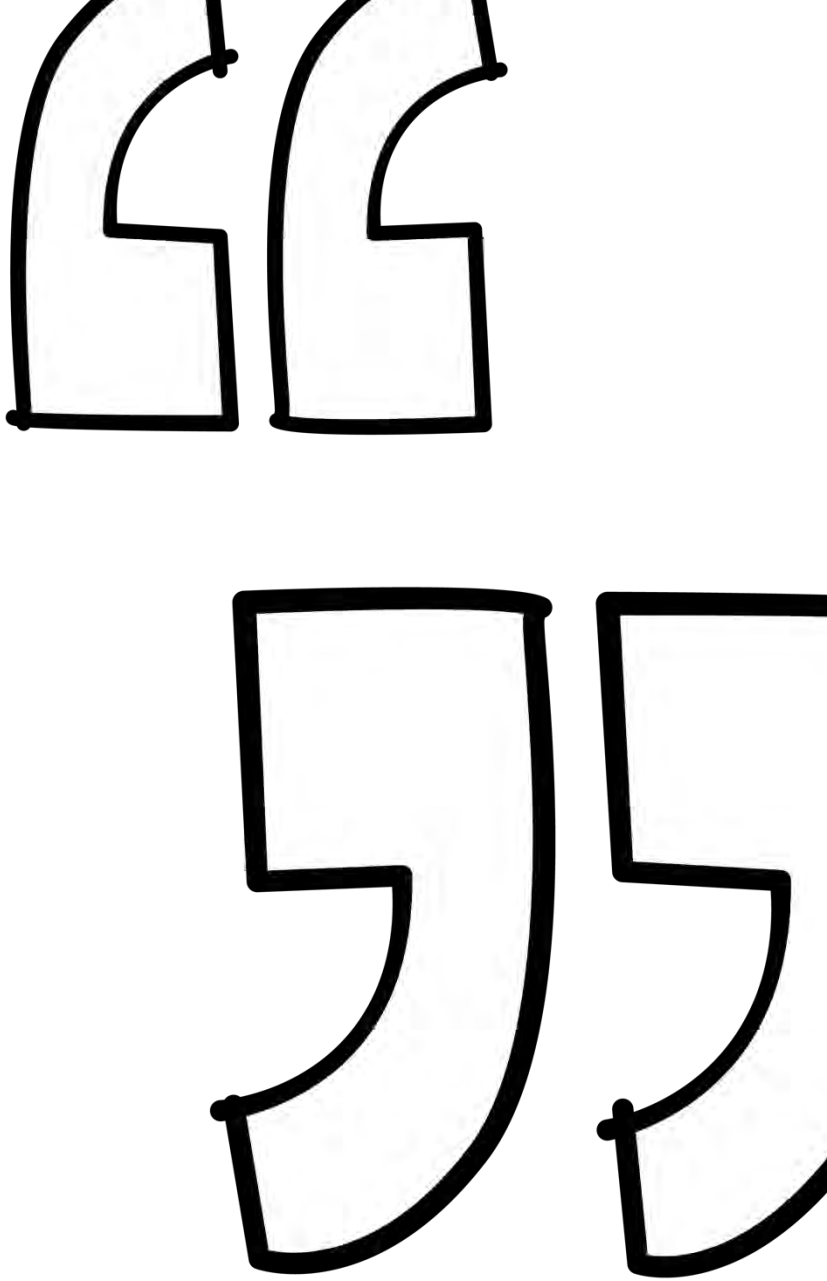


Are we Caring?

The number of **Friends and Family Test** responses decreased slightly (from1245 to 1188) this month. The Trust targets for FFT responses and the experience ratings were met. There was an increase in FFT submissions by children and young people. Although the number of negative comments was relatively low, comments included concerns about the one visitor policy, communication, availability of hand sanitiser and infection control procedures, and cancelled appointments. All comments are followed up and responded to (where contact details are provided) and used to drive improvements in the hospital.

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

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



Are we Effective?

Four priority clinical audits have been completed in the last month

Audits where we have shown positive practice

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

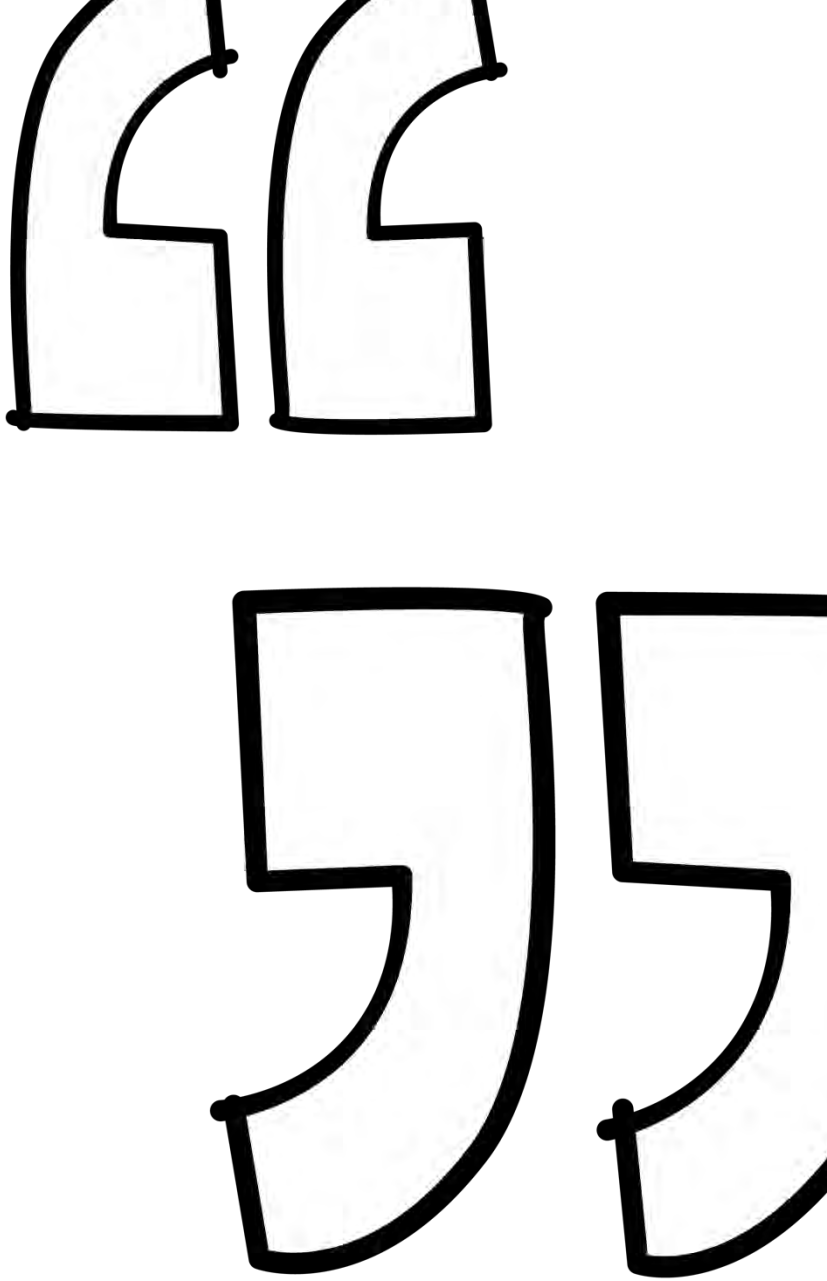
Audits where improvements are required.

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

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

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

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



Are we Well Led?

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

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

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

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

Policy performance: 134 of 177 (76%) of all Trust policies are currently in date, with 84% (89 of 106) of our Safety Critical policies in date.
Chief Executive requested an organisation wide push to improve performance.
All Executives will asked to provide an update on their out of date policies at the 2 December RACG.
HR & OD are undertaking a root and stem review of their policies to identify which can be merged, retired or downgraded to departmental SOPs.

Workforce Headlines: October 2020

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

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

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

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

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

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

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

Covid–19 at GOSH

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

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

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

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

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

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

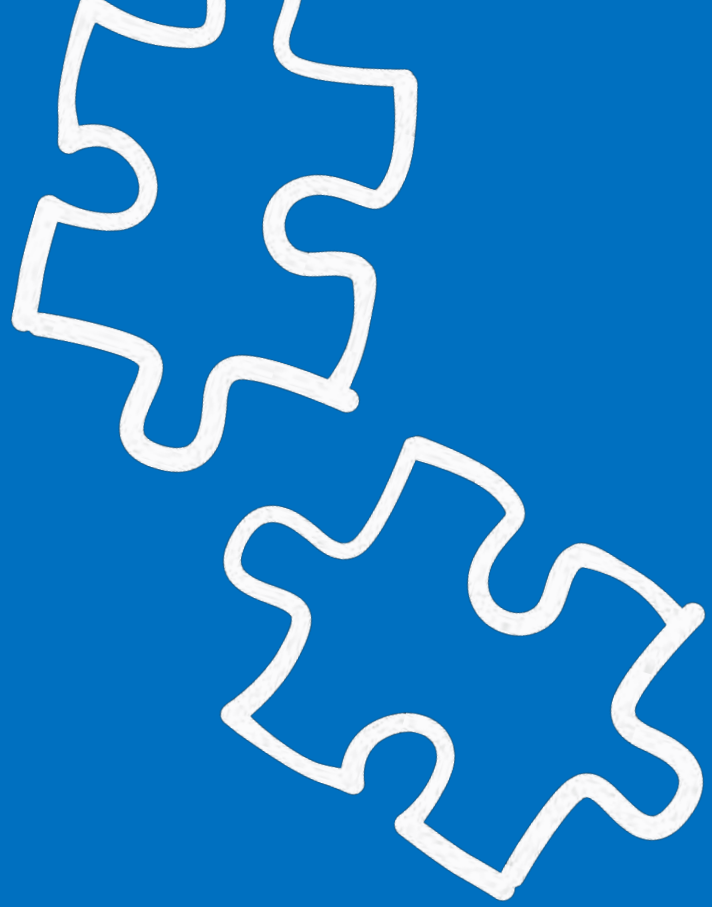
Although remaining lower than the spring peak, October saw an increase on **reported absences** due to self isolation and sickness related to COVID-19, particularly in the 2nd half of the month. Overall sickness in month remained within target.

