

# Care Quality draft assessment for Great Ormond Street Hospital for Children NHS Foundation Trust-Well- led

## Overview

### Overall Rating: Good

The service is performing well and meeting our expectations.



### Overall Service Commentary

Great Ormond Street Hospital (GOSH) is one of the best-known tertiary children's hospitals in the world. GOSH is an international centre of excellence in child healthcare. The patient group is made up of 89.9% NHS patients and 10.1% private and international patients. The trust sees around 76,000 children each year covering around 250,000 admissions and appointments. GOSH provides several outreach clinics across many providers in England, Scotland, Ireland and Gibraltar. Cardiology, endocrinology, rheumatology and gastroenterology are the specialties with most locations offered. GOSH provides more than 67 clinical specialities specialised services, the widest range at any one site in the UK. Specialised services support children with a range of rare and complex conditions, including patients with: rare cancers; genetic disorders and complex medical or surgical conditions. Most of its services are delivered at a single site in Great Ormond Street. The trust has over 6,000 staff and over 1,000 volunteers. The trust has an annual budget of around £700m. Most recently the trust has taken on a Children and Young People Identity service as part of a London network. We assessed all 8 of the quality statements in the

well-led key question used when assessing an NHS trust using our current framework. We identified positive findings within 7 of the eight quality statements and areas for improvement within 1 of the 8 quality statements. The well-led review followed an assessment of the trust's frontline surgical service (assessment service groups - ASGs). The initial assessment of the trust's services was triggered by concerns raised following a high-profile case concerning a large number of children who received poor care from a specific paediatric lower limb surgeon at the trust. Before we carried out our well led assessment, we assessed the trust's surgical service to ensure we had a thorough understanding of the full range of services provided by the trust ahead of our well-led review. During our Surgery inspection we found;

- Staff across surgical services described a strong culture of safety. Most reported feeling comfortable raising concerns, and there were clear systems for reporting incidents. Regular mortality and morbidity (MM) meetings took place, where staff reviewed incidents and shared learning across departments.
- Care was delivered in line with national guidance. Multidisciplinary working was well established in most areas, with teams collaborating effectively to support children before and after surgery. However, oversight varied across surgical specialties. In some areas, clinical audits were delayed or not consistently used to review outcomes from complex procedures, limiting opportunities for learning and improvement.
- Staff treated children and families with kindness and respect. Age-appropriate communication and play specialists helped reduce anxiety. However, emotional support was not always available to the extent staff would have liked. In busy areas, such as theatres and recovery, staff said they often did not have time to support families following difficult news or cancellations.
- Staffing remained a concern in some parts of the service. There were shortages of tracheostomy-trained nurses. In some cases, only one trained nurse was on shift, which limited the ability to provide safe cover during breaks. The trust was aware of these risks and had initiated a recruitment programme.
- Leaders in surgery were described as visible and supportive. However, governance remained inconsistent across some specialties. In several areas, staff were unclear about who held clinical responsibility. These concerns were consistent with the earlier Royal College of Surgeons' review. While the trust had started to improve governance, this work was still in progress at the time of inspection.
- Overall, the surgical service was committed to learning and improvement, but key risks remained. These included staffing shortages, ongoing theatre maintenance issues, and variation in clinical oversight.

These findings informed the focus and scope of our well-led review and helped with our understanding of the trust's services and the leadership challenges facing surgical care ahead of it.

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Well-led

## Shared direction and culture

### Overall Score

1   2   3   4

► [Amending judgements](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Processes

The trust had a vision and strategy called Above and Beyond, which had been in place since 2020. Staff were able to tell us about this strategy and we noted it was incorporated into information displayed throughout the hospital. The strategy was underpinned by six programmes of work to deliver better safer, kinder care and to improve more lives. The strategy was reviewed by the board and progress was monitored. It was clear that much of what they set out to do in this strategy had been achieved. Plans were now being made for the next strategy which would come into place later in 2025.

Partners told us they felt the trust had a clear strategy which was well communicated and well understood. Partners were involved in the development of the strategy and felt they were working towards a common goal to improve outcomes for children and young people.

The Chief Nurse had been working to strengthen the voice of nursing and Allied Health Professionals (AHP's) across the trust. There was a new nursing strategy "Safe in our Hands, which set out how they would amplify the nursing voice. Generally, nurses were positive about the strategy but there were still areas for further improvements which required the full support of all leaders across the trust. There were future plans to implement a shared governance model along with ward accreditation which had been developed bespoke for GOSH. Progress against this strategy was reported to the trust board.

The trust stated that promoting and supporting diversity in the workplace was an essential aspect of good people management. The GOSH equality, diversity and inclusion framework, "Seen and Heard: Our Diversity and Inclusion Framework 2020-2022" was published in 2020 and sets out the ambitions and priorities at an organisation-wide level. It demonstrated the trusts commitment to diversity and inclusion in the workforce, the way they delivered their service and best patient care and their influence with stakeholders. It set out what our workforce can expect from the organisation, leaders and from each other to foster a culture of inclusion, belonging and work differently, by embracing new ways of working in teams, across organisations and sectors, supported by technology.

Seen and Heard Champions were introduced in July 2023 who were specially trained members of staff who sit as formal members of recruitment panels to ensure greater levels of fairness and inclusive recruitment. Seen and Heard Champions were initially deployed to support recruitment at band 8A and above as this is where they saw the greatest disparity between numbers of ethnic minorities and white staff. Improvements were seen following the introduction of the Champions, with an increase of over 8% in the number of ethnic minority staff recruited into roles, showing the programme to be successful.

The board reviewed their data and monitored their progress with the Seen and Heard Strategy. They also recognised areas where they hadn't seen improvement such as the number of staff from ethnic minorities entering the formal disciplinary process and feeling like opportunities for career development are not fairly spread. We noted board reporting was honest and transparent about the areas that still required more improvement.

The board had considered the findings of the 2024 NHS Staff Survey. At the time of the inspection the 2024 results had just been released. We noted an initial briefing had been provided for the board with more detail to follow.

There were areas of culture and wellbeing of staff in the organisation which were doing well and generally most scores were improving year on year. The NHS Staff Survey 2024 was completed by 3362 staff, around 57% of the staff number. This was the same as the median response rate for other benchmarked trusts. The 2024 response rate was the highest ever for the trust.

