



Great Ormond Street  
Hospital for Children  
NHS Foundation Trust



# Annual Report and Accounts 2013/14



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

# **Annual Report and Accounts 2013/14**

Presented to Parliament pursuant to Schedule 7,  
paragraph 25 (4) (a) of the National Health Service Act 2006



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Cover: baby Émilie, is at the hospital to receive treatment for a hernia.

# Introduction

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## Highlights of our performance in 2013/14

The past year has been a successful but challenging year for Great Ormond Street Hospital (GOSH). As our income and activity has grown, we have actively worked to ensure that the quality, safety and experience of our services continue to improve.

### Patient satisfaction

- Levels of satisfaction recorded in the patient survey remain high. More than nine in ten patients (94 per cent) say they are very or fairly satisfied.
- 97 per cent of respondents stated they were likely to recommend the hospital to a friend or relative.
- Puffin Ward opened in March 2014, the first phase of a new procedure floor that combines a new same-day admissions unit, theatres and post-anaesthetic care unit.

### Quality and safety

- Launch of daily planner pilot on Koala Ward to achieve the shortest length of stay possible for every patient.
- Development of an electronic visual whiteboard – Patient Status at a Glance – which contains important flow information about each patient.
- Development of a one-stop vascular access clinic, enabling patients to have their outpatient appointment, ultrasound and any surgery during the course of a day, significantly shortening the pathway for these patients.

### Supporting our staff

- Introduction of a dedicated work programme to appoint specialist nurses across the Trust.
- Launch of the GEMS awards for GOSH Exceptional Members of Staff, which recognise a team and individual every month.

### Activity and income

- Record levels of patients were seen at GOSH.
- Over 90 per cent of our admitted patients and over 95 per cent of our non-admitted patients were seen within 18 weeks.
- Achieved 100 per cent compliance against all relevant cancer waiting standards.
- Consistently met the six-week diagnostic waiting time target over the last year.
- NHS clinical income has grown by 8.5 per cent.
- High compliance against all Commissioning for Quality and Innovation (CQUIN) indicator milestones.

### Transformation

- Undertook focused programmes of work to improve efficiency in theatre utilisation and outpatients appointments, so that we are working more efficiently and able to treat more patients.

### Regulatory monitoring

- Maintained a green governance rating and risk score of four throughout the year.
- Maintained Care Quality Commission (CQC) registration.

### Redevelopment of the hospital site

- Opened phase 1 of the main entrance with a boat-shaped reception in April 2014, including colourful artwork and new furniture.
- Completed procurement process for the Premier Inn Building.

# Introduction from the Chairman and Chief Executive

Our young patients and their families are at the heart of everything we do. These children and young people have some of the most complex conditions known to modern medicine, with many patients being referred to us because we are the only centre nationally, sometimes internationally, that has the expertise to offer them treatment. It is therefore little surprise that demand for our services is growing and that we are receiving a record number of outpatients and inpatients. The largest increases in patients were seen in particular in cardiology, respiratory, a number of medicine specialties and surgery. Such growth does not come without its challenges and we are working hard to ensure we have the right staffing levels, maintain and improve our clinical outcomes and meet and exceed our patients' and their families' expectations of their experience with us.

We are very pleased to say that levels of patient satisfaction remain high, with an independent survey stating that 94 per cent of inpatients were satisfied with the care they received – a slight improvement on the previous year. Patient and family advocacy rates, known as the Friends and Family Test, also remain very high with 97 per cent of respondents saying they were likely to recommend the hospital to a friend or relative. This was complemented by feedback from our staff survey, where 87 per cent of respondents stated they would be happy to vouch for the standard of care provided if a friend or relative needed treatment. Feedback from our patients is essential if we are to drive improvements in care, and we are embracing the opportunity to expand the Friends and Family Test beyond the parents of inpatients to include responses from children and young people, those cared for in daycare areas and outpatients.

We are also proud to be the first UK children's hospital to pilot active reporting of critical incidents and near-misses by our patients and their families. This real time feedback has led to an enhanced safety culture and increases in reporting, and next year we are set to roll the programme out more widely.

During this time of growth we have continued to meet the national waiting time standards for our admitted and non-admitted patients and achieved 100 per cent compliance against all relevant cancer waiting targets.

More patients, along with some increases in the funding we receive for specialist services, meant we finished the year with a healthy surplus of £5 million. However, our financial position should not detract from the task of making the best possible use of the resources given to us centrally and donated by our generous supporters through Great Ormond Street Hospital Children's Charity. Over the last year, the productivity and efficiency programme has improved our processes and reduced our costs. In the coming year our focus must be renewed and efforts doubled as feedback from our patients indicates that inefficiencies in our systems can lead to long waits once they arrive at the hospital.

Translating the latest research breakthroughs into new treatments and care remains key to improving our patients' outcomes. To achieve this we work closely with our academic partner, the UCL Institute for Child Health (ICH). Our aim is to consistently be one of the top five paediatric research institutions in the world and data obtained this year places us in the top three institutions for research impact. Cutting-edge research requires state-of-the-art facilities. Over the last year, working with award-winning architects Stanton Williams and kindly supported by the charity, we have made progress with our vision of creating the world's first centre for research into rare diseases in children.

Our wider redevelopment programme continues apace. It supports our growth by taking outdated and impractical buildings and replacing them with flexible spaces where parents and patients can be more comfortable and clinicians and researchers can work side-by-side on developing and administering the latest treatments.



Baroness Blackstone  
Chairman



Julian Nettel  
Interim Chief Executive

Last year saw further progress in planning the creation of the Premier Inn Clinical Building, the second part of the Mittal Children's Medical Centre. This building will deliver the hospital's vision of providing modern facilities for all acute inpatients, where a parent or carer can stay comfortably by their bedside. At the end of the financial year we also opened our new main reception. By working with our children and young people and their families, we have created a brighter, friendlier modern space that provides the welcome our patients deserve.

Our Members' Council continues to play an active role in working with us to develop new and better ways of working and caring. Over the last year their input includes working with our Executive Directors to shape our values, improve signage and wayfinding, improve our catering and facilitate a smoother transition to adult services. We would like to thank them for their continued engagement and input.


We have begun the process of revising our strategy. We are not doing this alone and have been working closely with our key stakeholders, including our patients and carers via the Foundation Trust membership, the Members' Council, the ICH and the charity. This work will come to fruition in 2014/15 with the publication of our strategies for the three key areas of our business: clinical services, research and innovation, education and training.

As we set out to deliver our strategy for the next five years, we will be joined by a new Chief Executive, Dr Peter Steer. Dr Steer has an impressive track record of successfully leading a specialist paediatric hospital group for some years. He will join the Trust on 1 January 2015.

Recognising the contribution of staff is particularly important in times of growth and change. We have tried to ensure we do this more regularly through our new monthly awards scheme, GOSH Exceptional Members of Staff (GEMS). We would like to end by expressing thanks to all our staff for their dedication and hard work over the past year.



Baroness Blackstone  
Chairman



Julian Nettel  
Interim Chief Executive



# Who we are and what we do

GOSH is an acute specialist trust for children, providing a full range of specialist and sub-specialist paediatric health services as well as carrying out clinical research and providing education and training for staff working in children's healthcare. GOSH was authorised as a Foundation Trust on 1 March 2012.

## Our clinical services

GOSH has the UK's widest range of health services for children on one site: a total of 50 different specialties and sub-specialties.

We have more than 220,000 patient visits a year (outpatient appointments and inpatient admissions). More than half of our patients come from outside London. We are the largest paediatric centre in the UK for:

- Paediatric intensive care.
- Cardiac surgery – we are one of the largest heart transplant centres for children in the world.
- Neurosurgery – we carry out about 60 per cent of all UK operations for children with epilepsy.
- Paediatric cancer services – with University College London Hospitals (UCLH), we are one of the largest centres in Europe for children with cancer.
- Nephrology and renal transplants.
- Children treated from overseas in our International and Private Patients' (IPP) wing.

## Leading research and development

We are the UK's only academic Biomedical Research Centre (BRC) specialising in paediatrics. We are a member of University College London (UCL) Partners, an alliance for world-class research benefitting patients, joining UCL with a number of other hospitals.

Through carrying out research with international partners, GOSH has developed a number of new clinical treatments and techniques that are used around the world.

## Education and training for staff working in children's healthcare

GOSH offers a wide prospectus of learning to all staff groups. Together with London South Bank University, we train the largest number of children's nurses in the UK. We also play a leading role in training paediatric doctors and other health professionals, which includes training on non-technical skills (human factors). Our aim is to work in partnership across all areas of the Trust to ensure the prospectus supports staff to be the best that they can be.



Two-year-old  
Yunis Ali,  
on Lion Ward

# Strategic report

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## Introduction

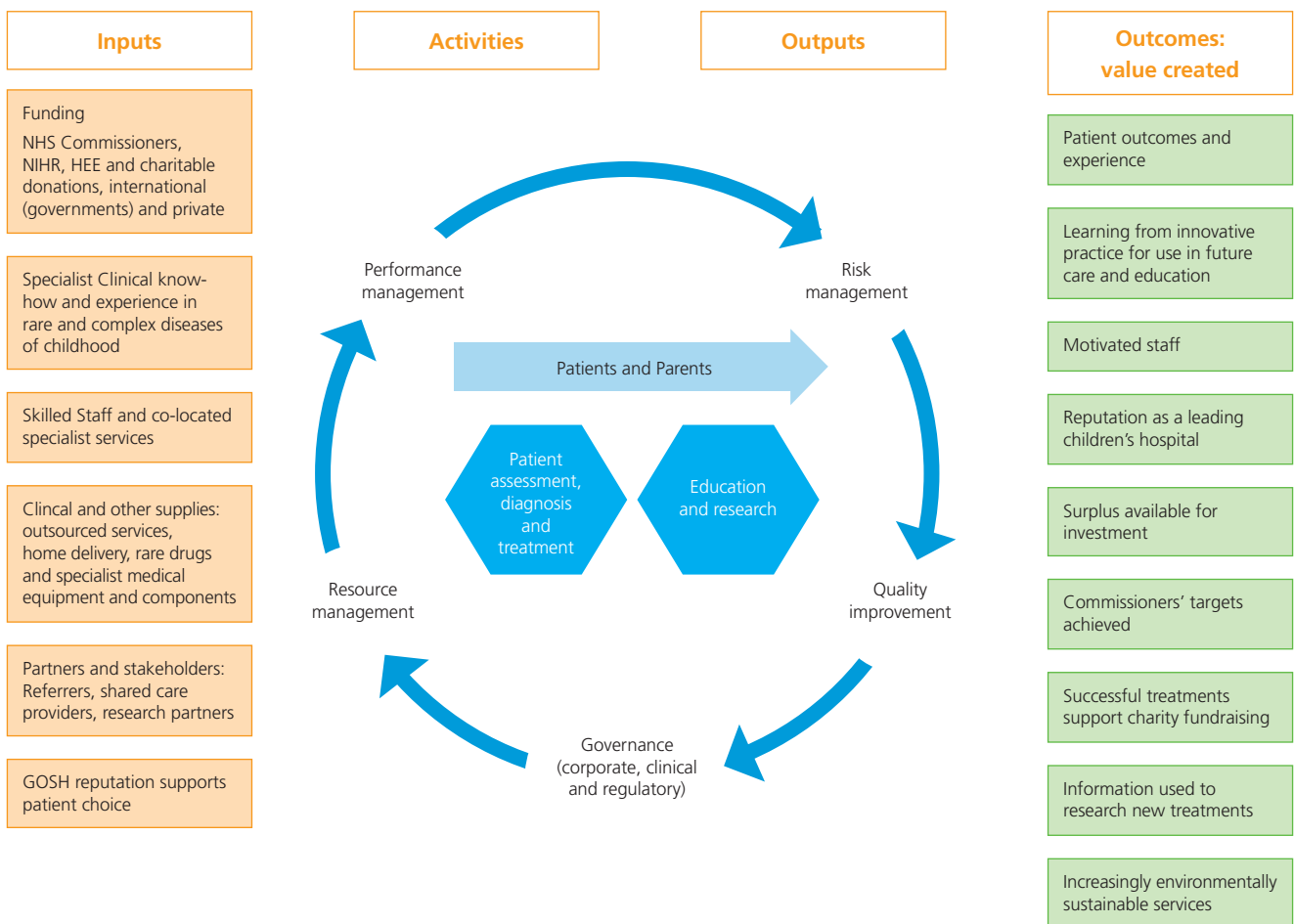
Our overarching aim is summarised in our mission statement ‘the child first and always’. We are an international centre of excellence in paediatric healthcare, specialising in children and young people with complex, rare or highly specialised illnesses or disabilities. We do not have an Accident and Emergency department, and we accept mainly specialist referrals from other hospitals and community services. Working with the UCL Institute of Child Health (ICH), we are also one of the largest centres for research into childhood illness in the world. With the Institute and London South Bank University, we play a key role in training children’s health specialists for the future.

In recognition of our leadership role in paediatrics and our expertise in the area of research and clinical care for young patients, we at GOSH continue to strive to be in the top five children’s hospitals in the world. It is this objective that drives us to achieve our goals. We wish to be seen by all our stakeholders as absolutely committed to delivering on our aims, in partnership with families, other healthcare providers and other agencies.

Our well-established record of achieving clinical excellence, quality improvement and financial stability are summarised in our Transformation goals of Zero Harm, No Waste and No Waits, which underpin our objectives.

## Business model

The Trust’s business model demonstrates how GOSH creates value for its stakeholders through its activities. The model shows the critical inputs and the immediate outputs for its NHS services, education and research, and international and private patient activity. The model provides a key focus for strategy development and for identification of strategic risks.





The following are the key elements of the model that characterise the Trust's unique position as a leading specialist children's hospital.

- The importance of meeting the needs of all our customers: our patients and their families, our commissioners who fund our services, and the wide range of other care organisations that we work with to provide care and support to our patients.
- As a tertiary provider of specialist services, the knowledge and experience of our skilled staff is very important in ensuring the quality of care and the continued development of new treatments through research and developing clinical practice.
- Many of our patients have rare or lifelong conditions. They are frequently being cared for by many service providers and may have multiple conditions requiring treatment by more than one clinician within the hospital.
- We need to continue to invest large sums of money (the majority funded by the generosity of donors to Great Ormond Street Hospital Children's Charity – see page 52) to upgrade our hospital buildings and acquire medical equipment with advanced technology in order to offer the best experience to patients.
- The surplus from our International and Private Patient Service helps support the delivery of our NHS services and our investment plans.
- Many of our services involve trials of novel treatments, frequently as part of a GOSH research trial.
- Our education and training in specialist and paediatric care attracts medical staff from the UK and overseas, and we have the largest intake of undergraduate children's nurses in the country.
- We are proud of our excellent reputation and work hard to ensure it is maintained by focusing on quality improvement and maintaining effective processes for risk and resource management.

## Our strategic objectives and annual plan priorities for 2013/14

For 2013/14, the Board has agreed and monitored progress against eight strategic objectives, which reflect the various elements of the business model:

- Objective 1: Consistently deliver an excellent and compassionate experience for our patients and their families.
- Objective 2: Consistently deliver world-class clinical outcomes.
- Objective 3: Work with clinical networks, partner providers and referrers to deliver streamlined patient pathways.
- Objective 4: With partners, maintain and develop our position as the UK's top children's research and innovation organisation.
- Objective 5: Continue to deliver high quality specialist paediatric multi-professional healthcare education.
- Objective 6: Equip all staff with the knowledge, skills and training to deliver high quality compassionate care.
- Objective 7: Continue to redevelop and improve the hospital's buildings to provide high quality accommodation for current and future patients.
- Objective 8: Be a financially stable organisation and promote the sustainable use of resources.

Performance against these objectives can be found on page 21. The risks to meeting these objectives and the way the Trust mitigates these risks is detailed on page 14.

While developing our Annual Plan priorities for 2013/14, we considered our purpose and values and the internal and external contexts in which we will be operating during the year and beyond. Together with a review of our past year performance, we identified drivers, opportunities and threats, and reviewed our own organisational capacity and capability to manage these effectively. To ensure that we are meeting the main elements of our plans, we additionally identified a number of key deliverable measures for the year, a series of 'must dos', which focus on continuing to provide a safe, quality service:

- developing our strategy
- improving IT systems
- developing the site
- expanding services
- improving efficiency.

## Management of risk during 2013/14

The Trust Board Assurance Framework (BAF) details the risk to the achievement of our strategic objectives. It is informed by local clinical division risk registers and external intelligence and is continuously updated from incidents, complaints and audit.

In 2013/14, we made a number of improvements to our risk management processes. We completely revised the BAF to ensure that both operational and strategic risks are included. Each risk has a lead director and is updated at least quarterly, including a narrative on controls, assurances and actions being taken to further mitigate the risk. Additionally, for each risk, we have added a risk appetite score that shows the level of risk the organisation is prepared to tolerate and an assessment of the impact of the risk on the Trust's reputation.

The risks with potentially catastrophic consequences and the strategic risks are reviewed by one of the Board assurance committees (either the Audit Committee or the Clinical Governance Committee). All the other risks are reviewed by the executive-led Risk, Assurance and Compliance Group.

A summary of the key risks to our strategic objectives and the controls we have in place to reduce and manage them is outlined below.

Risk	Potential impact	Mitigating actions
<b>Difficulties in recruiting and retaining highly skilled staff with specific experience (particularly for Intensive Care Unit [ICU] nurses)</b>	The impact of this risk is to have insufficient staffed resources to meet demands for our services. The potential consequence of this is failure to achieve our activity growth targets (and hence income), an increase in the number of patients we refuse and longer waiting times.	Dedicated recruitment and retention project for ICU nurses, including overseas recruitment. Specific items to ensure GOSH is an attractive employer (eg education opportunities and subsidised housing).
<b>Maintaining patient safety in very high intensity and complex clinical services</b>	A highly complicated case mix of patients with multiple comorbidities is always challenging to deliver a safe service on every occasion.	Dedicated Transformation programme, which includes Zero Harm as one of its objectives. Rigorous monitoring of safety measures and clinical outcomes across the organisation. Where possible these measures are benchmarked with other peer organisations.
<b>The risk of an unforeseen deterioration in the Trust's financial position as a result of the challenging economic environment. This could result in a year-on-year reduction in funding available to NHS organisations and the difficulties being experienced by our major commissioner in obtaining sufficient funding for specialist services.</b>	A deterioration in the Trust's financial position would lead to a requirement to either cut activities or reduce costs (such as staffing). This could potentially impinge on our ability to deliver world class services, although we would do everything possible to ensure excellent patient experience and outcomes are maintained.	Robust financial planning with track record of delivery. Collaborative working with NHS England and effective contract management. Downside mitigation options available. Potential for further IPP income growth. Monthly monitoring of capital expenditure.
<b>Delivery of the Trust's major redevelopment programme on time and without impacting patient access to clinical services.</b>	Without robust project management and Trust-wide engagement, there is an increased risk of impacting on clinical services.	The redevelopment team have dedicated clinical planners to work with services to ensure clinical workload is not compromised by building works. All redevelopment plans require formal sign off by clinical departments prior to approval.
<b>Failure to ensure that all assets, facilities and equipment on the site are maintained at the required safe and sustainable level.</b>	A lack of robust maintenance of assets, facilities and equipment can place patients, staff and visitors at risk and threaten compliance with statutory obligations.	Robust programs of maintenance of assets, facilities and equipment. Where appropriate external audit of our facilities and maintenance regimes (for example in the last year mechanical and electrical services).

## Financial control, going concern and financial risk

In common with other acute trusts, GOSH continues to experience financial uncertainty. This is due to continuing changes in commissioning strategies, the possible future changes in long-term tariff arrangements, challenging productivity targets, increased costs to deliver regulatory requirements, and a demanding capital programme. The Trust has prepared a financial plan for the next two years, which demonstrates that it can remain financially viable provided that its productivity targets can be met.

After consideration of the financial plan and making reasonable enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. The Trust's continuity of services rating indicates that we have sufficient financial headroom and liquidity. For this reason, the Directors continue to prepare the Trust's accounts on a going concern basis.

There are no material uncertainties in respect of events or conditions that cause significant doubt upon the going concern ability of the Trust.

### Currency and interest rate risk

The Trust is primarily a domestic organisation with the majority of its transactions, assets and liabilities being in the UK and denominated in sterling. The Trust does not undertake transactions in currencies other than sterling and is therefore not directly exposed to movements in exchange rates over time. The Trust has a representative office in one Middle East country and provides education services in another, but there are no other significant overseas operations.

### Credit risk

The majority of the Trust's income comes from contracts with other NHS bodies. Income received in relation to private patients residing outside the UK comes primarily from overseas government sources.

### Liquidity risk

The Trust has not used any external borrowings in the year. The Trust receives interest on surplus cash deposits, but due to the low value of this income source, interest rate risk is not a significant concern.

## Our strategy for 2014/15 and annual plan priorities

During 2014/15, we will conduct a complete revision of our strategy. This will be undertaken with significant engagement with our key stakeholders, including our patients and carers (via our membership), the Members' Council, the ICH and Great Ormond Street Hospital Children's Charity.

We will develop strategies for each of our three key areas of business: clinical services (NHS and IPP), research and innovation, and education and training. These will be supported by functional strategies that assist the organisation to achieve the goals for each element of our business. The functional strategies will include each of our key resources: human, estate, finance and IT. There will also be specific plans to continually improve our productivity and efficiency.

While we are reviewing our strategy, we will continue to monitor our progress against the strategic objectives for 2013/14 as outlined on page 13.

It is our intention to ensure that we provide the quality of care that we would want for our own family in everything that we do, across every department and for every patient. We have defined a plan for sustainability and excellent patient outcomes by developing key initiatives that will underpin our objectives. Importantly, this plan was developed through consultation with GOSH staff and wider stakeholders. Inclusive consultation was designed to ensure that GOSH has a strategy that is relevant, robust and consistent with priorities for specialist children's healthcare and the wider NHS.

Following a review of the *Francis Report* recommendations, we have identified and prioritised those that apply most directly to the organisation and categorised them into five key themes:

- values,
- culture and compassion
- listening
- openness, quality and experience
- monitoring

We have developed a set of clear actions against each of these themes, which will enable us to communicate coherently with staff, parents, families and the public about our plans.

We have undertaken detailed activity and capacity modelling to inform our growth plans and the resources required to deliver them over the next two years and beyond. We have determined what the full-year effect of our activity will be across all services and applied growth assumptions based on a detailed understanding of changes – in terms of known and anticipated clinical developments, market shifts and population changes – over the next year for each specialty.

Over the past 12 months, while we have proven successful in our nurse recruitment and retention activities, continuing to recruit nursing staff will remain a key focus area in 2014/15 and beyond. Newly qualified staff form a substantial core of the ward workforce. We run a number of job fairs each year to market GOSH to new nurses who are graduating. In 2013, we introduced an assessment centre-approach to ensure high-quality recruits. The Trust received 275 applications following job fairs, and after using a rigorous assessment centre-approach, we appointed 88 staff. We have since invested in a support infrastructure to develop these newly registered staff into high-quality independent practitioners. A further two newly qualified job fairs and subsequent assessment centres will run in 2014/15.

In November 2013, the Department of Health set out its UK Strategy for Rare Diseases. The strategy aims to ensure that people living with a rare disease have the best quality of evidence-based care and treatment possible across the whole patient journey. It builds upon the best research, diagnosis and service provision that is already taking place in the UK and elsewhere, while achieving value for money through the effective use of resource. To this end, a series of commitments across five areas have been developed to ensure the strategy's vision becomes a reality by 2020. These include:

- empowering those affected by rare diseases
- identifying and preventing rare diseases
- diagnosis and early intervention
- co-ordination of care
- the role of research

We will continue to work closely with NHS England on meeting the strategy's vision. As part of our extensive redevelopment programme, we are already working on developing a Centre for Research into Rare Disease in Children. This facility, which is due to open in 2017, will be used by GOSH and the ICH to discover new ways to treat children with rare diseases and speed up the process from bench to bedside.



# Redevelopment of the hospital

GOSH is undertaking a major redevelopment programme to replace buildings that are nearing the end of their useful lives, and to provide new, world-class facilities. Redevelopment of the site is key to the effective delivery of the GOSH strategy.

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 enable us to provide a better, more flexible, convenient and comfortable service for children and their families, treat more children and give our researchers and clinical staff the resources they need to develop new treatments.

## Phase 2

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 Morgan Stanley Clinical Building and the redevelopment of the existing Cardiac Wing, which will be known as the Premier Inn Clinical Building.

The Morgan Stanley Clinical Building was formally opened in June 2012. Skanska were appointed as the main contractor for the Premier Inn Clinical Building and work will commence on-site in June 2014. The new building will open to patients in the summer of 2017.

## A better experience for patients: the Level 3 Procedures Pathway Floor

The Level 3 Procedures Pathway Floor (PPF) runs from the Powis Place end of Level 3 of the Variety Club Building to the Cardiac Wing in the east. It has been designed to bring the Same Day Admissions Unit closer to the places that patients are most likely to be sent for treatment – namely, the theatres and the Interventional Radiology Suite – and from there to recovery in the Post Anaesthetic Care Unit, transferred to a ward, or discharged home.

The floor will become a controlled access area to allow patients to travel to theatre without encountering the general 'traffic' along the hospital street. A wall installation featuring animals that move as you walk past will also offer comfort and distraction for patients on their way to theatre.

The opening of Puffin Ward (Same Day Admissions Unit) in March 2014 and Woodpecker Ward (Angiogram and Post Anaesthetic Care Unit) in May 2014 is the first stage of implementation of the PPF.

The full benefits of its design will come to fruition when the Premier Inn Clinical building opens in 2017.

## Making an entrance

Building work on the new Angiogram and Post Anaesthetic Care Unit made it necessary for us to close the main entrance – but it also gave us the perfect opportunity to improve this space. The new front reception area opened in April 2014, providing a brighter and friendlier space designed to appeal to children and young people. It houses interactive wayfinding kiosks and new facilities for Pals, Accommodation Services and Fares Reimbursement. The reception desk is in the shape of a boat.

## Phase 3

We continue to work with Great Ormond Street Hospital Children's Charity and the ICH on Phase 3A of the redevelopment programme for the Centre for Research into Rare Disease in Children and the proposal to develop new clinical and research facilities on Guilford Street in early 2018.



# Our Performance in 2013/14

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The Trust has completed a very demanding and productive year, operating more effectively while treating more patients than ever before. We have delivered high-quality services for our patients and will continue to do so into the future. Our excellent results are defined by ever-increasing demand for our services as well as our continued focus on quality.

## Overview of our performance in 2013/14

We have continued to meet the national waiting time standards, with over 90 per cent of our admitted patients and over 95 per cent of our non-admitted patients being seen within 18 weeks. The percentage of patients who are yet to be seen but have not waited longer than 18 weeks (ie incomplete pathways) has also remained above the 92 per cent standard for the year. We have also continued to achieve 100 per cent compliance against all relevant cancer waiting standards and have consistently met the six-week diagnostic waiting time target over the last year.

We have realised much of our growth plans in 2013/14, with significant increases across cardiology, respiratory, renal transplants, dermatology, epilepsy surgery and spinal surgery. The total number of outpatient appointments in 2013/14 was 213,671 against 196,015 from the previous year – this is an increase of 8.3 per cent. The total number of inpatient admissions also increased to 42,732 from 37,480 – a growth of 12.3 per cent.

Our patient case mix is at the most complex end of the spectrum, with many patients being referred to us because we are the only centre that has the expertise to provide treatment. While offering this highly specialised service is fundamentally part of what GOSH is about, it does present significant challenges.

The retention of key healthcare professionals is vital for GOSH if we are to sustain our growth and support the ever-increasing demand for our services. The national shortage of highly skilled paediatric nurses and the high cost of living in London has made this difficult, but progress has been made, as outlined on page 38. The total staffing full-time equivalent (FTE) at GOSH for the end of March 2014 was 3,766.

The population in London, the East and South East is projected to grow at a faster rate than England as a whole. The population of 0–14 year olds has increased by an average of 1.8 per cent per year according to Office of National Statistics (ONS) estimates. We anticipate growth higher than demographic levels, as neonatal survival and disease detection rates and diagnosis (particularly genetics) improves.

Throughout the past year, we have made good progress delivering the next phase of the redevelopment programme. The procurement process for the Premier Inn Clinical Building, the second phase of the Mittal Children's Medical Centre, was completed and a complex programme of works to decant the Cardiac Wing progressed. These works include the creation of a new Angiogram suite, refurbished facilities for a number of wards and a new main entrance complete with welcoming and colourful art work, furniture, wayfinding kiosks and a boat-shaped reception. Further information can be found on page 17.

### Financial review

The Trust is reporting a strong financial performance for 2013/14, primarily due to the growth in delivery of clinical services and some increases in the national tariffs for specialist services. The summary information below shows growth in income of 6.9 per cent, improvement in the net surplus from £2.4 million to £5 million, and an increase in cash levels of £18.6 million in line with the Trust's strategy to generate sufficient surplus to fund new investment in buildings, IT and medical equipment.

In order to properly compare the financial performance resulting from the operations of the Trust, the following financial information excludes income from donations to fund capital expenditure and gains/losses arising from impairments of land and buildings included in the revenue account.

<b>£m</b>		
<b>For the period ended:</b>	<b>March 31 2013</b>	<b>March 31 2014</b>
Operating income	358.3	382.8
Operating expenses	(331.3)	(345.9)
EBITDA*	26.9	36.9
Depreciation, interest and tax	(24.6)	(31.9)
<b>Net surplus</b>	<b>2.4</b>	<b>5.0</b>
Increase in cash	11.8	18.6
<b>As at the end of the period:</b>		
Assets employed	363.1	422.1
<b>Key ratios:</b>		
EBITDA* as a % of income	7.5%	9.6%
Net surplus as a % of income	0.7%	1.3%
Income growth	6.1%	6.9%
Capital service cover	4.6	5.9
Liquidity – days	30.2	53.3

\*EBITDA - Earnings before interest, taxes, depreciation and amortisation

We continued to invest considerable sums to improve the hospital's facilities. In addition to the £23.7 million capital expenditure on the redevelopment programme funded by the charity, there was also capital expenditure from the Trust's resources amounting to £6.96 million.

The Trust continued to pursue productivity and efficiency improvements in order to deliver its efficiency target of £13.6 million. The programme included initiatives to increase the utilisation of the Trust's specialised facilities and resources through growth in patient care and reductions in costs.

# Performance against objectives for 2013/14

In 2013/14 we developed 20 workstreams that would move us towards achievement of our eight strategic objectives. We have made good progress against the workstreams with 18 assessed as 'achieved' and two assessed as 'partially achieved' (see table below).

To ensure our objectives and workstreams remain fit for purpose, the Trust undertakes an annual analysis of its strengths, weaknesses, opportunities and threats, as well as:

- reviews of our market and competitors
- reviews of external strategic drivers
- reviews of our activity and demand and our internal capacity to deliver change

Clinical divisions develop and update their local annual plans in line with changes in the Trust objectives and critical workstreams. Quarterly Strategic Performance Reviews are undertaken with divisions to monitor progress against their local annual plans and key targets. A summary of divisional performance can be found on pages 23–26.

Our objectives for 2013/14:		Subgroup	Action	Year-end evaluation
1. Consistently deliver an excellent and compassionate experience for our patients and their families.	a	Trust strategy	Develop an overarching strategy for the Trust, with the aim of bringing together and linking individual strategies, including: people and organisational development, research, information technology, clinical and quality.	Partially achieved and ongoing
	b	IT strategy	Develop a long-term information/IT strategy, agree an investment profile with the Board and a project implementation schedule.	Partially achieved and on-going
2. Consistently deliver world-class clinical outcomes.	a	Increase Intensive Care Unit (ICU) facilities	Continue to expand our ICU facilities, minimise intra- and inter-hospital waiting and minimise the number of refusals to take patients due to capacity.	Achieved
	b	Efficiency	Improve the efficiency of theatres and outpatients in terms of resource and capacity use by at least 10 per cent.	Achieved
3. Work with clinical networks, partner providers and referrers to deliver streamlined patient pathways.	a	Quality dashboards	High-level performance is monitored through a monthly performance report.	Achieved
	b	Transition of patients	Transition plan from paediatric to adult care for all patients.	Achieved
4. With partners, maintain and develop our position as the UK's top organisation for children's research and innovation.	a	Research	To continue to support research infrastructure and training programmes and develop a patient and public involvement strategy for research.	Achieved
	b	UCL	To enable the organisation to develop and offer the broadest possible range of translational research, treatments and interventions within clinical trials and generating referrals on this basis, as well as enabling us to recruit and retain highly-skilled staff.	Achieved



5. Continue to deliver high-quality specialist paediatric multi-professional healthcare education.	a	Education	To ensure that our education provision is the best it can be and in line with the Trust's mission and strategic direction.	Achieved
<b>Our objectives for 2013/14:</b>		<b>Subgroup</b>	<b>Action</b>	<b>Year-end evaluation</b>
6. Equip all staff with the knowledge, skills and training to deliver high-quality, compassionate care.	a	Training	Deliver high-quality education and training to our own staff and to others.	Achieved
	b	Skills	Complete an analysis of hard-to-recruit and retain posts in the Trust and establish appropriate action plans in each case.	Achieved
	c	Engagement	Continue to develop the use of flexible testing as part of the recruitment process to ensure the highest-quality applicants.	Achieved
7. Continue to redevelop and improve the hospital's buildings to provide high-quality accommodation for current and future patients.	a	Investment	Support from Great Ormond Street Hospital Children's Charity enables us to make significant investments in services, equipment and our buildings.	Achieved
	b	Quality accommodation	Continue to offer low cost, high-quality accommodation.	Achieved
8. Be a financially stable organisation and promote the sustainable use of resources.	a	Cash Releasing Efficiency Scheme (CRES)	Implement a CRES risk register to track and monitor schemes.	Achieved
	b	Transformation	Continue to seek transformation changes, resulting in improvements in activity and capacity metrics.	Achieved
	c	Partnerships	Partnering with other providers to optimise the patient pathway and leadership of specialist paediatric networks. To continue to work with the UK Children's Hospital Alliance to influence developments in tariff, which recognise the differences in the costs of services for complex and rare conditions, very young patients and children with multiple comorbidities.	Achieved
	d	Capacity	Ensure our activity and capacity plans are capable of flexing should there be more significant transfers of activity as a result of the Safe and Sustainable work streams.	Achieved
	f	Pathways	Work in collaboration with NHS England commissioners to better understand specialist pathways and establish and lead network structures where appropriate.	Achieved
	g	Drivers of high costs	Further develop the use of our Patient Level Information and Costing Systems (PLIC) to gain a better understanding of the drivers of high cost patients.	Achieved

# Division performance in 2013/14

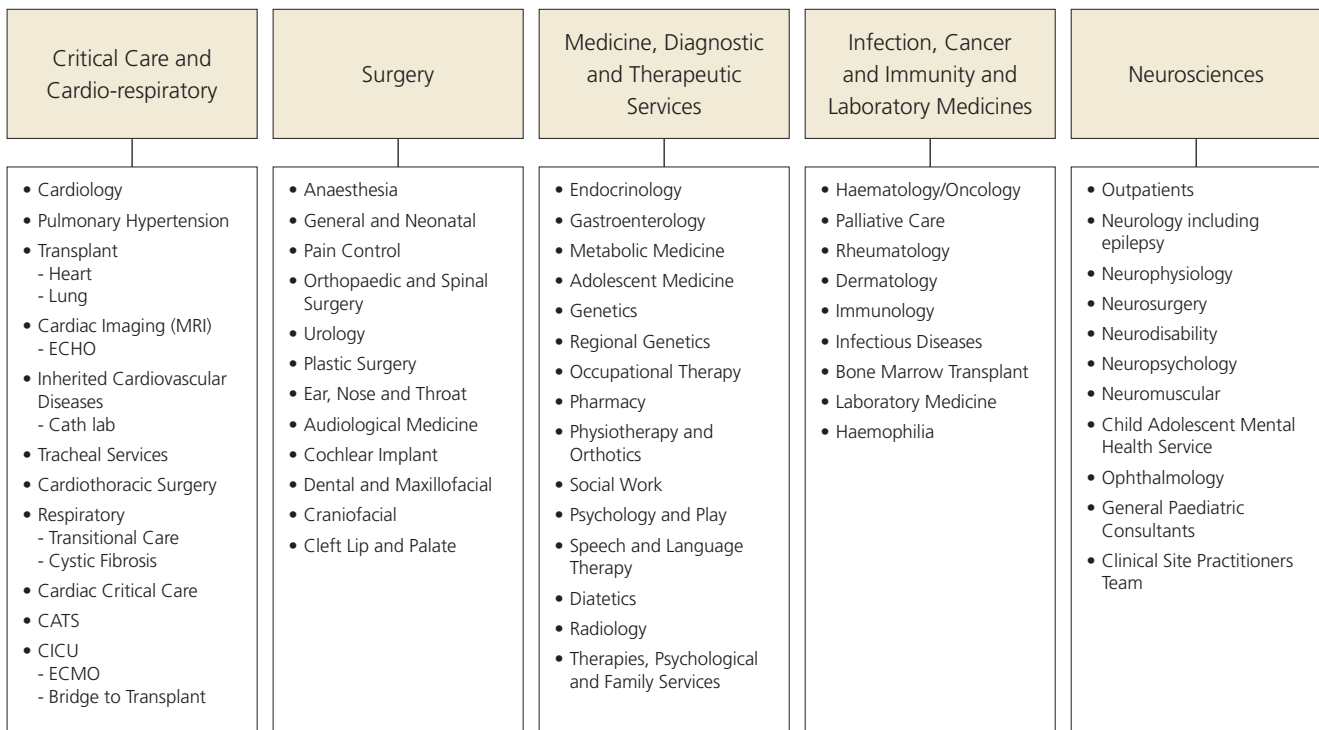
In 2013/14, the clinical units were rebranded as clinical divisions, each led by a divisional director and supported by a divisional general manager, a head of nursing and a series of specialty leads, all of whom are responsible for performance delivery in their specific work areas. Each corporate department is led by a department manager. The clinical divisions are accountable to the Chief Operating Officer and the corporate departments to the relevant Executive Director. The diagram below provides a summary of the services provided by the following divisions:

- Critical care and Cardio-respiratory
- Surgery
- Medicine, Diagnostics and Therapeutic Services
- Infection, Cancer and Immunity and Laboratory Medicine
- Neurosciences.

The following areas are monitored during monthly operational performance reviews:

- clinical outcomes
- safety
- quality
- access times and timeliness of clinical communications
- efficiency
- productivity
- staff
- budgets.

In these meetings, remedial actions that are required to achieve or maintain performance to targeted levels are agreed.



The text boxes below provide a summary of all of the divisions' performance during the year (including International and Private Patients and Research and Innovation), focusing on quality and safety, and effectiveness and activity.

<b>Critical Care and Cardio-respiratory</b>	
The division provides six highly specialised services: Neonatal ECMO, Paediatric ECMO, Heart and Lung Transplant, Bridge to Transplant and Pulmonary Hypertension and Tracheal Services. It also hosts the Children's Acute Transport Service (CATS).	
2013/14 highlights – quality and safety	2013/14 highlights – effectiveness and activity
<p>Cardiology established a new Fetal Unit, providing dedicated space where pregnant women can be scanned and counselled privately for a better patient experience.</p> <p>The Neonatal Intensive Care Unit (NICU) received excellent feedback from the Thames Regional Perinatal Group review and moved into a dedicated space.</p> <p>CATS received international accreditation from the Commission on Accreditation of Medical Transport Systems, which measures quality and safety standards.</p> <p>Work was undertaken with staff on the Paediatric Intensive Care Unit (PICU) and NICU to ensure effective communication within the wards and to the wider hospital to improve patient flow into and out of PICU and NICU.</p> <p>Development of an electronic visual whiteboard – Patient Status at a Glance – which contains important flow information about each patient.</p>	<p>The division continues to expand with more beds open and more patients treated. A major theme for the division has been improving recruitment and retention of the nursing workforce.</p> <p>The Respiratory Sleep Unit has expanded their services to provide sleep studies seven days a week.</p> <p>The Cardiac Advanced Nurse Practitioner team has been concentrating on discharge from hospital and home monitoring of babies born with a single ventricle. They are also running anticoagulation clinics and early review clinics.</p> <p>PICU treated an increased number of patients during the year.</p> <p>CATS remains the busiest dedicated paediatric intensive care retrieval service in the UK, receiving over 2,200 referrals and undertaking over 1,200 retrievals a year.</p>

<b>Infection, Cancer, Immunology and Laboratory Medicine</b>	
The division manages patients with cancer, infectious diseases, problems with fighting infections (immunology), rheumatology and dermatology. The hospital's main laboratory services (with the exception of genetics) are part of this division.	
2013/14 highlights – quality and safety	2013/14 highlights – effectiveness and activity
<p>Strengthening of the division's research infrastructure and links in haematology and oncology so that even more children can be offered innovative treatments within the context of clinical trials.</p> <p>Further to a successful bid to Health Education England to support palliative care foundation training, training sessions and a foundation education programme are being delivered to help improve knowledge and skills in this area.</p> <p>Implementation by the Rheumatology department of an electronic discharge summary template to enable more rapid communication with shared care hospitals, GPs and local paediatricians after discharge.</p> <p>Ongoing work to improve links and communication with clinical teams in other hospitals who share the care for GOSH patients, focusing on oncology, rheumatology and developing services to respond to changing patterns of infection across London.</p>	<p>Increase in the number of patients who can be offered specialist care, particularly in the dermatology laser service and in the development of new treatment options.</p> <p>The laboratories continue to transfer the latest research findings into specialist diagnostic and monitoring tests and increase the number of tests they provide, internally and for external healthcare organisations. One hundred and twenty bone marrow transplants (including gene therapy and thymus transplants) were performed in the 2013 calendar year. GOSH performs one in three of these procedures for children nationally.</p> <p>Pilots were run by the Newborn Screening Laboratory on expanded screening for five additional rare conditions, supporting the earlier identification and treatment of these conditions and helping to inform whether this screening should be rolled out nationally.</p>



<b>Medicine, Diagnostic and Therapy Services</b>	
The division provides services to children with medical conditions and manages many of the hospital's clinical support services such as Radiology, Physiotherapy and Pharmacy.	
2013/14 highlights – quality and safety	2013/14 highlights – effectiveness and activity
<p>The Kingfisher Investigation Unit was expanded to become a 24/7 service. This enables the teams to see more short-stay investigation patients who are referred to the specialties.</p> <p>Longer-stay patients were moved to Rainforest Ward. This provides a more focused, specialty-specific, long-stay service for patients.</p> <p>A peer review visit from the British Society for Paediatric Endocrinology and Diabetes to the Endocrine team together with the UCLH Endocrine team provided positive feedback.</p> <p>Since 2010, the Congenital Hyperinsulinism Centre at GOSH has treated and cured a number of patients diagnosed with focal hyperinsulinism, demonstrating highly effective surgical and medical management of the condition.</p>	<p>The Renal team has developed a one-stop vascular access clinic that enables patients to have their outpatient appointment and ultrasound in the morning, and in some cases go on to have surgery for a fistula in the afternoon, significantly shortening the pathway for these patients.</p> <p>A new ketogenic diet service is being provided for metabolic patients.</p> <p>There is a new on-site apheresis service at GOSH.</p>

<b>Neurosciences</b>	
The division provides services to children with conditions of the brain or eyes. The division also includes the General Paediatric team, the Clinical Site Practitioners and Bed Managers who provide pan-hospital support. In 2013, the division expanded further to incorporate Outpatients, the Central Booking Office and hospital main reception.	
2013/14 highlights – quality and safety	2013/14 highlights – effectiveness and activity
<p>Successful completion of the King's Fund 'Family Centred Care' programme by the Neuromuscular team, which helps the team to improve the experience of patients who attend multiple appointments in one day.</p> <p>A transformation project took place on Koala Ward, leading to the introduction of the personalised Daily Planner for each patient, greatly improving communication between children, families and professionals working in the Ward.</p> <p>Reduction of adverse events in neurosurgery (infections, errors or delays relating to surgery) from 15 per cent to five per cent.</p>	<p>The Department of Child and Adolescent Mental Health Services successfully increased efficiency during the year, meaning that they were able to see more patients quicker.</p> <p>The Psychological Medicine team were shortlisted in the Royal College of Psychiatry Awards 2013, in the category Psychiatric Team of the Year: Children and Adolescents.</p> <p>Across the division, teams worked hard to improve communication with other hospitals. The time it takes to produce discharge summaries and clinic letters was greatly reduced due to the hard work of clinical and administrative staff.</p>

<b>Surgery</b>	
The division provides services to children who require surgical treatments, manages theatres and the Anaesthetic department.	
2013/14 highlights – quality and safety	2013/14 highlights – effectiveness and activity
<p>The Spinal High Dependency Unit became fully operational in early 2013, allowing improvement in the quality of care for patients undergoing complex spinal surgery.</p> <p>The spinal service has commenced a spinal outreach clinic at the Tunbridge Wells Hospital in Maidstone, Kent, which provides specialist support to local centres and offers more effective triage of patients being referred to GOSH. The service has also increased the use of magnetic growth rods, which reduces the need for repeated surgery in this patient population.</p> <p>Continued to work towards launching a global standardised pre-operative assessment to reduce risk and improve the quality of experience for patients and families. This facility will be set up and run by the Surgery division, but it will be available for all patients having general anaesthetic and will open in November 2014.</p>	<p>Puffin Ward opened in March 2014, the first phase of a new procedure floor, combining a same-day admissions unit (SDAU), theatres and post-anaesthetic care unit.</p> <p>The opening of Puffin Ward has greatly improved patient experience and has reduced the length of time patients wait on the Ward. Since the Ward has opened, there has also been a marked reduction in the change in order of operating lists, as the new SDAU prepares patients in time for their planned procedure time.</p> <p>The Surgery division has improved theatre utilisation. A new computerised planning system has allowed theatres to run more efficiently and has helped the Trust to treat more patients than before.</p>

<b>International and Private Patients</b>	
<p>The division provides both inpatient and outpatient services. There are two inpatient wards and an outpatient facility, where most of the GOSH specialties are provided. Patients come from over 80 countries. Education and training and consultancy services are provided to Kuwait in haematology and oncology.</p>	
2013/14 highlights – quality and safety	2013/14 highlights – effectiveness and activity
<p>‘Safety huddles’ were introduced to improve the communication between the doctors and nurses. This is a five-minute meeting to discuss patient progress and treatment and ensure the sickest patient is identified.</p> <p>The IPP team were shortlisted for a Health Service Journal Nation Award for Patient Safety for the successful completion of a project to identify and escalate the deteriorating patient.</p> <p>Patient Status at a Glance Boards were introduced to the wards. They provide real-time information for clinical ward staff and visiting clinicians.</p>	<p>The division improved nurse recruitment and reduced the number of clinical ward vacancies by 13 per cent. There was also a focus on retention and a Nurse Education team was established.</p> <p>Arabic Interpreting Assistants have been ward-based to improve communication and support for the medical and nursing staff and Arabic families.</p>

<b>Research and Innovation</b>	
<p>The division comprises the GOSH UCL National Institute for Health Research Biomedical Research Centre (BRC), the Somers Clinical Research Facility and the Joint Research and Development Office. The division also hosts the Medicines for Children Local Research Network.</p>	
2013/14 highlights – quality and safety	2013/14 highlights – effectiveness and activity
<p>An internal research capacity building fund has been established to support those areas within the division that have a track record and pipeline of research activity.</p> <p>Introduced a Patient and Public Involvement and Engagement Strategy for research and have supported engagement activities with schools, colleges and the local community.</p> <p>The GOSH UCL BRC funded our Young Person’s Advisory Group, a joint initiative with our National Institute for Health Research (NIHR) Medicines for Children Research Network, to develop a short film about children taking part in research.</p> <p>During 2013, Thomson Reuters were commissioned to undertake a bibliometric analysis of GOSH and ICH publications spanning 2008–2012. This analysis showed that, compared to the top paediatric research organisations in the world, GOSH and the ICH together ranked:</p> <ul style="list-style-type: none"> <li>• Fifth on the numbers of original research publications.</li> <li>• Fourth on the percentage of papers that were highly cited.</li> <li>• Joint third on citation impact, which was twice the world average.</li> <li>• In addition, the citation impact of publications was above average for UK medical research.</li> </ul>	<p>Worked with the clinical divisions to embed research activity and performance at a local level. Work will take place over the next year to further increase research awareness across the Trust, as well as to develop a grants advice service.</p> <p>Introduced a new Patient and Public Involvement and Engagement Strategy for research. This included the GOSH UCL BRC research tent for GOSH at the Bloomsbury Festival in October 2013. This festival of arts, knowledge and imagination was used as a platform to engage with the public, highlighting that GOSH is a world-renowned institution for research excellence as well as clinical excellence.</p> <p>Over the past year, we have worked closely with our local comprehensive research network to maximise research-support funding.</p>

The Trust publishes an annual *Research Review* which can be found at:  
[www.gosh.nhs.uk/research-and-innovation/publications/research-reviews](http://www.gosh.nhs.uk/research-and-innovation/publications/research-reviews)

# Productivity and efficiency

We fully delivered our efficiency target of £13.6 million in 2013/14, which supported our ability to over perform on our financial plan.

