

# Annual Report 2010/11

The child first and always

## 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.

Cover: Eight-year-old Ionatan suffers from protein-losing enteropathy, which results in an excessive loss of protein in his body. He is very popular with everybody on Bumblebee Ward, and is extremely excited to be posing with nurse, Lara, in the playroom. He can normally be found playing with his cars.

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## Chairman's foreword

Our vision of the future is one in which more sick children are cured and others have a better quality of life. Turning this vision into reality is what inspires the work of Great Ormond Street Hospital (GOSH) and our research partner, the UCL Institute of Child Health (ICH).



When I meet the research and clinical teams working at the hospital and the Institute, I'm always encouraged by their determination to find new medicines and treatments to help the children in their care.

In last year's report, I was able to talk about Ciaran, a transplant patient who had just received a new trachea, the flesh of which was grown from his own stem cells. He recently returned to the hospital for a check-up which has shown that his own cells are growing successfully around his new trachea. More importantly, he is back at school and getting on with his life.

Regenerative medicine such as this has huge potential to advance treatment for children. Recently, one of our surgeons, Paulo de Coppi, and his colleagues, reported an innovative new strategy for regenerating skeletal muscle tissue using cells from the recipient's own body. While this is still laboratory-based work, the aim is to develop it into clinical trials in the future.

While it is wonderful to be able to find cures, sometimes we need to help children and their families manage their conditions so that they can have a better quality of life. Palliative care and pain management in children is under-researched, particularly when compared with adult medicine. That's why I was particularly delighted to welcome Professor Myra Bluebond-

Langner to the Trust as the True Colours Chair in Palliative Care for Children and Young People. Myra is leading a group within the Louis Dundas Centre for Children's Palliative Care, which combines academic and clinical specialists in their field. It is a programme bringing together evidence-based research, best-practice clinical care and education and training, with the aim of helping children with life-limiting and life-threatening illnesses, wherever they are in the world.

Much of what we do would not be possible without the trusts, foundations and generous individuals who donate to our charity, and the research organisations who fund us. Thank you to you all.

I also want to thank the Executive team and all the staff at the hospital who have worked so hard this year to do the right thing for children and their families.

As we move closer towards achieving Foundation Trust status, I look forward to the independence it will offer us, as it will secure our future as an institution dedicated to paediatric healthcare.

A handwritten signature in blue ink that reads "Tessa Blackstone".

**Baroness Tessa Blackstone**  
Chairman

## A message from the Chief Executive

Our patients and their families are at the heart of everything we do. They are the inspiration that drives our constant search for new and better treatments.



Some incredible work took place at Great Ormond Street Hospital (GOSH) this year. Mason Lewis became the smallest patient in the UK to successfully receive a lung transplant; conjoined twins, Hassan and Hussein Benhaffaf, went home after being successfully separated; and 16-year-old Adam Phillips can now have dialysis at home rather than spending three days every week in hospital. These few examples from many I could have chosen, remind me why it is important that the hospital remains independent and focused on children's health.

At the time of writing, we have just entered the final stage of our application to become an NHS Foundation Trust. It is now a legal requirement for all hospitals to become Foundation Trusts so we hope that our hard work will result in a successful application later in 2011.

It has been a long process because Great Ormond Street Hospital is very different from most NHS hospitals in the UK. Of course, the biggest difference is that we only care for children, but in addition, the children we treat often have complex conditions requiring highly specialist support across multi-disciplinary teams. We have worked hard with commissioners and others to ensure that we get paid properly for the work that we do, including maintaining the paediatric tariff which recognises that it does cost more to treat children than adults. This year, I'm pleased that the hospital has achieved a surplus of £7.2 million.

The NHS is going through a period of great change with the White Paper recommending changes to the way health services are commissioned. While we expect much more of our work will be commissioned nationally, it is an uncertain time for the NHS overall as we await the results of public consultations and political debate.

Thanks to the ongoing generosity of donors to our charity, we are on schedule with the second phase of our major redevelopment. In the summer, we held a 'topping out' ceremony to mark reaching the top of our new building. The Morgan Stanley Clinical Building is on schedule to open in spring 2012, and the increased capacity will enable us to help many more children who need our expertise and in more suitable facilities.

Like all public bodies, we recognise that we need to operate efficiently and we are working with our partner hospitals to find ways to share services and reduce costs. While we will aim to protect front line clinical staff, all teams need to plan their workforce needs carefully. We must do the right things for patients and families while developing new and better ways to work so that we can improve quality and save money.

This year's annual Great Ormond Street Hospital lecture was given by Sir Bruce Keogh who is the NHS Medical Director. He spoke about the importance of clinical quality and safety alongside the publication of clinical outcomes to inform patients and help them in their choice of healthcare provider. We welcome this national focus on quality and safety and are firm advocates for the publication of clinical outcomes. Our teams benchmark themselves against specialists in their field and we want to make more information available to families.

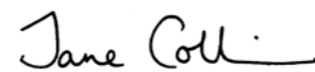
The Trust has been focused on quality and safety for some time and our programme aimed at zero harm has led to many new and safer ways of working. Similarly, we are making great strides in reporting outcomes and I encourage you to read our Quality Account (see page 26) which sets these out more clearly.

What really matters, particularly in challenging times, is that we maintain our focus on children and families and I'm delighted that feedback from them this year was again very positive. In our annual inpatient and outpatient surveys, conducted by Ipsos MORI, we had over 95 per cent satisfaction levels and the same for confidence and trust in our medical and nursing staff.

It was also rewarding to note the response from staff in the national NHS staff survey, with 93 per cent of staff at GOSH feeling their role makes a difference to patients. This reflects the high levels of motivation and job satisfaction in the Trust. Without such a dedicated and expert team of people, we wouldn't be able to do what we do for children, so thank you to all of you.

I'd like to pay special thanks to the community team in Haringey who left us in May 2011 to work in a larger community team with the Whittington NHS community services.

This forthcoming year will be very important for Great Ormond Street Hospital as well as all of us in the NHS. As we take each step forward, the hospital's motto, *the child first and always*, is a constant reminder always to put children and families at the heart of our decision making.



**Dr Jane Collins**  
Chief Executive

## Directors' report

Established in 1852 by Dr Charles West as the first children's hospital in England, Great Ormond Street Hospital (GOSH) has and always will be an institution that constantly strives to improve the lives of sick children and their families. It is through the commitment of staff, the trust of patients and families, and the generosity of donors, that GOSH has earned its world-class reputation.

With our research partner, the UCL Institute of Child Health, we form the UK's only paediatric Specialist Biomedical Research Centre, and our research capacity is strengthened through being part of the UCL Partners, which has Academic Health Centre status. This fundamental relationship enables us to very effectively translate the research carried out in our laboratories into treatments and cures that can change the lives not only of patients at GOSH, but also sick children around the world.

We are a tertiary hospital, which means that we treat some of the sickest children from around the UK who are referred to us by district general and teaching hospitals and, in some cases, other

children's hospitals. With more than 50 paediatric specialties under one roof, the largest number in Europe, we are uniquely placed to diagnose and pioneer new treatments to help these children.

In order to ensure the future of world-class paediatric care, GOSH is leading the way in the training of the healthcare professionals of tomorrow. Nursing practice is developing rapidly, with nurses being involved in clinical research or leading specific nursing care research programmes. At GOSH, in partnership with London South Bank University, we train more paediatric nurses than any other hospital and are at the forefront of training paediatric doctors. The quality of the training they receive here will go on to benefit sick children across the globe.

*The child first and always* has been our motto for over 100 years and it remains as relevant today as it has always been.

## 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 is the only hospital capable of helping.

Although we are based in London and serve the populations within London and the south of England, more than 50 per cent of our children come from outside London, including a number from other countries in the UK and overseas. Many of our patients are very young, with 35 per cent currently under three years old. Advances in early diagnosis means 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 which span their entire childhood.

In order to ensure we are able to provide leading-edge care to our patients, collaboration with other specialist children's healthcare providers around the world is a key part of our working practice. 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.

Also critical to advances in our clinical services is our commitment to research

and development and central to that is our academic partnership with the UCL Institute of Child Health and our membership of UCL Partners. 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 five).

**Clinical activity during the financial year**  
Growth in activity levels for the specialist services continued this year with increases in inpatient and day case episodes, operations and outpatient attendances.

	2008/09	growth %	2009/10	growth %	2010/11	growth %
<b>Inpatient and day case patient episodes:</b>						
NHS patients	32,144	+ 7.2%	34,654	+ 7.8%	35,609	+ 2.8%
Private patients	2,113	+ 2.7%	2,448	+ 15.9%	2,557	+ 4.5%
Total	34,257	+ 6.9%	37,102	+ 8.3%	38,166	+ 2.9%
<b>Outpatient attendances</b>	130,133	+ 9.3%	138,941	+ 6.8%	154,662	+ 11.3%
<b>Inpatient and day case episodes comprised:</b>						
Day cases	16,916	+ 10.6%	18,839	+ 11.4%	19,018	+ 1.0%
Other elective	13,351	+ 6.0%	14,500	+ 8.6%	14,842	+ 2.4%
Emergency	3,995	- 4.9%	3,747	- 6.2%	4,306	+ 14.9%
<b>Activities within these episodes included:</b>						
Occupied bed days	96,134	+ 2.5%	99,563	+ 3.6%	106,403	+ 6.9%
Number of operations	16,131	+ 5.5%	17,262	+ 7.0%	18,027	+ 4.4%

\*Inpatient and day case episodes are measured in terms of 'Finished Consultant Episodes' (FCE), the period during which a consultant from a particular specialty is responsible for an inpatient or day case admission. However, within one patient's stay in the hospital, there may be more than one FCE 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.

## Research activity

Our mission is to continue to be the leading centre for paediatric research in the UK and one of the top five centres worldwide. This goal underpins the Great Ormond Street Hospital (GOSH) five-year research strategy.

With our dedicated research partner the UCL Institute of Child Health (ICH), GOSH now forms the largest paediatric centre in Europe, dedicated to both clinical and basic scientific research. We are committed to carrying out pioneering research, to find treatments and cures for some of the most complex illnesses for the benefit of children in the UK and worldwide.

GOSH has many research strengths across the disciplines which can be summarised into four major themes: genetic and molecular basis of disease; interventional studies and new therapies; progression and outcome of disease and effect of therapeutic interventions; and diagnostics, screening and imaging.

Our commitment to patient safety and quality of our research is reflected in our management of research and governance systems. This year saw the development of a Division of Research and Innovation, that brings together the newly reconfigured joint Research and Development (R&D) Office (joint with the ICH), the Specialist Biomedical Research Centre in Paediatrics, the Medicines for Children Research Network (MCRN) hosted within GOSH, and the Somers Clinical Research Facility. The new divisional arrangements have enabled streamlining of research processes.

Our recent research activity is described below:

- Over 300 clinical trials set up; 27 of which are commercially funded.
- Over 2,050 patients have been included in studies adopted by the Comprehensive Local Research Network into their portfolio.
- Three active National Institute for Health Research funded research projects.
- Four active European Union funded research projects.
- Sixty-four research projects have been internally peer-reviewed through the Clinical Research Advisory Committee.
- Forty research studies are conducted in our Clinical Research Facility (CRF), with more than 420 patients attending 766 research appointments.
- Two hundred and forty-one patients have been recruited through the MCRN to GOSH, of which 36 MCRN studies are administered via the CRF.

Additionally, our Specialist Biomedical Research Centre in Paediatrics has awarded funding to the following:

- Salary support for 12 Principal Investigators, clinical fellowships, academic clinical lectureships and clinical academic training fellowship positions.
- Extension to the gene therapy lab.
- Nine post-doctoral positions, two PhD students, three clinical research associates, and four non-clinical research associates in their training.
- Fifteen research projects in a number of areas, including molecular immunology, clinical and molecular genetics, molecular medicine, paediatric epidemiology.

GOSH's membership of UCL Partners encourages collaborative working to encompass GOSH interests in neurological childhood disorders, mental health outcomes, women's health (improvement of antenatal care), HIV and TB infection, and the development and evaluation of public health strategies through population health research.

The Centre for Nursing and Allied Health Research and Evidence Based Practice (CNAHR) brings together researchers with a focus on patient experience and the development of patient reported outcomes. The centre receives some funding from the Trust and from the ICH. Researchers are involved in single site as well as multi-site research. The aim is to undertake qualitative and quantitative research, facilitate teaching and mentor professionals throughout the Trust. The involvement of GOSH adds to the narrative of patient experience to ensure that care and associated services are able to respond to patient need.

## Education

The education and training prospectus continued to support safety, excellence and innovation within the workforce.

The Trust education strategy aims to ensure that all learning must support safety, clinical outcomes and patient experience through equality of access to learning.

The Trust continues to be a lead provider of educational opportunities for child health professionals locally, nationally and internationally.

The Trust's learning prospectus is designed to facilitate organisational development and workforce redesign while supporting staff to meet all statutory and mandatory training. In 2010/11, 3,170 staff accessed some form of learning, with appraisal figures rising from a 55 per cent Trust average in the previous year to 75 per cent. The 2010 staff survey showed an improvement in all standards related to the pledge: "To provide all staff with relevant personal development, access to training for their job and line management support to succeed."

Post Graduate Medical Education (PGME) activity continued to reflect the demands of the Post Graduate and Medical Education Board (PMETB) and the London Deanery contract with the Trust PGME team receiving the Liz Paice Excellence Award for the Outstanding PGME team in London.

We have continued to invest in leadership development, with programmes now available that support talent management, coaching, core leadership and management skills, and improvement methodology.

Key performance indicators exist for all units and departments in relation to statutory training, local induction, appraisal and e-learning compliance. Negative reports are sent out to allow management to focus on supporting areas of poor uptake.

In clinical education, GOSH remains the largest commissioning organisation for paediatric nurse education. The Trust continues to provide 'on the job' learning, particularly focussed at clinical staff. This includes post-graduate medical education delivered by local medical teams, orientation and development programmes for nurses delivered by the Nurse Practice Educators, allied health professional rotation development programme, and Housekeeper and Health Care Assistant competency-based development programmes.

Child protection remains a priority for the education team. At the end of the financial year 2010/11, 2,474 staff had completed the Trust's safeguarding online learning module in the last 18 months (18 months being the Trust's update cycle).

The Trust's online campus has evolved over the last 12 months, offering 24 hours a day, seven days a week access to educational information and online learning. The site now offers modules on topics such as the Trust's SBARD handover tool (Situation, Background, Assessment, Recommendation, Decision) and CEWS (Children's Early Warning Scores), pain management in children, 3D simulation on sling hoist use and GOLDcomm – the Trust's online community (membership of which currently stands at 3,250).

## Operational and financial review

### Progress against Trust objectives for 2010/11

We have reviewed the annual planning framework with a specific focus on developing a set of three-year strategic objectives, each with a series of executive-led critical workstreams

and actions to ensure close monitoring and successful delivery. Our well-established goals that focus on zero harm, no waste and no waits, continue to underpin our objectives which run like a thread through every part of the organisation and inform everything we do.

### Strategic objectives 2009/10–2011/12

- To consistently deliver clinical outcomes that place us among the top five children's hospitals in the world.
- To consistently deliver an excellent experience that exceeds our patients', families' and referrers' expectations.
- To successfully deliver our clinical growth strategy.
- In partnership with the UCL Institute of Child Health, and as a member of UCL Partners (which is an Academic Health Science Centre), maintain and develop our position as the UK's top children's research organisation
- To work with our academic partners to ensure that we are provider of choice for specialist paediatric education and training in the UK.
- To deliver a financially stable organisation.
- To ensure our support processes are developed and strengthened in line with the changing needs of the organisation.

### Progress against the strategic elements of our objectives in 2010/11

In 2010/11, we retained full Care Quality Commission registration demonstrating that we have continued to meet essential standards of quality and care across all our services. This has been supported by our safety programme that aims to minimise incidents and risks through both reflective organisational learning and a proactive programme focussing on areas of harm that can occur in children.

Our drive to deliver the highest quality of services is also demonstrated in the significant progress we have made in the identification and publication of our clinical outcome measures. All our specialties have now identified at least two clinical outcome measures, some of which we have already published on our website. A plan is in place to measure, analyse and publish all identified outcome measures over the next year.

Last year, the Trust made a formal decision to apply for Foundation Trust (FT) status. We strongly believe that becoming an NHS FT will allow us to retain our independence and, therefore, we will be able to protect our exclusive focus on children's healthcare needs. We have already recruited more than 7,000 members, and we have begun to use them in a variety of ways to help us improve our services. Greater financial flexibility as an FT will allow us to seek wider funding options for our work and support our mission to deliver world-class, pioneering clinical care and research and to collaborate with others to share that knowledge.

We submitted our FT application to the Department of Health in February 2010 and we are now preparing for the final assessment process.

One of our key aims of 2010/11 was to ensure that we achieved better than average satisfaction scores in the national staff survey by ensuring that all staff work in a supportive team environment with good education and training opportunities. We achieved better than average scores across a large number of satisfaction measures. Our staff members told us that they felt valued by work colleagues, that there was a high quality of job design and that they received good support from immediate managers. Our staff members also told us they were very pleased with the level of education and support available and reported strong overall job satisfaction. However, staff did report lower than average satisfaction rates against the quality of work they were able to deliver. The feedback from the report will support our workforce development plans over the coming year.

Our ambitious estate and capital redevelopment programme will see the completion of construction of the Morgan Stanley Clinical Building and the refurbishment of the Cardiac Wing replacing part of the ageing Southwood Building. The new centre will allow us to treat up to 20 per cent more children and

will contain: new kidney, neurosciences and heart and lung centres; seven floors of modern inpatient wards for children with acute conditions and chronic illnesses; state-of-the-art operating theatres enabling us to carry out more operations on children with complex conditions; and enhanced diagnostic and treatment facilities offering faster and more accurate services for patients.

The operational commissioning effort for the Morgan Stanley Clinical Building, which is due to be handed over by the contractor in December 2011, has started, and services will begin to move to the new facility between March and May next year.

We set an ambitious savings target across the organisation for 2010/11, of which we realised £11.7 million, over £1 million more than we had achieved in 2009/10. By making good progress against our efficiency savings and by increasing our income through treating more patients, we were able to deliver our planned financial surplus.

#### Performance against national targets and standards

The Department of Health (DH) introduced the NHS Performance Framework in 2009 to provide an assessment of the performance of NHS providers (that are not yet NHS Foundation Trusts) against a set of minimum standards. The Performance Framework identifies performance on an ongoing basis using a series of indicators to trigger intervention as required.

In 2010/11, we achieved all inpatient and outpatient waiting time and access standards. In terms of infection control, we reported one case of MRSA in the year, against a target of two. However, we did report 11 cases of Clostridium difficile over the year, against a locally agreed low target of nine. It should be noted that the DH Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection will soon be presenting our opinion on the relevance of this standard for specialist paediatric hospitals.

## Financial overview

Growth in patient care activity during 2010/11 resulted in a further year of financial growth. In the following table, growth rates are presented based on the figures in the accounts alongside the underlying growth rates which have been adjusted to exclude the paediatric services based at North Middlesex University Hospital NHS Trust (NMUH) which transferred back to NMUH in May 2010.

	Year ended 31 March 2011 £'m	Year ended 31 March 2010 £'m	Increase	Increase excluding NMUH
Operating income	336.3	318.1	5.7%	8.1%
Operating expenses	323.0	309.9	4.2%	6.6%
Surplus before dividend	12.7	8.7	45.8%	
Retained surplus	7.2	3.6	102%	
Assets employed	335.3	261.7	28.0%	

	Year ended 31 March 2011	Year ended 31 March 2010
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#### Key ratios

<b>Earnings before interest, tax and depreciation*</b>	£21.5m	£20.0m
As a % of income *	6.5%	6.4%

<b>Adjusted retained surplus**</b>	£9.2m	£6.9m
Operating margin as a % of income*	2.8%	2.2%

Return on assets employed	5.0%	4.9%
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Ratios have been calculated in accordance with the formulae used by Monitor:

\*excludes the income arising from the transfer from the donated asset reserve relating to depreciation on donated assets.

\*\*adjusted to exclude the cost of asset impairments and gains/losses on disposals of assets.

- Operating income increased by 8.1 per cent as a result of growth in patient care and increased funding for the resources employed in our research, education and Haringey community services. Strong growth in activity was achieved in both the NHS and international private patient services.
- Operating expenses increased by 6.6 per cent on the previous year.
  - Staff costs increased by 8 per cent as a result of the increased staff numbers to deliver the growth in services and research and development activity, and as a result of pay increases.
  - There were impairment charges totalling £1.4 million (2009/10: £3.8 million) resulting from the Trust's revaluation of its 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, £77 million was invested across the site during the year, which was funded with £15 million of funding from the Department of Health (part of a total funding award for the programme of £75 million), £49 million from Great Ormond Street Hospital Children's Charity and the Friends of the Children of Great Ormond Street charity, £0.2 million from grants from governance bodies, and the balance funded from internal resources.

We delivered a financial surplus of £12.7 million, out of which a dividend of £5.6 million goes back to the government, leaving £7.2 million (2009/10: £3.6 million) which can be retained for future investment and growth.

#### Net assets employed

The value of property, plant and equipment increased by a net £70.5 million to stand at £319 million at year-end. This change was the net result of the additional capital expenditure of £77 million less the impact of depreciation, asset disposals and

adjustments to reflect a small overall increase in the valuation of the Trust's land and buildings.

Net current assets (excluding receivables due in more than a year) stood at £14.2 million, up £1.6 million on the previous year. The year end cash position has increased significantly to £32.4 million as a result of reduced working capital and the cash generated from the operating surplus. Cash levels are boosted by the higher levels of trade payables and deferred income as a result of changes in timing of certain cash transactions compared with the previous year.

#### Productivity improvements and efficiency savings

The Trust achieved £11.7 million of productivity and efficiency savings in 2010/11, approximately 4.5 per cent of influenceable expenditure, which was achieved without any impact on our clinical services and was the result of continuing efforts from all staff. The efficiency programme includes both initiatives that will increase activity and the associated income with less, or no, increase in cost, and those that reduce costs with less, or no, reduction in income. This is most notable in the transformation of clinical service, reduction in drug costs, procurement, and increasing the efficiency of administrative support processes. To assist with this work, the Trust is progressing service line reporting and patient level costing, 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 2010/11, the Trust maintained strong controls on capital expenditure and working capital, and kept within both of these limits.

#### Better Payment Practice Code (BPPC)

The Trust maintained its BPPC performance for non-NHS creditor payments and achieved payment within 30 days of 87 per cent non-NHS invoices measured in terms of number and value. The Trust has registered its commitment to following the Prompt Payment Code.

#### Pension funding

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme which covers all NHS employers. The Trust makes contributions of 14 per cent to the scheme.

#### Treasury policy

Surplus funds are lodged with counterparty banks through the Government Banking Service.

#### Financial risks

The Trust continues to experience financial uncertainty due to further changes in R&D funding, and successive changes in the way national payments by results tariff, both generally and also due to specific changes affecting specialist paediatric trusts. The challenging economic environment will continue to put pressure on the Trust's finances, both in terms of erosion of tariff and funding not keeping up with cost inflation and the increased costs to deliver regulatory requirements. The Department of Health continues to set challenging productivity targets and so the achievement of the Trusts cost reduction targets, while maintaining a high standard of patient care, is one of the principle objectives for 2011/12.

Interest rate risk is also a concern due to the historically low rates of interest obtainable on surplus cash deposits.

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. All matters raised are dealt with in confidence.

## Community, research and education partnerships

#### Community services – North Middlesex University Hospital (NMUH)

Great Ormond Street Hospital (GOSH) continues to provide child health-focused education and training, professional child protection and nursing advice to the acute paediatric staff at NMUH. The Trust views this development as a positive one, enabling us to continue to support the delivery of local children's healthcare services in North London.

#### Research partnerships

**UCL Institute of Child Health (ICH)**  
The UCL Institute of Child Health, in partnership with GOSH, is the largest centre in Europe devoted to clinical and basic research and postgraduate teaching in children's health. Together we host the only Academic Specialist Biomedical Research Centre in the UK specialising in paediatrics and constitute the largest paediatric research partnership outside North America.

#### UCL Partners

Our ICH collaboration has been further enhanced through our involvement in UCL Partners, a partnership between University College London and four of London's most prestigious hospitals and research centres – Moorfields Eye Hospital NHS Foundation Trust, the Royal Free Hampstead NHS Trust, University College London Hospitals NHS Foundation Trust and Great Ormond Street Hospital for Children NHS Trust. UCL Partners was awarded Academic Health Science Centre status in March 2009.

With child health as one of its leading themes, the partnership aims 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 Great Ormond Street Hospital.

The UCL Partners Child Health Programme is focused on the following areas:

- Developing an approach that enables children and their families to access evidence-based care within their own homes.
- Improvement of the care of asthma in the community to reduce unnecessary emergency department attendances.
- Research into obesity during pregnancy and in particular interventions that improve pregnancy outcomes and mitigate long-term effects on the infant.

UCL Partners has also started to explore how partners can share best practice and seek opportunities to improve efficiencies around back office functions, such as procurement and pathology services.

#### London South Bank University (LSBU)

All student nurses within GOSH are enrolled with LSBU, and we work closely together to design quality learning and teaching programmes encompassing both pre- and post-registration education. NHS London has recently ranked Children's Nursing at LSBU as the fifth highest within London through its contract performance management processes, with an overall performance of 82 per cent.



## Foundation Trust (FT) application

During 2010/11, we developed our application for FT status. Being an FT means that we will have the freedom to decide how best to provide high quality, specialist health services for children.

We completed a 10-year integrated business plan setting out our overall strategy. The plan shows how we will continue to improve quality and safety, our research, and our main clinical services. We also progressed detailed plans for the organisational, governance and financial management arrangements to support working as an FT.

We consulted patients, parents, hospital staff and the general public about our plans to become an FT. They supported our vision, our focus on the child and family, the emphasis in our plans on continuing to improve the safety and quality of services despite financial constraints, and the need to remain a centre of excellence in clinical care, research and education.

As an FT we will set up a Members' Council to represent the views of patients, families, staff and the public.

We successfully completed two stages of external review carried out on behalf of the Department of Health, including a formal review by NHS London (the Strategic Health Authority). Our application was submitted to the Department of Health on 1 February 2011, and approval to go ahead with the final stage of assessment was given by the Secretary of State for Health on 24 June 2011. We aim to complete the remaining assessment with Monitor (the independent regulator of FTs) by the end of 2011.

## Our staff

Our continuing challenge is to deliver high quality services as efficiently as possible. We have seen staff turnover remain steady over the last 12 months at 14.7 per cent, compared to 15 per cent in 2009/10. Being able to attract and retain high-quality staff remains an imperative for us, and our 2010 staff survey results report above-average levels of satisfaction across a wide range of areas, from job satisfaction and accessing training and education, to feeling supported by colleagues and line managers.