In the nine primary indicators in the survey, the trust scored slightly worse than average within the comparator group for eight of the measures. The question 'we are always learning' did score better than average.

The overall score on staff morale had improved year on year since 2021 and was 6.05, which was lower when compared to the median in the comparator group of 6.28. However, this was better than the national average score of 5.96.

There was a positive safety culture in the trust. Learning took place and leaders spoke about quality and safety during our conversations. The trust had determined their six priorities under the Patient Safety Incident Response Framework (PSIRF) that were the focus for 2025. These patient safety priorities had been developed from a review of the data of incidents, complaints, Freedom to Speak Up, Patient Advice and Liaison Service (PALS), claims and inquests. These metrics were all considered in the Integrated performance Report which was provided to every board meeting.

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Well-led

## Capable, compassionate and inclusive leaders

### Overall Score

1 2 3 4

## ► Amending judgements

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Processes

Leaders showed they had the skills, knowledge, experience and credibility to lead effectively. They understood the challenges faced by the organisation and the wider community. The board were a stable team with many members being in post for a number of years.

Our engagement with the trust executive team and other senior leaders found them to be open and honest with strong integrity and recognition of the importance of the patient being at the centre of everything the trust does. They demonstrated they had compassion and strong values.

Leaders were visible and approachable, and staff were able to tell us who the executive team were. However, some staff we spoke with felt the executive team were not as connected with them as they thought they should be. Despite this, we saw a range of initiatives led by the executive team to ensure they were connected to the staff within the hospital. For example, they spent time in clinical services engaging with staff, there were regular newsletters and briefings and our conversations with trust leaders consistently demonstrated a culture where they placed great importance on staff wellbeing.

Senior nurses in the trust that we met with told us there was at times a disconnect between the executive team and front-line services. However, senior nursing staff also recognised the benefits they had working in a leading children's hospital.

GOSH had traditionally been a medically led organisation, something that trust leaders had recognised and wanted to change. The Chief Nurse and Chief Medical Officer (CMO) worked well together and although quality and safety sat in the Chief Medical Officers portfolio, they told us it was equally as important to their work as it was the CNO. They jointly chaired the Quality and Safety Committee and the Events Review Group where quality and safety was discussed.

Some of the senior nursing staff told us they felt there was an element of hierarchy between medical and nursing staff in some areas of the hospital. While most senior nurses felt there was mutual respect amongst doctors and nurses, there were some concerns about the behaviours of some medical staff that were not in line with the trust's values and behaviours. However, both the CMO and the Chief Nurse told us about the steps they were taking to tackle poor behaviours.

As a specialist tertiary hospital, GOSH received referrals to the hospital that originated from another organisation, usually another hospital. They provided a range of highly specialised services, some of which they were the only centre in the UK. GOSH is

known for its advanced technology and cutting-edge research and because of this, there was, appropriately so, a reliance on specialist staff. Nursing staff told us how they had seen sicker children being admitted to GOSH over the years and the complexity of the care they required had grown exponentially. Whilst the nursing staff recognised the importance of the leading-edge treatment they provided, they felt that sometimes there was not enough consideration given to the impact on the rest of the Multi-Disciplinary team (MDT) and the resources needed to deliver the care and treatment that was needed.

Most staff thought leaders were compassionate about patient care and staff wellbeing. This came across in our interviews with executive leaders. In the 2024 NHS staff survey, the trust score 7.13/10 for compassionate leadership. This was slightly better than the national average of 7.10/10.

For the other questions in the staff survey relating to direct management, the trust scored; 73% of respondents said their immediate manager cared about their concerns. This had improved year on year since 2021 when it was 72%.

Sixty nine percent of staff said their immediate manager took effective action to help them with any problems they faced. This was in line with the average of 69%.

Seventy four percent of staff said their immediate manager was interested in listening to them when they described the challenges they faced. This was better than the average of other benchmarked organisations which was 73%.

The scores for the number of staff who would recommend GOSH as a place to work was 74%, which was about the same as the national average of 73%.

The trust employed a People Promise Manager who led the exemplar retention programme for nursing. Staff had access to a telephone support service. The trust provided staff with a free breakfast and a free lunch of soup and a roll every day. It was free to all to make it inclusive for everyone.

GOSH was in a unique position in that its workforce was young relative to other NHS organisations. The average age of staff working at GOSH was 39, which was younger than the national average. At GOSH, 55% of the workforce was under 30 years old, compared with 42% nationally. Nurses particularly were drawn to work at GOSH but moved onto other hospitals in the UK as they progressed in their careers and personal lives.

There was a Health and Wellbeing Framework called Mind Body and Spirit. A wellbeing hub had been set up which hosted a range of initiatives to support staff which as support for financial wellbeing, spiritual wellbeing and mental health first aid.

There were many opportunities for leadership development for leaders at all levels across the trust. The board had development time and recognised this time was important for them to be a well led organisation.

The trust had processes to identify and address behaviours that were inconsistent with the values of the NHS. The trust's grievance and disciplinary policies were within their review dates at the time of our assessment. Processes to ensure staff remained fit and proper for their roles were effective and ensured staff remained qualified and suitable for the role they had.

Fit and Proper Person checks were in place for all Directors, in line with the requirements of the regulation. All of the director files we reviewed showed all of the appropriate checks had been completed. All directors had received an annual appraisal.

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Well-led

## Freedom to speak up

### Overall Score

1 2 3 4

► [Amending judgements](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Processes

In assessing this Quality Statement, we considered feedback from leaders, staff, people using the services and local system partners, as well as reviewing trust processes and survey results.

The evidence that we reviewed demonstrated an open culture in which staff felt able to raise concerns, report incidents and suggest improvements. There was no fear of detriment, staff were confident that their feedback, suggestions and concerns would be welcomed and lead to improvements in the trust. Leaders' role-modelled good speaking up behaviours, they listened to staff feedback and concerns, they demonstrated candour and empathy when things went wrong, and they celebrated speaking up.

The majority of staff felt able to speak up within the trust. We found generally there was a culture of speaking up where staff actively raised concerns and those who did were able to do so without fear of detriment. We reviewed the trust freedom to speak up (FSUP) data which suggested that there was a positive reporting culture. During April 2024-September 2024, a total of 82 cases were brought to the trust guardian which was slightly higher than the other comparable sized trusts in London. Data from the

National Guardians Office showed the number of people contacting the FSUP Guardian at Great Ormond Street Hospital was above average when compared to all other NHS trusts. This suggests staff felt able to report concerns.