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

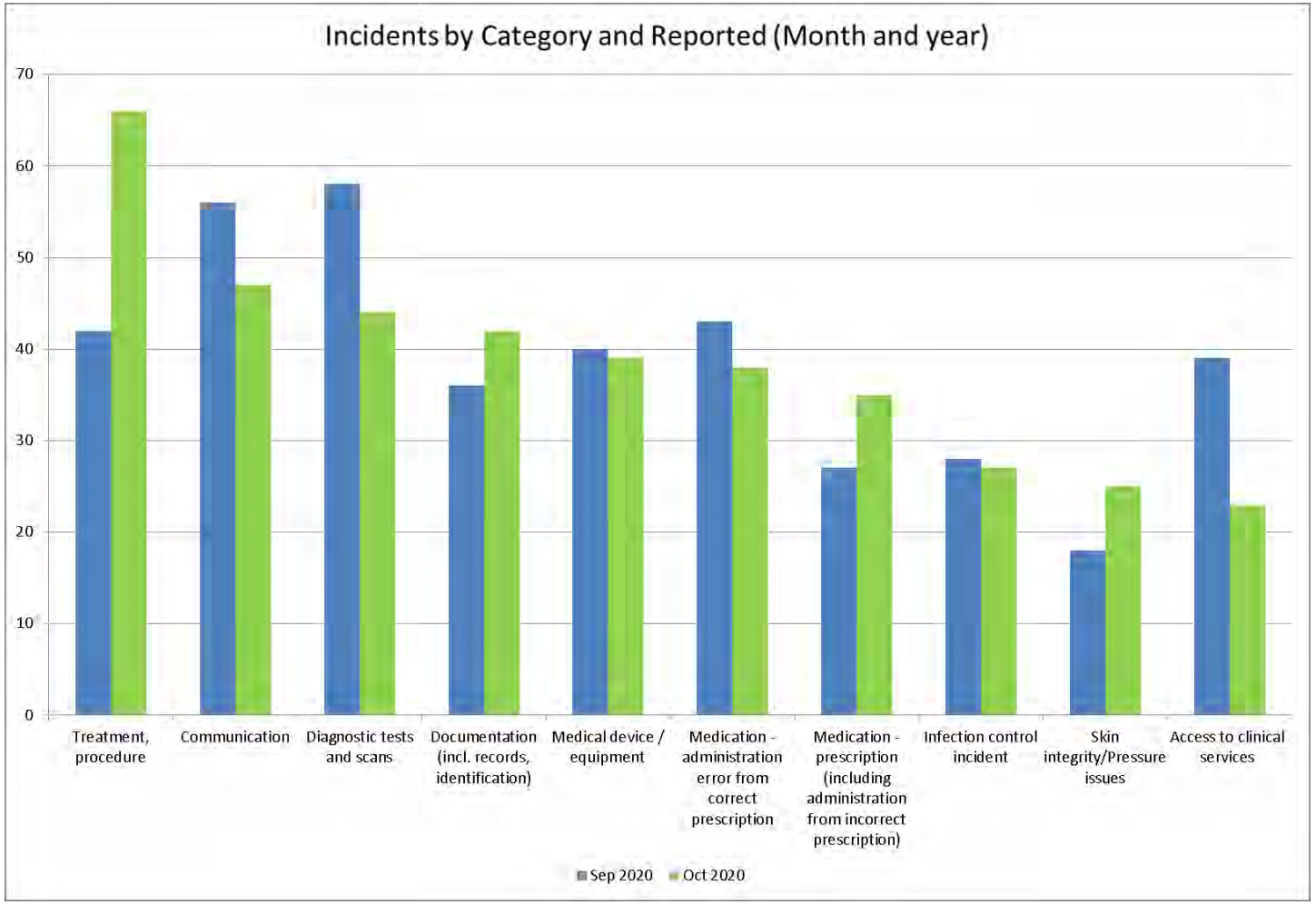
Quality and Safety

This section includes:

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



Understanding our Patient Safety incidents



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

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

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

Patient Safety – Serious Incident Summary

New & Ongoing Serious Incidents

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

Learning from Serious Incidents: 2020/6535

Identification of neutropenic sepsis

What happened?

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

Root cause

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

Lessons learned

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

Patient Safety Alerts/ MHRA/ EFN Alerts

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

Date issued: 01/09/2020

Date due: 01/06/2021

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

Date issued: 03/02/2020

Date due: N/A

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

Date issued: 11/09/2020

Date due: N/A

FSN – Product recall – BD PosiFlushT XS 10mL syringe

Date issued: 20/07/2020

Date due: N/A

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

Date issued: 27/07/2020

Date due: N/A

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

Date issued: 31/12/2019

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

Specialty led clinical audit

There are currently 251 clinical audits registered

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

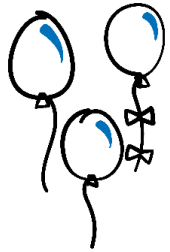
Specialty audits on track

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

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

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

We are on target for speciality audits on track



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

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

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

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

Clinical Audit –priority plan in progress

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

Additional audit priorities

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

IPC Assurance Framework

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

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

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

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

Clinical Audit: Supporting learning & improvement

Completed priority audits since last month

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

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

Findings

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

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

Aim of audit

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

Findings

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

Clinical Audit: Supporting Learning and Improvement

Completed priority audits since last month

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

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

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

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

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

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

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

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

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

Findings

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

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

Hands, Face, Space, Place audit

Why we did this audit?

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

The ask

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

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

Our standards

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

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

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

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

Results

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

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

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

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

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

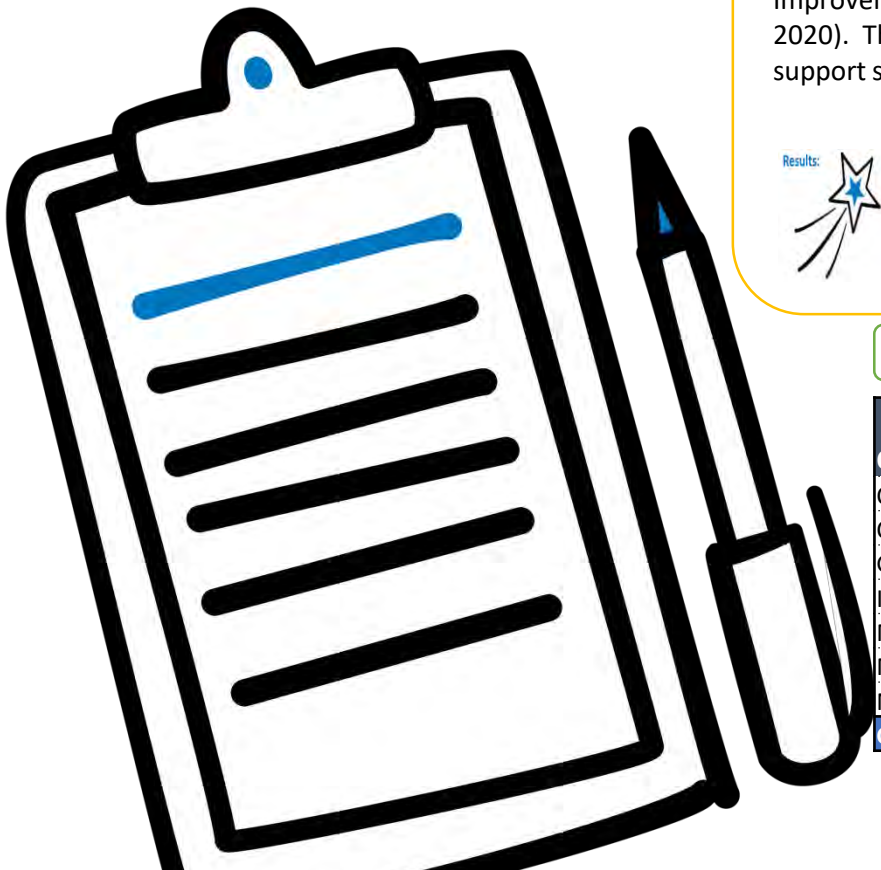
- Guidance widely circulated through Coms
- High visibility of audit results and key messages profiled through SLT, Headlines, and big briefing
- A particular challenge in the audit was noted to be in Medical Records. The Trust Records Manager has led rapid improvement work with her team , which has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

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

WHO Safer Surgery Checklist

Since April Epic launched it has been possible to collect real time information on the performance of the WHO checklist as staff are required to document completion of the various checks and stages in their record. There is however no 'hard stop' which means that there are times when the check may not have been documented. The initial reports from Epic suggested a very high level of compliance (typically 99% in main theatres, and 95-98% outside main theatres), which was in line with the feedback we had received from our observational audits of WHO checklist performance. However, in January 2020 some issues with the way in which the report had been set up were identified, and monthly performance for main theatres has typically been reported as between 90% and 93% for the first half of 2020. Following a rapid improvement project managed through the GOSH Safer Surgery and Invasive Procedures (SSIPs) group from June 2020, improvements were noted with overall performance in main theatres sitting at 94-95% through summer. However, documentation of performance in non-theatre environments continued to be far below the required standard. The efforts of the GOSH SSIPs team saw an improvement from 45.3% in July to 79.8% in August 2020. In addition to data quality issues with non-traditional theatre checklist data, it was recognised that there were two main quality challenges:

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



Project Apollo

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

Results: 99%

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

Next Steps:

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

Have we sustained this improvement?

