

**GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST**  
**MEETING OF THE COUNCIL OF GOVERNORS**  
**Tuesday 20 April 2021**  
**3:00pm – 5:30pm**  
**Charles West Room, Paul O’Gorman Building**

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Michael Rake, Chair	3:00pm
2.	Apologies for absence		Michael Rake, Chair	
3.	Minutes of the meeting held on 27 January 2021	A	Michael Rake, Chair	
4.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
<b>STRATEGY</b>				
5.	Declaring a Climate Emergency	C & Presentation	Nick Martin, Head of Sustainability/ Zoe Asensio Sanchez, Director of Estates and Facilities and Redevelopment	3:10pm
6.	Patient and Family Experience Framework	D & Presentation	Claire Williams, Head of Patient Experience/ Alison Robertson	3:30pm
<b>PERFORMANCE and ASSURANCE</b>				
7.	Chief Executive Report including: <ul style="list-style-type: none"> <li>Integrated Quality and Performance Report February 2021 (highlights)</li> <li>Finance report February 2021 (highlights)</li> </ul>	E	Matthew Shaw, Chief Executive	3:50pm
8.	Update from the Young People’s Forum (YPF)	F	Grace Shaw-Hamilton and Josh Hardy, YPF Governors	4:05pm
9.	Reports from Board Assurance Committees <ul style="list-style-type: none"> <li>Quality, Safety and Experience Assurance Committee (April 2021)</li> <li>Audit Committee (April 2021)</li> <li>People and Education Assurance Committee (February 2021)</li> <li>Finance and Investment Committee (March 2021)</li> </ul>	G  H – To Follow  I  J	Amanda Ellingworth, Chair of the QSEAC Akhter Mateen, Chair of the Audit Committee Kathryn Ludlow, Chair of PEAC James Hatchley, Chair of FIC	4:10pm
10.	Council of Governors’ Election evaluation	K	Adetutu Emmanuel, Stakeholder and Engagement Manager	4:25pm
<b>GOVERNANCE</b>				

11.	<b>Process for electing the Lead Governor and Deputy Lead Governor</b>	<b>L</b>	Paul Balson, Head of Corporate Governance	4:35m
12.	<b>Appraisal process for the Chair and Non-Executive Directors and the role of Governors</b>	<b>M</b>	Anna Ferrant, Company Secretary	4:40pm
13.	<b>Draft Council of Governors' section in GOSH Annual Report 2020/21</b>	<b>N</b>	Adetutu Emmanuel, Stakeholder and Engagement Manager	4:45pm
14.	<b>Compliance with the NHS provider licence – self assessment</b>	<b>O</b>	Anna Ferrant, Company Secretary	4:55pm
15.	<b>Membership of Council committees:</b> <ul style="list-style-type: none"> <li>• <b>Council of Governors' Nominations and Remuneration Committee</b></li> <li>• <b>Constitution Working Group</b></li> <li>• <b>Membership, Engagement, Recruitment and Representation Committee (MERRC)</b></li> </ul>	<b>P</b>	Paul Balson, Head of Corporate Governance/ Adetutu Emmanuel, Stakeholder Engagement Manager and Anna Ferrant, Company Secretary	5:05pm
16.	<b>Governance Update</b>	<b>Q</b>	Paul Balson, Head of Corporate Governance/ Adetutu Emmanuel, Stakeholder Engagement Manager	5:15pm
17.	<b>Any Other Business</b>	<b>Verbal</b>	Chair	5:30pm



Great Ormond Street  
Hospital for Children

NHS Foundation Trust

## DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING

27<sup>th</sup> January 2021

Held virtually via videoconference

Sir Michael Rake	Chair
Faiza Yasin	Patient and Carer Governor: Patients outside London
Alice Rath	
Zoe Bacon	
Mariam Ali	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Dr Emily Shaw	
Lisa Allera	Patient and Carer Governor: Parents and Carers from outside London
Dr Claire Cooper-Jones	
Colin Sincock	Public Governors: The rest of England and Wales
Fran Stewart	Public Governors: South London and Surrounding Area
Margaret Bugyei-Kyei	Staff Governors
Dr Quen Mok	
Paul Gough	
Dr Sarah Aylett	
Prof Jugnoo Rahi	Appointed Governor: University College London, Institute of Child Health
Josh Hardy	Appointed Governor: Young People's Forum
Grace Shaw-Hamilton	

### In attendance:

Akhter Mateen	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Matthew Shaw	Chief Executive
Helen Jameson	Chief Finance Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Paul Balson	Deputy Company Secretary
Adetutu Emmanuel	Stakeholder Engagement Manager
Rebecca Stevens*	Head of Performance
Ella Vallins*	Head of Strategy and Planning
John Quinn*	Chief Operating Officer
Roisin Mulvaney*	Head of Special Projects, Quality and Safety

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

<b>43</b>	<b>Apologies for absence</b>
43.1	Apologies for absence were received from: Kayode-Osiyemi, Public Governor; Teskeen Gilani, Public Governor; Julian Evans, Public Governor and Lazzaro Pietragnoli, Appointed Governor.
<b>44</b>	<b>Declarations of interest</b>
44.1	No declarations of interest were received.
<b>45</b>	<b>Minutes of the meeting held on 25 November 2020</b>
45.1	The Council <b>approved</b> the minutes of the previous meeting.
<b>46</b>	<b>Matters Arising and action log</b>
46.1	The actions taken since the last meeting were <b>noted</b> .
46.2	<u>Selection of indicator for audit (for Quality Report)</u>
46.3	Rebecca Stevens, Head of Performance said that she had received six responses from Governors expressing a first and second preference of an indicator to be audited as part of the Quality Report. She confirmed that the indicator selected was 'last minute cancelled operations for non-clinical reasons'. The Quality Report had not been audited in 2019/20 due to the pandemic and it had not yet been confirmed whether an audit would take place in 2020/21.
<b>47</b>	<b>Update from Lead Governor</b>
47.1	Dr Claire Cooper-Jones, Patient and Carer Governor acknowledged the considerable work that had been taking place at GOSH throughout the COVID19 pandemic and noted the significant stress under which staff had been working. She thanked the Trust on behalf of the Council for this work and for continuing to engage with Governors during this period.
<b>48</b>	<b>Chief Executive Report</b>
48.1	Matthew Shaw, Chief Executive said that the hospital was currently challenged by the pandemic and thanked the Executive Team and staff throughout the hospital for their work during this difficult period.
48.2	The Trust had been successful in meeting the four priorities set over the Christmas period. Approximately 76% of usual activity had been sustained in order to continue to treat priority 1 and 2 patients which was an excellent achievement. Vaccines had been received at the Trust prior to the New Year and it was anticipated that by the end of January 2021, 4500 first-dose vaccines would have been delivered including to the Trust's contractor colleagues. GOSH had taken paediatric patients from another North Central London Trust which had been under significant pressure from the pandemic and had also successfully increased the number of PICU beds to 50 with the potential to increase further to 60 beds. It was anticipated that pressure on the Trust would

	increase and it was possible that staff who were currently redeployed would require repatriation to GOSH.
48.3	The number of patients with PIMS-TS was increasing and modelling showed that this increase would continue. Currently GOSH was treating 20 patients with PIMS-TS and the cohort of patients could deteriorate quickly and often required cardiac support. It was confirmed that the Trust was maintaining appropriate staffing ratios despite working at approximately 85% bed occupancy.
48.4	Positive discussions had taken place with external parties about an undertaking an external review of an on-going case of a patient who died at GOSH in 2011. Good discussions were also taking place with another external organisation about a review of the Trust incident management process. Matthew Shaw said that he had engaged with a former Secretary of State for Health and the Trust's constituency MP Sir Kier Starmer and had agreed that a round table discussion would take place on the decision-making rights of parents.
48.5	Colin Sincock, Public Governor asked about the financial implications on the movement of patients to GOSH from other Trusts. Helen Jameson, Chief Finance Officer said that GOSH had accepted paediatric patients from other North Central London Trusts however no financial payments were made between Trusts for this mutual aid.
48.6	Fran Stewart, Public Governor highlighted the plans to bring GOSH's cleaning service in-house and asked about the terms and conditions for these staff. Matthew Shaw said that although these staff were currently paid in line with the London Living Wage, some staff were subject to less favourable terms and conditions than others. He said that there would be a cost pressure for GOSH however the Trust was committed to ensure that all staff were subject to fair and equitable terms and conditions in line with its strategic aim to make GOSH a great place to work.
48.7	Matthew Shaw said that it had just been confirmed that GOSH had been successful in an employment tribunal recently reported in the media. He thanked staff who had given witness statements under very challenging circumstances.
<b>49</b>	<b>Operational Plan 2021/22 Update</b>
49.1	John Quinn, Chief Operating Officer said that the first iteration of the operational plan had been submitted to NHS England in December 2020 and a series of challenge meetings had taken place with directorates and corporate departments to understand their plans. Control totals had been set for each area and any gaps discussed at the challenge meetings. Planning guidance had not yet been published as a result of the pandemic and therefore work was taking place in line with previous years' processes.
49.2	Paul Gough, Staff Governor highlighted that in previous years Better Value schemes would be developed in advance allowing time for momentum to develop and asked if the Board had any concerns about the programme in the context of an uncertain financial environment. John Quinn agreed that Better Value was beginning much later in the year and said that Directorates and corporate areas had been asked to save 1.5% of their budgets. Following discussions with general managers and chiefs of service this was expected to be challenging but achievable. Helen Jameson said that challenge sessions had

49.3	<p>shown that schemes and ideas were more innovative as teams had been working differently through the pandemic.</p> <p>Margaret Bugyei-Kyei, Staff Governor highlighted the additional resources that were required during the pandemic in order to safely treat patients and the challenge of making savings in this context. Sarah Aylett, Staff Governor expressed some concern about the impact of being asked to make savings during a stressful period in which staff were working extremely hard. She acknowledged the opportunities created by the pandemic to work more efficiently but said that savings requirements were likely to be demoralising. Matthew Shaw agreed that it was a challenging time for staff and said that it was important to make savings by working differently and more efficiently, particularly where this would improve patient experience. Sarah Aylett said that it was important to be clear that the priority was to deliver efficient patient care and Matthew Shaw agreed that sensitive communication was key.</p>
<b>50</b>	<b>Update on impact of Covid on delivery of services at GOSH</b>
50.1	<p>Roisin Mulvaney, Head of Special Projects, Quality and Safety gave a presentation on the actions that had been taken throughout the pandemic to ensure that the Trust could continue to operate safely and effectively whilst continuing to work on key matters such as the people strategy. She said that frequently asked questions on a variety of subjects had received over 0.5millions hits on the GOSH website.</p>
50.2	<p>Sir Michael Rake, Chair asked whether staff had felt engaged during the pandemic. Matthew Shaw said that there had been high level of communication which had been welcomed by staff however a major incident command structure had been in place for some time which involved specific roles in a prescribed structure.</p>
50.3	<p>Colin Sincock noted that innovative practice had been developed during this time and asked whether GOSH was looking to other hospitals internationally for learning to develop this innovation further. Matthew Shaw said that the Trust prioritised collaboration with other organisations both nationally and internationally. GOSH was a member of the Children’s Hospital Alliance and the European Children’s Hospital Organisation (ECHO) and was involved with a number of others. He said that there were a number of opportunities arising from this collaboration.</p>
50.4	<p>Fran Stewart asked how the CQC action plan was being monitored and how communication was taking place with patients and families who could not be treated within the timeframe set out by the clinical prioritisation process. Amanda Ellingworth, Non-Executive Director confirmed that the Quality, Safety and Experience Assurance Committee was monitoring the CQC actions and continued to request timelines for delivery. Matthew Shaw said that letters were being sent to all patients and parents in priority three and four and those who were in priority two but would breach the required treatment timeframe. Letters would outline potential waits and highlight possible cancellations.</p>
50.5	<p>Mariam Ali, Patient and Carer Governor asked if there had been an impact on patients’ pathways to transition to adult care and Matthew Shaw said that in general patients were remaining under GOSH’s care as adult settings did not have capacity to provide the required support during surges of the pandemic.</p>

50.6	Dr Quen Mok, Staff Governor noted from the presentation that only approximately 60% of consultants and Clinical Nurse Specialists had been fit-tested and asked if this was an area of concern. She highlighted that plans were in place to provide patients with the skills to raise concerns and asked how this would be done. Roisin Mulvaney said that rates of fit-testing varied daily based on the number of masks received that day from different manufacturers. She said that the medical director had engaged with patient safety charities to consider specific training which would support patients and families to be involved in the Trust's patient safety programmes.
50.7	Prof Jugnoo Rahi, Appointed Governor highlighted that GOSH and Institute of Child Health colleagues had been working on data science initiatives on the way in which the pandemic had affected children and young people's lives and this was likely to impact policy going forward. She asked whether guidance from the CQC on their new process for inspection had shown how they intended to measure quality and research. Roisin Mulvaney said that specifics had not been published however it was clear that data would be a key component of the inspection process going forward.
50.8	Josh Hardy, Appointed Governor asked how GOSH was sharing its learning and research in order to better support the long term health of children and young people and Matthew Shaw said that Dr Lee Hudson, Chief of Mental Health Services had spoken in the press about the importance of education in a stable environment and the protection this provided. He added that there had been a clear divide in the uptake of the vaccine between socioeconomic groups and it would be important for the Children's Commissioner to focus on this going forward.
50.9	Paul Gough said that there had been good communication and training around speaking up for safety but added that he didn't feel this was the case for all routes staff could use to speak up. Matthew Shaw agreed that whilst some routes were well advertised and used it would be important to relaunch some initiatives to ensure they had the necessary impact. Kathryn Ludlow, Non-Executive said that a full time, experienced, Freedom to Speak Up Guardian had been appointed who would be reviewing the methods by which staff could speak up to ensure they were clearly signposted.
<b>51</b>	<b>Finance report November 2020 data (highlights)</b>
51.1	Helen Jameson, Chief Finance Officer said that the contracting process had changed as a result of the pandemic and Trusts had been operating on a block contract with a top-up to breakeven position for the first six months of the financial year. During this period, GOSH had required top-ups of approximately £39million showing that the block contract had been significantly lower than the Trust's costs.
51.2	A revised system had been introduced for the remainder of 2020/21 in which the block contract had been recalculated and some drugs were being paid on a cost and volume basis. The Trust was continuing to work through the implications of this change and an updated plan had been submitted to NHS England. Some high value patients had been treated by International and Private Care (I&PC) however a year-end deficit position of £16million had been predicted. It was possible that this would improve following negotiations with the national team and an update would be received in February or March 2021. It had been noted

51.3	<p>that a top up would be paid in lieu of non-NHS income however the amount had not been confirmed. The current financial position was £6.1million deficit.</p> <p>It had been confirmed that the block contract would be further recalculated for 2021/22 and it was anticipated that a planning processes would take place from quarter 2 of that year and funding would be paid differently from quarter 3. Cash remained strong and the capital programme was reducing against plan due to the pandemic however projects were being brought forward where possible.</p>
51.4	<p>Colin Sincock asked for further information about the mutual aid that was being provided between Trusts and Helen Jameson confirmed that funds were not flowing between organisations for this activity. She said that there were potential funds available from the STP but it was likely that this would be paid to adult Trusts which were holding significant additional costs.</p>
51.5	<p>Fran Stewart asked for a steer on the position of I&amp;PC debt. She highlighted discussions that had taken place at the Audit Committee around one territory in particular. Helen Jameson said that discussions had been taking place with all debtors and this had resulted in an increase in payment of debts in December. The Trust's debt levels had reduced however the debt had aged and this was in line with the experience of other organisations.</p>
<b>52</b>	<b>Reports from Board Assurance Committees</b>
52.1	<u>Quality, Safety and Experience Assurance Committee (January 2021)</u>
52.2	<p>Amanda Ellingworth, Chair of the Quality and Safety Experience Assurance said that the Committee received updates on cases in which families had not been satisfied with the care they had received and had welcomed the transparency from the Trust.</p>
52.3	<p>The Committee had reviewed the delivery plans for the quality and safety strategies which had been positively externally reviewed and said that the Committee would be tracking progress.</p>
52.4	<p>An update had been received on the medicines management Board Assurance Framework risk and the newly appointed Named Nurse for Safeguarding had provided a report. A review of safeguarding governance had taken place to ensure that the Trust had remained up to date with changes of practice.</p>
52.5	<p>The newly appointed Freedom To Speak Up Guardian had provided a report and had noted that there were a number of ways in which staff could speak up and raise concerns and it was important to signpost these effectively.</p>
52.6	<u>Finance and Investment Committee (November 2020)</u>
52.7	<p>James Hatchley, Chair of the Finance and Investment Committee said that there had been a focus on understanding the impact of the COVID-19 pandemic on the Trust's finances. He said that there would be a substantial impact of the reduction in I&amp;PC activity and there was uncertainty about the service's recovery going forward.</p>
52.8	<p>The Committee had emphasised the importance of continuing to prioritise priority 1 and 2 patients but had noted that work was required to ensure that the Trust was appropriately paid for its activity.</p>



52.9	Notwithstanding the pandemic, substantial work had taken place to move forward with the Children's Cancer Centre development.
52.10	<b>Action:</b> Colin Sincock asked whether the Trust was exploring alternative non-NHS revenue streams and James Hatchley said that there had been a strong focus on commercial innovation including from the hospital's unique data set and research platform. It was agreed that a commercial update would be provided to an appropriate future meeting when sufficient progress had been made. Matthew Shaw said that alternative revenue streams were vital given the current financial pressures and the importance of the Children's Cancer Centre.
52.11	<b>Action:</b> Fran Stewart requested an update on the work taking place between the hospital and GOSH Children's Charity to revise the grants process. James Hatchley said that he had chaired the Hospital Priorities Steering Group which was a task and finish group comprised of both hospital and charity staff to ensure there was alignment of the priorities and strategy. Helen Jameson said that a key focus was increasing the timeframe of the bid around patient experience and it was agreed that an update on this bid would be provided at the next meeting. James Hatchley said that a revised framework was now in place for assessing grants to ensure they met the requirements of both the hospital and charity.
52.12	<u>People and Education Assurance Committee (December 2020)</u>
52.13	Kathryn Ludlow, Chair of the People and Education Assurance Committee said that the Committee had received a presentation from the former Chair of the Local Negotiating Committee who had given a positive report of the way in which the Trust had supported with staff and engaged with North Central London during the pandemic. The Trust had won the large employer award for its BAME apprenticeship programme which was positive given the focus on diversity and inclusion. Staff turnover rates had reduced substantially however it was anticipated that this would rise to more usual levels once COVID related restrictions were reduced.
<b>53</b>	<b>Update from the Young People's Forum (YPF)</b>
53.1	Josh Hardy, Appointed Governor and member of the YPF said that the forum had participated in a parklet project to design a mini park using car parking spaces which was a continuation of the work between the YPF and the redevelopment team. It had been challenging to do this in the space available at GOSH however the forum had felt that it was importance to create these types of spaces.
53.2	An on-going project on working with patients' siblings was taking place with the patient experience team and a group of YPF siblings had developed short, medium and longer term goals. Faiza Yasin, Patient and Carer Governor asked for a steer on the kind of support that was being considered for siblings and Josh Hardy said that feedback had been received that siblings had not felt that their views had been heard and therefore initially they would be invited to become involved in meetings.
<b>54</b>	<b>Reappointment of a NED- Chris Kennedy</b>
	<i>Chris Kennedy left the meeting</i>

54.1	Anna Ferrant, Company Secretary said that the Council of Governors' Nominations and Remuneration Committee had met to consider the reappointment of Chris Kennedy. The Committee had considered his technical expertise and agreed that his experience and input had been extremely important and that he was a key member of the Board.
54.2	Sir Michael Rake said that Chris Kennedy was extremely capable and committed. He said that his input was key and the Board was very supportive of his reappointment.
54.3	The Council <b>approved</b> the reappointment of Chris Kennedy as a Non-Executive Director on the Board for a second term of three years.
<b>55</b>	<b>Governance Update</b>
55.1	Paul Balson, Head of Corporate Governance said that there had been two buddying sessions since the last meeting one of which had been focused on QSEAC and the other on Audit Committee and Finance and Investment Committee. Governors had given positive feedback on the format of the meetings and this would continue for the new Council following the elections.
55.2	A standard operating procedure was being developed for monitoring Governor attendance at meetings and compliance with mandatory training.
55.3	The Council had nominated Josh Hardy as the GOSH representative for election to the NHS Providers' Governor Advisory Committee and the Council was able to vote as a whole in the election. Governors were asked to select their preferred candidates and return their votes by email. Preferences would then be combined into a GOSH Council's list of preferred candidates.
55.4	Induction sessions for new Governors would be run in early March 2021 which would be supported by Paul Gough, Fran Stewart and Josh Hardy. Governors had felt it was particularly important to highlight the remit of the role and the importance of observing assurance committees.
55.5	<u>Membership Update</u>
55.6	Anna Ferrant said that it had not been possible to engage as effectively with members in 2020/21 due to the lack of face-to-face opportunities. A new Membership Engagement Recruitment and Representation Committee (MERRC) would be established following the election of new Governors and focus would be placed on ensuring that there was a greater representation of young people in the membership.
<b>57</b>	<b>Any other business</b>
57.1	<b>Action:</b> Discussion took place about the reports in the press of a recent GOSH employment tribunal. The reporting had been extremely upsetting to GOSH staff. Sir Michael Rake said that the Director of Communications would be discussing the matter with the newspaper involved to ensure they also reported the outcome of the case.
57.2	Sir Michael Rake noted that this was the last Council meeting for a number of Governor who had reached the end of their terms. He said that the Trust was

Attachment A

	appreciative of Governors' commitment and the constructive nature of the relationship between the Board and the Council.
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**COUNCIL OF GOVERNORS ACTION CHECKLIST**  
**April 2021**

**Checklist of outstanding actions from previous meetings**

<b>Paragraph Number</b>	<b>Date of Meeting</b>	<b>Issue</b>	<b>Assigned To</b>	<b>Required By</b>	<b>Action Taken</b>
52.10	27/01/21	It was agreed that a commercial update would be provided to an appropriate future meeting when sufficient progress had been made.	<b>Chris Rockenbach</b>	<b>November 2021</b>	Not yet due
52.11	27/01/21	Helen Jameson said that a key focus of the current grants committee process was increasing the timeframe of the bid around patient experience and it was agreed that an update on this bid would be provided at the next meeting.	<b>AR</b>	<b>April 2020</b>	On agenda under Patient and Family Experience Framework
57.1	27/01/21	Discussion took place about the reports in the press of a recent GOSH employment tribunal. The reporting had been extremely damaging to GOSH staff. Sir Michael Rake said that the Director of Communications would be discussing the matter with the newspaper involved to ensure they also reported the outcome of the case.	<b>CM</b>	<b>February 2020</b>	Verbal update from Mat Shaw, CEO

## Council of Governors

20 April 2021

### GOSH Declaration of a Climate & Health Emergency

**Summary & reason for item:**

On February 22<sup>nd</sup> GOSH declared a Climate & Health Emergency and committed to making this public statement and therefore to changing how we act as an organisation and advocate to others on this issue.

