



Produced by Great Ormond Street Hospital
Marketing and Communications.

Designed by Wardour, London +44(0)20 7016 2555.
Photography by Richard Learoyd, Nick Daly, Phil Adams,
Johanna Ward.

Printed by MPG Impressions, utilising vegetable-based
inks on Revive 50:50 silk.

Thank you to the patients and families who were interviewed
or gave permission for their pictures to be used for this report, as
well as the many members of UCL Institute of Child Health/Great
Ormond Street Hospital staff who helped during its production.

This Annual Report is available to view at www.gosh.nhs.uk
where you can also view our full financials and Clinical
Governance Report for 2007/08. Should you require any of
these documents in another language or format please contact
us at the details above.



Annual
Report
2007/08

my hospital



the child first and always



Cover: Eden is nearly three and has come into the hospital, not only to do some drawing, but also to find out if she has a gluten intolerance.

Left: Jim has Christmas disease, a rare form of haemophilia. He is happiest when he's running up and down Giraffe Ward and being mischievous.

Our mission is to provide world-class clinical care and training, pioneering new research and treatments, in partnership with others for the benefit of children in the UK and worldwide.

In everything we do, we work hard to live up to our three core values: pioneering, world-class and collaborative.

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The remarkable children and families we care for inspire us to do all we can to improve the health of children.

Three-year-old Joud is a patient on Butterfly Ward. She is being treated for neuroblastoma, a form of cancer.

Our history



Our founder, Dr Charles West, established Great Ormond Street Hospital in 1852 because he recognised that children have unique healthcare needs. We still acknowledge this fact today: our clinical services, research, education and training and support services always put the needs of sick children and their families first.

This single-minded approach has made Great Ormond Street Hospital an international centre of excellence in paediatric healthcare. Together with its partner, UCL Institute of Child Health, the hospital pioneers treatments that help children all over the world, while Great Ormond Street Hospital trains more children's healthcare professionals than any other institution in the UK.

The hospital is the UK's largest centre for children's heart problems, brain surgery, renal transplantation, intensive care, craniofacial reconstruction and gene therapy. Together with University College London Hospitals, it is also the largest provider of children's cancer services. This year, the hospital has completed more than 150,000 clinic visits, medical daycare and diagnostic patient visits; its specialist teams have performed over 15,000 operations and major procedures.

The hospital's expert paediatric medical and surgical teams are widely respected for the work they do, but we also provide many other vital services to support sick children during treatment and recovery. Play specialists help children overcome their fears about treatment; teachers in the hospital school help them keep up with their class work. The hospital also has a patient hotel where sick children and parents can stay together and it runs its own Scout and Guide groups.

Great Ormond Street Hospital aims to set world-class standards in every aspect of its services – to help the children in its care and support their families. We are guided and inspired by our hospital's motto: The child first and always.

Left: Olivia is four and was being treated at Great Ormond Street Hospital for a broken neck after a fall. She is now back at home and her condition is slowly improving.

Above: Patient, Sarah Coulson in the 'Little Cherry's cot', c.1875.



Looking back and planning ahead

A message from our chairman and chief executive



We are extremely proud of Great Ormond Street Hospital's position as one of the world's leading children's hospitals, and with our partner, UCL Institute of Child Health, the UK's only paediatric specialist Biomedical Research Centre. Our clinicians, nurses, researchers, paediatric specialists and support staff are dedicated to meeting the needs of the children we treat. In turn, these children and their families inspire us to do all we can to improve the health of children here, across the UK and around the world.



Becoming a Foundation Trust

The past year has been a challenging one, but thanks to our staff's hard work and the successful implementation of our cost improvement plans, we have achieved a budget surplus; a key requirement as we strive to become a Foundation Trust. We hoped to achieve Foundation Trust status in 2008, but because we still face a number of significant issues our application is likely to be delayed for the time being.

The highly specialised nature of the clinical work we do makes Great Ormond Street Hospital unique. Consequently, we have felt the impact of legislative changes more than most trusts. We are still in discussion with the Department of Health about a number of issues affecting our finances and will seek to resolve these during the coming financial year.

Although we've made great progress this year, the Payments by Results formula, which pays for our services, still fails to take full account of the highly specialised and therefore expensive care that we provide. Similarly, changes to the way research and development is funded mean that we will face a significant loss of research income next year, without clarity about where funding for this work will come from in the future. We are also waiting for clarification about how much income we will be allowed to receive in payment for our international and private patient services as a Foundation Trust. Most of our private income comes from the treatment of overseas patients who are funded by their governments to enable them to have the specialist care they need. This income is vital to the hospital as it augments what we receive from the public purse and therefore helps us treat more NHS patients. In order for Great Ormond Street Hospital to remain at the forefront of paediatric care, we need these issues addressed as a matter of urgency.

Increasing our membership

Although we have delayed our Foundation Trust application until these issues are resolved, we are already benefiting from becoming a membership organisation. We now have more than 4,500 members and have appointed an interim Members' Forum. Our members' feedback and insights are already helping us in our decision making and we would like to thank them for their input.

Working in partnership

Our partnership with UCL Institute of Child Health is very important to us. It helps us to further our understanding of paediatric healthcare, to find new treatments and cures for many children's illnesses and to train doctors, nurses and other healthcare professionals. The new Somers Clinical Research Facility, with improved facilities, will open in the hospital during 2008/09 to support our research programmes.

Above, top: Sir Cyril Chantler, chairman

Above, bottom: Dr Jane Collins, chief executive

Left: Abdul suffers from Crouzon syndrome for which he has recently undergone corrective surgery. He will need to wear his frame for approximately three months to gradually move the bones in his face and forehead forward.

Collaboration between universities and hospitals has been a great success, particularly in the USA, where Academic Health Science Centres have been established to promote the translation of academic research into clinical trials. We have been working alongside University College London Hospitals and specialist adult hospitals to determine whether we can work even more closely to further the cause of translational research. This is a very exciting opportunity and we're delighted to be involved so closely.

By working together more effectively, different NHS services can avoid unnecessary hospital admissions, help children closer to their homes and make sure that local inpatient services have everything they need to treat more complex cases. Great Ormond Street Hospital now manages the community-based children's services in the London Borough of Haringey, which will work with our local children's unit at North Middlesex University Hospital to develop new and more streamlined ways of working. These developments are in line with the proposals for healthcare in London.

We are working with other children's hospitals around the world, including the Cincinnati Children's Hospital Medical Center in the USA, a world leader in healthcare improvement. As part of our Transformation programme, GOSH 2010, healthcare professionals from our hospital and Cincinnati share ideas and best practise to help both hospitals make quality improvements.

Transforming our performance

The goals of our Transformation programme GOSH 2010 are zero harm, no unnecessary waits and no waste. Many of our employees have worked very hard this year to help us improve efficiency and quality. A recent trade fair at the hospital gave staff the chance to find out more about the many projects under way. GOSH 2010 is a key priority for the Trust now and for the future as we know efficient working allows us to improve patient care and save money.

Redeveloping our hospital

Our major redevelopment programme is now in its second stage. We opened our new state-of-the-art Magnetic Resonance Imaging (MRI) suite this year and completed all the enabling works necessary for construction of the new Morgan Stanley Clinical Building, due to open in 2012. Together with the refurbished Cardiac Wing, this will form the new Mittal Children's Medical Centre – a facility in which we will be able to offer all our inpatients and their families the modern, spacious accommodation they need and deserve. The whole redevelopment is a huge undertaking and it is a credit to our staff, and in particular the Redevelopment Team, that we have continued to operate on a 'business as usual' basis throughout the process. We're also grateful to everyone who has made a donation towards the cost of the redevelopment through Great Ormond Street Hospital Children's Charity.

Our hospital's motto is: The child first and always. This principle guides our decision making and drives us all to do more for sick children here and around the world – regardless of the challenges and obstacles we face. This report tells you about some of the remarkable children we have treated and the accomplishments of our employees this year. We thank them all for their dedication and support.

Sir Cyril Chantler
Chairman

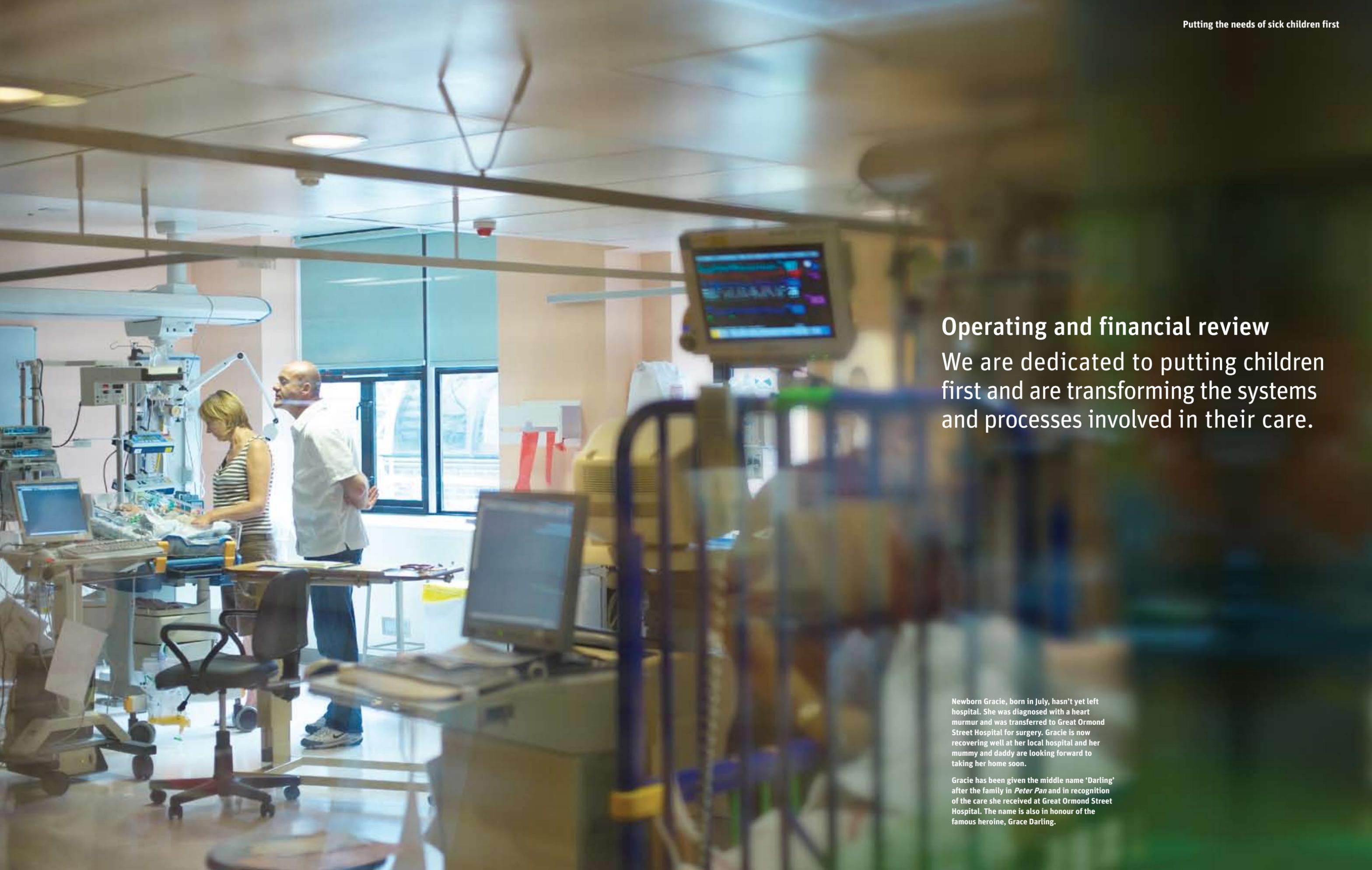
Dr Jane Collins
Chief executive

“Our hospital's motto is: The child first and always. This principle guides our decision making and drives us all to do more for sick children here and around the world – regardless of the challenges and obstacles we face.”

Dr Jane Collins
Chief executive

Right: Hannah has spent quite a lot of time at Great Ormond Street Hospital due to her cystic fibrosis. In April this year she had a lung transplant and was here for just over three months. Today she is having a chest drain to remove some fluid.





Operating and financial review

We are dedicated to putting children first and are transforming the systems and processes involved in their care.

Newborn Gracie, born in July, hasn't yet left hospital. She was diagnosed with a heart murmur and was transferred to Great Ormond Street Hospital for surgery. Gracie is now recovering well at her local hospital and her mummy and daddy are looking forward to taking her home soon.

Gracie has been given the middle name 'Darling' after the family in *Peter Pan* and in recognition of the care she received at Great Ormond Street Hospital. The name is also in honour of the famous heroine, Grace Darling.

Developing our clinical operations

With more than 50 different clinical specialties, Great Ormond Street Hospital has the widest range of dedicated children's specialists in the UK. This means that children with complex and rare conditions can be treated in one location – a great advantage for patients and their families. Together with colleagues at UCL Institute of Child Health, many of the hospital's specialists are also involved in research programmes to pioneer even better treatments and care protocols for sick children.

Many of the hospital's clinical services are accredited by the National Commissioning Group as national services. All national services are concentrated in a small number of specialist centres to ensure high quality clinical care, equal access for all UK patients and value for money. Great Ormond Street Hospital is the largest recipient of this type of funding in the UK.

We treat children from all over the country and around the world – with more than 50 per cent coming from outside the Greater London area. Many of these children are very young, with 35 per cent currently under three years old. As clinical improvements help us to diagnose and treat children earlier, this percentage may rise.

Our activity levels this year

Our activity levels have grown year on year with increases in Finished Consultant Episodes (FCEs), day case episodes, operations and outpatient attendances.