With the continued real-term reduction in NHS funding, we recognise the importance of fully delivering our planned savings for 2014/15 and 2015/16. Delivering these savings will be essential for maintaining our financial viability. Our financial plan requires us to deliver £14.8 million in 2014/15<sup>1</sup>.

To ensure full delivery of the productivity and efficiency schemes, we have established the following approach to identify, scope and deliver the savings.

- Productivity and efficiency schemes are identified and developed through a bottom-up approach by clinical divisions and corporate departments, with an emphasis on delivering cost reduction through improvements in the efficiency and effectiveness of services and the elimination of wasteful activities. We have set minimum expenditure reduction targets for each clinical division.
- While the responsibility for delivery of productivity and efficiency schemes must ultimately lie with the budget holder, we recognise the role in supporting the delivery of schemes with a number of Trust-wide projects that provide the catalyst to delivering savings and ensure consistency across the organisation.
- We have a dedicated Transformation team to support the delivery of improved efficiencies across the organisation. Information on some schemes is detailed below.

## Efficiency projects 2014/15

### a) Theatre/procedure utilisation

This improvement project covers all theatres, MRI scanners, angiography labs, endoscopy suites and procedure rooms. It aims to maximise list throughput by reducing late starts, turnaround times and early finishes.

### b) Reduced length of stay

We will ensure that all patients have a specific management plan that is tailored towards them being discharged at the earliest time. Gateways for each patient will be monitored and we will immediately address or escalate any delays. We will also plan for the transfer of complex patients on admission to reduce the number of patients who ultimately end up as delayed discharges.

### c) Reduced ICU flow delays

We will ensure that patients within our ICUs that are fit for discharge are transferred out promptly to enable capacity for new admissions (either elective or emergency).

### d) Outpatient utilisation

We have recently conducted a review of the utilisation of clinics across all our specialties. This has presented many opportunities to increase activity with the same resource. It will assist our growth plans by delivering at a low marginal cost.

## Quality assurance of productivity and efficiency schemes

We have a well-established formal process for ensuring that productivity and efficiency schemes do not adversely impact on patient safety and quality. All schemes over £50,000 are required to be signed off by the respective divisional management team (Director, Head of Nursing and General Manager), the Chief Nurse and Co-Medical Director. Each of these schemes identifies key performance indicators that would be a measure of any adverse impact from the productivity and efficiency schemes and these are monitored. Every quarter, samples of productivity and efficiency schemes are reviewed by the Clinical Governance Committee to ensure that the schemes have had no adverse impact on quality and safety, and this is reported to the Trust Board.

<sup>1</sup> This value considers the impact of tariff deflation, pay increments and cost inflation, as well as unavoidable cost pressures, and represents approximately 5.5 per cent of our potential influenceable expenditure.

# Corporate social responsibility

The Trust has a corporate social responsibility to address social, economic and environmental challenges, and to encourage other organisations to do the same. The Trust is committed and will continue to:

- Maximise the benefits of being a large employer and the significant social and economic impact that has on our local community, including our own workforce.
- Understand the impact our suppliers have and consider how we can engage and involve them in order to benefit local communities.
- Be aware of the impact of our buildings and ensure that we manage them effectively to avoid any detrimental environmental impact.
- Engage our stakeholders to work with us to deliver our Sustainable Development Management Plan.
- Work in partnership on many different levels to enable the most effective use of resource but also to share best practice.

## Sustainability

The Trust is committed to its sustainability agenda and has developed an annual Sustainable Development Management Plan (SDMP) to guide our activities in becoming a more sustainable organisation, and to set targets for improvement.

The SDMP is monitored and managed through the Trust's Sustainable Development Committee, which produces an annual report to the Trust Board.

The Trust reports on several mandatory measures and requirements on sustainability and has governance arrangements in place to support this.

2013/14 saw the Trust make great progress in reducing our environmental impact through pollution, waste production and water consumption. The headline figures are a six per cent reduction in our scope 1 and 2 emissions, a four per cent reduction in our water consumption and a 60 per cent increase in recycling.

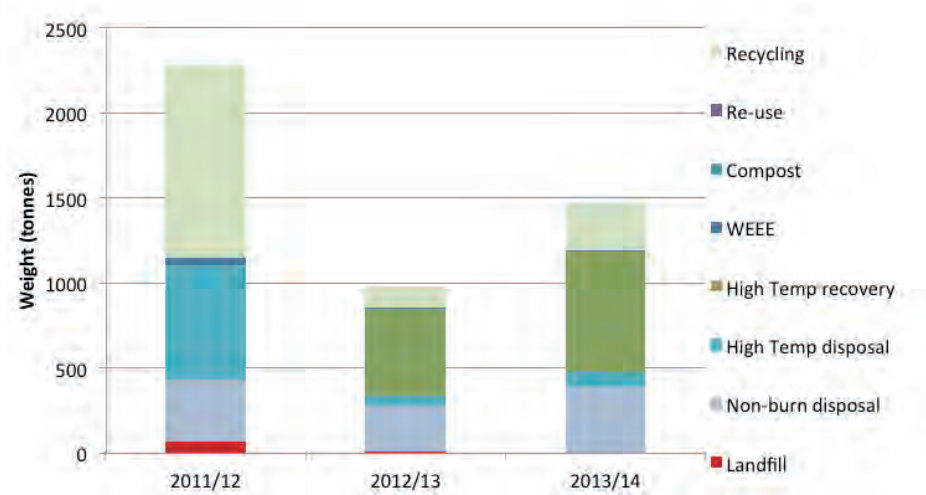
## Waste

Following a review of arrangements for waste, a total waste management provision for all waste streams, including chemical waste, was introduced. Revised waste segregation facilities and procedures have been implemented. New mixed recycling points have been rolled out across some of the estate. Theatre waste management has been improved along with a waste and recycling awareness campaigns.

The additional waste compactor that was installed in 2013 has enabled greater segregation and an increase in the amount of mixed recycling generated. The Trust recovers and recycles 983 tonnes of waste, which is 60 per cent of total waste produced. We have reduced the amount of waste sent to landfill for the third year running and now only landfill six tonnes of waste.

The work carried out on waste management over the past year has been recognised through the presentation of a Highly Commended award at the inaugural NHS Sustainability Day Awards ceremony.

## GOSH's waste breakdown from 2011/12 to 2013/14



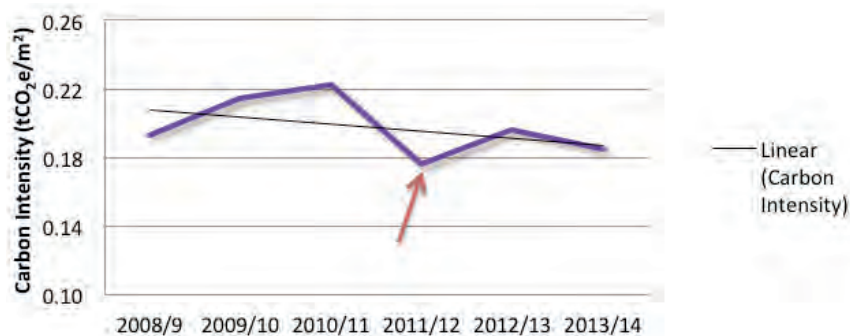
Waste streams (tonnes)	2011/12	2012/13	2013/14	Target
High-temperature disposal waste with energy recovery	0	507	708	-
High-temperature disposal waste	670	58	87	-
Non-burn treatment disposal waste	365	269	387	-
Landfill disposal waste	68	14	6	-
Waste electrical and electronic equipment (WEEE)	44	10	5	-
Preparing for re-use	0	0	0	-
Composted	0	0	0	-
Waste recycling	1,131	122	275	158 by 2014/15
Expenditure (recycling, recovery and re-use) (£)	251,676	269,353	381,768	-

## Energy management

The Trust is committed to responsibly managing the use of energy and utilities, particularly those that have non-renewable sources so that consumption and pollution are minimised and scarce, and non-renewable resources are protected.

Our redevelopment strategy provides us with the challenge of powering and heating a larger estate, but also provides us with an opportunity to replace older buildings with more modern, efficient buildings. Our successes are therefore best shown by the reduction in our carbon intensity as shown below, which is a measure of the CO<sub>2</sub> emitted per m<sup>2</sup> of the estate.

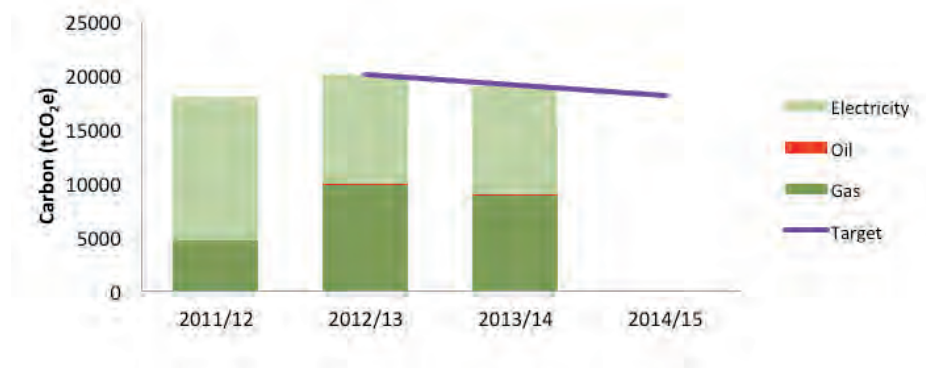
### Organisation carbon footprint by GIA(m<sup>2</sup>)



The Morgan Stanley Clinical Building and the new energy centre opened in 2012, and significantly changed the Trust's energy profile. The Trust now generates around half its electricity base-load on-site through a combined cooling, heat and power generator. The generation of electricity on-site is a more efficient process than electricity being produced at a power station and being delivered to the hospital. Furthermore, the by-product of the electricity generation – heat – has been used to provide part of our heating and cooling needs.

The performance of the energy centre was not as effective as hoped in its first year. However, improvements have been made to the design and controls system and the performance has improved significantly.

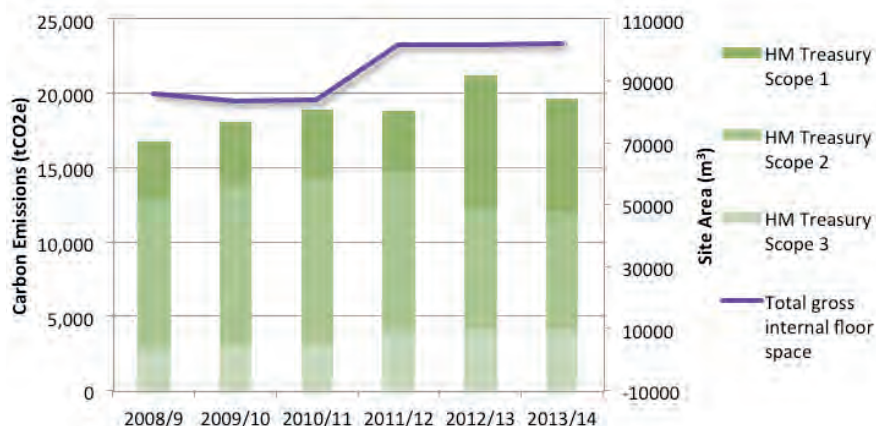
### Carbon emissions – energy use



Energy indicators		2010/11	2011/12	2012/13	2013/14	Target
Energy consumption (million kWh)	Electricity	22,808	23,721	17,739	17,847	-
	Gas	24,972	22,520	47,443	41,430	-
	Fuel Oil			396,866	126,989	-
Energy intensity (kWh/m <sup>2</sup> )	Energy per m <sup>2</sup>	569	453	640	582	562.4 by 2015/16
Emissions (tCO <sub>2</sub> e)	Total gross emissions	1,8663	17,952	19,947	18,835	17,952 by 2015/16
	Emissions per m <sup>2</sup>	0.22	0.18	0.20	0.18	-
Expenditure (£)	Total cost	2,208,530	2,788,570	3,106,049	3,360,678	-
Floor area (m <sup>2</sup> )		83,962	102,034	101,868	102,261	

As the above graph shows, the Trust's actual CO<sub>2</sub> level fell by six per cent in 2013/14 compared to 2012/13. We are now on track to meet our NHS target of a 10 per cent reduction in CO<sub>2</sub> from 2012 to 2015. The increase from 2011/12 is due to the increase in activity following the Morgan Stanley Clinical Building becoming operational.

### GOSH's 3 Scope Carbon Emissions (excluding procurement) Vs Site Area from 2008/09 to 2013/14



Looking to the future, our procurement of an Energy Performance Contract has been fully compliant with the Official Journal of the European Union. E.ON has been awarded preferred supplier status and, following a detailed audit of the site, will be proposing a number of energy saving measures for which they will guarantee the performance.

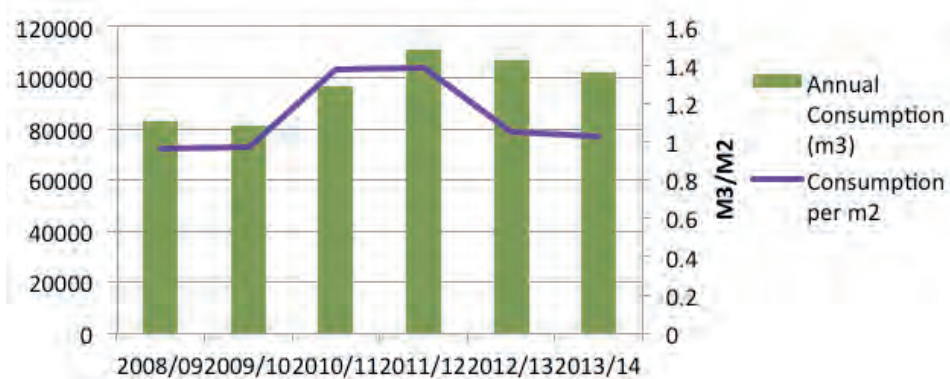
## Water

Water consumption has been reduced for the second year running. Consumption was reduced by four per cent in 2013/14 following a four per cent reduction in 2012/13. Our consumption intensity has also been reduced by 25 per cent since 2011/12.

The profile of water consumption (see graph and table below), shows the impact of the increase in activity since the MSCB became operational. The increase in water consumption in 2010/11 and 2011/12 is largely attributable to the construction activities and the extra flushing required during the construction of the building.

The gradual reduction from this peak is due to the improvements being made in the management of water as we have become more efficient.

Water consumption profile from 2008/09 to 2013/14



Indicators		2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Target
Total water consumption	m <sup>3</sup>	82,811	81,036	96,901	110,953	106,657	102,217	96,514 by 2015/16
Water intensity (against estate size)	m <sup>3</sup> /m <sup>2</sup>	0.96	0.97	1.37	1.38	1.05	1.02	–
Expenditure	£	131,558	133,722	162,440	143,477	185,227	199,642	–

We have a partnership agreement with water and energy efficiency experts Avanced Demand Side Management (ADSM) called AquaFund. Under this agreement, ADSM provide expertise and capital investment for water-saving measures for a share of the savings that are achieved. To date, this partnership has delivered Trust-wide automatic meter reading, and there are planned projects to install urinal sensors across the Trust as well as minimising the waste from the dialysis process.



## Engagement

In 2013/14, the sustainability leads ran three successful engagement events: Climate Week, NHS Change Day and NHS Sustainability Day of Action. These events focused on promoting sustainability initiatives, such as meat-free low-carbon menus, waste management and recycling, reduction in use of resources and energy, and water conservation. We also hosted an NHS Sustainability Day event in The Lagoon with over 100 dignitaries visiting the Trust to share experience and successes in reducing the NHS' significant environmental impact.

## 2014/15 sustainability plan

In the past year we have engaged the environmental charity Global Action Plan to develop a new strategy for 2014/15. The background work behind the new strategy involved having a range of in-depth interviews, focus groups and surveys. Over 150 individuals and groups were engaged to find out what sustainability should mean to Great Ormond Street Hospital.

During this work, Global Action Plan developed three strands of activity, which were presented and discussed:

1. being more efficient with resources
2. improving patient care through sustainable actions
3. advocating on health and sustainability

The response was as follows:

- Only a small percentage felt that strand one (efficiency) should be the only focus of the strategy – the vast majority felt that it should incorporate at least some initiatives that had patient benefits and didn't necessarily have a direct financial benefit.
- Ninety-six per cent feel GOSH should do at least strands one and two.
- Of the consulted staff, 61 per cent felt that the strategy should incorporate all three strands.

The results have been incorporated into the Trust's Sustainable Development Action Plan, which will be presented to the Trust Board in due course.

## Emergency planning

Planning for major incidents and business continuity events, together with managing the associated risks, is extremely important. These plans provide us with guidance and the framework to manage our response. All preparedness plans are reviewed annually to incorporate learning from previous incidents and events. Our plans are developed and maintained in conjunction with the other responders and are compliant with the Civil Contingencies Act 2004 and other relevant guidance. Specialised resilience training is provided to key staff to ensure they are familiar with their roles and they have the opportunity to use these skills in regular scenario-based exercises.

During 2013, the Trust reviewed its Corporate Incident Response and Business Continuity Management (BCM) Plan and this has resulted in more resilient working practices in some areas of the Trust.

The Trust continues to work closely with local partners through the Camden Resilience Forum and other key stakeholders to ensure that when a disruptive challenge is encountered we understand our role in the multi-agency response.



# Delivering value at GOSH

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All of the children and young people we treat at the hospital deserve high-quality, safe care and, together with their families, to receive an excellent experience. We strive to do this through provision of patient-focused, safe and efficient models of care, delivered by qualified and supported staff.

## Quality and safety at Great Ormond Street Hospital

The Trust recognises that 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 GOSH as an organisation with such a culture. The executive team actively promotes the importance of incident reporting to all staff in the support of safety and this has continued in 2013/14.

GOSH is the first UK children's hospital to pilot active reporting of critical incidents and near misses by families and patients. Some of our key achievements include reducing the number of respiratory and/or cardiac arrests outside the intensive care units. This is as a result of work undertaken to identify and respond to the deteriorating child. Between February 2013 and February 2014, we have recorded a decrease from an average of five per month to half of that after June 2013. The Trust-wide average of prescribing errors has fallen by a further 10 per cent since August 2013, with a downwards trend noted in all medication errors, particularly those involving high risk medicines.

Our work to achieve Zero Harm, along with our role as a leader and innovator in the field of patient safety, has been recognised by the presentation of the Patient Safety in Paediatrics Award at the *Health Service Journal* and *Nursing Times* 2013 Patient Safety and Care Integration Awards. Teams across the hospital have worked together to build a culture of safety and accountability, which has led to a real decrease in harm. A key factor in winning was how we have involved parents, families and children in our Zero Harm programme.

The CQUIN payment framework makes up £5.5 million (2.5 per cent) of providers' contract income value, conditional on achieving quality and innovation goals in a CQUIN scheme. Over the first three quarters of 2013/14, we have reported high compliance against all our CQUIN indicator milestones against a number of measures relating to reducing harm and infection and improving patient experience, public health and patient flow.

### **The Francis Report**

An executive working group was established to co-ordinate the Trust's response to the *Francis Report*. The Trust has developed an action plan to improve performance and processes in light of the recommendations. This includes reviewing the current information we have (parents survey, staff survey, complaints information) that indicates how GOSH performs and where we need to focus our attention.

The findings of the *Francis Report* have also been reflected in a number of the Trust's training programmes. Courses such as Fundamentals of Leadership, Stepping Up to Senior Leadership and Clinical Leadership in Action all include modules based around the learnings coming out of the *Francis Report*. In addition, all team away days designed and facilitated by the Education and Postgraduate Medical Education teams will include sessions on the *Francis Report*.

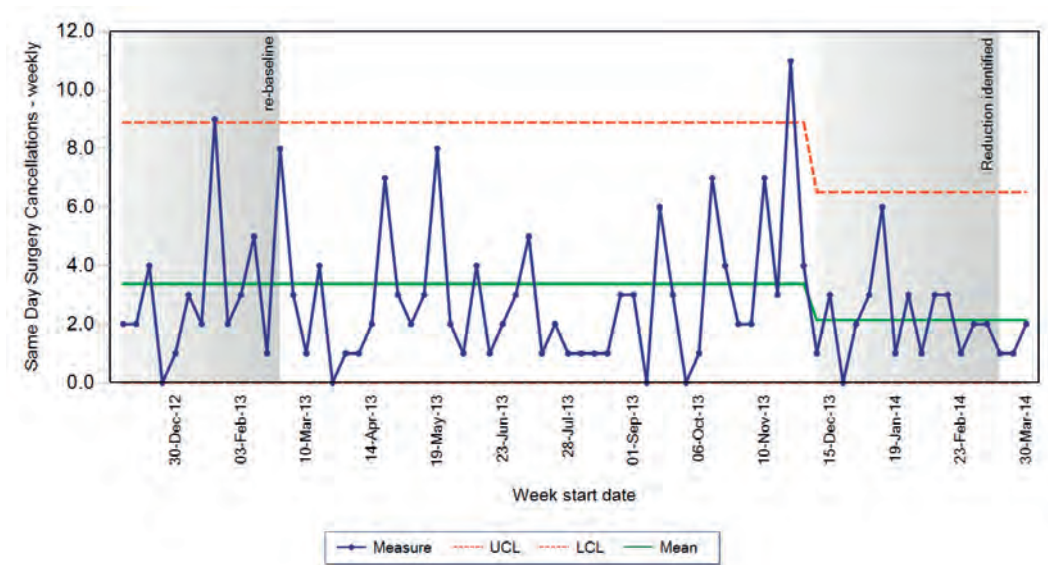
## Transformation and improvement

The Transformation programme contributes to the Trust's quality strategy by managing a series of projects to address some of the strategy's standards. The programme consists of a series of priority projects. The priority projects for the last year have been:

### 1. Improving theatres – to better utilise operating theatres and increase throughput.

The project aims to achieve 77 per cent utilisation Trust-wide (this is currently at 68 per cent). In main theatres, six specialties consistently perform above 77 per cent, while nine are below the target. It should be noted that there are different processes for each specialty and wide-ranging utilisation, so the cross-cutting initiatives that we tried did not work for everyone. This approach did result in reduction in same day surgery cancellations and late starts, but not overall utilisation. Therefore, more recently, it was decided to focus in on one area: general surgery. There has been some improvement in utilisation, from 64 per cent to 73 per cent, which has been sustained. Work has also been undertaken on those areas outside main theatres and we have seen improvements in Dermatology Laser, Haematology/Oncology and Rheumatology.

### Same day surgery cancellations – general surgery and neonatal surgery: all main theatres



### 2. Improving flow – to increase throughput by reducing the length of stay using better planning and reducing delays on the intensive care units and inpatient wards.

Addressing patient flow is a difficult task because there are so many participants, with different perspectives and priorities. Our commitment is to work with clinicians, patients and their families to focus on effective inpatient stay and to achieve the shortest length of stay possible for every patient. This year, we wanted every patient on Koala Ward to have a clear plan in place for their inpatient stay, with an outcome measure that length of stay would reduce. A daily planner has been tested and implemented. Length of stay has reduced for Koala Ward from 2.9 to 2.2 days.

For the intensive care units, the focus has been on an increase in situational awareness, with patients estimated discharge dates displayed on the Patient Status at a Glance electronic whiteboard. These dates are now reviewed twice a day at ward round. A decrease in median length of stay from 3.7 to three days has been identified.

**'s Daily Plan**

Hello! Please write your name here & help to fill in the information below.

I like to be called \_\_\_\_\_

My parents/carers would like you to call them \_\_\_\_\_

I was admitted on (date) \_\_\_\_\_

I expect to be discharged on \_\_\_\_\_

Other useful information \_\_\_\_\_

The Doctors Ward Round is due today at \_\_\_\_\_

Today's date is \_\_\_\_\_

My Nurse today is \_\_\_\_\_

My Doctor today is \_\_\_\_\_

The Doctor in-charge of my care is \_\_\_\_\_

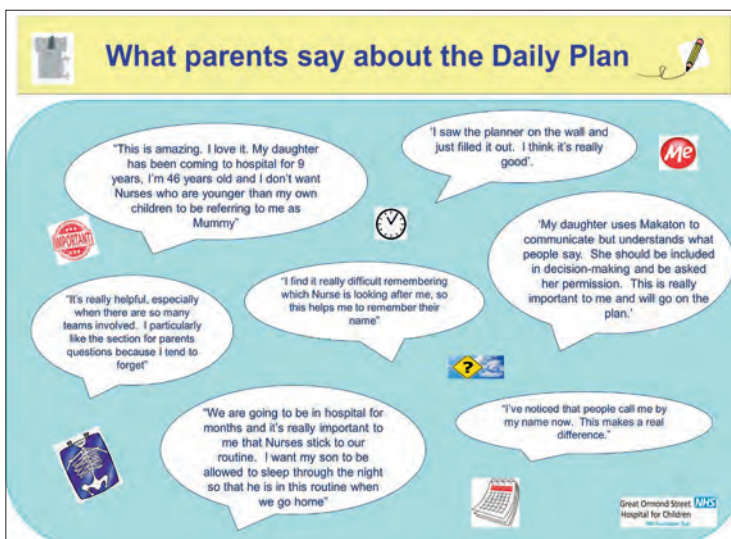
I would like to ask these questions \_\_\_\_\_

My goals for today are \_\_\_\_\_

These tests, treatments and procedures are due on these days ● Admission Day ▲ Expected Discharge Day

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please write expected plan of care per day. Tick off anything that has been done. Write any delayed tests, treatments, etc on the following day in red.



**3. Discharge summaries to be complete within 24 hours of discharge** – every patient discharged from GOSH to leave with the right information communicated to all the relevant recipients necessary to ensure safe, ongoing care.

This year, the project worked with the Rheumatology team to improve the quality and timeliness of discharge summaries. Further information can be found in the *Quality Report* on page 54.

**4. Improving the pathway for patients who are seen by more than one specialist team** – to improve the clinical care co-ordination and experience of these patients and their families.

A crucial objective for 2013/14 was addressing the care of the Trust's most complex patients. One of the risks recognised by the Trust was "not working effectively across multiple teams or with parents to manage complex patients". Families have been frustrated by having to travel to GOSH multiple times in a month due to poor co-ordination of appointments and not having a single point of contact. A project to improve the clinical care co-ordination and experience of multi-specialty patients and their families has commenced to improve the lead consultant role and examine how appointments are co-ordinated for families. The key to this is clarity around the responsibilities, transfer and escalation process for the lead consultant. Following a pilot with metabolic consultants, a proposal has been developed and is currently being consulted on with staff, with a view to approval in May 2014.

**5. Reducing the time taken from when the prescription arrives in pharmacy to when the patient receives their medication.**

Information about this priority project is detailed in the *Quality Report* on page 54.

These priority projects will continue into the next year, with some projects moving from small tests of change to Trust-wide implementations.

In addition to these priority projects, there are many improvement projects run locally within the divisions, supported locally by staff that have been trained on improvement methodology and with support from the Transformation team.

## Safeguarding children

GOSH is fully committed to ensuring that our children and young people are cared for in a safe, secure and caring environment by staff at all levels within the organisation.

There were 1,833 referrals made to the department in 2013/14, of which 314 (17.1 per cent) were related to child protection concerns. This is an increase on last year's referrals, in part as a result of the work that has been undertaken within the Outpatient department, leading to increased compliance asking families in Outpatients whether children are subject to a child protection plan.

Training of staff in safeguarding has remained a priority throughout the year. The Trust has a robust training strategy in place to ensure that staff are trained to the appropriate safeguarding level. The Trust provides monthly assurance to its commissioners on safeguarding training, supervision and staff participation in child protection conferences.

The training levels in 2013/14 exceeded the requirements (80 per cent) of our external commissioners (see page 42 for mandatory training data).

An additional package of e-learning is being adapted to support staff with mandatory training, and it is hoped that it will develop into a simulation training experience. Safeguarding newsletters and the establishment of a web-based resource assist staff to remain updated.

Supportive supervision is available to all staff and remains a priority. Regular supervision is being offered to a wider group of professionals across health disciplines.

Other work undertaken in the year includes:

- The Safeguarding Children Policy has been reviewed to reflect the changes in the Working Together to Safeguard Children 2013 statutory guidance.
- A database is in place to capture outcomes for children.
- The Trust has a robust audit programme in place to assure itself and its commissioners that safeguarding systems and processes are working.
- The Trust completed a report for the Department of Health in response to an allegation identified during the course of Operation Yewtree.

In 2014/15, the team will seek to:

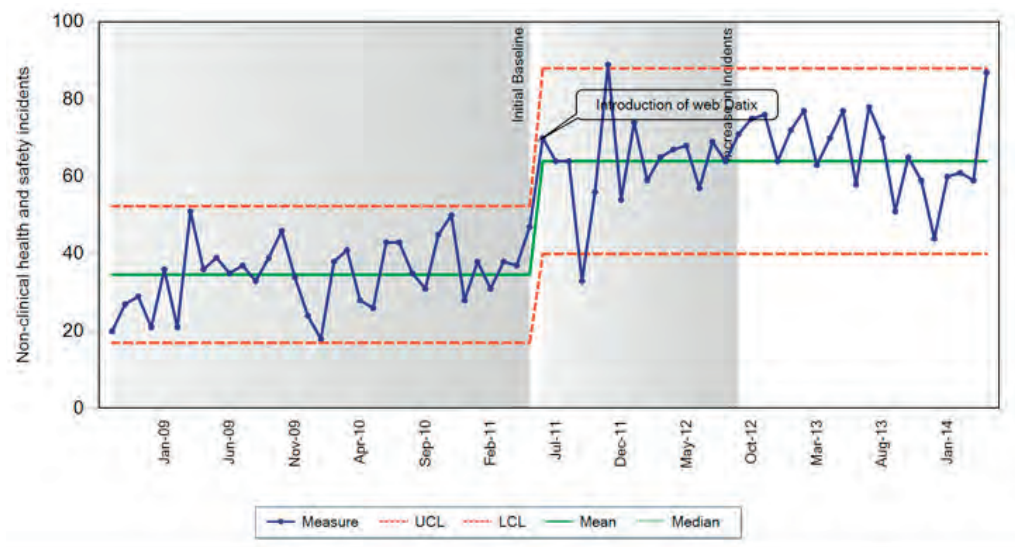
- Continue to evolve an effective child-centred and co-ordinated approach to safeguarding our children and young people within the Trust.
- Maintain external regulatory/contractual standards.
- Further increase uptake of supervision for staff.

# Health and safety

The Trust is committed to effectively controlling risks and preventing harm to all patients, visitors and staff through our health and safety work.

GOSH employees reported 862 health and safety incidents in 2013/14. These included 120 patient safety incidents. The number of health and safety incidents involving patients has remained steady but reduced as a proportion of the overall number of health and safety incidents.

## Non-clinical health and safety incidents



There were four serious health and safety incidents reported during the year. Each incident had a comprehensive investigation undertaken, in line with National Patient Safety Agency guidance, and subsequent action plans to promote learning and mitigate the chance of any recurrence.

The Trust has an annual rolling programme of assessments, checklists, online surveys and audits designed, in part, to monitor whether the Trust is meeting its statutory obligations and to ensure that a process of continual improvement is in place. The governance structure ensures that any statutory compliance is undertaken within stated legislative guidelines. The following work has been undertaken by the team during the year:

- Creation of local health and safety intranet sites, with improved access to health and safety risk assessments.
- Training for all local areas in risk assessment (including COSHH) introduced.
- Introduction of a new Control of Substances Hazardous to Health (COSHH) assessments and protocol.
- Introduction of new fire response protocols.
- Improved electronic audit tool for fire assessments, and health and safety room checklists introduced to improve efficiency and prevent harm.
- The team aims to respond to all incidents within one working day of reporting (100 per cent compliance following audit of random sample incidents).

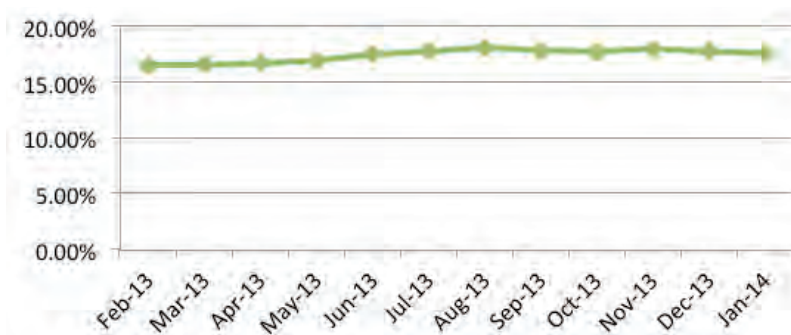
# Supporting and developing our staff

## Recruitment and retention

Recruiting and retaining high-calibre staff has continued to be an important feature of our work in 2013/14. We identified that Band 5 and 6 nurses are consistently among our hardest to recruit and retain posts. Therefore, we have recruited highly selectively from universities and overseas, as well as through our normal recruitment mechanisms.

The Trust has continued to closely monitor its turnover and vacancy rates. We recognise that GOSH has a large number of staff on fixed-term contracts, in particular but not only due to our extensive research activities and associated roles. In 2013/14, we also saw a larger number of staff than usual leave the organisation as part of service transfers to other organisations. In 2014/15, we will be introducing a new report that indicates both the national calculation for turnover but also indicates the figure adjusted for non-voluntary leavers so that we can identify more accurately what is driving our turnover and take appropriate actions.

### GOSH turnover rate (12-month rolling, national calculation)



## Recruitment of qualified nursing staff, including overseas recruitment

Qualified nursing staff form a substantial core of the ward workforce. The Trust runs job fairs every year to market GOSH to new nurses who are graduating. In 2013, the Trust introduced an assessment centre-approach to ensure high-quality recruits. The Trust received 300 applications following job fairs, and after a rigorous assessment centre-approach, appointed 27 staff at Band 5. A further two newly qualified job fairs and subsequent assessment centres will run in 2014/15.

The Trust identified a specialist commercial partner to target high-quality nurses, particularly from Ireland and Portugal. The initiative was originally focused on staff for intensive care unit areas, but has proved so successful that staff have been recruited to specialisms in medicine, and to the International and Private Patients Service (IPP).

During 2013/14, 30 international nurses commenced employment (25 to the intensive care units and five to IPP). A further 26 international recruits started in April 2014 (eight in medicine, seven in the intensive care units and 11 in cardio-respiratory wards).

The Trust has developed a programme for these staff, which includes:

- welcome packs
- orientation to London and to the Trust
- guaranteed low-cost accommodation local to the hospital
- pastoral support
- follow-up at set periods to ensure retention

In 2014/15, the Trust will establish an annual recruitment drive schedule to include national recruitment, and newly qualified and international nursing staff. This will mitigate the risk associated with having large cohorts of newly qualified and international nurses starting at the same time.



## Temporary staffing

GOSH has continued to take concerted action in 2013/14 to manage its overall temporary staffing costs by displacing costly agency staff and replacing them with staff employed directly by the hospital on our in-house staff bank. As a consequence of the agency usage that remains, 51 per cent is in non-patient facing areas (mainly Information and Communications Technology [ICT], Finance and Estates).

Bank spend, and consequently overall temporary spend has increased in 2013/14 to same level of spend seen in 2011/12. This was largely due to a decrease in unfilled shifts across nursing, medical and allied health professional staff groups. Additionally, a number of ICT staff transferred to an external provider that subsequently went into liquidation, returned to employment with the Trust via the in-house bank.

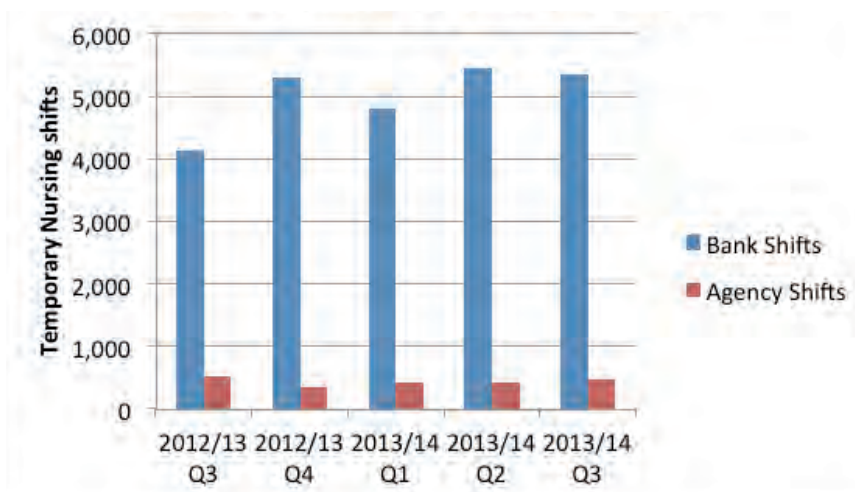
Agency spend has continued to decrease year on year. Over the next three years we will seek to reduce overall spend by further improving the ratio of bank and agency spend and decreasing total usage by around 10 per cent.

During 2014/15, the Trust will implement plans to analyse the causes of temporary staffing usage in each of the high use areas and reduce it to the average level of Trust spend as a percentage of the pay bill.

The Trust will implement an e-bank system later in 2014/15 which will allow improved analysis of demand; improved governance through electronic timesheets and improvements in the accuracy of the data.

Within this overall picture, nursing shifts continue to be filled predominantly by bank staff, allowing us greater control of cost and quality. In 2013, after analysis of competitor pay rates and a review of income projections versus cost, a decision was taken to increase intensive care unit bank pay rates. This has led to greater numbers of shifts filled with bank rather than agency staff, and improvements in team working as a result.

### Bank and Agency Nursing Fill 2012/13, 2013/14



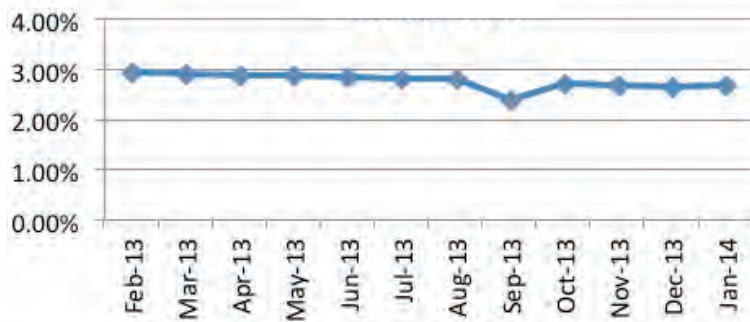
The Trust will continue to improve rostering and booking practices over the next 12 months to ensure the most effective use of temporary staff. In particular, a six-monthly establishment review of all ward nursing staff will take place, using data from our rostering and patient acuity tools, to ensure we have the correct numbers and bands of staff in each specialty and rostering practices are using these staff effectively.

## Sickness absence

Our sickness absence rates continue to be among the lowest of all NHS organisations in the country<sup>2</sup>. Helping staff manage stress at work was one of the key themes of our work in 2013/14 and we ran a pilot programme of workshops with managers on how to recognise and support staff who are suffering from stress, which will be rolled out in 2014/15.

<sup>2</sup> London was reported at 3.52 days in July 2013, and London has the lowest absence rates nationally [www.nhsemployers.org/HealthyWorkplaces/LatestNews/Pages/StaffSicknessFiguresReleased.aspx](http://www.nhsemployers.org/HealthyWorkplaces/LatestNews/Pages/StaffSicknessFiguresReleased.aspx)

## Sickness rate



## Helping our staff keep fit and healthy

Helping our staff stay healthy is critical to our ability to care for our children and their families and we strongly promote take-up of our range of staff health services. During 2013/14:

- Our expert Occupational Health team saw 1,127 members of staff for issues ranging from skin allergies, to ensuring a safe return, to work following major surgery. In 2015/16, the team are aiming to achieve safe, effective, quality occupational health service standard (SEQOHS), a national accreditation for NHS occupational health services.
- Our award-winning on-site staff physiotherapy service is free to staff and saw approximately 1,000 appointments and approximately 300 new cases.
- Our staff counselling and advice service offers our staff free and confidential access to expert counsellors 24 hours a day. In 2013/14, they took over 200 calls and held over 250 face-to-face counselling sessions.
- Our very active sports and social committee ran a wide range of activities – pilates, keep fit, guided walks and social events – recognising that mixing with colleagues can be a great way to help manage stress. The work of the group in running the Trust's Health4Life campaign was shortlisted for the *Nursing Times* Award for Excellence in Supporting Staff Health and Wellbeing.

## Equality and diversity

Ensuring that we treat all of our staff fairly and respect the diversity they bring to the organisation is a key principle of our work. Our Grow Network is a source of advice and support for staff from black and ethnic minority groups in particular. A highlight of the year was a Black History Month event, where staff, managers and invited guests celebrated this at GOSH for the first time.

We published our comprehensive annual report on the equality and diversity data in January 2014, and see openness and a willingness to engage on difficult subjects as being a step towards real and lasting improvements. We piloted cultural competence training with a group of managers and will be rolling this out more widely in the coming 12 months.

Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. Equality Impact Assessments are carried out on policies and procedures, and organisational change exercises. These are audited on an annual basis. In addition, the Trust monitors key data on issues such as equality and diversity in recruitment and disciplinary activity. It conducts an annual review of all its activity on equality and diversity for patients, families and staff, which includes analysing data and reporting on its progress against objectives to the Trust Board. Making sure our patients, families and staff are safe and that they are treated with dignity, respect and fairness is at the heart of our work and we monitor our progress formally through annual surveys.

### **Policies in relation to disabled staff. Policies for giving full and fair consideration to applications for employment by disabled people.**

The Trust has both an Equal Opportunities Policy and a Recruitment and Selection Policy and Procedure, which supports applications from disabled candidates to receive full and fair consideration. We also provide training on fair recruitment and advice to managers and staff to help support individual cases.



The Trust is accredited as a 'two ticks' employer. This status is awarded by Jobcentre Plus to employers that have made commitments to employ and develop the abilities of disabled staff.

**Policies for continuing the employment of, and arranging appropriate training for, staff who have become disabled.**

Our Occupational Health department (with input from specialist agencies as necessary) advise on adjustments to support disabled staff, including adjustments to job roles, working hours, environment, and any training they may require in order to continue working safely and effectively. Our Managing Attendance Policy has specific provision to support staff with disabilities.

**Policies for training, career development and promotion of disabled staff.**

We have a policy of regular appraisals for all our staff, which provides an opportunity for the training needs and personal development of all employees to be discussed on an individual basis, taking into account their particular needs.

**Gender reporting**

Detailed below is a summary of the gender of the directors, senior managers and staff employed at GOSH:

Group	Female		Male	
	Head count	%	Head count	%
Director	8	57	6	43
Senior manager	14	58.3	10	41.7
Employees	3,006	78.0	850	22.0
Grand total	3,025	77.8	866	22.2

**Engaging and listening to staff**

The last year has been one of change for GOSH, with new members of the Executive team coming into post. It was important that our staff were kept up-to-date at all times and we introduced regular briefings where leaders across the hospital, including all our senior clinical staff, could hear directly about plans and contribute their ideas. We also held several open sessions where all staff were invited to meet the Chief Executive and ask questions on a wide range of topics. For those unable to attend, we put regular updates on our intranet pages.

**Whistleblowing**

The Trust is clear that it wishes to be transparent and open and, as such, actively encourages staff to raise concerns. While we would encourage staff to raise any concerns informally, we also have a clear policy (Raising Concerns in the Workplace) detailing how our staff can raise concerns under a formal framework, underpinned by the Protected Interest Disclosure Act 1998. There are various other ways in which staff can raise concerns or issues in an open and supportive way, such as:

- executive safety walkrounds
- staff open meetings
- senior staff meetings
- Visible Nursing Leadership
- an open door policy from the Executive team and periodic visits to clinical and non-clinical areas across the Trust
- ad hoc visits by Non-Executive Directors to areas across the Trust
- via incident reporting.