Alongside a commitment to adapt all aspects of how we function we have set ourselves 2 ambitious targets to reach Net Zero Carbon emissions by 2030 (the emissions we control directly) and 2040 (the emissions we can influence but not directly control).

A short presentation and time for questions will convey this context and what actions we are taking so far to meet this challenge. Also this is an opportunity for Governor questions, input of ideas and discussion about further updates and how we can work together to meet this challenge over the months and years to come.

A statement from the GOSH YPF on this commitment read as follows:

*“The Young People's Forum needs YOU. Climate change and environmental degradation are subjects that are really important to focus on as it will be children and young people who have to deal with it in the future. We would like to have a comfortable and sustainable world to live in as previous generations have enjoyed. This is a subject that can really bring up feelings of worry and stress about the future and one that comes up a lot in conversations with friends. We need to find ways to make the subject both fun and enjoyable and to get more people involved in taking action. Furthermore, to ensure we are not doing things now that will affect future generations around waste and pollution.*”

*“We believe that climate change is an important health issue as well as an environmental one. GOSH has a responsibility to take serious action and use its profile. The Young People's Forum supports GOSH's declaration of a climate emergency and for the hospital's commitment to set a highly ambitious carbon neutrality target.”*

**Governor action required:** For information and discussion.

**Report prepared by:** Nick Martin (Head of Sustainability & Environmental Management)

**Item presented by:** Nick Martin (Head of Sustainability & Environmental Management)



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust



**GOSH Climate and Health  
Emergency declaration  
Protecting our planet  
for our patients**



# Heat and air quality



# Flooding and storms



# Patterns of infection



# Food & water security



# Achieving net zero carbon emissions in areas we **control** by 2030 and areas we **influence** by 2040








## Achieving net zero in areas we control by 2030

## Achieving net zero in areas we influence by 2040

### GOSH Carbon Footprint

These areas make up 24% of our total emissions.






The areas linked to this are:

- Building energy /water/waste **15%**   
- Emissions from inhalers and anaesthetic gases **5%**  
- Business travel and fleet **4%**  

### GOSH Carbon Footprint Plus

These areas make up 76% of our total emissions.

The areas linked to this are:

- Personal Travel **10%**  
- Our supply chain **66%**   



GOSH Climate and Health  
Emergency declaration  
Protecting our planet  
for our patients



What did GOSH Staff & YPF had  
to say?

They made a film to show you!

# Inaugural GOSH Climate & Health Emergency Webinar



**YOUNG PEOPLE'S FORUM**



**UN CLIMATE  
CHANGE  
CONFERENCE  
UK 2021**

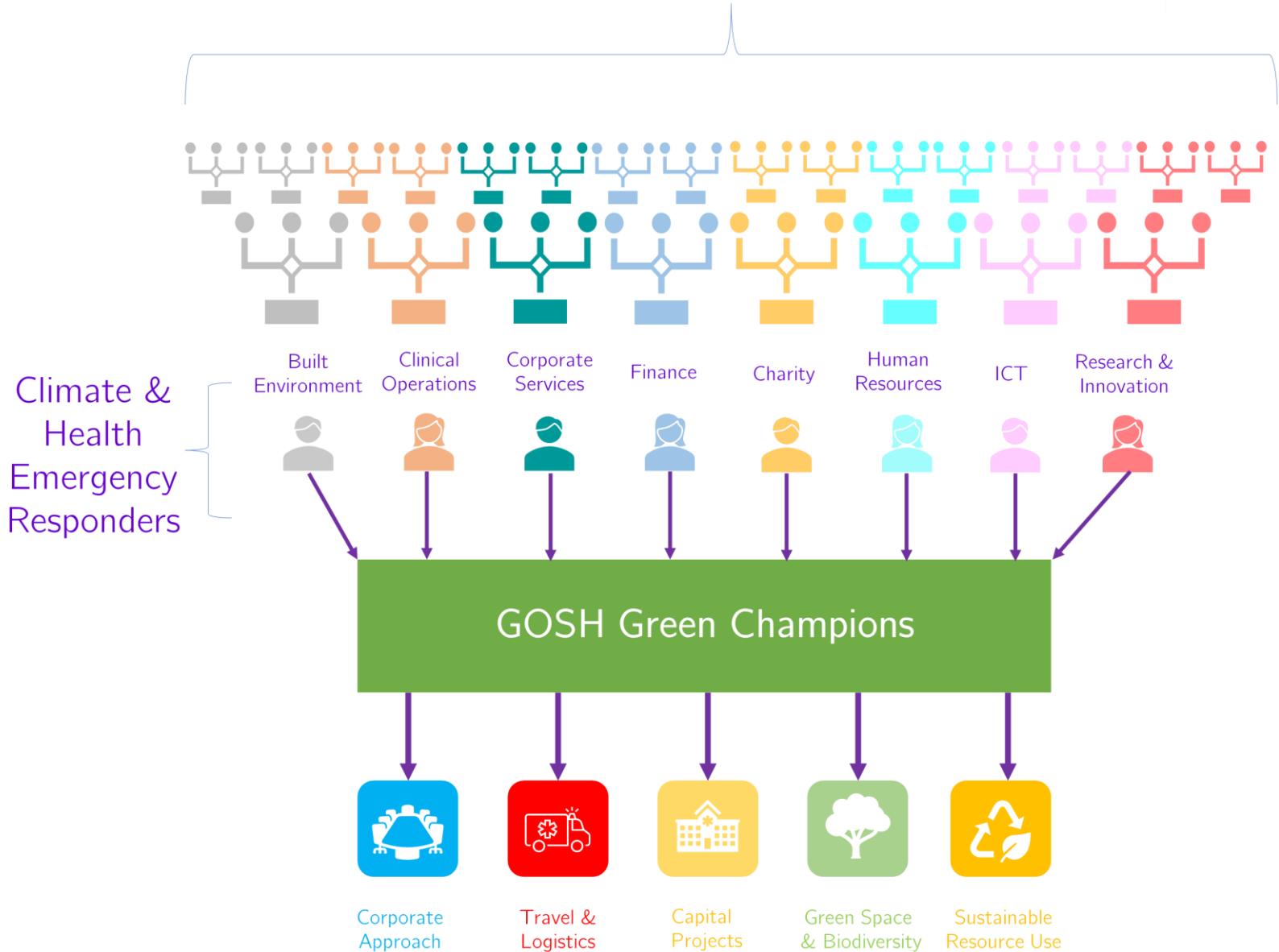
IN PARTNERSHIP WITH ITALY

**SAFE  
ACTIVE  
SUSTAINABLE**





# All GOSH Staff



**#BeTheChange**

GC Working Groups and Task Forces



Any questions?

## Council of Governors

20 April 2021

### Patient and Family Experience Framework

#### Summary & reason for item:

The Patient and Family Framework sets out our plans to build on the successful services and services and foundations we have created with support from GOSH Children's Charity (GOSH CC) to enhance, develop and improve patient and family experience at GOSH.

Several of the Patient Experience functions and teams are funded by annual grants from GOSH CC. Following the work of the Hospital Priorities Steering Committee to agree priorities for charitable funding in a more thematic and strategic way of supporting the hospital in the area of Patient and Family Experience, a three year package of support is proposed. The Patient and Family Experience Framework will guide the work of everyone in the Hospital to make sure that patients and their families are at the very heart of what we do. Our ambition for the future of Great Ormond Street Hospital is to make the experiences of children, young people and families out of this world.

We will listen, engage and improve our services by working alongside patients and families and understanding what they need to make their time with us the best it can be. We will do our best to alleviate the worries that being in hospital brings and we will work hard to support patients and families. We will enhance support to groups of patients that are seldom heard and we will work in partnership with organisations that can help us to deliver exemplary patient and family services. We will make sure that what we learn we will share with other organisations all around the world, to make patient and family experience everywhere better and better.

We will monitor the impact we have by setting up robust governance processes that track the benefit of investments. When we have put new services in place, we will ask patients and families to tell us what they think about them and the cycle of listening and hearing will begin again. This Framework is the catalyst for driving forward Patient and Family Experience across the whole of the Trust.

The Framework has been reviewed extensively through the Trust and will be presented at the GOSH CC Grants Committee for approval in June 2021. The attached slides set out the headlines of the Framework, our approach and priority areas and some of the initiatives we will deliver in year 1.

**Governor action required:** For information and review.

**Report prepared by:** Luke Murphy, Deputy Head of Patient Experience and Engagement, and Claire Williams, Head of Patient Experience and Engagement

**Item presented by:** Claire Williams, Head of Patient Experience and Engagement



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Out of this World



**Our Programme for Excellence in  
Patient and Family Experience**

**2021 - 2024**





# Where we are now....

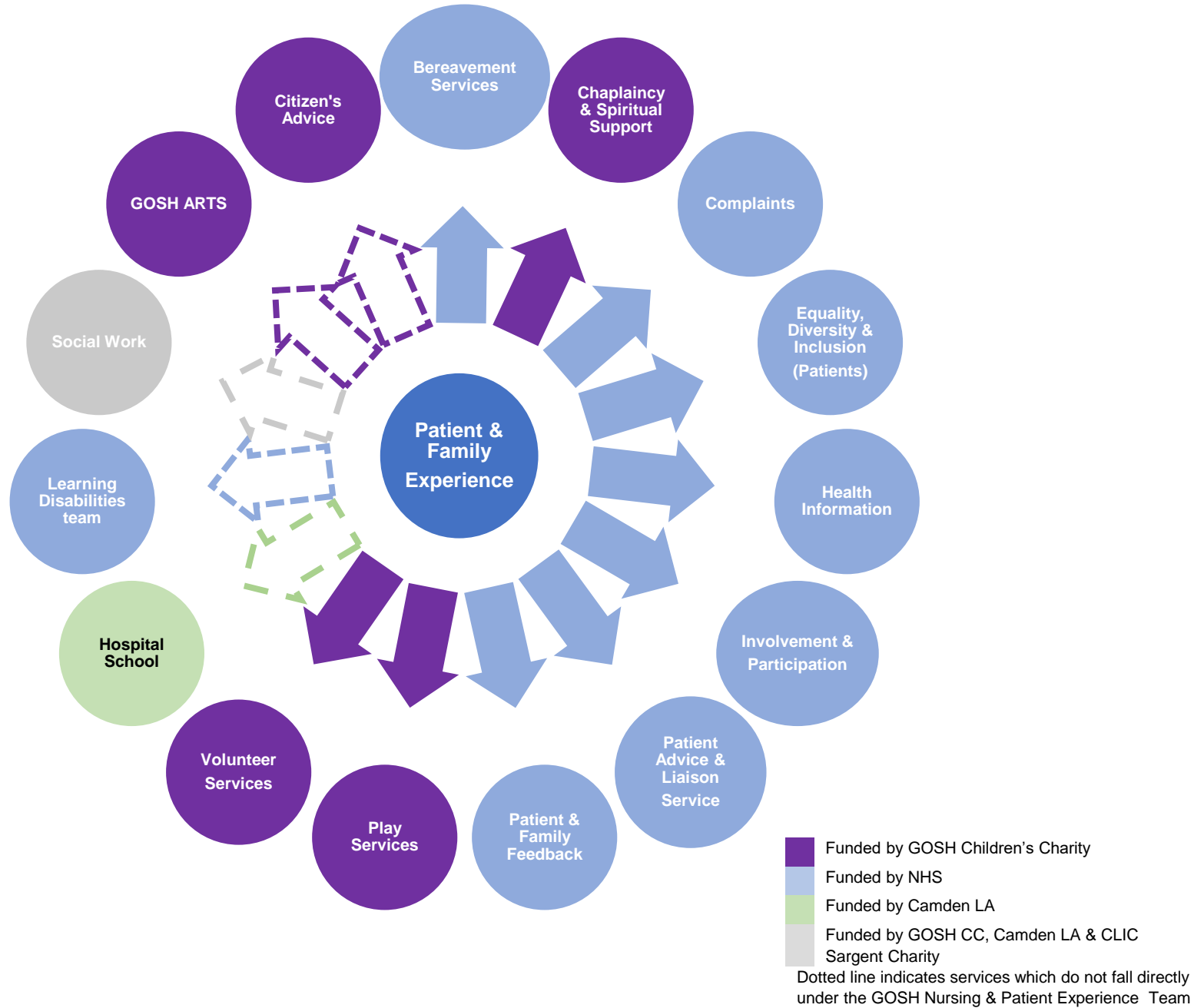
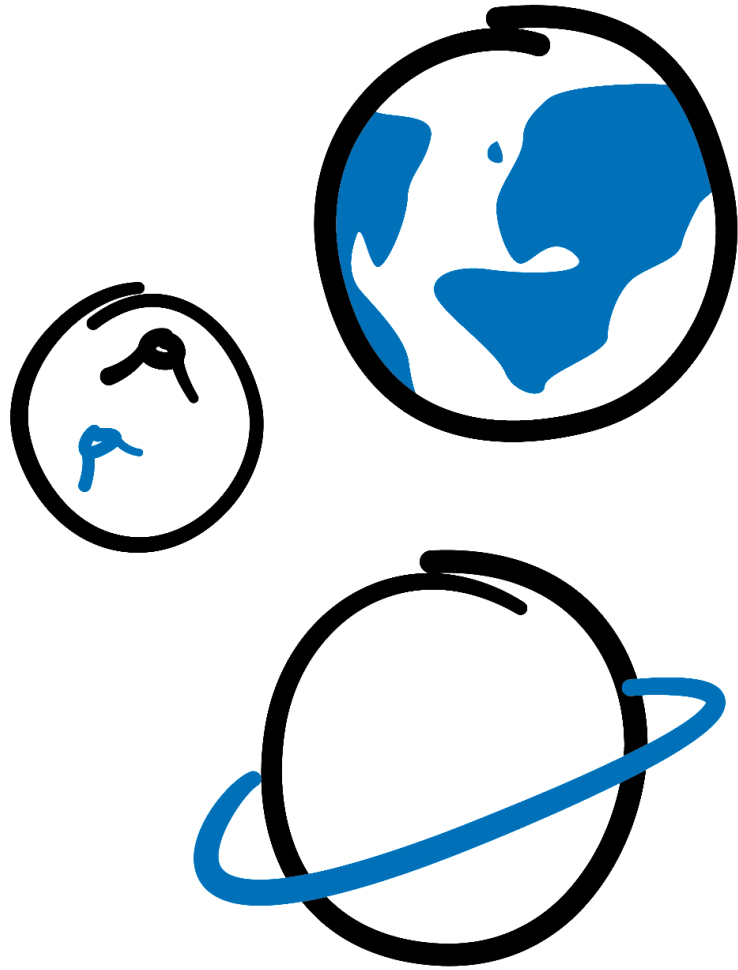


## Getting Ready for Lift Off

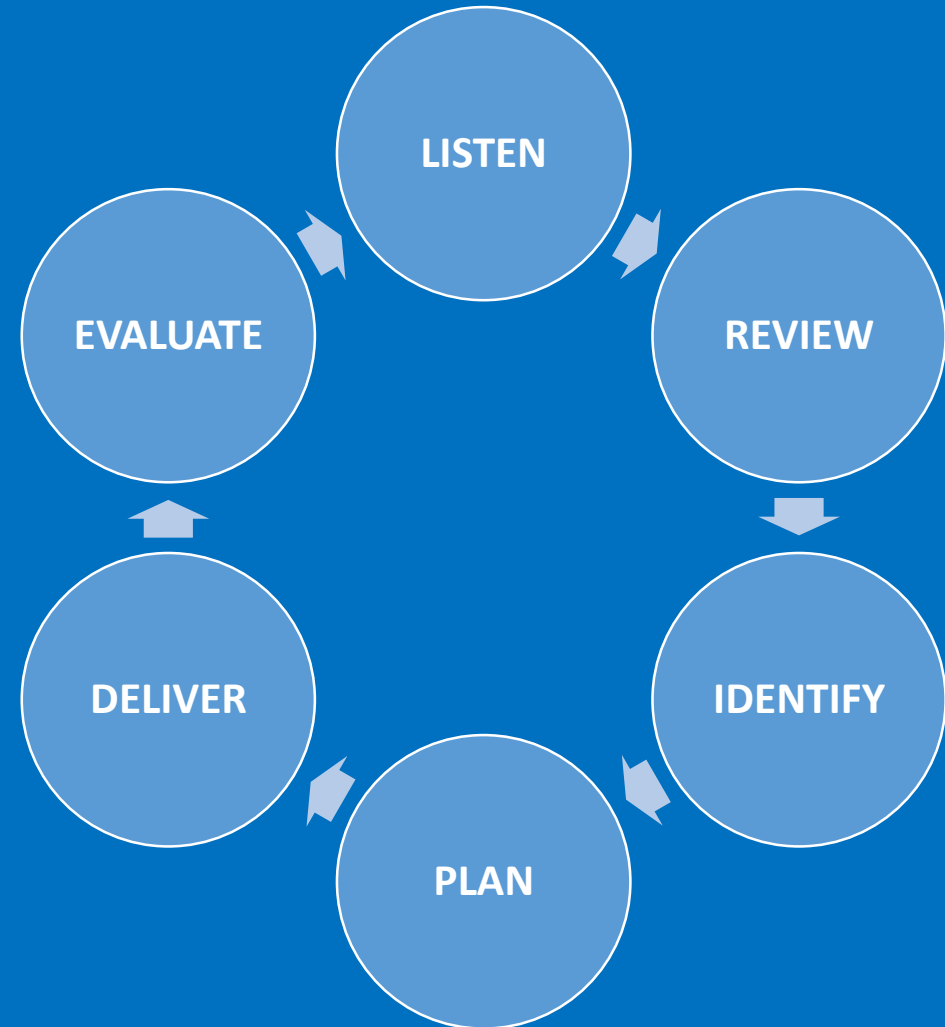
- Strong foundations in patient experience services in collaboration with the GOSH Charity
- Majority of patients are already having a good experience at GOSH
- Outstanding rating for 'Caring' from the CQC



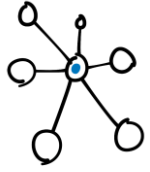
# Current services



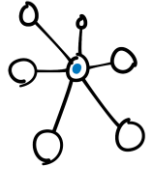
# THE PATIENT EXPERIENCE CONTINUOUS LEARNING JOURNEY



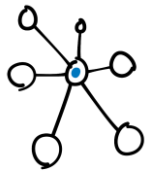
# Building on success to go above and beyond



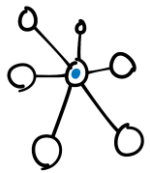
Amplifying existing services and the charitable support already provided