A key area of work for us over the last 12 months, was to put in place measures to control and reduce our expenditure on temporary staffing. We have established additional controls on the use of temporary staff, and launched an in-house bank for medical staff. This has already reduced the amounts we pay for doctors to fill occasional shifts while increasing our ability to use staff who are already familiar to the teams they will be working with.

We have also started working with colleagues in UCL Partners to identify ways we can work together to reduce unnecessary costs and waste, for example, by making it easier for staff who work in one partner trust to undertake work on an honorary basis in another.

We continue to benefit from excellent working relationships with our Staff Side (union and professional body) colleagues. We know that we face challenges ahead, and working with colleagues in an open and respectful way will be important. We have kept all our staff updated on our progress towards becoming a Foundation Trust, including holding open meetings for all staff to find out more about sitting on the Members' Council, and are enthusiastic about the new opportunities for communication and engagement that having staff members offers.

### Managing absence

An important strand of ongoing work is to ensure our staff are fit and able to work. Our absence rates stand at 3.21 per cent, compared to 3.65 per cent in 2009/10. In February 2011, the Audit Commission calculated that average NHS absence rates were 4.4 per cent.

We target both frequent, short-term absences (three occasions in eight weeks) and long-term absence (three weeks or more). Managers are provided with information and support to manage staff who reach these trigger points, and any absence over two months is also reviewed at executive level.

Our Occupational Health, staff physiotherapy, and counselling services work together as appropriate to help manage absence once it occurs, and increasingly to prevent it through interventions such as physical workplace assessments, education and mediation. We have continued to see success in physiotherapy in particular, with 92 per cent of staff discharged after a minimal number of sessions being able to work without restrictions, compared to 50 per cent who were working with restrictions or off work altogether at the start of their treatment.

#### Staff absence

Unit	March 2007	March 2008	March 2009	March 2010	March 2011
Trust total	3.47%	3.73%	3.32%	3.59%	3.29%

## Promoting equality and valuing diversity

The Family Equality and Diversity Group has continued to provide a focus for us in which to consider the diverse needs of our patients and families.

The group has undertaken additional analysis of our Ipsos MORI patient survey to better understand the views of Urdu speakers, who make up a significant part of our patient population. A review has also been conducted of the services we provide for families of children with learning disabilities, and actions that flow from this will continue over the coming months.

The 2010 staff survey results show that staff from black and ethnic minority groups do not always feel they have the same access to career development in the Trust. The Great Ormond Street Hospital (GOSH) Black, Asian and Minority Ethnic Network (BAMEN) group provides an opportunity for staff from these backgrounds in particular, to receive a range of learning opportunities tailored to them. We will continue to support this, as well as inviting key note speakers so that BAMEN members have access to senior colleagues. We are exploring the use of specialist trainers to support managers to develop increased skill, sensitivity and confidence in managing and supporting staff from black and minority ethnic backgrounds.

The Trust has a single equality scheme in place and is a 'positive about disabled people' symbol holder. Provision is made in the recruitment and retention policy for disabled employees and job applicants as well as the managing attendance policy for making reasonable adjustments for staff who have disabilities or acquire disabilities during the course of their employment. An in-house occupational health service is also available to support employees and managers.

Ensuring that all our staff experience GOSH as a high quality employer is important to us. We have commissioned a review of our employment practices so that we can be sure we meet the terms of the Equality Act and Public Sector Equality Duty, and will use the results of this and the Department of Health's Equality Delivery System to help us set and deliver our objectives over the coming months.

## Information governance

The Trust is required to report information governance-related serious, untoward incidents. These involve the actual or potential loss of personal information, that could lead to identity fraud, or otherwise significantly impact upon individuals, and should be considered serious.

One incident occurred during the 2010/11 financial year and it was reported to the Information Commissioner's Office. It involved 12 private patient invoices being sent to two individual patients rather than to an insurance company, due to the address slipping down in the window of the envelope. Action was taken to change the layout of the invoices so that this incident could not reoccur.

Action was taken to contact all recipients with requests that the data be destroyed and staff were reminded of the Trust's procedures for communicating confidential data.

There were a number of further data security incidents, not categorised as "serious" involving the accidental transmittal of emails containing personal data within the Trust and in some cases to external email addresses (see table below):

### A summary of other personal data-related incidents in 2010/11

Category	Nature of incident	Total
I	Loss or theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	6
II	Loss or theft of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	4
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	3
IV	Unauthorised disclosure	23
V	Other	6

In accordance with government policy, the Trust provides extensive information on the organisation and its services and activities on its website and responds to Freedom of Information requests when received. Charges are made in accordance

with Treasury guidance where the cost of preparation or supplying the information requires additional resources and the basis for charging is displayed on the Trust's website.

## Sustainability

### Background

The National Health Service has a carbon footprint of 18 million tonnes of CO2 per year. This is composed of energy (22 per cent), travel (18 per cent) and procurement (60 per cent).

In response to this, Great Ormond Street Hospital (GOSH) has continued to develop its sustainability agenda over the past 12 months and key achievements include:

- monitoring progress against our Sustainable Development Management plan
- producing a baseline for the Trust's carbon footprint
- continued assessment against the Good Corporate Citizenship model
- commitment to and achievement of the Mayor of London's cycling strategy
- the pilot development of a neutral wholesaler in conjunction with the London Procurement Project and colleagues at University College Hospitals NHS Trust
- the establishment of a research project in conjunction with Transport for London, to review their supply chain over three years, aided by a PhD student from Southampton University
- the engagement of Trust staff through initiatives such as Local Environmental Audits, developed through our Joint Environmental Committee in partnership with our Staff Side organisations.

### Sustainable Development Management Plan

This plan provides a support framework for the Trust to work to reduce carbon. GOSH is using the plan to expand on our previous carbon reduction success through our work with the Carbon Trust.

The focus of the plan is on environmental legislation, governance, organisation and workforce development, partnerships, finance, energy and carbon management, water and waste management, travel and transport and the design and operation of buildings.

The ongoing monitoring of the targets demonstrates the Trust's commitment to carbon reduction through a range of practical but ambitious measures, sharing of good practice and active engagement and support of its staff.

The Trust's Sustainable Development Committee is chaired by the Director of Redevelopment, who is also the Trust Board's Lead for Sustainability. The committee meets bi-monthly and monitors progress against both internal and external targets on carbon reduction and sustainability.

## Redevelopment

Great Ormond Street Hospital (GOSH) is undertaking a major redevelopment programme to replace buildings which 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 enable us to provide 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 the costs, but there remains a huge job to do to fund the rest of the redevelopment in an increasingly difficult economic climate.

### Phase 2

The first phase of the redevelopment was completed in 2006 and comprised the Octav Botnar Wing, Weston House (including Paul O'Gorman Patient Hotel) and the Djanogly Outpatient Department. We are currently undertaking the second phase of the redevelopment programme to create the Mittal Children's Medical Centre. The centre is made up of two clinical buildings – the new Morgan Stanley Clinical Building and the redevelopment of the existing Cardiac Wing.

During the year, we continued to make good progress on the development of the Morgan Stanley Clinical Building, with the builders' topping out ceremony held in July 2010; the external envelope made watertight; mechanical and electrical first and second fix installations completed; and interior finishes substantially completed. Opening 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. We are continuing to work with staff and other stakeholders – including children and young people and their families – to finalise the detailed plans for occupation of the new building.

We have also reviewed our Development Control Plan to take account of the acquisition of the University of London Computing Centre site by Great Ormond Street Hospital Children's Charity. We also continued work on the design and implementation of Phase 2B (redevelopment of the Cardiac Wing) which is due for completion in 2016.

### Environmental strategy

The Trust's redevelopment plans incorporate some major energy-reduction measures. Our strategy aims to achieve the lowest possible energy use for all of 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 renewable contribution.

### Improving facilities within the existing buildings

Alongside the redevelopment programme, we have continued to invest in our existing facilities to keep them as up-to-date and energy-efficient as possible. Work during the year has included further ward refurbishments, improvements to Outpatients, providing additional energy-efficient chillers and updating public facilities.

## Emergency preparedness

Like any other NHS organisation, we have to be prepared to manage out-of-the-ordinary events and major incidents.

These situations may arise in the hospital, such as a fire or major utility failure, and also external to the Trust where we may be required to provide support to a neighbouring hospital by receiving patients.

Planning for these events and managing the associated risks is extremely important and plans, such as our Major Incident Plan (MIP), provide us with guidance and a framework to manage our response. The MIP is reviewed and updated annually to incorporate learning from each incident and to ensure it complies with the Civil Contingencies Act (2004) and *NHS Emergency Planning Guidance (2005)*, as well as other emerging policies and guidance.

In the last 12 months, work has progressed on developing business continuity plans at all levels of the organisation. Our aim is to ensure that whenever our services are under threat of disruption from an unexpected event, we can continue to work effectively and safely, and, if necessary, rationalise our services to meet the requirements of those in greatest need.

All staff receive information on major incidents when they start working in the Trust. In addition, key staff are trained in their major incident roles and are put through their paces during regular exercises, testing the plans we have in place. We work closely with local stakeholders, host Primary Care Trust and NHS London so that, when a multi-agency response is required, we understand our role and contribution.

## Ombudsman's Principles of Remedy

We aim to provide the best possible care for all of the children we treat. We do this in line with the Parliamentary and Health Service Ombudsman's *Principles of Good Complaints Handling, Principles of Good Administration* and *Principles of Remedy*.

Our aim is to always get it right. Our focus is on the needs of our children and their parents and carers, on being open and accountable, acting fairly and proportionately, putting things right and seeking continuous improvement. The Trust Board and Clinical Governance Committee receive regular reports to ensure that patients' views and complaints are dealt with in a timely manner and that appropriate lessons learned are acted upon.

### Complaints

Between 1 April 2010 and 31 March 2011, the Trust received 135 complaints, which is comparable with the number received the year before. There were eight complaints referred to the Health Service Ombudsman for a review during this year, which included three complaints dealt with by the Trust in previous years. One case is under investigation by the Ombudsman (a case from 2009).

### Number of complaints received by category 2010/11

**Categories** (please note that some complaints raise more than one issue)

Lack of communication with parents	30
Inappropriate/incorrect treatment	29
Staff rudeness	22
Delay in treatment/appointment/admission	24
Lack of communication between staff/teams	11
Correspondence with local team	10
Dissatisfied with nursing care	10
Pain management	10

## Patient and public involvement activity

Through our membership scheme, we involve patients, their families and the wider public in service improvements and governance. This has helped us to keep a firm focus on what really matters to our patients and families in 2010/11.

Many members gave up their time to get involved with service planning and redesign, with some sitting on the Transformation Board and getting involved in its improvement projects. Parents were active in staff recruitment, and contributed to the hiring of key posts such as consultants, senior managers and the head of the school. New involvement opportunities opened up in 2010/11 with the recruitment of parents to promote organ donation, to clinical unit management and to developing the Trust's blood transfusion service.

Parent and patient representatives continued to contribute to the Food at GOSH Group, internal Patient Environment Action Team (PEAT) inspections, the Redevelopment Group, and the patient and bedside information and entertainment project, while a parent also co-chaired the Family Equality and Diversity Group. Members were also represented on Great Ormond Street Hospital's (GOSH) Patient and Public Involvement and Engagement Committee and its working groups, and contributed to developing the Trust's thinking on ways in which we can make it easier for patients and families to tell us about their experience of using services, with a view to making improvements.

Pending the election of a Members' Council, the Members' Forum acted as the Trust's critical friend. Its work this year included advising on our transition policy for moving young patients on to adult services, our second Quality Account, reviewing the *Welcome to GOSH* DVD for new patients and making recommendations for support of patient councillors. The Forum proved invaluable in shaping a response to major external reviews into cardiac services and London's tertiary paediatrics services. The Forum also received an invitation to report to the Camden Health Scrutiny Committee on access to our reception and Patient Advice and Liaison Service (PALS).

The PALS service had a record-breaking year, helping more than 2,800 families, handling a 55 per cent increase in complex cases. As a frontline drop-in service, open six days a week, PALS listens to the experiences of families and is well placed to give advice, tackle complaints, act on suggestions and help rebuild relationships where trust has broken down. Concerns raised by families with PALS enabled many positive changes to be made, including improvements to our managing conflict policy, improved bed facilities for older children and better care co-ordination for children with complex needs who are under multiple specialties.

### Information for patients and parents

The Child and Family Information Group continued to build on previous successes with another 130 leaflets completed in the past year. In addition, the group completed the regular audit of written information – this is used to check the range and quality of the information we provide to our patients and their families. The *Essential Information Booklet* and *Welcome to GOSH* remain popular, and additional information highlighting activities and attractions in the local area has also been produced for both children and teenagers.

### Digital developments

The newly formed Digital team made significant steps forward in 2010/11. The One Site website project, aimed at combining the Trust and charity websites into one online presence, was successfully scoped. Between December and March, extensive user research was undertaken to provide a website that provides a first-class online experience for patients, families, referrers, Trust staff, donors and fundraisers. The site will go live in autumn 2011 and will feature integration with social media such as Facebook and Twitter, an area of digital activity which has also seen impressive growth in the past year. When the new site is launched it will offer the Trust the platform to achieve significant digital advances in the future.

## Volunteer services

The Trust is committed to engaging volunteers in meaningful roles that enhance services and add value to the patient and family experience.

Volunteers are engaged in a variety of roles that either directly or indirectly impact on patients, families and staff. Activities include: befriending patients, easing anxiety and boredom; sitting and chatting with parents and being a listening ear; guiding people around the hospital site; sign-posting to other Trust services and departments; and supporting reception and administration staff.

It has been an exciting year of growth for Volunteer Services. We have seen a 50 per cent increase in the number of people volunteering on a regular basis, with over 350 people donating more than 110,000 hours of their time. We have developed dozens of new roles across the Trust to support staff in their work, including:

- patient/parent support – giving emotional and practical support to patients and families
- ward administration and reception – across different wards and departments
- GOSH Guide – welcoming and guiding people around the Trust
- facilities roles – shop, catering and portering assistants.

One of the highlights of the year was securing a grant from an external funder, to run youth volunteering (for ages 18 to 25) with a fitness and sports focus. The project has proved very successful, with some exciting outputs, including recruiting over 150 young volunteers, developing new befriending roles, producing and publishing a patient magazine, and running the GOSH Games event (a mini Olympic sports and fun activities event).

## Fundraising for our hospital

Great Ormond Street Hospital 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 today the basic level of provision is provided for by the NHS, the hospital is 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.

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 their child improves recovery; consequently the charity also fundraises to provide parent accommodation.

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 our vital redevelopment programme. During 2010/11, the charity had an exceptional year, raising over £50 million thanks to some major gifts, corporate contributions and ongoing support from the general public. This is a great achievement in the light of increasing competition in the charity sector and a pessimistic economic outlook.

Our work and future plans are supported by a number of charities, all independent of the Trust, most notably the Great Ormond Street Hospital Children's Charity and the Friends of the Children of Great Ormond Street.

The remarkable children and families we care for move us to do all we can to improve the health of children. 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. The charity's commitment to raising these necessary funds is absolute. It is fortunate to have the engagement of existing and prospective supporters who have been inspired to support the hospital's work by accounts of the world-class care provided – many by the children who are or have been cared for in the hospital.

# Quality Account



Astrid is four and is a patient on Lion Ward, part of our oncology department. This afternoon she has been reading with one of the hospital volunteers, Jo.

## About the Quality Account

### Why are we producing a Quality Account?

All NHS trusts were required to produce an annual Quality Account from 2010. This requirement was set out in the *Next Stage Review* in 2008<sup>1</sup>.

Great Ormond Street Hospital has a long-standing reputation as one of the finest paediatric hospitals in the world. We are keen to share information about the quality of our services, and our plans to improve even further, with patients and families.

### What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for all Quality Accounts. We have used the requirements as a template around which our account has been built.

This Quality Account is laid out as follows:

#### Part one

A statement from the Chief Executive.

#### Part two

Priorities for improvement in 2011/12 – this section identifies our three priority areas for improvement and associated improvement initiatives.

#### Part three

Mandatory statements, as set out in the National Health Service (Quality Accounts) Regulations 2010.

#### Part four

Review of our quality priorities in 2010/11, and case studies to illustrate improvement.

### How did we produce our Quality Account?

We have used the Department of Health's *Quality Accounts toolkit* as the basic template for our Quality Account<sup>2</sup>.

In addition to ensuring that we have included all the mandatory elements of the account, we have engaged with staff, patients, parents, volunteers, commissioners and our strategic health authority to ensure that the account gives an insight into the organisation and reflects the priorities that are important to us all. Following feedback on our Quality Account last year, we have identified specific and measurable improvement initiatives in each of our priority areas. These initiatives will support improvement in the priority areas.

We appreciate that some of the language used may be difficult to understand if you don't work in healthcare. We have therefore included a glossary at the end of our Quality Account to explain some of the words that we use every day.

We are keen to ensure that the account is a useful document which helps patients, families and the public to understand the priorities we have for delivering quality care to our patients. If you have any suggestions for next year's Quality Account, or any queries regarding this year's document, please contact us at [enquiries@gosh.nhs.uk](mailto:enquiries@gosh.nhs.uk)

<sup>1</sup> Darzi. *Next Stage Review*, June 2008, Department of Health. This document was published to coincide with the 60th anniversary of the NHS. It developed a vision of how the NHS would continue to serve the needs of the public in the 21st century.

<sup>2</sup> *Quality Accounts toolkit*, February 2010, Department of Health (DH). This document was published by the DH to assist with the production and publication of its Quality Accounts in 2010.

## Part one – priorities for improvement in 2011/12

This section reflects on the three priority areas we identified in 2009/10 and the associated improvement initiatives we will focus on in 2011/12 to improve the quality of the care we provide. Our overarching priorities are fundamentally linked to the three dimensions of quality set out by Lord Darzi in the *Next Stage Review* (Department of Health, 2008). The following diagram illustrates our priorities alongside these dimensions:



The following table summarises our priorities and associated improvement initiatives and aims for 2011/12:

Quality dimension and key priority	Improvement initiative	Aim for 2011/12
<b>Safety</b> Zero harm – reducing all harm to zero	Infection rates: <ul style="list-style-type: none"> <li>Reducing the number of Great Ormond Street Hospital-acquired central venous catheter (CVC) line infections</li> <li>Reducing surgical site infections (SSI) in identified specialties and introduce surveillance in other areas</li> <li>Reducing or maintaining low levels of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia</li> </ul>	Reduce the number of CVC line infections by 50 per cent against the identified baseline  Reduce the number of SSI by 50 per cent against the identified baseline for each specialty
	Effective monitoring and communication of the deteriorating child	All ward staff to use Children's Early Warning Score (CEWS) for monitoring patients and SBARD (Situation, Background, Assessment, Recommendation, Decision) for communicating concerns



Part one – priorities for improvement in 2011/12  
continued

Quality dimension and key priority	Improvement initiative	Aim for 2011/12
<b>Safety</b> Zero harm – reducing all harm to zero (continued)	Use of the World Health Organisation surgical and procedural safety checklist	All relevant teams to use and record the surgical safety checklist in every procedure
	Reducing the number of medication errors	Reduce the established baseline of medication errors by 10 per cent
	Reporting and learning from incidents	Staff to record incidents when they happen and implement the National Patient Safety Agency's national framework for serious incidents
	Improving safeguarding	Implement a balanced scorecard and improve our performance in: <ul style="list-style-type: none"> <li>• record-keeping</li> <li>• child protection supervision</li> <li>• Level 3 training</li> </ul>
<b>Effectiveness</b> Demonstrate clinical outcomes	Publication of clinical outcomes	Make a further nine specialties' clinical outcomes available on the Great Ormond Street Hospital website
	Using and developing patient-reported outcome measures (PROMs)	Continue to measure PROMs in the six specialties identified
	Benchmarking outcomes against other organisations	Measure outcomes in the nine specialties identified
<b>Experience</b> Deliver an excellent experience to our patients, parents and referrers	Maintaining high levels of patient and parent satisfaction	Maintain at least 90 per cent overall satisfaction with our service Improve scores for "I knew how to complain or offer feedback" and satisfaction with the quality and variety of hospital food
	Establishing frequent feedback systems	Capture and record regular local feedback through trialling electronic systems
	Improving communication with patients, parents and referrers	Reduce number of complaints regarding our communication Improve the timeliness and quality of our outpatient letters and discharge summaries
	Ensuring equal access for all patients	Identify patients with a learning disability and ensure that reasonable adjustments are made to enable them to access our services
	Maintaining timely access to services	Ensure that our waiting times are within the national standards

Safety priority – zero harm  
Reducing all harm to zero.

Last year we identified that reducing avoidable harm to all patients treated at Great Ormond Street Hospital (GOSH) was one of our top priorities. To support this, we implemented the Paediatric Trigger Tool. This tool was developed by the NHS Institute for Innovation and Improvement, in collaboration with a number of NHS children's hospitals, including GOSH. The tool helps staff to measure and understand the nature of any harm that takes place in the hospital. We can use this information to develop interventions which aim to improve the safety of children being treated.

We review 20 patients' medical records on a monthly basis using the Paediatric Trigger Tool. The medical records are chosen at random from across all specialties, and the themes of harm identified are therefore applicable to the whole hospital.

In addition to using the Paediatric Trigger Tool to identify safety areas for improvement, we have reviewed national targets and campaigns, and used feedback from staff, parents and our commissioners.

The following diagram summarises the safety improvement initiatives we want to focus on in 2011/12:



Safety improvement initiative one

**Reducing infection rates**

Last year, we identified that we would:

- reduce the number of GOSH-acquired central venous catheter (CVC) line infections
- establish monitoring of surgical site infections (SSI) in Cardiothoracic, Spinal and Urology specialties
- reduce the number of SSI for Urology
- reduce or maintain low numbers of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia
- reduce or maintain low numbers of cases of Clostridium difficile-associated diarrhoea.

Part four of our Quality Account reviews our performance with regards to last year's priorities. This shows that we improved performance in four of the six areas identified as priorities in reducing infection rates.

We will continue to aim to reduce the number of the identified infection rates or maintain the low levels already achieved.

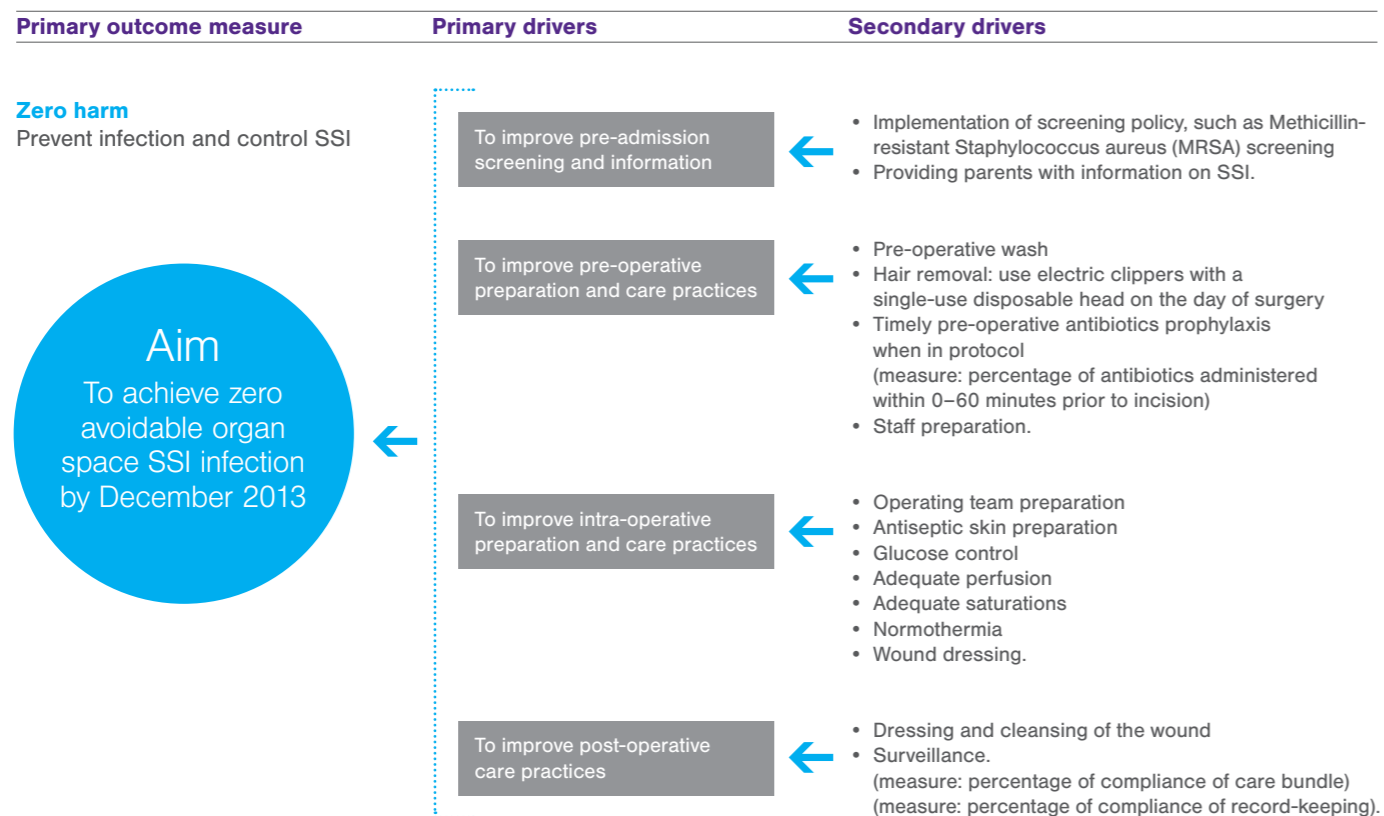
For SSI, we also aim to start monitoring across other surgical specialties.

## Safety priority – zero harm continued

### How do we plan to improve in 2011/12?

Staff from surgical teams, Infection Prevention and Surveillance teams, and Transformation teams have worked together to develop driver diagrams for each area of infection. Driver diagrams enable us to visualise a particular issue and understand the factors that influence this issue. We can then identify the steps that are needed to improve the outcome of the issue.

For example, for our SSI reduction programme, the following driver diagram has been developed:



**Definition:** A driver diagram is used to conceptualise an issue and determine its system components, which will then create a pathway to reach the goal.

**Primary drivers** are system components which will contribute to achieving the primary outcome.

**Secondary drivers** are elements of the associated primary driver. They can be used to create projects or change packages that will affect the primary driver.

Data source: Transformation website.

In addition to these diagrams, we have modified and implemented care bundles to ensure that staff follow best practice when treating patients, and these will help to reduce the number of infections.

### How will we measure and monitor performance in 2011/12?

The Infection Prevention and Surveillance team works with all specialties and wards to implement systematic monitoring systems to identify patients with infections. Each healthcare infection is reviewed and monitored by the Infection Prevention and Surveillance team. The numbers of infections are then reported monthly to our operational and improvement board meetings.

The use of care bundles across the wards is measured by routine audits. The results of these audits can then be accessed by all staff via our online dashboards and are reviewed on a frequent basis by the clinical units.

