



# Annual Report 2008/09

The child first and always



Cover: Being in traction is pretty boring but luckily five-year-old Demilade, who is being treated for scoliosis, has her sister to entertain her.

Left: Ten days ago Kristy, who is 13, had a kidney transplant. She was hoping to go home today but tests have revealed that she has diabetes and so she will have to stay a couple of days longer while doctors show her how to manage it.

## Mission and values

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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**Chairman’s foreword**

When I took up my position in January this year, I knew that I was joining a world-class institution with a proud history in finding new and better ways to care for sick children.

In the past months I've had the privilege of meeting many of the clinical and research teams who work at Great Ormond Street Hospital for Children (GOSH) and finding out much more about the work that shapes the hospital's reputation. What is clear is that the hospital's motto, 'the child first and always' really does drive the thinking, and I have been tremendously impressed with the way that the teams work together to find the best outcomes for children.

Everyone I meet has been keen to stress that it is the multidisciplinary nature of the work that makes the difference. Many of the children seen at the hospital have complex conditions and need the help of many different people with varied skills and experience. The breadth of clinical specialties and the partnership with the UCL Institute of Child Health (ICH) means that the hospital may be the only place in the country, or even in the world, that can help children with certain conditions.

In the short time I have been at GOSH, I have also noticed how central education and training is. With a background in the academic world and in education, I am delighted that this is such an integral part of the hospital's work.

Medical science, much of it pioneered here at GOSH, means that children no longer suffer from the same kind of illnesses as when the hospital first opened in 1852. Today's researchers and clinicians are trying to find ways to help children with 21st-century illnesses such as cancer, heart, lung and kidney diseases. We need to continue research in areas such as gene therapy, bone marrow transplants and improved imaging techniques so that many more children can lead happier and healthier lives.

What is clear is that treating children with complex and sometimes rare conditions is expensive relative to the individual cost of care in most hospitals. Yet, without this pioneering surgical and medical care, intensive and high-dependency nursing and investment in research, the hospital will not be able to find new and better treatments that will make a difference to children's health for generations to come.

Lord Darzi's Healthcare for London: A framework for action review set out the importance of specialist trusts such as GOSH to ensure that patients are able to have access to the very best care when they need it. The hospital is therefore planning to expand a number of our clinical areas to meet the anticipated increase in demand for our specialist services.

It is therefore even more critical for the Trust to secure a solid and secure financial platform to allow our essential work to continue and grow. The Executive Team have worked very hard this year to move towards a long-term funding solution for the hospital. I will do all I can to support them in this endeavour.

Finally, I would like to thank all the staff at GOSH whose hard work and commitment makes such a difference to the children and families we care for and enables the hospital to continue at the forefront of paediatric medicine.

**Tessa Blackstone**  
Chairman

Two-year-old Liliann has the cheekiest smile on Lion Ward. She was diagnosed with Wilms' tumour (which affects the kidneys) in February and is now having chemotherapy following surgery to remove the lump in March.



## A message from the chief executive

The care of our patients and their families, and our constant aim to try to find new and better treatments, is at the core of what we do.

We are a research-led hospital. Together with our partner, the UCL Institute of Child Health, we are committed to supporting laboratory research, which will eventually lead to clinical trials and, hopefully, new treatments. This year we were able to take our working relationship to a new level as we were awarded Academic Health Science Centre status as part of UCL Partners. Alongside our partner hospitals and University College London, we will continue to ensure that child health remains a core priority for national research and development.

We were recently given approval by the National Commissioning Group for a world-first procedure to offer bone marrow transplants for children with gut failure. Children living with intestinal failure typically have a very low quality of life and their condition inevitably impacts upon their parents and siblings. For some children, this pioneering new procedure may offer a cure and with it a completely new way of life for the whole family.

The children we look after at the hospital often have very complex conditions and need the support of many people to care for them. We have a high percentage of children who need intensive or high-dependency care. This makes us very different from most hospitals and consequently the normal tariff arrangements, that govern hospital funding may often not apply. In previous years we have used the Culyer block grant to help offset this funding gap. However, this is no longer possible and, together with our commissioners, we are working to find a long-term solution to our funding issues.

Resolving the funding issues will finally allow us to move forward with our application to become a Foundation Trust. We are already involving our members in our decision making and this is proving a valuable way of helping us do the very best for patients and families. As an example, we are very pleased to have parent involvement on the board of our Transformation programme, GOSH 2010.

We know that we always need to find ways to work better and improve the quality and safety of what we do. GOSH 2010 has three key aims: no unnecessary waits, no waste and zero harm. There are a number of important initiatives throughout the Trust which are helping us to work towards these and I am delighted that we are partnering with the Children's Hospital Boston and Cincinnati Children's Hospital Medical Center to share learning and ideas.

Our ambition is to grow our services where we can and where we think we can provide a high level of clinical care to patients and families. There are a number of service developments taking place across London. These include a review of paediatric trauma centres and also a review of Cardiac Services. We are partnering with other London trusts to provide information to support these reviews and are hopeful that this will mean that we can help more children in the future.

In order to treat more children, we need to have more space and better facilities. This year we started work on the first building within the Mittal Children's Medical Centre, the second phase of

Five-year-old Robert was in isolation for five weeks after having a bone marrow transplant for a rare immunodeficiency disorder. Thanks to his brother who donated his bone marrow, Robert is now doing well.



## A message from the chief executive continued

the hospital's ambitious redevelopment programme. The Morgan Stanley Clinical Building is scheduled to open in 2012 and will support the work of the Cardio-respiratory, Neurosciences and Nephrology Teams. It will allow clinical staff to work more efficiently, offer families more privacy and comfort and provide state-of-the-art equipment to further our world-class clinical and research work.

We have been able to start this work thanks to the generosity of donors to Great Ormond Street Hospital Children's Charity, and we are incredibly grateful to all of them. We still have £120 million to raise to enable us to complete this next phase but, as we see the first building start to take shape, our vision for a hospital suitable for 21st-century children's healthcare moves a step closer.

This year has not been without its challenges and we haven't always got everything right. The Trust has been involved in some distressing cases, including the tragic death of Baby Peter in Haringey. We remain fully committed to strengthening the co-ordination of services for the benefit of vulnerable children. Information on our local services in Haringey and Baby Peter can be found on pages 32 and 33.

There was a fire in the Cardiac Wing last September, which meant that we had to evacuate some of our young patients. The major incident plan worked well and no children, families or members of staff were injured. We were able to resume normal services very quickly and I'd like to thank all the staff involved for their courage, dedication and professionalism.

Finally, I would like to take this opportunity to thank Sir Cyril Chantler, who retired earlier this year as chair of the Trust. He has been a tremendous advocate for child health and for GOSH and I'm delighted that we will still be working with him under his new role as chair of UCL Partners.

**Jane Collins**  
Chief executive

Top: Thajba is a long way from her home in the Middle East. Her government has paid for her and her family to come to Great Ormond Street Hospital so that three-year-old Thajba can be treated for a low platelet count.

Bottom: Freya, age five, is at the hospital with her three-year-old sister Mia who was born with cataracts and has an outpatient appointment today.

A young Black woman with her hair in braids, wearing a teal t-shirt, is sitting on a dark couch and smiling. The background is a plain wall with a colorful patterned object partially visible on the left.

# Operating and financial review

Charoufe is 13 and is chilling out in the teenage lounge at North Middlesex University Hospital. She is a regular visitor to Rainbow Ward as she suffers from sickle cell disease, but she is going home today and is just waiting to be picked up.



## Hospital overview

Great Ormond Street Hospital (GOSH) aims to set world-class standards in every aspect of its service. We are guided and inspired by our hospital's motto 'the child first and always'.

### Our history

Great Ormond Street Hospital was founded in 1852 by Dr Charles West, a driven and pioneering physician who believed passionately that the interests of children's healthcare would be best served by the establishment of a hospital dedicated exclusively to the care of children. The focus of the hospital's work in the early days was on treating the children of the poor in London, where malnutrition and disease were such that infant mortality was almost 50 per cent. Since those early days, outcomes for children have improved immeasurably, and the hospital has developed over time to be recognised as one of the leading specialist children's hospitals in the world.

### Great Ormond Street Hospital today

GOSH is a tertiary service within the NHS. That is to say, most of the children who are cared for here are referred from other hospitals throughout the UK (either district general hospitals or, in some cases, from other children's hospitals) due to the highly complex or rare nature of the child's condition. GOSH has the largest number of paediatric specialties of any hospital in Europe, which uniquely allows it to have a pioneering role in the care of these children.

Working in partnership with the UCL Institute of Child Health, the hospital is the UK's only Specialist Biomedical Research Centre in paediatrics. This year our partnership with ICH strengthened as we were awarded Academic Health Science Centre status as part of UCL Partners. The number of children treated at the hospital and the complexity of their conditions provides a unique opportunity to carry out research, which can save lives and improve the quality of life for children today and in future.

The hospital is also at the forefront of paediatric training in the UK. We train more children's nurses than any other hospital and play a leading role in training paediatric doctors. Nursing practice is advancing rapidly, with many nurses also supporting clinical research activity and leading specific nursing care research programmes. The quality of training these professionals receive here, at the leading-edge of paediatric healthcare, will benefit them and the children they care for wherever they work in future.

'The child first and always' has been the hospital's motto for almost 100 years. That focus and commitment remains the same today, with an emphasis on looking not only at the child's medical condition, but also their overall wellbeing and that of their family. This characterises GOSH's approach today and informs its vision for the future.

Top: Senior staff nurse Laura Colkett and Dr Niamh Dolan conducting a ward round on Victoria Ward.

Bottom: These two bears belong to Kristy (on the inside front cover). The patchwork bear is called Cock-eyed Kate and her friend, Ziva is named after a character in the TV series, NCIS.

## Clinical strategy and activity

The children we care for often have highly complex, life-limiting or life-threatening conditions and, for many, Great Ormond Street Hospital (GOSH) is the only hospital capable of helping.

The nature of the work undertaken at GOSH is reflected in the fact that 15 per cent of our patients are referred to us by other teaching hospitals. We have over 50 dedicated clinical specialties, which uniquely positions us to diagnose and treat complex conditions.

Our children come from all over the UK and around the world – with more than 50 per cent coming from outside London. Many of our patients are very young, with 35 per cent currently under three years old. Advances in early diagnosis mean that the average age of our patients is likely to continue to fall. However, many of the conditions we treat require constant monitoring and, as a result, we often have relationships with our patients that span their entire childhood.

In order to ensure we are able to provide leading-edge care to our patients, collaboration with other healthcare providers around the world is a key part of our working practices. With the aid of advancing technology, our ability to share learning and breakthroughs with other leading paediatric hospitals accelerates developments in clinical practice for everyone. Much of this work is covered in the local services and Transformation sections of this report (see pages 32 and 38 respectively).

Also critical to advances in paediatrics is our commitment to research and development and central to that is our academic partnership with the UCL Institute of Child Health. Together we can more effectively and efficiently research, trial and translate learning into advances in treatment and care. Our research and development plans are also covered in detail later in this report (see page 17).



Left: Butterfly Ward in the Octav Botnar Wing.

Right: Consultant renal transplant surgeon, Mr Koffman, is removing a drain that 15-year-old Shane no longer needs after his successful kidney transplant.

## This year's challenges and highlights

A major challenge for the year was the achievement of the national 18-week target – that 90 per cent of admitted patients, and 95 per cent of non-admitted patients, must be treated within 18 weeks of their referral to a hospital by a general practitioner. This target was a particular challenge for GOSH as so many patients who are referred to us via other hospitals are already a significant way along their 18-week pathway. Nevertheless, we achieved this target in January 2009, as per the government's pledge.

Spinal surgery is one area within the Trust where patients still wait too long for treatment. We are working to increase the number of children that we can treat in this specialty bringing in an additional spinal surgeon, who started work at GOSH in April 2009.