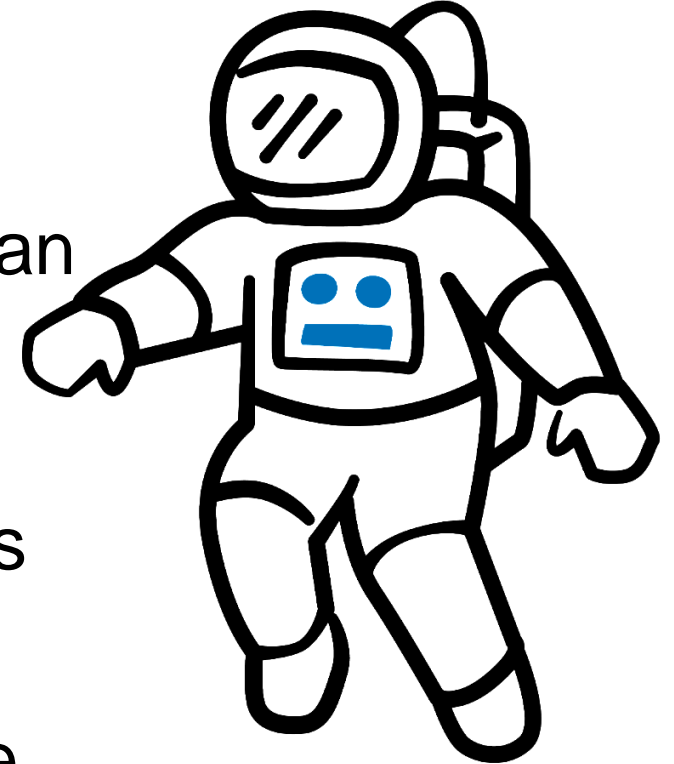
Understanding from our families how we can make this better



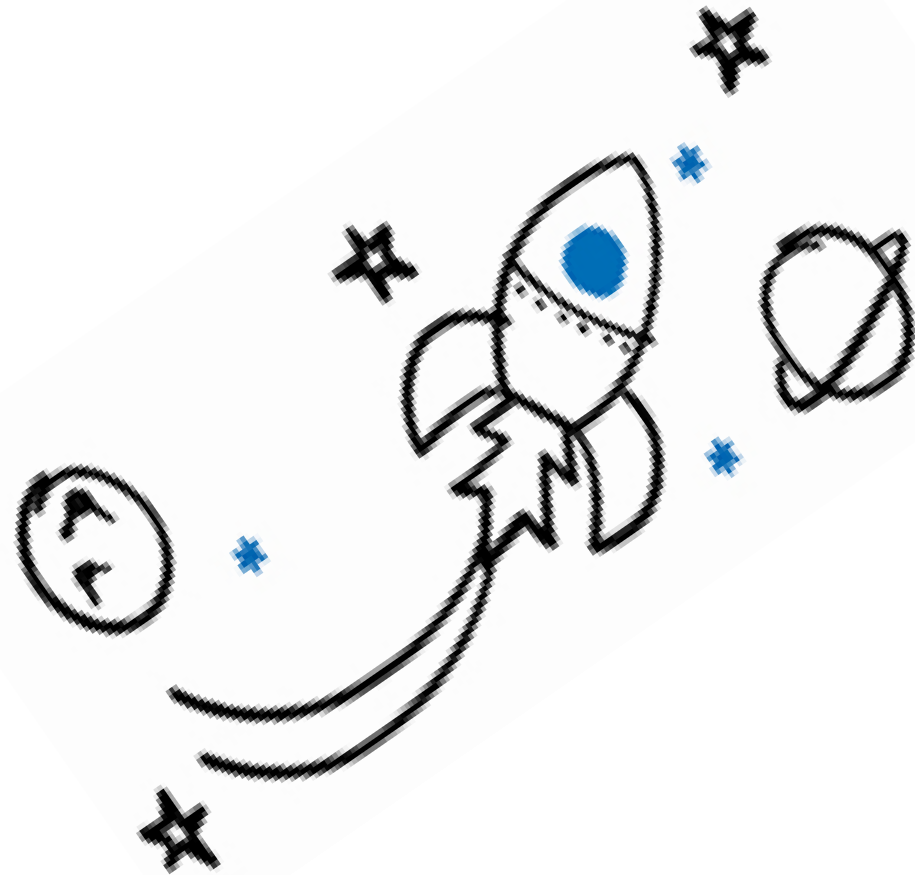
Understanding and learning from our peers



Understanding opportunities for excellence learning from the international landscape



# Our proposal...



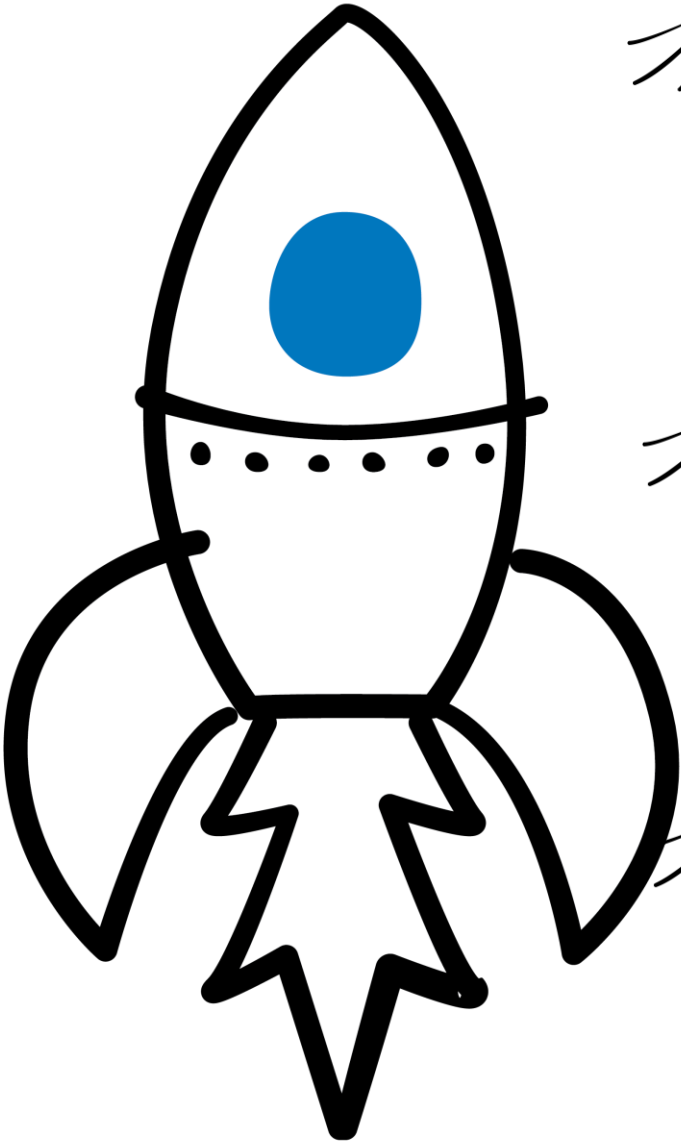
PATIENT AND FAMILY EXPERIENCE FRAMEWORK			
<b>Our Ambition</b>	Make children, young people and family experience out of this world		
<b>Our Approach</b>	<b>Caring and Respecting</b>	<b>Listening, Engaging and Improving</b>	<b>Accessibility</b>
<b>Our Cross-Priority Themes</b>	Empowering patients and families/carers and supporting resilience	Joy	Enhancing support for seldom heard groups
	Contributing to positive staff experiences	Partnership opportunities	Impact beyond GOSH
<b>Our Priorities</b>	Patients	Families and Carers	
	Siblings	Skills for Staff	
<b>Investment Towards</b>	Patient Experience Services for Children, Young People and Families		Patient Experience Improvement Projects for Children, Young People and Families

# Responsive restoration in times of uncertainty

- Being responsive to a changing landscape for delivery of care in context of statutory and regulatory evolution
- Recognition that the last year has brought many changes in the way people interact, particularly with healthcare services
- Understanding of the vital importance of diversity and inclusion and being responsive to healthcare inequalities



# Year 1 – Ready for Lift Off



## **Sibling support programme including our school pack and badges**

- Supporting the organisation to help us to have the conversations about the role the sibling wants to play
- Improving the outcomes for our patients
- World leading in paediatric healthcare



## **Amplification of existing skill and expertise in play work and music therapy**

- Learning from and building on excellence
- Recognition of scale of the need and how best to meet it by optimising our resources
- This is valuable for our staff in supporting joyful interaction with our patients



## **Making GOSH feel more like home – ‘Breathing Spaces @ GOSH’**

- It's hard enough being at GOSH with a sick child, there is more that we can do to make it a place which makes it a little bit easier for families.
- Collaborative work with families with this experience
- This builds on good practice from other hospitals nationally and internationally

# Next steps...



**Great Ormond  
Street Hospital**  
Charity



**NHS**

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





**Council of Governors**

**20 April 2021**

**Chief Executive Report**

**Purpose**

The Chief Executive's report to the Council of Governors' provides a top level summary of key work priorities and achievements since the last report to the Council of Governors.

Governors are encouraged to seek assurance or pursue any points of clarification or interest from the Non-Executive Directors as part of their 'holding NEDs to account' duties.

The report includes:

- Welcome to the new Governors
- GOSH becomes first London hospital to declare a Climate and Health Emergency
- Global collaborative announced to develop new treatments for paediatric diseases
- Update on former member of staff court case
- Hands, Face, Space, Place audit
- Trust Board Summary (March 2021 meeting)
- GOSH News
- Appendices
  - Integrated Quality & Performance Report – March 2021 (February 2021 data)
  - Finance report – March 2021 (February 2021 data)

**Governor action required:**

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

**Report prepared by:**

Paul Balson, Head of Corporate Governance, [paul.balson@gosh.nhs.uk](mailto:paul.balson@gosh.nhs.uk)

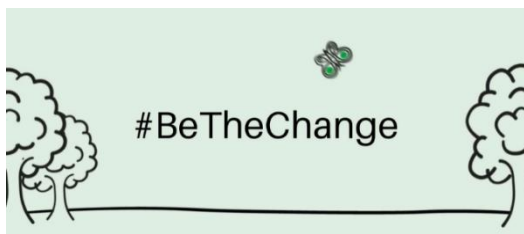
**Report presented by:**

Matthew Shaw, Chief Executive

## 1 Welcome to the new Governors

Our newly elected, re-elected, appointed and re-appointed Governors began their official appointments on Monday 1 March 2021 and on behalf of the Executive Management Team, the Chief Executive would like to welcome all Governors to the first Council of Governors' meeting of 2021 and the new term of office.

## 2 GOSH becomes first London hospital to declare a Climate and Health Emergency



GOSH is the first London hospital to declare a Climate and Health Emergency (CHE).

The CHE declaration means GOSH wants to become a net zero carbon organisation.

To achieve this, the Trust needs to vastly reduce its carbon emissions and balance out remaining by removing the equivalent from the atmosphere. GOSH wants to achieve this for the emissions it controls by 2030.

GOSH recognises that climate change and environmental degradation pose a real, immediate, and growing threat to human health and the climate and ecological emergency is a health emergency.

The declaration builds upon the hospital's existing sustainability programme which includes the world's first Clean Air Hospital Framework (a practical guide that details how hospitals can create a healthier environment) and through the construction of energy efficient hospital buildings. The Council will receive a presentation on this at the April 2021 Council meeting.

## 3 Global collaborative announced to develop new treatments for paediatric diseases

Ahead of Rare Disease Day 2021, GOSH joined forces with three other leading children's research institutions on three continents to decipher paediatric illnesses, including rare diseases, and find better treatments.

**300 million**

**people globally will suffer from a rare disease at some point in their lives**



Alongside UCL Great Ormond Street Institute for Child Health, GOSH will work with Boston Children's Hospital, the Murdoch Children's Research Institute with The Royal Children's Hospital in Melbourne, and The Hospital for Sick Children (SickKids) in Toronto to evaluate genomic data, clinical data from patients, and scientific and medical expertise to accelerate the discovery and therapeutic development.

The partnership, known as the International Precision Child Health Partnership (IPChiP), is the first major global collaboration around genomics and child health. We hope that additional institutions will join the collaboration in the future.

## 4 Update on former member of staff court case

The Chief Executive will provide a verbal update on the court case.

## 5 Hands, Face, Space, Place audit

While the COVID-19 national situation is improving, it remains important that we continue to keep ourselves, our colleagues and our patients safe. One crucial way that we can do this is by following

## Attachment E

our Hands, Face, Space and Place safety guidelines. The GOSH Hands, Face, Space and Place safety guidelines in summary are:

HANDS	FACE	SPACE	PLACE
<ul style="list-style-type: none"><li>• We must all practice excellent hand hygiene. Wash or sanitise your hands when you arrive at or return to your workplace and before you eat or drink.</li></ul>	<ul style="list-style-type: none"><li>• We must all wear a fluid repellent surgical mask everywhere in the hospital and everywhere on the hospital estate. There are only three exceptions:<ul style="list-style-type: none"><li>• If you are in an office on your own and the door is closed.</li><li>• If you are eating or drinking and have arranged staggered breaks with colleagues so that people nearby will not remove their masks at the same time.</li><li>• If you are outside and socially distanced.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• We must all practice good social distancing. Keep 2m away from others wherever possible.</li><li>• Follow one way systems and signage. And only use those workstations that are appropriately distanced from your colleagues.</li></ul>	<ul style="list-style-type: none"><li>• Work from home if you can do so effectively and your line manager agrees.</li><li>• No-one should come into the hospital if they feel unwell or have any symptoms of COVID-19.</li></ul>

Periodically, the Trust undertakes audits against the guidelines and in April 2021 the Trust exceeded 95% in all standards and improved in areas since the last audit in January 2021.

Staff remain vigilant with hand washing and sanitising, as well as wearing masks appropriately.

## 6 Trust Board Summary

The most recent meeting of the Trust Board was held on 30 March 2021. Highlights from this meeting that are not reported elsewhere within the Council of Governors' papers are summarised below.

### 6.1 Chief Executive Update

#### 6.1.1 COVID-19 response

Throughout the pandemic GOSH consistently performed more elective, outpatient and day cases than other providers in North Central London and our performance continues to increase. The Trust continues to deliver its four recovery priorities:

- Delivering care for as many children and young people as possible based on clinical urgency.
- Rolling out the GOSH vaccine programme to keep staff, patients and families safe and sustain our services.
- Flexing up Paediatric Intensive Care Unit (PICU) services as needed to support the sickest children.
- Working with hospitals across the wider system to support pandemic response and recovery, including taking general paediatric patients and operating an 'always say yes' approach.

The GOSH vaccine clinic was back up and running in March to give staff colleagues their second Pfizer-BioNTech jab. On 19th March 2021 over 8,000 vaccines had been distributed.

## Attachment E

The Trust is drawing up a set of principles to underpin a carefully planned return to site for staff. This will be shared with staff for discussion with their line managers and to give good notice of any changes.

### 6.1.2 Staff survey and wellbeing 'pulse' survey

In autumn 2020, 56% of staff took part in the staff survey. This was our highest response to date. The feedback means that the Executive Management Team can focus on the areas that matter most to staff.

The results showed that although the Trust made really good progress over the last year with lots of improved scores, there is still work to do and has plans in place to tackle those areas with staff. The results of the survey will be presented at the July Council meeting.

### **6.2 Patient Story- experiences of Ketogenic Diet team**

At each meeting of the Trust Board, the GOSH Patient Experience Team works in partnership with ward and service managers, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for the Trust Board.

The purpose of the stories is to ensure that the voice of patients and their families is heard, that their experiences are shared, and that this informs further action to share good practice and drive improvements.

In March 2021 the Trust Board heard from Danielle, mother of Pippa (aged 7 years old) who shared her experiences at GOSH with the Ketogenic Diet team. Key areas for the team and the Trust to improve related to communication and responsiveness of administrative processes.

### **6.3 Heart and Lung - Directorate Review**

A review of the Heart and Lung Directorate was undertaken. The key discussions focussed the directorates successes, actions taken to restore elective activity during COVID-19, action plans to improve staff survey feedback, compliance with quality standards, financial strength and priorities for 2021.

### **6.4 Update on People and Culture - Planet 1 making GOSH a great place to work**

Caroline Anderson – Director of Human Resources and Organisational Development updated the Board on progress of the People Strategy and year 1 of the delivery plan.

### **6.5 Update on GOSH Learning Academy - Planet 3 – Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training**

The GOSH Learning Academy had successfully achieved all previously set targets and milestones agreed, within the extended Year 1 timeframe.

### **6.6 2021/22 Business Planning and budget setting update including plan**

The business plan and finance plan for 2021/22 which details the priorities for the year ahead and the financial plan for 2021/22 was approved.

### **6.7 Data management and data quality update report**

The Trust Board received a report providing assurance that the management of data within the Trust was both secure and delivering value in terms of improving patient outcomes, optimising performance and supporting the hospital's stakeholders.

### **6.8 Safe Nurse Staffing Report**

Alison Robertson – Chief Nurse presented a report on the nursing workforce during the months of December 2020 and January 2021. It provided 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.

## **6.9 Infection control assurance framework**

Trust Infection Prevention and Control (IPC) Measures had been reviewed in light of changes in national guidance to support management of COVID-19.

## **6.10 Council of Governors and Board Assurance Committee reports**

Reports were received from:

- Council of Governors
- Audit Committee
- Quality, Safety and Experience Assurance Committee
- People and Education Assurance Committee Update
- Finance and Investment Committee

## **6.11 Accessing Board papers**

The full sets of papers, including those for the Trust Board meeting in March 2021 are uploaded here: <https://www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board/trust-board-meetings>. The Wednesday 26 May 2021 Trust Board agenda and papers will also be on the website prior to the meeting.

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

## **7 Integrated Quality & Performance Report – March 2021 (February 2021 data)**

The Integrated Quality & Performance Report provides a three month snapshot of hospital performance in key metrics relating to quality (safety, experience, effectiveness, responsiveness and whether we are well led). Please see **Appendix 1**.

Highlights for the Council's attention are:

- The number of Incident reports (per 1000 bed days) was within the expected range (94). There is a plan to continue to improve the incident closure rate.
- The increase in pharmacy incidents was expected to be due to improved reporting and awareness, although work is underway to understand and support any issues.
- The serious incident (SI) investigation pathway was under review with the aim of improving compliance with national timeframes for closure. Five serious incident reports were overdue. These will be monitored weekly until they are closed.
- There was a focus on improving performance on the number of risks scored as 'High' reviewed within date in liaison with the directorates.
- The Friends and Family Test (developed to help service providers understand whether patients are happy with the service provided) response rate in February was 45%. This was 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 four new formal complaints in February with concerns relating to communication, delays and aspects of care.
- Patient Advice and Liaison Service (Pals) contacts increased again to 242. There was a reduction in COVID specific contacts but families continued 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.

## 8 Finance report – March 2021 (Month 11 – February data)

The Trust finished Month 11 with a year to date performance of a £0.2m deficit. This was £17.2m favourable against the Month 7 to 12 plan for the Trust (plan £20.6m).

This position includes recognition of £39.4m of retrospective top-up funding from NHSE for the first 6 months of the year where hospitals were given enough funds to cover their costs during the first wave of the COVID-19 pandemic.

The difference between the plan and the current financial position (£17.2m) is mainly due to additional NHS income which had not been notified at the time of creating the plan as well as reduced non pay costs due to the second wave of the COVID-19 pandemic.

The Trust is currently forecasting a £2m deficit for the year but this is likely to change as NHSE clarifies further additional funding that may be due to the system.

Please see **Appendix 2**.

## 9 News

For more information on any of these news stories, please visit: <https://www.gosh.nhs.uk/news/>

### 9.1 World-first paediatric heart transplant technique boosts number of life-saving operations for children in the UK

Using a technique that ‘reanimates’ the heart outside of the body, GOSH, the Royal Papworth Hospital and NHS Blood & Transplant expand the donor pool and performed six paediatric heart transplants in 2020. This technique has increased the number of transplants for eligible children in the UK by 50%.

### 9.2 GOSH is awarded a LUPUS UK Centre of Excellence for Children & Young People

During a ceremony held virtually on Wednesday, 24 February, the hospital was recognised for its world-class service where patients are seen as people first, and each child and parent is treated with dignity, by staff who are dedicated to helping them live their healthiest lives.

The Centre of Excellence scheme is designed to recognise and reward specialist lupus clinics that offer a high quality of care for people with lupus and to ensure that these standards are maintained. This is an important recognition for our lupus service.



### 9.3 New team of nurses join GOSH after successful Philippines recruitment drive

A new team of nurses have joined GOSH after a successful recruitment drive in the Philippines.

The first cohort of 11 Filipino nurses arrived in the UK in January and after completing their two week COVID-19 self-isolation at a nearby hotel, are now working on wards across the hospital.

This is the first recruitment drive of its kind that GOSH has carried out in the Philippines. The plan to recruit nurses from the South East Asian country began in 2019, prior to the Covid-19 pandemic.

#### 9.4 Physically Distanced, Creatively Connected



From clapping for carers to inspiring resilience, a series of artworks, commissioned by GOSH Arts, were created to capture the evolving themes and feelings about the Covid-19 pandemic.

<https://www.gosh.nhs.uk/wards-and-departments/departments/gosh-arts/news-1/physically-distanced-creatively-connected/>

If you are inspired by this exhibition check out GOSH Arts on Twitter and Instagram @GOSH\_Arts

#### 9.5 GOSH-led metformin trial dramatically reduces seizures for people with Tuberous Sclerosis

A team of researchers led by UCL Great Ormond Street Institute of Child Health (ICH) and GOSH has found that metformin – a drug commonly used to treat Type 2 diabetes – can successfully reduce symptoms associated with tuberous sclerosis complex (TSC), including reduction in the frequency of seizures and the size of brain tumours.

#### 9.6 New Drug Targets for Childhood Cancer Neuroblastoma Identified

The largest single cell study to date of the childhood cancer, neuroblastoma, has answered important questions about the genesis of the disease. Researchers from GOSH, the Wellcome Sanger Institute and their collaborators, discovered that all neuroblastomas arise from a single type of embryonic cell called sympathoblasts.