The trust employed one Whole Time Equivalent (WTE) Freedom to Speak Up Guardian (FSUP) who worked independently to the clinical or corporate directorates, and had unrestricted access to the Chief Medical Officer, the Chief Executive and Non-Executive Director responsible for Whistleblowing. At the time of the inspection, the trust had one WTE Guardian, along with two part time deputy Guardians who were on a secondment, however they were about to recruit to a full-time deputy Guardian which would make two WTE dedicated Guardians to cover the trust. The Guardian met monthly with the trust's Chief Medical Officer and Chief Executive. They also felt able to approach any other members of the Board if they needed to. The Guardian felt supported and listened to by leaders in the organisation.

Staff were able to tell us who the Freedom to Speak Up Guardian (FSUP) was and there was information displayed around the trust, and on the trusts intranet site about how to contact the Guardian. In a focus group with senior nursing staff, they told us they thought staff felt able to raise concerns and wouldn't be worried about doing so.

Following feedback from staff, the FSUP has dedicated, confidential, space away from the trust's Executive Offices either located in the 'Hive' with the other staff support functions, or in a private office in one of the separate buildings around the Hospital site. However, the Guardian told us it was sometimes difficult to find private spaces to work in the hospital.

The trust had a Freedom to Speak Up policy which had been updated to reflect changes in guidance from the National Guardian's Office. Most staff felt leaders would act to address concerns. The NHS Staff Survey has a sub theme score for raising concerns. The trust score had increased slightly from 6.52 in 2023, to 6.53 in 2024 and was higher than the national average of 6.45. The question in the staff survey that related to "I am confident the organisation would address my concern," was 56.73 which was an increase from the 2023 score. However, this was the worst result when compared with other benchmark trusts. When this score was broken down to staff's ethnic background, staff from other ethnic groups reported more confidence that the organisation would address their concerns than white staff.

The NHS Staff Survey score for 2024, "We each have a voice than counts," was 6.8 which was better than the other North Central London trusts average, the same as other London trusts but worst when compared to other acute specialist trusts and the Children's Hospital Alliance, however, the scores were the same when compared to the national average across the NHS.

Leaders told us they encouraged staff to speak up and raise concerns. Members of the Board told us they were very supportive of Freedom to Speak Up and data from Freedom to Speak up contacts was reported to various board sub committees and was part of the monthly Integrated Quality and Performance report which was presented to the Board every month.

The most common themes reported to FSUP included issues affecting the quality and safety of care and inappropriate behaviours and attitudes. The trust monitored the number of cases that were reported anonymously. We saw most cases were not



reported anonymously which was suggestive of people being less concerned about suffering detriment

Freedom to speak up training was role essential training and compliance with this was generally good. This was the National Guardians Office/ Health Education England's Speak Up module. there were multiple internal speak up training sessions that the FTSU Guardians delivered, depending on staff groups/ needs

Partners felt the trust did have a culture where staff could feel free to raise concerns. They told us the trust had an open and honest culture and encouraged staff to come forward with any concerns. We also noted the trusts externally facing website included information for the public about what to do if they saw something that concerned them, and sign posted them to the trusts Chief Medical Officer who was responsible for quality and safety.

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Well-led

## Workforce equality, diversity and inclusion

### Overall Score

1 2 3 4

► [Amending judgements](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Processes

In assessing this Quality Statement, we considered feedback from leaders, staff, people using the services and local system partners, as well as reviewing trust processes and survey results.

We reviewed the Trust results from the 2024 NHS staff survey. In the survey, the trust was compared with 13 other specialist acute trusts. The Trust staff response rate was 57% which was the group average. No areas in the survey had statistically deteriorated. The trust had statistically significantly improved scores in four areas: staff

believe they are recognised and rewarded; staff believe they work in a healthy and safe environment; staff believe they have flexibility in their work and staff morale has improved.

With regards to the Workforce Disability Standards, the view of staff in this group were more negative than staff as a whole. However, the responses were in line with the average for other trusts in the comparison group. Similarly, with regards to the Workforce Race Equality Standards, the view of staff in this group were more negative than staff as a whole. However, the responses were slightly better than the average for other trusts in the comparison group.

Representation from different ethnic minority groups in the workforce had increased in the last year by 2% to 39%, with staff from different ethnic minority groups in bands 8A-B increasing slightly, but only 1.2% of staff at band 7 were from different ethnic groups.

The trust had a strategy to create a more inclusive work force, this included a number of initiatives such as; establishment of internal career paths and opportunities for progression and ensure fair and transparent access to jobs, training and education; Encouraging more staff with disabilities of long-term conditions to declare so more proportionate levels of support can be offered that reflects our staff's needs and Incorporating anti-racism into strategy development, communications, leadership development and culture design.

The trust has used its apprenticeship programmes to recruit more local staff from different ethnic minority backgrounds.

The trust has a number of staff networks representing specific groups. These included; the ENABLED (Enhancing Abilities and Leveraging Disabilities) Network, the REACH (Race, Ethnicity and Cultural Heritage) Network, the Pride Network and the Women's Network. As part of our inspection, we held separate focus groups with members from all of the networks.

The networks generally had a favourable view of trust leaders at board level but felt there were inconsistencies in middle management. The networks identified a number of areas for improvement;

- More consistent implementation of reasonable adjustments for staff.
- Training for managers in awareness of diversity issues.
- More consistent data collection of staff characteristics and related outcomes.
- Greater trust support for network leaders.

Discriminatory behaviour and unfair treatment were rarely tolerated by individual leaders but the systems do sometimes tolerate unfair treatment. Staff with protected equality characteristics such as race and disability experiences of applying for promotion, opportunities to act-up and/or development opportunities were more negative than other staff.

The trust's gender pay gap has been reduced to 6.4% from 14.5% in 2019.

The trust scored equal to the national average for all 4 of the NHS Workforce Race Equality Standards (WRES). Of the 9 indicators measured through the 2023 NHS Staff Survey for staff from all other ethnic groups combined, indicating much similar experiences for these staff members when compared nationally. White staff at the trust scored better for all 4 of the metrics, indicating worse experiences for staff from all

other ethnic groups when compared to white staff. This was in line with national trends. The trust's results still showed similar experiences for staff members when compared nationally.

