Trust Board 30 March 2021	
Data management and data quality update report **Submitted by:** Richard Brown, Chief Data Officer	**Paper No: Attachment Q** **For information and noting** **For approval of data flows for DSP Toolkit (see page 7 and appendix1)**

Purpose of report

To provide the Board with assurance that the management of data within the Trust is both secure and delivering value in terms of improving patient outcomes, optimising performance and supporting the hospital's stakeholders.

For approval for the process for managing data flows at GOSH as part of the 2019/20 DSP Toolkit. (See page 7 and Appendix 1).

Summary of report

The report outlines the principles of how data is governed covering both the need to protect patient data but also to ensure we are making best use of that data. It sets out the ways in which we are achieving this including how and where we store data, how we make it available and how we control use of sensitive data and secure access.

It also looks at how we intend to develop the use of our data both for predictive analysis but also in the wider ecosystem with GOSH partners and through research.

Action required from the meeting

No specific actions.

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in the wellbeing and development of our people** ☐ **PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes** ☐ **PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training** ☐ **PRIORITY 4: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** ☐ **Quality/ corporate/ financial governance**	☐ **Leadership, capacity and capability** ☐ **Vision and strategy** ☐ **Culture of high quality sustainable care** ☐ **Effective processes, managing risk and performance** ☐ **Accurate data/ information** ☐ **Engagement of public, staff, external partners** ☐ **Robust systems for learning, continuous improvement and innovation**

Strategic risk implications
BAF Risk 5: Unreliable Data

BAF Risk 11: Information Governance
Financial implications Not Applicable
Implications for legal/ regulatory compliance Effective data management is central to our ability to provide accurate statutory reporting and assurance of our quality and levels of care. It is also central to ensuring compliance with various regulations including GDPR, Caldicott principles, Data General Data Protection Act, and supporting the requirements of the Care Quality Commission.
Consultation carried out with individuals/ groups/ committees Not applicable
Who is responsible for implementing the proposals / project and anticipated timescales? Richard Brown, Chief Data Officer
Who is accountable for the implementation of the proposal / project? John Quinn, Chief Operating Officer
Which management committee will have oversight of the matters covered in this report? Data Quality Committee/ Information Governance Steering Group

GOSH Data Management

Contents

Purpose

Assurance on Data Management
This paper is to provide the Board with assurance that the management of data within the Trust is both secure and delivering value in terms of improving patient outcomes, optimising performance and supporting the hospital's stakeholders.

Seek Approval
To seek approval for the process for managing data flows at GOSH as part of the 2019/20 DSP Toolkit. (See page 7 and Appendix 1).

1 Introduction

Data is central to the operation of the hospital. Today we generate more data than ever before. In the two years that Epic has been running we have generated more data than we did in the previous 18 years. Looking after the data, ensuring it is accurate, available and secure is a key priority for the Trust. Two of the five guiding principles of the GOSH Digital Strategy are related to how we manage data within the Trust:

1. **Ensuring that every child's data is protected[1]**
    We will assure the quality, safety and security of data and information flows across the Trust so that children and their families will willingly share their data in the knowledge that it will be kept confidential and secure. Children and their families will also be confident that their personal data will only be shared when appropriate and for their benefit.

2. **Enabling a data driven culture in GOSH[1]**
    We will look to make relevant data available to all staff to help them make optimised decisions. Supporting all types of decision from high level strategy to individual daily activities. We will look to make data available at the point of need and in a form and visualisation suitable for the use. We will also enable our staff with the tools and skills to make best use of the data.

Below we have set out how we are managing data in relation to these two guiding principles.

2 Our Digital Strategy Guiding Principles

2.1 Ensuring that every child's data is protected

We achieve this through careful management of data, with the aim of ensuring it is kept within central well-controlled environments as set out below. This is complemented by developing strong information governance and IT system security and access control:

2.1.1 Controlling the data sets within the Trust

Clinical and operational data consolidation in Epic

There were multiple reasons for implementing Epic but one of these was the consolidation and integration of the majority or our clinical and operational data into one system. This has delivered many data management benefits. It has meant it is much easier to provide comprehensive data to our staff and other external parties wherever they are and whenever they need it. It has also delivered a level of integration and consistency of the data that was just not achievable when it was spread across multiple systems. Epic captures a lot more data in detail about our processes than previous systems providing a richer data set to help optimise patient care and hospital operation. It has also improved the security of the data placing it in one location with strong access control and security measures.

There are other applications, holding data, used in the Trust for non-clinical activity supporting Finance and HR including rostering, Gold (GOSH Online Learning and Development), Gears. These systems are tightly controlled with access carefully limited. Some of this data is also fed into the data warehouse environments and we are looking at potential opportunities to use some of this data (e.g. rostering) for operation analytics predictive analytics (see section 3.2.1).

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[1] Extract from GOSH Digital Strategy

Development of data warehousing for reporting, analysis and research

Outside of Epic and the other operational systems, the main data sets are located in our three data warehouses – Epic Caboodle (used for statutory reporting, operational analytics and clinical support), SQL Server DW (used for legacy system and HR reporting) and the Digital Research Environment (DRE). Each of these environments is set up to be secure with the relevant controls (e.g. using GOSH Active Directory and user approval processes) so that only authorised users can access the data.

The DRE has data extracted from legacy clinical systems and Epic. One of the first stages of processing in the DRE is to pseudonymise the data and whilst there is personal identifiable data (PID) in the DRE this is highly restricted. All research activity is carried out on the pseudonymised data in dedicated workspaces for research projects.

We continue to work to consolidate our data in these systems, migrating legacy systems into one of these platforms.

2.1.2 Information Governance

Our compliance with information rights legislation is derived from the data protection principles:

- Lawfulness, fairness and transparency
- Purpose limitation
- Data minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality (security)

These principles set out the direction for IG at GOSH and confirm our commitment to ensuring IG is embedded and aligned to support future data processing.

2.1.2.1 Demonstrating our compliance

The existing IG Framework is currently under review and is being enhanced. The framework ensures compliance with the principles relating to the processing of personal data. Currently we are enhancing the framework and our approach to IG through:

- Updating it to ensure our policies, procedures and guidance better support our staff and align to the future plan.
- Ensuring that we have embedded throughout the Trust a 'data protection by design and default' approach.
- Streamlining the process to standardise the agreements we enter with third parties that process GOSH personal data.
- Maintaining the documentation of the processing activities, including the lawful basis for processing personal data.
- Ensuring the appropriate security measures such as our commitment to meeting the standards of the Data Security and Protection Toolkit annually.

The aim is to complete this update as part of the submission for the DSP Toolkit in June 2021.

The updated IG Framework aims to support our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always. This will also give confidence to data subjects whose personal data we process, that we are managing their data appropriately.

2.1.3   Security and Access

We take the confidentiality and security of the data that we hold with the utmost seriousness and have controls in place to ensure the security of data and access to it.

Through policies e.g. Information Security Policy, Network Security Policy, Password policy…) and security solutions (e.g dual-factor authentication) we ensure that access to data is only provided to those individuals that should be accessing it and that the data, whilst held or communicated electronically, is secured through the use of UK Government approved encryption standards.

The Trust has solutions in place to detect any security related incidents to provide assurance that a robust, repetitive and well managed process exists to respond to incidents.

2.2   Enabling a data driven culture

2.2.1   Data Quality

Right first time

Our starting position for data quality is making sure correct and complete data is entered at the time of transaction, be that at receipt of goods to the site or in carrying out a clinical procedure. We check for this through our data assurance processes (see below). Wherever possible we will make transaction systems easy to access and use, and they will be designed to make sure all necessary data is entered (mandatory fields) and the data is properly coded (data entry validation). We also aim to make the data entry process easy, in order to support inputting of accurate data. The principle is to 'get it right first time'.

Information standards

Information standards set out what is "right". This is ensuring that we have a set of standard definitions and usage of the data so that everyone is using common terminology and where necessary that this aligns with NHS Digital and other appropriate standards. This ensures we all are talking the same language and that errors in communication do not result in errors of operation and/or treatment. We will continue to develop and evolve our information standards.

Data Assurance & Validation

Although the policy is to get data right at the point of entry it is not always possible to assure this. This may be due to data entry errors, faulty processes or new procedures that have not been built into the data capture. It can also be caused where combinations of data are wrong and can only be seen when several different activities have taken place. Because of this, we run a process of data assurance constantly reviewing critical data, identifying issues and working across teams to fix the issues at source, be that through the training of clinical staff, changing processes or making modification to the Epic system. We also run a schedule of planned audits of data quality across the Trust.

Enabling an information self-service culture

We want the information and data that users need to make informed decisions to be available at the point of need. Epic is available to all users who need to access and update patient and operational records. That means making data available in the work environment in a form that is easily accessible and provides the user with good contextual content. We have focused on doing this through Epic providing workstations-on-wheels (WOWs) and screens are tailored to user roles with information filtered for their needs. We have provided extensive training in the use of the system and continue to do so as we roll-out new functionality, change or improve processes. We will be increasingly looking to deliver analytical information in a readily accessible and context-relevant form with the ability for users to interact with the data, to drill down and carry out further analysis.

Professional BI and Data Development

We want to ensure the people we are curating and analysing our data are trained so that the data is used effectively and accurately. The techniques and tools to manipulate and present data are constantly evolving and it important our data analysts are up-to-date with these latest techniques and technologies. We have developed a professional development framework that we are rolling out to all data analysts in GOSH that will not only train them in the latest techniques but also around safe and effective use of the data. This includes focus on data quality and data governance.

3 Future Strategy

Whilst these guiding principles encapsulate a lot of what we are doing today in regard to data management, we are constantly looking to the future and what is possible with our data.

3.1 Using our data in the wider ecosystem

One of the major ambitions in healthcare is about providing integrated care. There is an expectation that healthcare is delivered through integrated care systems across different providers. The NHS has already set up 29 integrated care systems covering 35 million people. GOSH has a part to play in this journey making our data available to those involved in the care or our patients. In addition GOSH has a wealth of data that can help advance medical science. Our ambition is to make sure our data is being put to the best use for our patients and society in general. With regard to this agenda there are a number areas in which we are using or looking to use our data:

3.1.1 GOSH Link

GOSH link is a digital web portal, designed to provide health and social care staff with legitimate and controlled access to the GOSH electronic patient record in order to support the delivery of direct care. It is currently available to 15 external health providers but our intention is to expand this access to many more providers. As we do this we are very careful about data processing and information governance. Every 3rd party is signed up to a data sharing agreement and users who are provided with access are asked to confirm a mandatory direct care reason for accessing the patient's GOSH electronic medical record. In order to access a patient record through GOSH link users will need to have the patients NHS number. Accesses through GOSH link are subject to a regular audit.

3.1.2 HealtheIntent

'HealtheIntent' is an NCL initiative for integrated health management. It pulls together data from systems across NCL health and care providers to create an integrated record for patients/clients, which can be used as a supporting record in the proactive management of their care by health and care professionals within NCL. GOSH will look to integrate with the HealtheIntent program ensuring our patients in the region are fully supported, taking account of appropriate data processing and information governance requirements. As other Clinical Commission Groups look to develop similar initiatives we will look to support these where we can.

3.1.3 Use of Research data

The data we collect in our Digital Research Environment is already being accessed and used extensively by the research community. We will continue and look to expand this research work. The data holds a wealth of information that can help progress paediatric medical science. We want to make sure that we are making best use of this data and will be looking to see how we can explore working with partners to use the data in drug discovery work.

In all of this work, protection of personal data is paramount. As we work with each of these programmes we are making sure the controls are in place and the systems adequate to ensure patient data is protected and only available to relevantly authorised individuals and that those individuals understand and are signed up to a suitable duty of care of the data.

3.2 Moving to predictive analytics and data science

3.2.1 Modelling the hospital activity

We are already using our data to model theatre activity and bed occupancy based on current and past usage patterns to forecast future activity enabling us to predict recovery times and capacity constraints. This is enabling us to make better informed decisions about how we should work to best serve our patients. The intention is to expand this work, refining existing models and build new models representing other aspects of the hospital.

3.2.2 Pattern Recognition & Machine Learning

We are also starting to use our data in a predictive mode, using some data science techniques, machine learning and AI to look for patterns in our data. An early example of this is the work we are doing to spot potential sepsis cases based on all the patient information we hold. As we accumulate more and better quality data so these techniques will become increasingly useful in helping deliver the best standards of care. Use of our data in this way will enable predictive analytics for both clinical and operational needs.

3.3 Management of risk

The Trust Board and its assurance committees are sighted on risks relevant to the processing, quality and security of data at GOSH. Three risks are included on the Board Assurance Framework and scrutinised by the Audit Committee on a regular basis via deep dive discussions where Non-Executive Director members challenge risk owners on the effectiveness of the controls cited and assurance that gaps in controls and assurance will be closed. These risks are:

BAF Risk 5 Unreliable data: Failure to establish an effective data management framework (net score 4L x 3C).

BAF Risk 7 Cyber Security: The risk that the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means (net score 4L x 5C).

BAF Risk 11 Information Governance: Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements (net score 3L x 5C).

At a management level, the BAF is monitored on a monthly basis by the Risk Assurance and Compliance Group.

The Information Governance Steering Group monitors all risks relevant to IG at a trust wide level and receives reports on local risks.

Risks to data quality are reviewed by the Data Quality Review Group.

Risks to the security of data are reviewed by the IT Board.

2019-20 Data Security and Protection (DSP) Toolkit Improvement Action

<u>For approval</u>

Every year, the Trust is required to complete and meet the standards contained within the Data Security and Protection Toolkit (DSPT). There are a number of outstanding improvement actions for the 2019-20 DSP Toolkit assessment. Appendix 1 provides a summary of the work carried out to meet the requirement in the Toolkit that the Board (or equivalent) approves information flows.

For 2019/20 DSPT, the Board is asked to note and **approve** the process for managing data flows at GOSH. In the future, the Audit Committee will receive assurance of data flows on behalf of the Board.

Appendix 1

2019-20 Data Security and Protection (DSP) Toolkit Improvement Action

Requirement

There are a number of outstanding improvement actions for the 2019-20 DSP Toolkit assessment. This paper provides a summary of the work carried out to meet the requirement in the Toolkit that the Board (or equivalent) approves information flows. For 2019/20 DSPT, the Board is asked to note and approve the process for managing data flows at GOSH. In the future, the Audit Committee will receive assurance of data flows on behalf of the Board.

Assurance

In October 2019, the Information Governance (IG) Team reviewed information flows recorded. The information flows reviewed were personal data flows documented in information sharing agreements between GOSH and external organisations and registered on the GOSH Information Sharing Log. The focus of the this review was to check for any data processed outside of the UK for Brexit planning but at the same time any information flows considered high risk were highlighted.

There were 141 personal data flows that were reviewed, 12 of these were highlighted for further investigation due to having data stored outside of the UK. From this review, 10 of the information flows identified had either changed practice to ensure information flows remain in the UK or the service was no longer in use by GOSH.

Two organisations where data flowed outside of the UK were contacted to request assurances around Brexit. This work was followed up in October 2020 again for Brexit preparation. This review ensured that data flows continued to ensure there is no interruption, and no high risks or interruptions were recorded – the Brexit Planning Group, chaired by the SIRO, were kept up to date.

New information flows continue to be reviewed as part of the process for Data Protection Impact Assessment (DPIAs) process.

Future planning

The IG Team is planning a comprehensive review of Information Assets, Owners, Administrators and Transfers. This will ensure all systems/information assets holding or sharing personal information and data flows are documented and risk assessed. Assurance of progress with this work will be reported to the Audit Committee on a regular basis.

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust

Trust Board **30 March 21**	

| **March IQPR (Feb data)**

Submitted by: Dr Sanjiv Sharma MD | **Paper No: Attachment R**

☐ **For approval**
√ **For discussion**
☐ **For information and noting** |

Purpose of report

To present the IQPR data and narrative to the Board to show the monthly performance on the key indicators.

To provide the Board with assurance that the indicators on patient safety, patient experience and performance are monitored regularly.

Summary of report
- The report shows that the number of reported incidents is within expected range; there is a plan to continue to improve the closure rate. The increase in pharmacy incidents is probably due to improved reporting and work is underway to understand and support the issues
- The serious incident pathway is currently under review to improve compliance with the national timeframe. There are ongoing discussions with NHSE/I regarding the SI pathway. 5 serious incidents reports are overdue and the situation is monitored weekly.
- The position with high risk reviews and actions remain static and there is a focus on improving the performance in liaison with the directorates.
- The Friends and Family Test response rate in February was 45%. This is the highest response rate recorded ever. All directorates significantly exceeded the response rate (which ranged from 31 to 52%). Four directorates achieved their highest response rates in the last two years.
- There were 4 new formal complaints in February with concerns relating to communication, delays and aspects of care.
- Pals contacts (242) increased again this month. There was a reduction in COVID specific contacts but families continue to raise concerns about visiting restrictions at the hospital. Communication issues accounted for 52% of contacts with families seeking clarification regarding care plans and assurance about delays on treatment.
- We aim to have to have over 100 completed specialty led clinical audits per year. At the end of February 2021 we are on track (92 audits completed (target =92 completed by end of February).
- The In-Touch pulse survey for February shows static or improvements in 4 areas with 3 areas showing slight decrease
- The Quality Improvement programme is shown on slide 28

Action required from the meeting
The Board are asked to note the report

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 ☐ Effective processes, managing risk and performance ☐ Accurate data/ information ☐ Engagement of public, staff, external partners ☐ Robust systems for learning, continuous improvement and innovation

Strategic risk implications Company Secretary to complete

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? The MD supported by the AMDs.

Who is accountable for the implementation of the proposal / project? MD

Which management committee will have oversight of the matters covered in this report? RACG, QSEAC, Closing the Loop and PFEEC.

Integrated Quality & Performance Report
March 2021
(February 2021 data)

Sanjiv Sharma

Medical Director

Alison Robertson

Chief Nurse

John Quinn

Chief Operating Officer

Caroline Anderson

Director of HR & OD

Hospital Quality Performance – February 2021 (January data)

Are our patients receiving safe, harm-free care?

	Parameters	Dec 2020	Jan 2021	Feb 2021
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	79 (n=555)	92 (n=691)	94 (n=627)
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	470	623	632
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	77.7%	71.6%	65.8%
Average days to close	R ->50, A - <50 G - <45	29.8	30.8	37
Medication Incidents (% of total PSI)	TBC	15.7%	16%	22%
WHO Checklist (Main Theatres)	R<98% G>98-100%	98%	99%	96%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	6.8%	4.5%	5.7%
New Serious Incidents	R >1, A -1 G – 0	3	0	1
Overdue Serious incidents	R >1, A -1, G – 0	3	4	3
Safety Alerts overdue	R- >1 G - 0	0	0	0
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	2	0
	Open and ongoing	10	10	12
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2

Are we delivering effective, evidence based care?

	Target	Dec 2020	Jan 2021	Feb 2021
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	75%	81%	84%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	68	84	92
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	Dec 2020	Jan 2021	Feb 2021
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	99%	98%	99%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	96%	94%	99%
Friends and Family Test - response rate (Inpatient)	25%	26%	28%	45%
PALS (per 1000 combined pt episodes)	N/A	8.51	10.59	11.54
Complaints (per 1000 combined pt episodes)	N/A	0.36	0.19	0.19
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	12%	12%	13%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	3%	3%	3%
Red Complaints Action Plan Completion (No. of actions overdue)	R>2 A1-2 G-0	0	0	0

	Parameters	Dec 2020	Jan 2021	Feb 2021
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%	85%	85%	86%
PDR	R<80%,A-80-89% G>90%	88%	86%	89%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	Actual: 86%	90%	89%
Honorary contract training compliance	R<80%,A-80-90% G>90%	83%	73%	90%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	90%	90%	90%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	96%	96%	96%
Resuscitation Training	R<80%,A-80-90% G>90%	87%	90%	89%
Sickness Rate	R -3+% G= <3%	2.7%	4.0%	2.7%
Turnover - Voluntary	R>14% G-<14%	11.5%	11.1%	10.7%
Vacancy Rate – Contractual	R- >10% G- <10%	7.6%	7.1%	6.3%
Vacancy Rate - Nursing		5.7%	4.9%	4.7%
Bank Spend		5.7%	5.6%	5.6%
Agency Spend	R>2% G<2%	1.1%	1.1%	1.1%

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Hospital Quality Performance – February 2021 (January data)

Is our culture right for delivering high quality care?

	Target	Dec 2020	Jan 2021	Feb 2021
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	63%	78%	75%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G-0	46	29	30
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	10	3	4
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%	80%	66%	80%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	60%	33%	75%
Duty of Candour - Stage 3 Total sent out in month	Volume	4	2	3
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	25%	50%	0%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	4	3	3
Policies (% in date)	R 0- 79%, A>80% G>90%	79%	80%	87%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	85%	85%	89%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	100%	83%
Inquests currently open	Volume monitoring	11	12	7
Freedom to speak up cases	Volume monitoring	5	4	11
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	2	2	2

Are we managing our data?

	Target	Dec 2020	Jan 2021	Feb 2021
FOI requests	Volume	35	44	43
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	76%	70.3%	78%
No. of FOI overdue (Cumulative)		4	3	2
FOI - Number requiring internal review	R>1 A=1 G=0	0	0	1
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume		11	10
IG incidents reported to ICO	R=1+, G=0	1		0
SARS (Medical Record) Requests	volume	71	102	119
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	100%	100%	99%
New e-SARS received	volume	1	0	1
No. e-SARS in progress	volume	3	3	4
E-SARS released	volume	0	0	0
E-SARS partial releases		0	0	0
E-SARS released past 90 days	volume	2	0	1

Dec	Target	Dec 2020	Jan 2021	Feb 2021
52 week + breaches reported (ticking at month end)	Volume	432	507	577
52 week + harm reviews to be completed (for treatment completed)		53	58	58

Do we deliver harm free care to our patients?

Central Venous Line Infections

Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 18/19	82	52959	1.5	1.5
Year 19/20	73	56029	1.3	1.3
Apr-20	8	4886	1.6	1.6
May-20	9	4577	2.0	1.8
Jun-20	4	4529	0.9	1.5
Jul-20	7	4584	1.5	1.5
Aug-20	4	4207	1.0	1.4
Sep-20	3	4034	0.7	1.3
Oct-20	5	4486	1.1	1.3
Nov-20	9	4550	2.0	1.4
Dec-20	4	4699	0.9	1.3
Jan-21	1	4481	0.2	1.2
Feb-21	7	4203	1.7	1.2

*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	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	8	8	2	3	4	3	0
	YTD (financial year)	40	48	50	53	57	60	60
C Difficile cases - Total	In month	0	1	0	4	0	0	1
	YTD (financial year)	5	6	6	10	10	10	11
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E)	In Month	0	1	0	4	0	2	1
	YTD	3	4	4	8	8	10	11

Pressure Ulcers

Hospital-acquired pressure ulcers reported (category 2+) per 1,000 bed days

		Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
Volume	R – 12+, A 6-11 G =0-5	1	3	1	2	7	5	7	7	4
Rate	R=>3 G=<3	0.14	0,43	0.14	0.31	0.95	0..99	1.0	0.59	0.6

Medication Incidents

Number of Medication Administration Incidents Reported via Datix per Month
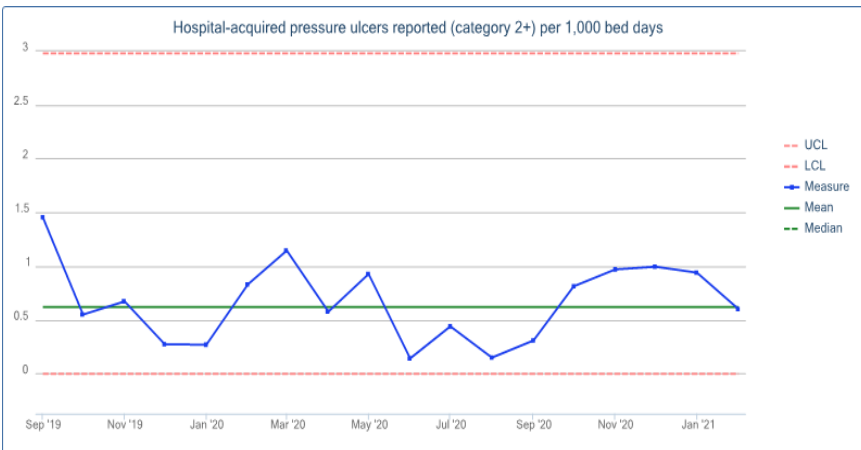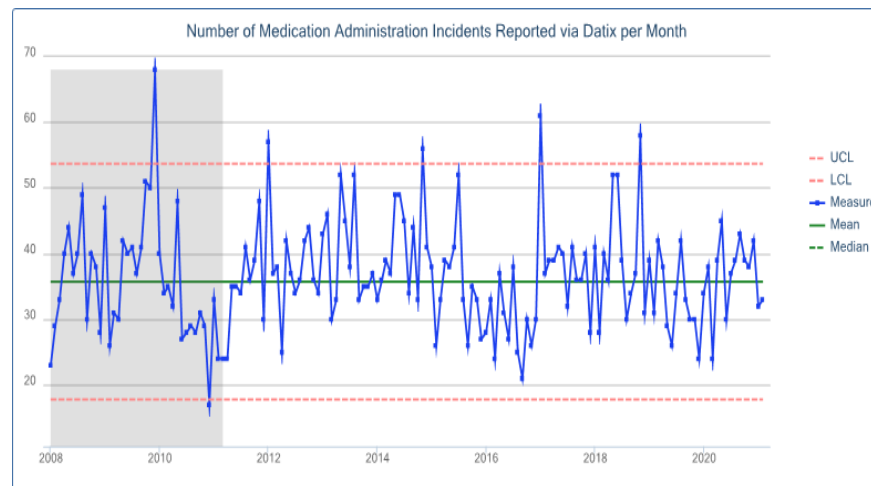
133 medication-related incidents were reported in February 2021. By category these were broken down as follows:
- Administration error-24%
- Dispensing error-32%
- Prescription error (incl admin from incorrect prescription)- 16%
- Storage/missing medication -22%

To date, 85 medication incident investigations were completed and closed in February. None Of these incidents were reported as causing significant harm with only a small number causing minor harm.
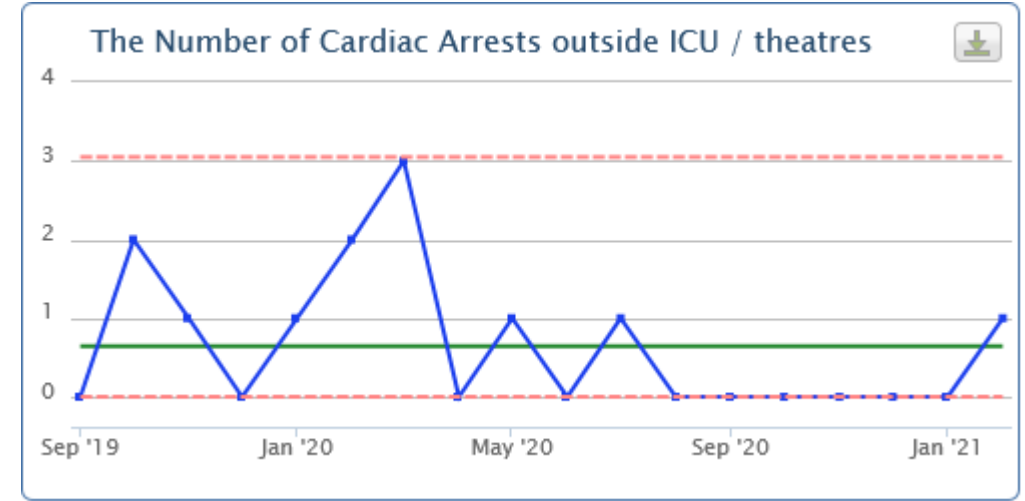
Does our care provide the best possible outcomes for patients?

Inpatient mortality

Inpatient mortality rate per 1000 discharges

Cardiac Arrests

The Number of Cardiac Arrests outside ICU / theatres

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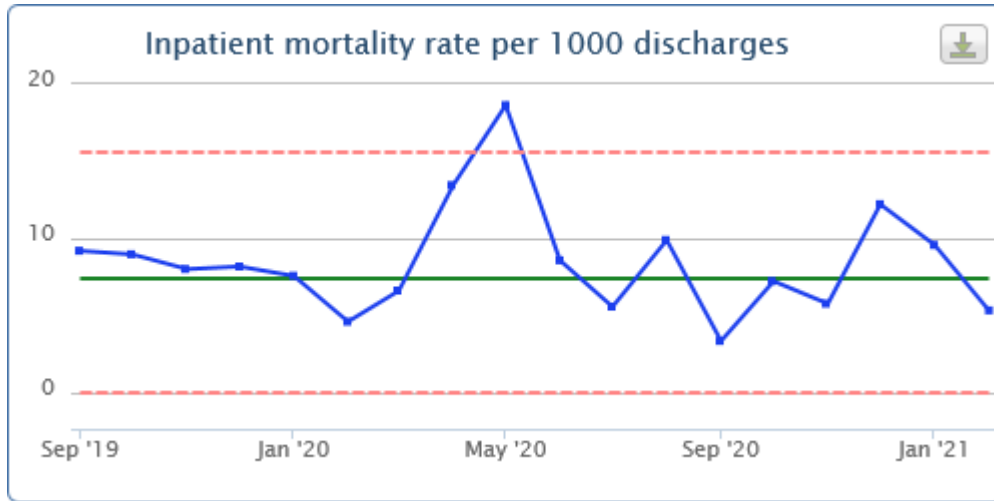
The Number of Respiratory Arrests outside ICU / theatres
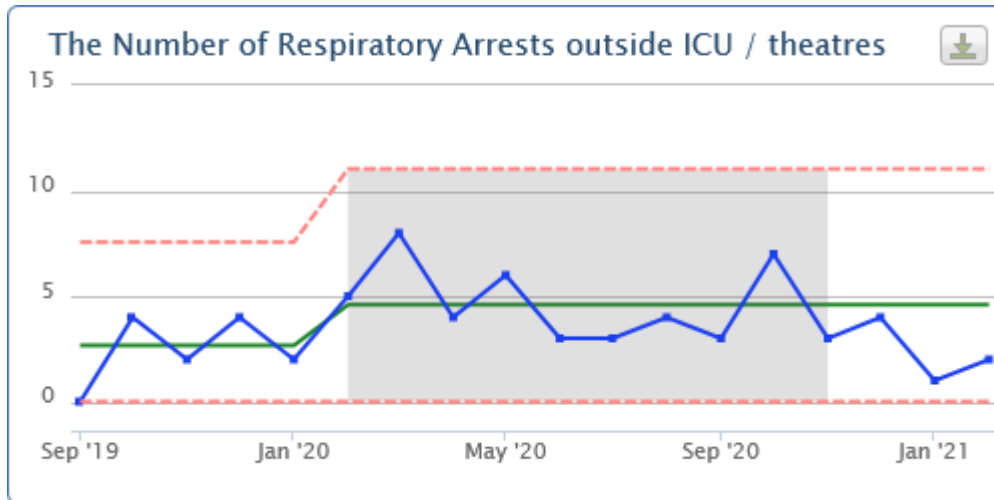
The crude mortality rate is within normal variation. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU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

The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANET) .The most recent PICANET report was published on the 11th February 2021 and covers the calendar years 2017-2019. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range

Do our processes and systems support patient access?