The presence of sympathoblasts, a developmental cell type not normally found in children after they are born, makes it a promising drug target for the treatment of neuroblastoma.

#### 9.7 What does racial equality mean to you?

February 2021 saw the launch of the first Race Equality Week in the UK. It was motivated by the Nobel Prize nominated Black Lives Matter movement and as a response to the disproportionate impact of the COVID-19 pandemic on communities.

The initiative encouraged individuals and organisations to create meaningful changes that will lead to racial equality across the nation. The GOSH BAME (Black, Asian and minority ethnic) Forum contributed by asking some of its members: *how do we achieve racial equality?* Some of the feedback included:

- Saying someone's name correctly can make such a difference in how they feel cared for. It's an acknowledgment of who they are and where they come from and it matters.
- Open up and share your experiences with the people around you, it can make a difference.
- Give someone the confidence to be their full, authentic self.
- Keep holding the door open for future generations.
- Encourage communities to pursue their vision, even when it feels impossible.

## Attachment E

### 9.8 International Day of Women and Girls in Science 2021



On International Day of Women and Girls in Science 2021, GOSH took the opportunity of to highlight just some of the women and girls who contribute to the breadth of science and research excellence at our hospital.

### 9.9 Uninherited mutations cause spina bifida

Scientists at the UCL GOS Institute of Child Health reveal that new genetic mutations which occur during embryonic development can cause the severe birth defect spina bifida.

## 10 Attachments

- Integrated Quality & Performance Report – March 2021 (February 2021 data) – **Appendix 2**
- Finance report – March 2021 (Month 11 – February data) – **Appendix 3**



# Integrated Quality & Performance Report

## March 2021

(February 2021 data)

**Sanjiv Sharma**

**Alison Robertson**

**John Quinn**

**Caroline Anderson**

Medical Director

Chief Nurse

Chief Operating Officer

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%
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%

# 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

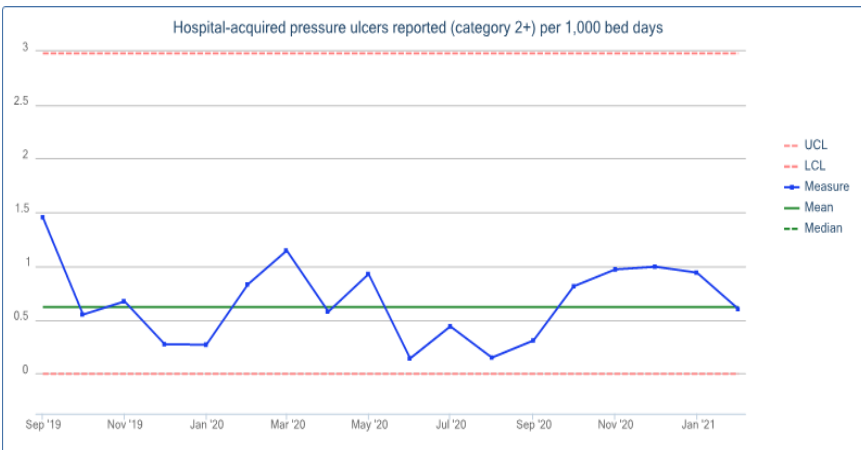
Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 18/19	82	52959	1.5	1.5
Year 19/20	73	56029	1.3	1.3
Apr-20	8	4886	1.6	1.6
May-20	9	4577	2.0	1.8
Jun-20	4	4529	0.9	1.5
Jul-20	7	4584	1.5	1.5
Aug-20	4	4207	1.0	1.4
Sep-20	3	4034	0.7	1.3
Oct-20	5	4486	1.1	1.3
Nov-20	9	4550	2.0	1.4
Dec-20	4	4699	0.9	1.3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

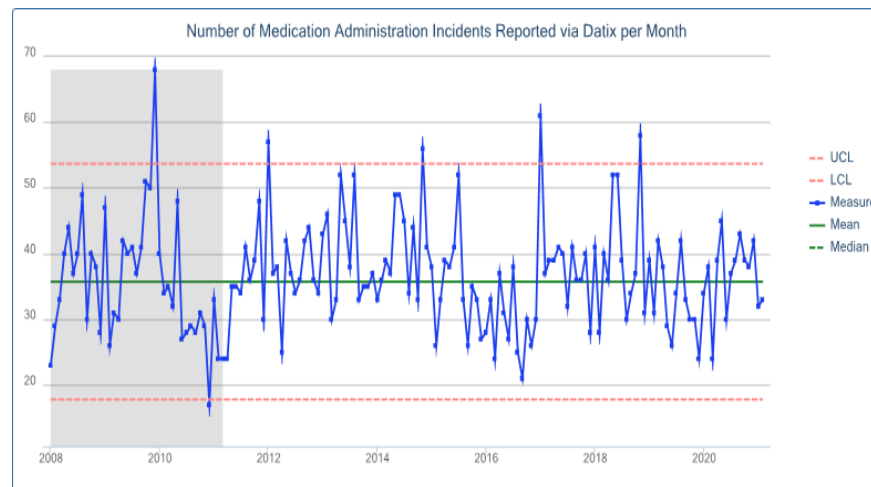
## Infection Control Metrics

Care Outcome Metric	Parameter s	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 F)	In Month	0	1	0	4	0	2	1
	YTD	3	4	4	8	8	10	11

## Pressure Ulcers



## Medication Incidents



133 medication-related incidents were reported in February 2021. By category these were broken down as follows:

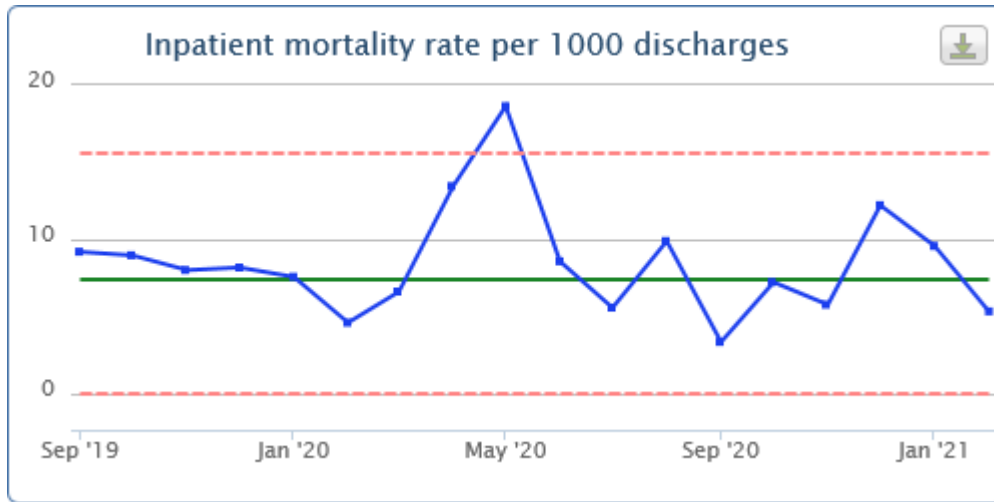
- Administration error-24%
- Dispensing error-32%
- Prescription error (incl admin from incorrect prescription)- 16%
- Storage/missing medication -22%

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.

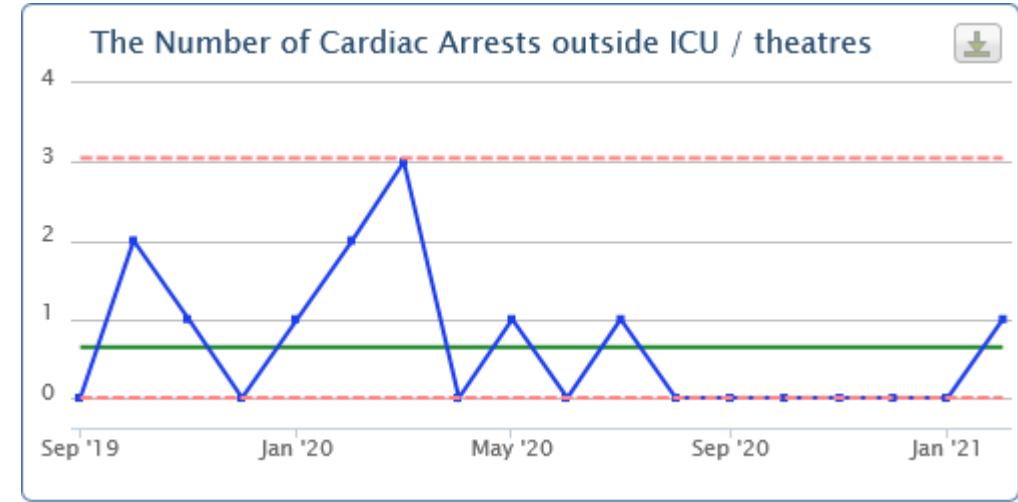
		Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
Volume	R-12+, A 6-11 G =0-5	1	3	1	2	7	5	7	7	4
Rate	R=>3 G=<3	0.14	0.43	0.14	0.31	0.95	0.99	1.0	0.59	0.6

# Does our care provide the best possible outcomes for patients?

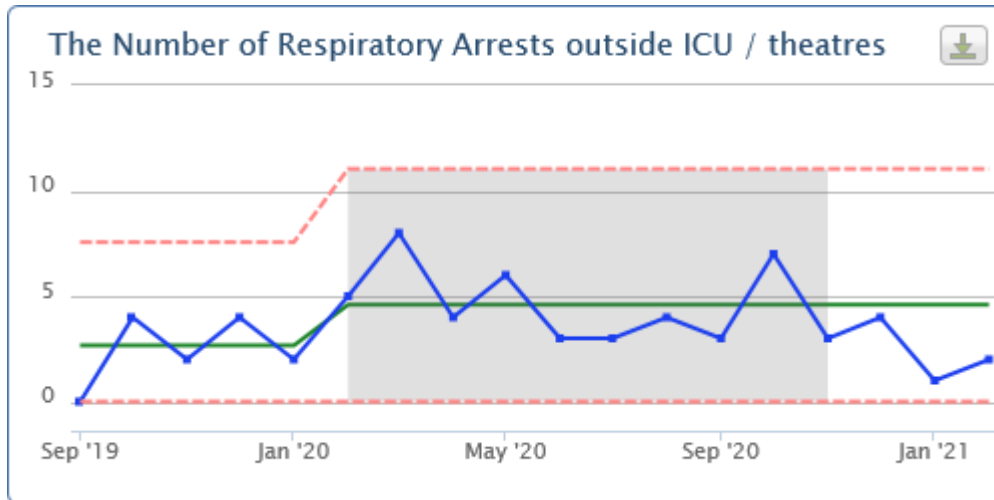
## Inpatient mortality



## Cardiac Arrests



## Respiratory Arrests



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

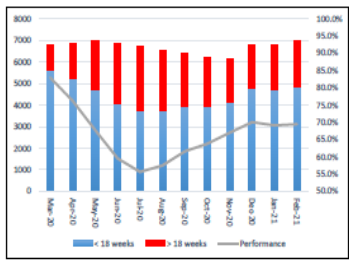
The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANET). The most recent PICANET report was published on the 11<sup>th</sup> February 2021 and covers the calendar years 2017-2019. The report shows GOSH PICU/NICU and CICU risk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

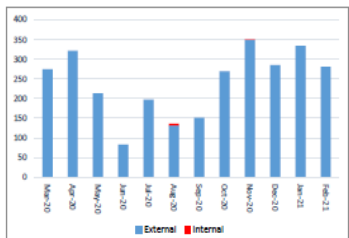


RTT incomplete pathways: % of patients waiting <18 weeks



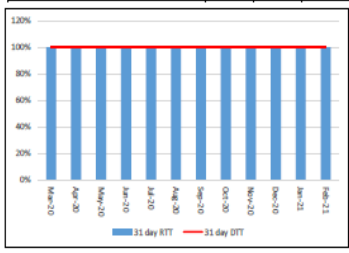
Period	Target	Actual
Aug-20	97.45%	61.60%
Sep-20	63.77%	67.01%
Oct-20	70.05%	69.13%
Nov-20	69.13%	69.46%
Dec-20		
Jan-21		
Feb-21		

RTT: Total unknown dock starts



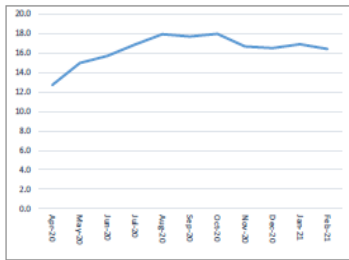
Period	Actual
Aug-20	136
Sep-20	151
Oct-20	269
Nov-20	330
Dec-20	385
Jan-21	334
Feb-21	281

Cancer: 31 day referral to treatment  
Cancer: 31 day decision to treat



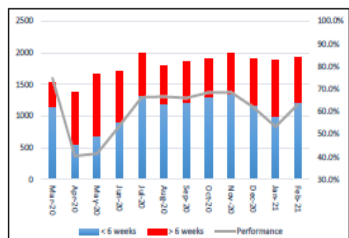
Period	Target	Actual
Sep-20	100%	100%
Oct-20	100%	100%
Nov-20	100%	100%
Dec-20	100%	100%
Jan-21	100%	100%
Feb-21	100%	100%

RTT: Average waits for open pathways



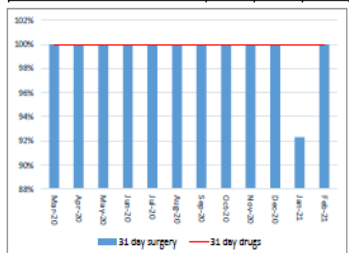
Period	Target	Actual
Aug-20	17.9	17.7
Sep-20	18.0	16.7
Oct-20	16.7	16.5
Nov-20	16.5	16.9
Dec-20		
Jan-21		
Feb-21		

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



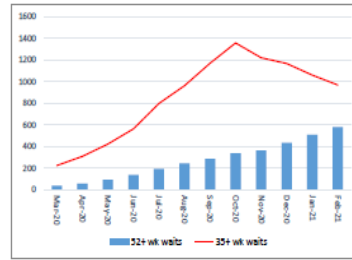
Period	Target	Actual
Aug-20	66.95%	66.00%
Sep-20	68.44%	68.53%
Oct-20	61.92%	63.28%
Nov-20	63.15%	63.15%
Dec-20		
Jan-21		
Feb-21		

Cancer: 31 day subsequent treatment (Surgery)  
Cancer: 31 day subsequent treatment (Drugs)



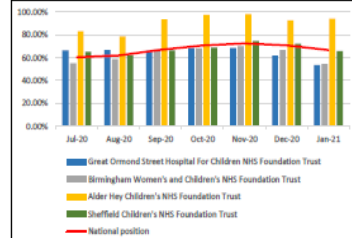
Period	Target	Actual
Sep-20	100%	100%
Oct-20	100%	100%
Nov-20	100%	100%
Dec-20	100%	92%
Jan-21	100%	100%
Feb-21	100%	100%

RTT: Incomplete pathways 52 weeks or more



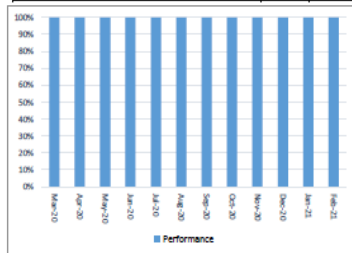
Period	Target	Actual
Sep-20	282	333
Oct-20	339	431
Nov-20	507	577
Dec-20		
Jan-21		
Feb-21		

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



Period	Target	Actual
Jul-20	69.40%	61.95%
Aug-20	66.95%	70.78%
Sep-20	72.45%	70.83%
Oct-20		
Nov-20		
Dec-20		
Jan-21		

Cancer: 62 day consultant upgrade

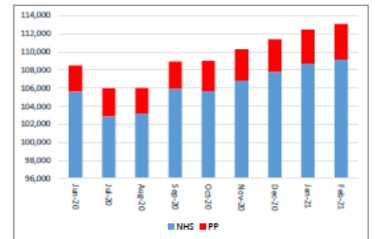


Period	Actual
Aug-20	100.0%
Sep-20	100.0%
Oct-20	95.8%
Nov-20	100.0%
Dec-20	100.0%
Jan-21	100.0%
Feb-21	100.0%

## Patient Access Great Ormond Street Hospital for Children NHS Foundation Trust

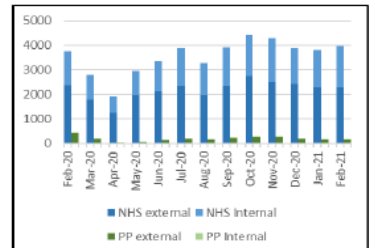


Open referrals at month end (NHS & PP)



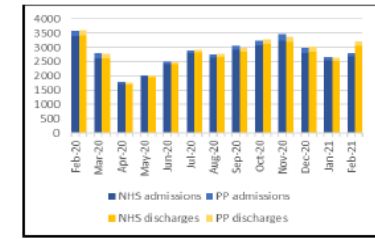
Period	Actual
Sep-20	105,910
Oct-20	105,715
Nov-20	106,251
Dec-20	107,787
Jan-21	108,746
Feb-21	109,171

External Referrals (NHS & PP)  
Internal Referrals (NHS & PP)



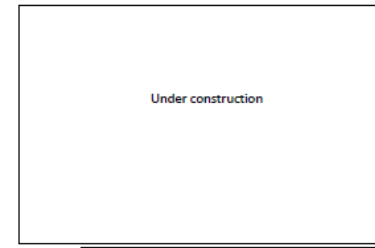
Period	Actual
Sep-20	1245
Oct-20	2951
Nov-20	2770
Dec-20	2597
Jan-21	2449
Feb-21	2418

Admissions (NHS & PP)  
Discharges (NHS & PP)



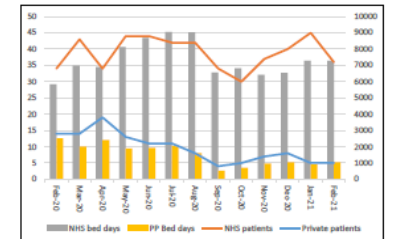
Period	Actual
Sep-20	3052
Oct-20	3230
Nov-20	3414
Dec-20	2964
Jan-21	2649
Feb-21	2804

Patients with an EDD  
Patients beyond their date of discharge



Period	Actual
Sep-20	38
Oct-20	35
Nov-20	44
Dec-20	48
Jan-21	50
Feb-21	41

Patients not yet discharged with LOS >50 days  
Bed days



Period	Actual
Sep-20	7081
Oct-20	7532
Nov-20	7393
Dec-20	7582
Jan-21	8180
Feb-21	8324

# Are we productive and efficient?

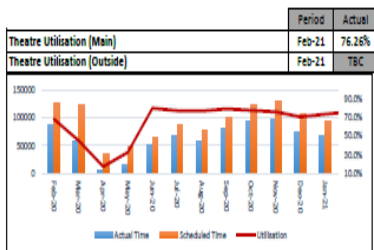
## Productivity & Efficiency

Great Ormond Street Hospital for Children NHS Foundation Trust



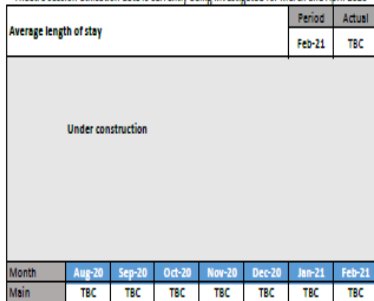
## Productivity & Efficiency

Great Ormond Street Hospital for Children NHS Foundation Trust

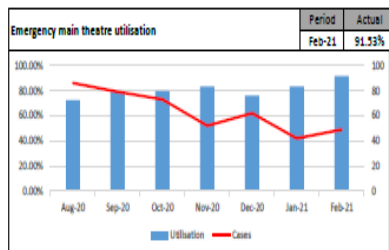


Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Main	76.94%	79.29%	77.80%	76.20%	70.77%	73.51%	76.26%
Outside	TBC	TBC	TBC	TBC	TBC	TBC	TBC

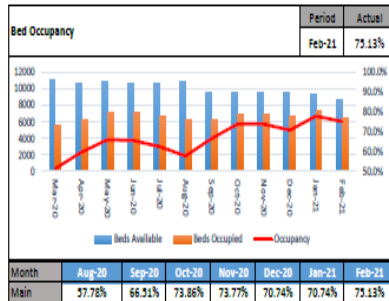
\*Theatre session utilisation data is currently being investigated for March and April 2020



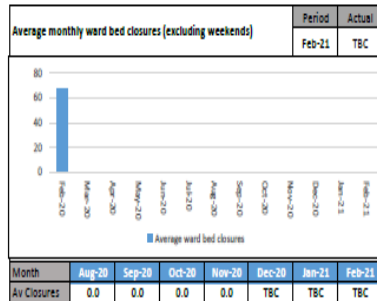
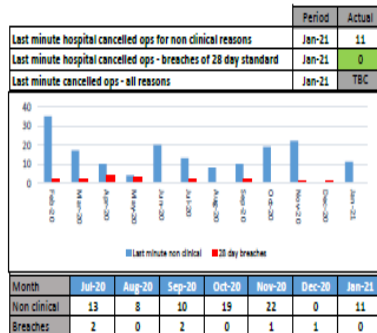
Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Main	TBC	TBC	TBC	TBC	TBC	TBC	TBC