In the 2023 NHS Staff Survey WRES indicators, staff from 'all other ethnic groups' at the trust reported mixed experiences compared to the national average of acute specialist trusts for this group. Compared to the national average, they performed more negatively in 1 of the 4 WRES metrics, more positively in 2 metrics and in-line with the national average in the remaining metric.

The 2023 NHS Staff Survey data indicates worse experiences for staff from 'all other ethnic groups' than white staff at the trust. White staff responded more positively in 3 of 4 of the metrics.

The trust performed better than the national average for 3 of the 7 Workforce Disability Equality Standards (WDES) from the 2024 NHS Staff Survey, which indicated better experiences for staff with long term conditions or illnesses at the trust when compared nationally. However, staff without a long-term condition or illness scored better for all 7 of the metrics, indicating worse experiences for staff at the trust with a long-term condition or illness compared to those without.

The trust showed average results, compared with other trusts, for colleagues experiencing discrimination on the grounds of sexual orientation and disability. For staff members who indicated that they experienced discrimination on the grounds of their sexual orientation, the score had improved from 5.22% in 2020 to 2.66% in 2024. For those who experienced discrimination on the grounds of disability, the score worsened from 6.42% in 2020 to 13.53% in 2023. Leaders told us that they acknowledged the discrepancies in the experience of staff with protected characteristics. They told us it was one of their priorities and work was very much in progress to make improvements. They acknowledged that progress had been much slower than it should have been.

Partners felt the trust actively promoted equality, diversity and inclusion both internally and within the local system. Partners were aware of the trust's staff equality, diversity and inclusion networks. Partners were positive about the commitment demonstrated by leaders to supporting equality, diversity and inclusion.

We spoke with representatives from the staff unions within the trust. The unions were generally positive about the leadership of the trust who they said were approachable. They told us that the trust had an excellent welfare offering for staff such as an in-house Citizens Advice Bureau and a Menopause Café. However, they had several concerns about personnel processes within the trust. They did not feel that HR policies were applied consistently across the trust, for example special leave approval and requests for reasonable adjustments. They told us that the advice they received from HR would often depend on which HR advisor they were speaking to. They told us that staff have no confidence in the trust grievance procedure and as a result staff would rarely use it. The main reason for the lack of confidence was that there was no independent investigation, but instead a more senior line manager would undertake the investigations.

Within the pharmacy team, staff spoke of a positive well-being culture, and it was easy to get to know staff on a personal level with easy access to a manager. A new member of staff spoke of how supportive the team had been and helped them to learn things

quickly. Outside work activities were arranged to get to know each other such as a Murder Mystery evening and a breakfast club once a month. Flexible working was available where possible.

The trust had processes to monitor fairness in recruitment and career progression to ensure equally good outcomes for staff in equality groups. The trust had an action plan to address the indicators with improvement identified in the WRES and WDES reports. The HR director informed us that there had been no successful employment tribunal cases in the last 3 years.

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Well-led

## Governance, management and sustainability

### Overall Score

1 2 3 4

► [Amending judgements](#)

### Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Processes

In assessing this Quality Statement, we considered feedback from leaders, staff, people using the services and local system partners, as well as reviewing trust processes and survey results. The trust had 7 Directorates which were each lead by a triumvirate team of a Chief of Service (usually a doctor), Associate Chief Nurse and Assistant Directors of Operations. We found that these teams were generally effective in managing quality and performance across all the clinical specialty areas that sat below them. However, there was an acknowledgement that because of the large number of super specialties, often with very small teams, they were not able to have full assurance.

**Despite the trust having a comprehensive bed management policy in place, staff both during and prior to our assessments of front-line services, told us that on occasions, they were pressured by the bed management team to take new**

**patients when they did not feel it was safe to do so.**

Financial sustainability was cited as the top risk faced by the trust. This was based on an increase of fixed costs against a reduction in NHS funding. The second main risk was workforce sustainability, based on the ability to attract, maintain and develop a highly skilled workforce. The third risk was the ability to deliver efficient and effective patient care.

We found that the Risk Assurance and Compliance Group had a good overview and focus on the directorate and trust risks. However, it was not clear that all risks were being discussed at the board. Board members we spoke with had different understandings of what the trust's key risks were.

The trust board has four assurance committees. Audit; Finance and Performance; People and Education; Quality, Safety and Experience. Operationally the Executive Management Team reported to by the Operations Board and the Risk Assurance and Compliance Group. The trust Executive Management Team also had number of 'key management committees' and programme boards and partnership boards reporting to it.

The trust provided a summary in the public papers and provided the board with the full board assurance framework (BAF) as part of their reading materials. The BAF was submitted to all assurance committees throughout the year via an update from the RACG. Recommendations for changes to risks, updates on risks etc and assessment of how the risk would move towards the risk tolerance levels set by the Board were made in the reports to the relevant assurance committees. Furthermore, all recommendations were made to the Audit Committee as the main 'oversight' committee of the BAF.

The most recent external governance board review was completed by external consultants in January 2022. The report found that there was 'Significant Assurance' in the BAF processes with a number of minor 'management actions'.

Partners were aware of the changes made to the trust's governance systems and processes following the external governance review. Most told us they had not been asked to be involved in the external governance review. There was positive feedback in relation to confidence in data and information provided to partners by the trust. Similarly, feedback received from partners was positive about the trust's governance systems.

We reviewed a number of the trust's policies. We found them all to be up to date and consistent with national guidance.

The trust had a process for gathering, analysing and escalating performance data in an accessible format to the board consistently and regularly. A monthly Integrated Performance report was provided to the Board, using Statistical Process Control. A narrative was also provided within the reports, making it clearer to understand what the data was telling the reader. Information presented to the board and committees was sufficiently current to have oversight of performance and risk.