Patient Access
Great Ormond Street Hospital for Children NHS Foundation Trust

Patient Access
Great Ormond Street Hospital for Children NHS Foundation Trust

RTT incomplete pathways: % of patients waiting <18 weeks

	Period	Target	Actual
	Feb-21	92.0%	69.46%
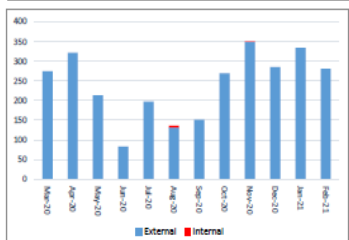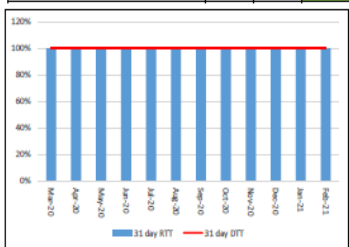
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
	57.48%	61.60%	63.77%	67.01%	70.03%	69.13%	69.46%

RTT: Average waits for open pathways

	Period	Target	Actual
	Feb-21	8.1	16.4

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
	17.9	17.7	18.0	16.7	16.5	16.9	16.4

RTT: Incomplete pathways 52 weeks or more

	Period	Target	Actual
	Feb-21	0	577

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
52 wks+	282	333	339	431	507	577
35 wks+	1168	1356	1219	1165	1058	967

Open referrals at month end (NHS & PP)

	Period	Actual
	Feb-21	113,091

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
NHS	105,910	105,715	106,851	107,787	108,746	109,171
PP	3,024	3,299	3,443	3,649	3,719	3,920

Admissions (NHS & PP)

	Period	Actual
Admissions (NHS & PP)	Feb-21	2804
Discharges (NHS & PP)	Feb-21	3219

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Admissions	3052	3230	3414	2964	2649	2804
Discharges	2986	3275	3364	3452	3147	3219

Patients not yet discharged with LOS >50 days

	Period	Actual
Patients not yet discharged with LOS >50 days	Feb-21	41
Bed days	Feb-21	8,324

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Patients	38	35	44	48	50	41
Bed days	7081	7532	7393	7582	8180	8324

RTT: Total unknown clock starts

	Period	Actual
	Feb-21	281

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
	136	151	269	350	285	334	281

Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test

	Period	Target	Actual
	Feb-21	99.0%	63.19%

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
	66.59%	66.00%	68.44%	68.53%	61.92%	53.29%	63.19%

Diagnostics: National % patients waiting less than 6 weeks for a test

	Period	Target	Actual
	Jan-21	99.0%	66.66%

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
	60.40%	61.96%	66.95%	70.78%	72.48%	70.83%	66.66%

External Referrals (NHS & PP)

	Period	Actual
External Referrals (NHS & PP)	Feb-21	2428
Internal Referrals (NHS & PP)	Feb-21	1690

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
External	2565	2981	2770	2597	2449	2428
Internal	1559	1735	1811	1463	1543	1690
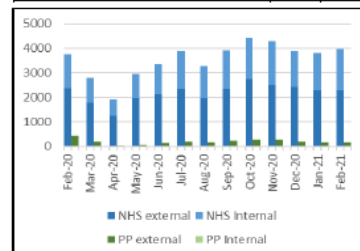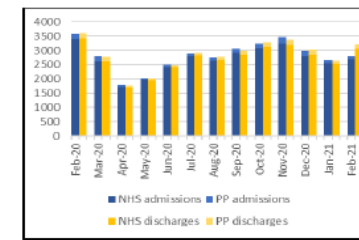
Patients with an EDD

	Period	Actual
Patients with an EDD		
Patients beyond their date of discharge		

Under construction

EDD						
> EDD						

Cancer: 31 day referral to treatment

	Period	Target	Actual
Cancer: 31 day referral to treatment	Feb-21	85.0%	100%
Cancer: 31 day decision to treat	Feb-21	96.0%	100%

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
31 day RTT	100%	100%	100%	100%	100%	100%
31 day DTT	100%	100%	100%	100%	100%	100%

Cancer: 31 day subsequent treatment

	Period	Target	Actual
Cancer: 31 day subsequent treatment (Surgery)	Feb-21	94.0%	100%
Cancer: 31 day subsequent treatment (Drugs)	Feb-21	98.0%	100%

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Surgery	100%	100%	100%	100%	92%	100%
Drugs	100%	100%	100%	100%	100%	100%

Cancer: 62 day consultant upgrade

	Period	Actual
Cancer: 62 day consultant upgrade	Feb-21	100.0%

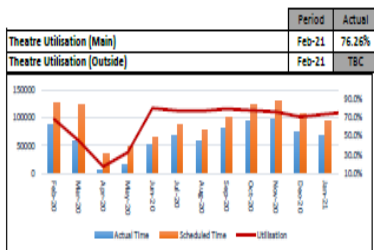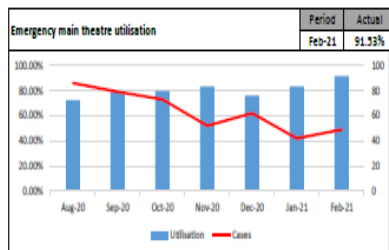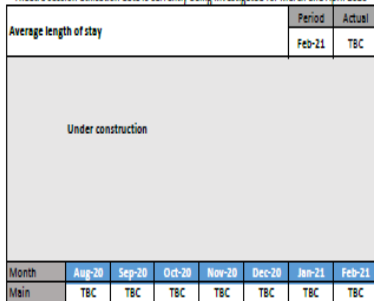|	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%

Are we productive and efficient?

Productivity & Efficiency
Great Ormond Street Hospital for Children NHS Foundation Trust

Productivity & Efficiency
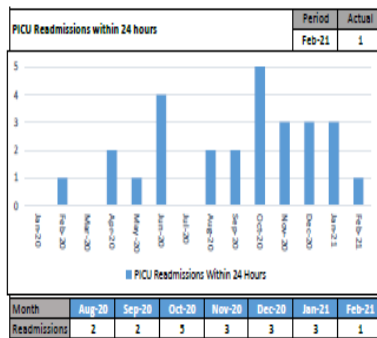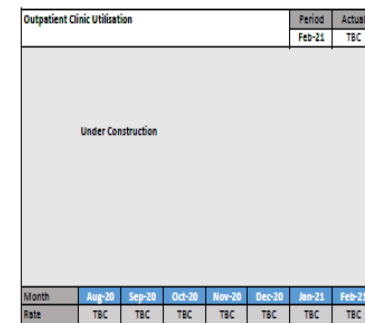Great Ormond Street Hospital for Children NHS Foundation Trust

	Period	Actual
Theatre Utilisation (Main)	Feb-21	76.26%
Theatre Utilisation (Outside)	Feb-21	TBC

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Main	76.94%	79.29%	77.80%	76.20%	70.77%	73.52%	76.26%
Outside	TBC	TBC	TBC	TBC	TBC	TBC	TBC

*Theatre session utilization data is currently being investigated for March and April 2020

	Period	Actual
Emergency main theatre utilisation	Feb-21	91.53%

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cases	86	79	73	52	62	42	49
Utilisation	72.45%	79.11%	79.65%	83.26%	76.15%	83.07%	91.53%

	Period	Actual
Last minute hospital cancelled ops for non clinical reasons	Jan-21	11
Last minute hospital cancelled ops - breaches of 28 day standard	Jan-21	0
Last minute cancelled ops - all reasons	Jan-21	TBC

Month	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Non clinical	13	8	10	19	22	0	11
Breaches	2	0	2	0	1	1	0

	Period	Actual
Clinic letter turnaround within 7 days	Feb-21	64.33%
Clinic letters- number not sent in month	Feb-21	1372
Clinic letters - number not sent Financial YTD	Feb-21	2407

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Performance	62.02%	59.06%	61.91%	66.98%	62.76%	62.39%	64.33%
Not sent	1204	1506	1492	1341	1133	1399	1372

	Period	Actual
DNA/Was Not Brought rate	Feb-21	4.86%

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Rate	4.92%	4.86%	4.67%	4.47%	5.08%	5.26%	4.86%
DNAs	725	879	870	933	806	909	906

	Period	Actual
Outpatient Clinic Utilisation	Feb-21	TBC

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Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Rate	TBC	TBC	TBC	TBC	TBC	TBC	TBC

	Period	Actual
Average length of stay	Feb-21	TBC

Under construction

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Main	TBC	TBC	TBC	TBC	TBC	TBC	TBC

	Period	Actual
Bed Occupancy	Feb-21	75.13%

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Main	57.78%	66.51%	73.86%	73.77%	70.74%	70.74%	75.13%

	Period	Actual
Average monthly ward bed closures (excluding weekends)	Feb-21	TBC

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Av Closures	0.0	0.0	0.0	0.0	TBC	TBC	TBC

	Period	Actual
Outpatient appointments cancelled on the day/day before	Feb-21	765

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cancellations	611	939	888	906	867	921	765
Attendances	13300	16595	17023	17649	15394	16513	17127

	Period	Actual
Outpatients past review date	Feb-21	TBC

Under Construction

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
# of Patients	TBC	TBC	TBC	TBC	TBC	TBC	TBC

	Period	Actual
Discharge summary turnaround within 24 hours	Feb-21	80.35%
Discharge summaries - number not sent in month	Feb-21	36
Discharge summaries - number not sent YTD	Feb-21	69

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Performance	77.87%	85.46%	84.53%	84.88%	83.59%	81.77%	80.35%
Not sent	83	20	54	35	32	34	36

	Period	Actual
PICU/NICU CATS refused admissions	Feb-21	1
Cardiac refused admissions	Feb-21	1

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
PICU/NICU	0	4	6	5	0	0	1
Cardiac	0	0	1	1	1	1	1

	Period	Actual
PICU Readmissions within 24 hours	Feb-21	1

Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Readmissions	2	2	5	3	3	3	1

Are we Safe?

There were 6 open **serious incident** investigations in February 2021. 2 were within agreed timeframes The 4 SI listed as overdue 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. A number of these have now been discussed at their respective critical review panel meetings and are in the process of being finalised before final quality assurance and sign off. 4 SI reports in February have been submitted to NHSE and are awaiting their review and approval. Discussions have been taking place with regard to support and processes around investigations that are held up as a result of outstanding information required from external organisations.

The incident reporting rate has increased to 92 per 1000 bed days (n=627). The number of incidents being quality checked and closed has increased to 632 when compared to the previous month. Unfortunately the numbers reviewed and closed were very slightly lower than the number reported. The percentage of incidents being closed within 45 working days has sustained good progress in line with policy timescale (45 days) with the average days to closure also the same as the previous month (30 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 was no Covid-19 outbreak in February 2021.

WHO checklist: In February, we've seen a slight improvement in outside main theatres and in general across cases under GA; however the number of cases with an incomplete checklist in main theatres has increased. SNAPS and Dermatology have seen deterioration. Performance across Oncology procedures (at the moment performed under IR as the room category) has improved.

Row Labels	Incomplete	Complete	%
ANAESTHETICS		5	100%
CATH AND EP LAB		46	100%
CT	6	6	50%
GASTRO INVESTIGATIONS UNIT	14	55	80%
GENERAL RADIOLOGY		1	100%
INTERVENTIONAL RADIOLOGY	10	322	97%
MAIN THEATRES	23	579	96%
MRI	20	118	86%
NUCLEAR MEDICINE	1	5	83%
Grand Total	74	1137	94%

Are we Caring?

The **Friends and Family Test** response rate in February was 45%. This is the highest response rate recorded ever. All directorates significantly exceeded the response rate (which ranged from 31 to 52%). Four directorates achieved their highest response rates in the last two years. Blood Cells & Cancer directorate's response rate of 44% meant that they met and exceeded the Trust target for the first time since July 2020. Following an exceptionally low number of Outpatient submissions in January, there was a 479% increase this month (n=504). This was even more significant in the context of an issue with the online feedback page (now resolved) which meant that online feedback was 75% down on the previous month.

There were 4 new **formal complaints** in February with concerns relating to communication, delays and aspects of care. There was one new red/ high risk complaint which relates to multiple specialties but is being led by the Clinical Genetics team. Year to date two complaints have been regraded as amber / medium risk following completion of the investigation. A further complaint initially received in March 2020 was regraded as red/ high risk following a further EIRM held in response to an external review. This brings the metric for high risk complaints to red at 13% is red this month. As shown at slide XX, although numbers have increased this financial year, there are no significant trends at specialty level. High risk complaints primarily related to concerns about care and in particular complications during surgery and lack of follow up care. This continues to be monitored through PFEEC.

Pals contacts (242) increased again this month. There was a reduction in COVID specific contacts but families continue to raise concerns about visiting restrictions at the hospital. Communication issues accounted for 52% of contacts with families seeking clarification regarding care plans and assurance about delays on treatment. Cardiology Pals contacts were again the highest across all specialties with a prominent theme relating to requests for exceptions to the Trust's one carer policy, particularly during admissions in the various Intensive Care Units.
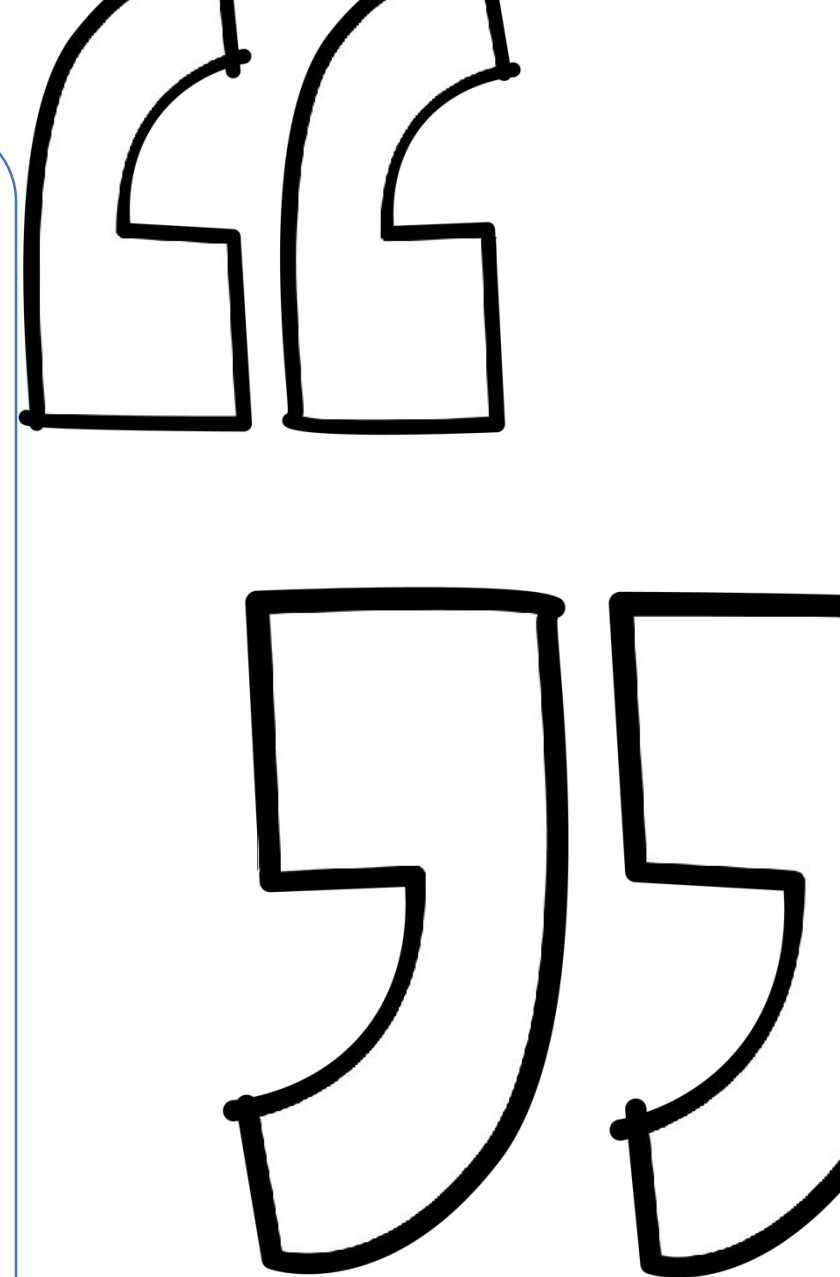
Are we Effective?

Clinical Audit

We aim to have to have over 100 completed specialty led clinical audits per year. At the end of February 2021 we are on track (92 audits completed (target =92 completed by end of February).

We have apriority clinical audit plan to support learning from incidents, areas of risk, patient complaints, and to investigate areas for improvement in quality and safety. Keep priority audits in progress are highlighted including specific new audits identified to support assurance of learning from incidents.

We have completed priority two Trust wide audits in February 2021
- Audit of progress with implementation of core standards for GOSH MDTs
- ICU Covid testing audit

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

Quality Improvement

In addition to the Trust-wide improvement priorities committed to in the 2020-2025 Quality Strategy, the Quality Improvement team continue to support directorate-level improvement initiatives and responsive needs of the organisation. Areas of focus in February 2021 have been preparing the pilot of the Ward Accreditation process for launch in March 2021, through development and testing of quality indicator dashboards/self-assessment app and QI building capability framework, and the initiation of the Deteriorating Patients programme, establishing programme aims, metrics and delivery design.
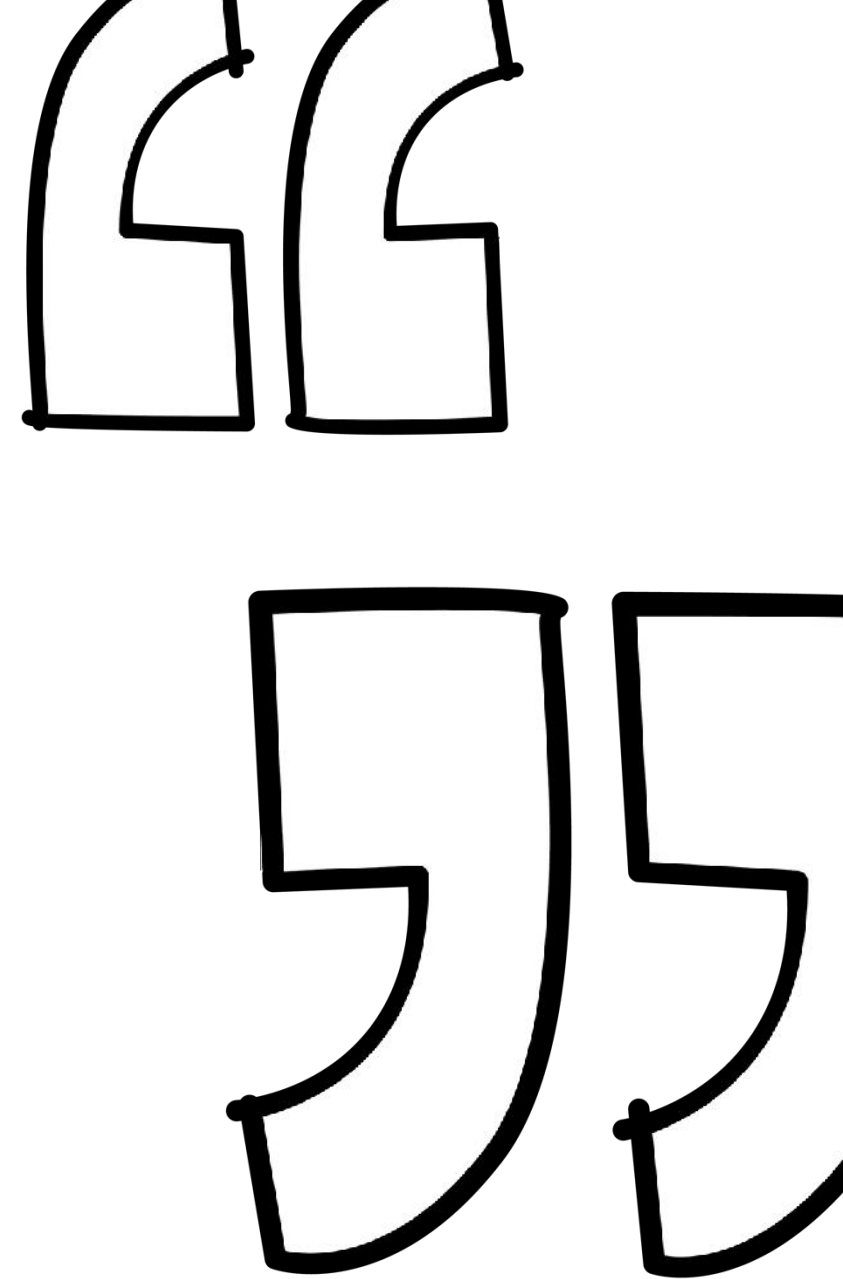
Are we Responsive?

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 105%, with new attendances being 91% and follow up 108%

NHS Spell **discharges** over the last 8 weeks has averaged 78.65%, with Day case being 71.46%, Elective 84.50% and Emergency 119.63 %.

Main Theatre procedures over the last 8 weeks has averaged 71.4%, the same period in 19/20 was 63.55%

Imaging activity over the last 8 weeks has averaged 75.59% against previous year, with MRI being 75.06%, Non obstetric Ultrasound 77.45% and CT 57.94%

The Trust has embraced utilising virtual technology with 46% of new and 62% of follow up outpatient attendances being conducted via these consultation media methods.

We are currently at 63.19% of patients waiting less than 6 weeks for the 15 diagnostic modalities **(DM01)**. This is a significant increase from last month's position when we reported 53.31%. The number of breaches reported in February (705) compared to the number of breaches reported in January (881) has also decreased. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe, with patients waiting beyond the must be seen by date clinically reviewed. 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.

January 2021 **Cancer Waiting Times** data has now been submitted nationally and the Trust achieved 100% across four of the five standards. The Trust reported one breach for the 31 day subsequent surgery pathway. For February, the Trust is forecasting reporting 100% achievement across all five standards.

The Trust did not achieve the **RTT 92% standard**, submitting a performance of 69.46%, with 2132 patients waiting longer than 18 weeks, this is a slight increase in performance from the previous month's 69.13%. The last three months performance have been the highest since May 2020 and it noted that the second wave did not have the same impact as the first.
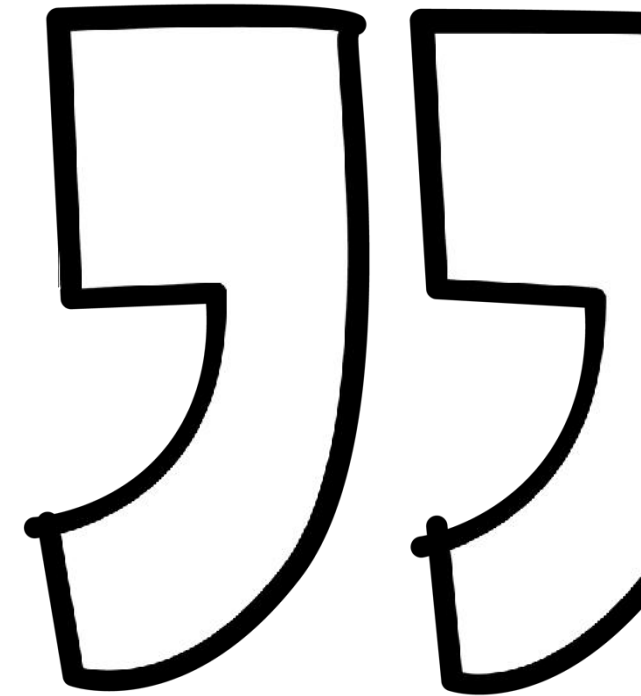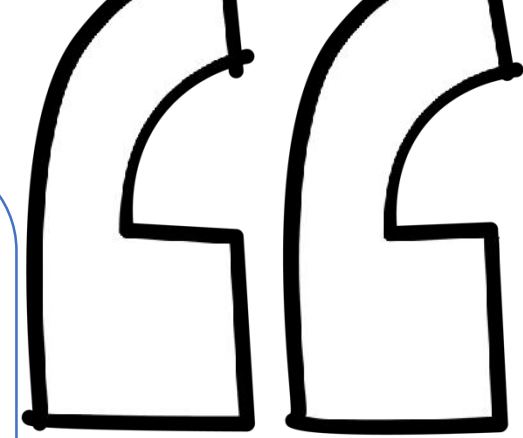
Are we Well Led?

There were 4 incidents requiring **duty of candour** in February 2021. Being Open/Duty of Candour conversations took place in 100% of incidents. 75% of stage 2 letters complied within the timescale of 10 days. 3 investigation reports were shared with families in February 2021. Unfortunately due to the length of time in completing these investigation, none were shared within the expected timeframe. A weekly candour catch up continues up with the directorates to help pre-empt and manage delays.

Risk Register: High risk monthly review performance remained broadly similar to the previous month. (75% in February 2021 (cf. 78% in January 2021)..

The Trust received 43 **FOI** requests in February 2021, 6 of which were deemed as non-valid and 3 further requests were returned requesting clarification. Of the 31 FOI requests that were due in February, 100% were responded to, with 78% within the legislated timescale. The reduction in compliance is broadly due to the complexity of requests and also length of time it is taking a number of departments to complete their review of data requested. The section 12 exemption clause only covers the exceeding 18 hrs timeframe to locate, identify and retrieve the information. It does not cover the amount of resource required to review often large amounts of data for accuracy and if required, redaction of data. In February there were 2 that are overdue. As of the 1st week of March, this has reduced to 1 which is completed but pending approval and sign off. The Trust received 1 request for internal review. This was completed and the initial decision was upheld.

There are currently 40 open **Serious Incident actions** in February 2021 of which 30 are over their agreed date for completion The Patient Safety Team continue to work with the directorates to ensure completion and closure of the overdue actions . Closing the Loop meetings occur monthly which review the overdue actions to understand and address any barriers to completion of the action and embedding of the learning. Also actions owners are contacted directly to ensure actions are completed and evidence provided. Where there are delays in completing the action but there is a defined later date for completion/approval/closure, the action deadlines are extended to reflect the reasons for delay.
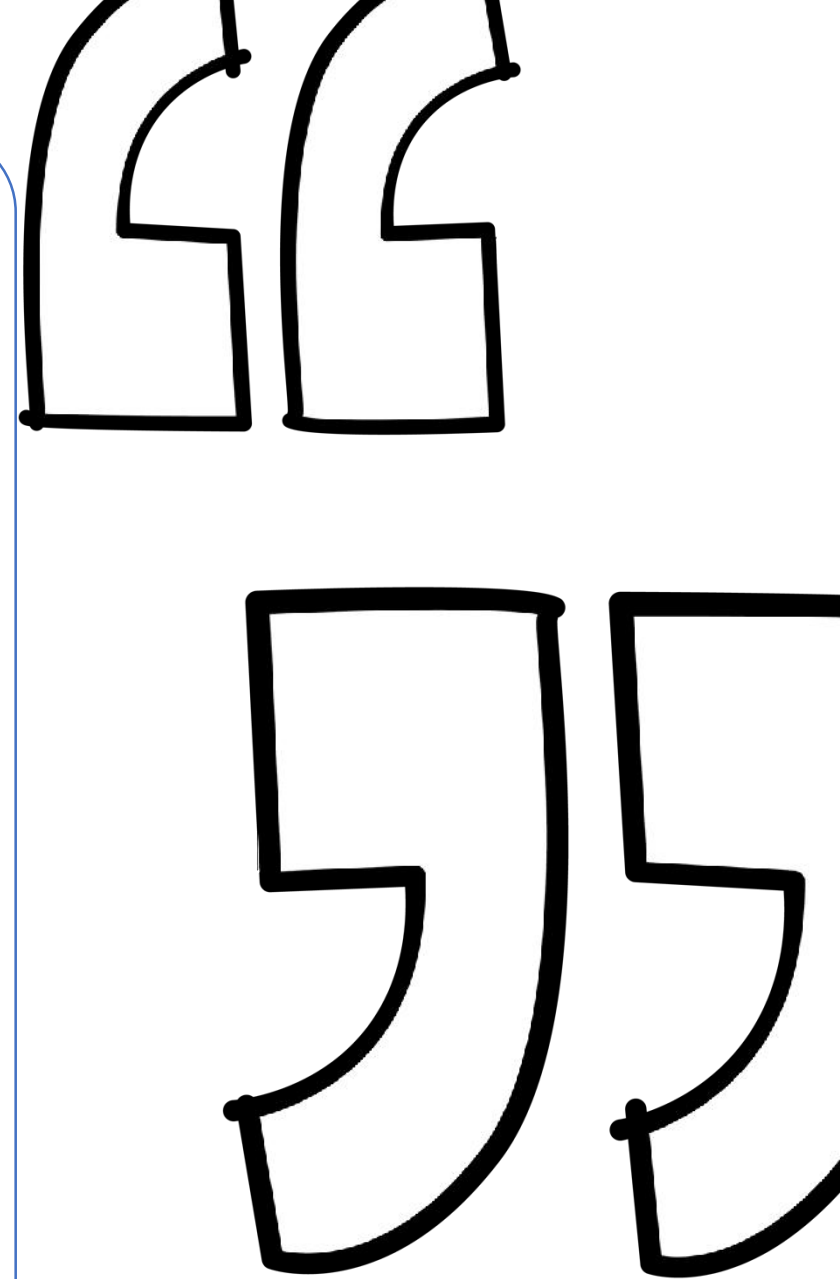
Covid–19 at GOSH

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 56 (cf 200 in Jan 2021) COVID-19 related **incidents** reported in February 2021, with 10 (cf 118in Jan 2021) of these were associated with requested reports from staff who experienced any level of reaction following covid vaccinations. All of these have been reviewed by the vaccination team and OH. Of the remaining covid-related incidents, these continue to be reviewed by the infection control team and Health & Safety Advisors.

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

The Silver committee reviews all high risks (12+) weekly with an monthly thematic review of any other organisational covid risks. There were 12 risks rated at 12 and above. The top themes are: reduction in activities (and the risks to children and income), staffing and non-compliance to data protection (staff working differently, data stored on unencrypted devices and loss of data). There are no changes to the risks themes.

Workforce Headlines: February 2021

Contractual staff in post: Substantive staff in post numbers in February were 4940.7 FTE, an increase of 40.3 FTE since January, and 263.7 FTE higher than February 2020.

Unfilled vacancy rate: Vacancy rates for the Trust reduced to 6.3% in February from 7.0% the previous month and 7.6% in December. The vacancy rate remains below the 10% target and it is lower than the 12 month average of 6.7%. Vacancy rates in the clinical directorates (bar IPP) were all below target in February.

Turnover: is reported as voluntary turnover. Voluntary turnover continued to reduce to 10.7%, it's lowest level in over 5 years, and meets the Trust target (14%). Total turnover (including Fixed Term Contracts) also reduced to 13.7%, again it's lowest rate for more than 5 years. The reduction is likely at least in part attributable to the impact of COVID and while turnover is expected to remain below target for much of 2021, it is expected to begin to increase by Quarter 1 2021/2022.

Agency usage: Use of agency staff remained at 1.1% of paybill in February, with 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 5.6% in January.

Statutory & Mandatory training compliance: In February the compliance rate across the Trust remained at 94% for the 7th month in a row, which remains above the target with all directorates achieving target. The medical and dental staffgroup are the only staffgroup below the 90% target (86%) Across the Trust there are 4 topics below target including Information Governance where the target is 95%. Safeguarding Children Level 3 compliance for substantive staff remained on target at 90%, while Honorary contract holders increased to 90% as a result of an ongoing improvement project for this cohort.