To reduce our waiting times further we will have to continue to innovate and improve our processes. To this end, we are piloting a new approach called Managing Variability within Cardiac Surgery as part of our Transformation programme, with the aim of reducing cancellations and increasing the number of patients treated. Once we have learnt the lessons from this pilot, our intention is to roll out this more scientific approach to managing operations to the entire hospital.

Looking back on 2008/09, the date that most people will remember is 29 September 2008. This was the day of the fire and explosion in Ladybird Ward. Thanks to fast and brave action by many staff, all of our patients and staff were safely evacuated, but the ward was subsequently out of action for six months and the event served as a serious reminder of the importance of fire precautions.

In April 2008, we welcomed Haringey Community Children's Services into the Trust. These new GOSH staff provide universal, targeted and specialist health services to an economically, socially and culturally diverse population of 56,000 children, young people and their families.

Looking forward, we aim to continue to grow and expand our services, working with national and regional authorities to centralise specialist services where appropriate. We also plan to continue our focus on quality, to be increasingly able to demonstrate the high-quality outcomes that patients receive and to be at the forefront of preventing harm to patients while in hospital.



## Our clinical services

Great Ormond Street Hospital (GOSH) is the UK's largest paediatric centre for many services including: heart problems, brain surgery, intensive care, craniofacial reconstruction, gene therapy, valve replacement, renal transplantation and many other national services.

Many of the hospital's clinical services are accredited by the National Commissioning Group as national services. These services are concentrated in a small number of specialist centres to ensure high-quality care, equal access for all UK patients and value for money. We are the largest recipient of this type of funding in the UK. Our services are listed here in full.

### Cardiothoracic

Cardiac Services  
Cardiology  
Cardiothoracic Surgery  
Respiratory Medicine  
and Transitional Care  
Tracheal

### Infection, Cancer and Immunity

Bone Marrow Transplant  
Dermatology  
Haematology  
Haemophilia  
Oncology  
Immunology  
Infectious Diseases  
Palliative Care  
Rheumatology

### Medicine

Acute General Paediatrics  
Adolescent Medicine  
Clinical Genetics  
Cytogenetics  
Endocrinology  
Gastroenterology  
Metabolic Medicine  
Molecular Genetics  
Nephrology

### Neurosciences

Child and Adolescent Mental Health  
Neurodisability  
Neurology, including:  
• General neurology  
• Epilepsy  
• Neuromuscular  
Neurophysiology  
Neuropsychology  
Neurosurgery  
Ophthalmology

### Surgery

Anaesthesia

Audiological Medicine  
Children's Acute Transport Service (CATS)  
Cleft Lip and Palate  
Cochlear Implant  
Craniofacial  
Dental and Maxillofacial  
Ear, Nose and Throat  
General and Neonatal  
Orthopaedic and Spinal Surgery  
Paediatric and Neonatal Intensive Care  
Pain Control  
Plastic Surgery  
Urology

### Diagnostics, Therapeutics and Clinical Support Services

Chemical Pathology  
Dietetics and Nutrition  
Histopathology  
Immunology Laboratory  
Microbiology  
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

### Jessica's story

by her mum Micaela

"As a nine-day-old newborn, Jessica seemed perfect in every way. Little did we know that she had a potentially life-threatening metabolic condition.

"MCADD (medium chain acyl CoA dehydrogenase deficiency) is a deficiency of an enzyme vital in the metabolism of fat in the body. This means that if Jessica goes without food or has a simple infection, her body cannot break down fat quickly enough to produce energy. The build-up of fats result in a toxic substance, that can have serious consequences.

"The condition was picked up on the heel prick test as part of a trial and has since been added to this as standard. Our first contact with Great Ormond Street Hospital was by telephone to arrange an emergency appointment and for them to give us a brief overview of the suspected condition. Mel McSweeney, a clinical nurse specialist, was calming and reassuring, giving us the confidence to cope with Jessica's condition. She is someone we feel we can always turn to; in fact we look on her as our friend.

"If it was not for this trial and the dedication of the doctors and nurses at Great Ormond Street Hospital, we may have never got to know our wonderful daughter. We now have a simple regimen to follow and regular check-ups with the Metabolic Team to keep Jessica a well, thriving and happy three-year-old."





## Research and development

Finding new and better treatments and cures for childhood illnesses has always been central to the work of Great Ormond Street Hospital (GOSH). Advances in medical science and clinical care have allowed us to eradicate many childhood illnesses of the past, but there is still a lot of work to do.

Across the hospital and the UCL Institute of Child Health (ICH), there are 742 research studies currently registered. During the course of the year, there were more than 1,000 research papers published involving clinicians at the hospital. Notable breakthroughs included our research confirming that cancer stem cells cause one of the most common types of leukaemia, and that a special 'ketogenic' diet can prevent seizures in children with drug-resistant epilepsy.

Our partnership with the ICH is very important to us. Together we form the only academic specialist Biomedical Research Centre in the UK specialising in paediatrics and the largest paediatric research partnership outside of North America. This year we've been able to take our collaboration even further as part of UCL Partners, a partnership between University College London and four of London's biggest and best-known hospitals and research centres – Moorfields Eye Hospital, the Royal Free Hampstead, University College London Hospitals and Great Ormond Street Hospital.

Chaired by Sir Cyril Chantler, who recently stepped down as chair of the Trust Board, UCL Partners was awarded Academic Health Science Centre status in March 2009. With child health as one of its leading themes, we will be able to use the expertise and skill of our clinicians, those of our partner hospitals and our UCL colleagues to make further advances in treating sick children, including, of course, those we see at GOSH.

To support this ambition, we were delighted to open the new Somers Clinical Research Facility in the hospital. We are very grateful to Mrs Somers and the JN Somers Charitable Will Trust for their generous support, as well as the Friends of the Children of Great Ormond Street, who have kindly provided the capital costs for this development. The new facility provides a dedicated space where children treated at the leading-edge of biomedical research can be looked after in modern, bright and child-friendly accommodation. The day-to-day running costs for the unit will be funded from the National Institute of Health Research (NIHR) grant, which accompanied our successful specialist Biomedical Research Centre bid.

Despite this very welcome money, securing funding for our research projects continues to be a challenge following the withdrawal of the £33 million Culyer research and development block grant. We have been working with the NIHR to identify new funding models and have had early success, receiving a programme grant for research into making prenatal testing safer. This pioneering research uses the latest genetic non-invasive techniques to eliminate the risk of miscarriage whilst providing mothers with accurate health information on their unborn baby.

Finally, we continue to be grateful to donors to Great Ormond Street Hospital Children's Charity, who have provided core funding across a number of departments. Some examples of the pioneering work this is supporting include research into better bone marrow transplants; curing chronic kidney disease; improving treatments for children with immune deficiencies; and ways to help children with autistic spectrum disorders at school.

Annalise is 15 and would like to be a scientist when she is older, maybe here at the UCL Institute of Child Health. She has undergone a procedure called Nissen's fundoplication, which will hopefully help her stomach condition and fingers crossed her doctors will let her go home today.

## Financial overview

Great Ormond Street Hospital (GOSH) experienced a year of further growth in 2008/09.

Operating income from all our activities grew to £291.5 million. This was an increase of 7.7 per cent on the previous year due to the following:

- more care was delivered to patients;
- our research and education activities continued to deliver high-quality results; and
- we took over the local paediatric services in Haringey and the specialist Neuromuscular Service previously based at Hammersmith Hospital.

Operating expenses increased to £285 million, up 9.5 per cent on the previous year.

- Staff costs increased by 10.9 per cent in total, although approximately half of this increase was due to the transfer of services. The remaining rise in costs was a result of pay increases and higher staff numbers to address the increased patient activity.
- There were impairment charges totalling £4.5 million; £1.1 million of this was a result of the Cardiac Wing fire damage and the remaining £3.4 million resulted from a new valuation of the Trust's land and buildings.

We continued to invest considerable sums to improve the hospital's facilities. In addition to the expenditure on the new redevelopment programme, there was also expenditure on other hospital buildings, medical equipment and our IT infrastructure. In total, £34 million was invested across the site during the year, which was funded by £11.2 million of funding from the Department of Health (part of a total funding award for the programme of £75 million), £15.4 million by Great Ormond Street Hospital Children's Charity, with the balance funded from internal resources.

**We delivered a net financial surplus of £1.3 million which can be retained for future investment and growth (2007/08: net surplus of £6.9 million inclusive of £6 million of non-recurrent income). The net surplus is reported after payment of a £5 million public dividend to the government.**

The value of fixed assets fell by £42.8 million to stand at £228.2 million at year end. This change resulted from the adoption of a revised valuation of the Trust's land and building depreciation and impairment charges net of the increase from additional capital expenditure of £34 million.

The revised valuation reflects the fall in value of land and buildings throughout the UK and does not reflect any change in the Trust's assets.

Net current assets (excluding debtors due in more than one year) stood at £8.9 million, up £0.6 million on the previous year.

During 2008/09, there was a further reduction of £14.5 million in the Culyer research and development (R&D) funding but new forms of R&D funding from the National Institute of Health Research (including a full year of specialist Biomedical Research Centre funding) and from charitable sources offset part of the loss. Improved income from the Payment by Results tariff and for some of our specialist services offset the remaining reduction.

### Efficiency

The Trust successfully achieved its £13.2 million efficiency target in 2008/09, which was achieved without any impact on our clinical services and was the result of considerable effort from all staff. The

rationale for this programme is to reduce unit costs and overheads in order to create margins on activity to address the losses of Culyer R&D funding or to be reinvested in strategy developments. The efficiency programme is broken down into initiatives that will increase income with less, or no, increase in cost; and those which reduce costs with less, or no, reduction in income. This is most notable in the transformation of clinical services, reduction in drug costs, procurement and workforce modernisation. This efficiency programme does not involve any reduction in services provided. To assist with this work, the Trust is progressing service line reporting, which enables us to identify services for which costs exceed the funding received.

### Financing and investment

Before the beginning of the financial year the Trust had to agree limits with the Department of Health for any public funding required and the amount of capital expenditure, other than that funded by Great Ormond Street Hospital Children's Charity, ("the external financing limit" and "the capital resource limit") respectively. Throughout 2008/09 the Trust maintained strong controls on working capital and cash levels and kept within these limits.

### Financial risks

The Trust has been experiencing several years of financial uncertainty due to the change in the R&D funding structure and successive changes in the way the national Payment by Results tariff applies to specialist paediatric trusts. During 2009/10 the Trust will be working with its commissioners to review those prices not covered by the national tariff to ensure they reflect the costs of delivering the services and will also participate in tariff-setting discussions for 2009/10.

The Department of Health continues to set challenging productivity targets and so the achievement of the Trust's cost reduction targets, while maintaining a high standard of patient care, is one of the principle objectives for 2009/10.

The Trust has a counter-fraud officer who proactively reviews the Trust's counter-fraud arrangements and follows up on any incidents reported. There is also a whistle-blowing procedure in place available to all staff and all matters raised are dealt with in confidence.

### Significant events since the balance sheet date

The Trust has entered into an £88.5 million contract with BAM Construction Ltd for the construction of a new clinical building as part of the ongoing redevelopment of the GOSH site. The work began in April 2009 with a planned completion date of November 2011.

### Activity levels this year

Growth in activity levels continued this year with increases in Finished Consultant Episodes (FCEs), day case episodes, operations and outpatient attendances.

	2008/09	2007/08	Per cent (%)
NHS FCEs*	32,144	29,984	+7.2
Private FCEs*	2,113	2,057	+2.7
Total FCEs*	34,257	32,041	+6.9
Clinical activity within FCEs*			
Day case episodes	16,914	15,294	+10.6
Occupied bed days	93,601	91,248	+2.6
Number of operations	16,131	15,294	+5.5
Outpatient attendances	129,904	119,044	+9.1

\*A 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 for an individual patient if the care of the child is transferred to a consultant of a different specialty during the admission, for example, if the child is transferred to intensive care.