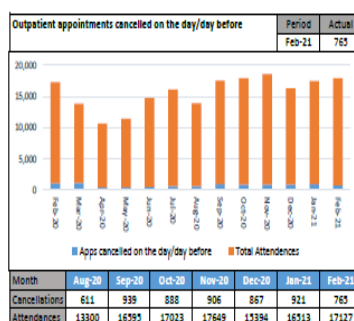
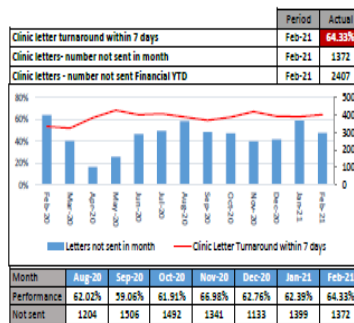
Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cases	86	79	73	52	62	42	49
Utilisation	72.4%	79.1%	79.6%	83.26%	76.15%	83.07%	91.93%



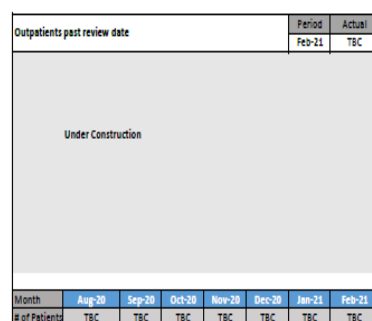
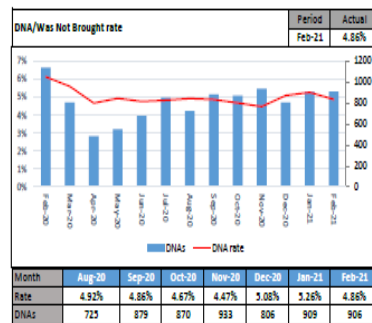
Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Main	57.78%	66.1%	73.86%	73.77%	70.74%	70.74%	75.13%



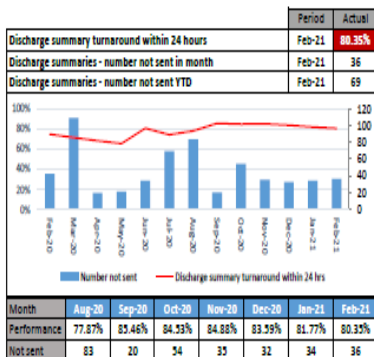
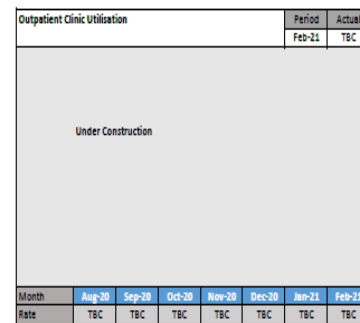
Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Av Closures	0.0	0.0	0.0	0.0	TBC	TBC	TBC



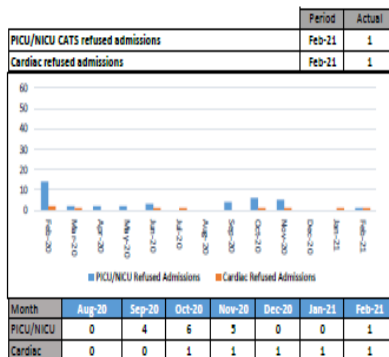
Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cancellations	611	939	888	906	867	921	765
Attendances	13300	16395	17023	17649	15394	16513	17127



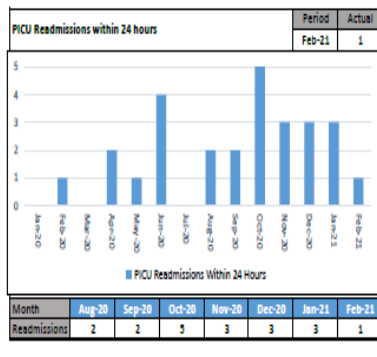
Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
# of Patients	TBC	TBC	TBC	TBC	TBC	TBC	TBC



Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Performance	77.87%	83.46%	84.93%	84.88%	83.59%	81.77%	80.35%
Not sent	83	20	54	33	32	34	36



Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
PICU/ICU	0	4	6	5	0	0	1
Cardiac	0	0	1	1	1	1	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	Incompl ete	Comple t e	%
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%
<b>Grand Total</b>	<b>74</b>	<b>1137</b>	<b>94%</b>

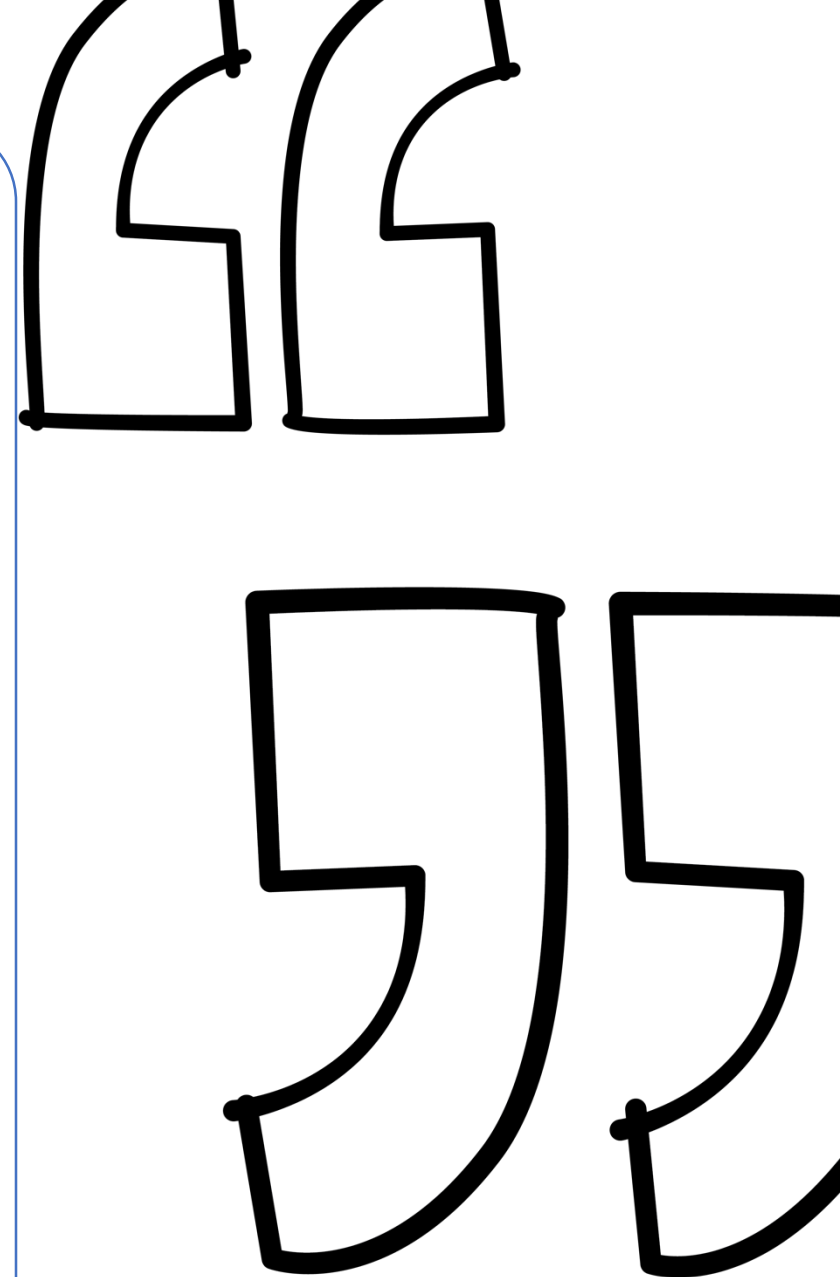


# Are we Caring?

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 a priority 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.

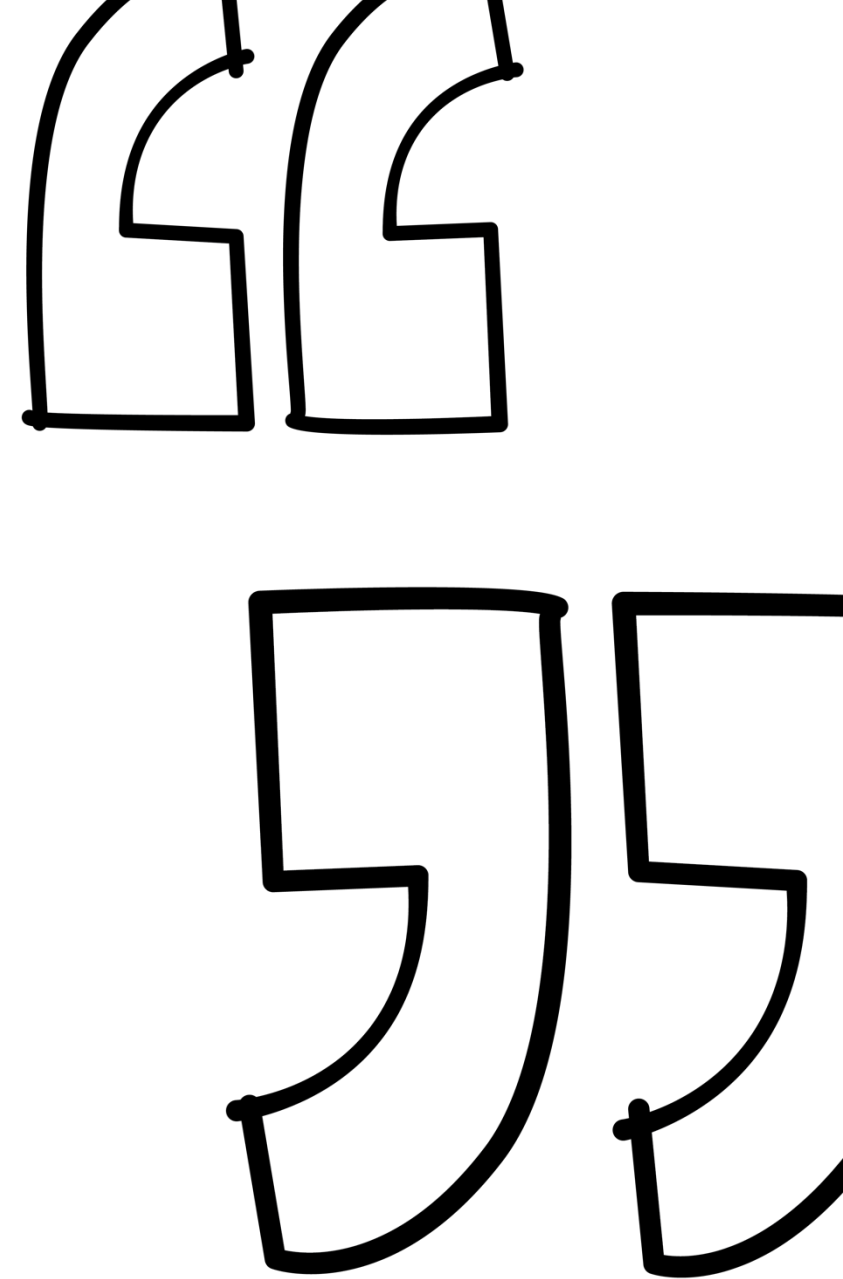
We have completed priority two Trust wide audits in February 2021

- 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%

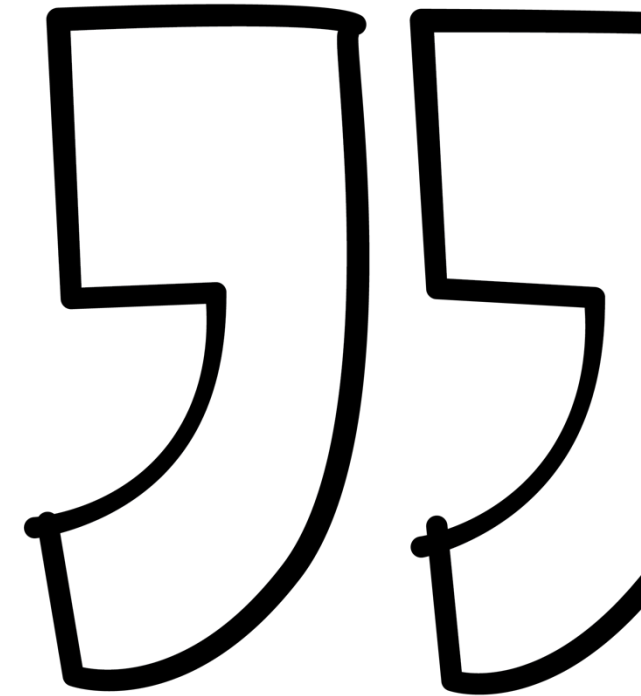
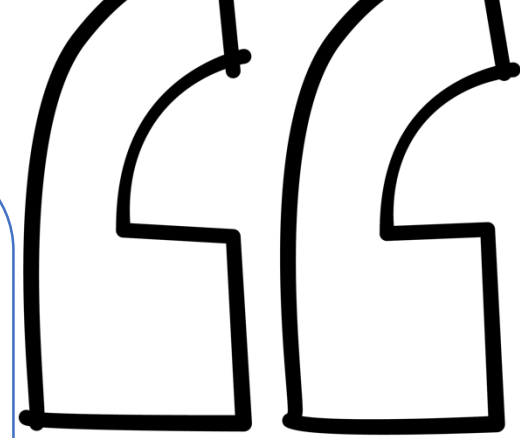
**Imaging activity** over the last 8 weeks has averaged 75.59% against previous year, with MRI being 75.06%, Non obstetric Ultrasound 77.45% and CT 57.94%

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.



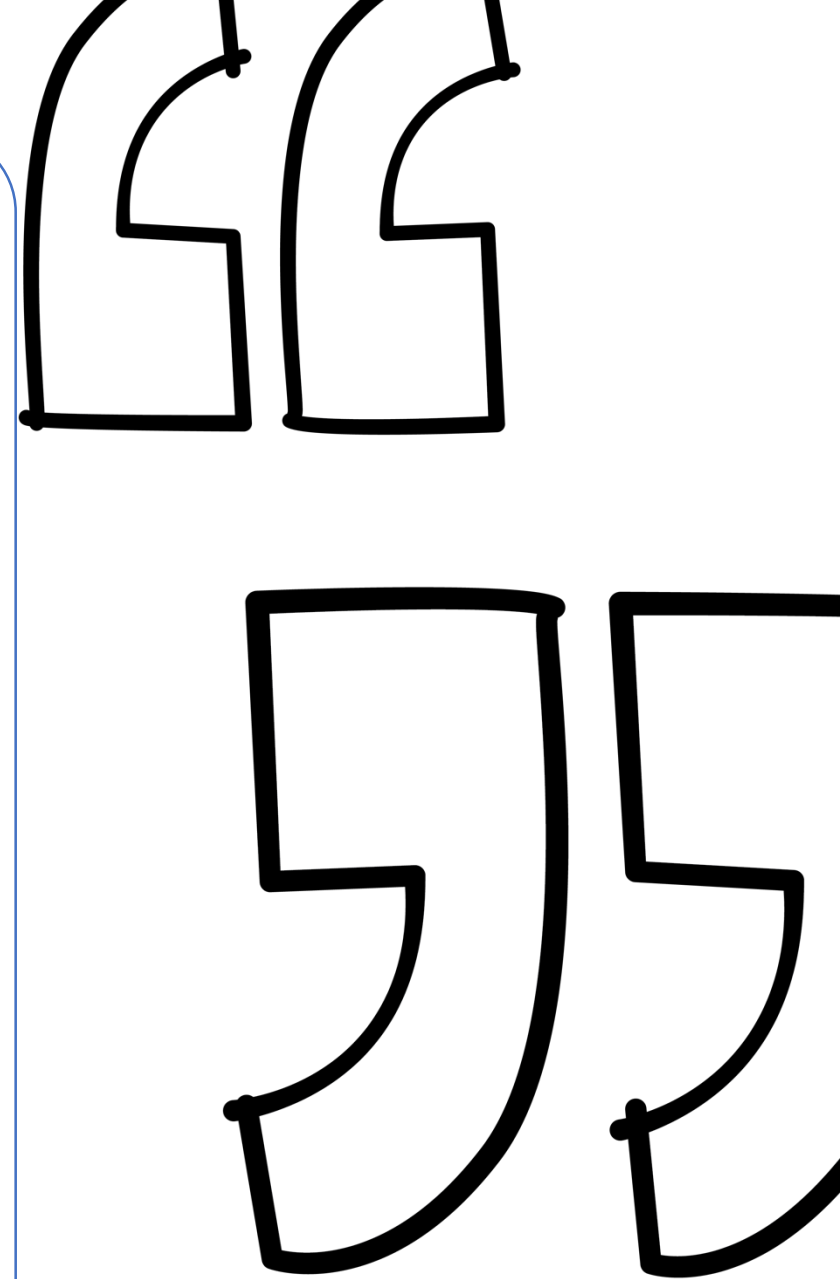
# Are we Well Led?

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 1<sup>st</sup> 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 118 in 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.

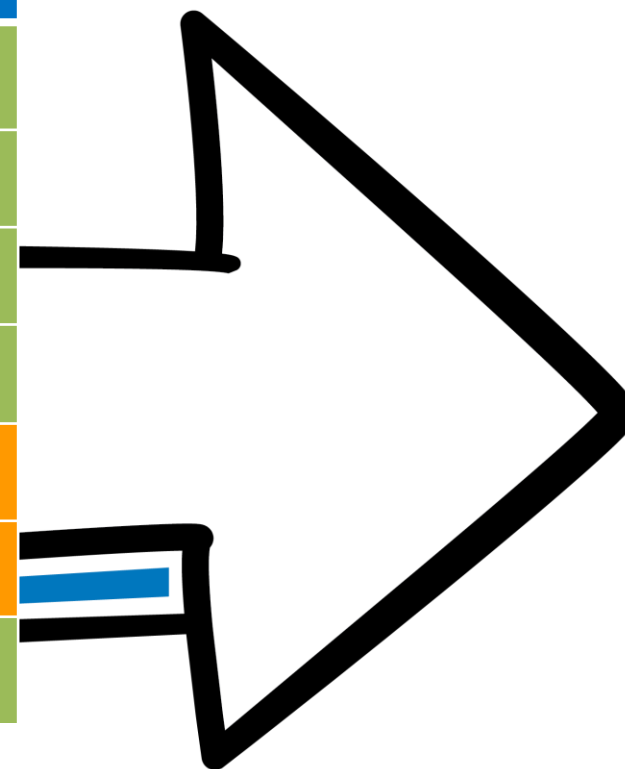
**Statutory & Mandatory training compliance:** In February the compliance rate across the Trust remained at 94% for the 7<sup>th</sup> month in a row, which remains above the target with all directorates achieving target. The medical and dental staffgroup are the only staffgroup below the 90% target (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%

