



Annual Report and Accounts 2014/15

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

**Annual Report and Accounts
2014/15**

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paragraph 25 (4) (a) of the National Health Service Act 2006

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Highlights of 2014/15



Staff sickness rate
down from last
year at

2.5%



94%

of patients say they
were satisfied with
the care they receive



Announced
development of the
Centre for Research
into Rare Disease
in Children



94%

of our non-admitted
patients were seen
within 18 weeks



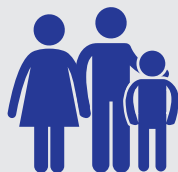
Record levels of
patients were seen
at Great Ormond
Street Hospital



Continued to
work in the face
of increasing
financial
challenge



Consistently met
the six-week
diagnostic waiting
time target in 15
key diagnostic tests



97%

of families responding
to the Friends and
Family Test were likely
or extremely likely to
recommend the Trust



Maintained a green
governance rating and
continuity of service
rating score of four
throughout the year

Introduction from the Chairman



Our guiding principle since the 1850s has been and will remain ‘the child first and always’. The children and young people we care for have some of the most complex and rare conditions that exist today. For many there is no known cure, and we are one of the only institutions – if not the only institution in the country, and sometimes the world – with the expertise to offer treatment. Due to the concentration of these patients at Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) we have been provided with the opportunity and responsibility to drive toward new treatments and cures for their rare and complex diseases.

Today, we continue our rich tradition of working on the continuum of discovery to cure. This is without forgetting that the focus of all our activity, whether education, research or our clinical services, is based on a commitment to quality and safety and the care of the individual child and family in the context of their community.

While our principles remain, the landscape around us is changing. Over the past year, in common with other acute trusts, GOSH is experiencing financial uncertainty due to changes in commissioning strategies, challenging productivity targets and increased costs to deliver new regulatory requirements. However, it has plans in place to rise to this challenge.

This year, we revised our strategy to respond to these changes and plan for how we can make as positive an impact on child health as possible. Our new strategy was developed in collaboration with a range of key stakeholders, including patients, carers, the Members’ Council, our research partner the UCL Institute for Child Health (ICH), and Great Ormond Street Hospital Children’s Charity. As before, our ambition is to be the leading children’s hospital in the world.

In order for us to achieve this we have identified five key areas where we want to deliver excellence. These form our strategic objectives, which are:

- To provide the best patient experience and outcomes.
- To be an excellent place to work and learn.
- To deliver world-class research.
- To be the partner of choice.
- To be sustainable.

We are also committed to ensuring that quality and safety are central to everything we do.

Underpinning this strategy is work that we have done defining our values. These values were shaped by more than 2,500 staff, patients, children and young people, families and volunteers. Representatives from our Members’ Council in the parent and staff constituency played a key part in the development process. The resulting ‘Our Always Values’, launched in March 2015, define the core of who we are and how we should behave from the top to the bottom of the organisation. They shape the expectations we have of each other and others have of us.

Feedback from our patients and their families is essential to ensure the highest of standards and to drive improvements in care. We are pleased that 94 per cent of inpatients were satisfied with the care they receive, and that confidence in our doctors and nursing staff remains extremely high at 97 and 96 per cent respectively.

Despite the increase in the number of patients treated at the hospital, we have continued to meet most of our waiting time targets, including those for cancer and diagnostics. However, it is difficult to deliver high-quality care in cramped and outdated accommodation, and we recognise that the standards of care we aspire to are not always matched by the quality of accommodation we have. Last year, we forged ahead with the construction of the Premier Inn Clinical Building, ready for the completion of the Mittal Children’s Medical Centre in 2017. The facility will provide much-needed new inpatient wards, more operating theatres and a recovery unit, as well as a new surgery centre, respiratory centre and specialist centre for children with severe forms of arthritis, skin conditions or infectious diseases. We are also making progress in the creation of the Centre for Research into Rare Disease in Children, which was granted planning permission in March 2014. This centre, once opened in 2018, will enable hundreds of researchers and clinicians to work together under one roof supported by state-of-the-art facilities to advance our understanding of rare diseases and identify new and better treatments. The centre is only possible thanks to charitable support, in particular from Her Highness Sheikha Fatima bint Mubarak, wife of the late founder of the United Arab Emirates, whose incredibly generous gift will provide most of the funds to build the new centre.

We are fortunate to have many generous supporters who, through our wonderful charity, are enabling us to rebuild two-thirds of the hospital over a 20-year period, buy new equipment, fund paediatric research conducted at the hospital, and support specific welfare projects to help families.

We held our Members’ Council election this year, and I would like to thank all those who took part in the election process. We are fortunate to have individuals of such calibre on our council and I would like to thank all of our members for their input and support during the past year.

The Members' Council and Young People's Forum have been involved in a wide range of groups and committees looking at the patient experience. This includes being part of a team that undertook the annual Patient Led Assessment of the Care Environment (PLACE), where our scores have improved dramatically. Of particular note was the 2014 percentage score for food, which was 93 per cent, a sharp contrast to the previous year's score of 61 per cent. This year, there have been changes in the hospital's leadership. At the end of December 2014, Julian Nettel stepped down as Interim Chief Executive. I would like to thank Julian for his important contribution to the Trust's work. I was also delighted to welcome our new Chief Executive, Dr Peter Steer, who took up his post in January 2015. One of the non-executive directors, John Ripley, stepped down in March 2015 after three years. He has been a much-valued member of the Trust Board and Board committees. His experience in the commercial sector also helped shape our approach to the development of our strategy. I would like to thank John for his wise guidance and support over the past few years. I also welcome Akhter Mateen as a new non-executive director, who joined the Board in March 2015.

2015/16 promises to be another exciting and challenging year for the Trust. I am confident that we can start to deliver on our new strategy. This will not be possible without our dedicated staff. They are what makes our organisation great and I would like to thank all of them, and our volunteers, for their dedication and hard work over the past year.



Baroness Blackstone
Chairman



Introduction from the Chief Executive

Prior to joining GOSH, I was aware of its reputation as a centre of excellence for specialist paediatric care. We are rightly proud of our world-leading research and excellent clinical outcomes and it is very clear to me that these are a result of the quality and commitment of our dedicated staff.

Over the past year the hospital has faced numerous challenges and these will continue for the foreseeable future. Demand for our services is increasing, with our recent trajectory showing an increase of 45 per cent in our inpatient activity and 75 per cent increase in outpatient activity over the past five years. Such increases have taken place against a backdrop of heightened financial uncertainty and a complex and changing health landscape.

Striving for excellence should be at the heart of everything we do and underpins our ambitious vision to be the leading children's hospital in the world by 2020. As you will see in our Quality Report, included later in this document, we are performing well against key external and internal quality indicators. Our work to develop and publish internationally agreed outcome measures is particularly important. Many of our children have rare and very complex diseases and can only access treatment in a handful of centres nationally or internationally. I am very proud that we publish more clinical outcomes on our website than any other children's hospital in the world.

Feedback from our patients and staff is also instrumental in driving improvements. This year, as planned, we embraced the opportunity to expand the Friends and Family Test beyond inpatients to include responses from children and young people cared for in both day care and outpatients. Taking all areas of the hospital together, the percentage of patients and their families being likely to or extremely likely to recommend the Trust remained high, with the Trust achieving a staggering 97 per cent score. The confidence in the quality of care provided at the hospital was also borne out in feedback from staff, with results of the staff Friends and Family Test and the annual NHS Staff Survey being among the highest in the country.

At the beginning of April, the Care Quality Commission carried out a scheduled inspection of the hospital. We will know the outcome of the inspection in summer 2015. However, the level of engagement by staff in the process was outstanding and reflected their passion and commitment to providing the very highest standards of care.

The quality of our training has also been under scrutiny over the past year. The reviews carried out by bodies such as Health Education North Central and East London (HE NCEL) have identified areas of excellence in medical training at GOSH, but

also concerns in some paediatric medical specialties. Working with our trainees, we have made a significant number of changes to address the issues raised and project plans have been developed to ensure that we better meet their training needs in the longer term.

Information technology offers hospitals an enormous opportunity to improve the quality of care that they provide. At GOSH, in part due to the specialist nature of the work, and the creation of multiple bespoke systems, we are behind many others in harnessing the potential of the latest technology to improve safety, efficiency and communication. Last year, we took great strides to develop an electronic document management system, which will provide one single format for each patient record, and in the coming year we expect to start the procurement of an Electronic Patient Record (EPR) system.

Over the past year, our focus on continuous improvement of care has taken place against a backdrop of more stringent and uncertain financial circumstances. This is reflected in our accounts, which show a smaller year-end surplus compared to previous years. Without doubt, along with all our colleagues in the NHS, we are expected to do more with less. Our response to such challenging financial circumstances is to not compromise quality because we believe high-quality and efficient care are the mutually reinforcing elements of all that we do. One example of many is our work to drive down waiting times for patients across the Trust. Another is the successful reduction in general anaesthetic use for CT scanning.

While we are confident that GOSH will remain financially viable despite the challenging financial and political environment, we are under no illusion that next year promises to be an even tougher year financially, and we must redouble our efforts to deliver the highest-quality care and be more efficient.

One way in which we hope to achieve both of these objectives is by ensuring that we have very clear lines of accountability internally, with clearly defined roles, including an ability at all levels to suggest and make improvements in the way we work. Establishing this has included reviewing the roles of our clinical leaders. Work is now underway to explore how we can make our divisional structures work more effectively and efficiently.

We also know that we can only be truly effective if we work well with other providers. This year, we are looking to develop more deliberate partnerships with providers outside the quaternary

sector so that our patients are only with us when they need to be and they are confident they can access seamless transition support closer to home. We are also actively engaged in national discussions around consolidation of paediatric services and will fully support the NHS vision outlined in the Five-Year Forward View where it will deliver better clinical outcomes for patients.

We provide some education and training to overseas clinicians as part of our International and Private Patients (IPP) activity too. This work, along with the overseas patients we see at GOSH, is extremely important, as it enables us to help treat children with rare diseases that cannot be treated in their home countries. It also provides revenue to support our highly specialised NHS services.

Our unique cohort of patients provides us with a particular opportunity and responsibility for pioneering research to improve treatments and find cures for life-limiting and life-threatening conditions. Our research partner, the ICH, is instrumental in this endeavour. One area where we are making great strides is in genetics. This year, GOSH took a lead role co-ordinating a new North Thames network of hospitals involved in Genomic England's 100,000 Genome Project. By collecting and analysing these genetic samples and matching them with the symptoms and long-term outcome associated with these conditions, the project aims to position the UK as the first country in the world to sequence 100,000 whole genomes, which will help researchers and clinicians better understand, and ultimately treat, rare and inherited diseases and common cancers.

Over the next year, we will be continuing this work and also examining our culture and infrastructure to ensure we become a research hospital, rather than a hospital that does research. This ambition, along with the continued growth in demand for our services and considerations about how we can best support the increasing complexity of specialised paediatric care, has led us to consider the long-term future of our island site. Over the past year, working with staff, patients, families and carers, and local stakeholders, we have developed a Masterplan, which is a

roadmap for the next 15 years of redevelopment. We are now working with partners, particularly our fantastic and supportive charity, which raises so much money to fund our redevelopment, to consider its implementation.

2015/16 promises to be exciting and challenging for GOSH. We must continue to provide the very highest quality of care to each and every one of our patients and their families despite the complex public healthcare landscape in which we operate. I am very pleased that in meeting this challenge we have been joined by some exceptional new members of the executive team. At the beginning of the financial year, Liz Morgan retired as Chief Nurse and has been succeeded by Juliette Greenwood, who has returned to GOSH after a few years in other hospitals. Simultaneously, we were joined by Dena Marshall, who will be our Chief Operating Officer on an interim basis while Rachel Williams takes maternity leave. In June, we were joined by Dr Vin Diwaker, who came to us from Birmingham to be our Medical Director. He succeeds Professor Martin Elliot and Dr Catherine Cale. I would like to thank Liz, Martin and Cathy for all their dedication and support to the organisation in their respective roles.

Finally, I would like to thank all of our staff. Without their dedication and hard work over the past year, we would not have been able to provide the quality of services that we have. They remain our greatest strength and I am confident that by working together as one team, we can meet the challenges ahead and continue to provide the care that our patients deserve from us.



Dr Peter Steer
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 240,000 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

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

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 that benefits patients and joins UCL to a number of other hospitals. In partnership with UCL Partner NHS Trusts, UCL and Moorfields Eye Hospital, we are the prime provider for North Thames in the national 100,000 Genomes Project. Thanks to a transformative gift announced in July 2014 from Her Highness Sheikhha Fatima bint Mubarak, wife of the late Sheikh Zayed bin Sultan Al Nahyan, founder of the United Arab Emirates, the Centre for Research into Rare Disease in Children is being developed as a partnership between GOSH, UCL and Great Ormond Street Hospital Children's Charity.

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.

The year at a glance

April 2014

- GOSH doctors developed a technique to grow replacement ears and noses using stem cells taken from a patient's abdominal fat.
- Pilot programme encouraging families on Eagle Ward to report safety concerns is shortlisted for Innovation in Healthcare Award.

May 2014

- Dr Peter Steer was appointed as Chief Executive of GOSH.
- GOSH opened a new maritime-themed reception designed by patients.
- GOSH won a patient safety award for a project that aimed to increase levels of patient safety across the Trust.

June 2014

- It was announced that GOSH surgeons were set to play a key role in a new foetal surgery research project to create better tools, imaging techniques and therapies for future operations on unborn babies.
- The ITV1 documentary *The Secret Life of Babies* featured a GOSH patient whose severe epilepsy was cured following brain surgery as a newborn.

July 2014

- The charity announced a transformative gift to create the world's first Centre for Research into Rare Disease in Children.
- A new treatment carried out at GOSH for the first time led to successful kidney transplants in 'untransplantable' children.

August 2014

- A GOSH patient underwent a double ear construction made from his own ribs.
- A GOSH patient was offered a place at prestigious ballet school following surgery for cerebral palsy.

September 2014

- There were marked improvements in Patient-led Assessments of the Care Environment (PLACE) scores for cleanliness, food and dignity, and privacy.
- A GOSH research team contributed to a significant study that discovered that newborns have a stronger immune system than previously thought.

October 2014

- Construction work began on the new Premier Inn Clinical Building, the second part of the Mittal Children's Medical Centre.
- New genetic clues to autism were discovered by a team at GOSH and the ICH.

November 2014

- GOSH Co-Medical Director Professor Martin Elliott was named one of *Health Service Journal's* top healthcare innovators for his work looking at how technology can improve hospital information management.
- A research team from GOSH and the ICH found that epilepsy surgery in childhood can protect memory.

December 2014

- GOSH was named as key centre in Genomic England's 100,000 Genomes Project, which will help understand and ultimately treat rare diseases and common cancers.
- Celebrities attended the GOSH Christmas parties for patients.

January 2015

- Dr Peter Steer joined the Trust on 1 January 2015.
- CQC announced a scheduled inspection of the hospital for April 2015.
- A newly recognised virus was discovered by a team at GOSH, thought to be the cause of a severe brain infection in children whose immune systems are low.

February 2015

- A new Chief Nurse and Medical Director were appointed to the executive team.
- Her Royal Highness the Duchess of Cornwall visited the Arthritis Research UK Centre for Adolescent Rheumatology, the world's first centre dedicated to understanding how and why arthritis affects teenagers.

March 2015

- GOSH launched a new non-invasive prenatal test for Down's syndrome, which offers greater accuracy and a reduced need for invasive tests.
- Akhter Mateen was appointed as a new non-executive director.
- Plans were approved for the new Centre for Research into Rare Disease in Children.

Strategic Report





Eleven-year old Alfie
with nurse Charlie

Introduction

Our vision is to become the leading children's hospital in the world. During 2014/15, we worked with senior leaders from across the Trust, as well as the UCL Institute of Child Health (ICH), Great Ormond Street Hospital Children's Charity and our Members' Council, and set out to define where and what we want Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) to be in 5–10 years' time, and what we will need to do to achieve that. We also considered factors such as the environment in which we operate, our areas of strength and weakness, and how and where we can make the biggest positive impact on children's health.

To be the leading children's hospital in the world we want to deliver and be internationally recognised for excellence in five key areas. These form our strategic objectives going forward. They are to:

- Provide the best patient experience and outcomes.
- Be an excellent place to work and learn.
- Deliver world-class research.
- Be the partner of choice.
- Be sustainable.

These objectives are in addition to our commitment to ensure that quality and safety are a strong focus for all we do.

We are a hospital that specialises 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.

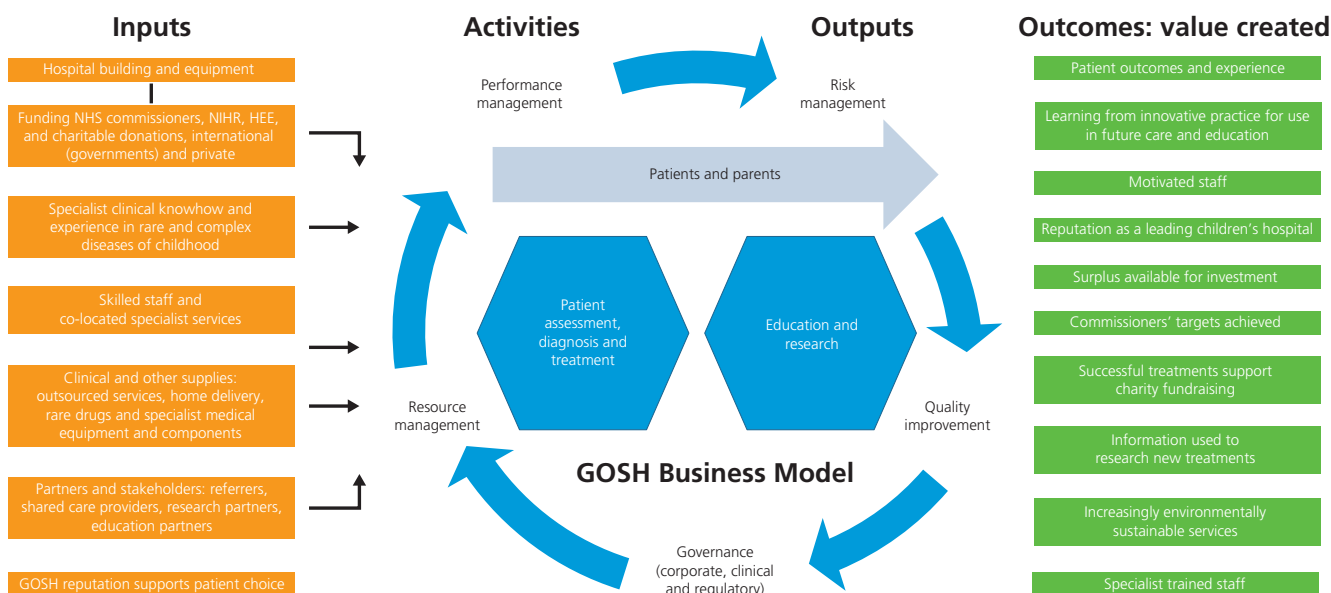
Our business model

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 (IPP) activity. The model provides a key focus for strategy development and for identification of strategic risks.

The key outputs delivered from our business model are:

- Clinical outcomes – world-class clinical outcomes for numerous highly specialised children's treatments.

- Patient and family satisfaction – high levels of patient satisfaction with our services.
- Research – one of the top few organisations in the world for developing new and innovative treatments in children.
- Education – the largest provider of specialist paediatric training and education in Europe.
- Financial – specialist paediatric healthcare for the NHS supported by surplus from our IPP business.
- Reputation – a hospital with a worldwide reputation for excellence that the NHS can be proud of.



Our strategy and annual plan priorities for 2014/15

As set out in the introduction, the Trust's strategy has set a very clear vision for GOSH to be the leading children's hospital in the world. In doing so, the organisation has outlined five strategic objectives that the Trust wants to deliver against and be recognised for. In the Trust's strategy for the next five years

(2014–2019), we have looked at the key areas for the Trust to consider, and have developed key pillars upon which the Trust's vision and overarching strategy sits. The diagram below demonstrates the interdependencies and linkages across all these key aspects.



During 2014/15, in order for the Trust to be able to deliver these overarching strategic objectives and its vision through the operational plan, a number of priorities were outlined. For ease of review and monitoring these fall under each of the headings below:

- Service developments/operational improvements**
 Predominantly clinical and clinically led, in-year strategic service developments and/or operational improvements to enhance the delivery and care provided by GOSH.
- Supporting function improvements**
 Those areas often referred to as corporate departments, which have a vital role to play in supporting the overall running and delivery of the hospital, additionally require constant review and improvement. Specific areas were identified in 2014/15.
- Quality improvements**
 As part of the Trust's aims to provide 'No Waste, No Waits, Zero Harm', key quality improvements were recognised as requiring improvement in 2014/15. This is in line with being the hospital that offers the best patient experience and outcomes.
- Finance and activity**
 For the Trust to be sustainable, specific activity (outpatient, inpatient, day case, ITU, etc) requirements were set alongside financial deliverables for the organisation.

Management of risk in 2014/15

The Trust's Board Assurance Framework (BAF) details the greatest risks to the achievement of our operational and strategic plans. It is informed by reviewing internal intelligence from incidents, performance, complaints and audit, as well as the changing external environment we operate in.

During 2014/15, we have further enhanced our BAF to ensure that at Trust Board level we are focusing on the key risks to delivering our plans and have a corporate view on an acceptable level of risk. All risks outlined in our BAF are reviewed by one of our Board Assurance committees (either the Audit Committee or Clinical Governance Committee).

A summary of the top four risks to our operational or strategic plans, and the mitigations we have in place to manage them, is outlined below.

Risk	Potential Impact	Mitigating Actions
<p>NHS clinical activity funding available to GOSH.</p> <p>The national overspend in specialised services and their subsequent future commissioning arrangements will place extreme financial pressure on GOSH.</p>	<p>A reduction in funding to the Trust will lead to a requirement to cut activity. This could potentially impinge on our ability to deliver our vision, although we would do everything possible to ensure excellent patient experience and outcomes are maintained.</p>	<p>Dedicated Productivity and Efficiency Programme aimed at reducing costs.</p> <p>Restrictions on capital expenditure with monthly monitoring.</p> <p>Diversifying our income base with targeted increased IPP and commercial income.</p> <p>Controls on recruitment of non-front line clinical staff.</p>
<p>Difficulties in recruiting and retaining highly skilled staff with specific experience.</p>	<p>The inability to recruit and retain enough skilled staff could lead to a reduction of the number of facilities (egbeds) that we can safely operate. This potential reduction could lead to GOSH being unable to accommodate all referrals to the Trust and/or result in longer waiting times.</p>	<p>Specific recruitment and retention projects (including overseas recruitment programs) in place for hard-to-staff areas.</p> <p>Through the support of our charity, we offer reduced cost staff accommodation and numerous training and education opportunities for staff.</p> <p>Robust exit interviewing process in place to ascertain any trends in staff leaving and proactively address any issues raised.</p>
<p>Medical cover out of core hours.</p>	<p>At all times, our patients receive safe medical cover. However, we believe that improving our senior medical cover beyond core hours would support the delivery of efficient patient pathways.</p>	<p>We have already put in place extended consultant presence in a number of specialties, including cardiac services, intensive care and cancer services. We have a dedicated project to review the out-of-hours medical provision across all specialties, with the aim of implementing enhancements where they will deliver better patient care.</p>
<p>Delivery of productivity and efficiency targets.</p>	<p>Historically, our cost improvement programmes have been dominated by delivering a financial contribution from increased income rather than cost reduction. This balance will need to change in 2015/16 and beyond.</p>	<p>Increased focus and resources allocated to our Productivity and Efficiency (P&E) programme.</p> <p>Widespread engagement and involvement of staff at all levels in the P&E programme.</p> <p>Robust financial and performance management of divisions and departments.</p>

Financial control, going concern and financial risk

In common with other acute trusts, the Trust continues to experience financial uncertainty due to continuing changes in commissioning strategies, limits in growth of specialised commissioning budgets, reductions in tariff prices, challenging productivity targets, increased costs to deliver new regulatory requirements and a demanding capital programme.

The Trust has prepared a financial plan for the next three years, which forecasts that the Trust will move from a small surplus in 2014/15 to a significant deficit in 2015/16 and for the subsequent years of this plan. Although the contract has yet to be concluded, the plan includes the funding offered by NHS England for 2015/16.