Appraisal/PDR completion: The non-medical appraisal increased to 89% in January with 10 Directorates achieving the 90% target. Consultant appraisal rates decreased in February to 89%.

Sickness absence: Sickness rates in February reduced to 2.7% from 4.1% in January as the impact of COVID subsided. The sickness rate does not include staff required to self isolate at home, as some of those may be working. COVID absences continued to reduce from a 7 day average in the first week of the month of 70 staff per day to 26 per day in the last week of February.

Trust Workforce KPIs : February 2021

Metric	Plan	Feb 2021	3m average	12m average
Voluntary Turnover	14%	10.7%	11.2%	13.2%
Sickness (1m)	3%	2.7%	3.1%	2.8%
Vacancy	10%	6.3%	7.0%	6.7%
Agency spend	2%	1.1%	1.1%	0.8%
PDR %	90%	89%	88%	87%
Consultant Appraisal %	90%	89%	88%	84%
Statutory & Mandatory training	90%	94%	94%	94%
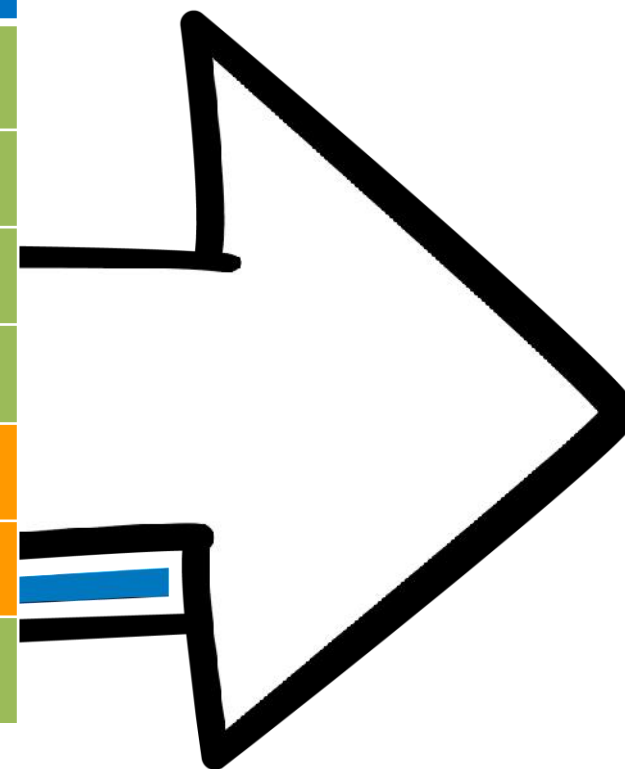
Directorate (Clinical) KPI performance February 2021

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics
Voluntary Turnover	14%	10.7%	7.2%	**16.8%**	8.0%	13.5%	10.8%	13.2%	7.7%	6.8%	9.6%
Sickness (1m)	3%	2.7%	3.0%	2.1%	2.8%	2.5%	2.7%	2.8%	**3.4%**	**5.1%**	1.7%
Vacancy	10%	6.3%	0.7%	1.4%	6.4%	3.0%	-4.1%	3.9%	6.4%	**17.8%**	8.5%
Agency spend	2%	1.1%	0.0%	0.1%	0.0%	0.0%	**2.4%**	2.0%	0.1%	0.1%	0.0%
PDR %	90%	89%	92%	85%	90%	88%	87%	91%	94%	93%	87%
Stat/Mand Training	90%	94%	92%	92%	93%	92%	94%	93%	97%	97%	99%

Key:
🟩 **Achieving Plan**   🟧 **Within 10% of Plan**   🟥 **Not achieving Plan**
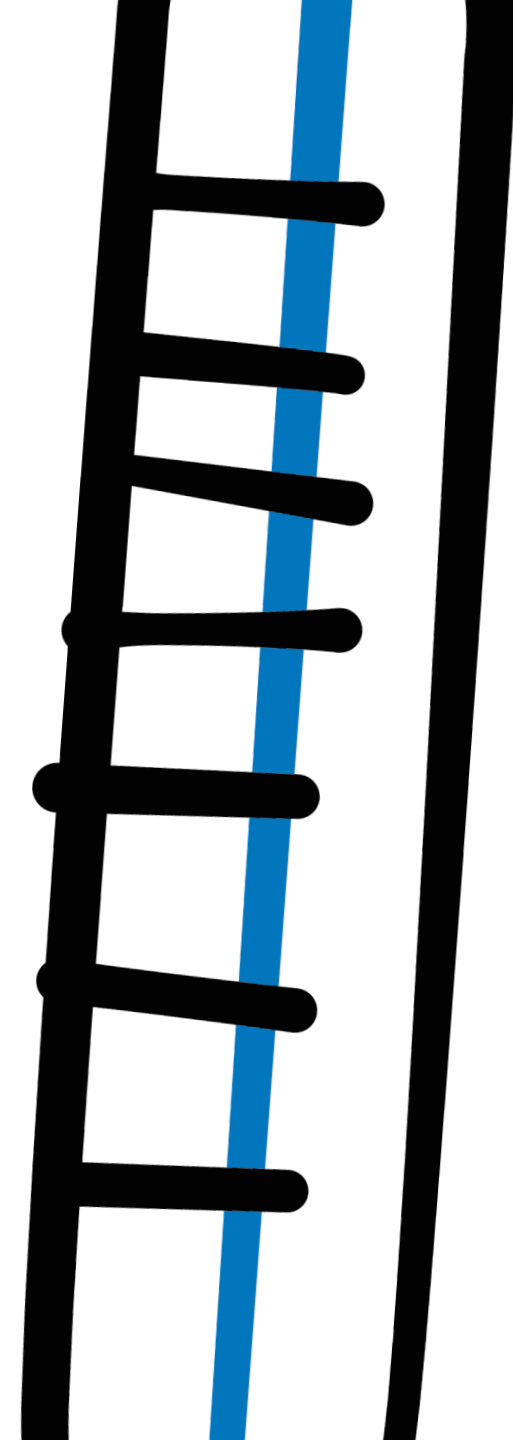
Directorate (Corporate) KPI performance February 2021

Metric	Plan	Trust	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	10.7%	14.0%	**19.1%**	10.0%	5.2%	8.0%	3.5%	**16.7%**	7.5%	10.4%	10.7%
Sickness (1m)	3%	2.7%	0.2%	0.0%	**5.2%**	2.7%	2.2%	**3.6%**	0.1%	2.6%	3.1%	0.9%
Vacancy	10%	6.3%	-0.3%	3.6%	**19.5%**	-1.5%	6.5%	3.1%	10.5%	5.7%	10.6%	**13.8%**
Agency spend	2%	1.1%	0.9%	**4.9%**	**15.6%**	**4.5%**	**4.9%**	**2.8%**	**3.9%**	0.0%	0.0%	0.0%
PDR %	90%	89%	**80%**	**68%**	**69%**	91%	91%	89%	81%	90%	93%	89%
Stat/Mand Training	90%	94%	97%	92%	92%	97%	96%	97%	94%	97%	97%	96%

Key:
🟩 **Achieving Plan** 🟧 **Within 10% of Plan** 🟥 **Not achieving Plan**

COVID Absences in February
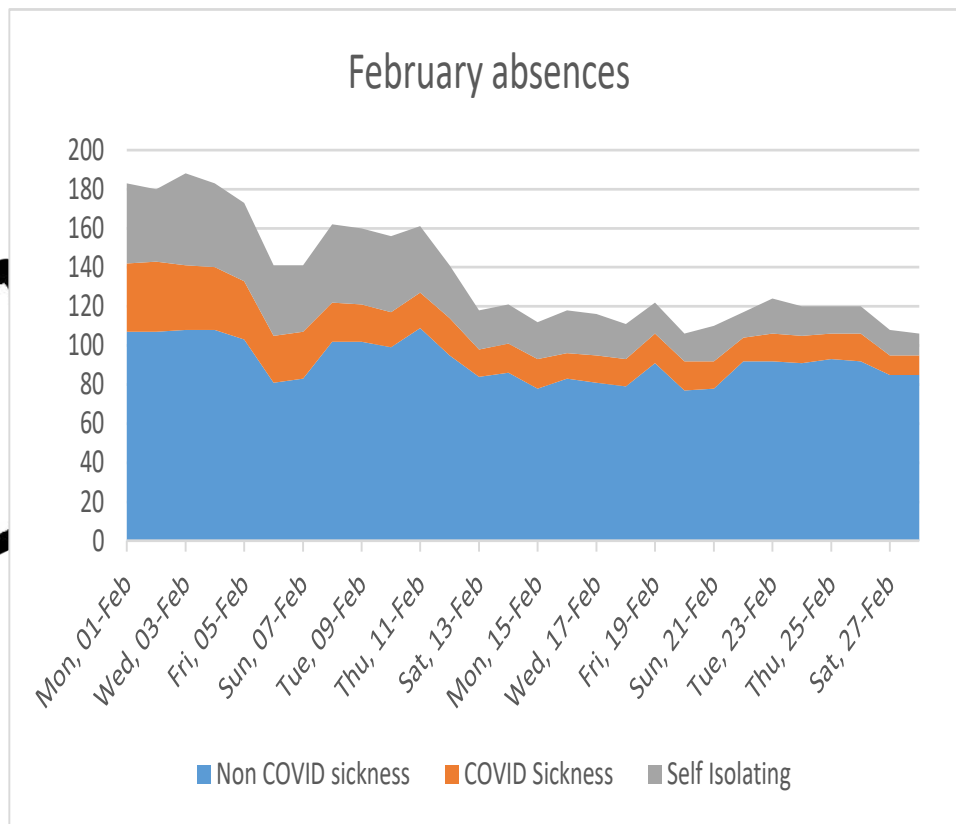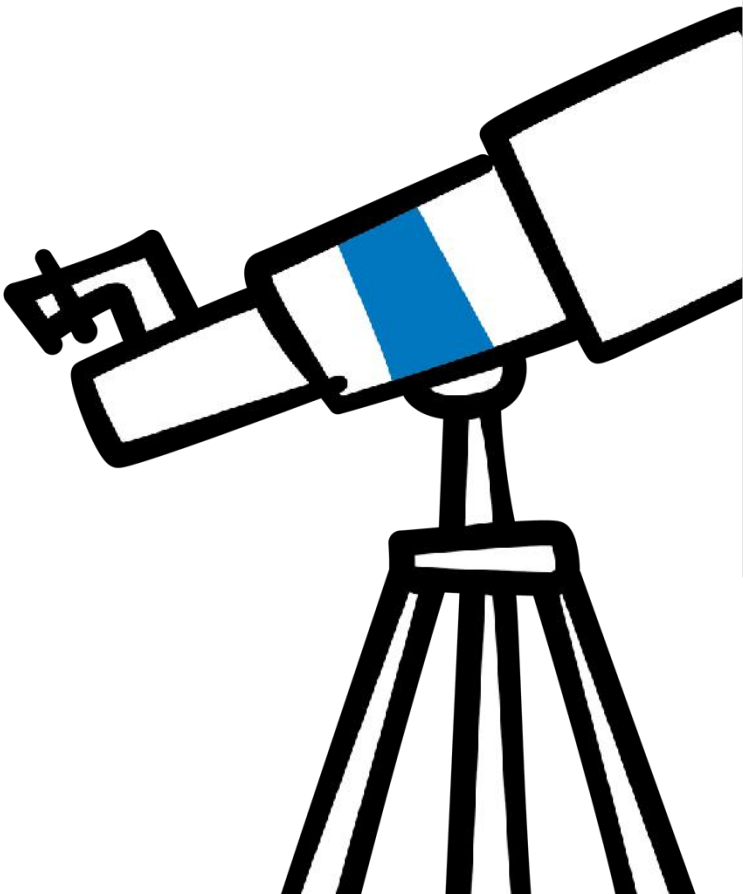
February absences

COVID related absences continued to reduce in February with both self isolation and COVID sickness reducing throughout the month in December, particularly in the later half of the half of the month. Average daily absences per day were 26 in the last week of the month down from a January peak of 324.

Overall sickness rates remained below target at 2.7% for the month and most COVID absences continued to relate to self isolation rather than sickness.

In Touch pulse survey – February 2021

Question	Response	2019 NHS Staff Survey	2020 NHS Staff Survey	In Touch June 2020	In Touch Aug 2020	In Touch Feb 2021
How do you feel you are coping with life at the minute?	Very Well/Pretty Well	-	-	66%	66%	53%
Do you know where you would go for wellbeing help and advice, if you needed support?	Yes	-	-	80%	82%	85%
If you are working on-site, how safe do you feel?	Very Safe/Safe	-	-	64%	73%	73%
My immediate manager is taking a positive interest in my health and wellbeing	Strongly Agree/Agree	71%	73%	71%	72%	68%
Communication between senior management and staff is effective at the moment	Strongly Agree/Agree	44%	50%	63%	69%	70%
Senior managers are acting on feedback	Strongly Agree/Agree	37%	41%	51%	56%	52%
I am involved in deciding on changes introduced that affect my work/team	Strongly Agree/Agree	55%	55%	43%	45%	45%
I feel able to speak up about anything that concerns me in the organisation	Strongly Agree/Agree	-	68%		-	58%
Respondents				1535	1225	1053

Quality and Safety

This section includes:
- Analysis of the month'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
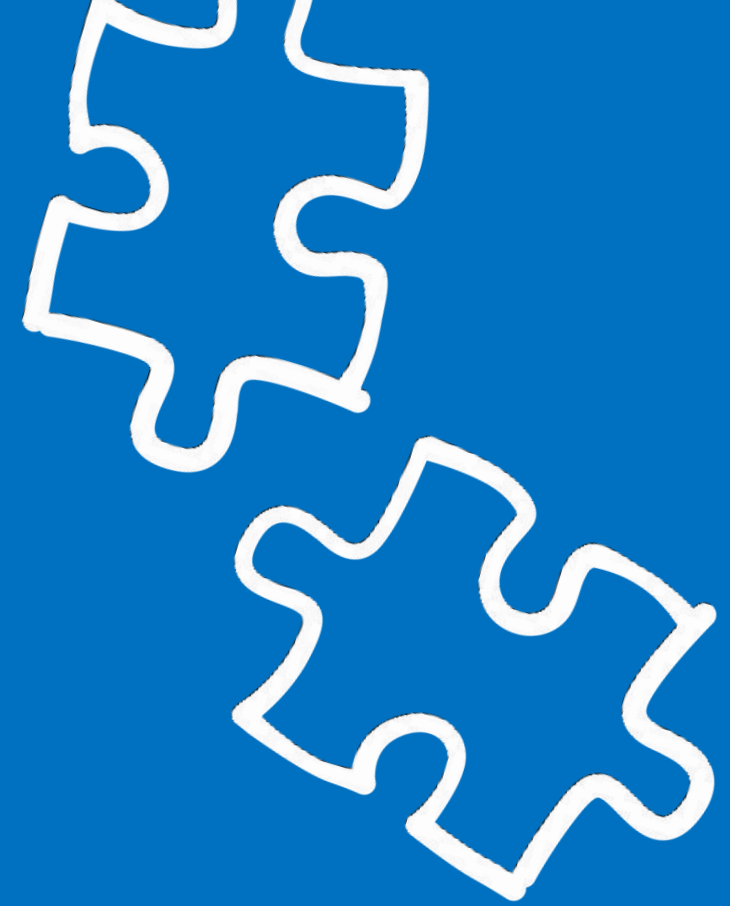
Understanding our Patient Safety incidents
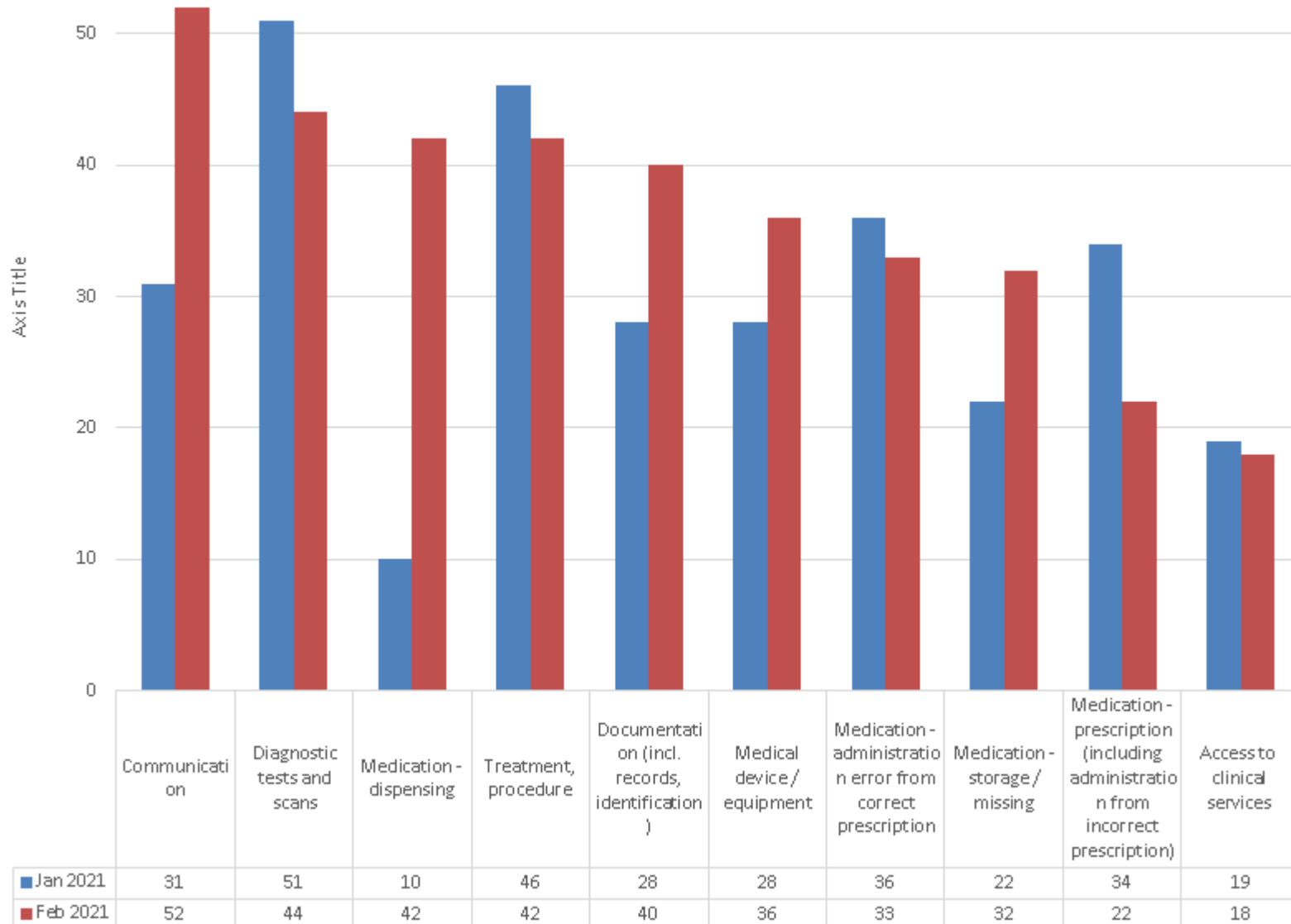
Communication incidents markedly increased in February 2021 over January, from 31 to 52 incidents. It is worth recognising that there were 53 communication incidents in February 2020, and so while this is a big increase month-on-month it is typical for February. Of these 52 incidents, 19 were related to communication failures between teams and 17 related to communication failures with families. Overall, 12 incidents related to Cheetah Outpatients. Most of these incidents (9) related to patients attending after they had been converted to video/telephone consultations. There were also 4 incidents on Butterfly Ward, 3 of which were relating to communication between the ward and theatres. Other than these two areas, no one area had more than 3 incidents and there were no significant themes.

Medication – dispensing also saw a large increase from 10 to 42 incidents. A review of these incidents show that 17 incidents were relating to delays in dispensing drugs, 5 related to mislabelling, and the remainder other concerns. On discussion with the Pharmacy team, it was felt that this increase represented an improved reporting culture rather than a true rise in the number of incidents. One identified issue is that with most take home medication being posted to families, the pharmacy has to call each family to offer advice before medicine is sent. This is causing delays in families receiving medicines. This is on the Pharmacy risk register.

	Communication	Diagnostic tests and scans	Medication - dispensing	Treatment, procedure	Documentation (incl. records, identification)	Medical device / equipment	Medication - administration error from correct prescription	Medication - storage / missing	Medication - prescription (including administration from incorrect prescription)	Access to clinical services
Jan 2021	31	51	10	46	28	28	36	22	34	19
Feb 2021	52	44	42	42	40	36	33	32	22	18

Patient Safety – Serious Incident Summary

New & Ongoing Serious Incidents

Directorate	Ref	Due	Headline	Update
H&L. O&I, BBM	2020/8287	12/02/21	Concerns regarding the treatment plan during thoracic surgery	08/03/21: awaiting comments from panel
S&S	2020/17315	21/12/2020	Irrecoverable loss of renal function	08/03/21: Draft report with panel for review
O&I	2020/23363	04/03/2021	Retention of part of port-a-cath following procedure to remove device	08/03/2021: Panel meeting to be arranged, all statements now received
H&L	2020/23369	04/03/2021	Delay in diagnosis potentially impacting treatment and outcome	01/03/21 Interim Head of Q&S to discuss stop clock with NHSE 08/03/21: NHSE/I declined request to stop the clock; family updated on delay. Addenbrookes contacted PSM last Friday to say information ready to share, not received as yet. Panel meeting planned to take place by 17th March.
H&L	2020/23788	10/03/2021	Information governance breach	08/03/21 final amendments made following meeting last week
H&L, BCC	2020/24328	17/03/2021	Patient had catastrophic pulmonary haemorrhage	08/03/2021: Panel meeting to be arranged, all information now received.
BBM	2021/4284	24/05/2021	Surgical management and follow up of orthopaedic patient	08/03/2021: Information gathering

2020/20297:Respiratory arrest following residual anaesthetic agent in patient cannula following a general anaesthetic

What happened?
The patient attended hospital for management of his complex renal condition and underwent as surgical procedure under general anaesthetic. On completion of the procedure the patient was transferred to recovery by a second consultant anaesthetist who was observing the case. The patient was recovered and returned to the ward. While flushing the patient's IV cannula on the ward following his return from recovery, the patient suddenly stopped breathing. Following approximately 4 minutes of emergency ventilation the patient made a full recovery. On investigation it was identified there was no mechanism to check if IV cannula had been flushed in theatre or the recovery room.

Recommendations

- The documentation on EPIC is to be reviewed with the aim of including a prompt for anaesthetist to act as a reminder for all lines are to be flushed.
- The review of the handover information available in the recovery area and re-launch of their use.
- Teaching session for the anaesthetic team at weekly learning forum to highlight the learning from this case as well as the importance of line flushing as well as clear documentation and communication using the information displayed in recovery.
- Teaching session for the recovery team at weekly learning forum to highlight the learning from this case as well as the importance of line flushing as well as clear documentation and communication using the information displayed in recovery.
- Investigate possibility of "Flushed" stickers for anaesthetists to place on top of bandaged lines as they flush them, to aid as a visual que to all staff involved in the patients care.
- Initiate an annual audit with the Trust's audit team to monitor the compliance with the communication tools available when handing transferring a patient from theatres to recovery.

Patient Safety Alerts/ MHRA/ EFN Alerts

NatPSA/2020/006/NHSPS: Foreign body aspiration during intubation, advanced airway management or ventilation

Date issued: 01/09/2020

Date due: 01/06/2021

NatPSA/2020/008/NHSPS: Deterioration due to rapid offload of pleural effusion fluid from chest drains

Date issued: 01/12/2020

Date due: 21/06/2021

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

Date issued: 03/02/2020

Date due: N/A

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

Date issued: 11/09/2020

Date due: N/A

FSN – Product recall – BD PosiFlushT XS 10mL syringe

Date issued: 20/07/2020

Date due: N/A

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

Date issued: 27/07/2020

Date due: N/A

FSN - NR-FIT EVDs NR-FIT EVDs - Product Recall

Date issued: 21/01/2021

Date Due: N/A

CEM-CMO-2021-008

Fang Tian FT-045A FFP3 masks RECALL - Immediate Action Required

Date issued: 24/02/2021

Date Due: N/A

Clinical Audit –priority plan in progress

Audit	Why are we doing this audit?	Timeframes for audit
GOSH/IPP response to Patterson Inquiry	To provide assurance that recommendations that are relevant to GOSH have been implemented.	Audit report drafted. Recommendations to be agreed with the Deputy Director, International & Private Patients Service.
Optiflow	To review the effectiveness of change of practice of patients being transferred from ICU to wards on Optiflow. This audit supports a Trust project led by the HON for Heart And Lung	Prospective audit started in December 2020. and report to be finalised in March 2021
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 is being monitored by SSIPS .
Hands, Face, Space, Place audits	Support our collective responsibility for keeping each other safe by meeting our Hands, Face, Space and Place guidance	January 21 audit completed. Re-audit planned in March 21. These are significant audits that require resource from the Clinical Audit Manager , and will continue to support our efforts to keep each other safe as determined by the COVID situation
Spinal MDT meeting -how well is it working?	There had been significant work to make changes to Spinal MDT following learning from the death of a patient and Prevention of Future Death report . Clinical audit work took place in November 2020 which found that the documented standards for the MDT were being met. It was requested as an outcome of that work by the Chief of Service that a survey took place to look at the effectiveness of the MDT , as perceived by its membership	Report completed in February 2021 Chief of Service to determine the next steps in reviewing findings with the Spinal service on 18th March

Clinical Audit –priority plan in progress

Audit	Why are we doing this audit?	Timeframes for audit
Learning from an incident Respiratory arrest following residual anaesthetic agent in patient cannula following a general anaesthetic 2020/20297	Establish whether leaning points and key checks are taking place	Timeframes for audit completion are May 2021.
Learning from a 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	To be completed in April 2021
Review of frequency of IPP Consultant ward round presence	Request from the Medical Director and IPP management team that we provide assurance as to whether the standards for IPP Consultant ward rounds are being met.	Audit report completed and with the Clinical Director International & Private Patients Service to review and agree recommendations.
Learning from complaint (18/095)	Implementation of a new process to ensure regular head circumference monitoring of children with MPS1 following bone marrow transplant	Audit to be reported to April 2021 Closing the Loop

Clinical Audit –priority audit completed in last month

Audit of progress with implementation of core standards for GOSH MDTs

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

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

Highlights from this re-audit

There are challenges with evidencing appropriate quoracy .It was possible to demonstrate quoracy for 59% of MDT meetings reviewed in November 2020.

It is positive that that 98% of MDT encounters had clear actions documented in November 2020, this compares to 80% in November 2019

Next steps

The audit report was reviewed at Closing the Loop and PSOC. It was confirmed that the intended direction of travel should be for all MDTs meetings to have terms of reference in order to support demonstration of quoracy. The approach to do this will require clarification and be monitored via PSOC. This will be subject to audit in 21/22

ICU Covid testing audit

Learning from incident reporting highlighted the need to ensure that all patients in the ICU areas have a repeat SARS-CoV2 test at the 3rd day/72hour point into their admission. This audit reviewed all ICU patients between 20th-26th February 2021 to establish whether this is happening, and whether tests on admission are taking place.

The audit found all patients were tested in line with the timeframes required

Specialty led clinical audit
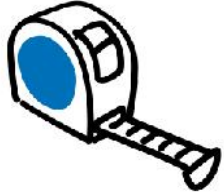
There are currently **279** clinical audits registered at GOSH.
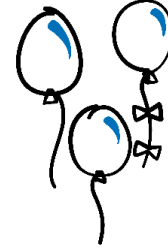
Specialty audits on track
It is important to have timely oversight of the outcomes of specialty led clinical audit in order to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored.

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

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

We aim to have to have over 100 completed specialty led clinical audits per year. At the end of February 2021 we are on track (92 audits completed (target =92 completed by end of February).

This target had been difficult to meet in the last few months, principally due to the impact of the Covid pandemic on services and capacity to engage in clinical audit.

In December 2020 the Clinical Audit Manager streamlined processes and developed a new web form process for clinical staff to start up and provide updates for specialty led audit. This will reduce clinician time and admin time by ensuring that governance questions are asked in the web form, and directed to the appropriate channel and just make it easier and simpler to share outcomes. This is intended to support our capture and oversight of audit activity and learning . Feedback has been positive and it maybe that this has had impact on meeting our target for completed audits .It is still anticipated that there may be a reduction in the number of completed clinical audits this year due to the impact of the pandemic

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

1. Priority improvement programmes (February 2021)

Programme of work	Priority projects	Executive Sponsor (ES)
Highly reliable clinical systems	➢ Identification and responsiveness to the deteriorating patient	Sanjiv Sharma
	➢ Increasing safety and reliability of TPN prescription and delivery	Polly Hodgson
	➢ Co-designing the SI framework	Sanjiv Sharma
	➢ Establishing a Tri-parallel process for Sis, Red Complaints and High Profile cases	Sanjiv Sharma
Wellness at Work	➢ QI support to initiatives led by Wellbeing Group: development of a wellbeing indicator tool, supporting implementation of team-level wellbeing initiatives and digitalising wellbeing hub processes	Dal Hothi
Caring for the complex patient	➢ Safe management of patients with high BMI	Sanjiv Sharma
Continuously finding better ways to work	➢ Introduction of a Ward Accreditation Programme to increase clinical quality and oversight of quality metrics from Board to Ward	Alison Robertson
	➢ Reducing pre-analytical laboratory sample rejections/ building laboratory capability for improvement	Dal Hothi
Building capacity and capability for improvement	➢ QI Education Programmes ➢ Project Coaching	Dal Hothi

The QI team is also supporting the Clinical Pathway Redesign Programme, and associated projects in partnership with the Transformation team.

2. Directorate-level/ Responsive QI Work-

COVID-19 Response (February 2021)

- Ongoing development of COVID-19 vaccination clinic booking system
- Ongoing support for COVID-19 hub

Directorate projects

Project Commenced	Area of work	Project lead:	Expected completion date
May 2020	To increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2020 **[adjusted completion date to March 2021]**
Oct 2020	To increase communication skills training across all Allied Health Professionals placement pathways at GOSH	Ali Toft (AHP Information Officer) and Vicki Smith (AHPs Education Lead)	September 2021
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 nursing staff morale in PICU	Kate Plant (Chief Nurse Junior Fellow)	August 2021
Jan 2021 (Restart)	To reduce waste in the process, standardise activities and enable a process driven pathway to the Orthopaedic CNS activity	Claire Waller (Matron)	To be scoped
February 2021	To improve effectiveness of pre-chemotherapy/procedure bloods process on Safari Unit	Dave Burley (Assistant Service Manager)/ Safari Improvement Group	To be scoped

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).