The multidisciplinary team (MDT) is a group of people of different healthcare disciplines, which meets together at a given time (whether physically in one place, or by video or teleconferencing) to discuss a given patient, and who are each able to

contribute independently to the diagnostic and treatment decisions about the patient. One of the purposes of an MDT is to allow members of the healthcare care team to challenge each other to ensure best and safe practice. In between 1st March and 7th April 2025 8419 cases were discussed at 159 MDT meetings. The meetings were held in 40 clinical specialties across the trust. The trust had 67 clinical specialities and from also speaking with staff it was clear that MDT's are not being held across all parts of the trust. This created a risk that unsafe clinical practice in small 'super-specialist' areas could go unchallenged.

In April 2024 a paper that was presented to QSOCC stated; "This report has been provided to QSOCC to give an update of progress with the implementation of terms of reference for high volume MDT meetings. This follows learning from a Prevention of Future Deaths report in 2019 which resulted in GOSH making a decision to take actions to ensure appropriate attendance and documentation at MDTs to enhance governance." However, despite the trust being aware of this issue since 2019 the issue still remained a risk and work was still yet to be completed to ensure a comprehensive and safe system of MDT working.

We spoke with the Guardian for Safe Working team at the trust. They were broadly positive about the culture at the trust and the way working hours and conditions were managed. They had good access to senior leaders and felt they were listened to. The two main issues that still needed to be resolved were, the need for improved job planning and disparities in pay in doctors' contracts, particularly between NHS trained and oversee doctors.

The Trust had 9 physician associates and no anaesthetic or surgical associates. The physician associates worked in line with the trust physician associate policy dated December 2024 which we reviewed. The policy was comprehensive and followed national guidance. However, during our Surgery inspection we found that a key area of risk was safe staffing levels. Evidence indicated that physician associates were being used to fill registrar rota gaps, which posed potential risks regarding supervision and decision-making authority. Staffing was a key challenge, particularly registrar rota gaps filled by Physician Associates (PAs) and a shortage of tracheostomy-trained nurses. The trust had undertaken a recruitment drive, but issues remained in some services.

The trust had effective governance and oversight of the staff use of the Mental Health Act. They were registered with the Care Quality Commission to detain patients under the Mental Health Act. There were appropriate measures to ensure that peoples' rights were respected and that the powers were used correctly to keep people safe.

The trust had processes to prevent and control infections. The trust's board received an annual and mid-year infection prevention and control report. There were effective governance systems in place for infection prevention and control measures which meant the trust complied with the requirements of the National infection prevention and control manual (NIPCM) for England.

The trust has achieved excellent performance in staff vaccination programmes compared to other trusts. For Covid vaccination, they had the best performance of any London NHS trust with 36.6% of staff vaccinated compared to a London average of 17.3%. For Flu vaccination, the trust was the second highest of any London trust with 47.8% of staff vaccinated compared to a London average of 34.8%.

Board papers confirmed an appropriate level of detail in respect of the evolving financial position across the year. NED's we spoke with confirmed that good quality information was provided and the Audit Chair said there had been no significant issues in maintaining quality of information despite the changes in finance leadership over recent years. The Finance Committee Chair confirmed that information was not accepted without scrutiny and challenge with extremely high-quality information being provided, for instance, in respect of Children's Cancers Centre business case and significant time made available for scrutiny and agreement.

The external auditor highlighted in their 2024 Value for Money (VFM) report that for the preceding two years the Cost Improvement Programme (CIP) plan had not been met in 2022/23 with 70% delivered; in 2023/24 with 80% delivered. The same report noted that the 2024/25 plan had 80% of CIP identified when the audit team reported yet by month nine the financial reported position was showing a very significant under-delivery. Both NEDs we spoke with confirmed issues with setting the CIP plan with the Audit Chair indicating there was a mindset focused on income generation and lacking cost-control and quoted a 'salami slicing' approach when, in reality, a step change in thinking was required.

The Finance Committee Chair confirmed that there needed to be stronger differentiation between measures that boost income and true CIP which is about cost focus. Cost control was focused on directorate level, easy to achieve and non-recurrent actions; when for real outcomes it needed to focus on end to end pathway delivery to deliver long term benefits. Both NEDs and the CFO referenced the positive impact the COO was having in reframing the organisations approach to CIP planning and strengthening the Better Value Delivery Group.

The organisation was at an inflexion point with respect to future sustainability. The growth strategy was heavily weighted into driving higher levels of international and commercial income. At the same time, the trust, like every NHS organisation, were facing a very difficult year.

It was clear from senior staff we spoke with that financial matters were not the sole preserve of the CFO with a high level of engagement across the executive, ownership of the organisational CIP programme led by the COO and a highly visible ownership of the entire finance agenda by the CEO described as 'refreshing' by some of the staff we spoke with.

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that measures organisational performance against the National Data Guardian's 10 data security standards. All organisations that had access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The DSPT requires an audit of compliance against the standards. The Internal Audit took place in February 2024, following up with a closure meeting in early March 2024. The auditors tested the 13 nationally mandated assertions for the 2023/2024 DSP Toolkit and agreed with GOSH's self assessment that 13 out of the 13 assertions had been completed and evidenced compliance across all of them.

There were processes to ensure the integrity and confidentiality of data, records and data management systems. The board received an 'Annual Information Governance Board Report'. The trust declared full compliance with the 2023/24 Data Security and Protection Toolkit (DSPT).

In 2023/24 there were eight information governance incidents classified at a reportable level using the Incident Reporting Tool in the DSPT, including two personal data breaches that met the threshold for reporting to the Information Commissioner's Office (ICO). We reviewed a number of incidents with the trust and confirmed they had been investigated and learning identified.

The trust's IG Team analysed 135 data protection breaches from May 2023 to April 2024. From reviewing these breaches, the following themes were noted and learning identified. The themes included; Emails sent to the wrong recipient containing personal information; Emails sent unsecured containing personal information; Clinic Letters and documents sent to wrong recipients (patients and professionals) containing personal information.

The trust had robust arrangements in place to ensure that services contracted to third party providers delivered according to the service level agreement or contractual obligations. We found that the trust has appropriate processes in place to monitor the quality and efficiency of its contracted-out services. They had good oversight of their estates and equipment and risks relating to the fabric of the buildings and environment were mitigated. The trust has just started a major project to build a new Children's Cancer Centre. We found that details of the project were well known and shared with board members.

The trust understood the communities they served and was working to ensure that all people using their services were treated fairly. They had developed an inequalities dashboard covering measures such as deprivation, home address, and ethnic background. Using the data, the trust has identified a number of inequalities. It had undertaken some action to reduce them by offering more flexible appointments, for example, to accommodate parents who found it difficult to take time off work or have other care needs.