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

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

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

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

1. Trust Priority Projects

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

2. QI Education/Training

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

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

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

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

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

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

Patient Experience

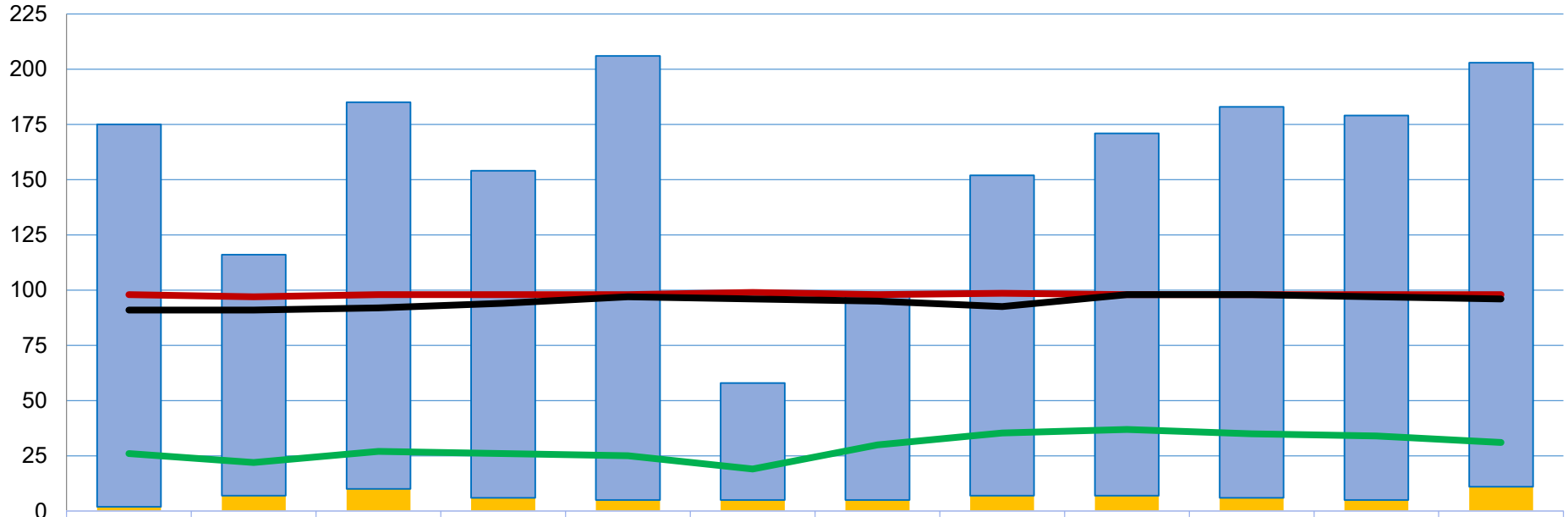
This section includes:

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

Patient Experience Overview

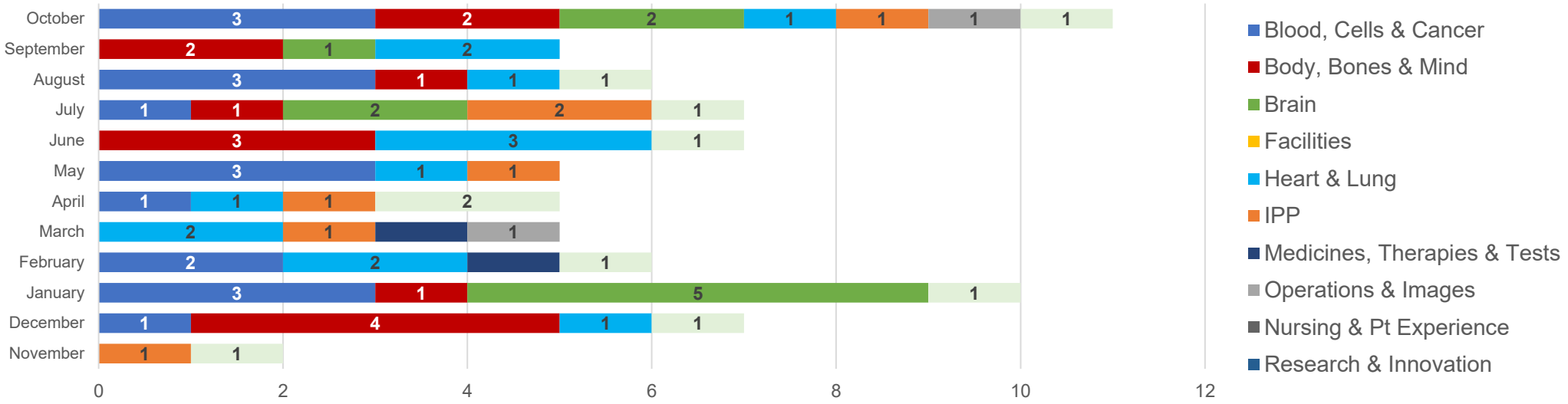
Are we responding and improving?

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



	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Pals	173	109	175	148	201	53	94	145	164	177	174	192
Formal Complaints	2	7	10	6	5	5	5	7	7	6	5	11
FFT recommendation rate - Inpatients %	98	97	98	98	98	99	98	99	98	98	98	98
FFT recommendation rate - Outpatients %	91	91	92	94	97	96	95	93	98	98	97	96
FFT % response rate	26	22	27	26	25	19	30	35	37	35	34	31

Complaints: Are we responding and improving?



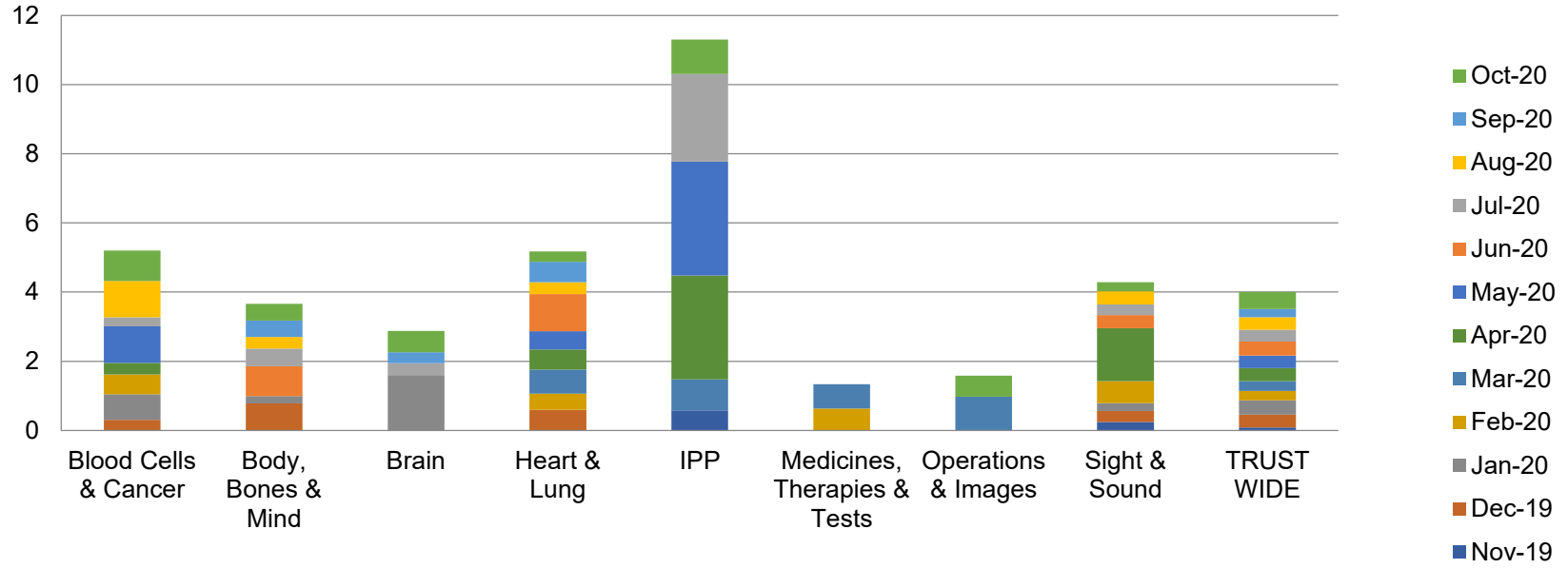
There were 11 new formal complaints received in October 2020 which is more than double the number received in September 2020 (n=5). However this reflects increased numbers in October 2019 (n=10) and October 2018 (n=15). This month families reported concerns about:

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

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

Complaints by patient activity*

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



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

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

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

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

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

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

New Red Complaint (October 2020)

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

Active Red Complaints (including new & reopened complaints)

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

Closed Red Complaints

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

Are we responding and improving?

A family told us:

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

What we did:

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

Pals – Are we responding and improving?

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

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

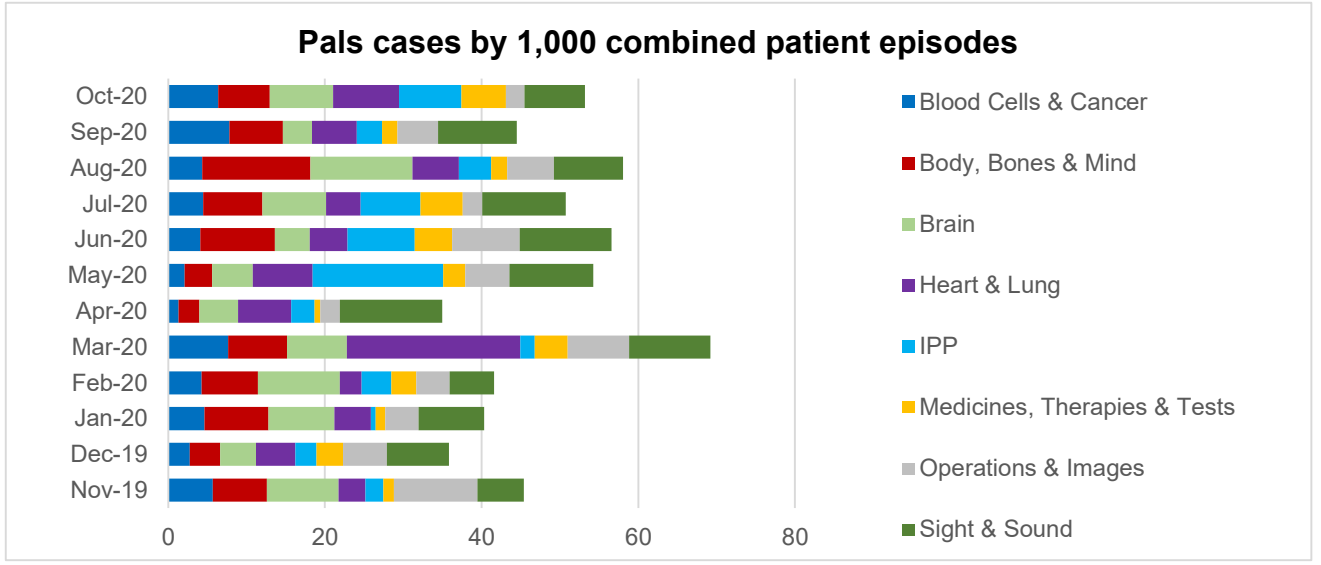
In October Pals have noted decreases in both Transport and Communications related contacts, with the latter recording its lowest number since July 2020. This is a positive reflection on the actions previously implemented and monitored via PFEEC.