## Quality

The Trust has made good progress in key quality areas. We are continually seeking to enhance the safety, experience and outcomes of all our patients.

### Waiting times

We are currently performing within the national tolerance against the outpatient waiting times standard. The high demand for spinal surgery at Great Ormond Street Hospital (GOSH), and at a national level, has unfortunately resulted in a number of patients exceeding the 26-week inpatient waiting standard. Surgery clinical unit leads have actively engaged with commissioners and alternative service providers to identify placements to ensure patients are treated as soon as possible. A third spinal consultant was recruited in April 2009, providing additional capacity for the service.

### 18-week referral to treatment time

Work has been undertaken by the clinical units to ensure that we meet all aspects of the 18-week referral to treatment time target. We met the performance component of the target for the census period of January, February and March 2009.

### Hospital-acquired MRSA infection rates

While the total number of *S. aureus* bacteraemia (bacterial blood infections) has not increased much this year, the proportion that are MRSA is higher than previous years. This is due to a cluster of difficult-to-prevent MRSA bacteraemia in a small number of children with highly complex medical conditions. This is an unusual occurrence that will be hard to prevent if similarly colonised children are referred to GOSH.

### Clostridium difficile

We remain within our agreed trajectory for cases of *Clostridium difficile*.

### Use of resources

The Trust is expected to maintain last year's rating of 'good'.

### NHS staff satisfaction survey

Improving staff satisfaction is one of the five key areas of the 2008/09 NHS Operating Framework. The NHS Staff Survey has been carried out annually since 2003 and any changes in the reported levels of NHS staff job satisfaction can be compared year-on-year from this time. This provides a survey-based measure of job satisfaction for NHS staff. Results from the survey will be co-ordinated on a national level by the Care Quality Commission and selected questions will be used to assess Trust performance through the Annual Health Check process, although this information has not yet been published.

### Findings revealed that:

- Seventy-four per cent of staff reported feeling able to contribute to improvements at work. This figure is well above the average for acute specialist trusts (65 per cent).
- Of staff who witnessed errors, incidents or near misses in the last month, 100 per cent said that they, or a colleague, had reported it. The Trust's score was in the highest (best) 20 per cent of acute specialist trusts in England.
- Staff reported that job satisfaction had improved since 2007. The Trust scored 3.43 in 2008 compared with 3.35 in 2007.
- Sixty-three per cent of staff reported feeling satisfied with the patient care they deliver. Eighty-five per cent of staff reported that their role makes a difference to patients compared with an average of 90 per cent across all specialist acute trusts.

### Jason's story

by his mum Eileen

"Jason is now 14 and enjoys music, dancing, cooking and trying different exotic foods. At the age of 11 he developed an eye problem – his right eye would wander and he complained of headaches. So, I took him to the opticians and there they discovered something behind his eye.

"He was referred to Moorfields Eye Hospital, who then referred him to Great Ormond Street Hospital that same night. We arrived late, at 11.30pm, and Jason was immediately given a CT scan. It was quite daunting as this was the first time he had been in hospital.

"He was diagnosed with a brain tumour – giant cell astrocytoma (intraventricular) which caused him to have seizures about a week later. They were horrible to watch, I wasn't able to do anything to help him, and it still brings tears to my eyes when I think about it.

"It's been a roller-coaster ride: numerous surgeries to try to reduce the tumour; the loss of his sight; as well as a number of other problems that were side effects of the tumour. But finally, after two different types of chemotherapy, the reduction and then regrowth of the tumour and two operations to remove it, in February this year – three years after his diagnosis – the tumour was gone.

"Through it all Jason has been a strong and happy boy who always has a smile. He knows that were it not for the help and support of Mr Harkness and the staff of Great Ormond Street Hospital he would not be with us today. We owe them everything.

"Thanks Great Ormond Street Hospital, from Jason and family."



### Annual Health Check Assessment 2008/09

The Annual Health Check Assessment takes a holistic view on the quality of care we provide and the use of our resources. The assessment of Great Ormond Street Hospital is based upon the following measures:

- existing commitment indicators
- national priority indicators
- assessment of core standards
- use of resources
- assessment of development standards.

### Existing commitment and national priorities

Existing commitments and national priority indicators are used to assess whether levels of service set through the 2008–2011 planning round are being maintained. The Care Quality Commission assesses performance in relation to the existing commitments and national priorities outlined in the Operating Framework for the NHS in England 2008/09. For each indicator, they assess the performance of organisations that provide services.

The table below outlines our assessment of performance for 2007/08 and how we are performing in 2008/09 against the required standards.

Existing commitment indicators			
Indicator	Target	Actual performance in 2007/08	Expected performance in 2008/09
Data quality on ethnic groups	Greater than 85 per cent of inpatients with a valid ethnic code	Achieved	Achieving
Number of outpatients (GP referred) waiting longer than the standard 13 weeks during the year	Tolerance of less than or equal to 0.03 per cent of all outpatients seen	Achieved	Achieving
Cancelled operations and those not admitted within 28 days	Tolerance of less than or equal to 0.8 per cent of all cancellations	Achieved	Achieving
	Tolerance of less than or equal to 5 per cent breaching the 28-day guarantee		
Inpatients waiting longer than the 26-week standard	Tolerance of less than or equal to 0.03 per cent of all patients seen	Achieved	Under-achieving (due to high demand for spinal surgery)

### National priority indicators

Indicator	Target	Actual performance in 2007/08	Expected performance in 2008/09
Engagement in clinical audits	National Standards, Local Action (2005/06–2007/08) states that providers should participate fully in comparative clinical audit and take account of the results to support local and national clinical governance	Not applicable in 2007/08	Achieving
Incidence of Clostridium difficile	We have agreed a target of fewer than 10 cases for 2008/09	Achieved	Achieving
18-week referral to treatment times	Performance: 95 per cent of non-admitted seen within 18 weeks	Achieved	Achieving
	90 per cent of admitted pathways seen within 18 weeks	Under-achieved	Achieving
All cancers: one month diagnosis to treatment (including new cancer strategy commitment)	Target and tolerance not yet published	Achieved	Achieving
NHS staff satisfaction	Selected questions from the NHS Staff Survey will be used to calculate a job satisfaction key score, which will be used to score this indicator overall	Not applicable in 2007/08	Performance measure to be confirmed
Incidence of MRSA bacteraemia	We have an agreed target of fewer than five cases in the financial year	Achieved	Under-achieving (eight cases reported at year end) (see page 20)

**Three-year strategic objectives 2009-2011**

- 1 Consistently deliver clinical outcomes that place us among the top five children's hospitals in the world.
- 2 Consistently deliver an excellent experience that exceeds our patients, families and referrers' expectations.
- 3 Successfully deliver our clinical growth strategy.
- 4 Maintain and develop our position as the UK's top children's health research organisation, partnered with the UCL Institute of Child Health, and moving to UCL Partners with the Academic Health Science Centre status.
- 5 Work with our academic partners to ensure that we are provider of choice for specialist paediatric education and training in the UK.
- 6 Deliver a financially stable organisation.
- 7 Develop and strengthen support processes in line with the changing needs of the organisation.

**Assessment of core standards**

As part of the Annual Health Check Assessment, the Care Quality Commission asks all NHS trusts to assess their performance against the government's 24 Core Standards for Better Health.

We returned an assessment of 'fully met' against the core standards assessment for 2008/09 at year end. However, the Trust was unable to declare compliance across the whole year for four of the standards. The Patient and Staff Safety Department also reports that we are making good progress against the relevant developmental standards.

**Major incident planning**

As a major provider of specialist paediatric services in London and the south of England, the Trust has prepared a plan to respond in the event of a major incident. This ensures that we are ready to manage an emergency with minimal disruption to our normal services.

Working with national legislation and guidance such as the Civil Contingencies Act (2004) and the NHS Emergency Planning Guidance (2005), the Trust has detailed plans for responding to the increased demands that a major incident would make on our services, while continuing to provide care for existing patients.

It is also possible that emergencies may affect the services provided on Trust premises, for example, disruption to the power supply. We have a detailed Business Continuity Plan in place to deal with this. We also train staff in major incident procedures and regularly rehearse for these incidents, altering plans as required to improve our preparedness. We work with other NHS organisations to ensure that a multi-agency response to an incident or emergency is undertaken appropriately and efficiently.

The Trust has updated and strengthened its Major Incident Plan during the year and has developed an additional plan in the event of a flu pandemic.

**The future**

The Trust continues to aim to achieve Foundation Trust status. This will depend on continued success in securing new sources of funding for our leading-edge research and development activities, as part of UCL Partners, 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.

At the same time we will be facing the same economic pressures as other NHS acute trusts, resulting from an imbalance between the underlying rate of growth in pay costs and the increase in NHS tariffs. 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.

**Annual planning 2009/10**

We have reviewed our annual planning framework for 2009/10 with a specific focus on developing a number of key strategic objectives (see side bar). We already had a strong basis on which to build, with five well-established values that distinguish what we stand for as a Trust, what we are collectively working to achieve and the way in which we operate. These values run, like a thread, through every part of the organisation and inform everything we do. We used our existing values and principles and considered the environment in which we are currently operating and anticipated changes to this environment in order to identify our key objectives for the next three years. We have additionally developed a business plan that sets out how we will deliver the first year of this programme.

**Data security**

The Trust is required to report serious untoward incidents related to information governance. These are incidents involving the actual or potential loss of personal information that could lead to identity fraud or have other significant impacts on individuals and should be considered as serious. The table opposite details two incidents reported in the 2008/09 financial year.

**A summary of serious untoward incidents involving personal data as reported to the Information Commissioner's Office in 2008/09**

Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
January 2009	Loss of inadequately protected laptop	Surname; forename; patient ID; date of birth; gender	460	Individuals notified by post; police notified; media press release.
Further action on information risk	The Trust will continue to monitor and assess its information risks in light of the events noted above, in order to identify and address any weaknesses and ensure continuous improvement of its systems.			
March 2009	Loss of paper documents at a train station	Surname; forename; patient ID; date of birth; brief shorthand notes regarding previous treatments and planned treatments	156	Individuals notified by post; police notified.
Further action on information risk	The paper documents were recovered from the train operator's lost property office, completely intact with the contents of the bag. Guidelines were issued to staff reminding them of the limited circumstances in which patient or staff identifiable data in paper format can be removed from the hospital site, for example, for consultations in the community or outreach clinics or on-call cover.			

Details of incidents classified at a lower severity rating are detailed below:

**A summary of other personal data-related incidents in 2008/09**

Category	Nature of incident	Total
I	Loss or theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	4
II	Loss or theft of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	2
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	1 – Discovery of X-ray films in car park
IV	Unauthorised disclosure	13 – Information sent to wrong family
V	Other	0



# People

Staff nurses Kimberley Gregson and Lorraine Darton on Victoria Ward.

## Patient and family experience

We know that providing excellent clinical care is not enough, as children's healthcare is affected by the experience that the whole family has when visiting the hospital.

We have made several important commitments over the last year to better understand the expectations that patients and families have, and to try to meet these expectations through improving the whole experience of using our services.

Great Ormond Street Hospital (GOSH) welcomed the new NHS Constitution as it highlights many of the principles guiding our approach to working with patients and families: respect, dignity and compassion; commitment to quality of care; and working in partnership. The principle that services must reflect the needs and preferences of patients, their families and carers underpins our commitment to greater patient and public involvement in service design and governance and in improving the quality of all clinical encounters.