	2006/07	2007/08
NHS FCEs*	26,305	29,984
Private FCEs*	2,112	2,057
Total FCEs*	28,417	32,041
Clinical activity within FCEs:		
Day case episodes	12,974	15,294
Occupied bed days	92,773	91,248
Number of operations	14,108	15,294
Outpatient attendances	107,593	118,896

*An FCE (Finished Consultant Episode) is the period during which a consultant from a particular specialty is responsible for an inpatient or day case admission. However, there can be more than one FCE if the care of the child is transferred to a consultant of a different specialty during the admission, if for example, the child is transferred to intensive care.

Daycare

We are always looking for ways to improve care and the hospital experience for patients and their families. This year our hospital teams worked especially hard to treat more children as day cases, avoiding the need for children and parents to stay in hospital whenever possible and making more beds available to those who need them most.

Efforts to improve daycare services have involved a number of different teams. The Cardiac Unit has moved its daycare services into refurbished premises where more beds are available and we can provide a separate area for patients undergoing pre-admission procedures or recovering from minor operations. The Haematology/Oncology Unit is now also in a refurbished ward, which includes a specially equipped area for children who are not allowed to eat before procedures.

The Gastroenterology Investigation Unit has moved to new facilities in the Medical Daycare Unit, which means it can treat more children and reduce waiting times. The Gastroenterology Team has also reduced recovery times by using weaker anaesthetics before procedures. It now estimates that up to 90 per cent of its patients can be treated through daycare.

Our two daycare surgical wards have also increased the number of daycare patients they treat, while our Surgery Team has introduced a 'no bed model' for children who need Magnetic Resonance Imaging (MRI) scans. Overall, we have achieved an 18 per cent increase in daycare episodes as a result of these programmes.

Highlights of the year

In line with our commitment to involve patients and their families in decision making about our services, the Rheumatology Team has appointed a parent representative to chair its multi-disciplinary Management Team.

The Cardiothoracic Team has completed a record number of heart bypass operations and expanded its nationally accredited Tracheal Service. The team has also accepted more emergency admissions than in past years.

The Mildred Creak Unit, which treats children and young people with severe psychiatric illnesses such as anorexia nervosa and complex psychosomatic conditions, has received praise for its work following an external assessment.

During the year, a new Neuromuscular Team, led by Professor Francesco Muntoni, joined us from the Hammersmith Hospitals NHS Trust. The team, which is funded nationally, will diagnose and treat muscular dystrophy syndromes – an important addition to the neurosciences services at Great Ormond Street Hospital.



Right: The vast majority of children who come to Great Ormond Street Hospital need a scan of some kind. Thanks to charitable donations, this year the hospital was able to open a state-of-the-art Imaging Suite.



The Transformation section of this report (see page 30) provides examples of ongoing efforts to improve quality of care for patients and to operate more efficiently. These examples include the joint efforts of our Surgery and Transformation Teams to improve the use of operating theatres so that we can treat more patients, as well as our collaborative work with other hospitals to pioneer new treatments. The Gastroenterology Team has started work with adult hospitals to develop new services that will help us offer pioneering treatments such as small bowel transplants and bone marrow grafts to grow new guts.

More Great Ormond Street Hospital nurses are now directly leading in clinical work; a move that will help us carry out procedures faster, reduce waiting times and treat more patients. For example, a number of nurses are currently being trained to carry out endoscopy procedures.

Our clinical services

Great Ormond Street Hospital is the UK's largest paediatric centre for heart problems, brain surgery, cancer services, renal transplantation, intensive care, craniofacial reconstruction, gene therapy, valve replacement and many other national services. Our services are listed here in full.

Right: Tara is going to be five soon and next week she starts school for the first time. Today she is having a port in her side removed after her successful treatment for leukaemia. This means that she will only have to come back for check-ups, which is fine with Tara because she loves the hospital and talks about it all of the time.

Cardiothoracic

- Cardiac Services
- Cardiology
- Cardiothoracic Surgery
- Respiratory Medicine and Transitional Care
- Tracheal

Infection, Cancer and Immunity

- Bone Marrow Transplant
- Dermatology
- Endocrinology
- Haematology/Oncology
- Immunology
- Infectious Diseases
- Palliative Care
- Rheumatology

Medicine

- Acute General Paediatrics
- Adolescent Medicine
- Clinical Genetics
- Gastroenterology
- Metabolic Medicine
- Nephrology

Neurosciences

- Autism
- Child and Adolescent Mental Health
- Neurodisability
- Neurology
- Neurophysiology
- Neuropsychology
- Neurosurgery
- Ophthalmology
- Traumatic Stress

Surgery

- Anaesthesia
- Audiological Medicine
- Cleft Lip and Palate
- Cochlear Implant
- Craniofacial
- Dental and Maxillofacial
- Ear, Nose and Throat
- General and Neonatal

- Orthopaedic
- Paediatric and Neonatal Intensive Care
- Pain Control
- Plastic Surgery
- Urology

Diagnostics, Therapeutics and Clinical Support Services

- Chemical Pathology
- Cytogenetics
- Dietetics and Nutrition
- Histopathology
- Immunology Laboratory
- Microbiology
- Molecular Genetics
- Occupational Therapy
- Pharmacy
- Physiotherapy
- Psychology
- Psychological and Family Services
- Radiology
- Social Work
- Speech and Language Therapy

National Commissioning Group Services

- Bladder exstrophy
- Complex neuromuscular conditions
- Complex tracheal disease
- Craniofacial surgery
- Epidermolysis bullosa
- Extra Corporeal Membrane Oxygenation (ECMO) Service for children
- Heart and lung transplantation
- Lysosomal storage disorder
- Persistent hyperinsulinaemic hypoglycaemia of infancy
- Severe Combined Immunodeficiency (SCID) and related disorders
- Stem cell transplantation service for juvenile idiopathic arthritis and related connective tissue disorders
- Vein of Galen malformation
- Pulmonary hypertension*

*Designated but not funded by National Commissioning Group



Pioneering research and development

The number of children treated at Great Ormond Street Hospital, and the complexity of their conditions, gives us a unique opportunity to carry out research that can benefit children today and in future, here in the UK and around the world. Together with our academic partner, UCL Institute of Child Health, we form the largest paediatric centre in Europe dedicated to clinical and basic research. Our research helps to pioneer new methods of prevention, treatment and cures for complex and often life-limiting illnesses.

This year has been a challenging one for our research teams. Losing the annual NHS Culyer research and development block grant of £33 million means we will have to find new sources of funding in the future. We are working with the National Institute of Health Research to determine what other funding sources may become available. The special trustees of Great Ormond Street Hospital Children's Charity have also agreed to help by providing additional financial support for our research work – allowing us to continue funding for some of our important new research programmes.

The Trust, together with UCL Institute of Child Health, has recently achieved Specialist Biomedical Research Centre status – recognition of the fact that our research work delivers real benefits for the children we treat here and others around the world. This will bring us some vital financial support and help to make sure we have the research facilities needed to sustain our research in experimental medicine through three themes: molecular basis of childhood diseases; gene, stem and cellular therapy; and novel therapies for childhood diseases.

The new Somers Clinical Research Facility will open in 2008, providing us with a state-of-the-art research space, nursing staff trained in research methodology and modern IT systems. The facility is partly funded by generous donations to Great Ormond Street Hospital Children's Charity. Our work here should attract additional funding from the Department of Health and other sources.

Towards the end of the year, Great Ormond Street Hospital and UCL Institute of Child Health launched a review of our research and academic strategy to help us identify priority areas for the next five years. As part of this review, we will be establishing a new academic unit for general and adolescent paediatrics.

We are also reviewing the way research institutions in the USA have used the Academic Health Science Centre model to translate basic research into clinical research in partner hospitals. Together with our colleagues at University College London Hospitals and specialist adult hospitals, we are exploring ways of working even more closely together in the future. We hope that we will be able to extend our translational research programmes further and help even more children.

“We hope that we will be able to extend our translational research programmes further and help even more children.”



Case study

Henry, age six

By Henry's mum, Lucy

“After many uncertain, difficult and very emotional weeks our local hospital finally diagnosed our son Henry (aged four at the time) as having the rare metabolic disorder, Gaucher's disease. He was immediately referred to Great Ormond Street Hospital.

Henry, along with daddy, his younger brother and I, nervously attended the first appointment but we were warmly welcomed and reassured by everyone we met.

Two years on, we consider many of the staff on the ward and at the outpatients clinic we regularly attend as friends. We have attended every appointment as a family and the staff have always ensured that we are all looked after. Our emotions have always been so well read and we have all benefited from the care and attention given. Our youngest son is never overlooked and receives just as much care and attention as Henry.

Without the dedicated staff on the ward and in the outpatients clinic, Henry's time in the hospital would be a very daunting and frightening experience. However, he now looks forward to his visits and seeing so many special people.”

World-class education and training

As one of the top children's hospitals in the world, we treat patients with the most complex and often critical conditions. This puts a great responsibility on us to make sure that our clinical and support staff deliver the highest possible standards of care for children and their families.

The hospital is at the forefront of paediatrics training in the UK. We train more children's nurses than any other hospital and play a leading role in training paediatric doctors. Nursing practise here is advancing rapidly and many more outpatient and inpatient services are now led by senior nurses. Many nurses also support clinical research activity in the Trust and are leading specific nursing care research programmes. Training here gives staff experience across a wide range of specialist areas, including heart conditions, cancer, brain surgery and epilepsy. Many of those we train will go on to work in the hospital, and others will move on to join other trusts in London and around the UK. The quality of training they receive here,

which is at the very leading-edge of paediatric healthcare, will benefit them and the children they care for wherever they work in future.

In partnership with London Southbank University and Redbridge NHS Trust, we have launched a foundation degree for assistant practitioners in child health, designed for staff such as clinician's assistants who don't require professional registration. Five students are currently approaching the end of their first year on this practise-based course. By the time they complete the course they will have the breadth and depth of skills to offer a very wide range of support services to the clinical teams.

We are keen to share best practise and learn from other leaders in paediatrics all over the world. Our collaboration with Cincinnati Children's Hospital Medical Center has provided significant learning opportunities for both organisations. They have run their own change programme for several years now and their experiences should help us accelerate the pace of change here.



“Today, waiting lists are down and so are missed appointments and cancellations.”

Left: Michael has been working at the hospital for nearly six years and is a theatre orderly who transfers patients to and from wards.

Improving our models of care

We want every patient we treat to get the best possible clinical care. We also want to improve the 'total experience' for every patient and parent who visits our hospital. We understand visiting or staying in hospital can be stressful and scary for children and families. That's why it is so important that everything we do here lives up to our motto: The child first and always.

We have worked very hard to improve our standards of care this year, including the services that our many different departments provide for each other. We are particularly proud of our success in reducing outpatient waiting times for our services at North Middlesex University Hospital as well as biopsy specimen processing improvements which mean patients and families get results faster.

Advanced Access equals reduced waiting times

Thanks to a project called Advanced Access, waiting times for appointments at North Middlesex University Hospital Paediatric Outpatients Department have been reduced from nine to 10 weeks to just two weeks.

Seven of our consultant paediatricians work at North Middlesex University Hospital; they deal with around 1,900 referrals from GPs every year. Children referred as urgent have always been seen on the same day, but the wait for routine appointments had risen slowly over recent years until Advanced Access was introduced. Now a waiting list of approximately 240 patients has been reduced to about 40.

Advanced Access (the term comes from the USA) helps doctors and administrators run their clinics more efficiently – by avoiding duplication, updating appointment lists more regularly, making sure every appointment slot is used, encouraging patients to call if they no longer need their appointments and discharging as many patients back to primary care as possible. Today, waiting lists are down and so are missed appointments and cancellations.

Fewer slides equal faster test results

Changes to the way staff work in our Gastroenterology and Histopathology Departments have helped us to review more cases and make sure patients receive the results of biopsy tests faster.

The changes were put in place as part of a lean Transformation project led by gastroenterology consultant Mamoun Elawad and chief biomedical scientist Dyanne Rampling. 'Lean' is about continuous improvement, ensuring that staff do the work they are trained to do and that the patient is at the centre of any changes made. In the Gastroenterology Department this meant a positive response to concerns about the limited number of patient cases that could be reviewed during multidisciplinary team meetings. Simple changes to the way biopsy specimen slides are displayed during these meetings have reduced handling times and associated costs by 50 per cent. As a result, our gastroenterologists and histopathologists can review around four times as many cases in any one meeting.

Working in partnership

We want the work we do here to benefit as many children as possible – and partnerships are a great way to do this. Working in partnership helps us to share expertise, broaden our care beyond specialist services and learn from primary and secondary care providers.

The Children and Young People's Partnership for Health

As part of this unique scheme, now in its third year, we manage the paediatric services at North Middlesex University Hospital. Our aim is to improve the hospital experience for children and their families by sharing our skills. We have also taken responsibility for the children's and young people's community services at Haringey Teaching Primary Care Trust.

We were keen to assess the impact of this new and innovative approach to healthcare delivery, so we commissioned the Healthcare Management Centre at the University of Birmingham to make an external evaluation. This covered the scheme's impact, its benefits for children and their carers, and its costs. Key recommendations from the evaluation – including the need to state clearly what we want to achieve and to provide more locally-based services – are being built into our action plan for next year.

Working with North Middlesex University Hospital

Both partners have learned valuable lessons and benefited from our partnership this year. We're particularly proud of our success in reducing waiting times for children's outpatient appointments thanks to the Advanced Access project. Waiting times have been reduced dramatically and, as part of our Transformation programme, GOSH 2010, the project team have shared their experiences with colleagues here to help us reduce unnecessary waits.