Beyond 2015/16, the risk of changes in the rules for determining paediatric specialist top-up rates (expected to be implemented for 2016/17) are a particular concern, as the Trust receives one of the highest values of paediatric specialist top up in the country. Another key risk is the continuing requirement to deliver productivity and efficiency savings while there are further delays in commissioner-led system-wide restructuring. Together, these matters create significant uncertainties.

International Accounting Standards (IAS) 1 (Presentation of Financial Statements), requires directors to assess, as part of the accounts preparation process, the Trust's ability to continue as a

going concern. IAS 1 deems the foreseeable future to be a period of not less than 12 months from the entity's reporting date.

The financial plan referred to above demonstrates that the Trust can remain financially viable for the next 12 months.

The directors have also considered the risk of the Trust's services not being in demand in the future. The Trust is a tertiary provider of specialist paediatric services and has the largest concentration of paediatric tertiary and quaternary services of any Trust in the country. Demand for the Trust's services continues to increase. In addition, the NHS England Five-Year Forward View advocated greater concentration of specialised services and establishment of centres for rare diseases. The directors believes that the Trust is uniquely placed to facilitate both of these objectives within specialist paediatrics.

After consideration of the financial plan and making reasonable enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue as a going concern for the next 12 months.

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 and, where this is not the case, deposits are taken prior to the admission of the patient.

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 annual plan priorities for 2015/16

For 2015/16, the NHS will see significant changes as the impact of the Five-Year Forward View, the Dalton Review and other key strands of NHS policy start to be enacted. As a consequence, GOSH needs to respond to these and guide (where appropriate) the direction of further rationalisation of specialist children's services. This will only be possible by working closely with our stakeholders and commissioners, along with partner-provider organisations (both in London and as part of clinical networks across the country). GOSH is best placed to provide specialist paediatric care, with non-complex/non-specialist care being provided in the most appropriate alternate setting, closer to the child and family's home.

Due to substantial changes in the commissioning landscape and the consequences of the national tariff on the funding of specialist services in 2015/16, GOSH has had to respond to the resulting unplanned increased financial pressures, as outlined below:

- Expediting the Clinical Services Strategy, ie those services that may require rationalising and those that require growth.
- Increasing the emphasis on the Productivity and Efficiency (Cost Improvement) Programme across the Trust.
- Prioritising and expediting the expansion of IPP facilities.
- Exploiting the commercial opportunities currently available to the Trust, focusing on the genetics clinical services (see below).
- Considering the impact and requirements on our current workforce.

While 2015/16 is undoubtedly going to be a challenging time for GOSH, there are a number of opportunities and developments that will be key enablers for the Trust within the year. We are the prime provider for North Thames in the national 100,000 Genomes Project. The work on the 100,000 Genomes Project will inform the Trust's approach to genetic testing as part of our diagnostic and treatment services and will be complemented by the research projects already established in this area. Additionally, in the field of genetics and as a fundamental part of the

Trust's clinical and commercial strategies, we have developed implementation of non-invasive prenatal testing and diagnosis (NIPT/NIPD). GOSH has now commenced the first NHS NIPT service and is working to establish an NIPD service that is a world leader.

As well as the expansion to the IPP facilities, the Trust continues to progress with plans for the Centre for Research into Rare Disease in Children, with the expectation of building works commencing this year. This will offer prime facilities to GOSH to locate these essential research services.

Continuing the excellent work we undertook in 2014/15, and as a catalyst from the *Francis Report*, a priority for the Trust in 2015/16 is a programme of work focused on embedding the Trust's 'Our Always Values'. The intention is that the Trust and its staff are always 'welcoming, helpful, expert and one team' in all that they do. This will ensure that, as the Trust responds to the challenges it faces in 2015/16, patient safety and patient experience remain at the core of all it does.

Research at GOSH

GOSH's strategic aim is to be one of the global leading children's research hospitals. We are in a unique position, working in partnership with our academic partner the ICH to combine research strengths and capabilities with our diverse patient population, and to embed research into the fabric of the organisation. In addition to the ICH, GOSH has the benefit of access to the wealth of wider University College London (UCL) research capabilities and platforms. Scientists at the ICH and clinicians at the hospital work together to provide an integrated and multidisciplinary approach to the diagnosis, treatment, prevention and understanding of childhood disease. Together, GOSH and ICH form the largest paediatric research centre outside North America and we host the only Biomedical Research Centre (BRC) in the UK dedicated to children's health. 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 of Research and Innovation includes:

- The joint GOSH/ICH Research and Development Office.
- The Somers Clinical Research Facility (CRF), which is a state-of-the-art ward within GOSH for the day care accommodation of children taking part in clinical trials.
- Hosting research delivery staff, funded through the Comprehensive Research Network, North Thames.

Currently, we have 875 active research projects at GOSH and the ICH. Of these, 223 have been adopted onto the NIHR Clinical Research Network Portfolio, which is a grouping of high-quality clinical research studies. In total, 3,021 patients receiving health services, provided or sub-contracted by GOSH, have been recruited in the past 12 months to participate in research ethics committee-approved research projects that have been accepted on the portfolio.

Key achievements in 2014/15 include:

- The Somers CRF supported 106 active studies. Five hundred and forty-nine patients, attending over 1,200 appointments,

took part in research studies in the Somers CRF in 2014/15. The Somers CRF is also a central point of contact for commercial partners looking to undertake clinical trials at GOSH. Fifty-five per cent of the studies supported by the CRF in 2014/15 were commercially sponsored.

- In partnership with UCL Partner NHS Trusts, UCL and Moorfields Eye Hospital, GOSH successfully participated in the pilot for Genomics England's 100,000 Genomes Project pilot. The project has been established to deliver on the government's commitment to sequence 100,000 genomes by the end of 2017. GOSH will play a lead role in the main study by co-ordinating a network of hospitals that will form the North Thames Genomic Medicine Centre, and alongside other partnering London trusts, will recruit participants to the project.
- Three of our clinical academics were awarded NIHR Senior Investigator status. NIHR made 16 awards in total to outstanding research leaders of clinical and applied health and social care research.
- Our investigators received awards from the NIHR Clinical Research Network for their contribution to clinical research – Dr Ri Liesner as a Leading Commercial Principal Investigator, Dr William van't Hoff for "delivering above and beyond", and Professor Francesco Muntoni for "consistently delivering to time and target" and "first global or European patient".
- We are committed to developing the next cadre of clinical academics and, through our BRC, have developed a comprehensive training programme including the appointment of our first Clinical Academic Programme Lead (nurses and allied health professionals [AHP]). With this role, we aim to increase the number of nurses and AHPs who are engaged with and undertaking research. In addition, we hosted a residential National Paediatric Academic Training weekend, organised through our BRC. This was open to clinical academic trainees nationally and provided a unique opportunity to develop research skills and network with peers and senior academics.
- We have appointed our first Clinical Research Nurse Practice Educator, who will play a key role in further integrating research with clinical care.
- Raising research awareness is a key priority and in May 2014 we held our first Research Awareness Week for staff, patients and families. In November 2014, we held an open day for the public in conjunction with the London Science Festival.

Redevelopment of the hospital

Our redevelopment programme is replacing cramped, outdated buildings and creating new facilities that are appropriate for world-class paediatric care and research. We are also planning for the future to meet growing demand for our services and support the increasing complexity of specialised care.

Phase 2B: Premier Inn Clinical Building

In June 2014, Skanska commenced deconstruction of the Cardiac Wing to make way for the Premier Inn Clinical Building, opening in 2017. The new building will connect floor by floor with the Morgan Stanley Clinical Building, creating the Mittal Children's Medical Centre. It will house a new surgery centre and high-specification acute facilities, with space for a parent or carer to stay comfortably by their child's bedside.

In September 2014, Great Ormond Street Hospital Charity patrons Tess Daly and Vernon Kay joined some of our young patients in a Breaking Ground ceremony to celebrate the start of building works.



Phase 3A: The Centre for Research into Rare Disease in Children

Plans to create a world-leading new Centre for Research into Rare Disease in Children are on track, principally thanks to a transformative gift to Great Ormond Street Hospital Children's Charity announced in July 2014. A donation of £60 million was received from Her Highness Sheikha Fatima bint Mubarak – wife of the late Sheikh Zayed bin Sultan Al Nahyan, founder of the United Arab Emirates – in recognition of GOSH's unique position to advance treatments and cures in this area.

The centre is being developed as a partnership between GOSH, UCL and the charity. Situated adjacent to the hospital, it will incorporate an outpatient department caring for children and young people with a range of rare and complex conditions. It will also house laboratories, specialist equipment and workspace for more than 350 experts to develop diagnostic procedures, manufacture gene and cell therapies, and create personalised medical devices.

The building has been carefully designed to be sensitive to its context within a conservation area, revitalise the streetscape and give public expression to the important scientific endeavours within.

Town planning consent was achieved in March 2015. Demolition of the existing disused office block on the site of 20 Guilford Street commenced in spring 2015. Construction of the new building starts in October 2015 and the building will open in 2018.

Masterplan 2015

During 2014, a master plan review was undertaken to ensure the hospital is on track to maximise on-site opportunities and support clinical and research activity in the medium to long term. Masterplan 2015 has identified the Frontage Building site as the next phase for development (Phase 4), with the potential to provide 60 additional outpatient consulting rooms, 90 additional beds and significant teaching and education space.

GO Create!

"This has been the best part of our day. My daughter will remember the hospital visit as a brilliant day of art rather than a day about her illness."

Parent

The GO Create! arts programme makes a vital contribution to the healing environment at GOSH, offering transformative experiences that spark the imagination of our patients, families and staff. Our pioneering, innovative and collaborative approach contributes to our status as one of the leading children's hospitals in the world.

During 2014/15, we focused on increasing our impact, developing research and building high-profile external cultural partnerships. Our curated participatory opportunities, performances, artist residencies, online activities and collaboration with patients in developing permanent artworks involved more than 4,160 children and young people.

Memorable GO Create! projects were recognised as two of '10 amazing moments in 2014' on Great Ormond Street Hospital Children's Charity's blog.

Find out more about GO Create! at www.gosh.nhs.uk/go_create or follow us on Twitter [@gocreateGOSH](https://twitter.com/gocreateGOSH)



Our performance in 2014/15

The Trust has delivered, or is on track to deliver, against the vast majority of its priorities. There are a couple of notable areas that either will not deliver or are at risk of delivery, as set out in the plan. These are largely concentrated around the underlying financial position of the Trust, where we will be reporting a net operating surplus of £2.9m, which is lower than reported last year and £3.0m lower than planned.

Financial performance

The Trust has had a challenging financial year with earnings before interest, taxes, depreciation and amortisation (EBITDA) falling from £36.9 million (9.6 per cent of operating income) to £27.3 million (seven per cent of operating income). Although there was continued growth in delivery of care to NHS patients, the growth level at just under one per cent was considerably lower than in previous years. Private patient activity levels were lower than in 2013/14 with income falling by two per cent. The summary information below shows growth in total income of 1.8 per cent – a deterioration in the net surplus from £5 million to £2.9 million – and an increase in cash levels of just £1.9 million, which will be used to fund future investment in buildings, IT and medical equipment.

While income grew by only 1.8 per cent, operating expenditure increased by 5.8 per cent. This disparity reflects the continuing challenge to delivery of high-quality specialist services that require highly skilled staff, specialist equipment, better use of information technology and consume high-cost drugs and consumables. Property and insurance costs are also increasing as newly refurbished space is commissioned. Our clinical negligence insurance premium increased by 25 per cent.

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, donations funding non-recurring revenue expenditure within the redevelopment programme, and gains/losses arising from impairments of land and buildings included in the revenue account.

£m		
For the period ended:	31 March 2015	31 March 2014
Operating income	389.6	382.8
Operating expenses	(362.3)	(345.9)
EBITDA*	27.3	36.9
Depreciation, interest and dividend	(24.4)	(31.9)
Net surplus	2.9	5.0
Increase in cash	1.9	18.6
As at the end of the period:		
Assets employed	433.4	422.1
Key ratios		
EBITDA* as a percentage of Income	6.9%	9.6%
Net surplus as a percentage of income	0.7%	1.3%
Income growth	2.7%	6.9%
Capital service cover	4.0	5.9
Liquidity – days	59.2	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 £15.4 million capital expenditure on the redevelopment programme and medical equipment funded by the charity, there was also capital expenditure from the Trust's resources amounting to £12.2 million.

The Trust continued to pursue productivity and efficiency improvements and delivered £11.6m of its efficiency target of £14.8 million. The programme included initiatives to increase the use of the Trust's specialised facilities and resources through growth in patient care and reductions in costs. The shortfall can be attributed to delays in schemes for which benefits should be realisable in 2015/16.

Performance against objectives 2014/15

In 2014/15, the Trust made good progress against its objectives and priorities, which have been categorised under the following headings (as referenced on page 16):

- service developments/operational improvements
- supporting function improvements
- quality improvements
- finance and activity

The table right details delivery against these key areas.

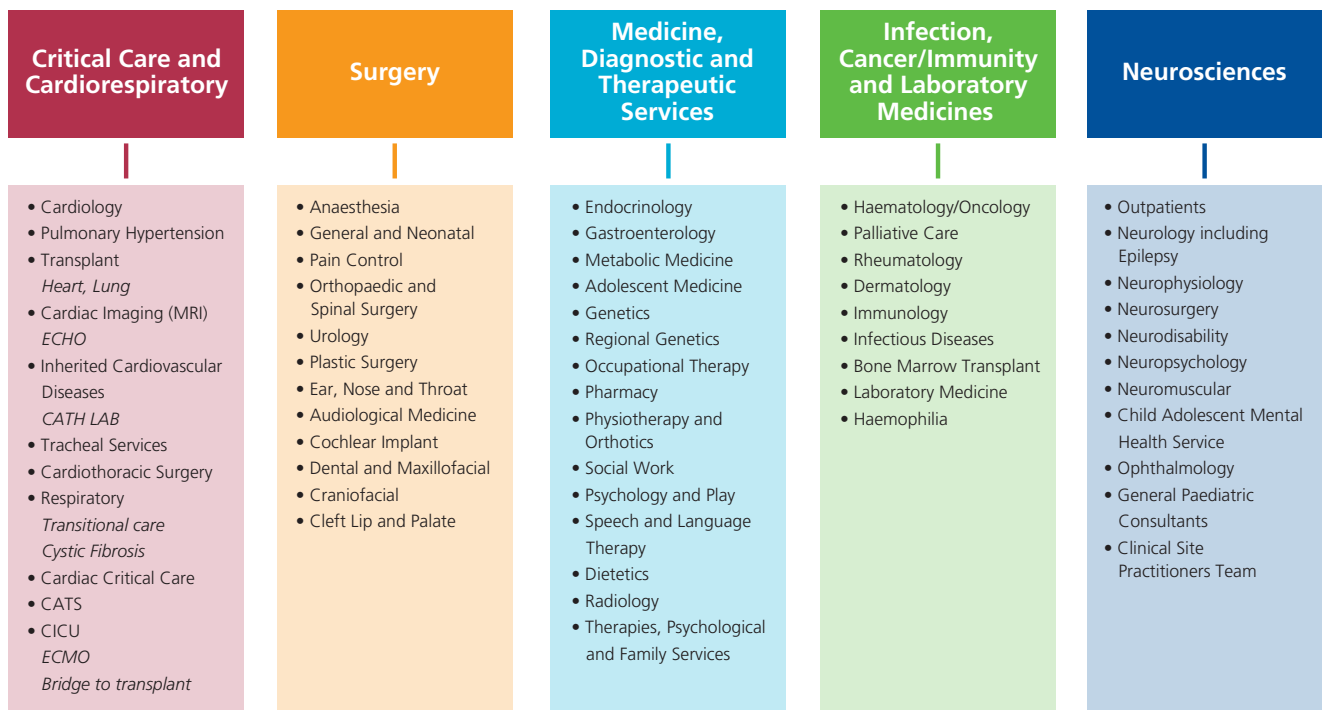
	Trust priorities in 2014/15	Evaluation
Service developments/operational improvements	Implement routine outpatient clinics across a number of specialities and magnetic resonance imaging (MRI) scanning service on a Saturday.	Achieved: MRI service running extra sessions in the evening and occasional weekends. Additional Saturday clinics are running (although acknowledged uptake has been low and a revised approach is being taken).
	Open additional intensive care unit beds and Implement a new model of Neonatal Intensive Care Unit beds.	Achieved: new separate Neonatal Intensive Care Unit is now operational and increased beds have been opened across all three intensive care units.
	Open Southwood Building imaging suite, which will see the addition of modern computed tomography (CT) and three Tesla MRI scanners.	Achieved: successfully implemented.
	New outpatient facilities.	Achieved: successfully implemented in December 2014.
	Open three new angiography laboratories.	Achieved: successfully implemented in May 2014.
	Expand respiratory ward.	Achieved: successfully implemented expanded Badger (respiratory) ward opened May 2014.
	Recruitment and retention of key health care professionals – nursing workforce, particularly for our intensive care units.	Partially achieved: alternative approaches to recruitment have now been implemented (including executive recruitment for difficult-to-fill posts and a strategy for nurse recruitment).
	Open a comprehensive and standardised pre-operative assessment unit (to include a clinic for planned patients who will require a general anaesthetic).	Achieved: this is being provided in the outpatient facilities above
Supporting function improvements	Values – a statement of values will be developed and a programme of work will be undertaken over the subsequent two years to embed revised values and behaviours across the organisation.	Achieved: the Trust's 'Our Always Values' have been agreed following a comprehensive engagement exercise. A programme of work is being implemented.
	ICT <ul style="list-style-type: none"> The introduction of an electronic document management (EDM) system. Electronic patient record (EPR) – during 2014/15, develop the business case and commencing procurement. 	Achieved: <ul style="list-style-type: none"> EDM being delivered in three phases. EPR business case being prepared.
	Temporary workforce <ul style="list-style-type: none"> Over the next three years reduce overall spend by shifting bank:agency spend ratio from the current 74:26 to 82:18 and decrease total usage by 10.14 per cent. Go live with an e-bank system in Q3 2014/15 to allow improved demand analysis and control, improved governance through electronic timesheets, and improved detail and timeliness of data. 	Partially achieved: <ul style="list-style-type: none"> Currently off projected target. Actions being put in place to resolve, targeting key areas. Achieved.
	Implement workforce Friends and Family Test.	Achieved.
Quality improvements	Zero Harm standards – decrease and eliminate hospital-acquired infections.	Partially achieved: the Trust is delivering improvements with regard to accurately recording clinical observations, knowing when escalation is indicated and improving situation awareness through effective communication. Further work is due to start that will improve handovers.
	Zero Harm standards – eliminate all pressure injuries occurring in hospital.	Achieved: year-on-year improvement is being seen based on year-to-date analysis.
	Zero Harm standards – recognise and respond to unexpected deterioration of children.	Partially achieved: the Trust is delivering improvements in accurately recording clinical observations, knowing when escalation is required and improving situation awareness through effective communication. Further work is due to start that will improve handovers.
	Outcome measures – each specialty to define five outcome measures for the five items of care most common and to identify five centres against which they should be compared in order to provide evidence of top five status.	Achieved: good progress is being made in this area, and a wide range of outcome measures are available on the GOSH website.
Finance and activity	Productivity and efficiency – robust plans to deliver savings of £14.8 million.	Not achieved: the Trust is behind on its Productivity and Efficiency programme. It delivered £11.6 million of its efficiency target.
	Activity plan <ul style="list-style-type: none"> NHS inpatient spells for 2014/15: 32,094 NHS outpatient activity for 2014/15: 149,908 	Achieved: both achieved – actual year-end figures were as follows: <ul style="list-style-type: none"> NHS inpatient spells: 33,554 NHS outpatient activity: 156,111
	Financial plan	Not achieved: the Trust reported a net operating surplus of £2.9 million compared with a planned surplus of £5.9 million.

Division performance in 2014/15

The clinical divisions at GOSH are 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



In 2014/15, the clinical specialty structure was reviewed. Where different specialties regularly collaborate, we have brought them together into new clinical services so that we can more easily make improvements in patient care. A senior doctor or other healthcare professional will lead each clinical service, ensuring that clinicians remain at the heart of management and help to inform decisions right across the Trust.

The following areas are monitored during monthly performance reviews with clinical divisions:

- 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 following boxes provide a summary of all of the divisions' performance during the year (including IPP), focusing on quality and safety, and effectiveness and activity.

Medicine, Diagnostic and Therapeutic Services (MDTS)

The MDTS division encompasses some of the medical specialties – Endocrine, Metabolic Medicine, Gastroenterology, Adolescent Medicine and Renal – and many of the supporting services – Pharmacy, Radiology, Dietetics, Social Work, Psychology, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Bereavement Services, Chaplaincy, Volunteer Services, BME, Orthotics and Play.

2014/15 highlights – quality and safety

- Introduction of the Paediatric Gastro Ambulatory Unit (PGAU) where inflammatory bowel diseases patients requiring rapid access can come in quickly and be seen and assessed by a consultant and nurse, and start treatment as appropriate. This has been a great success and allowed the team to manage patients more effectively.
- Review of the lysosomal storage disorders service model to ensure the expertise is held across the Metabolic team and there is a robust model in place to sustain the expertise for this patient group.
- Imaging Services achieved the Imaging Services Accreditation Scheme from the United Kingdom Accreditation Service. This is a mark of high-quality paediatric imaging services. We are the only accredited paediatric service in the UK.

2014/15 highlights – effectiveness and activity

- Review of the Psychology Service has been completed looking at what is needed for psychology across the Trust and proposing a revised structure for the service. All Psychology has now been moved under one division.
- Significant increase in Gastroenterology day case activity associated with the ward reconfiguration business case and introduction of PGAU.
- Development of research capacity in both Metabolic Medicine and Radiology. The Radiology service has employed two research radiographers to embed research skills within the service. The Metabolic service has built six sessions of research time into the consultant rota to support research.
- Introduction of extended working and service provision in Radiology to accommodate the building works for Phase 2B – this has provided evening MRI and nuclear medicine sessions every day.
- Development of a Trust imaging strategy to set the imaging agenda for the next 10 years for the Trust.

Infection, Cancer and Immunology, and Laboratory Medicine

The division manages patients with cancer, infectious diseases, problems with fighting infections (immunology), rheumatology and dermatology. The hospital's main laboratory services (with the recent inclusion of genetics) are part of this division.

2014/15 highlights – quality and safety

- Reconfiguration of haematology/oncology wards into three wards, with Giraffe as a designated high-dependence unit for cancer.
- The apheresis service is now being run in-house.
- The Palliative care foundation skills training course has been delivered to over 200 nurses within GOSH and externally.
- Significant progress towards the UKAS ISO15189 laboratory standards.
- Findings from a GOSH serious incident have been incorporated to improve governance of autologous stem cell transplant.

2014/15 highlights – effectiveness and activity

- Haematology/oncology has been open to 31 beds consistently for the last eight months.
- The division has incorporated the genetics service (clinical genetics and laboratory).
- Non-invasive prenatal testing and non-invasive prenatal diagnostic service was implemented.
- The Trust became a lead partner in the successful Genomics England bid.
- The Haemophilia team were recipients of the NIHR award for commercial trial activity.

Neurosciences

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, corporate outpatients and bed managers who provide pan-hospital support. In 2015, the division expanded further with the centralisation of all psychology and play services into the Neurosciences division.

2014/15 highlights – quality and safety

- Child and Adolescent Psychiatry received an ‘excellent’ rating for a recent Quality Network for Inpatient Child (QNIC) review.
- The Psychology Services won an NHS England bid to create patient-centred outcomes.
- A consultant won the *British Medical Journal* Patient Safety Award for 2014 for the project on ‘junior doctor-led and -owned patient safety – medication error reduction’ in an acute tertiary neurosciences ward.
- Koala Ward achieved among some of the best scores across England for the Friends and Family Test, with most families being extremely likely to recommend the service.
- The project work to deliver Nervecentre – a system enabling staff to electronically record observations – across the hospital has been clinically led by a clinical site practitioner and will improve early warnings for deteriorating patients.
- GOSH’s Visual Electrophysiology Unit participated in a National Audit of International Standard Tests of Retinal Function. This UK-wide project ensures our young patients with retinal disease diagnosed at GOSH transition to adult services with transferable physiological information that can be replicated at major adult units in the UK.