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Pals	201	53	94	145	164	177	174	192	242	165	214	242
Formal Complaints	5	5	5	7	7	6	5	11	10	7	4	4
FFT recommendation rate - Inpatients %	98	99	98	99	98	98	98	98	98	99	98	99
FFT recommendation rate - Outpatients %	97	96	95	93	98	98	97	96	97	96	94	99
FFT % response rate	25	19	30	35	37	35	34	31	33	26	28	45
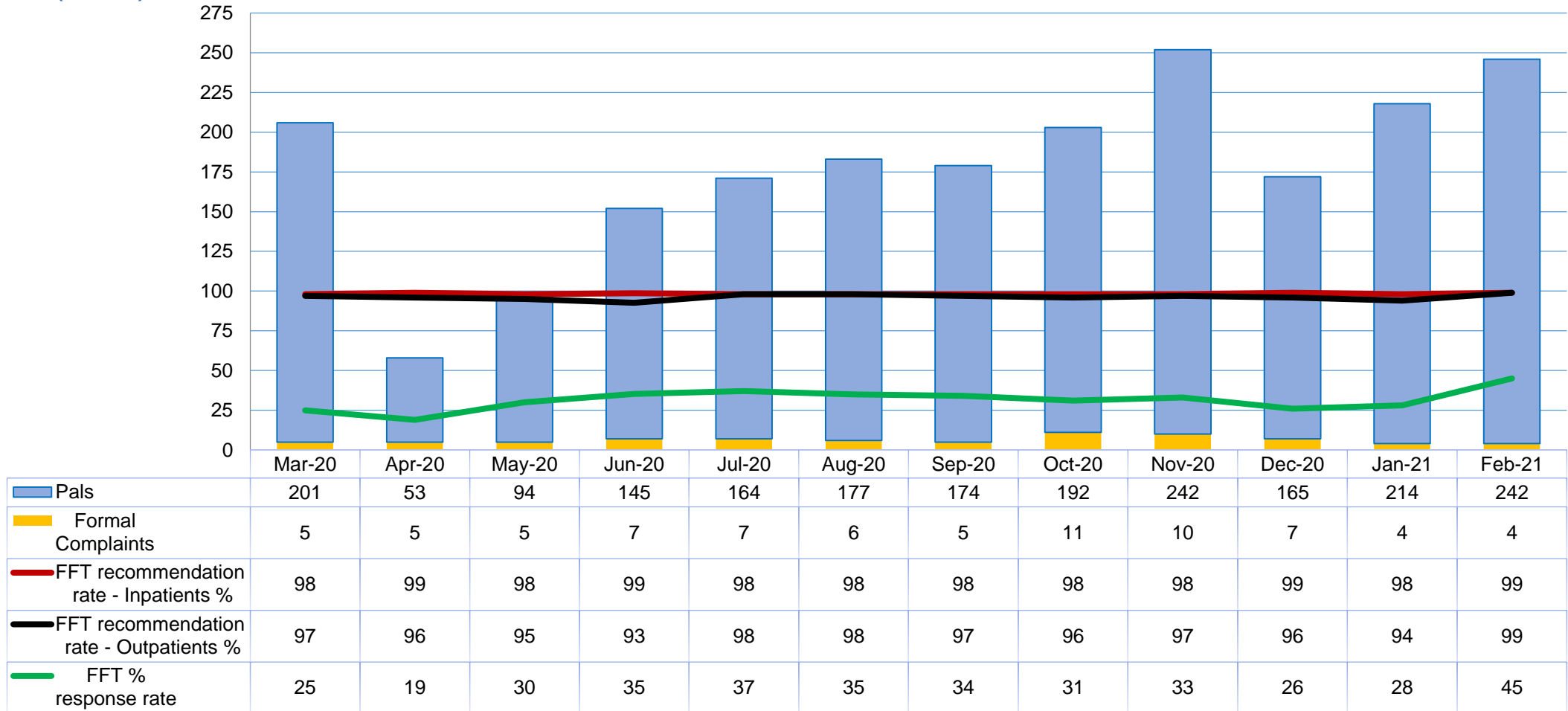
Complaints: Are we responding and improving?

The number of formal complaints in February 2021 (n=4) remained the same as the previous month and one of these complaint was graded as red/high risk. This month families reported concerns about:

- Delays for a clinical procedure to take place during the Covid-19 pandemic and the communication around this.
- Their family history (including sensitive information) being shared, within a clinic letter, with other healthcare professionals and their child's nursery without their consent.
- The lack of communication and response to their queries by the clinical and patient safety team. They also raise concerns and queries around the access and storage of their child's tissue samples.
- Delay in diagnosis and a lack of follow up care/testing which the family believe led to their child's loss of vision. This complaint has been graded as red/ high risk and a root cause analysis (RCA) investigation is underway.

Complaints by patient activity*

Legend:
- Feb-21
- Jan-21
- Dec-20
- Nov-20
- Oct-20
- Sep-20
- Aug-20
- Jul-20
- Jun-20
- May-20
- Apr-20
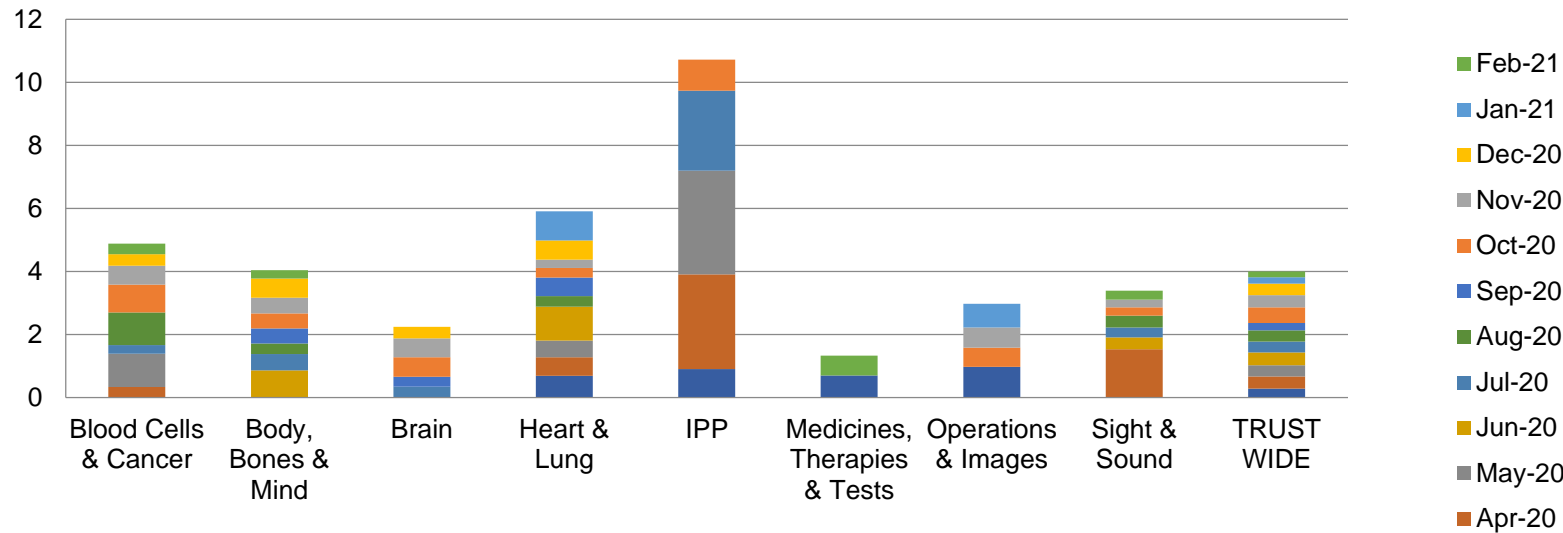
Trust wide complaint numbers remained similar this month (0.19 complaints per 1,000 CPE) compared to last (0.20 complaints per 1,000 CPE) and was the lowest rate since November 2019 (0.08).

Complaints were received under four directorates this month:

Medicines, Therapies & Tests received one complaint this month and their complaint rate had decreased (0.63) from when they last received a complaint in March 2020 (0.70).

Blood, Cells and Cancer also received one complaint this month and saw a decrease in their complaint rate (0.33) from when they last received complaints in December 2020 (0.37).

Bone, Bones and Mind had it lowest complaint rate (0.27) since January 2020.

The Sight and Sound directorate had its highest complaints rate (0.29) since August 2020.
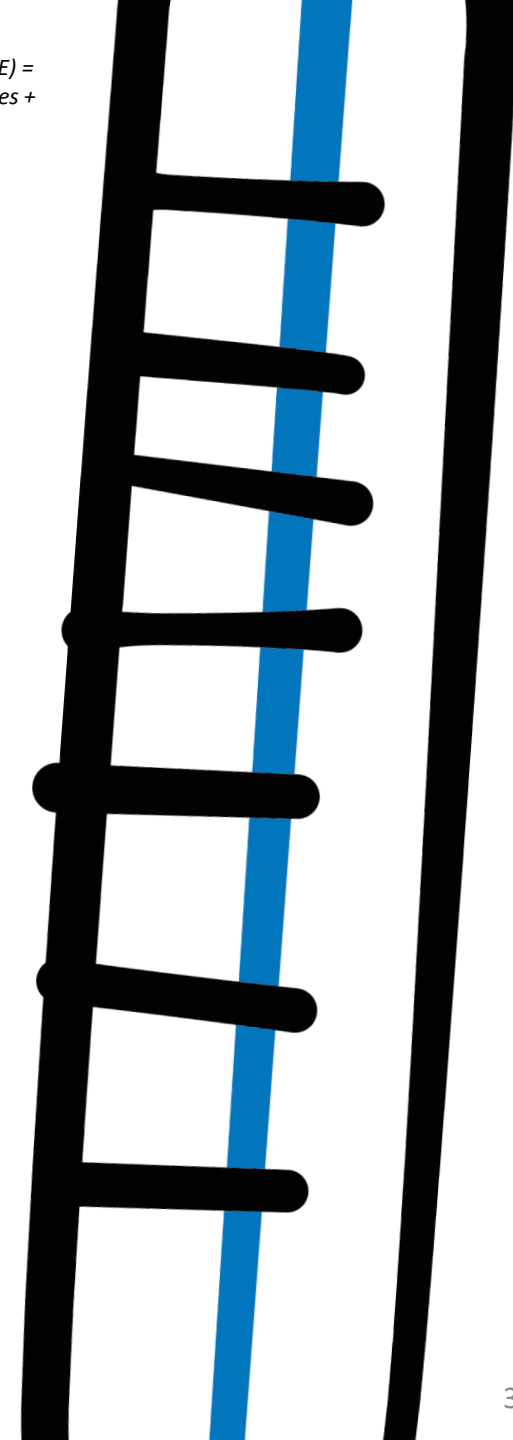
Red/ High Risk complaints: Are we responding and improving?

NEW red complaints opened in **February 2021**	NEW red complaints **since APRIL 2020****	REOPENED red complaints **since APRIL 2020**	ACTIVE red complaints (new & reopened) as of 28/02/21	OVERDUE red complaint actions
1	10*	0	4	0

New Red Complaint				
Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:

Active Red Complaints (including reopened complaints)				
Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
19-085	IPP (Orthopaedics - led by BBM)	Parents raise concerns and questions about their child's surgery which took place at GOSH privately.	Further EIRM took place on 24/2/21 and declared an SI. Complaint also regraded from Amber to Red at this time.	An external review of the surgery/care took place. Following this, the EIRM (24/2/21) concluded the SI criteria was met and an SI investigation needed to take place with the input of the Portland Hospital. The Complaints Manager has updated the family.
20-035	Heart & Lung (PICU)	Concerns around aspects of care, surgery and infection prior to the patient's death.	EIRM first took place on 05.10.20 and concluded that further information was required to make an informed decision. Subsequent EIRM declared an SI.	Awaiting further information from local hospital – which has caused a delay to the investigation. An extension has been requested and family have been provided with an update.
20-059	Heart and Lung (Cardiology)	Concerns that the patient was discharged too early and there was a lack of testing carried out. Query if these factors led to the patient's death.	SI confirmed at EIRM on 17/12/20	Case reviewed at EIRM and declared an SI. Family have been informed of this decision. Investigation is underway and the aim is to complete by April 2021.

*Two complaints were later re-graded to amber following the completed investigation.

Red Complaints Analysis

Following an increase in red/high risk complaint investigations this year (n=10* in comparison to 4 during the whole of 2019/20), we completed a review of red/high risk complaints. The purpose of this is to try to understand the increase in red complaints and to identify any themes or trend. By looking at the red complaint numbers over time it is clear there has not been a significant spike over a short period of time but instead this increase is spread over the last year.
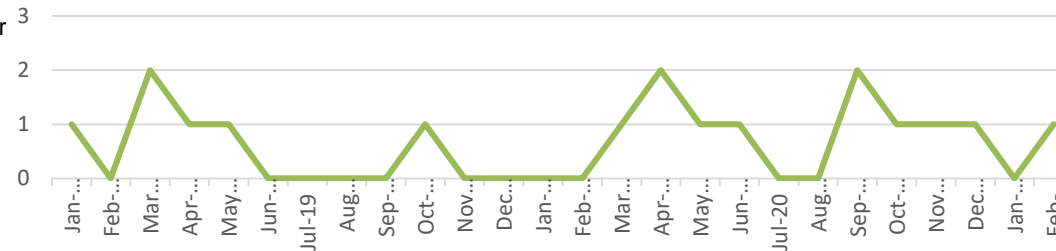
Since January 2020 there have been 11 red complaint investigations. In 4 of those cases, patients had sadly died and all complaints raised concerns around harm. The breakdown of complaints by directorate and service is shown below.
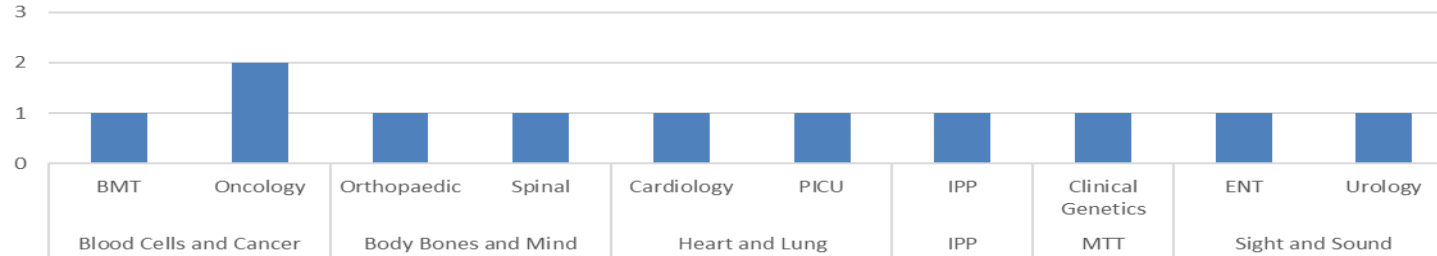
Review of these complaints shows that families reported concerns around the following subjects:

Complications during surgery	3
Cleanliness of BMT ward	1
Delays in treatment	2
Lack of follow up care	3
Misdiagnosis	1
Post op care	2

Given the relatively low numbers of red/ high risk complaints, it has not been possible to identify particular trends in relation to specific directorates/ services. We received 3 red complaints around complications during surgery and follow up care, however these related to different specialities and were not similar in nature. The recent surge of these complaints since April 2020 has not highlighted any key themes but this will continue to be reviewed by the Complaints team when the investigations are completed. It is proposed that ongoing learning from red complaints should be monitored through PFEEC.

* Two complaints were re-graded to amber following the completion of a red complaint investigation
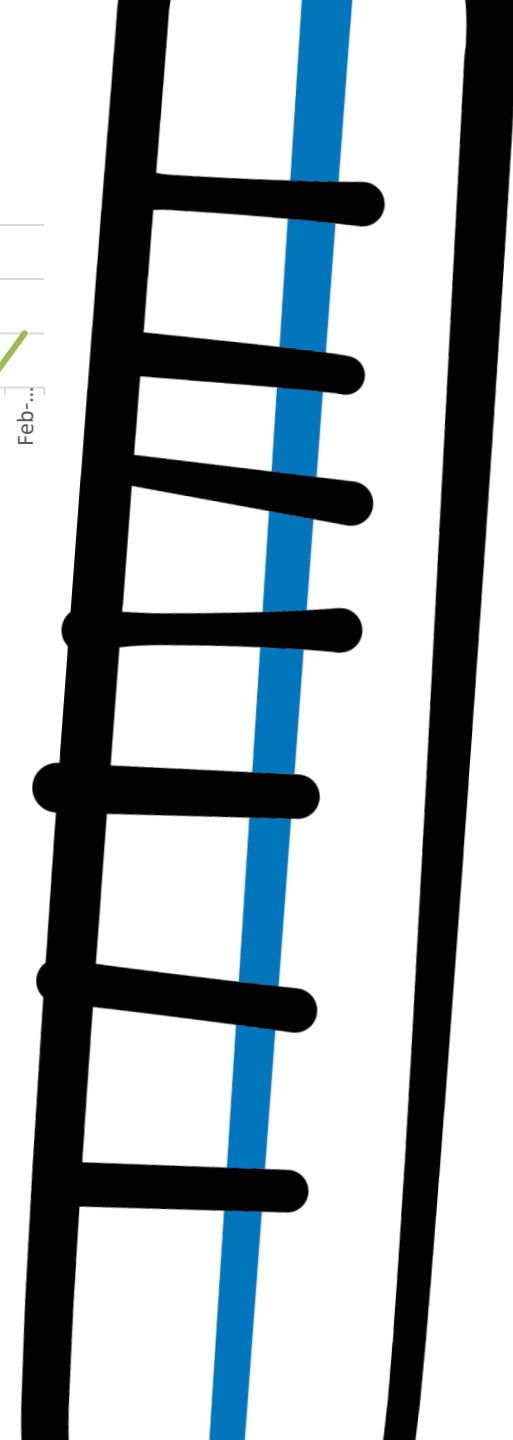
Pals – Are we responding and improving?

Cases – Month	02/20	01/21	02/21
Promptly resolved (24-48 hour resolution)	128	175	198
Complex cases (multiple questions, 48 hour+ resolution)	18	36	38
Escalated to formal complaints	0	1	5
Compliments about specialities	2	2	1
Total:	**148**	**214**	**242**
Top Six Themes			
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families).	52	122	128
Admission/Discharge /Referrals (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).	8	3	2
Staff attitude (Rude staff, poor communication with parents, not listening to parents, care advice)	0	3	0
Outpatient (Cancellation; Failure to arrange appointment).	27	15	16
Transport Bookings (Eligibility, delay in providing transport, failure to provide transport)	2	8	11
Information (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening)	59	63	85

The 242 contacts recorded in February not only represents a 16% increase on the preceding month but is also the highest number recorded in the month of February to date. Additionally, the number of promptly resolved contacts remains consistently high with 81% of contacts in February resolved within 48 hours or less.

A decrease in the frequency and quantity of Coronavirus specific contacts has resulted in February reporting the lowest Covid related contact total to date (n=36). However despite this, the themes and concerns raised remain constant with 52% of February's contacts involving parents/carers expressing concerns and confusion at the visitation restrictions in place, with a particular emphasis being placed on the emotional and financial implications that these have on families. Pals continue to collect, collate and share summaries of Covid related contacts via daily reports to the communications and information services teams whilst also escalating to relevant heads of nursing who remain proactive and positive in their approach of assessing contacts on an individual basis and granting exceptions where clinically appropriate and safe to do so.

The spike in communication related contacts noted in the previous month's IQPR continues into February with 52% of the 128 contacts received centring around requests for additional information, guidance and clarity on patient specific care plans, as well as reassurance of the impact patient-initiated delays may have on treatment.

Pals received a wonderful compliment from a mother wishing to praise the Dietician team for the endless supply of 'support reassurance and encouragement' provided to her daughter following the commencement of a challenging and limited diet in 2018. Mum credits the team for their 'patience and willingness to always go the extra mile' as a massive factor in her daughter persevering with the diet for as long as she has, and as a result is now 'reaping the rewards and seeing her condition improve.'

Pals cases by directorate

The Heart and Lung directorate recorded its highest volume of Pals contacts since March 2020 (12.55 per 1,000 CPE). A contributing factor for this involves an increase in requests for varying exceptions to be made to hospital visitation guidelines, with a particular focus on long-term and Intensive Care Unit admissions.

Pals cases by 1,000 combined patient episodes

Legend:
- Blood Cells & Cancer
- Body, Bones & Mind
- Brain
- Heart & Lung
- IPP
- Medicines, Therapies & Tests
- Operations & Images
- Sight & Sound
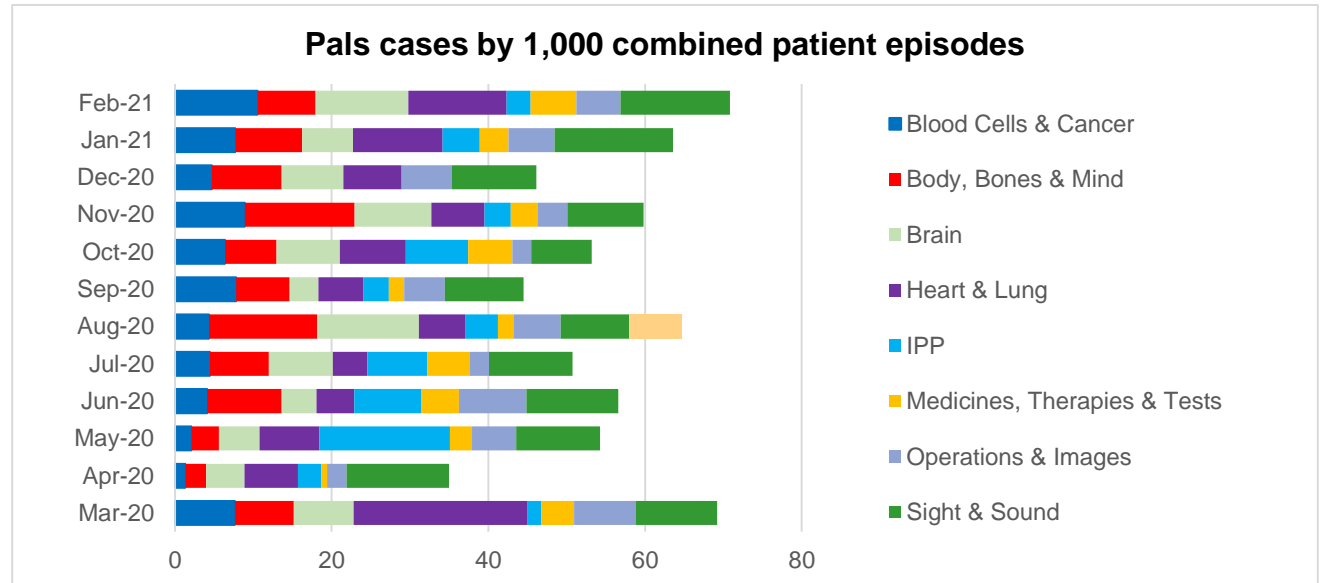
	BC&C	BB&M	Brain	H&L	IPP	MT&T	O&I	R&I	S&S
Mar-20	25	27	21	65	2	6	8	2	25
Apr-20	4	8	11	13	1	1	1	2	17
May-20	6	11	12	16	5	4	3	0	19
June-20	14	33	13	14	4	8	8	0	31
July-20	17	30	24	15	6	9	3	0	35
Aug-20	14	43	33	18	3	3	8	0	24
Sep-20	27	30	12	20	3	5	8	0	35
Oct-20	24	29	27	29	8	9	4	0	30
Nov-20	34	60	34	27	4	6	6	0	41
Dec-20	15	31	22	25	0	0	9	0	38
Jan 21	26	33	20	38	4	6	8	0	52
Feb 21	36	29	37	44	3	10	9	0	50
YTD	**227**	**333**	**244**	**299**	**43**	**65**	**66**	**4**	**359**

Pals – Are we responding and improving?

Top specialities - Month	02/20	01/21	02/21
Cardiology	12	25	34
Dermatology	6	14	13
Endocrinology	6	5	10
General Surgery (SNAPS)	2	1	10
Oncology	4	2	9

Cardiology- Cardiology contacts increased again from 25 in January to 34 this month. A prominent theme in February involves parents/carers requesting exceptions to the Trust's one carer policy, particularly during admissions in the various Intensive Care Units. Pals continue to escalate all requests to the Cardiology service who, despite ongoing pressures, remain approachable and proactive at working towards addressing these complex, emotional and often challenging contacts.

Dermatology- Pals received 13 Dermatology contacts in February, a large proportion of which centre around parents/carers requesting confirmation and clarity on upcoming hospital visits. These include a mother querying the need for a COVID test ahead of an outpatient appointment and a father confirming the arrival time and location of a Laser admission. Pals continue to work alongside the Dermatology service and have shared ideas for a possible action plan to better manage these contacts. Pals would also like to highlight the prompt and efficient approach employed by both clinical and administrative teams at responding to all concerns raised, something which can be evidenced by 100% of February's contacts being resolved within 48 hours or less.

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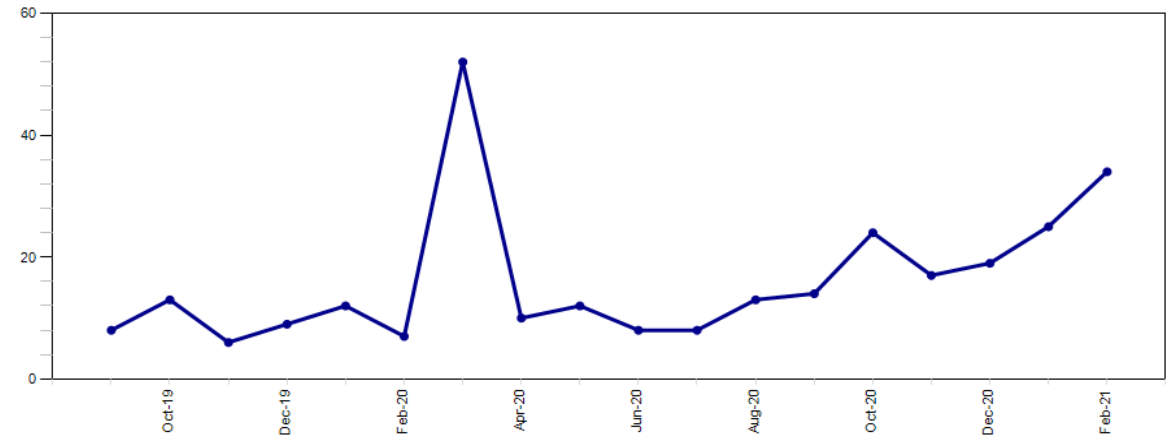
Dermatology contacts by patient activity- (total cases excluding formal complaints)

38
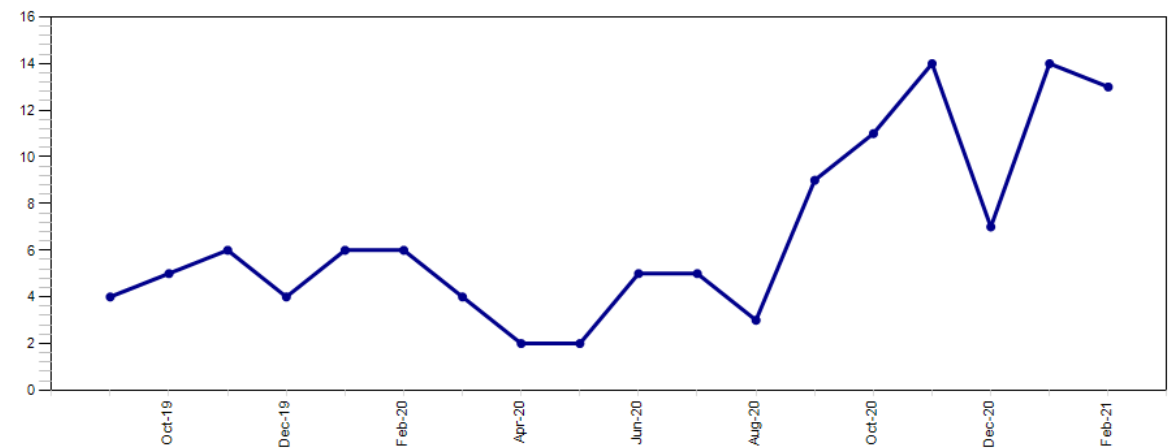
Learning from Pals

Pals were contacted by a number of parents based outside of London who detailed their worries and anxieties in regards to travelling to GOSH public transport in the midst of the Coronavirus pandemic. Despite being eligible for hospital provided transport, parents were often unwilling to request this due to concerns of depriving other children with greater clinical needs and instead opted to travel by car.

Upon arriving at the hospital they were provided with parking permits but highlighted the difficulties in finding available space in the surrounding area and also the stress involved with having to move their vehicle during their hospital stay (as permits are currently only provided for the day of admission and discharge). The general consensus was that this additional responsibility not only contributed to existing stress and anxiety levels but also placed parents, and therefore patients, at greater risk of Covid exposure.

Pals shared this feedback and learning opportunity with members of both the front desk and transport teams, who after liaising with local authorities, have provided an up to date list of local private carparks including those offering limited-time discounts for GOSH patients. This information is currently displayed on the main reception, outside of the Pals office and has been updated on the Trust website.
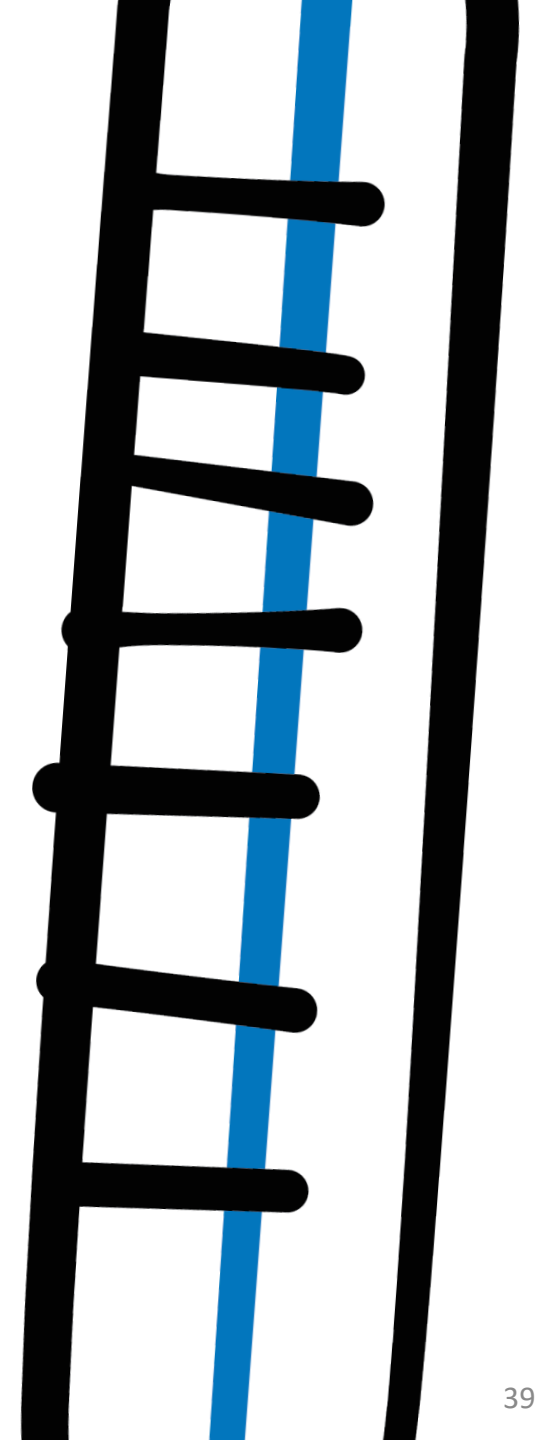
FFT: Are we responding and improving?