The hospital's Patient and Staff Safety Team has provided valuable support to North Middlesex University Hospital – helping colleagues with audit, management, and processes for dealing with complaints and incidents. With funding from the Department of Health, we opened a Child Protection Unit at North Middlesex University Hospital in May 2008. Employees from both Trusts have worked with colleagues in local Primary Care Trusts and boroughs to design the unit, which gives families access to better facilities and child protection specialists. The unit also provides a focal point for multidisciplinary teaching. Great Ormond Street Hospital Children's Charity has funded the unit's organisational development plan for staff.

“Our aim is to improve the hospital experience for children and their families by sharing our skills.”

When we took this picture of Tyson two years ago, he had never been home. Due to multiple complications at birth which included kidney and liver problems, he spent the first two years of his life in North Middlesex University Hospital. Now, age three, Tyson is making great progress and despite being unable to walk or talk, he has learnt to dress himself and is beginning to use sign language.



“The Trust has provided outreach clinics to other hospitals for many years and believes this is an effective way to share expertise and improve public health for children.”

Working with Haringey Teaching Primary Care Trust

The Trust took on responsibility for the management of young people and family community services on 1 April 2008, building on a lot of hard work by both parties and lessons learned from our partnership with North Middlesex University Hospital.

The partnership gives us a great chance to improve services for children, young people and their families in the borough, by linking community services with our secondary services at North Middlesex University Hospital. A good example of this is the Acute Asthma Integrated Care Pathway developed by Dr Arvind Shah at North Middlesex University Hospital, which will now be put in place in local communities and schools and should reduce unplanned attendances at Accident and Emergency Departments. Looking ahead, we aim to use this partnership to create other tangible health benefits for children and young people in Haringey and beyond.

Our model of service

We have worked in partnership with colleagues based in other health trusts and local boroughs to review and develop our existing service delivery models. Having taken responsibility for Haringey community services, we are now the integrated health provider organisation for community, secondary and tertiary services in the area. In this capacity, we will work to deliver both the Primary Care Trust and the local boroughs of Enfield and Haringey’s commissioning intentions.

Sharing our experiences

To share our experiences, we published the booklet: *A Guide to Developing the Children and Young People’s Partnership for Health* with an accompanying CD-ROM and organisational toolkit in September 2007. The toolkit is freely available to colleagues and other trusts.

Outreach and shared care

The Trust has provided outreach clinics to other hospitals for many years and believes this is an effective way to share expertise and improve public health for children. We want to offer outreach clinics and services where the need for them is most urgent. To help us do this we have created a toolkit to help general managers and lead clinicians decide where a proposed outreach service or clinic will have the greatest benefit. The toolkit, which draws on data from previous mapping exercises and uses public health indicators for deprivation, was published this year and is available to our NHS colleagues.

Public health

Public health was traditionally viewed as a matter for primary care and local authorities – but this is no longer the case. We are pleased that hospital trusts like ours are now expected to play a role in managing public health and our Board has approved a public health strategy aimed at improving children’s health, health services and health protection in the wider community, which will be implemented next year.



Case study

Lydia, age 17 months

By Lydia’s mum, Annette

At seven months old, Lydia was too young to be immunised against measles but she caught the disease because older children around her had not been immunised and ended up fighting for her life.

“In August 2007 our seven-month-old daughter, Lydia, caught measles and nearly died. For some days we noticed she had been suffering from a bad cough and high temperature, which became steadily worse. At this stage, we had no idea what she was suffering from.

Our fears grew when our GP immediately sent her to hospital, where it was confirmed Lydia had measles. Over the next few hours she had great difficulty breathing and her lips turned blue. The resuscitation team tried for hours to stabilise her raging temperature but she was very ill and it was proving to be a challenge. Lydia’s condition became so serious she was sent to Great Ormond Street Hospital, where she spent three days on a ventilator and was given a blood transfusion. We did not know if she was going to live or die.

To our relief, Lydia recovered completely. My husband and I cannot thank all the staff at Great Ormond Street Hospital enough for their skill in saving our precious daughter.”

Creating the right therapeutic environment

We understand just how profound an effect being in hospital can have on children. Babies in intensive care often have problems bonding with their parents, toddlers find the experience stressful because they cannot understand what's happening to them and older children often feel very anxious about operations or other procedures. We do everything we can to create a supportive environment for the children treated at Great Ormond Street Hospital.

GO Create!

Our arts and humanities programme, GO Create!, plays a big part in creating a healing environment for children here. It aims to make their surroundings in hospital less stressful while encouraging creativity and learning – for staff and visitors as well as patients. We are pleased that the Department of Health's *Review of Arts and Health* emphasises the contribution arts activities can make to healthcare.

Creative residency 2007

We ran our second creative residency this year. A visiting storyteller at North Middlesex University Hospital recounted Peter Pan's adventures in Neverland and puppeteer Andy Jones ran a series of puppet making workshops with patients and visitors. When all the characters in the story had been recreated in puppet form, children from the ward performed their own version of *Peter Pan* for other patients, staff and visitors.

Hands-on activities like the puppet making workshops help to distract children from the stressful environment around them. They are good fun and they also give children the chance to do new things and develop new artistic, social, intellectual, emotional and physical skills.

Temporary exhibitions

In December 2007 staff were invited to get creative with their cameras. Their efforts were judged by our Art Group and displayed in a temporary exhibition space in the hospital.

Culture Club

As part of our commitment to involve patients, families, staff and visitors in creative activities, we ran the GO Create! GOSH Staff Culture Club programme in 2007 – giving staff the chance to attend a series of cultural events at museums close to the hospital.

Weston House

Following consultations with the people who use the building, new artworks were purchased to hang in Weston House, which includes the Paul O'Gorman Patient Hotel. This makes the rooms there much more welcoming and gives us the chance to show more people how diverse and inspiring art can be.

Safari Outpatients and Daycare Unit

As part of the hospital's redevelopment programme, several departments have been relocated to refurbished areas. We have used art to make these areas more stimulating and engaging for everyone who uses them. A good example is the safari wall graphics display in our Safari Outpatients and Daycare Unit, which helps to create a welcoming and stimulating environment for patients. The work on the unit was a true team effort with parents and suppliers from all over the world contributing to the final result.

Looking forward

An exciting list of activities is already scheduled for next year, including a collaboration between the British Museum and our hospital school that will give patients the chance to work creatively with a national collection. Thinking further ahead, fundraising efforts will continue to make sure the GO Create! programme flourishes over the next few years, with a range of arts and cultural events scheduled. We are also reviewing the role art can play in the new Morgan Stanley Clinical Building.

Right: Inflatable tree with rabbit, caterpillar and bird by Iain Kettles and Susie Hunter. This fun installation can be found in the Octav Botnar Wing and is a colourful addition to the building no matter which floor you are on.

“We have used art to make these areas more stimulating and engaging for everyone who uses them.”

As well as our GO Create! programme, we do a lot of other things to meet the developmental and social needs of the children and young people who come here.

Scouts and Guides

Scouts and Guides from the 17th Holborn area have met at the hospital for over half a century and celebrated their 51st birthday in February 2008. The number of children attending varies week by week, but meetings always give patients the chance to have fun, learn and develop valuable social skills.

Youth Link

Youth Link is an advisory drop-in service for adolescents aged 11 and over, run by a team of play specialists, clinical nurses and a school liaison officer. It provides a valuable service for adolescent patients, who can have a particularly frustrating experience while in hospital. Youth Link gives them the chance to join in a range of recreational activities and keep in touch with friends and the world outside through email and the internet.

The Activities Centre

The Activities Centre provides patients aged three to 19 with a chance to make friends, take a break from the wards and join in lots of different recreational activities. It is run by two trained play workers and open to 10 unsupervised and five supervised children at any one time. A popular visitor to the centre (and to many of our wards) is Ripley the therapy dog and his owner Chris, who work as part of our Pets as Therapy scheme.

The Children's Hospital School at Great Ormond Street and UCLH (University College London Hospitals)

The hospital school was launched with just one teacher in 1951. Today it caters for children of all abilities and all nationalities aged between five and 19. The school has been commended by Ofsted for delivering an imaginative curriculum in a challenging environment. Its success shows that being ill or in hospital need not have a negative impact on children's educational prospects.





“A characteristic of a successful organisation is that it always wants to do better.”

Dr Jane Collins
Chief executive

Eight-year-old Billy is having an MRI (Magnetic Resonance Imaging) scan to inform his treatment for a growth hormone condition.

Becoming a Foundation Trust

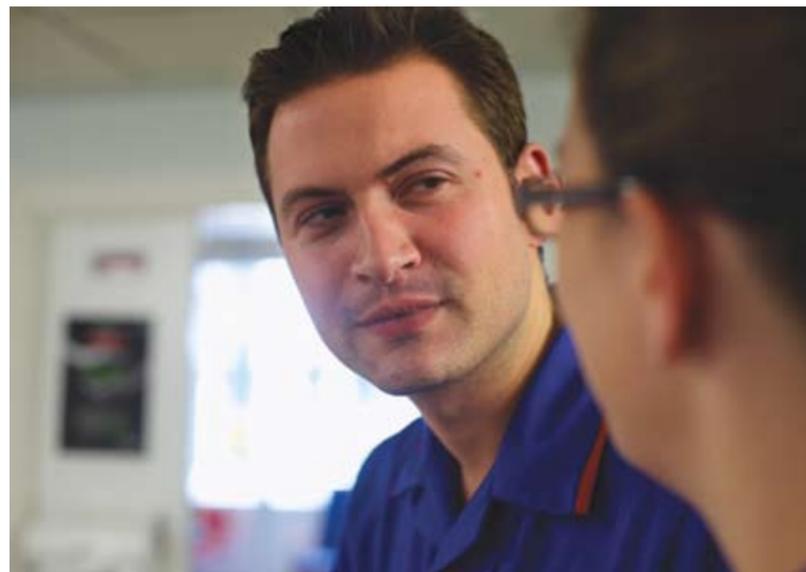
We are working towards becoming a Foundation Trust but have delayed our application until a number of important issues that affect funding for our specialist clinical and research work are addressed. We're working closely with the Department of Health and Monitor, who administer Foundation Trust applications, to resolve these issues as quickly as possible.

We have to tackle three main issues. First, we need to make sure that we are paid in full for all the complex and specialist work done at the hospital. We have made significant progress on this matter during the past year and continue to work on this going forward.

The second issue facing the Trust concerns changes to the system used to allocate funding for research. The significant funding we received under the previous system as a specialist, research-led hospital, is now being withdrawn. We support changes to the funding system, but in the short term the income we lose

due to the changes will have a significant impact on our financial position and the amount of research that we can undertake.

We also have to determine how much funding we can receive from our international work as a Foundation Trust. Most of the patients we see from overseas are unable to get the treatment they need at home and their governments pay for them to come to Great Ormond Street Hospital. However, because of the volume of overseas work done here, we are at risk of breaching a cap set for private work under Foundation Trust rules. Any profit we make from private work is used to support our NHS work, so the loss of income from our international and private patient division will have a detrimental affect on our finances and our ability to treat more NHS patients. It is vitally important that this issue is resolved before submitting our Foundation Trust application.



“Our progress towards Foundation Trust status may be slower than hoped, but we are extremely proud of the great work our members are doing.”

Finances are just one aspect of the Foundation Trust application; the other part of the process involves recruiting and engaging with members. At the end of April 2008, we had 4,500 members – 1,700 more than at the same time last year. They include patients and family members from Great Ormond Street Hospital and North Middlesex University Hospital. We have also invited people who donate regularly to Great Ormond Street Hospital Children's Charity to become members.

As a result of our recruitment activities we have a very diverse membership, with 32 per cent of members coming from black or minority ethnic groups – almost an exact mirror of our patient mix. We also have members who were treated in the hospital as far back as the 1930s and have maintained a supportive relationship with us ever since. Recruiting members who have a strong link with the hospital as patients or parents of patients can help us live up to our motto: The child first and always.

Throughout the year, members have been actively involved in lots of different ways. Some have taken part in ward inspections, others in steps to improve food at the Peter Pan Café. We have asked members to complete a questionnaire about the information families receive when they arrive at the hospital and invited some of them to join two committees at UCL Institute of Child Health to explore the best use of research funds in future.

As part of our Transformation programme, GOSH 2010, our chief executive, Dr Jane Collins, decided to recruit two parents of patients to the Transformation Board. We invited Foundation Trust members with children who have been treated at the hospital and with appropriate work experience to volunteer as members. The response was impressive to say the least. Dr Collins recruited two Board members, while several other applicants were offered roles in other Transformation projects.

Members have even helped to improve the quality of this Annual Report, by contributing to research on the effectiveness of last year's document.

Because of their involvement with a specialist tertiary hospital like ours, a number of members are now recognised as 'experts' in their own right and are helping to improve paediatric services here and elsewhere in the UK. Members have been invited to contribute to national consultations, they have helped to produce training materials for use by the Royal College of Nurses and checked research proposals for the Health Development Agency. Our progress towards Foundation Trust status may be slower than hoped, but we are extremely proud of the great work our members are doing.

Left: Nathan was a senior staff nurse on Sky Ward before he became a practise educator on our surgical wards in January this year. He is responsible for educating staff on best practise and teaching clinical skills, as well as advising on development opportunities.

Transforming the way we work

The Trust's Transformation programme, GOSH 2010, has three aims: no unnecessary waits, zero harm and no waste. We launched the programme to make sure that patients are offered the best possible service at the right time and in the right way – always making the best use of our staff, our time and our resources.

GOSH 2010 is different from improvement work completed in the past: it is as much about changing attitudes as changing processes. We want everyone who works here to think differently about the way we do things and, above all else, avoid complacency. Great Ormond Street Hospital may be a world-class organisation already, but there is always room for improvement. Because every aspect of GOSH 2010 is based on facts about our past performance, it can help us deliver better services and better value for money in future.