Results of the 2013 staff survey revealed that 87 per cent of respondents stated that they would know how to report concerns, and 74 per cent of respondents stated that they would feel safe raising concerns. These findings are in line with the average for acute specialist trusts.

## Recognising and rewarding performance

In June 2013, we held a highly successful Staff Awards ceremony, where we recognised people who work at GOSH for their academic achievement, long service, and outstanding performance. The highlight of the ceremony, as always, was our Child and Family Award, where a very special team or individual receives their award directly from a family. In 2013 the Hyperinsulinism team were very popular winners, with the winning nomination describing how they had gone out of their way to help a patient achieve his potential.

The success of these awards prompted us to launch our GEMS awards for GOSH Exceptional Members of Staff, which now recognise a team and individual every month. In 2014, we will hold a gala event to celebrate all our award winners and thank them for their outstanding contribution.

In 2013, we consulted our staff widely on a proposal to link pay to performance. We know that the overwhelming majority of our staff meet the high standards that we set, but our staff agreed that we should not automatically reward poorly performing staff with an annual pay increment. We will be rolling out this approach, beginning with our senior staff, in 2014/15.

## Education and development

The Trust believes in developing our staff and enhancing their skills so that they are able to continue to provide a high-quality service to patients and their families.

In 2013/14, more than 10,440 course places were filled across all our learning and development activities. The 2013 staff survey produced some encouraging results, with 84 per cent of respondents stating they had received job-relevant learning (three per cent above national average for acute trusts). Although a significant amount of learning and development has clearly taken place, there is still a challenge for the Trust moving forward in balancing service delivery with the need for staff to find time to develop the skills required to maintain a high-quality and safe service.

### Mandatory training

The new Trust update cycle commenced in January 2014 – this was underpinned by the launch of a new online assessment tool, making it quicker than ever for staff to complete their learning and provide assurance of competence against the core mandatory topics.

As at March 2014, the Trust's mandatory compliance rates are set out below.

Training	Target	2013/14 performance	2012/13 performance
Information governance initial induction training	95%	97.3%	95%
Information governance currently trained	95%	95.1%	90.7%
Safeguarding Level 1	95%	99%	95%
Safeguarding Level 2	95%	94.5%	86.2%
Safeguarding Level 3	95%	93.7%	76%
Resuscitation training	95%	75%	75%

## Trust induction and staff appraisal

There has been a steady increase in the compliance rate for induction and update over the last 12 months (at 87.4 per cent by 31 March 2014).

The Trust's overall appraisal rate has remained consistent through 2013/14. Eighty-seven per cent of staff survey respondents stated they had been appraised in last 12 months. However, more work is required on addressing concerns around the quality of the appraisal discussion, with 46 per cent of those respondents feeling they benefitted from a well-structured appraisal (this figure is still higher than the 42 per cent national average for acute Trusts). We expect to see an upward trend in 2014/15 for compliance and quality as we launch new appraisal paperwork designed to reflect the new NHS terms and conditions for non-medical staff and embed the values arising from the work on Our Always Values (see page 48).

## Medical education

Postgraduate Medical Education (PGME) continued to design and deliver innovative educational initiatives, including Clinical Leadership in Action (CLiA), supporting junior doctors' transition into the role of the consultant and providing them with an introduction to leadership and management. The team also continued to support junior doctors in training and consultants to develop their educational supervision role through provision of courses. Other developments within the year included:

- The relocation and upgrade of facilities for the Doctors' Mess, as well as updating the audio-visual equipment within the Weston House Lecture Theatre, improving the experience of all lectures series and induction programmes.
- Access to lecture series covering topics such as safeguarding children, public health, ethics, emergency medicine, human factors, faith and philosophy, and aspiring to excellence.
- A successful bid for funding to support the development of a new programme designed to address fragmentation of care across community, general and tertiary care pathways called 'crossing boundaries'.

## Nursing

GOSH continues to host 300–400 pre-registration nursing students per year totalling over 5,000 placement weeks. We continue to support adult nurses working at GOSH to undertake a shortened children's nursing programme in order to register as a children's nurse.

Due to pressures on post-registration funding, we have introduced key principles used by the divisions to commission post-registration nursing courses, which ensured that training requests were closely aligned to clinical and service priorities. In addition, we commissioned:

- 200 places on mentoring courses to enable the Trust to continue to deliver a high-quality placement learning environment and meet the Nursery and Midwifery Council requirements for support of students.
- 256 places on post-registration specialist nursing courses, in addition to supporting staff on a variety of master's programmes.

The Practice Educators continue to provide specialist education and development across all our clinical areas. They have been critical to ensuring newly qualified nurses achieve their medicine administration and other core competencies within the first six months of practice, and they have been proactive in supporting clinical update training within divisions.

The Nursing and Non-Medical Education team has been working closely with London South Bank University to develop an accredited programme for Healthcare Assistants based on the Trust's highly successful Foundation Development Programme.

## Leadership development

The Trust's Leadership Development Pathway offers a range of learning opportunities and is designed to ensure staff can access the right leadership support at every stage in their career. Just under 400 staff went through some level of internal leadership training during the year (compared to 200 last year). A significant number of delegates went through our Gateway to Leadership Assessment Centre to help them identify their leadership development needs.

## Online learning

The Trust's online campus, GOLD, continued to evolve and expand, offering 24/7 access to educational information and online learning. This year, the team developed online learning to support a number of different clinical areas, as well as launching the Clinical Skills Toolkit App and developing new modules to support the Trust's mandatory induction and update.

## Apprenticeships

There were 18 apprenticeships recruited and supported in GOSH throughout 2013/14, with appointments at Band 2 (14 appointments) and Band 3 (four appointments). During the year, five apprentices moved onto substantive contracts within the Trust.

## Improvement methodology

We continued to blend improvement methodology learning into leadership and team events. Transformation and Improvement Methodology Programme (TIMP) and Enabling Doctors in Quality Improvement and Patient Safety (EQUIP) supported the delivery of improvement and service quality project across all areas of the Trust, with 68 staff completing one of these two programmes.

## Moving forward in 2014/15

Although the next 12 months will bring some significant financial challenges for the Trust's education services, it will also provide real opportunities to develop and enhance the service provided. We aim to work more closely with divisions and corporate departments to ensure our prospectus continues to meet service needs. We want to establish a faculty of quality improvement trainers within the Trust who can support this work locally and nationally.

We plan to develop a suite of reports that blends education performance with workforce information and service delivery indicators to ascertain a correlation between learning activity and high-quality performance.

We will be introducing a new Learning Management System, which will provide a self-service one-stop shop and allow staff to access online learning, course information, tutorials and training records.

## Staff survey

Our 2013 staff survey results demonstrate the continuing confidence and commitment of GOSH staff. The following are responses to survey questions:

- I would recommend my organisation as a place to work – 76 per cent.
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation – 87 per cent.

The Trust response rate greatly improved in 2013, following the implementation of a dedicated communication plan to promote the benefits of hearing staff views.

### Response rate

	2012		2013		Trust improvement/deterioration
Response rate	GOSH	National average	GOSH	National average	
	42%	Below average	62%	Above average	20% improvement

## Top and bottom ranking scores

	2012		2013		Improvement/deterioration/ no change
	GOSH	National average	GOSH	National average	
<b>TOP five ranking scores</b>					
Fairness and effectiveness of incident reporting procedures*	3.69	3.60	3.70	3.61	No significant change
Percentage of staff receiving job-relevant training, learning or development in last 12 months	84%	81%	84%	80%	No significant change
Support from immediate managers*	3.69	3.69	3.76	3.73	No significant change
Percentage of staff reporting errors, near misses or incidents witnessed in last 12 months	93%	92%	93%	92%	No significant change
Percentage of staff able to contribute towards improvements at work	74%	71%	78%	70%	No significant change

	2012		2013		Improvement/ deterioration/no change
	GOSH	National average	GOSH	National average	
<b>BOTTOM five ranking scores</b>					
Percentage of staff saying hand-washing materials are always available	51%	61%	47%	62%	No significant change
Percentage of staff working extra hours	76%	72%	75%	71%	No significant change
Percentage of staff receiving health and safety training in last 12 months	60%	76%	69%	76%	Improvement
Percentage of staff witnessing potentially harmful errors, near misses, or incidents in last month	38%	30%	37%	29%	No significant change
Effective team working*	3.83	3.77	3.76	3.8	No significant change

\*Out of a total of five, with five being most satisfied.

The 2013 results showed an increase in satisfaction across a wide range of areas. In addition to those highlighted in the table above, our staff reported improvements in team working and their levels of satisfaction with the quality of work and patient care they are able to deliver.

The key areas of work from the 2013 results are:

- **Maintaining our response rate in the 2014 survey**

In 2013, we identified improving our response rate as being one of our key priorities, and we achieved a 20 per cent increase by asking our local teams to take responsibility for handing out the forms. We will use the same successful methodology to ensure we continue to achieve high response rates.

- **Local plans**

Our increased response rates mean that every division and directorate can now develop evidence-based action plans. These will respond to the issues that were most of concern to their staff, and will be monitored as part of the Trust's performance management process.

- **Availability of hand-washing materials**

Following the 2013 results, we undertook a further survey to identify staff concerns in this area. As a result, regular monitoring of toilet facilities by domestic staff has been increased in some areas and stickers have been put on how to report empty soap dispensers. In 2014, we have asked departments where hand-washing has been reported as a particular issue by staff to develop local plans and obtained expert support from the Facilities and Infection Control teams as necessary.

- **Health and safety training**

Our mandatory update training, which includes training in health and safety, takes place every two years in line with NHS guidance. 87 per cent of our staff are now up to date with this.

- **Witnessing errors and near misses**

We believe our highly-skilled staff recognise errors and near misses when they witness them. Critically, the survey results consistently show that staff report these incidents, and that they also have very high levels of confidence in the systems and processes that help us recognise and address issues. We carefully monitor all the incidents that are reported, and where we see patterns or themes we take action to resolve them.

## Volunteering at GOSH

GOSH recognises the value of engaging volunteers in many varied roles across the Trust.

Volunteer Services now has one of the largest and most comprehensively trained/prepared teams of volunteers across any NHS trust, working on a regular basis within the hospital. We have steadily increased the number of specially vetted and trained volunteers and currently have just over 800 people who volunteer for a minimum of four hours per week. Volunteers provide services that enhance the patients' and families' experiences, including emotional and practical support roles.

Volunteers support staff carrying out their own duties, reducing pressure on staffing time and resources. Ensuring patients have a less stressful visit also has proven clinical and recovery benefits.

In the last calendar year, volunteers contributed approximately 168,400 hours of support work, freeing up staff to undertake their necessary work. This equates to approximately £1,482,000 worth of time to the Trust, based on the London Living Wage.

Volunteer Services currently has 48 different volunteer roles, including:

- **GOSH Guides** – welcome, information and hospital guide volunteers. This was particularly important with the closing of the main reception area and helping visitors to the Trust to find their way.
- **Patient and Parent Support** – direct bedside support (practical and emotional) to patients and families. This role has freed clinical staff to focus on clinical work and ensured patients and families still get high levels of support needed.
- **Youth buddies/befrienders** – volunteers working one to one with adolescent patients, chatting and relieving anxiety and boredom. The new service set up on Badger Ward has proven successful and we are looking to expand the service to include evenings and weekends.
- **Saturday Club** – play, arts and crafts, games and activity club running on Saturdays. The Saturday Club now runs weekly, thanks to an increased grant during the year. We regularly see 20 patients and siblings attend the club in the Activity Centre and approximately 40 patients in the bedrooms.
- **Administration and reception** – a variety of roles in different wards and departments, including in the Volunteer Service to support paid staff.

Volunteer Services also oversees 25 partner organisations delivering support services, including Radio Lollipop, Scouts and Guides, Spread a Smile Entertainers, Epilepsy Society, CAB, Ezra U'Marpeh and Camp Simcha.



Families are very grateful for opportunities to chat to a friendly, non-staff person, or time to have a break away from caring for their sick child.

“During our time in GOSH we have had lots of contact with your team of volunteers, either on the ward, through Radio Lollipop or the Activity Centre. I would like to pass on my sincere thanks to you and your teams, who have provided us with many hours of fun and have without doubt made our stays at GOSH more pleasurable, especially for [our child].”

“Weekends can be a difficult time in the hospital and I would like to say the volunteers who give up their time to look after the children in the Activity Centre on Saturday make a massive difference.”

# Listening and learning from our patients, staff and stakeholders

---

GOSH seeks to provide the best possible services to patients and their families who come from diverse backgrounds and from all parts of the UK and abroad. Therefore, we need many ways to find out about and improve patient and family experience. We do this best by involving and engaging our patients, their families and members in shaping healthcare at GOSH that is appropriate to their needs and by making best use of the knowledge and skills of our staff.

## Patient and public involvement at Great Ormond Street Hospital

The Trust approved a three-year Patient and Public Involvement (PPI) and Patient Experience strategy in January 2012. 2013/14 was year two of the current plan.

Over the past year, the Trust has consulted with patients and families on the Trust's annual plan priorities, their views on extending the hours of some of our services, the merchandise that families would like to see in the hospital shop and how we can better use The Lagoon area. There have also been patient satisfaction surveys conducted by individual specialties, such as the cardiac and the surgical wards and services such as pharmacy, leading to action plans for improvement. The Trust has also consulted with Muslim families on how best to support families through Ramadan, and a committed working group of Jewish and Orthodox families continues to advise on service improvements, food and faith support.

Substantial progress has also been made in the following areas:

### Development of Our Always Values

A listening event, 'Actions speak louder than words', was held in June 2013 and brought together nearly 100 staff, patients and families who gave overwhelming support to the need for GOSH to develop a Trust-wide commitment to shared values and behaviours as the first step in ensuring that we all have a positive experience at GOSH.

Our Always Values is a major programme of work that will influence everything we do, from how we take management decisions to the way we greet patients and families. We won't be able to achieve our aspirations in single year but we will introduce measures to show how we're making progress, which will include our Family and Friends Tests for both families and staff.

Work on developing Our Always Values has been a top priority for the Trust, ending the year with a major consultation exercise involving survey returns from over 1,200 patients, families and members, and 1,000 staff. The survey returns are rich with ideas and suggestions, and we look forward to sharing the findings widely in early 2014/15.

Our new appraisals process, beginning with the most senior managers in the hospital, will be one of the most important ways we start to embed Our Always Values, as we ask our staff to consider how they have reflected our values in their everyday work. We will also introduce new tests during the staff recruitment process, so that we can be confident that the people we are employing share our values.

### The Friends and Family Test

The Trust has started to implement the government's Friends and Family Test to obtain information and feedback from patients and families at the point of discharge on their experiences of our services. This is

now in place for the parents of inpatients and will be expanded in 2014 to include responses from children and young people, those cared for in day care areas and those who attend Outpatients. The Trust also aims to increase the mechanisms through which people can feedback and respond to the test. Research shows a strong correlation between staff experience at work and the patient experience received. Therefore, the Trust will also be implementing the Friends and Family Test for staff, in line with government recommendations.

### Young People's Forum

In autumn 2012, the Trust established a Young People's Forum to improve engagement with young people and improve their experiences of the hospital. The forum has been actively involved in a range of initiatives in the hospital, such as designing a welcome pack for young people newly admitted to the hospital. Young members are now actively consulted on a wide range of issues via their own Facebook site and regular meetings, and the forum reports are a regular feature of the Members' Council. The forum also made an important contribution to shaping the Trust's work on values and behaviours following its own lively sessions and presentation by young people at the Trust's listening event in June 2013.

The plan for the coming year is to continue to embed young members' engagement in the organisation and to improve the ways that they can feedback about their experiences. An important aspect of the Trust's contribution to the forum is to ensure that there is a strong element of leadership, skills and teambuilding development in every meeting, and we are indebted to Changemakers, who worked with the forum to develop their leadership skills, for their support.

The Trust also intends to explore how children under the age of 10 can be better engaged in sharing their experiences as part of the 2014/15 work programme.

### Family equality and diversity

The Jewish Families Working Group, convened to address findings from a previously held focus group, is coming to a close having successfully addressed such issues as kosher food provision, Sabbath facilities and psychosocial support. The group has involved many individuals and groups from the Orthodox community, who have assessed the success of the group, finding it a positive experience. The methodology used to develop this group will now be replicated with other faith groups in the coming year.

### The Patient Advice and Liaison Service (Pals)

Pals, the Trust's equivalent of a proactive customer care department, helped more than 2,500 families in 2013/14. As a front-line drop-in service, the Pals team listen to the experiences of families and give advice, help to resolve issues, act on suggestions and help rebuild relationships where trust has broken down between families and staff. Concerns raised by families with Pals are considered, along with themes arising out of complaints, patient safety incidents and claims to ensure that the Trust learns and makes changes. Key themes in the year have included the need to improve inter-departmental communication, the need to increase resources for the central booking system, source more comfortable beds for parents, respond appropriately to challenging behaviours on wards at an earlier stage, and to improve pre-admission information and processes. The opening of Puffin Ward (the new pre-admission ward), an audit of broken and unsuitable beds and an improved central booking service were welcome responses to Pals users.

### Patient surveys

The Trust commissions Ipsos MORI, a leading market research company in the UK, to conduct an annual independent telephone survey of patients' and families' experience of their inpatient care.

Once again, patient and family satisfaction rates remain very strong, with a slight increase compared to last year (94 per cent in 2014 versus 93 per cent in 2013). This was welcome news, as GOSH had experienced a slight decrease in satisfaction levels last year (93 per cent in 2013 against 96 per cent in 2012) and had made strenuous and successful efforts this year to ensure that overall satisfaction levels improved. Our results have always been very positive when compared to the context of the national average satisfaction rates, which stands at 60 per cent, (King's Fund 2013 – 60 per cent) but we need to maintain and build upon this improvement.

"This trailblazing work is an example of how GOSH is committed to addressing the religious and cultural issues of its patients and will no doubt have a direct impact on improving patient experience for people of other religions and cultures."

Patient and family advocacy rates (known as the Friends and Family Test) are very high – 97 per cent of respondents stated they were likely to recommend the hospital to a friend or relative.

This is complemented in the staff survey by 87 per cent of respondents stating that they are happy with the standard of care provided by the hospital if a friend or relative needed treatment.

Confidence in doctors (97 per cent satisfaction) and confidence in nurses (96 per cent satisfaction) remains extremely high. This has been identified as the most important driver of satisfaction in previous work to identify the most important criteria for parents and young people.

All clinical divisions and corporate departments were tasked with providing action plans to address areas of concern in the 2013 survey, including satisfaction with food, knowing how to feedback and complain, planning of care for patients with special needs and our discharge processes. Results from the 2014 survey show positive improvement in all of these areas, which is encouraging. However, the survey has highlighted pain management as an area that we need to focus attention on. We will investigate why there has been a decrease in satisfaction levels for pain management in more detail and seek to improve on this in 2014/15 as part of our patient safety thermometer project.

### Plans/initiatives for 2014/15

In addition to the above priorities, the Trust will:

- Review its PPI and patient experience strategy to focus on outcomes rather than processes.
- Ensure a range of opportunities are provided for patients, families and staff to be listened to via engagement events, consultations and open forums.
- Ensure targeted focus groups and activities are undertaken to guarantee that those in hard-to-reach groups are listened to and to improve their experiences, – for example, by bringing together patient and families of a faith, or sharing a particular disability. Doing so will allow us to learn how these groups currently experience our services and agree priority areas for improvements with them.
- Ensure that mechanisms are in place to keep patients, families and our staff informed of the feedback we receive and the actions taken to improve people's experiences.

## Complaints handling

The Trust is dedicated to listening to our patients and families and we are continuously striving to improve the services we offer to our patients. We are committed to being open and honest and we take all complaints very seriously. We ensure that the way we respond to complaints is tailored to the individual and that we answer all of their concerns. The Trust received 123 complaints during the year. Listed below are the top five areas arising from an analysis of these complaints (please note that some complaints covered more than one area).

Subject	Total
Lack of communication with parents	90
Delay in treatment	50
Incorrect information	43
Staff rudeness	17
Lack of communication between staff/teams	17

### Improvements as a result of complaints

The Trust is committed to listening and involving patients and families in the improvement of our services. As part of the formal complaints investigation process, we identify areas where the quality of the services could be improved, and devise an appropriate action plan. The Complaints team monitor these recommendations to make sure action has been taken. As a result of the feedback and actions, a number of changes have been made, including:

- **Cardiology:** new systems for effective outreach clinic management. This includes new systems for monitoring patient referrals, attendance and clinics.
- **Radiology:** new guidelines/policies are being produced for the use of sedation when it has been indicated in interventional radiology procedures. This will help ensure that there is clear knowledge, understanding and robust processes for ordering such procedures, and that there are roles and responsibilities for arranging and administering sedation or anaesthetic.
- **Dermatology:** in order to ensure patients have identification following wet wrap treatment, 10 name bands are now printed on admission.
- **Endocrinology:** for blood tests requiring multiple samples, all samples will now be sent together in a sample bag, clearly labelled with the time of the sample and a copy of the test pro forma.
- **Gastroenterology:** a training need was identified and the annual update for nursing staff will now include the different ways that children can express pain.
- **Infection control:** the Infection Control team will ensure families are kept up to date by writing to families of patients who have a positive swab if the patient was discharged prior to the results of their swabs being available.
- **Wards:** development of a patient/parent handbook to be available at the bedside, which will contain essential information for all families.

### Number of ombudsman referrals

There were nine complaints investigated by the Health Service Ombudsman this year. One of these complaints, regarding locating a nurse at night on a split ward, was partially upheld. A full action plan has been developed and implemented.

### Plans for 2014/15

The Trust is always looking at ways to improve our services and mechanisms for learning. We want to ensure that we hear from all families and patients who have a concern or wish to share feedback. This includes involving young people. The Trust has recently set up a working group and undertaken two focus groups with children and young people to gain their thoughts and feedback on how we can ensure they are involved. Areas and actions have been identified for potential improvements and the working group will take these forward.

## Patient information

The Child and Family Information Group continues to write and design information for children, young people and families, with over 250 new or revised information sheets published this year. In addition to printed and online material, we continue to work with clinicians to produce multimedia information about services and procedures. Easy read versions of some of our information sheets are also being developed to meet the needs of our children and young people with learning disabilities.

Following the listening event held in June 2013 (see page 48), the group is also working with clinicians and families to develop Patient Information Pathways – a structured plan of what information should be given to whom at specific points in the patient journey for complex and/or long-term conditions. To date, pathways for eight conditions have been developed and are being reviewed with families to ensure that they reflect their experience. Pathways have also been used to identify gaps in information provision, and these are being addressed with the relevant teams.

Information sent to families before appointments and/or admissions is being revised with help from the Members' Council and Young People's Forum, along with supporting documents explaining facilities at GOSH and in the surrounding area.

# Working with our partners

## The UCL Institute of Child Health (ICH)

The ICH, 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 we are the largest paediatric research partnership outside North America.

In March 2014, the Institute launched its Academic Strategy, which focuses on one cross-cutting theme – rare diseases – and five scientific programmes:

- developmental biology and cancer
- developmental neurosciences
- genetics and genomic medicine
- infection, immunity, inflammation and psychological medicine
- population, policy and practice.

In partnership with GOSH, the aim of the ICH is to build on its position as one of the leading centres in the world for child health research and education.

## Great Ormond Street Hospital Children's Charity

Great Ormond Street Hospital Children's Charity raises money to enable the hospital to redevelop its buildings, buy new equipment, fund paediatric research conducted at the hospital and its research partner, the ICH, and to support specific welfare projects such as family accommodation. In the year 2013/14, total fundraising income before expenses was £70 million – the highest amount the charity has ever raised in one year.

The charity has increased its fundraising activities over recent years, primarily to fund the major redevelopment of the hospital. In 2013/14 it committed to grants of £97 million for the hospital, covering 2013/14 and future years, £84 million of which was towards the redevelopment programme.

The redevelopment programme aims to rebuild two-thirds of the hospital site over a 20-year period and will help the hospital to increase its capacity so that it can treat more children who need its specialist expertise. In June 2012, the hospital formally opened the new Morgan Stanley Clinical Building, which is the first of two buildings within the Mittal Children's Medical Centre. The second part of the centre – the Premier Inn Clinical Building – is scheduled to open in 2017.

Last year, the charity committed over £18 million towards other priority projects in research (£5.7 million), state-of-the-art medical equipment (£7.8 million) and projects to support patients and staff welfare (£4.9 million).

In supporting clinical innovation and research, the charity made grants to the Trust and its academic partner, the ICH, as well as partner organisations. One such project was supporting home monitoring for babies with congenital heart disease. This helps to detect problems early in this complex group of patients who are extremely vulnerable once they are discharged from hospital. The grants also included PhD studentships at the ICH that support young scientists starting their career in child health research.

# Working with stakeholders

## University College London Partners (UCL Partners)

One of five accredited academic health science systems in the UK, UCL Partners (UCLP) is a partnership (known as an Academic Health Science Centre [AHSC]) between University College London, Queen Mary University of London and the London School of Hygiene and Tropical Medicine and four of



London's most prestigious hospitals and research centres – Moorfields Eye Hospital NHS Foundation Trust, the Royal Free London NHS Foundation Trust, University College London Hospitals NHS Foundation Trust and Great Ormond Street Hospital for Children NHS Foundation Trust.

By linking with experts and sharing knowledge and expertise between different specialist institutions through UCLP, GOSH can better support advancement in scientific knowledge and ensure healthcare benefits are passed to patients as quickly as possible.

In November 2013, following a competitive process, the Department of Health designated UCL Partners to continue as an AHSC for the next five years from 1 April 2014. UCLP is currently reviewing its strategy for the next five years.

## Our commissioners

2013/14 was the first year of the 'new NHS' following the structural changes put in place by the Health and Social Care Act 2012. For GOSH, this meant moving from many primary care trust commissioners to one commissioner for 90 per cent of our clinical services, with the remaining 10 per cent of our services commissioned by over 70 of the new clinical commissioning groups.

Many of our clinicians are engaging with the clinical reference groups established by NHS England to standardise the specifications of specialised service patient pathways and develop targeted outcomes.

## Referrers and clinical networks

The Trust has an active programme of engagement with referrers and ran a successful open day this year to support its work in building links with referring clinicians. A referrers group is in place to take forward improvements from referrers' feedback, such as turnaround time of clinic letters and improving the process for referrals and bed management. Actions are in place to address key feedback from referrers, with a current priority on addressing communication, particularly in regard to timely sending of clinic letters and discharge summaries. More focused work is taking place with some secondary care referrers and individual specialties to develop better working relationships.

In addition, many GOSH specialised services operate with other healthcare providers in local, regional and national clinical networks of care. They also play a broader role in working with other healthcare organisations, including through the provision of outreach clinics, as a source of specialist clinical advice and playing a role in clinical reference and formulary groups. Working closely with referrers and within networks of care to strengthen shared care arrangements is a key strategic aim over the coming year.

## Healthwatch

GOSH has worked proactively with Healthwatch Camden over the last year. Healthwatch is an independent organisation that has an important role in monitoring and shaping health and social care services locally, ensuring that staff listen to patients and families and respond to their needs. Representatives from Healthwatch have attended the Patient and Public Involvement and Experience Committee and will also be meeting with our Members' Council. Healthwatch volunteers have participated in our Patient Led Assessments of the Care Environment (PLACE) and have also undertaken their own separate visits to review aspects of patient experience when they become aware of issues that have been raised. We will continue to seek their advice, share our plans and work co-operatively with them in the future.

The directors consider that this *Annual Report and Accounts*, taken as a whole, is fair, balanced and understandable and provides the information necessary for readers to assess the Group's performance, business model and strategy.



**Signed by the Chief Executive on behalf of the Board of Directors of Great Ormond Street Hospital for Children NHS Foundation Trust.**

**Date: 23 May 2014**



One-year-old Gabriela,  
on Lion Ward



# Quality report

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# What is the *Quality Report*?

The *Quality Report* is an annual report produced for the public by NHS healthcare providers about the quality of services they deliver. Its aim is to enhance accountability and engage leaders of NHS organisations in their quality improvement agendas. The *Quality Report* is a mandated document, which is laid before Parliament before being made available to patients, their families, and the public on the NHS Choices website.

## What is NHS Choices?

NHS Choices is the UK's biggest health website. It provides a comprehensive health information service to patients and the public.

## What does it include?

The content of the *Quality Report* includes:

- Local quality improvement information, which allows trusts to:
  - demonstrate their service improvement work, and
  - declare their quality priorities for the coming year and how they intend to address them.
- Mandatory statements and quality indicators, which allow comparison between trusts.
- Stakeholder and external assurance statements.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) has a long-standing reputation as one of the finest paediatric hospitals in the world. We are keen to share information publicly about the quality of our services and about our continuous improvement work.

## What is a Foundation Trust?

A foundation trust is a type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public, and staff, and are governed by a board of governors comprising people elected from and by the membership base.

## Understanding the *Quality Report*

We recognise that some of the information provided may not be easily understood by people who do not work in healthcare. So, where necessary, we have provided explanation boxes alongside the text.

### This is a “what is” box

It explains or describes a term or abbreviation found in the report.

Quotes from staff, patients and their families can be found in speech bubbles.





Eight-year-old Thomas  
on Penguin Ward



# Part 1

## A statement on quality from the Chief Executive

Great Ormond Street Hospital is one of the world's leading children's hospitals. Last year, the hospital received more than 220,000 patient visits from children with some of the world's rarest and most complex illnesses. The visits were a mix of inpatients, day cases and outpatients appointments, and patients were seen by clinical teams spanning 50 specialities.

All of the children that come through our doors deserve the highest-quality and safest care in a friendly, nurturing environment. Their families and carers deserve an experience that exceeds their expectations and supports them to care for their loved-one and siblings. Our dedicated staff work hard to provide the best possible care and service, but we know that there are some things we can do even better.

This *Quality Report* is one way that we can report on the quality of the care we provide. This comprises looking at whether we are meeting the standards set for us externally and reviewing whether we have achieved the improvement measures we have set for ourselves. The drive for many of these improvements has come from listening to our children, young people and their families, and our staff, and working with them to define and measure success.

In part three of this report you will find the results of our performance against key external quality indicators. This includes whether we have met waiting time targets for our cancer patients and our success at limiting the number of cases of hospital-acquired infections. I am very pleased to say we have met or exceeded all of the key targets set for us. Also in this section of the report are the results of our performance against a range of locally developed quality and safety measures, for example, limits on line-related blood stream infections and hospital mortality rates. Again, I am very pleased to say that we have met or exceeded all the targets.

The second and most substantial part of this report focuses on how we have performed in relation to our own 2013/14 quality priorities. Our quality priorities fall into three categories:

Our quality priorities fall into three categories:

### **Priority one – safety**

To reduce harm to zero

### **Priority two – clinical effectiveness**

To consistently deliver clinical outcomes that place us among the top five children's hospitals in the world

### **Priority three – experience**

To consistently deliver an excellent experience that exceeds our patients', families' and referrers' expectations

## **Safety**

We are increasingly trying to involve our patients and their families in driving improvements. One of our projects over the past year placed them at the very heart of our efforts to reduce harm to zero by asking them to actively report safety concerns.

The project – a UK first – was trialled on our acute renal ward with impressive results. The concerns of the patients and families were captured and escalated to senior nursing staff in real-time, leading to a better awareness of safety among staff, which led to increases in staff incident reporting. We are now considering how this pilot can be rolled out across the Trust.

Another project, developed and agreed with our commissioners, aimed to improve the management of pressure ulcers. It was also a success and saw the number of hospital-acquired grade-three pressure ulcers more than halve in the past year.

## Clinical effectiveness

A pilot scheme to enable kidney patients to improve their quality of life by undergoing haemodialysis treatment at home was successfully expanded to infants and higher-risk children, such as those with heart disease. We are also planning to expand the home haemodialysis programme nationally to ensure that even more children are given the opportunity to receive treatment at home.

In order for us to be confident that we are delivering the best clinical outcomes, we first need to define the measures that we use to judge ourselves. The work we are carrying out to compare our treatment outcomes with other leading paediatric providers is instrumental in achieving this. In 2013/14 we did not quite reach the goal of achieving international agreement on three outcome measures in six specialties, but our global peers are actively engaged. Emerging themes suggest that most of the specialties involved will reach agreement on at least two outcome measures in the coming year.

## Experience

This year, we set ourselves the task of working closer with our young people to improve the hospital experience. This work was championed through the Young People's Forum and focused on looking at five priority areas:

- transition to adult services
- the provision of age-appropriate information
- the provision of an age appropriate environment
- ensuring staff receive training to communicate effectively with young people
- increased involvement of young people in service evaluation

Progress was made in all priority areas, with improvements in transition planning really standing out: audits revealed a 25 per cent increase in transition-planning documentation.

Following feedback from our Members' Council and our referrers, we also set up a project to reduce the time it takes to send out follow-up care information to our patients' local clinicians. We ran a pilot in rheumatology and were able to achieve a sustained reduction in the time it was taking to complete a discharge summary. This pilot will now be rolled out across other specialties.

However, not all of our programmes to improve our patients' experience have seen such success. One area that still requires additional work is in reducing the waiting times for medication from the hospital pharmacy.

This report demonstrates, above all else, the power of working with partners – our patients, their families, our staff and referrers – to drive improvements. Over the coming year I hope this work continues to build momentum and enables us to focus our efforts so that all that we offer and do is truly world-class.

I, Julian Nettel, confirm that, to the best of my knowledge, the information in this document is accurate.



Julian Nettel  
Interim Chief Executive

## Part 2a

# Priorities for improvement

This part of the report sets out how we have performed against our 2013/14 quality priorities. These have been determined by a combination of national priorities as well as local priorities identified by staff, patients and their families, and wider stakeholders such as referrers and commissioners. The quality priorities fall into three categories: patient safety, clinical effectiveness and experience. These categories were defined by Lord Ara Darzi in his NHS review for the Department of Health, in which he emphasised that quality should be a central principle in healthcare. Our quality priorities are aligned with these categories:



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### Safety

To reduce all harm to zero.

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### Clinical effectiveness

To consistently deliver clinical outcomes that place us among the top five children's hospitals in the world.

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### Experience

To consistently deliver an excellent experience that exceeds our patients', families' and referrers' expectations.

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## Safety

We are committed to reducing avoidable harm and improving safety, year on year, and as rapidly as possible. Our Zero Harm programme aims to ensure that the patient receives the correct treatment or action the first time, every time.

## Clinical effectiveness

Delivering effective care is, and always has been, a primary focus of GOSH. Since 2011, we have been evidencing the effectiveness of our care by identifying clinical measures and Patient-Reported Outcome Measures (PROMs), and by publishing this data on our website. Wherever possible, we use established national or international measures that allow us to benchmark our results with other services.

Our commitment to research and innovation also demonstrates our dedication to delivering the most clinically effective care.

## Experience

We recognise that the perceptions that patients and families have of GOSH are heavily influenced by the quality of their experience. Therefore, we measure patient experience across the hospital and ensure that we use that information to improve the services we offer. We also seek to create meaningful opportunities for engagement with our patients, their families, and the wider public via our membership, patient and member surveys, listening events, focus groups, the use of social media, and asking patients and families about their experience within 48 hours of discharge.

# Reporting our quality priorities for 2013/14

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In addition to reporting our progress with the 2013/14 quality priorities that we declared in last year's *Quality Report*, in this section we also report on extra projects from the year that we expect to be of interest.

## Safety section

### Testing a concept: families reporting patient safety incidents and near misses

Reporting safety concerns is a crucial part of a safety culture. Safety issues in hospitals are usually reported by staff through an established process. However, patients, families and carers can be an important additional source of information about safety.

GOSH is the first UK children's hospital to pilot active reporting of safety concerns by families and patients. As healthcare professionals, we asked: 'Do families see things we don't see and if so, how can we learn from this?'

#### What we said we'd do

An extra pair of eyes can be extremely helpful in identifying patient safety incidents and near misses. At GOSH, we want to eliminate all avoidable harm. This project was instigated as one of the means to achieve our objective of 'zero harm'. The initial goal of this project was to actively engage families in the process of identifying and managing patient safety concerns, piloted on one inpatient ward. We said we would measure progress by the number and type of safety reports by patients and families.

#### What we did

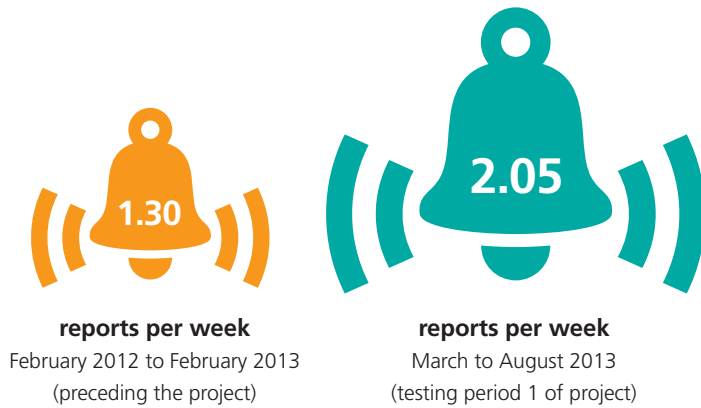
As part of the Enabling Doctors in Quality Improvement and Patient Safety (EQulP) programme at GOSH, a Cardiology Registrar explored the idea of engaging families in reporting safety concerns. The idea drew interest, so he and colleagues from the Transformation team submitted an application to the Health Foundation's Shine programme for funding to pilot such a system. In November 2012 it was announced that GOSH was successful in its bid.

We developed a brief paper-based reporting tool that enables families and patients to express their safety concerns in real time. Our tool was adapted from an incident reporting questionnaire that had been developed in a children's hospital in Vancouver, Canada.

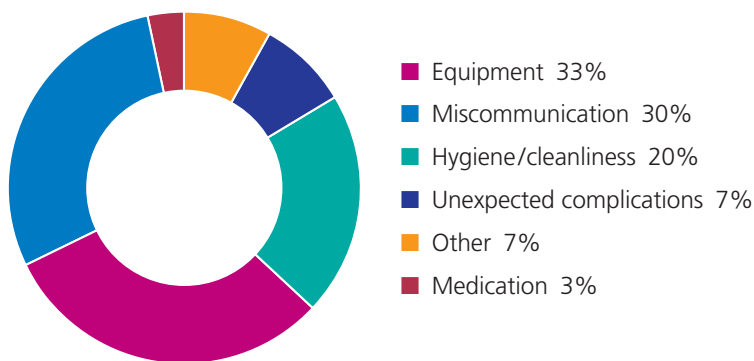
Testing of the innovation began in March 2013. Families and patients on Eagle, our acute renal ward, were informed of the project and given access to the safety reporting tool. All completed forms were reviewed on a daily basis and all incidents were communicated to a senior nurse on the ward. This automatically provided a gateway for a conversation between staff and families to clarify the risk and, where applicable, to offer remedy, apology, and solutions to avoid future harm.

Fundamentally, the project has been supported by an active parent representative, who has been pivotal in innovation, design and decision making.

## What the data shows



There was an initial increase in staff reporting safety issues, which may suggest that a greater focus on safety can improve situational awareness in the ward environment.



### Types of safety concerns documented by families/patients between September 2013 and January 2014

The largest categories of safety issues raised by families relate to equipment and miscommunication. Further analysis is required to determine how this information can inform specific improvements, but frontline clinical staff have fed back that use of the reporting tool itself increased awareness among staff and had a positive effect on communication with families.

Acknowledging families and patients as partners in care is slowly influencing the 'patient safety climate', which is shown in the initial comparison of results from baseline tools used to measure culture change<sup>1,2</sup>. To date, staff have graded the ward environment safer compared to one year previously, which is supported by qualitative interview statements from staff. Complementing this, interviewed families have shown confidence and feel empowered to detect and report patient safety concerns by using the real-time tool and have asked if this would "soon be available at the local hospital?"

**Key learning of the project:** our patients and families at GOSH can and will report safety concerns, given the right tools and support.

1 Manchester Patient Safety Framework research team (2006) Manchester patient Safety Framework (Acute). National Patient Safety Agency

2 Sexton, J. (2002) *Safety Climate Survey*; Institute for Healthcare Improvement



The project won the *Health Service Journal* National Award for Patient Safety in November 2013.

“You are really brave to do this, I haven’t come across a hospital where they are welcoming criticism actively and want us to be open about bad things.”  
Parent

**What’s going to happen next?**

This pilot project has shown improvements in the safety culture on the ward. As such, the next steps are to sustain the use of the reporting tool on Eagle Ward, and spread its use across the hospital. Options for embedding the approach within operational structures are currently being considered, including the project management and governance strategy required for full roll-out, and the mechanism for reporting progress.

**How this benefits patients**

- raised safety awareness on the ward
- increased staff incident reporting
- invaluable platform for open communication between families and healthcare staff

Andy, parent representative on the Shine project said: “As a parent who has had a child under the care of GOSH for nearly 10 years now, I am really encouraged by this project. I am an advocate of the hospital and parents working in partnership to ensure our children receive the best possible care. This project clearly encapsulates that ethos.”

**Preventing pressure ulcers**

**What is a pressure ulcer?**  
A pressure ulcer is a sore that develops from sustained pressure on a particular part of the body. It affects areas of skin and underlying tissue. Critically ill children are more at risk of getting pressure ulcers because their condition can make it difficult to reposition them. Pressure ulcers are graded from one to four depending on the degree of injury to the skin, with higher grades being more severe.

**What we said we’d do**

We aimed in 2013/14 to further reduce the overall incidence and grade of pressure ulcers that occur within the Trust by:

- Completing the roll out of the specialist training programme to nursing staff.
- Ensuring that every patient admitted to GOSH receives a pressure ulcer risk assessment score assigned on their admission and that appropriate action is taken in response to this score.



- Implementing the Root Cause Analysis<sup>3</sup> process as standard for grade two pressure ulcers, as was achieved last year for grades three and four pressure ulcers.

We said we would measure progress by the number of pressure ulcers graded from two to four that have developed in our hospital.

### What we did

Pressure ulcer prevention was agreed as a project this year with our commissioners, for Commissioning Quality and Innovation (CQUIN) (see page 89).

We have continued to take a proactive approach to the prevention and management of pressure ulcers, building on the successes achieved in 2012/13. In line with our plan, the specialised training programme has been rolled out to all nursing staff and the new Glamorgan risk assessment tool and SSKIN care bundle have been embedded into daily clinical practice. The new risk assessment tool was also configured into our intensive care IT system, which has significantly improved the assessment and management of patients in the intensive care units.

To support nurses in the actions taken when a risk is identified, we introduced the GOSH **SSKIN** Care Bundle, which includes the following five components:

- Appropriate support **S**urface
- Comprehensive **S**kin assessment
- Assisting patients to **K**eep moving
- Optimal **I**ncontinence management
- Maintenance of good **N**utrition

97%



compliance with patients receiving a pressure ulcer risk assessment on admission

In the month of March 2014, the Trust's audit results showed 97 per cent compliance with patients receiving a pressure ulcer risk assessment on admission. This is the highest level of compliance to date, which demonstrates the commitment of our nurses to maintaining the skin integrity of our patients.

This high level of use of the risk assessment tool has led to an increase in the number of pressure ulcers identified when patients are admitted to our hospital from other care settings and an increase in staff reporting of the least severe 'grade one' pressure ulcers. It has also prompted nurses to seek specialist advice from the Pressure Ulcer Prevention and Management team on how to care for patients who are at risk of developing a pressure ulcer.

Unfortunately, due to staffing constraints this year, it has not been possible to undertake a Root Cause Analysis for every grade two pressure ulcer as intended. However, this has continued for grade three pressure ulcers, and the pressure ulcer working group continues to meet and learn from incidents that have occurred.

### What the data shows

We have reduced the number of hospital-acquired grade three pressure ulcers from seven in 2012/13 to three in 2013/14, with one of these classified as unavoidable because the child was so sick that the comprehensive range of pressure prevention measures put in place were not enough to prevent breakdown of their skin. The total number of grade two and over hospital-acquired pressure ulcers in the Trust has been reduced by 26 per cent, which is a significant reduction in harm to our patients.

2012/13

2013/14

### Reduction in number of grade three pressure ulcers from seven in 2012/13 to three in 2013/14

<sup>3</sup> 'Root Cause Analysis (RCA) is a systematic investigation technique that looks beyond the individuals concerned and seeks to understand the underlying causes and environmental context in which an incident happened.' (National Patient Safety Agency [2004] Seven Steps to Patient Safety. London: NPSA)

## What's going to happen next?

In 2014/15, we will continue to work to reduce the number of hospital-acquired pressure ulcers that are avoidable, particularly focusing on those that occur as a result of some of the medical devices that we use to treat patients (for example, breathing and feeding tubes.) Progress will be reported to Trust Board via the *Nursing Report*.

## How this benefits patients

Pressure ulcer prevention benefits patients by avoiding:

- pain, discomfort and long term scarring
- infections that can occur when skin is damaged as a result of a pressure ulcer

## Effective monitoring and communication of the deteriorating child

A crash call (known as a '2222 call') is a call made to alert emergency staff when a child has a clinical emergency. We want to ensure that ward staff are effectively monitoring patients so they can identify if a child's health is deteriorating and provide intervention before the onset of an arrest.

## What we said we would do

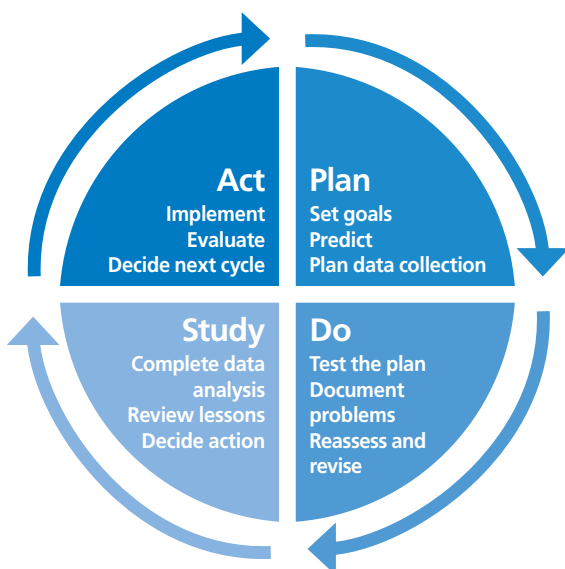
We said we would continue our work to improve the monitoring and communication of patients who clinically deteriorate, to further reduce cardiac and respiratory arrests outside of the intensive care units (ICU) by 50 per cent.