2014/15 highlights – effectiveness and activity

- The Children’s Epilepsy Surgery Service has commenced SEGS, with two procedures performed to date.
- Home telemetry was implemented in February 2015. This has the advantage of releasing bed capacity, better patient experience and more accurate recording of seizure patterns.
- March 2015 saw the introduction of a new clinical nurse specialist post for Batten disease, the first in the UK. The post is hosted by GOSH and funded by the Batten Disease Family Association for a three-year period.
- A vitreo-retinal (VR) service commenced with the appointment of two paediatric VR surgeons. GOSH is now one of only two centres in the world with expertise in novel endoscopic vitrectomy in complex paediatric retinal detachments.
- GOSH became a UK centre for surgery in retinopathy of prematurity, with the new collaboration with Oxford University Hospitals NHS Trust.
- The Ophthalmology department employed a dispensing optician that has improved the patient pathway for children requiring complex dispensed glasses.



Three-year old Riyan on Safari Ward

Surgery

The division provides nine highly specialised surgical services: cleft, craniofacial, maxillofacial, ear nose and throat (ENT), plastic surgery, orthopaedics, spines, urology, and special neonatal and paediatric surgery. It also provides specialist audiological and dental services on a mainly outpatient basis. It manages the anaesthetics department and runs 11 operating theatres and 12 procedures rooms for the Trust.

2014/15 highlights – quality and safety

- The division established a new anaesthetic pre-operative assessment service, which opened in January 2015. All surgical patients will be screened through this service prior to general anaesthetic.
- Work was undertaken with staff on Squirrel Ward to support and enhance leadership and team working so that it runs more effectively for the benefit of patients.
- Puffin Ward, the same-day admission unit (SDAU), has had a very successful first year. Throughput has increased while maintaining a high-quality patient experience. The team have introduced personalised fasting plans to reduce the length of time patients are without fluids. Puffin Ward has been recognised by Keele University for its outstanding work for patients with learning disabilities.
- The General Surgery team have adopted the new electronic discharge summary and have maintained an improvement in the timeliness of discharge summaries.

2014/15 highlights – effectiveness and activity

- Woodpecker Daycare Ward was able to increase from eight to 10 beds within the existing staffing structure and consequently support an increase in daycare work.
- The division has consolidated its inpatient beds and reduced the overall number to 56. We have maintained our activity levels with reduced staffing costs.
- The division developed an electronic admission planner, which standardised and streamlined the admission booking processes across the division and helps bed planning through SDAU and the wards.



Nine-year old Sadie
on Sky Ward

Critical Care and Cardio-respiratory

Critical Care and Cardio-respiratory continue to grow with more beds open and more patients treated than ever before, making it one of the largest units in Europe. Our aim is to achieve the best outcomes possible at lowest cost, to have satisfied families, to be the training and work centre of choice, and to be the leading research centre in our field of expertise.

2014/15 highlights – quality and safety

- Implanted the first Heartware device on a child waiting for a heart transplant, allowing the child to be discharged home on the device.
- Established an early warning sign home-monitoring service for babies born with single ventricles.
- Developed a programme called Future Search that involved all of Critical Care and their interface with the rest of the hospital. Four future workstreams were developed from the days – culture and values, leadership, patient flow and education.
- Transition of cardiology imaging on to a ‘vendor neutral archive’ means images can be reviewed on any machine or anywhere in the hospital.
- Introduced a non-invasive ventilation (NIV) pathway to ensure the consistency and safety of the 270 patients currently on home NIV.

2014/15 highlights – effectiveness and activity

- The Sleep Unit opened an additional cubicle and started to run a seven-day-a-week service.
- Established rapid access clinics for Cardiology allowing urgent patients to be seen more quickly.
- Introduced Patient at a Glance, which are electronic boards displaying patient information aimed at improving flow out of the ICUs.
- Junior doctors have developed pathways to reduce unnecessary pathology ordering.
- The Children’s Acute Transport Service introduced a third retrieval team over the winter months to ensure more children were transported during the winter surge period.



International and Private Patients

The International and Private Patients (IPP) division provides the majority of GOSH clinical services on a private basis through its two inpatient wards and outpatient facilities. Patients come from over 80 countries.

2014/15 highlights – quality and safety

- ‘Nervcentre’ was introduced to both IPP wards. The system enables staff to electronically record observations therefore removing the paper observation charts. It allows improved escalation and aids communication of the deteriorating child or those with elevated children’s early warning scores in real time.
- The division received recognition of staffing quality by being the proud recipients of GOSH annual staff awards Team of the Year, Medical Registrar of the Year and Consultant of the Year for Pastoral Care.
- Additional late evening ‘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.
- The division has worked in partnership with School of Oriental and African Studies to develop a one-day Arabic cultural awareness programme. The trial received excellent staff feedback and future study days are now being rolled out Trust-wide, as well as external to the Trust, through collaborative working between the Education and Training department and the division.

2014/15 highlights – effectiveness and activity

- The division continued to improve nurse recruitment. As a result, the need for bank staff reduced by over a third. Nurse retention has also been a focus and the division has developed a staff satisfaction and wellbeing strategy.
- The division has received recognition for middle-grade doctor posts from the Royal College of Paediatrics and Child Health. This also includes experienced paediatricians from overseas who are on the Medical Training Initiative in Paediatrics programme.
- Ward rounds have been reviewed and a standardised Lean approach introduced to improve efficiency, safety and ultimately clinical outcomes and experience.
- The Arabic Interpreting Service in the division is now delivering a seven-day service. There is greater clarity on role boundaries, standardised practices, line management and supervision and training.



Two-year old Kimyah on Badger Ward

Productivity and efficiency

For 2014/15 the Trust successfully delivered £11.6 million against a productivity and efficiency target of £14.8 million, which equates to 78 per cent. While not the delivering the full amount, the Trust is pleased with the progress made by staff during the year. A number of projects and schemes that took effect in 2014/15 have a beneficial recurrent impact for the Trust for the future. Examples include:

- **Increased productivity in Paediatric Intensive Care Unit (PICU)**

PICU opened two extra beds in 2014/15. This has resulted in reducing the number of cancelled operations and refusals into the hospital and, as such, allowed the Trust to treat more patients needing our services and providing a better patient experience.

- **Reduction in use of general anaesthetic (GA) for computed tomography (CT)**

We implemented new equipment and techniques for the delivery of CT without the need for GA. This has resulted in reducing risks associated with the use of GA and made the procedure more convenient for patients (as they no longer need to fast beforehand), and reduces recovery times, enabling patients to leave the hospital on the same day.

Additionally, as a consequence of these changes, the service has become more flexible in the way it delivers its GA and non-GA sessions. These procedures have reduced the demand for beds and family accommodation for overnight stays.

- **Review of key clinical products**

We sought expert advice in regard to the most clinically appropriate products to be used in certain settings (eg haematology). Reviewing and implementing this change has represented significant quality improvement in providing a more consistent and reliable product.

- **Unit-wide junior doctor workforce planning: surgery**

We introduced better management and control of recruitment to reduce money spent on agency doctors to cover gaps in service. By co-ordinating recruitment of junior doctors across the division (10 specialties), ensuring rotas were appropriately planned and managed, and monitoring monthly spend on the junior doctor agency, we reduced our spend in this area during 2014/15. Additionally, there were benefits in terms of increasing the substantive members of junior doctors and therefore providing a higher level of continuity of care for patients.

2015/16 summary

Building on this agenda into 2015/16 – and in line with the Trust's Strategic Plan and Productivity and Efficiency (P&E) strategy – in 2015/16 there will be a £12 million cost-reduction requirement, which is 4.5 per cent of influencable spend.

The programme is being carried out under the following categories:

- Local projects – individual departmental projects identified by clinical divisions and corporate departments.
- Workstreams – these are organisational-wide workstreams that ensure there is a consistent approach to large-scale projects in P&E across the Trust. These include:
 - outpatients
 - procurement/non-pay
 - workforce

Quality assurance

To ensure that such cost reduction P&E schemes (over £10,000) do not adversely impact on patient safety and quality, a quality impact assessment (QIA) needs to be completed by the project lead, and signed off by their respective divisional director and either the Chief Nurse or Medical Director.

Risks against various criteria (clinical effectiveness, patient safety, patient experience, staff experience, targets/performance) can be indicated, as well as mitigation actions being identified within the QIA for such P&E cost-reduction schemes.

Additionally, on a quarterly basis, samples of P&E schemes (above £100,000) are reviewed by the Clinical Governance Committee, ensuring such schemes have no adverse impact on quality and safety. This is reported to the Trust Board.

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 this 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 a Sustainability Action Plan to guide our activities in becoming a more sustainable organisation.

Our Sustainability Plan was created following a consultation process we held with our staff. More than 150 individuals and groups were engaged through a range of in-depth interviews, focus groups and surveys.

Following this consultation we have developed a much better idea about what sustainability means for our staff and visitors, and this led us to develop three strands of activity to pursue:

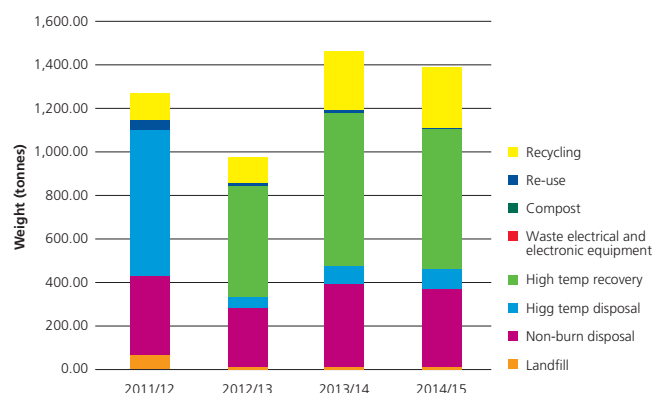
1. being more efficient with resources
2. improving patient care through sustainable actions
3. advocating on health and sustainability

Waste

Waste volumes across the Trust have shown a slight decrease in comparison to the previous year. Recycling is increasing across the Trust, although due to operational challenges this has not been facilitated as quickly as planned. Waste to landfill is continuing to decrease and the Trust is on course to achieve its 'zero waste to landfill' target. Through the management of the service and negotiation with suppliers, there has been a reduction in the cost of some waste disposal services, and no additional increases in the cost per tonne of waste streams disposed during 2014.

In November 2014, GOSH commissioned a behaviour change organisation to undertake a comprehensive site audit of waste practices, compliance and segregation. The Trust will focus on improving the correct segregation of waste and introduce a behaviour change programme in 2015.

Waste breakdown, 2011/12–2014/15



	2011/12	2012/13	2013/14	2014/15
High temperature disposal waste with energy recovery	0	507	708	645
High temperature disposal waste	670	58	87	91
Non-burn treatment disposal waste	365	269	387	368
Landfill disposal waste	68	14	6	3
Waste electrical and electronic equipment (WEEE)	44	10	5	6
Preparing for re-use	0	0	0	0
Composted	0	0	0	0
Waste recycling	1,131	122	275	277

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.

We have become one of the most open and transparent trusts when it comes to showing how much energy we use, how much it costs and the associated carbon footprint. This information is now publicly available via the Trust's website or by going to carbonculture.net/gosh

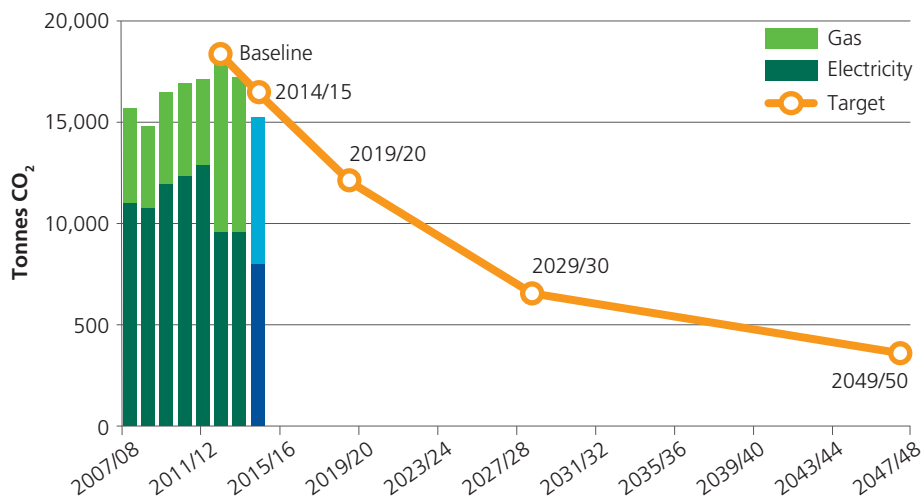
This year, we have made great progress in making our systems work as efficiently as possible. This has been recognised, as we won the Energy and Carbon Management Award at the NHS Sustainability Awards 2015.

Our success in the past year is best demonstrated by the amount of gas that we have used for our heating systems. We used 30 per cent less gas than the previous year without compromising the comfort of our patients and staff. This has been achieved by

working with our suppliers to improve the control system for our boilers. We have also focused on optimising our energy centre and have managed to improve our combined cooling, heating and power (CCHP) generator's annual electrical output by 15 per cent, and used heat output by more than 100 per cent. The CCHP has saved the Trust over £1.5 million this year.

As the table and graph below show, the Trust has reduced its total energy consumption by 18 per cent and our carbon footprint by 12 per cent when compared to 2013/14. This means we have comfortably hit our first Carbon Reduction Target as shown below.

Carbon footprint, 2007/8–2014/15, with targets



Energy indicators		2010/11	2011/12	2012/13	2013/14	2014/15	Target
Energy consumption (million kWh)	Electricity	22808	23721	17739	17847	14700	–
	Gas	24972	22520	47443	41430	39443	–
	Fuel oil			0.397	0.127	0	–
Energy intensity (kWh/m ²)	Energy per m ²			703	687	595	562.4 by 2015/16
Emissions (tCO ₂ e)	Total gross emissions	17007	17141	18282	17262	15254	16454 by 2014/15
	Emissions per m ²	0.22	0.20	0.18	0.17	0.17	–
Expenditure (£)	Total cost	2,640,000	2,788,570	3,106,049	3,360,678	2,952,472	–

Case study

Sustainability through the eyes of our patients

The Sustainability team at GOSH teamed up with our arts programme, GO Create!, and Camden's House of Illustration to create a sustainability-themed artwork by engaging with our patients and visitors.

The theme of 'Building a sustainable hospital' was explored in workshops with patients throughout the hospital. These gave us an opportunity to educate young people about sustainability, but also took a blue-sky thinking approach, firing their imaginations and inspiring them to get excited about what could be possible, now and in the future. Our patients were challenged to think creatively about topics, including spaceship earth, one planet living and telehealth technologies such as remote monitoring and creating a virtual GOSH.

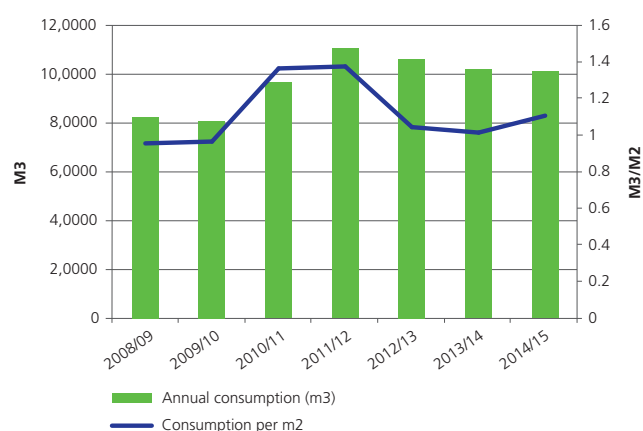
A montage of the children's ideas has been created that tells their story of building a sustainable hospital. The installation is positioned directly outside The Lagoon, the Trust's restaurant. The sustainability story will inspire all the staff and visitors who pass by it. This will bring to life the importance of sustainability and demonstrate the Trust's commitment to becoming a more sustainable organisation.



Water

In 2014/15, GOSH moved onto cheaper tariffs and installed urinal sensors across the Trust. Water consumption reduced for the third year running with a 8.5 per cent reduction from the peak in 2011/12. Our consumption per m2 has increased slightly from last year, though this has also been reduced by 20 per cent since 2011/12.

Water consumption profile, 2008/09–2014/15



Indicators		2010/11	2011/12	2012/13	2013/14	2014/15	Target
Total water consumption	m3	96,901	110,953	106,657	102,217	101,550	96,514 by 2015/16
Water intensity (against estate size)	m3/m2	1.37	1.38	1.05	1.02	1.11	–
Expenditure	£	162,440	143,477	185,227	199,642	236,173	–

Plans for 2015/16

There is a lot of work planned for 2015/16 to build on the progress made this year. We have behaviour change campaigns being rolled out for energy use and waste disposal. For both of these projects we are working with experts in energy and waste management.

We have invested more than £120,000 on new LED lights, which will be installed in early 2015/16, and we are looking at the possibility of a system that uses solar panels. Finally, the second CCHP generator is planned for installation in Q3 of 2015/16.

Governance and monitoring

The Sustainable Development Management Plan is monitored and managed through the Trust's Sustainable Development Committee. The Trust reports on several mandatory measures and requirements on sustainability and has governance arrangements in place to support this.

Emergency planning

The Civil Contingencies Act 2004 identifies the organisation as a 'category one' responder, which compels the need for robust emergency preparedness and business continuity plans. All staff need to be aware of their role and responsibilities during a significant incident or emergency.

During December 2014, the Trust tested its procedures for a power failure. The aim of the exercise was to manage the transition from mains supply electricity to a generator back-up system.

In February 2015, awareness training followed by a table-top exercise was organised to test the response to a prolonged heatwave. A 'live' exercise was completed in March to test the procedures for a full lockdown of the main site.

Membership of the Major Incident Planning Group was revised. The group continues to capture the learning from incidents and exercises and agree future steps. The action plan for 2015/16 focuses on the revision of business continuity plans for all services and there will be additional 'live' exercises to test emergency preparedness procedures.

Delivering value in 2014/15

All of the children and young people we treat at the hospital deserve to receive high-quality and safe care and, together with their families, an excellent experience. We strive to do this by delivering harm-free care for every patient, every time, everywhere.

Quality and safety at GOSH

Since 2013, GOSH has identified 12 standards against which the Trust will continually improve. In 2014, these standards were incorporated into our improvement plan for the 'Sign Up for Safety' programme – a national initiative supported by NHS England, which aims to reduce avoidable harm to patients by 50 per cent and, in doing so, contribute to saving 6,000 lives nationally over the next three years. The programme champions openness and honesty, and supports everyone to improve the safety of patients.

GOSH has explicitly committed to:

- place safety at the forefront of strategic objectives
- continually learn from the Trust's experience of what works well and when things go wrong
- be transparent about safety outcomes
- share experience locally and nationally
- be open with patients and to support staff in cases where incidents occur

The Trust recognises that Quality and Safety are imperatives, even during times of financial constraint. At performance reviews, via Trust-wide dashboards on the GOSH intranet, and at divisional and executive meetings, quality and safety issues are under constant scrutiny and will remain so. Each clinical division is required to achieve the quality standards, and improvement initiatives focus on those areas identified as a priority by local needs assessments and responses to clinical incidents.

Transformation and improvement

Pan-Trust quality improvement initiatives are supported by a dedicated team of quality improvement experts and analysts whose priorities focus on removing waste, waits and achieving Zero Harm. This work is governed by a recently established Quality Improvement Committee, who has delegated authority from the Executive Management team to provide assurance that all quality improvement work:

- aligns to the Trust's strategic direction and supports achievement of the Trust's Quality Strategy
- actively involves patients and families
- is appropriately prioritised and resourced
- drives, challenges and supports continuous improvement
- is successfully implemented and spread

- supports achievement of the deliverables declared in the Quality Account

The Quality Improvement team empower and enable frontline teams to continuously improve using a systematic approach – the Model for Improvement (Association of Process Improvement, 2012).

Over the past year, the Quality Improvement team have been supporting the project below.

Improving discharge summaries

The aim of this project is to reduce the time between a patient leaving the hospital and a good quality discharge summary being sent. This project was reported in last year's Quality Report, at which time huge improvements had been achieved in Rheumatology, with the turnaround time for discharge summaries reducing from 1.6 to 0.8 days. The electronic system and improved processes have now been implemented across the entire Infection, Cancer, Immunity and Laboratory Medicine division. They are now being spread to the Critical Care and Cardio-respiratory, Surgery, and Neurosciences divisions. Currently, 25 per cent of all discharge summaries are being generated using the new electronic system. We predict that the quality of discharge summaries and turnaround times will improve for all patients when the project is spread hospital-wide by July 2015.

Improving flow through the intensive care units

The development and implementation of an electronic patient status at a glance whiteboard last year was just the beginning of the improvement journey on the intensive care units at GOSH. There have been a number of changes to systems and processes, which have helped to improve communication between clinical teams, to aid decision-making, and to ensure the best allocation of resources to patients. Most recently, an electronic intent-to-use bed-booking form has been developed to help smooth the demand for elective admissions and reduce the number of beds reserved for patients who did not need them. This will help to ensure that intensive care beds are available for the right patients, at the right time.

Improving the patient pathway through interventional radiology

This project aims to reduce the number of patients who are booked to have a procedure under general anaesthetic in the Interventional Radiology department, but are cancelled on the day. While some patients may become too clinically unwell to have their procedure, many more patients are being cancelled due to lack of preparation or poor communication. Our commitment is to reduce the number of occasions a patient is cancelled due to avoidable reasons. We believe this can be reduced from 12 to four patients per week. We have discovered that the cause of most avoidable cancellations originates outside the Interventional Radiology department. The project teams are therefore working with the wards to help them to ensure patients are prepared and assessed well in advance of them coming for their procedure.

Reducing waiting times for medication dispensary in Pharmacy outpatients

This project was introduced in last year's Quality Report, at which time a project team was established to diagnose and understand Pharmacy processes and to identify areas where improvement efforts should be focused. This led to the development of a system that tracks the prescription through the dispensary and displays progress to the patient via an electronic whiteboard. The system automatically generates a text message to let the patient know when their medication is ready for collection, thus improving the patient experience.

Situation Awareness For Everyone (SAFE) project

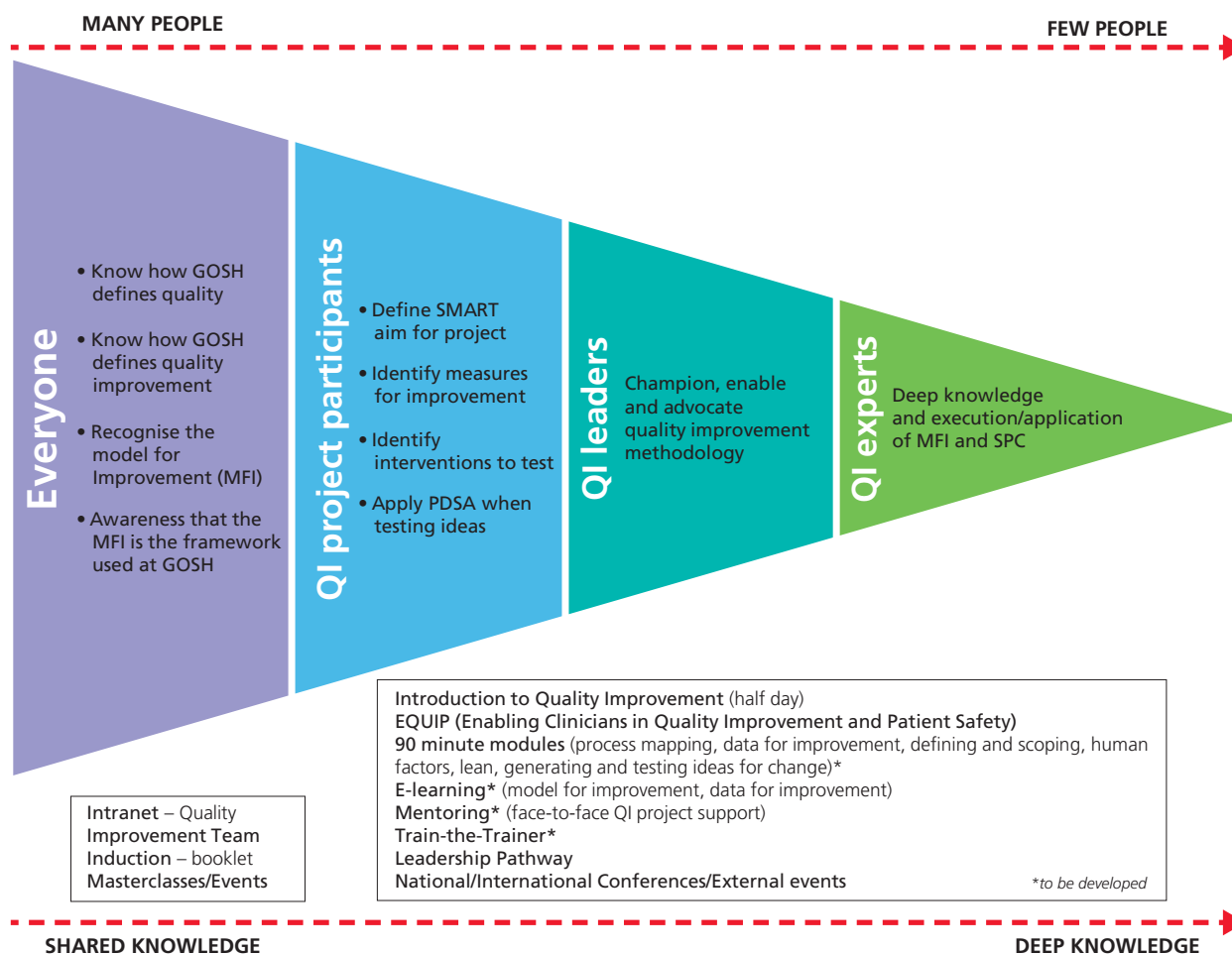
The aim of SAFE is to reduce avoidable harm to patients on inpatient wards by improving the identification, escalation and care planning of patients at risk of deterioration through the implementation of 'huddles'. Huddles are short briefings designed to give frontline staff and bedside caregivers opportunities to stay informed, review events, and make and share plans for ensuring co-ordinated patient care.