Referral to treatment (RTT) performance fluctuated over the 12-month period between December 2023 and December 2024. Compliance remained below the 92% standard for most surgical specialties across the 12-month period. Neurosurgery and orthopaedics showed persistent underperformance, averaging below 60% in several months. Dental, maxillofacial, and plastic surgery also demonstrated consistently poor RTT performance, remaining below 70% for most of the year. Ear nose and throat performed relatively better, fluctuating between 63% and 75%, but still failed to meet expectations. Overall, the trust's total RTT performance ranged from 66.1% to 70.5%, below the national standard, but in line with current national performance.

The Chief Pharmacist was managerially responsible to the Chief of Service for Core Clinical Services who provided operational support and was professionally accountable to the Chief Medical Officer. There was effective governance, management and accountability structures in place in the pharmacy team with weekly governance



meetings. Staff all knew what their roles and responsibilities were, and the senior leadership team had oversight. A governance structure was in place for the safe use of medicines with lines of governance and medicine safety risks reported to the board.

Medicine optimisation and pharmacy related risks were included in a risk register. Previously these risks had not been shared with the wider team however staff agreed that this had now changed. There were action plans in place to record and manage the identified risks. The main identified risk for the safe medicine optimisation service was linked to the workforce. There were multiple elements of risk associated with the manufacturing service which had affected cancer services. There were also some respiratory team challenges. However, staff said that there was improved collaboration across teams to better understand the challenges with team huddles introduced to build teams and share risks and have healthy conflict conversations.

An example of collaborative working to improve medicine management governance was the in-house development of a medicine management app. It had been developed with nursing colleagues and was currently being rolled out across the hospital with credits awarded to departments for their compliance to safe medicine management

Following a nationally reported incident the trust had undertaken a full audit and review of all patient group directions and patient specific directions to ensure they were current and up to date for each profession. There were known business continuity plans for use when unexpected events occurred and created a risk to the delivery of the service. These included utility failure, floods and heavy snowfall, pandemic, industrial action and major incidents.

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Well-led

## Partnerships and communities

### Overall Score

1 2 3 4

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### Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Processes

In assessing this Quality Statement, we considered feedback from leaders, staff, people using the services and local system partners, as well as reviewing trust processes.

The trust had numerous strong partnerships where it often took the leading role at a local, regional, national, and international level, including; being an active member of the Children's Hospital Alliance and helping shape National policies including for Martha's Rule and the National outpatient strategy. Working as a member of the Federation of Specialist Hospitals (FSH) to advocate for a safe and co-ordinated approach to the delegation of specialised NHS services from national to local commissioners. Working with the European Children's Hospitals Organisation (ECHO) to advance work in clinical informatics. Working with NHS England, Evelina London Children's Hospital, South London and Maudsley NHS Foundation Trust and University College London Hospital on the new NHS Children and Young People's Gender Service (London). Establishing mutual aid agreements with Providers in North Central London (NCL) to prioritise patients' treatment and help reduce waiting lists. for example, Royal Free and gastroenterology services.

The trust worked well with its local authority and is developing a 'play street' initiative with the intention of pedestrianising one of the adjacent streets.

The trust had recently established a partnership board with the Royal National Orthopaedic Hospital with the purpose of improving the health of children in their combined local populations.

Great Ormond Street hospital was seen as an active member of NCL and had taken lead role on a number of areas, for example, the CEO was leading a new programme across London to draw together the key child health issues for the region and establish a programme of work.

The trust recruited four Patient Safety Partners (PSPs), two of whom were young people with lived experience of being a patient at GOSH, and the other two were parents of patients at the hospital. The patient safety partners we spoke with were complimentary of the work of the trust. However, they felt their services had been under used. Most of the co-production activity was centred around the Young People's Forum that met 6 times a year and gave them the opportunity to contribute to decisions, such as, being involved in the planning of the new trust's strategy and feedback on the new Children's Cancer Centre.

As part of our inspection, we observed the Council of Governors meeting. We found that the Council was kept up to date on keys issues in the trust and had the opportunity to contribute to decisions and initiatives. The meeting was well represented by members of the trust board. The trust's governors told us they felt supported to undertake their roles and represent local communities. Governors received induction and training for their roles. Governors could access specific workshops and were supported to undertake visits to services.

The trust had over 500 volunteers who worked closely with the play team and supported the 'weekend club' providing play at weekends for patients and their siblings. Volunteers also provided 38 therapy dogs who visited the children.

In 2023, NHSE published a statement on health inequalities setting out a duty for all NHS trusts to report information of the work to reduce inequalities, and for children and young people the focus is on the core 20 plus 5 ( most deprived 20% of the national population – plus local populations –ethnicity, and Learning Disability/Autism plus 5- mental health, diabetes, epilepsy, oral health and asthma). The trust has established a Health Inequalities Steering Group and 5 workstreams. For example, the Digital Poverty workstream launched a project working with the Good Things Foundation (a digital inclusion charity) to monitor digital poverty in families. With the support of the Foundation, the trust provided 32 families with smart devices and free mobile data.

Leaders at the trust invested time in building relationships, understanding perspectives and constructively engaging with partners within integrated care boards/place-based partnerships/provider collaboratives/any other relevant forums, including primary and social care partners.

There was effective oversight and governance of partnership arrangements which ensured information was shared in line with the relevant legislation and best practice guidance.

In our survey of partners in stakeholder engagement events, we received mostly positive feedback in relation to this quality statement. Similarly, we received positive comments from partners about the trust's approach to partnerships and the communities. Partners gave us examples of how the trust had supported system working.

The trust had a process to respond to complaints from people using services. We reviewed six complaints in detail and found them to be of a high standard. We found that the complaints had been investigated thoroughly with participation from clinicians and all those involved. We found that Duty of Candour regulations had been followed where needed. Most importantly, we found that the trust had engaged well with patients and families to hear their concerns and respond as far as possible. We found that letters and other communication with families and patients were sensitive and compassionate.

The trust worked in partnership to safeguard people. They worked well with the large number of local authorities they had to deal with. We looked at a number of complicated safeguarding cases in detail and found that the trust had always acted appropriately and within national best practice. The trust was proactive and often took a leading role in liaising with other safeguarding authorities.