### Listening to you

The Trust's Members Forum, set up last June following the abolition by the government of the statutory Patient and Public Involvement Forum, is helping the Trust to listen carefully to the voices of patients and their families. Key pieces of work already produced by the forum include the charter, GOSH Parents Say (parents' views on what is important) and a DVD – GOSH, What A Hospital (patients' views on what is important) – produced by young patients. These are already being used in staff training and will be promoted throughout the hospital to remind staff of the issues that really make for a good-quality experience for patients and their families.

PALS (Patient Advice and Liaison Service) had its busiest year since being set up five years ago, speaking to over 1,000 patients and families. As a frontline drop-in service that is open six days a week, PALS listens to the experiences of families using our services day in, day out and is well placed to give advice, tackle complaints, act on suggestions, and help rebuild relationships where trust has broken down. A You Said/We Did board was introduced to highlight practical concerns raised and to provide feedback from the Trust, and PALS staff were active in a range of informal conflict resolution work throughout the hospital.

### Consulting you

The Trust's membership has responded enthusiastically to a range of consultations during the year. These include seeking advice on being treated with dignity; advice on effective pre-admission information for families; the effectiveness of last year's Annual Report; and a Single Equality Scheme to ensure equitable access to all GOSH services.

A major initiative began in January to survey the views of patients and families on a wide range of issues that we know, (from previous Picker and MORI surveys), really matter to patients and families. This ongoing research will enable the Trust to track and measure improvements in the patient and family experience of using GOSH services for the first time. This is an exciting development for the Trust as it will enable us to design more detailed research programmes for the future that will bring tangible benefits for families.

### Informing you

Producing information that meets the needs of patients and families continues to be a top priority. We know from a survey conducted in 2008, which asked what information is needed, in which format and when, that families value the information provided but that improvements can be made.

Harnessing new technologies, such as podcasts, makes information more accessible and we have produced several short films which are well regarded by other organisations. Our podcast about having an MRI scan shows what it is like to have this quite noisy scan, something that is hard to convey through a leaflet. We were delighted to win the Ask About Medicines Award for Excellence in the 'Most innovative approach to medicines information' category in 2008.

However, information is not always about technology. GOSH continues to produce printed information as we know that families value being able to take information away with them and they often pass it on to relatives, friends or schools. Another award was won in 2008 for our booklet on haemangiomas, which was 'highly commended' in the British Medical Association's Patient Information awards.

### Online support

Behind the scenes, work has been carried out to improve the GOSH and UCL Institute of Child Health website, with particular attention being given to how pages are found by search engines. The results of this work are not immediately noticeable when visiting the site but they will increase ease of access. The Web Team continues to work with clinical services to improve their pages on the website, adding useful information for healthcare professionals as well as families.

Children First for Health, the general paediatric health information resource for young people, children and parents, funded by Great Ormond Street Hospital Children's Charity, also had an exciting year. The site's public health role was demonstrated with the launch of an in-depth mental health and wellbeing section for teenagers. The new resource was publicly endorsed by the Young Minds charity, received national press acclaim and has been shortlisted for a national Health for Kids award.

The Children First for Health Team have continued to address a broad range of health-related enquiries from adolescents and parents. In the past year alone over 400 clinically approved expert replies were posted online. Our vision for the future is for the site to establish itself as the UK's leading online provider of children's health information.



Playrooms are important areas for all of the family. They are a place away from the bedside to relax, have fun and learn.

## Therapeutic environment

We understand the importance of a creative environment, not only for our patients and their families but also for our staff.

### GO Create!

The arts and humanities programme, GO Create!, continues to play a big part in enhancing the environment for everyone at Great Ormond Street Hospital (GOSH) – creating stimulating, less stressful surroundings while encouraging creativity and learning.

### Creative residency 2008

We were delighted to welcome photographer Nick Veasey to the Radiology Department this year, where he worked with children from across the Trust to X-ray objects they had brought in. Together they created a bank of images that will be exhibited throughout the Trust.

### Culture Club

The very popular GO Create! GOSH Staff Culture Club programme continued throughout 2008, taking staff to a wide range of local cultural organisations including the British Museum, Charles Dickens Museum, Hunterian Museum, the Wellcome Collection and The Foundling Museum.

### Art commissions within the Trust

Illustrations of safari animals, including elephants were integrated into the interiors of Safari and Elephant Wards, making these areas more welcoming, engaging and stimulating environments. The newly opened Somers Clinical Research Facility welcomed a series of site-specific stone animal sculptures for their outside play area.

### Morgan Stanley Clinical Building

Throughout 2008 we continued to work on the development and planning of a range of integral creative features that will be part of the forthcoming Morgan Stanley Clinical Building. Projects include a major interactive patient journey to theatres.

### Play for children

When a child or young person is in hospital, play has a crucial role. Familiarity and normalisation are essential; it helps alleviate fears, lessens anxiety and provides some choice and control in an otherwise clinical and often strange environment. The Department of Health's National Service Framework for children, young people and maternity services of 2004 recommends that play is an integral part of every child and young person's visit to hospital and that they should have daily access to a play specialist.

GOSH has a dedicated team of eight play workers and 21 play specialists who endeavour to support as many patients and families through their hospital experience as possible.

Play specialists draw on their knowledge of the effects of hospitalisation, using a range of techniques from bubbles, pop-up musical books, DVDs and role play with medical equipment with younger children, to guided imagery, relaxation and breathing exercises with older patients, to prepare and support them through treatments and procedures.

Our play specialists also carry out work around the normalisation of hospital admissions as well as desensitisation work to help patients cope and adhere to their treatments, procedures and medication, throughout what can be, for some, a lengthy admission or long-term treatment plan.

Play helps to lessen anxiety and aids recovery and many families describe the centre and the work of play staff as their lifeline, often reporting that they are not sure how they would have made it through their stay in hospital without the Play Team.

### Archie's story

by his dad Ian

"Archie fell ill when he was eight weeks old, and after initially being admitted to our local hospital, he was transferred to Great Ormond Street Hospital with kidney failure. He was later diagnosed with primary hyperoxaluria, a liver enzyme deficiency, one of the knock-on effects of which was the cause of Archie's kidney problems. He was going to need first a liver transplant and then a kidney transplant to save him and he was put on the waiting list.

"Dialysis started soon after, four hours per session, three times a week. With the many additional stays on the ward for things such as minor operations and IV antibiotics, plus all the travelling, it was a very hectic time, just like having your life turned upside down. Life settled down eventually, and after a year it was decided that Archie should have a live related liver transplant.

"Archie's mum was the best match, and she donated part of her liver when he was 18 months old. Six months later Andrea also donated one of her kidneys to him. They are both in good health now, but we will never forget our time on the Dialysis Ward – a life-changing time, meeting amazing children, parents and nurses, who not only keep your child alive, but get you through it too."



## Our local services in North London

From the outset Great Ormond Street Hospital (GOSH) has worked in partnership with children, young people and their families and carers, as well as their local clinical teams to plan, provide and evaluate the care that our patients need and receive.

### What do our local services mean for us?

Since 2003, we have developed more formal relationships: creating the Children's Partnership for Health; being responsible for the provision of paediatric services at the North Middlesex University Hospital (NMUH), and, in April 2008, providing the Children, Young People and Families Community Health Services for NHS Haringey.

### What have our local services delivered?

Paediatric services at NMUH have benefited from focused child-centred training, development, education and research opportunities, particularly for the nursing staff, who have highly valued the expertise that GOSH has been able to offer. Opportunities to learn new techniques to improve how services are delivered have also been welcomed, with the team at NMUH being the first to use a technique called Advanced Access to reduce the time children need to wait to be seen in Outpatients – something welcomed by families and general practitioners. Senior clinicians have also been involved in work to develop their understanding of the impact of the Barnet, Enfield and Haringey clinical strategy in relation to paediatric services provided at NMUH, and the impact this will have on models of care, service delivery and workforce development within the sector. Work on structured multidisciplinary care plans, which detail essential steps in the care of a patient (integrated care pathways) across community and acute settings, and the development of an integrated service across both of these services is very much in the development

phase. Current work includes a review of the diabetic service provided by GOSH at NMUH to explore possibilities for more collaborative work between community and acute services. Reducing hospital attendance and admission and providing services closer to home in community and primary care settings for children and young people is at the core of this work.

In Haringey, the first year of our working together has been about focusing on making sure there is an understanding of each other's business and service priorities, and on the development of the infrastructure to support local services, such as delivery of IT access across multiple sites. Haringey poses unique challenges for service delivery with the requirement to deliver universal, targeted and specialist health services to an economically, socially and culturally diverse population of 56,000 children, young people and their families. We are learning how to manage these challenges together, to provide the best possible outcomes for some of the country's most vulnerable children.

We are also identifying opportunities for joint working and celebrating some successes. Services provided by GOSH in Haringey made an important contribution to the "outstanding" Ofsted inspections in 2009 for three of Haringey's special schools, which provide services for children and young people with a range of disabilities including deafness, complex physical disabilities, profound and multiple disabilities, as well as complex medical needs and autism.

It has been a challenging year for staff at both NMUH and Haringey, with a national focus on our work with children who need safeguarding. The new dedicated Child Protection Unit at NMUH has provided purpose-built accommodation to enable us to undertake child protection medical examinations in a more appropriate setting. This offers better opportunities for joint working between community and acute medical staff and colleagues in Children's Social Care, as well as dedicated space for social workers and additional training rooms.

A revitalised and refocused relationship between all health partners in the sector (GOSH at NMUH, GOSH at NHS Haringey, the North Middlesex University Hospital Trust, the Whittington Hospital Trust and general practitioners), along with the London Borough of Haringey and other key partners, such as the Metropolitan Police Service, has resulted in the production of a three-year joint area review action plan for Haringey. The plan will impact upon joint working arrangements and the development and delivery of services to vulnerable children and young people, in which health services for children and young people will play a key role.

### What does the future hold for our local services?

The configuration of children's health services in the sector is a rapidly changing landscape. The separation of the provision of services from the commissioning and public health functions of Primary Care Trusts across the country and the changing face of commissioning for acute and tertiary providers and its implications will unfold over the coming months. The combination of these will influence the future local service arrangements for GOSH, but our core work in driving forward service improvements for the delivery of children's healthcare and integrating care pathways for children across primary, community, secondary and tertiary care continues. We will focus on developing services to meet the health needs of all children and especially those who are the most vulnerable.

### Child protection issues gained headlines round the world with the tragic death of Baby Peter

In November 2008, three people were convicted of causing or allowing the death of this little boy. A number of organisations working with the family accepted that mistakes had been made in protecting him. A doctor, who worked for Great Ormond Street Hospital at that time, saw the child two days before his death. The General Medical Council is considering her future fitness to practise.

Chief executive, Dr Jane Collins, said: "We accept a dreadful mistake was made and we are truly sorry that this child died. Since GOSH took responsibility for the service in April 2008, we have been working hard with the other agencies to make our services as strong as possible. The best tribute to this little boy will be to prevent future tragedies. Protecting vulnerable children from harm is the most important thing we do."

## Developing our workforce

The dedication and expertise of our staff allow us to be a world-class hospital. Attracting, keeping and developing the best people are challenges we constantly strive to meet.

Developing line managers was one of the objectives we identified from our 2007 staff survey. Over 2008 we ran focus groups to further explore this issue and used this information to improve our existing management and leadership programmes. For example, we now run a one-day line manager induction programme, and have reworked training in areas such as managing absence to responding to the day-to-day challenges our managers face. Our 2008 staff survey results show real improvements across a range of areas and our emphasis on ensuring our line managers are equipped to deliver, both for their teams and for our patients, will continue.