Our goals this year were to:

- Improve the way in which the Children's Early Warning Score (CEWS) is scored, documented and escalated.
- Roll out RECALL (Rapid Evaluation of Cardiorespiratory Arrests with Lessons for Learning) across the Trust.
- Quantify the nurses' 'gut feeling' about a patient at risk of deterioration.
- Include parental concern as part of the CEWS scoring, because parents often pick up on individual subtle changes that indicate their child is 'not right'.

## What we did

Our goals were translated into actions using the Plan–Do–Study–Act approach, audit, and by talking to ward staff:



**Cardiac arrest** is the cessation of normal circulation of the blood due to failure of the heart to contract effectively.

**Respiratory arrest** is the cessation of normal breathing due to failure of the lungs to function effectively.

Both cardiac and respiratory arrests prevent delivery of oxygen to the body. For the best chance of survival and neurological recovery, immediate and decisive treatment is imperative.

## What is CEWS?

Children at GOSH are treated for a wide range of serious medical conditions and are often very ill. It is important that nursing staff, who are most often in contact with patients, are aware when a child is stable and when there is risk of deterioration. The Children's Early Warning Score (CEWS) is a tool that is used to identify, record, and escalate signs of deterioration in paediatric patients.

## Improve escalation of CEWS according to the Trust template

We audited seven wards to review the accuracy of CEWS scoring and escalation. After the work done last year, we were pleased to find a huge improvement in the accuracy of CEWS scoring. However, there was room for improvement in the escalation and documentation process, to bring practice in line with the Trust template (Fig 1).

<b>Children's Early Warning Score (CEWS)</b>	
Action to be taken when a patient scores:	
<b>0–1</b>	No action needed
<b>2</b>	<ul style="list-style-type: none"> <li>Report CEWS to <b>nurse-in-charge</b></li> <li>Repeat observations within 30 minutes</li> <li>After 30 minutes, if score still 2 inform <b>nurse-in-charge</b> and <b>registrar</b></li> </ul>
<b>3–4</b>	<ul style="list-style-type: none"> <li>Inform <b>registrar</b> to review the patient</li> <li>Repeat observations within 30 minutes, agree monitoring plan, consider adjusting parameters</li> <li>If no improvement after 30 minutes inform the <b>Clinical Site Practitioner (CSP)</b> (bleep 0313)</li> </ul>
<b>5–6</b>	Inform <b>Registrar</b> and <b>CSP</b> with recommendation (SBARD) to attend
<b>7+</b>	Inform <b>Registrar</b> and <b>CSP</b> with recommendation (SBARD) to attend within 15 mins
<b>If there is any concern about the clinical condition of the patient at any time, consider placing a 2222 call regardless of the CEWS score</b>	

### Clinical Site

**Practitioner** – a senior nurse in charge of the day-to-day operational management of the hospital

**SBARD** – an effective communication tool particularly used when handing over patient information, using the format of:

Situation  
Background  
Assessment  
Recommendation  
Decision

The strongest adherence to the Trust escalation tool was in wards where 'huddles' took place twice a day, a practice where ward staff share the health status of patients with one another in a focused way. On our international and private patient wards, huddles contributed to an increase in CEWS accuracy from 90 per cent to 98 per cent.

In February 2014, an electronic observation system was introduced on Koala neurosurgical and neurological ward. This is already showing positive results in many ways, including the automatic escalation and documentation of a CEWS greater than 2.

## Embedding RECALL

We carry out RECALL evaluations following every call alerting to an arrest. These are reviewed at weekly safety meetings and shared with clinical managers who spread the 'lessons for learning' via divisional meetings. The most recurrent lessons for learning continue to be related to documentation.

## Increase simulation training opportunities

We delivered 'high fidelity simulation' training on the deteriorating patient. This type of training requires the learner to engage emotionally and suspend disbelief to engage in an emergency situation that is as realistic as possible. This was additional to the mandatory resuscitation training delivered by the Trust. Nurses involved with real events have described how the simulation training prepared them for the actual event. These simulations also highlighted areas in resuscitation training that we needed to strengthen. For example, we have now increased the amount of airway training that we deliver as standard.

## Develop a care plan for end of life treatment, to improve patient care and communication between the family and medical teams

The need for this work was highlighted by the RECALL work, as we saw the impact that an unclear end-of-life care plan can have on families and staff. A new document is ready to be trialled, which has been devised by the Resuscitation, Intensive Care, End of Life and Bereavement teams. Our aim is to provide a clearer resuscitation care plan with evidence of conversations and rationale to the agreed plan.

Work has commenced to quantify the nurse's 'gut feeling' and parental concern. However, it has not been completed as planned. This was due to a shift in focus for this year to strengthen care plans and training first. The work will be completed in 2014/15 as part of a broader CEWS review.

## What the data shows

### Statistical Process Control Charts

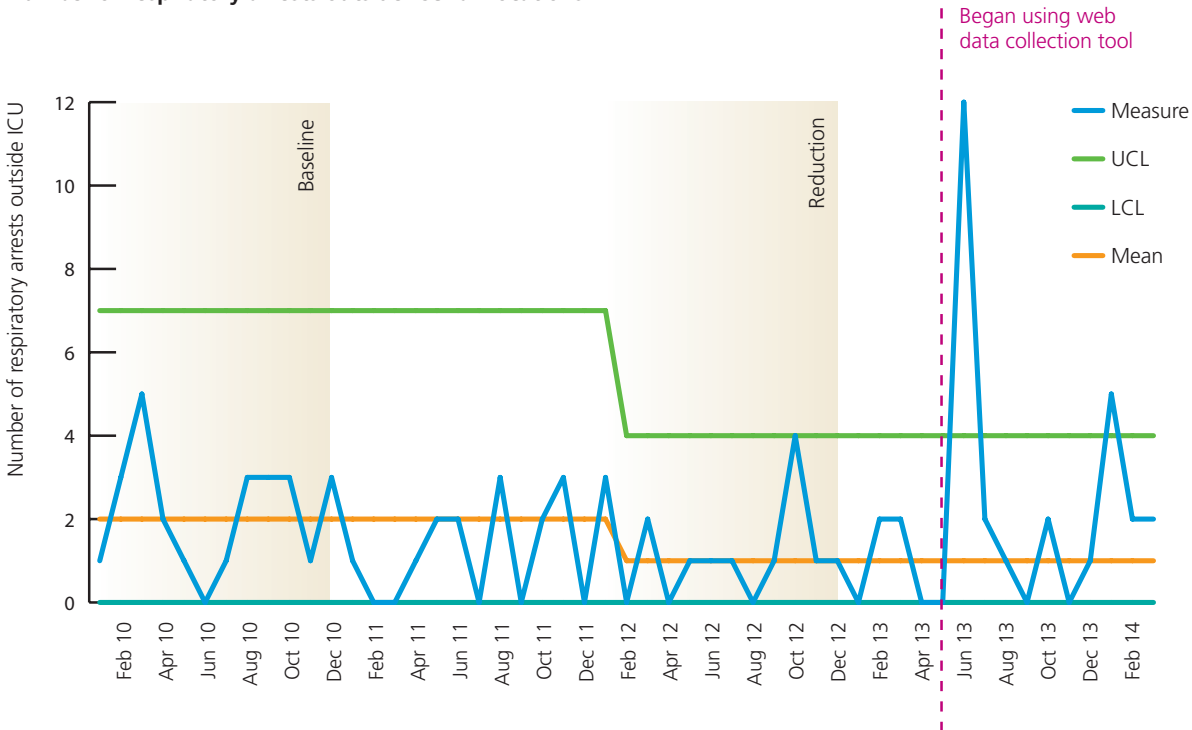
Statistical Process Control (SPC) charts are used to measure variation and improvement over time. SPC methodology takes into account the phenomenon of natural variation, which, if acted upon without analysis, can be an inefficient approach to improvement work. Upper control limits (UCL) and lower control limits (LCL) are calculated to help with data analysis. SPC methodology enables focus on the 'special causes' of variation, to identify areas that require further investigation and action.

We have maintained the 50 per cent overall reduction in cardiorespiratory arrests achieved in February 2012 (from a mean [average] of 2.2 to 1.1 per month). However, we have not yet seen a further reduction. We include Statistical Process Control (SPC) charts to show this year's data in detail.

From May 2013, we began to record cardiac arrest and respiratory arrest separately because we wanted to undertake more detailed analysis of trends and causes. We also honed our definitions to ensure that we were capturing the most relevant data. These changes were applied retrospectively so that we could see our past and current data against the same parameters.

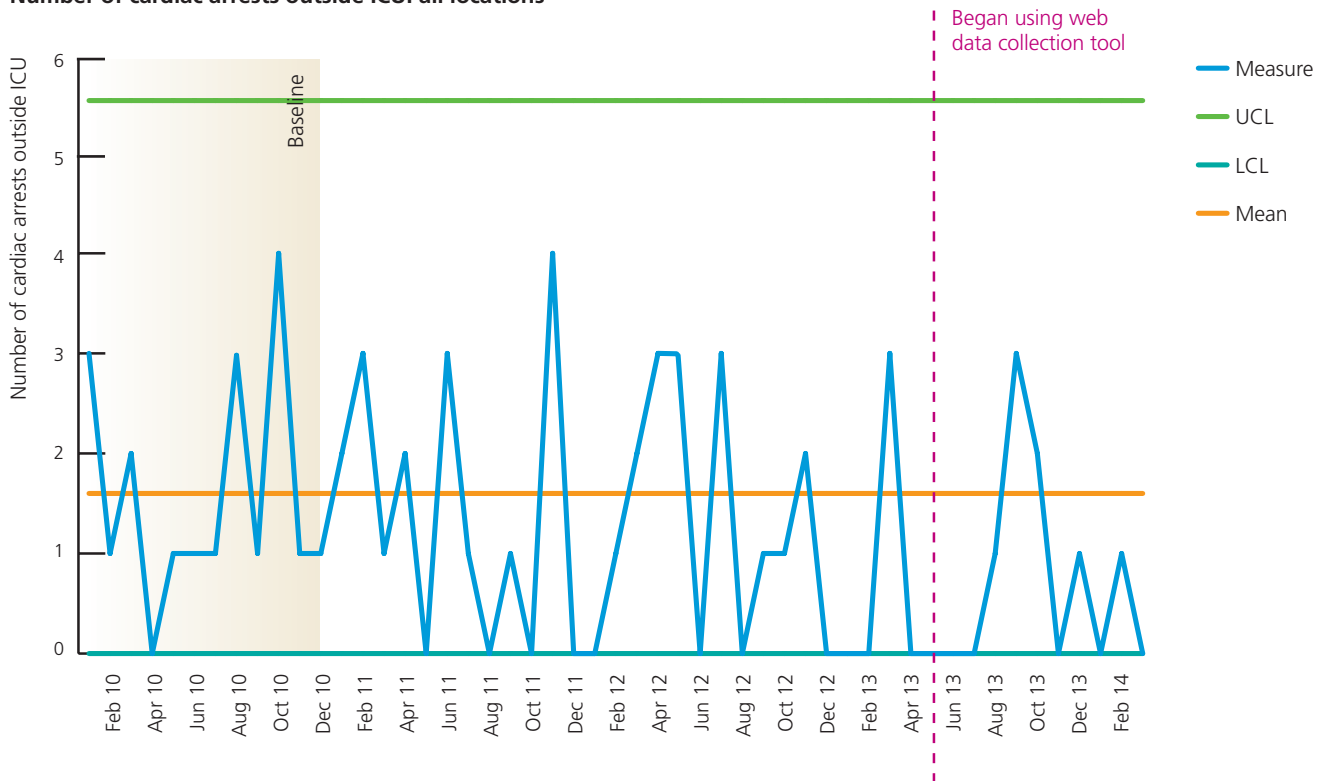
Despite maintaining the overall reduction we achieved in 2012, we saw isolated increases in respiratory arrests in June 2013 and January 2014. While we investigate every 2222 call as standard, we have looked in more detail at these spikes to understand the cause. We found that the main reason for the increase was seizures on the neurological ward, a large number of which were the same patient with uncontrollable seizures. We continue to monitor and investigate each arrest.

### Number of respiratory arrests outside ICU: all locations



The mean of cardiac arrests has been stable since an initial baseline in 2010, with no statistically significant increase or decrease according to SPC methodology. However, there has been a numerical decrease in cardiac arrests year-on-year, and we expect to see a positive 'special cause' in the coming months that will indicate the effectiveness of our improvement work.

## Number of cardiac arrests outside ICU: all locations



## What's going to happen next?

1. Further investigation of the increase in respiratory arrests this year to determine actions.
2. Review of the escalation scoring and CEWS parameters. Once this has been completed, we will determine how we can add parental concern and nurse 'gut feeling' to the scoring system, before rolling out the electronic observation system across the Trust.
3. Train 95 per cent of clinical staff through simulations to recognise and treat the critically ill child. A new Simulation Suite, opening in May 2014, will support us in reaching our training aim.
4. In addition to nurse simulation training, we also aim to do one simulation call per month.
5. Continue to review the RECALLs for lessons learned, with a focus on addressing insufficient documentation of actions.
6. Review all unplanned intensive care admissions from the wards using the RECALL template.
7. Introduce 'huddles' across the Trust, in conjunction with the *Closing the Gap* Health Foundation project.

Progress on the project is reported to the Trust's Resuscitation Committee and to the Co-Medical Director accountable for Quality and Safety.

### What is a huddle?

'Huddles' are "...short briefings... designed to give frontline staff and bedside caregivers opportunities to stay informed, review events, make and share plans for ensuring well co-ordinated patient care"

Goldenhar LM, Brady PW, Sutcliffe KM, et al (2013) Huddling for high reliability and situation awareness. *BMJ Quality and Safety* 22 pp899-906

## How this benefits patients

Earlier detection of patients who deteriorate means:

- better outcomes
- safer environment
- better communication and clarity between families and medical teams in the delivery of end-of-life care

### What is Plan-Do-Study-Act?

Plan-Do-Study-Act (PDSA) is a methodology to test an idea by trialling a change on a short term basis and assessing its impact. The four stages of the PDSA cycle are:

**Plan** – the change to be tested or implemented

**Do** – carry out the test of change

**Study** – examine data before and after the change and reflect on what was learned

**Act** – plan the next change cycle or full implementation

“As a team we have really appreciated the simulation training and it has given me more confidence when looking after very sick patients.”

Staff Nurse, Koala Ward

“As a resuscitation department we review all 2222 calls and have noticed how the wards really appreciate the feedback. There’s a keenness to learn and improve practice.”

Resuscitation department

## Learning from a serious incident

Every incident reported at GOSH is taken seriously and investigated in accordance with the circumstances. For those incidents where an in-depth investigation is carried out, the local clinical team will work with staff from our Risk team to systematically identify the root cause(s) of the issue, the lessons learned and any recommendations about changing practice to try to prevent recurrence. Where these incidents have affected a patient’s care, we will ensure the family is aware of the incident and kept up-to-date with the investigation’s progress. We offer patients and families a copy of any investigation report to ensure they can fully understand what has happened and why.

In June 2010, a serious incident occurred during a high-risk glue embolisation procedure to treat a rare condition known as arteriovenous malformation (AVM). The Trust conducted a systematic and rigorous investigation and analysis to determine all factors that contributed to the incident, with a view to ensuring that the errors identified cannot happen again. Actions were undertaken to address the root causes and embed lessons learned. In addition, one of GOSH’s interventional neuroradiologists established a training course for nurses and radiographers working in interventional neuroradiology. Attended by delegates from around the UK, the twice-yearly course has a major emphasis on safety in an interventional radiology context.

For further assurance, an audit plan was agreed in March 2014 to evaluate the effectiveness of the completed actions.

# Effectiveness section

## Establishing an out-of-hours diagnostic and monitoring service for children with inherited metabolic disorders

### What we said we'd do

Children with life-threatening metabolic disorders can become dangerously ill at any time. Often the first presentation, before diagnosis, is with an acute, serious illness. Consequently, there is a need for a rapid and reliable diagnostic laboratory service around the clock. Currently, formal metabolic investigations are not routinely available at the weekends and have relied upon an informal 'cover' arrangement between GOSH and the Evelina London (the paediatric part of Guy's and St Thomas' NHS Foundation Trust.) Our joint aim was to establish a robust and reliable metabolic diagnostic and monitoring laboratory service out-of-hours. This collaboration seeks to formalise and standardise the out-of-hours service across both sites for the benefit of our patients.

### What we did

The project was established with three distinct phases:

1. identify and agree a uniform approach to testing
2. pilot the uniform approach
3. formally implement the service delivery across both sites

Both trusts supported the joint appointment of a research scientist for six months, tasked with coordination of phase one. This involved:

- scoping the different testing approaches
- achieving clinical consensus on the key tests to be offered by the service
- ensuring the same type of equipment was available on both sites to deliver the key tests
- piloting and validating this single 'platform' approach (known as mass spectrometry)

All of these steps have been achieved, and clinical scientists at both hospitals are now seeking to reach agreement on the key tests' 'reference ranges' to identify when best to act to bring children with metabolic disorders within safe biochemical limits.

### What the progress of the project shows

Our work to date has shown that it is possible to establish a repertoire of relevant metabolic tests on a single piece of equipment. The 'menu' offered to the clinician will be sufficient to enable a doctor to diagnose and monitor patients with acutely presenting inherited metabolic conditions out-of-hours.

### What's going to happen next?

Now that the mass spectrometry approach has been shown to deliver sufficient diagnostic capability, we must further validate the tests (known as 'assays') in the laboratory working environment. We need now to demonstrate the robustness and timeliness of our methods, and establish patient appropriate reference ranges for each test that we are running. Then we can move to phases two and three of the project, which will include the addressing of any deficits in equipment availability, delivery of staff training, and establishing of staff rotas to ensure uniform service delivery across both sites. Progress on the project will be reported to the GOSH Pathology Board.

Upon completion of the project, this service will be the first of its kind in the UK.

### How this benefits patients

This project will benefit patients by providing a unique rapid and responsive out-of-hours service to aid early diagnosis and treatment of children with inherited metabolic conditions.

Metabolic disorders are inherited diseases that occur as a result of an enzyme deficiency. Good clinical outcomes are related to early diagnosis and implementation of treatment.



“Delivering on this collaborative project will further improve the quality of the diagnostic and monitoring services we are able to provide for children with inherited metabolic disorders. Children and their families will have, for the first time, access at all times to the highest level of laboratory services.”

Professor Simon Heales, University College London, Professor of Clinical Chemistry and Clinical Lead for Chemical Pathology, Great Ormond Street Hospital

“At Guy’s and St Thomas’ Pathology we are excited about this collaborative project, the first of its kind in London where the Evelina London and Great Ormond Street Hospital are working together to establish a laboratory service to support the rapid diagnosis of rare yet life-threatening inborn errors of metabolism.

Using a single tandem mass spectrometry platform across the two largest paediatric referral centres in London we aim to improve the diagnostic capabilities of the clinical services at both sites, especially for those patients who present outside of normal working hours.”

Dr Rachel Carling, Director of Biochemical Sciences, Guy’s and St Thomas’ Pathology

## Working towards international agreement on outcome measures

Benchmarking enables us to systematically compare our treatment outcomes with other paediatric healthcare providers. Specialist hospitals, such as GOSH, often have to look abroad for comparators owing to the rare conditions that we treat. To do this comparison accurately, we must ensure that we measure the same things in the same ways.

### What we said we’d do

Last year, we set ourselves the goal of achieving international agreement on three clinical outcome measures. We also said we would commence data collection against these aligned measures to enable benchmarking with participating international centres of excellence.

### What we did

GOSH made initial recommendations to the 16 participating centres, based on their answers to our questionnaire across six specialties (listed below under ‘What the data shows’). The participating centres responded with comments and their own recommendations. Our teams reviewed these responses and suggested a shortlist of measures to finalise with the centres, based on feasibility, importance as an indicator of treatment quality, and other factors. We are already collecting data against several of these and are willing to collect data against others, once the detail of the measures is agreed by the participants.

Our work has also captured the interest of the International Consortium for Health Outcomes Measurement (ICHOM) [www.ichom.org](http://www.ichom.org). ICHOM was formed in 2012 by Harvard Business School, Karolinska Institute, and the Boston Consulting Group, and is based on the work of strategy expert, Professor Michael Porter. ICHOM is systematically establishing standard sets of outcome measures, by condition. They decided to select their first paediatric condition for 2014, and GOSH, in partnership with Texas Children’s Hospital, were pleased to respond to their request for recommendations of which conditions to consider first. Based on that recommendation, ICHOM have established a paediatric working group for Cleft Lip and Palate.

### What is a clinical outcome measure?

A clinical outcome is a change in health that is attributable to a healthcare intervention. Routine outcomes measurement is central to improving service quality and accountability.

## What the data shows

Examples of the challenges of consensus-building across different health economies for the measurement of outcomes include:

- differences in treatment protocols
- differences in time points at which data are recorded for an outcome measure
- differences in approach to recording data on inpatients versus outpatients
- differences in how clinical specialties are configured
- differences in the approach to shared care, where care of a patient is shared between providers, such as a specialist hospital, local hospital and GP, working in partnership to deliver the right care for a patient

We have not achieved detailed, finalised agreement on three measures this year as hoped, but the enthusiasm of participants has been encouraging and the power of collaboration is evident. Emerging themes suggest that most of the specialties involved will reach international agreement on at least two outcome measures – and some specialties may achieve agreement on as many as five measures. We have reached basic agreement on the following number of measures:

- Cleft Lip and Palate – three measures
- Haematology/Oncology – two measures
- Haemophilia – three measures
- Interventional Radiology – five measures
- Neurosurgery – two measures
- Urology – five measures

We expect to reach final agreement of the details of each shared measure by July 2014.

## What's going to happen next?

- Further rounds of iterations, and use of evaluation criteria, to agree the detail of shared outcome measures across the centres.
- Ensure data collection against all finalised measures.
- Discussions about how, in time, to share data for comparison.
- Handover to ICHOM, with permission from the benchmarking group, of our work to date on Cleft Lip and Palate.
- GOSH membership of the ICHOM working group for Cleft Lip and Palate to achieve a standard minimum set of international outcome measures for this condition.

Progress will be reported to the Clinical Outcomes Development Board, which provides an annual summary report to the Senior Management Team meeting.

## How this benefits patients

Comparison between healthcare providers:

- drives improvement in clinical outcomes
- makes patient choice more meaningful

### What is benchmarking?

Benchmarking is a process by which an organisation compares its performance and practices against other organisations. These comparisons are structured and are typically undertaken against similar organisations and against top performers. Benchmarking helps to define best practice and can support improvement by identifying specific areas that require attention.

# 16



paediatric  
centres

The Trust “aspires to be one of the top five children’s hospitals in the world. To do so, we must identify, validate and publish our clinical outcomes, and be able to benchmark those outcomes against our peers.”

Great Ormond Street Hospital (2013)  
*Quality Strategy*.  
London: GOSH  
(unpublished)

## Home haemodialysis for children with kidney failure

Approximately 100 children aged between one and 17 years are receiving hospital-based haemodialysis in the UK. These children miss two to three days of school per week, and as a result their education suffers. Fluid and dietary restrictions can make meals unpalatable, and the usual childhood treats enjoyed by their peers, such as crisps and ice cream, are forbidden. Malnutrition is common and this can affect growth. As well as medications, which can number as many as 20 tablets per day, injections to stop anaemia are also necessary. Haemodialysis is physically and emotionally demanding. The lives of entire families will revolve around the dialysis schedule, which can affect the social and psychological wellbeing of carers and siblings, as well as the patients themselves.

### What we did

In October 2010, the Nephrology team at GOSH established a pilot programme to enable kidney patients to undergo haemodialysis treatment at home. Over the course of three years, we have trained and sent 15 children home to dialyse. Training takes time and care, and parents were initially very apprehensive about their ability to learn and manage haemodialysis treatments at home. However, as their confidence rose and they witnessed the benefits not only for their child but for the whole family, the popularity of home therapy has grown.

The programme can bring a huge improvement to quality of life. Its superior effectiveness means that most children feel healthier, have more energy, and are able to eat and drink normally. They miss less school and social time with friends. Families are freed from their former routine, and they can even take holidays like other families do.

GOSH's home haemodialysis service is the only established programme of its kind in the UK. It is also the first in the UK to use the NxStage dialysis machine, which is simpler to use and is portable.

### What the data shows

Since the programme began, the number of children on home haemodialysis has grown exponentially:

- 2010 – one
- 2011 – four
- 2012 – eight
- 2013 – 15

### What's going to happen next?

Following the successful pilot project, GOSH has committed to funding the service on an ongoing basis through Great Ormond Street Hospital Children's Charity. We have expanded the service to infants, and higher risk children such as those with heart disease. We are also embarking on an exciting project to try to support the expansion of the home haemodialysis programme nationally to ensure that all children in England are given the opportunity to dialyse at home. If we are successful in our funding bid, we will report progress to the grant awarding body. We will also continue to share our progress with patients and their families, both at GOSH, and through national groups.

### How this benefits patients

Home haemodialysis can make an enormous difference to children with kidney failure and to their families, enabling them to live their lives as normally as possible so that not just physical health but also quality of life improves and develops.

## What is dialysis?

Dialysis is needed when a child's kidneys don't work properly. There are two types of dialysis: peritoneal dialysis and haemodialysis. In both types, the principle is the same: a cleaning fluid (called dialysate) is used to take the impurities, salt and water away from the blood. The impurities pass from the blood into the cleaning fluid. There has to be a barrier between the blood and the cleaning fluid for this to happen.

In haemodialysis, the barrier is the filter in the dialysis machine that the blood passes through and in peritoneal dialysis, the barrier is the layer of cells that lines the abdomen and covers the intestines. Dialysis is used until transplantation is possible. Haemodialysis delivered at home is the most clinically effective form of dialysis – and it has many other benefits for quality of life.

## CASE STUDY

Nine-year-old Maya had end stage kidney failure and had been on haemodialysis for one year before she joined the programme. Maya and her mum, Sylvia, had been travelling to GOSH three days a week to receive her treatment. The journey took at least one hour and often coincided with peak hour traffic.

"Maya missed so much at school because of the dialysis and hospital stays. She can go to school five days a week now. The teachers are remarking that she has improved so much," says Sylvia. "She is catching up in her schoolwork – and her friendships as well."

Within weeks, Sylvia also noticed an improvement in Maya's health and general wellbeing. "She never felt better on dialysis. She eats more and we've stopped the overnight feeding. She needs less medication and her blood pressure is so much better. This form of dialysis is more gentle and it seems to be more effective."

Sylvia says that her family is also able to go on holiday now: "You can take the machine and go on holidays like everyone else."

## A 13-year-old patient's reflection on 'pros and cons' of home haemodialysis

### Pros

- going to school full-time
- being able to go on holidays abroad
- spending more time with my family
- more of a social life with friends
- less diet and fluid restrictions
- independence doing my machine, needles and making my own decisions about how much fluid I have taken off
- I am able to go swimming on a Friday night and St John's on a Tuesday night.
- I feel much better after my dialysis and on my days off so I now want to do things
- I am now finally gaining weight as I feel better. I only gained 4kg in 18 months on hospital dialysis. I have gained 3.5kgs in two months on home haemodialysis!

### Cons

- although I am not going to hospital I still am not able to go out with friends every night as I have four evenings of dialysis
- it can take a lot of planning and organisation for dialysis at home
- it is a big responsibility doing your own dialysis

# Experience section

## Improving the hospital experience for our young people

### About our Young People's Forum

Our Young People's Forum is an advisory group made up of patients, ex-patients and other young people aged 11–24 who want to help GOSH improve the experiences of young people coming to the hospital. The group meets six times a year, with contact between meetings via social media. The group advises on items as diverse as age-appropriate literature, ward decoration, transition to adult services and menus. They have recently been working on a welcome pack for adolescent patients.

### What we said we'd do

Here at GOSH, we treat children and young people of all ages up to 18. The 2012/13 project to measure our performance against the Department of Health's *You're Welcome* criteria showed us aspects of our services and facilities that we could improve by making them more young people-friendly. Our Young People's Forum members selected their top five from that list, and these are the areas we focused our improvement efforts on in 2013/14. The five priorities chosen were:

1. Transition from GOSH to adult healthcare services.\*
2. Provision of age-appropriate information, including in languages other than English and for young people with disabilities.
3. Providing an age-appropriate environment.
4. Ensuring that staff who have contact with young people receive appropriate training so that they can discuss health issues, confidentiality and other matters of importance to young people.
5. Increased involvement of young people in service evaluation, monitoring and improvements.

\* In addition, transition was identified as a key issue at the Listening Event hosted by the Trust to hear the perspectives of our patients, their families and staff (see page 28 for Our Always Values). Transition was also agreed as a project for Commissioning Quality and Innovation (CQUIN) (see page 89).

### 1. Transition to adult services

#### What we did

The Adolescent Medicine and Audit teams undertook a baseline audit to establish how many young people aged 14 to 15 had a written transition plan or other evidence in their medical notes that discussions about transition had taken place. The results of the audit shaped our improvement project to include:

- developing a transition plan template for use across the Trust
- targeted work with the 10 services who work with the greatest numbers of young people
- writing a transition policy

We ran education sessions through our Postgraduate Medical Education department, including a master class with an expert speaker, and recorded an educational DVD. We also developed a series of posters for display in clinic rooms, and worked with Great Ormond Street Hospital Children's Charity to develop a dedicated transition section on the Trust's website. In partnership with a number of specialists, we wrote the *GOSH Transition to Adult Care Policy*, which was approved in January 2014. Finally, we repeated the audit in March 2014 to determine the effectiveness of our interventions.

"I started taking care of my medication so that I knew what I was doing and got very involved in my outpatient appointments and my care. It gave me more responsibility for my care. Later I started going to appointments by myself when I was confident enough to do so. This meant I was very up-to-date on my health so I could relay it to the team at my new hospital."

Sophie (19)

"I'm a bit nervous moving to a different hospital because I'm worried I won't get the same treatment as I do here."

Alice (15)

"Transition was very difficult for me. It happened very quickly and abruptly without there being any proper cut off or summary from my paediatric consultant, something that I found very hard to process due to the fact that I have Asperger's Syndrome... It was disorganised and stressful at a time in my life (GCSEs) when I needed security..."

Susanna (18)

### What the data shows

Our baseline audit looked at the medical notes of 100 patients aged 14 to 15 within 10 specialties. We found evidence of transition planning in 36 per cent of these. After interviewing staff, we learned that some young people were being seen on their own in clinics, were having discussions about their future health and treatment choices, and were discussing moving on from GOSH, but these interactions were not being documented.

In the repeat audit, we found improved transition awareness among staff, use of the transition plan template, and evidence of transition planning in 45 per cent of medical notes. This is a 25 per cent increase in documentation, which slightly exceeds our CQUIN target of 20 per cent. While this is encouraging, we strive to continue this improvement in documentation of transition planning.

### What's going to happen next?

- meeting with key stakeholders to plan further improvements
- exploring the use of online resources to adapt the GOSH integrated care pathway and how it is used
- exploring increased young person and family involvement in driving transition
- increased involvement and influence of the Young People's Forum on improvement projects
- working with six additional identified specialties to improve transition of their patients

## 2. Provision of age-appropriate information, including in languages other than English and for young people with disabilities

### What we did

The Great Ormond Street Hospital Children's Charity Web team conducted focus groups with young people to update and redesign the teenage section of the GOSH website. The first new pages, dedicated to transition, include a video presented by young people describing their experiences and how best to prepare for adult health services.

To date, nine 'Easyread' advice sheets have been published with the input and guidance of the Health Information and Language Manager.

### What's going to happen next?

- launch of the first new teenage pages on the Trust website
- collaboration with the Health Information and Language Manager and Web team on a rolling programme to develop further Easyread and web-based information

25%



increase in  
documentation

### 3. Providing an age-appropriate environment

#### What we did

The GOSH Wi-Fi network was launched with three age-specific settings. This allows patients and carers to access age-appropriate websites.

The Young People's Forum has been involved with work to make the new main reception and Lagoon restaurant more young person-friendly, including providing dedicated quiet areas for young people.

The Young People's Forum worked extensively with the Paediatric Intensive Care Unit on how to meet the needs of young people who are admitted there.

#### What's going to happen next?

Next steps will be set by the Young People's Forum.

### 4. Ensuring that staff who have contact with young people receive appropriate training so that they can discuss health issues, confidentiality and other matters of importance to young people

#### What we did

The Adolescent Medicine team have run a series of teaching sessions on working with and caring for young people, and transition to adult services, for: nursing students, new starters to the Trust, outpatient department staff, and health care assistants. There have also been a master class and 'Building Blocks' sessions on transition and communicating with young people.

#### What's going to happen next?

We will make the Adolescent Health e-learning project materials available, which is a national e-learning initiative to help improve the health outcomes of all young people receiving healthcare

### 5. Increased involvement of young people in service evaluation, monitoring and improvements

#### What we did

The Young People's Forum are increasingly being invited to be involved in projects, to ensure young people's input is included in the planning of improvements. The use of Facebook has increased their level of involvement, and allowed more immediate responses to questions posed by working groups in the hospital.

Patient-Led Assessments of the Care Environment (PLACE) inspectors were recruited from the the Young People's Forum, ensuring formal input from young people about our hospital environment.

#### What's going to happen next?

- Involve young people in the next stages of achieving the You're Welcome priorities, and in the re-audit against these priorities, which will take place in 2015.
- Increased involvement of young people in the next stages of improving transition.

Progress on all of the work streams will be reported via the Young People's Forum to the Members' Council, which is our governing body. Transition will additionally be reported to commissioners if the transition CQUIN is continued for 2014/15.

#### Related work: improving the consent process

The consent process for children has many elements, and differs by law depending on the age of the patient. An important part of transition from paediatric care to adult care is a young person's involvement and, in most cases, eventual autonomy in the consent process for their own care. Some aspects of the consent process can be standardised for consistency and efficiency.



## How this benefits patients

- Quality of transition from paediatric to adult care can impact health outcomes and the patient's experience.
- Provision of age-appropriate information and environment, and invitations to contribute to service evaluation enables young people to feel more empowered and involved in their hospital.
- Staff who are confident in dealing with young people can deliver better care that takes the whole person into account.

Work will take place in 2014/15 to:

- Implement and assess progress, with the introduction of the new Trust consent forms for young people.
- Develop standardised consent forms in high volume procedures to improve quality and efficiency.
- Consider work that may be required as a result of learning through aggregated analysis of patient complaints, Pals, incident reports and claims.

## Reducing outpatient waiting times for medication from the hospital pharmacy

### What we said we'd do

The results of the Ipsos MORI Outpatient Experience Survey 2012/13 showed a need for improvement in waiting times while at the hospital and the pharmacy (15 per cent of respondents). We said that in 2013/14, we would appoint an improvement facilitator, establish the baseline data, and develop measures to scope an improvement project.

### What we did

In part because of staffing changes, we did not appoint an improvement facilitator until November 2013, which significantly shortened the time available to establish the project. In December, a second targeted survey was issued to outpatients who used the pharmacy service, in order to clarify the primary issues for patients and their families. These results gave us important information about where to target our improvements.

Data on outpatient prescription turnaround times is routinely recorded in the dispensary and monitored on the Trust's intranet dashboards. This enables us to track turnaround times to determine where bottlenecks exist in the process. This work requires interpreting of the data in light of the fact that some medications are complex and time-consuming to prepare. The quality and accuracy of medications is paramount, so improvement to waiting times will focus on processes that can be made more efficient without compromising quality.

### What the data shows

The average length of time a patient waits for their medicine after an outpatient appointment is 87 minutes. Work is ongoing with pharmacy staff to determine processes that can be improved from processes that must remain intact to ensure the safety of preparing complex medications.

Results from the targeted survey include:

- Seventy-five per cent of respondents said that waiting times for medication needed to be improved
- "We did wait a long while. Every time we come to the pharmacy we have to wait over an hour."
- Eighty-three per cent of people said that they were informed about how long they would have to wait for their medicine.
- "Efficient, knowledgeable staff."

### What's going to happen next?

We will hold a current state mapping event and future state mapping event, to enable the team to highlight where waste and/or delays occur. Following this, we will pilot small scale service improvement initiatives using the Plan, Do, Study, Act approach (see page 12, *Monitoring of Deteriorating Child project*).

### What is Pals?

Pals is the Trusts' drop-in advice service for patients and families, which seeks to resolve concerns as quickly as possible.



said that waiting times for medication needed to be improved

Metrics will be agreed, which will measure the effect of the project on:

- The length of time taken from when a prescription arrives in pharmacy to when the patient received their medication.
- The quality of communication with families, particularly with regard to complex medicines that take more time to prepare.

The mechanism for reporting progress is through the project steering group, which is chaired by a member of the Trust's Executive team.

### How this benefits patients

We have not progressed as far in the project as we had hoped and have not yet achieved a reduction in waiting times for outpatients who use the hospital pharmacy. However, once achieved, we expect this to improve the patient experience at GOSH and demonstrate that we value the feedback from our patients and families.

### What is current state and future state mapping?

Current state mapping is the technique of creating a flowchart that outlines the current steps in a process and can be used to identify inefficiency. Future state mapping creates a flowchart of an ideal process to aim for.

## Improving discharge summary completion times

### What is a discharge summary?

A discharge summary is a short clinical review of a patient's hospital stay. It lists any tests, procedures and medications the child received and gives instructions for follow-up care once they return home. To make sure there are no delays or problems with the child's post-discharge care, it is important that discharge summaries are written promptly and contain all of the information the child's local doctor needs to continue their care.

When doctors refer children to us for inpatient care, they rely on us to provide them with information about that care once the child is discharged from hospital. This information is sent in a discharge summary.

### What we said we'd do

After feedback from our Members' Council, and the results of our 2013 survey of referrers, we said we would set up a project to reduce the time it takes to send out discharge summaries to our referring doctors.

### What we did

We decided that as well as reducing the time it takes to write a discharge summary, we also wanted to make sure all discharge summaries sent from the hospital are of consistently high quality. In June 2013, we set up a Trust-wide steering group to create a 'gold standard' template for what a good discharge summary should include. The group consulted our clinical teams on their current practice and compared this to guidelines for best practice developed by the Royal College of Physicians. It was agreed that before asking the whole hospital to use the new template, it would be tested in Rheumatology, a clinical specialty that sees a high number of inpatients for both long and short stay admissions.

Our Transformation team worked with Rheumatology to create an electronic version of the gold standard discharge summary template. The web-based template draws information from electronic patient records and from discharge summaries written during previous hospital stays. This improves quality of information and reduces the time it takes to write a discharge summary. The electronic template has been through many adjustments in the last six months and is reviewed fortnightly based on feedback from the Rheumatology team.

At the same time, the Rheumatology team has also made changes to other parts of their discharge summary process. These include: training at junior doctor induction, an 'exclusions' list to identify better when discharge summaries are not needed (eg if a child attends a ward for something very simple like a dressing change), and a tracker that lets all members of the team monitor a discharge summaries 'to-do' list.

## What the data shows

Rheumatology has achieved a sustained reduction in the average length of time it takes to complete a discharge summary from 6.1 days in March 2013 to 1.7 days in March 2014. At the same time the number of Rheumatology discharge summaries completed within 24 hours of the child leaving the hospital has risen from 49 per cent to 73 per cent. Although this is still below the Trust target of 85 per cent, it is a significant improvement, and work is continuing. Part of the recipe of the success already achieved has been strong clinical leadership and close collaboration between the Rheumatology clinicians, administrative staff, and the Transformation team.

**73%** 

of Rheumatology discharge summaries completed within 24 hours of the child leaving the hospital

## What's going to happen next?

Rheumatology will continue to adjust their discharge summary process until they meet the Trust's 85 per cent target. Two of our other clinical specialties, Dermatology and Specialist Paediatric and Neonatal Surgery, will also join the discharge summary project and will work closely with the Transformation team to help them make similar improvements to those achieved in Rheumatology. These pilots will help us determine how we can best spread the success of the project to the rest of the hospital.

We will also integrate our discharge summary work with other Trust-wide projects including the introduction of a new IT system for managing clinical documents and the 'send by e-mail' project which will allow us to send discharge summaries electronically.

Discharge summary turnaround times are monitored by the Planning and Performance department, shared with clinical divisions and departments for information, and reported as an aggregate to the Trust Board on a monthly basis.

## How this benefits patients

Producing timely and high-quality discharge summaries is vital to ensuring children receive safe and effective follow-up care from their local doctors when they leave hospital.

This is BIG improvement in terms of patient benefit. This piece of work should go a long way to help parents' continual complaints about communication issues at GOSH. From personal experience, the prompt arrival of a clear document providing an up-to-date report of the most recent admission is invaluable to all healthcare professionals outside of GOSH that are involved in a child's care from local hospitals, GPs to Community nurses. These documents are very helpful following diagnostic admissions, they help manage patient expectation by giving information and timelines on follow up appointments, and test results.

Stephanie, parent of a 15-year-old GOSH patient.

**28%**



reduction in the average length of time it takes to complete a discharge summary

The discharge summary proforma is a useful tool, which provides a consistent and logical structure for documenting our findings and clinical management.

Rheumatology Registrar

## Our Always Values – shared values and behaviours

As a result of our Listening Event in June 2013 and further work in relation to the *Francis Report*, the Trust embarked on a major consultation exercise from January to March 2014 on values and behaviours. Engagement with this piece of work has taken place with patients, families and staff. Over 1,200 questionnaires have been returned by patients and families and over 1,400 have been returned by staff. These high response rates give us confidence that our finished product will strongly reflect the views of staff, patients and families.

An independent consultancy has analysed the findings, and a framework of values and behaviours will go to the Trust Board for approval in May 2014. This will be accompanied by an implementation and embedding plan involving a major organisational development and change programme.

The steering group is learning from other trusts that have undertaken similar work and is also working with managers, clinical staff, patients and families to develop an implementation and embedding plan that will consider factors such as communications, recruitment, appraisals, performance management, training, the impact on patient experience and member engagement, and monitoring.

We want *Our Always Values* to be an integral part of everything that happens at GOSH, to truly be a reflection of our values and behaviours – commonly understood and shared.

We will report on our progress in the *Quality Report 2014/15*.

“This can only be a good thing for both families and the staff here.”

“It brings a focus.”

“It’s about changing things we can change so it needs to be realistic.”

“We have the motto ‘child first and always’ and it must build on this concept.”

Quotes from the *Listening Event*

### What is the *Francis Report*?

Following an extensive inquiry into failings in care at Mid Staffordshire NHS Foundation Trust between 2005 and 2009, Robert Francis QC published his final report in February 2013.

The 1,782-page report had 290 recommendations, with major implications for all levels of the health service across England. It called for a whole service, patient-centred focus in all NHS care.



**You make us what we are.**

# 2014/15 quality priorities

The following table provides details of some of the quality improvement work that the Trust intends to undertake on its services in 2014/15, which has been approved by the Board. These priorities were determined with input from staff, patients and their families, and commissioners. This input was sought through a range of mechanisms including survey, consultation, and use of established meetings such as our Members' Council, Young People's Forum, and the Public and Patient Involvement and Experience Committee. All of our quality priorities are aligned with our strategic quality objectives, which in turn relate to the Trust vision of No waits, No waste, Zero harm.

## Safety

### Zero harm – reducing all harm to zero

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Reduce Central Venous Line infections	A central venous line (CVL) is an indwelling tube with its tip lying in the central veins. CVLs are invasive devices and a general anaesthetic is often required for their placement. Infections are significant because they harm the patient, disrupt treatment provided through the CVL, and cost money to treat. A large percentage of children at GOSH require CVLs and while the rate of infection is not high, the absolute number is significant. Surveillance of infections is used to drive the preventative intervention programme.	GOSH-acquired CVL-related infections are monitored by a continuous surveillance system, recording the number of days children have lines in and detecting infections through analysis of all blood culture positive episodes. The surveillance process gives a measure in line infections per 1,000 line days for individual wards, Divisions and the whole Trust.  The number of CVL infections is reported monthly on our intranet dashboards and to the clinical Divisions to support the prevention programme.
Reduce number of delayed discharges from our Intensive Care Units (ICUs)	The smooth flow of patients through our paediatric and neonatal ICUs is vital to the effective running of the hospital. We need to ensure patients can get into and out of these wards in a timely and safe way to reduce cancellations and refused referrals to the Trust.	We will collect data on delayed discharges, length of stay and cancellations of elective admissions. This will be monitored through the ICU Flow Steering Group, which will report to the Senior Management Team.

## Clinical effectiveness

### To consistently deliver clinical outcomes that place us among the top five children's hospitals in the world

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Streamlining patient care pathways at GOSH by standardisation of practices and elimination of process wastes.	Experience from leading centres indicates that variability of practice between physicians and teams can raise costs in healthcare, produce variable outcomes, and negatively affect patient experience.	We will identify teams where there are unified diagnosis or procedure-based protocols and pathways, and also those where there are significant differences in practice. We will develop a library of pathways to consult to identify modelling potential improvements. This will be monitored and reported through the Trust productivity and efficiency programme.
Evidence and publish GOSH clinical outcomes that are truly world class	Clinical outcomes are broadly agreed, measurable changes in health or quality of life that result from our care. We are proud of our outcomes that are world class, and yet we don't currently publish them all in one place. We want to demonstrate these in a way that is accessible and understandable to the public. We already publish outcomes to our website, and in 2014/15 we aim to include our world class outcomes in this number.	Progress will be measured by the proportion of identified world class outcomes that are published to the GOSH website.  Progress will be: <ul style="list-style-type: none"> <li>monitored by the Co-Medical Director accountable for Quality and Safety</li> <li>reported to the Clinical Outcomes Development Board, which provides an annual summary report to the Senior Management Team.</li> </ul>

## Experience

To consistently deliver an excellent experience that exceeds our patients', families' and referrers' expectations

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Implement and embed 'Our Always Values'	<p><i>Our Always Values</i> is the result of a major consultation exercise on values and behaviours, which has taken place with patients, families and staff.</p> <p>We want the resulting framework that is implemented to be an integral part of everything that happens at GOSH, to truly be a reflection of our values and behaviours – commonly understood and shared.</p>	<p>This piece of work will be monitored by GOSH's Senior Management Team, and will be reported to Trust Board and Members' Council. Measurement for progress will be agreed as part of the implementation plan.</p>
Reduce outpatient wait times for medication from the hospital pharmacy	<p>We know that our outpatient wait times for pharmacy can be long and that this can have implications for our effectiveness, efficiency and patient experience. The results of the Ipsos MORI Outpatient Experience Survey 2012 highlighted the need for improvement in this area. In 2013/14, we began a project to examine processes and determine the best way to achieve an overall reduction in wait times. In 2014/15, we will implement the agreed changes.</p>	<p>The project will be monitored by the project team. The success of the project will be measured by:</p> <ul style="list-style-type: none"> <li>• length of time taken from when a prescription arrives in pharmacy to when the patient received their medication</li> <li>• quality of communication with families, particularly with regard to complex medicines that take more time to prepare.</li> </ul> <p>The mechanism for reporting progress is through the project steering group, which is chaired by a member of the Trust's executive team.</p>

## Part 2b

# Statements of assurance from the board

## Review of our services

During 2013/14, GOSH provided and/or sub-contracted 51 relevant health services. The income generated by these services reviewed in 2013/14 represents 100 per cent of the total income generated from the provision of relevant services by GOSH for 2013/14.