Right now, GOSH 2010 is focused on six main areas:

1. Advance Access in our Outpatient Department – a move to reduce waiting times for patient appointments following referral.
2. Use of our operating theatres – to make sure we use our surgical staff and facilities as efficiently as possible to reduce waiting time for patients.
3. Infection control – we have a low infection rate compared to most hospitals but checking and, if necessary, improving the ways we control infection makes good sense.
4. Medicines management – a Trust-wide project that involves lots of different improvement measures, including electronic prescribing and the use of an automated medicine-dispensing robot.
5. Transforming care on the ward – an initiative that supports closer collaboration between different wards, so that staff can learn from each other and measure their performance against standard indicators.
6. Modernising the clinical workforce – focusing on three key aspects of our medical workforce: the implementation of Modernising Medical Careers for

doctors in training; the Consultant Workforce Strategic Development Programme; and compliance with the 2009, 48-hour European Working Time Directive for doctors in training.

As well as the 'big six', outlined above, several of our clinical units have put measures in place to improve specific aspects of their performance. For example, the Rheumatology Department is reviewing its joint injection procedures, while the General Surgery Team is developing an integrated care pathway for children who require a Nissen's Fundoplication operation to prevent reflux from the stomach.

At ward level in particular, our nurses are playing a key role in transforming services, including care at the bedside. Their continuing efforts are essential in protecting patients from harm and improving our use of resources by ensuring that wards are always staffed at a safe and appropriate level.

The Transformation Team works in a very flexible way – offering support and advice, problem solving and data interpretation skills, as well as a fresh pair of eyes to clinical teams across the hospital. To help build a continuous improvement culture they have created a number of educational opportunities, including information exchange schemes with other hospitals, such as Cincinnati Children's Medical Center in the USA. They also involve parents and carers to make sure that the projects we put in place deliver the improvements that matter most to patients and their families.

At the beginning of 2008, we embarked on another ambitious Trust-wide initiative, the Managing Variability Programme. This will help us to analyse patient movements through all our departments and specialist areas in order to improve access to care and efficiency at every point of every patient's journey through the hospital.

“Our nurses are playing a key role in transforming services, including care at the bedside.”



Case study

Joshua, age 10

By Joshua's mum, Naomi

“Our son, Josh, first came to Great Ormond Street Hospital in November 1997 when he was three months old. After tests he was diagnosed with cystic fibrosis.

The staff were very supportive through this very emotional time.

We continued to come to Great Ormond Street Hospital for annual reviews and had shared care with our local hospital. Unfortunately, over the next nine years Josh's condition deteriorated and he was put on the transplant list in June 2006. In November that year, he received new lungs.

The support and care we have all received has been outstanding. We were able to stay in a flat provided by the hospital which meant that our other son was able to stay with us and that we were all close to Josh.

Josh is now doing very well, thanks to the expert care he has received for his cystic fibrosis, colitis and diabetes. We thank everyone involved in his care – not forgetting the donor family, without whose consent, Josh would not have been given this amazing gift of life.

Great Ormond Street Hospital is simply the best.”

Our family policy



“The children who stay here have helped us make the hospital safer because they are often the first people to notice real or potential problems – and suggest solutions.”

Caring for sick children is about more than doctors, operations and medicine. We want to help patients and their families cope with every aspect of their hospital experience: their anxiety before they arrive; the things that happen while they're with us; how to care for the patient after they leave.

Staff have worked hard this year to make sure the information we give children and their families is relevant, easy to understand and easy to access. We have added audio and video podcasts to our website to explain topics that can be difficult to understand – like the best way to give medicines to children. A greetings card service has also been launched on the site so that friends and family can send children postcards while they are in hospital.

As part of our responsibility to promote good health, we have introduced information display packs for all our wards, with basic information on health available to every family staying with us. Our *How your body works* posters are useful too. They cover a range of body systems and can be useful to explain a diagnosis. Next year we hope to use them in animated form on our website.

All the information we produce for families is audited once a year to make sure it's up to date and up to standard. A large-scale survey is being carried out to ask families what information they need. They have already requested more information about patients' experiences in hospital and we are working with our Foundation Trust Team to provide this.

The children who stay here have helped us make the hospital safer because they are often the first people to notice real or potential problems – and suggest solutions. We now ask them all to complete an incident form if they spot a problem and make sure we apologise to them directly when things do go wrong.

In October 2007, the Parliamentary and Health Service Ombudsman introduced six new Principles of Remedy. These set out best practise for all public bodies to follow in resolving complaints. The Trust embraces the Principles of Remedy and always strives to deal with complaints in an open, proportionate and fair manner. Further detail about the Trust's complaints activity in 2007/08 can be found in the annual Clinical Governance Report, a copy of which is available upon request.

This year we consulted patients and parents about ways to improve children's experience of hospital. The results of this survey will be used to improve our services and information for families in future.



Left: There are lots of children like seven-month-old Kai at Great Ormond Street Hospital. He isn't here because he is ill, he is here because his big sister Kianna has an outpatient appointment on Safari Outpatient Daycare Unit. She has leukaemia and Kai has come along with his mum and dad to keep her company.

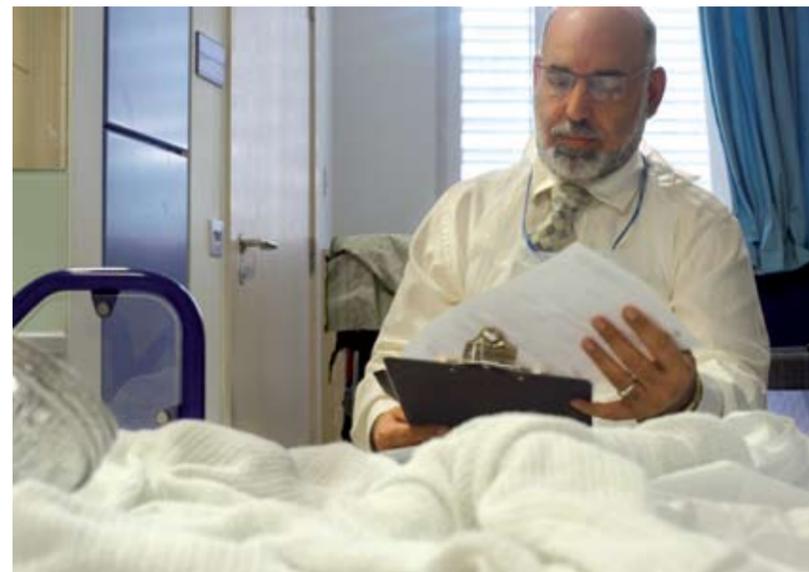
Developing our workforce

Our reputation helps us recruit highly skilled and motivated people to work in the hospital. Their commitment and dedication is essential to the work done here. To deliver world-class services for our patients it's essential that everyone who works for Great Ormond Street Hospital knows that their contribution is valued.

Our annual staff survey helps us find out what really matters to our staff and over the years results have reflected employees' anxieties as we have faced major challenges and worked to achieve organisational change. Change is never easy and line managers play a key role in maintaining high morale. Making sure they have the skills and experience needed to lead their teams effectively will be a key objective next year. Staff appraisals are also important because they help people to feel valued and can also improve morale and retention rates. The percentage of staff who are appraised is growing year on year and our goal for 2008/09 is to provide all employees with Personal Development Plans that meet both the individual's and the Trust's needs.

Attracting, recruiting and retaining the best people is not easy in London. Last year turnover was 15.2 per cent and there has been a slight rise to 17 per cent in 2007/08, driven largely by back office functions. Importantly, turnover in our largest staff group, nursing, has remained stable at 13 per cent. By using suitably skilled temporary staff to fill vacant posts and by holding vacancies in the areas outside the front line, we have managed our resources more effectively than in the past. Consequently, vacancy levels have risen from 14 per cent in 2006/07 to 21 per cent this year.

We aim to provide staff with a full range of benefits to encourage them to stay with us. These include significant help with childcare, a Cyclescheme through which staff can purchase bicycles tax free and staff hotel accommodation for those working long shifts. We also run an annual staff recognition programme which allows staff, patients and families to nominate staff members who have gone beyond the call of duty.



“All our work on Transformation has staff at its heart. The principles of transformational leadership are all about working together to develop a shared vision and to value, inspire and enable each other to take action.”

Left: Aboubakr Elsayed is a senior advocate. His team support our Arabic and Greek families, helping to provide interpreters as well as advice on schooling for siblings, medical appointments, accommodation and spiritual support.

We know that working in the hospital can sometimes be stressful and this year we launched our stress management toolkit – a practical guide that helps managers and other employees recognise symptoms of stress in themselves and others and then take the appropriate action to deal with it.

Staff training and education is vitally important to us and this year we have reviewed our learning activities to make sure they support the needs of patients, their families and our employees. A learning strategy has been developed to outline how training and education will support the aims of our Transformation programme, GOSH 2010.

Our training programmes

Our leadership and management programme equips managers with the key competencies they need to lead teams and drive transformational change in our organisation. Our GOLD campus (Great Ormond Street Hospital Online Learning and Development), launched in September 2007, offers staff a wide range of e-learning opportunities, including bespoke and off-the-shelf courses. Since its launch, 2,839 people have accessed 153 courses, with a completion rate of 70 per cent.

We launched our child protection education and training strategy this year to support the 'zero harm' objective set out in our Transformation programme. It is designed to help all staff meet our objective of keeping children safe in hospital.

Occupational Health Service

Our Occupational Health Service, provided by Capita Health Solutions, provides a full range of services, including pre-employment screening, health protection and surveillance, fitness for work and ill health retirement assessments, absence management and health promotion. This year the team has worked particularly hard to manage musculoskeletal

and mental health problems such as stress – achieving a good reduction in work absences due to musculoskeletal injuries. Following the introduction of stress-management tools, the incidence of stress-related ill health reported by staff has also fallen, although the level of health-related absences from work are the same as last year. The team will work closely with Health and Safety and Human Resources to target stress and the health problems it can cause during the next year.

Engaging and involving our staff

All our work on Transformation has staff at its heart. The principles of transformational leadership are all about working together to develop a shared vision and to value, inspire and enable each other to take action. While much of our transformational work is in its early stages, one of the most powerful consequences is the enthusiasm shown by staff in generating ideas about how things can be done differently in their departments to help improve the efficiency of the hospital and the care we give to children and families.

The unions and professional organisations that represent many of our employees have worked hard this year to make sure that staff are involved in decision making and kept informed about our progress. As a result, we now have a better understanding of staff concerns and a unified group of representatives dealing with local and Trust-wide issues. Looking ahead, we need staff and management to continue communicating effectively with each other and to work in partnership on a number of issues, including the modernisation of NHS terms and conditions.

Investing in equality and diversity

Our patients, family visitors and staff make Great Ormond Street Hospital a truly diverse community and we try to make sure everyone here enjoys equality of opportunity – an equal chance to experience the richness of hospital life, regardless of their gender, religion, marital and partnership status, colour, disability, nationality, ethnic or national origin, sexual orientation or age.

We are sure that our patients benefit from the skills and expertise a diverse workforce provides, so we encourage people from all backgrounds to think about a career in the NHS. We have run school open days to tell children more about the range of jobs on offer in hospital and worked with Camden Council and the NHS Jobshop to bring local unemployed people into entry-level posts here. Our Psychology Department has specifically invited applications from men and black and minority ethnic candidates to make sure it can provide care that matches the diversity of its patients.

This year we have started conducting Equality Impact Assessments for all policies and procedures, examining each element closely to make sure that they do not unwittingly discriminate against any group of people. All these assessments are published on our website along with any action plans put in place to eliminate discrimination.

The Trust's 2007 staff survey suggested that staff from black and minority ethnic groups often have a good, if not better, experience of the hospital than their white colleagues; however, we know that this information can only provide part of the picture and there is still much more to be done to ensure that people from black and ethnic minority groups receive the development they need to

progress their careers. We have already made major improvements to our training data to help us ascertain whether development opportunities are being taken up equitably.

The Trust now audits every 25th appraisal to ensure quality. In addition we run regular reports to ensure that black and minority ethnic staff are receiving appraisals and accessing appropriate learning. We operate a Career Development Training programme designed to support these staff in developing their careers within the NHS and we have recently launched a black and minority ethnic network which provides an arena for all staff groups to discuss issues or share ideas that will support career development.

Our Patient and Staff Safety Team and our Patient Advice and Liaison Service (PALS) both submit regular reports to help us identify any issues that may have an equality component, so that we can investigate them further and take appropriate action to address discrimination.

This year we have conducted equality and diversity induction sessions for all new employees, during which their rights and responsibilities are discussed and they're encouraged to examine their own assumptions and how these could affect colleagues and patients.

Looking ahead, one of our biggest challenges next year is to develop a Single Equality Scheme, pulling together our existing race, disability and gender policies. Taking the views of patients and staff into consideration will be critical in developing these plans for the future.

“We are sure that our patients benefit from the skills and expertise a diverse workforce provides, so we encourage people from all backgrounds to think about a career in the NHS.”



Case study Ella, age six

By Ella's mum, Rachel

The ketogenic diet is a high-fat, low carbohydrate dietary alternative to drugs which research at Great Ormond Street Hospital has proven can dramatically reduce or end seizures in children with epilepsy.

“Ella contracted pneumococcal meningitis the week before her first birthday. She was left profoundly deaf and with severe learning difficulties, balance and coordination problems, poor concentration and epilepsy. In addition to her seizures, her EEG also showed her brainwaves were very abnormal, even when she wasn't fitting, and this too was interfering with her development.

For more than three years we tried five antiepileptic drugs and a course of steroids, none of which controlled her seizures but brought a range of side effects. At her worst she became incredibly unresponsive. Ella began the ketogenic diet just after Christmas 2006. Within days she seemed calmer and began sleeping better. After six weeks on the diet her seizures stopped.

An EEG after three months showed Ella's brain activity was much calmer. This calming, as well as the impact of weaning her off all drugs has enabled her to begin to engage with the world again. We have celebrated tiny steps she has made in her play and learning; she is also steadier on her feet and her coordination has improved. Progress will always be slow and erratic, but the diet has given her back the potential to learn.”