Huddles have been successfully implemented in two of our inpatient areas and are due to be spread to other wards over the next year.

In addition to these projects, more improvement work is being done locally within the divisions, supported by staff trained in improvement methodology.

Sir Bruce Keogh acknowledged in his review of hospital trusts that leaders need "to be confident and competent in using data for the forensic pursuit of quality improvement". In August 2013, the Berwick Report highlighted the importance of leadership, training and capacity building as key areas of focus for NHS organisations. It emphasised the need for an "agenda of capability-building in order to deliver continuous improvement".

The following diagram shows the GOSH Quality Improvement Capability Framework for 2015/16. This demonstrates our commitment to training staff in quality improvement and also how we intend to execute the plan.



Going forward, the Quality Improvement team will work with frontline staff across the organisation to achieve ‘No Waste, No Waits, Zero Harm’ with new projects starting up in pursuit of standardising clinical care, removing waste from procurement processes and outpatients, improving surgical bed booking processes, and helping the Trust to increasingly deliver consultant-led care 24 hours a day, seven days a week.

Safeguarding children

Safeguarding and promoting the welfare of our patients is everyone’s responsibility and remains a priority for GOSH.

There were 2535 referrals made to the Social Work service in 2014/15. This is an increase of 25% from 2013/14. This growth can be accounted for by the recent improvements implemented in the data activity collection system, as well as an actual increase in referrals and complexity of cases (including child protection) being referred to the team.

GOSH provides assurance to our commissioners for safeguarding on training, supervision and staff participation in child protection conferences.

Staff are trained to the relevant competency level, which consistently exceeds the requirements of our external commissioners of 80 per cent (see page 42 on mandatory training). In addition, themed days on national issues such as child sexual exploitation and female genital mutilation have been organised.

Safeguarding newsletters are distributed to the workforce twice a year and the web-based resources support staff to remain updated with current national policy research and guidance.

Supportive supervision in safeguarding is available to all staff in GOSH and is repeatedly highlighted as good practice in serious case reviews.

A drop-in clinic for staff has been recently established by the Safeguarding team to enable staff to discuss any concerns and promote good practice.

Increasingly, GOSH uses video and teleconferencing facilities to ensure that professionals can contribute effectively to child protection conferences across the country, minimising disruption to their clinical workload. Otherwise a written report is provided for the multi-agency network.

Reviews in 2014/15

The Trust has maintained external regulatory/contractual standards, and contributed to eight serious case reviews (SCR) and three non-SCR reviews involving 14 children. These have been conducted in line with the statutory guidance, which requires proportionate reviews of cases where children have suffered serious injuries or died through maltreatment or neglect.

The Trust has a robust audit programme in place to assure itself and its commissioners that safeguarding systems and processes are working.

Priorities in 2015/16

The Trust will continue to develop an effective child-centred and co-ordinated approach to safeguarding our children and young people within the Trust. The Trust plans to further increase uptake of supervision for staff as well as increase professional awareness of the government's Prevent Strategy to identify those vulnerable young people at risk of radicalisation.

Health and safety

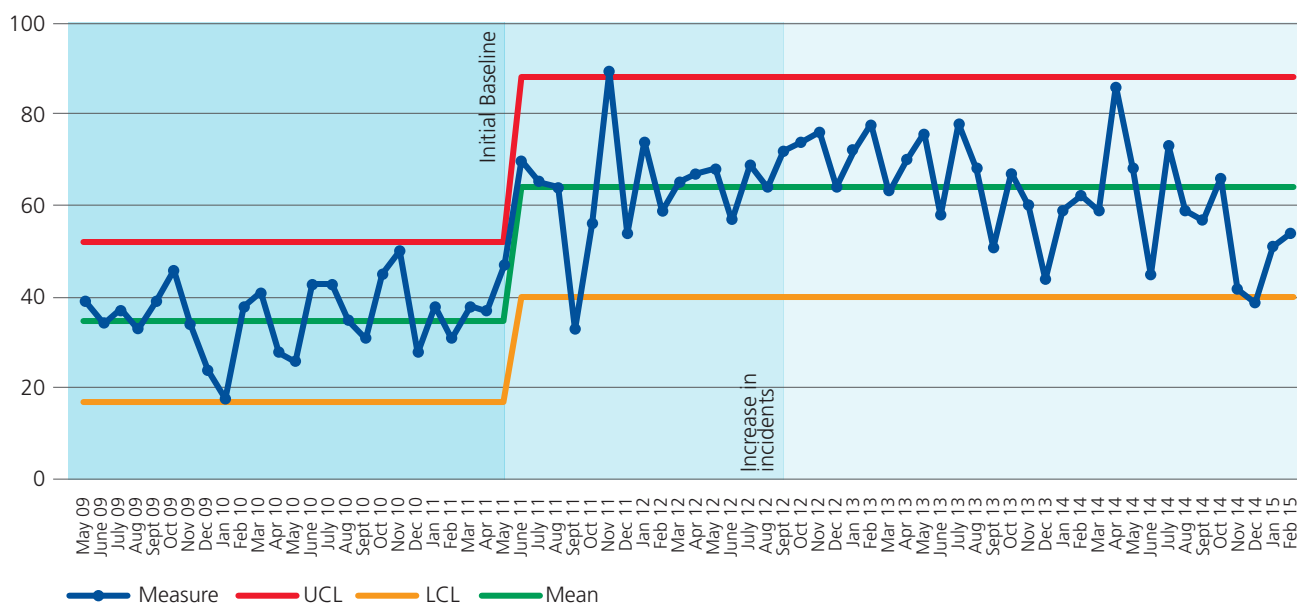
The Trust is committed to effectively controlling risks and preventing harm to all patients, visitors and staff through our health and safety work.

GOSH employees reported 826 health and safety incidents in 2014/15. These included 126 patient safety incidents. The number of health and safety incidents involving patients has risen slightly and increased as a proportion of the overall number of health and safety incidents.

In conjunction with the incident reporting system, the Trust uses proactive means of identifying and subsequently mitigating risks. These include auditing the entire Trust, using a tool that monitors compliance against statutory regulations and measures performance against any safety critical alerts or Trust/paediatric specific criteria. The governance structure ensures that any statutory compliance is undertaken within stated legislative guidelines.

The Trust has a multimillion pound redevelopment programme underway, which brings with it inherent problems, especially when juxtaposed with the clinical environment. There are measures in place that put additional controls on the construction work and ensures this work fits around the delivery of the clinical care rather than vice versa.

Non-clinical health and safety incidents



Supporting and developing our staff

Staff who are trained, supported and valued are more likely to live Our Always Values and deliver the best possible care to patients and families.

Recruitment and retention

Recruiting and retaining high-calibre staff has continued to be an important feature of our work in 2014/15. 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.

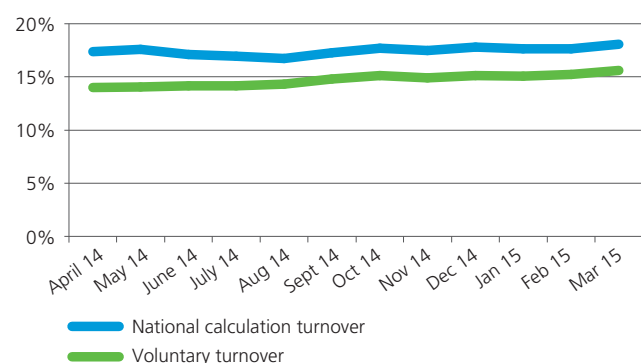
The Trust has continued to closely monitor its turnover and vacancy rates. We recognise that GOSH has a large number of staff on fixed-term contracts, in particular but not only due to our extensive research activities and associated roles. We have worked hard to address this during 2014/15 to ensure that these types of contract are used in the right circumstances.

In 2014/15, we introduced 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. This information is reported monthly to the Trust Board.

Newly qualified staff form a substantial core of the ward workforce and we continue to work with London South Bank University in this regard. We devised a clear plan for 2014/15, which included several promotional events and job fairs in the UK, and held a successful recruitment open day.

We continue to adopt an assessment centre approach to ensure high-quality recruits for many roles and improve the reliability and validity of appointments made.

GOSH turnover rate (12-month rolling)



Temporary staffing

GOSH has continued to take concerted action in 2014/15 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.

Bank spend, and consequently overall temporary spend, has increased slightly in 2014/15 when compared to 2013/14. This has been driven by increase in demand for some services, and additional projects across the organisation such as the electronic document management system.

During 2014/15, the Trust's Executive Board approved a recommendation to slightly decrease the maximum number of hours a bank worker can work per week from 37.5 hrs to 35 hours per week for administrative posts, and from 39 to 37.5 for ancillary workers. This supported a planned cost reduction, but also provided an opportunity for our management teams to review the usage of bank workers generally.

The Trust implemented an e-bank system in Q4 of 2014/15, which allows improved analysis of demand, improved governance through electronic timesheets and improvements in the accuracy of the data.

Within this overall picture, temporary nursing shifts continue to be filled predominantly by bank staff (via our nurse Bank Partners), allowing us greater control of cost and quality.

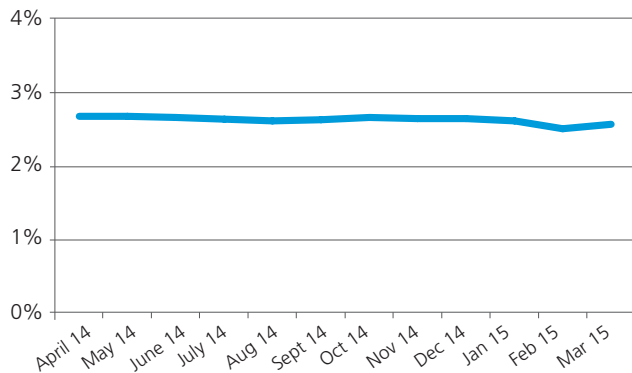
Sickness absenteeism

Our sickness absence rates continue to be among the lowest of all NHS organisations in the country.

In 2014/15, we reviewed our policy on this matter to ensure it remained both supportive yet robust in the management of both short-term and long-term absence.

Our Human Resources team continue to provide training for managers on this subject (and others) to ensure that absence is managed well across the organisation.

GOSH sickness rate



Helping our staff keep fit and healthy

Helping our staff maintain their physical and mental health is critical to ensure they can deliver the best care to children, families and carers. We promote a range of services to help them in different ways. During 2014/15:

- Our expert on-site Occupational Health (OH) team held 6,136 appointments, including vaccination screening and updates, health surveillance, and sickness absence advice. We undertook 2,546 preplacement assessments to assess fitness for role, seeing an increase of 61 per cent in this kind of work compared to the same period last year, as we set the same standards of fitness for our growing temporary staffing bank as for our substantive workforce. Over the next 12 months we will modernise our OH systems and processes so that we can work more efficiently and spend more time helping managers and staff to recognise and address health problems early.
- Our award-winning on-site staff physiotherapy service saw over 300 staff. This service is free to our staff as we believe fast and pro-active interventions for musculoskeletal disorders significantly reduce the costs of staff taking time off work.
- Our free and confidential 24-hour staff counselling and advice service was contacted by 174 staff. Depending on their needs, they received telephone counselling, face-to-face counselling or help from trained Citizens Advice Bureau advisers.
- Over 500 members of staff attended events organised by our Sports and Social Committee. Activities ranged from dance classes, membership of our running club, guided walks and social events in order to appeal to as many different staff as possible.

Equality and diversity

One of the principles of Our Always Values is consistency – ‘welcoming, helpful, expert and one team’ should apply to all of our people, all of the time. Our work on staff equality and diversity recognises that different groups may have a different experience of GOSH as an employer, and tries to address this. During 2014/15, our HR teams have run well-received sessions for our GROW network – a group that supports black and ethnic

minority staff in particular – on making successful job applications, interviews and what to do if you feel you are being treated unfairly at work.

Our comprehensive annual report on equality data, published in January 2015, supports us in meeting the requirements of the NHS’ new Workforce Race Equality Standard. This report reflects our view that transparency and honesty are the starting points for making real and lasting change. We have maintained our commitment to engage on difficult subjects by running sessions for line managers on unconscious bias, and how it affects our actions and decisions. In 2015/16, we will consult on and agree new objectives to help us ensure the behaviours of Our Always Values are demonstrated and experienced by all our staff.

Control measures are in place to ensure that 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 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 progress against objectives to the Trust Board. Making sure our patients, families and staff are safe and they are treated with dignity, respect and fairness is at the heart of Our Always Values and we will monitor our progress formally through surveys and other measures.

Policies in relation to disabled staff – policies for giving full and fair consideration to applications for employment by disabled people

The Trust has 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 Job Centre 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 OH 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	
	Headcount	%	Headcount	%
Director	8	53.3%	7	46.7%
Senior manager	14	63.6%	8	36.4%
Employees	3,113	77.9%	884	22.1%
Grand total	3,135	77.7%	899	22.3%

Engaging and listening to staff

We maintained our programme of executive-led open briefings for staff, with the opportunity for staff to ask questions and share ideas and reflections on key issues for the hospital. We also launched a Trust brief, so that messages can be cascaded to all staff across the organisation. Our staff survey results tell us that although staff feel they can contribute very effectively to improvements in their work, they would like more opportunities for engaging with and influencing senior managers. This will be a feature of our work in embedding Our Always Values in the coming months.

Whistle-blowing

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. This policy was both revised (to ensure it continued to meet statutory obligations) and audited (by our external auditors) in 2014, resulting in a favourable rating.

There are various other ways staff can raise concerns or issues in an open and supportive way, such as executive safety walkrounds, staff open meetings with the Chief Executive, senior staff meetings, visible nursing leadership. There is an open-door policy from the executive team and periodic visits to clinical and non-clinical areas across the Trust. Other ways include ad-hoc visits by non-executive directors to areas across the Trust and via incident reporting.

Results of the 2014 staff survey revealed that 92 per cent of respondents stated that they would know how to report concerns. This is an increase of five per cent from the 2013 survey (87 per cent).

Additionally, quarterly reports are now provided to the Trust's Audit Committee, which provides a summary of current cases.

Recognising and rewarding performance

Our GEMS awards – monthly awards for GOSH Exceptional Members of Staff – went from strength to strength in the last 12 months, with large numbers of nominations for individuals and teams across the hospital. As well as our clinical teams, we have seen winners who do vital work in less high-profile areas, such as biomedical engineering, ICT, and blood bank. These staff demonstrate Our Always Values in practice.

Our annual Staff Awards ceremony in June has become a very popular fixture in the GOSH calendar, with hundreds of nominations from patients, families, carers and staff. Mr Neil Bulstrode, one of our plastic surgeons, won the Child and Family Award in 2014 and we heard very movingly from a number of patients that it is not simply what our staff do – from surgeons to receptionists – but *how* they do it that makes all the difference to them.

Annual Staff Survey

We maintained the significant improvement in our response rate to the annual survey in 2014, meaning we have a firm foundation for actions. Our results showed little change compared to 2013, but identified two clear priorities for action.

	2013		2014		Trust improvement/ deterioration
	GOSH	National average	GOSH	National average	
Response rate	62%	Above average	60%	Above average	2% deterioration
Top five ranking scores					
Percentage of staff agreeing that their role makes a difference to patients	93%	91%	95%	92%	No significant change (highest score nationally)
Percentage of staff receiving job-relevant training, learning or development in last 12 months	84%	80%	85%	81%	No significant change
Staff motivation at work	3.88	3.91	3.97	3.90	No significant change
Percentage of staff reporting errors, near misses or incidents witnessed in last 12 months	93%	92%	96%	92%	No significant change (highest score nationally)
Percentage of staff able to contribute towards improvements at work	74%	71%	75%	71%	No significant change

Bottom five ranking scores	2013		2014		Trust improvement/ deterioration/no change
	GOSH	National average	GOSH	National average	
Percentage of staff reporting good communication between senior management and staff	33%	35%	29%	37%	No significant change
Percentage of staff having equality and diversity training in last 12 months	64%	52%	54%	68%	Deterioration
Percentage of staff receiving health and safety training in last 12 months	69%	76%	63%	78%	No significant change
Percentage of staff witnessing potentially harmful errors, near misses, or incidents in last month	37%	29%	40%	29%	No significant change
Effective team working	3.76	3.80	3.76	3.83	No significant change

We take seriously our commitment to statutory and mandatory training, which includes health and safety, and equality and diversity. Our update training takes place every two years, in line with NHS guidance, and our data shows that, in February 2015, well over 80 per cent of our staff had completed both these modules. We will continue to work to improve our take-up of statutory and mandatory training, and ensure equality and diversity training continues to be bled into our training portfolio.

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.

Our two critical areas for action in the coming months will be on improving good communication between senior management and staff, and team working. We will ask our staff what practical steps would make a difference to them, and work together to make improvements as part of our plans to embed Our Always Values right across the hospital.

Education and development

Education is critical to the work of the Trust. In 2014/15, more than 10,500 course places were filled across all centrally recorded learning. GOSH is the largest provider of preregistration children's nursing education in the UK (offering 300–400 placements a year), and is a major provider of postgraduate medical education in paediatrics (250–300 trainees per year). The Trust supports trainees in healthcare science, therapies, dietetics and pharmacy. The organisation also has a track record of supporting non-clinical careers through the introduction of apprentices, competency frameworks and bespoke learning interventions.

Mandatory training

The Trust has continued to innovate to help staff maintain compliance, this year by introducing an *Update Booklet* providing staff with a simple tool for confirming their understanding of mandatory topics. This – combined with Trust induction, teaching and e-learning – provides a varied prospectus of training options.

In March 2015, compliance rates for core mandatory topics were:

Safeguarding Children – consistently more than 90 per cent, with level 1 at 96 per cent and level 3 at 94 per cent

Information Governance – increase over the year of 8 per cent to 91 per cent

Safeguarding Adults – increase over the year of 11 per cent to 71 per cent

Counter Fraud – increase over the year of 18 per cent to 86 per cent

Equality, Diversity and Human Rights – increase over the year of 35 per cent to 89 per cent

Health Safety and Welfare – increase over the year of 17 per cent to 87 per cent

Infection Prevention and Control Level 1 – increase over the year of 17 per cent to 87 per cent

Education services work in partnership with all subject matter experts to formulate action plans for raising compliance. This work will be ongoing throughout 2015/16.

Staff appraisal

The Trust launched its revised performance development review (PDR) appraisal paperwork in 2014/15, which was well received. This was underpinned by an updated PDR appraisal policy, in line with the revised Agenda for Change terms and conditions. As at May 2015, PDR rates have increased to 84 per cent, with 88 per cent of staff survey respondents in 2014 stating they had been appraised in the last 12 months. More work is required on addressing concerns around the quality of the appraisal discussion, with 45 per cent of those respondents feeling they benefited

from a well-structured appraisal. PDR appraisal training is being reviewed to address quality issues as part of the rollout of the new PDR process.

Medical education and nursing development

Postgraduate medical education continued to design and deliver innovative educational initiatives, including Clinical Leadership in Action, Courtroom Skills, and Human Factors training. Funding was secured to develop Crossing Boundaries – a simulation programme using serious gaming techniques addressing care fragmentation across the patient journey. The team also continued to support junior doctors in training and consultants to develop their educational supervision role.

External training reviews have identified areas of excellence in medical training at GOSH but also concerns in areas such as paediatric medical specialties. As a result, a large number of changes have been made to address some of these issues, and project plans developed for medium- and longer-term change.

Nursing development

In partnership with London South Bank University, we have implemented an accredited programme for Healthcare Assistants (HCAs) which provides the knowledge and skills to care for children and young people. The team were also commissioned by Health Education North Central and East London to develop a pilot for the HCA Care Certificate, specific to staff caring for children and young people. This programme will commence in April 2015.

GOSH commissioned 468 modules on post-registration specialist nursing courses, in addition to supporting staff on a variety of masters programmes. A new work-based learning programme was introduced in 2014 to provide nursing staff across the Trust with specialist skills and knowledge to care for patients with high-dependency needs. This supports the Trust's improvement work regarding the deteriorating child.

Leadership development

The Trust's Leadership Pathway offers a wide range of development opportunities supporting staff to access the right leadership support at every stage in their career. The Trust's

leadership development centre provides bespoke leadership support and helps identify leadership talent within the Trust.

Programmes are delivered using both traditional face-to-face sessions (including simulation and classroom-based teaching) and online/blended learning solutions. We also support applications to attend courses run by the NHS Leadership Academy or other external partners.

Apprenticeships

Our apprenticeship scheme has continued to grow. Upon successful completion of their apprenticeship, apprentices are converted automatically into a substantive position in the Trust, enabling progression into full-time employment. During the year, we have commissioned 27 apprenticeship places for existing staff and have had seven new apprentices start. Since the programme began in 2012, more than 25 new apprentices have joined GOSH, which has recognised us as an exemplar Trust, having embedded the scheme across a variety of services.

Moving forward in 2015/16

The Trust's emerging education strategy sets out a clear vision of Education in All That We Do, supporting greater integration of education with clinical, workforce and research strategies. The overarching goals for 2015/16 are to ensure:

- GOSH is an excellent place to train and learn for students/trainees in all professions.
- Education and development equips staff with the skills, knowledge, aptitudes and values they need to deliver world leading care.
- GOSH is the provider of choice for specialist education programmes in paediatrics and child health, nationally and internationally.
- GOSH's education service is financially sustainable.



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 with our patients, their families and members to shape healthcare at GOSH so that it is appropriate to their needs, and by making best use of the knowledge and skills of our staff.

Patient and public involvement at GOSH

The Trust has continued to deliver year three of the patient experience plan, continually improving the active involvement of patients and families in the development and improvement of GOSH care and services. We also focused on obtaining more real-time patient experience feedback through the implementation of the Friends and Family Test.

Over the summer and autumn of 2014, the Trust participated in the first Care Quality Commission (CQC) national inpatient postal survey for children's services facilitated by the Picker Institute. This survey will allow the Trust to compare patient and family satisfaction at GOSH with other children's services in England. A report of the results from the survey is awaited.

The Trust also commissioned leading market research company Ipsos Mori to conduct a biannual independent telephone survey of patients and their family's experience of our outpatient care. Top-line results show that, once again, patient and family satisfaction remains very high at 95 per cent (94 per cent in 2012), and 95 per cent are likely to recommend the hospital to friends or family members (96 per cent in 2012). Trust and confidence in staff in the Outpatient department was very high at 97 per cent.

Cancellation and re-arrangement of appointments remains a concern for patients, families and the hospital. However, the Trust is pleased to note that there has been some improvement in this area, with a 10 per cent decrease in the number of patients/parents having to cancel their appointments (46 per cent reduced from 56 per cent) and a six per cent improvement in GOSH staff having to cancel appointments (47 per cent to 41 per cent).

The survey also showed that 61 per cent of patients and families had to wait for their appointment, with 20 per cent of respondents waiting more than 30 minutes. An outpatient improvement group is already established, and areas for improvement have been prioritised as part of the Trust's Quality Improvement programme.

Implementation of our values

In January 2014, we launched a major listening exercise to identify the values we should adopt. More than 1,400 staff

and 1,200 patients, families and carers responded, giving us an overwhelming set of messages (see page 72).