As a highly specialised Trust in a very competitive job market, recruiting and retaining the best people is a challenge for us. However, we have seen our turnover remain largely stable, increasing by just one per cent from 17 per cent last year to 18 per cent in 2008/09. Nursing turnover has increased at a higher rate, from 13 per cent in 2007/08 to 17 per cent this year, but we expect this to fall in 2009/10. The total number of staff we employ has grown, but due to successful recruitment and retention activity the proportion of posts we had vacant over the past 12 months has remained the same as last year, at 21 per cent. Developing our own staff and ensuring through our Transformation work that we use staff skills in the best possible way, are two strands of work that will help us meet the recruitment and retention challenges that lie ahead.

During the period, the sickness absence rate at the hospital was 4.2 per cent. Helping our staff stay fit and well is a priority for us. In addition to providing treatment, our staff Physiotherapy Service now gives high-quality advice on how to maintain good musculo-skeletal health. With our staff physiotherapist working closely with our safety and training teams, we now have far fewer staff suffering with this complaint.

Over the past year we have increased the number and variety of activities available for staff to take physical exercise in line with our aims to improve physical health but also as a way of helping people manage the inevitable stresses of working in a busy hospital. Improvements in recognising and managing stress will be a key part of our work over the coming year.

### Our training programmes

We continually review the Trust's education and training strategy to ensure it meets our vision of excellence and innovation in learning. Our re-accreditation as an Investor in People demonstrates our commitment to staff development throughout the organisation, as does the increase in staff appraisal rates over the last year.

We are supporting our programme of transformational change with training that ranges from an overview of improvement methodology to a more detailed exploration of data analysis. As we develop our own expertise, we are increasingly being asked to share our knowledge with others. For example, we present a module to junior doctors on their MSc in Clinical Paediatrics that includes using safety and quality as drivers for improvement.

Great Ormond Street Hospital (GOSH) has joined with Cincinnati Children's Hospital Medical Center to form a trans-Atlantic partnership aimed at enhancing Transformation initiatives in both organisations. A series of educational sessions for executives, clinicians, managers, safety and Transformation teams have taken place between hospitals through visits and telephone conference calls.

With our education partners, London South Bank University, we are working towards making nursing an all-graduate workforce. We are keen that the roles we offer keep pace with the exciting changes in clinical practice and support staff through a Royal College of Nursing accredited Advanced Practice Nurse master's degree programme.

To ensure that education fulfils the needs of all its stakeholders, we work in partnership with the Department of Health, the Royal College of Nursing, the London Deanery, Higher Education Institutions and any other providers of

education and training commissioned by the Trust. Our provision of medical education covers a variety of topics delivered through our Postgraduate Medical Education Team's series of building blocks and lunchtime lecture seasons.

We continue to meet the challenges posed by a busy, 24-hour service. The Trust's online campus continues to offer staff access to e-learning at a time and place that is convenient to them, with increasing numbers of courses for clinical and non-clinical staff becoming available.

Over the past 12 months we have launched an internal Talent Management programme designed to create a pool of talented leaders. We have also introduced a major programme of customer service training for all our staff, which took the views of the children and families we care for as its starting point. Meeting the aspirations of our staff to deliver the best possible care for children and their families continues to be the focus of our training strategy.



Staff nurse, Yvonne Bull.

## Investing in equality and diversity

Our staff and patients reflect the richly diverse nature of our society. We believe that treating people as individuals helps us to create a welcoming, responsive environment for everyone who comes through our doors.

One of our major objectives over the last year was to develop a Single Equality Scheme, pulling together our existing race, disability and gender policies. We have achieved this in anticipation of new legislation and have used it as an opportunity to review our work to date on equality and diversity. We consulted patients, families, staff and others who have an interest in our work, and our new scheme was warmly welcomed. Over the coming months, we will be publicising the scheme and the action plans that accompany it so that it becomes a living document.

We also used the consultation process for our Single Equality Scheme as an opportunity to review our Family Equality and Diversity Group. We are delighted to have expanded our membership to include parent and public representatives and see this group as providing guidance and oversight of our work with a strong parent, patient and public voice.

Many of our patients are young adults, facing the same choices and challenges as their friends but with the added complexity of a long-term health condition. Therefore, we have started to improve our ability to signpost young people to organisations and resources that provide specialist advice on further and higher education, employment opportunities and welfare benefits. Listening to the needs of the families we care for will help us develop this work further.

The Equality Impact Assessment process is now firmly embedded in our corporate governance arrangements. However, we are clear that achieving equality and diversity is not about policies alone. Improvements in the data we hold is allowing us to target work – such as training and education – more accurately.

Black and ethnic minority staff continue to report high levels of satisfaction with their working lives in our 2008 staff survey, although developing a more diverse staff profile across the organisation, and particularly in higher grades, remains one of our objectives. Our Black and Ethnic Minority Staff Group has taken on a valuable role in promoting training and development opportunities both within and outside the hospital. Over the coming year, we hope this group will increasingly be able to help us develop and deliver our equality and diversity action plan.

We know that good-quality employment plays a critical role in good health, and we recognise our responsibilities in this area. We have continued to help unemployed people from our very diverse local community develop basic skills, and work with NHS Camden to provide entry-level jobs. Over the coming year, we will be exploring more opportunities for providing supported work opportunities for people with disabilities.

### Christopher's story

by his mum Julie

“Christopher was born with a condition called microtia, which affects one in 7,000 births. His left ear was not formed properly and we were referred to our local hospital. They had very little knowledge of the condition and after some research we contacted Great Ormond Street Hospital (GOSH) for advice.

“Christopher was just a few months old when he first visited GOSH. We were told that a new ear could be built with cartilage from his ribcage but not until he was about 10 years old. They also discovered that the ear canal had not formed and that Christopher had no hearing on his left side, although this did not cause him any problems at all.

“Over the past nine years we have made numerous visits to the hospital and finally in December 2008 we were told that the first operation could be carried out. Afterwards, Christopher spent a week recovering from the operation on Peter Pan Ward, which he enjoyed thoroughly, and he was home in time for Christmas to show everyone his new ear!

“Thanks to the expertise and kindness of his surgeon and the wonderful nursing staff, Christopher's first experience of a hospital stay has been an adventure for him and he is looking forward to his next in December 2009!

“All our friends and family are amazed at the result and thanks to the expertise of everyone at GOSH, Christopher will now have a happy future without the embarrassment of having to explain why he looks different.”



## Transformation

The Transformation programme at Great Ormond Street Hospital (GOSH) was launched in 2007 and has three aims: no unnecessary waits, no waste and zero harm.

Working with clinical and non-clinical members of staff, the Transformation Team want to ensure that we make the best use of our staff, our time and our resources so that our patients get the best possible service at the right time and in the right way.

Addressing all three aims of the Transformation programme is the Managing Variability in Healthcare programme, a joint project between GOSH and Boston University in the United States. By analysing data already collected here, the data team in Boston were able to make recommendations which, if implemented, would reduce variability in workload and improve patient flow.

Some of the key recommendations included central control of inpatient admissions, separating bed allocation for planned and emergency admissions and dividing resources for day case and inpatient work, combining smaller units into larger ones where feasible. Members of the Transformation Team are working with a parent volunteer (an industry expert in flow management) and the Cardiac Unit to test whether the changes suggested can be implemented successfully in managing the flow of patients admitted for cardiac surgery. It is still early in the project but members of staff in the Cardiac Unit are actively working together to adopt new ways of working and initial data reports on smoothing patient flow are encouraging.

Another programme in 2008 has been the Transforming Care on Your Ward project. This aims to encourage ward staff to look at their current practice critically and make improvements so

more time is available for direct patient care. All members of a ward are involved and they are shown how to use data to identify areas for improvement and then measure whether improvements have made a difference. Although each ward works separately, learning from those who have completed the programme is shared, so that in time, all ward staff will have the necessary skills and attitude, making Transformation sustainable in the long term.

Reducing unnecessary waits for patients is also being tackled with projects in Theatres and Outpatients. An improvement facilitator is working with theatre staff to better organise scheduling of operations so operation lists run on time. Nine clinical specialties are currently working to deliver the Advanced Access programme, which aims to ensure all children referred to the hospital will be seen in Outpatients within 10 days of the referral being made, unless this is clinically inappropriate. The Epilepsy and Infectious Diseases teams are poised to achieve the 10-day aim, with several other teams coming close to that target.

Zero harm means that all preventable harm will be eliminated and therefore that all staff should be aware of potential harm at all times. This will require a cultural change as well as an organisational one. GOSH has a strong base from which to develop the zero harm culture and the focus over the past year has been primarily on risk management. Programmes to improve situational awareness, communication, briefing and debriefing have been developed and are currently being implemented across the relevant clinical units in the Trust. Infection control

and the prevention of infection have also been targeted, focusing on central venous line infection, surgical site infection and ventilator-associated pneumonia. Care bundles – a standardised approach to care – have been introduced to improve clinical practice and so reduce our already low rates of infection.

Developing an integrated care pathway can lead to improvement in service delivery and reduce waste. An integrated care pathway is a multidisciplinary tool for organising a patient's care during a specified time period. It allows analysis of variance from the expected path, which can highlight potential problems either with the process itself or the timing of when tasks are completed. Several groups across the hospital are either developing a pathway or implementing one.

Recording patient and parent experience is an integral part of the process and informs how the resulting pathway is developed. The development stage invariably involves mapping the current process followed and identifying issues within the process. This could be duplication of tasks or effort, tasks not being completed, or confusion about who should carry out which task.

Improvement methodologies are then used to address each issue in turn and test whether it is a true improvement or not. Once implemented, the pathway can be monitored and any deviation from the pathway can be recorded and analysed. Several areas are keen to develop their own pathway so guidelines are being introduced to ensure this is done efficiently and effectively.

The Transformation programme is as much about changing attitudes as processes. We want patients and families to tell us of their experiences so that we can all look critically at the way we do things. Parent involvement in the planning and monitoring of projects is critical, and they are represented on the Transformation Board as well as on individual projects. Developing core skills in our members of staff ensures sustainability, and various training programmes are used to enable staff to undertake their own improvement projects.

Transformation within the hospital is rooted in the principle that eliminating complacency and continually striving for ongoing improvements is essential to improving the patient and family experience.



Kingfisher Ward senior staff nurse,  
Lik-Mun Li-Gray.



Seven-year-old Simeon (left) and five-year-old Jaya helped us break ground on the Morgan Stanley Clinical Building in May this year.

## Redevelopment

Great Ormond Street Hospital (GOSH) is undertaking a major redevelopment programme to replace buildings that are nearing the end of their useful lives and to provide new world-class facilities where parents can sleep alongside their child in comfort.

The conditions in some of the hospital's current buildings are cramped, inflexible and outdated – they were built at a time when healthcare needs were very different. New facilities designed for 21st-century healthcare will allow us to give a better, more flexible, convenient and comfortable service for children and their families. We will be able to treat up to 20 per cent more children and give our researchers and clinical staff the resources they need to develop new treatments.

Bright, modern, spacious facilities also encourage healing and make it easier for staff to do their very best for the children they treat. 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 but there remains a huge job to do to fund the rest of the redevelopment in an increasingly difficult economic climate.

### Phase 1

The first phase of the redevelopment was completed in 2006, transforming the experience of children, families and staff who use the new facilities. The Octav Botnar Wing has provided new clinical facilities, giving hugely improved space for patients and their families, and much better working conditions for staff. Weston House including the Paul O'Gorman Patient Hotel, is providing accommodation for families who have to travel long distances to London and need somewhere to stay very close to the hospital. We have also improved outpatient facilities for some of our services within the adjacent Royal London Homeopathic Hospital.

### Phase 2

We are currently undertaking the second phase of the redevelopment programme to create the Mittal Children's Medical Centre. The centre comprises two clinical buildings, the Morgan Stanley Clinical Building and the current Cardiac Wing of the hospital, which is being redeveloped.