### Who is responsible for this improvement initiative?

The Assistant Medical Director and Director for Infection Prevention and Control are responsible for co-ordinating and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at GOSH.

### Safety improvement initiative two

#### Effective monitoring and communication of the deteriorating child

Children's Early Warning Score (CEWS) and SBARD (Situation, Background, Assessment, Recommendation, Decision) are two key components that are fundamental to achieving zero harm and making the hospital safer for children. These are simple and effective safety and communication improvement techniques.

#### CEWS

CEWS is used to identify, record and report signs of deterioration in patients by using a simple scoring system based on observations. Any score above a certain level means that the patient must be referred to senior staff, such as a Clinical Site Practitioner (CSP), and reviewed within a set time frame. By recognising early on that a patient is deteriorating, and implementing the appropriate measures, further deterioration or even cardio-pulmonary arrest may be prevented.

#### SBARD

SBARD is a universal communication tool that was implemented to improve the safety, efficiency and effectiveness of patient care. It is thought that around 10 per cent of all critical incidents in healthcare stem from communication issues, so identifying ways to improve how teams relay information is crucial to safe and efficient performance. This ensures that fundamental information is communicated in a standardised and consistent way.

This improvement initiative was identified by reviewing the key themes of the Paediatric Trigger Tool, and following feedback from staff.

### What do we aim to improve in 2011/12?

We aim to ensure that all ward staff use CEWS to monitor their patients and SBARD to communicate a deteriorating child to their clinical team and to senior staff, such as the CSPs.

"It is very important to pick up patients as they start to deteriorate, rather than at the point where it's too late. If we can prevent them being admitted to intensive care, then it's a good thing."

**Helen McKee**  
Resuscitation Training Officer

## Safety priority – zero harm continued

### How do we plan to improve in 2011/12?

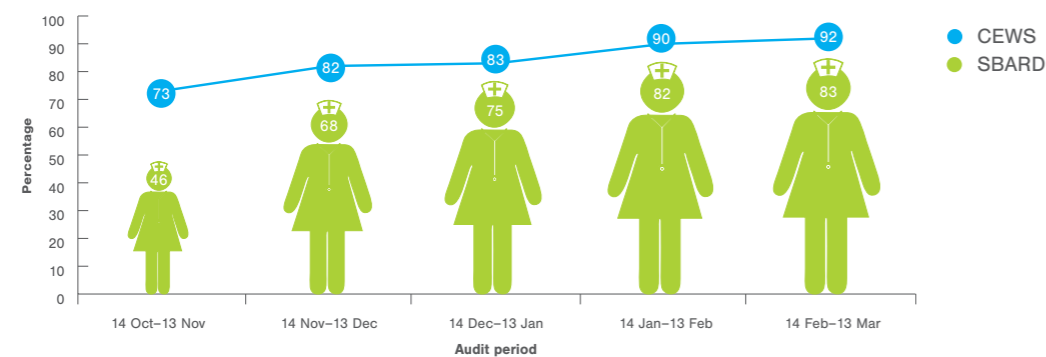
A hospital action plan was agreed with our Senior Clinical and Management Unit Leads in September 2010. This recommended that local trainers for SBARD and CEWS were identified for each area. In total, 126 individuals attended the ‘train the trainer’ sessions. These individuals are now responsible for training staff in local teams and championing the use of these tools for monitoring and managing patients.

Posters and awareness campaigns are used throughout the hospital to reinforce the use of these tools in practice. Information is also provided at the local induction.

### How will we measure and monitor performance in 2011/12?

Since October 2010, all calls from wards to the CSPs have been recorded and monitored. This data reports if a CEWS is given for a patient referral and if the call is made using SBARD. The results to date are shown as follows:

#### Percentage of calls to CSPs where CEWS were given and information was communicated using SBARD



Data source: CSP callsheets.

The results of this ongoing audit are reported to the Quality and Safety Committee on a quarterly basis. Further work is being developed to provide reports on their ongoing performance to each ward and department, as well as benchmarking their results against other wards. This information will also be available via an online dashboard for all staff to access and monitor.

In addition, each ward in the hospital looks at five patient observation charts every month and assesses whether:

- the child has a monitoring plan which is being followed
- CEWS is completed
- CEWS is correct.

An ‘all or nothing’ approach is used to evaluate performance, so even if just one element of the assessment is missing, this is recorded as a fail. This approach is known to drive improvements in the quality of care and sets the highest standards for us to measure ourselves against.

### Who is responsible for this improvement initiative?

The Nurse Consultant for Acute and High Dependency Care and the Clinical Workforce Manager are responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at Great Ormond Street Hospital.

### Safety improvement initiative three

#### Use of the World Health Organisation (WHO) surgical and procedural safety checklist

In June 2008, the WHO launched a global patient-safety challenge, Safe Surgery Saves Lives, to reduce the number of surgical deaths across the world. This included the development of the Surgical Safety Checklist.

As a result, all NHS organisations are required to ensure that, as of 1 February 2010:

- an executive and a clinical lead are identified in order to implement the surgical safety checklist within the organisation
- a checklist is completed for every patient undergoing a surgical procedure
- the use of the checklist is entered in the patient’s clinical notes or electronic record by a registered member of the team, such as a surgeon, anaesthetist, nurse or operating department practitioner.

This improvement initiative was identified by reviewing national campaigns and targets which inform our safety agenda, and following feedback from staff.

### What do we aim to improve in 2011/12?

We aim to ensure that by the end of December 2011, all surgical and interventional teams across the hospital use and record the surgical and procedural safety checklist in every procedure.

### How do we plan to improve in 2011/12?

A multidisciplinary group formed of staff representing surgical, interventional, theatre, management and information teams meets on a monthly basis. This group identifies actions and resolves issues to help to achieve our aim. We are also in the process of purchasing Safe Surgery software, which will not only support the Trust’s ability to complete and record the Surgical Safety Checklist electronically, but also provide an electronic audit trail. The implementation of this system will provide an opportunity to address any final issues regarding implementation via a targeted training programme.

## Safety priority – zero harm continued

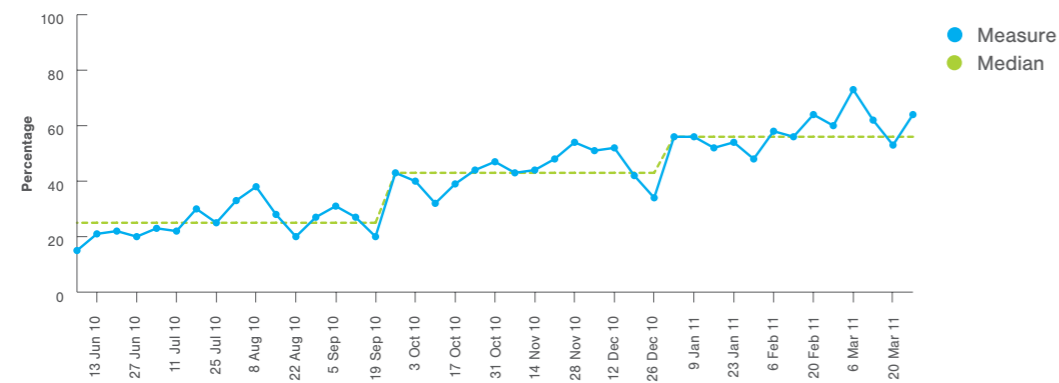
### How will we measure and monitor performance in 2011/12?

For each procedure, a member of the operating team records the use of the safety checklist electronically via our patient administration system.

The use of the Surgical Safety Checklist is then measured and published on our online dashboard system, which all staff can access. There has been significant improvement in the use of the Surgical Safety Checklist since January 2010, as shown on the graph below:

### Percentage of total checklist completion

Area: all theatres and interventional teams, and all specialties



Data source: Patient information management system.

Further data is also available, demonstrating completion rates at each step, and can be broken down by team and location.

This data, and plans for improvement, are discussed at regular Operational and Management Board meetings throughout the hospital.

### Who is responsible for improving performance?

Each Clinical Unit Lead is responsible for overseeing and directing the actions required to deliver this improvement in their area. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at Great Ormond Street Hospital.

### Safety improvement initiative four

#### Reducing the number of medication errors that cause preventable harm to patients

The National Service Framework states that patients should have access to safe medicines that are effective in treating their illness. We recognise that medication errors are caused by both human and system error, and can cause harm to patients. By focusing on how and why our systems fail, we can put in place improvements that aim to reduce medication errors.

This improvement initiative was identified by reviewing national campaigns and targets which inform our safety agenda, and following feedback from staff.

#### What do we aim to improve in 2011/12?

We aim to reduce medication errors in the Paediatric Intensive Care Unit (PICU) and Cardiac Intensive Care Unit by 25 per cent from the initial baseline by the end of 2011.

#### How do we plan to improve in 2011/12?

We recognise that staff at all levels of the hospital need to be involved in reducing medication errors. Each clinical unit has an improvement lead who is tasked with working with the relevant staff in their area and follows the guidance from the Patient Safety First Campaign, including:

- establishing a baseline measurement for medication errors
- identifying high-risk areas in the hospital and focusing efforts in these areas
- identifying high-risk medications in the hospital and decreasing the harm caused by these drugs
- working with clinical teams to reduce medication error.

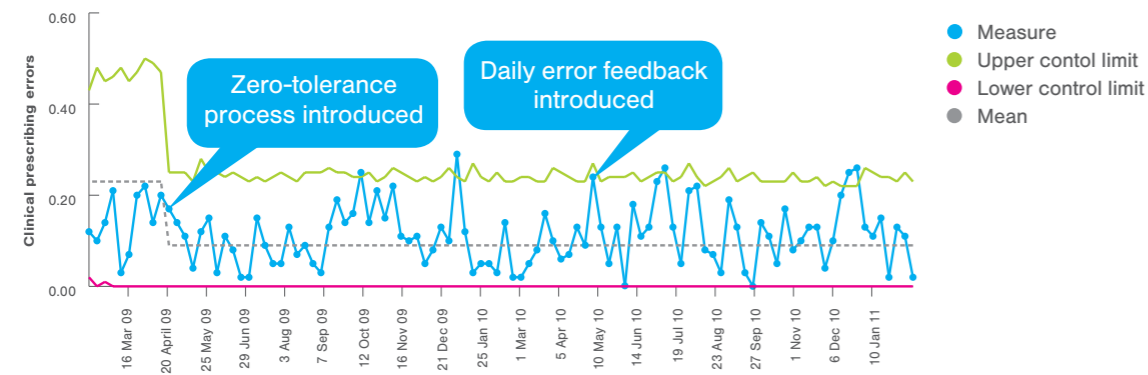
We will also be appointing a Medicine Management Specialist, who will provide specialist expertise and support to all the clinical units across the hospital.

#### How will we measure and monitor performance in 2011/12?

Ward staff record any medication error that causes harm to a patient. This data is then reported via online dashboards, which can be accessed by all staff. The graph overleaf shows an example of an intervention in a high-risk area within PICU and the improvement in reducing clinical prescribing errors. In this particular case, a zero-tolerance approach is taken to prescribing errors.

## Safety priority – zero harm continued

**PICU: Clinical prescribing errors per 1,000 bed days**



Data source: Transformation medicines management dashboard.

This data, and plans for improvement are discussed and agreed at regular operational and improvement board meetings throughout the Trust.

### Who is responsible for improving performance?

Each Clinical Unit Chair has identified a local project lead for overseeing and directing the actions required to deliver this improvement in their area. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at Great Ormond Street Hospital.

### Safety improvement initiative five Reporting and learning from incidents

The National Patient Safety Agency (NPSA) has set up the National Reporting and Learning Service (NRLS) portal, which allows NHS organisations to report all of their patient-safety incidents. This enables the NPSA to review incidents across hospitals and develop national guidance to help to improve the safety of patients. This guidance is circulated in the form of alerts, which should be implemented in all hospitals.

In 2008, a briefing from the NPSA stated that high levels of reporting can be a sign of a safe organisation that is keen to identify problems as soon as they occur and put plans in place to make things right, promoting a safer environment. We recognise that, in order to aim for zero harm, we need staff to record and learn from incidents that take place in the hospital.

This improvement initiative was identified by reviewing national campaigns and targets which inform our safety agenda, and following feedback from staff, our commissioners and our strategic health authority.

### What do we aim to improve in 2011/12?

We aim to ensure that hospital staff report incidents as they happen, and that these are reviewed and, where required, actions are taken to prevent them happening again. We also aim to continue to implement the relevant national safety guidance, including the NPSA's national framework for reporting and learning from serious incidents requiring investigations.

### How do we plan to improve in 2011/12?

We are introducing a web-based incident reporting system to replace the existing paper system. The aims of the new system are to:

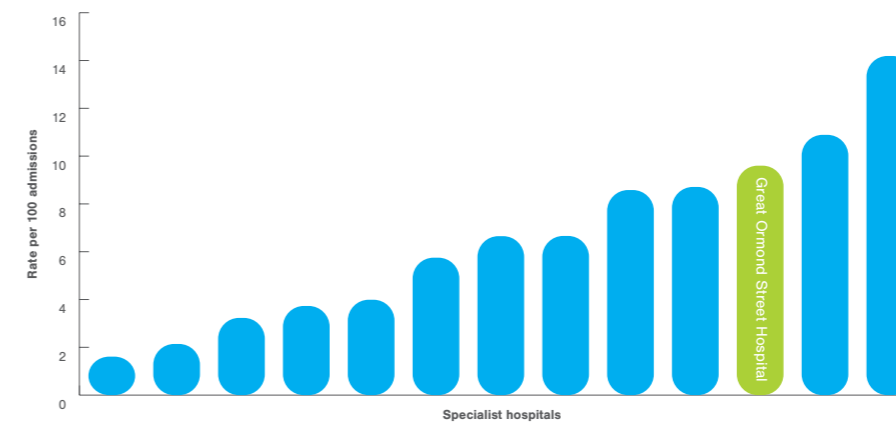
- introduce 'real-time' reporting
- improve communication regarding incidents, particularly across different areas of the hospital and in feeding back directly to staff the outcome of reporting an incident
- provide an auditable trail of all actions taken following an incident
- improve the quality and sensitivity of reports.

We have developed a plan to implement the NPSA's national framework for managing serious incidents. This identifies the local responsible officers, the actions required at each stage of an investigation and the time frames required.

### How will we measure and monitor performance in 2011/12?

We have demonstrated a strong organisational culture of safety through consistently high levels of incident reporting. This is illustrated by the most recent report from the NRLS, which compares the number of incidents reported by organisation:

**Rate of reported incidents per 100 admissions from 1 April to 30 September 2010 for specialist hospitals**



Data source: NPSA Safety Incidents Report, 1 April to 30 September 2010.

## Safety priority – zero harm continued

The results of the 2010 staff survey show that a high percentage of our staff reported that, in the past month, they had witnessed potentially harmful errors, near misses or incidents. However, 97 per cent of these staff confirmed that they had reported these incidents.

With the introduction of a new reporting system, we will monitor the following on a monthly basis:

- Number of incidents reported
- Number of open incidents
- Number of closed incidents and learning
- Outstanding actions.

Incidents and actions are monitored locally via the risk and action groups, and are then fed back quarterly to the Quality and Safety Committee.

For serious incidents, the investigations and action plans are monitored weekly by the Clinical Governance and Safety team and relevant Executive Directors, and on a monthly basis by the Quality and Safety Committee and the commissioners' clinical quality review meetings.

### Who is responsible for delivering this improvement initiative?

The Patient Safety Manager is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at Great Ormond Street Hospital.

### Safety improvement initiative six

#### Improving the quality of care of children and young people attending Great Ormond Street Hospital (GOSH) where there are safeguarding concerns

The NHS London Safeguarding Improvement Team (SIT) visited GOSH in January 2011 as part of a London-wide initiative to assess safeguarding. This review was aimed at supporting and improving the safeguarding of children in the NHS. The SIT team was impressed by our approach to safeguarding, and felt that it was strongly embedded and well resourced.

The outcome of the SIT review included some helpful recommendations of ways in which we could improve. In particular, the hospital aims to develop a balanced scorecard which will give a comprehensive view of performance on safeguarding across key areas.

This improvement initiative was identified by reviewing national campaigns and targets which inform our safety agenda, and following feedback from staff, our commissioners and our strategic health authority.

### What will we aim to improve in 2011/12?

We will aim to improve our performance across the three areas of:

- record-keeping
- supervision
- Level 3 training.

We will implement a balanced scorecard for use within the hospital and then evaluate the impact on the quality of care of young people where there are safeguarding concerns.

### How do we plan to improve in 2011/12?

Following the serious case review into the death of Peter Connelly, GOSH in Haringey worked in partnership with Haringey Primary Care Trust to develop a balanced scorecard, which, for the first time, focused on safeguarding. Following an Ofsted review in 2009, the use of this balanced scorecard for safeguarding was commended as a 'good practice'. We plan to adapt and implement this balanced scorecard for use in the hospital from April 2011.

It is intended that the use of the balanced scorecard will increase our focus on the areas that pose the most significant challenge to our hospital and indicate the progress we make over the year. We also have a hospital-wide action plan which identifies actions that are intended to improve our performance.

### How will we measure and monitor performance in 2011/12?

The following three performance indicators will be measured by the balanced scorecard:

Indicator and information	What will we measure?	Where are we now?	What is the target for 2011/12?
<b>Record-keeping</b> – regular audit of child protection cases is carried out to ensure they follow best practice	We will measure the number of records that have the correct referral form via regular audit	70 per cent have the correct information	80 per cent
<b>Child protection supervision</b> – all Trust staff have access to the named nurse and named doctor for child protection supervision as required or if identified via live child protection cases. In addition, the Trust is currently trialling an innovative 'group supervision model' for identified groups	We will measure the uptake of child protection supervision training in specialist groups	20 per cent of staff trained in specialist groups	50 per cent
<b>Level 3 training</b> – national standards recommend that 80 per cent of staff who treat children should have Level 3 safeguarding training. We intend to achieve this level in the next three years*	We will measure the number of staff with Level 3 training	20 per cent of staff trained in Level 3	50 per cent – priority will be given to specific staff groups who work in areas that often have a high level of safeguarding concerns

\*GOSH takes this training recommendation seriously. However, 80 per cent equates to approximately 2,000 staff that will require this training. We have agreed to achieve this over the next three years with an initial drive to train 50 per cent of staff this year. We will prioritise nurses, doctors and allied health professionals who are working in front line care delivery and where safeguarding concerns are highest. All other staff will receive Level 1 and 2 training through induction and mandatory refresher training.

Data source: Commissioning for Quality and Innovation target.

The balanced scorecard will be monitored and reviewed in operational board meetings on a monthly basis.

### Who is responsible for delivering this improvement?

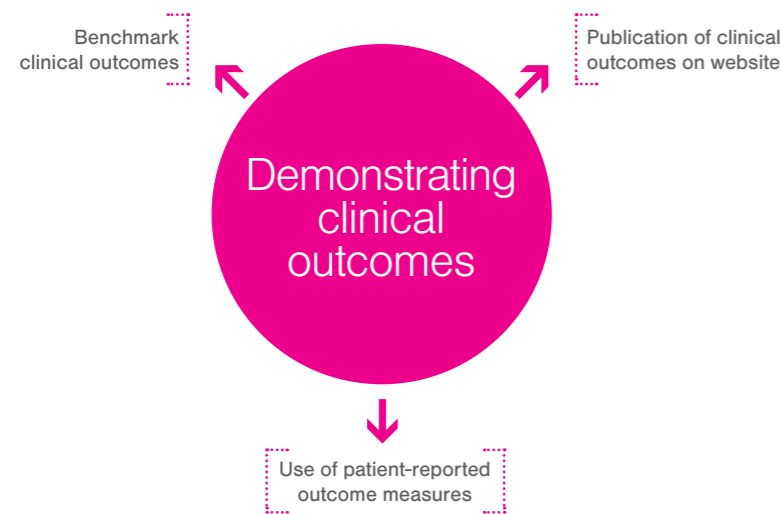
The Child Protection Co-ordinating Manager is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Chief Nurse and Director of Education.

## Effectiveness priority – demonstrate clinical outcomes

Consistently deliver clinical outcomes that place us among the top five children’s hospitals in the world.

Last year, we identified that we are committed to evidencing the effectiveness of our care, and that we wanted to compare ourselves with other hospitals. These remain key priorities for 2011/12.

We have used national targets and campaigns, and parent, commissioner and staff feedback to inform the areas we would like to improve in 2011/12 to achieve our objective of demonstrating clinical outcomes. These are set out below:



### Effectiveness improvement initiative one

#### Development of clinical outcomes for each of the specialities and publication of these on the website

In last year’s Quality Account, we discussed our progress in identifying measures to demonstrate the effectiveness of the care that we provide. While the specialist nature of the care given means that we can’t always compare our performance with that of other hospitals, we have been working hard to identify measures that enable internal comparison and the ability to measure outcomes over time.

In 2010/11, we have developed a section within our Great Ormond Street Hospital (GOSH) website to make some of our clinical outcome information available to the public. This information includes outcome measures for the following services:

<b>Cardiac</b>	Thirty-day and one-year mortality rates for all catheter and surgical procedures <b>benchmarked</b>
<b>Intensive care</b>	Paediatric intensive care standardised mortality rate <b>benchmarked</b> Cardiac intensive care standardised mortality rate <b>benchmarked</b>
<b>Cystic fibrosis</b>	Lung function levels <b>benchmarked</b> Nutrition function levels <b>benchmarked</b>
<b>Renal</b>	Number of functioning kidneys <b>benchmarked</b> Peritonitis and line infection rates <b>benchmarked</b>
<b>Adolescent medicine</b>	Functional disability inventory Global wellness score School attendance
<b>Bone marrow transplant</b>	Survival rates
<b>Cleft</b>	Need for revision surgery Dental arch growth <b>benchmarked</b>
<b>Rheumatology and physiotherapy</b>	Childhood Health Assessment Questionnaire scores Visual analogue scale pain scores Parental visual analogue scale pain scores Muscle strength Walking time School attendance Sporting activity

Data source: GOSH website.

These can be found at [www.gosh.nhs.uk/publications/clinical\\_outcomes\\_quality\\_account/](http://www.gosh.nhs.uk/publications/clinical_outcomes_quality_account/)

Part four of this Quality Account gives further examples of the ways in which specialties have developed measures to assess outcomes in the services they offer.

#### What do we aim to do in 2011/12?

We will aim to provide further information on our outcome measures via our external GOSH website. In particular, we will increase the number of specialties that demonstrate their outcomes, from nine to 18.

#### How do we plan to improve in 2011/12?

We will work with staff and patients and their parents over the next year to get feedback and advice on the best way to present further information on our clinical outcomes on the website.

We have developed clinical unit action plans to identify the next steps required for measuring and publishing clinical outcomes.

The Clinical Outcomes Development Lead will continue to support specialties in the development, measurement and publication of clinical outcomes.

## Effectiveness priority – demonstrate clinical outcomes continued

### How will we measure and monitor performance in 2011/12?

We will measure the number of specialties and associated clinical outcomes that are available on the website.

Progress in the development, measurement and publication of these clinical outcomes is reviewed and monitored on a monthly basis by the Clinical Outcomes Board.

Each clinical unit is required to present information on its progress and provide examples of clinical outcomes to the Executive team at quarterly performance reviews.

### Who is responsible for delivering this improvement initiative?

The Clinical Outcomes Development Lead is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at GOSH.

## Effectiveness improvement initiative two

### Development and use of patient-reported outcome measures across the specialties

Patients' perception of treatment and care is a major indicator of quality, and there has recently been a huge expansion in the development and application of questionnaires and rating scales that measure health outcomes from the patient's perspective.

Patient-reported outcome measures (PROMs) provide a means of gaining an insight into the way patients perceive their health and the impact that treatments or adjustments to lifestyle have on their quality of life. These instruments can be completed by a patient about themselves, or by others on their behalf.

There is a national PROM programme run by the Department of Health. However, to date, we have not treated any patients eligible to take part in this programme. Nonetheless, we are keen to use PROMs across the hospital to ensure that we measure and understand how patients perceive the outcomes of their care, and see this as an improvement initiative for 2011/12.

### What do we aim to do in 2011/12?

We aim to continue the use of PROMs in identified specialties and, where possible, publish these results. We also aim to develop and implement further PROMs across the hospital.

### How do we plan to improve in 2011/12?

The following specialties have identified or developed service-specific PROMs that will be used within their service over the next year:

Specialty	Name	Information on the measure	Period of assessment
Cystic fibrosis	Cystic fibrosis questionnaire	International measure – a questionnaire that measures the impact of treatment on quality of life	Three to four months
Epilepsy surgery	Quality of life childhood epilepsy	International measure – a questionnaire that measures the impact of epilepsy surgery on quality of life	One to two years
Neurodisability	Parental understanding neurodisability questionnaire	Locally developed – a questionnaire that is intended to measure the level of parental understanding of a child's condition and the level of anxiety	At set intervals
Dermatology	Laser surgery PROM	Locally developed – a questionnaire that is intended to measure the improvement of the appearance of 'port wine' stains for the patient and the associated anxiety	One to two years
Adolescent medicine	EQ-5D	International measure – a standardised instrument for use as a measure of health outcomes. It provides a simple descriptive profile and a single index value for health status	One to two years
Orthopaedics	Children's Hospital Oakland hip evaluation study	International measure – evaluates patients with hip dysplasia and their associated outcomes. It measures the patient's ability to walk and function but also the level of pain	One to two years

We will review the best way to capture data from patients and the systems we can use to do this in the most effective way. We will also continue to review national guidance and advice on the use of PROMs. We will develop local guidance on the design and implementation of a specialty-specific PROM.

The Clinical Outcomes Development Lead will continue to support specialties in the development, measurement and publication of PROMs.

### How will we measure and monitor performance in 2011/12?

The number of patients participating in the identified PROMs will be monitored on a quarterly basis with each of the specialties to ensure that, when necessary, follow-up questionnaires are sent out and completed to the fullest extent.

Each clinical unit is required to present information on its progress and provide examples of clinical outcomes to the Executive team at quarterly performance reviews.

### Who is responsible for delivering this improvement initiative?

The Clinical Outcomes Development Lead is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at GOSH.