GOSH has reviewed all the data available to us on the quality of care in our 51 services. 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 the Trust's core business are presented to every Trust Board meeting. These include measures of quality and safety, patient and referrer experience, and patient access to services.

The Trust has a clear governance framework that enables divisions to review regularly their progress, identify improvements, and provide the Trust Board with appropriate assurance. Delivery of healthcare is not risk-free, but the Trust has a robust system for ensuring that the care delivered by our services is as safe and effective as possible.

In 2013 we retained full Care Quality Commission (CQC) registration demonstrating that we have continued to meet essential standards of quality and care across all our services. The Trust also received the lowest possible risk rating by the CQC in October 2013. The assessment was based on data that includes patient survey results, mortality rates and the number of serious incidents. This has been supported by our safety programme, which aims to minimise incidents, harm and risks.

Additionally, the Trust has remained 'green' against Monitor's Governance Risk Assessment, which uses a number of healthcare targets to assess service performance, clinical quality and patient safety.

The Trust recognises that a good safety culture is one with high levels of reporting, where the severity of events is low. The National Patient Safety Agency (NPSA) has consistently identified GOSH as an organisation with such a culture. The Executive team actively promote the importance of incident reporting to all staff in the support of safety.

### What is Monitor?

Monitor is the independent regulator responsible for authorising, monitoring and regulating NHS Foundation Trusts.

## Participation in clinical audit

### What is a clinical audit?

"A clinical audit is a quality improvement cycle that involves measuring the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes."

(HQIP Best Practice for Clinical Audit 2011)

### National audit

During 2013/14, nine national clinical audits and one clinical outcome review programme (previously known as National Confidential Enquiries) covered NHS services that GOSH provides. The Trust



participated in eight of these national clinical audits and clinical outcome review programmes, and data collection was completed during 2013/14. These are listed in the table below.

Name of audit / clinical outcome review programme	Cases submitted as a percentage of the number of registered cases required
Cardiac arrhythmia (NICOR: National Institute for Cardiovascular Outcomes Research)	120/132 cases submitted at the time of writing. Further cases will be submitted during 2014/15.
Congenital heart disease (including paediatric cardiac surgery and interventional cardiology) (NICOR: National Institute for Cardiovascular Outcomes Research)	1106 /1106 cases (100 per cent) will be submitted by May 2014 deadline.
Diabetes (paediatric) (National Paediatric Diabetes Association)	32/32 cases (100 per cent)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK)	30/30 cases (100 per cent)
National Cardiac Arrest Audit (ICNARC: Intensive Care National Audit and Research Centre)	13/13 cases (100 per cent)
National Comparative Audit of Blood Transfusion (NHS Blood and Transplant)	GOSH did not participate in this audit
Inflammatory bowel disease (Royal College of Physicians)	1. Organisation survey (completed ) 2. IP admissions with ulcerative colitis between January and December 2013 4/4 cases (100 per cent) 3. Biological therapy audit 84/84 cases (100 per cent)
Paediatric Intensive Care Audit Network (PICANet)	1178 /1178 cases (100 per cent)
Renal replacement therapy (UK Renal Registry)	224/224 cases (100 per cent)
Severe Trauma (TARN: Trauma Audit and Research Network)	GOSH did not participate in this audit. Participation will be reviewed for 2014/15.

The clinical audit team monitors the publication of any reports from the above studies to ensure that any relevant recommendations made are reviewed appropriately through the Mortality Review Group.

## Trust clinical audit programme

GOSH has a central Clinical Audit plan where work is prioritised to support learning from serious incidents, risk, patient complaints, and to investigate areas for improvement.

A selection of key learning and actions in 2013/14 as a result of audit findings are listed below:

- Cases were identified of consent being incorrectly taken for young people and some patients aged over 18. This has led to the development of paediatric consent forms for specific age groups, which will be rolled out in 2014/15.
- Improvements have been made in the management of patients with femoral lines.
- Pharmacy has improved the advice and counselling that is given to support the safe dispensing of methotrexate to families.
- Theatres staff have reviewed the quality of the surgical count process to further reduce the risk of an instrument or item being retained in a patient's body after surgery.
- We have made changes to the way that we share child protection plans to ensure our staff are fully aware of actions to safeguard children.
- We have reviewed our controls to make sure that children and young people have their operation sites marked before they enter the operating theatre, and found that the Trust is following recommended practices.

## Local clinical audits

The summary reports of 72 completed clinical audits were reviewed by GOSH during 2013/14. To promote the sharing of information and learning, these are published on the Trust's intranet and are shared with the Learning, Implementation and Monitoring Board.

Examples of actions intended to improve the quality of healthcare, or work that has made a difference as a result of local clinical audit are listed below:

### **Reducing central venous line infections within the home parenteral nutrition (HPN) patient group**

The Gastroenterology team has introduced a product to protect central venous lines from infection. When audited, the change in practice showed a statistically significant reduction in the incidence of central venous line infections in HPN patients.

### **Prevention of perioperative hypothermia: an audit and quality improvement project**

A Consultant Anaesthetist trialled the use of forced air warming as part of the anaesthetic induction, in response to evidence that patients who experience hypothermia during surgery have poorer post-operative outcomes. The intervention successfully reduced the number of patients who experienced hypothermia in theatre. The plan is now for the introduction of forced air warming on induction as standard in some theatres.

### **Identification of risk factors for cardiac catheterisation**

This audit demonstrated clear risk factors for developing complications from cardiac catheterisation. By identifying high and low risk groups for post-procedure bleeds, haematoma and clot, the team were able to individualise care in recovery and improve patient outcomes. The results of this work were recognised and shared internationally at the 17<sup>th</sup> Annual Update on Pediatric and Congenital Cardiovascular Disease in Philadelphia.

### **Health Care Assistants improving the ward environment**

The Health Care Assistants (HCAs) in the Medicine, Diagnostics, and Therapeutics Services Division used audit to develop action plans to improve the ward environment and delivery of care to children. This was recognised with a 'HCA Excellence in Practice' Award from Middlesex University.

### **What is a central venous line infection?**

A central venous line (CVL) is an indwelling tube with its tip lying in the central veins. CVLs are invasive devices and a general anaesthetic is often required for their placement. Infections are significant because they harm the patient, disrupt treatment provided through the CVL, and cost money to treat. A large percentage of children at GOSH require CVLs and while the rate of infection is not high, the absolute number is significant. Surveillance of infections is used to drive the preventative intervention programme.

## Participation in clinical research

### **In summary**

At GOSH, we understand the immense importance to patients and their families of pushing the edges of medical understanding and technologies to make advancements in the diagnosis and treatment of childhood diseases. As a specialist hospital with strong academic links, we are dedicated to harnessing of opportunities for collaboration between clinicians and scientists to deliver more research findings from 'bench to bedside' – in other words, from the laboratory research setting into clinical practice where it can directly benefit patients. We are also working to implement new evidence-based practice beyond GOSH, so that more patients can benefit in the UK and abroad.

Commitment to research is a key aspect of improving quality of care and stretching the boundaries of what treatment can provide. Together, GOSH and the UCL Institute of Child Health (ICH) form the largest paediatric research centre outside North America and host the only Biomedical Research Centre (BRC) in the UK dedicated to children's health.

Research is a core focus for us because GOSH is in a unique position with its broad range of clinical specialties and as a tertiary referral centre for children with complex and rare conditions. Scientists at the ICH and clinicians at the hospital work together to provide an integrated and multi-disciplinary approach to the diagnosis, treatment, prevention and understanding of childhood disease. This allows us to

translate research undertaken in laboratories into clinical trials in the hospital and really benefit children in the UK and worldwide.

Our BRC status, awarded by the National Institute for Health Research (NIHR), provides funding and support for experimental and translational biomedical research. In addition to the BRC, the division includes:

- the joint GOSH/ICH Research and Development Office
- the Somers Clinical Research Facility, which is a state-of-the-art ward within GOSH for the day care accommodation of children taking part in clinical trials
- hosting the Medicines for Children's Research Network (MCRN) for London and the South East (until 31 March 2014)

Research activity is also undertaken through the Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID). ORCHID hosts a team of experienced researchers who promote, support, evaluate and disseminate research, focusing on patient and family experience, with a particular emphasis on translational benefits and implementation in clinical practice.

GOSH's commitment to clinical research is further evidenced by our membership of UCL Partners, which is the first of the UK's six Academic Health Science Centres (AHSC). The redesignation of the AHSC for the five years from April 2014 includes child health as one of the six AHSC Programmes and is led by the Director of the Institute of Child Health, who is also a non-Executive Director on GOSH's Trust Board. Through the partnership, we continue to strengthen our links with other centres of excellence in clinical research.

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.

Currently, we have 763 active research projects at GOSH/ICH. Of these, 192 have been adopted onto the NIHR Clinical Research Network Portfolio, which is a grouping of high-quality clinical research studies. In total, 2,885 patients receiving health services provided or sub-contracted by GOSH have been recruited in the last 12 months to participate in research ethics committee-approved research projects that have been accepted on the portfolio.

Some of our key research activity in 2013/14 is described below:

- A collaboration between the North East Thames Regional Genetics Service laboratory based at GOSH and the GOSH Immunology laboratory has resulted in the development of a genetic sequencing panel for Primary Immune Deficiency (PID). PID causes an impaired immune system in one in 500 people in the UK. This panel is faster and more cost effective than current gene screening methods and is now being transferred into routine diagnostic use. To date, 19 previously undiagnosed patients now have a confirmed molecular diagnosis, enabling optimal therapy as well as family screening and counselling for affected families.
- A clinical study co-ordinated by GOSH and UCL researchers Professor Henry Houlden and Professor Francesco Muntoni has shown encouraging treatment results for Brown-Vialetto-Van Laere syndrome, a rare neuromuscular disorder that causes the breakdown of muscle and nerve tissue. Genetic sequencing has proved instrumental in the identification of the defective gene in this disease and points to the possibility that riboflavin supplementation could provide therapeutic benefit for patients with the disorder.
- Safe and efficient delivery of gene therapies to the brain has long been a major problem because the blood-brain barrier is very effective at allowing only specific molecules from the blood into the brain. Professor Stephen Hart and his colleagues at the ICH have developed a new, specially coated form of a very small synthetic particle for gene delivery called an anionic nanoparticle. This nanoparticle is delivered to the brain by a precise form of injection through the skull using a very narrow needle – a procedure called convection enhanced delivery. A single injection of the nanoparticle achieves widespread dispersal for improved gene delivery. This represents real potential for the development of treatments for a wide variety of serious neurological diseases, ranging from neurodegenerative diseases to brain tumours.

- ICH researchers have discovered two very sensitive biomarkers that can predict pre-symptomatic kidney disease in a patient's urine. These biomarkers have been developed into a rapid, multiplexed urine test by GOSH chemical pathology. The GOSH UCL BRC-supported GOSomics facility has supported this work, led by Dr Kevin Mills. There is great potential to use this non-invasive test to look at many other types of kidney disease, including as a non-invasive test for kidney rejection in patients who have undergone transplantation and currently require serial kidney biopsies. Other benefits to patients include the early diagnosis of kidney disease and the ability to monitor enzyme replacement therapy in patients with a rare genetically-inherited condition called Fabry disease.

## Use of the CQUIN payment framework

The Commissioning Quality and Innovation (CQUIN) payment framework makes a proportion of NHS healthcare providers' income conditional upon improvement. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.

In 2013/14, three-and-a-half per cent of GOSH's income was conditional upon achieving CQUIN goals, which we agreed with NHS England and the London Specialist Commissioning Group.

The Trust's CQUIN schemes for 2013/14 were as follows:

1. Friends and Family test
2. NHS Safety Thermometer
3. prevention of pressure ulcers
4. central venous line infections
5. antimicrobial stewardship
6. care pathway for child/family coping with advanced disease
7. transition from paediatric to adult care
8. registration and communication with GPs about the care of HIV patients
9. specialist cancer – access to clinical nurse specialist support
10. bone marrow transplant – donor acquisition measures
11. haemophilia – joint scores in severe and moderate haemophilia A and B
12. haemophilia – Haemtrack monitoring
13. Automated upload to UK Renal Registry
14. mental health – improving physical healthcare and wellbeing of patients under our mental health services and optimising pathways
15. clinical outcome collaborative audit workshop

### Quality dashboards

16. genetics
17. neurosurgery
18. paediatric intensive care
19. cystic fibrosis
20. haemophilia
21. paediatric cardiac surgery

### What is NHS England?

NHS England is an executive non-departmental public body of the Department of Health. It oversees the planning, delivery and day-to-day operation of the NHS in England as set out in the Health and Social Care Act 2012.

In 2012/13, two-and-a-half per cent of GOSH's income was conditional upon achieving CQUIN goals. The total figure we achieved was £4,360,642, which represented 100 per cent of the total offered.

If the Trust achieves 100 per cent of its CQUIN payments for 2013/14, this will equate to £5,556,069. Over the first three-quarters of the financial year we have reported high compliance against all our CQUIN indicator milestones. We expect to report over 95 per cent compliance at year end.

Further details of the agreed goals for 2013/14 and for the following 12-month period are available on request from:

Jade Acaster, Strategy Manager of Planning and Performance

Email: jade.acaster@gosh.nhs.uk

Tel: 020 7405 8464

## CQC registration

The Care Quality Commission (CQC) is the organisation that regulates and inspects health and social care services in England.

GOSH is required to register with the CQC and its current registration status is 'registered without conditions'.

The CQC has not taken enforcement action against GOSH during 2013/14. GOSH has not participated in any special reviews or investigations by the CQC, but did participate in a national project in 2013/14 regarding the transfer of children to adult services.

GOSH was inspected by the CQC in September 2012 as part of its routine inspection programme. The CQC declared GOSH compliant on all outcomes inspected.

From 1 October 2013, Monitor's Compliance Framework, which scored the level of concern regarding the safety of healthcare provision, was replaced by the Risk Assessment Framework. The financial risk rating was replaced by the continuity of services risk rating (rated 1–4, where 1 represents the highest risk and 4 the lowest); and a governance risk rating (rated red or green, where red rating is given if regulatory action is to be taken and a green rating is given if no governance concern is evident). Monitor had no concerns with the safety of health provision at GOSH to date as shown below:

2013/14	Q1	Q2	Q3	Q4
Governance risk rating	Green	Green	Green	Green
Financial risk rating	4	4	N/A	N/A
Continuity of services risk rating	N/A	N/A	4	4

## Data quality

NHS managers and clinicians are reliant upon information to support and improve the quality of services they deliver to patients. This information, or data, should be accurate, reliable, and timely. Some of this data is used to inform local decisions about clinical care and service provision. Some data is reported nationally, and enables comparison between healthcare providers.

The Secondary Uses Service (SUS) is a single source of specified data sets to enable analysis and reporting of healthcare in the UK. SUS is run by the NHS Information Centre and its reporting is based on data submitted by all provider trusts.

GOSH submitted records during 2013/14 to SUS for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

### What is data quality?

Data quality refers to the tools and processes that result in the creation of correct, complete and valid data that is required to support sound decision-making.

The table below shows the percentage of records in the published data against specified indicators:

Indicator	Patient group	Trust score	Average National score
Inclusion of patient's valid NHS Number	Inpatients	98.5%	99.1%
	Outpatients	98.7%	99.3%
Inclusion of patient's valid General Practitioner Registration Code	Inpatients	100%	99.9%
	Outpatients	100%	99.9%

Notes:

- The table reflects the most recent data available as of 3 April 2014 (April 2013 – January 2014).
- Percentages for NHS number compliance have been adjusted locally to exclude international private patients, who are not assigned an NHS number.
- Figures for accident and emergency care are not applicable as the Trust does not provide this service.

### Information Governance Toolkit

Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information. The Information Governance Toolkit provides NHS organisations with a set of standards against which we declare compliance annually.

GOSH's Information Governance Toolkit overall score for 2013/14 was 75 per cent and we met the minimum standard of level 2 against all the requirements, which gave the Trust a grading of green (satisfactory). This represents an improvement on 2012/13 when the Trust score was 70 per cent. This improvement was achieved by meeting the highest level (level 3) on an additional seven requirements.

### Clinical coding audit

GOSH was not subject to the Payment by Results clinical coding audit by the Audit Commission during the 2013/14 reporting period. The Trust continues to carry out an internal clinical coding audit programme to ensure standards of accuracy and quality are maintained.

### Improving data quality

GOSH will be taking the following actions to improve data quality:

- Standardising policies and processes regarding capturing of data on core IT systems.
- Identifying alternative training methods that could improve the impact of training.
- Developing a reporting suite to support the improvement of key data quality issues / requirements.

## Performance against Department of Health quality indicators

NHS trusts are subject to national indicators that enable the Department of Health (DH) and other institutions to compare and benchmark trusts against each other. Trusts are required to report against the indicators that are relevant to them. The table below shows the indicators that GOSH reports on a quarterly basis to our Trust Board and also externally. The data is sourced from the Health and Social Care Information Centre, unless stated otherwise. Where national data is available for comparison, it is included in the table.

### What is an NHS Number?

The NHS number is a unique 10-digit number that helps healthcare staff to find a patient's health records. The NHS number increasingly helps to identify the same patient between organisations and different areas of the country. Everyone registered with the NHS in England and Wales has their own NHS number.

### What is the NHS Information Centre?

The NHS Information Centre is England's central, authoritative source of health and social care information.

Acting as a 'hub' for high quality, national, comparative data for all secondary uses, they deliver information for local decision makers to improve the quality and efficiency of frontline care.

Visit: [www.ic.nhs.uk](http://www.ic.nhs.uk)

### What is the Department of Health?

The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.



Indicator	From local trust data		From Health and Social Care Information Centre				GOSH considers that this data is as described for the following reasons:	GOSH intends to take the following actions to improve this score, and so the quality of its services, by:
	2013/14	2012/13	Most recent results for Trust	Best results nationally	Worst results nationally	National average		
Domain 3: Helping people recover from episodes of ill health or following injury								
			Time period: 2011/12 financial year					
Emergency readmissions to hospital within 28 days of discharge:								
– % of patients aged 0–15 readmitted within 28 days	2.5%	2.4%	2.4%	0%	15.9%	10.1%	The results are from the Hospital Episode Statistics (HES) and the Office of National Statistics (ONS).	Ensuring divisions and directorates develop and implement local action plans, which respond to areas of weakness.
– % of patients aged 16+ readmitted within 28 days	0.9%	1.5%	1.5%	0%	15.1%	11.1%		
Domain 4: Ensuring that people have a positive experience of care								
			Time period: 2013 calendar year					
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. (Source: NHS Staff Survey)	87% (2013)	90% (2012)	90%	94%	39.5%	84%	The survey is carried out under the auspices of the DH, using their analytical processes. GOSH is compared to other acute specialist trusts in England.	Ensuring divisions and directorates develop and implement local action plans, which respond to areas of weakness.
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm								
			Time period: 2012/13 financial year					
Number of clostridium difficile in patients aged two and over	13 <sup>‡</sup>	7	7				The rates are from Public Health England <sup>†</sup>	Continuing to test stool samples for the presence of clostridium difficile, investigate all positive cases, implement isolation precautions and monitor appropriateness of antimicrobial use across the organisation.
Rate of clostridium difficile in patients aged 2 and over (number of hospital acquired infections/100,000 bed days)*	14.8	9.1	9.1	0	30.8	16.2		
<p><i>C. difficile</i> is endemic in children and rarely pathogenic. At GOSH, we test for <i>C. difficile</i> toxin in all diarrhoeal stool that 'conforms to the shape of the pot' (minimal national standard), as well as other stool where diarrhoea, fever or blood in stool was reported, where a request is made for enteric viruses and as part of the surveillance programme in children with congenital immunodeficiency and undergoing bone marrow transplants. On agreement with our commissioners, we investigate all positive detections and report to Public Health England those aged 2 and above with diarrhoea (or a history of diarrhoea) where no other cause is present or, if another possible cause is present, clinical opinion led to treatment as a possible case. We report on the HCAI Data base according to a locally agreed paediatric modification of the national definition, to enable year on year comparison in our Specialist Trust. Our approach means we find more positive samples compared to the number of cases that we report.</p> <p><sup>‡</sup> GOSH has reported 13 cases of <i>C. difficile</i> for 2013/14. The Monitor de minimis threshold for foundation trusts is 12. The Trust has engaged with Monitor to provide quality and safety assurance.</p> <p>*The rate reported in last year's Quality Report for 2012/13 differs to that of 2013/14 due to the calculation of total bed days used. Elective surgery bed day numbers were used in 2012/13 and total bed days in 2013/14.</p> <p><sup>†</sup> <a href="http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme">www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme</a></p>								

			From National Reporting and Learning Service Time period: 1/4/2013 to 31/03/2014					
Patient safety incidents reported to the National Reporting and Learning System:							GOSH introduced electronic incident reporting (DatixWeb) in April 2011 to promote easier access to and robust reporting of incidents. It is expected that organisations with a good safety culture will see higher rates of incident reporting year-on-year, with the severity of incidents decreasing.	Initiatives to improve the sharing of learning to reduce the risk of higher graded incidents from recurring include learning events and a Learning, Implementation and Monitoring Board.
Number of patient safety incidents	4,922	4,206	5,673 <sup>(1)</sup>	–	–	–		
Rate of patient safety incidents (number/100 admissions)	10.28	9.98	11.85	–	–	–		
Number and percentage of patient safety incidents resulting in severe harm or death	27 (0.5%)	23 (0.5%)	17 (0.3%)	–	–	–		

<sup>(1)</sup> This is the total number of patient safety incidents recorded as reported to NRLS for 2013/14. However, the number recorded within the Trust for 2013/14 is 4,922. We expect the discrepancy relates to an issue with uploading to NRLS in 2012/13, which created a backlog of reporting. This issue is now resolved.

### Explanatory note on patient safety incidents resulting in severe harm or death

It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission (CQC) as part of the CQC registration process. On a voluntary basis, GOSH also reports its patient safety incidents to the National Reporting and Learning Service (NRLS), which runs a national database designed to promote learning.

There is no nationally established and regulated approach to reporting and categorising patient safety incidents. Different trusts may choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents. The approach taken to determine the classification of each incident, such as those 'resulting in severe harm or death', will often rely on clinical judgement. This judgement may, acceptably, differ between professionals. In addition, the classification of the impact of an incident may be subject to a lengthy investigation, which could result in the classification being changed. This complexity makes it difficult to do a formal comparison.

Student Nurse  
Rianna with  
baby Jake, on  
Squirrel Ward





## Part 3

# Performance against Monitor quality indicators

Monitor uses a limited set of national mandated performance measures, sourced from the NHS Operating Framework, to assess the quality of governance at NHS foundation trusts.

Performance is measured on an aggregate (rather than specialty) basis and trusts are required to meet the appropriate threshold each month. Consequently, any failure in one month is considered to be a quarterly failure. The table below sets out the relevant national performance measures used to assess the Trust's quality governance rating.

### Performance against key healthcare targets

Domain	Indicator	Threshold/ Target	GOSH performance for <b>2013/14</b> by quarter				2013/14 total	Indicator met?
			Q1	Q2	Q3	Q4		
Safety	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia – meeting the MRSA objective	0	1	0	N/A – Monitor no longer includes MRSA in its governance indicators	N/A – Monitor no longer includes MRSA in its governance indicators	1	Trust remains within Monitor de-minimis level*
Effectiveness	All cancers: 31-day wait from diagnosis to first treatment	96%	100%	100%	100%	100%	100%	Yes
Effectiveness	All cancers: 31-day wait for second or subsequent treatment, comprising: <ul style="list-style-type: none"> <li>• surgery</li> <li>• anti-cancer drug treatments</li> <li>• radiotherapy</li> </ul>	94% 98% 94%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	Yes Yes Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	90%	90.5%	90.4%	92.9%	90.4%	91.1%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	95.5%	95.8%	95.5%	95.8%	95.7%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	92.7%	92.9%	92.3%	93.6%	92.9%	Yes
Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance against requirements**	Achieved	Achieved	Achieved	Achieved	Achieved	Yes

\* Where an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimis limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purposes of Monitor's Compliance Framework.

\*\* Target based on meeting the needs of people with a learning disability, from recommendations set out in *Healthcare for All* (Department of Health, 2008)

Domain	Indicator	Threshold/ Target	GOSH performance for <b>2012/13</b> by quarter				<b>2012/13</b> total	Indicator met?
			Q1	Q2	Q3	Q4		
Safety	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia – meeting the MRSA objective	0	0	2	1	1	4	Trust remains within Monitor de-minimis level*
Effectiveness	All cancers: 31-day wait from diagnosis to first treatment	96%	100%	100%	100%	100%	100%	Yes
Effectiveness	All cancers: 31-day wait for second or subsequent treatment, comprising: • surgery • anti-cancer drug treatments • radiotherapy	94%	100%	100%	100%	100%	100%	Yes
		98%	100%	100%	100%	100%	100%	Yes
		94%	100%	100%	100%	100%	100%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	90%	90.3%	91.2%	92.4%	91.1%	91.3%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	96.7%	95.2%	95.7%	96.1%	95.9%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	92%	92.3%	93.9%	93.1%	92.8%	Not met for one month in Quarter 1
Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance against requirements	Achieved	Achieved	Achieved	Achieved	Achieved	Yes

In addition to the national mandated measures identified in the above table, the Trust has implemented a range of local improvement programmes that focus on the quality priorities as described in section 2. The table below sets out the range of quality and safety measures that are reviewed at each Trust Board meeting. Statistical Process Control (SPC) charts are used to measure improvements in projects over time and to identify areas that require further investigation. All measures remain within expected statistical tolerance.

Domain	Indicator	Total 2013/14 performance	2013									2014			Performance within statistical tolerance
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Safety	Number of serious patient safety incidents	28	5	1	2	1	2	2	6	2	1	1	2	3	Yes
Safety	CVL related bloodstream infections (per 1,000 line days)	2.10 (average)	2.21	3.32	2.36	3.40	1.90	1.23	0.89	1.80	2.92	1.64	1.75	1.73	Yes
Safety/ Effectiveness	Number of cardiac arrests outside ICU	8	0	0	0	0	1	3	2	0	1	0	1	0	Yes
Safety/ Effectiveness	Number of respiratory arrests outside ICU	27	0	0	12	2	1	0	2	0	1	5	2	2	Yes
Effectiveness	Hospitality mortality rate (per 1,000 discharges)	2.6 (average)	3.1	2.9	2.8	1.7	1.8	2.5	2.5	2.8	3.8	1.4	4.3	1.8	Yes

Domain	Indicator	Total 2012/13 performance	2012									2013			Performance within statistical tolerance
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Safety	Number of serious patient safety incidents	32	4	6	5	1	4	1	1	2	0	2*	3	3	Yes
Safety	CVL related bloodstream infections (per 1,000 line days)†	2.1 (average)	3.0	2.6	2.3	1.1	0.9	1.7	1.9	2.8	2.3	1.9	2.0	3.5	Yes
Safety/ Effectiveness	Number of arrests outside ICU (cardiac or respiratory)‡	75	5	6	5	6	5	4	5	11	7	8	6	7	Yes
Effectiveness	Hospitality mortality rate (per 1,000 discharges)	3.3 (average)	1.8	2.9	4.5	3.4	4.4	2.9	2.3	3	5.1	2.2	3.4	3.8	Yes

\* This figure was reported as 3 in last year's *Quality Report*. Subsequently, one serious incident was de-escalated as per NHS England guidelines.

† Central Venous Line (CVL) figures re-reported here for 2012/13 differ slightly from those reported in the 2012/13 *Quality Report* because we have included all wards where CVLs are used rather than the previously reported data, which excluded wards with low CVL use (so the year-on-year data is now directly comparable). See page 33 for a definition of CVL.

‡ This indicator differs from the 2013/14 indicator, which uses a revised definition and splits cardiac and respiratory arrests for more detailed data analysis



## Statements from our external stakeholders

### Statement from the London Specialised Commissioning Group

As principle commissioners of the specialised services provided at and from GOSH we welcome this *Quality Report*.

The quality of services provided is reflected in the strong support from staff, patients and parents and this is reflected in the emphasis in this report on the User's Experience. The innovative use of patient input into raising safety concerns and learning from them. As is stated, "An extra pair of eyes can be extremely helpful in identifying patient safety incidents and near misses".

The report has emphasised the need to respond to the concerns of patients and we would echo that strongly and we welcome the various projects that the Trust has undertaken to address issues raised. As commissioners, one of the concerns has been communication at discharge and from outpatients. The safe ongoing care of patients in the community depends upon timely full information and we are pleased to acknowledge the strides that have been taken in developing templates and increasing the use and speed with which these are used. We look forward to seeing these targets being surpassed. We continue to work with the clinical teams to ensure learning from Never Events and Serious incidents, and agreeing standard reporting and analysis will be helpful in the coming year.

GOSH is to be commended in addressing safety, clinical effectiveness and patient experience in the open and constructive manner outlined in this report and this will enable GOSH to continue as a world-class provider of paediatric services

### Statement from Healthwatch Camden

Thank you for the opportunity to comment on Great Ormond Street Hospital's *Quality Report*.

Healthwatch Camden is pleased to see the many examples of increasing patient and family involvement. We note that GOSH is the first UK children's hospital to pilot active reporting of safety concerns by families and patients. This initiative is clearly shown improvements. We would like to see some indication of the scale of the project, including how many comments were made (your chart shows the sorts of comments made, but not the volume). We would also be interested to know more about the specific issues around miscommunication and equipment, so we hope we can discuss these with GOSH at some time.

We were also very interested in the report of the programme to enable kidney patients to undergo haemodialysis treatment at home, again showing clear benefits to patients.

We were pleased to see the progress that is being made on responding to the issues raised by the Young People's Forum and we hope that the influence of the YPF will continue to grow.

We were disappointed to note that the waiting times for outpatient pharmacy dispensing remain so long, and we hope that the Trust will improve this situation very soon. Given that so many of your patients travel a long distance to reach GOSH, it is unacceptable to keep them waiting such a long time at the end of their visit.

We note that you have achieved improvements in the timeliness and quality of discharge summaries. We think that timely and informative discharge summaries are an essential element of good care, and it should be a priority to spread them throughout the whole hospital. We would be interested to know how the summaries are shared with parents and, where appropriate, the young person. For example are people proactively offered a copy of the summary or do they have to make a request for one?

#### What is Healthwatch?

Healthwatch is an independent consumer champion that gathers and represents the public's views on health and social care services in England. It operates both on a national and local level, ensuring the views of service users and the public are taken in to account. Healthwatch also has a duty to collate evidence of service shortfalls to ensure that national bodies and government departments respond accordingly.

We were disappointed not to see any reference to the work on food on the wards that has been undertaken as a response to last year's PLACE survey. We would be interested to know the Trust's own assessment of how well the planned improvements are working. We noted some variable practice during our own recent 'enter and view' visit; we will be reporting on that in due course.

We have noted the other information in the *Quality Report* but have no specific comments on it.

## **GOSH response to HealthWatch Camden**

Re: patient and family reporting of safety concerns project – testing of the concept and refining of the reporting tool was done using 'small tests of change' from September 2013 to January 2014, during which 31 reports from families were submitted. Reported incidents of miscommunication were all either a lack of communication between healthcare professionals and/or the family was not kept fully informed of plans. Nine out of the ten incidents reported about equipment related to broken or faulty equipment or facilities.

We agree that our pharmacy waiting times for outpatients need to improve and the work to address this continues in 2014/15.

Re: discharge summaries – the majority of departments send a copy of the discharge summary to families as standard. However, as our policy doesn't stipulate this standard, the policy is being reviewed as part of our work on discharge summaries.

Re: our food – our catering department has produced new patient menus that meet nutritional requirements for the many and varied dietary needs of our patients. The menus have been constructed to give variety, are age-appropriate, and designed to appeal to broad cultural and contemporary tastes.

We are continually improving food safety, with regular food hygiene training for all team members. Our freshly-produced food is packed and transported by trollies that are able to monitor remotely the temperature of both hot and cold food. We are constantly seeking ways to ensure the best possible quality of the food we serve, monitoring not only what we do but how others serve food on the wards. We are monitoring the impact of our improvements and the feedback to date has been encouraging.

## **Statement from Camden Health Scrutiny Committee**

The Camden Health Scrutiny Committee decided in 2013 that they would no longer provide formal comments for inclusion in quality accounts. However, they have indicated that they still wish to receive quality accounts each year for internal consideration. GOSH's *Quality Report 2013/14* was provided as requested.

# External Assurance Statement

## **Independent auditor's report to the council of governors of Great Ormond Street Hospital for Children NHS Foundation Trust on the *Quality Report*.**

We have been engaged by the council of governors of Great Ormond Street Hospital for Children NHS Foundation Trust to perform an independent assurance engagement in respect of Great Ormond Street Hospital for Children NHS Foundation Trust's quality report for the year ended 31 March 2014 (the "quality report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Great Ormond Street Hospital for Children NHS Foundation Trust as a body, to assist the council of governors in reporting Great Ormond Street Hospital for Children NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Great Ormond Street Hospital for Children NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Scope and subject matter**

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Number of clostridium difficile infections reported; and
- Maximum 31 day cancer waiting time from Decision to Treat a Cancer diagnosed patient to the beginning of treatment (first day definitive treatment).

We refer to these national priority indicators collectively as the "indicators".

### **Respective responsibilities of the directors and auditors**

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the quality report is not consistent in all material respects with the sources specified in the *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the quality report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes for the period April 2013 to 23 May 2014;
- papers relating to quality reported to the board over the period April 2013 to 23 May 2014;
- feedback from the Commissioners dated 08 May 2014;
- feedback from local Healthwatch Camden dated 01 May 2014;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 16 May 2014;
- the 2014 national inpatient survey dated 14 March 2014 and the 2012 national outpatient survey dated 16 November 2012;
- the 2013 national staff survey;
- Care Quality Commission quality and risk profiles dated 31 May 2013, 30 June 2013 and 31 July 2013;
- Care Quality Commission intelligent monitoring reports dated 21 October 2013 and 13 March 2014;

- the Head of Internal Audit's annual opinion over the trust's control environment dated 23 May 2014; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standards Board ("ISAE 3000"). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

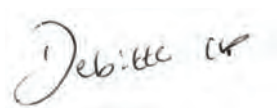
The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Great Ormond Street Hospital for Children NHS Foundation Trust.

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.



Deloitte LLP  
Chartered Accountants, St Albans  
23 May 2014

# Statement of directors' responsibilities in respect of the *Quality Report*

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare quality accounts for each financial year.

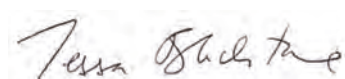
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the *Quality Report*.

In preparing the *Quality Report*, directors are required to take steps to satisfy themselves that:

- The content of the *Quality Report* meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2013/14*.
- The content of the *Quality Report* is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2013 to May 2014
  - papers relating to quality reported to the board over the period April 2013 to May 2014
  - feedback from commissioners dated 08/05/2014
  - feedback from Healthwatch Camden dated 01/05/2014
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 16/05/2014
  - the independently commissioned Ipsos MORI inpatient survey 2014
  - the independently commissioned Ipsos MORI outpatient experience survey 2012 (this survey is conducted every two years)
  - the national NHS Staff Survey 2013
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 23/05/2014
  - Care Quality Commission quality and risk profiles dated 31/05/2013, 30/06/2013, and 31/07/2013
  - Care Quality Commission intelligent monitoring reports dated 21/10/2013 and 13/03/2014
- The *Quality Report* presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- The performance information in the *Quality Report* is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the *Quality Report*, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance in the *Quality Report* is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.
- The *Quality Report* has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) (published at [monitor.gov.uk/annualreportingmanual](http://monitor.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the quality report (available at [monitor.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/\\_openTKFile.php?id=3275](http://monitor.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the *Quality Report*.

By order of the Board



Chairman  
23 May 2014



Chief Executive  
23 May 2014



11-year-old Georgina  
on Squirrel Ward





# Governance at GOSH

GOSH was authorised as an NHS Foundation Trust on 1 March 2012 under the National Health Service Act 2006.

This section introduces our governance arrangements and Board members, and provides an overview of the work of the Members' Council.

## How we are governed

The Board of Directors (Trust Board) is responsible for overseeing the Trust strategy, managing strategic risks, and providing managerial leadership and accountability. It is supported by three assurance committees: Audit, Clinical Governance and Finance and Investment. Further details can be found on page 106.

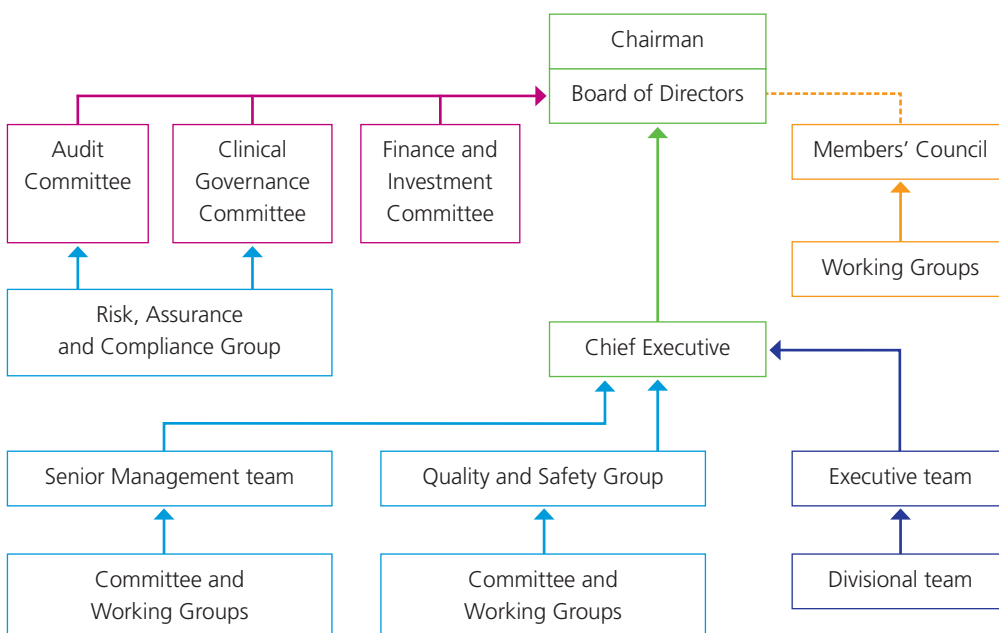
The Senior Management team has delegated authority from the Board of Directors for the operational and performance management of the clinical and non-clinical services of the Trust, including research and development, education, and training. It is responsible for co-ordinating and prioritising all aspects of risk management issues that may affect the delivery of the services.

A performance management system is in place to monitor progress against:

- Trust objectives and supporting workstreams
- Care Quality Commission requirements
- Monitor requirements
- national priority and existing commitment performance indicators
- commissioning and contract agreements
- key internal measures

As outlined on page 13, the Board of Directors has identified eight key Trust-wide strategic objectives to be fully achieved over a two-year period, supported by a number of critical workstreams and actions to deliver them.

The Board receives a monthly key performance indicator (KPI) report, which is used monitor progress against priority objectives, as outlined in our Annual Plan, and to ensure that the Trust continues to meet and remain compliant with the range of external reviews, targets and contractual standards.



# Quality governance

The Trust places a high priority on quality, measured through its clinical outcomes, patient safety and patient experience indicators. The Trust has assessed and concluded satisfactorily on its quality governance arrangements using the Monitor Quality Governance Framework. The Trust's quality strategy was reviewed during the year and demonstrates the Board's commitment to encourage continuous improvement in safety and quality indicators and establish mechanisms for recording and benchmarking clinical outcomes.

The key elements of the Trust's quality governance arrangements are:

- There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.
- We have internal processes to check that we meet our own internal quality standards and those set nationally and in conjunction with our commissioners (CQUINS).
- Key performance indicators are presented at every meeting to the Board of Directors. This includes:
  - Progress against external targets, such as how we keep our hospital clean.
  - Internal safety measures, such as the effectiveness of actions to reduce infection.
  - Process measures, such as waiting lists.
  - Other clinical quality measures, including CQUINS.

It also includes the external indicators assessed and reported monthly by the CQC.

- The Board also regularly receives reports on the quality improvement initiatives and other quality information, such as incidents and reports from specific quality functions within the Trust, for example Pals. The Clinical Governance Committee receives reports from clinical and health and safety audits.
- Each specialty and clinical division has an internal monitoring structure so that teams can regularly review their progress and identify areas where improvements may be required. Each specialty has to measure and report a minimum of two clinical outcomes. Each division's performance is considered at quarterly strategic performance reviews.
- Patient and parent feedback is received through a detailed survey at least once a year, through the work programme of the Patient, Public Involvement and Experience Committee, and through a range of other patient/parent engagement activities.
- Risks to quality are managed through the Trust risk management process, which includes a process for escalating issues.
- There is a clear structure for following up and investigating incidents and complaints and disseminating learning from the results of investigations.
- There are well-developed child protection policies and practice.

Through these methods, all the data available on the quality of care in each specialty and service is considered as part of our internal and external management and assurance process. The Audit Committee receives assurance on the quality of this data.

# Regulatory monitoring

Every quarter, Monitor evaluates the Trust's risk of failure to comply with its Terms of Authorisation. Monitor publishes two risk ratings:

- A continuity of services risk rating (rated 1–4, where 1 represents the highest risk and 4 the lowest).
- A governance risk rating (rated red, amber-red, amber-green or green, where red represents a likely or actual significant breach of terms of authorisation and green reflects no material concerns).

## Governance risk rating

The governance risk rating reflects the quality of governance at the Trust and is made up of a number of elements:

- Performance against a range of national measures.
- Third party reports, including the Trust's compliance with the CQC standards.
- A declared risk of failure to deliver mandatory services.

We met the CQC standards for the year and performed well against all national performance targets, remaining compliant with cancer waiting time standards. We achieved the 18-week referral-to-treatment waiting time standards for all quarters of the year. The C.difficile infection rates were reported within tolerance for the first three quarters and above tolerance for quarter four. This breach was by one case and after discussions with Monitor it was decided that our risk rating for quarter four would not be affected. On this basis we achieved a governance risk rating of 'green' for all quarters of the year.

### Finance risk rating

This rating is a weighted average of specific ratings determined from a range of measures derived from the Trust's overall earnings and operating margins, return on assets and liquidity, and the extent to which the Trust achieved the targeted earnings within its financial plan. A rating of 4 was achieved in each quarter, which was in line with the Trust's plan.

### Continuity of services risk rating

This rating measures the level of risk to the on-going availability of key services. It is based on the Trust's liquidity and the degree to which its generated income covers its financing obligations. A rating of 4 was achieved in the final two quarters of the year, in line with the Trust's plan.

2013/14	Q1	Q2	Q3	Q4
Governance risk rating	Green	Green	N/A	N/A
Governance rating	N/A	N/A	Green	Green
Financial risk rating	4	4	N/A	N/A
Continuity of services risk rating	N/A	N/A	4	4

# Compliance with the code of governance

The Board of Directors considers that from 1 April 2013 to 31 March 2014 it was compliant with the provisions of the NHS Foundation Trust Code of Governance with the following exceptions:

Requirement in Code	Explanation and action to be taken
A.1.1 There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors.	A schedule of matters was in place during 2013/14 but subject to further review following the restructuring of committees. A revised schedule was approved at the Audit Committee and the Board of Directors' meeting in May 2014.
A.2.1 The division of responsibilities between the Chairperson and Chief Executive should be clearly established, set out in writing and agreed by the board of directors.	The responsibilities of the Chairman and Chief Executive are set out in writing in their job descriptions. A summary of these responsibilities are documented as an appendix to the schedule of matters (approved at the Board of Directors' meeting in May 2014).
B.2.2 Directors on the board of directors and governors on the council of governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). In exceptional circumstances and at Monitor's discretion an exemption to this may be granted. Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations	The directors on the Board and councillors have all been required to sign a statement declaring that they meet the criteria of a 'fit and proper person'.  This provision could not be complied with for a full year as the revised Code of Governance was only published in January 2014.

## The Board of Directors

The Board of Directors has responsibility for setting the strategic direction of the Trust and for managing significant risks. It is responsible for ensuring compliance with the terms of authorisation, including the constitution, with mandatory guidance issued by Monitor, and with relevant statutory requirements and contractual obligations. The Board delegates specific functions to committees.

The Board is made up of a Chairman, six Non-Executive Directors and seven Executive Directors (including two Co-Medical Directors). It also has four other directors who regularly attend meetings in an advisory capacity. All directors have joint responsibility for decisions. The Executive Directors manage the day-to-day running of the Trust, while the Chairman and Non-Executive Directors provide operational and Board-level experience gained from other public and private sector bodies. Among their skills are accountancy, audit, child protection, management consultancy, law and communications.

The Board of Directors has a Deputy Chairman, and has also appointed a Senior Independent Director. All Non-Executive Directors are considered by the Board of Directors to be independent. One of the Non-Executive Directors is appointed by the ICH. The Board of Directors considers that there is a good balance of skills represented by both Non-Executive and Executive Board members.

Non-Executive Directors' terms of office are three years. They are appointed by the Members' Council, who may also terminate their appointment.

There have been a number of changes to the Executive Director team during the year including:

- The Director of Human Resources and Organisational Development (Ali Mohammed) moving to a substantive post (April 2013).