February 2021 - Directorate Response Rate

Bar chart legend: Dec-20, Jan-21, Feb-21

Directorate	Dec-20	Jan-21	Feb-21
Blood Cells & Cancer	10%	17%	44%
Body Bones & Mind	44%	58%	62%
Brain	33%	17%	38%
Heart & Lung	32%	31%	56%
IPP	20%	22%	51%
Ops & Images	31%	52%	52%
R&I	23%	35%	48%
Sight & Sound	22%	27%	31%
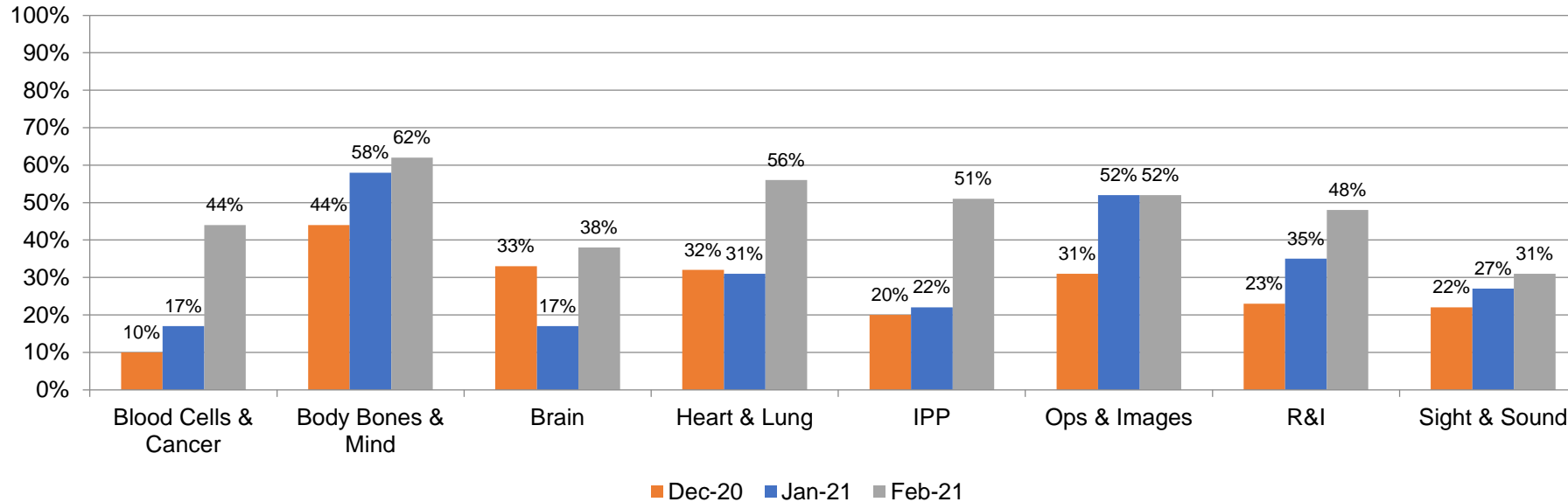
The Trust response rate increased from 28% to 45% which is the highest response rate that we have had at GOSH since FFT began, so thank you to all the teams for their hard work.

All directorates achieved above the Trust target for the response rate and the experience measure which is a fantastic achievement.

The highest percentage of negative comments related to Environment & Infrastructure and Access, Admission and Discharge.

The online feedback page did not work for three weeks in February due to a GOSH ICT issue which has now been resolved. This resulted in a 75 percent decrease in online submissions. The FFT team will work with our social media team to carry some additional advertising of the online form at the end of March 2021, this will be in addition to regular weekly advertising on Twitter.

FFT: Are we responding and improving?
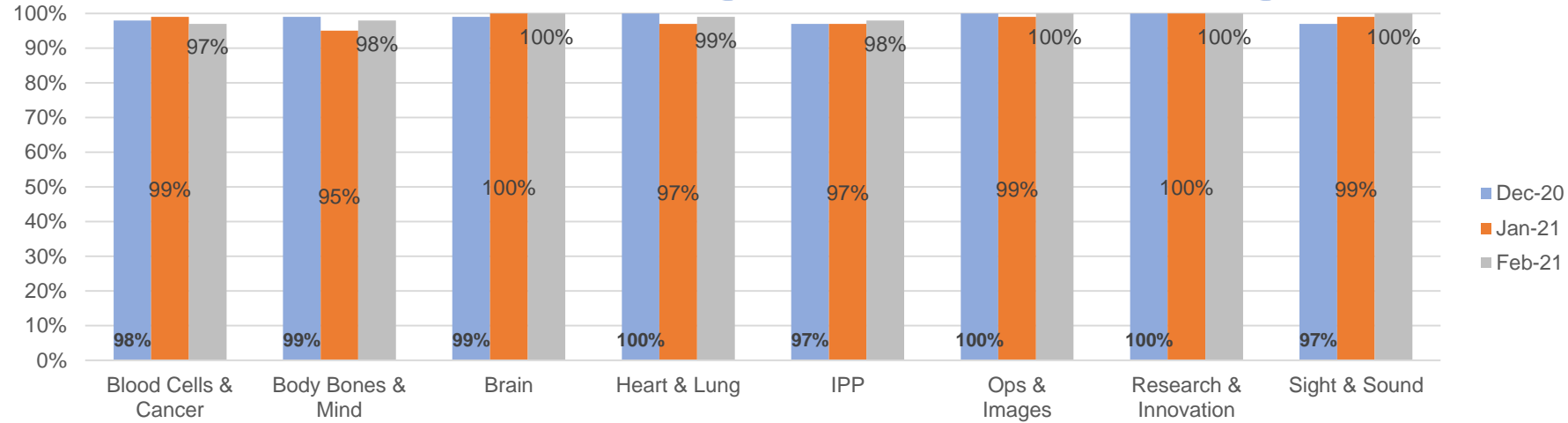
	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Aug 20	627	375	46	1048	14.4%	86.6%
Sep 20	663	461	121	1245	12.2%	89.3%
Oct 20	712	329	147	1188	15.7%	90.9%
Nov 20	827	303	98	1228	13.3%	90.1%
Dec 20	559	185	46	790	12.8%	88.7%
Jan 21	539	87	37	663	15.1%	95.9%
Feb 21	887	504	100	1491	21.6%	83.6%

- Inpatient response rate – **45%**

- The experience measure for inpatients and outpatients = **99%**

- Very high percentage of responses with qualitative comments – **84%**

- **22%** of FFT comments are from patients.

- All directorates achieved the Trust target for the Response Rate & Experience Rating.

- Highest percentage of negative comments were related to Environment & Infrastructure & Admission & Discharge.

- Highest number of positive comments were related to Always Helpful.

41
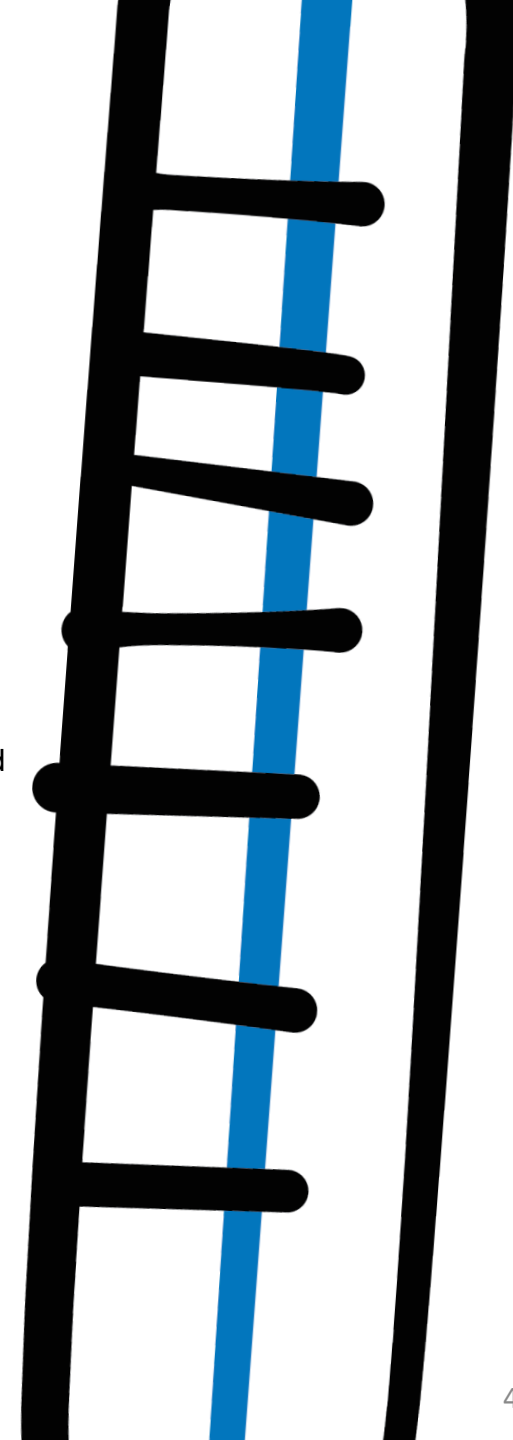
FFT: Are we responding and improving?

FFT Outpatients – February 2021
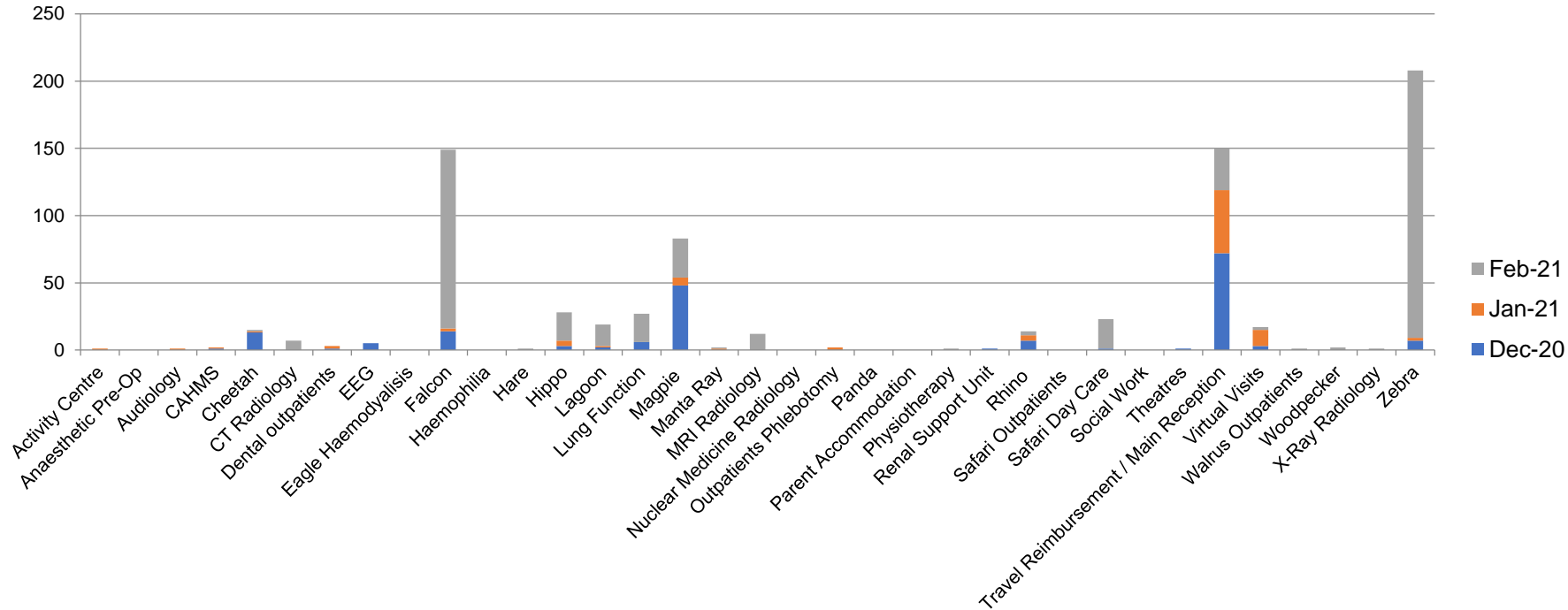
Outpatient feedback has increased by 479% since January 2021 to 504 responses which is a fantastic increase, so thank you to the teams for their hard work.

The experience rating for February 2021 was also higher than last month, scoring 99%.

There have been a number of complimentary comments which mention specific staff and these have been forwarded on to the relevant staff and their managers.

There were a very small number of negative comments this month. They related to an attitude of a member of staff, a miscommunication about a procedure and the wayfinding.
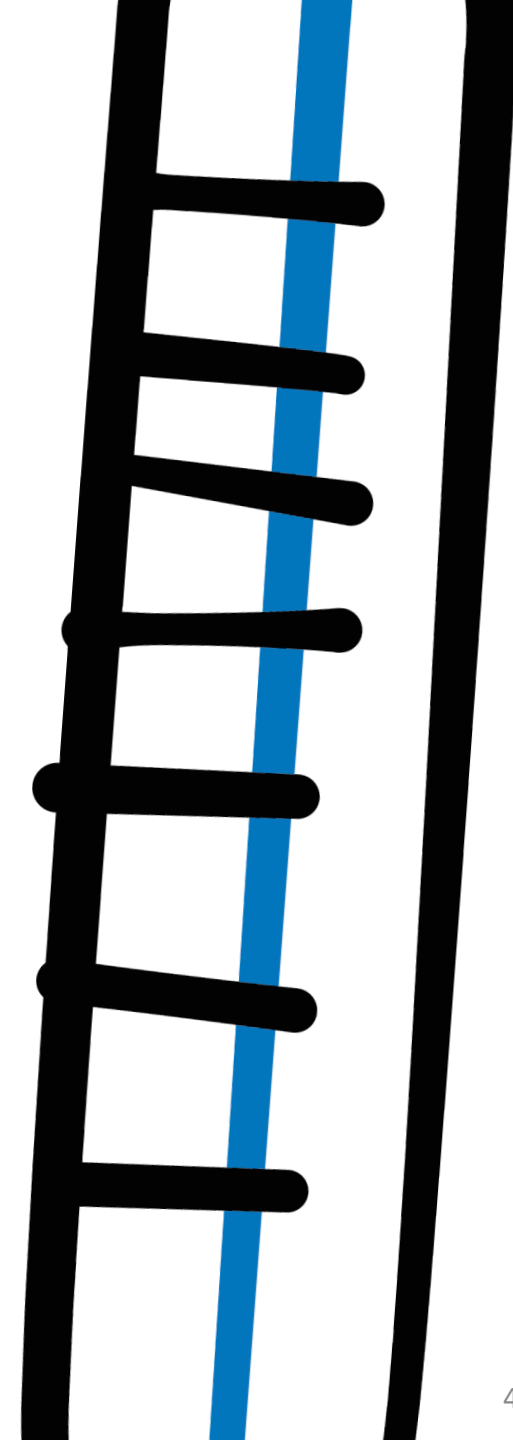
FFT Focus- February 2021 – Environment & Infrastructure

"Professor Dattani has been the most knowledgeable and approachable doctor we have come across. He explained everything so clearly, listening to our questions, giving clear advice and expertise. We are very appreciative that our son is under the excellent care of Professor Dattani and wish to thank him for doing all he can for our son. An exemplary practitioner. Also our thanks to Victor Mead for making our visits to GOSH so pleasant, he too is an expert in his field".

"Would like to also mention Gemma, who has been efficient kind caring an empathetic to my daughter. She is extremely knowledgeable and takes time to listen and talk with Emily. she is very experienced. once qualified she will be an excellent and valued member of the team. My daughter loves it when she looks after her."

"Dr Marlais was friendly, professional and helpful as always. He always puts my daughter at ease and explains things super well to her so she can understand as well as myself or husband. All staff we come across at GOSH are fabulous, thank you."

"Lady on reception Carren is helpful & attentive"

All of the above comments have been shared with the relevant service areas.
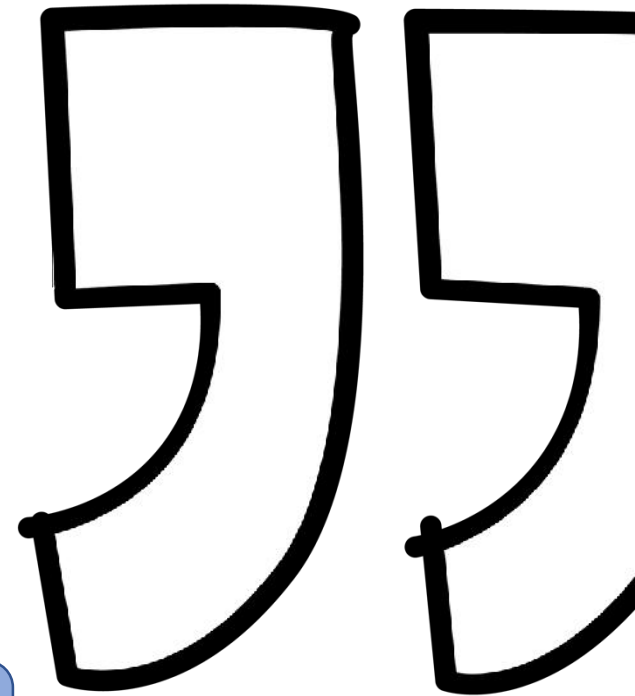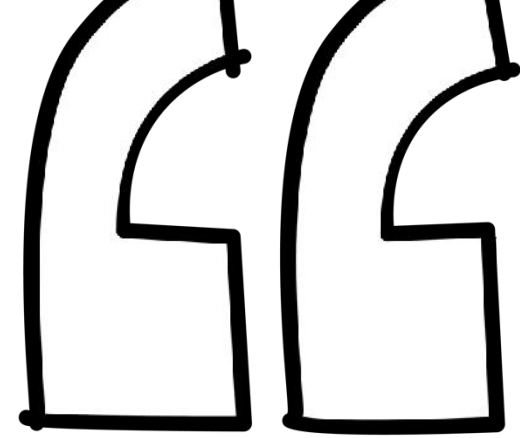
FFT: Are we responding & improving? Qualitative Comments

"Our appointment was thorough and I felt very confident that the professionals were knowledgeable and understanding. I also felt they gave their diagnosis in a very clear sensitive and kind manner, I am very grateful. Thank you accepting our referral" **Child and Adolescent Mental Health Service**

"The level of care and professionalism was second to none. Outstanding from the moment we walked into the Walrus ward until we left Bear ward. I want to thank each and every member of staff for looking after my son. You are an amazing team of people. Keep up the good work." **Walrus / Bear Ward**

"Incredible Hospital - it was extremely clean and the measures put into place for Covid-19 made it feel safe during the pandemic / lockdown. We were made to feel so welcome, reassured and looked after so well by all members of staff, all of whom showed a great level of compassion and understanding. Thank you." **Koala Ward**

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

o   Comparison of activity to previous year

    ❑   NHS Outpatient attendances over the last 8 weeks has averaged 105%, with new attendances being 91% and follow-up 108%

    ❑   NHS Spell discharges over the last 8 weeks has averaged 78.65%, with Day-case being 71.46%, Elective 84.50% and Emergency 119.63%.

    ❑   Main Theatre procedures over the last 8 weeks has averaged 71.4%, the same period in 19/20 was 63.55%

    ❑   Imaging activity over the last 8 weeks has averaged 75.59% against previous year, with MRI being 75.06%, Non-obstetric Ultrasound 77.45% and CT 57.94%

o   The Trust has embraced utilising virtual technology with 46% of new and 62% of follow-up outpatient attendances being conducted via these consultation media methods.

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 **63.19%** of patients waiting less than 6 weeks for the 15 diagnostic modalities. This is a significant increase from last month's position when we reported 53.31%. The number of breaches reported in February **(705)** compared to the number of breaches reported in January **(881)** has decreased. The improvement is a reflection of the Trust recommencing patient bookings for higher than P2 patients within diagnostics and families accepting more appointments as the national roadmap was announced.

- Of the **705** breaches, 503 are attributable to modalities within Imaging (**212** of which are Non obstetric US and **207** of which are MRI), 91 in ECHO, 29 in Sleep Studies, 32 in Gastroscopy, 15 in Audiology, 19 in Colonoscopy, 12 in Cystoscopy, 2 in Urodynamics and 2 in Flexi sigmoidoscopy.

- Patients continue to be seen according to their clinical prioritisation. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe, with patients waiting beyond the must be seen by date clinically reviewed. 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.

- 340 of the breaches are connected with Covid-19 (Reduced capacity, unable to book due to Covid-19), 352 are due to clinical prioritisation (patients can wait up to or over 3 months), 6 are a booking process issue (no reasonable offers made), 3 due to a Trust process issue and 4 due to tolerance.

- Covid-19 is having a significant impact on the Trust's ability to deliver against the standard. Performance had plateaued at around 66-68%, between September and November, however, January saw performance deteriorate to a position lower than the last 5 months. The February improvement seen is in line with the increase in performance after the first wave in June and early indications are the Trust will see a further improvement in March. The national diagnostic position for January performance stood at 66.7%, a 23% deterioration from March 2020. GOSH saw a 21% reduction in performance over the same period. Nationally 377,651 patients were waiting 6 weeks and over for a diagnostic test at the end of January.

- Comparative children's providers have seen similar movements. GOSH, Sheffield Children and Birmingham Women's and Children's reported performance of around 53-65% for January 2021 whilst Alder Hey was higher at 94.2%.

Cancer Wait Times

- January 2021 cancer waiting times data has now been submitted nationally and the Trust achieved 100% across four of the five standards. The Trust reported one breach for the 31 day subsequent surgery pathway where the patient unfortunately had an infection and couldn't have surgery on the planned date. The surgery was rearranged at the earliest available date which was one day after the breach date. For February, the Trust is forecasting reporting 100% achievement across all five standards.
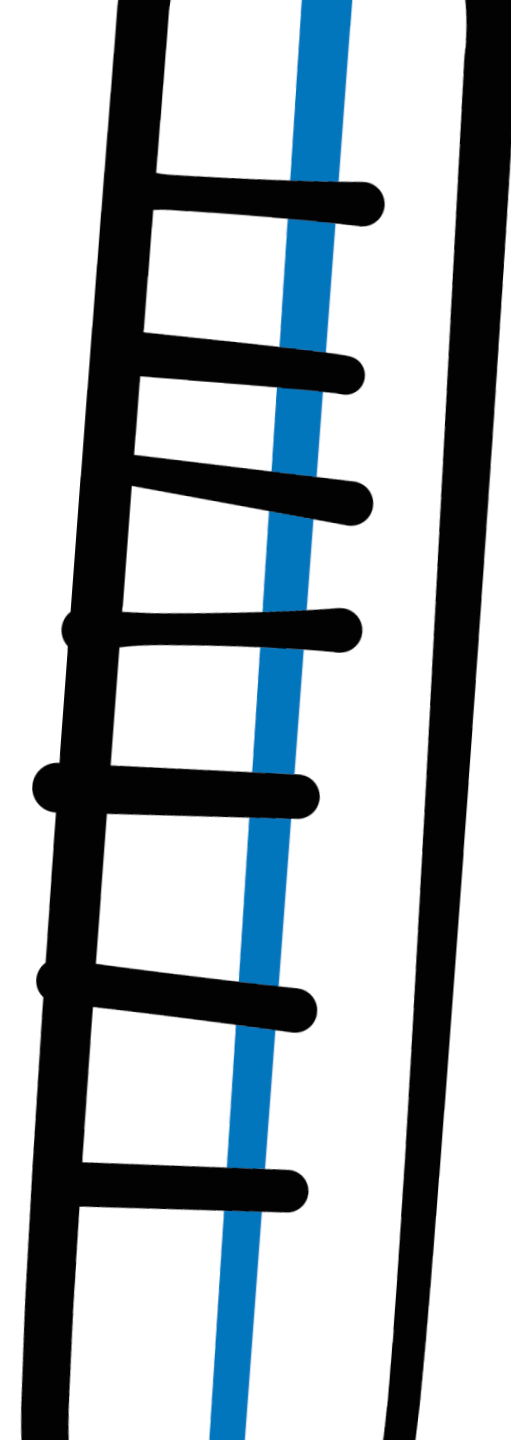
Patient Access – Referral to Treatment

- The Trust did not achieve the RTT 92% standard, submitting a performance of **69.46%** with **2132** patients waiting longer than 18 weeks. This is a slight increase in performance from the previous month's **69.13**%.

- Performance has slowly improved, however, remains below 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. However, the last three months performance have been the highest since May 2020 and the second wave did not have the same impact as the first.

- With the Trust continuing to experience extended waits, the Clinical Prioritisation Group assesses processes in place to ensure patients are prioritised according to clinical need. As at 25th February, **91.19%** of patients on the elective waiting list had been prioritised, with **1422** identified for surgery and medical treatment within 4 weeks. During February, 570 patients were operated on. Any patient who experiences an extended wait has a harm review completed.

- It is recognised some sub-speciality areas including Dental/Maxfax, Plastic Surgery, Orthopaedics, Spinal and SDR have significant backlogs with many of these patients being within the clinical priority groups of 3 and 4.

- 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 281 pathways, most of whom were referred to us by external providers.

National Position

Referrals, Admissions and Discharges

- The Trust experienced a slight increase in referrals in February, 3.16% increase compared to January. There was a slight decrease in external referrals (-0.86%), however the volume of external referrals are now more inline with pre-Covid-19 levels. The volume of internal referrals experienced an increase of 9.53% in February, 1690 compared to 1543 in January but lower than previous months.

- There was a slight increase in the volume of admissions in February compared to January, 6% more than January, but still 5% and 23% less than December and November respectively. However, this is an increase of 55.8% compared to April but is still lower than previous months in 2019-20.

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 February there were 41 patients (both NHS and PP) whose LOS was more than 50 days, accumulating 8324 bed days in total. This is a decrease from January by 9 patients.

52+ Week Waits: Incomplete pathways

As at the end of February, the Trust reported a total of **577** patients waiting 52 weeks or more; this is an increase of 70 patients (13.8%). The majority of breaches are within Orthopaedics (89), Plastic Surgery (81), Dental (57), Cardiology (57), ENT (54), Ophthalmology (42), Urology (36), SNAPS (32), Spinal Surgery (25), Craniofacial (25), Maxillofacial (13) and Cleft (11).

National Position

The national position for January 2021 indicates a significant increase of patients waiting over 52 weeks with 304,044 patients compared to 10,864 in April.

RTT Performance for comparative children's providers is Sheffield Children (67.1%) and Birmingham Women's and Children's (79.8%) and Alder Hey (61.4%). On average 532 52-week breaches were reported in January for these providers.
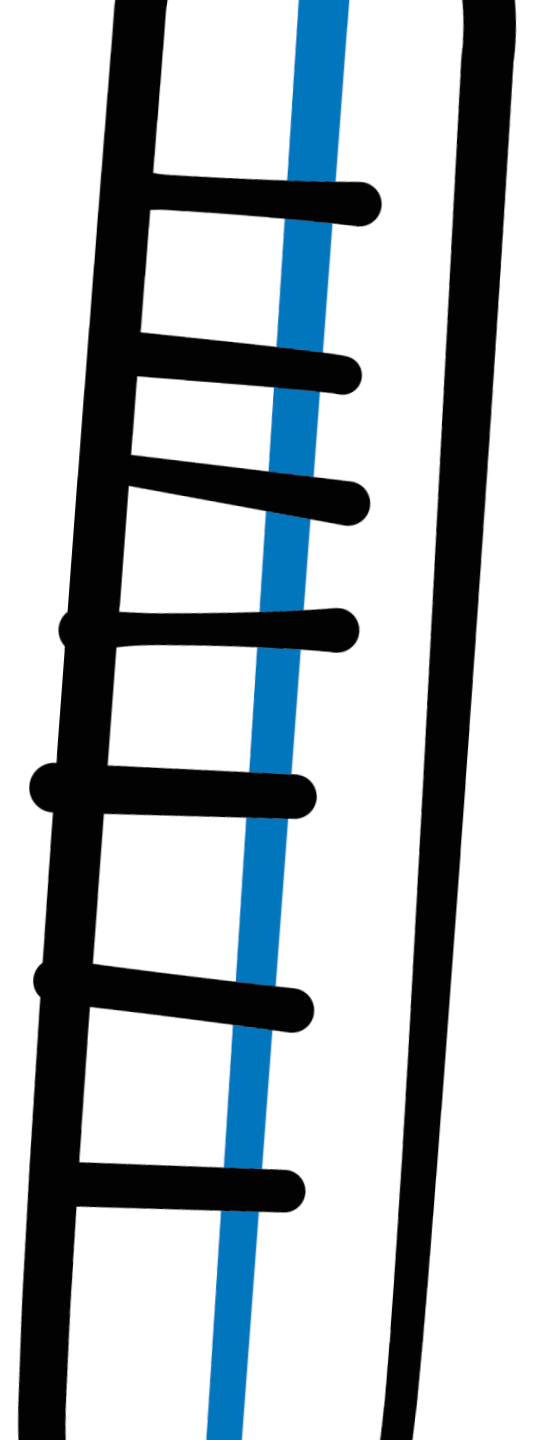
⚙ Productivity & Efficiency

Theatre Utilisation

o To meet the Trusts operating requirements during Covid-19, main operating theatres scheduling significantly changed mid-March 2020. To support operational teams and the Trust priorities during January to mid February allocation of these lists continue to be based on the volume of Clinical Priority Category 2 patients.

o Scheduled main theatres in February saw utilisation of 76.26%. This is slightly higher than January but circa on average 4% lower than previous months. Out of 236 scheduled sessions in Feb, 20 were ring fenced for Covid-19 positive patients. We operated on 11 patients in these theatres during the month. Emergency theatre utilisation was 91.53% with the number of emergency theatre cases during February being 49.

o 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, Craniofacial, Dental, SNAPs, Spinal and Urology. The theatres team routinely review theatre allocation to cover the gaps.

o Additional processes are in place for the management and monitoring of category 2 and 3 patients for administrative and operational teams.

Last minute non-clinical hospital cancelled operation

After a good positive trend between August and September, we saw an increase in last minute surgical cancellations in October and November and a rise in those related to list overruns and urgent patients. In January, last minute cancellations represented 0.4% of all elective admissions in that month, an increase from the rate in December (0.2%). The main cancellation reason in January was due to patients being rescheduled due to an urgent patient. The Trust did not report any breaches of the 28 day standard in January.
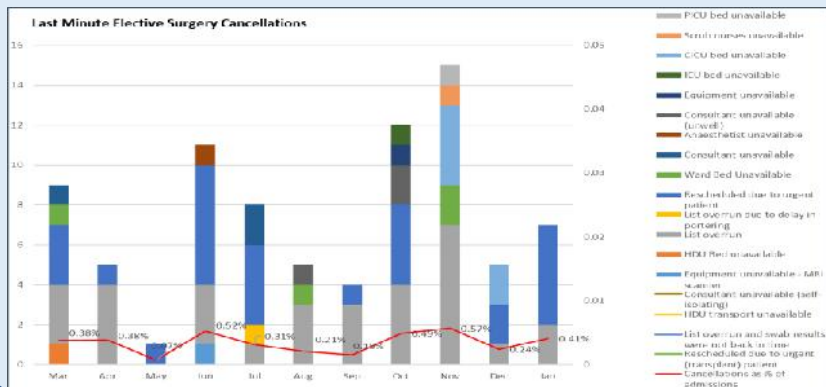
Bed Occupancy and Closures

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 the month of February, bed occupancy was slightly lower compared to January, at 75.13% and is higher than the first two quarters of the financial year. This includes IPP wards. For NHS wards only occupancy was at 76.9%. Body, Bones and Mind, Heart and Lung and Blood, Cells and Cancer had occupancy levels of 75.7%, 80.1% and 78.5% respectively for the month as a directorate. ICU areas saw significant pressures during February at 80.2%

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: This measure is being reassessed and reporting will be resumed in the coming months.