## Effectiveness priority – demonstrate clinical outcomes continued

### Effectiveness improvement initiative three

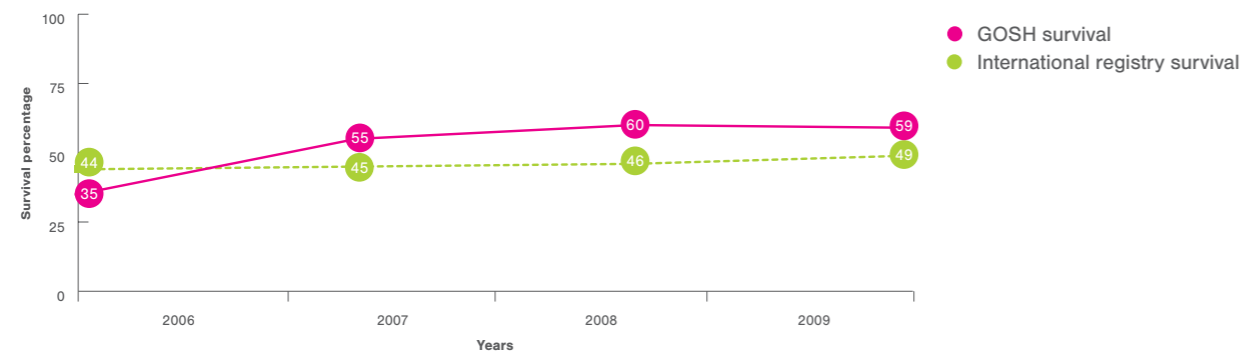
#### Measuring outcomes in specialties that can be benchmarked against other hospitals

Last year, we identified in our Quality Account that the Dr Foster Hospital Standardised Mortality Ratio, currently used by many hospitals in the UK to demonstrate outcomes, was not applicable to paediatric care. We continue to work with experts to explore an alternative risk-adjusted measure that could be used in the hospital.

We also provide a range of services on a national basis, meaning that Great Ormond Street Hospital (GOSH) is, nationally, either the only provider in certain disciplines or one of a very few. However, commissioners of these services are increasingly recognising the importance of evidencing clinical outcomes and encouraging the few providers to report against the same measures to enable comparisons.

For example, the Cardiorespiratory Directorate is a national service provider for extra corporeal membrane oxygenation (ECMO). ECMO is used to support patients in the Paediatric Intensive Care Unit who have severe cardiac and respiratory failure by oxygenating the blood through an artificial heart-lung machine. The following graph shows the survival data of patients treated at GOSH compared with the international survival rate of patients treated in other ECMO centres worldwide which submit data to the Extra Corporeal Life Support Registry:

#### Cardiac ECMO survival rate benchmarked against international data



Data source: Extra Corporeal Life Support Registry.

Other specialist services at GOSH are working with other hospitals to develop registries in order to collect data and measure the same outcomes. We are keen to encourage this development, as it allows us to compare our services and improve the quality of service we offer.

#### What do we aim to do in 2011/12?

To encourage specialties at GOSH to use outcome measures that can be benchmarked against those of other providers, and/or to lead on the development of outcome measures that can be used by other centres.

#### How do we plan to improve in 2011/12?

The following specialties have identified registries or networks to develop outcome measures against which we can benchmark our own in 2011/12:

- Cardiology and cardiothoracic surgery – through the Central Cardiac Audit Database
- Cardiac and paediatric intensive care – through the Paediatric Intensive Care Audit Network
- Cystic fibrosis – through the Cystic Fibrosis Registry
- Renal – through the National Health Service Blood and Transplant Organisation
- Adolescent medicine – through the National Outcomes Database
- Gastroenterology inflammatory bowel disease – through the ImproveCareNow Registry
- Haemophilia – through a specialist commissioning forum
- Infectious diseases – through the Collaborative HIV Paediatric Study
- Ophthalmology – an early implementer of the Royal College of Ophthalmologists quality standards and quality indicators.

We will work with the specialist commissioning forums to identify and/or develop measures that can be used across centres to compare clinical outcomes.

The Clinical Outcomes Development Lead will continue to support specialties in the development, measurement and publication of benchmarked outcomes.

#### How will we measure and monitor performance in 2011/12?

Progress in the development, measurement and publication of these clinical outcomes is also reviewed and monitored on a monthly basis by the Clinical Outcomes Board.

Each clinical unit is required to present information on its specialties' clinical outcomes to the Executive team at quarterly performance reviews.

#### Who is responsible for delivering this improvement initiative?

The Clinical Outcomes Development Lead is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Co-Medical Director, who is the Executive Lead for Quality and Safety at GOSH.

**Experience priority – deliver an excellent experience**  
 Consistently deliver an excellent experience that exceeds our patients', families' and referrers' expectations.

We recognise that the memories and perceptions that patients and families have of Great Ormond Street Hospital are heavily influenced by the quality of their experience. Therefore, we are keen to measure patient experience across the hospital and ensure that we use this information to continuously improve the services we offer.

We have developed a patient and public involvement and engagement strategy to encourage patients, parents and members of the public to become engaged in activity in the hospital. It was developed following extensive consultation with staff, patients and parents.

We have used national targets and campaigns, as well as parent, commissioner and staff feedback to inform the areas we would like to improve in 2011/12 in order to achieve our objective of delivering an excellent experience. The following diagram summarises our improvement initiatives for 2011/12:



**Experience improvement initiative one**  
**Maintaining high levels of patient and parent satisfaction**

The results of our independent inpatient and outpatient surveys over the past couple of years include excellent feedback scores from the patients and the parents who visit Great Ormond Street Hospital (GOSH). For example, the following graph shows the overall satisfaction score for the services we provide:

**Overall patient and parent satisfaction with services at GOSH, recorded by our independent annual survey**

Percentage of respondents that were either fairly satisfied or very satisfied

February 2011 **independent inpatient survey result**



June 2010 **independent outpatient survey result**



November 2009 **independent inpatient survey result**



Data source: Ipsos MORI.

This improvement initiative was identified by reviewing the results of our independent surveys and feedback from our parents and commissioners.

**What do we aim to do in 2011/12?**

We aim to implement hospital-wide plans to improve patient experience in the key areas identified by the results of our 2010/11 independent inpatient survey.

## Experience priority – deliver an excellent experience continued

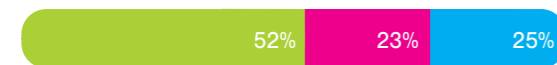
### How do we plan to improve in 2011/12?

In conjunction with our commissioners, we have identified the following improvement areas on which to focus:

- “I knew how to complain” – a new question introduced in our 2011 survey showed that 25 per cent of patients and parents did not agree that they knew how to complain.

### “I knew how to complain or offer feedback” – results of independent inpatient survey

February 2011 independent inpatient survey



Data source: Ipsos MORI.

- Strongly agree
- Tend to agree
- Other

- “Improving satisfaction with the quality and variety of hospital food” – while there was an improvement on previous survey results, 40 per cent of patients and parents were not satisfied with the food we provide.

### “The quality and variety of hospital food” – results of independent inpatient survey

February 2011 independent inpatient survey



November 2009 independent inpatient survey



Data source: Ipsos MORI.

- Very satisfied
- Fairly satisfied
- Other

This year, we plan to focus increasingly on nutrition for children and young people. We plan to implement nutrition screening, monitor patients’ nutritional outcomes through regular audit, and improve patients’ experience of the quality and variety of food, as well as the way it is provided at GOSH.

We will develop an action plan to help us make changes and achieve improvement in these areas.

We will also use the results of the most recent survey to identify any other areas that may require improvement across the hospital or in specific areas.

Unlike most hospitals in England, we do not take part in the national independent patient experience survey, as this only covers adult patients. However, some of the questions we ask relate to the key areas measured by this survey, and we are keen to reflect how we perform in these areas too.

The following table shows these areas and the percentage of patients and parents that responded positively or agreed with the relevant statement:

National key areas	The questions we ask parents or patients	National benchmark of positive results in 2009	GOSH positive results	
			Feb 2011	Nov 2009
Were you involved as much as you wanted to be in decisions about your care and treatment?	Last time you saw a doctor or nurse at the hospital, how good were they at involving you in decisions about your child’s care or involving you and your parents in decisions about your care?	89 per cent	94 per cent	93 per cent
Did you find someone on the hospital staff to talk to about your worries and fears?	Last time you saw a doctor or nurse, how good were they at asking you questions about how you and your child were feeling?	79 per cent	88 per cent	88 per cent
Were you given enough privacy when discussing your condition or treatment?	Do you agree or disagree that your child/you had enough privacy when the doctors and nurses talked about treatment?	92 per cent	92 per cent	92 per cent
Did a member of staff tell you about medication side-effects to watch out for when you went home?	Do you agree or disagree that you had enough information about any medicine?	54 per cent	90 per cent	88 per cent
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?	Do you agree or disagree that you knew who to contact if you had a question when you got home?	75 per cent	91 per cent	89 per cent

Data source: Ipsos MORI.

We are working hard to maintain the high level of positive results in these areas.

### How will we measure and monitor performance in 2011/12?

We will continue to use the information gathered by our recent independent surveys as a comparative baseline for our performance standard, and will carry out a further annual survey towards the end of 2011/12 to measure improvement.

Local experience improvement plans for each of the units will be reviewed, and progress monitored by the Patient and Public Involvement and Experience Committee on a quarterly basis.

### Who is responsible for delivering this improvement initiative?

The Patient and Public Involvement and Patient Liaison Officer is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Chief Nurse and Director of Education.

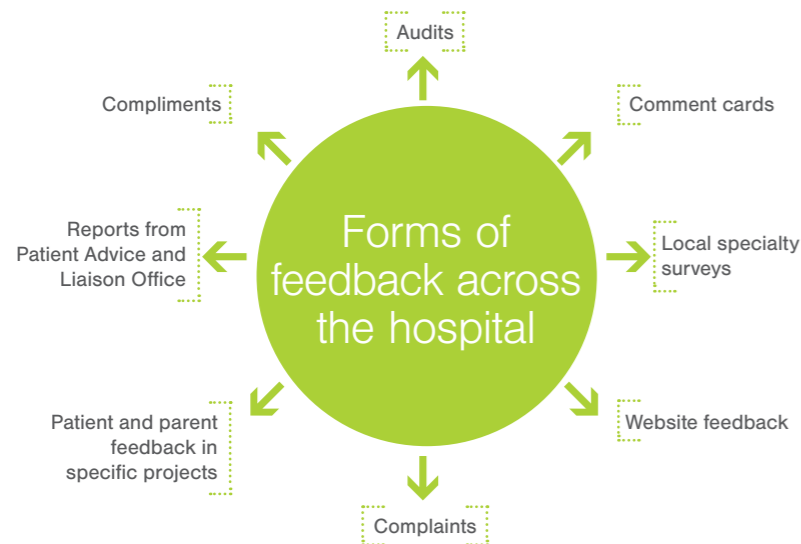
## Experience priority – deliver an excellent experience continued

### Experience improvement initiative two

#### Establishing a frequent feedback system for ongoing measurement of patient satisfaction and experience

The results of our independent inpatient and outpatient surveys have given us benchmarks that we did not have before, and an indication of some areas in which we need to improve. However, these surveys provide only a snapshot of patients and families who visit Great Ormond Street Hospital within a short period of time.

We also collect feedback from patients and families in a number of different ways, as shown below:



Ongoing feedback gives a more regular indication of how we are doing, and local feedback to teams regarding the quality of the service they offer can help to identify areas that need improvement.

This improvement initiative was identified by reviewing national campaigns which inform our experience agenda, and following feedback from staff, our commissioners, and patients and parents.

#### What do we aim to do in 2011/12?

We aim to develop systems that can capture and record frequent feedback, which will measure ongoing patient satisfaction and experience throughout 2011/12.

#### How do we plan to improve in 2011/12?

The ways in which we plan to establish frequent feedback systems are outlined in the Patient and Public Involvement and Experience Action Plan, and include the following:

- Develop and circulate standards for local department surveys, including best practice guidance. Identify core questions, frequency and response rates with regard to surveys.
- Review the potential of using the new patient bedside entertainment system to incorporate a survey for patients and parents to undertake while they are in hospital.
- Explore the use of volunteers and hand-held devices to capture patient survey results while patients are in outpatient departments or on the wards.

A new Patient and Public Involvement and Patient Liaison Officer will be appointed to support the delivery of the above actions.

#### How will we measure and monitor performance in 2011/12?

We will evaluate the use of different feedback systems and the results of such initiatives, including:

- the number of responses received via each system
- analysis of the results from the questions asked
- feedback regarding how the systems are used in practice
- any further improvements that are needed.

The implementation of the action plan will be monitored and reviewed by the Patient and Public Involvement and Experience Committee on a quarterly basis. A high-level summary will also be shared with the Trust Board.

#### Who is responsible for delivering this improvement initiative?

The Patient and Public Involvement and Patient Liaison Officer is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Chief Nurse and Director of Education.

### Experience improvement initiative three

#### Improving communication with patients, families and referrers

Many of the patients treated at Great Ormond Street Hospital (GOSH) have complex needs and are often under the care of several specialties within the hospital, in addition to consultants at their local hospital. Therefore, it is fundamental that clinicians across GOSH communicate effectively with all of the teams that are involved in the patient's care, in addition to the patient and their family.

Information from our inpatient and outpatient surveys over the past few years shows that the majority of those patients and families who were surveyed felt that they did have the relevant information about what would happen next or any further care that the child might need. This is shown on the graph overleaf:

## Experience priority – deliver an excellent experience continued

### I had enough information about what would happen next/any other care my child might need when attending GOSH

Percentage of respondents that agreed with the statement

February 2011 **inpatient independent survey**



May 2010 **outpatient independent survey**



November 2009 **inpatient independent survey**



Data source: Ipsos MORI.

Information taken from our complaints and reports from our Patient Advice and Liaison Office shows that we are not always as good as we could be at communicating effectively with all of the relevant people involved in a child's care.

From March to April 2010, we commissioned an independent survey of our referrers, who are mainly consultants in other hospitals, to understand what they thought of the service we provided to them and their patients, and where they felt we needed to improve.

Ninety-five per cent of those surveyed were satisfied with the clinical care we provide, but only 79 per cent of the referrers were satisfied with our service to them. Although there was a high level of satisfaction with the quality of our letters and discharge summaries, it was highlighted that the timeliness of our communication was not as good as it should be, and that we do not always include all of the relevant teams. Therefore, improving our communication is a fundamental improvement initiative to ensure that the quality of the care we offer at GOSH meets the expectations of patients, their families and our referrers.

This improvement initiative was identified following feedback from staff, patients, parents, and referrers.

#### What do we aim to do in 2011/12?

We aim to improve how we communicate with patients, parents and our referrers, which includes ensuring the timeliness and quality of the information we communicate.

#### How do we plan to improve in 2011/12?

Following a review of our medical structure, it was recognised that the quality of care at GOSH would be enhanced by employing a team of general paediatricians. It is envisaged that one role of the general paediatricians will be to support patients who have multiple needs and are treated by several specialties. They will liaise directly with these patients and their families, identify the relevant teams with which to communicate, and help to co-ordinate the patient's care with all involved.

This role will support improvement in communication and quality of care for the patients concerned.

We have also established a referrers' experience improvement programme, which aims to address and improve the issues highlighted by the survey. Through this programme, we will:

- continue to review our processes in order to improve the timeliness and quality of written and verbal information provided to the relevant teams, our patients and their parents
- ensure that circulation lists for information are up-to-date and cross-referenced with the patient's medical records
- review our bed-management systems to enable us to accept more emergency patients
- host a referrers' open day in October 2011.

This improvement will be achieved through widespread involvement and focus across all of the clinical units at all levels, as well as the Referrers' Steering Group.

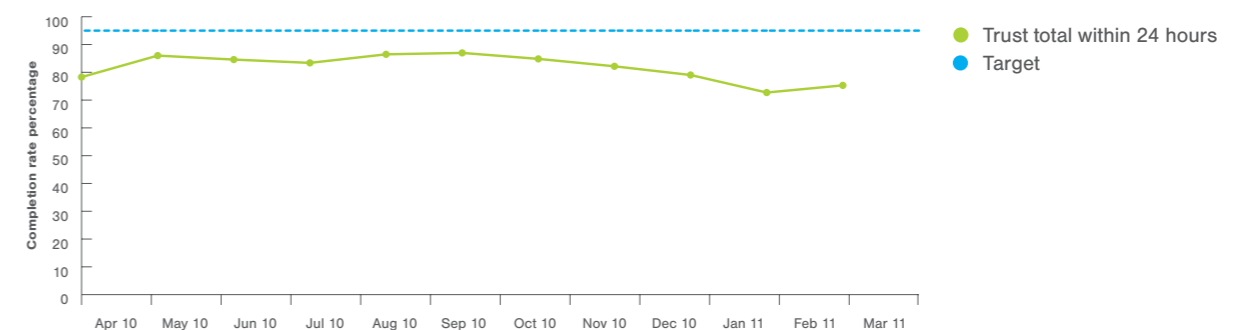
#### How will we measure and monitor performance in 2011/12?

We will measure and monitor:

- the timeliness and quality of our outpatient letters and discharge summaries
- the number of complaints and frequency of common themes
- the input of the General Paediatric team via specific measured goals
- feedback from the referrers' open day.

The following graph shows our performance in completing our discharge summaries within 24 hours of a patient being discharged:

#### Trust-wide discharge summary completion rates (within 24 hours)



We will review all of the above measures in our operational board meetings. The Referrers' Steering Group will also monitor the performance of this improvement initiative.

#### Who is responsible for delivering this improvement initiative?

The General Paediatrics team and the Referrers' Steering Group are responsible for overseeing and directing the actions required to deliver this improvement in their area. This improvement initiative is overseen by the Chief Operating Officer.

## Experience priority – deliver an excellent experience continued

### Experience improvement initiative four

#### **Ensuring equal access to all**

Equality of access to healthcare is central to its delivery. The Independent Inquiry into Access to Healthcare for People with Learning Disabilities, led by Sir Jonathan Michael, published its findings, *Healthcare for all*, on 29 July 2008. The inquiry was ordered following Mencap's *Death by indifference* report, which told the stories of six people with a learning disability who died while receiving NHS care. The inquiry sought to identify the action needed to ensure that adults and children with learning disabilities receive appropriate treatment in acute and primary healthcare in England.

We know that how well and how quickly children recover depends not only on their clinical treatment, but also on whether they and their families feel comfortable, safe, understood, respected and listened to during their time with us. This is why we believe that promoting equality and diversity at Great Ormond Street Hospital (GOSH) is not only right, but also makes clinical and business sense.

This improvement initiative was identified by reviewing national campaigns which inform our experience agenda, and following feedback from staff and our commissioners.

#### **What do we aim to do in 2011/12?**

We will ensure that reasonable adjustments are made in the delivery of our services to ensure equal access for patients with a learning disability.

#### **How do we plan to improve in 2011/12?**

We have developed a learning disabilities group involving staff from across the hospital. This group has reviewed the inquiry report and its recommendations, and has developed an action plan to make improvements to the services we offer. This includes using these recommendations to review the services we provide and establish an initial baseline showing how we perform.

We will initially develop our systems to enable us to identify patients who have a learning disability. We will then ensure that the views and interests of people with learning disabilities and their carers are included in the planning and development of our services.

This forms part of our ongoing work to ensure that GOSH meets the requirements of the Equality Act 2010.

#### **How will we measure and monitor performance in 2011/12?**

We plan to have completed a review of our current position regarding service provision for people with learning disabilities by April 2011, and aim to demonstrate significant improvement in those areas identified as 'weak' by April 2012.

The delivery of this work will be led by the Co-Medical Director, and progress will be monitored through the Trust Family Equality and Diversity Group.

#### **Who is responsible for delivering this improvement initiative?**

The Learning Disabilities Working Group is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Co-Medical Director.

### Experience improvement initiative five

#### **Offering patients timely access to services at Great Ormond Street Hospital (GOSH)**

We recognise that timely access to services is an important factor in the way patients rate the quality of the service they receive. In June 2004, the Department of Health NHS Improvement Plan set out the requirement that there should be a maximum acceptable waiting time of 18 weeks from a patient's referral to the start of their hospital treatment.

Over the past two years, GOSH has consistently maintained a maximum waiting time of 18 weeks from referral to start of treatment, in line with the national standards. We have continued to meet the cancer target of a maximum of 31 days between diagnosis and the start of treatment.

This improvement initiative was identified by reviewing national targets which inform our experience agenda, and following feedback from staff, our commissioners, and patients and parents.

#### **What do we aim to do in 2011/12?**

We aim to continue to maintain our waiting times – and, where possible, reduce these – in line with the relevant targets set out in the NHS Operating Framework standards.

#### **How do we plan to improve in 2011/12?**

In last year's Quality Account, we introduced the Advanced Access programme that was being implemented across the hospital. This aimed to enable specialties to offer first appointments to new patients within two weeks of referral acceptance. This is done by looking at the entire patient pathway and streamlining processes where possible. As of the end of March 2011, 15 specialties across the hospital are able to offer a first appointment within 10 working days.

The Advanced Access programme will continue into 2011/12, and is seen as an initiative that will enable us to ensure that our waiting times remain short. The remaining 23 specialties are redesigning their services to ensure that they can offer Advanced Access by the end of 2011/12.

We will also review our processes to reduce the number of 'did not attends' and cancellations to ensure that appointments are utilised.

Operational managers within clinical units are responsible for reviewing waiting times and ensuring that patients are seen in accordance with the above standards.

#### **How will we measure and monitor performance in 2011/12?**

Advanced Access performance is measured and monitored via online dashboards and reports, which all staff in the hospital have access to, and our performance in each specialty is updated on a monthly basis. The delivery of this programme is also monitored and reviewed by the Transformation Board.

We will continue to monitor our progress against the revised referral to treatment time standards across all services. This performance will be monitored through monthly operational board meetings and quarterly clinical unit strategic performance review meetings.

#### **Who is responsible for delivering this improvement initiative?**

The Head of Planning and Performance is responsible for overseeing and directing the actions required to deliver this improvement. This improvement initiative is overseen by the Chief Operating Officer.

## Part two – mandatory statements

### Review of services

During 2010/11, Great Ormond Street Hospital (GOSH) provided and/or sub-contracted 38 NHS services. The income generated by the NHS services reviewed in 2010/11 represents 100 per cent of the total income generated from the provision of NHS services by GOSH for 2010/11.

Our services incorporate medical and surgical services as well as those offering support, therapy, diagnosis and investigation. As a tertiary quaternary centre, we see patients from across the country, and our aim is to enable children with specific needs to access a range of services within one site whenever possible. In 2010/11, we also provided community services in Haringey.

In order to ensure that we maintain excellent service provision, we have internal processes to check that we meet both our own internal quality standards and those set nationally. Key performance indicators relating to each of the Trust's strategic objectives are presented, on a monthly basis, to the Trust Executive and Management Boards. These include progress against external targets, such as the ways in which we keep our hospital clean and the effectiveness of actions to reduce infections and ensure that patients have access to our services when they need them.

Each specialty and clinical unit has an internal monitoring structure so that teams can regularly review their progress and identify areas in which improvement may be required. This information links into a wider Trust governance framework, where the units report at least once a year on progress in the care they provide.

These updates are recorded via quarterly operational performance reviews and the committee structure of the Trust to ensure that the quality of service delivery and monitoring is discussed and acted upon at the appropriate level within the Trust.

Delivery of healthcare is not risk-free, and the Trust has a robust system for ensuring that the care delivered by our services is as safe and effective as possible. Our process has been externally assessed and we achieved level two in the National Health Service Litigation Risk Management Standards in November 2009.

Unless events are reported when the outcome of care is not as expected, the Trust cannot learn and make improvements. A good safety culture is one with high levels of reporting and where the severity of events is low. The National Patient Safety Agency (NPSA) has consistently identified the Trust as meeting this criteria. Analysis of the types of risks identified by staff is incorporated into our assurance process to ensure that management, performance and safety are closely aligned.

GOSH has reviewed all the data available to them on the quality of care in 38 of these NHS services.

### Participation in clinical audit

Clinical audit is an evaluation of the quality of care provided against agreed standards. The aim of clinical audit is to provide assurances about services provided and stimulate improvement in them where necessary. The Trust has a central Clinical Audit team which considers:

- the national clinical audits in which the Trust must participate
- audits to support our Care Quality Commission registration
- the NHS Litigation Authority-directed audit
- NPSA alerts where compliance testing is recommended by the Risk Management team
- the Trust's strategic objectives with regard to patient safety.

The Clinical Audit team provides additional support and expertise to ensure that clinicians are supported in undertaking good quality clinical audit which leads to improved practice. The number of local audits registered and supported within the organisation has increased significantly.

We have identified three types of clinical audit at GOSH:

1. International/national audits in which we are asked to take part.
2. Local audits undertaken within GOSH, identified by clinical teams to ensure that patients get the best possible care.
3. Clinical audits directed and managed by the Clinical Audit Department, which address controls associated with known risks and best clinical practice.

During 2010/11, 21 national clinical audits and one national confidential enquiry covered NHS services that GOSH provides.

During that period, GOSH participated in 81 per cent of applicable national clinical audits and 100 per cent of the applicable national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The Clinical Audit Department annually reviews GOSH's participation in national audits. Engagement with national audits is essential in ensuring that improvements are made across a wide range of medical and surgical aspects, and to encourage delivery of better outcomes as a result of the quality of care that is provided.

The table on the right demonstrates GOSH's participation in all of the national audits released by the Healthcare Quality Improvements Partnership and the Department of Health in 2010/2011. The table is split into two sections:

1. Applicable national audit participation 2010/11.
2. Non-applicable national audits 2010/11.

### 1 Applicable national audit participation 2010/11

Audit title	Participation	Percentage of cases requested by national body	Percentage of cases submitted by GOSH
<b>Peri- and neonatal</b> Centre for Maternal and Child Enquiries: perinatal mortality	Yes	All applicable	100 per cent (17 cases in 2010)
<b>Children</b> Paediatric Intensive Care Audit Network: paediatric intensive care	Yes	All applicable	100 per cent (12,275 cases)
Congenital Heart Disease: paediatric cardiac surgery	Yes	All applicable	100 per cent (9,948 cases)
<b>Acute care</b> NHS Blood and Transplant (NHSBT): potential donor audit	Yes	All applicable	100 per cent (94 cases)
Intensive Care National Audit and Research Centre National Cardiac Arrest Audit: cardiac arrest	Yes	All applicable	100 per cent (119 cases)
<b>Long-term conditions</b> National Inflammatory Bowel Disease: ulcerative colitis and Crohn's disease	Yes	100 per cent (50 cases)	12 per cent (six cases)
British Society of Gastroenterology National Colonoscopy Audit	Yes	100 per cent	100 per cent (33 cases)
<b>Elective procedures</b> National Elective Surgery Patient-Reported Outcome Measures: four operations	Yes	All applicable	No cases were applicable
NHSBT: UK Transplant Registry: cardiothoracic transplantation	Yes	All applicable	100 per cent
<b>Cardiovascular disease</b> National Clinical Audit of the Management of Familial Hypercholesterolemia	Yes	All applicable	100 per cent (21 cases)
Pulmonary Hypertension Audit	Yes	All applicable	100 per cent (approximately 300 cases)
<b>Renal disease</b> Renal Registry: renal replacement therapy	Yes	All applicable	100 per cent
National Kidney Care Audit: vascular access, patient transport	Yes	100 per cent (one day's worth of applicable cases)	100 per cent (16 cases)
NHSBT: UK Transplant Registry: renal transplantation	Yes	All applicable	100 per cent (140–150 cases)

**Part two – mandatory statements**  
continued

Audit title	Participation	Percentage of cases requested by national body	Percentage of cases submitted by GOSH
<b>Blood transfusion</b>			
National Comparative Audit of Blood Transfusion: O negative blood use	Yes	100 per cent (40 cases)	100 per cent (40 cases)
National Comparative Audit of Blood Transfusion: platelets use	Yes	100 per cent (40 cases)	100 per cent (40 cases)
National Confidential Inquiry into Patient Outcome and Death: UK cryo precipitate (NCEPOD)	Yes	100 per cent (40 cases)	100 per cent (more than 40 cases)

Audit title	Participation
British Thoracic Society: paediatric asthma	No
British Thoracic Society: paediatric pneumonia	No
British Thoracic Society: bronchiectasis	No
Trauma Audit and Research Network: severe trauma	No

**2 Non-applicable national audits 2010/11**

The following national audits are not applicable to Great Ormond Street Hospital (GOSH). As they are not relevant to children, we do not provide the service or there are too few admissions to participate.