### Redevelopment overview

There are four phases to our redevelopment plans:

Phase	Date	Nature of development
1	2004-2006	<ul style="list-style-type: none"> <li>• Octav Botnar Wing</li> <li>• Weston House, including the Paul O'Gorman Patient Hotel</li> <li>• Djanogly Outpatient Department in the Royal London Homeopathic Hospital</li> </ul>
2	2006-2016	<ul style="list-style-type: none"> <li>• The Mittal Children's Medical Centre including:               <ul style="list-style-type: none"> <li>– The Morgan Stanley Clinical Building</li> <li>– Phase 2B Building (redevelopment of the Cardiac Wing)</li> </ul> </li> </ul>
3 and 4	2016-onwards	<ul style="list-style-type: none"> <li>• New ambulatory care centre</li> <li>• New central square and main entrance pavilion</li> </ul>

During the year, we have made good progress towards the development of the Morgan Stanley Clinical Building. We have completed 58 projects to move existing wards and departments into new refurbished areas so that we could demolish parts of three buildings and create the space to begin construction. Our Projects Team, supported by Clinical Planning and Commissioning were chosen as Great Ormond Street Hospital Team of the Year in recognition of the way this complex, high-impact and wide-ranging work programme was delivered.

Due to open in 2012, the Morgan Stanley Clinical Building will provide new clinical accommodation including 92 inpatient beds, theatres and angiography facilities together with a new restaurant and improved staff areas. In May 2009, we held a Breaking Ground Ceremony to celebrate the beginning of the construction of the new building.

We are continuing to work with children and young people, their families, staff and other stakeholders to finalise the interior design and equipping of the Morgan Stanley Clinical Building along with policies and procedures for the use of the building.

**Environmental strategy**

The Trust is committed to improving its environmental performance and has held a series of workshops for staff to increase awareness of opportunities to improve performance through reducing energy use and waste. Regular updates are provided to staff detailing recent achievements and further actions. The Trust has produced a sustainable travel plan and has set targets with Transport for London. We are aiming to reduce our emissions by 15 per cent by 2012 (across the whole Trust) and we are currently on target to achieve this.

In addition, the Trust's redevelopment plans incorporate some major energy reduction measures. We were the joint winner of the award for Best Environmental Strategy at the Building Better Healthcare Awards 2008. Our strategy aims to achieve the lowest energy use for all our buildings, including cost-effective heating and power for the site. Our Phase 2 redevelopment project will inspire future projects and has set a target to provide a 120 per cent carbon reduction along with a 60 per cent renewables contribution (these figures are based on the agreed plan to use biofuels but the system is also able to use gas if necessary). Our Environmental Partnership Board is on target to achieve the objective of our Carbon Management Implementation programme – a 15 per cent reduction in emissions by 2012.

The sustainability programme is being independently monitored by the Building Research Establishment (BRE).



**Improved facilities within the existing buildings**

**Somers Clinical Research Facility**

Our new Clinical Research Facility opened in December 2008. Having a dedicated place to carry out clinical trials is key to our ability to translate basic research into excellent clinical practice. The new facility provides a state-of-the-art, child-friendly area for clinical research where outpatients can be seen while research and treatment are carried out.

**Reuben Foundation Children's Cancer Centre**

The new inpatient Elephant Ward opened in September 2008, joining Safari Ward to complete the Reuben Foundation Children's Cancer Centre. The centre establishes the hospital as the largest centre for paediatric cancer treatment in Europe and one of the top three centres in the Western world.

**Friends Roof Garden**

The Friends Roof Garden, opened for use by all our staff in July 2008, won the award for Best Outside Space in the Building Better Healthcare Awards 2008. The garden provides a calm, contemporary, restful space and is intended as an antidote to the everyday hospital environment. It was created as a tribute to the members of staff at the hospital who lost their lives in the London bombings in July 2007.

**Cytogenetics and molecular genetics laboratories**

The new laboratories for cytogenetics and molecular genetics in York House opened in October 2008. These state-of-the-art new facilities are crucial to ensure we treat children with inherited disorders to the best of our ability, and will make an enormous difference to the vital research we carry out into the genetic basis of disease.

**Upgrades and refurbishment**

The main entrance of the hospital was refurbished, providing a more comfortable, relaxed waiting area for patients and their families. Additionally, the Outpatients Department, restaurant, kitchen and lower ground floor corridors were also refurbished to enhance patient's experience.

**Fire damage**

A fire in the Cardiac Wing on 29 September 2008 caused large-scale damage and team members worked hard to ensure the affected areas were brought back into use as soon as possible and that lessons were learnt and shared throughout the NHS.



Left: Architect's plan of the Morgan Stanley Clinical Building.

Right: The Friends Roof Garden.

## Fundraising for our hospital

Great Ormond Street Hospital (GOSH) has always relied on the support of the public. From its opening in 1852 through to the establishment of the NHS in 1948, the hospital was funded exclusively by gifts from philanthropists and large numbers of subscribers.

Although the basic level of service provision is provided for by the NHS, the hospital is still highly dependent on charitable giving in order to ensure that world-class standards of care for children are maintained and that research into new and better treatment is properly funded.

The range of people and organisations that support the hospital is humbling, all of them moved by the children, families and staff who are the heart of the hospital. GOSH is a positive, happy place, with a very strong sense of hope and possibility at its core. What characterises the hospital is best captured by Dr Paul Veys, director of bone marrow transplants at GOSH, who recently stated, "There is a cure for everything; we just haven't found it yet".

The hospital requires donations from the public to support four key areas:

### 1 Redevelopment of hospital buildings

Staff and patients struggle with highly cramped, outdated clinical buildings completely ill-suited for 21st-century medicine. Donations help us fund the necessary redevelopment of two-thirds of the hospital site.

### 2 Equipment

In order to provide world-class care to patients, it is essential to have the latest state-of-the-art equipment. Providing medical equipment suitable to be used for children, and babies, is particularly expensive.

### 3 Research

Pioneering new ways to prevent, treat and cure complex, life-limiting and often life-threatening illnesses is critical to improving the lives of sick children.

### 4 Support

The hospital knows that having a parent staying with a child improves recovery; consequently Great Ormond Street Children's Charity also fundraises to provide parent accommodation.

During the past year, the charity has been able to meet its annual targets thanks to some major gifts, corporate contributions and ongoing support from the general public. However, Great Ormond Street Hospital Children's Charity needs to raise at least £50 million every year for the next 10 years to allow it to continue to meet the needs of the hospital and fund the vital redevelopment programme. This is a great challenge in the light of increasing competition in the charity sector and a pessimistic economic outlook.

The needs of sick children do not go away and the hospital is aiming to be able to treat up to 20 per cent more children over the next few years. Our commitment to raising these necessary funds is absolute; it is our conviction that we can engage prospective supporters in the important work of the hospital and inspire them to be part of improving the lives of sick children.

The remarkable children and families we care for move us to do all we can to improve the health of children. On their behalf, the charity would like to thank everyone who has contributed their time or made a donation. The hospital and the charity are completely dedicated to providing world-class care to sick children and their families, which would not be possible without the support of the public.



### Georgia's story

"When I was eight I started hearing voices, seeing images – things that weren't real, but at the time it all seemed very real to me and very frightening. When I was 10 years old I was diagnosed with bipolar disorder. My life became complicated and very unsettling. I was hospitalised several times and had my medication changed constantly. I was in such a dark place, made by my own mind, that even my family couldn't understand. When I was 12 I was sent to Great Ormond Street Hospital. My doctor got to know me and my family and all about what I'd been through and he gave me strategies to help myself and changed my medication to just one type.

"I am now 16. GOSH has helped me to build a life of my own which is not consumed by fear. I am finishing my last year at secondary school and will be starting college in September. None of this would be possible without the helping hand I was given, and for that I will always be grateful and I thank you.

"This is a poem I wrote in my dark times and it really helped. For all the things my doctor said to help me, I dedicate this poem to Dr Santosh:"

Swing, swing  
Swing, swing  
Feet dangling, blazing  
Sun shining in my dark brown eyes.

Swing, swing  
My shadow behind me,  
Long red hair twisting in my face.

Swing, swing  
Silent as the wind blowing  
through my ear drums,  
Nothing but the creak  
of the rusty chains and  
my panting breath.

Swing, swing  
My troubles have gone,  
my worries no longer.  
For the troubled mind of a swinger,  
Is finally clear.

You can find out more about Georgia and her condition on our Children First for Health website [www.childrenfirst.nhs.uk/teens/health/mental-health](http://www.childrenfirst.nhs.uk/teens/health/mental-health)



# Governance and legal

Rukshanna Shroff, consultant  
paediatric nephrologist with Dr.  
Niamh Dolan on Victoria Ward.

## Trust Board

### Non-executive directors



**1 Baroness Tessa Blackstone**  
**Chairman of the Trust Board**  
**(from January 2009)**

Tessa 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 (GOSH) to the immediate and wider community.

**Declared interests**

- Member, House of Lords
- Vice-chancellor, University of Greenwich
- Chair, Royal Institute of British Architects
- Non-executive director, VT Group
- Board member, UCL Partners

**2 Sir Cyril Chantler**

Cyril led the team of non-executive directors until December 2008. Outgoing chairman of the Trust Board

**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, Southwark Cathedral Council
- Chair, Clinical Advisory Group, NHS London

**3 Ms Yvonne Brown**  
**Non-executive director**

Yvonne is a solicitor whose main areas of expertise are children, child protection, family law and education. In September 2005 she was appointed to the Solicitors Regulation Authority, where she chairs the Scrutiny Committee. Yvonne sits on the Trust Audit Committee and is also the non-executive Patient Environment Action Team (PEAT) lead.

**Declared interests**

- Member of the Solicitors Regulation Authority
- Consultant, Goodman Ray Solicitors
- Peer reviewer, Legal Service Commissioner

**4 Professor Andrew Copp**  
**Non-executive director**

Andrew is director of the 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**

- Director, UCL Institute of Child Health
- Honorary director of research, Children's Trust, Tadworth

**5 Mr Andrew Fane**  
**Non-executive director**

Andrew is a non-executive director of the Trust and associate special trustee of Great Ormond Street Hospital Children's Charity. He is chair of the Clinical Governance Committee since November 2008 and is also very involved with the hospital's redevelopment programme.

**Declared interests**

- Associate trustee, Great Ormond Street Hospital Children's Charity (since 1 August 2007)
- 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 CBE MB BS FRCS is an orthopaedic surgeon at Ipswich Hospital NHS Trust and is president, British Orthopaedic Association from September 2008/09.

**6 Ms Mary MacLeod OBE**  
**Non-executive director**

Mary sits on the Clinical Governance Committee and is the non-executive Equality and Diversity lead. She has a long and distinguished career in family policy, academia and social work, and is chief executive of the Family and Parenting Institute and a trustee of the National Children's Bureau.

**Declared interests**

- Chief executive, Family and Parenting Institute
- Trustee, National Children's Bureau

**7 Mr Charles Tilley**  
**Non-executive director**

Charles is chief executive officer at the Chartered Institute of Management Accountants (CIMA) and is a qualified accountant. He chairs the Audit Committee.

**Declared interests**

- Chief executive, Chartered Institute of Management Accountants (CIMA)
- Non-executive director and member of Audit and Asset and Liability committees, Ipswich Building Society

## Trust Board

### Associate non-executive directors



**1 Dr Gillian Daley**  
**Non-executive director and chair of the Clinical Governance and Modernisation Committee (until October 2008).**

Gillian is an independent consultant in health and social care. She chaired the Clinical Governance Committee until October 2008.

**Declared interests**

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

**2 Ms Helen Dent**  
**Associate non-executive director (until July 2008).**

Helen is chief executive of Family Action, a voluntary organisation providing a range of community-based support services for families and help for people with mental health difficulties.