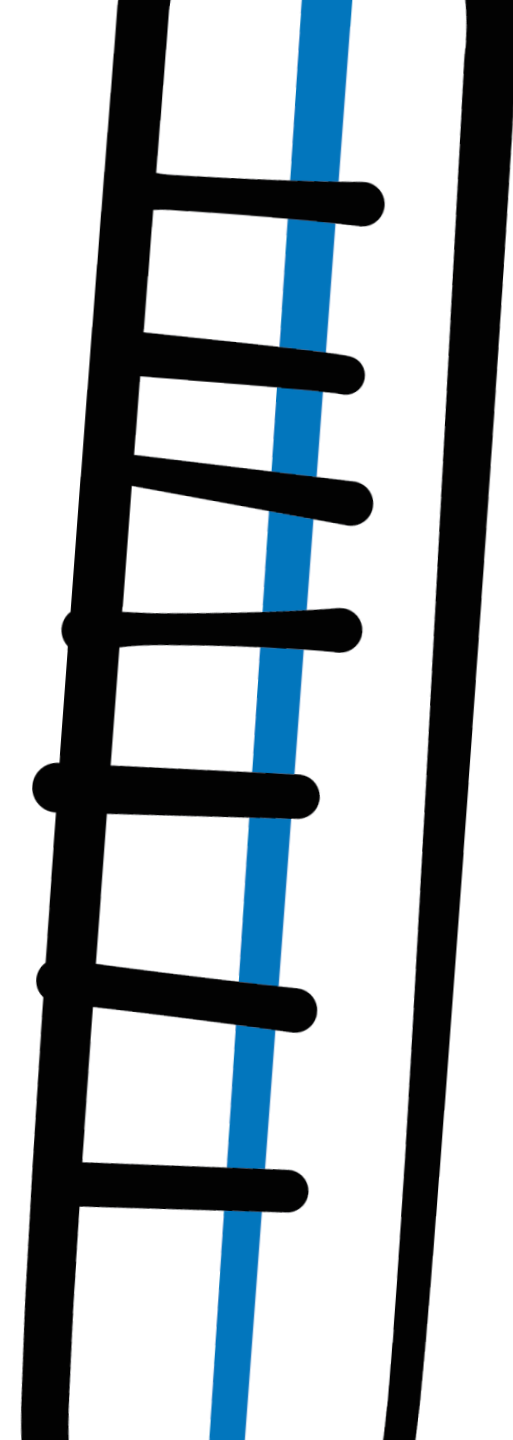


## Directorate (Clinical) KPI performance February 2021

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

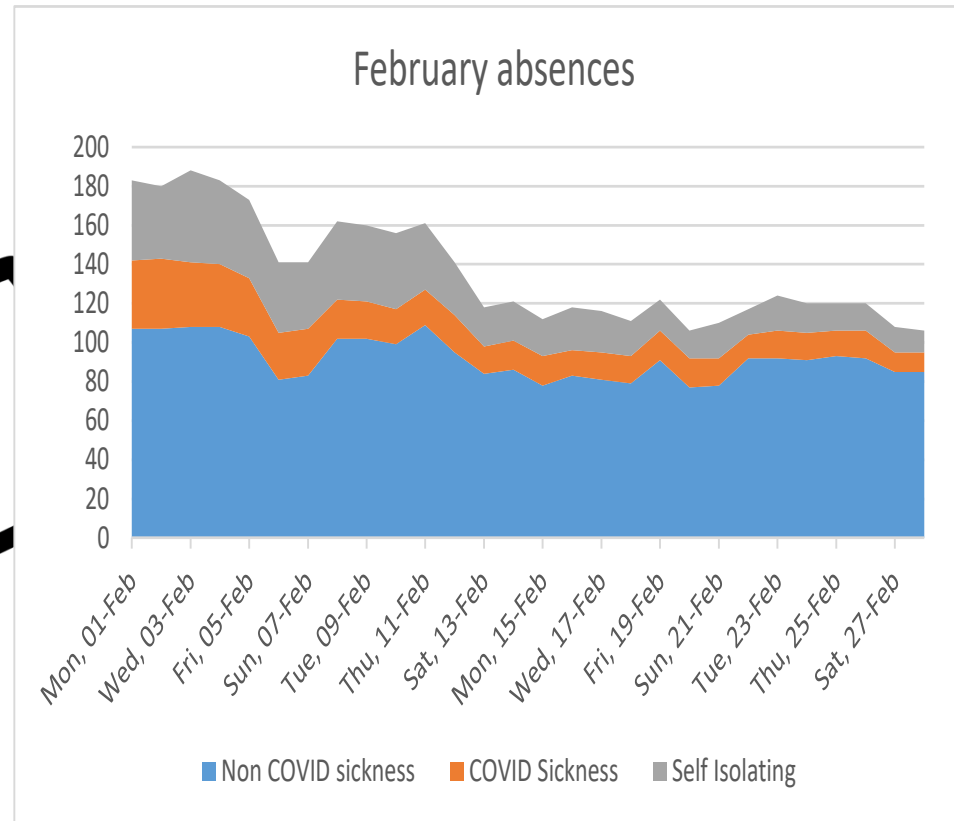
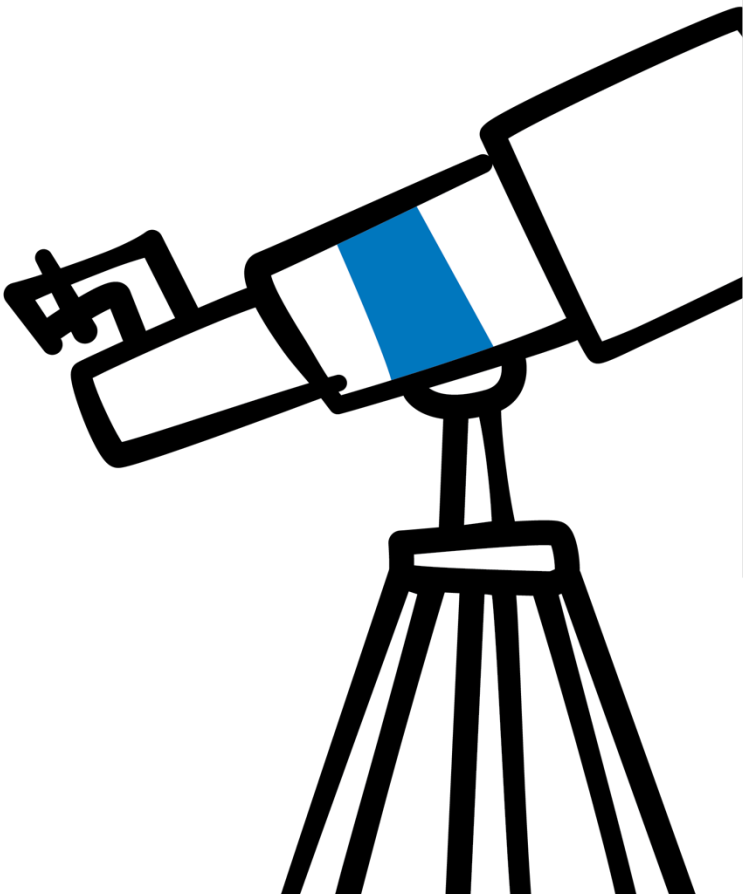
Metric	Plan	Trust	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	10.7%	14.0%	19.1%	10.0%	5.2%	8.0%	3.5%	16.7%	7.5%	10.4%	10.7%
Sickness (1m)	3%	2.7%	0.2%	0.0%	5.2%	2.7%	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



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.



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# In Touch pulse survey – February 2021



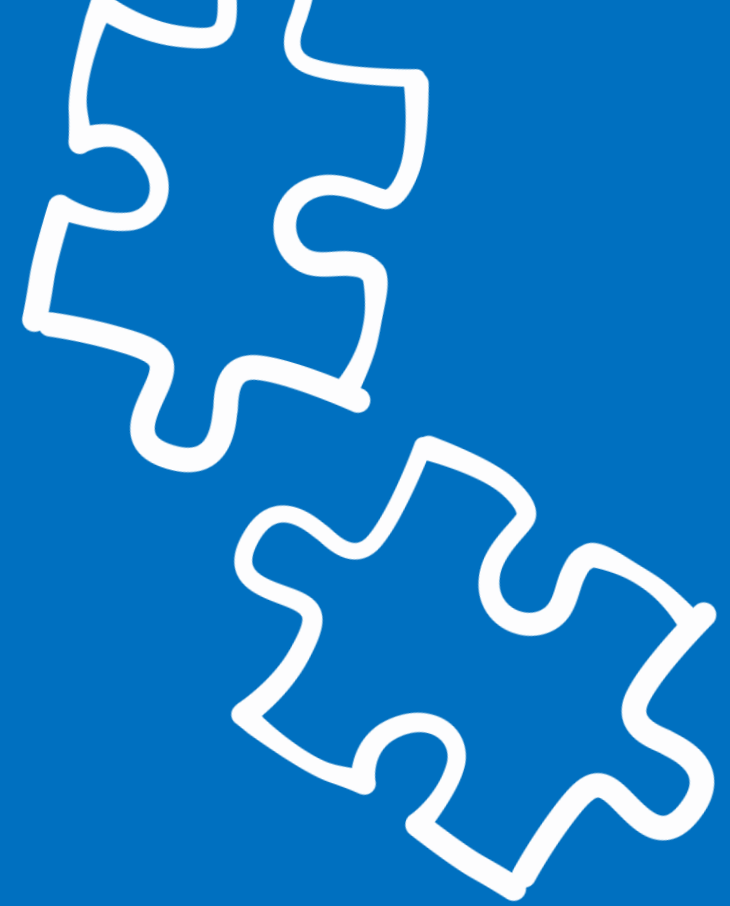
Question	Response	2019 NHS Staff Survey	2020 NHS Staff Survey	In Touch June 2020	In Touch Aug 2020	In Touch Feb 2021
How do you feel you are coping with life at the minute?	Very Well/Pretty Well	-	-	66%	66%	53%
Do you know where you would go for wellbeing help and advice, if you needed support?	Yes	-	-	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



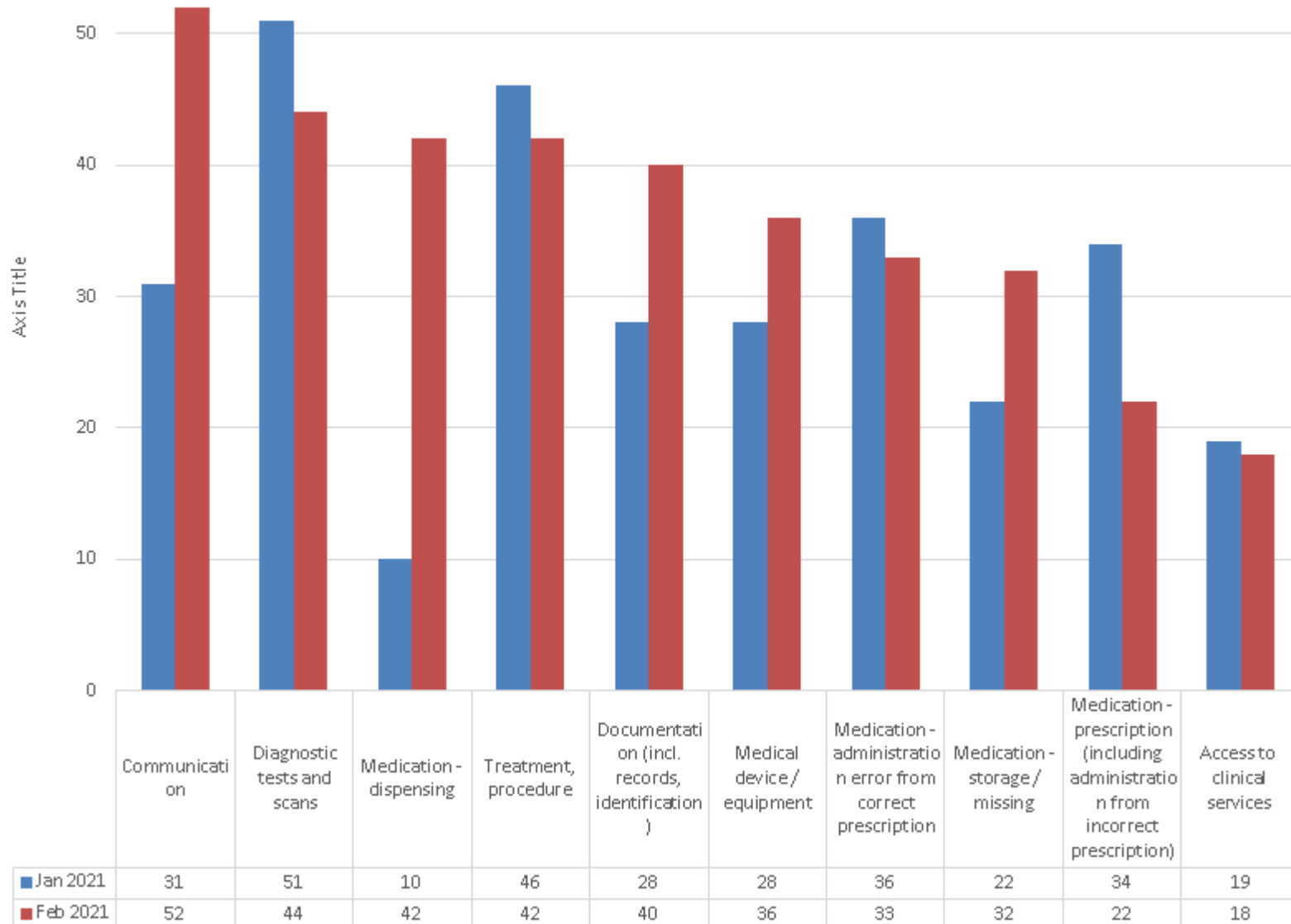
# Quality and Safety

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.

# Patient Safety – Serious Incident Summary

## New & Ongoing Serious Incidents

Director ate	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 17 <sup>th</sup> 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 18 <sup>th</sup> 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

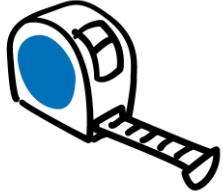
The audit report was reviewed at Closing the Loop and PSOC. It was confirmed that the intended direction of travel should be for all MDTs meetings to have terms of reference in order to support demonstration of quoracy. The approach to do this will require clarification and be monitored via PSOC. This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

## ICU Covid testing audit

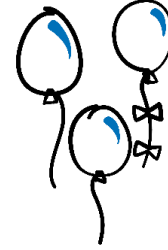
Learning from incident reporting highlighted the need to ensure that all patients in the ICU areas have a repeat SARS-CoV2 test at the 3rd day/72hour point into their admission. This audit reviewed all ICU patients between 20<sup>th</sup>-26<sup>th</sup> February 2021 to establish whether this is happening,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



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 ).



## 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.

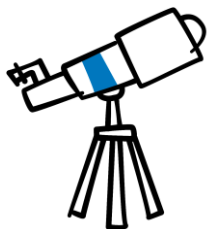
This is essentially about knowing what clinical audit we are doing in the Trust

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



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	<ul style="list-style-type: none"> <li>➤ QI Education Programmes</li> <li>➤ Project Coaching</li> </ul>	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 <b>[adjusted completion date to March 2021]</b>
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:

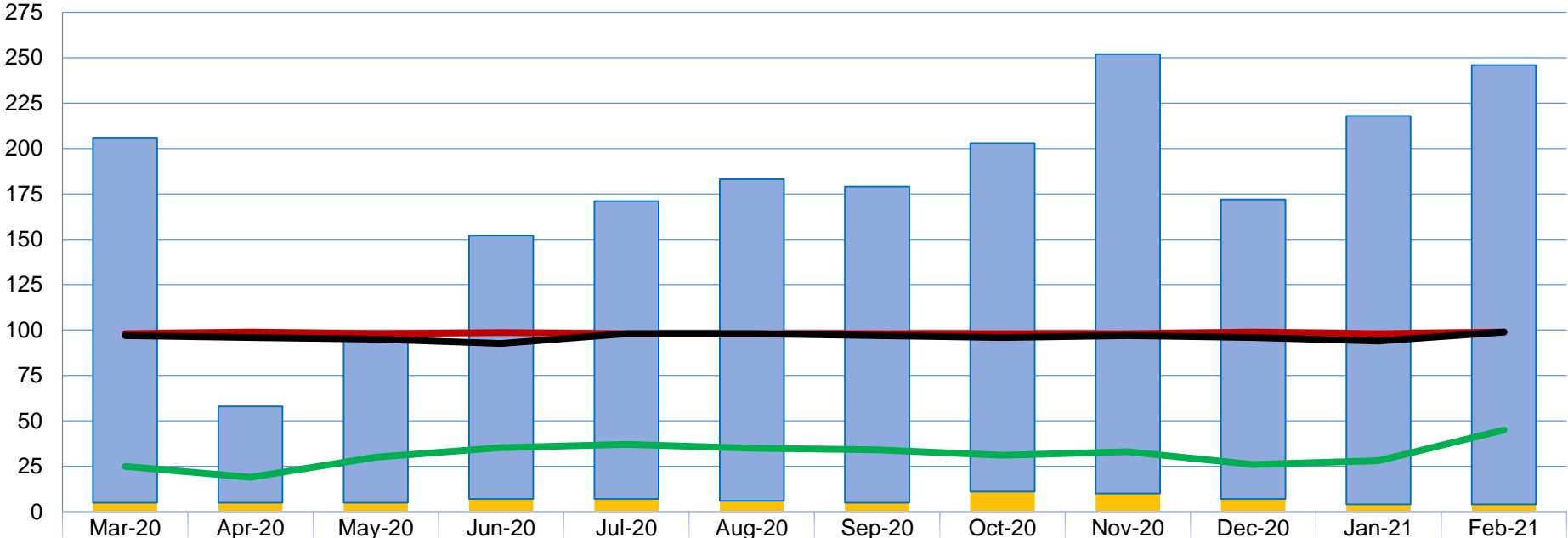
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- Lessons learned from a recent complaint
- Pals themes and trends
- Learning and improvements from Pals contacts
- Friends and Family Test feedback trends and themes
- Friends 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
<span style="color: blue;">■</span> Pals	201	53	94	145	164	177	174	192	242	165	214	242
<span style="color: yellow;">■</span> Formal Complaints	5	5	5	7	7	6	5	11	10	7	4	4
<span style="color: red;">—</span> FFT recommendation rate - Inpatients %	98	99	98	99	98	98	98	98	98	99	98	99
<span style="color: black;">—</span> FFT recommendation rate - Outpatients %	97	96	95	93	98	98	97	96	97	96	94	99
<span style="color: green;">—</span> FFT % response rate	25	19	30	35	37	35	34	31	33	26	28	45

# Complaints: Are we responding and improving?



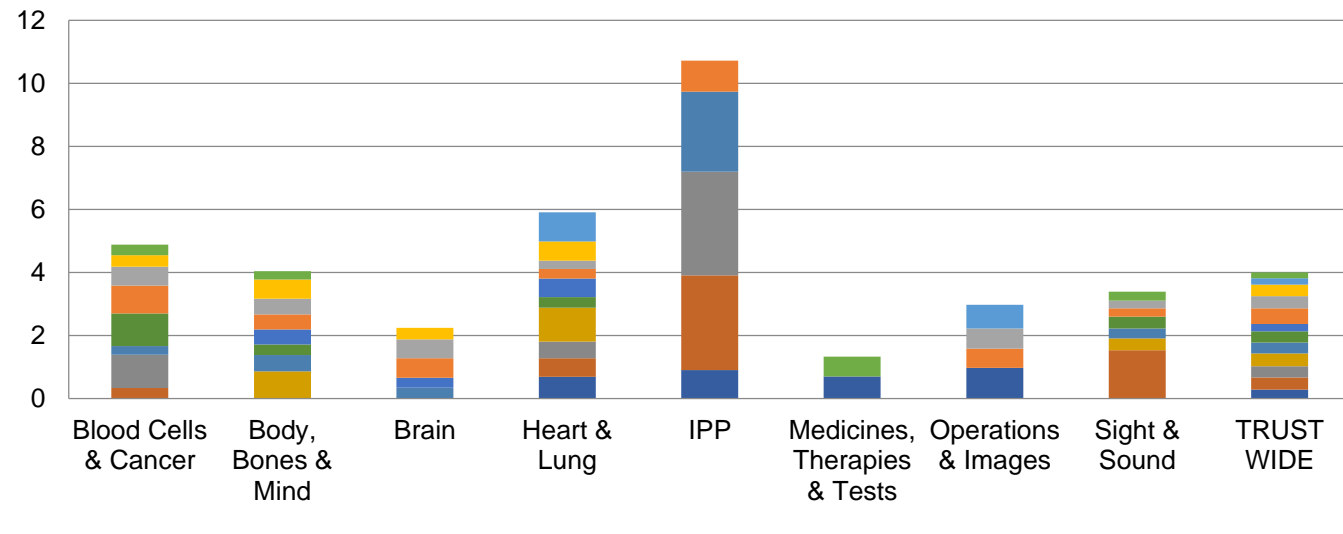
The number of formal complaints in February 2021 (n=4) remained the same as the previous month and one of these complaint was graded as red/high risk. This month families reported concerns about:

- 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\*

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



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).

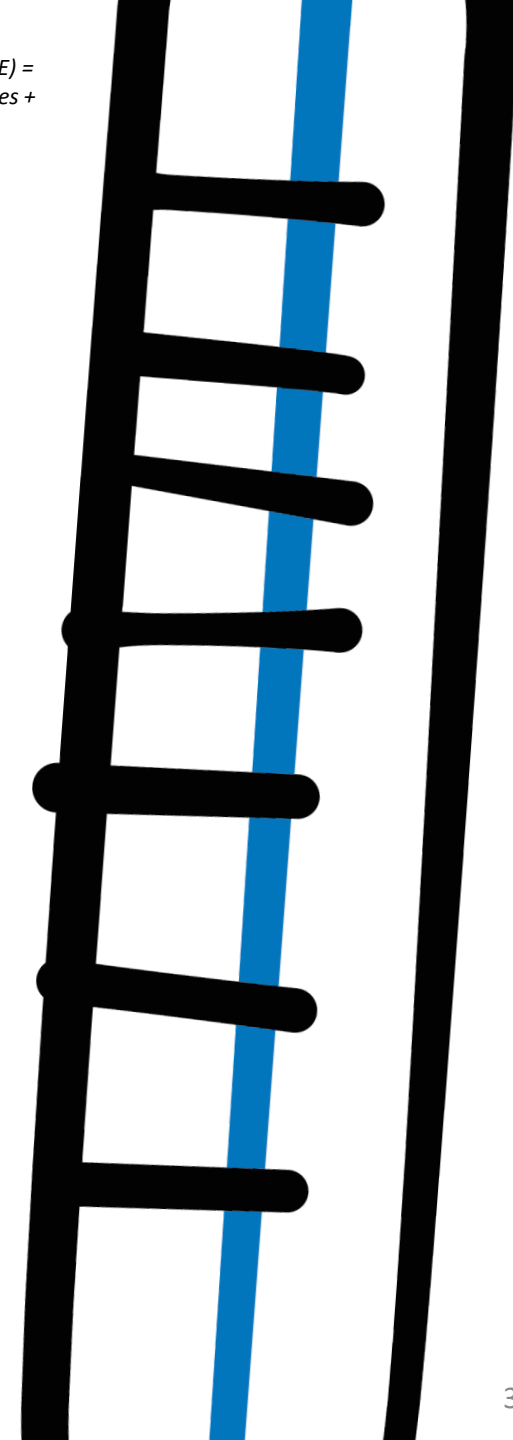
Complaints were received under four directorates this month:

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 its lowest complaint rate (0.27) since January 2020.