- A new Chief Operating Officer (Rachel Williams) joining the Trust in July 2013.
- The departure of Dr Barbara Buckley, Co-Medical Director in December 2013.
- The retirement of Jan Filochowski, Chief Executive, in December 2013.
- The appointment of Julian Nettel as Interim Chief Executive in January 2014.
- The appointment of Dr Cathy Cale as Co-Medical Director in January 2014.

In May 2014, the Trust announced the appointment of the substantive Chief Executive, Dr Peter Steer.

Through regular formal and informal meetings, including weekly Executive team catch-ups and Senior Management team meetings, the Executive team have maintained a constant overview of the major risks affecting the Trust, supporting the newer members of the team and ensuring a 'business as usual' approach to the leadership of GOSH services.

In 2013/14, in addition to its usual business, the Board held specific sessions to review the Trust strategy (see page 15). It also continued its work in reviewing and monitoring the effectiveness of its risk management framework (see page 14). Following a formal tendering process, the Board appointed a new internal audit company, KPMG, and successfully sought the approval of the Members' Council for the reappointment of Deloitte as the Trust's external auditors.

## Members of the Board of Directors

The composition of the Trust Board in 2013/14 was as follows:

### Non-Executive Directors

#### Baroness Tessa Blackstone BSc (Soc) PhD Chairman of the Board of Directors and Members' Council Appointed 1 March 2012

##### Experience

- member, House of Lords
- Chair of the British Library Board
- member, Royal Opera House Board and Chair of the Learning and Participation Committee
- Director of UCL Partners
- Chair of Orbit Group
- Co-Chair of the Franco-British Council

##### Membership of committees

- Chairman of the Board of Directors and Members' Council
- Board of Directors' Remuneration Committee member
- Chairman of the Board of Directors' Nominations Committee
- Chairman of the Members' Council Nominations and Remuneration Committee

Current term of office expires: 29 February 2016

#### Mr Charles Tilley FCA FCMA CGMA Non-executive director, Deputy Chairman and Chairman of the Audit Committee

##### Experience

- qualified accountant
- Chief Executive Officer at The Chartered Institute of Management Accountants (CIMA)
- Director (corporate representative) CIMA China Ltd
- Director (corporate representative) CIMA Enterprises Limited
- Board member of the Association of International Certified Professional Accountants
- Non-Executive Director and member of the Asset and Liability Committees and Chairman of the Audit Committee – Ipswich Building Society

### **Membership of committees**

- Chairman of the Audit Committee
- Board of Directors' Remuneration Committee member
- Board of Directors' Nominations Committee member
- Deputy chairman of the Members' Council Nominations and Remuneration Committee

Current term of office expires: 31 August 2015

### **Ms Yvonne Brown LLB Solicitor Non-Executive Director Appointed 1 March 2012**

#### **Experience**

- qualified solicitor – areas of expertise in children, child protection, family law, and education
- Independent Board member and member of the Scrutiny Committee of the Royal Institute of Chartered Surveyors UK Regulatory Board
- Council member of the Law Society of England and Wales
- Panel Chair of the Nursing and Midwifery Council Fitness to Practice Committee
- former Chair of the Compliance and Scrutiny Committees, Solicitors Regulation Authority
- Jamaican Diaspora Advisory Board member (UK) South

### **Membership of committees**

- Chair of the Board of Directors' Remuneration Committee
- Audit Committee member
- Clinical Governance Committee member
- Board of Directors' Nominations Committee member

Current term of office expires: 29 February 2016

### **Ms Mary MacLeod OBE MA CQSW DUniv Non-Executive Director, Senior Independent Director and Chair of the Clinical Governance Committee Appointed 1 March 2012**

#### **Experience**

- non-executive Equality and Diversity lead at Great Ormond Street Hospital
- Trustee of Gingerbread
- Deputy Chair of the Child and Family Court Advisory and Support Service
- Chief Executive of the Family and Parenting Institute (1999–2009)
- Director of Policy, Research and Development and Deputy CEO of Childline (1995–99)
- Independent consultancy on child and family policy
- Non-Executive Director of Video Standards Council
- Vice Chair of Internet Watch Foundation

### **Membership of committees**

- Chair of the Clinical Governance Committee
- Board of Directors' Remuneration Committee member
- Board of Directors' Nominations Committee member

Current term of office expires: 29 February 2016

### **Mr David Lomas Non-Executive Director and Chair of the Finance and Investment Committee Appointed 1 March 2012**

#### **Experience**

- qualified accountant
- Chief Financial Officer of Elsevier
- Chief Executive of British Telecom Multimedia Services (2004–05) (previously Chief Operating Officer)
- Vice President Operational Effectiveness of British Telecom Global Services (2003–04)
- Chief Commercial and Operations Officer, ESAT British Telecom, Dublin (2002–03)



### **Membership of committees**

- Chairman of the Finance and Investment Committee
- Audit Committee member
- Board of Directors' Remuneration Committee member
- Board of Directors' Nominations Committee member

Current term of office expires: 31 October 2015

### **Mr John Ripley Non-Executive Director Appointed 28 March 2012**

#### **Experience**

- qualified accountant
- Director of CAB International
- Governor of Kingston University
- Director/governor of The Howard Partnership Trust and The Howard Partnership Advisory Trust
- Governor of Eastwick Schools (Junior and Infants)
- Group Deputy Chief Finance Officer of Unilever (1973–2008)

### **Membership of committees**

- Audit Committee member
- Finance and Investment Committee member
- Board of Directors' Remuneration Committee member
- Board of Directors' Nominations Committee member

Current term of office expires: 27 March 2015

### **Professor Rosalind Smyth Non-Executive Director Appointed 1 January 2013**

#### **Experience**

- Director of the Institute of Child Health at University College London
- Honorary Consultant Respiratory Paediatrician at Great Ormond Street Hospital.
- Director of the Public Library of Science
- Honorary Professor of Paediatric Medicine at the University of Liverpool and Honorary Consultant Paediatrician at Alder Hey Children's NHS Foundation Trust (until September 2012)

### **Membership of committees**

- Clinical Governance Committee member
- Board of Directors' Remuneration Committee member
- Board of Directors' Nominations Committee member

Current term of office expires: 31 December 2016

## **Executive Directors**

### **Mr Julian Nettel Interim Chief Executive from 1st January 2014**

Julian Nettel is responsible for delivering the strategic and operational plans of the hospital through the Executive Team.

#### **Experience**

- Managing Director of the NHS Institute for Innovation and Improvement (2011–12)
- Senior advisor to Leadership Development and Talent Management team at London Strategic Health Authority (2009–10)
- Chief Executive of Barts and The London NHS Trust (2007–09)
- Chief Executive at St Mary's NHS Trust (1999–2007)
- Chief Executive of Ealing Hospital NHS Trust (1994–99)

### **Membership of committees**

- Clinical Governance Committee member
- Finance and Investment Committee member
- Audit Committee attendee
- Board of Directors' Remuneration Committee attendee
- Board of Directors' Nominations Committee attendee

### **Mr Jan Filochowski**

#### **Chief Executive until 31 December 2013**

### **Experience**

- Chief Executive at West Hertfordshire Hospitals NHS Trust (2007–12)
- Senior Management Adviser at South East Health Authorities (2003–07)
- Senior Adviser at Healthcare Commission (2004–05)
- Associate of the Prime Minister's Delivery Unit (2004–07)
- Chief Executive of Royal United Hospital, Bath NHS Trust (2002–03)
- Chief Executive of the Medway NHS Trust (1999–2002)

### **Membership of committees**

- Clinical Governance Committee member
- Finance and Investment Committee member
- Audit Committee attendee
- Board of Directors' Remuneration Committee attendee
- Board of Directors' Nominations Committee attendee

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

#### **Co-Medical Director until 31 December 2013**

Barbara Buckley is responsible for postgraduate medical education and training for doctors, medical workforce development and partnership services.

### **Experience**

- Medical Director at the Hertfordshire Partnership Foundation Trust (2003–08)
- Consultant in Community Paediatric Medicine
- Certificate in Company Direction from the Institute of Directors.

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

#### **Chief Finance Officer**

Claire Newton is responsible for the financial management of the Trust and leads on contracting and information technology

### **Experience**

- qualified accountant and member of the Association of Corporate Treasurers
- Finance Director and Financial Controller at Marie Curie Cancer Care (1998–2007)

### **Membership of committees**

- Audit Committee attendee
- Finance and Investment Committee member

### **Mrs Elizabeth Morgan MSc RN Adult RN Child RNT RCNT Dip N IHSM Diploma Chief Nurse**

Liz 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 in the Trust. She is lead director for child protection.

### **Experience**

- registered general and children's nurse
- Professional Adviser for Children and Young People (Nursing) with the Department of Health (2007–2010)
- Director of Nursing at Birmingham Children's NHS Foundation Trust (2002–07)

- member of WellChild Research Strategy Advisory Panel
- Honorary Visiting Professor in Department of Child and Adolescent Health, Kings College London

#### **Membership of committees**

- Clinical Governance Committee member

### **Professor Martin Elliott MB BS MD FRCS Co-Medical Director**

Martin Elliott is responsible for performance and standards (including patient safety) and leads on clinical governance

#### **Experience**

- Gresham Professor of Physic, Gresham College London (2014–17)
- Professor of Paediatric Cardiothoracic Surgery, UCL
- Director of the National Service for Severe Tracheal Disease in Children (at GOSH)
- Chairman of Cardiorespiratory Services (2001–10) and led the Cardiothoracic Transplant Service, both at GOSH
- founded the European Congenital Heart Defects Database and the European Congenital Heart Surgeons Association
- President of the International Society for the Nomenclature of Congenital Heart Disease (2000–10)

#### **Membership of committees**

- Clinical Governance Committee member

### **Mr Ali Mohammed Director of Human Resources and Organisational Development**

Ali Mohammed is responsible for the development and delivery of a human resources strategy and delivering the Trust's organisational development programmes.

#### **Experience**

- Director of Human Resources and Organisational Development (service design) for the NHS Commissioning Board (2012–13)
- Director of Human Resources and Organisational Development at Barts and The London NHS Trust (2009–12)
- Director of Human Resources at Brighton and Sussex University (2007–08)
- Director of Human Resources (2001–07)

#### **Membership of committees**

- Clinical Governance Committee member
- Board of Directors' Remuneration Committee attendee
- Board of Directors' Nominations Committee attendee

### **Ms Rachel Williams Chief Operating Officer from 1 July 2013**

Rachel Williams is responsible for the operational management of the clinical services within the Trust.

#### **Experience**

- Divisional Manager at University College London Hospitals (2011–13)
- Divisional Manager at Great Ormond Street Hospital for Children NHS Trust (2008–11)
- Service Manager at Imperial College Healthcare NHS Trust (2007–08)
- Site Manager at the Western Eye Hospital at Imperial College Healthcare NHS Trust (2007)

#### **Membership of committees**

- Clinical Governance Committee member
- Audit Committee attendee

## **Dr Catherine Cale MB ChB PhD MRCP FRCPath MRCPath** **Co-Medical Director from 1 January 2014**

Catherine Cale is responsible for postgraduate medical education and training for doctors, medical workforce development and partnership services.

### **Experience**

- Consultant in Paediatric Immunology and Immunopathology
- Divisional Director for Infection, Cancer, Immunity and Laboratory Medicine (2008–14)
- Clinical Lead for Immunology and Cell Therapy Laboratories

## **Other directors who attend the Board of Directors' meetings**

### **Mr Robert Burns BSc (Hons) CPFA** **Director of Planning and Information**

Robert Burns is responsible for the Trust's strategic planning, performance management and provision of information. He is also the named Senior Information Risk Owner and Executive Lead for risk management.

### **Experience**

- full member of the Chartered Institute of Public Finance and Accountancy
- Deputy Chief Operating Officer for Great Ormond Street Hospital for Children (2009–12)
- Head of Partnerships, Southampton University Hospitals NHS Trust (2007–09)

### **Membership of committees**

- Clinical Governance Committee member
- Audit Committee attendee
- Finance and Investment Committee member

### **Mr Matthew Tulley** **Director of Redevelopment**

Matthew Tulley leads the work to redevelop the Trust's buildings and ensures that it is suitable to support the capacity and quality ambitions of our clinical strategy.

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

David Goldblatt leads the strategic development of clinical research and development across the Trust. He is Honorary Consultant Immunologist and Director of the NIHR-funded GOSH UCL BRC.

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

Trevor Clarke is responsible for the strategic development and management of the Trust's IPP division.

### **Mr Mark Large FBCS CITP FCMI FIoD FIMIS** **Director of Information Technology until 17 November 2013**

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

## **Register of interests**

The Board of Directors has approved and signed up to the Board of Directors' Code of Conduct, which sets out a requirement for all Board members to declare any interests that may compromise their role. This is also a standing item at each Board meeting.

A Register of Directors' Interests is published on the Trust website, [gosh.nhs.uk](http://gosh.nhs.uk), and may also be obtained by application to the Company Secretary, Great Ormond Street Hospital for Children NHS Foundation Trust, Executive Offices, Paul O'Gorman Building, Great Ormond Street, London WC1N 3JH.

## Evaluation of Board performance

The Board of Directors had planned to undergo an independent evaluation in the fourth quarter of 2013/14. However, in light of the resignation of Chief Executive Jan Filochowski, and the appointment of Interim Chief Executive Julian Nettel, the Board agreed that an independent assessment should be conducted after a substantive Chief Executive has been appointed, in the fourth quarter of 2014/15.

The Board agreed to undergo a self-assessment evaluation of its focus on quality and safety and its assurances of the management of risk and the frameworks in place to support business planning. The results of the self-assessment evaluation were positive and recommendations arising from the evaluation are in the process of being implemented.

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

The Trust conducted a review of its governance framework, including its committee structures, reporting requirements and the effectiveness of its standing committees against their terms for reference during 2013/14. All three Board assurance committees (Audit Committee, Clinical Governance Committee and Finance and Investment Committee) undertook a self-assessment evaluation during the 2013/14, including responses from members and individuals reporting to the committees. Action plans have been developed, focusing on the role of the committees, information presented to the committees and cross committee and Board reporting.

Consideration of the balance of the Board is kept under review by the Chairman, Interim Chief Executive and the Members' Council (via the Members' Council Nominations and Remuneration Committee – see page 116).

## Board of Directors' meetings

During the period 1 April 2013–31 March 2014, the Board of Directors held a total of 12 meetings. Eight of these included sessions in public. In October 2013 and February 2014, the Board held strategy development sessions. The Board did not meet in August 2013, and a Board seminar meeting was held in December 2013. One extraordinary meeting was held in September 2013.

During the year:

- The Audit Committee and Clinical Governance Committee each met four times.
- The Finance and Investment Committee met seven times.
- The Board of Directors' Nominations Committee met three times.
- The Board of Directors' Remuneration Committee met twice.

The table below summarises the directors' attendance at these meetings.

		<b>Committees of the Board of Directors</b>				
<b>Name</b>	<b>Board</b>	<b>Audit</b>	<b>Clinical Governance</b>	<b>Finance &amp; Investment</b>	<b>Nominations</b>	<b>Remuneration</b>
Tessa Blackstone	12 meetings of 12 held	N/A	N/A	N/A	3 meetings of 3 held	2 meetings of 2 held
Charles Tilley	11 meetings of 12 held	4 meetings of 4 held	N/A	N/A	3 meetings of 3 held	2 meetings of 2 held
Mary MacLeod	11 meetings of 12 held	N/A	4 meetings of 4 held	N/A	3 meetings of 3 held	2 meetings of 2 held
Yvonne Brown	12 meetings of 12 held	4 meetings of 4 held	4 meetings of 4 held	N/A	3 meetings of 3 held	2 meetings of 2 held
David Lomas	11 meetings of 12 held	4 meetings of 4 held	N/A	7 meetings of 7 held	3 meetings of 3 held	2 meetings of 2 held
John Ripley	12 meetings of 12 held	4 meetings of 4 held	N/A	7 meetings of 7 held	3 meetings of 3 held	2 meetings of 2 held
Rosalind Smyth	9 meetings of 12 held	N/A	4 meetings of 4 held	N/A	2 meetings of 3 held	1 meeting of 2 held
Jan Filochowski until 31 December 2013	8 meetings of 9 held	3 meetings of 3 held	1 meeting of 3 held	4 meetings of 5 held	1 meeting of 3 held (attendee)	1 meeting of 2 held (attendee)
Julian Nettel from 1 Jan 2014	3 meetings of 3 held	1 meeting of 1 held	1 meeting of 1 held	2 meetings of 2 held	None requiring attendance	1 meeting of 2 held (attendee)
Claire Newton	12 meetings of 12 held	4 meetings of 4 held	N/A	7 meetings of 7 held	N/A	N/A
Martin Elliott	12 meetings of 12 held	N/A	3 meetings of 4 held	N/A	N/A	N/A
Barbara Buckley until 31 December 2013	7 meetings of 9 held	N/A	N/A	N/A	N/A	N/A
Elizabeth Morgan	11 meetings of 12 held	N/A	3 meetings of 4 held	N/A	N/A	N/A
Ali Mohammed	12 meetings of 12 held	N/A	3 meetings of 4 held	N/A	3 meetings of 3 held (attendee)	2 meetings of 2 held (attendee)
Rachel Williams from 1 July 2013	8 meetings of 9 held	1 meeting of 2 held	2 meetings of 2 held	4 meetings of 6 held	N/A	N/A
Catherine Cale from 1 January 2014	2 meetings of 3 held	N/A	N/A	N/A	N/A	N/A
Robert Burns	9 meetings of 12 held	3 meetings of 4 held	4 meetings of 4 held	7 meetings of 7 held	N/A	N/A



# Board committees

Some of the work of the Board of Directors is delegated to other committees, which also meet regularly. There is a standing item at every Board of Directors' meeting to receive reports of meetings from Board committees. Committee annual reports, including a self-assessment and review of the terms of reference are also received.

## Audit Committee

The Audit Committee is a committee of the Board of Directors with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial internal controls that supports the achievement of the organisation's objectives. The committee is chaired by a Non-Executive Director. The report from the Audit Committee can be found on page 131.

## Clinical Governance Committee

The Clinical Governance Committee is a committee of the Board of Directors with delegated authority to review clinical governance and clinical risk management matters. It is chaired by a Non-Executive Director. Its membership includes senior clinical and non-clinical managers as well as Executive and Non-Executive directors. The committee receives reports from internal auditors and clinical audit. The committee carried out an evaluation of its performance in February 2014.

## Finance and Investment Committee

The Finance and Investment Committee is a committee of the Board of Directors with delegated authority for assisting the Board in overseeing financial strategy and planning, financial policy, investment and treasury matters. It also assists the Board in reviewing and recommending for approval major financial transactions to the Board of Directors. The committee also maintains an oversight of the Trust's financial position, relevant activity data and workforce metrics. It is chaired by a Non-Executive Director. Its membership includes the Chief Executive and other Executive and Non-Executive directors. The committee carried out an evaluation of its performance in April 2014.

## Board of Directors' Remuneration Committee

The Remuneration Committee is responsible for reviewing the terms and conditions of office of the Board's executive directors, including salary, pensions, termination and/or severance payments and allowances. The Remuneration Report can be found on pages 124 and 181.

## Board of Directors' Nominations Committee

The Board of Directors' Nomination Committee is a committee of the Board of Directors with delegated authority for:

- Assisting the Board in reviewing the structure, size and composition (including the skills, knowledge and experience) of the Board.
- Identifying and nominating candidates for appointment to fill executive posts.
- Considering any matter relating to the continuation in office of any executive board director.

It is chaired by the Chairman of the Board of Directors and attended by all Non-Executive Directors, the Chief Executive and the Director of Human Resources and Organisational Development. During the year, the committee considered the appointment of the following:

- Interim Chief Executive
- Substantive appointment of the Director of Human Resources and Organisational Development
- Chief Operating Officer
- Co-Medical Director
- The process for the appointment of a substantive Chief Executive

# Members' Council

An integral part of our Foundation Trust is the Members' Council. The Council brings the views and interests of the public, patients, carers, our staff and other stakeholders into the heart of our governance. This group of committed individuals have an essential involvement with the Trust and contribute to its work and future developments in order to help improve the quality of services and care for all our young patients.

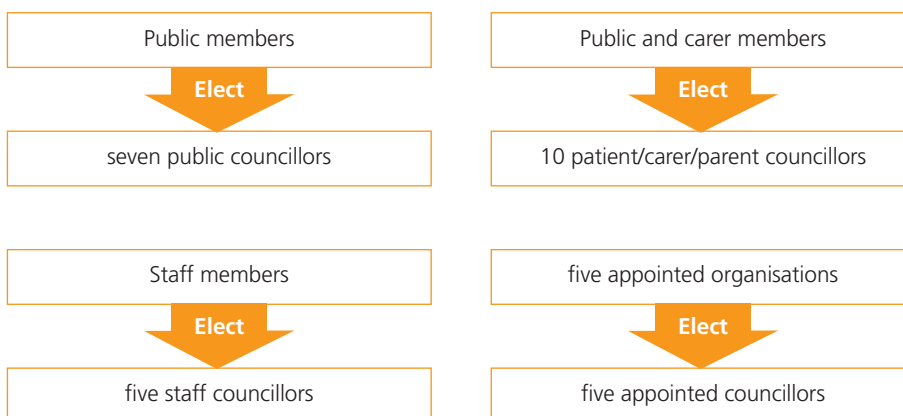
## The role of the Council

As the governors (councillors) of the hospital, the role of the Members' Council is to provide challenge to the Board of Directors and hold the Non-Executive Directors individually and collectively to account. They ensure that the views of the hospital's patients and wider communities are heard and reflected in the strategy for the hospital. Councillors represent specific constituencies and are elected or appointed to do so. Key responsibilities of the Members' Council include:

- Appointing and removing the Non-Executive Directors, including the Chairman of the Trust.
- Setting the pay levels of the Chairman and Non-Executive Directors.
- Approving the appointment of the Chief Executive.
- Appointing the Trust's financial auditors.
- Receiving and approving the Trust annual accounts, auditor's report and annual reports, including the *Quality Report*.
- Deciding whether the Trust's private patient work would significantly interfere with the Trust's principal purpose.
- Approving any proposed increases in non-NHS income of five per cent or more in any financial year.
- Actively representing the interests of members.
- Acting as a source of ideas about how the Trust can provide its services, and working with the Board of Directors to help influence strategic direction.
- Acting as an advocate for children who need specialised healthcare.
- Being an essential link between the Trust and various partner organisations.

## Constituencies of the Council

The council is led by the Chairman of the Trust. During the period, the Members' Council consisted of 27 councillor positions. Seven councillors were elected by the Trust public membership, 10 by the Trust patient and carer membership, five by the Trust staff membership and the remaining five councillors appointed by partner organisations. The table overpage details the membership constituencies and organisations represented by appointed councillors.



<b>Constituency</b>	<b>No. of seats on council</b>
<b>Elected councillors</b>	
<b><i>Patient and carer constituency</i></b>	
Patients from London	2
Patients from outside London	2
Parents or carers from London	3
Parents and carers from outside London	3
<b><i>Public constituency</i></b>	
<p><b>North London and surrounding area</b></p> <p>Comprising the following electoral areas in North London: Barking and Dagenham, Barnet, Brent, Camden, City of London, Hackney, Ealing, Enfield, Hammersmith &amp; Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, <b>Kensington &amp; Chelsea</b>, Newham, Redbridge, Tower Hamlets, Waltham Forest, Westminster.</p> <p>Comprising the following electoral areas in:</p> <p><b>Bedfordshire:</b> Bedford, Central Bedfordshire, Luton.</p> <p><b>Hertfordshire:</b> Broxbourne, Dacorum, East Hertfordshire, Hertfordshire, Hertsmere, North Hertfordshire, St Albans, Stevenage, Three Rivers, Watford, Welwyn Hatfield.</p> <p><b>Buckinghamshire:</b> Aylesbury Vale, Buckinghamshire, Chiltern, Milton Keynes, South Bucks, Wycombe.</p> <p><b>Essex:</b> Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forest, Essex, Harlow, Maldon, Rochford, Southend-on-Sea, Tendring, Thurrock, Uttlesford.</p>	4
<p><b>South London and surrounding area</b></p> <p>Comprising the following electoral areas in South London: <b>Bexley, Bromley, Croydon, Greenwich</b>, Royal Borough of <b>Kingston upon Thames</b>, <b>Lambeth, Lewisham, Merton, Richmond-upon-Thames, Southwark, Sutton, Wandsworth</b>.</p> <p>Comprising the following electoral areas in:</p> <p><b>Surrey:</b> Elmbridge, Epsom and Ewell, Guildford, Mole Valley, Reigate and Banstead, Runnymede, Spelthorne, Surrey Heath, Tandridge, Waverley, Woking.</p> <p><b>Kent:</b> Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Medway, Sevenoaks, Shepway, Swale, Thanet, Tonbridge and Malling, Tunbridge Wells.</p> <p><b>Sussex:</b> Brighton and Hove, East Sussex, Eastbourne, Hastings, Lewes, Rother, Wealden, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex, West Sussex, Worthing.</p>	1
<p><b>The rest of England and Wales</b></p> <p>All electoral areas in England and Wales not falling within one of the areas referred to above.</p>	2
<b><i>Staff constituency</i></b>	5
<b>Appointed Councillors</b>	
<b><i>Statutory</i></b>	
UCL Institute of Child Health	1
London Borough of Camden	1
<b><i>Partnership organisations</i></b>	
National Commissioning Group	1
Expert Patients' Programme Community Interest Company	1
The Hospital School at Great Ormond Street and UCH	1
<b>Total</b>	<b>27</b>

## Councillor Members and attendance at meetings

The term of office for all elected and appointed councillors is three years. The Members' Council met six times during the 2013/14 reporting period. The Members' Council Nomination and Remuneration Committee (a subcommittee of the Members' Council) met once and the Membership and Engagement Committee (a subcommittee of the Members' Council) met seven times in the period.

The table below details attendance at these meetings.

Name	Constituency	Date of appointment	Attendance at Members' Council meetings (out of 6 unless otherwise stated)	Member of Members' Council Nomination and Remuneration Committee Attendance (out of 1)	Member of Membership and Engagement Committee Attendance at meetings (out of 7 meetings unless otherwise stated)
Edward Green	Patients outside London	1 March 2012	6	1	5
George Howell	Patients outside London	1 March 2012	5	Not a member	5
Sophie Talib	Patients from London	1 March 2012	4	Not a member	4
Matthew Norris	Parents and carers from London	1 March 2012	6	1	Not a member
Lynne Gothard	Parents and carers from London	1 March 2012	6	Not a member	Not a member
Lisa Chin-A-Young	Parents and carers from London	1 March 2012	6	Not a member	7
John Charnock	Parents and carers outside London	1 March 2012	5	Not a member	Not a member
Claudia Fisher	Parents and carers outside London	1 March 2012	6	Not a member	5
Camilla Pease	Parents and carers outside London	1 March 2012	6	Not a member	6
Trevor Fulcher	North London and surrounding area	1 March 2012	2	1	0
Rebecca Miller	North London and surrounding area	1 March 2012	4 (out of 4)	Not a member	Not a member
Ian Lush	North London and surrounding area	1 March 2012	6	Not a member	4
Lewis Spitz	North London and surrounding area	1 March 2012	6	Not a member	Not a member
Louise Clark	South London and surrounding area	1 March 2012	4	Not a member	Not a member
Stuart Player	The rest of England and Wales	1 March 2012	4	Not a member	2
Julia Olszewska	The rest of England and Wales	1 March 2012 (stood down 31 January 2014)	0	Not applicable	Not applicable
Daniel Dacre	Staff	1 March 2012 (stood down 31 March 2014)	5	Not applicable	3 (out of 6)

Name	Constituency	Date of appointment	Attendance at Members' Council meetings (out of 6 unless otherwise stated)	Member of Members' Council Nomination and Remuneration Committee Attendance (out of 1)	Member of Membership and Engagement Committee Attendance at meetings (out of 7 meetings unless otherwise stated)
Mary De Sousa	Staff	1 March 2012 (stood down 1 September 2013)	1 (out of 2)	Not applicable	Not applicable
Jilly Hale	Staff	1 March 2012	4	Not a member	Not a member
Clare McLaren	Staff	1 March 2012	3	1	Not a member
Dhimple Patel	Staff	1 March 2012	2	Not a member	Not a member
James Linthicum	Staff	14 November 2013	2 (out of 3)	Not a member	Not a member
Jenny Headlam-Wells	London Borough of Camden	1 March 2012	5	Not a member	Not a member
Christine Kinnon	University College London, Institute of Child Health	1 March 2012	4	Not a member	Not a member
Olivia Frame	Expert Patient Programme Community Interest CIC	1 November 2013	3 (out of 3)	Not a member	Not a member
Muhammad Miah	Great Ormond Street Hospital School	1 March 2012	4	Not a member	Not a member
Alastair Whittington	NHS England	1 June 2013	4 (out of 5)	Not a member	Not a member

## Lead Councillor

Mr Ian Lush, public Councillor for North London and the surrounding area, was elected as lead Councillor in March 2012. This position will be held until 28 February 2015.

## The Board of Directors and Members' Council working together

The Trust Chairman is responsible for the leadership of the Members' Council and the Board of Directors. The Chairman has overall responsibility for ensuring that the views of the Members' Council and Trust members are communicated to the Board as a whole and considered as part of the decision-making process, and that the two bodies work effectively together. The Board of Directors are responsible for the operational management of the Trust, but they must take into account the views of the Members' Council when developing strategy and forward plans. The Members' Council provide a steer on how the Trust should carry out its business in ways consistent with the needs of its members and the wider population.

Members of the Board are invited to meetings of the Members' Council and councillors attend the public Board meetings and Board strategy days and are also invited to observe at Board assurance committee meetings (Audit Committee, Clinical Governance Committee and Finance and Investment Committee).

The respective powers and roles of the Board of Directors and the Members' Council are set out in their standing orders. Some of the key features between the two bodies are:

- Executives and Non-Executive Directors attend each Members' Council meeting.
- Summaries of Members' Council meetings are reported to the Board of Directors.
- Members' Council continue to have open invitations to attend all Board meetings.

The Board of Directors has also worked in partnership with the Members' Council in the following areas during the year:

### **Consultation and feedback**

- Consultation on the Trust's Annual Plan for 2014/15.
- Consultation on the selection of indicator for auditing for the *Quality Report*.
- Participating in Members' Council seminars, providing views and opinions about GOSH services.
- Meetings with the Interim Chief Executive to share views and experiences on GOSH services and how to best use the skills of the Members' Council.
- Undertaking the annual Patient Led Assessments of the Care Environment (PLACE).
- Joining focus groups to work on the issues raised at the GOSH listening event for patients, families, members and staff.
- Developing a set of values and commitments for the Trust.
- Providing advice on redevelopment as family-friendly advisors to the GOSH redevelopment.
- Sitting in on interviews for critical GOSH appointments.
- Providing feedback to Councillors on the work of the assurance committees, highlighting the effectiveness of the risk management and internal control systems.
- Providing comments on and sharing experience of:
  - improving services at the hospital restaurant
  - the new retail space options for GOSH Shop
  - improve signage and wayfinding around and to the hospital site
  - transition to adult services.

### **Councillors have sat on the following groups and committees:**

- Membership Engagement Committee.
- Meetings on the appointment and remuneration of Non-Executive Directors.
- Membership Engagement Committee.
- Nomination and Remuneration Committee.
- Young People's Forum.
- Public and Patient Involvement and Experience Committee.
- Catering Improvement and Shop Group.

### **Councillors have undertaken training and development as follows:**

- Completion of a Skills audit to establish training and development needs for the Members' Council.
- Membership recruitment and engagement training in order to maintain engagement with membership constituencies.
- Attendance at internal Trust events – new entrance opening, launch of the Friends and Family Test.
- Attendance at Foundation Trust network events and Deloitte governor lunches.
- Attending a Board development day.

In January 2014, the Members' Council approved the appointment of the Interim Chief Executive, Mr Julian Nettle.

## **Members' Council Nomination and Remuneration Committee**

The Members' Council Nomination and Remuneration Committee has delegated responsibility for assisting the Members' Council in:

- Reviewing the balance of skills, knowledge, experience and diversity of the Non-Executive Directors on the Board.
- Giving consideration to succession planning for the Chairman and Non-Executive Directors in the course of its work.
- Identifying and nominating for appointment candidates to fill Non-Executive posts.
- Considering any matter relating to the continuation in office of any Non-Executive Board Director.
- Reviewing the results of the performance evaluation process for the Chairman and Non-Executive Directors.



The Committee is chaired by the Chairman of the Board of Directors and Members' Council. The Deputy Chairman is also a member (both attended all meetings). Membership and attendance of councillors at the meeting is detailed on page 119.

The committee reviewed the appraisals of the Chairman and Non-Executive Directors for 2013 and was satisfied with the appraisal process that was conducted and the results. This was reported to the Members' Council in April 2014, where the council agreed with the committee's findings.

## Membership and membership development

### What is membership?

Membership is open to patients, their carers and families, members of the public, and staff. Our Foundation Trust membership is open to anyone living in England and Wales over the age of 10 and is free. We welcome our broad and diverse community to join, as well as those who share the GOSH vision of 'the child first and always'.

Members provide valuable input that helps shape the future of the hospital. They can choose from a variety of involvement opportunities, ranging from participation in focus groups to more active roles in working groups or becoming a charity ambassador. Members also vote for and can stand for councillor elections. Members are kept in touch with what is going on at GOSH by receiving our twice-yearly *Member Matters* newsletters. A representative and active membership is one of the key strengths of GOSH as a Foundation Trust. You can join as a member by visiting [gosh.nhs.uk/FTmembership](http://gosh.nhs.uk/FTmembership)

### Membership Engagement Committee

The Members' Council has appointed a sub-committee, the Membership and Engagement Committee to oversee the recruitment and retention of members and maximise engagement opportunities with its members. This committee is co-chaired by two Councillors, each with a respective focus on recruitment/engagement and communications to members. It meets five times a year, supported by the Membership Manager and monitors progress against the Trust's membership strategy and recruitment plan. Key priorities include:

1. Achieving marginal growth in membership numbers, maintaining face to face as the primary means of recruitment.
2. Improving demographic representation and recruiting engaged members.
3. Building awareness, communication, and interaction between Councillors and their constituents (including events and use of social media).
4. Communicating benefits of membership and creating engagement opportunities (including 2014 Councillor election plans).
5. Supporting the Patient & Public Involvement work and enabling a single-view of engagement opportunities.

### 2013/14 highlights

As a relatively young Foundation Trust, we are on a journey to establish effective communication with members. Some of this year's highlights include:

- Increasing the awareness and visibility of councillors with presence in the *Member Matters* mailing, with introductory text and cover letters now written by councillors. Key councillors are now working alongside the Communications teams to provide valuable input to member publications.
- A poster of all the councillors who sit on the Members' Council and their constituencies is displayed in the hospital and has been provided to members, ensuring that they can get in touch via GOSH with their councillors.

- A new 'Take One' leaflet, featuring parent, patient, public and councillor members, was developed to encourage new members to sign up. These are distributed in hard copy across the hospital and in appointment letters.
- Input into the organisation via the listening event in 2013 (see page 48), which generated feedback from members of the GOSH community. The responses are now being used to develop GOSH values and commitments.
- A Members' Council survey of how councillors would like to engage with constituents and how they view *Member Matters* was conducted.
- Membership data was reviewed and 'cleansed' to make it as accurate as possible.
- Research was conducted around how we can communicate more effectively with our younger members.
- We are starting to develop relationships with other Foundation Trust young people's networks.
- We have undertaken work to benchmark against other Foundation Trusts and identify interesting ways to hold member events and use social media.
- Training of councillors to undertake face-to-face recruitment in the hospital.
- Development of an engagement and recruitment calendar providing single-view of engagement opportunities within the Trust and Great Ormond Street Hospital Children's Charity.

## Looking forward

We aim to continue to progress against our key priorities, in particular, identifying the most effective means of recruiting engaged members and how best to communicate and engage with our geographically dispersed membership base. We plan to improve interaction between councillors and their constituents, run live and virtual member events, and identify the best means of integrating social media more formally into Foundation Trust communications. We are also planning upgrades to our database systems to enable more efficient and flexible communication with our membership base. Finally, 2014 is a councillor election year, which will be an area of focus for communicating and engaging with our members.

## Membership numbers

Membership numbers currently stand at 8,024 excluding staff (or 13,222 including staff). The Trust has undertaken a database cleansing exercise, which has resulted in a natural loss of members (mainly due to them moving). In addition, there has been a slower rate of recruitment of members than originally planned in the Trust's membership strategy due to changes to the way that we recruit. We will focus on marginally growing an engaged membership base in the year ahead.

## The constituencies and our membership numbers

Constituency	Minimum number of members	Actual (as of 31 March 2014)
<b>Patient and carer</b>		<b>5,884</b>
Parents or carers	600	<b>5,007</b>
Patients	300	<b>877</b>
<b>Public</b> (includes North London and surrounding area, South London and surrounding area and the rest of England and Wales)	900	<b>2,140</b>
<b>Staff</b>	2,000	<b>5,174</b>
<b>Total</b>	3,800	<b>13,198</b>

## Register of Interests of councillors

All councillors are required to declare any interests that may compromise their objectivity in carrying out their duties. There is also a standing item at each Council meeting.

The Register of Interests for all members of the Members' Council is published on the Trust's website, [gosh.nhs.uk](http://gosh.nhs.uk), and may also be obtained from the Company Secretary, Executive Offices, Paul O'Gorman Building, Great Ormond Street, London WC1N 3JH. Each year, councillors complete a new Declaration of Interest form to ensure the most up-to-date position is declared.

## Contacting the Members' Council

Councillors are keen to hear from their members as this helps them represent their views more fully. If you would like to get in touch with a councillor and/or directors, you can email [foundation@gosh.nhs.uk](mailto:foundation@gosh.nhs.uk)

The message is forwarded on to the relevant person so that they can respond directly. These details are included within the Foundation Trust 'contact us' section of the Great Ormond Street Hospital NHS Foundation Trust website.

# Remuneration report

## Directors' remuneration

Details of remuneration, including the salaries and pension entitlements of the Board of Directors, are published in the annual accounts (within the Remuneration Report on page 181). The only non-cash element of the most senior managers' remuneration packages is pension-related benefits accrued during membership of the NHS Pension Scheme. Contributions into the scheme are made by both the employer and employee in accordance with the statutory regulations.

## Remuneration policy

In 2013/14, the Trust continued to broadly mirror Agenda for Change terms and conditions of employment for its most senior managers, ie those employed on local contracts at Board level and, in some cases, other direct reports to the Chief Executive. To inform the setting of remuneration levels for 2014/15 and beyond, the Board of Directors' Remuneration Committee approved the use of benchmarking data and agreed that any further changes should be in the context of a review of executive responsibilities by the incoming substantive Chief Executive in January 2015.

During 2013/14, the Trust's objective setting and appraisal process was updated to allow quantified measures of performance and behaviour to be assessed and specified by both the appraiser and appraisee for the first time at GOSH. The new Performance Development Review process will now be used for all staff on Agenda for Change and local terms and conditions of employment with a review of its potential fitness for linking with incremental/other pay progression arrangements scheduled for the last quarter of the financial year 2014/2015.

The Trust has not, and does not intend, to use a system of performance bonuses or other performance-related pay for the foreseeable future and will instead focus on ensuring that its Performance Development Review, development and recognition policies and processes operate as effectively as possible.

## Remuneration for Executive Directors

The remuneration and conditions of service of the Chief Executive and Executive Directors are determined by the Board of Directors' Remuneration Committee. The Committee meets twice a year, in November and March. Attendance at meetings held during 2013/14 can be found on page 115.

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 job evaluation and weightings. There is some scope for adjusting remuneration after appointment as directors take on the full set of responsibilities in their role.

Affordability is also taken into account in determining pay uplifts for directors. Where it is appropriate, terms and conditions of service are consistent with NHS pay arrangements, such as Agenda for Change.

For the financial year 2013/14, the committee recommended an uplift in basic pay for Executive Directors of one per cent in line with other NHS staff, which was ratified by the Board of Directors.

The committee approved the salaries for the following Executive Directors (see Remuneration Report on page 181):

- Chief Operating Officer
- Director of Human Resources and Organisational Development
- Director of Planning and Information

Performance is closely monitored and discussed through both an annual and ongoing appraisal process. All Executive Directors' remuneration is subject to performance and they are employed on contracts of service and are substantive employees of the Trust. Their contracts are open-ended employment contracts, which can be terminated by either party with six months' notice. The Trust redundancy policy is consistent with NHS redundancy terms for all staff.

The Executive Co-Medical Directors are appointed on a three-year contract, with the option of extending the engagement for a further fixed-term period.

## Remuneration for Non-Executive Directors

The remuneration of the Chairman and Non-Executive Directors is determined by the Members' Council, taking account of relevant market data. Non-Executive Directors do not receive pensionable remuneration.

The Members' Council Nominations and Remuneration Committee (see page 121) considered the remuneration of the Chairman and Non-Executive Directors in July 2012, using benchmark data from a Foundation Trust peer group. Following consideration of the structure of the revised remuneration packages, the committee recommended that the remuneration for the Chairman and Non-Executive Directors were set out as outlined below. This recommendation was approved by a majority of the Members' Council.

### Chairman's remuneration:

- 1 April 2012 – £40,000pa
- 1 April 2013 – £47,500pa
- 1 April 2014 – £55,000pa

### Non-Executive Directors' remuneration:

- 1 April 2012 – £11,000pa
- 1 April 2013 – £12,500pa
- 1 April 2014 – £14,000pa

### Deputy Chairman/Chairman of Audit Committee and Senior Independent Director's remuneration;

- 1 April 2012 – £16,000pa
- 1 April 2013 – £17,500pa
- 1 April 2014 – £19,000pa

These levels of remuneration will remain fixed until 31 March 2015.

## Expenses

Information on the expenses received by the directors and councillors can be found in the accounts on page 183



Five-year-old Lita,  
on Peter Pan Ward.



# Directors' report

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## Principal activities of the Trust

Information on the principle activities of the Trust, including performance management, financial management and risk, efficiency, employee information (including consultation and training) and the work of the research and development division and International and Private Patient division is outlined in the strategic report on page 12.

## Directors' responsibilities

The directors acknowledge their responsibilities for the preparation of the financial statements.

## Safeguarding external auditor independence

While recognising there may be occasions when the external auditor is best placed to undertake other accounting, advisory and consultancy work on behalf of the Trust, the Board seeks to ensure that the auditor is, and is seen to be, independent. The Trust has developed a policy for any non-statutory audit work undertaken on behalf of the Trust to ensure compliance with the above objective. This policy has been approved by the Members' Council.

## Disclosure of information to auditors

The Board of Directors who held office at the date of approval of this Board of Directors' report confirm that, so far as they are each aware, there is no relevant audit information of which the Trust's auditors are unaware. In addition, each director has taken all the steps that he/she ought to have taken as a director to make himself/herself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

## Income from the provision of goods and services

The Trust has met the requirement in section 43(2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

## Off payroll engagements

Off-payroll engagements as of 31 March 2014 are detailed below for more than £220 per day and that last longer than six months.

Number of existing arrangements as of 31 March 2014	6
Of which:	
Number that have existed for between one and two years at the time of reporting	2
Number that have existed for between two and three years at the time of reporting	4

All of the existing off-payroll engagements outlined above have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

## Transactions with related parties

Transactions with third parties are presented in the accounts on page 177.

For the other Board Members, the Foundation Trust's Councillors, or parties related to them, none of them have undertaken material transactions with the Trust.

## Consultations in year

While the Trust has not undertaken any statutory consultations during the year, it has sought the views of members and councillors on development of the Trust annual plan and development of the Trust's Always Values (see page 48). It has also held consultations on changes to the GOSH Shop and the different products on offer.

## Better Payment Practice Code

The Trust aims to pay its non-NHS trade creditors in accordance with the Prompt Payment Code and government accounting rules. The Trust has registered its commitment to following the Prompt Payment Code.

The Trust maintained its Better Payment Practice Code performance for non-NHS creditor payments and achieved payment within 30 days of 87 per cent of non-NHS invoices measured in terms of number, and 91 per cent by value.

## 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. From July 2013, staff who are not eligible for the NHS Pension Scheme are subject to the auto-enrolment scheme offered by the National Employment Savings Trust. The Trust contributes one per cent for all staff who remain opted in.

Accounting policies for pensions and other retirement benefits are set out in note 1.8 to the accounts (page 157).

## Remuneration of senior managers

Details of senior employees' remuneration can be found in page 181–183 of the remuneration report.

## Treasury policy

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

## Political and charitable donations

The Trust has not made any political or charitable donations during 2013/14.

## Statement of compliance with cost allocation and charging

The Trust has complied, to the extent relevant, with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

## Countering fraud

The Trust has a countering fraud and corruption strategy.

Counter fraud arrangements are reviewed during the year by the Local Counter Fraud Service (LCFS). The LCFS undertakes an ongoing programme of work to raise the profile of counter fraud measures and carries out ad hoc audits and specific investigations of any reported alleged frauds. This includes the use of fraud awareness presentations and fraud awareness surveys. The Audit Committee receives and approves the Counter Fraud Annual Report, monitors the adequacy of counter fraud arrangements at the Trust and reports on progress to the Board.

## Information governance

The Trust takes the confidentiality of our patients' data very seriously. We have a strong information governance function at senior level and all staff have been trained in information governance.

In the year ahead, we will be focusing on implementing the actions recommended by Dame Fiona Caldicott in her NHS-wide review: *Information: to share or not to share*.

### Information governance incidents

Incidents are categorised by means of a consistent methodology used across the NHS and issued by the Health and Social Care Information Centre. Staff are actively encouraged to report the incidents they witness.

#### Incidents reported 2013/14:

Incident type	Number of incidents
Corruption or inability to recover electronic data	0
Disclosed in error	53
Lost in transit	3
Lost or stolen hardware	1
Lost or stolen paperwork	3
Non-secure disposal – hardware	0
Non-secure disposal – paperwork	0
Uploaded to website in error	0
Technical security failing (including hacking)	0
Unauthorised access/disclosure	3
Other	24
<b>Total</b>	<b>87</b>

The 'other' category includes where patient records were misfiled in the wrong notes (10 incidents), where a mix-up of patient details led to incorrect information on our systems or given to patients but no breach of confidentiality (eight incidents) and six further miscellaneous incidents.