⚙️ 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 one referral refusal into PICU/NICU from another provider in February due to bed unavailability.

PICU Emergency Readmissions:

The Trust had 1 readmissions back into PICU within 48 hours for the month of February, a decrease from the number reported in January (3).

Trust Activity

Outpatient DNA and Cancellation Rates

For the month of February, the Trust reported a DNA rate of 4.86%, a decrease to the rate reported in January of 5.26%.

The number of outpatient appointments that were cancelled either on the day or the day before (both by hospital and patient) decreased in February compared to January and still lower at 765 in February 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.
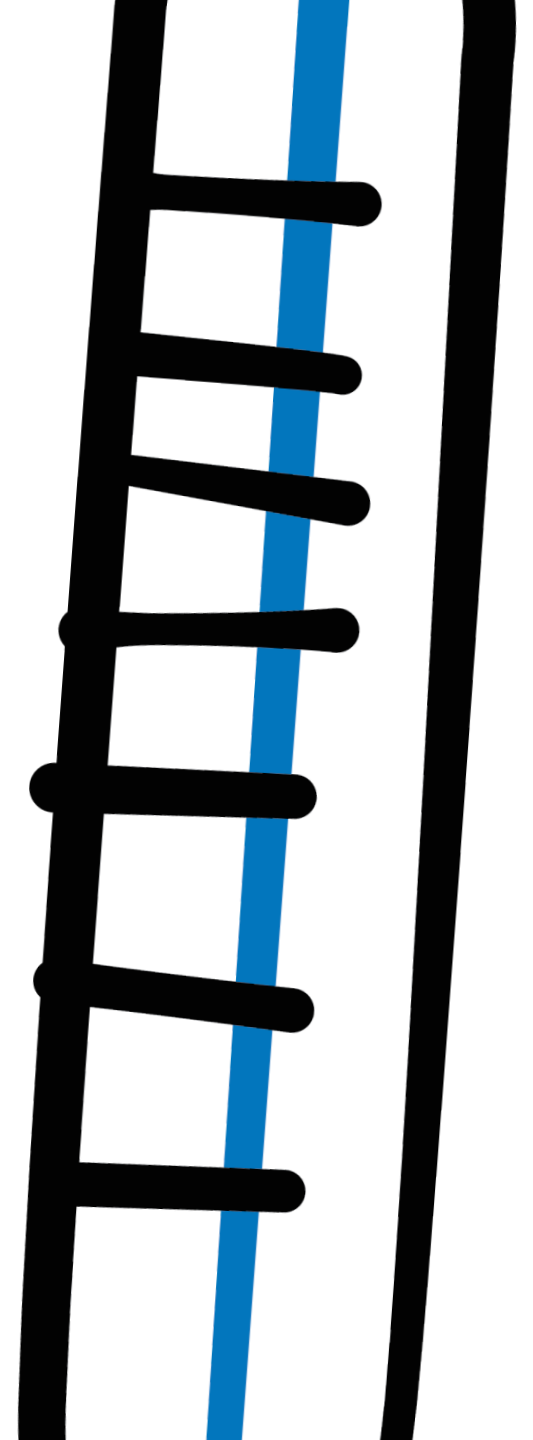
Trust activity

February 2021 activity for both day case and overnight stays remains below plan due to the Covid19 pandemic. Day Case and Elective are both 27% below their YTD plan. As expected Non Elective admissions are 30% above plan which reflects the peak of the Covid-19 pandemic and the Trust supporting the wider NHS system. Critical care bed days are 6% lower than YTD plan.

NHS Spell discharges over the last 8 weeks has averaged 78.65%, with Day-case being 71.46%, Elective 84.50% and Emergency 119.63%.

Outpatient activity is 15.36 % below plan overall, with First Outpatient attendances 30% and Follow-up Outpatients 12% below YTD plan. The Trust has embraced new technology for holding outpatient consultations with over 36,262 taking place virtually and 47,586 via telephone. NHS Outpatient attendances over the last 8 weeks has averaged 105%, with new attendances being 91% and follow-up 108%

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

- o Despite considerable focus being placed on this indicator by both the operational and clinical teams to improve compliance the Trust remains below the 100% standard. For the month of February, 80.35% 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 January position of 81.77%.

- o 89.8% of letters were sent within 2 days of discharge. On average for February, letters were sent within 1.36 days after discharge, a slight increase compared to January.

- o 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 69 discharge summaries up to February 2021. 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.

- o 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

- o For February 2021, performance has increased in relation to 7 day turnaround; 64.33% compared to 62.39% in January. At the point of writing the report, a backlog of 2,407 letters not yet sent was reported for this financial year of which 1372 are in February 2021.

- o Focused work within directorates include weekly report of outstanding letters being escalated to specialty leads, admin support being put in place to clear backlog and support from the EPR team to help resolve issues with letters not linked to encounters.

- o Particular improvements for reducing clinic letter backlog has been seen with Blood, Cells and Cancer, Heart and Lung, and Medicines, Therapies and Tests.
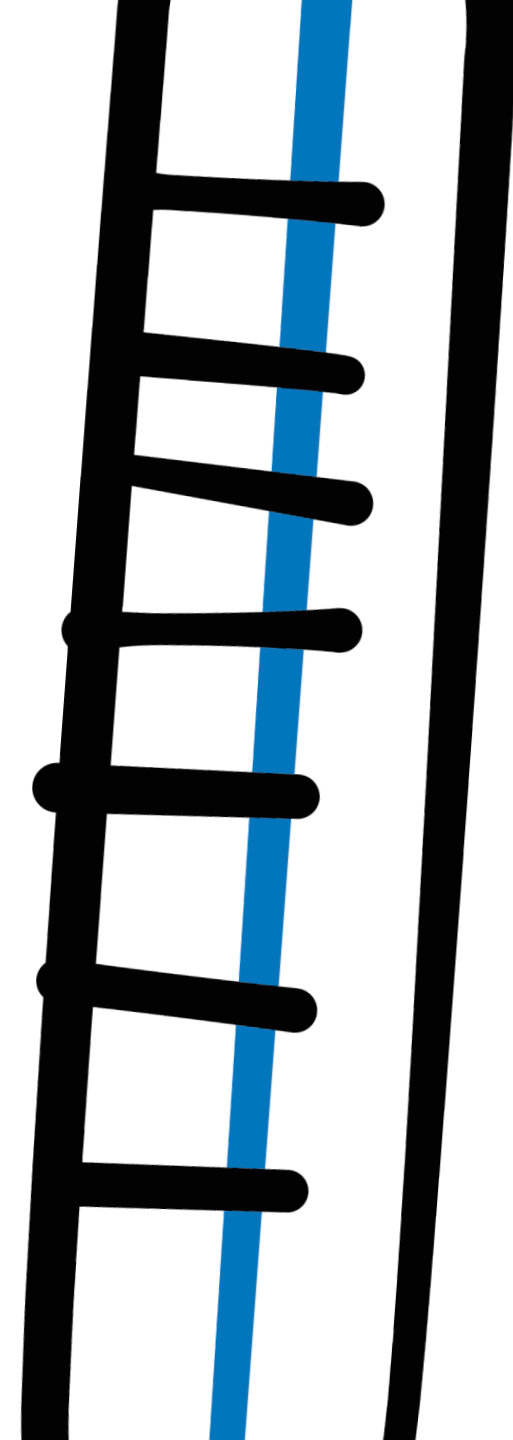
NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust

Trust Board **30th March 2021**	
Month 11 2020/21 Finance Report **Submitted by:** Helen Jameson, Chief Finance Officer **Presented by:** Helen Jameson, Chief Finance Officer	**Paper No: Attachment S**

Aims / summary

The Trust YTD performance shows a £0.2m deficit which is £17.2m favourable against the revised M7-M12 NHSE/I plan. The revised and agreed NHSE/I plan provides a target deficit for the Trust for the year of £20.6m; this includes the recognition of £39.4m of retrospective top up funding from NHSE for the first 6 months of the year. This funding has now been validated with the final payment having been made in December.

The Trust submitted the revised plan to NHSE based upon the coming months being a period of 'restoration' of activity and did not account for a second wave of Covid-19. A bridge has been pulled together and attached to this paper illustrating the Trust movement from the NHSE/I plan to the current Trust forecast of a £2.0m deficit.

The Trust is currently managing through the second wave of Covid-19 and the third UK lockdown which will last for the remainder of the financial year. With the new variants and discussions on vaccination supplies the Trust continues to face uncertain times and a number of significant challenges.

This report shows the Trust's finance position against the revised plan submitted to NHSE/I.

1. The Trust month 11 position is a £6.9m surplus. This is £10.3m favourable to the NHSE/I plan. The YTD position is a £0.2m deficit which is £17.2m favourable to the NHSE/I plan.

2. The key drivers of the Trust favourable variance relate to income. The Trust has just received information updated income figures from NHSE including CART, Nusinersen and Refractory Epilepsy. Private patient income fell in month due to referral offices still being closed but is still favourable YTD due high numbers of bed days associated with complex BMT patients in previous months. Non-clinical income is £4.9m favourable YTD driven by research project income recognition following alignment with IFRS 15, P2P genetics income, additional commercial income and the Q3 HEE LDA providing higher levels of education and training income in the annual plan than the Q2 LDA.

3. Pay is adverse to the NHSE/I plan by £0.9m in month due to the increased clinical staff requirements in relation to Covid-19 with high temporary staffing required to manage clinical demand, especially in the wake of sickness and NCL redeployment backfill. The Trust has increased the value of its annual leave accrual by an additional £0.6m based on current circumstances and the Trust is

keeping this under review. Due to the demands of the pandemic it is likely that annual leave carry over levels will be higher than previous years; this is a recognised risk and will continue to be amended based on latest information and guidance. Turnover levels within the staffing groups remains low as a result of the pandemic and high staff levels have been retained across the board.

4. Non pay is £3.5m favourable to plan YTD. With reduced Elective activity spend relating to supplies, consumables and wider non-pay has been lower than plan. Drug spend fell in month following an in year adjustment to the level of drug issues made in the Trust.

5. Cash held by the Trust is £156.1m which is £18.6m higher than M10 largely driven by the Trust receiving £16.1m from NHSE in month.

6. Capital expenditure as at M11 YTD was £5.6m for Trust-funded, including PDC-funded critical infrastructure works, and £8.2m for charity funded. The Trust has also incurred £1.0m of centrally-funded capital spend in relation to Covid-19.

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust at M11 was £156.1m which is £18.6m higher than M10. The Trust received £16.1m from NHSE in month.
NHS Debtor Days	NHS debtor days decreased in month from 9 days to 7 days, falling within the target of 30 days for the Trust.
IPP Debtor Days	IPP debtor days decreased in month from 302 days to 301 days.
Creditor Days	Creditor days decreased in month from 29 days to 28 days.

Action required by the meeting
To **note** the Month 11 Financial Position

Contribution to the delivery of NHS / Trust strategies and plans

The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.

BAF Risk 1: Financial Sustainability

Financial implications

Changes to payment methods and expenditure trends

Legal issues

N/A

Who is responsible for implementing the proposals / project and anticipated timescales

Chief Finance Officer / Executive Management Team

Who is accountable for the implementation of the proposal / project

Chief Finance Officer / Executive Management Team

Finance and Workforce Performance Report Month 11 2020/21
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Trust Performance Summary for the 11 months ending 28 Feb 2021
KEY PERFORMANCE DASHBOARD

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME	£43.7m	£50.2m	🟢	£443.6m	£457.8m	🟢
PAY	(£26.5m)	(£27.4m)	🟠	(£285.8m)	(£290.6m)	🟠
NON-PAY inc. owned depreciation and PDC	(£20.6m)	(£15.9m)	🟢	(£214.5m)	(£206.8m)	🟢
Surplus/Deficit excl. donated depreciation	(£3.4m)	£6.9m	🟢	(£56.7m)	(£39.6m)	🟢
Top up	£0.0m	£0.0m		£39.3m	£39.4m	
Surplus/Deficit excl. donated depreciation	(£3.4m)	£6.9m		(£17.4m)	(£0.2m)	

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red
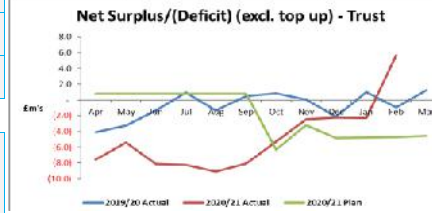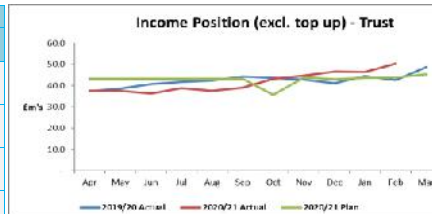
AREAS OF NOTE:

The Trust is currently managing through the second wave of Covid-19 and the third UK lockdown which will last for the remainder of the financial year. New, more transmissible variants of Covid-19 have emerged which mean that the Trust continues to face uncertain times and a number of significant challenges. The Trust has a deficit plan for the end of the year is a £20.6m deficit which includes the first 6 month top-up of £39.3m NHSEI funding through the start of the COVID pandemic.

The current YTD performance is a £0.2m deficit which is £17.2m favourable to the NHSE plan, with in-month performance being £10.3m favourable to plan. NHS & Other Clinical income is £7.3m higher than plan YTD as the Trust has received confirmation from NHSE of additional funding for high cost drugs, a reallocation of genomics funding and an income for services incorrectly excluded from the block. Private patient income has fallen in month due to the continued travel retrictions and referal offices remaining clsoed resulting in reduced numbers of patients, this is expected to continue until after restrictions are lifted. Income remains above plan £1.0m YTD due to previous months high number of bed days relating to complex BMT patients. Non-clinical income is favourable to plan by £0.7m in-month driven through additional HEE income received by the Trust in month.

Pay costs within the hospital have are £0.9m adverse to plan in-month. This is due to the increased clinical staff requirements in relation to Covid-19 with high temporary staffing required to manage clinical demand including the opening of additional ICU beds, running the covid testing service, vaccination hub, backfill for NCL redeployment and managing staff sickness/isolation. The Trust has increased the value of its annual leave accrual by an additional £0.6m in month based on current circumstances with the pandemic; the Trust is keeping this under review, recognises this as a risk and will continue to amend based on latest information and guidance.

Non-pay spend in-month is £3.5m below plan; elective activity in the hospital reduced as a result of the challenges presented by the new wave of Covid-19. Supplies and services, consumables and an in year adjustment to drug issues led to this in month reduction. The increased

Income Position (excl. top up) - Trust

Pay Position - Trust

Net Surplus/(Deficit) (excl. top up) - Trust


Non-Pay Position - Trust

2020/21 Plan for the first 6 months of the year shown on the graphs reflect the original NHSE plan. From month 7 these reflect the latest agreed NHSE plan.

PEOPLE

|	M10 Actual WTE	M11 Actual WTE	Variance
Permanent Staff	4,786.8	4,892.3	(105.5)
Bank Staff	440.1	269.2	170.9
Agency Staff	9.5	25.0	(15.4)
TOTAL	5,236.4	5,186.5	50.0

AREAS OF NOTE:

Trust WTEs remain higher than the start of the year as high levels of staffing have continued to be seen across the Trust; those staff who were working on EPR and whose costs were previously being capitalised have been in the revenue position since M9. Staff turnover has reduced compared to prior year given the effects of the pandemic adn sucessful recruitment has led to increased contracted staffing across the Trust. The Trust has had to maintain high staffing levels in order to attempt to continue activity levels, work through the backlog of patients and manage staff sickness and isolation.

Pay Cost Trend £m

In month WTE profile (inc Maternity Leave)
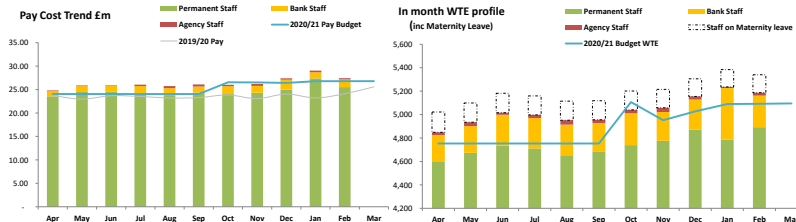
CASH, CAPITAL AND OTHER KPIs

Key metrics	Jan-21	Feb-21
Cash	£137.5m	£156.1m
IPP Debtor days	302	301
Creditor days	29	28
NHS Debtor days	9	7

Capital Programme	YTD Plan M11	YTD Actual M11	Full Year F'cst
Total Trust-funded	£14.1m	£5.7m	£9.0m
Total CIR PDC	£1.6m	£1.3m	£1.5m
Total other PDC	£0.3m	£1.0m	£1.2m
Total Donated	£15.6m	£8.5m	£12.0m
Grand Total	£31.6m	£16.5m	£23.7m

Net receivables breakdown (£m)

7.5
7.7
33.0
2.3

■ NHS ■ Non NHS ■ IPP ■ Gosh charity
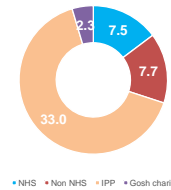
AREAS OF NOTE:

1. Cash held by the Trust increased in month by £18.6m. This largely relates to receipts in relation to income from NHSE (£16.1m).
2. The capital programme for the year to date is less than plan by £15.1m of which £8.4m is on the Trust-funded and £7.1m on the donated programme with £0.4m additional spend on PDC funded projects. The Trust continues to frequently review what can be achieved by 31 March has kept the Trust-funded forecast at £9.0m.
3. IPP debtors days decreased in month from 302 days to 301 days. Total IPP debt decreased in month to £33.0m (£36.2m in M10). Overdue debt also decreased in month to £30.1m (£34.5m in M10).
4. Creditor days decreased in month from 29 days to 28 days.
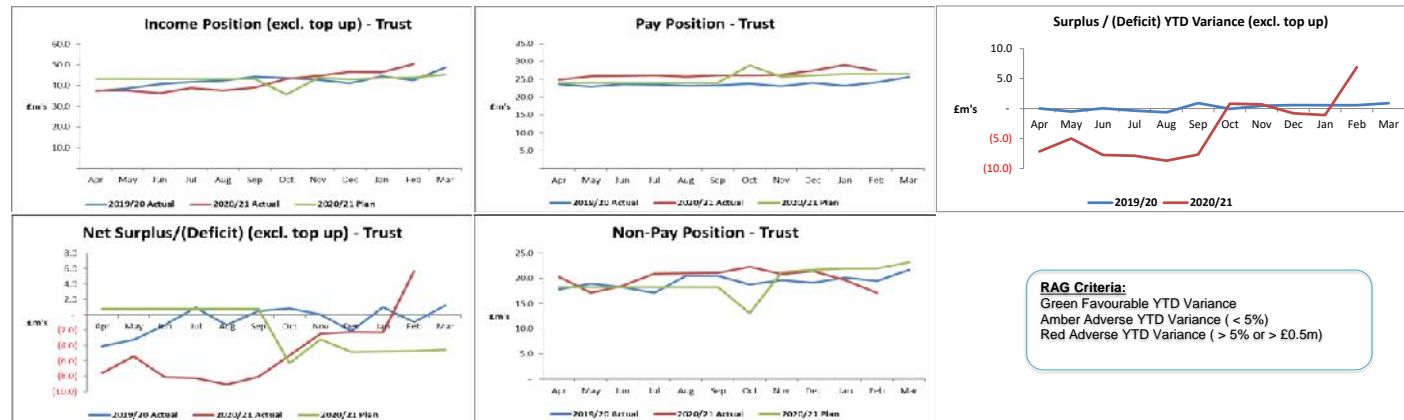5. NHS debtor days decreased in month from 9 days to 7 days.

NHSE plan (£m)	Income & Expenditure	Month 11 NHSE Plan (£m)	Actual (£m)	Variance (£m)	Variance %	Year to Date NHSE Plan (£m)	Actual (£m)	Variance (£m)	Variance %	Rating YTD Variance	Notes	2019/20 Actual M11 (£m)	2020/21 NHSE Plan YTD M11 (£m)	2020/21 NHSE Plan In-month M11 (£m)
407.26	NHS & Other Clinical Revenue	35.57	42.85	7.28	20.47%	370.00	378.28	8.28	2.24%	G	1	30.44	370.00	35.57
37.91	Private Patient Revenue	3.85	2.43	(1.43)	(37.06%)	34.29	35.25	0.96	2.80%	G	2	5.37	34.29	3.85
43.62	Non-Clinical Revenue	4.26	4.97	0.71	16.75%	39.36	44.26	4.91	12.47%	G	3	6.79	39.36	4.26
488.80	**Total Operating Revenue**	**43.68**	**50.24**	**6.56**	**15.03%**	**443.65**	**457.80**	**14.15**	**3.19%**	**G**		**42.60**	**443.65**	**43.68**
(292.40)	Permanent Staff	(24.83)	(25.52)	(0.69)	(2.78%)	(267.54)	(271.08)	(3.54)	(1.32%)	R		(22.51)	(267.54)	(24.83)
(2.71)	Agency Staff	(0.16)	(0.26)	(0.10)	(65.11%)	(2.55)	(3.11)	(0.55)	(21.72%)	R		(0.17)	(2.55)	(0.16)
(17.24)	Bank Staff	(1.50)	(1.64)	(0.14)	(9.56%)	(15.75)	(16.38)	(0.63)	(3.99%)	R		(1.44)	(15.75)	(1.50)
(312.35)	**Total Employee Expenses**	**(26.48)**	**(27.42)**	**(0.94)**	**(3.54%)**	**(285.85)**	**(290.57)**	**(4.72)**	**(1.65%)**	**R**	4	**(24.12)**	**(285.85)**	**(26.48)**
(96.98)	Drugs and Blood	(8.11)	(5.65)	2.46	30.33%	(87.20)	(84.04)	3.17	3.63%	G		(6.65)	(87.20)	(8.11)
(34.85)	Supplies and services - clinical	(3.35)	(3.02)	0.34	10.01%	(31.49)	(32.72)	(1.22)	(3.88%)	R		(3.06)	(31.49)	(3.35)
(87.16)	Other Expenses	(7.63)	(6.95)	0.68	8.88%	(79.92)	(75.66)	4.26	5.32%	G		(6.83)	(79.92)	(7.63)
(218.99)	**Total Non-Pay Expenses**	**(19.09)**	**(15.62)**	**3.47**	**18.19%**	**(198.61)**	**(192.41)**	**6.20**	**3.12%**	**G**	5	**(16.54)**	**(198.61)**	**(19.09)**
(531.34)	**Total Expenses**	**(45.57)**	**(43.04)**	**2.54**	**5.56%**	**(484.46)**	**(482.98)**	**1.48**	**0.30%**	**G**		**(40.66)**	**(484.46)**	**(45.57)**
(42.54)	**EBITDA (exc Capital Donations)**	**(1.89)**	**7.21**	**9.10**	**480.43%**	**(40.81)**	**(25.19)**	**15.63**	**38.29%**	**G**		**1.94**	**(40.81)**	**(1.89)**
(17.35)	Owned depreciation, Interest and PDC	(1.50)	(0.30)	1.20	80.09%	(15.87)	(14.38)	1.49	9.36%		7	(1.70)	(15.87)	(1.50)
(59.89)	**Surplus/Deficit (exc. PSF/Top up)**	**(3.39)**	**6.91**	**10.30**	**304%**	**(56.68)**	**(39.57)**	**17.11**	**30%**			**0.24**	**(56.68)**	**(3.39)**
39.31	PSF/Top up	0.00	0.00	0.00		39.31	39.38	0.07				0.00	39.31	0.00
(20.58)	**Surplus/Deficit (incl. PSF/Top up)**	**(3.39)**	**6.91**	**10.30**	**303.78%**	**(17.37)**	**(0.19)**	**17.18**	**98.91%**	**G**		**0.24**	**(17.37)**	**(3.39)**
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
(14.83)	Donated depreciation	(1.34)	(1.33)	0.01		(13.49)	(13.68)	(0.19)				(1.22)	(13.49)	(1.34)
(35.42)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(4.73)**	**5.58**	**10.31**	**217.93%**	**(30.87)**	**(13.87)**	**17.00**	**55.06%**			**(0.98)**	**(30.87)**	**(4.73)**
0.00	Impairments	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
13.04	Capital Donations	2.05	0.29	(1.76)		12.00	8.52	(3.48)			6	2.01	12.00	2.05
(22.37)	**Adjusted Net Result**	**(2.68)**	**5.87**	**8.55**	**318.59%**	**(18.86)**	**(5.35)**	**13.52**	**71.65%**			**1.03**	**(18.86)**	**(2.68)**

Income Position (excl. top up) - Trust
— 2019/20 Actual — 2020/21 Actual — 2020/21 Plan

Pay Position - Trust
— 2019/20 Actual — 2020/21 Actual — 2020/21 Plan

Surplus / (Deficit) YTD Variance (excl. top up)
— 2019/20 — 2020/21

Net Surplus/(Deficit) (excl. top up) - Trust
— 2019/20 Actual — 2020/21 Actual — 2020/21 Plan

Non-Pay Position - Trust
— 2019/20 Actual — 2020/21 Actual — 2020/21 Plan

RAG Criteria:
Green Favourable YTD Variance
Amber Adverse YTD Variance (< 5%)
Red Adverse YTD Variance (> 5% or > £0.5m)

2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan

Summary

- The month 11 financial position is a surplus of £6.9m with the YTD Trust position being a £0.2m deficit. The first 6 months of the year showed a deficit of £39.3m which NHSEI funded through top-up payments.

- The latest Trust plan agreed with NHSE for M7-12 totals to a target deficit for the end of the year of £20.6m.

Notes

1. NHS Clinical income is £8.3m favourable to the NHSE Plan YTD, which has been caused by additional income in month resulting in an in month favourable varioance of £7.3m. NHSE confirmed in month addtiional income associated with services incorrectly excluded from the block, addtional high cost drug . and reallocation of genomics funding. The previousincrease in devolved nations income and activity this has now reduced following the second surge of Covid-19.

2. Private Patient income fell in month and is £1.4m adverse to the in-month NHSE plan, this is still £1.0m favourable YTD. The previous months overperformance, which was asscoiated with a high number of private patient bed days for complex BMT patients has now been offset by the second Covid-19 surge. The closed referral offices and travel restrictions have caused the in months fall in activirty whcih is expected to continue until after restrictions start to lift..

3. Non-clinical income is £0.7m favourable to the NHSE Plan in-month. This is driven by additional incoem from HEE received in month. The YTD favourable variance is related to the addtiional HEE income, recognition of research incoem related to IFRS 15 and additional commercial income generation

4. Pay is adverse in-month to the NHSE plan by £0.9m. This is driven by an increase in the annual leave accrual of £0.6m whcih reflects the leave that staff have been unable to take due to the Covid-19 response. Continued high levels of clinical staffing have been required in order to attempt to maintain activity levels, work through backlogs of patients, open additional ICU beds, run the covid testing service, vaccination hub and manage with continued staff sickness/isolation. Turnover levels within the staffing groups has reduced as a result of the pandemic and high staff levels have been retained across the board.

5. Non pay is £3.5m favourable to the NHSE plan in-month. Supplies, consumables and wider non-pay spend has reduced following a lower level of elective activity in-month due to the second surge of Covid-19. Trust drugs have fallen in month following in year adjust to drug issues.

6. The Trust has also seen a reduction in the bad debt provision YTD (£2.3m); this is in line with Trust policy.

Income & Expenditure	2020/21				Rating
	Full year				
	NHSE Plan	Forecast	Variance		
	(£m)	(£m)	(£m)	%	YTD Variance
NHS & Other Clinical Revenue	407.26	418.82	11.55	2.84%	G
Private Patient Revenue	37.91	37.57	(0.34)	(0.91%)	A
Non-Clinical Revenue	43.62	48.66	5.03	11.54%	G
Total Operating Revenue	**488.80**	**505.04**	**16.24**	**3.32%**	G
Permanent Staff	(292.40)	(297.66)	(5.27)	(1.80%)	R
Agency Staff	(2.71)	(3.42)	(0.70)	(25.98%)	R
Bank Staff	(17.24)	(17.97)	(0.73)	(4.25%)	R
Total Employee Expenses	**(312.35)**	**(319.05)**	**(6.70)**	**(2.15%)**	R
Drugs and Blood	(96.98)	(91.86)	5.12	5.28%	G
Supplies and services - clinical	(34.85)	(36.09)	(1.24)	(3.56%)	R
Other Expenses	(87.16)	(83.52)	3.65	4.18%	G
Total Non-Pay Expenses	**(218.99)**	**(211.460)**	**7.53**	**3.44%**	G
Total Expenses	**(531.34)**	**(530.51)**	**0.82**	**0.16%**	G
EBITDA (exc Capital Donations)	**(42.54)**	**(25.47)**	**17.07**	**40.12%**	G
Owned depreciation, Interest and PDC	(17.35)	(15.93)	1.43	8.22%	
Surplus/Deficit (exc. PSF/Top up)	**(59.89)**	**(41.40)**	**18.49**	**31%**	
PSF/Top up	39.31	39.38	0.07		
Surplus/Deficit (incl. PSF/Top up)	**(20.58)**	**(2.02)**	**18.57**	**90.20%**	G
Donated depreciation	(14.83)	(15.02)	(0.19)		
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	**(35.42)**	**(17.04)**	**18.38**	**51.89%**	
Impairments	0.00	0.00	0.00		
Capital Donations	13.04	12.02	(1.02)		
Adjusted Net Result	**(22.37)**	**(5.02)**	**17.36**	**77.57%**	

RAG Criteria:
Green Favourable YTD Variance
Amber Adverse YTD Variance (< 5%)
Red Adverse YTD Variance (> 5% or > £0.5m)

Summary

- The latest updated forecast for GOSH shows a forecast outturn deficit of £2.0m, this is an improvement from the M10 forecast of £8.3m. The key driver of this improvement is the improvement in NHSE income and reduction in PDC dividend payable due to continued increased cash levels.

- The revised annual plan submitted was for a period of 'restoration' of activity following the first wave of Covid-19; this did not account for a second wave of Covid-19. As a result, the spend profile of the Trust has changed and the uncertainty surrounding NHSE income has created fluctuations in the Trust year end forecast.

Notes

1. The NHS & other clinical revenue is forecast to come in ahead of plan (£11.6m) due to overperformance in relation to elements on cost and volume, including CAR-T patients. The improvement in the forecast is due to confirmation of additional income in M11 associated with new services and Drug funding.

2. Non-clinical income is forecast to be £5.0m favourable to plan due to additional education & training monies from HEE, recognition of research & innovation income in line with IFRS15 and other commercial income.

3. Private Patient income is forecast to be £37.6m; given the patient referral office being closed due to Covid; this is significantly lower than prior year. Difficulties with admitting patients and international repatriation saw a dip in income in M11 which is forecsat to continue into M12. Once the UK restrictions start to lift it will take time to see activity return to previous levles.

4. Temporary staff costs are likely to remain high given increases in number of ICU beds, sickness and isolation, running of the covid testing service and NCL redeployment backfill.