Redeveloping our hospital site

Redeveloping the current hospital site so that we can provide world-class facilities for all patients, their families and staff is a key part of our strategy. Bright, modern, spacious facilities encourage healing and make it easier for staff to do their very best for the children they treat.

There are four phases to our redevelopment plans. The first was completed with the opening of the Octav Botnar Wing and Weston House, including the Paul O’Gorman Patient Hotel, in March 2006 and Phase 2 is now under way, with completion scheduled for 2014. The redevelopment is largely funded through donations to Great Ormond Street Hospital Children’s Charity. The NHS has backed the redevelopment programme by granting the hospital £75 million towards its costs.

The Magnetic Resonance Imaging (MRI) Suite

Our new MRI Suite was completed in January 2008. Equipped with four MRI scanners, it provides a calm environment for children and a faster more effective service.

Enabling work and refurbishment

At the beginning of the year enabling work was started so that three more buildings – the Nurses’ Home Annex, Southwood A Wing and the Barrie Wing – could be demolished. The enabling work included 58 separate projects. Despite the complexity of works and their impact on almost every working department, our project managers and clinical staff have risen to the challenge.

In the process, we have created new, modern unit facilities in other parts of the hospital that provide a pleasant, practical environment for patients, families and staff. These include the Neonatal Intensive Care, Paediatric Intensive Care, Cardiac Critical Care, Dental, Pharmacy and the Haematology/Oncology Units. The special trustees of Great Ormond Street Hospital Children’s Charity have also allocated money to develop a new genetics unit in York house, an adjacent building, which will free up valuable space in our highly congested laboratories.

Planning and stakeholder consultation

In November 2007 we received planning approval for Phases 2A and 2B (the Morgan Stanley Clinical Building and the Cardiac Wing respectively) of our major site development work, which will involve 35,000 square metres of new buildings and redevelopment on the existing hospital site. The Greater London Authority supported the design development of our new buildings, particularly our sustainability programme. Regular meetings with the local Residents’ Committee kept them involved in our plans and these will continue in future. Our Phase 2 programme met with no objections from local residents.

Looking ahead

Our demolition programme is due to be completed by October 2008 to make way for construction of the seven-storey Morgan Stanley Clinical Building (Phase 2A), which should be finished by 2011. The refurbishment of our Cardiac Wing (Phase 2B) is due to complete in 2014. Together they will form the Mittal Children’s Medical Centre.

Right: Victoria Ward in the Southwood Building – the oldest clinical building in London. The wards here are very short of space which means that it is difficult for parents to comfortably sleep at their child’s bedside, and they have little privacy.

Far right: An artist’s impression of Phase 2A, the Morgan Stanley Clinical Building, building work for which is due to start in October 2008 with completion in 2011.

“Bright, modern, spacious facilities encourage healing and make it easier for staff to do their very best for the children they treat.”

Estates and Facilities Team

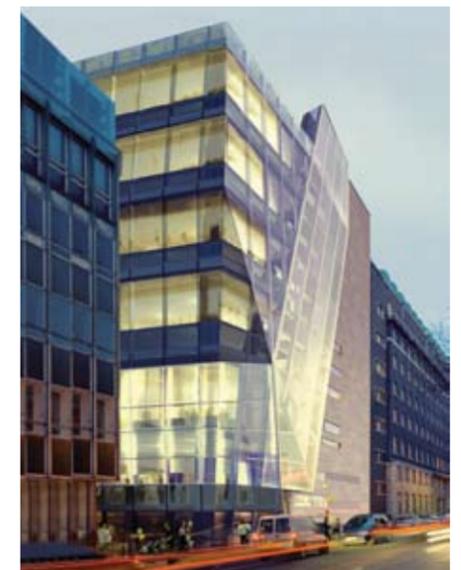
This has been a challenging year for our Estates and Facilities Team, which has had to deal with a number of major challenges related to our redevelopment programme. Team members have worked hard to manage risks and make staff more aware of the need to take responsibility for health, safety and cleanliness issues across the hospital site. They have also implemented a cost improvement programme and realised other cash releasing opportunities, including business rate valuations.

Environmental policy

Working in partnership with the Carbon Trust has given us the chance to benefit from the expertise of the American Evaluation Association and the environmental consultancy Future Considerations while developing our own sustainability strategy. We have now produced a sustainable management programme and received approval for our Carbon Management Implementation Programme, designed to

achieve a minimum 15 per cent reduction in carbon dioxide from our operations over the next five years – the equivalent of 2,124 tonnes of carbon.

Workshops have been run with key stakeholders, including patients and carers, to generate ideas about how we can reduce our carbon footprint. Three hundred and fifty ideas have been reviewed and five selected for implementation. They will form the basis of our carbon reduction activities during the first two years of our five-year programme. In future, patients, carers, staff and our suppliers will all be able to get involved in sustainability in the newly created role of environmental prefect.



Fundraising for our hospital

“Of all the leading charitable institutions with which our great metropolis abounds, there is scarcely one of a more interesting character than that of Great Ormond Street, Bloomsbury, which administers to the afflictions of the children of poor parents.”

The London Journal
13 November 1875

Great Ormond Street Hospital Children's Charity

Before the creation of the NHS in 1948, our hospital was financed by donations from benefactors, subscribers and philanthropists for almost 100 years.

Today, the basic level of provision is paid for through the NHS, but we still rely on fundraising on a massive scale to maintain our position as a world leader in paediatric medicine.

We raise funds to support four distinct objectives: redevelopment of our clinical buildings, which include the oldest clinical building in London; finance for research, to help offset the loss of £33 million previously provided by the government as Culyer research funding; the purchase of state-of-the-art equipment to maintain our services at the leading-edge; and facilities so that more parents have the chance to stay with their children while they're in hospital.

We need to raise at least £50 million a year for the next 10 years to make sure we can maintain the world-class care we currently offer, continue to pioneer new treatments and fund our major redevelopment programme.

Under the leadership of executive director Charles Denton, Great Ormond Street Hospital Children's Charity has put strategies in place to meet our fundraising targets – identifying potential new income streams and developing existing relationships and activities. The charity has done well this year. It has

established some important new partnerships and attracted thousands of new individual donors to support the hospital.

Nevertheless, we still have a very big task ahead of us. All of this money will have to be raised within an increasingly competitive charity environment.

On behalf of the remarkable children and families who come to our hospital, and our staff, we would like to thank everyone who has made a donation or contributed their time to help us continue the important work we do for sick children.

Amelia loves anything sparkly, especially her pink rucksack which she shows off around the ward. Since losing her hair, Amelia is also very attached to her hat. At just 23 months old, she has spent the past six months battling Acute Myloid Leukaemia (AML). This disease is so rare in children, it affects only six in a million.

Communicating about our work

www.gosh.nhs.uk

We share our website with UCL Institute of Child Health. It is often the first point of contact many people have with us so it's important that it explains our expertise, our vision and our values accurately.

Many different audiences use the site: worried parents looking for information on specific conditions; healthcare professionals who want to know more about our clinical services; academics interested in our research and journalists looking for news stories. It is also an important recruitment tool and information source for potential employees.

We have made some exciting changes to the site's popular children and families section this year – presenting information in more interactive formats and becoming one of the first NHS hospitals to produce podcasts. These focus on topics of interest to all parents. We plan to produce audio podcasts of our most popular written fact sheets in future.

The hospital's clinical guidelines are available on the site, so staff can easily access the most up-to-date versions. Publishing them shows our commitment to share our knowledge and expertise outside the hospital.

Next year we plan to ask key audiences what they think of our site and to make improvements based on their feedback. Our overriding aim is to make www.gosh.nhs.uk an easy-to-use site, full of expert and useful information for all audiences.

www.childrenfirst.nhs.uk

Children First for Health is a health information site, with specific sections for younger children, adolescents and parents. This year we have introduced a number of new ground-breaking features, including audio podcasts, developed in partnership with the BBC, that feature the experiences of 25 Great Ormond Street Hospital patients.

Our new Families section supports the hospital's health promotion objectives. It contains regular health news bulletins, in-depth features, first aid tips, advice from our experts and fact sheets on a wide range of child health issues. Our interactive educational puberty body tour is the first of its kind online – developed in response to many enquiries from adolescents about puberty and other issues.

Children First for Health has been chosen as the paediatric knowledge partner for NHS Choices, the official NHS website launched by the Department of Health. Looking ahead, we aim to make it the UK's leading information resource for children, young people and families. Next year we aim to market the site more widely and to raise the financial support needed to secure its future.

“Our overriding aim is to make www.gosh.nhs.uk an easy-to-use site, full of expert and useful information for all audiences.”



Case study Ellen age 10

By Ellen's mum, Sarah

The MEND (Mind, Exercise, Nutrition... Do it!) programme, Great Ormond Street Hospital and UCL Institute of Child Health form a partnership which aims to develop and deliver effective obesity education and prevention programmes.

“Every parent defends their child when it comes to their weight and when MEND was suggested for my daughter Ellen my defences went into overdrive. It was not until I saw a magazine article that I realised what MEND was all about.

Ellen had spent the past three years being bullied for being fat and was becoming reluctant to go to school. We felt so relieved when I received a call from Liz Comben who was our MEND programme manager. Ellen has been under medical supervision from an early age as she had grown at an abnormally high rate; however, I believe that this was only partly to blame as food sizes and activity were also an issue.

The MEND course is 10 weeks long and we learned so much about nutrition and how to get active. Liz gave us weekly MEND-friendly recipes which myself and Ellen prepared together and we kept these in our information folder which we still refer to today.

Since MEND, we have changed the way we shop and eat and know what the healthier alternatives are to some of our favourite foods. We have also started doing activities as a family like going swimming, as we all joined the local leisure centre once we completed the programme.

The whole experience was very informative and enjoyable. It really has changed the way we live and we are now fitter and healthier.”

A photograph of two young women, student nurses, in a hospital corridor. They are wearing pink and white striped uniforms. The woman in the foreground is smiling and looking towards the right. The woman behind her is also looking in the same direction. The background shows a brightly lit hallway with circular ceiling lights and a purple sign on the wall.

Great Ormond Street Hospital aims to set world-class standards in every aspect of its services – to help the children in its care and support their families.

Ena (front) and Ayesha (back) are both student nurses on Sky Ward. Great Ormond Street Hospital trains more children's nurses than any other in the UK and we play a leading role in the training of paediatric doctors.

High standards

Achieving our targets

The scoring system for the NHS performance ratings, the Annual Health Check, takes a holistic view on the quality of care we provide and the use of our resources.

The assessment is split into two sections under the headings of 'Getting the basics right' and 'Making and sustaining progress'.

Getting the basics right	Making and sustaining progress
Assessment of core standards	New national targets
Existing national targets	Improvement reviews (not applicable)
Use of resources	Acute hospital portfolio reviews (not applicable for this year)
	Assessment of development standards

The information below includes a provisional 2007/08 update of our performance against the required standards. The Trust will receive formal notification of its overall performance later in the year.

Existing national targets summary

Existing national targets for 2007/08	Target	Current assessment
All cancers: one month from diagnosis (decision to treat) to treatment	Zero breaches	Achieved
Cancelled operations and those not admitted within 28 days	Zero breaches	Achieved
Convenience and choice – provider information on nhs.uk and availability of slots	Processes/systems in place to ensure that its page on nhs.uk was kept up-to-date throughout the year to 31 March 2008	Achieved
Number of inpatients waiting longer than the standard six months during the year	Zero breaches	One patient waited longer than the standard (indicator achieved as within national tolerance level)
Number of outpatients (GP referred) waiting longer than the standard 13 weeks during the year	Zero breaches	Achieved

New national targets summary

As with existing national targets, underachievement of up to two will be tolerated and a score of 'excellent' against new national targets will be retained. The greatest risk to maintaining our performance is the 13-week diagnostic waits indicator.

Existing national targets for 2007/08	Target	Current assessment
Achieve year-on-year reductions in MRSA levels	For Trusts (eg GOSH) with less than 12 reported outbreaks, maintain previous performance	Achieved
Data quality on ethnic group	Target not yet known	Performance should be within expected range. The Trust has consistently performed above the national average against this target.
Emergency bed days	Reduction in emergency bed days by five per cent by 2009 through improved care in primary care and community settings for people with long-term conditions	Performance information is yet to be published. However, the Trust should be within expected range.
Inpatient waiting times milestone for the 18-week referral-to-treatment time target	March 2008 milestones: 1. Admitted pathways: 85 per cent completed in less than 18 weeks 2. Non-admitted pathways: 90 per cent completed in less than 18 weeks	1. Admitted pathways: 85.5 per cent completed in less than 18 weeks 2. Non-admitted pathways: 85.7 per cent completed in less than 18 weeks
Clostridium difficile data quality	As at March 31 2008, did the Trust have a local target for Clostridium difficile infections, agreed with the appropriate Primary Care Trust (PCT) commissioners?	Achieved
Obesity: compliance with National Institute of Clinical Excellence (NICE) guidance 43	In line with NICE clinical guideline as at 31 March 2008 did the Trust, in its role as employer, have plans in place for the development of public health policies to prevent and manage obesity, which follow existing guidance and the local obesity strategy?	Achieved
Waiting times for diagnostic tests. Number of patients waiting longer than six weeks from 31 March 2008	The overall aim is to ensure that all diagnostic tests are carried out speedily to make sure that the 18-week milestone is achievable by December 2008	19.18 per cent of patients waited six weeks or longer for a non-audiology diagnostic test at the end of March 2008. The national tolerance level has yet to be published.

The other element that determines the final Quality rating for the Trust is the following:

Healthcare commission core and development standards compliance

We have returned an assessment of ‘fully met’ against the core standards assessment. The Patient and Staff Safety Department also reports that we are making good progress against the relevant developmental standards.