The majority of incidents were categorised as 'disclosed in error'. Most of these include letters being sent to the wrong address, but also include missent emails, SMS messages, faxes and verbal information.

### Summary of serious incidents requiring investigations involving personal data as reported to the Information Commissioner's Office in 2013/14

In November 2013, the Information Commissioner's Office issued GOSH with an undertaking following a series of incidents, (including one in June 2013 and three in previous years), where letters were posted to the wrong patient's address. Since these incidents took place, GOSH has put steps in place to avoid this happening again. This includes ensuring that bank staff are fully trained in information governance, reviewing our business processes around collecting and using patient demographics and encouraging our patients and families to keep us informed when their contact details change. The Information Commissioner's Office has audited these actions and is satisfied that the issues that led to these incidents have been appropriately addressed.

Date of incident	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
June	Patient letter sent to the wrong address	Name, sensitive clinical history and family background	1	Verbally informed
<b>Further action on information risk</b>		Reviewed processes around handling patient addresses		

## Sustainability

Management of our energy and utilities, and reduction of our carbon emissions can be found on page 28.

## Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. As part of the enquiries, the directors have discussed the remaining actions outstanding between the Trust and NHS England in relation to the commissioning contract for funding in 2014/15 and have a reasonable expectation that contract discussions will be concluded satisfactorily. For this reason, the directors continue to adopt the going concern basis in preparing the accounts.

## Audit Committee report

The Audit Committee is a committee of the Board of Directors with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial internal controls, which supports the achievement of the organisation's objectives.

The Committee's responsibilities include:

- monitoring the integrity of financial statements
- reviewing financial reporting judgements
- reviewing internal controls and risk management systems (in conjunction with the Clinical Governance Committee)
- monitoring the effectiveness of the internal audit function
- monitoring the external auditor's independence and effectiveness of the audit process
- developing a policy on working with the external auditor to supply non-audit services
- reviewing the Trust's whistleblowing processes
- reporting to the Members' Council where actions are required and outlining recommendations.

In reviewing the financial reporting judgements and assumptions used in preparing the accounts, the Audit Committee has reviewed the Trust's accounting policies and also considered the major areas of judgement. For the Trust, these relate to the revaluation of land, buildings and equipment and the assessment of provisions required for overdue debts. The committee has received satisfactory assurance as to the basis on which the amounts have been determined and the judgements that have been made.

Last year the committee's activities involved conducting a tender process for selection of external auditors, continued challenge of the Trust's risk management processes and tolerance, an effectiveness review of external audit, and oversight of a mid-year change in internal auditors.

The Audit Committee has sought assurance on behalf of the Board that the Trust is effectively triangulating risks on risk registers, within high-level risk reports and on the Assurance Framework and self-assessment submissions. In July 2013, members of the Audit Committee attended an extra meeting with other Board members to proactively review and improve the Trust's risk management processes.

The Committee has also:

- Continued to focus on how the risks relating to non-delivery of the Trust's efficiency target and delays in collecting debt were being managed.

- Reviewed action plans being carried out by the Trust in relation to non-clinical serious incidents.
- Reviewed specific risks relating to the Trust's contracting processes, redevelopment, estate and IT investment plan.
- Reviewed the Trust's insurance programme.
- Reviewed reports on compliance with the Monitor Code of Governance and actions taken to ensure compliance with the NHS Litigation Authority requirements, the Corporate Governance Statement and the Licensing Conditions for Foundation Trusts.
- Reviewed the Trust's action plans on data quality processes and monitored the Trust's Information Governance processes on behalf of the Board.
- Considered and approved changes to the Trust's Standing Financial Instructions.
- Received reports from internal audit, external audit, the Trust's counter-fraud and security managers and monitored follow up of recommendations and actions.

The significant issues that the committee considered in relation to the financial statements, operations and compliance were those highlighted through internal audit reports and reviews of the Assurance Framework. These include the risks relating to the Trust's funding arising from the challenging external environment and commissioning changes, delays in debt collection and weaknesses in contract management processes. Action plans were immediately put in place to address issues in operating processes. These included:

- Actions to strengthen the debt collection processes, including weekly monitoring and an agreed escalation process.
- An internal audit of contract management processes through its procurement function.
- Establishment of registers of the Trust's major contracts.
- A programme to ensure up-to-date contracts were in place where they required renewal.

The Committee also reviewed the causes and agreed follow-up actions from two non-clinical serious incidents, which involved an electrical fire, a flood of an area close to wards and the incident response processes associated with both incidents. Actions included ensuring that weaknesses in the Trust's incident response process were remedied and agreeing stronger protocols to ensure risks created by redevelopment projects on site were more comprehensively reviewed and communicated.

### **Effectiveness of the committee**

The committee reviews its effectiveness and impact annually, using criteria from the NHS Audit Committee Handbook and other best practice guidance, and ensures that any matters arising from this review are addressed.

The members of the Audit Committee are listed on page 115 and include four independent Non-Executive Directors and one independent member. The Board is satisfied that four members of the committee are qualified accountants and at least three members of the committee have recent and relevant financial experience.

The committee also reviews the performance of its internal and external auditor's service against best practice criteria as detailed in the Healthcare Financial Management Association, Audit Commission and *NHS Audit Committee Handbook*.

### **External audit**

The committee was satisfied by their review of the services of Deloitte in relation to the 2012/13 audit. This review included consideration of the external auditor's independence and objectivity and the effectiveness of the audit process through comparing service outcomes with best practice standards and consulting audit committee members.

Deloitte were reappointed by the Members' Council for one further year to the end of 2013/14. A competitive tendering process of the audit contract took place during the year involving members of the Audit Committee and two members of the Members' Council. Invitations to tender were made to all audit firms on the relevant Government Procurement Service public procurement framework. After consideration of detailed submissions and a presentation, the team recommended that Deloitte LLP be appointed for a further three-year term from 2014/15.

Their audit and non-audit fees are set, monitored and reviewed throughout the year and are included in note 4 of the accounts. The committee ensures that the policy that restricts the use of external auditors for non-audit assignments is complied with. No non-audit services were procured during the financial year.

### **Internal audit and counter fraud services**

Following a competitive tendering process during 2013, there was a change in firms providing the internal audit service with effect from 1 October 2013 from the London Audit Consortium to KPMG LLP. The internal audit service is independent of the Trust and covers both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee. The Audit Committee has maintained an oversight of the implementation of the new internal audit plan. The Trust also has a small team of staff carrying out clinical and health and safety audits. The Trust's separate counter fraud service, provided by TIAA Ltd carries out reviews of areas at risk of fraud.

## **Conclusion**

The committee has reviewed the content of the annual report and accounts and advised the Board that, in its view, taken as a whole, it is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy



# Statement of accounting officer responsibilities

## Statement of the Chief Executive's responsibilities as the Accounting Officer of Great Ormond Street Hospital for Children NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the National Health Service Act 2006, Monitor has directed Great Ormond Street Hospital for Children NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Great Ormond Street Hospital for Children NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed



**Julian Nettel**  
Interim Chief Executive Date: 23 May 2014

# Head of Internal Audit Opinion

## on the effectiveness of the system of internal control for the year ended 31 March 2014

### Roles and responsibilities

The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- How the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives.
- The purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the assurance framework process.
- The conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement.

In accordance with Public Sector and NHS Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (ie the Trust's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the Trust. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and Trust-led Assurance Framework. As such, it is one component that the Board takes into account in making its Annual Governance Statement.

### The Head of Internal Audit opinion

The purpose of our Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the Trust's system of internal control. This opinion will in turn assist the Board in the completion of its Annual Governance Statement, and may also be taken into account by the CQC, Monitor or other regulators to inform their own conclusions.

Our opinion is set out as follows:

- overall opinion
- basis for the opinion
- commentary

Our overall opinion is that:

- Substantial assurance can be given that there is a generally sound system of internal control on key financial and management processes. These are designed to meet the Trust's objectives, and controls are generally being applied consistently.

The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning assurance framework and supporting processes.
- An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. KPMG was appointed the Trust's Internal Audit Service provider on 1 October 2013. We note that for the period from 1 April 2013 to 30 September 2013 our opinion is informed by the reviews delivered by your previous internal auditors – the London Audit Consortium. Our assessment for the full 2013/14 period has taken account of the relative materiality of each area reviewed.
- An assessment of the process by which the Trust has assurance over its registration requirements of the CQC.

## Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

### Context for our opinion

You changed internal audit provider within the year. As noted, in providing our opinion we are drawing on assurances provided by your previous internal auditors – the London Audit Consortium for the period between 1 April 2013 and 30 September 2013. We have reviewed the work of our predecessor and pulled all significant findings and recommendations into our programme of work.

Our opinion covers the whole of the 2013/14 financial year, and is based on the five reviews that we undertook in the period 1 October 2013 to 31 March 2014, and the 12 reviews that our predecessor undertook in the period 1 April 2013 to 30 September 2013.

### The design and operation of the assurance framework and associated processes

Overall our review found that the assurance framework in place is founded on a systematic risk management process and does provide appropriate assurance to the Board. The review we have completed in this area has highlighted areas for improvement that we believe could strengthen the process currently in place, although these do not hinder our ability to issue an overall substantial assurance opinion. We will follow up on recommendations raised during the 2014/15 period.

### The range of individual opinions arising from risk-based audit assignments, contained within risk-based plans that have been reported throughout the year

All five of the reviews undertaken by KPMG in 2013/14 reached an overall conclusion of adequate assurance. This rating reflects a positive conclusion. No high priority recommendations were raised in the course of these audits.

All of the reviews undertaken by the London Audit Consortium in 2013/14 received either significant or reasonable assurance with the exception of staff training, which received a limited assurance conclusion. The London Audit Consortium provided nine high priority recommendations of which five have been addressed in 2013/14 and four remain outstanding. Actions are underway to implement the outstanding recommendations. The status of these will be monitored by the Audit Committee.

No significant issues remained outstanding as at the year-end, which would impact upon our opinion.



**KPMG LLP Chartered Accountants London**  
**23 May 2014**

# Annual Governance Statement 2013/14

## 1 Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

## 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 policies, aims and objectives of Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH).
- Evaluate the likelihood of those risks being realised and the impact should they be realised.
- Manage risks efficiently, effectively and economically.

The system of internal control has been in place in GOSH for the year ended 31 March 2014 and up to the date of approval of the *Annual Report and Accounts 2013/14*.

## 3 Capacity to handle risk

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 regulators that include Monitor and the CQC. Further accountability and responsibility for elements of risk management are set out in the Trust's Risk Management Strategy.

The Board has a formal schedule of matters reserved for its decision and delegates certain matters to committees as set out below. Matters reserved for the Board are:

- determining the overall strategy
- creation, acquisition or disposal of material assets
- matters of public interest that could affect the group's reputation
- ratifying the Trust's policies and procedures for the management of risk
- determining the risk capacity of the Trust in relation to strategic risks
- reviewing and monitoring operating plans and key performance indicators
- prosecution, defence or settlement of material incidents and claims

The Board has a comprehensive work programme that includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information that enables it to scrutinise the effectiveness of the Trust's operations and deliver focused strategic leadership through its decisions and actions. While pursuing this work plan, the Board maintains its commitment that discussion of patient safety will always be high on its agenda. The Board has carried out an internal review of its effectiveness during the year and agreed actions to strengthen its oversight of risk.

There are two Board assurance committees, the Audit Committee and the Clinical Governance Committee, which assess the assurance available to the Board in relation to risk management, review the Trust-wide non-clinical and clinical risk management processes respectively, and raise issues requiring attention by the Board. In addition to the two assurance committees, a further committee, the Finance and Investment Committee, considers financial performance, productivity and use of

resources. The Chair of each committee reports to the Board at the meeting following the committee's last meeting. Each committee is charged with reviewing its effectiveness annually.

Reporting to the Trust Board and its committees are 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). Each of these groups receives reports of risks, incidents and risk-mitigating actions from division and department groups and specialist sub committees. In addition, each clinical division's Board considers risks, quality and safety indicators, incidents and complaints on a regular basis. These are the key senior management forums for consideration of risks.

The Trust has a central Risk Management team who administer its risk management processes, and within each clinical division, safety is championed by a clinical lead for patient safety supported by an individual within the Risk Management team. The Risk Management team also meet regularly with their peers at other Trusts to share learning.

All staff receive relevant training to enable them to manage risk in their division or department. At a Trust level, emphasis is placed on the importance of preparing risk assessments where required, on reporting, investigating and learning from incidents.

During the year a new committee, the Learning and Implementation and Monitoring Board, was established to ensure that learning from incidents and complaints is effective, remedial actions taken and learning disseminated to staff not involved in the original incident. The Board is chaired by the Chief Operating Officer and reports to the Clinical Governance Committee.

There are a range of other processes to ensure that lessons are learned from specific incidents, complaints and other reported issues. These include reports to risk action groups, divisional boards and articles within internal newsletters.

There are also periodic seminars open to all staff where learning from an event is presented and discussed.

## 4 The risk and control framework

The Trust's risk management strategy sets out how risk is systematically managed. This extends across the organisation from the front-line service through to the Board to promote the reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust.

It identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk and the duties and authority of key individuals and managers with regard to risk management activities. It describes the process to provide assurance for the Trust Board review of the strategic organisational risks and the local structures to manage risk in support of this policy.

The Trust has reviewed its compliance with the NHS Foundation Trust licence conditions and in relation to condition 4 it has concluded that it fully complies with the requirements and that there are processes in place to identify and assess risks to compliance. No significant risks have been identified.

The strategy is integrated into the management, performance monitoring and assurance systems of the Trust to ensure that safety and improvement is embedded in all elements of the Trust's work, partnerships and collaborations and existing service developments. This enables early identification of factors whether internally or externally driven, which may prevent the Trust from achieving its strategic objectives of ensuring care is provided in a cost-effective way without compromising safety.

It provides the framework in which the Trust Board can determine the risk appetite for individual risks and how risks can be managed, reduced and monitored.

The Trust defines its risk appetite as the amount of risk it is prepared to accept, tolerate, or be exposed to at any particular time. This will vary for different risks reflecting how they might impact the Trust's strategic objectives and differences in risk management capability. Controlled risk-taking within defined parameters (policies, procedures, objectives, risk assessment, review and control processes) agreed by the Trust Board, encourages the creativity and innovation necessary to improve service or financial performance in order to produce benefits for patients and other stakeholders. The level of risk deemed

acceptable (affected by both internal and external drivers) is kept under review by the Trust Board. The aim is not to remove all risk but by identifying and assessing the risk drivers enable risk taking to occur in an appropriate, balanced and sustainable way.

## The risk management process

The Trust's Assurance and Escalation Framework sets out how the organisation identifies, monitors, escalates and manages concerns and risks in a timely fashion and at an appropriate level.

The Trust's Board Assurance Framework is used to provide the Board with assurance that a sound system of internal control to manage the key risks to the Trust of not achieving its objectives is in place. The framework is used to provide information of the controls in place to manage the key risks and details the evidence provided to the Board indicating that the control is operating. 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 at least annually by the Risk Assurance and Compliance Group and by either the Clinical Governance Committee or the Audit Committee. The committees look for evidence that the controls are appropriate to manage the risk and for independent assurance that the controls are effective.

In addition, the Trust Board recognises the need to horizon-scan for emerging risks and review low-probability/high-impact risks to ensure that contingency plans are in place, and has included such matters in Board discussions of risks.

Each division 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 that have adversely affected other organisations
- operational reviews
- 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 "5x5" 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, aimed at both prevention and detection, are identified for accepted risks, in order to either reduce the impact or likelihood of the risk. An assessment is then made of the effectiveness of the control on reducing the risk score and what assurance is available to the Board that the control is both in place and operating effectively to reduce risk. 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 principal risks for the Trust during the year and in the immediate future are:

- Difficulties in recruiting and retaining highly skilled staff with specific experience.
- Maintaining patient safety in very high-intensity and complex clinical services.
- Unforeseen deterioration in the Trust's financial position as a result of the lack of contracts with NHS Commissioners, challenging economic environment and consequential year-on-year reduction in funding available to NHS organisations.
- Delivery of the Trust's major redevelopment programme on time and without impacting patient access to clinical services.
- Failure to ensure that all assets, facilities and equipment on the site are maintained at the required safe and sustainable level.

Each of these risks are broken down into a number of component parts covering the different drivers of these risks, and appropriate mitigating actions for each component are identified.

Emerging risks with medium or high scores are reported through the quality and safety and KPI performance reports and at clinical division and corporate department level through the Trust's quarterly strategic reviews. A more detailed statement of the Trust's risks and mitigating actions are set out on page 14.

Assurance is obtained by the Board from the results of internal audit reviews, which are reported to the Audit Committee and Clinical Governance Committee. The Clinical Governance Committee also receives the results of clinical and health and safety audits. The counter-fraud programme and security management programme are also monitored by the Audit Committee.

Both committees take a close interest in ensuring system weaknesses and assurance gaps are addressed. An internal audit action recommendation tracking system is in place, which records progress closing down the recommendations by management. The committees also seek other forms of assurance, which include the results of regulatory and other independent reviews of compliance with standards, relevant performance information, and management self-assessments, coupled with the associated evidence base.

## Key elements of the Trust's Quality Governance arrangements

The Trust places a high priority on quality, measured through its clinical outcomes, patient safety and patient experience indicators. The Trust has assessed and concluded satisfactorily on its quality governance arrangements using the Monitor Quality Governance Framework.

The Trust's quality strategy was reviewed during the year and demonstrates the Board's commitment to place quality and safety at the top of its own agenda, to encourage continuous improvement in safety and quality indicators, and to establish mechanisms for recording and benchmarking clinical outcomes.

The key elements of the Trust's quality governance arrangements are as follows:

- There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.
- We have internal processes to check that we meet our own internal quality standards and those set nationally and in conjunction with our commissioners (CQUINS).
- Key performance indicators are presented, on a monthly basis, to the Trust Board. This includes progress against external targets (such as how we keep our hospital clean), internal safety measures (such as the effectiveness of actions to reduce infection and process measures eg waiting lists), and other clinical quality measures, including CQUINS. It also includes the external indicators assessed and reported monthly by the CQC.
- The Board regularly receives reports on the quality improvement initiatives and other quality information (such as complaints), incidents and reports from specific quality functions within the Trust (such as Pals). The Clinical Governance Committee receives reports from clinical and health and safety audits.
- Each specialty and clinical division has an internal monitoring structure so that teams can regularly review their progress and identify areas where improvements may be required. Each specialty has to measure and report a minimum of two clinical outcomes. Each division's performance is considered at quarterly strategic performance reviews.

- Patient and parent feedback is received through a detailed survey at least once a year via the work programme of the Patient, Public Involvement and Experience Committee, and a range of other patient/parent engagement activities.
- Risks to quality are managed through the Trust risk management process, which includes a process for escalating issues.
- There is a clear structure for following up and investigating incidents and complaints and disseminating learning from the results of investigations.
- There are well-developed child protection policies and practice.

Through these methods, all the data available on the quality of care in each specialty and service is considered as part of our internal and external management and assurance process. A data quality action plan has been approved by the Board to ensure that the Board receives assurance of the quality of this data.

## Compliance with the Foundation Trust licence conditions

An assessment has been carried out of the Trust's processes to ensure that it complies with the Foundation Trust Licence Conditions, and in particular licence condition 4 (governance). The conclusion of the review was that the Trust's governance processes and structures are effective.

A review was also carried out of the Trust's processes to provide assurance to the Board in relation to the Corporate Governance Statement. This included consideration of each element of the Corporate Governance Statement and identification of the assurance process for each element. In addition, a review was carried out of information and performance indicators provided to the Finance and Investment Committee and the Trust Board, the performance management processes applying to all divisions and departments within the Trust, and how risks relating to adverse performance variances are managed.

### Compliance with CQC registration

The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with each element of the CQC registration standards, and it is the responsibility of these staff to provide evidence of compliance with the standards. The evidence is reviewed periodically by compliance staff. The Foundation Trust is fully compliant with the registration requirements of the CQC.

### Involvement of stakeholders

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. Stakeholders are also involved in the Trust's risk management process where appropriate. For example, patient views on issues are obtained through Pals and patient representatives are involved in Patient Environment Action Teams (PEAT) inspections. There are regular discussions of service issues and other pertinent risks with commissioners. Staff from the Trust are also involved in strategic planning groups with commissioners and other healthcare providers.

### Data security

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 Audit Committee. This group uses the Information Governance Toolkit assessment to inform its review.

In November 2013 the Information Commissioners Office issued GOSH with an undertaking following a series of incidents where letters were posted to the wrong patients' address. Actions have been taken around training on information governance for bank staff and reviewing our business procedures (see page 130 for further details).

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with.

This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

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

All the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation 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.

## 5 Review of economy, efficiency and effectiveness of the use of resources

The Governance section within the *Annual Report* explains how the Trust is governed and provides details of its Board committee structure, the frequency of meetings of the Board and its Committees, attendance records at these meetings and the coverage of the work carried out by committees. The Board has assessed its compliance with the Corporate Governance code and not identified any areas of non-compliance.

The Board has agreed standing orders and standing financial instructions that provide the framework for ensuring appropriate authorisation of expenditure commitments in the Trust.

The Board's processes for managing its resources include approval of annual budgets for both revenue and capital in the context of a long-term financial plan, reviewing financial performance against these budgets, and assessing the results of the Trust's cost improvement programme on a monthly basis. In addition, the Trust has a prescribed process for the development of business cases for both capital and revenue expenditure and where significant these are reviewed by the Trust Board.

The Board has also agreed a series of performance metrics that provide information about the efficiency of processes within the Trust and the use of critical capacity, such as theatre utilisation. The agenda of the Finance and Investment Committee includes reviews of financial performance, productivity and use of resources both at Trust and divisional level. More details on the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the directors' report.

The Trust's external auditors are required to consider whether the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and they report the results of their work to the Audit Committee. Their report is on page 145.

## 6 Annual Quality Report

The Directors are required under the Health Act 2009 and the NHS (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and contents of annual Quality Reports, which incorporate the legal requirements in the *Foundation Trust Annual Reporting Manual*.

There are a number of controls in place to ensure that the Quality Account presents a balanced view of the Trust's quality agenda. Many of the measures in the Quality Account are monitored throughout the year, either at the Board or the Patient and Staff Safety Committee, which reports into the Clinical Governance Committee. The Trust has a wide range of specific clinical policies in place to ensure the quality of care. These address all aspects of safety and quality. Policies are used to set required standards and ensure consistency of care.

The Trust's annual corporate objectives include targets for quality and safety measures and performance relative to these targets is monitored by the Trust Board. Measures specific to the clinical divisions are also monitored at the quarterly strategic reviews of performance.

The Audit Committee is responsible for monitoring progress on a data quality improvement plan. Objectives for data quality are defined and data quality priorities are monitored. Particular focus has been directed at key measures of quality and safety, which are relied upon by the Board and are collected from locally maintained systems. These measures are reported regularly through the Trust's quality performance management processes and reviews of deterioration in any such measure are fully investigated.

External assurance statements on the *Quality Report* are provided by our local commissioners and our local LINKs as required by Quality Account Regulations.

The report includes a description of the single never event which occurred in the Trust during the year.

## 7 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work and reports of the external and internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. The Board has conducted a review of the effectiveness of the Trust's system on internal controls and has based its review on the assurance obtained from the Assurance Committees and reports from internal and external auditors, and self-certifications of compliance with various regulatory requirements.

I have drawn on the content of the *Quality Report* attached to this *Annual Report* and other performance information available to me. I am satisfied that the quality of the performance data available is satisfactory. Assurance is obtained through regular review of the data, internal benchmarking and investigation of discrepancies.

My review is also informed by:

- The reviews of compliance with CQC safety and quality standards.
- Consideration of performance against national targets, the assessment on the information governance framework.
- Health and safety executive reviews
- The PLACE assessment and relevant reviews by the Royal Colleges.
- The results of the review by the NHS Litigation Authority (Clinical Negligence Scheme for Trusts).

The last review of the Risk Management Standards was during 2012/13 when the Trust achieved Level 3 compliance.

In addition, the Head of Internal Audit provides 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 significant assurance.

I have also considered the reviews of the Assurance Framework risks by the Assurance Committees, the Risk Assurance and Compliance Group and Internal Audit who seek evidence that the controls are in place and effective in mitigating the risk and by the work of clinical audit. In some instances, the audit work has found that the controls believed to be in place are not working as planned or that there is insufficient evidence that the control is working effectively. The instances where the assurance was not sufficient or there were gaps in controls identified from routine audits during the year were:

- Providing assurance of compliance with requirements to train staff in the use of medical equipment.
- Lack of signed contracts in place, with some key suppliers and weaknesses in management processes.

There are no significant control issues.

In addition, monitoring incidents and complaints has highlighted two further gaps in assurance in the Trust's processes for:

- Ensuring all patients discharged but requiring subsequent follow-up care are recalled at the appropriate time.
- Ensuring appropriate co-ordination of care for patients receiving treatment from multiple specialties.

In all cases, action plans have been put in place to remedy the controls or assurance gaps, and the remedial action is being monitored by the Assurance Committees of the Board.

In addition, the Board has reviewed the risks and assurance available in relation to both its redevelopment programme and its information technology strategy, which is focusing on the introduction of electronic patient records and moving towards a fully digital hospital. It has been agreed that, due to the challenges inherent within these projects and their importance to the on-going strategy, further actions are required to ensure that both programmes can be carried out within the required timescales and achieve their objectives.


I have considered the results of the assessments of compliance with both the Monitor Code of Governance for NHS Foundation Trusts (which are set out in the annual report on page 107) and with the Trust's licence conditions, and no issues in compliance were identified.

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.

## 8 Conclusion

With the exception of the minor gaps in internal controls and matters where assurances can be improved, set out in Section 7, and the data security incidents referred to in Section 4, 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. There have been no significant control issues identified during the period.

Signed



**Julian Nettel**  
**Interim Chief Executive**

**Date: 23 May 2014**

# Independent Auditor's report

## to the Members' Council and Board of Directors of Great Ormond Street Hospital for Children NHS Foundation Trust

We have audited the financial statements of Great Ormond Street Hospital for Children NHS Foundation Trust for the year ended 31 March 2014, which comprise the Statement of Comprehensive Income, the Balance Sheet, the Cash Flow Statement, the Statement of Changes in Taxpayers' Equity and the related notes 1 to 26. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Great Ormond Street Hospital for Children NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of the Accounting Officer and Auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is 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 and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices 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 Accounting Officer, and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the *Annual Report* to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. 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 the Trust's affairs as at 31 March 2014 and of its income and expenditure for the year then ended.
- Have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.
- Have been prepared in accordance with the requirements of the National Health Service Act 2006.



## Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- The information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- The Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust *Annual Reporting Manual*, is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.
- Proper practices have not been observed in the compilation of the financial; or
- The NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

## Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.



**Heather Bygrave, FCA, BA Hons (Senior Statutory Auditor)**  
**for and on behalf of Deloitte LLP**  
**Chartered Accountants and Statutory Auditor**  
**St Albans, UK**

**23 May 2014**





Joseph, on Starfish Ward, has a neurological movement disorder.



# Accounts and Remuneration Report

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## Statement of the Chief Executive's responsibilities as the Accounting Officer of Great Ormond Street Hospital for Children NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust *Accounting Officer Memorandum* issued by Monitor.

Under the National Health Service Act 2006, Monitor has directed Great Ormond Street Hospital for Children NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Great Ormond Street Hospital for Children NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust *Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust *Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust *Accounting Officer Memorandum*.

Signed



**Julian Nettel**  
**Interim Chief Executive**  
**Date: 23 May 2014**

## Foreword to the accounts

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012. These accounts for the year ended 31 March 2014 have been prepared by Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form which Monitor, with the approval of the Treasury, has directed.

Signed



**Julian Nettel**  
**Interim Chief Executive**  
**Date: 23 May 2014**

## Statement of comprehensive income for the year ended 31 March 2014

		Year ended 31 March 2014	Year ended 31 March 2013
	NOTE	£000	£000
Total revenue from patient care activities	2	332,680	308,222
Total other operating income	3	81,230	63,612
Operating expenses	4	(374,052)	(353,871)
<b>Operating surplus</b>		<b>39,858</b>	17,963
<b>Finance costs:</b>			
Finance income	8	181	85
Finance expenses – financial liabilities	9	0	(1)
Finance expenses – unwinding of discount on provisions	9	(31)	(34)
<b>Surplus for the financial year</b>		<b>40,008</b>	18,013
Public dividend capital dividends payable		(6,214)	(5,800)
<b>Retained surplus for the year</b>		<b>33,794</b>	12,213
<b>Other comprehensive income</b>			
- Impairments		(944)	(4,823)
- Revaluations – property, plant and equipment		26,056	4,547
<b>Total comprehensive income for the year</b>		<b>58,906</b>	11,937

<b>Financial performance for the year – additional reporting measures</b>			
Retained surplus for the year		33,794	12,213
Adjustments in respect of capital donations	3	(23,758)	(13,561)
Adjustments in respect of (reversal of impairments)/impairments	3 & 4	(5,014)	3,709
<b>Adjusted retained surplus</b>		<b>5,022</b>	2,361

The notes on pages 155 to 183 form part of these accounts.  
All income and expenditure is derived from continuing operations.  
The Trust has no minority interest.



## Statement of financial position as at 31 March 2014

		31 March 2014	31 March 2013
	NOTE	£000	£000
<b>Non-current assets</b>			
Intangible assets	10	6,068	6,171
Property, plant and equipment	11	356,851	321,758
Trade and other receivables	14	8,091	8,566
<b>Total non-current assets</b>		<b>371,010</b>	<b>336,495</b>
<b>Current assets</b>			
Inventories	13	7,137	6,563
Trade and other receivables	14	51,088	32,170
Cash and cash equivalents	15	57,010	38,404
<b>Total current assets</b>		<b>115,235</b>	<b>77,137</b>
<b>Total assets</b>		<b>486,245</b>	<b>413,632</b>
<b>Current liabilities</b>			
Trade and other payables	16	(50,910)	(34,663)
Provisions	19	(564)	(3,201)
Other liabilities	17	(5,385)	(4,907)
<b>Net current assets</b>		<b>58,376</b>	<b>34,366</b>
<b>Total assets less current liabilities</b>		<b>429,386</b>	<b>370,861</b>
<b>Non-current liabilities</b>			
Provisions	19	(1,091)	(1,222)
Other liabilities	17	(6,171)	(6,578)
<b>Total assets employed</b>		<b>422,124</b>	<b>363,061</b>
<b>Financed by taxpayers' equity:</b>			
Public dividend capital		124,889	124,732
Income and expenditure reserve		221,633	186,835
Other reserves		3,114	3,114
Revaluation reserve		72,488	48,380
<b>Total taxpayers' equity</b>		<b>422,124</b>	<b>363,061</b>

The financial statements on pages 155 to 183 were approved by the Board on 23 May 2014 and signed on its behalf by:



**Julian Nettel**  
Interim Chief Executive  
Date: 23 May 2014

## Statement of changes in taxpayers' equity for the year ended 31 March 2014

	Public Dividend Capital (PDC)	Revaluation reserve	Income and expenditure reserve	Other reserves	Total
	£000	£000	£000	£000	£000
<b>Balance at 1 April 2013</b>	124,732	48,380	186,835	3,114	<b>363,061</b>
<b>Changes in taxpayers' equity for the year ended 31 March 2014</b>					
Surplus for the year	0	0	33,794	0	<b>33,794</b>
Transfers between reserves	0	(1,004)	1,004	0	<b>0</b>
Impairments	0	(944)	0	0	<b>(944)</b>
Revaluations – property, plant and equipment	0	26,056	0	0	<b>26,056</b>
Public Dividend Capital received	157	0	0	0	<b>157</b>
<b>Balance at 31 March 2014</b>	<b>124,889</b>	<b>72,488</b>	<b>221,633</b>	<b>3,114</b>	<b>422,124</b>

## Statement of changes in taxpayers' equity for the year ended 31 March 2013

	Public Dividend Capital (PDC)	Revaluation reserve	Income and expenditure reserve	Other reserves	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2012	124,732	48,848	174,430	3,114	<b>351,124</b>
<b>Changes in taxpayers' equity for the year ended 31 March 2013</b>					
Surplus for the year	0	0	12,213	0	<b>12,213</b>
Transfers between reserves	0	(169)	169	0	<b>0</b>
Impairments	0	(4,823)	0	0	<b>(4,823)</b>
Revaluations – property, plant and equipment	0	4,547	0	0	<b>4,547</b>
Transfer to retained earnings on disposal of assets	0	(23)	23	0	<b>0</b>
<b>Balance at 31 March 2013</b>	<b>124,732</b>	<b>48,380</b>	<b>186,835</b>	<b>3,114</b>	<b>363,061</b>

## Statement of cash flows for the year ended 31 March 2014

	NOTE	Year ended 31 March 2014 £000	Year ended 31 March 2013 £000
<b>Cash flows from operating activities</b>			
<b>Operating surplus</b>		<b>39,858</b>	17,963
<b>Non-cash income and expense:</b>			
Depreciation and amortisation		25,840	18,827
Impairments		2,292	3,709
Reversal of impairments		(7,306)	0
Loss on disposal		0	39
(Increase)/decrease in trade and other receivables		(18,682)	1,808
Increase in inventories		(574)	(354)
Increase/(decrease) in trade and other payables		10,315	(3,478)
Increase/(decrease) in other liabilities		71	(199)
(Decrease)/increase in provisions		(2,799)	32
<b>NET CASH GENERATED FROM OPERATIONS</b>		<b>49,015</b>	38,347
<b>Cash flows from investing activities</b>			
Interest received		184	80
Purchase of property, plant and equipment		(24,196)	(19,435)
Payments for intangible assets		(639)	(1,204)
Sales of property, plant and equipment		0	24
<b>Net cash outflow from investing activities</b>		<b>(24,651)</b>	(20,535)
<b>NET CASH OUTFLOW BEFORE FINANCING</b>		<b>24,364</b>	17,812
<b>Cash flows from financing</b>			
Public Dividend Capital (PDC) received		157	0
PDC dividend paid		(5,915)	(6,036)
<b>Net cash outflow from financing</b>		<b>(5,758)</b>	(6,036)
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>		<b>18,606</b>	11,776
<b>Cash and cash equivalents at start of the year</b>		<b>38,404</b>	26,628
<b>Cash and cash equivalents at end of the year</b>	15	<b>57,010</b>	38,404

# Notes to the accounts

## 1. Accounting policies and other information

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust *Annual Reporting Manual*, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2013/14 NHS Foundation Trust *Annual Reporting Manual* issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's *Financial Reporting Manual* to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies 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 and certain financial assets and financial liabilities.

### 1.2 Going concern

International Accounting Standard (IAS)1 requires management to assess, as part of the accounts preparation process, the Foundation Trust's ability to continue as a going concern. After making enquiries, the directors can reasonably expect that the Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

### 1.3 Segmental reporting

Under IFRS 8 Operating Segments, the standard allows aggregation of segments that have similar economic characteristics and types and class of customer.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker, which is the overall Foundation Trust Board and which includes senior professional Non-Executive Directors. The Trust Board review the financial position of the Foundation Trust as a whole in their decision-making process, rather than individual components included in the totals, in terms of allocating resources. This process implies a single operating segment under IFRS 8.

In addition, the large majority of the Foundation Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust, together with the related supplies and overheads needed to establish this service. The business activities that earn revenue and incur expenses are therefore of one broad combined nature and therefore on this basis one segment of "provision of acute care" is deemed appropriate.

Therefore, all the Foundation Trust's activities relate to a single operating segment in respect of the provision of acute care.

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

In the application of the Foundation 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.

#### 1.5 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.

- a) As described in note 1.10, the Trust's plant and equipment is valued at depreciated replacement cost. The valuation being assessed by the Trust takes into account the movement of indices that the Trust has deemed to be appropriate.
- b) The Trust leases a number of buildings that 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.
- d) A provision is recognised when the Trust has a legal or constructive obligation as a result of a past event and it is probable that an outflow of economic benefits will be required to settle the obligation. In addition to widely used estimation techniques, judgement is required when determining the probable outflow of economic benefits.
- e) Management use their judgement to decide when to write off revenue or to provide against the probability of not being able to collect debt especially in light of the changing healthcare commissioning environment.
- f) The Trust is required to review property, plant and equipment for impairment. In between formal valuations by qualified surveyors, management make judgements about the condition of assets and review their estimated lives.

#### 1.6 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period not already included in note 1.5 above, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements as a provision. As the calculation involves a large number of staff, sampling techniques are used to collate the results for the entire Trust.
- The useful economic life of each category of fixed asset is assessed when acquired by the Trust. A degree of estimation is occasionally used in assessing the useful economic lives of assets.
- For early retirements that took place before the NHS pension scheme was modified in 1995, a provision is made in the accounts incorporating inflation and the discount rate. Inflation is estimated at 2.5 per cent and where the effect of the time value of money is material, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 1.8 per cent in real terms.
- When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates.

## 1.7 Income

Income 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 income for the Foundation Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity, which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract. Income 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.

Other income received from commissioners may be in the form of an investment in quality. Any quality investment income surplus may be used in subsequent years to supplement any major projects or capital schemes.

## 1.8 Expenditure on employee benefits

### Short-term employee benefits

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

### Pension costs

#### NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [nhsbsa.nhs.uk/pensions](http://nhsbsa.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the *Financial Reporting Manual* (FRM) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

#### a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. The valuation of the scheme liability uses an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014 is based on the valuation data as 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FRM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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) *Pension Accounts*, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

#### b) 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.



The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

### 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 HMRC 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. From 2011–12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

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 employer.

Members can purchase additional service in the NHS Pension Scheme and contribute to money purchase Additional Voluntary Contributions (AVCs) run by the scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

## 1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## 1.10 Property, plant and equipment

### Recognition

Property, plant and equipment is capitalised where:

- 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 be provided to, the Foundation Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably

Property, plant and equipment is also only capitalised where:

- it individually has a cost of at least £5,000
- it forms a group of assets that individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost

## Measurement

### Valuation

Under International Accounting Standards (IAS) 16, assets should be revalued when their fair value is materially different from their carrying value. Monitor requires revaluation at least once every five years.

All property, plant and equipment assets are measured initially at cost, representing the costs 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 the revaluation less any subsequent accumulated depreciation and impairment losses.

All land and buildings are revalued using professional valuations in accordance with IAS 16. Fair values are determined as follows:

- land and non-specialised buildings – market value for existing use
- surplus land – market value for existing use
- specialised buildings – depreciated replacement cost

The Trust revalued its equipment as at 31 March 2014 using relevant indices published by the Office of National Statistics as a proxy for fair value.

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.

### Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value and asset life. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

### Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

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 during the year, with the effect of any changes recognised on a prospective basis.

Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment that has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

## Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## Impairments

In accordance with the 2013/14 NHS Foundation Trust *Annual Reporting Manual*, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

## De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms that are usual and customary for such sales
- the sale must be highly probable ie
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale'
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## Donated assets

Following the accounting policy change outlined in the Treasury FReM for 2011/12, a donated asset reserve is no longer maintained. Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

## Government grants

Following the accounting policy change outlined in the Treasury FReM for 2011/12, a government grant reserve is no longer maintained. The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

## 1.11 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights.

They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and for at least a year and where the cost of the asset can be measured reliably and is at least £5,000.

### Internally-generated intangible assets

Internally-generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised and expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits eg the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset
- the Trust can measure reliably the expenses attributable to the asset during development

### Software

Software that is integral to the operation of hardware eg 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 eg application software, is capitalised as an intangible asset.

### Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

### Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

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.

## 1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

## 1.13 Financial instruments and financial liabilities

### Recognition

Financial assets and financial liabilities that arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs ie when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

### De-recognition

All financial assets are de-recognised when the rights to receive cashflows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### Classification and measurement

Financial assets are categorised as loans and receivables, whereas financial liabilities are classified as other financial liabilities.

#### Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS debtors, accrued income and 'other debtors'. Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

#### Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

## 1.14 Leases

### Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability. The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

The following is the methodology used for the re-classification of operating leases as finance leases:

Finance leases in which the Trust acts as lessee

- the finance charge is allocated across the lease term on a straight line basis.
- the capital cost is capitalised using a straight line basis of depreciation
- the lease rental expenditure that would otherwise have been charged to expenditure under an operating lease is removed from expenditure on a straight line basis

### Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

### Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

## 1.15 Provisions

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2 per cent in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 1.8 per cent in real terms.

### Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed in note 19.

### 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 Foundation Trust pays an annual contribution to the NHSLA 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 when the liability arises.

## 1.16 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 21 unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability

## 1.17 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5 per cent) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) average daily cash balances



held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the unaudited version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

### **1.18 Value Added Tax**

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.

### **1.19 Corporation Tax**

Great Ormond Street Hospital for Children NHS Foundation Trust has determined that it has no corporation tax liability as the Trust has no private income from non-operational areas.

### **1.20 Foreign exchange**

The functional and presentational currencies of the Trust are sterling. A transaction that is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

### **1.21 Cash, bank and overdrafts**

Cash, bank and overdraft balances are recorded at the current values of these balances in the Trust's cash book.

### **1.22 Heritage assets**

Heritage assets (under FRS30 and as required by the 2013/14 NHS Foundation Trust *Annual Reporting Manual*) are tangible assets with historical, artistic, scientific, technological, geographical or environmental qualities, held principally for their contribution to knowledge or culture. The Trust holds no such assets as all assets are held for operational purposes – this includes a number of artworks on display in the hospital.

### **1.23 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 that 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).

## 1.24 Charitable Funds

For 2013/14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies' own returns is removed. Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns. The funds of Great Ormond Street Hospital for Children's Charity are not under the control of the Foundation Trust and have not, therefore, been consolidated in these accounts.

## 1.25 Recently issued IFRS Accounting Standards

The following standards, amendments and interpretations have been issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretations Committee (IFRIC) but have not yet been adopted in the *Annual Reporting Manual*. Monitor does not permit the early adoption of accounting standards, amendments and interpretations that are in issue at the reporting date but effective at a subsequent reporting period.

IAS 27 Separate Financial Statements  
 IAS 28 Associates and Joint Ventures  
 IFRS 9 Financial Instruments  
 IFRS 10 Consolidated Financial Statements  
 IFRS 11 Joint Arrangements  
 IFRS 12 Disclosure of Interests in Other Entities  
 IFRS 13 Fair Value Measurement  
 IAS 32 Financial Instruments: Presentation – amendment

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

## 2. Revenue from patient care activities

### 2.1 Analysis of revenue from patient care activities

	Year ended 31 March 2014	Year ended 31 March 2013
	£000	£000
Elective income	81,570	69,980
Non elective income	15,983	15,108
Outpatient income	37,957	33,722
Other NHS clinical income	148,509	142,877
Revenue from protected patient care activities	<u>284,019</u>	<u>261,687</u>
Private patient income	41,854	41,294
Other non-protected clinical income	6,807	5,241
	<u>48,661</u>	<u>46,535</u>
Total revenue from patient care activities	<u>332,680</u>	<u>308,222</u>

Income of £475k relating to the Childrens' Acute Transport Service was included in 'other revenue' (note 3) for 2012/13. For 2013/14 this has been classified as 'other NHS clinical income'.

The Trust's Provider Licence sets out the Commissioner Requested Services that the Trust is required to provide. All of the income from activities before private patient income and other non-protected clinical income shown above is derived from the provision of Commissioner Requested Services.

## 2.2 Analysis of revenue from patient care activities by source

	Year ended 31 March 2014	Year ended 31 March 2013
	£000	£000
NHS Foundation Trusts	394	0
NHS Trusts	505	1,077
Strategic Health Authorities	0	45,742
CCGs and NHS England	283,120	0
Primary Care Trusts	0	214,868
Non-NHS:		
Private patients	41,854	41,294
Overseas patients (non-reciprocal)	3,168	2,697
Injury costs recovery (was RTA)	50	7
Other	3,589	2,537
Total revenue from patient care activities	<b>332,680</b>	<b>308,222</b>

Income of £475k relating to the Childrens' Acute Transport Service was included in 'other revenue' (note 3) for 2012/13. For 2013/14 this has been classified as 'Income from CCGs and NHS England'.

All of the Trust's activities relate to a single operating segment in respect of the provision of acute healthcare services.

## 3. Other operating revenue

	Year ended 31 March 2014	Year ended 31 March 2013
	£000	£000
Research and development	21,205	19,682
Charitable contributions to expenditure	6,007	5,841
Charitable contributions in respect of capital expenditure	23,758	13,561
Education and training	9,966	9,802
Reversal of impairments	7,306	0
Non-patient care services to other bodies	867	949
Clinical tests	3,517	3,255
Clinical excellence awards	3,186	3,215
Catering	920	683
Creche services	539	506
Staff accommodation rentals	127	81
Other revenue	3,832	6,037
	<b>81,230</b>	<b>63,612</b>

## 4. Operating expenses

	Year ended 31 March 2014	Year ended 31 March 2013
	£000	£000
Services from other NHS bodies	6,025	4,737
Purchase of healthcare from non-NHS bodies	3,815	3,371
Executive Directors' costs*	1,419	1,459
Non-Executive Directors' costs*	133	119
Staff costs	192,268	184,503
Supplies and services – clinical – drugs	36,774	36,367
Supplies and services – clinical – other	50,733	45,086
Supplies and services – general	2,505	2,559
Establishment	2,691	2,664
Research and development	13,792	12,296
Transport – business travel	588	669
Transport – other	2,327	2,133
Premises	23,613	23,571
Operating lease rentals	1,809	1,553
Provision for impairment of receivables	184	1,604
Change in provisions discount rate	17	0
Inventories write down	210	71
Depreciation	24,278	17,798
Amortisation of intangible assets	1,562	1,029
Impairments and reversals of property, plant and equipment	2,292	3,709
Fees payable to the Trust's auditor for the financial statement audit	116	116
Other audit regulatory services – quality account	18	18
Fees payable to the Trust's auditor and their associates for non-audit services	0	10
Loss on disposal of equipment	0	39
Clinical negligence insurance	2,482	2,142
Redundancy costs	13	1,207
Consultancy costs	1,193	1,163
Legal fees	321	293
Losses and special payments	2	3
Other	2,872	3,582
	<b>374,052</b>	<b>353,871</b>

\* Details of directors' remuneration can be found in the Remuneration Report on page 181.

Business travel expenses are now shown separately from other transport costs.

Research and development expenditure includes £12,204k of staff costs (£10,394k in 2012/13).