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

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

Pals cases by directorate

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



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

Pals – Are we responding and improving?

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

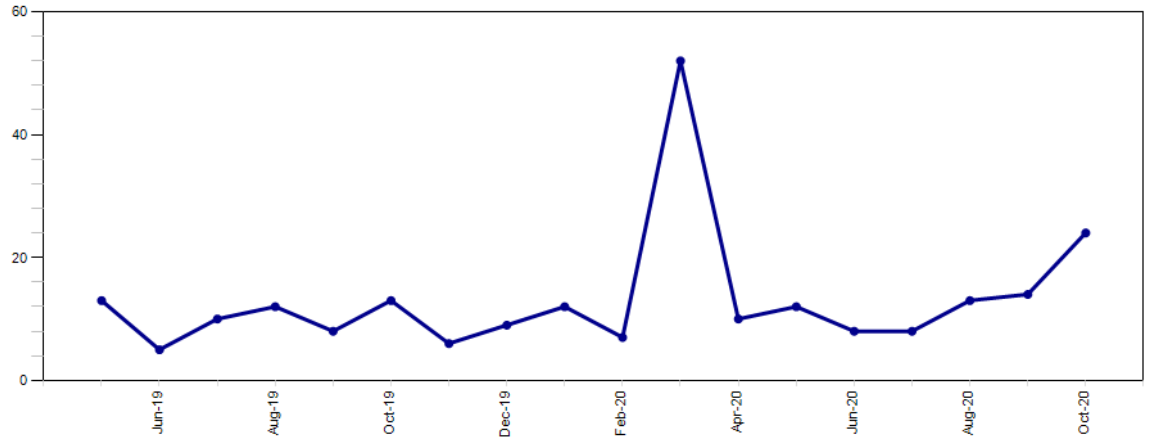
Cardiology- Pals have received 23 Cardiology contacts in October (8.42 per 1,000 Combined Patient Episodes). This was the highest number since March 2020 when contacts peaked due to the cancellation of non-essential procedures and the start of lockdown. This month a marked contributing factor for high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

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

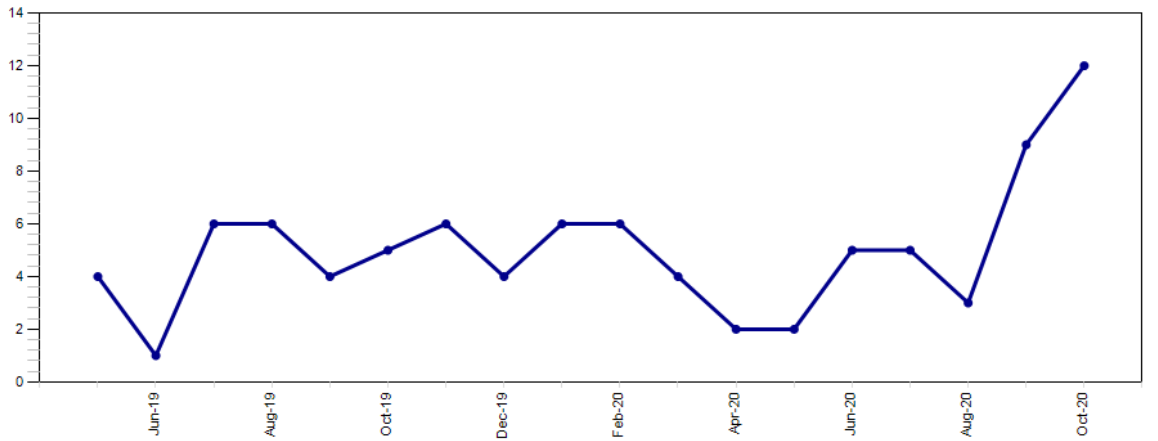
Common themes for October include parents/carers seeking confirmation of upcoming outpatient appointments and inpatient admissions, these include a mother querying the length of a ward stay and a father confirming whether an appointment would be taking place online or in person. It appears that some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

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

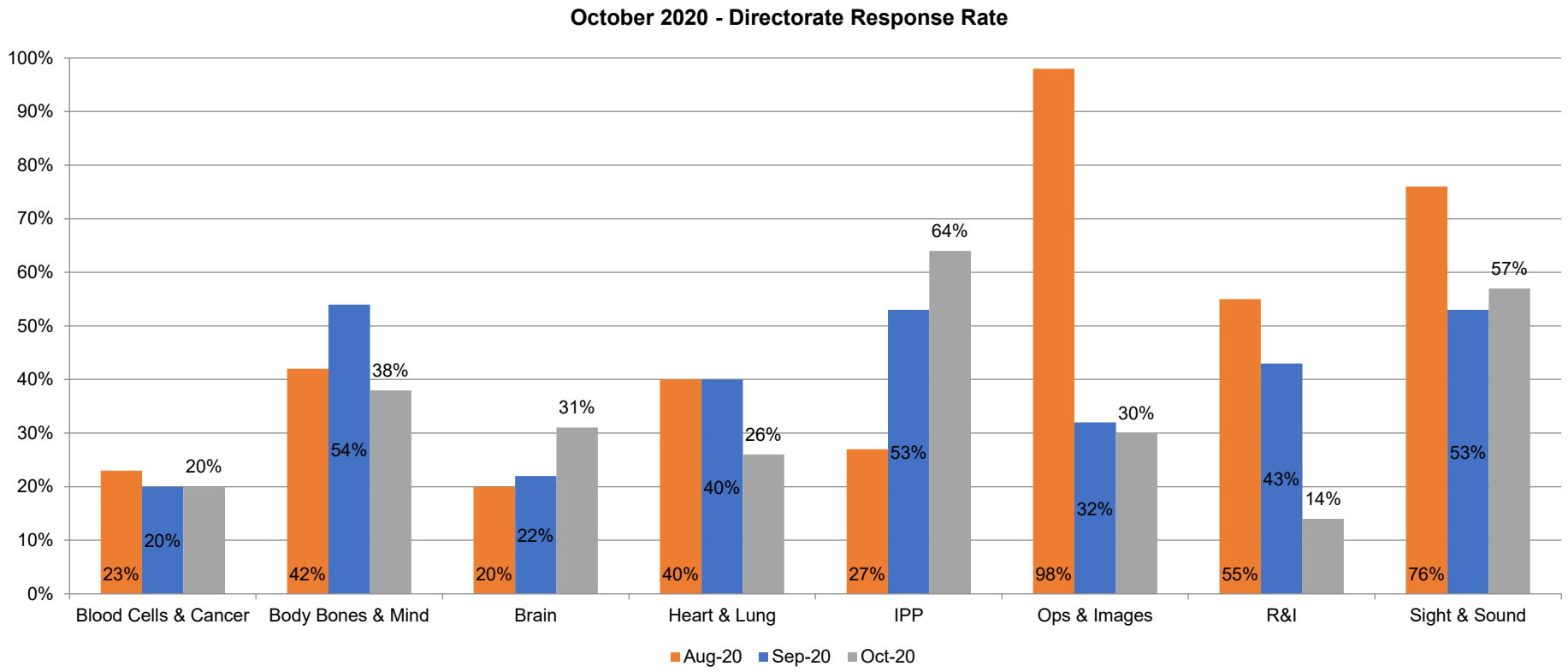
Cardiology contacts by patient activity- (total cases excluding formal complaints)



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

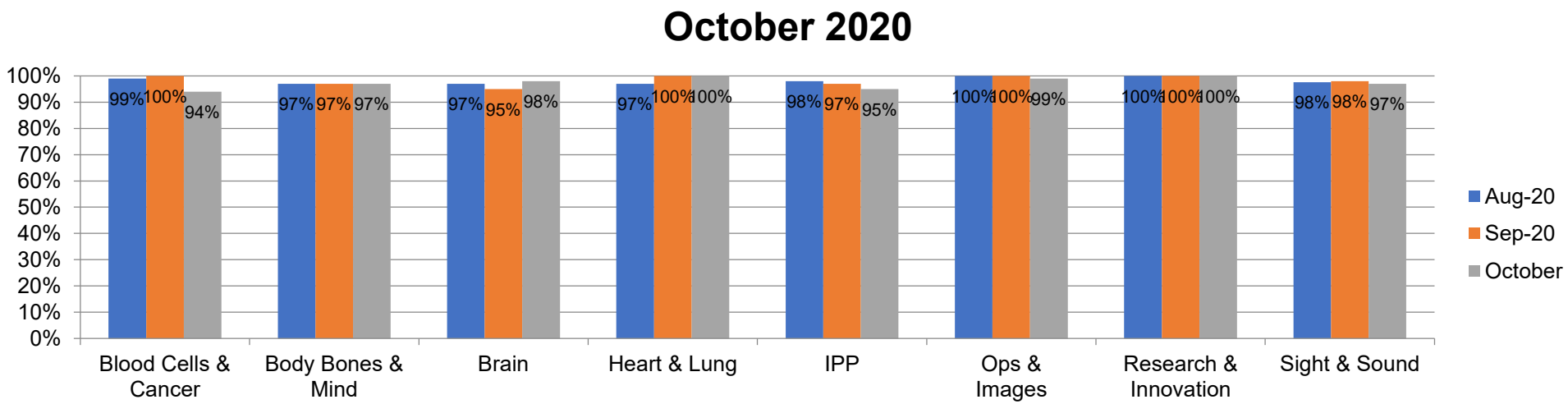


FFT: Are we responding and improving?