**Declared interests**

- Chief executive, Family Action
- Trustee, End Child Poverty
- Trustee, Child Poverty Action Group

**3 Ms Dorothea Hackman**  
**Associate non-executive director**

Dorothea is the chair of the Great Ormond Street Hospital Members Forum. She serves as an associate non-executive director in an ex-officio capacity.

**Declared interests**

- Chair, Great Ormond Street Hospital Members Forum
- Governor, The Children's Hospital School at Great Ormond Street and UCLH
- Volunteer, Child Death Helpline
- Trustee, St Pancras Lands Trust
- Vice-chair, St Aloysius Junior School
- Lay chair, South Camden Deanery Synod

**4 Mr E Scott Mead**  
**Associate non-executive director**

Scott 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

## Trust Board

### Executive directors



**1 Dr Jane Collins**  
**Chief executive**

Jane is responsible for delivering the strategic and operational plans of the hospital, through her Executive Team. She leads the Transformation programme to improve the Trust's systems and processes and to increase efficiency and reduce costs.

Jane has developed stronger relationships with other paediatric service providers, particularly within north central London and sits on the UCL Partners Board.

**Declared interests**

- Advisory Board member, Judge Business School, Cambridge University
- Chief executive, Great Ormond Street Hospital Children's Charity
- Board member, UCL Partners



**2 Dr Barbara Buckley**  
**Co-medical director**

Barbara is responsible for postgraduate medical education and training for doctors; medical workforce development; our local services in North London; and public health within the Trust. In addition, she holds a clinical session at the Children's Developmental Centre in Haringey. She has a longstanding interest in medical management and feels that it is important for doctors to be involved in all levels of Trust management and within the wider NHS.

**Declared interests**

- None



**3 Ms Fiona Dalton**  
**Chief operating officer/deputy chief executive**

Fiona is responsible for the operational management of clinical services within the Trust, and also leads the strategic planning, performance management and operational HR functions for the Trust.

**Declared interests**

- None



**4 Professor Judith Ellis MBE**  
**Director of nursing, education and workforce development**

Judith 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**

- Member, Nursing and Midwifery Council
- Trustee, League of Remembrance
- Trustee, Help for Hurting Children in Africa

**5 Mr Robert Evans**  
**Co-medical director**

Robert is responsible for performance and standards (including patient safety). He is also the Trust's Caldicott guardian. He leads on clinical governance and is co-ordinating the development of outcome measures. Robert continues to practise as an orthodontist and has sub-specialised in the management of children/adolescents with complex congenital craniofacial deformities.

**Declared interests**

- Patron, Headlines (Craniofacial Support Group)
- Private practice

**6 Mrs Claire Newton**  
**Chief finance officer**

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

**Declared interests**

- None



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

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

**Declared interests**

- 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
- Member of the Strategic Advisory Group on Pandemic Influenza, Department of Health (since February 2008).



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

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

**Declared interests**

- None



**3 Mr Mike Ralph**  
**(non-Trust Board)**  
**Director of estates and facilities**  
**(until March 2009)**

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

**Declared interests**

- Vice-chair, Medical Gas Association
- Chairman, Institute of Healthcare Engineering and Estate Management Journal Committee
- Executive Committee member and National Council member, Institute of Healthcare Engineering and Estate Management.



## Financial review

The Board of Great Ormond Street Hospital  
for Children NHS Trust 2008/09

### Chair

Sir Cyril Chantler MA MD FRCP FRCPCH  
FMedSci (until December 2008)  
Baroness Tessa Blackstone BSc (Soc)  
PhD (from January 2009)

### Non-executive directors

Ms Yvonne Brown LLB Solicitor  
(from July 2008)  
Professor Andrew Copp MBBS DPhil  
FRCPATH FMedSci  
Dr Gillian Dalley BA MA (Econ) PhD  
(until October 2008)  
Mr Andrew Fane MA FCA  
Ms Mary MacLeod OBE MA CQSW  
DUniv (Open) (from November 2008)  
Mr Charles Tilley 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

Ms Fiona Dalton MA (Hons) (Oxon)

#### Co-medical directors

Dr Barbara Buckley MB BS FRCP  
FRCPCH

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

#### Chief finance officer

Mrs Claire Newton MA ACA MCT

#### Director of nursing and education

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 (until March 2009)

#### Director of redevelopment

Mr William McGill MSc

### Audit Committee

The committee considers the effectiveness of the Trust's systems of integrated governance, non-clinical risk management and the financial and non-financial internal controls, that support the achievement of the organisation's objectives. It works along-side the Trust's Clinical Governance Committee, which oversees clinical governance and risk management. The Audit Committee meets at least four times a year, which ensures coverage of its terms of reference and the Trust's governance and risk framework. This includes receiving reports from both the external and internal auditors.

Mr Charles Tilley FCA  
(chair from November 2008)

Mr Andrew Fane MA FCA

(chair until October 2008)

Ms Yvonne Brown LLB Solicitor  
(from January 2009)

Mr Michael Dallas (independent external

committee member) BCom CA (SA)

Dr Gillian Dalley BA MA (Econ) PhD

(until October 2008)

### Remuneration Committee

Mr Andrew Fane MA FCA (Chair)

Baroness Tessa Blackstone BSc (Soc)  
PhD (from January 2009)

Ms Yvonne Brown LLB Solicitor  
(from July 2008)

Sir Cyril Chantler MA MD FRCP FRCPCH  
FMedSci (until December 2008)

Professor Andrew Copp MBBS DPhil  
FRCPATH FMedSci

Dr Gillian Dalley BA MA (Econ) PhD  
(until October 2008)

Ms Mary MacLeod OBE MA CQSW  
DUniv (Open) (from November 2008)

Mr Charles Tilley FCA

The Remuneration Committee is  
described on page 61.

## 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 2009, 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 1 to 10.

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 auditors' 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 Practices 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 2009. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (11 June 2009) and the date of this statement.

### Heather Bygrave

Engagement lead  
for and on behalf of Deloitte LLP,  
appointed auditor  
St Albans, UK  
11 September 2009

## Statement on internal control 2008/09

### 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.

As chief executive I provide performance reports to the chief executive of the London Strategic Health Authority, who monitors progress and achievement and I also engage regularly with chief executives of Primary Care Trusts 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 2009 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 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 the co-ordination of risk management, clinical governance and health and safety. This team also disseminates good practice arising from both external sources and internal exemplars within 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 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 co-ordinated 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.

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. 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.

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 procedure 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 periodically and when new or changed risks are identified or if the degree of acceptable risk changes.

Risks to data security are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the Information Governance Steering Group which reports to the Trust's management board. This group uses the information governance toolkit assessment to inform its review.

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 of 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 governance, performance management systems/processes and, in addition, lapses were identified through use of the Core Standards for Better Health self-assessment process. Two serious control issues have been identified: the Trust was unable to meet the 26-week waiting list target for spinal patients; and two serious untoward incidents were reported relating to loss of confidential patient data during the year. A laptop was stolen from a secure area and one notebook was lost but subsequently recovered intact. Both incidents were fully investigated and the learning points communicated.

The Trust has progressively strengthened its controls on information governance but our information governance toolkit return to the Department of Health on 31 March 2009 identified areas for improvement, particularly in relation to information-sharing protocols with other organisations. An Information Governance Steering Group reporting to the Audit Committee will monitor the action plan to improve information governance procedures.

Performance management is another area requiring continuing improvement, and actions continue to strengthen processes and extend the information provided to the management and Trust Boards.

The Trust was unable to achieve the 26-week waiting list target for spinal surgery. This was because demand for this service significantly exceeded capacity, for which there is a national shortage. An additional spinal surgeon was successfully recruited and further expansion of capacity is planned within 2009/10 to fully accommodate the demand for this service.

The Trust reported full compliance with the Core Standards for Health other than in the following four standards/elements where action had been taken to remedy gaps in controls by the end of the financial year:

**C4a.1**  
**Systems are in place to ensure the risk of Healthcare-Associated Infections (HCAI) is reduced in accordance with the Health Act 2006 (revised January 2008).**

**The remedial action taken was as follows:** Reporting arrangements have been addressed to ensure there is direct accountability and information on HCAI reported to the chief executive and the Trust Board, and programmes for HCAI have been reinforced across all units.

**C4c.1**  
**Reusable medical devices are properly decontaminated in accordance with the Health Act 2006.**

**The remedial action taken was as follows:** All processes in the areas identified as not complying have been reviewed and new procedures put in place.

**C13b**  
**Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information.**

**The remedial action taken was as follows:** The processes for delegating and training staff to take consent have been reviewed and strengthened.

**C21**  
**Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.**

**The remedial action taken was as follows:** Enhanced cleaning schedules were put in place.

Assurance gaps have been identified in the following areas: Board information; audits of compliance with policies; and reporting of drug errors at Board level. Progress has been made in improving the accuracy and availability of information provided to the Trust Board for managing its operations. Action to strengthen the reporting of drug errors has already been taken. An action plan has been started to review policies to ensure there is an audit process where appropriate. These action plans will be monitored through the management and Trust Board agendas.

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 rules, and that scheme member pension records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

#### **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: by discussions at the Trust Board, the Audit Committee, the Clinical Governance Committee, and by reports from internal auditors and external auditors and the Assurance Framework Group.

The Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principle objectives have been reviewed. 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 Trust Board; specifically the Audit Committee, and the Clinical Governance Committee. Summary reports are considered by the Trust Board at periodic intervals.

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.

#### **My review is also informed by the following:**

- Core Standards for Health Self-Assessment Declaration;
- NHS Litigation Authority Clinical Negligence Scheme for Trusts (CNST) accreditation process;
- internal and external audit reports;
- Auditors' Local Evaluation 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; consideration of performance against national targets.

The Trust was reviewed for Level 3 compliance with the NHS Litigation Authority (Clinical Negligence Scheme for Trusts) Risk Management Standards during the year. The process for preparing

for this assessment provided useful information and an action plan is in place for the next review for Level 2 compliance during 2009/10 and the reasons why Level 3 was not achieved are being addressed.

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

- a 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
- b internal and external audit recommendations; and the related action plans.

These reviews have not identified any significant control issues other than the following matters which are referred to in more detail in Section 4 above:

- the lapse on four elements of core standards during the year for which remedial action was taken before the end of the year;
- two instances of loss of patient identifiable data, which were treated as serious untoward incidents; both incidents were fully investigated and the learning points fully communicated to all staff who have access to such data;
- The Trust was unable to meet the 26-week target for spinal surgery because demand for this service significantly exceeded our capacity for provision. Measures have been successfully taken to increase capacity.

The Trust Board is committed to continuous improvement and through its agenda ensures that there are regular reviews of the Trust's performance in relation to its key objectives and that processes for managing the risks are progressively developed and strengthened.