Audit title
Adult Cardiac Interventions: coronary angioplasty
Adult Cardiac Surgery: Coronary artery bypass graft and valvular surgery
British Thoracic Society: adult asthma
British Thoracic Society: adult community-acquired pneumonia
British Thoracic Society: chronic obstructive pulmonary disease
British Thoracic Society: emergency use of oxygen
British Thoracic Society: non-invasive ventilation
British Thoracic Society: pleural procedures
Carotid Intervention Audit
College of Emergency Medicine: paediatric fever
College of Emergency Medicine: renal colic
College of Emergency Medicine: vital signs in majors
Data for Head and Neck Oncology: head and neck cancer
Heart Failure Audit
Intensive Care National Audit and Research Centre Case Mix Programme Database: adult critical care
Myocardial Ischaemia National Audit Project (including ambulance care): acute myocardial infarction and other acute coronary syndromes
National Audit of Dementia
National Audit of Heavy Menstrual Bleeding
National Audit of Pharmacological Treatment of Schizophrenia
National Audit of Psychological Therapies: depression, anxiety
National Childhood Epilepsy Audit
National Diabetes Audit
National Falls and Bone Health Audit
National Hip Fracture Database: hip fracture
National Joint Registry: hip, knee and ankle replacements
National Lung Cancer Audit: lung cancer
National Neonatal Audit Programme: neonatal care
National Pain Database Audit: chronic pain services
National Parkinson's Audit
National Sentinel Stroke Audit
National Vascular Database: peripheral vascular surgery
NHS Blood and Transplant: UK Transplant Registry: liver transplantation
Prescribing Observatory for Mental Health: prescribing topics in mental health services
Royal College of Paediatrics and Child Health: national paediatric diabetes audit
Stroke Improvement National Audit Programme: acute stroke



**Part two – mandatory statements**  
continued

The table below demonstrates GOSH participation in national confidential enquiries, and is split between those which are applicable and those which are not.

**1 Applicable national confidential enquiries 2010/11**

Audit title	Participation	Percentage of cases requested by national body	Percentage of cases submitted by GOSH
Surgery in Children	Yes	52 surgical reviews identified	63 per cent returned
		55 anaesthetic reviews identified	84 per cent returned

**2 Non-applicable national confidential enquiries 2010/11**

Audit title	Participation	Reason for not participating
Peri-Operative Care	No	This study is relevant to patients over the age of 16. Only one suitable patient fulfilled the study's inclusion criteria. The NCEPOD clinical researcher for the project advised on 5 March 2010 that GOSH should not participate in the study
Cardiac Arrests	No	GOSH confirmed with the NCEPOD lead researcher on 27 October 2010 that this study was not applicable to the hospital's patients

The reports of national clinical audits were reviewed by the provider in 2010/11. In 2011/12, we intend to develop a central system which records the actions associated with national clinical audits, enabling us to report back in next year's Quality Account.

The reports of 23 local clinical audits were reviewed by the provider in 2010/11, and GOSH intends to take the following actions to improve the quality of healthcare provided.

The table below shows some examples from all of those reviewed:

Specialty	Audit title	Project description	Actions
<b>Dermatology</b>	Review of guidelines for treatment of infantile haemangiomas with propranolol	A review of patients who have been started on propranolol to assess whether observing for four hours post first dose and after increasing the dose is necessary, and if monitoring of blood pressure and heart rate twice weekly by community teams/GP is necessary, and if there are adverse effects	Standard period of observation to be changed from four hours to two hours. Infants thought to require four hours' observation must have four-hour requirement clearly stated on admission form
<b>General surgery</b>	Time taken to get cannulas sited within surgery	To look at problems with cannulas being re-sited at the right time	Trust-wide monitoring and workshop to look at cannulation led by Chief Nurse
<b>Neurodisability</b>	Audit of the use of the botulinum toxin service integrated care pathway documentation	The movement disorder service has used an integrated care pathway (ICP) for several years for the procedure of botulinum toxin injections, to capture four appointments: pre-assessment, injection day, three-week follow-up and 17-week follow-up	ICP to be revised
<b>Neurology</b>	Audit of osteopenia prevention and treatment in children taking anti-epileptic drugs	Previously, there were no local guidelines for the bone health of children attending the complex epilepsy service. The service has drafted guidelines and wanted to audit practice before and after their implementation to check the standard	Implementation of proposed guidelines. Develop educational leaflets about epilepsy and bone health, and provide to children and families. Information sheet from the National Society of Epilepsy
<b>Occupational Therapy (OT)</b>	Audit of standards set out for six months post-bone marrow transplant (BMT) developmental assessments for the under fives	To audit if children under five who have undergone a BMT are seen at six months post-BMT for a developmental assessment, as set out in the OT BMT standards. Time to be audited: March 2007–March 2010	Standards to be reassessed and action plan in place. Re-audit in 2012
<b>Pathology</b>	Audit of post-mortem investigations performed sudden death in infancy	To audit the compliance of all autopsies that took place during 2006/2009 with the relevant national recommendations	Establish a checklist for use in the mortuary
<b>Pharmacy</b>	Audit of outpatient prescriptions	The aim of the Outpatient Department prescriptions audit is to evaluate the most commonly incomplete fields in the prescriptions in order to design and develop an improvement programme	Electronic prescribing is being rolled out to Outpatients

## Part two – mandatory statements continued

### Participation in clinical research

With our dedicated research partner, the UCL Institute of Child Health (ICH), Great Ormond Street Hospital (GOSH) now forms the largest paediatric centre in Europe dedicated to both clinical and basic scientific research. We are committed to carrying out pioneering research in order to find treatments and cures for some of the most complex illnesses, for the benefit of children in the UK and worldwide. Commitment to research is a key aspect of improving the quality of care and patient experience.

In 2007, GOSH was awarded National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) status, which recognises the quality and importance of the research conducted within the organisation – GOSH is the only paediatric BRC in the UK. In addition to the BRC, the division includes the Joint Research and Development Office, the Somers Clinical Research Facility (CRF), and the Medicines for Children's Research Network (MCRN), which is hosted by GOSH.

Our research activity is conducted with a range of national and international academic partners, and we work very closely with industry to support the development and introduction of new therapeutics, devices and diagnostics for the NHS.

Our recent research activity is described below:

- More than 300 clinical trials have been set up, 27 of which are commercially funded.
- More than 2,050 patients have been included in studies which

the Comprehensive Local Research Network has included in its portfolio.

- We have five active NIHR-funded research projects.
- We have five active European Union-funded research projects.
- Sixty-four research projects have been internally peer-reviewed through the Clinical Research Advisory Committee.
- Forty research studies have been conducted in our Clinical Research Facility, with more than 420 patients attending 766 research appointments.
- Two hundred and forty-one patients have been recruited to GOSH through the MCRN, of which 36 MCRN studies are administered via the CRF.

The number of patients receiving NHS services provided or sub-contracted by GOSH in 2010/11, that were recruited during that period to participate in research approved by a research ethics committee, was 2,283.

Areas of forthcoming development include engaging UCL Business Plc (UCLB) for the provision of intellectual property management and commercialisation services for staff across the Trust. UCLB currently works closely with the ICH, and we anticipate that GOSH will gain added value through the alignment of this activity with our dedicated research partner.

GOSH's commitment to clinical research is further evidenced by our membership of UCL Partners, which is the first of the UK's five Academic Health Science Partnerships. Through the partnership, we continue to strengthen our links with other centres of excellence in clinical research.

### Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

The CQUIN payment framework is an arrangement between provider NHS trusts and their commissioners. The aim is to incentivise improvement work. This shows that we are working closely with the commissioners of our services.

A proportion (1.5 per cent) of GOSH's NHS clinical income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between GOSH

and any person or body with whom they entered into a contract, agreement or arrangement for the provision of NHS services through the CQUIN payment framework.

Further details of the agreed goals for 2010/11 and for the following 12-month period are available on request from the Assistant Director of Nursing or the Head of Contracts.

The following table summarises our CQUIN targets for 2010/11 and 2011/12:

2010/11 CQUIN targets	2011/12 draft CQUIN targets
Undertake further inpatient and outpatient surveys and achieve specific levels of satisfaction in certain areas	Implement the patient experience strategy and action plan; maintain and improve satisfaction on nationally prioritised questions, on knowing how to feed back, and with the quality and variety of food in the annual independent inpatient satisfaction survey
Implement the Paediatric Trigger Tool	
Improve the quality and timeliness of discharge information	Continue to review 20 sets of case notes per month using the Paediatric Trigger Tool; undertake a peer review of the implementation of the tool
Improve the percentage of children on total parenteral nutrition (TPN) who have blood-recorded measurements; improve the monitoring of patients on TPN for complications	Improve compliance with child protection record-keeping; achieve improvement in levels of group supervision of staff; increase the number of staff achieving Level 3 training
Reduce the number of surgical site infections (SSI) in Urology; introduce SSI surveillance in Urology and spinal surgery	
Reduce the rate of central venous catheter (CVC) infections	Implement and evaluate GOSH's nutrition screening flowchart; monitor patient nutrition outcomes using weight scores; complete a full audit of height measurement and set a target for improvement
Reduce ventilator-associated pneumonia on the Paediatric Intensive Care Unit	Reduce the current rate of SSI in four specialties; establish surveillance in five new specialties
	Further reduce the rate of CVC infections

The CQUIN targets for 2011/12 are reflected in the improvement initiatives that we have set out in part two of this Quality Account.

## Part two – mandatory statements continued

### Statements from the Care Quality Commission (CQC)

The CQC is the organisation which regulates and inspects health and social care services in England. GOSH is registered with the CQC with no conditions attached to its registration. The CQC has not taken enforcement action against GOSH during 2010/11.

Part of the CQC's role is monitoring the quality of services provided across the NHS and taking corrective action where necessary. Its assessment of quality is based on a range of external sources of information, some of which we are required to provide from our performance management systems, which are considered with information from other external monitoring sources. These data items are drawn together to create a quality risk profile for the Trust, which provides an estimate of the risk of non-compliance with registration requirements.

GOSH is subject to periodic reviews by the CQC. No such reviews were undertaken in 2010/11.

If any issue was raised as part of the data review process or based on other information received that might indicate that the quality of services had been compromised or was not meeting the required standard, a special review to look at the area of concern would be triggered.

GOSH has participated in special reviews or investigations by the CQC relating to the following area during 2010/11:

- Looking at support for families with disabled children.

GOSH had made the following progress by 31 March 2011 in taking such action:

- The results of this review will be made available in spring 2011.

### Data quality

NHS managers and clinicians are dependent upon good quality information, using data derived from operational systems to ensure that appropriate services are delivered to patients. It is a strongly held view among NHS staff, including clinicians, administrators and managers, that they must have access to all of the data whenever they need it, in a usable and accessible format, to support them in the delivery of high-quality care. It is crucial that all data captured about patients is accurate, timely and of good quality.

### Secondary Uses Service (SUS)

The SUS is the single source of comprehensive data to enable a range of reporting and analysis of healthcare in the UK. The SUS is run by the NHS Information Centre and is based on data submitted by all provider trusts.

GOSH submitted records during 2010/11 to the SUS for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 98 per cent for admitted patient care
  - 98 per cent for outpatient care
  - not applicable for accident and emergency care
- which included the patient's valid general medical practice code was:
  - 100 per cent for admitted patient care
  - 100 per cent for outpatient care
  - not applicable for accident and emergency care.

**Note:** The percentages for NHS number compliance have been adjusted locally to exclude international private patients who do not require an NHS number.

### Information Governance Toolkit

The Information Governance Toolkit is a device that supports organisations in managing the data they hold about patients. The score achieved by an organisation reflects how well it has followed the guidance.

GOSH's score for 2010/11 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 75 per cent.

### Clinical coding

Clinical coding is the process by which the notes that clinical staff record are categorised to reflect the activity that occurs regarding each patient.

GOSH was not subject to the Payment by Results Clinical Coding Audit during 2010/11 by the Audit Commission.

GOSH was subject to the Payment by Results Outpatient Audit by the Audit Commission during the reporting period, and the error rate reported in the most recently published audit for that period for attendance reporting was eight per cent.

While this is an improvement on the previous year's audit, this is higher than the national average. This discrepancy was due to a mismatch between the electronic record and the paper medical record in one of the clinical areas audited. We are working with the area concerned to address the issue.

In addition, GOSH will be taking the following actions to improve data quality across the organisation:

- The development of a data quality dashboard to encourage a 'right first time' culture.
- The review and update of the data quality policy.

### Statement from our commissioners

NHS North Central London (NHS NCL) is responsible for the commissioning of health services from eight acute/specialist trusts, two mental health trusts and a range of community and primary health services located in Barnet, Camden, Enfield, Haringey and Islington.

NHS NCL has reviewed this document and is pleased to assure this Quality Account for GOSH.

In this review, we have taken particular account of the identified priorities for improvement for GOSH during 2011/12, and how this work will enable real focus on improving the quality and safety of health services for children and their families. We welcome the overarching focus on zero harm, improving outcomes and excellent experiences for patients and families. I am particularly pleased to see that GOSH is striving for excellence in terms of safeguarding children with a focus on improving record keeping, Level 3 training uptake and child protection supervision. Ensuring that reasonable adjustments are made is another area of particular importance, measured by the experiences of children with learning disabilities and their families. During the next 12 months, we look forward to discussing all the identified priorities at the monthly clinical quality review meetings, membership of which is made up of clinical and management representation from NHS NCL and GOSH.

We have made comments about the Trust's Quality Account and have discussed these directly with the Trust. These comments focus on:

- minor changes to make the account easier to read and understand
- explanations of how improvement initiatives will be monitored by GOSH.

We look forward to continuing our partnership with the Trust to improve both the quality and safety of health services provided to children and their families.

### Statement from Camden LINK

Once again, the Trust should be complimented on producing a comprehensive report detailing how the hospital measures quality and maintains a policy of continued improvement. The LINK has confined its comments in this response to the child/parent experience as we are not competent to scrutinise medical processes. The high level of patient and parent satisfaction specified in the report, the comments on *NHS Choices* and the presentation made by the Trust to the Camden Health Scrutiny Committee demonstrate the overall competency of the organisation.

Camden LINK has made a number of valuable suggestions regarding areas to incorporate in our future Quality Accounts.

### Statement from overview scrutiny

Thank you for attending the Health Scrutiny Committee on 21 April 2011 and sharing the draft of GOSH's Quality Account with the Committee.

On behalf of the Committee, I am pleased to formally add our comments on the draft Quality Account provided at the meeting. The Committee supports the Trust's aspiration to become one of the top five children's hospitals in the world, but would like to be confident that there are reliable international metrics against which this aspiration can be measured. Perhaps this is an issue to be addressed in future years' Quality Accounts, when the Committee would expect more detail on how this objective is being achieved.

The Committee had some concerns about the accessibility of the report, but understands the complexities involved in writing accounts aimed at both health professionals and lay readers.

Overall, the Committee was impressed by the detail and content of the report, and was grateful for your candid responses to Committee members' questions on the evening.

On behalf of the Committee, I would like to offer our full support to the Quality Account, and I appreciate the time that you took to go through this with us.

Yours sincerely,

**Cllr John Bryant**  
Chair, Health Scrutiny Committee

In response to the feedback received from the Health Scrutiny Committee, GOSH has reviewed the draft Quality Account, simplified the language used where possible and added further terms to the glossary. We have also included an executive summary table at the start of the Quality Account.







The Quality Account was discussed and approved by the Trust Board on 25 May 2011.

## Part three – review of our quality priorities and examples in 2010/11

The following section reviews the priorities that were included in our 2009/10 Quality Account and the associated performance over the past year, assesses whether our targets were achieved, and illustrates some examples of initiatives intended to improve the quality of the services provided by Great Ormond Street Hospital (GOSH).

### Safety priority 2009/10

**Zero harm – reducing all harm to zero**  
**Reducing healthcare-acquired infection**

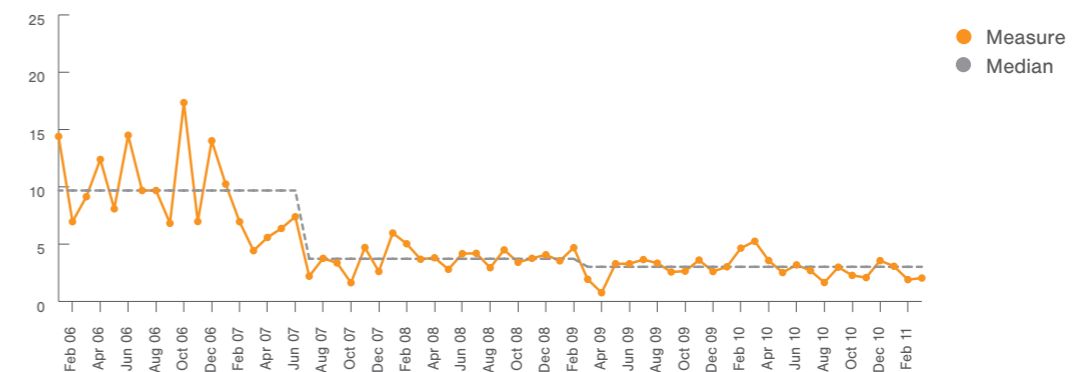
Safety priority	Target for 2010/11	Performance		Target achieved
		2009/10	2010/11	
Reducing GOSH-acquired central venous catheter (CVC) line infections (for every 1,000 line days)	Twenty per cent reduction in number of CVC infections compared with 2009/10	3.26 per 1,000 line days	2.61 per 1,000 line days	 <p>Twenty per cent reduction. Please see CVC infection graph, right</p>
Implementing surgical site infection (SSI) continuous surveillance in two specialties	Identify baseline for two specialties over 12 months		Baseline identified for: <ul style="list-style-type: none"> <li>• spinal implant</li> <li>• cardiac surgery (open and closed)</li> </ul>	 <p>Provisional results:</p> <ul style="list-style-type: none"> <li>• spinal – five infections from 180 operations</li> <li>• cardiac – 48 infections from 592 operations</li> </ul>
Reducing specialty-based Urology SSI	Reduction from eight infections to six	Established baseline of eight infections	Eight infections	 <p>While we have not achieved the desired reduction, this represents a low rate that is within normal variation</p>
Reducing the number of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia	Maximum of two cases	One case	One case	
Reducing the annual number of cases of Clostridium difficile-associated diarrhoea	Maximum of nine cases	12 cases	10 cases	 <p>No – please see opposite</p>
Achieving target for ventilator-associated pneumonia on Paediatric Intensive Care Unit (PICU)	Fewer than seven cases per year for PICU		Two cases	

The target for Clostridium difficile for last year was based on adult and not paediatric evidence. It is acknowledged by the Department of Health advisory committee on antimicrobial resistance and healthcare-associated infection that a separate paediatric target should be set. We are still committed to monitoring this area and improving.

The following graph shows the number of CVC infections since January 2006. We use these graphs to monitor and measure improvement in reducing healthcare-associated infections. An improvement identified in March 2009 resulted in a step change and a new process. The average for this new process is 3.02 CVC infections per 1,000 line days, and it is this average with which we are comparing our performance in order to find the next step change. So far, none has been identified, but we continue to work to reduce the incidence of CVC infections.

### GOSH-acquired CVC infections for every 1,000 line days

Area: all areas



During 2009/10, GOSH has also built on some key safety initiatives to improve the quality of services for patients, their families and staff.

### Case study

#### Executive Patient Safety Walkround

As part of the Trust's zero harm strategy, the Executive Patient Safety Walkround programme has made almost 150 visits to wards and other clinical areas of the hospital over the past three years. Each Tuesday morning, the Executive Patient Safety Walkround team visits a clinical area and meets staff, patients and families to explore ways in which safety can be improved. The team

is made up of an Executive Director, a member of the Clinical Governance and Safety team, a representative of Estates and Facilities, and an Improvement Co-ordinator from the Transformation team for that clinical unit.

Patient safety walkrounds are a way of ensuring that executives are informed first-hand of the safety concerns of

frontline staff. They are also a way of demonstrating visible commitment by listening to and supporting staff when issues of safety are raised. Walkrounds can be instrumental in developing an open culture where the safety of patients is seen as the priority of the organisation.

## Part three – review of our quality priorities and examples in 2010/11 continued

In summary, walkrounds can:

- demonstrate top-level commitment to patient safety
- establish lines of communication regarding patient safety between employees, executives and managers
- provide opportunities for senior executives to learn about patient safety
- identify opportunities for improving safety
- encourage reporting of issues, errors and near misses
- promote a culture for change pertaining to patient safety
- establish local solutions to minimise risk.

Any issues identified during a walkround are categorised as low, medium or high, with low and medium issues handled at unit level. Three high-priority actions are allocated to a named Executive Patient Safety Walkround team member to follow up on and resolve within one month.

All issues and actions are recorded on an electronic Executive Patient Safety Database.

In 2010, the key issues were as follows:

Area of concern	Number of reports	Percentage of reports
Admissions/discharges	2	0.6
Communication	16	4.5
Environment	93	26.1
Equipment	81	22.8
Hygiene	35	9.8
Incident reporting	8	2.3
Leadership	3	0.8
Process	71	19.9
Staffing	32	9.0
Team work	3	0.8
Training	11	3.1
Transport	1	0.3

For example, the safety walkround visiting Badger Ward on 17 August 2010, identified that a leak in the main corridor had meant that overhead tiling had to be removed, leaving a large hole and exposed piping. This was unsightly and a cause of concern regarding infection control issues. The hole had been there for over two weeks as there had been some difficulty in sourcing the correct ceiling tiles. Our Deputy Chief Operating Officer took responsibility for liaising with the relevant team to expedite the repairs, and the damage was fixed by 27 August 2010.

“Issues usually have to be raised by email, making it difficult to actually visualise how the issue impacts on patient care or staff safety. Having the walkround makes this much easier.”

Ward Sister

### Effectiveness priority 2009/10

Consistently delivering clinical outcomes that place Great Ormond Street Hospital (GOSH) among the top five children’s hospitals in the world

Priority	Target	Performance	Target achieved
To make clinical outcomes from across the specialties available on the GOSH website	To have at least 20 measures available on our website by the end of 2010/11	Twenty clinical outcome measures for the following specialties are identified on the GOSH website: <ul style="list-style-type: none"> <li>• Cardiac</li> <li>• Intensive care</li> <li>• Cystic fibrosis</li> <li>• Renal</li> <li>• Bone marrow transplant</li> <li>• Adolescent medicine</li> <li>• Cleft</li> <li>• Rheumatology and physiotherapy</li> </ul>	✓
Maintain success rate for Hickman® catheter insertions in interventional radiology	Expected rate of success was 95 per cent	We recorded a success rate of 99.9 per cent for Hickman® catheter insertions between April 2010 and March 2011	✓

Hickman is a registered trademark of C. R. Bard, Inc.

### Examples of outcomes developed and measured in 2010/11

#### Case study

##### GOSH in Haringey Children’s Community Health Services Quality Practice Audit Tool

A case record is an instrument for the practitioner and a record of practice in terms of information gathered and evidence obtained to support a professional assessment. A case record is not only evidence of work undertaken, but also a record of the involvement of the child and their

family in the decision-making process. It should provide analysis of a child’s needs and a plan for intervention.

The Quality Practice Audit Tool is used to assess the quality of the case records of vulnerable children under the care of the Health Visiting and School Nursing Service. This tool functions as an enhancement to previous audit tools, which focused primarily on quantitative

information and national standards for writing medical records. This new audit tool enables a team to drill down into the quality of the assessment and actions of the practitioner. By doing so, it is intended to encourage continuous improvement of outcomes for children and ensure the spread of good practice right across the system.

## Part three – review of our quality priorities and examples in 2010/11 continued

The audit tool looks at 10 key practice episodes within the period of intervention in the life of the child and their family. These are significant or pivotal points in a case which influence the planned and unplanned outcome. Each key practice episode is scored and then rated inadequate, adequate, good or outstanding.

The Quality Practice Audit is carried out quarterly and is conducted by senior staff within GOSH in Haringey. Case records are selected at random.

Analysis of the results and recommendations for changes in practice and the use of the tool are shared with the Children's Management team. Individual results are discussed at a more local level and the results of each audit filed in the child's record.

### Case study

#### Metabolic and dietetics outcomes Phenylalanine (Phe) control in patients with phenylketonuria (PKU)

PKU is a rare condition in which a baby is born without the ability to properly break down an amino acid called phenylalanine. Without the enzyme required, levels of phenylalanine and two closely-related substances build up in the body. These substances are harmful to the central nervous system and cause brain damage.

Affected babies are identified by neonatal screening and treatment commences immediately. PKU is treated by a very

low-protein diet with Phe-free amino acid supplementation. Parents, and later the children themselves, are taught about management of PKU, and families are encouraged to achieve optimal Phe control, which is currently the best measure of compliance with treatment. With early treatment and good subsequent metabolic control, children with PKU have near-normal intelligence, although executive function difficulties are recognised.

As we serve a multi-ethnic society, it is increasingly important to ensure that ethnic inequalities are recognised and

addressed. We have a large PKU clinic treating patients from a variety of ethnic backgrounds. The predominant ethnic group is white British, while other ethnic groups represented include Turkish, Arab and Asian.

We looked at the Phe levels of all of the patients with PKU who attended the clinic over a five-year period (2005/2009) to examine their Phe control and compare the adequacy of control in the different ethnic groups with national guidelines. The following table illustrates the median Phe in each age band:

	Age one to four years Target range 120–360 µmol/L		Age five to nine years Target range 120–480 µmol/L		Age 10 to 16 years Target range 120–700 µmol/L	
	Ethnic majority	Ethnic minority (Turkish)	Ethnic majority	Ethnic minority (Turkish)	Ethnic majority	Ethnic minority (Turkish)
Number of patients	25	12 (3)	40	14 (5)	60	8 (3)
Number of patients with median Phe in target range	20	7 (2)	30	11 (2)	53	5 (1)
Percentage of patients with median Phe in target range	80	58 (66)	75	79 (40)	88	63 (33)
Median time interval between blood tests (weeks)	1.6	1 (1.2)	2.5	2.9 (1.8)	5.1	3.9 (1.9)

This shows that Phe control deteriorates with increasing age in all groups, and it appears to be even worse in our ethnic minority patients, particularly those of Turkish origin. As a result of this analysis, the multidisciplinary team has decided to introduce a clinic dedicated to Turkish patients to focus on the needs of this group and improve the outcomes.