5. Drugs are forecast to be below plan (£5.1m) This is due to the second wave of covid restricting activity.
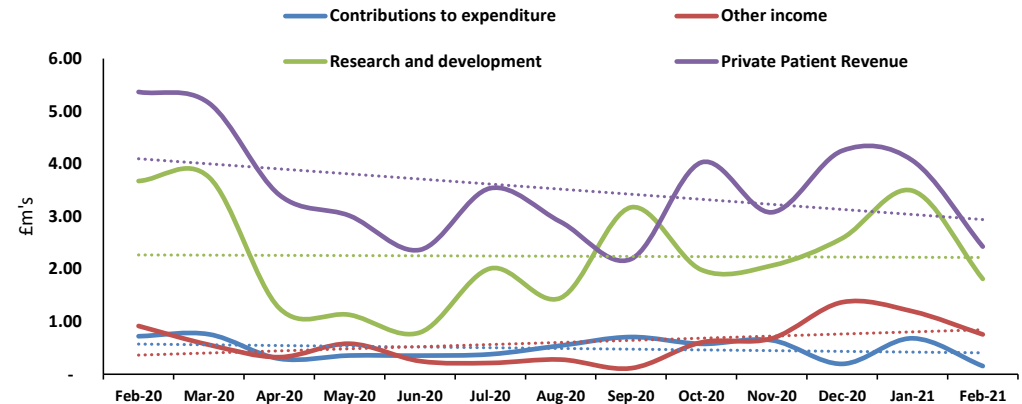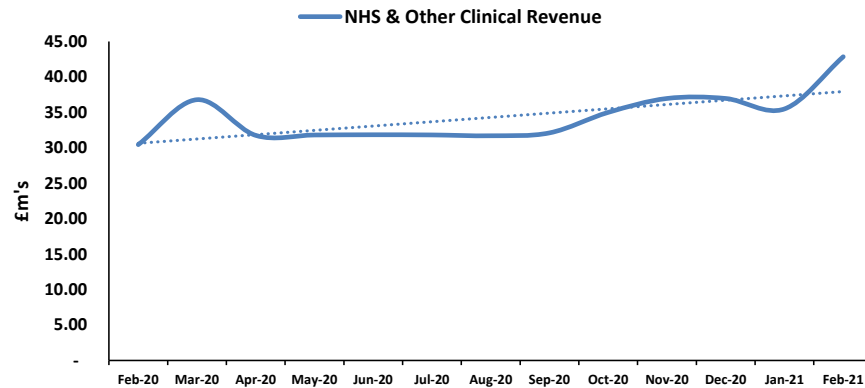
Admitted patient care trend (spells)

Inpatient occupied bed days excl PP

Outpatient attendances trend excl procedures
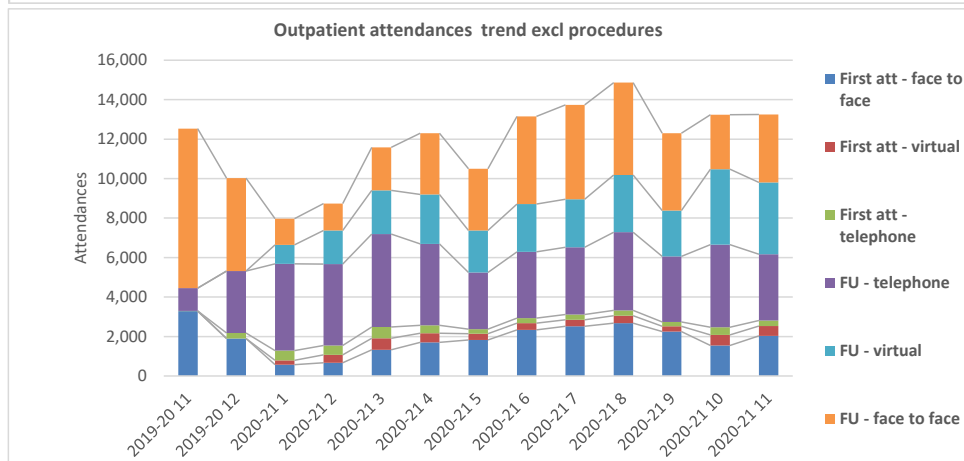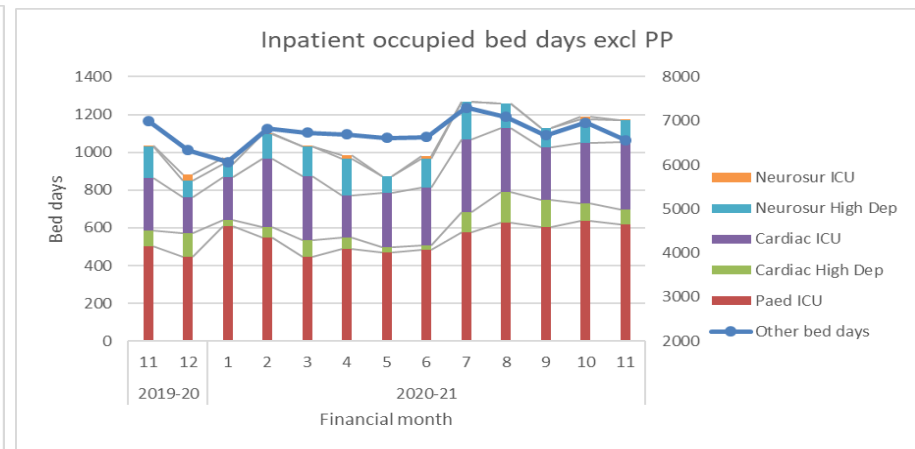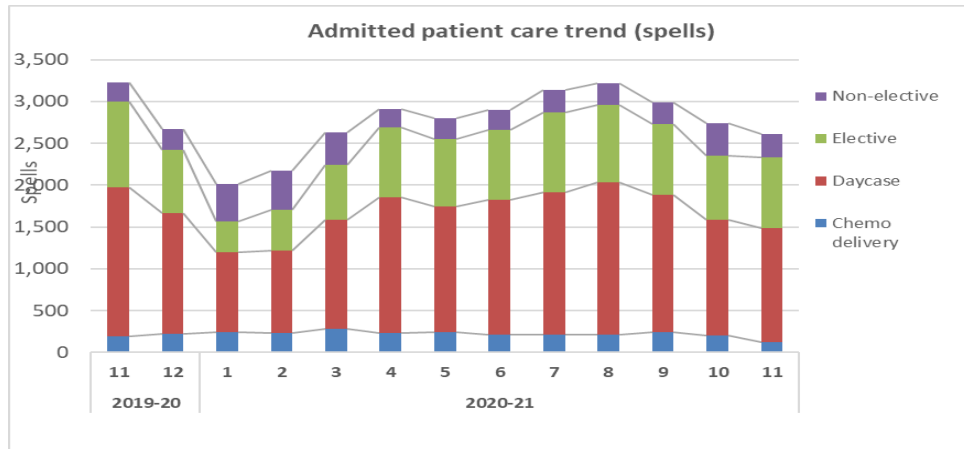
NB: All activity accounts are based on those used for income reporting

Summary

- Daycase spells are comparable to January levels when adjusted for the number of working days however elective spells have increased by 4.05 per day (10.6%). Non-elective activity has reduced when compared to January as a result of decreased general paediatric emergency patients, however it remains c18% above July-December daily levels.

- Both critical care and non-critical care occupied bed days have maintained levels comparable to January when adjusted for the number of calendar days. It is of note that critical care levels were higher than activity levels during the peak of wave 1.

- The second wave of COVID-19 has not caused the same level of decrease in outpatient attendances as seen in the first wave with activity for february being maintained at a similar level to January. Non-face to face attendances as a % of the total have dropped to 58.7% when compared to January at 67.5% as a result of the decline in COVID cases allowing more face-to-face activity. It is of note that 47% of non-face to face activity are telephone appointments with 53% virtual.

- £1.5m of additional funding for November cost and volume pass through drugs over-performance versus the block payment has been agreed by NHSE. A further £5.3m over-performance has been estimated for December to February that will be subject to challenge by NHSE prior to confirmation of values to be paid.

NHS & Other Clinical Revenue

Contributions to expenditure — **Other income** — **Research and development** — **Private Patient Revenue**

Summary

- NHS and Other Clinical revenue is £7.3m favourable to the NHSE Plan in-month. This in month increase in income is due NHSE confirming additional payments relating to new services that Trust had been running and payment for high cost drugs. The Trust YTD has seen additional CAR-T patients along with high levles of income from the devlolved nations, although this has reduced in M11.

- Private Patient income fell in month and is £1.4m adverse to plan in month although remains £1.0m above plan YTD. The previous high levels of unforseen high value patients and BMT bed days has now seen a decline due to the continued travel restrictions and referal office closures. Whilst the Trust has stated to increase NHS elective work based on prioritisation criteria, the private patient referral pipeline is not expanding as countries are not sending patients for treatment. The reduced level of referrals is expected to continue until after restrictiopns are lifted. .

- Education & training income is £2.4m above plan YTD due to additional monies from HEE.

- Research income YTD is favourable to the NHSI plan by £1.9m. Compared to prior year, research income is significantly reduced due to research studies having been suspended, except those on COVID-19, at the start of 2020/21 in order to redeploy staff to support the Covid-19 response. Although thie effect of COVID-19 on research studies is reducing it is expected to continue over teh coming weeks. Research contracts continue to be recognised in line with contract milestones and project delivery.

- Other income is £1.8m favourable to the latest NHSI plan. This is linked to additional commercial income from the GOSH labs and billing for lab tests for external organisations recovering earlier than anticipated.

- Charitable income is £1.3m adverse to the latest YTD NHSE plan. Earlier in the year, projects that were being funded were put on hold due to the Trusts response to COVID-19. Many restarted, but are again being postponed due to the Trusts reponse to Covid-19.

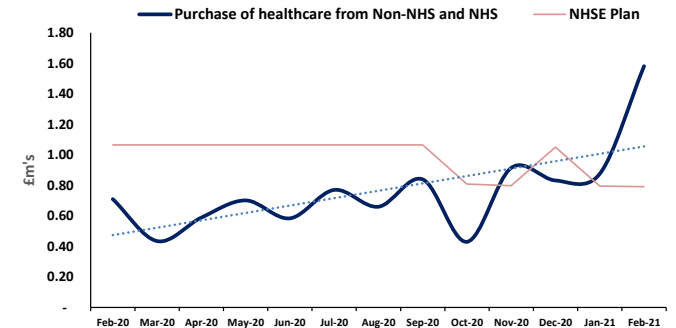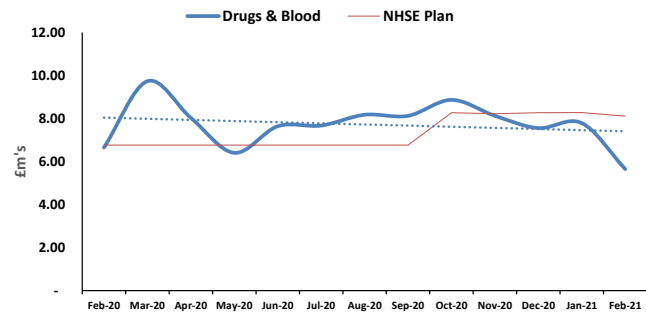| £m including Perm, Bank and Agency	2019/20 actual full year			2020/21 actual			Variance			RAG
Staff Group	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	50.3	1,110.6	45.3	51.5	1,190.0	47.2	(5.4)	(3.3)	(2.1)	R
Consultants	54.5	352.1	154.7	54.2	389.1	151.8	(4.2)	(5.2)	1.0	R
Estates & Ancillary Staff	4.6	137.9	33.2	4.2	139.2	32.9	(0.0)	(0.0)	0.0	G
Healthcare Assist & Supp	9.1	281.7	32.2	10.4	326.9	34.6	(2.0)	(1.3)	(0.7)	R
Junior Doctors	28.4	347.1	81.9	28.6	374.5	83.3	(2.5)	(2.1)	(0.5)	R
Nursing Staff	80.7	1,526.0	52.9	81.6	1,597.8	55.7	(7.6)	(3.5)	(4.1)	R
Other Staff	0.5	9.1	53.3	0.6	12.0	55.1	(0.2)	(0.1)	(0.0)	A
Scientific Therap Tech	52.1	945.3	55.1	51.7	978.2	57.7	(4.0)	(1.7)	(2.3)	R
Total substantive and bank staff costs	**280.2**	**4,709.7**	**59.5**	**282.7**	**5,007.6**	**61.6**	**(25.9)**	**(16.2)**	**(9.6)**	R
Agency	2.0	28.8	68.8	3.1	26.8	126.5	(1.3)	0.1	(1.4)	R
Total substantive, bank and agency cost	**282.1**	**4,738.6**	**59.5**	**285.8**	**5,034.4**	**61.9**	**(27.2)**	**(16.1)**	**(11.0)**	R
Reserve*	2.1	0.0	0.0	4.8	0.3		(2.9)	(2.9)	0.0	R
Additional employer pension contribution by NHSE	11.6	0.0	0.0		0.0		10.6	0.0	10.6	G
Total pay cost	**295.8**	**4,738.6**	**62.4**	**290.6**	**5,034.7**	**63.0**	**(19.4)**	**(19.0)**	**(0.5)**	R
Remove maternity leave cost	(3.6)			(2.9)			(0.5)	0.0	(0.5)	A
Total excluding Maternity Costs	**292.2**	**4,738.6**	**61.7**	**287.7**	**5,034.7**	**62.3**	**(19.9)**	**(19.0)**	**(0.9)**	R

*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m

In month WTE profile
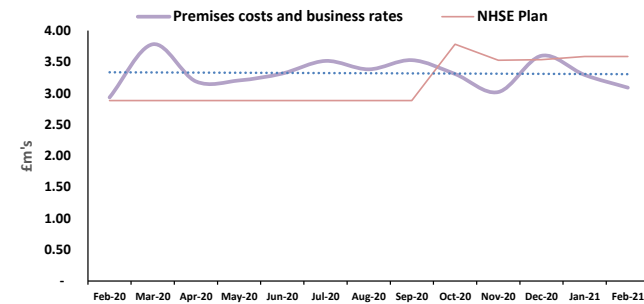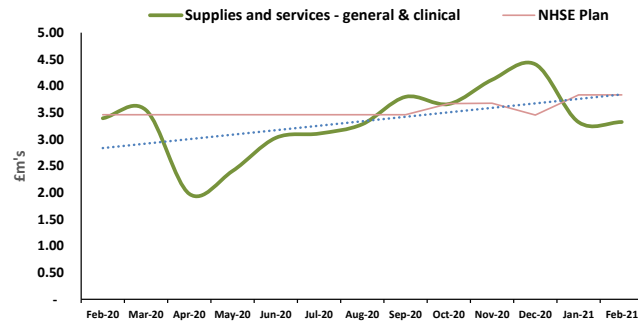(inc Maternity Leave)
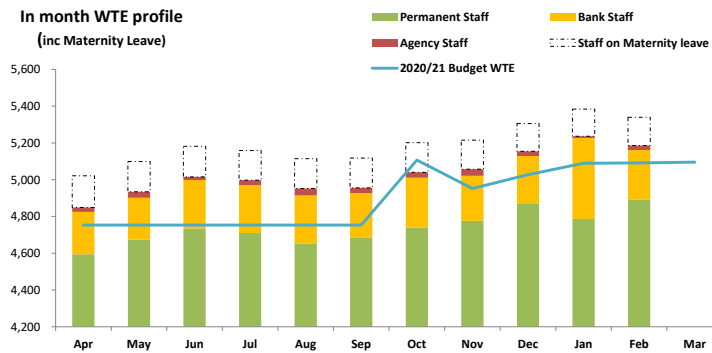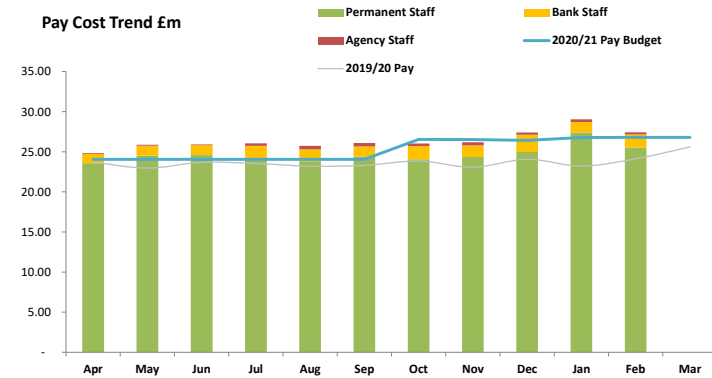
Summary

- In-month WTE's and Pay costs are higher than previous years, this is driven from an increase in the annual leave accrual of £0.6m in month along with the continuing impact of the latest wave of Covid-19. This wave has seen high levels of temporary staffing required to manage the continuing demand with additional ICU beds, providing the vaccination service, covid testing service, backfill of staffing redeployed to NCL and sickness and isolation cover.

- High levels of nursing staff from the nursing intake in September and through October has broadly maintained with high bank usage still being incurred within the Trust. Redeployment of staff to NCL has also carried a backfill requirement adding to bank usage. CICU has similarly seen increased occupancy levels driving a need for greater staffing levels.

- Staff turnover levels have remained low due to the pandemic. In response to the national lockdown and continuing rising Covid cases, the Trust continues to communicate with the wider system in order to respond in the best possible way to systemic activity and staffing challenges.

- ICT sees continued high levels of agency spend due to workload for the team with regards to cyber security. Agency spend in the Trust is monitored and consideration given as to whether resources can be secured through the bank or fixed term contracts.

- Following the completion of the current phase of EPR in M9, historically capitalised staff costs continue to now impact the revenue costs of the organisation.

- The Trust continues to backfill staff due to sickness cover and shielding with £0.5m of bank costs in month attributed to COVID-19. At the peak of sickness and shielding in April, the Trust had over 370 staff off work; sickness and isolation staff coverage costs moving forward will depend upon restrictions set by government in the coming weeks and months.

2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan

Non Pay Cost Trend £

Legend: 2020/21 Non Pay Actual; 2020/21 Non Pay Budget; 2019/20 Non Pay Actual

2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan

Drugs & Blood — NHSE Plan

Purchase of healthcare from Non-NHS and NHS — NHSE Plan

Supplies and services - general & clinical — NHSE Plan
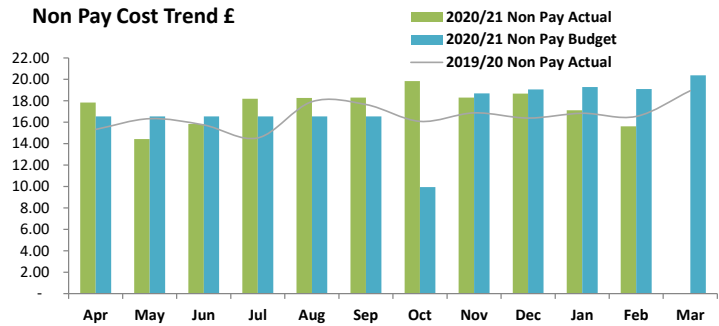
Premises costs and business rates — NHSE Plan

Summary

- There have been changes to the process for passthrough drugs from month 7 with a number of drugs returning to cost and volume. The reduction in drug spend in month is due to an in year adjsutment to drugs issues to patients.

- Purchase of Healthcare saw an increase in M11 which is related is linked to teh genetics service and is linked to the increase income seein month from NHSE.

- Supplies and services saw a significant reduction at the start of the year due to the reduction of elective work due to the Covid-19 response. Over the last few months the Trust has seen an increase in spend on clinical supplies as elective activity has increased in line with the Trust restoration plans. M11 saw a reduction in the spend on clinical supplies as the effects of the current Covid-19 surge are seen accross the organsiation.

- Premises saw continued costs linked to ICT involved in improving the Trust cyber security, virtual patient meetings, facilitating remote access and working for staff remains high. The Trust has also seen increased costs associated with segregating pathways and putting in additional social distancing measures; these remain vitally important with the continuing Covid situation nationally.

- The Trust has seen an in month increase of £0.3m in the credit loss allowance due to reduced payments relating to private patient and other debt previously provided for. The Trust YTD as seen a £2.1m reduction in the credit loss allowance compared to plan. This has been calculated in line with IFRS9 and the Trust's policy. In total for the year the credit loss allowance now stands at £1.8m.

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31 Mar 2020 Audited Accounts £m	Statement of Financial Position	YTD Actual 30 Nov 2020 £m	YTD Actual 31 Jan 21 £m	YTD Actual 28 Feb 21 £m	In month Movement £m
543.87	Non-Current Assets	540.03	538.55	537.86	(0.69)
115.21	Current Assets (exc Cash)	88.89	87.51	77.61	(9.90)
61.31	Cash & Cash Equivalents	123.66	137.52	156.08	18.56
(102.32)	Current Liabilities	(142.93)	(155.96)	(157.94)	(1.98)
(6.76)	Non-Current Liabilities	(6.13)	(6.04)	(6.10)	(0.06)
611.31	Total Assets Employed	603.52	601.58	607.51	5.93

31 Mar 2020 Unaudited Accounts £m	Capital Expenditure	YTD plan 28 Feb 2021 £m	YTD Actual 28 Feb 2021 £m	YTD Variance £m	Forecast Outturn 31 Mar 2021 £m	RAG YTD variance
21.84	Redevelopment - Donated	12.69	6.12	6.57	9.39	R
7.43	Medical Equipment - Donated	2.91	2.41	0.50	2.63	G
1.95	ICT - Donated	0.00	0.00	0.00	0.00	G
31.22	Total Donated	15.60	8.53	7.07	12.02	R
6.78	Redevelopment & equipment - Trust Fun	8.05	3.30	4.75	5.00	R
1.90	Estates & Facilities - Trust Funded	1.55	0.21	1.31	1.41	R
11.95	ICT - Trust Funded	3.63	2.17	1.46	2.91	A
0.00	Contingency	0.88	0.00	0.88	0.00	G
0.00	Plan reduction and potential projects	0.00	0.00	0.00	(0.29)	G
20.63	Total Trust Funded	14.11	5.68	8.43	8.86	R
0.00	PDC (CIR)	1.63	1.28	0.35	1.46	A
0.00	PDC (Cyber)	0.00	0.00	0.00	0.10	G
0.00	PDC (Covid)	0.29	1.01	(0.72)	1.07	R
51.85	Total Expenditure	31.63	16.50	15.13	26.38	R

Working Capital	31-Jan-21	28-Feb-21	RAG	KPI
NHS Debtor Days (YTD)	9.0	7.0	G	< 30.0
IPP Debtor Days	302.0	301.0	R	< 120.0
IPP Overdue Debt (£m)	34.5	30.1	R	0.0
Inventory Days - Non Drugs	102.0	83.0	R	30.0
Creditor Days	29.0	28.0	G	< 30.0
BPPC - NHS (YTD) (number)	41.9%	41.5%	R	> 90.0%
BPPC - NHS (YTD) (£)	71.4%	71.7%	R	> 90.0%
BPPC - Non-NHS (YTD) (number)	83.9%	83.3%	R	> 90.0%
BPPC - Non-NHS (YTD) (£)	88.2%	88.4%	A	> 90.0%

RAG Criteria:
NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)
BPPC Number and £: Green (over 90%); Amber (90-85%); Red (under 90%)
IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)
Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)

Cash Flow Chart

Comments:

1. Capital expenditure for the nine months to 28 February is less than plan by £15.1m: Trust-funded expenditure is less than plan by £8.4m, of which £1.1m relates to a rebate from Epic and the rest mostly slippage on CCC enabling projects; donated is less than plan by £7.1m which relates to slippage on the Sight and Sound and CCC projects. There is £0.4m additional spend on PDC funded projects.

2. Cash held by the Trust increased in month by £18.6m. The Trust received £16.1m from NHSE in month..

3. Total Assets employed at M11 increased by £5.9m in month as a result of the following:
• Non current assets totalled £537.9m, a decrease of £0.7m in month
• Current assets excluding cash totalled £77.6m, a decrease of £9.9m in month. This largely relates to the decrease in contract receivables including IPP which have been invoiced (£5.4m lower in month); accrued income (£2.3m lower in month); capital receivables (£0.6m lower in month) and Other non NHS receivables (£1.6m lower in month).
Other non NHS receivables includes Charity debt (£0.3m lower in month); Prepayments (£0.9m lower in month) and VAT receivable (£0.7m lower in month).
• Cash held by the Trust totalled £156.1m, increasing in month by £18.6m which largely relates to amounts received from NHSE in relation to income (£16.1m)
• Current liabilities increased in month by £2.0m to £157.9m. Deferred Income increased by £10.9m in month and Nhs payables decreased in month by £5.9m and this includes amounts due back to CCGs in relation to block payments received in advance. Other movements include capital creditors (£0.2m higher in month); PDC dividend (£0.7m lower in month - the dividend has been reforecasted in M11) and expenditure accruals (£2.5m lower in month).

4. IPP debtors days decreased in month from 302 days to 29 days. Total IPP debt decreased in month to £33.0m (£36.2m in M10). Overdue debt also decreased in month to £30.1m (£34.5m in M10)

5. The cumulative BPPC for NHS invoices (by value) increased in month to 72% (71% in M10). This represented 41% of the number of invoices settled within 30 days (42% in M10)

6. The cumulative BPPC for Non NHS invoices (by value) remained the same as the previous month at 88%. This represented 83% of invoices settled within 30 days (84% in M10)

7. Creditor days decreased in month from 29 days to 28 days.

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Trust Board 30 March 2021	
Safe Nurse Staffing Report for reporting period Dec 20 - Jan 21 Submitted by: Alison Robertson, Chief Nurse. Prepared by: Marie Boxall, Head of Nursing - Nursing Workforce	**Paper No: Attachment T** ☐ **For information and noting**

Purpose of report

To provide the Board with an overview of the nursing workforce during the months of December 2020 and January 2021 and in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016) and further supplemented in 2018. It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.

Summary of report

- The report includes measures to ensure recovery and restoration of staff and services following pandemic surge in December 2020 and January 2021.
- Outlined within the report is an update on the strategic support provided to the wider system for our North Central London (NCL) partner trusts during this period.
- The Trust registered nursing vacancy rate was 5.70% in December, and reduced to 4.82% in January. The nursing voluntary turnover was 12.82% in December and 12.92% in January and remains within the trust target.
- There were four Datix incidents in December and nine in January, all in relation to safe staffing, one incident resulted in a patient readmission to critical care.
- The reported CHPPD for December 2020 was 14.2 made up of 11.56 Registered Nurses and 2.63 HCA Hours. This decreased slightly in January 2021 to 13.40, 10.91 Registered Nurses and 2.45 HCA Hours.

Action required from the meeting

To note the information in this report on safe nurse staffing which reflects actions as the trust experiences the second surge in the pandemic while maintaining care for priority patients and supporting general paediatric activity.

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** ☐ **Quality/ corporate/ financial governance** Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.	☐ **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**

Strategic risk implications

BAF Risk 2: Recruitment and Retention
BAF Risk 13: Inconsistent delivery of safe care

Financial implications
Already incorporated into 20/21 Directorate budgets.

Implications for legal/ regulatory compliance
Safe Staffing

Consultation carried out with individuals/ groups/ committees
Nursing Board, Nursing Workforce Assurance Group

Who is responsible for implementing the proposals / project and anticipated timescales?
Chief Nurse, Director of Nursing and Heads of Nursing

Who is accountable for the implementation of the proposal / project?
Chief Nurse; Directorate Management Teams

Which management committee will have oversight of the matters covered in this report?
People and Education Assurance Committee

Attachment T
Safer Staffing Trust Report March 2021

1. Purpose

This paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage patient demand and capacity. This report covers the reporting period for December 2020 – January 2021 and includes measures to ensure the health and well-being of staff following the pandemic surge during this period. It also updates on the strategic support provided to the wider system for our North Central London (NCL) partner organisations; the North Middlesex, Royal Free, Whittington and University College Hospitals.

2. Covid 19 Pandemic - Second Surge Response

As in the second surge of the pandemic, GOSH nursing staff were required to work in new ways and across different wards, departments and organisations, cover during this reporting period. At times, it has also required nursing staff to work in environments and with patient groups that may be unfamiliar. We followed NHSE/I principles and Nursing and Midwifery Council (NMC) regulatory guidance to support our response and maintain safe staffing measures which were outlined in previous reports. We are now working towards recovery and restoration of staff and services.

2.1 Deployment

Internal deployment - Nursing staff continue to be deployed to Pelican (Covid) and the Staff Vaccination Clinic to support new services in response to the pandemic.

External deployment - Over the full period of the second surge a total of 126 individual nurses supported a range of services across NCL including the South Hub General Paediatrics, adult ICUs, mental health units and emergency departments at the Royal Free, Whittington, University College, North Middlesex and Barnet Hospitals. At time of reporting the majority of all deployment staff have returned with 15 nurses remaining and due to return by the 28th March.

2.2 Health and Well-being

In addition to the preparedness and the Health and Well-being offer outlined in the previous report, and as we work towards restoration and recovery, there has been an emphasis on ensuring all deployed staff are debriefed, TRiM (Trauma Risk Management) assessed, rested and sign posted to resources and support as appropriate. We will also build on lessons learnt and feedback from the experiences of those who have been previously deployed, to ensure we are ready to rapidly mobilise if required and to maintain skills developed.

3. Recruitment

Throughout this period we continue to grow and develop our nursing workforce. A total of 86 nursing staff/apprentices were appointed in January 2021 which was fully outlined in the previous report. In addition to local recruitment activity, the following staff are in the pipeline and will commence in post between March and May:

- 12 international nurses arriving on the 19th March
- 13 newly qualified nurses (NQNs), in April
- 1 'Return to Practice' Registered Nurse (Child Health)
- 6 -10 new Band 2 Health Care Support Worker Apprentices (HCSW)

4. **Nursing Vacancy and Voluntary Turnover Rate**

The Trust registered nursing vacancy rate has steadily declined since reaching its peak of 10.10% in August 2020. After a brief increase to 5.70% in December, the vacancy rate reduced to 4.82% in January. The trust is currently at the second lowest vacancy rate since the start of the financial year. The vacant full time equivalent (FTE) during this period fell by 14.3 FTE from 90.4 to 76.1, continuing the trusts positive trajectory.