We reviewed the trust's annual safeguarding report to its board in September 2024. The report highlighted that there were four key safeguarding risks for the trust. We found that key staff were aware of these risks and plans were in place to mitigate them. To reach our judgement we looked at one of these risks in more detail which related to safeguarding training compliance. We found that the mitigations in place for the risk were making improvement and as a result of the action taken level 3 training compliance stood at 91% at the time of our inspection and was expected to remain above the 90% target.

The safeguarding team at the trust was competent and sufficiently resourced for its role. The Chief Nurse displayed a good understanding of the key safeguarding issues and was proactive in supporting staff dealing with often very sensitive and difficult

issues.

The Chief Pharmacist liaised with other Chief Pharmacists within children's services to share ideas and learn from each other. The pharmacy team engaged with the wider trust about medicine optimisation. For example, pharmacy liaised with the Young Persons Forum for medicine safety month with stands on medicine safety throughout the hospital.

The pharmacy cancer team helped to support and develop bringing chemotherapy closer to home so that patients had less distance to travel to get treatment. This involved engaging with other providers and working closely with NHSE.

There was good support for the safe transfer of care between services and at discharge such as the Discharge Medicine Scheme (DMS) with liaison between community pharmacy and parents.

The pharmacy team worked collaboratively with children and their parents. For example, pharmacy staff engaged with a family to provide advice and support for a patient requiring an intravenous infusion treatment at home. This involved communicating with the parents, home care teams, manufacturers and ward staff. This had a positive impact on the family and supported them at the point of discharge.

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Well-led

## Learning, improvement and innovation

### Overall Score

1 2 3 4

► [Amending judgements](#)

### Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Processes

In assessing this Quality Statement, we considered feedback from leaders, staff, people using the services and local system partners, as well as reviewing trust processes.

The trust has a strong track record in learning, improvement and innovation. It had set itself a goal to become a Research Hospital which would ensure a full integration of research and clinical practice. To achieve this, it has set three key objectives; Transitioning research studies into clinical care; Education, particularly clinical and non-clinical academic careers and developing and expanding the Sample Bank.

The GOSH Learning Academy was launched in 2019 with the overall aim of providing outstanding paediatric healthcare education, training, and development that drives improvements in paediatric care across the world. It is charity funded and progress with the strategy is monitored at PEAC and reported to the trust board annually.

The trust provided many examples of research and innovation which had led to better patient outcomes. For example, the trust was the first in the World to use base edited CAR-T cells on patients with lifesaving outcomes. The trust was at the forefront of genomics developments and is rapidly developing its approach to artificial intelligence (AI).

As part of developing its data and AI strategy, the trust has partnered with the Health Information Management Systems Society and has achieved their level 7 accreditation (the highest level).

The trust has been using the "Tortus ambient AI tool," that records patient consultation and then produces high quality patient summaries.

The Director of Education highlighted several achievements and challenges during the assessment. Key positive points included the establishment of the Learning Academy, which successfully consolidated all education and training under a unified structure, enhancing consistency and efficiency. The Academy's objectives aligned closely with improving patient outcomes, safety, and overall experiences, supported by its significant global engagement efforts. Training programs in countries such as Greece and Egypt not only upskilled local professionals but also fostered international trust and partnerships.

Community-focused initiatives, like the Stephen Lawrence Hope Programme, showcased a strong commitment to widening access for underrepresented groups. There were high participation rates, ranging between 80-90%.

Steps toward self-sufficiency were evident, with efforts to generate £4.5 million annually in external income, ensuring sustainability beyond charity funding.

However, some challenges persisted. Facility limitations, particularly the outdated Weston House, constrained the Academy's capacity to meet expanding needs. Non-clinical service areas faced difficulties accessing and integrating data systems, like Epic. Onboarding processes for resident doctors were identified as areas requiring improvement, as delays affected overall compliance and experience.

The patient safety partner had contributed to the “Recognising the Deteriorating Patient” initiative, focusing on how patients can better recognize deterioration in their condition and data poverty, addressing the issue of parents who lacked access to devices or data for managing appointments. They helped design a poster to direct parents to a charity offering support in this area.

In the 2024 NHS Staff Survey, the trust scored 5.81 for the people promise element ‘We are always learning’ which was similar than the national average, and an increase from 5.71 in 2023.

The trust had an internal audit plan, an annual audit cycle and had completed a large number of clinical audits in the past 12 months covering areas including, heart and lung transplant, inherited bleeding disorders, metabolic medicine and dietetics.

The trust participated in national audits such as cardiothoracic, critical care, cleft, and cystic fibrosis. The results were used to bring about improvements in clinical practice. For cardiothoracic the National Congenital Heart Audit (NCHDA), showed that for the trust risk-adjusted survival rates for paediatric cardiac surgery are defined as “much higher” than predicted.

Great Ormond Street Hospital (GOSH), UCL and Great Ormond Street Institute of Child Health (ICH) were awarded NIHR Biomedical Research Centre (BRC) status in 2007 and had the award renewed since. GOSH is the only solely paediatric-focussed BRC in the UK.

Leaders described innovation to improve safety including, for example, they were developing a clinical speciality ‘health’ model which aimed to use data to identify clinical areas under ‘stress’ which may lead to an increased risk of patient harm.

Leaders told us the trust had trained a large number of staff in quality improvement methodology. The trust had recently introduced a new quality governance framework. This project aimed to introduce a framework based on the Quality Governance Blueprint NHS Scotland, NHS Impact Framework, CQC Quality Standards, ISO 9001, 7101, and ISO 31000.

The trust had used accreditation to ensure they were meeting definable standards in a large number of clinical areas including JACIE – Joint Accreditation Committee United Kingdom Accreditation Service (UKAS) - Quality Standards for Imaging (QSI) (formerly ISAS- Imaging Standards Accreditation Service) and IQIPS - Physiological Services accreditation (IQIPS) – Audiology

There were processes to ensure staff accessed professional development and support to provide care. Supervision and appraisal rates were on target. There was a broad programme of professional development for all disciplines and time was allocated to allow learning opportunities. Appraisal rates varied between 78% and 94% in April 2025.