The Sight and Sound directorate had its highest complaints rate (0.29) since August 2020.



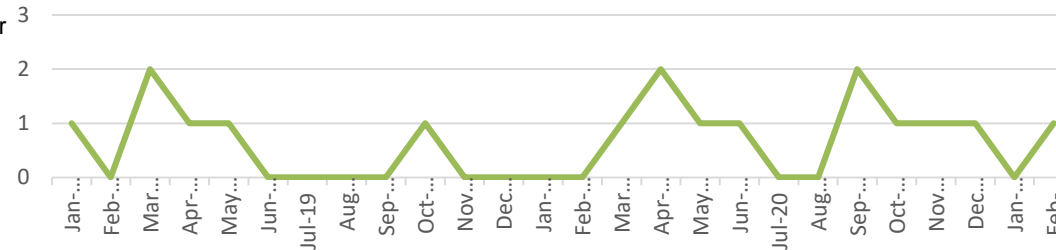
# Red/ High Risk complaints: Are we responding and improving?

<b>NEW</b> red complaints opened in <b>February 2021</b>	<b>NEW</b> red complaints <b>since APRIL 2020**</b>	<b>REOPENED</b> red complaints <b>since APRIL 2020</b>	<b>ACTIVE</b> red complaints (new & reopened) as of 28/02/21	<b>OVERDUE</b> red complaint actions
1	10*	0	4	0
<b>New Red Complaint</b>				
Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
<b>Active Red Complaints (including reopened complaints)</b>				
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.

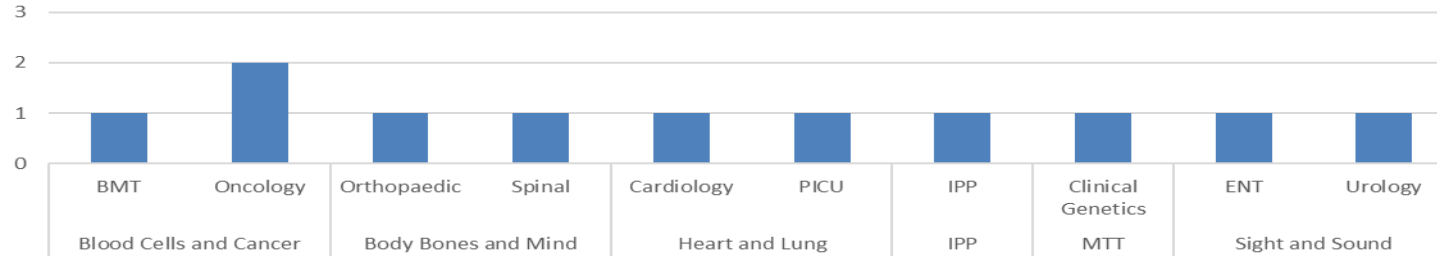
\*Two complaints were later re-graded to amber following the completed investigation.

# 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.

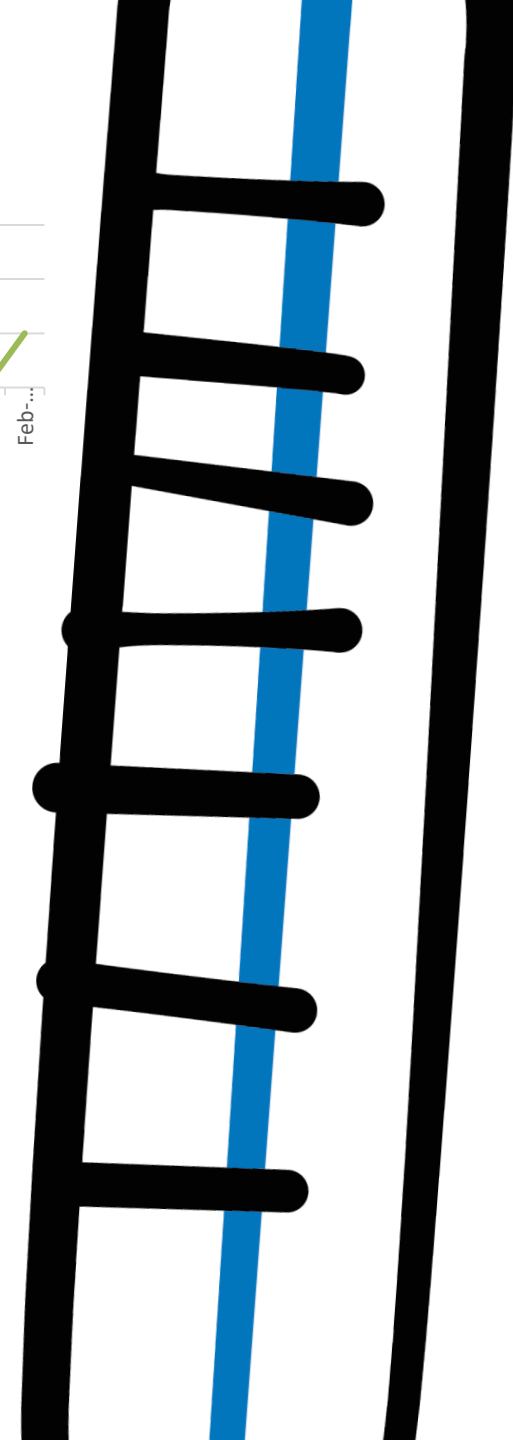


Review of these complaints shows that families reported concerns around the following subjects:

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 PFECC.

\* 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
<b>Total:</b>	<b>148</b>	<b>214</b>	<b>242</b>
Top Six Themes			
<b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families).	52	122	128
<b>Admission/Discharge /Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).	8	3	2
<b>Staff attitude</b> (Rude staff, poor communication with parents, not listening to parents, care advice)	0	3	0
<b>Outpatient</b> (Cancellation; Failure to arrange appointment).	27	15	16
<b>Transport Bookings</b> (Eligibility, delay in providing transport, failure to provide transport)	2	8	11
<b>Information</b> (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.

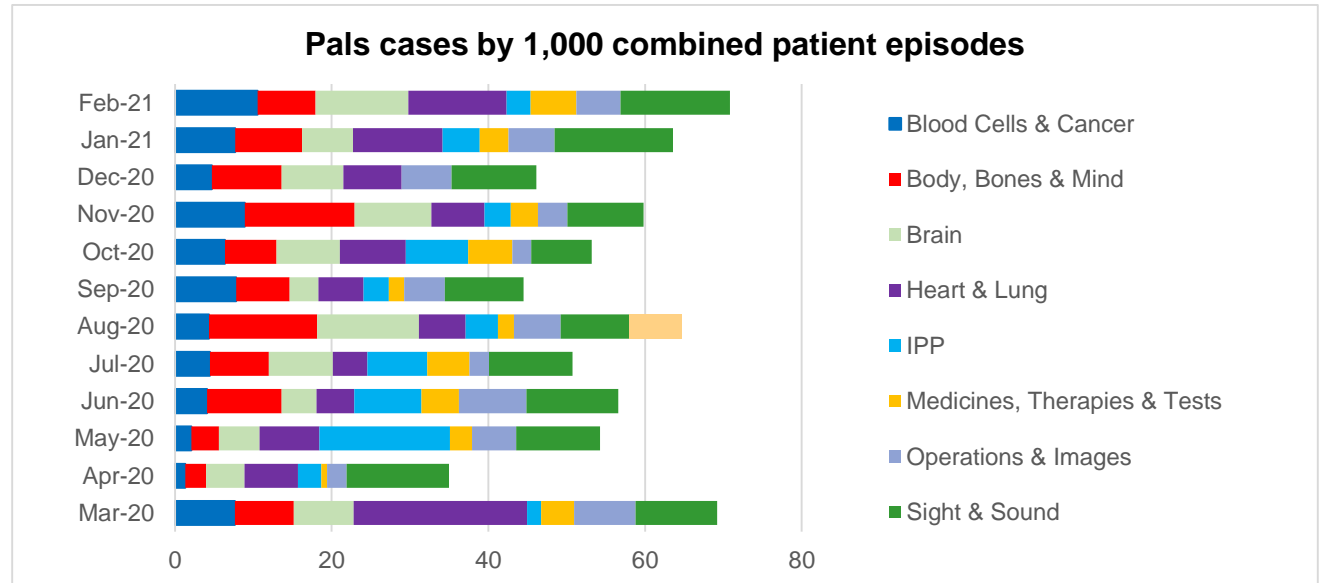
A decrease in the frequency and quantity of Coronavirus specific contacts has resulted in February reporting the lowest Covid related contact total to date (n=36). However despite this, the themes and concerns raised remain constant with 52% of February's contacts involving parents/carers expressing 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.



	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
<b>YTD</b>	<b>227</b>	<b>333</b>	<b>244</b>	<b>299</b>	<b>43</b>	<b>65</b>	<b>66</b>	<b>4</b>	<b>359</b>

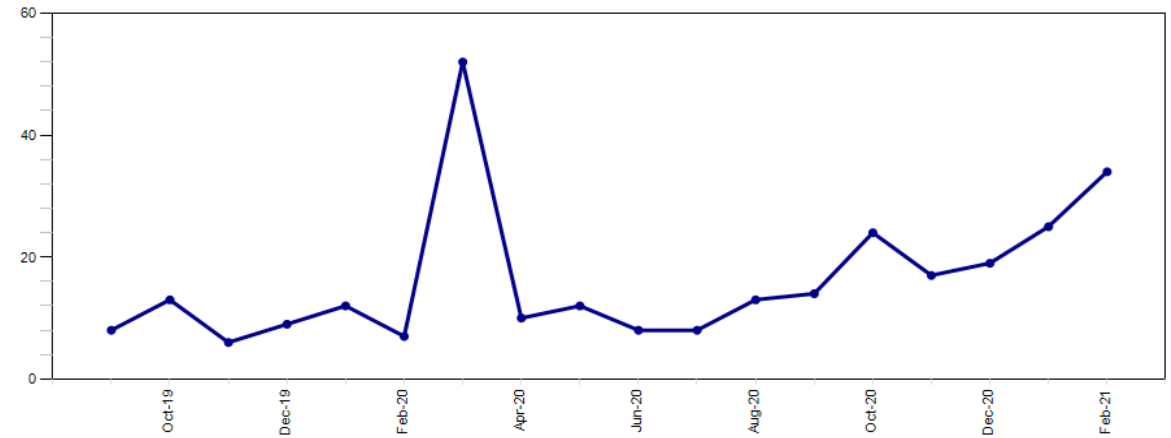
# Pals – Are we responding and improving?

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

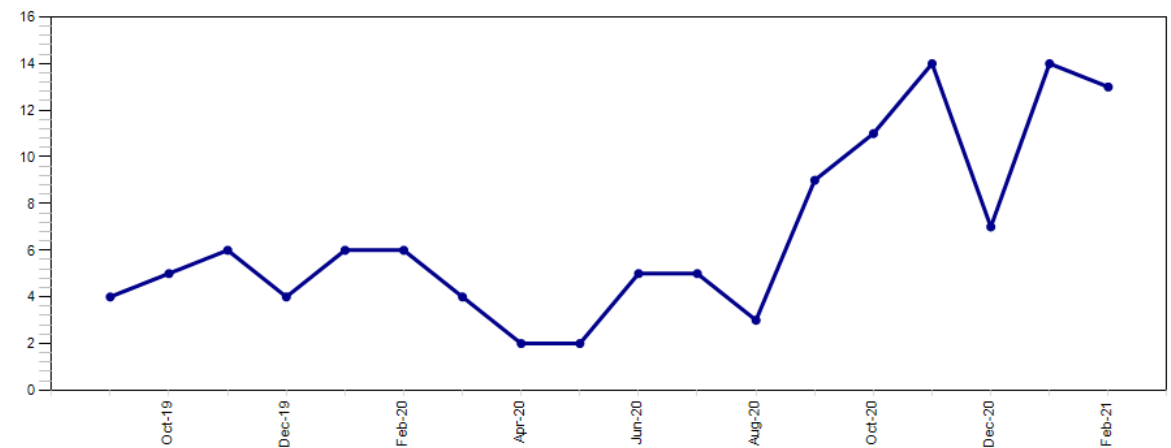
**Cardiology-** Cardiology contacts increased again from 25 in January to 34 this month. A prominent theme in February involves parents/carers requesting exceptions to the Trust's one carer policy, particularly during admissions in the various Intensive Care Units. Pals continue to escalate all requests 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)

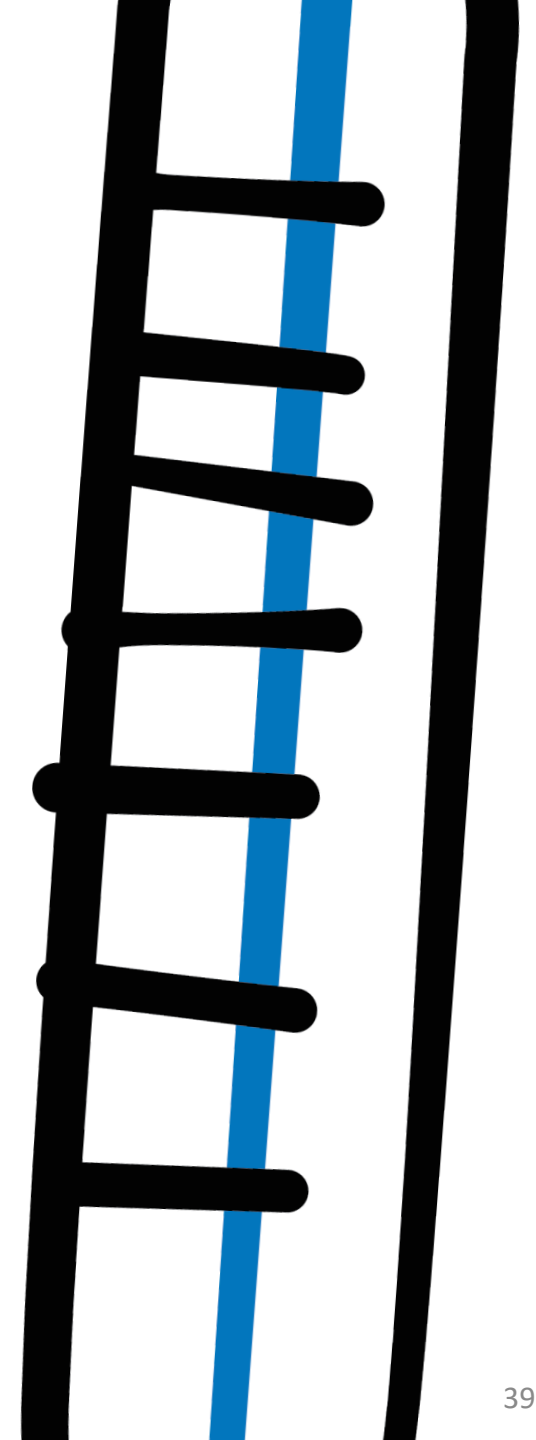


# Learning from Pals

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.

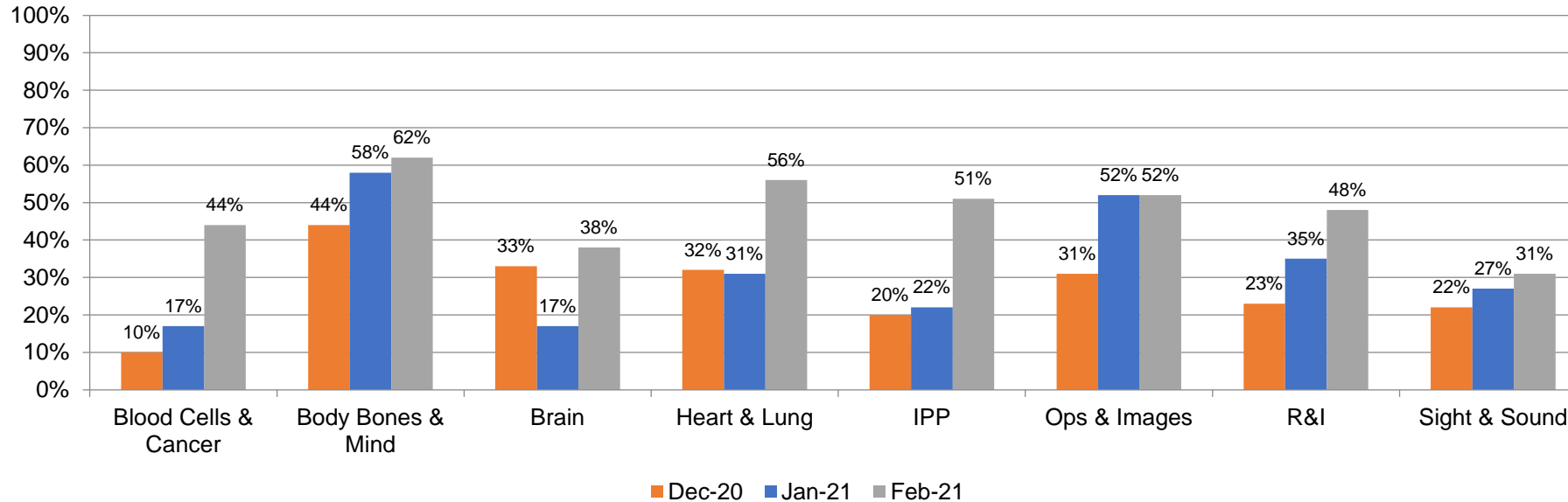
Upon arriving at the hospital they were provided with parking permits but highlighted the difficulties in finding available space in the surrounding area and also the stress involved with having to move their vehicle during their hospital stay (as permits are currently only provided for the day of admission 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 car parks 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



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.

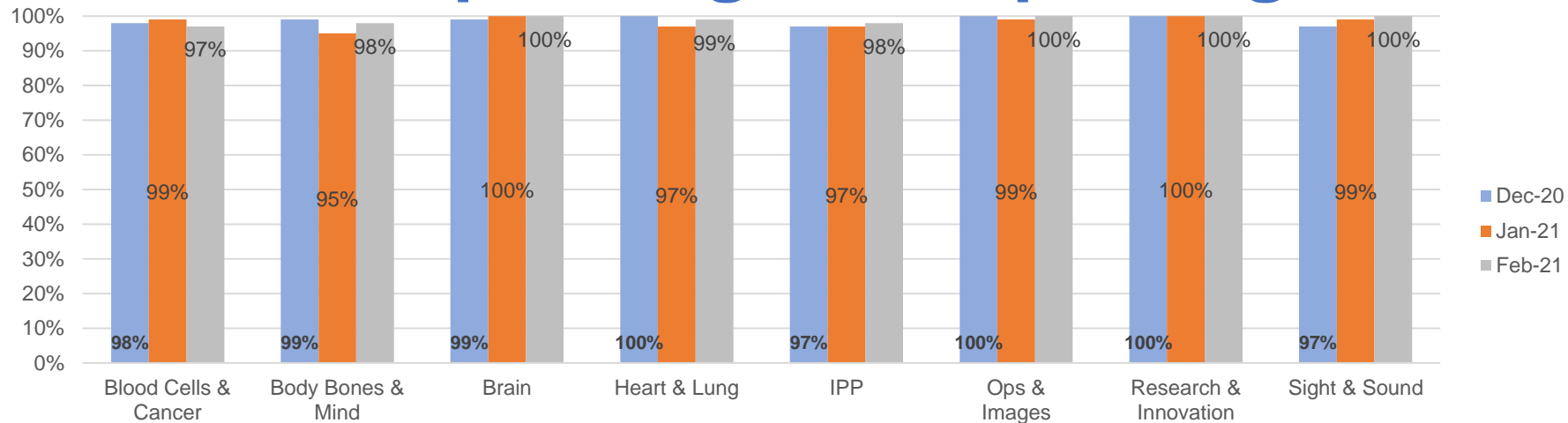
All directorates achieved above the Trust target for the response rate and the experience measure which is a fantastic achievement.

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.