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

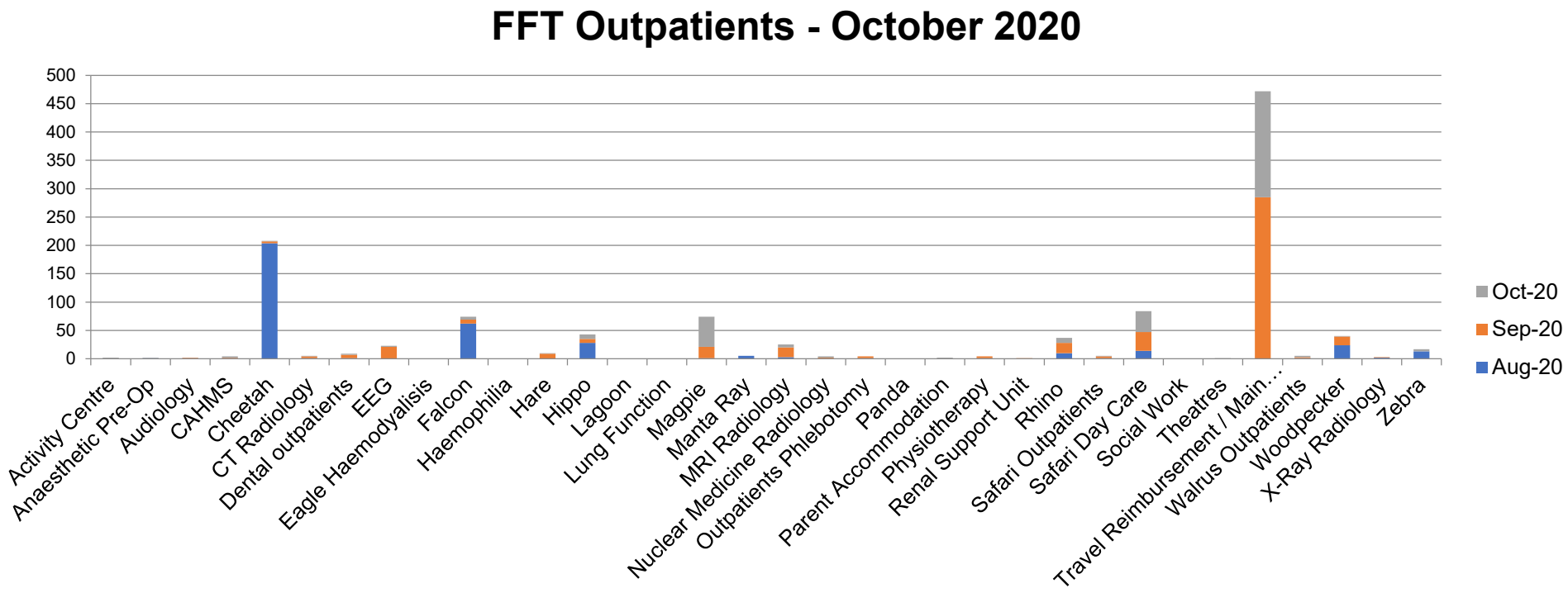
FFT: Are we responding and improving?



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

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

FFT: Are we responding and improving?



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

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

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

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

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

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

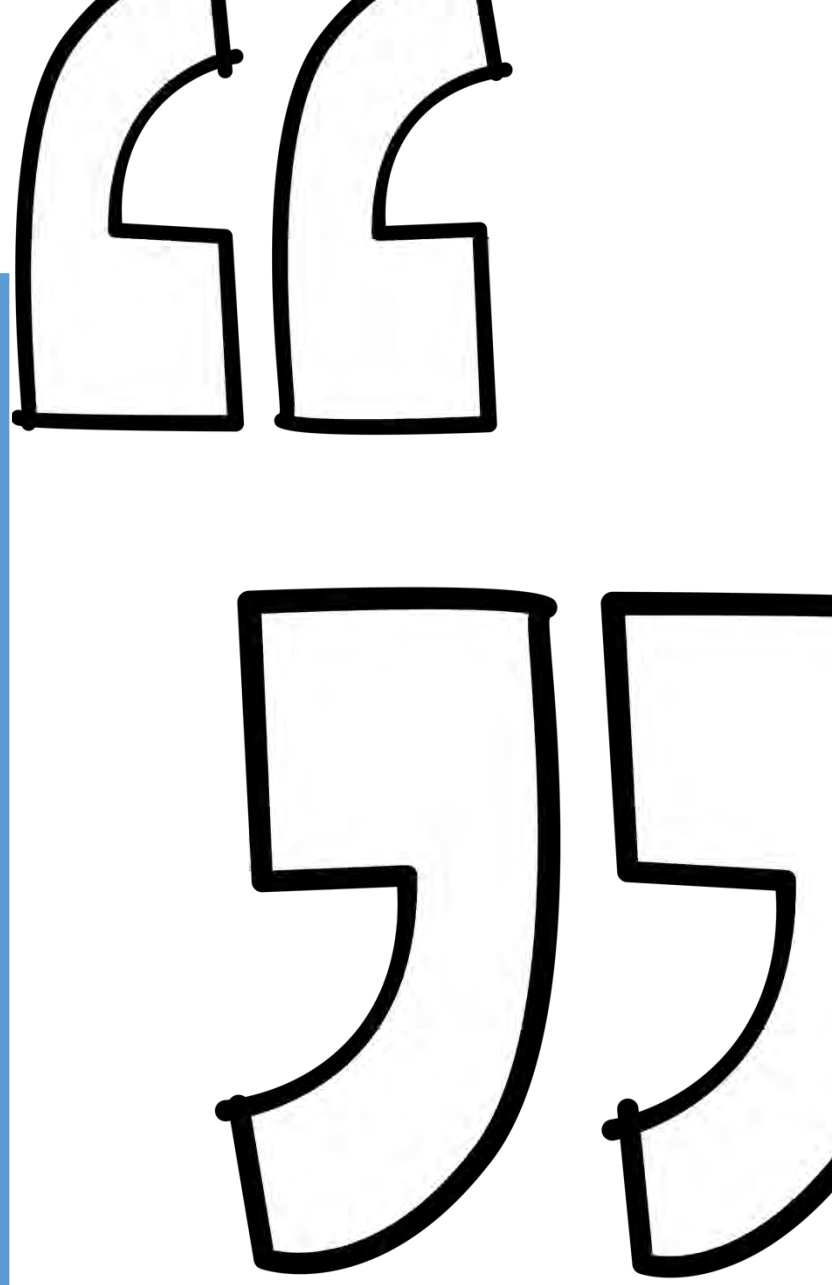
FFT: Are we responding & improving? Qualitative Comments

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

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

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

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

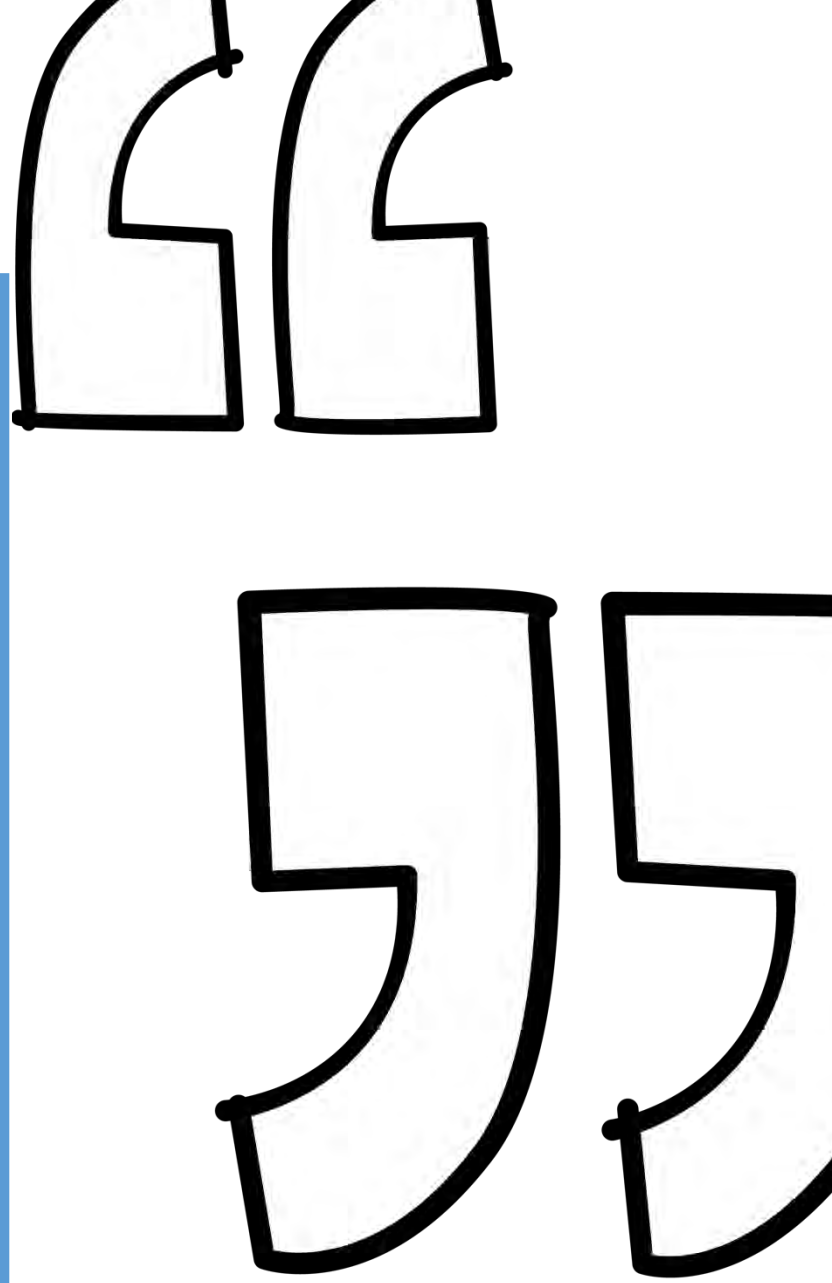


FFT: Are we responding and improving?