Voluntary turnover improved consistently throughout the calendar year however has started to show signs of increasing rises in December (12.82%) and January (12.92%) but remains within the trust target.
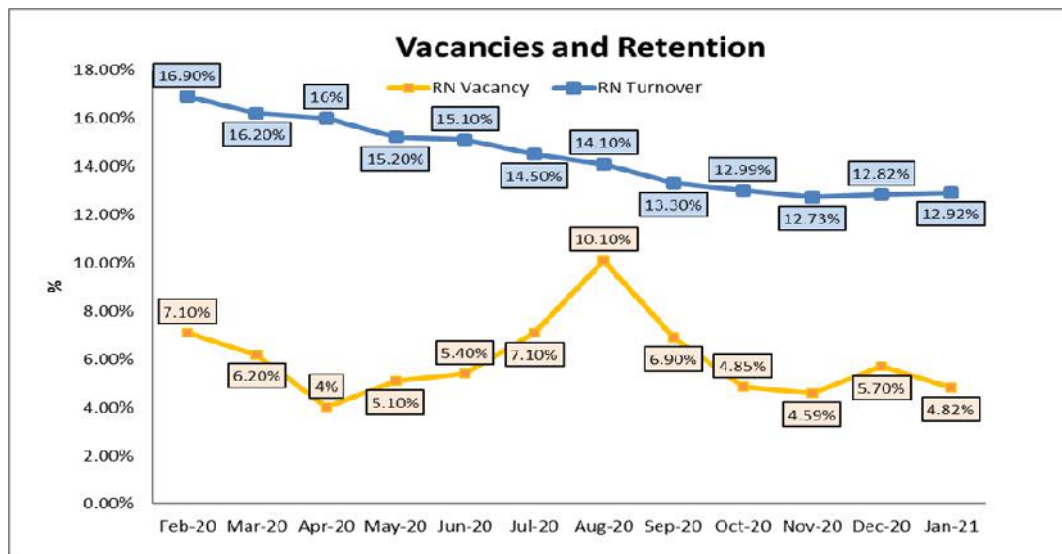
Fig.1 Registered Nurse vacancy and voluntary turnover rate (12 month view)

5. **Temporary Staffing**

The total shifts requested excluding shifts requested then subsequently cancelled has increased month on month with 2682 in December and 3347 in January. During this period bank shifts increased by 6% from 78% to 84%, whilst agency usage remained very low at 1%. Overall the unfilled shifts moved in a positive direction between December 2020 and January 2021 falling by 6%, from 22% to 16%. Bank usage increased for a number of reasons during this period including back fill to support NCL deployments, patient acuity, self-isolation, high maternity rates and staff sickness.
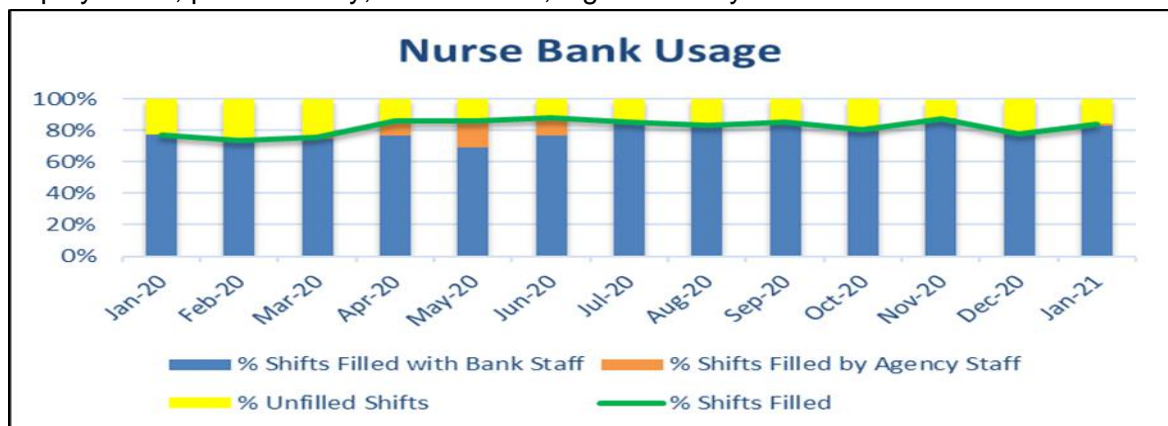
Fig.2 Nurse Bank Usage (13 month view)

6. **Incident Reporting**

There were four Datix incidents in December 2020, one in the Ops and Imaging (O&I) directorate, two in the Heart & Lung (H&L) directorate and one in the Brain directorate. All have been investigated and closed with no patient harm, and assurance from Heads of Nursing that appropriate mitigation has been put in place.

There were nine Datix incidents in January 2021, one in Ops and Imaging (O&I) directorate, six in the Heart & Lung (H&L) directorate (four of these specifically relate to Cardiology Outpatients), one in International Private Care (IPC) and one in the Body, Bones and Mind (BBM) directorate. All incidents have now been investigated. The incident on BBM resulted in patient deterioration and subsequently readmission to critical care. The investigation highlighted a breakdown in communication between the discharging unit and admitting ward and also that patient acuity was higher than expected. Several learning points have been identified as a result with new processes in place to mitigate against re-occurrence.

The incidents in Cardiology Outpatients related to reduced Clinical Nurse Specialist (CNS) resource and has now been addressed. The remaining incidents have been closed with no patient harm, and assurance from Heads of Nursing that appropriate mitigation has been put in place. The main themes from the incidents were in relation to short notice staff shortages due to staff sickness, Covid related self-isolation and lack of specialist skill mix requirements.

7. **Care Hours Per Patient Day (CHPPD)**

CHPPD is calculated by adding the hours of Registered Nurses (RNs) and Healthcare Assistants (HCAs) available in a 24 hour period and dividing the total by the number of patients at midnight. CHPPD is reported to provide a complete picture of care and skill mix. CHPPD data is uploaded onto the national Unify system and published on NHS Model Hospital on a monthly basis.

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes nursing students and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight. When we report CHPPD we exclude the 3 ICUs to give a more representative picture across the Trust.

The reported CHPPD for December 2020 was 14.2 made up of 11.56 Registered Nurses and 2.63 HCA Hours. This decreased slightly in January 2021 to 13.40, 10.91 Registered Nurses and 2.45 HCA Hours. Actual vs Planned CHPPD has not been reported due to budgeted establishment templates not being updated during this financial year which would lead to misleading information. We have been advised that this will be updated for the coming new financial year.
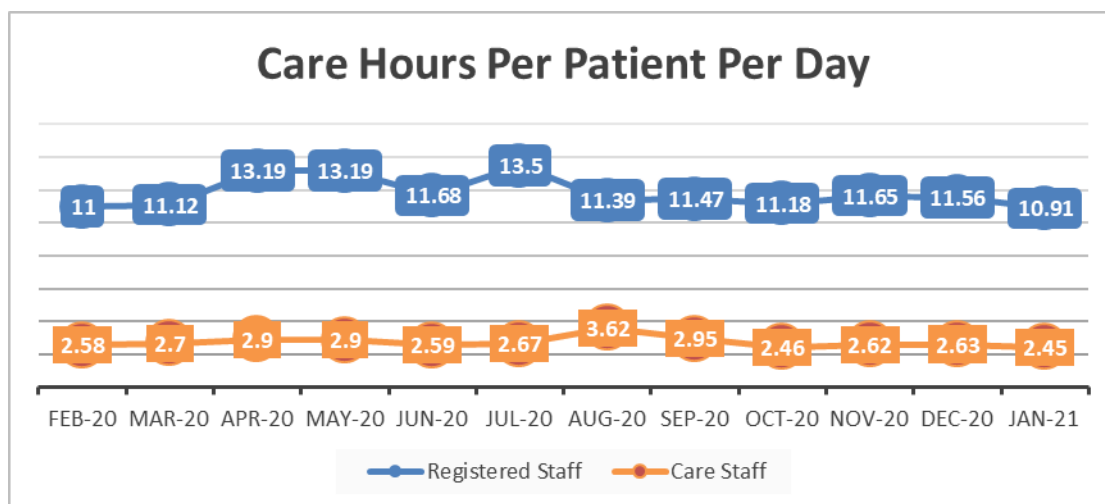
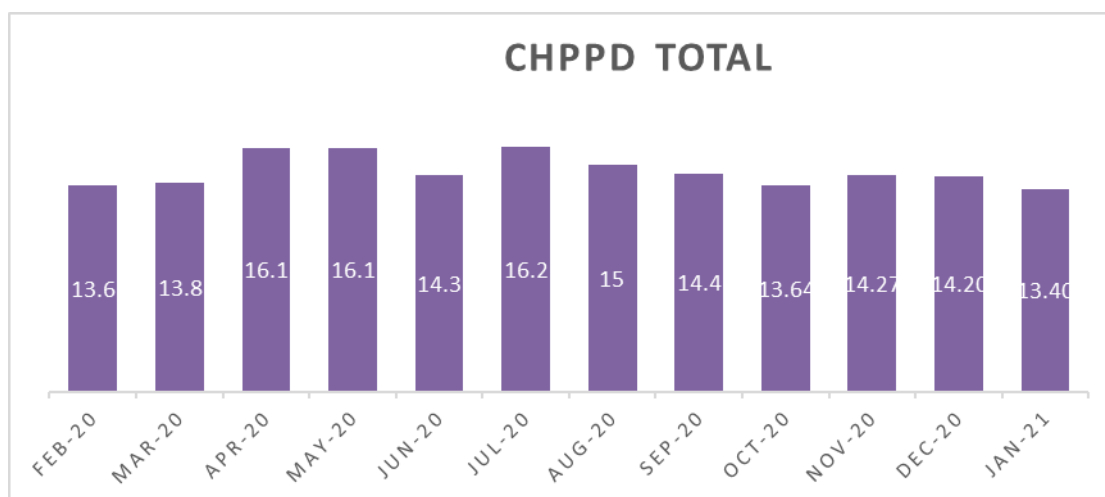*Fig. 3 Care Hours per Day – Breakdown (12 month view)*

Fig. 4 Care Hours per Day - Total (12 month view)

8. Updates

8.1 Nursing Workforce Assurance Group (NWAG)
Following the second surge which covers this reporting period, the monthly Nursing Workforce Assurance Group (NWAG) meeting resumed in February having been postponed in January due to conflicting priorities.

8.2 Safe Staffing Establishment Review
The Safer Nursing Care (SNCT) biannual staffing establishment review also commenced mid-February and is being conducted over a four week period and will conclude in March with reporting to Trust Board in May 2021.

8.3 Accuracy of Data and Bed Closures
Clinical Operations, EPR and Workforce are working on an ongoing electronic solution, with the Epic team leading on providing a 'beds staffed' functionality to allow for more accurate reporting. This will be taken into account when calculating Actual vs Planned CHPPD and the refinement in the reporting methodology.

Safe Nurse Staffing Report for reporting period December 2020 – January 2021

Appendix 1: December 2020 & January 2021 Workforce metrics by Directorate

Dec-20					
Directorate	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mth) %
Blood, Cells & Cancer	14.2	5.98	2.5%	7.0%	3.5%
Body, Bones & Mind	13.1	16.72	7.4%	16.3%	1.8%
Brain	14.3	6.26	4.5%	9.2%	1.9%
Heart & Lung	14.3	14.88	2.7%	14.7%	4.3%
International	16.8	18.13	16.9%	15.2%	4.0%
Operations & Images	N/A	14.45	5.9%	15.2%	3.5%
Sight & Sound	13.1	0.68	1.4%	6.2%	3.6%
Research & Innovation	N/A	10.78	18.3%	8.4%	0.7%

December nursing workforce performance relates to all RN grades. Trust totals may include nursing posts from some other directorates not listed above.
NB. The high vacancy rate in IPP does not impact on patient care. Due to the closure of Hedgehog Ward, the staff have been deployed to Bumblebee Ward therefore high nursing/patient ratios are maintained. Research vacancy rates are determined by research activity.

Safe Nurse Staffing Report for reporting period December 2020 – January 2021

Jan-21					
Directorate	**CHPPD (exc ICUs)**	**RN Vacancies (FTE)**	**RN Vacancies (%)**	**Voluntary Turnover* %**	**Sickness (1 mnth) %**
Blood, Cells & Cancer	14.4	9.59	4.1%	6.9%	4.5%
Body, Bones & Mind	13.8	13.99	7.0%	16.8%	2.6%
Brain	14.0	5.26	3.8%	7.5%	2.0%
Heart & Lung	14.2	23.72	4.3%	15.4%	4.9%
International	15.0	20.13	18.7%	10.3%	4.5%
Operations & Images	N/A	16.16	6.6%	15.4%	3.1%
Sight & Sound	4.5	6.92	8.7%	10.9%	2.7%
Research & Innovation	N/A	10.28	17.4%	10.6%	2.0%

January nursing workforce performance relates to all RN grades. Trust totals may include nursing posts from some other directorates not listed above.
NB. The high vacancy rate in IPP does not impact on patient care. Due to the closure of Hedgehog Ward, the staff have been deployed to Bumblebee Ward therefore high nursing/patient ratios are maintained. Research vacancy rates are determined by research activity.

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Trust Board 30 March 2021	
Infection Control Assurance Framework **Submitted by:** Helen Dunn, Director of Infection Prevention and Control	**Paper No: Attachment U**

Aims / summary
The purpose of this report is to provide assurance that Infection Prevention and Control (IPC) Measures have been reviewed in light of changes in national guidance to support management of COVID-19. The report provides assurance that the Trust meets the required standards as set out in the Assurance Framework published by NHS England on the 22nd May 2020. The framework has been updated a number of times since then, with the most recent update issued in February 2021 and that where there are gaps in performance, assurance or mitigation there is a clear plan to manage this.

Action required from the meeting
Note the assurances offered, including the plans to undertake more detailed audits over the following months to help identify additional areas for improvement.

Contribution to the delivery of NHS Foundation Trust strategies and plans
Delivery of consistently safe high quality care
BAF Risk 13: Inconsistent delivery of safe care

Financial implications
None

Who needs to be told about any decision?
Director of Infection Prevention and Control
Chief Nurse

Who is responsible for implementing the proposals / project and anticipated timescales?
Director of Infection Prevention and Control

Who is accountable for the implementation of the proposal / project?
Director of Infection Prevention and Control
Chief Nurse

Infection Prevention and Control Assurance Framework

Introduction

Effective infection, prevention and control is fundamental to our efforts to respond to the COVID-19 pandemic. The purpose of this report is to provide assurance that Infection Prevention and Control (IPC) Measures have been reviewed in light of changes in national guidance to support management of Covid-19. The report provides assurance that the Trust meets the required standards, and that where there are gaps in performance, assurance or mitigation there is a clear plan to manage this.

As our understanding of COVID-19 has developed, PHE and related guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

NHS England developed and published a Board Assurance Framework to support providers to self-assess compliance with Public Health England (PHE) and other COVID-19 related IPC guidance. The use of the framework is not compulsory, but is a useful source of internal assurance to support organisations to maintain quality standards at this time.

The Assurance Framework was first published on 4th May 2020. There have been 4 further versions issued, most recently in February 2021. Use of the framework is not compulsory, however its use as a source of internal assurance will support the organisation to maintain quality standards.

Legislative Framework

The assurance framework is developed from the existing 10 criteria in the Code of Practice on the prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The other important legislation to note in this context is the Health and Safety at Work Act 1974 which places wide ranging duties on employers to protect the ' health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, visitors and the general public. The act also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others. Robust risk assessment is central to this. Where risk cannot be eliminated, it must be assessed, managed and mitigated. In the context of COVID-19 there is an inherent level of risk for NHS staff who are treating and caring for patients as well as for the patients themselves. All organisations must ensure that risks are identified, managed and mitigated effectively.

Response to SARS CoV2 (COVID-19)

A responsive IPC service has remained in place which has flexed up to cover 6/7 day a week service at the height of the pandemic. Essential IPC business has remained in place with quarterly audit days running and normal microbiology, virology and appropriate investigation of healthcare associated infections.

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In addition to this guidelines, flowcharts, FAQ's and teaching sessions have been created and updated as guidance has been issued and subsequently amended in line with national policy. Testing has been established in the laboratory for symptomatic/asymptomatic patients, parents and symptomatic test. The significant increase in workload has led to an additional band 8a lead practice educator joining the team and a band 7 IPC nurse post going out to advert.

Hospital Acquired COVID-19 Infections

There have been 18 COVID-19 infections in the Trust since March 2020 which appear to be healthcare associated. All hospital acquired cases were investigated by the IPC team. 11 of the 18 cases had confirmed positive parents, and this re-enforced the important of the hospital strategy to undertake parental screening as an important part of COVID-10 prevention.
The table below outlines the locations and dates of all infections over the course of the last year. There is no indication that these cases were linked.

Ward	Date of test	Days since admission tested positive	Classification
CHAMELEON	25/3/2020	61	Hospital-Onset Healthcare-Associated
ROBIN	01/04/2020	60	Hospital-Onset Healthcare-Associated
BUTTERFLY	06/04/2020	205	Hospital-Onset Healthcare-Associated
SQUIRREL ENDO/MET	09/04/2020	25	Hospital-Onset Healthcare-Associated
BUTTERFLY	28/04/2020	30	Hospital-Onset Healthcare-Associated
PELICAN	12/10/2020	11	Hospital-Onset Probable Healthcare-Associated
BUTTERFLY	15/10/2020	9	Hospital-Onset Probable Healthcare-Associated
EAGLE	23/10/2020	15	Hospital-Onset Healthcare-Associated
SKY	21/12/2020	7	Hospital-Onset Indeterminate Healthcare-Associated
BEAR	29/12/2020	15	Hospital-Onset Healthcare-Associated
KOALA	31/12/2020	4	Hospital-Onset Indeterminate Healthcare-Associated
SQUIRREL ENDO/MET	08/01/2021	12	Hospital-Onset Probable Healthcare-Associated

ELEPHANT	09/01/2021	69	Hospital-Onset Healthcare-Associated
SKY	15/01/2021	4	Hospital-Onset Indeterminate Healthcare-Associated
EAGLE	24/01/2021	18	Hospital-Onset Healthcare-Associated
BEAR	30/01/2021	13	Hospital-Onset Probable Healthcare-Associated
PICU	02/02/2021	9	Hospital-Onset Probable Healthcare-Associated
LION	05/02/2021	231	Hospital-Onset Healthcare-Associated

Staff Testing and Risk Assessments

Lateral flow testing was rolled out across the Trust in December 2020. Staff continue to be able to access PCR testing in line with our staff testing guidance. Positive results lead to a robust risk assessment process being undertaken by the Infection Control Team (rather than Occupational Health) to ensure that all potential exposures are identified and managed in a way that minimises risks.

Outbreaks

There have been 5 outbreaks between 1st April 2020 and March 2021. These were outbreaks amongst staff and they do not appear to have affected any patients directly.

The following services were affected:

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
Recovery (Operations & Images)	2	Yes
Estates department	4	Yes

The review of the cases has identified the following themes:
- Use of rest and break spaces
- Social distancing and risk of not wearing of masks at all times when not alone (except when eating and drinking).

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Fit Testing

Fit testing is recognised as a key element of protection for staff. This is all recorded on a central database. The key challenges which we have faced are around consistency in the brand/make of FFP3 masks supplied centrally, particularly where this has meant we need to re-fit-test all relevant staff. There has also been a higher failure rate in some of the masks provided through the central system.   A dedicated fit testing testing operations 3 days a week providing fit testing to the organisation. A business case has been submitted to support a sustainable fit testing service going forward.

Infection Control Audits

The infection control team have continued the 'business as usual' approach to healthcare infections, and continue to run regular audits centrally as well as supporting infection control link audit days to ensure there is a continued focus on all aspects of infection control. There have been additional audits and programmes of work in response to COVID-19 including:

- Hands, Face, Space and Place Audits

Hands, Face, Space and Place audits have been running in the Trust since October 2020. The audits are undertaken across the trust by local teams with support from the Clinical Audit Manager, and there has been a high level of engagement across the hospital with daily updates on audit results on a daily basis during audit weeks. The last audit took place in January 2021. Comparative results are shown below. The next audit is due to take place in the week commencing 23rd March 2021.

Hands, Face, Space, Place audit . January 2021

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

This support our collective responsibility for keeping each other safe by meeting our Hands, Face, Space and Place guidance. We do this to check where we are , own solutions, and identify any themes that need attention.

Where we are

Area	14th and 15th October audits (49 audit)	Week of 19th October plus (164 audits)	Week of 23rd November (127 audits)	Week of 18th January 2021 (124 audits)
HANDS	74%	88%	94%	90%
FACE	77%	91%	93%	91%
SPACE	80%	87%	97%	90%
Place	100%	99%	100%	100%

The results are positive in that we have exceeded 90% in all standards, but we have see some dip from our November audit , and want to do better.

It is really important that we don't drop our guard as we increase our vaccinations and stay focused on the Hands, Face, Space, and Place guidance

The learning from the audit has been shared widely through to the Senior Leadership Team, to all staff though Comms messaging, including at the Trust Virtual Big Briefing.

Each directorate has been given their action and learning points, and escalations have taken place to directorate management where

- Break the Chain Week

The Infection Control Team developed and rolled out 'Break the Chain' week (running from 2nd – 6th November), which was focussed on educating staff

around the Trust. Each ward had a Break-the-Chain Champion working in a supernumerary capacity to provide education and support to staff each day during the week. During this week, we initiated the traffic light bed side PPE posters to help staff quickly identify the PPE requirements required to care for that patient. Over 100 staff participated in the infection control focussed Little Room of Horrors in which teams were invited to try to identify all the infection control risks in the simulated clinical space.

- ICU Covid testing audit

Learning from incident reporting highlighted the need to ensure that all patients in the ICU areas have a repeat SARS-CoV2 test at the 3rd day/72hour point into their admission. This audit reviewed all ICU patients between 20th-26th February 2021 to establish whether this is happening, and whether tests on admission are taking place. The audit found all patients were tested in line with the timeframes required.

- Red-Amber-Green Pathway Audit

In March 2021 the infection control team, and infection control link nurses undertook a series of audits. This included an audit of compliance with the Red-Amber-Green pathway. The audits are still being finalised but preliminary results show overall good compliance with the pathways.

- Learning from Incidents

The Trust declared a serious incident following the identification of a neurosurgical site infection. The investigation identified the use of valved masks in the operating theatre as the most likely root cause. This finding has led to a national alert being issued about the risks of the use of these masks in theatres.

Covid-19 Mandatory Training

A new online training module was rolled out in January 2021 to support staff in understanding how to keep safe and manage infection control risks.
Uptake to date has been good, and this is reviewed regularly through the daily Sitrep report which is reviewed at Silver and Gold meetings.
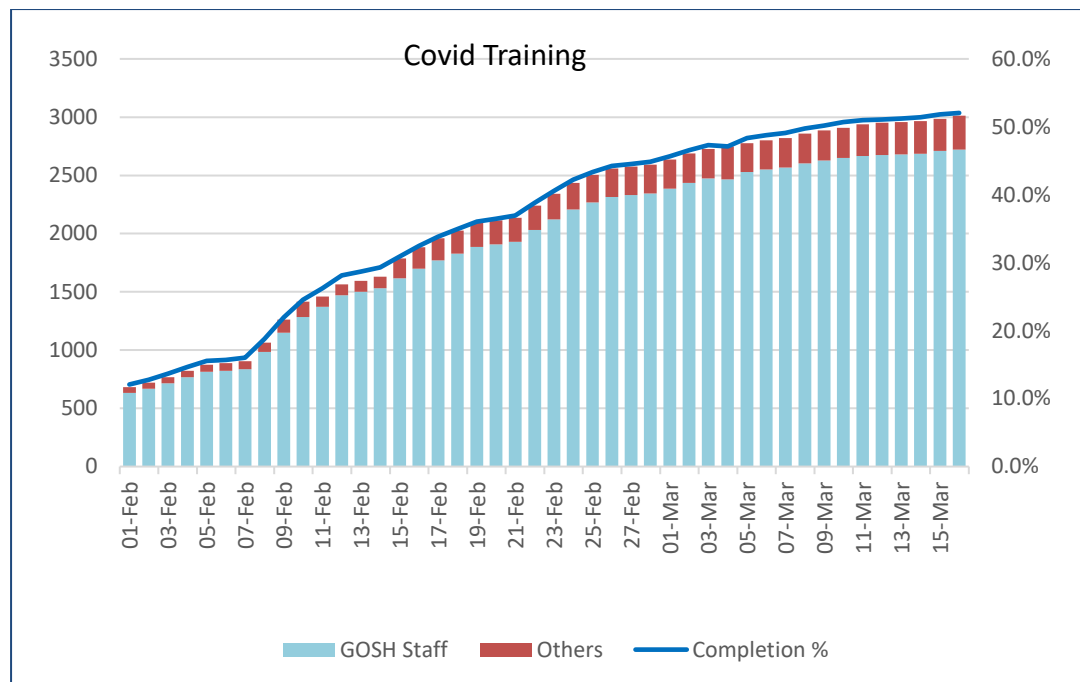
Use of Epic to support effective risk management

During the pandemic we have been able to use Epic to support teams in the identification and management of patients across each of the Red-Amber-Green pathways. Below is a screenshot of the infection control reporting dashboard.
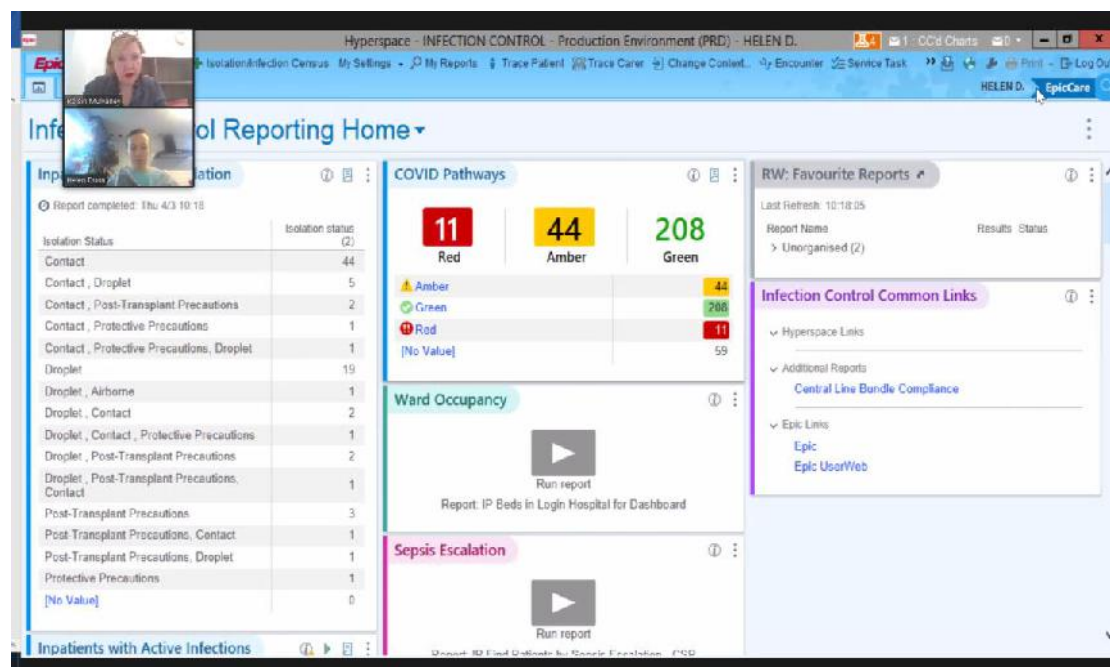
The patient's covid status also now appears much more clearly in the ward views, so that the red-amber-green status continues to act as a visual prompt for staff to manage the patient, and the infection control risk, accordingly.

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Assurance Monitoring Plan

Based on our self-assessment against the Assurance Framework, we have identified a programme of work to support further implementation and improvement in our ways of working in response to COVID-19. This includes a range of daily monitoring, regular audits, responsive investigation and action following positive tests and outbreaks. Issues and risks are managed operationally through Silver (and/or Gold) as they arise day to day, with the Infection Control Committee taking an oversight of all infection control issues. The Infection Control Committee reports into Patient Safety and Outcomes Committee as part of the hospital Risk Management Strategy. The most recent update was presented in November 2020.   The Infection Control Annual Report will be reported to the Trust Board.

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Summary of the Audit Committee meeting
held on 29th January 2021

The Committee received summaries of the following assurance committee meetings:
- Quality, Safety and Experience Assurance Committee –January 2021
- Finance and Investment Committee – November 2020
- People and Education Assurance Committee - December 2020

Board Assurance Framework Update
- Risk 5: Unreliable Data

The Committee agreed to reduce the consequence from 4 to 3 in recognition of the active monitoring of the data quality strategy and the establishment of the data management framework.

- Risk 8: EPR

It was agreed that the risk would be subsumed into other risks on the BAF as the EPR system was well embedded across the Trust. The Committee requested a continuation of reviews of the delivery of the outcomes and benefits realisation of the EPR programme.

- Risk 9: Business Continuity

The Committee agreed to reduce the consequence score from 4 to 3 in recognition of the good external assurance received from the NHS England emergency planning assessment.

It was agreed that consideration would be given to whether the GOSH Learning Academy was sufficiently represented in the BAF along with the patient prioritisation process. The Trust's internal and external auditors confirmed that the number and profile of risks was broadly in line with that of other organisations.

Risk 1: Failure to continue to be financially sustainable
The Trust was predicting a year end deficit of £16million which was likely to change as discussions took place around potential top ups for the block contract. Focus was being placed on ensuring that financial controls through the standing financial instructions were robust and maximising commercial activity. The committee emphasised the importance of moving forward with the critical clinical priorities in the context of the efficiency programme.

Risk 9: The trust is unable to deliver normal services and critical functions during periods of significant disruption. Due to: Gaps in planning, logistical challenges or unexpected events causing difficulties for staff and patients.
The Trust had shown its ability to manage live events throughout the year and had been able to sustain its response to the pandemic. A green rating had been received from NHS England for GOSH's business continuity assessment. A new emergency planning officer would be reviewing the Trust's processes. Mutual aid agreements existed with other organisation in case patients or services were required to move offsite. Twice yearly Epic updates ensured that staff were familiar with maintaining during downtime.

Data Quality Update (BAF Risk 5)
A recent internal audit had provided a rating of 'significant assurance with minor improvement opportunities' and an action plan had been developed from the recommendations. It was agreed that discussion would take place outside the meeting on the key metrics for focus during the pandemic. The

Committee emphasised the importance of making progress towards being fully assured about the quality of the Trust's data.

Information Governance Update (BAF Risk 11)
An update was provided on work that was taking place to implement the National Opt out and communication about a new Caldicott Principle that had been developed. Discussion took place around implementing role-based access to Epic. The Committee advocated an approach whereby sufficient access to Epic was provided to allow colleagues to undertake their work effectively and access was audited and amended where necessary based on audit outcomes.

Cyber Security Update (BAF Risk 7)
Good progress had been made on implementing improvements to the Trust's cyber security. It was reported that preparatory work had been undertaken which would enable future updates to be made at pace.

Audit 20/21 Progress update
Deadlines for Audit had been finalised and it was not anticipated that extensions would be required for GOSH. It had been confirmed that the Quality Report would not require audit or inclusion in the Annual Report as a result of the COVID-19 pandemic. IFRS 16 had also been deferred until 2021/22.

Internal Audit Progress Report (November 2020 – January 2021) and Technical Update
A review of Delivery of Redevelopment had provided a rating of 'significant assurance with minor improvement opportunities'. The review had been largely focused on the Children's Cancer Centre and noted that the outcome was dependent on the performance of newly designed governance framework. The Committee emphasised the importance of also considering the governance arrangements of the GOSH Children's Charity and agreed that this would be a focus of the Committee's deep dive into the redevelopment BAF risk.

Internal and external audit recommendations – update on progress
Four recommendations had become overdue. It was anticipated that they would be closed by the extended deadlines.

Counterfraud Update
Seven cases had been closed since the last meeting and one new referral received. It was noted that although GOSH had a low number of referrals this was in line with other Trust's cases.

Planning for 2020/21 year-end including review of Accounting Policies
An interim land and buildings valuation had taken place and it was anticipated that the value would reduce.

Credit Note Provisioning (IFRS 9)
Discussion took place around the profile of debt related to non-NHS customers. Auditors had confirmed that further prudence in the provisioning policy was not required and GOSH's experience in receiving payments against debt was in line with that of other Trusts.

Raising Concerns in the Workplace Update including overview of service
It was noted that no new cases had been raised in the reporting period. The Committee emphasised the importance of ensuring that staff could easily raise concerns.