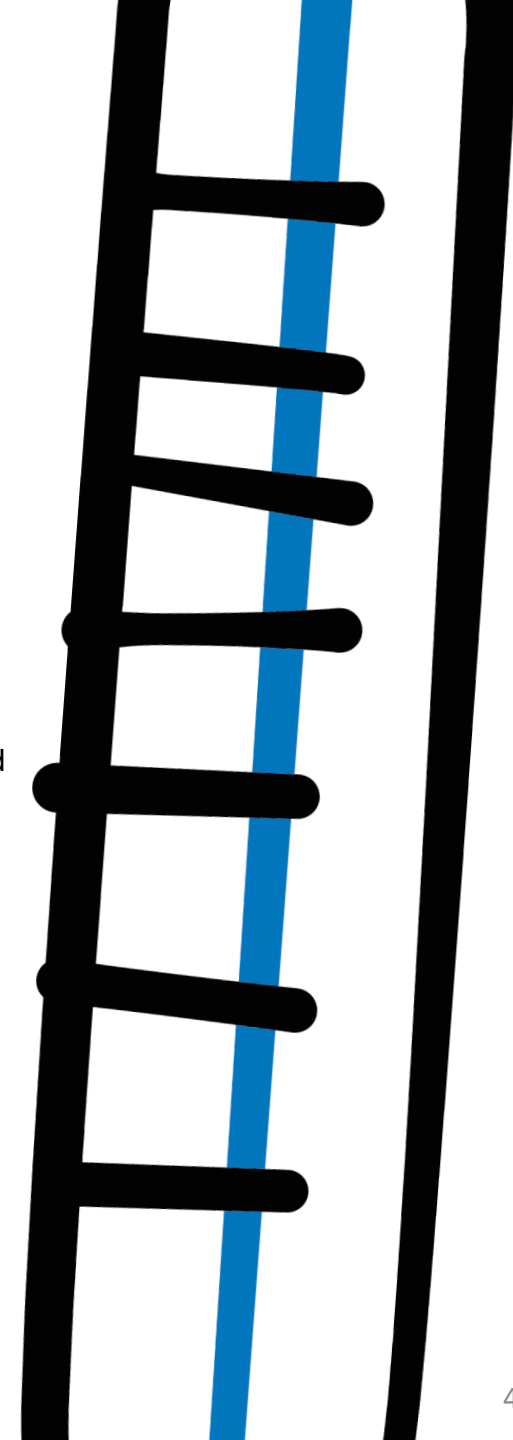


# FFT: Are we responding and improving?



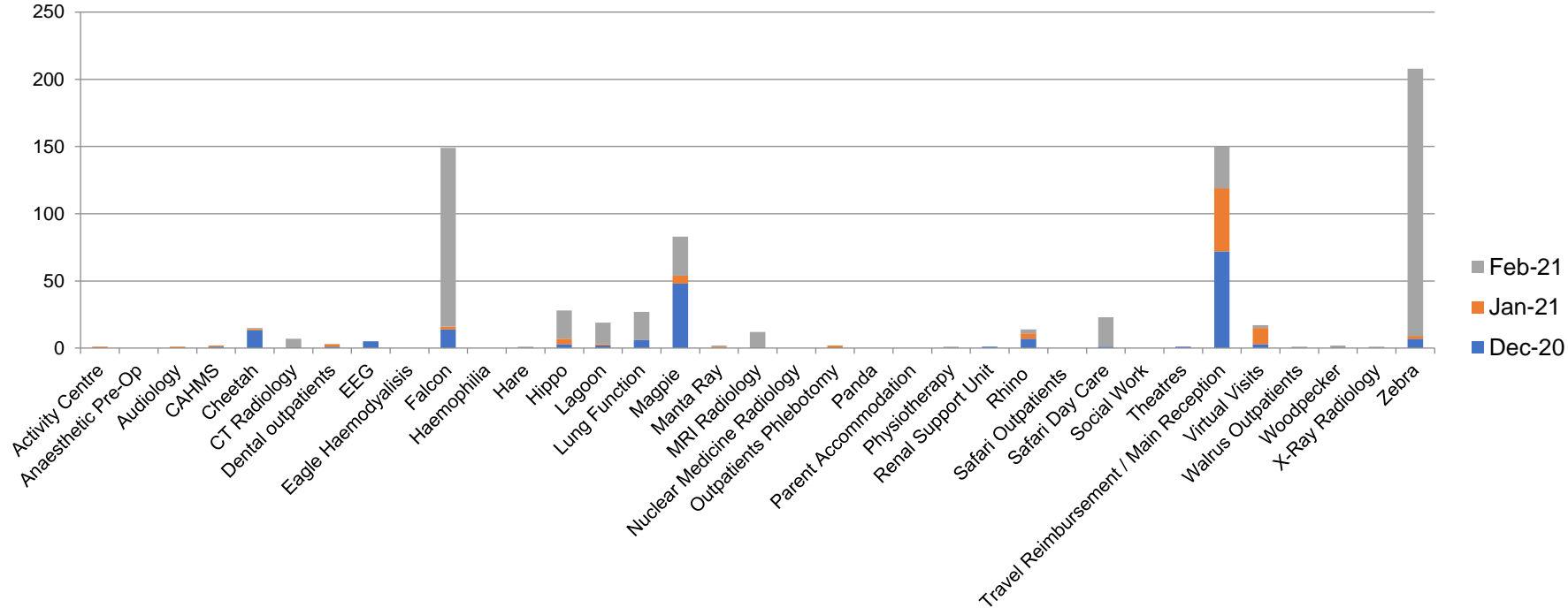
	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Aug 20	627	375	46	1048	14.4%	86.6%
Sep 20	663	461	121	1245	12.2%	89.3%
Oct 20	712	329	147	1188	15.7%	90.9%
Nov 20	827	303	98	1228	13.3%	90.1%
Dec 20	559	185	46	790	12.8%	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.



# FFT: Are we responding and improving?

## FFT Outpatients – February 2021

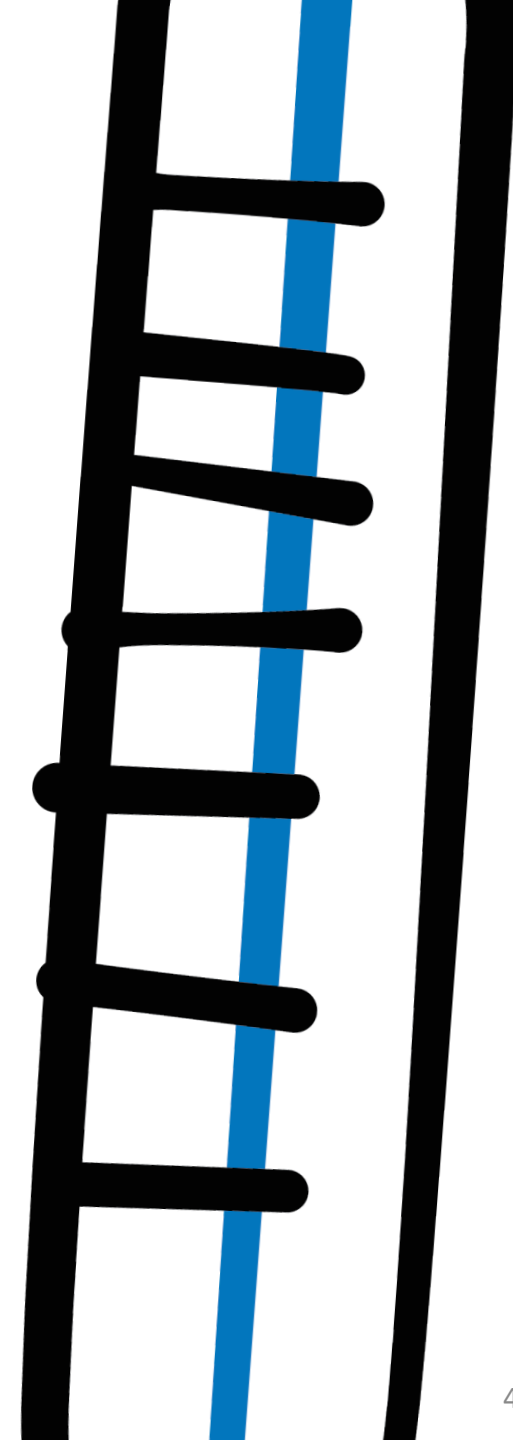


Outpatient feedback has increased by 479% since January 2021 to 504 responses which is a fantastic increase, so thank you to the teams for their hard work.

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

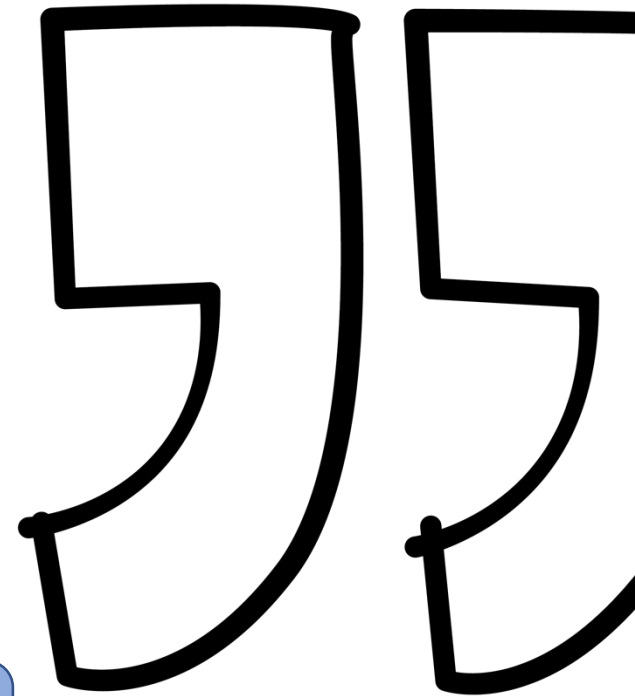
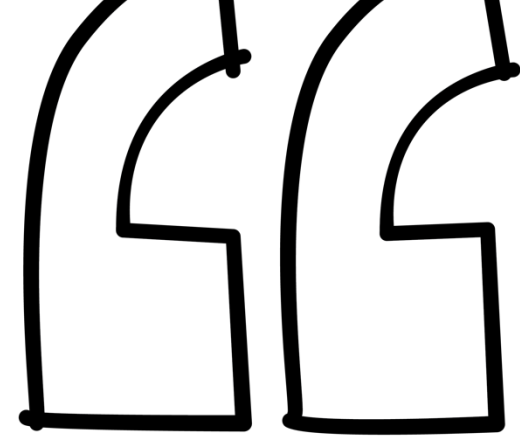
*“Professor Dattani has been the most knowledgeable and approachable doctor we have come across. He explained everything so clearly, listening to our questions, giving clear advice and expertise. We are very appreciative that our son is under the excellent care of Professor Dattani and wish to thank 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”.*

*“Lady on reception Carren is helpful & attentive”*

*“Would like to also mention Gemma, who has been efficient kind caring and 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.”*

All of the above comments have been shared with the relevant service areas.



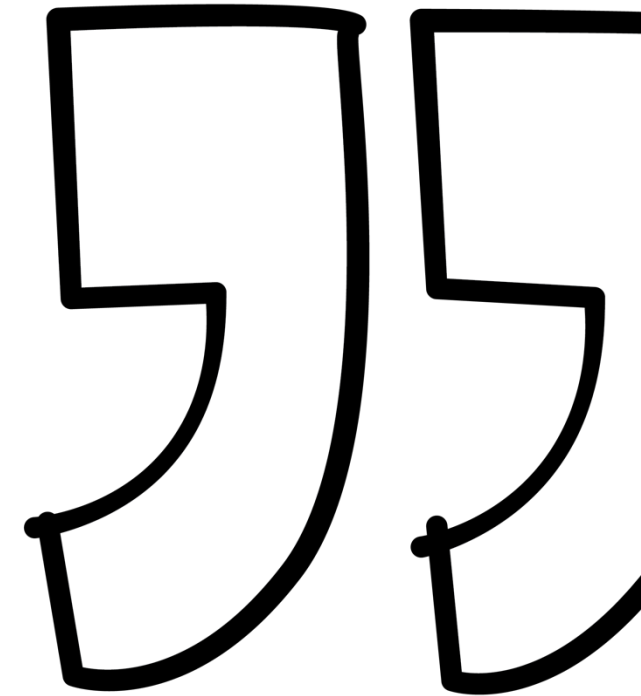
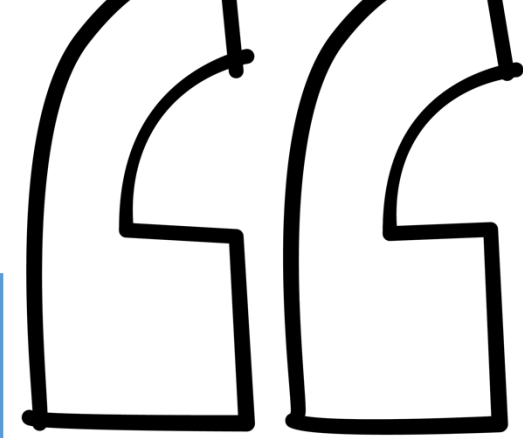
# FFT: Are we responding & improving? Qualitative Comments

*“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

- 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.

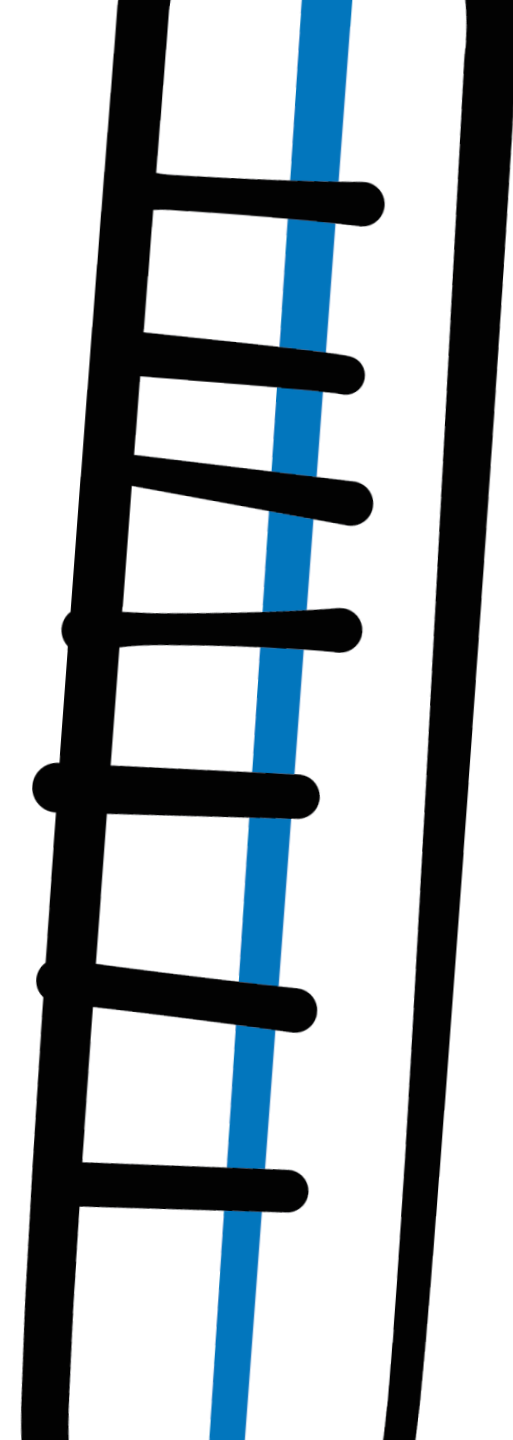
## Patient Access – Diagnostic Waiting Times

- 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 25<sup>th</sup> 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.

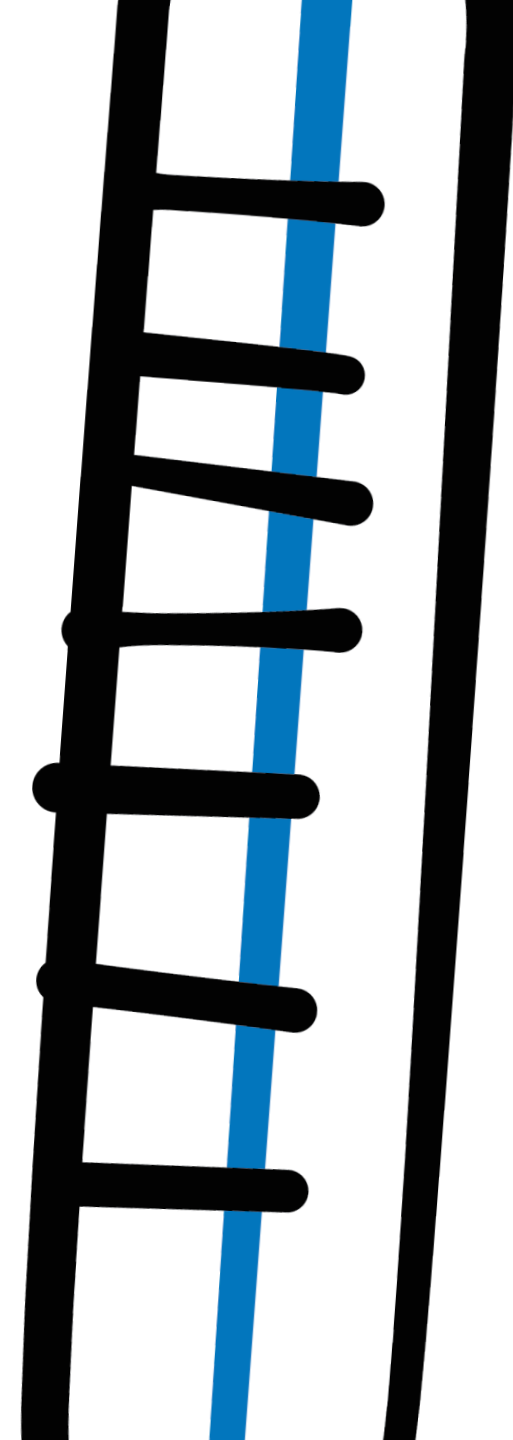
### 52+ Week Waits: Incomplete pathways

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.



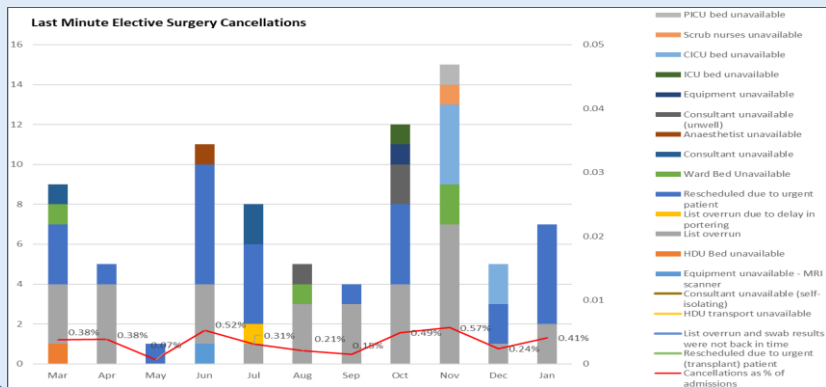
# Productivity & Efficiency

## Theatre Utilisation

- 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.
- 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.
- 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.
- 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.

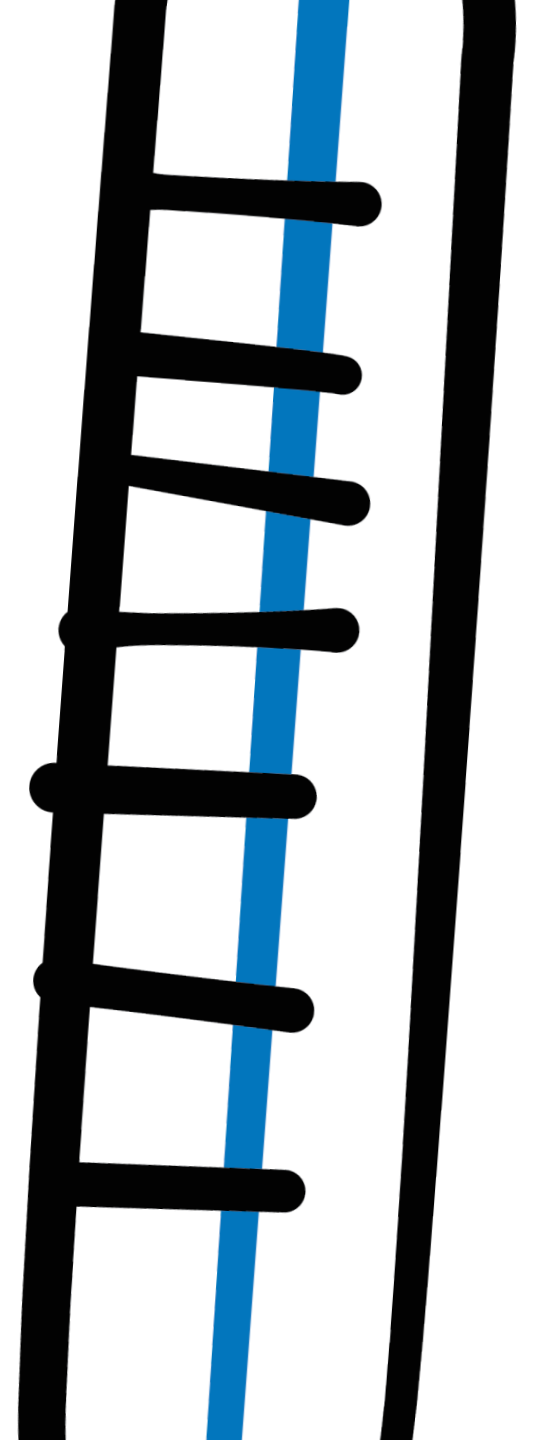
### Trust activity

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

- 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%.
- 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.
- 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.
- Working groups have been initiated to focus on specific challenges experienced by services and ensure resolutions are agreed and transacted. Training materials and courses have been reviewed and the workflow has been clearly communicated. Targeted support will be offered to individuals/services with poor metrics. The EPR team in conjunction with Service Managers will approach clinicians with additional training and guidance.

## Clinic Letter Turnaround Times

- For 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.
- 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.
- Particular improvements for reducing clinic letter backlog has been seen with Blood, Cells and Cancer, Heart and Lung, and Medicines, Therapies and Tests.