You said, we did

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

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

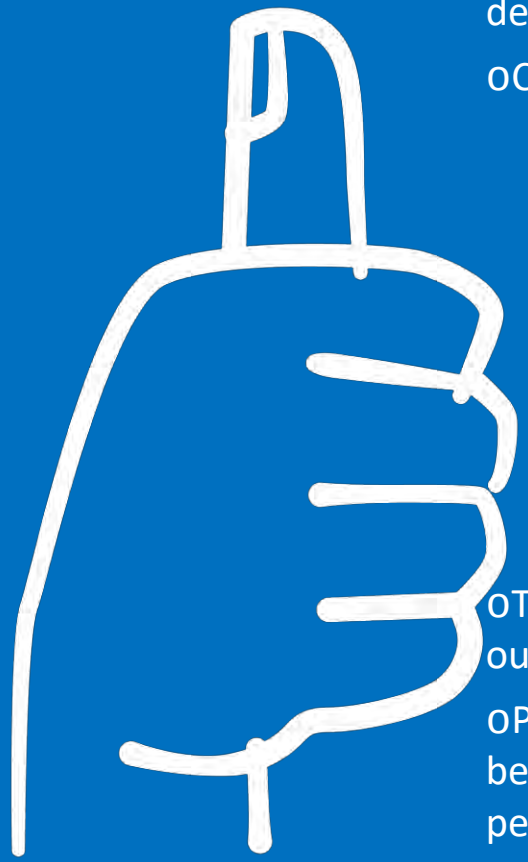


Performance

This section includes:

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

Trust Successes



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

- Comparison of activity to previous year
  - NHS Outpatient attendances over the last 8 weeks has averaged 100%, with new attendances being 91.9% and follow-up 101.9%
  - NHS Spell discharges over the last 8 weeks has averaged 88.24%, with Day-case being 88.21%, Elective 87.16% and Emergency 94.00%
  - Main Theatre procedures over the last 8 weeks has averaged 89.34%, with the last two weeks being over 100%
  - Imaging activity over the last 8 weeks has averaged 96.7%, with MRI being 100.9%, Non-obstetric Ultrasound 102.1% and CT 65.9%
- The Trust has embraced utilising virtual technology with 50% of new and 63% of follow-up outpatient attendances being conducted via these consultation media methods
- Patients with a length of stay of over 50 days has significantly reduced since August 2020 by 3000 bed days and 15 patients due to the focused work by the long stay panel. Thus releasing over that period beds per day.
- Theatre utilisation has maintained being above 77% since June 2020, which is on average 10% higher than pre-Covid-19 performance.

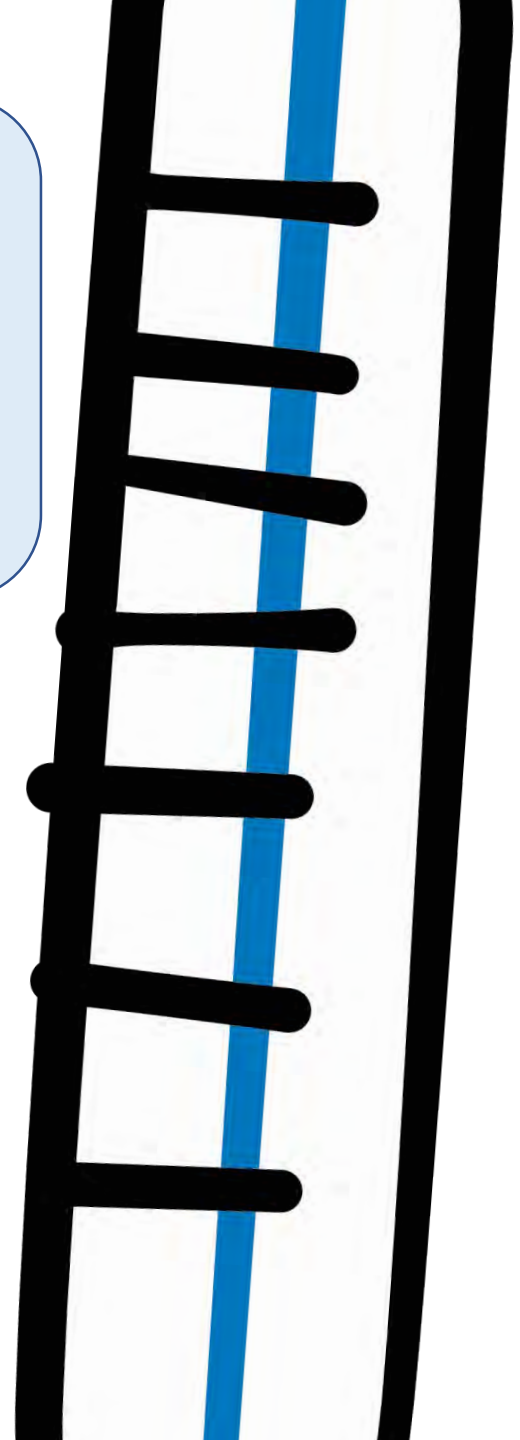
Patient Access– Diagnostic Waiting Times

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

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

Cancer Wait Times

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



Patient Access – Referral to Treatment

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

National Position

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

Referrals, Admissions and Discharges

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

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

Long stay patients:

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

52+ Week Waits: Incomplete pathways

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

National Position

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

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

Productivity & Efficiency

Theatre Utilisation

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

Last minute non-clinical hospital cancelled operation

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

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

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

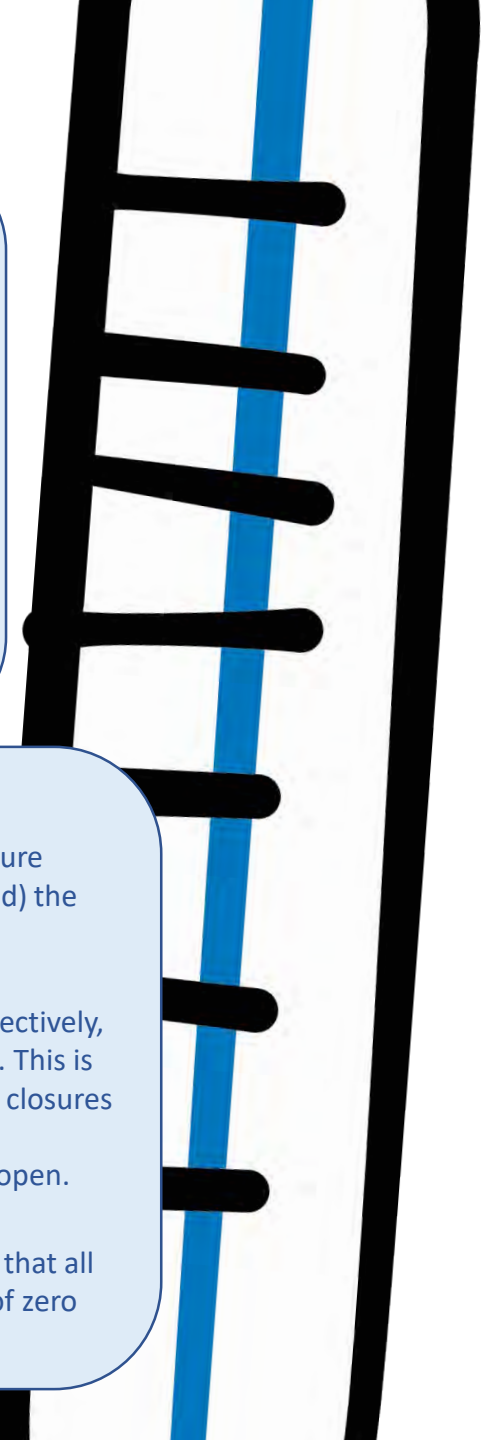
The Trust reported two last minute cancelled operations (SNAPS and Rheumatology) not readmitted within 28 days in September.

Bed Occupancy and Closures

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

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

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



Productivity and Efficiency

PICU Metrics

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

CATS referral refusals to PICU/NICU:

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

PICU Emergency Readmissions:

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

Trust Activity

Outpatient DNA and Cancellation Rates

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

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

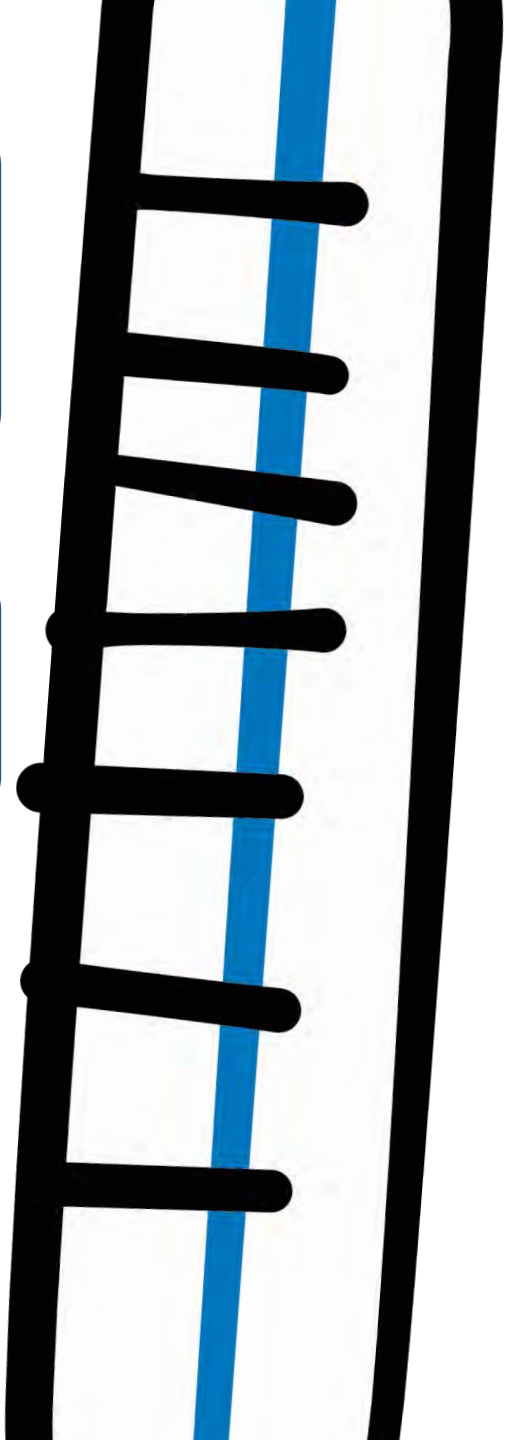
Trust activity

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

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

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

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

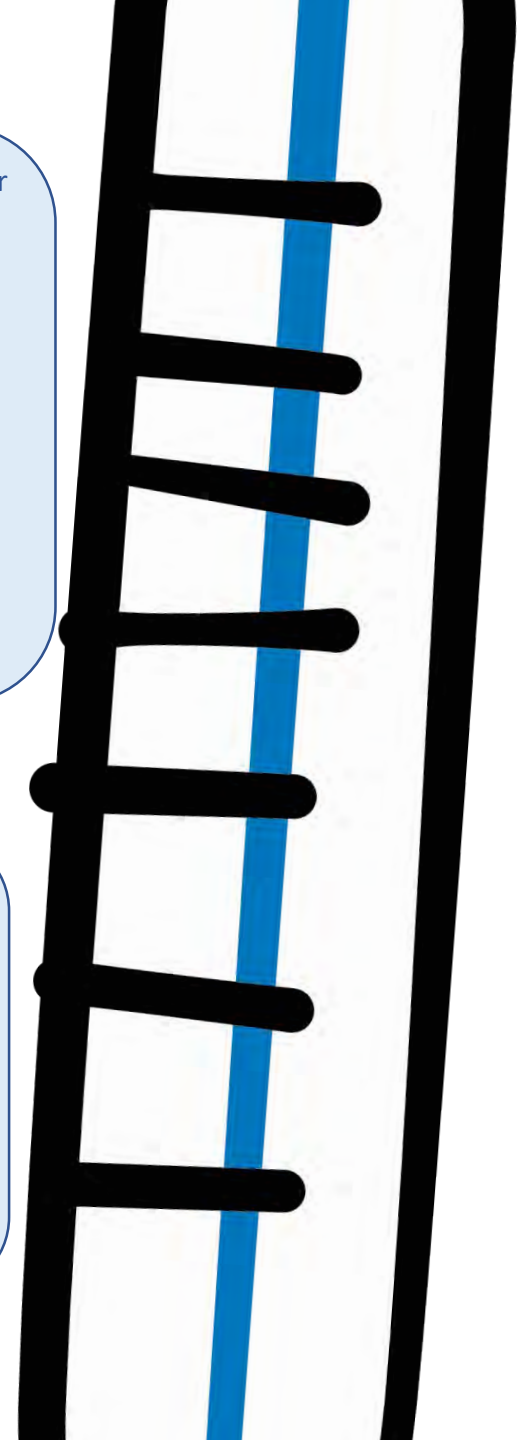


Productivity & Efficiency– Discharge Summaries

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

Clinic Letter Turnaround Times

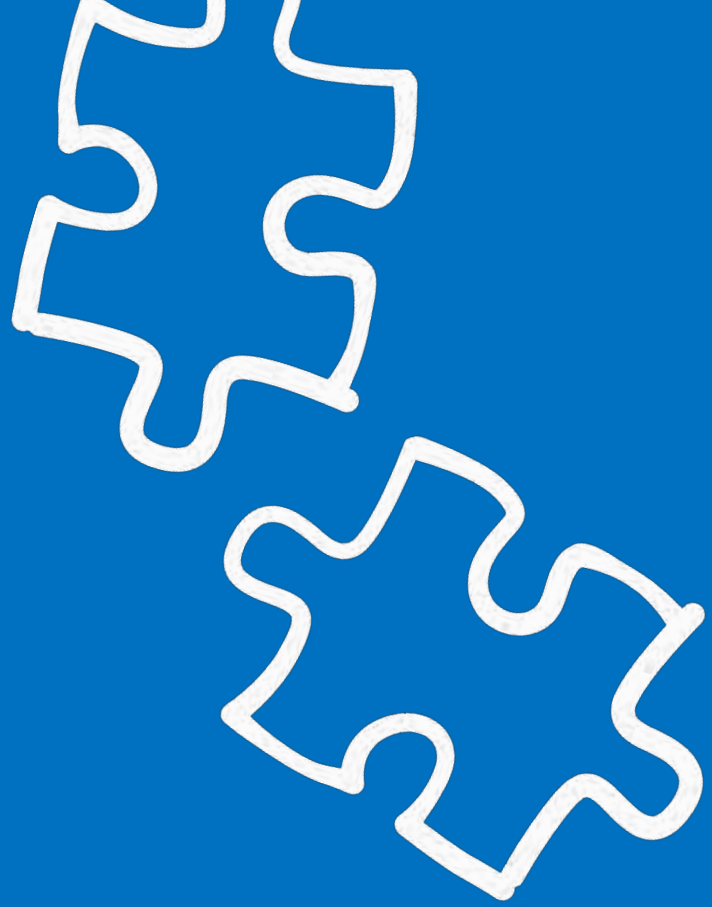
- For October 2020, performance has slightly increased in relation to 7 day turnaround; 61.91% compared to 59.06% in September. At the point of writing the report, a backlog of 1,999 letters not yet sent was reported for this financial year of which 897 are in October 2020.
- The EPR team have now rolled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



Workforce

This section includes:

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



Workforce Headlines: October 2020

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

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

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

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

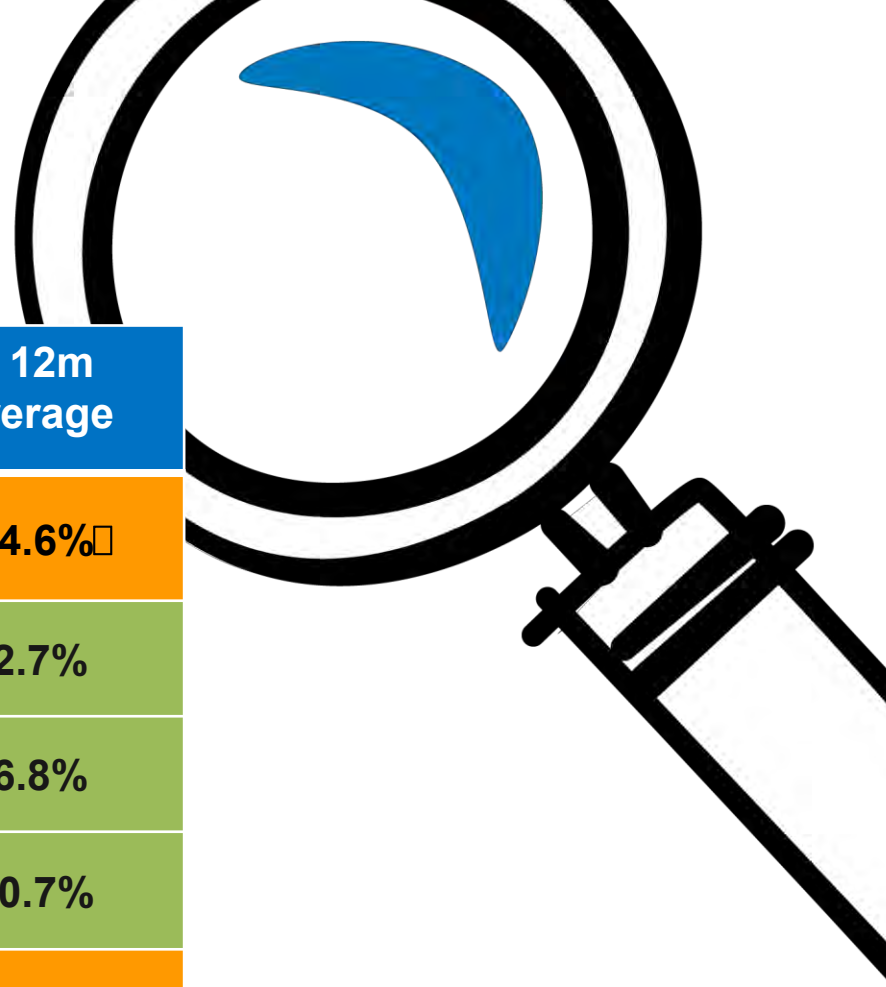
Statutory & Mandatory training compliance: In October the compliance rate across the Trust remained stable at 94%, which remains above the target with all directorates achieving target. Across the Trust there are 10 topics below target including Information Governance where the target is 95%.