There were systems to learn from deaths, inquests, patient safety incidents and alerts from national bodies. The systems were effective and highlighted learning that was disseminated and used to improve the quality and safety of care and treatments. The trust’s processes for learning from deaths focussed on a holistic review of patients who died whilst in the care of the trust. Reports from death reviews showed that learning

was identified and used to bring about improvements for other patients. The trust was able to demonstrate learning from the local Child Death Overview Panel and Child Safeguarding Practice Review Panel.

Leaders expressed confidence in the trust's initial incident review processes which ensured that immediate learning from incidents was identified and shared.

There had been two Never Events at the trust in the last two years. Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. They include things like wrong site surgery or foreign objects left in a person's body after an operation. The first Never Event occurred in January 2023 and involved a retained foreign object post procedure. The second Never Event in November 2024 and involved a misplaced gastric tube. The trust was able to demonstrate learning and risk reduction following these events.

The pharmacy senior leadership team encouraged innovation and learning with staff given time for learning and development. There was a positive culture of looking at continual improvements within the department. For example, encouraging a member of staff to undertake an independent prescribing course.

There were several innovative and development workstreams that staff were proud about. For example, the team undertook a project using the electronic prescribing system where prescribers from home were able to clinically review a patient virtually via a video call.

There was a systematic approach to improvement which meant that improvement was embedded across the trust and not seen as a local issue. There was evidence of investment in improvement in terms of time being made available, money and upskilling people where there was a skills or competence deficit. Human factors were considered and addressed.

In our survey of partners in stakeholder engagement events, we received mostly positive feedback in relation to this quality statement.

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Well-led

## Environmental sustainability – sustainable development

### Overall Score

1 2 3 4

► [Amending judgements](#)

## Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Processes

In assessing this Quality Statement, we considered feedback from leaders, staff, people using the services and local system partners, as well as reviewing trust processes.

The trust had a strategy to create a healthier future for our patients and the planet. The Green Plan 2024-2027 aimed for net zero carbon emissions by 2030 for emissions they controlled, and by 2040 for those they could influence. Leaders were aware of the trust's impact on environmental sustainability and were able to provide examples of where they had made changes to reduce their carbon footprint.

The trust's executive director of space and place was the board level lead for the trust's Green Plan. Partners told us the trust's green plan was aligned with wider system plans, particularly the local integrated care board Green Plan.

To support the plan, the trust had strengthened its delivery and governance structure by forming ten sustainability Programme of Work (PoW) areas. These areas of focus included travel and transport, food and nutrition, medicines sustainability, community and public realm, digital transformation, sustainable care pathways, sustainable procurement, adaptation and resilience, our people/education and space and place. The Green Plan detailed the activity and ambitions for the core areas of work. Sustainability Programme and Oversight Boards ensured progress and support was closely monitored and fed into wider hospital governance as required.

The Green Plan looked beyond just emissions, and the sustainability strategy and accompanying action plan also outlined five priority areas; Environmental determinants of health (for example, air quality); Climate adaptation and Resilience; Zero waste; Nature Positive Road map; Emissions.

The trust has collaborated with partners locally nationally and internationally. For example, Healthcare without Harm Europe, London Borough of Camden, UCL, UCLH, Mums for Lungs, Breath London, the Holborn Community Association, and Coram's Fields.

The Lead Nurse for Infection Prevention and Control and two Lead Practice Educators at the trust addressed the over-use of non-sterile gloves through education and training. This has improved patient safety and experience, and staff are now following evidence-based practice rather than wearing gloves out of habit. In addition to the improved environmental impact the aims of the project were also to reduce hospital acquired infections and central venous line infection rate; improve hand hygiene



compliance and reduce the level of dermatitis in staff due to the overuse of gloves. The work, known as “Gloves Off,” was rolled out Nationally and has been adopted in many NHS trusts across England.

Children are highly vulnerable to environmental risks, which significantly affect their health and development. Around 1 in 3 babies in the UK are exposed to unsafe levels of particulate matter. In addition, children living in inner cities are at greater risk from engine emissions. As part of their approach, the trust had launched a number of initiatives such as; Born Green Generation Project: Partnering with Health Care Without Harm Europe for toxic-free healthcare; Children’s Cancer Centre (CCC): Featuring a biophilic design with gardens; Play Street: Transforming Great Ormond Street into a green space to improve air quality leading to a permanent Healthy Hospital Street as part of the Holborn Living Neighbourhood.

In June 2024, the trust created a 0.5WTE of Head of Education for Sustainability to deliver education internally and externally. Since being appointed more than 500 staff have been trained and 29 events organised.

The trust was implementing a ‘GOSH Play Street’ in conjunction with London Borough of Camden. The plan was to close the street to traffic, creating a safe and fun environment for patients, staff and our local community while improving localised air quality.

In 2024 the trust organised Clean Air Day with a ‘Clean Air, Healthier Lives’ summit. Over 100 clinicians from across the country attended to learn about how air pollution affects health and understand how they could act to improve health outcomes and prevent serious admissions.

GOSH partnered with ‘Healthcare Without Harm Europe’ to be a paediatric pilot site for the Born Green generation project, which focuses on the reduction of unnecessary microplastics and toxins in healthcare. One example of local implementation was the introduction of reusable oxygen saturation probes. After a pilot on a ward, the plan was to roll the project out to all other wards and the forecast is a 25% decrease in purchasing which would save £57,000 and 247kg plastic and electric being sent to incineration each year.

The trust encouraged staff to ensure their travel reduces emissions footprints. Over 150 members of staff had their bicycles serviced through Dr Bike sessions on site. They had also implemented fire safe e-bike battery storage technology onsite to support staff through activity linked to the Love to Ride mobile app. As a result, the trust was awarded “Gold” recognition for being a cycle friendly employer.

Environmental sustainability was seen as an important role by the pharmacy team with a pharmacist representative on the board as a GOSH Green Champion. The sustainable pharmacy working group were nominated for a GOSH staff award.

Medicine sustainability was going to be included in the revised medicine policy. Initiatives included reusing the outers of metered dose inhalers and the use of reusable bins. There is a workplan for 2025/26 for paperless medicine information using QR codes instead. The development of a Pill School to support children in taking medicines such as tablets rather than liquids is another recent initiative.

There were effective processes to track progress against targets and responded to relevant data collections such as the Greener NHS guidance and the Estates Returns Information Collection (ERIC).