From this feedback, we developed Our Always Values:

- always welcoming
- always helpful
- always expert
- always one team

A clear message from this exercise – and from much of the feedback we get from our patients, families and staff – is that we have fantastic staff and services, but we are not all excellent all of the time. Our Always Values sets us all the aspiration to live our values every day.

Because so many patients, families and staff contributed to the development of Our Always Values, and because their words are reflected in the behaviours that underpin them, they have been embraced by staff. We formally launched the values at an event in March 2015, but wanted to make sure – through a process of briefing and leadership sessions – that they had already started to be incorporated into how we do things at GOSH before then.

Over the coming months, we will see all our staff regularly appraised against Our Always Values. Our recruitment processes will be redesigned so that we test applicants for their ability to live our values as well as for their technical skill and experience. We will continue to celebrate individuals and teams through our Staff Awards. We have already identified that it is our people who make GOSH what we are, by using pictures of our own staff to represent Our Always Values.



Patients, families and carers have worked with us at every stage of the development of Our Always Values – from identifying the need for values at our listening event in June 2013, to helping design the values themselves, and now by embedding them in the hospital.

As we give our staff the tools and knowledge to live Our Always Values, we will be increasingly asking our patients, families and carers to help us see when we are doing well and when we are falling short. This will not always be an easy or a quick journey. Living Our Always Values means we will have to look hard at our systems and processes to make sure we are genuinely being welcoming, or that we are communicating with patients and families as equal members of one team. But we believe the inclusive process to develop our values, and the measures we are taking to make them an integral part of how we all work, are essential first steps.

The Patient Advice and Liaison Service (Pals)

Pals is the hospital's customer services department, helping to advise and support patients, parents and the public with queries or problems they might have with services provided by GOSH. In the 2014/15 year to date, Pals has received more than 3,200 contacts. More than half of these have been information requests, most commonly about how to be referred to GOSH, but also about eligibility for travel support and other support services such as parent accommodation.

From the 1,416 cases so far, the most common theme is communication between GOSH and parents or local healthcare services. Pals has been able to support our patients, parents and carers to resolve their concerns and to then share those cases with the Trust to help learn from their experiences.

Patient surveys

In 2014/15, we consulted patients and families about our longer-term strategic goals, asking them in particular for their views about:

- where (geographically) they would like receive GOSH services
- which methods of communication they prefer
- which aspects of services they would like us to improve

Feedback identified that patients and their families prefer to attend the GOSH site for their outpatient and inpatient care, but they would like access to more peripheral clinics if that were feasible. Traditional methods of communications such as post, telephone and email for communications were also preferred. The main areas identified for improvement focused on reducing waiting times at outpatient appointments, waiting for diagnostic tests and improvement of communication with families when they are at home. These areas have been prioritised for improvement in 2015/16 and are in line with other feedback received.

The Staff Friends and Family Test

In 2014, the national Staff Friends and Family Test was introduced. Over the course of 12 months, all our staff will have the opportunity to respond to questions asking whether they would recommend GOSH as a place to work, or as a place to be treated. At the time of publication, we have run the test and had results back, as follows.

	June 2014		August 2014		March 2015	
	GOSH	National average	GOSH	National average	GOSH	National average
Recommend as a place to be treated	95%	76%	94%	77%	94%	77%
Recommend as a place to work	70%	62%	74%	61%	73%	62%

The Staff Friends and Family Test is different to the annual NHS Staff Survey in that it poses only two questions, and asks staff to give reasons for their answers. The comments we have received describe GOSH as a hospital with hardworking, expert staff, who are committed to delivering excellent care.

However, they also say that it can be a very intense place to work, and that we are not consistently excellent in all that we do. This reflects the themes in Our Always Values, so we will use the Staff Friends and Family Test as a way of monitoring the impact of our programme of cultural change over coming months.

The Patient Friends and Family Test

The Trust has implemented the Patient Friends and Family Test to all inpatient areas and started to roll it out to outpatient and daycare areas. In March 2015, the response rate was above plan at 34.9 per cent, the highest achieved to date. The Patient Friends and Family Test net promoter score has improved to 80, with the percentage of families likely or extremely likely to recommend the Trust achieving 97 per cent in March 2015.

New feedback stations have been implemented and positively received. These are child friendly and contain information about the test, feedback cards, and a postbox for returns. Posters have also been developed for wards to put up beside the stations, to show patients and families what feedback has been received and what is being done to address areas identified for improvement.

Plans for 2015/16

The following three priorities have been identified as the most important for patient experience over the coming year.

- Reduce the amount of time patients and families spend waiting for appointments, diagnostic tests or treatment, and improve the experience of waiting. We will focus on the redesign and standardisation of systems and processes for outpatient appointments, surgical and interventional radiology

booking procedures, and patient pathways through the intensive care units.

- Improve the consistency of our communication and behaviours towards patients, families and each other to ensure that all staff uphold the GOSH Our Always Values by always being welcoming, helpful, expert and one team.
- Improve the comfort of our patients and families and the environment in which they are cared for, focusing particularly on the provision of food to patients on the ward and in our restaurant facilities, improving the retail experience and improving the provision of play to children and young people.

Our success will be measured through feedback from the Patient Friends and Family Test and this year we plan to focus on gaining more feedback from children and young people. The Trust aims to have an Patient Friends and Family Test response rate of 35 per cent by April 2016, and to consistently achieve 95 per cent of our families recommending the Trust to friends or family members.

Family equality and diversity

One of the objectives for the Family Equality and Diversity group has been to improve the experience of families with additional needs, particularly those caring for children and young people with learning disabilities.

A flagging system has been established to identify when a patient has a learning disability so that staff can be better prepared to meet their needs. A hospital passport has been introduced to give vital information about a patient to all involved in their care and the range of easy-read information sheets has been extended. Training and education for all levels of staff has been devised and delivered with extremely positive feedback. Reasonable adjustments can now be made in various departments, including Outpatients, to help provide as positive experience as possible.

Volunteering at GOSH

GOSH recognises the value of engaging volunteers in many varied roles across the Trust. We have steadily increased the number of specially vetted and trained volunteers, and currently have approximately 850 people who volunteer for a minimum of four hours per week. Volunteers provide services that enhance the patients' and families' experience, including emotional and practical support roles. They 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.

With more than 50 different roles, volunteers are assisting the Trust in meeting its objectives of providing best-quality services for patients and families. The volunteer service 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.

In the last calendar year (2014) volunteers contributed approximately 177,000 hours of support work, sometimes freeing

up staff to undertake other necessary work. This equates to approximately £1,556,000 worth of time to the Trust, based on the London Living wage.

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

Complaints handling

The Trust is committed to responding to all complaints openly and honestly in a way that is fair to everyone concerned. Complaints can be made in writing (via letter or email) or verbally either face to face or over the phone. The Complaints team agree a timescale for the investigation with the complainant, co-ordinate the investigation and keep the complainant updated of progress throughout the investigation. A final response is sent from the Chief Executive or member of the Executive team and an offer to meet with relevant staff to discuss any further concerns will usually be made.

If the complainant is unhappy following the Trust's response, they can ask the Health Service Ombudsman to review their complaint. Complaints' correspondence is kept separately to medical records and quarterly audits are carried out on a sample of records to ensure that no complaints' correspondence has been misfiled.

A log of all actions agreed as an outcome of complaints is kept by the Complaints team and updates on progress are regularly sought from the responsible staff.

In 2014/15, the Trust received 144 formal complaints. All complaints are graded green, amber or red according to severity. In 2014/15 there were 16 complaints graded red (the most severe grading). In 2014/15, the Trust received notification that two complaints had been escalated to the Ombudsman. The Ombudsman reached their final decision on three complaints. One of these was not upheld and two were partly upheld.

Patient information

GOSH continues to seek to improve the experience of children, young people and their families who use our services. Over the past year we have continued to actively involve and engage both our young members and parent members in helping to identify areas for improvement through surveys and feedback, as well as involving them in shaping how we provide care and services to best meet the needs of patients and families.

The Child and Family Information Group continue to write and design information sheets for children, young people and families, with over 200 new or revised information sheets published this year. Information sheets continue to be popular with users of our website with some about medical conditions being viewed more than 7,000 times a month. Our range of easy-read information for people with learning disabilities has also expanded to a total of 28 in this format.

The project to develop Patient Information Pathways continues. Several clinical specialties have produced a pathway and are using them to ensure all information needed by children, young people and families is available at the right time in the patient journey.

Ward bedside folders are also in development. The aim of the folders is to pull together all the information families might need during an inpatient stay, making it easily accessible at the bedside without requiring internet access. Seven wards now have the folders in situ with remaining wards developing them currently.

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 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 by its research partner, the ICH, and to support specific welfare projects, such as family accommodation. In the year 2014/15, total fundraising income before expenses was just over £80 million – the highest amount the charity has ever raised in one year, and the fifth consecutive year of income growth.

During this time, the charity committed to grants of more than £15 million for the hospital, funding priority research projects (£5.84 million), state-of-the-art medical equipment and infrastructure development (£3.75 million) and projects to support patients and staff welfare (£5.46 million).

Charity donations are used to help fund the redevelopment of the hospital site. As part of the redevelopment programme, which aims to rebuild two-thirds of the hospital site over a 20-year period, in September 2014, work began on the second part of the Mittal Children's Medical Centre – the Premier Inn Clinical building (see page 20). In January 2015, the hospital also received planning permission to build our Centre for Research into Rare Disease in Children. This paves the way for construction of the centre to start in October 2015 and for the building to open in 2018. The centre is funded principally from charitable donations, including a gift of £60 million from Her Highness Sheikha Fatima bint Mubarak, wife of the late founder of the United Arab Emirates.

In supporting clinical innovation and research, the charity made grants to the Trust and the ICH, as well as partner organisations. Almost £1 million was committed through the charity's national call, which is open to researchers from across the UK. The theme

of the 2014/15 call was rare diseases, which dovetails with the hospital's plans for the new Centre for Research into Rare Disease in Children and further demonstrates the hospital's commitment to help those children with the most unusual and difficult-to-treat diseases.

Seven new research projects were funded, looking at a wide range of different diseases, from an enzyme deficiency disease called Sanfilippo syndrome to a rare form of epilepsy. The grants also included three PhD studentships at the ICH, supporting young scientists who are starting careers in child health research.

Working with our stakeholders

University College London Partners (UCL Partners)

One of five accredited academic health science systems in the UK, UCLP is a partnership – known as an Academic Health Science Centre – between UCL, Queen Mary University of London, the London School of Hygiene and Tropical Medicine, and four of London's most prestigious hospitals and research centres. These are Moorfields Eye Hospital NHS Foundation Trust, the Royal Free Hampstead 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.

Great Ormond Street Hospital is involved on a number of programmes of work, including the SAFE programme. The main objective of this programme is to reduce harm and drive cultural change through better communication in children's wards by encouraging information sharing and by equipping staff with the skills to spot when a child's condition is deteriorating and to prevent missed diagnosis.

Our commissioners

More than 90 per cent of our clinical services are commissioned by one commissioner, NHS England, with the remaining 10 per cent of our services being delivered through arrangements with 205 clinical commissioning groups. The Trust has a proactive working relationship with NHS England, and holds regular contract meetings with commissioners to discuss service demand, quality indicators and finance.

Many of our clinicians are engaging with the clinical reference groups established by NHS England to provide clinical input into standards and strategic planning of each specialised service.

Referrers and clinical networks

The Trust has an active programme of engagement with referrers, which this year has focused on regular meetings to develop a shared agenda to improve patient pathways and care with some of our key referrers. Work continues to improve communication with referrers and others with whom we share care, including

a Trust-wide project involving administrative and clinical staff to improve timeliness of discharge summary communication and local initiatives to improve clinic letter-sending times. These are regularly monitored and metrics reported at Board level.

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

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.

In May 2014, Healthwatch Camden conducted 'enter and view' visits following concerns that had been raised about patient/parent satisfaction with the quality and variety of hospital food. Visits by Healthwatch Camden volunteers were facilitated by GOSH staff to inpatient wards out of hours. Healthwatch Camden received a lot of positive feedback from patients and families about their care and treatment at GOSH, including comments about the hospital food. However, some concerns were identified in relation to the handover procedures of meal trolleys to ward staff, consistency of meal service delivery out of hours in the absence of housekeepers, and availability of snacks at ward level. An action plan has been put in place, including a review of the snacks available and provision of information about this to ward staff, implementation of a signing sheet for handover of meal trolleys on the wards, and development of a training video for ward staff on food service.

Statement from Directors

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 Trust'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.



Dr Peter Steer
Chief Executive
22 May 2015


Quality Report



Three-year old Hassan
on Lion Ward



Our hospital


97%
of parents and patients
would recommend
the hospital


51
specialties


4,153
permanent and
fixed-term staff




1,581
outpatient clinics


66,095
patient visits


19
highly specialised
national services


875
active research
studies


84,048
procedures performed

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, for clarity, 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.

Part 1

A statement on quality from the Chief Executive

Great Ormond Street Hospital is one of the world's leading children's hospitals, providing care and treatment for children with some of the world's rarest and most complex illnesses. Last year, over 240,000 patients visited GOSH, and were seen by our clinical teams, which span 51 specialities.

We believe that everyone who comes through our doors should have an excellent experience at GOSH. This means making sure that all our patients receive the highest quality and safest care in a friendly, nurturing environment; that we actively engage with the parents and carers of our patients so that they feel supported during what is often a very challenging time; and that our staff feel well-prepared and empowered to deliver excellence in all they do.

This Quality Report is one way we can provide information on how well we are meeting those expectations. While some standards are set externally and we strive always to find ways of meeting and bettering our performance against them, a primary driver for many of our quality improvement efforts arise from listening to our patients, their carers and families, our commissioners and other stakeholders. We also seek input from our staff as we identify and implement actions to improve the quality of the GOSH experience.

In part three of this report, you will find the results of our performance against key external quality indicators. This includes aspects such as whether we have met waiting time targets for our patients with cancer and are providing appropriate access to healthcare for people with a learning disability. I am very pleased to say that we have met or exceeded the majority of the key targets set for us. Of note, we narrowly missed our 18 week referral to treatment target for our admitted patients and we have an action plan in place to improve this going forward.

In this same section, we have also set out the results of quality improvement targets we have set ourselves locally. These cover areas such as reducing the number of serious patient safety incidents and CVL bloodstream infections; delivering lower hospital mortality rates and completing discharge summaries swiftly and efficiently.

The second part of this report provides information on how we have performed against the 2014/15 quality priorities we have set for ourselves. These fall into three categories:

Priority one – safety

To reduce all harm to zero.

Priority two – clinical effectiveness

To consistently deliver excellent clinical outcomes, with the vision to be the leading children's hospital in the world.

Priority three – experience

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

Safety

We continually strive to reduce harm to zero. One example of this is the work that we continue to do to decrease the rate of infection, in particular, infections that result from Central Venous Lines (CVLs) or catheters (CVCs). Through sustained focus over recent years, we have made significant gains, and this has been shown in the reduction from four per 1,000 line days in 2007/8 to two per 1,000 line days in 2011/12. Having seen progress tail off in 2012 and 2013, we introduced some extra interventions that could help drive down infection rates even further. While these involved considerable additional staff time for each line, we needed to be sure that our increased vigilance would deliver the results we wanted so we also set up detailed monitoring of line infection rates for each ward, division and for the whole Trust. I am pleased to report that the considerable investment of clinical staff time and effort has paid off: throughout 2014/15 we have seen a sustained decrease in infections, with the rate now down to 1.4 per 1,000 line days.

Fewer CVL infections means less harm to patients, be that additional antibiotic treatment, additional operations to remove and replace lines, and disruption to treatment. Reducing these infection rates also means there are more resources available to help other children.

In addition, we continue our work to prevent pressure ulcers. We have done this through a range of approaches: from training to specific risk assessment, trialling and now agreeing to roll out new specialist air mattresses for our sickest neonates and appointing a nurse specialist with specific remit to review and advise nursing staff on how to prevent or care for patients with pressure ulcers. This work has resulted in zero grade three pressure ulcers in the past year and zero grade four pressure ulcers for three years now. Grade two pressure ulcers have also been reduced, further reducing harm. Our work has also been shared with other teams, both nationally and internationally.

Clinical effectiveness

Given the evidence from leading health centres on the adverse impact that variability of patient care pathways can have on cost, outcomes and patients, we have worked on two areas of variability over this past year. They are:

- The care of neonates with jaundice
- Anaesthetic pre-operative assessments

The work on jaundice in neonates incorporated efforts across the Trust to raise the profile of neonatal jaundice to support clinical staff in practicing care that is in line with best recommended care standards, including additional training and education, on-going clinical audit and display of results, and new information resources on jaundice for families. In the course of the year, we have seen good progress but will be continuing the work to ensure improved practice is maintained and awareness of neonatal jaundice remains high amongst our clinical staff.

To address the variability in pre-operative assessment, we introduced an anaesthetic pre-operative assessment clinic (APOA) across several surgical specialties. We began this clinic in January 2015 and initial impact of the clinics has been good. The monitoring period of this new approach will be completed in the summer after which, we anticipate being able to roll out the new APOA model across the Trust. We believe that by having a comprehensive and standardised pre-operative anaesthetic process for all patients needing a procedure under general anaesthetic, we will improve patient safety, reduce unnecessary cancellations and improve patient experience.

Other work that has been undertaken this year on clinical effectiveness includes making our clinical outcomes more accessible to the public. This year, we have added 47 outcomes across 17 clinical specialties to our website. We include in this report a selection of our world-class outcomes, of which we are proud. We have also done further work to find ways to measure our outcomes with our peers, both nationally and internationally. We believe that increasing visibility and use of our outcomes data will result in improved outcomes for our patients as well as increased choice of where they wish to receive care.

Experience

This year, we have begun the implementation of our new values and behaviours, which we created through active engagement with patients, families and staff. The adoption of these new behaviours will be a key driver to ensuring that we consistently provide an excellent experience for all those who interact with GOSH. We will embed these through a range of different approaches, from leadership development to implementing values-based recruitment. This is long term programme of events, but the enthusiasm of patient and parents who have helped us throughout the development of the values, and the active participation of all those who attended our launch event in March, provide us with a strong foundation on which to build for the future.

As part of our work on patient experience, we appointed a Nurse Consultant Intellectual (Learning) Disabilities in September 2013 to identify and then implement improvements in the service we provide for our patients with learning disabilities. We have also set up an alert system to enable staff to plan care more effectively, and we now have dedicated protocols governing the theatre and recovery experience so all staff can better meet individual needs, and we have enhanced both our information links and our staff training. We will continue this work, to further increase staff confidence in supporting patients with learning disabilities, and to reduce anxiety about hospital that may be experienced by patients and their carers.

We recognise that haven't achieved all that we've hope such outpatient pharmacy with time.

As this report shows, there are many areas where, over the past year, we have make great improvements to the quality of the GOSH experience. We are, however, equally cognisant of the continued work we need to do to provide the consistently excellent experience we want for everyone who comes into contact with GOSH. One such area where we have not made the strides forward that we have hoped to is in the reduction of waiting times in our outpatient pharmacy. This is an area where we will have a very deliberate focus over the next year to ensure progress is made.

Improving the quality of care and experience we provide is a continual process and one that we can only do by robust monitoring and listening to our patients, their families and carers, our key stakeholders and our staff. By working together I am confident that we can drive real improvements and take tangible steps to realise our vision.

We are very mindful that much of the information we have provided in this report is dependent on the quality of the data we can obtain. In preparing the Quality Accounts, there are a number of inherent limitations which may impact the reliability or accuracy of the data reported. These include:

- Data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audits programme of work each year.
- Data is collected by a large number of teams across the trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might reasonably have classified a case differently.
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data.

The Trust and its executive team have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognises that it is nonetheless subject to the inherent limitations noted above. Following these steps, to my knowledge, the information in the document is accurate. The only exception being the matters identified in respect of the 18 week referral to treatment incomplete pathway indicator as described on page 89.



Peter Steer
Chief Executive

Part 2a

Priorities for improvement

This part of the report sets out how we have performed against our 2014/15 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.



Safety

To reduce all harm to zero.

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 every patient receives the correct treatment or action the first time, every time.

Clinical effectiveness

To consistently deliver excellent clinical outcomes, with the vision to be the leading children's hospital in the world.

Delivering effective care is, and always has been, a primary focus of GOSH. Since 2011, we have been demonstrating the effectiveness of our care through the identification of 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

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

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 2014/15

Safety section

Reducing central venous line infections

Central venous lines (CVLs) or catheters (CVCs) are very important for administration of care, but are also invasive devices associated with serious complications, such as infection. We undertake multiple interventions during insertion and care to reduce the incidence of infections.

What we said we'd do

For many years, we have worked hard to reduce the rate of infection. Very significant Trust-wide gains had been made, from a rate of four per 1,000 line days in 2007/8 to two per 1,000 line days in 2011/12, but this remained unchanged in 2012/13 and 2013/14. During 2014/15, we hoped to reduce further the rate of infection by promoting compliance with all the accepted components of the care bundles and the introduction of extra measures.

What is a care bundle?

A care bundle is a structured way of improving processes of care and patient outcomes. It is a small straightforward set of practices that, when performed collectively, reliably and continuously, have demonstrated improvement in patient outcomes.

What is a 'line day'?

One line day is counted for every day that a child has a single CVC in. If they have two different CVCs in at the same time, then we count two 'line days' for each calendar day.

What we did

We introduced extra interventions including the use of antiseptic-impregnated patches to protect the skin entry site, and the use of a protective Parafilm® wrap around the line connection points to help keep them clean. These extra interventions used a lot of staff time, so to help us know if it was effective we undertook continuous surveillance, which gave a measure of line infections per 1,000 line days for individual wards, divisions, and the whole Trust.

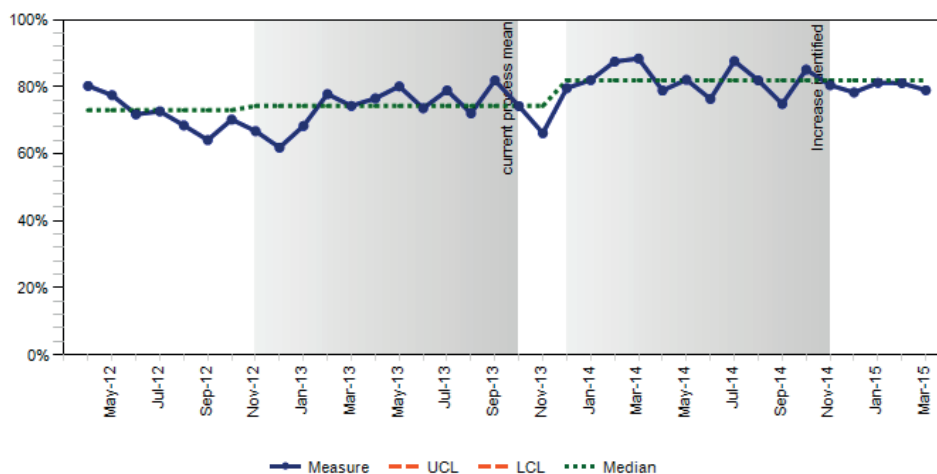
What the data shows

The ward and microbiology staff undertook detailed surveillance to determine the rate of infection. This involved counting and recording every line in every child every day, then analysing every positive blood culture using standard criteria to see if there was a possible line infection (defined as a GOSH-acquired CVC-related bacteraemia). The number of line days and infections each month were matched to give a rate, which was then charted. The ward staff also undertook monthly audits to see if they were complying with the standard care bundles.

Overall compliance with the standard care bundle improved towards the end of 2013, and then remained static into 2014. This was a composite indicator, incorporating compliance with completion of the audit (each ward is asked to undertake 10 audits a month) and compliance with the components of the care bundle. Incomplete audits were scored as non-compliant and as a result of time constraints not every ward was able to complete 10 audits every month. Therefore, some non-compliance figures may be for wards that were compliant, but did not complete the audit to confirm this.

The average monthly composite Trust-wide CVL care bundle audit is shown below.