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

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

Trust Workforce KPIs: October 2020

Great Ormond Street Hospital for Children
NHS Foundation Trust



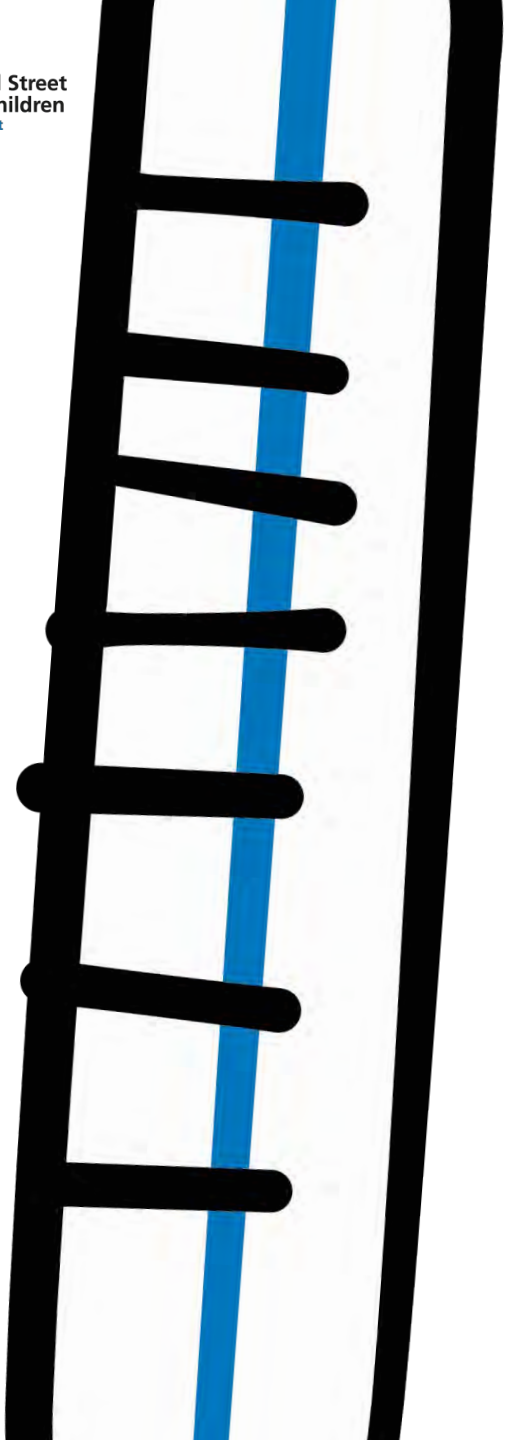
Metric	Plan	Oct 2020	3m average	12m average
Voluntary Turnover	14%	12.2%	12.7%	14.6%
Sickness (1m)	3%	2.6%	2.4%	2.7%
Vacancy	10%	7.4%	7.2%	6.8%
Agency spend	2%	1.0%	0.9%	0.7%
PDR %	90%	86%	86%	87%
Consultant Appraisal %	90%	79%	75%	85%
Statutory & Mandatory training	90%	94%	94%	94%

Key:
Achieving Plan Within 10% of Plan Not achieving Plan

Directorate (Clinical) KPI performance Oct 2020

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

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

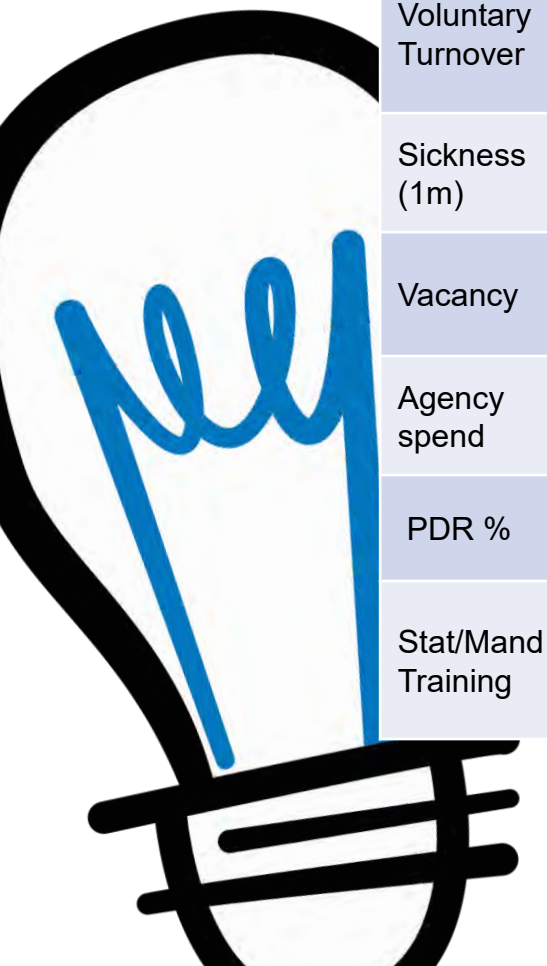


Key:

Achieving Plan Within 10% of Plan Not achieving Plan

Directorate (Corporate) KPI performance October 2020

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



Key:

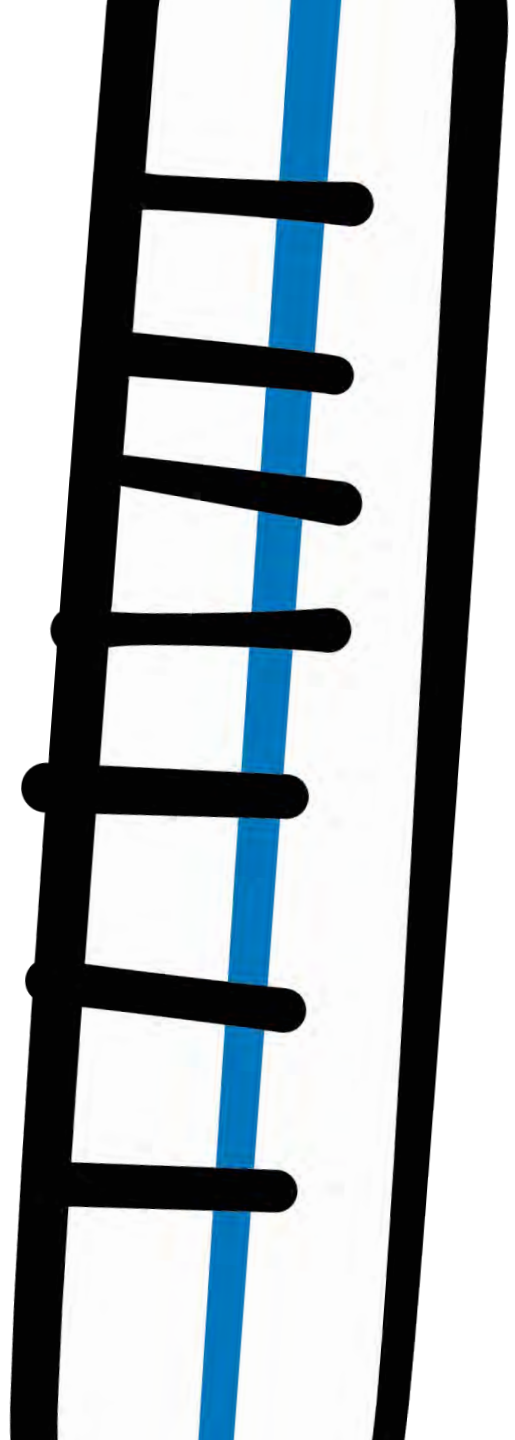
Achieving Plan | Within 10% of Plan | Not achieving Plan

Annual Staff Survey 2020

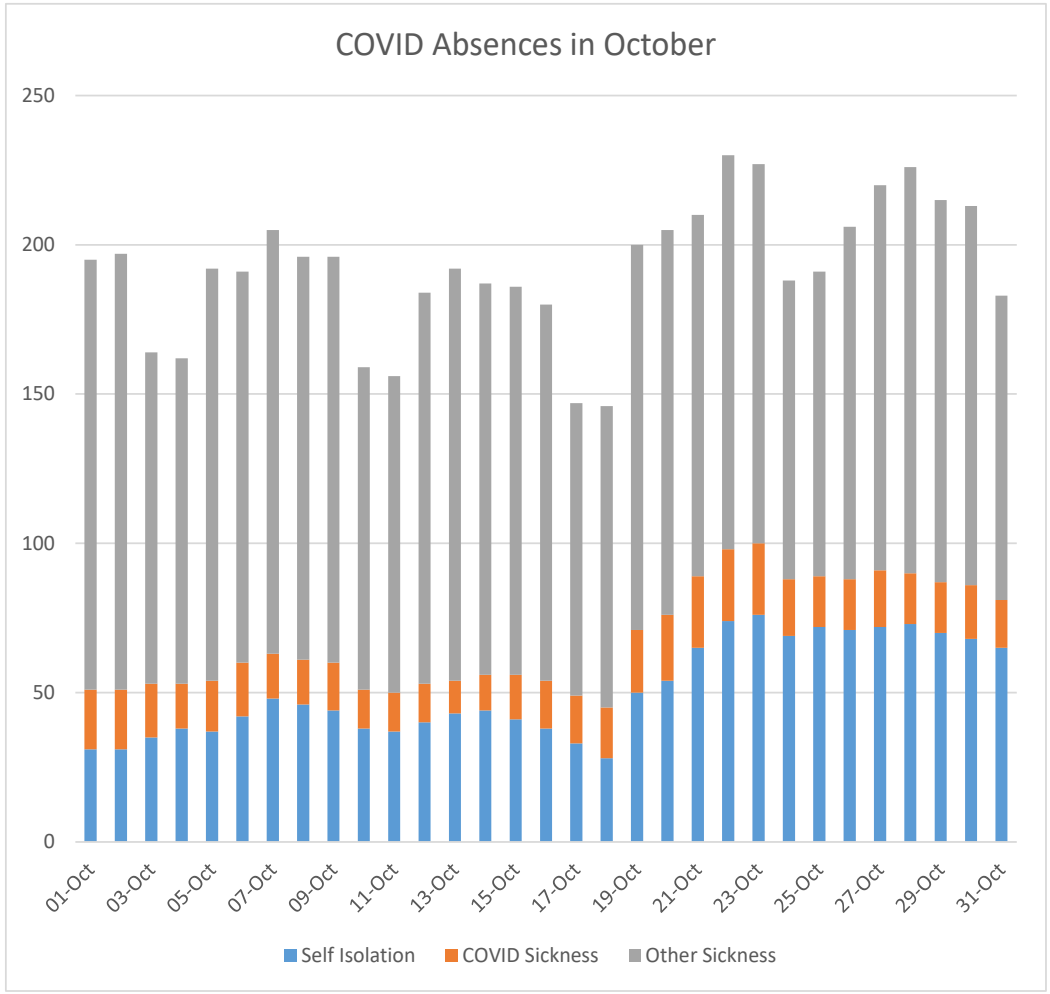
Directorate	Eligible Staff	Respondents	Surveys Outstanding	Response Rate
Blood Cells & Cancer	449	157	292	36%
Body Bones & Mind	551	205	346	39%
Brain	327	135	192	43%
Clinical Operations	83	54	29	70%
Corporate Affairs	14	12	2	86%
Finance	50	39	11	80%
Genetics	155	96	59	63%
Heart & Lung	919	295	624	33%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

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

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



COVID Absences



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

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