### Case study

#### Radiology accreditation

The Imaging Services Accreditation Scheme (ISAS) is a patient-focused scheme based on the principle of independent assessment against a recognised standard. Accreditation is formal recognition that an imaging services provider has demonstrated that it has the organisational

competence to deliver against key performance measures relating to patient experience, clinical outcomes, patient and staff safety, and efficient use of resources.

The College of Radiographers and The Royal College of Radiologists developed ISAS to ensure that patients receive

consistently high-quality imaging services delivered by competent staff working in safe environments.

In 2010/11, GOSH's Radiology Department became one of the first NHS providers in the UK to achieve this accreditation.

Part three – review of our quality priorities and examples in 2010/11 continued

Experience priority 2009/10

Consistently delivering an excellent experience that exceeds our patients', families' and referrers' expectations  
Improving results from our inpatient survey

What we said	What we did	Performance from Ipsos MORI survey		Achieved
		Nov 2009	Feb 2011	
Improve information for parents about the available accommodation options so that more parents felt that they were able to stay overnight	Produced a new leaflet and poster by August 2010	77 per cent felt that they could stay overnight	78 per cent felt that they could stay overnight	✓
Increase the number of staff who introduced themselves	Undertook an audit of at least one ward per month during 2010/11, checking that all staff are wearing their name badges	93 per cent agreed that staff introduced themselves	94 per cent agreed that staff introduced themselves	✓
Increase the number of staff who explained their role to patients and parents		90 per cent agreed that staff explained their role	94 per cent agreed that staff explained their role	✓
Increase the number of patients and parents who thought the process of leaving hospital was easy	Took a detailed survey regarding discharge for cardiac surgery and cardiology patients and identified actions to improve	86 per cent agreed that the process was easy	89 per cent agreed that the process was easy	✓
Improve waiting times at the hospital	Offered magnetic resonance imaging (MRI) and outpatient appointments on the same day for neurology patients	The provision of an MRI appointment on the day of the outpatient visit was implemented in March 2011		Yes, but after the specified date
Improve satisfaction with the quality and number of toys, games and things to do on the wards	The plan was to roll out a bedside entertainment system to more than 200 beds	80 per cent satisfied with things to do	78 per cent satisfied with things to do	✗ No – delay in the roll-out of the bedside entertainment system. This will be completed in 2011/12

What we said	What we did	Performance from Ipsos MORI survey		Achieved
		Nov 2009	Feb 2011	
Increase by five per cent the number of patients who strongly agree or agree that they felt they could complain and would be taken seriously	Provided more information on the complaints process	83 per cent agreed	82 per cent agreed	✗ No – this is a continued improvement target for 2011/12
Ensure that at least 90 per cent of patients were very satisfied or fairly satisfied with their last visit to hospital	Developed overall improvement plans across the hospital	94 per cent were satisfied with their last visit	96 per cent were satisfied with their last visit	✓
Increase the percentage of respondents who were very satisfied or fairly satisfied with the quality and variety of hospital food from 57 per cent to 65 per cent	Introduced a new food menu	57 per cent were satisfied with the quality and variety of food	60 per cent were satisfied with the quality and variety of food	We achieved an increase in satisfaction but did not reach the target level – this is a continued target for 2011/12

## Part four – review of our quality priorities and examples in 2010/11 continued

### Improving patient experience in 2010/11

There have been some fantastic initiatives from across the hospital to develop ideas and implement services that have helped to make a meaningful difference to the patients treated at Great Ormond Street Hospital (GOSH) and improve their experience:

#### Case study

##### Saturday Club

The Volunteer Services at GOSH are a valuable source of support, and aim to improve the experience of patients and families who come to the hospital. Over the past year, the services have implemented a number of projects, including the Saturday Club.

The Volunteer Services and Great Ormond Street Hospital Children's Charity Corporate Partnerships team introduced a Saturday Club project which ran from July to November 2010.

The main objective of the Saturday Club was to provide a half-day arts and crafts and play service at weekends when there is otherwise limited distractions for patients and

families. Play is vital for patients as it takes their minds off their conditions. It also provides a fun outlet for their energies, supporting ward staff and parents, and giving some of our sickest patients the opportunity to meet other children and not feel isolated while in the hospital.

The Saturday Club was run by volunteers who were carefully selected and trained, and wanted to be part of the work of the hospital. They were enthusiastic and supportive, as well as creative and flexible. Initially, their expectations were mixed, but all volunteers believed their expectations to have been 'blown away' by the end of the project.

An average of 13 children attended each session, accompanied by parents or guardians. Most patients stayed for one to two hours. Feedback was extremely positive. Parents enjoyed the club as much as the children, and welcomed the opportunity to speak to other parents and volunteers, or to take a break and leave their children in the centre. Many hoped that the club would be available every week.

Overall, the Saturday Club project was seen as a success, meeting its objective of providing a fun and relaxed environment in which patients and their siblings could play. Its success was underpinned by the excellent team work of everyone involved.

### Equality and diversity example

#### Case study

##### Genetics crossed the language barrier

Many people find the thought of genetics challenging, but the prospect of talking about genetics in a foreign language is even more challenging, especially when that language does not even have words for 'gene', 'chromosomes' or 'genetics'. About one in six families seen

by the Clinical Genetics Department at GOSH needs interpreters, so staff and patients face this challenge every day.

To try to improve the service, the department organised two training days for interpreters in May 2010. More than 60 interpreters and health advocates attended (mainly from interpreting

service Language Line) and more than 30 languages were represented, from Albanian to Vietnamese.

Feedback was extremely positive, and included comments such as: "It is such a rare opportunity for us to have medical lectures. I hope other departments can also give us lectures in the future."

### Working as a team to support children and families – example of good communication

#### Case study

##### Staff awards 2010 – winner of The child and family award, Richard Hayward and the Craniofacial team

Nominations for this award come from patients, parents and carers, and Richard and his team were put forward by mum Nicola Robertson. She said they did a great job when her two-year-old daughter Sophie had an operation in 2009.

"We were kept informed and looked after every step of the way, receiving letters, emails and phone calls, and on the day itself, we were well looked after,"

she told the staff award judges. "Sophie was treated with the upmost care and attention, and our precious daughter was taken through her operation safely and smoothly, and recovered very quickly thanks to the care and attention of the team.

"They monitored her afterwards, and kept coming round to the ward to see her and check how she was progressing. At our follow-up appointments, everyone is very kind and helpful. We can't thank this team enough for how they've taken care of our daughter."

Richard said that he and the Craniofacial team were all very excited even to have been nominated. "This was very much a team effort. The Craniofacial team has always made involvement of the family the cornerstone of its dealing with children with such complex needs, not just the doctors, but also the clinical nurse specialists, secretaries and various therapy departments."

#### Case study

##### Variability and Flow Management (VFM) programme to 'engine room' projects

In our 2009/10 Quality Account, we reported on the launch of the VFM programme. The neurosciences project aimed to reduce waiting times and improve access to the Neurology service by planning and communicating more effectively.

The project has resulted in several improvement initiatives, including:

- the development of a new admissions planner, which was successfully implemented in April 2010 and has been effective in streamlining the admissions process
- the development of a bedside communications timetable to improve the planning of investigations for patients. This was implemented in February 2010 and is currently being reviewed and updated to maximise its effectiveness

- the introduction of a new process for managing children requiring magnetic resonance imaging (MRI) brain scans to ensure that patients are clerked and consented on time. This was implemented in March 2011 and will be evaluated post-implementation
- the provision of an MRI appointment on the day of the outpatient visit (also implemented in March 2011)
- the transfer of botox and dysphagia patients from Kingfisher Ward to Starfish Rapid Assessment Neurological Unit. We are currently working on plans to implement this change following the re-opening of the refurbished Starfish Ward in June 2011.

These changes are being monitored, further improved and evaluated by staff and parent representatives at the neurology modernisation meeting.

Initially, we aimed to look at 24 major patient pathways across the hospital. As we began to implement this programme, we found that it was not as effective and efficient at making the improvements as we originally envisaged. We reflected on this experience and adapted our initial programme to instead reflect 'engine room' projects, which focus energies on working across the hospital. We currently have two projects. One focuses on improving the use of our beds, and the other looks at the pathway for patients requiring surgery to ensure that we offer a safe and efficient service.



# Governance

Five-year-old Kieran has a problem with his pituitary gland and hasn't been growing properly. He and his parents are visiting Kingfisher Ward so that he can be admitted for an overnight stay. While they are waiting for the doctors, Kieran has been watching Disney's *Cars* on DVD, which he really likes.

## Trust Board roles and responsibilities

The Trust Board has responsibility for setting the strategic direction of the Trust and for managing significant risks. The Board receives assurances that the Trust is fulfilling its responsibilities and complying with regulatory and legislative requirements.

The Board delegates specific functions to committees identified within terms

of reference. The Trust is assured, by a review of its effectiveness in 2010, that it operates a balanced and unified Board, one which maintains an appropriate balance of skills and experience.

Details of the remaining terms of office of the Chair and Non-Executive Directors are as follows:

Name	First appointment	To	Extended to
<b>Baroness Tessa Blackstone</b>	1 January 2009	31 December 2013	
<b>Ms Yvonne Brown</b>	1 July 2008	30 June 2012	
<b>Professor Andrew Copp</b>	1 February 2003	18 April 2011	31 August 2012
<b>Mr Andrew Fane</b>	1 November 2001	31 October 2009	31 October 2011
<b>Ms Mary MacLeod</b>	1 November 2008	31 October 2012	
<b>Mr Charles Tilley</b>	1 September 2007	31 August 2011	31 August 2015

### Effectiveness review

A Board development programme is underway, focused on preparation for Foundation Trust status.

The directors on the Board undergo an annual performance review, against agreed objectives, skills and competencies and agree personal development plans for the forthcoming year.

The Trust continually seeks to review its governance framework including its committee structures, reporting requirements and effectiveness of its standing committees against their terms for reference.

## Trust Board Non-Executive Directors

### **Baroness Tessa Blackstone BSc (Soc) PhD Chairman**

Baroness Blackstone leads a team of five Non-Executive Directors, who contribute to the development of strategy for the Trust, monitor its activity and represent Great Ormond Street Hospital to the immediate and wider community.

#### Declared interests

- Member, House of Lords
- Vice Chancellor, University of Greenwich
- Chair, British Library Board
- Member, Royal Opera House Board
- Director, UCL Partners.

### **Ms Yvonne Brown LLB Solicitor Non-Executive Director**

Yvonne Brown 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 Compliance Committee. Yvonne sits on the Trust Audit Committee and is also the Non-Executive Patient Environment Action Team Lead.

#### Declared interests

- Board Member of the Solicitors Regulation Authority
- Consultant, Legal Management Consulting.

### **Professor Andrew Copp MBBS DPhil FRCPATH FMedSci**

Andrew Copp 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, University College London
- Honorary Director of Research, Children's Trust, Tadworth
- Associate Editor, *Birth Defects Research Part A*, USA
- Board Member, Bo Hjelt Foundation, Amsterdam.

### **Mr Andrew Fane MA FCA Non-Executive Director**

Andrew Fane is a Non-Executive Director of the Trust and Associate Special Trustee of Great Ormond Street Hospital Children's Charity. Andrew is Chair of the Clinical Governance Committee and a member of the Audit Committee and Redevelopment Steering Committee. He is a past Chairman of the Special Trustees of Great Ormond Street Hospital Children's Charity.

#### Declared interests

- 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, ICH
- Chairman, Child Health Research Appeal Trust, ICH
- Chairman, Bill Marshall Memorial Fund, UCL Institute of Child Health
- Director, Genex Biosystems Ltd, ICH
- Director, ICH Productions Ltd, ICH
- Trustee, The CP Charitable Trust (supporters of the ICH)
- Trustee and Governor, The Coram Family
- Chairman of Trustees, The Foundling Museum
- Chairman, Audit Committee, English Heritage
- Trustee, League of Remembrance
- Wife – Clare Lucy Marx CBE MB BS FRCS – orthopaedic surgeon at Ipswich Hospital NHS Trust; President, British Orthopaedic Association 2008/09; and Member of the Council of the Royal College of Surgeons of England.

### **Ms Mary MacLeod OBE MA CQSW DUniv Non-Executive Director**

Mary MacLeod sits on the Trust Clinical Governance Committee and is the Non-Executive Equality and Diversity Lead. Mary MacLeod has a long and distinguished career in family policy, academia and social work. Until her retirement in 2009, Mary was Chief Executive of the Family and Parenting Institute.

#### Declared interests

- Member, Child and Family Court Advisory Service (Cafcass)
- Member, Internet Watch Foundation
- Member, Video Standards Council
- Member, Executive Board, UK Council for Child Internet Safety
- Chair, Gingerbread
- Chair, The Economic and Social Research Council funded Research Advisory Group on Outcomes of Domestic Violence
- Chair, Safenetwork Advisory Board
- Independent consultancy on family policy and child and family services.

### **Mr Charles Tilley FCA Non-Executive Director**

Charles Tilley is Chief Executive Officer at The Chartered Institute of Management Accountants (CIMA) and is a qualified accountant. He chairs the Trust 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
- Director, Seaview Yacht Club Limited.

### **Ms Dorothea Hackman**

#### **Associate Non-Executive Director**

Dorothea Hackman is the Chair of the Great Ormond Street Hospital (GOSH) Members' Forum. She serves as an Associate Non-Executive Director in an ex-officio capacity.

#### Declared interests

- Chair of GOSH Members' Forum
- Governor, The Children's Hospital School at Great Ormond Street
- Volunteer, Child Death Helpline
- Trustee, St Pancras Lands Trust
- Lay Chair, South Camden Deanery Synod.

## Trust Board

### Executive Directors

#### **Dr Jane Collins MSc FRCP FRCPCH** **Chief Executive**

Jane Collins 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 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
- Trustee – Child Health Research Appeal Trust and the General Charitable Trust of the UCL Institute of Child Health
- Director, UCL Partners
- Director, Great Ormond Street International Hospital Community Interest Company (Dormant)
- Husband – Mr David Evans – Trustee of Shooting Star Children's Hospice.

#### **Dr Barbara Buckley MB BS** **FRCP FRCPCH**

#### **Co-Medical Director**

Dr Buckley is responsible for postgraduate medical education and training for doctors; medical workforce development; the partnership services; and public health within the Trust. She has a long-standing interest in medical management.

#### **Declared interests**

- None.

#### **Ms Fiona Dalton MA (Hons) (Oxon)** **Deputy Chief Executive/ Chief Operating Officer**

Fiona Dalton 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.

#### **Mrs Elizabeth Morgan MSc RN Adult RN** **Child RNT RCNT Dip N IHSM Diploma** **Chief Nurse and Director of Education** **(from June 2010)**

Elizabeth Morgan is responsible for the professional standards and development of nursing and all other non-medical clinical staff groups. She is also responsible for patient and public involvement and engagement and education and training for all staff in the Trust. She is lead director for child protection.

#### **Declared interests**

- None.

#### **Mr Robert Evans BSc (Hons) BDS (Hons)** **MScD FDSRCS (Eng) MOrth RCS (Ed)** **Co-Medical Director (until August 2010)**

Mr Evans was the Co-Medical Director until August 2010 and responsible for performance and standards (including patient safety). He is the Trust's Caldicott Guardian. Mr Evans is 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
- Chair, London Dental Forum (London Deanery) until August 2010
- Member of the Patient Safety Counsel – Addenbrooke's Hospital, Cambridge until August 2010.

#### **Professor Martin Elliott MB BS MD FRCS** **Co-Medical Director** **(from September 2010)**

Professor Elliott became Co-Medical Director in September 2010. He is responsible for performance and standards (including patient safety). He leads on clinical governance and is co-ordinating the development of outcome measures. Professor Elliott continues to practice as a cardiothoracic surgeon.

#### **Declared interests**

- Honorary President of the Richard Hall Trust
- Board Member, World Society of Paediatric and Congenital Heart Disease.

#### **Mrs Claire Newton MA (Cantab)** **ACA MCT**

#### **Chief Finance Officer**

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

#### **Declared interests**

- Director, Great Ormond Street International Hospital Community Interest Company (dormant).

#### **Mrs Janet Williss RN Adult and Child** **BSc (Hons) MSc** **Acting Director of Nursing, Education** **and Workforce Development (until** **June 2010)**

#### **Declared interests**

- Fitness to Practice panellist at Nursing and Midwifery Council.

## Non-Trust Board

### Other Directors

#### **Professor David Goldblatt MB ChB** **PhD MRCP FRPCH** **Director of Clinical Research** **and Development**

Professor Goldblatt 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**

- Programme Director for Child Health, UCL Partners
- Member, Wellcome Trust Immunology and Infectious Disease Funding Committee
- Occasional Member, Expert Panels/ Advisory Boards for Pfizer, Sonofi Pasteur, Novartis and Vaccines
- Member of Department of Health JCV1 Subcommittees – Pneumococcal
- Member of Department of Health, Pandemic Influenza Advisory Committee.

#### **Mr William McGill MSc** **Director of Redevelopment**

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

#### **Declared interests**

- None.

#### **Mr Mark Large MBS CIPM MCM** **Director of Information Technology (IT)**

Mark Large leads on IT for the Trust including the updating of the IT infrastructure, creation and delivery of the IT strategy, in turn supporting the achievement of Trust objectives.

#### **Declared interests**

- None.

#### **Mr Trevor Clarke** **Director of International Patients**

Trevor Clarke is responsible for the strategic development and management of the Trust's International and Private Patients Division.

#### **Declared interests**

- None.

## Director attendance at Trust Board and Board committee meetings

During 2010/11, the Trust Board held 11 Trust Board meetings – seven of these included sessions in public. In February and October, the Board held development sessions. A meeting was called in June to approve the annual accounts. The Board did not meet in August or December.

	Trust Board	Audit Committee	Clinical Governance Committee
<b>Number of meetings 2010/11</b>	<b>11</b>	<b>4</b>	<b>5</b>
<b>Baroness Tessa Blackstone</b> (Chairman)	11	Not a member	Not a member
<b>Ms Yvonne Brown</b> (Non-Executive Director)	11	4	Not a member
<b>Dr Barbara Buckley</b> (Co-Medical Director)	11	Not a member	Not a member
<b>Dr Jane Collins</b> (Chief Executive)	11	Invitee – 4	4
<b>Professor Andrew Copp</b> (Non-Executive Director)	9	Not a member	3
<b>Ms Fiona Dalton</b> (Chief Operating Officer)	10	Invitee – 3	4
<b>Professor Martin Elliott</b> (Co-Medical Director from September 2010)	6	Not a member	1
<b>Mr Robert Evans</b> (Co-Medical Director until August 2010)	4	Not a member	1
<b>Mr Andrew Fane</b> (Non-Executive Director)	10	3	4
<b>Ms Mary MacLeod</b> (Non-Executive Director)	11	Not a member	4
<b>Mrs Elizabeth Morgan</b> (Chief Nurse and Director of Education from June 2010)	9	Not a member	3
<b>Mrs Claire Newton</b> (Chief Finance Officer)	11	Invitee – 4	Not a member
<b>Mr Charles Tilley</b> (Non-Executive Director)	11	4	Not a member
<b>Mrs Janet Williss</b> (Acting Chief Nurse and Director of Education until June 2010)	2	Not a member	1

## Trust Board committees – role and membership

The Board delegates functions to the following subcommittees:

### Audit Committee

The Audit 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 alongside 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. Membership of the committee is as follows:

Ms Yvonne Brown  
Mr Michael Dallas (independent external committee member)  
Mr Andrew Fane  
Mr Charles Tilley (Chair)

### Clinical Governance Committee

The Clinical Governance Committee is a sub-committee of the Trust Board with delegated authority to review clinical governance and risk management matters. Its membership includes senior clinical and non-clinical managers as well as Executive and Non-Executive Directors:

Dr Jane Collins  
Professor Andrew Copp  
Ms Fiona Dalton  
Professor Martin Elliott  
Mr Andrew Fane (Chair)  
Ms Mary MacLeod  
Mrs Elizabeth Morgan

The committee meets at least four times a year, and receives reports from internal auditors and clinical audit.

### Remuneration Committee

See page 121 for an overview of the role and function of this committee.

## Statement on audit information by each Director

The Directors have confirmed that, as far as they are aware, there is no relevant audit information of which the auditors are unaware. The Directors have each confirmed that they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that it has been communicated to the auditor.



**Dr Jane Collins**  
Chief Executive  
8 June 2011

## Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.



**Dr Jane Collins**  
Chief Executive  
8 June 2011

## Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the accounts.

By order of the Board



**Dr Jane Collins**  
Chief Executive  
8 June 2011



**Claire Newton**  
Chief Finance Officer  
8 June 2011

## External audit

The Trust's external auditors, Deloitte LLP, are appointed by the Audit Commission.

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

We have audited the financial statements of Great Ormond Street Hospital for Children NHS Trust for the year ended 31 March 2011 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 30. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies. We have also audited the information in the Remuneration Report that is described as having been audited.

This report is made solely to the Board of Directors of Great Ormond Street Hospital for Children NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. Our audit work has been undertaken so that we might state to the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit the accounting statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

### Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. We read all the information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of Great Ormond Street Hospital for Children NHS Trust's affairs as at 31 March 2011 and of its income and expenditure for the year then ended
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

### Opinion on other matters

In our opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we report by exception

We have nothing to report in respect of the Statement on Internal Control on which we report to you if, in our opinion the Statement on Internal Control does not reflect compliance with the Department of Health's requirements.

### Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources Trust's responsibilities

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

### Auditor's responsibilities

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

### Basis of conclusion

We have undertaken our audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2010, as to whether the Trust has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2011.

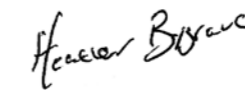
We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

### Conclusion

On the basis of my work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2010, we are satisfied that, in all significant respects, Great Ormond Street Hospital for Children NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2011.

### Certificate

We certify that we have completed the audit of the accounts of Great Ormond Street Hospital for Children NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.



### Heather Bygrave FCA BA (Hons) (Engagement Lead)

for and on behalf of Deloitte LLP  
Appointed Auditor  
St Albans, United Kingdom  
8 June 2011

## Statement on internal control

This Annual Report includes accounts prepared in accordance with International Financial Reporting Standards, which is a requirement for all NHS trusts.

### 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 have overall responsibility for ensuring there is an effective risk management system in place within the Trust, for meeting all relevant statutory requirements and for ensuring adherence to guidance issued by the Department of Health and the Care Quality Commission (CQC). Further accountability and responsibility for elements of risk management are set out in the Trust's Risk Management Strategy. There are two board assurance committees, the Audit Committee and the Clinical Governance Committee which assess the assurance available to the Board on risk management and raise issues requiring attention.

The Trust works closely with the London Strategic Health Authority, representatives of its key commissioners, other health and social care providers and agencies and its research partners, which include UCL Partners. Financial and performance information is provided on a monthly basis and in response to adhoc enquiries to the London Strategic Health Authority and also to the Trust's local, regional and national commissioners. This information includes an assessment of performance measured against internal plans, national indicators where relevant and a number of operational and quality metrics tailored to the Trust's specialist services.

### 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
- 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 at Great Ormond Street Hospital (GOSH) for the year ended 31 March 2011 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, and has an integrated governance framework with clear accountability for risk.

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:

- In addition to the Board's assurance committees, the Trust's Management Board (comprising senior managers from all clinical units and corporate departments), the Risk Assurance and Compliance Group (comprising executives, quality, safety and compliance leads and internal audit) and the Quality and Safety Committee (comprising senior clinical staff from

all staff categories and clinical support staff) are the key senior management forums for consideration of risks. Each of these groups receive reports of risks, incidents and risk mitigating actions from unit and department groups and specialist sub-committees. In addition, each clinical unit board considers risks, quality and safety indicators, incidents and complaints on a regular basis.

- 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 and Health and Safety teams who are responsible for the co-ordination of risk management, clinical governance and health and safety. These teams also disseminate good practice arising from both external sources and internal exemplars within the Trust.
- Each clinical unit now has patient safety co-ordinators responsible for facilitating progress on all safety improvement initiatives within the unit.

### 4. The risk and control framework

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 framework is used to provide information on the controls in place to manage the key risks and details the evidence provided to the Board indicating that the control is operating. It is mapped to the CQC essential standards for quality and safety 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.

Each risk on the Assurance Framework, the related mitigation controls and assurance available as to the effectiveness of the controls is reviewed by the Risk Assurance and Compliance Group and by either of the Clinical Governance Committee or the Audit Committee at least once a year.

The top risks for the Trust during the year and in the immediate future are:

- maintaining patient safety
- issues in recruiting and retaining staff with the skills required in specialist services
- financial sustainability.

Each of these risks have been regularly reviewed during the year but remain the Trust's top risks in future years. As part of the review, the risks are broken down into a number of component parts and appropriate mitigating actions for each component identified which may vary year on year. Outcomes will be monitored by the Management and Trust Boards through the monthly financial, quality and safety and KPI performance reports, information included in the Quality Accounts, and at clinical unit and corporate department level through the Trust's quarterly strategic reviews.

The risk management strategy sets out guidance for the maintenance of risk registers for all departments within the Trust to manage operational risks. 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.

Each unit and department is required to identify, manage and control local risks whether clinical, non-clinical or financial in order to provide a safe environment for patients and staff and reduce unnecessary expenditure. This ensures the early identification of risks and the devolution of responsibility for management of risks to staff at all levels of the organisation. In practice, this is achieved through the involvement of staff in risk action groups, risk training and occasional surveys.

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 external sources in relation to issues which have adversely affected other organisations, 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.

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.

The Trust recognises the importance of the involvement of stakeholders in ensuring that 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.

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.

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

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

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is fully compliant with CQC essential standards of quality and safety.

Use of the framework has identified minor control gaps in the following areas:

- Information governance – the Trust was required to achieve scores of two or more on all Information Governance Toolkit requirements but was unable to achieve the required score due to the pseudonymisation of patient data at this level. A project team has been working to address the requirements throughout the financial year, but there are issues in fulfilling the requirements due to the age and number of critical clinical systems within the Trust. In addition, an incident was reported to the Information Commissioner following a procedural error by which invoices containing details of the care provided to 12 private patients were sent to the home of one of the patients rather than to the funder. A full investigation was carried out and procedures strengthened to prevent recurrence of the error.

## Statement on internal control continued

- Communication with referrers – the results of a survey of clinicians referring patients to the Trust indicated that some individuals did not consider that they received appropriate levels of information following the assessment or treatment of patients. An action plan is being followed to improve the effectiveness of communications and engagement with referrers and progress with this plan is being regularly monitored.