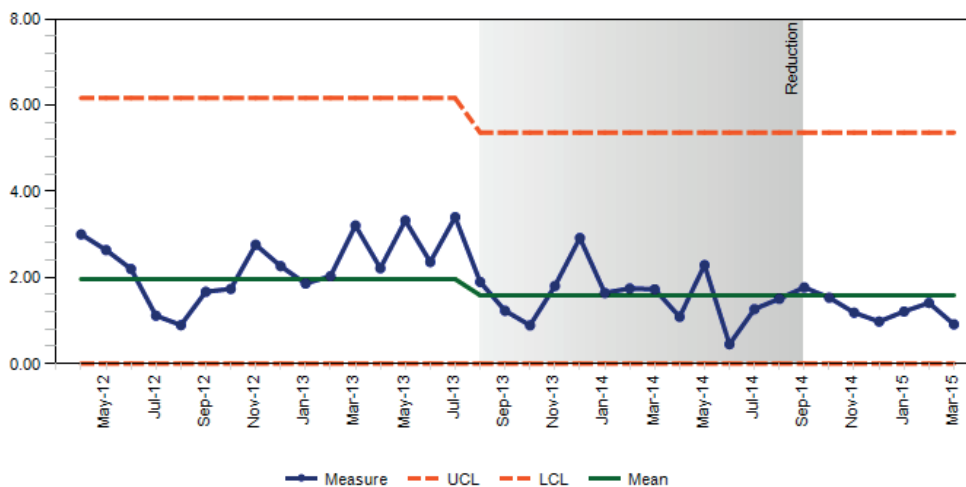
CVL bundle compliance: all wards



In real terms, during the first 11 months of the financial year 2014/5, there were 3,500 care bundle compliance audits. Compliance of completed audits was 87 per cent, although this improved to 91 per cent in the second half of the year. Compliance with the additional interventions was not measured.

These results represent an enormous investment of clinical staff time and effort. The good news is that the rate of infections has shown a sustained decrease throughout the year: for 2014/15 the rate is 1.4 per 1,000 line days, compared to 2.1 in 2013/14 and 2012/13, shown in the monthly process control chart below.

GOSH-acquired CVL infections for every 1,000 line days: all wards



What this meant for our patients is that there were approximately 35 fewer serious infections during the year, compared to each of the previous two years.

We will continue to undertake the surveillance to help every ward keep up the good work and allow us to see if we can make further improvements.

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.

What's going to happen next?

Although the infection rate is quite low, this rate still represents around 80 children a year with a CVC infection. Next year, we would like to try to reduce this further by working even harder to approach 100 per cent compliance with the standard care bundle. We will also introduce the additional care measures (which were introduced in limited areas with the highest infection rate) to other areas of the Trust.

How this benefits patients

Fewer CVL infections at GOSH means less harm to patients, such as otherwise unnecessary antibiotic treatment, additional operations to remove and replace the lines, and disruption to treatment. Equally important, there are also more resources available to help other children.

Improving flow through our intensive care units

The smooth flow of patients through our Paediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Units (NICU) 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.

What we said we'd do

We said we would improve the flow of patients through PICU and NICU. We agreed to do this by understanding the reasons why patients who had a confirmed bed on PICU or NICU were cancelled at short notice, resulting in the bed not being used and

thus potentially denying another patient use of that bed. Once this was understood, we could make appropriate improvements.

What we did

Six simultaneous work streams were initiated by a dedicated team with the overall aim 'to reduce the number of PICU and NICU bed hours lost to avoidable delays or cancellations, by 31st December 2015'. The specific areas identified for improvement were:

PICU and NICU admissions

- Review of the referral process into PICU and NICU for elective admissions:
 - The introduction of an electronic system for referring elective patients, allowing clinicians within the hospital to track the progress of their referral, ensuring an audit trail.
 - A shared electronic calendar within the referral system, displaying all booked referrals, which enabled the user to select an appropriate date for the request. Daily referral limits were set to ensure admissions were spread across the week.
 - An anaesthetic review was introduced into the referral process for all elective patients referred to PICU and NICU. Once approved, the referral progressed to the PICU and NICU consultant teams for review. This step was added to reduce the number of cases booked 'just in case'.
- Guidelines were developed to ensure that all patients admitted to PICU and NICU have a named consultant who agrees to accept them on discharge from PICU and NICU, as this had been identified as cause of transfer delays.
- Prioritisation criteria for admission into PICU and NICU were agreed. These criteria ensured that there was transparency and consistency for admission selection when demand for a PICU or NICU bed was high.

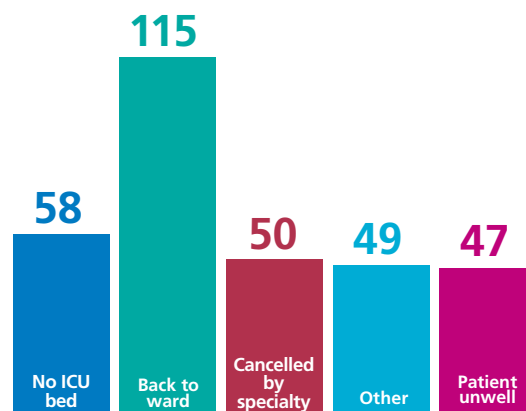
PICU and NICU discharges

- A discharge co-ordinator role was trialled. The co-ordinator looked specifically at all patients' discharge plans on a daily basis and co-ordinated with wards internally and other hospitals externally, to ensure smooth and timely discharges from the units.
- Review of ward capabilities for PICU and NICU discharges. To reduce the number of delayed discharges to the wards, an updated list of skills required by specific wards was created.
- Active discharge planning was introduced. PICU and NICU board 'huddles' occurred every morning with the PICU and NICU multidisciplinary teams, reviewing and escalating patient discharges.

What the data shows

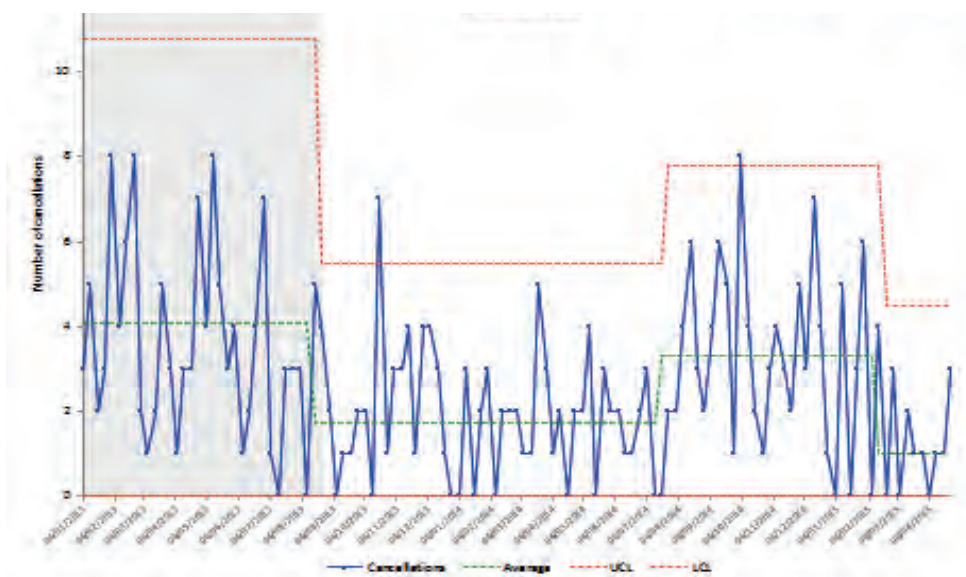
Throughout 2014, we collected specific data to identify the short-notice cancellation reasons for patients who had an ICU bed booked. The results are shown in the bar chart below.

Reasons for cancellations

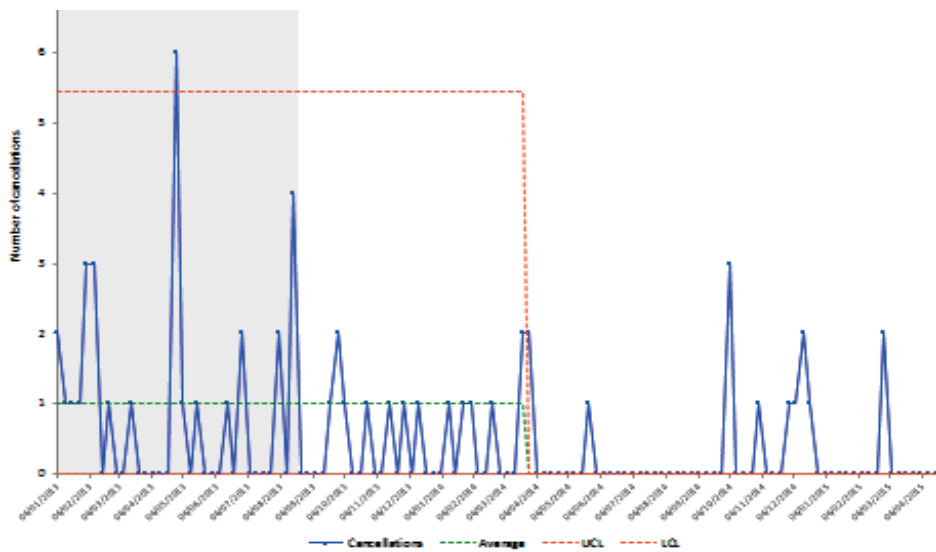


Overall, ICU has experienced a reduction in the number of elective cancellations, with a statistically significant reduction in February 2014.

Elective admissions cancellations: all cancellations



Elective admissions cancellations: ICU cancellations



What's going to happen next?

We continue to work with the Clinical Divisions to spread elective referrals across the working week and improve the quality of information gathered prior to agreeing an elective ICU admission. We also plan to improve the pre-operative assessment of the probability of an ICU bed being required. These interventions aim to reduce the peaks and troughs in demand and reduce the likelihood of patients having an ICU bed booked unnecessarily.

How this benefits patients

These improvements will ensure that our patients experience an admission process through PICU and NICU that is seamless. They will have their procedure or surgery booked, confident in the knowledge that cancellations caused by lack of PICU or NICU beds become a rarity.

"The new electronic referral system has made it much easier to monitor current referrals and track progress. It allows us to quickly and easily keep all relevant individuals updated when a patient's condition changes, leading to a smoother patient journey."

Rory, Patient Pathway Manager

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. Pressure ulcers are graded from one to four depending on the degree of injury to the skin, with higher grades being more severe. Critically ill children are more at risk of getting pressure ulcers because the severity of their condition can make it difficult to reposition them.

Here at GOSH, we use the internationally recognised European Pressure Ulcer Advisory Panel grading system (EUPAP 2014). The definitions of those grades are as follows:

Grade 1 Intact skin with redness caused by pressure shear or friction.

Grade 2 Typically presenting as a blister or abrasion with surrounding redness.

Grade 3 Deeper ulcers involving full thickness skin loss extending to fascia involving tissue necrosis.

Grade 4 Deep ulcer exposing bone, tendon or muscle with tissue necrosis.

www.epuap.org/wp-content/uploads/2010/10/Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf

What we said we'd do

We said that, we would continue to reduce the number of GOSH-acquired pressure ulcers that were avoidable, particularly focusing on those that occur as a result of some of the medical devices we use to treat patients (for example, breathing and feeding tubes).

What we did

We have continued to develop and deliver teaching and training packages at GOSH that focus on both the prevention and management of pressure ulcers. A new specialist 'Maintaining Skin Integrity' course has been developed, delivered internally, and attended by ward-based tissue viability link nurses.

Training across the organisation has included the prevention of medical device-related pressure ulcers, and an acronym has been devised to support nurses (see below). This is now included within our induction training for new staff and an article was published in our staff magazine, *Roundabout*.

DEVICE – preventing medical device-related pressure ulcers

To support nurses to prevent device-related pressure ulcers we use this acronym in our teaching:

D.E.V.I.C.E – Preventing medical device related pressure ulcers

- D**ocument skin integrity on and throughout admission
- E**nsure equipment is correctly sized and fits the child to avoid excessive pressure
- V**isualize skin under the device regularly (if possible)
- I**nspect skin/device interface and use protective dressings
- C**orrect tension, positioning and follow manufacturer's specifications
- r**Eposition device regularly (if it is clinically safe to do so)

We embedded the Glamorgan Pressure Ulcer Risk Assessment in 2012/2013, and we have achieved 98 per cent compliance, with patients receiving a daily risk assessment score. This demonstrates the ongoing commitment of our nurses in maintaining the skin integrity of our patients. Compliance with the risk assessment score is measured monthly as part of nursing key performance indicators.

98% 

compliance with patients receiving a pressure ulcer risk assessment on admission

We trialled a new specialist air mattress to reduce pressure for our sickest neonates and, based on results, we have committed to purchase this equipment.

In January 2015, a new Tissue Viability Nurse Specialist joined the team. The Tissue Viability team review all pressure ulcers within the organisation, attend the wards to help advise nursing staff on different strategies for caring for patients who are at risk of developing a pressure ulcer, and also care for children who have severe and complicated nappy rash.

We have also shared our pressure ulcer work nationally and internationally. The Nurse Educator who works alongside the Tissue Viability team presented the work of the Trust at an international European Pressure Ulcer Advisory Panel conference in Sweden and also sat on the National Institute of Clinical Excellence Pressure Ulcer Quality Standards development committee.

What the data shows

As a hospital, we are proud that we have seen zero grade 3 pressure ulcers in the past year. This demonstrates our nurses' commitment to protecting patients' skin integrity, and it is a particular achievement for our PICU and NICU nurses caring for many of the sickest patients who are more susceptible to developing pressure ulcers.



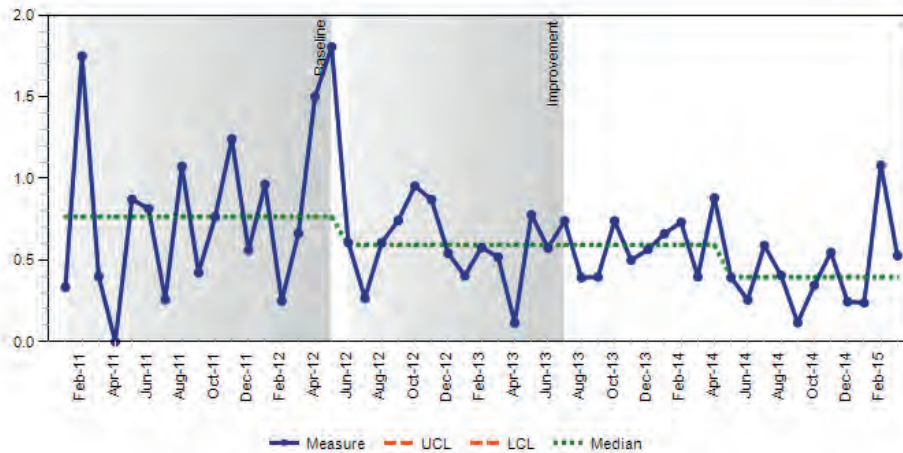
The number of hospital-acquired grade three pressure ulcers has reduced from seven in 2012/13, to three in 2013/14, to zero in 2014/2015, and no grade four pressure ulcers in all three years.

zero
grade 4 pressure ulcers
for three years

PICU has also seen an overall 48 per cent reduction in grades 2+ hospital-acquired pressure ulcers per 1,000 bed days, according to Statistical Process Control methodology. A statistically significant improvement was identified from February 2014 onwards.

48%
reduction in grades 2+
pressure ulcers

Hospital-acquired pressure ulcers reported (grades 2+) per 1,000 bed days: PICU



What's going to happen next?

In 2015/16, we will continue to review our pressure ulcer data regularly and seek to further reduce the number of hospital-acquired pressure ulcers that are avoidable.

We aim to develop our ward-based network of tissue viability link nurses on each inpatient ward, with regular training sessions and communication with the Tissue Viability team.

We will review the current nappy care guidelines. We are planning to work with staff from across the organisation to increase their knowledge of skin damage caused by urine, faeces, and perspiration that is in continuous contact with intact skin. In turn, this will help empower staff to educate parents on the best creams and strategies to use to help reduce pain caused by severe nappy rash.

How this benefits patients

The reduction in pressure ulcers and increase in education about nappy care benefits our patients by:

- reducing pain
- preventing infections that can occur when skin is damaged as a result of a pressure ulcer
- reducing nappy rash occurrence for patients
- supporting parents to prevent nappy rash in their children

We are extremely proud to be celebrating our one-year anniversary with no grade 3 pressure ulcers. To mark this auspicious occasion, we hosted a party in the staff room for all members of the PICU and NICU teams, where staff were recognised for all their continued hard work in striving to increase pressure area awareness. In the past year, PICU has worked hard to educate staff on the importance of the early detection and reporting of pressure areas to the Tissue Viability team. From the start of the patient journey, pressure area care has become an integral part of our working day. 'Have a care, be pressure aware!'

Alison, sister on PICU

Teams on Flamingo ward, PICU and NICU won a GEMS staff award in recognition of the achievement of zero grade three pressure ulcers in 2014/15

Learning from a Never Event

A Never Event is a serious incident that is preventable and that has the potential to cause serious patient harm or death. NHS England publishes, and updates annually, its list of never events.

A Never Event was declared by GOSH in 2014/15, and here we describe the incident, the process of investigation, and the lessons learned and recommendations for action.

Description of the incident

The needle from a syringe used to inject local anaesthetic for post-operative analgesia into the jaw became detached from the syringe and was retained in the patient's jaw. It was not noticed by staff, and was removed by the parents at home two days later.

Actual effect on patient and/or service

The patient experienced unnecessary pain and distress, but did not suffer any permanent harm

Process of investigation

This incident was investigated as a Never Event, Level 2 investigation using the Root Cause Analysis in line with NPSA guidance. A root cause analysis was undertaken employing the following methods:

- tabular timeline compiled from medical records and statements.
- care and service delivery problem identification through a meeting with the investigation team and all staff involved in the incident; and
- Contributory factor analysis using the National Patient Safety Agency contributory factors classification system.

Lessons learned and recommendations

An in-depth investigation was carried out in which the clinical team worked with staff from our Risk team to systematically identify root cause(s) of the incident, the lessons learned, and recommendations about changing practice to try to prevent recurrence.

1. A luer lock connection syringe and needle should be used for injections in closed cavities
2. The investigation has concluded that the needle would have been part of the surgical count, but has not been able to identify at exactly which point the needle would have been used in relation to the final count. One possibility is that the needle was included in the final count as per policy but was then used to give the local anaesthetic.
3. The introduction of a further consolidation count (further final count) in cases where surgery is performed in a natural cavity (mouth, vagina, anus) to ensure that no instruments have been left.
4. Documentation of local anaesthetic given in theatre should be more comprehensive- including the time and amount given, and named of person administering drug. The Patient Safety Officer for Surgery is to carry out some work looking at how this is currently documented, and then alongside Theatre Service Manager will look at how a record of administration should be developed.

For assurance, the completion of actions is monitored through the Learning and Implementation Monitoring Board

Effectiveness section

Standardising patient care pathways

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. Two of the areas we focused on in the past year to tackle variability were:

- the care of neonates with jaundice
- anaesthetic pre-operative assessment

Care of neonates with jaundice

Our clinical incident reports highlighted the potential to improve the recognition and management of neonatal jaundice.

What we said we'd do

We said we would raise the profile of neonatal jaundice in order to support clinical staff so they are able to practice in line with best recommended care standards.

What we did

Throughout 2014/15, work took place to raise the profile of neonatal jaundice in the Trust. To support staff to practice effectively and to standardise practice in line with National Institute for Health and Care Excellence (NICE) recommendations, we undertook the following interventions:

- Purchased three additional phototherapy units to provide hospital-wide coverage for jaundice treatment.
- Circulated a threshold chart and a best practice flyer to raise awareness and increase early detection of jaundice in neonates.
- Provided additional training and education by the Neonatal Nurse Advisor to support ward teams.
- Developed e-training on how to plot a treatment threshold chart.
- Provided ongoing clinical audit and feedback of results to show progress.
- Developed a new information sheet on jaundice for families.

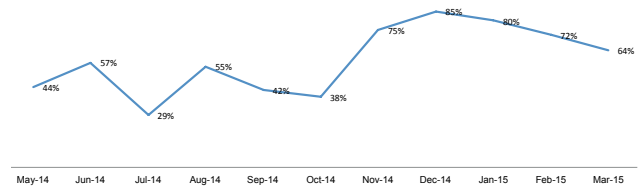
Four must-dos when caring for a neonate

1. Be mindful that every neonate you look after can develop jaundice.
2. Check for signs of jaundice at every opportunity.
3. Do not rely on visual inspection to confirm jaundice – check bilirubin levels.
4. Use the NICE threshold chart to plot bilirubin levels in order to determine whether the level requires treatment.

What the data shows

Data is collected each month for all new cases of jaundice. The chart below shows progress with more neonates receiving care in line with best evidence-based standards. However, the decline between December 2014 and March 2015 shows there is a need to ensure that progress is maintained.

Percentage of new cases of neonatal jaundice where management was as per guidelines



What's going to happen next?

The auditing of how neonatal jaundice is managed will continue as part of the Trust priority clinical audit plan, to ensure that improved practice is maintained and awareness of neonatal jaundice remains high.

How this benefits patients

This will help to ensure that patients are not seriously harmed due to poor management of high bilirubin levels in the newborn period.

Anaesthetic pre-operative assessment

Thorough pre-operative assessment is considered to be an effective method of reducing cancellations and patient non-attendance at appointments, through mechanisms of assessment and preparation of the patient (NHS Institute for Innovation and Improvement 2008).

What we said we'd do

We knew from complaints, incident reporting and coroners' reports that pre-operative assessment was variable across the Trust in occurrence, multidisciplinary input, timing, and purpose, and that it also varied by clinical division and specialty. This has at times been a factor in list changes, cancellations, and last-minute specialty reviews. These process problems can be an inconvenience to patients and their families, but they can also be a source of clinical risk.

To address the variability in pre-operative assessment we said that we would introduce anaesthetic pre-operative assessment (APOA) to augment the existing specialty surgical pre-operative assessment.

What we did

After planning and preparation, the APOA clinic opened at the beginning of January 2015. The plan is that all patients in the Surgery division will attend this clinic or be reviewed by the team. The standardised nursing process is supported by an anaesthetic consultant and input from specialist teams, such as Cardiology, Respiratory, Metabolic and Endocrinology, who advised on agreed referral criteria and the tests and assessments required. The clinic commenced with Dental, Maxillofacial, Plastic Surgery, Hand and Upper Limb Surgery and Ear, Nose, and Throat (ENT) departments in January, followed by the Specialist Neonatal and Paediatric Surgery and Audiology departments in February, and most recently Urology, Spinal (non-pathway), and Cleft Lip and Palate departments in March.

What the data shows

524 

elective surgery patients have been referred to the anaesthetic pre-op assessment clinic

Up to 31 March, 524 patients have been referred to the clinic, of which:

- 69 per cent have been cleared from the process for surgery
- 22 per cent are booked to return due to the date of surgery or for reasons of patient choice
- 9 per cent are currently being assessed.

The impact of the improvements will be assessed over the next 12 months by comparing complaints and incident reporting before and after the introduction of the clinic and standardised nursing process.

What's going to happen next?

New systems are being monitored to ensure they are working well and meeting expectations. Implementation for the surgical division will be complete in summer 2015. The dashboard will be monitored for the impact of the service and an audit for patient experience is being designed. Once every detail is signed off, the new APOA model will be rolled out across the Trust.

How this benefits patients

A comprehensive and standardised pre-operative anaesthetic assessment process for all patients attending for a procedure under a general anaesthetic will:

- improve patient safety
- reduce unnecessary cancellations
- improve patient experience

“Being able to refer a patient straight from clinic for pre-assessment review has saved many families unnecessary trips to hospital and reduced unexpected issues on the day of surgery which have in the past led to cancellations. It is a fantastic improvement in our pre-operative care of patients.”

Specialist Neonatal and Paediatric Surgeon

Evidence and publish our world-class outcomes

Clinical outcomes are broadly agreed and measurable changes in health or quality of life that result from our care. Routine measurement of outcomes is central to improving service quality and accountability. We are proud of our world-class outcomes, and yet we don't currently publish them all in one place.

What we said we'd do

We said we would demonstrate our outcomes in a way that is accessible and understandable to the public. We already publish outcomes to our website, and in 2014/15, we aimed to include our world-class outcomes in this number.

What we did

In 2014/15, we published to our Trust website¹ 47 outcomes across 17 clinical specialties. Eleven outcomes were updates of data previously published, and 36 were outcomes published for the first time.

To know how good we are compared with our peers, all centres must measure their outcomes in the same way. Comparing outcomes for specialist services is a challenge, and our peers are scattered across the globe. Such comparison has been established in some specialties, including paediatric cardiac surgery (international), kidney transplant (international), HIV (UK and Ireland), cleft lip and palate (national) and intensive care (national). However, the vast majority of outcome measures are decided at individual hospital level and do not necessarily match others' measures.