**Dr Jane Collins**  
Chief executive  
On behalf of the Trust Board  
year ended 31 March 2009

## Summary financial statements 2008/09

	Note	2008/09	2007/08
<b>1 Income and expenditure £000s</b>			
Income from activities		230,510	200,794
Other operating income		60,940	69,899
Total Trust income	9	291,450	270,693
Operating expenses	10	(285,040)	(260,352)
Operating surplus		6,410	10,341
Loss on disposal of fixed assets		(512)	–
Interest receivable		476	949
Finance costs		(29)	(31)
Surplus for the year before dividend payments		6,345	11,259
Dividend payable	5	(4,997)	(4,303)
<b>Retained surplus</b>		<b>1,348</b>	<b>6,956</b>
<b>2 Summarised balance sheet £000s</b>			
Fixed assets	6	228,192	271,003
Net current assets		17,401	8,268
Total assets less liabilities		245,593	279,271
Provisions for liabilities and charges		(9,831)	(1,379)
<b>Capital and reserves</b>		<b>235,762</b>	<b>277,892</b>
<b>3 Summarised cash flow statement £000s</b>			
Net cash inflow from operating activities		11,902	19,805
Net cash inflow from returns on investment and servicing of finance		476	949
Net cash outflow from capital expenditure		(35,679)	(45,217)
Dividends paid		(4,997)	(4,303)
Net cash outflow before financing		(28,298)	(28,766)
Net cash inflow from financing		24,330	37,996
<b>(Decrease)/increase in cash</b>		<b>(3,968)</b>	<b>9,230</b>
<b>4 Summarised statement of recognised gains and losses £000s</b>			
Surplus for the financial year before dividend payments		6,345	11,259
Unrealised (deficit)/surplus on revaluation/impairment/indexation of fixed assets		(60,223)	17,452
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets		14,269	17,079
<b>Total gains and (losses) recognised in the financial year</b>		<b>(39,609)</b>	<b>45,790</b>
<b>5 Dividend</b>			
Public dividend capital: dividend paid.		4,997	4,303

## Summary financial statements 2008/09 continued

	Note	2008/09	2007/08
<b>6 Tangible/intangible assets £000s</b>			
The Trust had the following assets at 31 March:			
Land		41,855	49,257
Buildings		107,643	160,509
Dwellings		2,810	4,783
Assets under construction		34,610	21,057
Plant and machinery		33,769	30,228
Information technology		5,395	2,975
Furniture, fixtures and fittings		1,558	1,687
Software licences		552	507
<b>Total</b>		<b>228,192</b>	<b>271,003</b>
<b>7 Management costs</b>			
Total Trust income (£000s)		291,450	270,693
Management costs (£000s)		13,631	10,779
% of income		4.68%	3.98%
<b>8 Public sector payment policy</b>			
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 latter) unless other payment terms have been agreed with the supplier.			
The Trust's payment policy is consistent with the CBI code and government accounting rules and its measure of compliance is:			
		2008/09	2007/08
<b>Non-NHS creditors</b>			
Number of bills paid		73,512	69,425
Number of bills paid within target		58,157	54,712
% of bills paid within target (by number)		79.1%	78.8%
Value of bills paid (£000s)		131,835	135,858
Value of bills paid within target (£000s)		113,514	109,948
% of bills paid within target (by value)		86.1%	80.9%
<b>NHS creditors</b>			
Number of bills paid		3,094	2,928
Number of bills paid within target		1,745	1,311
% of bills paid within target (by number)		56.4%	44.8%
Value of bills paid (£000s)		14,991	19,526
Value of bills paid within target (£000s)		11,621	11,575
% of bills paid within target (by value)		77.5%	59.3%

Summary financial statements 2008/09  
continued

	Note	2008/09	2007/08
<b>9 Sources of income £million</b>			
Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs) and NHS trusts		188.7	160.8
Education, training, research and development		35.4	40.1
Department of Health		19.3	19.2
International and private patients		22.5	20.7
Other		25.5	29.9
<b>Total</b>		<b>291.4</b>	<b>270.7</b>
<b>10 Operating expenditure £million</b>			
Salaries and wages		170.3	153.6
Supplies		64.6	62.2
Premises		15.4	15.0
Depreciation and loss on disposal of fixed assets		12.2	10.6
Dividends		5.0	4.3
Auditor's remuneration		0.2	0.2
Other		17.3	14.5
<b>Total</b>		<b>285.0</b>	<b>260.4</b>

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 Trust's financial position and performance.

Copies of the full accounts together with the statement of the accountable officer, statement of directors' responsibilities and statement on internal control 2008/09 may be obtained (at no charge) from the PA to the 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

**Remuneration Committee (unaudited)**

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.

Membership of the Remuneration Committee is detailed on page 52.

## Remuneration report continued

### Salary entitlement of senior managers (audited)

Name	Title	2008/09 Salary (bands of £5,000) £000	2007/08 Salary (bands of £5,000) £000
Baroness Tessa Blackstone	Chair* (joined January 2009)	5-10	Nil
Sir Cyril Chantler	Chair† (left December 2008)	15-20	20-25
Ms Yvonne Brown	Non-executive director† (joined July 2008)	0-5	Nil
Ms Helen Dent	Non-executive director† (left March 2008)	0-5	5-10
Mr Andrew Fane	Non-executive director†	5-10	5-10
Professor Andrew Copp	Non-executive director†	45-50	5-10
Ms Mary MacLeod OBE	Non-executive director* (joined November 2008)	0-5	Nil
Dr Gillian Dalley	Non-executive director† (left October 2008)	0-5	5-10
Mr Charles Tilley	Non-executive director†	5-10	0-5
Mr E Scott Mead	Associate non-executive director*	Nil	Nil
Ms Dorothea Hackman	Associate non-executive director*	Nil	Nil
Dr Barbara Buckley	Co-medical director* (joined April 2008)	160-165	Nil
Dr Jane Collins	Chief executive*	175-180	175-180
Ms Fiona Dalton	Chief operating officer/deputy chief executive (joined August 2008)	70-75	Nil
Professor Judith Ellis MBE	Director of nursing, education and workforce development*	95-100	90-95
Mr Robert Evans	Co-medical director*	165-170	155-160
Mrs Claire Newton	Chief finance officer*	115-120	60-65
Mr Trevor Clarke	Chief operating officer* (left September 2008)	65-70	105-110
Mr Trevor Clarke	Director of international private patients (appointed February 2009)	5-10	Nil
Mr Mark Large	Director of ICT (joined October 2008)	45-50	Nil
Mr William McGill	Director of redevelopment	125-130	95-100
Professor David Goldblatt	Director of clinical research and development	65-70	65-70
Mr Mike Ralph	Director of estates and facilities	80-85	75-80
Ms Helen Forgacs	Acting director of operations (June 2008–July 2008)	10-15	Nil
Ms Maria Collins	Director of partnership development and public health (left May 2008)	15-20	80-85

\* denotes the employee is a Board member  
† denotes member of Remuneration Committee  
No senior manager at the Trust received any other benefits from the Trust.

## Remuneration report continued

### Pension entitlements of senior managers (audited)

Name	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 2009 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Real increase in Cash Equivalent Transfer Value at 31 March 2009 £000	Employer's contribution to stakeholder pension
Dr Barbara Buckley	Co-medical director	15-17.5	165-170	740	523	138	0
Dr Jane Collins	Chief executive	0-2.5	285-290	1,544	1,190	227	0
Ms Fiona Dalton	Chief operating officer/ deputy chief executive	10-12.5	80-85	249	157	37	0
Professor Judith Ellis MBE	Director of nursing, education and workforce development	5-7.5	130-135	604	437	109	0
Mr Robert Evans	Co-medical director	27.5-30	180-185	929	574	238	0
Mrs Claire Newton	Chief finance officer	5-7.5	5-10	45	12	23	0
Mr Trevor Clarke	Director of international private patients	0-2.5	110-115	532	398	55	0
Mr Mark Large	Director of ICT	5-7.5	45-50	226	137	30	0
Mr William McGill	Director of redevelopment	45-47.5	190-195	1,136	616	353	0
Mr Mike Ralph	Director of estates and facilities	2.5-5	125-130	528	377	99	0
Ms Helen Forgacs	Acting director of operations	5-7.5	80-85	466	322	95	0
Ms Maria Collins	Director of partnership development and public health	0-2.5	160-165	N/A	601	N/A	0

Helen Forgacs was acting director of operations from June 2008 to July 2008.

There is no CETV as at 31.03.09 for Ms Maria Collins as she has claimed her pension, which is now in payment.

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 that 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.

## Financial glossary

### Capital expenditure

Expenditure to renew the fixed assets used by the Trust.

### Capital resource limit

The limit on the amount that the Trust was permitted to invest in capital expenditure, other than expenditure funded from charitable sources.

### 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.

### External financing limit

The limit on the funding which could be drawn down from the Department of Health during the 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.

### 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.

## General glossary

**BRE** Building Research Establishment

**CATS** Children's Acute Transport Service

**CBI** Confederation of British Industry

**CNST** Clinical Negligence Scheme for Trusts

**ECMO** Extra Corporeal Membrane Oxygenation

**FCE** Finished Consultant Episode

**GP** General Practitioner

**GOSH** Great Ormond Street Hospital

**HCAI** Healthcare-Associated Infection

**ICH** UCL Institute of Child Health

**MRI** Magnetic Resonance Imaging

**MRSA** Methicillin-resistant Staphylococcus aureus

**NHS** National Health Service

**NIHR** National Institute of Health Research

**NMUH** North Middlesex University Hospital

**PALS** Patient Advice and Liaison Service

**PEAT** Patient Environment Action Team

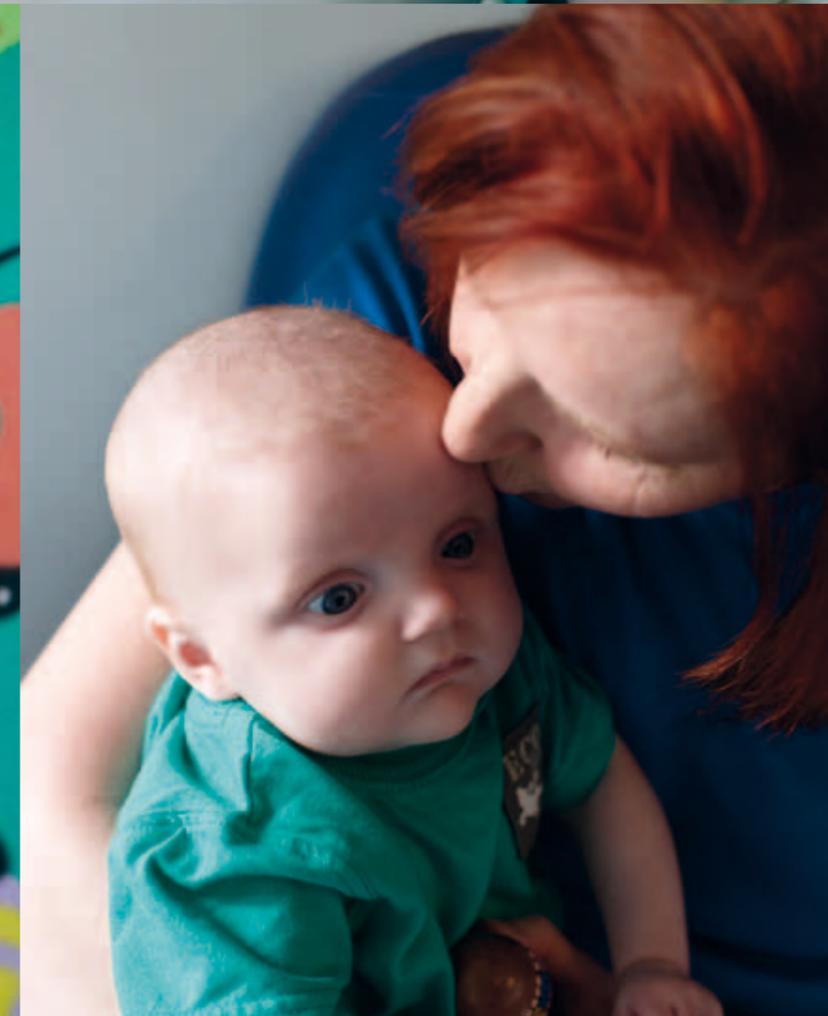
**R&D** Research and Development

**RPST** Risk Pool Scheme for Trusts

**SCID** Severe Combined Immunodeficiency

**UCL** University College London

James is a very happy five-month-old who is surrounded by toys from friends and family. He is being treated for a congenital kidney condition, which means that he will need a transplant at some time in the future.



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

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This Annual Report is available to view  
at [www.gosh.nhs.uk](http://www.gosh.nhs.uk) where you can  
also view our full financial statements  
and Clinical Governance Report for  
2008/09. Should you require any of  
these documents in another language  
or format please contact us at the  
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Product group from well-managed  
forests, controlled sources and  
recycled wood or fibre  
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