Commentary

The rules and scoring methodology for the construction of the final Quality rating are complex. However, to achieve a summary rating of ‘excellent’ on Quality indicators, all of the following must apply:

- ‘Fully met’ against core standards;
- ‘Fully met’ in all existing national targets;
- ‘Excellent’ in new national targets; and
- Demonstration of sufficient performance in improvement review/acute hospital portfolio results (not applicable to Great Ormond Street Hospital this year).

It is too early to provide a robust assessment of our final rating; however, from the information available to date we are on track for an assessment of ‘good’ if not ‘excellent’.

Use of resources

As previously, the use of resources assessment is distinct from the quality assessment and is the final element that makes up the Trust rating for 2007/08. The Finance Department has collated information for use of resources and reports that the Trust is expected, as a minimum, to maintain the 2006/07 ‘fair’ rating, with a good possibility of improvement to ‘good’.

Waiting times

The Trust is currently performing within the national tolerances for both inpatient and outpatient existing waiting times targets. A significant amount of work has been undertaken by the clinical units to ensure, as far as possible, that the Trust meets all aspects of the 18-week referral to treatment time national target. The Trust met the data completeness component of the target for March 2008. It was particularly important that the Trust met this part of the indicator in order for performance on waiting times to be considered. The Trust additionally met the performance target for admitted patients, however, this was below target by 4.3 per cent for non-admitted patients.

Hospital acquired infection MRSA rates

The external targets to be achieved are that trusts with 12 or fewer infections in 2003/04 will be expected to maintain or reduce this level. The Trust has met the requirement to maintain levels at 12 or fewer cases diagnosed per year, with two cases in total reported during 2007/08, one of which was already infected prior to admission.

Clostridium difficile

The Trust met the requirements of Healthcare Commission’s Special Data Collection for 2007/08 in that we have a local target for Clostridium difficile infections agreed with the appropriate Primary Care Trust (PCT) commissioners. It is proposed that next year’s target will be an absolute number, which is yet to be agreed with the Department of Health.

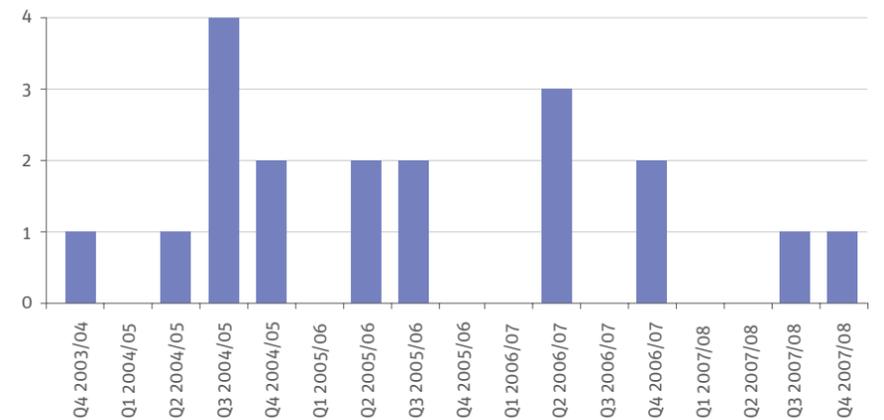
Infection Control

The Trust-wide saving lives action plan is proceeding according to plan but has been inhibited by lack of progress with designated leads in infection control. Infection Control notice boards have now been put outside all wards. Information on hand hygiene audits, Central Venous Catheter (CVC) line data and admission screening data for MRSA is available on the notice board. This will be changed quarterly. A Surgical Site Infection (SSI) project has commenced with spinal surgery but denominator data has not been made available yet. An SSI project with urology has also begun. There needs to be a review of surgical data required by the Trust.

Auditor’s Local Evaluation (ALE)

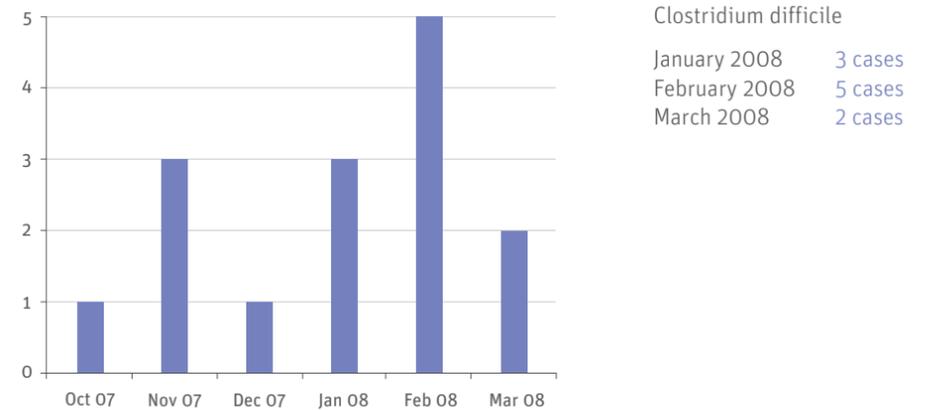
We have been notified by the Audit Commission that we have achieved an overall ALE score of three, the highest level achievable being four. This is an improvement from last year’s score of two. Essentially, the ALE score is the result of an independent assessment of the standard of financial processes within the Trust.

(Fig 1) MRSA cases diagnosed in hospital



(Fig 1) The Trust met the requirement to maintain levels at 12 or fewer MRSA cases diagnosed per year, with two cases reported in 2007/08.

(Fig 2) Clostridium difficile cases diagnosed in hospital



(Fig 2) We are measuring our performance against Clostridium difficile infection rates. We met the requirements of the Healthcare Commission’s Special Data Collection for 2007/08 in that we have a local target for Clostridium difficile infections agreed with the appropriate Primary Care Trust commissioners. It is proposed that next year’s target will be an absolute number, which is yet to be agreed with the Department of Health.

Trust Board

Non-executive directors



Sir Cyril Chantler

Chairman of the Trust Board

Cyril Chantler leads a team of five non-executive directors, who contribute to the development of strategy for the Trust, monitor its activity and represent Great Ormond Street Hospital to the immediate and wider community.

Declared interests

- Chair, Kings Fund
- Chair, Beit Memorial Fellowships
- Trustee, Dunhill Medical Trust
- Editorial Board, *Journal of American Medical Association*
- Advisor, Apposite Capital
- Non-executive director, By the Bridge
- Trustee, Media Standards Forum
- Advisor, Associate Parliamentary Health Group
- Member, Public Sector Advisory Committee for Doctors.net.uk
- Member, Council Southwark Cathedral
- Chair, Clinical Advisory Group, NHS London



Mr Hasan Askari

Non-executive director (until August 2007)

Hasan Askari is chief executive, Asia-Pacific of Old Mutual Financial Services plc.

Declared interests

- CEO, Asia Pacific, Old Mutual plc (until 30 June 2007)
- Chairman, Fairbairn Private Bank Limited
- Vice chairman, Kotak Mahindra Old Mutual, regulated in India by the Regulatory and Development Authority. IRDA Reference no. 11-128503
- Chairman, Australian Skandia Ltd (until November 2007)
- Director, Old Mutual Australia Pty Ltd and Old Mutual Australia Holdings Pty Ltd (until November 2007)
- Chairman, Intech Pty Ltd, Intech Fiduciaries Limited and Intech Research Pty Ltd (until November 2007)
- Vice chairman, Scandia-BSAM Life Insurance Company Limited
- Chairman, Turquoise Mountain Foundation (a Prince of Wales charity)



Professor Andrew Copp

Non-executive director
Dean/Director, UCL Institute of Child Health

Andrew Copp is Dean of UCL Institute of Child Health (ICH). He is professor of developmental neurobiology at the Institute, as well as honorary consultant for the hospital.

Declared interests

- Dean/Director UCL Institute of Child Health
- Non-executive director, Children's Trust, Tadworth

Associate non-executive directors



Mr Andrew Fane

Non-executive director

Andrew Fane is also an associate special trustee of the hospital's charity. Andrew is chair of the Audit Committee and is also very involved with the hospital's redevelopment programme.

Declared interests

- Great Ormond Street Hospital Children's Charity:
- Special trustee (until 30 July 2007)
- Associate trustee (since 1 August 2007)
- Member, Investment Committee (until 30 July 2007)
- Chairman, Property and Development Committee (until 5 December 2007)
- Chairman, Great Ormond Street International Promotions Ltd (until February 2008)
- Chairman, Friends of the Children of Great Ormond Street
- Chairman of governors, The Children's Hospital School at Great Ormond Street and UCLH
- Chairman, General Charitable Trust, UCL Institute of Child Health (Great Ormond Street Hospital/ University College London Medical School)
- Chairman, Child Health Research Appeal Trust
- Director, Genex Biosystems Ltd
- Director, ICH Productions Ltd
- Trustee, The CP Charitable Trust (supporters of ICH)
- Trustee, The Coram Family
- Trustee, The Foundling Museum
- Chairman, Audit Committee, English Heritage
- Wife – Clare Lucy Marx is an Orthopaedic surgeon, Ipswich Hospital NHS Trust; elected council member, British Orthopaedic Association; vice president 2007/08 and president-elect 2008/09



Ms Dorothea Hackman

Associate non-executive director

Dorothea Hackman was chair of the hospital Patient and Public Involvement Forum until it ceased to exist on 31 March, 2008. She serves as an associate non-executive director in an ex-officio capacity and is vice chair of Camden Local Strategic Partnership (to February 2008).

Declared interests

- Chair, Great Ormond Street Hospital Patient and Public Involvement Forum (GOSHPPIF)
- Governor, The Children's Hospital School at Great Ormond Street and UCLH
- Volunteer, Child Death Helpline
- Vice chair, Camden joint chairs of school governors



Mr E Scott Mead

Associate non-executive director

Scott Mead was appointed as an associate non-executive director in 2004. He was formerly a partner and managing director at Goldman, Sachs & Co and is currently a member of the Judge Business School Advisory Board, Cambridge University.

Declared interests

- Member, Cambridge University 800th Campaign, Cambridge, UK
- Member, Judge Business School Advisory Board, Cambridge University, UK
- Charter trustee, Phillips Academy, Andover, Massachusetts, USA
- Member, Board of Visitors, MD Anderson Cancer Center, Houston, Texas, USA
- Vice chairman, Apax Partners Global Advisory Board
- Chairman, Technology and Telecoms Advisory Board
- President and a founder partner, Richmond Park Capital
- Member, WTA Global Advisory Council
- Member, Tate Foundation Executive Committee



Dr Gillian Dalley

Non-executive director

Gillian Dalley is an independent consultant in health and social care and chairs the Clinical Governance and Modernisation Committee. This committee assesses improvements in clinical services and monitors the hospital's measures to minimise clinical risks to patients. She also oversees part of the formal complaints procedure available to families at the hospital.

Declared interests

- Chief executive, The Relatives and Residents Association
- Governor, University of Hertfordshire
- Chair, Coalition for Quality in Care



Ms Helen Dent

Non-executive director (until March 2008)

Helen Dent is chief executive of the Family Welfare Association (FWA), a voluntary organisation providing a range of community-based family support services and help for people with mental health difficulties. Helen is deputy chair of the Trust and leads on issues of staff development and welfare in her non-executive role.

Declared interests

- Chief executive, Family Welfare Association
- Council member, Economic and Social Research Council (ESRC) (until August 2007)
- Trustee, End Child Poverty
- Trustee, Child Poverty Action Group



Mr Charles Tilley

Non-executive director (from September 2007)

Charles Tilley is chief executive officer at the Chartered Institute of Management Accountants (CIMA). A qualified accountant, his career in financial services has included partnership at KPMG; group finance director with Hambros PLC; Hambros Insurance Services; and chairman of the Wealth Management Division of merchant bank Granville Baird. He is a member of the Trust Audit Committee.

Declared interests

- Chief executive, Chartered Institute of Management Accountants (CIMA)

Trust Board

Executive directors



Dr Jane Collins
Chief executive

Jane Collins is responsible for delivering the strategic and operational plans of the hospital, through her Executive Team. She has recently launched a major Transformation programme to improve the Trust's systems and processes, to increase efficiency and reduce costs. She is leading this work. Jane has developed stronger relationships with other paediatric service providers, particularly within north central London and is exploring ways of even closer working with UCL, given the importance of research to the hospital.

Declared interests

- Advisory Board member, Judge Business School, Cambridge University
- Regular column for *The Times* (ceased 30 November 2007)
- Chief executive, Great Ormond Street Hospital Children's Charity



Mr Trevor Clarke
Chief operating officer/deputy chief executive

Trevor Clarke is responsible for the day-to-day operational management of the hospital. He is also in charge of planning, human resources, estates and facilities partnerships and patient and public involvement.

Declared interests

- None



Mr Robert Evans
Medical director

Robert Evans is responsible for professional leadership of the medical workforce. He leads on clinical governance, overseeing patient/staff safety and the continuing development of clinical outcome measures. As Caldicott guardian he leads work to safeguard patient confidentiality. He is responsible for infection control.

Declared interests

- Patron, Headlines (Craniofacial Support Group)
- Private practise, Faculty of Dental Surgery, Royal College of Surgeons of England
- Examiner, Membership of the Faculty of Dental Surgery
- Panel member, Inspections and Recognition Committee

Other directors



Professor David Goldblatt (non-Trust Board)
Director of clinical research and development

David Goldblatt leads the strategic development of clinical research and development across the Trust and UCL Institute of Child Health. He is an honorary consultant immunologist and leads a research team at the Institute.