Where this is the case, we look to established standards or to research published in medical journals in order to get an understanding of expected outcomes for treatment. We have also begun work with international groups devoted to better outcome reporting, such as the International Consortium for Health Outcomes Measurement (ICHOM). We also work directly with 16 leading paediatric centres around the world, including Boston and Cincinnati Children's Hospitals to reach agreement on shared outcome measures for conditions.

¹ www.gosh.nhs.uk/health-professionals/clinical-outcomes/

A selection of our published world-class outcomes can be found below.

What the data shows

World-class outcomes from the Cardiac Surgery department

30 day survival for paediatric cardiac surgery (overall, expected and prediction interval)

The 30-day survival rate for paediatric cardiac surgery is a nationally accepted benchmark that is used to judge outcomes. It has to be born in mind, however, that the outcomes should be considered in the context of case mix severity. Furthermore, that 30-day outcome is a relatively limited measure of outcome, with longer term survival and other measures of morbidity being important to consider. The GOSH cardiac team is completely committed to developing other means to monitor outcomes in children with heart disease (see <http://www.gosh.nhs.uk/medical-conditions/clinical-specialties/cardi thoracic-surgery-information-for-parents-and-visitors/research/complications-after-heart-surgery/>)

In the three years 2012 to 2015, there were 1900 cardiothoracic operations performed in our unit, of which 99.0% of patients survived to 30 days. When these outcomes are benchmarked using the Partial Risk Adjustment in Surgery (PRAiS) model, the **results are better than expected based on the confidence limits** selected by the National Congenital Heart Audit (NCHDA).*

* Please note that the validation process and the external validation visit for our paediatric cardiac surgery audit data will not take place until 25 June 2015 and these data will not be confirmed as accurate by NCHDA until early 2016.

The data are shown in more detail below. For those readers interested in the results for individual specific operations, these can be found at:

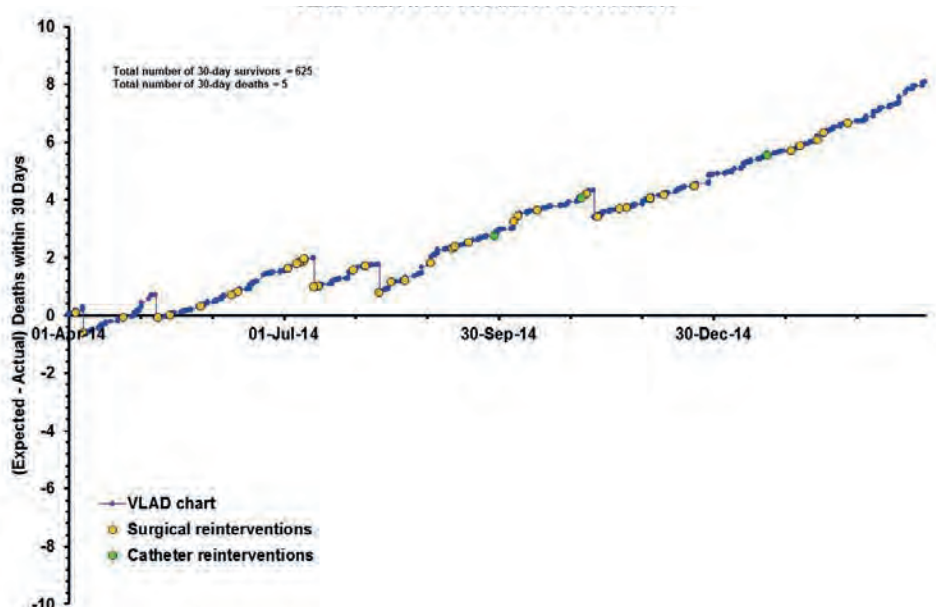
https://nicor4.nicor.org.uk/CHD/an_paeds.nsf/WBenchmarksYears?openview&RestrictToCategory=2012&start=1&count=500

Cardiorespiratory and Intensive Care Unit – Cardiac Surgery	April 2012 – March 2015	April 2011 – March 2014
Actual 30-day survival rate	99.0%	98.4%
Expected survival rate using PRAiS	97.8%	97.8%
95% prediction interval for observed survival rate	(97.2%, 98.5%)	(97.1%, 98.4%)
Ratio of survival rate to expected survival rate	1.012	1.006
95% prediction interval for ratio of observed survival to expected survival rate	(0.993, 1.007)	(0.993, 1.006)

Our annual Variable Life Adjusted Display (VLAD) plot for paediatric cardiac surgery outcomes

The following VLAD plot shows the trend in 30 day outcome of all cardiac surgery patients under 16 years old during 2014-15, benchmarked against expected based on the Partial Risk Adjustment in Surgery (PRAiS) model. The number of procedures carried out and the number of deaths within the year are written at the top of the plot. Using the national risk adjustment method for paediatric cardiac surgery, the VLAD plot displays how many fewer (or more) deaths there are over time compared to 'what would be expected'. As some readers may be less familiar with VLAD plots, which are now used in all children's cardiac programs in the UK for quality assurance, we have added some information overleaf to guide interpretation.

VLAD chart from 01/04/2014 to 31/03/2015



What would be expected?

We use a recently developed risk model (Crowe et al, JTCVS, 2012) to estimate the risk of death, m , for each patient, taking into account risk factors such as procedure, diagnosis, age and weight.

Interpreting the VLAD chart

Each point on the VLAD chart represents an episode of care (the first surgical procedure for a child in a 30-day care period). If the 30-day outcome is a survival then the VLAD plot goes up by m and if it is a death the VLAD plot goes down by $(1-m)$. The vertical axis is the total number of (expected – actual) deaths: when this is positive (negative) there have been fewer (more) than expected deaths.

- A run of survivors will cause the VLAD plot to go up and a run of deaths will cause it to go down.
- Over time, if outcomes are as expected by the risk model, the end of the VLAD plot will tend to be close to zero. Ending close to zero is not a sign that things are not going well! The risk model essentially benchmarks the units outcomes against recent national outcomes in paediatric heart surgery. Despite this being one of the most complex areas of surgery and lifesaving for the children involved, the UK programme has excellent outcomes with very low mortality rates. So typically, m , the estimated risk of death for a patient is small (e.g. about 85% of GOSH patients have estimated risks of 0.1%-5%, and the highest risk is about 20% for the most complex procedures such as some Norwood procedures). This means that the VLAD will rise much more slowly for a run of survivors than it will fall for a run of deaths (but of course there are many more survivors than deaths).

What is a VLAD most useful for?

- Spotting trends in outcomes (whether positive or negative) that might prompt discussion
- A visual aid to gain an overall perspective on how things are going. The VLAD plot is not intended to judge outcomes, nor does it provide statistical control limits. Any risk model can only partially adjust for risks associated with any individual child.

World-class outcomes from the Tracheal Service

The Tracheal team at GOSH was established in 2001 and is a group of health professionals brought together to provide the full range of expertise needed to treat conditions associated with the trachea (windpipe) and bronchi (branches of the windpipe to each lung).

Long segment congenital tracheal stenosis (LSCTS) is the condition we see most often in the Tracheal Service. The team established the slide tracheoplasty surgical technique as the gold standard approach to treat LSCTS, and has the world's largest experience of this type of surgery. The technique involves dividing the narrowed part of the trachea, which can sometimes be only 1 or 2 millimetres wide, and sliding the two sections over each other until the part of the trachea that is normal width is reached.

We have the world's largest series, which means our team has seen the greatest number of patients, and thus we have had the opportunity to build our expertise in the treatment of this condition. We have produced the best outcomes internationally, with the lowest death rates for this serious condition, and our follow up, which extends to 235 months is also the longest available to judge the outcome of this treatment.

The table below references results from centres around the world, published in peer-reviewed medical journals since 2002.

Early and late mortality rate for long segment congenital tracheal stenosis

Author	Year	n	Early death	Late death	F/u month
grillo	2002	8	0	24%	
wright	2002	7	15%		24
rutter	2003	11	22%	44%	12
tsugawa	2003	17	24%	12%	36
koopman	2004	6	33%	33%	12
kim	2004	4	25%		12
chiu	2006	37	32%	24%	
anton-pacheco	2006	7	21%		60
le bret	2006	5	20	5%	70
manning	2010	80	5%	5%	70
GOSH	2015	127	7 (5%)	6 (4%)	235

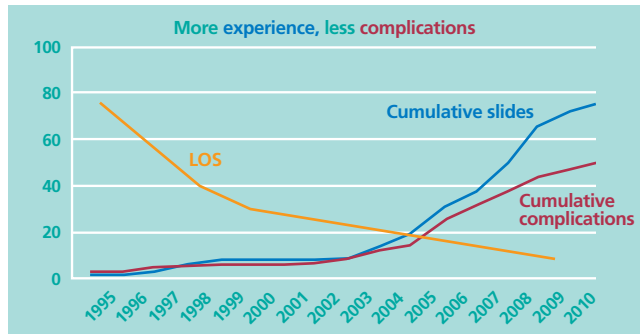
GOSH reference: Butler CR, Speggorin S, Rijnberg FM, Roebuck DJ, Muthialu N, Hewitt RJ, Elliott MJ. Outcomes of slide tracheoplasty in 101 children: a 17-year single-center experience. The Journal of Thoracic and Cardiovascular Surgery 2014; 147(6): 1783–9.

Length of stay

Another focus of the team's commitment to delivering the best quality care is to reduce the patients' length of stay, with particular attention to the time spent on the intensive care units. The chart below shows our marked improvement over time in getting our patients well and fit for discharge after slide tracheoplasty.

Both our complication rate and our length of stay (LOS) can be seen over time in the chart below, in the context of the number of 'slides' we have performed.

Increasing experience of slide tracheoplasty

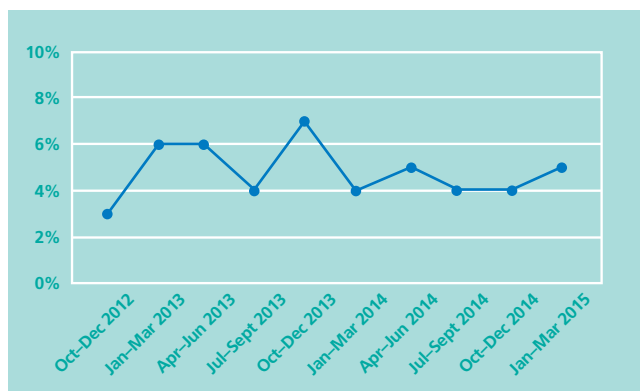


World-class outcomes for the Anaesthesia department

Anaesthesia outcome: percentage of patients that experience a respiratory complication in the Post-anaesthesia Care Unit (PACU)

Some children experience breathing problems shortly after waking up from an anaesthetic. The degree of risk will depend on the child's medical condition and the nature of surgery for which anaesthesia is being provided. Our aim is that less than 10 per cent of our patients experience respiratory complications in PACU, a target we share with Cincinnati Children's Hospital and Medical Center.

Percentage of children with respiratory complications in PACU



This graph shows that, on average, five per cent of our patients experience a respiratory complication in PACU, well within the shared aim of 10 per cent or less.

More anaesthesia outcomes are available here: www.gosh.nhs.uk/health-professionals/clinical-outcomes/anaesthesia-clinical-outcomes/

World-class outcomes from the Infectious Diseases Service

A major part of our Infectious Diseases Service is dedicated to the care of HIV-infected children. HIV is a blood-borne virus which

attacks the body's immune system and weakens its ability to fight infections and diseases, such as cancer.

Undetectable viral load results

An important marker of the management of HIV is viral load, which is a test to determine the level of HIV in the body. The quantity of virus is measured in 'copies per ml' of blood. The lower the number, the less active virus is present.

The line chart below shows the percentage of GOSH patients and the percentage of total paediatric patients across UK and Ireland who have a viral load of equal to or less than 50 copies per ml, 12 months after starting combined Anti-Retroviral Therapy (ART). The figures show that we have consistently and rapidly improved our viral load results, surpassing the UK/Ireland average since 2007 and most recently achieving the viral load target range in 100 per cent of our patients.



We have provided the latest comparative data that we have access to from the paediatric HIV registry, the Collaborative HIV Paediatric Study. April 2014 to March 2015 data is not available until later in the year.

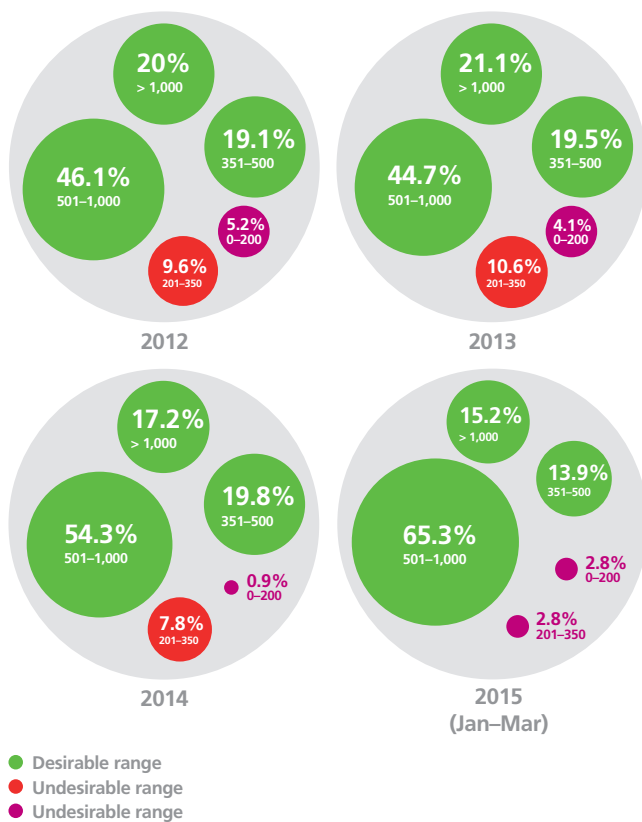
CD4 cell count results

Another important test in the treatment of HIV is called a CD4 cell count. HIV attacks CD4 cells in the immune system. A CD4 cell count measures the number of CD4 cells in a sample of blood to give a rough idea of the health of the patient's immune system. The higher the count, the better the immune system.

The CD4 cell count can vary from 0 to over a 1000 per cubic millimetre of blood. A lower CD4 count is a sign that HIV is progressing, and the immune system is becoming weaker. If CD4 cell count levels reduce to less than 350 per cubic millimetre, there is potential that without treatment there will be progression to AIDS.

Of patients treated at GOSH for HIV, 85 per cent of the 115 treated in 2012, 85 per cent of the 125 treated in 2013, and 91 per cent of the 116 treated in 2014 had a CD4 count within a desirable ranges, thus slowing the damage of the disease on the child's immune system.

The following diagram shows the proportion of GOSH patients within each range of CD4 cell count by calendar year (and Jan-Mar 2015):



We do not have these figures for other centres, so we compare our own results year-on-year. These results show that we consistently improve on our own outcomes.

More HIV outcomes are available here:
www.gosh.nhs.uk/health-professionals/clinical-outcomes/infectious-diseases-clinical-outcomes/

What's going to happen next?

Our vision is to be the best children's hospital in the world. However, regardless of our position compared to others, one thing remains fundamental – even in those areas of practice where we know that the care we provide is world-class; we must always be improving. We will *always seek to improve our outcomes*, year on year, for our patients.

To support our clinical teams, we will establish automatic reporting of outcomes on our intranet, so that they can be viewed by all staff at any time and more easily integrated in to existing clinical meetings to inform clinical practice and service improvement.

How this benefits patients

Demonstrating and publishing our world-class outcomes benefits patients by:

- Internal visibility of outcomes data drives better outcomes for patients.
- Public visibility of outcomes data gives the confidence that transparency brings, and can help families to decide at which hospital their child will receive care for their condition.

"Anyone whose child is sick wants to be sure they get the best care for them. We believe it is our duty to provide the right information to patients and their families to help them to get that best care. The outcomes of the care we provide must form the basis of that; they are fundamental to our work. Good outcomes not only attract patients, but also the best staff, and if we want to be the best, and to continue to innovate, we need both."

Professor Martin Elliott, Co-Medical Director and strategic lead for the GOSH outcomes programme

Non-invasive ventilation service development

Non-invasive ventilation (NIV) is a way to assist breathing without the use of a tracheostomy or endotracheal tube. Instead, a soft mask that sits over the nose or nose and mouth is used. Pressurised air flows through the mask and into the airways to help overcome any obstruction in the airway or to help reduce the work of breathing. This can be used when acutely unwell or for the long-term for those with a chronic condition.

The use of NIV has markedly increased over the past two decades, becoming an integral tool in the management of many acute and chronic respiratory conditions, both in hospital and home settings. At GOSH, we look after 270 children on NIV, the largest paediatric cohort under a single tertiary paediatric centre in the UK.

Previously, all children requiring NIV were cared for on the respiratory unit at GOSH regardless of the primary reason for their admission, for example, if a child on NIV was admitted for spinal surgery they would have to be admitted to the respiratory ward instead of the orthopaedic ward where spinal pre- and post-operative care was specialised. The reason for this was the lack of trained staff on non-respiratory wards, who were able to care for children on NIV.

What we said we would do

- Enable children on NIV to be safely cared for in the ward areas of their admitting specialities by providing NIV training for the non-respiratory nursing staff on other speciality wards in the hospital.
- Support local community teams, district general hospitals, patients and their families at home by ensuring that they could contact the NIV team at GOSH 24/7 for advice, and that every child on NIV had a community nurse.

What we did

We created training and competency packs, and focused on specific needs of the more prevalent patient cohorts. We set up weekly to monthly training sessions and bedside learning with these teams and found champions for NIV in each area to help

support the ongoing training and ensure staff keep up to date with their skills.

We have an in-house NIV study day that is available for all staff from each specialty area, which runs every six months.

All patients and community teams have access to the NIV nurse specialist (from Monday to Friday.) During evening and weekends, the sleep physiologists and the nursing staff on the respiratory unit, who are all fully NIV-trained, are available to provide support on all queries including equipment issues.

We also run a weekly NIV clinic and two acclimatisation clinics for children who are starting NIV or struggling to tolerate the mask and pressure. The involvement of our play specialist (and if required, a family therapist) is invaluable in improving compliance and reducing anxiety for the whole family.

What the data shows

1. Number of patients requiring NIV, cared by the admitting specialty on a non-respiratory ward

In the past year, 24 NIV patients requiring high-dependency nursing either post-surgery or because they were acutely unwell were able to be cared for in admitting specialty ward areas by non-respiratory nursing staff who had received NIV training from the NIV team. This is a significant move in improving patient flow and care quality in general for this group of children with complex needs.

2. Number of bed days used by NIV patients facilitated on non-respiratory wards

Over the past year, we have saved 235 bed days in the Respiratory department due to these patients being cared for in their admitting specialties' areas. As a result, the Respiratory department has been able to treat more respiratory patients and reduce waiting times.

What's going to happen next?

We will continue to roll out training across the Trust and ensure that update study days are held every six months to sustain and grow the NIV expertise of staff in non-respiratory specialties.

We are planning an NIV study day for community health workers and medical/nursing staff from district general hospitals to help to support the growing NIV population in the community. We hope to make it an annual event.

Since February 2015, our newly set-up weekly NIV clinic allows our NIV patients to access the NIV clinical nurse specialist (CNS) and consultant for advice and support in outpatients, thereby reducing the need for an overnight stay. We aim to extend our multidisciplinary and holistic approach further by setting up a joint neuro-respiratory clinic and NIV adult transition clinic.

We have just appointed our second NIV clinical nurse specialist, which will allow us to give more support to our staff and NIV inpatients at GOSH, as well as families, community nursing teams

and local hospitals, to enable our NIV population to be cared for closer to home.

How this benefits patients


Providing NIV training for non-respiratory nursing staff on other specialty wards benefits patients by:

- Patients who require respiratory input but are admitted for other care are now looked after by the specialty that has the most relevance to their care.
- Clinical staff across the Trust have been empowered by new skills to improve the holistic care of their patients.
- Patients who require NIV and those who require specialist respiratory care have seen a reduction in waiting times and improved experience.
- Improved clinical efficiency in treating patients in a timely fashion.
- The training has meant that 235 respiratory bed days have been freed up for use by other patients.

A tracheostomy is a surgically made hole that goes through the front of the neck and into the windpipe. A tracheostomy tube is a plastic tube inserted into the windpipe via the tracheostomy.

An endotracheal tube is a long breathing tube that is inserted through the mouth /nose and into the windpipe.

Assisted breathing that is delivered via tracheostomy or endotracheal tube (in hospital only) is termed as invasive ventilation.



"The NIV CNS role was integral in getting all the staff trained and competent to care for children on NIV. The CNS was able arrange and deliver training to all of the staff as well as creating a competency book and training resources. Once patients began appearing on the wards, the CNS role was able to provide clinical support and further teaching at the bedside. If problems arise it is essential to have experienced experts like the CNS to support and assist staff."

GOSH staff member

"The CNS at GOSH is brilliant, and being able to link to a named nurse for these patients is truly invaluable. However, I know the community children's nursing service would benefit greatly from more training on the different machines used in the community, and it would be highly appreciated."

Community nurse

"The NIV Nurse Specialist plays a key role in everyday life for our family, ensuring critical advice and support for us. In our opinion the NIV nurse has an essential role in preventing my son's care becoming fragmented. Making this process more simplistic for the family saves us, as a minimum, time and stress. Whenever he has been required to be admitted into GOSH, the NIV nurse has always ensured we know where to go and what is happening, taking time to visit us no matter what ward we are on (respiratory or non-respiratory)."

Parent of a child who requires NIV

Experience section

Implementing and embedding Our Always Values

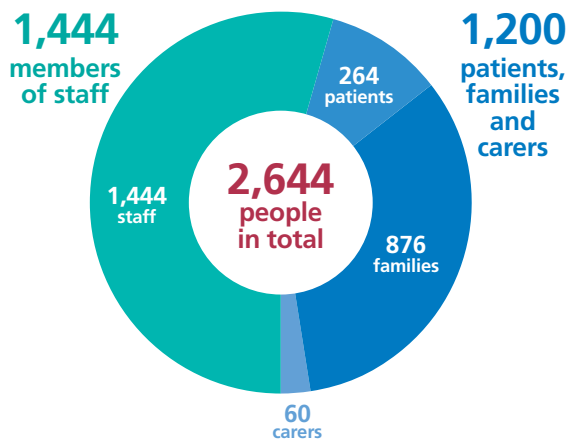
What we said we'd do

After a major consultation exercise in 2013/14 with staff, patients and families, we said we would implement the resulting values and behaviours framework at GOSH. We want our shared values and behaviours framework to be integral to everything that happens at GOSH.

What the data showed

We consulted very widely with staff, patients and families to derive our values.

Over 2,500 people defined our values



Our families told us about the best things about their experience at GOSH, which we presented as word clouds.



They also told us the worst.



We designed a version for children or people who might prefer to answer a shorter and simpler form. They similarly told us what they like about GOSH.



In addition, they told us what they don't like.



We asked our staff for their opinions, including how they would like to be described by their colleagues.

What we did

Using all this information, we derived Our Always Values. We wanted to tie the values to our motto – ‘the child first and always’ – because this is our founding principle and very widely recognised by our staff. We also wanted to respond to the theme in feedback from patients, families and staff that while we have many great people and services, we are not consistently excellent. Therefore, ‘Our Always Values’ – comprising Always Welcoming, Always Helpful, Always Expert and Always One Team – is a deliberately bold statement that is congruent with our vision to be the leading children’s hospital in the world.

As well as developing the four values, we developed behaviours that underpin each of them. These behaviours drew directly from

the language of the patients, families, carers and staff who had participated in our engagement exercise and help us to have a shared understanding of what 'good' looks like.

Once we had derived our values and behaviours, we spent time talking about them to teams across the Trust. There was an overwhelmingly positive reception, with the comprehensive engagement process providing assurance that this was something that responded to the genuine concerns of our patients and families.

We felt very strongly that we needed to keep testing our ideas with patients, families and staff, so as well as recruiting parents onto our project groups we also established virtual user groups to help us develop the visual imagery for Our Always Values.



Between January and May 2015, we ran leadership sessions that were attended by over 220 of our key clinical and non-clinical leaders, including all of our Executive Directors. These sessions provided a clear explanation of how living Our Always Values will result in improved patient outcomes. They also gave leaders tools to promote positive behaviours and reflect back to colleagues the impact of behaviours that do not demonstrate our values.