## 5. Operating leases

### 5.1 As lessee

Payments recognised as an expense	Year ended	Year ended
	31 March 2014	31 March 2013
	£000	£000
Minimum lease payments	1,809	1,553
	<b>1,809</b>	<b>1,553</b>
<b>Total future minimum lease payments</b>	<b>As at</b>	<b>As at</b>
	<b>31 March 2014</b>	<b>31 March 2013</b>
	£000	£000
Payable:		
Not later than one year	1,391	1,424
Between one and five years	5,113	5,178
After five years	6,521	7,775
Total	<b>13,025</b>	<b>14,377</b>

## 6. Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial year ended 31 March 2014.

## 7. Employee costs and numbers

### 7.1 Employee costs

	Year to			Year to
	31 March 2014			31 March 2013
	Total	Permanently Employed	Other	Total
	£000	£000	£000	£000
Salaries and wages	171,307	169,881	1,426	153,498
Social security costs	13,236	13,236	0	12,964
Employer contributions to NHS Pension Scheme	18,705	18,705	0	17,782
Agency/contract staff	5,178	0	5,178	14,737
Termination benefits	13	13	0	1,207
Employee benefits expense	<b>208,439</b>	<b>201,835</b>	<b>6,604</b>	<b>200,188</b>
Employee costs capitalised	(1,124)	(1,124)	0	(641)
Recoveries from other bodies in respect of staff costs netted off expenditure	(1,411)	(1,411)	0	(1,444)
Net employee benefits excluding capitalised costs and recoveries from other bodies	<b>205,904</b>	<b>199,300</b>	<b>6,604</b>	<b>198,103</b>

The cost of employees on the Trust's staff bank were included in 'other' in 2012/13 (£9,589k). For 2013/14 these costs have been classified as 'permanently employed'.

## 7.2 Average number of people employed\*

	Year to 31 March 2014			Year to 31 March 2013
	Total	Permanently Employed	Other	Total
	Number	Number	Number	Number
Medical and dental	549	518	31	539
Administration and estates	956	858	98	938
Healthcare assistants and other support staff	272	251	21	251
Nursing, midwifery and health visiting staff	1,301	1,204	97	1,295
Scientific, therapeutic and technical staff	726	706	20	698
Other staff	7	7	0	7
<b>Total</b>	<b>3,811</b>	<b>3,544</b>	<b>267</b>	<b>3,728</b>

\*Whole time equivalent

## 7.3 Retirements due to ill-health

During the year there were two early retirements from the Trust on the grounds of ill-health resulting in additional pension liabilities of £54k (There were four early retirements in 2012/13, £232k).

## 7.4 Staff exit packages

Foundation Trusts are required to disclose summary information of their use of staff exit packages agreed in the year.

Exit packages number and cost	Year to 31 March 2014			
	Compulsory redundancies	Cost of compulsory redundancies	Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000
<£10,000	2	9	2	9
£10,000 – £25,000	3	50	3	50
£25,001 – £50,000	4	135	4	135
£50,001 – £100,000	5	370	5	370
<b>Total</b>	<b>14</b>	<b>564</b>	<b>14</b>	<b>564</b>

Any exit packages in relation to senior managers (should they arise) are not included in this note as these would be disclosed in the remuneration report.

The cost of ill-health retirements falls on the relevant pension scheme, not the Trust, and is included in note 7.3.

## 8. Finance income

	Year ended 31 March 2014	Year ended 31 March 2013
	£000	£000
Bank interest	181	85
Total finance income	<b>181</b>	85

## 9. Finance expenses

	Year ended 31 March 2014	Year ended 31 March 2013
	£000	£000
Provisions – unwinding of discount	31	34
Interest expenses	0	1
Total finance expenses	<b>31</b>	35



## 10. Intangible assets

10.1 Intangible assets	Software licences	Licences and trademarks	Development expenditure (internally generated)	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
<b>Gross cost at 1 April 2013</b>	2,383	202	3,288	2,754	<b>8,627</b>
Additions – purchased	176	201	113	800	<b>1,290</b>
Additions – donated	35	0	0	134	<b>169</b>
Reclassifications	213	93	190	(496)	<b>0</b>
<b>Valuation/gross cost at 31 March 2014</b>	<b>2,807</b>	<b>496</b>	<b>3,591</b>	<b>3,192</b>	<b>10,086</b>
<b>Amortisation at 1 April 2013</b>	1,293	127	1,036	0	<b>2,456</b>
Provided during the year	449	95	1,018	0	<b>1,562</b>
<b>Amortisation at 31 March 2014</b>	<b>1,742</b>	<b>222</b>	<b>2,054</b>	<b>0</b>	<b>4,018</b>
<b>Net book value (NBV)</b>					
NBV – Purchased at 31 March 2014	994	274	1,537	3,058	<b>5,863</b>
NBV – Donated at 31 March 2014	71	0	0	134	<b>205</b>
<b>NBV total at 31 March 2014</b>	<b>1,065</b>	<b>274</b>	<b>1,537</b>	<b>3,192</b>	<b>6,068</b>

All intangible assets are held at cost less accumulated depreciation based on estimated useful economic lives.

	Software licences	Licences and trademarks	Development expenditure (internally generated)	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
<b>Gross cost at 1 April 2012</b>	1,965	202	1,378	2,813	<b>6,358</b>
Additions – purchased	0	0	0	2,202	<b>2,202</b>
Additions – donated	0	0	0	34	<b>34</b>
Reclassifications	418	0	1,910	(2,295)	<b>33</b>
<b>Valuation/Gross cost at 31 March 2013</b>	<b>2,383</b>	<b>202</b>	<b>3,288</b>	<b>2,754</b>	<b>8,627</b>
<b>Amortisation at 1 April 2012</b>	884	64	479	0	<b>1,427</b>
Provided during the year	409	63	557	0	<b>1,029</b>
<b>Amortisation at 31 March 2013</b>	<b>1,293</b>	<b>127</b>	<b>1,036</b>	<b>0</b>	<b>2,456</b>
<b>Net book value (NBV)</b>					
NBV – Purchased at 31 March 2013	1,040	73	2,252	2,754	<b>6,119</b>
NBV – Donated at 31 March 2013	50	2	0	0	<b>52</b>
<b>NBV total at 31 March 2013</b>	<b>1,090</b>	<b>75</b>	<b>2,252</b>	<b>2,754</b>	<b>6,171</b>

### 10.2 Economic life of intangible assets

	Min Life Years	Max Life Years
<b>Intangible assets</b>		
Software	1	5
Development expenditure	1	5
Licences and trademarks	1	5

## 11. Property, plant and equipment

11.1 Property, plant and equipment	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2013</b>	57,620	215,798	8,128	12,662	59,810	17,220	9,772	<b>381,010</b>
Additions – purchased	0	70	0	4,580	179	797	82	<b>5,708</b>
Additions – donated	0	3,030	0	17,743	2,347	60	357	<b>23,537</b>
Impairments charged to the revaluation reserve	(303)	(515)	(526)	0	0	0	0	<b>(1,344)</b>
Reversals of impairments credited to the revaluation reserve	0	400	0	0	0	0	0	<b>400</b>
Reclassifications	0	3,226	0	(6,400)	1,662	1,023	489	<b>0</b>
Revaluations	19,152	(7,718)	59	0	397	0	0	<b>11,890</b>
Disposals	0	0	0	0	(485)	0	0	<b>(485)</b>
<b>Cost or valuation at 31 March 2014</b>	<b>76,469</b>	<b>214,291</b>	<b>7,661</b>	<b>28,585</b>	<b>63,910</b>	<b>19,100</b>	<b>10,700</b>	<b>420,716</b>
<b>Accumulated depreciation at 1 April 2013</b>	0	12,588	309	0	31,522	10,869	3,964	<b>59,252</b>
Provided during the period	0	14,640	166	0	5,293	3,251	928	<b>24,278</b>
Impairments charged to operating expenses	0	2,292	0	0	0	0	0	<b>2,292</b>
Reversal of impairments credited to operating income	0	(6,700)	(606)	0	0	0	0	<b>(7,306)</b>
Revaluations	0	(14,417)	59	0	192	0	0	<b>(14,166)</b>
Disposals	0	0	0	0	(485)	0	0	<b>(485)</b>
<b>Accumulated depreciation at 31 March 2014</b>	<b>0</b>	<b>8,403</b>	<b>(72)</b>	<b>0</b>	<b>36,522</b>	<b>14,120</b>	<b>4,892</b>	<b>63,865</b>
<b>Net book value (NBV) at 31 March 2014</b>								
NBV – Owned at 31 March 2014	73,177	86,170	1,130	6,314	9,257	3,472	1,529	<b>181,049</b>
NBV – Finance leased at 31 March 2014	0	2,725	0	0	0	0	0	<b>2,725</b>
NBV – Government granted at 31 March 2014	0	117	0	0	111	0	0	<b>228</b>
NBV – Donated at 31 March 2014	3,292	116,876	6,603	22,271	18,020	1,508	4,279	<b>172,849</b>
<b>NBV total at 31 March 2014</b>	<b>76,469</b>	<b>205,888</b>	<b>7,733</b>	<b>28,585</b>	<b>27,388</b>	<b>4,980</b>	<b>5,808</b>	<b>356,851</b>
<b>Cost or valuation at 1 April 2012</b>	53,175	225,943	1,982	13,371	51,407	15,132	4,094	<b>365,104</b>
Additions – purchased	0	0	0	3,471	0	0	0	<b>3,471</b>
Additions – donated	0	0	0	13,527	0	0	0	<b>13,527</b>
Impairments	0	(4,823)	0	0	0	0	0	<b>(4,823)</b>
Reclassifications	0	(5,322)	6,044	(17,707)	9,186	2,088	5,678	<b>(33)</b>
Revaluations	4,445	0	102	0	0	0	0	<b>4,547</b>
Disposals	0	0	0	0	(783)	0	0	<b>(783)</b>
<b>Cost or valuation at 31 March 2013</b>	<b>57,620</b>	<b>215,798</b>	<b>8,128</b>	<b>12,662</b>	<b>59,810</b>	<b>17,220</b>	<b>9,772</b>	<b>381,010</b>
<b>Accumulated depreciation at 1 April 2012</b>	0	648	14	0	26,365	8,238	3,200	<b>38,465</b>
Provided during the period	0	8,453	73	0	5,877	2,631	764	<b>17,798</b>
Impairments	0	3,585	124	0	0	0	0	<b>3,709</b>
Reclassifications	0	(98)	98	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	(720)	0	0	<b>(720)</b>
<b>Accumulated depreciation at 31 March 2013</b>	<b>0</b>	<b>12,588</b>	<b>309</b>	<b>0</b>	<b>31,522</b>	<b>10,869</b>	<b>3,964</b>	<b>59,252</b>
<b>Net book value (NBV) at 31 March 2013</b>								
NBV – Owned at 31 March 2013	55,163	86,853	1,690	3,411	10,060	4,253	1,467	<b>162,897</b>
NBV – Finance lease at 31 March 2013	0	4,185	0	0	0	0	0	<b>4,185</b>
NBV – Government granted at 31 March 2013	0	155	0	0	127	0	0	<b>282</b>
NBV – Donated at 31 March 2013	2,457	112,017	6,129	9,251	18,101	2,098	4,341	<b>154,394</b>
<b>NBV total at 31 March 2013</b>	<b>57,620</b>	<b>203,210</b>	<b>7,819</b>	<b>12,662</b>	<b>28,288</b>	<b>6,351</b>	<b>5,808</b>	<b>321,758</b>

## 11.2 Economic life of property plant and equipment

	Min Life Years	Max Life Years
Buildings excluding dwellings	1	48
Dwellings	46	47
Plant and machinery	1	14
Information technology	1	5
Furniture and fittings	1	10

Freehold land is considered to have an infinite life and is not depreciated.

Assets under course of construction are not depreciated until the asset is brought into use.

The Trust is planning to demolish part of the Cardiac Wing as part of its redevelopment programme. As a result, the useful economic life of that part of the building has been reduced accordingly.

Great Ormond Street Hospital Children's Charity donated £23,758k towards property, plant and equipment expenditure during the year.

The Trust has completed a number of agreements with Great Ormond Street Hospital Children's Charity in connection with amounts donated to fund capital expenditure on building work in relation to buildings used by the Trust for its core activities. The agreements provide that, in the event that there is a material change in use of these buildings, the amounts donated would be repayable based on a formula that takes into account the total value of donations received and the period for which the new building work has been in use by the Trust. There are no past events or events foreseen by the directors that would require the recognition of an obligation to the charity as a result of these agreements.

For assets held at revalued amounts:

- the effective date of revaluation was 31 March 2014
- 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.

## 12. Commitments

### 12.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2014 £000	31 March 2013 £000
Property, plant and equipment	5,449	11,666
Intangible assets	147	108
<b>Total</b>	<b>5,596</b>	<b>11,774</b>

### 12.2 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 2014 £000	31 March 2013 £000
Not later than one year	11,177	13,050
Later than one year and not later than five years	960	2,699
<b>Total</b>	<b>12,137</b>	<b>15,749</b>

## 13. Inventories

<b>13.1 Inventories</b>	<b>31 March 2014</b>	31 March 2013
	<b>£000</b>	£000
Drugs	<b>1,246</b>	1,137
Consumables	<b>5,826</b>	5,361
Energy	<b>65</b>	65
<b>Total</b>	<b>7,137</b>	6,563

## 14. Trade and other receivables

<b>14.1 Trade and other receivables</b>	<b>Current</b>		<b>Non-current</b>	
	<b>31 March 2014</b>	31 March 2013	<b>31 March 2014</b>	31 March 2013
	<b>£000</b>	£000	<b>£000</b>	£000
NHS receivables – revenue	<b>16,233</b>	9,566	<b>0</b>	0
Other receivables – revenue	<b>19,600</b>	16,143	<b>0</b>	0
Provision for impaired receivables	<b>(2,718)</b>	(2,692)	<b>0</b>	0
Receivables due from NHS charities – Capital	<b>11,597</b>	3,690	<b>0</b>	0
Prepayments	<b>1,988</b>	1,753	<b>8,091</b>	8,566
Accrued income	<b>4,021</b>	3,169	<b>0</b>	0
Interest receivable	<b>2</b>	5	<b>0</b>	0
Public Dividend Capital (PDC) dividend receivable	<b>0</b>	236	<b>0</b>	0
VAT receivable	<b>365</b>	300	<b>0</b>	0
<b>Total</b>	<b>51,088</b>	32,170	<b>8,091</b>	8,566

<b>14.2 Provision for impairment of receivables</b>	<b>31 March 2014</b>	31 March 2013
	<b>£000</b>	£000
<b>Opening balance</b>	<b>2,692</b>	1,126
Increase in provision	<b>184</b>	1,604
Amounts used	<b>(158)</b>	(38)
<b>Closing balance</b>	<b>2,718</b>	2,692

<b>14.3 Analysis of impaired receivables</b>	<b>31 March 2014</b>	31 March 2013
	<b>£000</b>	£000
<b>Ageing of impaired receivables</b>		
0–30 days	<b>876</b>	412
30–60 days	<b>46</b>	18
60–90 days	<b>360</b>	21
90–180 days	<b>225</b>	310
over 180 days	<b>1,241</b>	1,931
	<b>2,748</b>	2,692
<b>Ageing of non-impaired receivables past their due date</b>		
0–30 days	<b>6,799</b>	3,102
30–60 days	<b>2,883</b>	809
60–90 days	<b>1,678</b>	893
90–180 days	<b>1,573</b>	1,197
over 180 days	<b>1,923</b>	226
	<b>14,856</b>	6,227

## 15. Cash and cash equivalents

	31 March 2014	31 March 2013
	£000	£000
Balance at beginning of the year	38,404	26,628
Net change in year	18,606	11,776
<b>Balance at the end of the year</b>	<b>57,010</b>	<b>38,404</b>
<b>Made up of:</b>		
Commercial banks and cash in hand	9	53
Cash with the Government Banking Service	1,001	38,351
Other current investments	56,000	0
<b>Cash and cash equivalents as in statement of financial position</b>	<b>57,010</b>	<b>38,404</b>
<b>Cash and cash equivalents</b>	<b>57,010</b>	<b>38,404</b>

## 16. Trade and other payables

### 16.1 Trade and other payables

	Current	
	31 March 2014	31 March 2013
	£000	£000
NHS payables – revenue	7,299	4,753
Other trade payables – capital	11,910	6,041
Other trade payables – revenue	5,646	4,603
Social Security costs	2,013	1,939
Other taxes payable	2,208	2,207
Other payables	8,576	3,723
Accruals	13,195	11,397
PDC dividend payable	63	0
<b>Total</b>	<b>50,910</b>	<b>34,663</b>

'Other payables' includes £2,725k outstanding pensions contributions at 31 March 2014 (£2,438k at 31 March 2013)

## 17. Other liabilities

	Current		Non-current	
	31 March 2014	31 March 2013	31 March 2014	31 March 2013
	£000	£000	£000	£000
Deferred income	4,978	4,500	0	0
Lease incentives	407	407	6,171	6,578
<b>Total</b>	<b>5,385</b>	<b>4,907</b>	<b>6,171</b>	<b>6,578</b>

## 18. Prudential borrowing limit

The prudential borrowing code requirements in section 41 of the National Health Service Act 2006 were repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statement disclosures that were provided previously are no longer required.

## 19. Provisions

	Current		Non-current		
	31 March 2014 £000	31 March 2013 £000	31 March 2014 £000	31 March 2013 £000	
Pensions relating to other staff	118	116	1,091	1,222	
Other legal claims	61	70	0	0	
Redundancy	13	1,077	0	0	
Other	372	1,938	0	0	
<b>Total</b>	<b>564</b>	<b>3,201</b>	<b>1,091</b>	<b>1,222</b>	

	Pensions relating to other staff £000	Legal claims £000	Redundancy £000	Other £000	Total £000
<b>At 1 April 2013</b>	1,338	70	1,077	1,938	<b>4,423</b>
Change in the discount rate	17	0	0	0	<b>17</b>
Arising during the year	36	0	53	183	<b>272</b>
Utilised during the year	(117)	(9)	(641)	(1,749)	<b>(2,516)</b>
Reversed unused	(96)	0	(476)	0	<b>(572)</b>
Unwinding of discount	31	0	0	0	<b>31</b>
<b>At 31 March 2014</b>	<b>1,209</b>	<b>61</b>	<b>13</b>	<b>372</b>	<b>1,655</b>

<b>Expected timing of cash flows:</b>					
- not later than one year	118	61	13	372	<b>564</b>
- later than one year and not later than five years	472	0	0	0	<b>472</b>
- later than five years	619	0	0	0	<b>619</b>
	<b>1,209</b>	<b>61</b>	<b>13</b>	<b>372</b>	<b>1,655</b>

Provisions for capitalised pension benefits are based on tables provided by the NHS Pensions Agency reflecting years to normal retirement age and the additional pension costs associated with early retirement.

'Other Legal Claims' consists of amounts due as a result of third party and employer liability claims. The values are based on information provided by the Trust's insurer, in this case, the NHS Litigation Authority. The amount shown here is the gross expected value of the Trust's liability to pay minimum excesses for outstanding cases under the scheme rules. Provision has also been made for cases which are ongoing with the Trust's solicitors.

The Trust's annual leave provision was included within 'Other' provisions in 2012/13. For 2013/14, this has been reclassified to accruals.

The NHS Litigation Authority records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2014 was £53,707k (£36,218k at 31 March 2013).



## 20. Revaluation reserve

	31 March 2014	31 March 2013
	£000	£000
<b>Opening balance at 1 April</b>	<b>48,380</b>	48,848
Impairments	<b>(944)</b>	(4,823)
Revaluations	<b>26,056</b>	4,547
Transfers to other reserves	<b>(1,004)</b>	(169)
Asset disposals	<b>0</b>	(23)
<b>Closing balance at 31 March</b>	<b>72,488</b>	48,380

## 21. Contingencies

	31 March 2014	31 March 2013
	£000	£000
<b>Contingent liabilities</b>	<b>£000</b>	£000
Other	<b>(25)</b>	(25)
Gross value of contingent liabilities	<b>(25)</b>	(25)
Net value of contingent liabilities	<b>(25)</b>	(25)

A contingent liability exists for potential third party claims in respect of employer's/occupier's liabilities and property expenses £25k at 31 March 2014 (£25k at 31 March 2013). The value of provisions for the expected value of probable cases is shown in Note 19.

## 22. Financial instruments

The carrying value and the fair value are equivalent for the financial assets and financial liabilities shown below in notes 22.1 and 22.2. All financial assets and liabilities included below are receivable/payable within 12 months.

### 22.1 Financial assets by category

	31 March 2014	31 March 2013
	Loans and receivables	Loans and receivables
	£000	£000
Trade and other receivables excluding non financial assets	<b>45,077</b>	27,243
Cash and cash equivalents (at bank and in hand)	<b>57,010</b>	38,404
	<b>102,087</b>	65,647

### 22.2 Financial liabilities by category

	31 March 2014	31 March 2013
	Other financial liabilities	Other financial liabilities
	£000	£000
Trade and other payables excluding non-financial assets	<b>37,652</b>	23,266
	<b>37,652</b>	23,266

## 22.3 Financial instruments

### 22.3.1 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 NHS England and Clinical Commissioning Groups and the way those bodies 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 NHS 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. Although the Trust has operations overseas, it has no establishment in other territories. The Foundation 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, it has low exposure to credit risk. The maximum exposures as at 31 March 2014 are in receivables from customers, as disclosed in the trade and other receivables note.

#### Liquidity risk

The Trust's net operating costs are incurred under agency purchase contracts with NHS England and local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust receives the majority of such contract income in accordance with Payment by Results (PBR), which is intended to match the income received in year to the activity delivered in that year by reference to a National/Local Tariff unit cost. The Trust receives cash each month based on an annually agreed level of contract activity and there are periodic corrections made to adjust for the actual income due under the contract.

A high proportion of private patient income is received from overseas government bodies. The Trust has a good record of collection of this income although there can be delays.

The Trust presently finances its capital expenditure mainly from donations and internally-generated funds and is not, therefore, exposed to significant liquidity risks in this area.

These funding arrangements ensure that the Trust is not exposed to any material credit risk.

## 23. Related party transactions

Great Ormond Street Hospital for Children NHS Foundation Trust is a body corporate established under the National Health Service Act 2006.

The husband of Dr Catherine Cale (Co-Medical Director) is a Corporate Account Manager for Thermo Fisher Scientific, with whom the Trust recorded expenditure of £58k in the financial year. Mr Edward Green (Patient from London Councillor) works for Block Solutions plc with whom the Trust recorded expenditure of £1,067k in the financial year. No other Board Members, Councillors, or members of the key management staff or parties related to them has undertaken any material transactions with Great Ormond Street Hospital for Children NHS Foundation Trust. Remuneration of senior managers is disclosed in the audited part of the director's remuneration report on page 181.

The Trust holds a 20 per cent interest in UCL Partners Limited (UCLP), a company limited by guarantee, acquired by a guarantee of £1. The company's costs are funded by its partners, who contribute to its running costs on an annual basis. The contributions paid by the Trust are included within operating expenditure. The most recent available signed financial statements for UCLP have been prepared for the year ended 31 March 2013. The reported assets, liabilities, revenues and profit/loss are not material to the Trust.

During the year, Great Ormond Street Hospital for Children NHS Foundation Trust has had a significant number of material transactions with NHS and other government bodies, as well as Great Ormond Street Hospital Children's Charity.

Where the value of transactions is considered material, these entities are listed below. All of these bodies are under the common control of central government.

2013/14

Organisation category	Organisation	Income £000	Expenditure £000	Receivables £000	Payables £000
Clinical Commissioning Groups	NHS Barking And Dagenham CCG	455	0	170	0
	NHS Barnet CCG	1,081	0	166	0
	NHS Basildon And Brentwood CCG	421	0	31	0
	NHS Bedfordshire CCG	617	0	90	0
	NHS Bexley CCG	259	0	72	0
	NHS Brent CCG	719	0	125	0
	NHS Bromley CCG	302	0	35	0
	NHS Cambridgeshire And Peterborough CCG	363	0	71	0
	NHS Camden CCG	3,465	0	1,687	0
	NHS Chiltern CCG	270	0	0	1
	NHS City And Hackney CCG	712	0	231	0
	NHS Dartford, Gravesham And Swanley CCG	303	0	137	0
	NHS Ealing CCG	488	0	62	0
	NHS East And North Hertfordshire CCG	789	0	0	106
	NHS East Surrey CCG	285	0	75	0
	NHS Enfield CCG	942	0	126	0
	NHS Haringey CCG	914	0	443	0
	NHS Harrow CCG	472	0	25	0
	NHS Havering CCG	434	0	51	0
	NHS Herts Valleys CCG	1,130	0	0	124
	NHS Hillingdon CCG	467	0	206	0
	NHS Hounslow CCG	352	0	0	95
	NHS Islington CCG	718	0	281	0
	NHS Luton CCG	459	0	13	0
	NHS Mid Essex CCG	595	0	195	0
	NHS Newham CCG	740	0	45	0
	NHS North East Essex CCG	476	0	58	0
	NHS North East Hampshire And Farnham CCG	257	0	0	0
	NHS Redbridge CCG	660	0	112	0
	NHS Richmond CCG	265	0	121	0
	NHS Southend CCG	375	0	79	0
	NHS Thurrock CCG	336	0	62	0
NHS Tower Hamlets CCG	376	0	145	0	
NHS Waltham Forest CCG	639	0	198	0	
NHS Wandsworth CCG	389	0	188	0	
NHS West Essex CCG	357	0	7	1	
NHS West Kent CCG	329	0	78	0	

2013/14

Organisation category	Organisation	Income £000	Expenditure £000	Receivables £000	Payables £000
<b>NHS Foundation Trusts</b>	University College London NHS Foundation Trust	1,832	2,124	6,912	848
	Guys And St Thomas NHS Foundation Trust	84	1,909	32	725
<b>NHS Trusts</b>	Barts Health NHS Trust	2,590	1,067	563	287
	Imperial College Healthcare NHS Trust	259	167	125	115
	Mid Essex Hospital Services NHS Trust	497	1,079	401	675
	Whittington Hospital NHS Trust	162	864	61	1
<b>NHS England and Clinical Support Units</b>	Essex Area Team	306	0	0	0
	Hertfordshire and the South Midlands Area Team	345	0	0	0
	London Regional Office (including all London Area Teams: Q61, Q62, Q63, Q71)	259,379	0	6,787	0
	NHS England – core (legacy balances previously invoiced to/from PCTs)	0	0	0	3,503
<b>Other NHS bodies</b>	NHS Litigation Authority	0	2,697	0	6
	Public Health England (PHE)	25	287	3	6
	Health Education England	8,791	0	70	0
	Department of Health: Core trading and NHS Supply Chain (excluding PDC dividend)	15,678	0	20	0
<b>Other government bodies</b>	Department of Health – PDC dividend only	0	0	0	63
	HM Revenue & Customs – VAT	0	0	365	0
	HM Revenue & Customs – other taxes and duties	0	0	0	2,208
	National Insurance Fund (employer contributions – revenue expenditure)	0	13,236	0	2,013
	NHS Pension Scheme (own staff employers contributions only plus other invoiced charges)	0	18,705	0	2,725
	NHS Blood and Transplant (excluding Bio Products Laboratory)	257	2,433	161	23
	Welsh Assembly Government (incl all other Welsh Health Bodies)	1,937	0	518	0
	Scottish Government	544	54	446	0
<b>Other related parties</b>	Great Ormond Street Hospital Children's Charity	29,765	2,786	11,685	6,878

## 24. Events after the reporting period

On 4 April 2014, the Trust entered into a contract with Skanska UK plc for the construction of a new clinical building to replace the existing Cardiac Wing. The contract sum, exclusive of VAT, is £50,193k and work is expected to be completed in early 2017.

## 25. Losses and special payments

	<b>Number</b>	<b>£000</b>
Cash losses	9	10
Bad debt losses	91	143
Stores losses	2	86
Other losses	2	5
Total losses	<b>104</b>	<b>244</b>
Ex-gratia payments	13	99
Total special payments	<b>13</b>	<b>99</b>
<b>Total losses and special payments</b>	<b>117</b>	<b>343</b>

The amounts above are reported on an accruals basis but exclude provisions for future losses.

## 26. Remuneration report

### 26.1 Salary entitlements of senior managers (2013/14)

Name	Title	2013/14					Total
		Salary and Fees	Taxable Benefits	Annual Performance-related Bonuses	Long-term Performance-related Bonuses	Pension-related Benefits	
<b>Non-executive directors</b>							
Baroness Tessa Blackstone	Chairman of Trust Board	45–50	0	0	0	0	45–50
Ms Yvonne Brown	Non-Executive Director	10–15	0	0	0	0	10–15
Mr David Lomas	Non-Executive Director	10–15	0	0	0	0	10–15
Ms Mary MacLeod OBE	Non-Executive Director	15–20	0	0	0	0	15–20
Mr John Ripley	Non-Executive Director	10–15	0	0	0	0	10–15
Professor Rosalind Smyth	Non-Executive Director	0–5	0	0	0	0	0–5
Mr Charles Tilley	Non-Executive Director	15–20	0	0	0	0	15–20
<b>Executive Directors</b>							
Mr Michael Bone	Interim Director of Information and Communication Technology (from 1 November 2013)	80–85	0	0	0	0	80–85
Dr Barbara Buckley	Co-Medical Director (until 31 December 2013)	145–150	0	0	0	25–30	170–175
Mr Robert Burns	Interim Chief Operating Officer (Until 30 June 2013)/Director of Planning and Information (from 1 July 2013)	100–105	0	0	0	55–60	160–165
Dr Catherine Cale	Interim Co-Medical Director (from 1 January 2014)	5–10	0	0	0	0–5	5–10
Mr Trevor Clarke	Director of the International and Private Patients Division	80–85	0	0	0	15–20	100–105
Professor Martin Elliott	Co-Medical Director	90–95	0	0	0	0	90–95
Mr Edward (Jan) Filochowski	Chief Executive (until 31 December 2013)	210–215	0	0	0	0	210–215
Professor David Goldblatt	Director of Clinical Research and Development	5–10	0	0	0	0	5–10
Mr Paul Labiche	Director of Estates and Facilities (from 3 February 2014)	10–15	0	0	0	0–5	15–20
Mr Mark Large	Director of Information Technology (until 17 November 2013)	55–60	0	0	0	15–20	75–80
Mr Niamat (Ali) Mohammed	Director of Human Resources	120–125	0	0	0	80–85	200–205
Mrs Elizabeth Morgan	Chief Nurse and Director of Education	105–110	0	0	0	25–30	130–135
Mr Julian Nettel	Interim Chief Executive (from 1 January 2014)	25–30	0	0	0	0	25–30
Mrs Claire Newton	Chief Finance Officer	125–130	0	0	0	20–25	145–150
Mr David Philliskirk	Interim Director of Estates (from 1 April 2013 until 3 February 2014)	65–70	0	0	0	0	65–70
Mr Matthew Tulley	Director of Redevelopment	125–130	0	0	0	20–25	145–150
Ms Rachel Williams	Chief Operating Officer (from 1 July 2013)	85–90	0	0	0	55–60	145–150



## 26.1 Salary entitlements of senior managers (2012/13)

Name	Title	2012/13						Total
		Salary and Fees	Taxable Benefits	Annual Performance-related Bonuses	Long-term Performance-related Bonuses	Pension-related Benefits		
<b>Non-executive directors</b>								
Baroness Tessa Blackstone	Chairman of Trust Board	35–40	0	0	0	0	35–40	
Ms Yvonne Brown	Non-Executive Director	10–15	0	0	0	0	10–15	
Mr David Lomas	Non-Executive Director	10–15	0	0	0	0	10–15	
Ms Mary MacLeod OBE	Non-Executive Director	15–20	0	0	0	0	15–20	
Mr John Ripley	Non-Executive Director	10–15	0	0	0	0	10–15	
Professor Rosalind Smyth	Non-Executive Director	0–5	0	0	0	0	0–5	
Mr Charles Tilley	Non-Executive Director	15–20	0	0	0	0	15–20	
<b>Executive Directors</b>								
Mr Michael Bone	Interim Director of Information and Communication Technology (from 1 November 2013)	n/a	n/a	n/a	n/a	n/a	n/a	
Dr Barbara Buckley	Co-Medical Director (until 31 December 2013)	170–175	0	0	0	25–30	195–200	
Mr Robert Burns	Interim Chief Operating Officer (Until 30 June 2013)/Director of Planning and Information (from 1 July 2013)	85–90	0	0	0	115–120	200–205	
Dr Catherine Cale	Interim Co-Medical Director (from 1 January 2014)	n/a	n/a	n/a	n/a	n/a	n/a	
Mr Trevor Clarke	Director of the International and Private Patients Division	80–85	0	0	0	15–20	95–100	
Professor Martin Elliott	Co-Medical Director	85–90	0	0	0	0	85–90	
Mr Edward (Jan) Filochowski	Chief Executive (until 31 December 2013)	70–75	0	0	0	0	70–75	
Professor David Goldblatt	Director of Clinical Research and Development	5–10	0	0	0	0	5–10	
Mr Paul Labiche	Director of Estates and Facilities (from 3 February 2014)	n/a	n/a	n/a	n/a	n/a	n/a	
Mr Mark Large	Director of Information Technology (until 17 November 2013)	90–95	0	0	0	15–20	110–115	
Mr Niamat (Ali) Mohammed	Director of Human Resources	20–25	0	0	0	0	20–25	
Mrs Elizabeth Morgan	Chief Nurse and Director of Education	100–105	0	0	0	15–20	120–125	
Mr Julian Nettel	Interim Chief Executive (from 1 January 2014)	n/a	n/a	n/a	n/a	n/a	n/a	
Mrs Claire Newton	Chief Finance Officer	125–130	0	0	0	20–25	145–150	
Mr David Philliskirk	Interim Director of Estates (from 1 April 2013 until 3 February 2014)	n/a	n/a	n/a	n/a	n/a	n/a	
Mr Matthew Tulley	Director of Redevelopment	40–45	0	0	0	5–10	45–50	
Ms Rachel Williams	Chief Operating Officer (from 1 July 2013)	n/a	n/a	n/a	n/a	n/a	n/a	

## 26.2 Pension entitlements of senior managers

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2013 (bands of £2,500)	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000)	Cash equivalent transfer value at 31 March 2014	Cash equivalent transfer value at 31 March 2013	Real increase/ (decrease) in cash equivalent transfer value at 31 March 2014
		£000	£000	£000	£000	£000	£000	£000
Dr Barbara Buckley	Co-Medical Director (until 31 December 2013)	2.5–5	7.5–10	52.5–55	155–160	1026	947	79
Mr Robert Burns	Interim Chief Operating Officer (Until 30 June 2013)/ Director of Planning and Information (from 1 July 2013)	2.5–5	2.5–5	30–32.5	60–65	352	308	45
Dr Catherine Cale	Interim Co-Medical Director (from 1 January 2014)	0–2.5	0–2.5	30–32.5	90–95	528	511	18
Mr Trevor Clarke	Director of the International and Private Patients Division	0–2.5	2.5–5	37.5–40	110–115	766	719	47
Mr Paul Labiche	Director of Estates and Facilities (from 3 February 2014)	0–2.5	0–2.5	5–7.5	20–25	163	153	10
Mr Mark Large	Director of Information Technology (until 17 November 2013)	0–2.5	2.5–5	17.5–20	55–60	386	353	33
Mr Niamat (Ali) Mohammed	Director of Human Resources	2.5–5	12.5–15	35–37.5	105–110	644	553	91
Mrs Elizabeth Morgan	Chief Nurse and Director of Education	0–2.5	5–7.5	50–52.5	150–155	n/a	n/a	n/a
Mrs Claire Newton	Chief Finance Officer	0–2.5	5–7.5	10–12.5	30–35	221	180	41
Mr Matthew Tulley	Director of Redevelopment	0–2.5	2.5–5	22.5–25	70–75	363	330	33
Ms Rachel Williams	Chief Operating Officer (from 1 July 2013)	2.5–5	10–12.5	10–12.5	30–35	157	101	55

## 26.3 Expenses

Expenses totalling £600 were claimed by four directors of 24 (2012/13: £1,400 claimed by five directors of 25). Expenses totalling £1,300 were claimed by four of 24 councillors of the Members' Council (2012/13: £1,500 claimed by eight of 28 councillors).

## 26.4 Median pay

	2013/14	2012/13
Band of highest-paid director's total remuneration	210–215	170–175
Median total remuneration	37,004	36,628
Ratio	5.7	4.7

# Glossary

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## **Acute trust**

A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services, which are provided by a mental health trust).

## **BAF**

Board Assurance Framework.

## **Balanced scorecard**

A performance-management tool.

## **Bed manager**

Bed managers are a team of clinical and non-clinical staff who hold an up-to-date overview of current bed status. They are responsible for finding beds for incoming patients.

## **Benchmarking**

Benchmarking is a process by which an organisation compares its performance and practices against other organisations. These comparisons are structured and are typically undertaken against similar organisations and against top performers. Benchmarking helps to define best practice and can support improvement by identifying specific areas that require attention.

## **BRC**

The Biomedical Research Centre is funded by the National Institute for Health Research and supports paediatric experimental medicine research at Great Ormond Street Hospital and the UCL Institute of Health.

## **Capital expenditure**

Expenditure to renew the fixed assets used by the Foundation Trust.

## **Cardiac/respiratory arrest**

Cardiac arrest is the cessation of normal circulation of the blood due to failure of the heart to contract effectively. A cardiac arrest is different from (but may be caused by) a heart attack, where blood flow to the muscle of the heart is impaired. Cardiac arrest prevents delivery of oxygen to the body. Lack of oxygen to the brain causes loss of consciousness, which then results in abnormal or absent breathing. Brain injury is likely if cardiac arrest goes untreated for more than five minutes. For

the best chance of survival and neurological recovery, immediate and decisive treatment is imperative.

## **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.

## **CEMACH**

The Confidential Enquiry into Maternal and Child Health.

## **CEWS**

Children's Early Warning Score.

## **CICU**

Cardiac Intensive Care Unit.

## **Clinical audit**

A quality improvement cycle that involves measurement of effectiveness of healthcare against agreed and proven standards for high quality. The audit takes action to bring practice in line with these standards so as to improve the quality of care and health outcomes. (HQIP Best Practice for Clinical Audit 2011).

## **Clinical outcome measures**

A clinical outcome is a change in health that is attributable to a healthcare intervention. Routine outcomes measurement is central to improving service quality and accountability.

## **Clinical unit chair**

Lead clinician for a unit.

## **CNS**

A clinical nurse specialist is a specialist in one disease or disease group who is often responsible for coordinating, delivering and monitoring treatment.

## **CNST**

Clinical Negligence Scheme for Trusts.

## **Commissioners**

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and

purchasing services. Primary Care Trusts were the key organisations responsible for commissioning healthcare services for their area. However, on 1 April 2013, commissioning structures changed. GP-run Clinical Commissioning Groups, responsible to NHS England, now commission services (including acute care, primary care and mental healthcare). Commissioning of specialist services is provided directly by NHS England. From 1 April 2013, around 90 per cent of the Foundation Trust's activity is commissioned by NHS England.

## **CQC**

The Care Quality Commission replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit [www.cqc.org.uk](http://www.cqc.org.uk) for more information.

## **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.

## **CVL**

Central venous line.

## **Dashboards**

Information dashboards present the most important information from large amounts of data in a way that is easy for users to read and understand. Dashboards summarise information and focus on changes and exceptions in the data.

## **Data quality**

Data quality refers to the tools and processes that result in the creation of correct, complete and valid data that is required to support sound decision-making.

## Department of Health

The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.

## Depreciation

The process of charging the cost of a fixed asset to the Statement of Comprehensive Income over its useful life to the Trust, as opposed to recording the cost in a single year.

## Division

How we group and manage our clinical services.

## EBITDA

Earnings before interest, taxes, depreciation and amortisation.

## ECMO

Extracorporeal membrane oxygenation.

## ENT

Ears, nose and throat.

## EQuIP

Enabling doctors in quality improvement and patient safety.

## External financing limit

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

## FCE

Finished consultant episode.

## Fixed assets

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

## Foundation trust

A foundation trust is a type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities. NHS foundation trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS foundation trusts have members drawn from patients, the public, and staff, and are governed by a board of governors comprising people elected from and by the membership base.

## General manager

Lead manager for a division.

## GOSH

Great Ormond Street Hospital for Children NHS Foundation Trust.

## GP

General practitioner.

## Healthwatch

Healthwatch is the new consumer champion for both health and social care from 1 April 2013. It exists in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at national level. The aim of local Healthwatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

## HCA

Health care assistant.

## HCAI

Healthcare-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.

## ICON

Intensive Care Outreach Network.

## Impairment

A charge to the Statement of Comprehensive Income resulting from a reduction in the 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.

## IPP

International and Private Patients.

## KPI

Key performance indicator.

## MDT

Multidisciplinary team – a group of different types of clinicians who work together.

## Medical Director

The Medical Director is a physician who is usually employed by a hospital to serve in a medical and administrative capacity as head of the organised medical staff. A medical director provides guidance, leadership, oversight and quality assurance.

## Members' Council

GOSH's Members' Council was established when the Trust became a Foundation Trust. The council is vital for the direct involvement of members in our long-term vision and planning, as a critical friend, and as a guardian of our values. It supervises public involvement, membership recruitment, and activation. The council has specific powers, including involvement in picking the Non-Executive Directors, ratifying the appointment of the Chief Executive, receiving the accounts, and appointing the auditors.

## Monitor

Monitor is the independent regulator responsible for authorising, monitoring and regulating NHS Foundation Trusts.

## MRI

Magnetic resonance imaging.

## MRSA

Methicillin-resistant staphylococcus aureus.

## Multidisciplinary team meeting

A meeting of the group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.

## **NCEPOD**

National Confidential Enquiry into Patient Outcome and Death.

## **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.

## **NHS**

National Health Service.

## **NHS Choices**

NHS Choices is the UK's biggest health website. It provides a comprehensive health information service to patients and the public. The website helps users make choices about their health, from decisions about lifestyle, such as smoking, drinking and exercise, to finding and using NHS services in England.

## **NHS England**

NHS England is an executive non-departmental public body of the Department of Health. It oversees the planning, delivery and day-to-day operation of the NHS in England as set out in the Health and Social Care Act 2012.

## **NHS Information Centre**

The NHS Information Centre is England's central, authoritative source of health and social care information. Acting as a 'hub' for high-quality, national, comparative data for all secondary uses, they deliver information for local decision makers to improve the quality and efficiency of frontline care. Visit [www.ic.nhs.uk](http://www.ic.nhs.uk) for more information.

## **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.

## **NPSA**

National Patient Safety Agency.

## **Overview and scrutiny committees**

Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

## **Pals**

Patient Advice and Liaison Service.

## **Patient pathway**

The patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their family doctor), through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a treatment centre, until the patient leaves. Events such as consultations, diagnosis, treatment, medication, assessment, and teaching and preparing for discharge from the hospital are all part of the pathway. The mapping of pathways can aid service design and improvement.

## **PDSA**

Plan-Do-Study-Act is a methodology to test an idea by trialling a change on a short-term basis and assessing its impact. The four stages of the PDSA cycle are:

Plan – the change to be tested or implemented.

Do – carry out the test of change.

Study – examine data before and after the change and reflect on what was learned.

Act – plan the next change cycle or full implementation.

## **PEAT**

Patient Environment Action Team.

## **PGME**

Postgraduate Medical Education.

## **PICANet**

Paediatric Intensive Care Audit Network – 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.

## **PLACE**

Patient Led Assessments of the Care Environment.

## **PROMs**

Patient-Reported Outcome Measures are outcome measures that seek the patient's perspective on their health and quality of life after a medical or surgical intervention. In conjunction with clinical outcome measures, PROMs can help to improve the quality of healthcare.

## **Providers**

Providers are the organisations that provide NHS services, for example NHS trusts and their private or voluntary sector equivalents.

## **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 the exact timing and amount.

## **PTT**

The Paediatric Trigger Tool measures harm caused by healthcare and is applied in routine monthly case note review. Through use of the tool, it is possible to calculate the adverse event rate and identify areas of care where most harm is occurring. It informs priorities for action and tracks improvements over time. GOSH was one of the nine hospitals involved in the development of the PTT.

## **Public dividend capital**

The NHS equivalent of a company's share capital.

## **R&D**

Research and development.

## **Research**

Clinical research and clinical trials are an everyday part of the NHS. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

## **RPST**

Risk Pool Scheme for Trusts.

### **Safe and Sustainable**

Safe and Sustainable is the name of the national paediatric surgery reviews of children's congenital heart services and children's neurosurgical services. The purpose of Safe and Sustainable is to canvass the opinions of all stakeholders, including professional bodies, clinicians, patients and their families, to weigh the evidence for and against different views of service delivery and to develop proposals that will deliver high-quality and sustainable services into the future.

### **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.

### **SDAU**

Same-day admissions unit.

### **SMR**

Standardised Mortality Ratio – similar to the Hospital Standardised Mortality Ratio 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.

### **Special review**

A special review is a review carried out by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national level findings based on the CQC's research.

### **SPC charts**

Statistical Process Control charts are used to measure improvements over time. SPC methodology aids the identification of statistically significant changes and identifies areas that require further investigation.

### **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.

### **TPN**

Total parenteral nutrition.

### **Transformation**

A service redesign programme that aims to improve the quality of care we provide to children and enhance the working experience of staff.

### **Trust Board**

The role of the Trust Board is to take corporate responsibility for the organisation's strategies and actions. The Chair and Non-Executive Directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.

### **UCL**

University College London.

### **UCLP**

University College London Partners.







# Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street  
London WC1N 3JH  
020 7405 9200  
[www.gosh.nhs.uk](http://www.gosh.nhs.uk)

Designed and produced by Great Ormond Street  
Hospital Marketing and Communications.

Photography by Noel Murphy.

Thank you to everyone who was interviewed for,  
or gave permission for their picture to be used  
in, this report, as well as the many members of  
Great Ormond Street Hospital staff who helped  
during its production.

This report is available to view at  
[www.gosh.nhs.uk](http://www.gosh.nhs.uk)

Design Manager  
Great Ormond Street Hospital  
Fourth floor  
40 Bernard Street  
London WC1N 1LE  
E [design.work@gosh.org](mailto:design.work@gosh.org)