Declared interests

- Chairman, Wellcome Trust Tropical Clinical Immunology and Infectious Disease Funding Committee (until October 2007)
- Chairman, Wellcome Trust Immunology and Infectious Disease Funding Committee (from October 2007)
- Occasional member, expert panels/advisory boards for Glaxo SmithKline Biologicals, Wyeth Lederle Vaccines and Aventis Pasteur
- Department of Health (DH), Joint Committee on Vaccination and Immunisation
- Department of Health (DH), Strategic Advisory Group on Pandemic Influenza (since February 2008)
- Member, Medical Research Council (MRC) Infection and Immunity Board (until October 2007)



Mr Mike Ralph (non-Trust Board)
Director of estates and facilities

Mike Ralph leads the work to maintain and improve our buildings and facilities. He is responsible for the hotel services as well as the infrastructure of all the buildings the Trust owns. He is lead director for security in the Trust.

Declared interests

- Chairman, Medical Gas Association
- Member, The Institute of Healthcare Engineering and Estate Management (IHEEM) Journal Committee



Mr William McGill (non-Trust Board)
Director of redevelopment

William McGill leads the work to redevelop the Trust's buildings. The redevelopment is being undertaken in stages, so the hospital can continue to function whilst the work is carried out. One of his key roles is to coordinate this complicated process.

Declared interests

- None



Mrs Claire Newton
Chief finance officer (from September 2007)

Claire Newton is responsible for the financial management of the Trust. Claire also leads on performance management, information and information technology. She is a qualified accountant and member of the Association of Corporate Treasurers.

Declared interests

- Director, Phogen Ltd, (in process of being wound up), associated company of Marie Curie Cancer Care



Mr Colin Whipp
Finance director (until July 2007)

Colin Whipp is responsible for the Trust's finances and advising the Trust Board on financial matters. This includes the negotiation of service agreements that pay for the majority of patient care at the hospital, as well as strategy, control and financial management.

Declared interests

- Twelve per cent shareholding in William Clark & Sons, Upperlands, County Londonderry, Northern Ireland (linen manufacturers)



Professor Judith Ellis
Director of nursing, education and workforce development

Judith Ellis is responsible for the professional development of nursing and all other non-medical clinical staff groups. She is also responsible for workforce development and education and training for all staff in the Trust. She is lead director for child protection.

Declared interests

- President, National Safeguarding Children's Association for Nurses
- Trustee, League of Remembrance
- Trustee, Help for Hurting Children in Africa



Ms Maria Collins (non-Trust Board)
Director of partnership development and public health

Maria Collins leads the work to develop the North Central London Children's and Young People's Partnership to provide integrated health services for children across Haringey Teaching Primary Care Trust (PCT), North Middlesex University Hospital, Whittington Hospital and this Trust. The partnership is likely to grow to include other trusts in this part of London. She is a public health specialist.

Declared interests

- Trustee/local board member for London, Faculty of Public Health
- Member, Meetings Committee
- Member, Risk, Audit and Finance Committee
- Chair, London Faculty Liaison Committee



Mr Charles Denton (non-Trust Board)
Executive director, Great Ormond Street Hospital Children's Charity

Charles Denton is responsible for leading the fundraising, governance and strategic aims of the charity. Currently the main priority for the charity is to fund the rebuilding and refurbishment of two-thirds of the hospital to ensure Great Ormond Street Hospital remains the nation's world-class centre of excellence for paediatric care.

Declared interests

- ArgentVive Plc
- Solobee Ltd
- Cache Estates Ltd
- Great Ormond Street International Promotions Ltd

Trustee

- Jeans for Genes

The following applied until December 2007:

- Molton Brown Ltd
- Metwell 2004 Ltd
- Stanwall Ltd
- Molton Brown Group Ltd
- Molton Brown Japan Ltd
- Molton Brown Spas Ltd
- Molton Brown Group Trustees Ltd



Mr Paul Pugh (non-Trust Board)
Interim director of human resources (from April to November 2007)

During his time here Paul Pugh was responsible for the management of the Human Resources (HR) Department and for the strategic direction of HR activities within the Trust.

Declared interests

- None

Financial review

The Board of Great Ormond Street Hospital for Children NHS Trust 2007/08

Chair

Sir Cyril Chantler MA MD FRCP FRCPCH FmedSci

Non-executive directors

Mr Hasan Askari MA (until August 2007)
Mr Charles Tilley FCA (from September 2007)
Professor Andrew Copp MBBS DPhil FRCPATH FmedSci
Dr Gillian Dalley BA MA (Econ) PhD
Ms Helen Dent MSc BEd (until March 2008)
Mr Andrew Fane MA FCA

Associate non-executive directors

Ms Dorothea Hackman
Mr E Scott Mead

Executive directors

Chief executive

Dr Jane Collins MSc MD FRCP FRCPCH

Chief operating officer/deputy chief executive

Mr Trevor Clarke BSc (Hons) MSc

Medical director

Mr Robert Evans BSc (Hons) BDS (Hons)
MScD FDSRCS (Eng) FDSRCS (Ed) MORth RCS (Ed)

Director of finance

Mr Colin Whipp FCA (until July 2007)

Chief finance officer

Mrs Claire Newton MA ACA MCT (from September 2007)

Director of nursing, education and workforce development

Professor Judith Ellis MBE PhD MSc BSc (Hons) RN Adult and Child PGCE

Other directors

Director of clinical research and development

Professor David Goldblatt MB ChB PhD MRCP FRCPCH

Director of estates and facilities

Mr Mike Ralph CEng BEng (Hons) FIMechE FIHEEM

Director of redevelopment

Mr William McGill MSc

Director of partnership development

Ms Maria Collins SRN MFPH FFPH

Interim director of human resources

Mr Paul Pugh (April–November 2007)

Executive director, Great Ormond Street Hospital Children's Charity

Mr Charles Denton

Audit Committee

Mr Hasan Askari MA (until August 2007)
Professor Andrew Copp MBBS DPhil FRCPATH FmedSci (until April 2007)
Mr Michael Dallas (independent external committee member) BCom CA (SA)
Dr Gillian Dalley BA MA (Econ) PhD (from May 2007)
Mr Andrew Fane MA FCA (chair)
Mr Charles Tilley FCA (from September 2007)

Remuneration Committee

Mr Hasan Askari MA (until August 2007)
Sir Cyril Chantler MA MD FRCP FRCPCH FmedSci
Professor Andrew Copp MBBS DPhil FRCPATH FmedSci
Dr Gillian Dalley BA MA (Econ) PhD
Ms Helen Dent MSc Bed (chair)
Mr Andrew Fane MA FCA
Mr Charles Tilley FCA (from September 2007)

Review of the year

2007/08 was a year of considerable achievement for Great Ormond Street Hospital in its 14th year as an NHS Trust;

- Operating income from all our activities grew to £271 million, up 9.6 per cent on the previous year as more patients were treated than before and research and education activities continued to deliver high quality results.
- We continued with our site redevelopment plan, investing over £36.3 million across our site and we delivered a financial surplus of £11.3 million (£5.4 million 2006/07), although £6 million was from non-recurrent sources. This was achieved in spite of:
 - a) the challenges from the funding regimes for both our clinical services and our Research and Development (R&D) activity; and
 - b) the imbalance between the underlying rate of pay cost growth and the increase in NHS tariffs.

The surplus after public dividends was £7 million which can be retained for future investment and growth.

Total operating income for 2007/08 grew to £271 million (£247 million in 2006/07). £17 million was due to a combination of increased NHS patient numbers and case mix changes, which also increased drug utilisation and therefore the income received to fund drugs. A further £6 million was non-recurring income (return of prior year surplus and support for the impairment of fixed assets).

Operating expenses increased to £260 million, up £18.3 million or 7.6 per cent on prior year. Staff costs increased by £7.3 million (+5.0 per cent) as a result of both increases in staff numbers of 2.1 per cent, to address the increased patient activity, and pay increases.

Depreciation grew by £3.3 million due to more of our site redevelopment coming in to use and because of accelerated depreciation charges on buildings that are to be demolished as part of the redevelopment programme. This also resulted in a £2.9 million charge for fixed asset impairment.

The value of fixed assets grew by £47.7 million net after depreciation to stand at £271 million at year end. Included here were investments financed by the Trust (£26.5 million), donated assets of £17.1 million and a net upward revaluation of existing assets of £14.6 million in the year.

Net current assets stood at £8.3 million, up £4.6 million on prior year, as the Trust improved its control of working capital.

The future

The Trust continues to aim to achieve Foundation Trust status within the next two to three years. This will depend on continued success in securing new sources of funding for our leading-edge research and development activities as well as ensuring that the further changes in funding from Payment by Results and in the Trust's specialised commissioning arrangements, adequately reflect the complex nature of our services. Both matters have a material impact on our financial standing. In addition, we are working hard to develop our services in consultation with all stakeholders, our members, our commissioners and our service partners. These challenges will provide all staff with an opportunity to contribute to the continuing development and success of Great Ormond Street Hospital in the years ahead.

Auditors' report

Independent auditors' report to the Board of Great Ormond Street Hospital for Children NHS Trust

We have examined the summary financial statements of Great Ormond Street Hospital for Children NHS Trust for the year ended 31 March 2008 which comprise the summarised income and expenditure account, summarised balance sheet, summarised cash flow statement, summarised statement of total recognised gains and losses and the related notes five to ten.

This report is made solely to the Board of Great Ormond Street Hospital for Children NHS Trust, as a body, in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Board as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

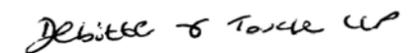
The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practises Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2008.



Deloitte & Touche LLP

Chartered Accountants and Registered Auditors
St Albans, 2008
5 September 2008

Statement of directors' responsibilities in respect of internal control

1. Scope of responsibility

The Board is accountable for internal control. As accountable officer, and chief executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I regularly provide performance reports to the chief executive of the London Strategic Health Authority, who monitors progress and achievement and I meet regularly with chief executives of Primary Care Trusts (PCTs) and other acute trusts within the Strategic Health Authority which include the lead commissioners of services from the trust.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives; and
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the Trust for the year ended 31 March 2008 and up to the date of approval of the Annual Report and Accounts.

3. Capacity to handle risk

The Trust is committed to providing high-quality patient services in an environment that is safe and secure. As chief executive I have overall responsibility for risk management and ensuring all risk management processes in the organisation are integrated. The risk management strategy, which was updated and reviewed by the Trust Board in January 2008, sets out the specific roles and responsibilities of the Trust's committees in respect of risk management and defines the delegation of responsibility for specific aspects of risk through the executive directors.

The Trust believes that good risk management is an integral part of an efficient and effective organisation and as such, training is provided for all staff in risk management relevant to their grade and situation to ensure they have the necessary skills and knowledge and are competent to identify, control and manage risk within their work environment. This is delivered

at induction, through mandatory updates and through the policies and procedures in place. To support staff through the risk assessment process, expert guidance and facilitation is available from members of the Patient and Staff Safety Team who are responsible for risk management, clinical governance and health and safety. This team also disseminates good practise across the Trust.

Actions taken to reduce risk are regularly monitored, reported and trends analysed at unit, department and Management Board level and then reported and reviewed through committees of the Board, the Clinical Governance and Modernisation Committee and the Audit Committee, before submission to the Trust Board. Evaluation of their effectiveness promotes both individual and organisational learning.

4. The risk and control framework

The key elements of the risk management strategy are to identify, manage and control risks appropriately whether clinical, non-clinical or financial. This is achieved by providing a rigorous organisational framework, which enables coordinated risk management activity and the early identification of risks. It provides a safe working environment for staff and for patients, and reduces unnecessary expenditure. In addition, it ensures that all staff are aware of their roles and responsibilities in managing risks and describes the processes in place by which risk is assessed, controlled and monitored.

Risks are identified through diverse sources of information such as formal risk assessments, audit data, clinical and non-clinical incident reporting, complaints, claims, patient/user feedback, information from partnership arrangements, operational reviews, and use of self-assessment tools. Further risks are also identified through specific consideration of external factors, progress with strategic objectives and other internal and external requirements affecting the Trust.

A fundamental principle of the framework is the devolution of responsibility for achieving Trust objectives and managing risk to staff at all levels of the organisation. The risk management operational policy sets out guidance for the maintenance of risk registers for all departments within the Trust.

Risks are evaluated using a scoring system that enables the Trust to assess the impact and likelihood of the risk occurring and prioritise accordingly. Assessments are made as to whether the prioritised risks are acceptable or not. Control measures are identified for accepted risks, with the risk assessment score informing the level of control required. A designated person becomes responsible for monitoring, reviewing and reporting on the effectiveness of the control in place. Risks and

controls are evaluated at least annually or as and when new or changed risks are identified or if the degree of acceptable risk changes.

The Trust's Assurance Framework is based on structured and ongoing assessment of the key risks to the Trust of not achieving its objectives. The Assurance Framework is mapped to the Standards for Better Health and to other internal and external risk management processes such as the NHS Litigation Authority Standards, Internal and External Audit recommendations and the Information Governance Toolkit. It has been monitored and updated throughout the year.

The Assurance Framework is used to provide information on the controls in place to manage the key risks and details the evidence provided to the Board indicating that the control is operating. Use of the framework has identified minor control gaps in the following areas: information technology, information governance, income systems and performance management systems/processes.

To manage the risk of loss of data from information technology systems we have a plan in place to strengthen the existing back-up facilities by moving certain systems away from the main Trust site but it will not be implemented until the middle of 2008. Our information governance return to the Department of Health on 31 March 2008, was qualified as the action plan to ensure the Trust's governance processes meet the recently strengthened standards had not yet been fully implemented. An Information Governance Steering Group reporting to the Audit Committee has been set up to monitor the action plan to improve information governance procedures. An internal audit of income from overseas patients not eligible for NHS treatment highlighted some weaknesses in the system and an action plan has been put in place to address them. Progress has been made in improving the accuracy and availability of performance information for managing activity and operations but there remains further work to ensure it is accurate and used consistently across the Trust.