Assurance gaps have been identified as a result of routine internal audit reports, although the gaps related to a small number of individual control objectives. There was one audit of the management of medical equipment where the overall results were considered to provide limited assurance that controls are effective. The specific issues were the lack of evidence that: some but not all items of equipment due for service had been identified on a timely basis; equipment retired during the period had been disposed of safely; and that incidents reported relating to specific equipment were being noted in the medical equipment register. An action plan was agreed to address these assurance gaps and is subject to regular monitoring of progress.

### 5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of Internal Audit's work, and this opinion has provided reasonable assurance.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The information included in the Quality Accounts and the monthly Zero Harm reports at clinical unit and Trust level, provide me with an opinion on the Trust's progress against targets set to minimise issues relating to quality and safety.

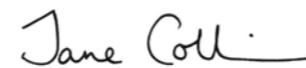
The Risk, Assurance and Compliance Group – which comprises executives and other staff responsible for risk management and internal audit – ensures that for each risk the mitigating actions are appropriate and that there is assurance as to the effectiveness of these actions. Plans to address weaknesses and ensure continuous improvement of the controls are also monitored.

My review is also informed by discussions at the assurance committees of the Board whose agendas include reports from internal auditors and external auditors and the executives responsible for the mitigating actions related to each risk. It is also supplemented by the reviews of compliance with CQC safety and quality standards; consideration of performance against national targets, the Risk Pool Scheme for Trusts Level 1 accreditation; the baseline assessment on the information governance framework; Health and Safety Executive reviews; the Patient Environment Action Team assessment; and relevant reviews by the Royal Colleges.

The Trust was reviewed for Level 2 compliance with the NHS Litigation Authority (Clinical Negligence Scheme for Trusts) Risk Management Standards during 2009/10 and was found to be compliant.

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.

With the exception of the minor gaps in internal controls and assurances that I have outlined in this statement, my review confirms that GOSH has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives, and I am confident that all minor gaps are being actively addressed.



**Dr Jane Collins**  
Chief Executive  
8 June 2011

## Statement of comprehensive income For the year ended 31 March 2011

	Note	2010/11 £000	2009/10 £000
<b>Revenue</b>			
Revenue from patient care activities	3	283,881	267,547
Other operating revenue	4	52,426	50,599
Operating expenses	6	(322,991)	(309,915)
<b>Operating surplus</b>		<b>13,316</b>	8,231
<b>Finance costs</b>			
Investment revenue	11	68	36
Other gains and losses	12	(633)	487
Finance costs	13	(31)	(31)
<b>Surplus for the financial year</b>		<b>12,720</b>	8,723
Public dividend capital dividends payable		(5,551)	(5,172)
<b>Retained surplus for the year</b>		<b>7,169</b>	3,551
<b>Other comprehensive income</b>			
Impairments and reversals		4,139	(13,052)
Gains on revaluations		5,030	9,786
Receipt of donated/government-granted assets		49,233	18,681
Transfers from donated and government grant reserves		(6,996)	(7,365)
<b>Total comprehensive income for the year</b>		<b>58,575</b>	11,601

The notes on pages 95 to 120 form part of these accounts.

	2010/11 £000
<b>Reported NHS financial performance position (adjusted retained surplus)</b>	
<b>Retained surplus for the year</b>	<b>7,169</b>
Impairments	1,448
<b>Reported NHS financial performance position (adjusted retained surplus)</b>	<b>8,617</b>

A trust's reported NHS financial performance position is derived from its retained surplus, but adjusted for impairments to fixed assets. 2009/10 was the final year for organisations to revalue their assets to a Modern Equivalent Asset (MEA) basis of valuation. An impairment charge is not considered part of the organisation's operating position.



## Statement of financial position

As at 31 March 2011

		31 March 2011 £000	31 March 2010 £000	1 April 2009 £000
	Note			
<b>Non-current assets</b>				
Property, plant and equipment	14	319,127	248,606	227,640
Intangible assets	16	997	472	552
Trade and other receivables	19	9,505	9,039	8,126
<b>Total non-current assets</b>		<b>329,629</b>	258,117	236,318
<b>Current assets</b>				
Inventories	18	5,156	5,173	2,949
Trade and other receivables	19	30,509	36,555	26,409
Cash and cash equivalents	20	32,371	8,485	5,875
<b>Total current assets</b>		<b>68,036</b>	50,213	35,233
<b>Total assets</b>		<b>397,665</b>	308,330	271,551
<b>Current liabilities</b>				
Trade and other payables	21	(47,588)	(33,065)	(23,130)
Other liabilities	22	(3,382)	(3,008)	(3,228)
Provisions	23	(2,867)	(1,549)	(1,147)
<b>Net current assets</b>		<b>14,199</b>	12,591	7,728
<b>Total assets less current liabilities</b>		<b>343,828</b>	270,708	244,046
<b>Non-current liabilities</b>				
Provisions	23	(1,250)	(1,304)	(1,202)
Other liabilities	22	(7,327)	(7,728)	(8,126)
<b>Total assets employed</b>		<b>335,251</b>	261,676	234,718
<b>Financed by taxpayers' equity</b>				
Public dividend capital		124,732	109,732	94,375
Retained earnings		16,868	9,515	5,951
Revaluation reserve		48,623	41,996	41,945
Donated asset reserve		141,551	97,126	89,296
Government grant reserve		363	193	37
Other reserves		3,114	3,114	3,114
<b>Total taxpayers' equity</b>		<b>335,251</b>	261,676	234,718

The financial statements on pages 91 to 120 were approved by the Board on 8 June 2011 and signed on its behalf by



**Dr Jane Collins**  
Chief Executive  
8 June 2011

## Statement of changes in taxpayers' equity

For the year ended 31 March 2011

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Government grant reserve £000	Other reserves £000	Total £000
<b>Changes in taxpayers' equity for 2010/11</b>							
<b>Balance at 1 April 2010</b>	109,732	9,515	41,996	97,126	193	3,114	261,676
<b>Total comprehensive income for the year</b>							
Retained surplus/(deficit) for the year	0	7,169	0	0	0	0	7,169
Transfers between reserves	0	184	(184)	0	0	0	0
Impairments and reversals	0	0	2,479	1,660	0	0	4,139
Net gain on revaluation of property, plant and equipment	0	0	4,332	698	0	0	5,030
Receipt of donated/government-granted assets	0	0	0	49,033	200	0	49,233
Transfers from donated asset/government grant reserves	0	0	0	(6,966)	(30)	0	(6,996)
New PDC received	15,000	0	0	0	0	0	15,000
<b>Balance at 31 March 2011</b>	<b>124,732</b>	<b>16,868</b>	<b>48,623</b>	<b>141,551</b>	<b>363</b>	<b>3,114</b>	<b>335,251</b>
<b>Changes in taxpayers' equity for 2009/10</b>							
<b>Balance at 31 March 2009</b>	94,375	5,951	41,945	89,296	37	3,114	234,718
<b>Total comprehensive income for the year</b>							
Retained surplus/(deficit) for the year	0	3,551	0	0	0	0	3,551
Transfers between reserves	0	13	0	(13)	0	0	0
Impairments and reversals	0	0	(8,123)	(4,929)	0	0	(13,052)
Net gain on revaluation of property, plant and equipment	0	0	8,174	1,612	0	0	9,786
Receipt of donated/government-granted assets	0	0	0	18,509	172	0	18,681
Transfers from donated asset/government grant reserves	0	0	0	(7,349)	(16)	0	(7,365)
New PDC received	15,357	0	0	0	0	0	15,357
<b>Balance at 31 March 2010</b>	<b>109,732</b>	<b>9,515</b>	<b>41,996</b>	<b>97,126</b>	<b>193</b>	<b>3,114</b>	<b>261,676</b>

## Statement of cash flows

For the year ended 31 March 2011

	Note	2010/11 £000	2009/10 £000
<b>Cash flows from operating activities</b>			
Operating surplus/(deficit)		13,316	8,231
Depreciation and amortisation		13,641	15,348
Impairments and reversals		1,448	3,817
Transfer from donated asset reserve		(6,966)	(7,349)
Transfer from government grant reserve		(30)	(16)
Dividends paid		(5,664)	(5,124)
Decrease/(increase) in inventories		17	(2,224)
Decrease/(increase) in trade and other receivables		6,305	(5,359)
Increase in trade and other payables		9,541	3,452
Decrease in other current liabilities		(27)	(618)
Increase in provisions		1,233	473
<b>Net cash inflow from operating activities</b>		<b>32,814</b>	<b>10,631</b>
<b>Cash flows from investing activities</b>			
Interest received		63	36
Payments for property, plant and equipment		(71,857)	(36,777)
Proceeds from disposal of plant, property and equipment		0	500
Payments for intangible assets		(647)	(118)
<b>Net cash outflow from investing activities</b>		<b>(72,441)</b>	<b>(36,359)</b>
<b>Net cash outflow before financing</b>		<b>(39,627)</b>	<b>(25,728)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		15,000	15,357
Other capital receipts		48,513	12,981
<b>Net cash inflow from financing</b>		<b>63,513</b>	<b>28,338</b>
<b>Net increase in cash and cash equivalents</b>		<b>23,886</b>	<b>2,610</b>
<b>Cash and cash equivalents at the beginning of the financial year</b>		<b>8,485</b>	<b>5,875</b>
<b>Cash and cash equivalents at the end of the financial year</b>	20	<b>32,371</b>	<b>8,485</b>

## Notes to the accounts

### 1. Accounting policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the *NHS Trusts Manual for Accounts*, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2010/11 *NHS Trusts Manual for Accounts* issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the *NHS Trusts Manual for Accounts* permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### 1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

### 1.3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

#### 1.3.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

- As described in note 1.7 the Trust's plant and equipment is valued at depreciated replacement cost; the valuation being assessed by the Trust taking into account the movement of indices which the Trust has decided are appropriate.
- The Trust leases a number of buildings which are owned by Great Ormond Street Hospital Children's Charity. The Trust has assessed how the risks and rewards of ownership are distributed between itself and the charity in categorising these leases as either operating or finance leases.

c The Trust has incurred expenditure relating to payments to a third party power supplier in order to increase the amount of power supplied to the Trust's main site. This expenditure is included in prepayments and is being amortised over the estimated period of use.

#### 1.3.2 Key sources of estimation uncertainty

There are no areas subject to estimation that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

#### 1.4 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the Trust is from commissioners for healthcare services. Revenue relating to patient care spells that are part-completed at the year end are apportioned across the financial years on the basis of length of stay at the end of the reporting period compared to expected total length of stay.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for example, by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual.

## Notes to the accounts continued

### 1.5 Employee benefits

#### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

#### Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

### 1.6 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

### 1.7 Property, plant and equipment Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

#### Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost.

Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

The Trust engaged the services of the district valuer to revalue all of its buildings to a modern equivalent value as part of the International Financial Reporting Standards exercise, and to meet the new standard approach adopted by HM Treasury. These new values have been recognised in these accounts. During the period of the hospital redevelopment programme, the Trust will be conducting more frequent valuations as and when projects are completed and buildings are brought into use.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008, indexation has ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the statement of comprehensive income.

#### Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

### 1.8 Intangible assets Recognition and measurement

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at cost and amortised to determine fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use.
- The intention to complete the intangible asset and use it.
- The ability to sell or use the intangible asset.
- How the intangible asset will generate probable future economic benefits or service potential.
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it.
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

### 1.9 Depreciation, amortisation and impairments

Freehold land, properties under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

Periodically, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

## Notes to the accounts continued

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. This is a change in accounting policy from previous years where all impairments were taken to the revaluation reserve to the extent that a balance was held for that asset and thereafter to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

### 1.10 Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to the donated asset reserve. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to offset the expenditure. On sale of donated assets, the net book value is transferred from the donated asset reserve to retained earnings.

### 1.11 Government grants

Government grants are grants from government bodies other than revenue from NHS bodies for the provision of services. Revenue grants are treated as deferred income initially and credited to income to match the expenditure to which they relate. Capital grants are credited to the government grant reserve and released to operating revenue over the life of the asset in a manner consistent with the depreciation and impairment charges for that asset. Assets purchased from government grants are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the government grant reserve and, each year, an amount equal to the depreciation charge on the asset is released from the government grant reserve to the offset the expenditure.

### 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Where a lease is for land and buildings, the land and building components are separated. Leased land is treated as an operating lease. Leased buildings are assessed as to whether they are operating or finance leases.

The Trust also has peppercorn lease arrangements in place. In these cases, if the lease is assessed to be a finance lease, the lease is valued at fair value on inception of the lease agreement and then amortised over the life of the lease agreement.

The Trust revalues property finance leases on the same basis and regularity as owned property assets.

### 1.13 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### 1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

### 1.15 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 2.2 per cent in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

### 1.16 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 23.

### 1.17 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims, are charged to operating expenses as and when they become due.

### 1.18 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

### 1.19 Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets; and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

#### Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

## Notes to the accounts continued

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

### 1.20 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

### 1.21 Value Added Tax (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.22 Foreign currencies

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

### 1.23 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in the NHS Trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as PDC dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5 per cent) on the average carrying amount of all assets less liabilities, except for donated assets and cash balances with the Office of the Paymaster General. The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets. Prior to 2009/10, the PDC dividend was determined using forecast average relevant net assets and a note to the accounts discloses the rate that the dividend represents as a percentage of the actual average carrying amount of assets less liabilities in the year. From 1 April 2009, the dividend payable is based on the actual average relevant net assets for the year instead of forecast amounts.

### 1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

### 1.25 Charitable funds

The Trust does not have the power to influence or control the financial and operating policies of Great Ormond Street Hospital Children's Charity.

### 1.26 Research and development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Operating Cost Statement on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated quarterly on the same basis as depreciation.

### 1.27 Accounting standards issued but not yet adopted

IFRIC 19 *Extinguishing financial liabilities with equity instruments* is effective from 1 July 2010. Neither the Treasury FReM nor the Department of Health's Manual for Accounts require this standard to be applied in 2010/11. The application of the IFRIC would not have a material impact on the Trust's accounts in 2010/11 were it applied that year.

## 2. Operating segments

The Trust has one operating segment – provision of healthcare. This is consistent with the current internal reporting arrangements to the chief operating decision maker – Management Board. The segment therefore includes all of the assets, liabilities and tax payers equity as reported in the statement of financial position. Further detail is available on other statements in these accounts, as well as in the disclosures and notes and can be read as pertaining entirely to the healthcare segment.

## 3. Revenue from patient care activities

	2010/11 £000	2009/10 £000
Strategic Health Authorities	42,791	38,703
NHS trusts	1,733	7,508
Primary Care Trusts	200,381	181,850
Foundation Trusts	0	304
Local authorities	1,059	1,009
Department of Health	951	1,046
NHS other	8,267	12,133
<b>Non-NHS</b>		
Private patients	24,989	20,963
Overseas patients (non-reciprocal)	112	28
Injury costs recovery	29	64
Other	3,569	3,939
	<b>283,881</b>	<b>267,547</b>

## 4. Other operating revenue

	2010/11 £000	2009/10 £000
Patient transport services	1,267	877
Education, training and research	27,136	25,037
Charitable and other contributions to expenditure	5,054	5,179
Transfers from donated asset reserves	6,966	7,349
Transfers from government grant reserves	30	16
Non-patient care services to other bodies	3,789	3,764
Income generation	1,873	1,317
Other revenue	6,311	7,060
	<b>52,426</b>	<b>50,599</b>

'Other' revenue includes: third party funded posts (£2.6 million), cost of living and levy income (£1.5 million) and income from outreach clinics (£0.7 million).

## Notes to the accounts continued

### 5. Revenue

	2010/11 £000	2009/10 £000
From rendering of services	336,307	318,146

Revenue is almost totally from the supply of clinical services and includes clinical related expenses including drugs, blood and prosthesis, as well as research activities. Revenue from the sale of goods is immaterial.

### 6. Operating expenses

	2010/11 £000	Restated 2009/10 £000
Services from other NHS trusts	2,422	2,500
Services from Primary Care Trusts	270	252
Services from other NHS bodies	152	310
Services from Foundation Trusts	1,800	897
Purchase of healthcare from non-NHS bodies	2,165	1,645
Trust Chair and Non-Executive Directors	56	56
Employee benefits	192,216	184,728
Supplies and services – clinical	72,081	64,828
Supplies and services – general	3,092	2,447
Consultancy services	1,101	1,587
Establishment	2,779	2,809
Transport	2,787	2,172
Premises	18,985	18,707
Provision for impairment of receivables	92	271
Depreciation	13,519	15,177
Amortisation	122	171
Impairments and reversals of property, plant and equipment	1,448	3,817
Audit fees	215	150
Other auditor's remuneration	174	174
Clinical negligence	1,714	1,463
Education and training	2,744	2,365
Other	3,057	3,389
	<b>322,991</b>	<b>309,915</b>

The 2009/10 figures for employee benefits have been restated to reflect a change in analysis in accordance with Department of Health guidance.

### 7. Operating leases

	2010/11 £000	2009/10 £000
<b>Payments recognised as an expense</b>		
Minimum lease payments	1,422	1,293
	<b>1,422</b>	<b>1,293</b>

	Buildings £000	2010/11 Other £000	Total £000	2009/10 Total £000
<b>Total future minimum lease payments</b>				
<b>Payable</b>				
Not later than one year	1,328	55	1,383	1,293
Between one and five years	5,138	60	5,198	5,016
After five years	10,404	0	10,404	11,709
Total	<b>16,870</b>	<b>115</b>	<b>16,985</b>	<b>18,018</b>

### 8. Employee costs and numbers

#### 8.1 Employee costs

	2010/11			2009/10		
	Total £000	Permanently employed £000	Other £000	Total £000	Permanently employed £000	Other £000
Salaries and wages	163,746	145,714	18,032	157,682	139,084	18,598
Social security costs	11,541	11,541	0	11,248	11,248	0
Employer contributions to NHS Pension Scheme	16,556	16,481	75	15,944	15,847	97
Other pension costs	0	0	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	1,089	1,089	0	(90)	(90)	0
<b>Employee benefits expense</b>	<b>192,932</b>	<b>174,825</b>	<b>18,107</b>	<b>184,784</b>	<b>166,089</b>	<b>18,695</b>
<b>Of the total above:</b>						
Charged to capital	716			0		
Employee benefits charged to revenue	192,216			184,784		
	<b>192,932</b>			<b>184,784</b>		

## Notes to the accounts continued

### 8.2 Average number of people employed

	2010/11			2009/10		
	Total number	Permanently employed number	Other number	Total number	Permanently employed number	Other number
Medical and dental	516	471	45	520	483	37
Administration and estates	919	819	100	887	776	111
Healthcare assistants and other support staff	269	262	7	240	229	11
Nursing, midwifery and health-visiting staff	1,278	1,118	160	1,292	1,155	137
Scientific, therapeutic and technical staff	692	660	32	676	621	55
Other	4	4	0	4	4	0
<b>Total</b>	<b>3,678</b>	<b>3,334</b>	<b>344</b>	<b>3,619</b>	<b>3,268</b>	<b>351</b>

#### Of the total above:

Number of whole time equivalent staff engaged on capital projects	14			0		
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### 8.3 Staff sickness absence

	2010/11 number	2009/10 number
<b>Total days lost</b>	<b>22,155</b>	34,164
<b>Total staff years</b>	<b>3,305</b>	3,236
Average working days lost	7	11

The figures for staff sickness absence are based on calendar years as per Department of Health guidance.

### 8.4 Management costs

	2010/11 £000	2009/10 £000
Management costs	13,738	13,888
Income	336,307	318,146

### 8.5 Exit packages for staff leaving in 2010/11

	2010/11			2009/10		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£20,001	13	2	15	10	0	10
£20,001–£40,000	5	3	8	2	0	2
£40,001–£100,000	5	1	6	2	0	2
£100,001–£150,000	0	1	1	0	0	0
£150,001–£200,000	2	0	2	0	0	0
>£200,000	0	0	0	0	0	0
<b>Total number of exit packages by type (total cost)</b>	<b>25</b>	<b>7</b>	<b>32</b>	<b>14</b>	<b>0</b>	<b>14</b>
<b>Total resource cost (£000s)</b>	<b>944</b>	<b>285</b>	<b>1,229</b>	<b>219</b>	<b>0</b>	<b>219</b>

Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pension Scheme. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. **Note:** the expense associated with these departures may have been recognised in part or in full in a previous period.

## Notes to the accounts continued

### 9. Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows:

#### a Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation that determined current contribution rates, was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date. The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004.

In order to defray the costs of benefits, employers pay contributions at 14 per cent of pensionable pay and most employees had, up until April 2008, paid six per cent, with manual staff paying five per cent.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme

taking effect from 1 April 2008, this valuation report recommended that employer contributions could continue at the existing rate of 14 per cent of pensionable pay, from 1 April 2008, following the introduction of employee contributions on a tiered scale from five per cent up to 8.5 per cent of their pensionable pay depending on total earnings.

On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities.

#### b Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member dataset is provided to the scheme actuary. At this point the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

The valuation of the scheme liability as at 31 March 2011, is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 31 March 2011 with summary global member and accounting data.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from the stationery office.

#### c Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific

conditions that must be met before these benefits can be obtained:

The scheme is a final salary scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the scheme regulations, have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008, members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HM Revenue and Customs rules. This new provision is known as 'pension commutation'.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the 12 months ending 30 September in the previous calendar year.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the Trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS scheme and contribute to money purchase additional voluntary contributions run by the scheme's approved providers or by other free standing additional voluntary contributions providers.

## 10. Better Payment Practice Code

### 10.1 Measure of compliance

	2010/11		2009/10	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	76,386	196,153	70,589	136,063
Total non-NHS trade invoices paid within target	66,727	169,758	62,084	118,446
Percentage of non-NHS trade invoices paid within target	87%	87%	88%	87%
Total NHS trade invoices paid in the year	3,267	18,334	3,100	16,949
Total NHS trade invoices paid within target	1,681	10,365	1,962	13,872
Percentage of NHS trade invoices paid within target	51%	57%	63%	82%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

### 11. Investment revenue

	2010/11 £000	2009/10 £000
Bank accounts	68	36

### 12. Other gains and losses

	2010/11 £000	2009/10 £000
(Loss)/gain on disposal of property, plant and equipment	(633)	487

### 13. Finance costs

	2010/11 £000	2009/10 £000
Unwinding of discount on provisions	31	31



## Notes to the accounts continued

### 14. Property, plant and equipment

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construct and POA £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
<b>2010/11</b>								
Cost or valuation at 1 April 2010	38,555	126,126	3,233	43,256	55,826	15,835	4,350	287,181
Additions purchased	0	8,506	0	15,000	381	3,832	0	27,719
Additions donated	0	285	0	47,391	1,325	0	32	49,033
Additions government granted	0	200	0	0	0	0	0	200
Reclassifications	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(1,041)	0	0	(1,041)
Revaluation/indexation gains	3,200	1,390	146	0	599	0	0	5,335
Impairments	0	(788)	0	0	(228)	0	0	(1,016)
Reversal of impairments	3,300	1,855	0	0	0	0	0	5,155
<b>At 31 March 2011</b>	<b>45,055</b>	<b>137,574</b>	<b>3,379</b>	<b>105,647</b>	<b>56,862</b>	<b>19,667</b>	<b>4,382</b>	<b>372,566</b>
Depreciation at 1 April 2010	0	7,152	73	0	22,469	6,892	1,989	38,575
Disposals other than by sale	0	0	0	0	(408)	0	0	(408)
Revaluation/indexation gains	0	0	0	0	305	0	0	305
Impairments	0	2,723	0	0	0	0	0	2,723
Reversal impairments	0	(1,275)	0	0	0	0	0	(1,275)
Charged during the year	0	3,581	113	0	6,775	2,302	748	13,519
<b>Depreciation at 31 March 2011</b>	<b>0</b>	<b>12,181</b>	<b>186</b>	<b>0</b>	<b>29,141</b>	<b>9,194</b>	<b>2,737</b>	<b>53,439</b>
<b>Net book value</b>								
Purchased	43,013	63,132	3,193	39,435	18,353	9,061	1,051	177,238
Donated	2,042	62,061	0	66,212	9,205	1,412	594	141,526
Government granted	0	200	0	0	163	0	0	363
<b>Total at 31 March 2011</b>	<b>45,055</b>	<b>125,393</b>	<b>3,193</b>	<b>105,647</b>	<b>27,721</b>	<b>10,473</b>	<b>1,645</b>	<b>319,127</b>
<b>Asset financing</b>								
Owned	45,055	120,608	3,193	105,647	27,721	10,473	1,645	314,342
Finance leased	0	4,785	0	0	0	0	0	4,785
<b>Total 31 March 2011</b>	<b>45,055</b>	<b>125,393</b>	<b>3,193</b>	<b>105,647</b>	<b>27,721</b>	<b>10,473</b>	<b>1,645</b>	<b>319,127</b>

#### 14.1 Revaluation reserve balance for property, plant and equipment

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2010	21,359	17,068	2,498	1,056	0	0	15	41,996
Movements*	6,205	310	144	(32)	0	0	0	6,627
<b>At 31 March 2011</b>	<b>27,564</b>	<b>17,378</b>	<b>2,642</b>	<b>1,024</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>48,623</b>

\*Movements in the revaluation reserve have been caused by revaluations.

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construct and POA £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
<b>2009/10</b>								
Cost or valuation at 1 April 2009	41,855	107,643	2,810	34,610	53,758	10,931	2,918	254,525
Additions purchased	0	3,145	0	14,677	1,809	3,799	1,129	24,559
Additions donated	0	1,932	0	10,970	3,560	1,731	315	18,508
Additions government granted	0	0	0	0	172	0	0	172
Reclassifications	0	16,929	0	(16,929)	0	0	0	0
Disposals other than by sale	0	(3,206)	0	0	(3,473)	(626)	(12)	(7,317)
Revaluation/indexation gains	0	9,363	423	0	0	0	0	9,786
Impairments	(3,300)	(9,680)	0	(72)	0	0	0	(13,052)
<b>At 31 March 2010</b>	<b>38,555</b>	<b>126,126</b>	<b>3,233</b>	<b>43,256</b>	<b>55,826</b>	<b>15,835</b>	<b>4,350</b>	<b>287,181</b>
Depreciation at 1 April 2009	0	0	0	0	19,989	5,536	1,360	26,885
Disposals other than by sale	0	(3,206)	0	0	(3,473)	(613)	(12)	(7,304)
Impairments	0	3,817	0	0	0	0	0	3,817
Charged during the year	0	6,541	73	0	5,953	1,969	641	15,177
<b>Depreciation at 31 March 2010</b>	<b>0</b>	<b>7,152</b>	<b>73</b>	<b>0</b>	<b>22,469</b>	<b>6,892</b>	<b>1,989</b>	<b>38,575</b>
<b>Net book value</b>								
Purchased	36,808	57,679	3,160	24,435	21,126	6,812	1,315	151,335
Donated	1,747	61,295	0	18,821	12,038	2,131	1,046	97,078
Government granted	0	0	0	0	193	0	0	193
<b>Total at 31 March 2010</b>	<b>38,555</b>	<b>118,974</b>	<b>3,160</b>	<b>43,256</b>	<b>33,357</b>	<b>8,943</b>	<b>2,361</b>	<b>248,606</b>
<b>Asset financing</b>								
Owned	38,555	114,942	3,160	43,256	33,357	8,943	2,361	244,574
Finance leased	0	4,032	0	0	0	0	0	4,032
<b>Total 31 March 2010</b>	<b>38,555</b>	<b>118,974</b>	<b>3,160</b>	<b>43,256</b>	<b>33,357</b>	<b>8,943</b>	<b>2,361</b>	<b>248,606</b>

Great Ormond Street Hospital Children's Charity donated £49 million (2009/10: £18.5 million) towards property plant and equipment expenditure.

For assets held at revalued amounts:

- the effective date of revaluation was 31 March 2011
- the valuation of land, buildings and dwellings was undertaken by Peter Ashby, Member of the Royal Institution of Chartered Surveyors, Senior Surveyor, District Valuers Office
- the valuations were undertaken using a modern equivalent asset methodology.

## Notes to the accounts continued

### 14. Property, plant and equipment (continued)

#### Useful economic lives

Asset type	Minimum life (years)	Maximum life (years)
Buildings excluding dwellings	12	49
Dwellings	24	28
Plant and machinery	1	27
Information technology	1	6
Furniture and fittings	1	5

### 15. Impairments

An impairment of £1.4 million is reflected in the accounts. This is a result of a full valuation of the Trust's land and buildings carried out by the district valuer using the modern equivalent assets valuation methodology.

### 16. Intangible assets

	Computer software (internally generated) £000	Licences and trademarks £000	Development expenditure (internally generated) £000	Total £000
<b>2010/11</b>				
Gross cost at 1 April 2010	388	85	473	946
Additions purchased	544	103	0	647
Additions donated	0	0	0	0
<b>Gross cost at 31 March 2011</b>	<b>932</b>	<b>188</b>	<b>473</b>	<b>1,593</b>
Amortisation at 1 April 2010	108	63	303	474
Charged during the year	76	13	33	122
<b>Amortisation at 31 March 2011</b>	<b>184</b>	<b>76</b>	<b>336</b>	<b>596</b>
<b>Net book value</b>				
Purchased	738	111	123	972
Donated	10	1	14	25
<b>Total at 31 March 2011</b>	<b>748</b>	<b>112</b>	<b>137</b>	<b>997</b>
<b>2009/10</b>				
Gross cost at 1 April 2009	316	76	463	855
Additions purchased	71	9	10	90
Additions donated	1	0	0	1
<b>Gross cost at 31 March 2010</b>	<b>388</b>	<b>85</b>	<b>473</b>	<b>946</b>
Amortisation at 1 April 2009	47	49	207	303
Charged during the year	61	14	96	171
<b>Amortisation at 31 March 2010</b>	<b>108</b>	<b>63</b>	<b>303</b>	<b>474</b>
<b>Net book value</b>				
Purchased	261	21	142	424
Donated	19	1	28	48
<b>Total at 31 March 2010</b>	<b>280</b>	<b>22</b>	<b>170</b>	<b>472</b>

## Notes to the accounts continued

### 17. Commitments

#### 17.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2011 £000	31 March 2010 £000
Property, plant and equipment	30,388	88,039
Intangible assets	145	0
<b>Total</b>	<b>30,533</b>	<b>88,039</b>

#### 17.2 Other financial commitments

The Trust has entered into non-cancellable contracts (which are not leases or private finance initiative contracts or other service concession arrangements). The payments to which the Trust is committed are as follows:

	31 March 2011 £000	31 March 2010 £000
Not later than one year	24,849	9,995
Later than one year and not later than five years	3,954	3,376
<b>Total</b>	<b>28,803</b>	<b>13,371</b>

The financial commitments relate to both maintenance and service contracts.

### 18. Inventories

	31 March 2011 £000	31 March 2010 £000
Drugs	1,294	3,261
Consumables	3,862	1,912
<b>Total</b>	<b>5,156</b>	<b>5,173</b>

### 19. Trade and other receivables

#### 19.1 Trade and other receivables

	Current 31 March 2011 £000	Non-current 31 March 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
NHS receivables – revenue	7,455	0	16,962	0
Non-NHS receivables – revenue	10,360	0	9,467	0
Non-NHS receivables – capital	6,571	0	5,851	0
Provision for the impairment of receivables	(1,498)	0	(1,435)	0
Prepayments and accrued income	4,919	9,505	3,171	9,039
Value Added Tax	1,895	0	1,630	0
Other receivables	807	0	909	0
<b>Total</b>	<b>30,509</b>	<b>9,505</b>	<b>36,555</b>	<b>9,039</b>

The great majority of trade is with Primary Care Trusts (PCTs), as commissioners for NHS patient care services. As PCTs are funded by the government to buy NHS patient care services, no credit scoring of them is considered necessary.

#### 19.2 Receivables past their due date but not impaired

	31 March 2011 £000	31 March 2010 £000
By up to three months	2,130	6,251
By three to six months	500	762
By more than six months	28	915
<b>Total</b>	<b>2,658</b>	<b>7,928</b>

#### 19.3 Provision for impairment of receivables

	31 March 2011 £000	31 March 2010 £000
<b>Balance at 1 April</b>	<b>(1,435)</b>	<b>(1,258)</b>
Amount written off during the year	29	94
Amount recovered during the year	34	176
Increase in receivables impaired	(126)	(447)
<b>Balance at 31 March</b>	<b>(1,498)</b>	<b>(1,435)</b>

## Notes to the accounts continued

### 20. Cash and cash equivalents

	31 March 2011 £000	31 March 2010 £000
Balance at 1 April	8,485	5,875
Net change in year	23,886	2,610
<b>Balance at 31 March</b>	<b>32,371</b>	<b>8,485</b>
<b>Made up of</b>		
Cash with government banking services	32,349	8,440
Commercial banks and cash in hand	22	45
<b>Cash and cash equivalents as in statement of financial position</b>	<b>32,371</b>	<b>8,485</b>
<b>Cash and cash equivalents as in statement of cash flows</b>	<b>32,371</b>	<b>8,485</b>

### 21. Trade and other payables

	Current 31 March 2011 £000	Current 31 March 2010 £000
NHS payables – revenue	7,722	4,102
Non-NHS trade payables – revenue	2,519	3,716
Non-NHS trade payables – capital	12,179	7,084
Accruals and deferred income	21,146	14,300
Social security costs	1,737	1,666
Tax	2,285	2,149
Other	0	48
<b>Total</b>	<b>47,588</b>	<b>33,065</b>

### 22. Other liabilities

	Current 31 March 2011 £000	Non-current 31 March 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
Lease incentives	400	7,327	400	7,728
Other payables	2,982	0	2,608	0
<b>Total</b>	<b>3,382</b>	<b>7,327</b>	<b>3,008</b>	<b>7,728</b>

Other payables include £2.2 million outstanding pensions contributions at 31 March 2011 (31 March 2010: £2.2 million).

### 23. Provisions

	Current 31 March 2011 £000	Non-current 31 March 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
Pensions relating to other staff	109	1,250	109	1,304
Legal claims	78	0	0	0
Redundancy	580	0	0	0
Other provisions	2,100	0	1,440	0
<b>Total</b>	<b>2,867</b>	<b>1,250</b>	<b>1,549</b>	<b>1,304</b>

	Pensions relating to other staff £000	Legal claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2010	1,413	0		1,440	2,853
Arising during the year	24	78	1,175	700	1,977
Used during the year	(109)	0	(455)	0	(564)
Reversed unused	0	0	(140)	(40)	(180)
Unwinding of discount	31	0	0	0	31
At 31 March 2011	1,359	78	580	2,100	4,117

#### Expected timing of cash flows

Within one year	109	78	580	2,100	2,867
Between one and five years	436	0	0	0	436
After five years	814	0	0	0	814

£25.4 million is included in the provisions of the NHS Litigation Authority at 31 March 2011 in respect of clinical negligence liabilities of the Trust (31 March 2010: £25.6 million).

### 24. Contingencies

#### 24.1 Contingent liabilities

	2010/11 £000	2009/10 £000
Pending legal cases	(31)	0
<b>Total</b>	<b>(31)</b>	<b>0</b>

## Notes to the accounts continued

### 25. Financial instruments

#### 25.1 Financial assets

	2010/11 £000	2009/10 £000
Receivables	25,590	30,845
Cash at bank and in hand	32,371	8,485
<b>Total at 31 March 2011</b>	<b>57,961</b>	<b>39,330</b>

#### 25.2 Financial liabilities

	2010/11 £000	2009/10 £000
Payables	26,442	19,898
<b>Total at 31 March 2011</b>	<b>26,442</b>	<b>19,898</b>

#### 25.3 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Primary Care Trusts (PCTs) and the way those PCTs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

##### Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling-based. The Trust therefore has low exposure to currency rate fluctuations.

##### Interest rate risk

The Trust's cash balances are held with the Government Banking Service. The Trust, therefore, has low exposure to interest rate fluctuations.

##### Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2011 are in receivables from customers, as disclosed in the trade and other receivables note.

##### Liquidity risk

The Trust's operating costs are incurred under contracts with PCTs, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

### 26. Events after the reporting period

The Trust has agreed to transfer the Haringey Paediatric Service to the Whittington Hospital, with effect from 24 May 2011. The annual cost of this service was £10.8 million in 2010/11.

### 27. Financial performance targets

The figures given for periods prior to 2009/10 are on a UK Generally Accepted Accounting Principles (GAAP) basis, as that is the basis on which the targets were set for those years.

#### 27.1 Breakeven performance

	2005/06 £000	2006/07 £000	2007/08 £000	2008/09 £000	2009/10 £000	2010/11 £000
Turnover	221,449	247,048	270,693	291,450	318,146	336,307
Retained surplus for the year	1,902	2,117	6,956	1,348	3,551	7,169
Adjustments for impairments	0	0	0	4,541	3,817	1,448
Breakeven in-year position	1,902	2,117	6,956	5,889	7,368	8,617
Breakeven cumulative position	3,673	5,790	12,746	18,635	26,003	34,620

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10, NHS trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury on measuring departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include private finance initiative schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring breakeven performance.

	2005/06 %	2006/07 %	2007/08 %	2008/09 %	2009/10 %	2010/11 %
<b>Materiality test (ie is it equal to or less than 0.5 per cent?)</b>						
Breakeven in-year position as a percentage of turnover	1	1	3	2	2	3
Breakeven cumulative position as a percentage of turnover	2	2	5	6	8	10

The amounts in the above tables in respect of financial years 2005/06 to 2008/09 inclusive have not been restated to IFRS and remain on a UK GAAP basis.

#### 27.2 Capital cost absorption rate

Until 2008/09, the Trust was required to absorb the cost of capital at a rate of 3.5 per cent of forecast average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital (PDC) bears to the actual average relevant net assets.

From 2009/10, the dividend payable on PDC is based on the actual (rather than forecast) average relevant net assets, and therefore the actual capital cost absorption rate is automatically 3.5 per cent.

## Notes to the accounts continued

### 27.3 External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	2010/11 £000	2009/10 £000
External financing limit	<b>15,417</b>	19,905
Cash flow financing	39,627	25,728
Other capital receipts	(48,513)	(12,981)
External financing requirement	<b>(8,886)</b>	12,747
<b>Undershoot</b>	<b>24,303</b>	7,158

### 27.4 Capital resource limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2010/11 £000	2009/10 £000
Gross capital expenditure	<b>77,599</b>	43,330
Less: book value of assets disposed of	<b>(633)</b>	(13)
Less: capital grants	<b>(200)</b>	0
Less: donations towards the acquisition of non-current assets	<b>(49,033)</b>	(18,681)
Charge against the capital resource limit	<b>27,733</b>	24,636
Capital resource limit	<b>28,250</b>	25,207
<b>Underspend against the capital resource limit</b>	<b>517</b>	571

### 28. Related party transactions

Great Ormond Street Hospital for Children NHS Trust (GOSH) is a body corporate established by order of the Secretary of State for Health.

During the year, none of the Board members or members of the key management staff, or parties related to them, has undertaken any material transactions with the Trust.

The Department of Health is regarded as a related party. During the year, GOSH has had a significant number of material transactions with the department, and with other entities for which the department is regarded as the parent department. These entities are listed right:

	Receipts from related party 2010/11 £000	Receipts from related party 2009/10 £000	Due from related party 2010/11 £000	Due from related party 2009/10 £000
<b>Revenue receipts from</b>				
Croydon Primary Care Trust (PCT)	55,441	14,777	0	0
London Strategic Health Authority	51,128	46,596	0	2,271
South East Essex PCT	40,418	36,053	309	1,592
West Kent PCT	14,407	5,465	617	84
Department of Health	12,133	13,516	57	62
Haringey Teaching PCT	12,062	16,733	592	2,798
Hampshire PCT	11,255	10,438	6	1,242
Camden PCT	10,367	13,688	152	672
Tower Hamlets PCT	9,523	19,392	0	739
Barnet PCT	6,053	4,236	478	521
Leicestershire County and Rutland PCT	4,470	3,088	385	44
Enfield PCT	3,958	4,178	0	610
Redbridge PCT	3,492	(16)	138	84
Waltham Forest PCT	3,282	(88)	0	521
Bristol PCT	3,144	4,153	0	0
Islington PCT	3,062	2,526	20	152
Hillingdon PCT	2,880	19,639	353	99
Ealing PCT	2,707	2,526	0	226
Brent Teaching PCT	2,466	2,113	76	0
Barking and Dagenham PCT	2,396	(48)	0	226
Harrow PCT	2,228	1,843	225	407
Havering PCT	2,182	150	0	0
East of England Strategic Health Authority	2,080	1,310	16	8
Hounslow PCT	1,929	1,731	408	436
Birmingham East and North PCT	1,927	1,544	19	39
Barts and the London NHS Trust	1,859	2,143	383	307
Bromley PCT	1,182	1,361	0	112
Western Cheshire PCT	1,134	(12)	44	(6)
Sutton and Merton PCT	1,115	713	111	6
Bexley Care PCT	1,108	14,928	54	0
Greenwich Teaching PCT	1,095	985	153	164
Westminster PCT	1,060	1,359	0	187
Barnsley PCT	1,015	1,139	25	85

## Notes to the accounts continued

### 28. Related party transactions (continued)

	Payments to related party 2010/11 £000	Payments to related party 2009/10 £000	Owed to related party 2010/11 £000	Owed to related party 2009/10 £000
<b>Expenditure payments to</b>				
NHS Business Services Authority	5,440	5,136	306	286
NHS Blood and Transplant	2,703	2,082	435	273
NHS Litigation Authority	1,886	1,745	0	0
University College London NHS Foundation Trust	1,420	1,718	1,599	509
Mid Essex Hospital Services NHS Trust	1,395	1,508	0	0

The de minimis limit is £1 million.

The Trust has also had the following transactions with the Special Trustees of Great Ormond Street Hospital Children's Charity:  
Donations for capital expenditure: £49 million (2009/10: £18.5 million).  
Contributions towards revenue expenditure: £10.3 million (2009/10: £2.8 million).

### 29. Intra-government and other balances

	Current receivables £000	Non-current receivables £000	Current payables £000
Balances with other central government bodies	7,099	0	8,241
Balances with local authorities	83	0	1,684
Balances with NHS trusts and Foundation Trusts	2,265	0	3,426
Intra-government balances	9,447	0	13,351
Balances with bodies external to government	21,062	9,505	34,237
<b>At 31 March 2011</b>	<b>30,509</b>	<b>9,505</b>	<b>47,588</b>
Balances with other central government bodies	21	0	6,042
Balances with local authorities	137	0	1
Balances with NHS trusts and Foundation Trusts	16,962	0	4,102
Intra-government balances	17,120	0	10,145
Balances with bodies external to government	19,435	9,039	22,920
<b>At 31 March 2010</b>	<b>36,555</b>	<b>9,039</b>	<b>33,065</b>

### 30. Losses and special payments

There were 18 cases of losses and special payments (2009/10: 37 cases) totalling £120,097 (2009/10: £143,036) accrued during 2010/11.

## Remuneration report

The remuneration and conditions of service of the Chief Executive and Executive Directors are determined by the Remuneration Committee. The committee meets twice a year, in March and November.

The committee determines the remuneration of the Chief Executive and Executive Directors after taking into account uplifts recommended for other NHS staff, any variation in or changes to the responsibilities of the Executive

Directors, market comparisons, and Hay job evaluation and weightings. There is some scope for adjusting remuneration on the basis of performance.

The remuneration of the Chairman and Non-Executive Directors is determined by the Department of Health. Pension arrangements for the Chief Executive and Executive Directors are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out in

the notes to the accounts. Non-Executive Directors do not receive pensionable remuneration: Baroness Tessa Blackstone  
Ms Yvonne Brown  
Professor Andrew Copp  
Mr Andrew Fane (Chairman)  
Ms Mary MacLeod  
Mr Charles Tilley.

### Salary entitlement of senior managers

Name	Title	2010/11 Salary (bands of £5,000) £000	2009/10 Salary (bands of £5,000) £000
<b>Non-Executive:</b>			
Baroness Tessa Blackstone	Chair**	20-25	20-25
Ms Yvonne Brown	Non-Executive Director**	5-10	5-10
Professor Andrew Copp	Non-Executive Director**	5-10	5-10
Mr Andrew Fane	Non-Executive Director**	5-10	5-10
Ms Mary Macleod OBE	Non-Executive Director**	5-10	5-10
Mr Charles Tilley	Non-Executive Director**	5-10	5-10
<b>Executive:</b>			
Dr Barbara Buckley	Co-Medical Director*	170-175	170-175
Mr Trevor Clarke	Director of International Private Patients*	65-70	65-70
Dr Jane Collins	Chief Executive*	180-185	180-185
Ms Fiona Dalton	Deputy Chief Executive/Director of Operations*	125-130	130-135
Professor Martin Elliott	Co-Medical Director (from 1 September 2010)*	135-140	n/a
Mr Robert Evans	Co-Medical Director (until 31 August 2010)*	70-75	165-170
Professor David Goldblatt	Director of Clinical Research and development	65-70	60-65
Mr Mark Large	Director of ICT	90-95	90-95
Mr William McGill	Director of Estates and Redevelopment	125-130	125-130
Mrs Elizabeth Morgan	Chief Nurse and Director of Education (from 1 June 2010)*	85-90	n/a
Mrs Claire Newton	Chief Finance Officer*	125-130	120-125
Mrs Janet Williss	Acting Director of Nursing (until 20 June 2010)*	20-25	15-20

\* denotes 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

Name	Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2011 (bands of £2,500) £000	Lump sum at age 60 at 31 March 2011 (bands of £5,000) £000	Cash equivalent transfer value at 31 March 2011 £000	Cash equivalent transfer value at 31 March 2010 £000	Real increase/ (decrease) in cash equivalent transfer value £000
Dr Barbara Buckley	Co-Medical Director	0-2.5	5-7.5	45-50	135-140	773	829	(56)
Mr Trevor Clarke	Director of International Private Patients	0-2.5	2.5-5	30-35	100-105	605	651	(46)
Dr Jane Collins	Chief Executive	2.5-5	10-12.5	75-80	235-240	1,647	1,705	(58)
Ms Fiona Dalton	Deputy Chief Executive/ Director of Operations	0-2.5	2.5-5	25-30	75-80	269	303	(34)
Professor Martin Elliott	Co-Medical Director	2.5-5	7.5-10	90-95	270-275	n/a	n/a	n/a
Mr Robert Evans	Co-Medical Director	0-2.5	5-7.5	45-50	145-150	955	1,062	(107)
Mr Mark Large	Director of ICT	0-2.5	2.5-5	15-20	45-50	274	286	(12)
Mr William McGill	Director of Redevelopment	0-2.5	5-7.5	50-55	155-160	1,231	1,261	(30)
Mrs Liz Morgan	Chief Nurse and Director of Education	10-12.5	30-32.5	45-50	135-140	1,008	814	194
Mrs Claire Newton	Chief Finance Officer	0-2.5	2.5-5	5-10	15-20	104	81	23
Mrs Janet Williss	Acting Director of Nursing	0-2.5	2.5-5	30-35	90-95	549	576	(27)

There were no employer contributions to stakeholder pensions for any of the senior managers.

Salaries payable to Non-Executive Directors are non-pensionable.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

#### Real increase in CETV

This reflects the increase/decrease 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 and in the current year reflects revised actuarial assumptions.

## 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

### Impairment

A charge to the revenue account resulting from a reduction in value of assets

### 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

### Balanced scorecard

A performance-management tool

### BRE

Building Research Establishment

### Care bundles

A small set of clinical practices which, when performed collectively, reliably and continuously, have been shown to improve patient outcomes

### CATS

Children's Acute Transport Service

### CBI

Confederation of British Industry

### CEWS

Children's Early Warning Score

### CICU

Cardiac Intensive Care Unit

### Clinical Unit Chair

Lead clinician for a unit

### CNST

Clinical Negligence Scheme for Trusts

### Commissioners

The organisations which purchase services from Great Ormond Street Hospital

### CQC

Care Quality Commission – the organisation that regulates and inspects health and social care services in England

### CQUIN

Commissioning for Quality and Innovation

### CSP

Clinical Site Practitioner – an experienced intensive-care nurse who has expertise in assessing and caring for seriously ill children and works across the hospital

### CVC

Central venous catheter

### DH

Department of Health

### ECMO

Extracorporeal membrane oxygenation

### ENT

Ears, nose and throat

### FCE

Finished consultant episode

### General Manager

Lead manager for a unit

### GP

General practitioner

### GOSH

Great Ormond Street Hospital for Children NHS Trust

### HCAI

Health-care acquired infection

### HES

Hospital Episode Statistics

### HPA

Health Protection Agency

### HRG

Healthcare Resource Group – activity relating to hospitals is illustrated by codes that are based on these groups

### HSMR

Hospital Standardised Mortality Ratio – a measure of quality that indicates whether the death rate at a hospital is higher or lower than one would expect based on a number of factors relating to patients and their conditions

### ICH

UCL Institute of Child Health

### MDT

Multi-disciplinary team – a group of different types of clinicians who work together

### MRI

Magnetic resonance imaging



**MRSA**

Methicillin-resistant  
Staphylococcus aureus

**NCEPOD**

National Confidential Enquiry  
into Patient Outcome and Death

**NHS**

National Health Service

**NHS Institute for Innovation  
and Improvement**

The NHS' own improvement agency,  
which facilitates change management  
to improve care for patients

**NICU**

Neonatal Intensive Care Unit

**NIHR**

National Institute for Health Research

**NMUH**

North Middlesex University Hospital  
NHS Trust

**NPSA**

National Patient Safety Agency

**Paediatric Trigger Tool**

A tool that measures harm caused  
by healthcare. By using the tool, it  
is possible to calculate the adverse  
event rate and identify the areas of  
care in which most incidents of harm  
are occurring

**PALS**

Patient Advice and Liaison Service

**PEAT**

Patient Environment Action Team

**PICANET**

Paediatric Intensive Care Audit  
Network (PICANet) – a national audit  
co-ordinated by the universities of  
Leeds and Leicester, that collects  
data on all children admitted to  
paediatric intensive care units  
across the UK

**PICU**

Paediatric Intensive Care Unit

**PROM**

Patient-Reported Outcome Measures –  
measures of a patient's health status or  
health-related quality of life

**R&D**

Research and Development

**RPST**

Risk Pool Scheme for Trusts

**Safeguarding**

Keeping children safe from harm, such as  
illness, abuse or injury (Commissioner for  
Social Care Inspection et al, 2005:5)

**SBARD**

Situation, background, assessment,  
recommendation and decision

**SCID**

Severe combined immunodeficiency

**SHA**

Strategic Health Authority – regional  
organisations responsible for ensuring  
that all NHS trusts adhere to Department  
of Health rules and regulations.

**SMR**

Standardised Mortality Ratio – similar to  
the HSMR figure in that it shows the level  
of observed deaths compared to expected  
deaths. Different methods of working on  
SMR attach differing weights to various  
factors

**SSI**

Surgical site infection – an infection in  
a wound that is identified after surgery

**SUS**

Secondary Uses Service – a central  
dataset about all NHS provision  
in England

**Transformation**

A service redesign programme that  
aims to improve the quality of care  
we provide to children and enhance  
the working experience of staff

**TPN**

Total parenteral nutrition

**UCL**

University College London

**Unit**

How we group and manage  
our clinical services

**SSI**

Surgical site infection – an infection in  
a wound that is identified after surgery

**SUS**

Secondary Uses Service – a central  
dataset about all NHS provision  
in England

**UCL**

University College London



# Great Ormond Street Hospital for Children NHS Trust

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## Bengali

অনুবোধ করলে নিম্নলিখিত ঠিকানায় থেকে এই লেখার অনুবাদ, বড় অক্ষর, ব্রেল বা অডিও বিবরণ পাওয়া যাবে।

## English

Translations, large print, Braille or audio versions of this report are available upon request from the address above.

## French

Traductions disponibles sur demande à l'adresse ci-dessus. Des versions en gros caractères, en braille ou audio sont également disponibles sur demande.

## Polish

Tłumaczenia są do uzyskania na żądanie pod podanym powyżej adresem. Dokumenty w formie dużym drukiem, brajlem lub audio są także do uzyskania na żądanie.

## Punjabi

ਇਸ ਰਿਪੋਰਟ ਦੇ ਤਰਜਮੇ, ਅਤੇ ਇਹ ਰਿਪੋਰਟ ਵੱਡੇ ਅੱਖਰਾਂ ਜਾਂ ਬ੍ਰੇਲ ਵਿਚ, ਜਾਂ ਸੁਣਨ ਵਾਲੇ ਰੂਪ ਵਿਚ ਹੋਠ ਲਿਖੇ ਪਤੇ ਤੋਂ ਮੰਗ ਕੇ ਲਏ ਜਾ ਸਕਦੇ ਹਨ।

## Somali

Turjubaan ayaa cinwaanka kor ku qoran laga heli karaa markii la soo codsado. Daabacad far waa-wayn, farta indhoolaha Braille ama hab la dhegaysto ayaa xittaa la heli karaa markii la soo codsado.

## Tamil

பெரிய அச்சில், இந்த அறிக்கையின் மொழிபெயர்ப்புகள், பெரியலி அல்லது ஒலி பதிப்புகள் விண்ணப்பித்தால் கீழ்க்கண்ட விலாசத்தில் கிடைக்கும்

## Turkish

Talep edilirse yukarıdaki adresten çevirileri tedarik edilebilir. Talep edilirse, iri harflerle, Braille (görme engelliler için) veya sesli şekilde de tedarik edilebilir.

## Urdu

گزارش کرنے پر یہ رپورٹ ترجمے، بڑے حروف کی چھپائی، بریل یا آڈیو ریکارڈنگ ذیل پتے سے حاصل کی جا سکتی ہے۔