The Department of Health requires any incidence where a national target has not been met to be categorised as a significant control issue. The Trust met three of the four 18-week referral to treatment targets which applied for the first time at 31 March 2008 but fell 4.6 per cent below the target relating to non-admitted patients. A significant amount of work was undertaken by clinical units to ensure, as far as possible, that the Trust met all aspects of the '18-week' targets, in spite of the significant challenges faced by this Trust and other tertiary specialist units in delivering the targets. The Trust did meet the two targets for completeness of information and the target for admitted patients.

These challenges have been formally recognised by the Healthcare Commission (HCC) and in particular the situation for national specialist organisations such as this Trust, as compared to regional specialist organisations. The Trust will be making a request for extenuating circumstances to apply and will be providing the HCC with robust evidence that our national specialist status has systematically disadvantaged us against this measure.

Assurance gaps have been identified in four key areas: systems/processes, performance management, communication and training. These will be closed by improving information systems and ensuring that these areas are monitored through the Management and Trust Board agendas during the year.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

The Trust recognises the importance of the involvement of stakeholders. This underpins the process to ensure risks and accidents are minimised and that patients, visitors, employees, contractors and other members of the public are not exposed to any unnecessary risks or hazards. Consideration is given to the influence of external factors whether from government policy, local partnerships or the different needs of stakeholders. Performance and assurance reports, including the Trust's high level risk register, are submitted for discussion to the Commissioners' Forum. During 2007/08 feedback was obtained through consulting our staff; our shadow members, recruited as part of our application to become a Foundation Trust, on specific matters; and from users, through complaints, incidents, interaction with the Patient Advice and Liaison Service (PALS) service, user groups, the Patient and Public Involvement Forum, external and internal surveys and comments. Risks are assessed and managed to ensure that the Trust's systems reflect consideration of all these stakeholder interests whether patients, public, staff or service users.

5. Review of effectiveness

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by the following:

- Core Standards for Health Self-Assessment Declaration.
- NHS Litigation Authority Clinical Negligence Scheme for Trusts (CNST) Level 3 accreditation.
- Performance against national targets.
- Internal and external audit reports.
- The Auditors' Local Evaluation (ALE) Assessment.

Other sources of evidence include the Risk Pooling Scheme for Trusts (RPST) Level 1 accreditation; the baseline assessment on the information governance framework; the Health and Safety Executive review; the Patient Environment Action Team (PEAT) assessment and relevant reviews by the Royal Colleges.

The Trust has achieved level 3 compliance with the NHS Litigation Authority (Clinical Negligence Scheme for Trusts) Risk Management Standards.

The Trust has also reported full compliance with the Core Standards for Health.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, the Audit Committee, the Clinical Governance and Modernisation Committee, internal auditors and external auditors and the Assurance Framework Group.

The effectiveness of the system of internal control is maintained through reviews and monitoring of:

- high-level risk registers derived from self assessment of compliance with: the core standards; CNST standards; the Auditors Local Evaluation Key Lines of Enquiry; external targets and other standards applicable to the Trust; and
- internal and external audit recommendations and the related action plans.

The Assurance Framework Group – which comprises executives and other staff responsible for risk management and internal audit – ensures that all such risks and actions are appropriately reflected in the Trust's Assurance Framework. Plans to address weaknesses and ensure continuous improvement of the system are in place and are monitored by the Assurance Framework Group and the relevant Committees of the Board; specifically the Audit Committee, and the Clinical Governance and Modernisation Committee. Summary reports are considered by the Board at periodic intervals.

These reviews have not identified any significant control issues other than the failure to achieve the 18-week referral to treatment target for non-admitted patients referred to in section four above for which we will be making a case to the Healthcare Commission that extenuating circumstances apply.



Dr Jane Collins

Chief executive

On behalf of Trust Board

year ended 31 March 2008

Summary financial statements 2007/08

	2007/08	2006/07
1. Income and expenditure £000s		
Income from activities	200,794	180,647
Other operating income	69,899	66,401
Operating expenses	-260,352	-242,040
Operating surplus	10,341	5,008
Interest receivable	949	441
Finance costs	-31	-28
Dividend payable	-4,303	-3,304
Retained surplus	6,956	2,117
2. Summarised balance sheet £000s		
Fixed assets	271,003	223,219
Net current assets	8,268	3,689
Total assets less liabilities	279,271	226,908
Provisions for liabilities and charges	-1,379	-1,449
Capital and reserves	277,892	225,459
3. Summarised cash flow statement £000s		
Net cash inflow from operating activities	19,805	6,578
Net cash inflow from returns on investment and servicing of finance	949	441
Net cash outflow from capital expenditure	-45,217	-25,960
Dividends paid	-4,303	-3,304
Net cash outflow before financing	-28,766	-22,245
Net cash inflow from financing	37,996	22,345
Increase in cash	9,230	100
4. Summarised statement of recognised total gains and losses £000s		
Surplus for the financial year before dividend payments	11,259	5,421
Unrealised surplus/(deficit) on revaluation/impairment/indexation of fixed assets	17,452	17,215
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	17,079	12,871
Total gains and losses recognised in the financial year	45,790	35,507
5. Dividend £000's		
Public dividend capital dividend paid	4,303	3,304
6. Tangible/intangible assets £000s		
The Trust had the following assets at 31 March:		
Land	49,257	46,731
Buildings	160,509	134,557
Dwellings	4,783	6,159
Assets under construction	21,057	15,395
Plant and machinery	30,228	15,485
Information technology	2,975	2,988
Furniture, fixtures and fittings	1,687	1,478
Software licenses	507	426
Total	271,003	223,219

Summary financial statements 2007/08

	2007/08	2006/07
7. Management costs		
Total Trust income £000's	270,693	247,048
Management costs £000's	10,779	9,866
% of income	3.98%	3.99%

8. Public sector payment policy

The Department of Health requires that Trusts pay their trade creditors in accordance with the Confederation of British Industry (CBI) prompt payment code and government accounting rules.

The target is to pay trade creditors within 30 days of receipt of goods or valid invoice (whichever is the latest) unless other payment terms have been agreed with the supplier.

The Trusts payment policy is consistent with the CBI code and government accounting rules and its measure of compliance is:

Non-NHS creditors

Number of bills paid	69,425	65,320
Number of bills paid within target	54,712	46,274
% of bills paid within target (by number)	78.8%	70.8%
Value of bills paid (£000s)	135,858	106,081
Value of bills paid within target (£000s)	109,948	74,375
% of bills paid within target (by value)	80.9%	70.1%

NHS creditors

Number of bills paid	2,928	2,923
Number of bills paid within target	1,311	970
% of bills paid within target (by number)	44.8%	33.2%
Value of bills paid (£000s)	19,526	16,414
Value of bills paid within target (£000s)	11,575	8,126
% of bills paid within target (by value)	59.3%	49.5%

9. Expenditure £m

Salaries and wages	153.6	146.3
Supplies	62.2	56.4
Premises	15.0	11.0
Depreciation	10.6	7.2
Dividends and interest	4.3	3.3
Auditor's remuneration	0.2	0.1
Other	18.8	21.1
Total	264.7	245.4

10. Sources of income £m

Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs) and NHS Trusts	160.8	112.8
Education, training, research and development	40.1	42.5
Department of Health	19.2	43.9
International and private patients	20.7	21.4
Other	30.8	26.9
Total	271.6	247.5

The summary financial statements are merely a summary of the information in the full accounts. As a result, the summary financial statements may not contain sufficient information to allow for a full understanding of the financial affairs of the Trust.

Copies of the full accounts (at no charge) may be obtained from: PA to chief finance officer, 3rd Floor, York House, Great Ormond Street Hospital for Children NHS Trust, 37 Queen Square, London WC1N 3AJ.



Dr Jane Collins
Chief executive



Claire Newton
Chief finance officer

Remuneration report

The remuneration and conditions of service of the chief executive and executive directors are determined by the Remuneration Committee. The committee meets twice a year in March and November.

The committee determines the remuneration of the chief executive and executive directors after taking into account uplifts recommended for other NHS staff, any variation in or changes to the responsibilities of the executive directors, market comparisons and Hay job evaluation and weightings.

There is some scope for adjusting remuneration on the basis of performance.

The remuneration of the chairman and non-executive directors is determined by the Department of Health.

Pension arrangements for the chief executive and executive directors are in accordance with the NHS pension scheme. The Accounting Policies for Pensions and other relevant benefits are set out in the notes to the accounts. Non-executive directors do not receive pensionable remuneration.

Remuneration

Name and title	2008 Salary (bands of £5,000) £000	2007 Salary (bands of £5,000) £000
H Askari – Non-executive director	0-5	5-10
C Chantler – Chairman†	20-25	20-25
T Clarke – Chief operating officer, deputy chief executive*	105-110	90-95
J Collins – Chief executive*	175-180	150-155
M Collins – Director of partnership development and public health	80-85	80-85
A Copp – Non-executive director†	5-10	5-10
G Dalley – Non-executive director†	5-10	5-10
H Dent – Non-executive director†	5-10	5-10
C Denton – Executive director of fundraising	Nil	Nil
J Ellis – Director of nursing, education and workforce development*	90-95	90-95
R Evans – Medical director/consultant*	155-160	85-90
A Fane – Non-executive director†	5-10	5-10
D Goldblatt – Director of clinical research and development/consultant	65-70	55-60
W McGill – Director of redevelopment	95-100	95-100
C Newton – Chief finance officer*	60-65	Nil
P Pugh – Interim director of human resources	60-65	Nil
M Ralph – Director of estates and facilities	75-80	70-75
C Tilley – Non-executive director†	0-5	Nil
C Whipp – Interim director of finance*	155-160	75-80

* denotes the employee is a board member

† denotes member of Remuneration Committee

• H Askari resigned as non-executive director in August 2007 and was replaced by C Tilley.

• C Whipp left the post of interim director of finance in August 2007 and was replaced by C Newton.

• P Pugh acted as interim director of human resources on secondment from the Home Office between April 2007 and November 2007.

• A Copp and D Goldblatt are paid by UCL Institute of Child Health.

• C Denton is paid by Great Ormond Street Hospital Children's Charity.

• No senior manager at the Trust received any other benefits from the Trust.

Salary and pension entitlements of senior managers**Pension benefits**

Name and title	Real increase in pension and related lump sum at age 60 (bands of £2,500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2008 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Cash Equivalent Transfer Value at 31 March 2007 £000	Real increase in Cash Equivalent Transfer Value £000	Employers contribution to stakeholder pension To nearest £100
T Clarke Chief operating officer, Deputy chief executive	20-22.5	115-120	398	321	77	0
J Collins Chief executive	50-52.5	280-285	1,190	942	248	0
M Collins Director of partnership development and public health	5-7.5	140-145	601	563	38	0
J Ellis Director of nursing, education and workforce development	7.5-10	120-125	437	397	40	0
R Evans Medical director/consultant	62.5-65	145-150	574	330	244	0
D Goldblatt Director of clinical research and development	N/A	N/A	N/A	N/A	N/A	0
W McGill Director of redevelopment	7.5-10	140-145	616	574	42	0
C Newton Chief finance officer	2.5-5	0-5	12	N/A	12	0
P Pugh Interim director of human resources	N/A	N/A	N/A	N/A	N/A	0
M Ralph Director of estates and facilities	10-12.5	115-120	377	334	43	0

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has

transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Glossary

ALE	Auditor's Local Evaluation
CNST	Clinical Negligence Scheme for Trusts
CPPIH	Commission for Patient and Public Involvement in Health
CVC	Central Venous Catheter
CYPPIH	Children and Young People's Partnership for Health
DH	Department of Health
ECMO	Extra Corporeal Membrane Oxygenation
FCE	Finished Consultant Episode
FT	Foundation Trust
GOLD	Great Ormond Street Hospital Online Learning and Development
GOSH	Great Ormond Street Hospital
GOSHPPIF	Great Ormond Street Hospital Patient and Public Involvement Forum
GOSIPL	Great Ormond Street International Promotions Limited
GP	General Practitioner
HCC	Healthcare Commission
HTPCT	Haringey Teaching Primary Care Trust
HR	Human Resources
HSE	Health and Safety Executive
ICH	UCL Institute of Child Health
MEND	Mind, Exercise, Nutrition... Do It!
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant staphylococcus aureus
MVP	Managing Variability Programme
NCG	National Commissioning Group
NICE	National Institute for Clinical Excellence
NIHR	National Institute of Health Research
NHS	National Health Service
NMUH	North Middlesex University Hospital
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PCT	Primary Care Trust
PEAT	Patient Environment Action Team
R&D	Research and Development
RPST	Risk Pooling Scheme for Trusts
SCID	Severe Combined Immunodeficiency
SHA	Strategic Health Authority
SSI	Surgical Site Infection
UCLH	University College London Hospitals

Financial glossary

Capital expenditure

Expenditure to renew the fixed assets used by the Trust.

Depreciation

The process of charging the cost of a fixed asset to the income and expenditure account over its useful life to the Trust, as opposed to recording the cost in a single year.

Fixed assets

Land, buildings or equipment that are expected to be used to generate income to the Trust for a period exceeding one year.

Indexation

The process of adjusting the value of a fixed asset to account for inflation. Indexation is calculated using indices published by the Department of Health.

Impairment

A reduction in value of a fixed asset, typically a building, which results from an event occurring during the financial year – for example, if the asset ceases to be used by the organisation.

Net current assets

Items that can be converted into cash within the next 12 months (eg debtors, stock or cash minus creditors). Also known as working capital.

Provisions

Costs treated as expenditure in the current or previous periods but where cash will actually be paid in future periods. Amounts are estimated because it is not possible to be certain about exact timing and amount.

Public dividend capital

The NHS equivalent of a company's share capital.

Opposite page: Chloe, age seven, is very cheerful after the successful removal of a brain tumour.