On 24 March 2015, we formally launched Our Always Values to staff. We have fully incorporated Our Always Values into our annual staff appraisals, so that staff must demonstrate that they consistently live our values in order to achieve an overall excellent rating. We have also built Our Always Values into our popular annual and monthly staff recognition awards, and will use images of our award winners to keep our posters and other materials updated.

What's going to happen next?

We will continue to work on a range of embedding measures, including values-based recruitment and ensuring that Our Always Values are reflected throughout our policies and procedures.

As our staff become familiar with Our Always Values, we will increasingly be asking our patients, families and carers to help us recognise when we live our values, and when we could do better.

We will measure our progress in a range of ways:

- By embedding measures such as the number of staff who have attended leadership sessions

- By process alignment, for example, how many staff have been recruited using values-based recruitment
- By impact measures, using our staff and patient surveys. We will use the measures to ask if people know what our values are, and gauge whether they are having an impact on the experience of the people we treat and employ.

This is a long-term programme of work, but the enthusiasm of the patients and parents who have been closely involved throughout and the extremely well-attended launch event provides us with a very strong impetus to build on the foundations that have been laid.

How this benefits patients

The implementation and embedding of Our Always Values benefits patients by:

- Evidence shows that better patient experience scores are linked to lower readmission rates and shorter length of stay.²
- There is a clear relationship between the wellbeing of staff and patients' wellbeing³

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 showed a need for improvement in waiting times while at the hospital and the pharmacy (according to 15 per cent of respondents). We began a project in 2013 to explore the causes of this feedback and determine the best way to achieve improvement. Our aim was:

To reduce the time taken from when an outpatient prescription arrives in pharmacy to when the patient receives their medication and improve patient satisfaction by 30 April 2015.

What we did

Targeted survey

We conducted a targeted follow-up survey to get more detail. Responses gave us helpful suggestions and included:

"If there was an automated display showing the prescription was either still being processed or ready. Waited a long time queuing just to find out if it's ready or not. Also waited 90 minutes to be told only had some of the medicine in stock and would have to return in a week's time. This was very frustrating, especially when you have a long journey home."

"Waiting area small and cramped, really hard with children with special needs to sit and wait, could do with a way of notifying"

2 Manary MP et al (2013) The Patient Experience and Health Outcomes. New England Journal of Medicine 368(3) pp201-203

3 Boorman S (2009) NHS Health and Well-being – Final Report. Leeds: Department of Health (ref 299039)

patients when prescription is ready – such as an automated display so could keep coming back to check without having to sit and wait for long periods – or stand in a long queue to check.”

We set up a working group with pharmacy dispensary staff to generate and agree small tests of change, based on the improvement methodology of Plan-Do-Study-Act.

What is Plan-Do-Study-Act?

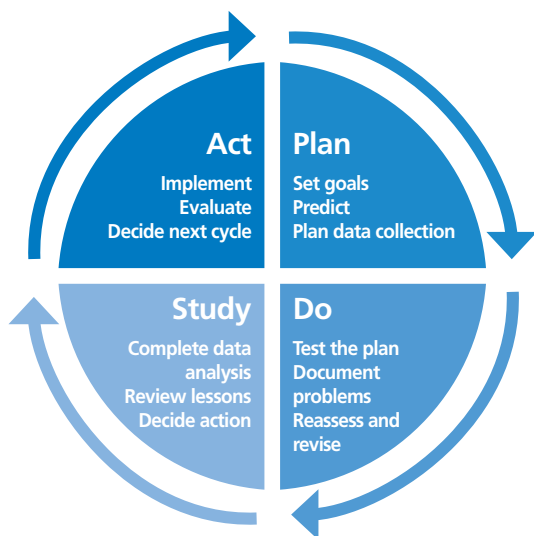
Plan-Do-Study-Act (PDSA) is a methodology to test an idea by trialling a change on a short-term basis and assessing its impact. The four stages of the PDSA cycle are:

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.



Communication

We knew we needed to improve communication and set clearer expectations for our patients and their families, particularly with regard to medications that take longer to prepare. The project team designed and created posters to answer some common questions that were frequently asked of them, such as: “Why are we waiting for our prescriptions?” and “What can we do while we wait?”.

The dispensary process was also filmed with a narrator describing each step in the journey to ensure the right medication was safely prepared and made available to the patient. This podcast is now displayed in the pharmacy reception and helps people to understand what is happening behind the scenes and why each step is important.

Identifying and tackling delays

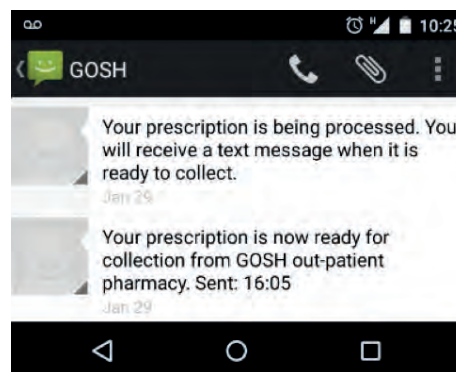
We carried out various process analyses on the dispensary floor to identify areas where there were delays. To address these issues, we:

- installed additional IT equipment for dispensing
- put dedicated staff on the pharmacy hatch over the busier lunch time period
- tested separate streams for complex and simple prescriptions.

We spent time speaking with patients and their families as they waited for medication. One parent made the suggestion that we send a text message as soon as the medication is ready for collection. We worked with the dispensary team to design and develop an electronic system to track the prescription and provide real time information with visual alerts for prescriptions with long waits. If the wait time exceeded 30 minutes, the alert turned orange. If the wait exceeded an hour, the alert turned red.

Patient	Type	Ticket	Location	Received	Screening	Dispensing	Final check	Collected	Authorised	Follow	Wait
MS	IPP	D67	SAFARI PIGEON HOLE	09:15	09:30	09:50					445
ID	OP	D82		11:46		14:31	15:01				291
AA	OP	D76		13:34							180
AA	OP	D76		13:34							180
ID	OP	D95		13:37	13:40						183
RA	OP	D99	BULK-A	13:52							187
RT	OP	E10		14:59	16:14	16:34	16:35				101
GN	OP	E11		15:00	15:13	15:13					100
AS	OP	E13		15:00	15:13	15:13					100
SS	OP	E12		15:01	15:13	15:13					99
OH	OP	E15		15:22	15:32	15:35	16:01	16:01			78
CH	OP	E16		15:22	15:35	15:40	16:05	16:16			78
EW	OP	E17		15:25	15:40	15:40	16:10	16:14			75
OC	OP	E19		15:35	16:04	16:07	16:23				68
DA	OP	E18		15:36	16:01	16:05	16:16	16:21			64
FA	IPP	E20		15:51	16:03	16:03					47

The new tracker system was also designed to send an automated text message to patients and families, notifying them when their prescription was ready for collection. We sent a registration message with the ticket number and a second message to alert when medications are ready for collection. Approximately 50 text messages were sent to patients each day.



What the data shows

We now have a means of identifying bottlenecks and delays in the dispensing process that need further exploration to understand if and how these can be overcome.

In order for this work to progress and for there to be sustained, continuous improvement further work is needed.

What's going to happen next?

Most improvement efforts have focussed on improving the patient and family experience by improving communication and providing information that helps to set expectations where this was not previously available.

The tracker system will soon be displayed in the patient waiting area in the main hospital reception and also on one of the existing television screens in The Lagoon restaurant. This will allow patients and their families to wait in a less cramped environment or get refreshments while they wait, confident in the knowledge that their prescription is progressing through the system.

Patients will be asked to score their satisfaction when both installations are complete.

How this benefits patients

The introduction of new systems in the Pharmacy department benefits patients by:

- The text message service allows patients and their families the flexibility to leave the pharmacy waiting area and, for example, visit a park or go to a café while waiting for their medication.
- Displaying prescription progress on an LCD screen will reduce unnecessary trips to the hatch to enquire about medication.
- Updated information will reduce the frustration of 'not knowing'.

Improving the experience of our patients with learning disabilities

Most people find it daunting to have to go to hospital. For people with a learning disability, this can be magnified by not knowing what to expect. In addition, staff may not know how best to interact and support, and how to adjust their practices and services to meet the needs of these patients.

What we said we'd do

We recognised we wanted to do better for our patients with learning disabilities. We appointed a Nurse Consultant Intellectual (Learning) Disabilities in September 2013 to identify how we could improve in partnership with our learning disabled patients and families, and undertake work to embed improvements and to train staff.

What we did

Learning disability clinical alert

A learning disability alert system has been established in the hospital, which enables staff to know which patients are in the hospital, where they are, and how they use the service so that reasonable adjustments can be made to help their care and treatment. Over 850 patients are already on the alert system.

In May 2014, an audit was conducted to ascertain how many patients on the ward had intellectual disabilities. Thirteen of the

15 wards randomly selected were able to answer this question. A total of 15 patients were identified across the 15 wards, 10 of whom had reasonable adjustments identified and implemented, with no information recorded for the remaining two wards.

Reasonable adjustments

Reasonable adjustments are required to be made within services for people who have disabilities or impairments that fall within the Equality Act (2010). The following core adjustments were developed to meet the needs of our patients:

- actively involve the child/young person and their families/carers
- offer double appointments
- offer first or last appointment
- act on information in the patient's hospital passport
- change the environment – for example, dim lights, provide quieter waiting areas
- make information easy to understand – for example, use signing and pictures

Bespoke adjustments are also made and audited to improve the service.

Hospital Passport

"Nurses and doctors read the information (in the Hospital Passport) about our daughter and had an idea of how to approach her without being patronising."

Parent of a patient with a learning disability

The image shows a 'Hospital Passport' form from NHS. The top section is titled 'This is my Hospital Passport' and includes a space for 'My Photo'. Below this, it says 'For people with learning disabilities coming into hospital' and provides fields for 'My name is:' and 'I like to be called:'. There are instructions: 'If I have to go to hospital this book needs to go with me. I guess hospital staff important information about me.' and 'It needs to hang on the end of my bed and a copy should be put in my notes.' A small picture of a hospital building is shown. At the bottom of this section, it says 'This passport belongs to me. Please return it when I am discharged.'

The middle section is titled 'Nursing and medical staff please look at my passport before you do any interventions with me.' It features three colored circles (red, yellow, green) with arrows pointing to three boxes: 'Things you must know about me', 'Things that are important to me', and 'My likes and dislikes'.

The bottom section is titled 'Mental Capacity Act 2005' and contains the text: 'If an assessed as lacking the capacity to consent to my treatment the following people must be involved in best interests decision making'. Below this is a table with three columns: 'Name', 'Relationship', and 'Contact Details'. The table has four rows, each with 'Name', 'Relationship', and 'Contact Details' in the respective columns.

The Learning Disability Protocol for Preparation for Theatre and Recovery

A service gap was identified as a result of a complaint made about a theatre and recovery experience. The protocol we developed and disseminated in late 2014 has already greatly enhanced the care and treatment of surgical patients with learning disabilities. It ensures all staff are aware of a person's individual requirements and specific needs to enable the best possible care and treatment to take place in theatre and recovery.

The Learning Disability Protocol for Preparation for Theatre and Recovery

- Discuss the patient's needs with them and their family/carers.
- Use 'comforters' to relax the patient pre op and in recovery.
- Document and handover to colleagues.

Recover patients with learning disabilities slower than those without one

- a) Lower levels of noise and light
- b) Place the patient in a quiet area within recovery
- c) Ensure parents/carers are present and involved.
- d) Gradually recover observing how the patient is progressing

If the patient is disturbed or distressed in Recovery:

1. Call an anaesthetist to use sedation to induce a relaxed, sleepier state.
2. Increase levels of sedation as required.

For more information and advice
www.gosh.nhs.uk/intellectual-learning-disability

Great Ormond Street Hospital for Children

Links and information

We have provided links and information to support people with learning disabilities via the following:

- Establishing 36 learning disability 'Link Leads' in areas across the Trust from a range of roles and professions to aid dissemination of the work and action plan.
- Creating partnerships with the British Institute of Learning Disabilities (BILD), Books Beyond Words, Assist Advocacy, Keele University, and Hertfordshire Community Learning Disability Services. These partnerships involve collaboration on education and research, and implementation of best practice initiatives.
- Developing a learning disability section for staff on the Trust intranet.

Bespoke training

We have delivered training in the following ways:

- Carrying our bespoke teaching and training sessions have been carried out on wards, pre-operative services, and clinics to a variety of staff groups

- Delivering teaching in partnership with BILD and GOSH in outpatient services.
- 'Education in action' took place regularly during actual patient contact to enhance clinical practice in the 'real world', not just in a training room.

What the data shows

In 2013 and 2014, the Staff Awareness of Intellectual Disability Survey was conducted to ascertain the knowledge of clinical and non-clinical staff when working supportively and sensitively with learning disabled patients. The survey also asked staff about the initiatives implemented. Some of the key findings include:

- In 2013, 83 per cent of staff felt they effectively advocated for people with intellectual disabilities. In 2014 this rose to 97.5 per cent.
- In both 2013 and 2014, 40 per cent of staff felt that working in partnership with other organisations happens, but not all the time. However, staff who gave the lowest rating on our performance in partnership working dropped from 21 per cent in 2013 to 14 per cent in 2014, illustrating that we are making progress in embedding better partnership working with patients with learning disabilities.
- In 2013, 17 per cent of staff surveyed knew about the hospital passports, rising to 37 per cent in 2014 – a 20 per cent increase.
- In 2014, 69 per cent felt adequately trained and prepared to care for people with learning disabilities compared to 60 per cent in 2013.

While these figures are encouraging, we're continuing in our actions to improve our partnership working, promote our hospital passport, and roll out our training to provide a better experience for our patients with learning disabilities.

What's going to happen next?

Ongoing training and support will continue to be provided by senior learning disability nurses and the learning disability Link Leads to:

- increase staff confidence in supporting our patients with learning disabilities
- increase awareness and use of the hospital passport
- to support partnership working

How this benefits patients

We undertook work to improve the experience for our patients with learning disabilities, which benefits them by:

- Reduced anxiety associated with hospital for patients and their families.
- Collaborative working between families and staff means better support and a reduction in a 'them and us' feel to healthcare.

2015/16 quality priorities

Previously, we have presented our quality reporting under the domains of Safety, Clinical Effectiveness and Experience, as described by Lord Ara Darzi in his NHS review for the Department of Health in 2008. In future, we will publish all our improvement work as categorised by the standards we work towards from our Quality Strategy:

Standard 1	Develop a strong governance structure for Quality and Safety.
Standard 2	Maintain high levels of medication safety.
Standard 3	Decrease and eliminate hospital acquired infections.
Standard 4	Improve clinical handover and documentation.
Standard 5	Eliminate all pressure injuries.
Standard 6	Recognise and respond to deterioration.
Standard 7	Decrease unnecessary delay in all processes.
Standard 8	GOSH will deliver clear measures of our clinical outcomes.
Standard 9	Work closely with our patients and their families to have high levels of experience.
Standard 10	GOSH will provide equal access to all.

These standards are central to our quality improvement programme, and align with the Darzi domains, and the Trust vision of No waits, No waste, Zero harm.

The following table provides details of three of the quality improvement projects that the Trust will undertake on its services in 2015/16. 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 Public and Patient Involvement and Experience Committee.

Safety / Standard 7

To reduce all harm to zero.

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Improving flow through our intensive care units	The smooth flow of patients through our Paediatric Intensive Care Unit and Neonatal Intensive Care Unit 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 delays, refusals and cancellations of elective admissions. This will be monitored through the Intensive Care Units Flow Steering Group, which will report to the Senior Management team.

We chose this initiative to report on in 2015/16 because we know there is pressure on our ICUs and we sometimes have to refuse patient referrals or cancel patients due to a sicker patient being admitted. We want to reduce these occurrences so they only occur for clinical, rather than operational reasons.

Clinical effectiveness / Standard 10

To consistently deliver excellent clinical outcomes, with the vision to be the leading children's hospital in the world.

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Referral to treatment (RTT): Incomplete pathways.	Incomplete pathways are the RTT waiting times for patients whose RTT clock is still ticking at the end of the month. The national standard is 92% of incomplete pathways are <18 weeks. This measure is a good indicator to ensure that patients on a RTT pathway are seen and treated within 18 weeks.	The national standard is that 92% of incomplete pathways are <18 weeks. This measure is a good indicator to ensure that patients on a RTT pathway are seen and treated within 18 weeks. This is reported to the Trust Board monthly, submitted nationally and reviewed internally at all Clinical Divisional Performance Reviews as well as reviewed frequently at an operational level.

We chose this initiative to report on in 2015/16 as an area the Trust wishes to see continuous improvement. Via work that the Trust has undertaken internally it is aware that due to its place in the patient pathway a number of referrals come to the Trust without all the necessary information (including the clock start of the pathway), this presents challenges for GOSH. As part of the external audit by Deloitte of our records in 2014/15, this substantiated the issue, for which the Trust is seeking advice and guidance on how best this is resolved.

Experience / Standard 9

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?
Improving discharge summary completion times.	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.	The following measures will be reported: 1. Percentage of discharge summaries sent within 24 hours of discharge. 2. Average days between patient discharge and a discharge summary being sent. 3. Percentage of discharge summaries completed using the Trust's new electronic system for producing discharge summaries. Measure 1 is reported at divisional performance reviews. Measures 2 and 3 are reported to the Quality Improvement Committee. All of the measures are reported on the Trust intranet in Statistical Process Control format.

We chose this initiative to report on in 2015/16 because we know from our referrers' survey and our Members' Council that it matters to patients and their families. We are improving, but we still have work to do to spread improvement across the Trust.

Part 2b

Statements of assurance from the board

Review of our services

During 2014/15, GOSH provided and/or sub-contracted 51 relevant health services. The income generated by these services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of relevant services by GOSH for 2014/15.

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 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, to identify improvements, and to 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.

The Trust has remained 'green' against Monitor's Governance Risk Assessment during 2014/15, 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 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 clinical audit?

'A clinical audit is a quality improvement cycle that involves measurement of 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 Principles of Best Practice in Clinical Audit 2011

During 2014/15, nine national clinical audits and one clinical outcome review programme covered the NHS services that GOSH provides. The Trust participated in eight of these national clinical audits and the clinical outcome review programme. Data collection was completed during 2014/15, and is outlined 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 (National Institute for Cardiovascular Outcomes research [NICOR])	169/169 (100%)
Congenital heart disease including paediatric cardiac surgery (NICOR)	1096/1096 (100%)
Diabetes (paediatric) (National Paediatric Diabetes Association)	25/25 cases (100%)
Maternal, Newborn and Infant Clinical Outcome Review Programme (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK [MBRRACE-UK])	24/24 (100%)
National Cardiac Arrest Audit (Intensive Care National Audit & Research Centre [ICNARC]).	26/26 (100%)
Inflammatory bowel disease (Royal College of Physicians)	44/44 (100%)
Paediatric Intensive Care Audit Network (PICANet)	1,771/1,771 (100%)
Pulmonary hypertension (Health and Social Care Information Centre)	350/350 (100%)
Renal replacement therapy (UK Renal Registry)	212/212 (100%)
Severe trauma (Trauma Audit & Research Network [TARN])	The Trust did not provide data 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.

Key learning from clinical audit in 2014/15

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 findings is listed below.

Consent

In 2013/14 the need to improve the consent forms used for young people and patients aged over 18 was identified. Consent forms for specific age groups were rolled out across the Trust in February 2015. Audit showed that 93.5 per cent of patients in an audit had consent taken with the correct age appropriate consent form following the roll out.

Identification of patients

Clinical audit completed in 2012 highlighted the need to improve adherence to the policy to identify patients in an inpatient setting. The learning from the audit and feedback from staff led to wristbands being changed to ones that were noted to be more comfortable to wear. The audit was repeated in October and November 2014 to assess the effectiveness of the change. Eighty-seven per cent of patients reviewed in this audit had a patient identity wristband or alternative identification arrangements in place (compared with 63 per cent in the 2012 audit).

Learning from an incident

Changes were introduced to bed booking processes in International and Private Patients following a Serious Incident that occurred in 2012. Audit showed that changes made have been successful, with 99.6 per cent of patients included in audit having no discrepancy between the medical problems documented in booking and the ones they arrived with.

Local clinical audits

The summary reports of 87 clinical audits were reviewed by GOSH during 2014/15. 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.

- The Dermatology team reviewed the use of propranolol for treating infantile haemangioma, which resulted in a protocol change that reduced the need for pre-treatment investigations.
- Audit work within the Neurodisability department looked at the protocol for the assessment of autism spectrum disorder within the Neurodevelopmental Assessment Clinic. The audit found that the protocol was being followed, with all essential measures being used for each child. As a result of the audit the team are reviewing an improved method of communicating with schools more efficiently, and considering adaptations to the protocol dependent on the age of the child. The team are also looking at age-appropriate feedback for children and young people to help them to understand more about the assessment and diagnosis of autism spectrum disorder.

- The inherited cardiovascular diseases team reviewed ECGs in children seen with long QT syndrome. As a result of this audit, practice has changed and ECGs are routinely performed lying and standing on any child presenting to the service with confirmed or possible long QT syndrome.
- The Haemophilia team undertook an audit looking at pain in children with inherited bleeding disorders. The audit highlighted the importance of analgesia as a treatment option in bleed management. As a result of this audit, pain management has been added into telephone triage/advice to help patients by ensuring better pain control before attending hospital.

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 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.

GOSH's strategic aim is to be one of the global leading children's research hospitals.

We are in a unique position of working in partnership with our academic partner, the UCL Institute of Child Health (ICH), to combine enviable research strengths and capabilities with our diverse patient population. This enables us to embed research in the fabric of the organisation. In addition to the ICH, GOSH has the benefit of access to the wealth of the wider University College London research capabilities and platforms. Scientists at the ICH and clinicians at the hospital work together to provide an integrated and multidisciplinary 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.

Together, GOSH and the ICH form the largest paediatric research centre outside North America and we host the only Biomedical Research Centre (BRC) in the UK dedicated to children's health. 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 of Research and Innovation includes:

- the joint GOSH/ICH Research and Development Office
- the Somers Clinical Research Facility (CRF), which is a state-of-the-art ward within GOSH for the day care accommodation of children taking part in clinical trials
- hosting research delivery staff funded through the Comprehensive Research Network: North Thames

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 875 active research projects at GOSH/ICH. Of these, 223 have been adopted onto the NIHR Clinical Research Network (CRN) Portfolio, which is a grouping of high-quality clinical research studies. In total, 3021 patients receiving health services provided or sub-contracted by GOSH have been recruited in the past 12 months to participate in research ethics committee-approved research projects that have been accepted on the portfolio.

Some of our key research highlights in 2014/15 are described below.

- GOSH BRC theme lead Professor Adrian Thrasher and a team of local and international collaborators have developed improved gene therapy technology for treatment of children with X-linked severe combined immunodeficiency (X-SCID) who do not have matched bone marrow donors. X-SCID is an inherited disorder of the immune system that affects predominantly boys. Most children die before they are one year old from infections that their immune system is unable to fight. A clinical trial published in the *New England Journal of Medicine* used a modified Gamma Retrovirus Vector to treat the condition and restored immunity in most patients. The treatment showed high efficacy and better outcomes for most patients with fewer adverse effects. The new therapy was covered by the BBC news.
- The GOSH BRC funded gene discovery facility, GOSgene and its collaborator, the North East Thames Regional Genetics Service, are continuing to successfully develop screening tools for genetic diseases. In a recent publication in the *Journal of Medical Genetics*, the collaborative partners report results on their development of a gene panel to screen patients affected by very early onset inflammatory bowel disease (VEOIBD). The development of this panel is significant, because of its impact on patient management. It can identify in a short period of time which patients have certain VEOIBD genotypes and advise on the correct treatment pathway, such as haematopoietic stem cell transplantation. At the same time, whole exome sequencing was performed by GOSgene in the same VEOIBD patients and the results compared with the gene panel.
- A study led by NIHR GOSH BRC Director, Professor David Goldblatt, in collaboration with Public Health England, and published in the journal *The Lancet Infectious Diseases*, has shown that a new 13-valent pneumococcal conjugate vaccine (PCV), introduced into the infant immunisation programme in 2010, provides significant protection for most vaccine serotypes. This is the first report of this new vaccine's effectiveness

and incorporated an indirect cohort method to assess vaccine effectiveness in the three-and-a-half years following introduction. The paper also defined, for the first time, new correlates of protection for extended PCVs that will inform future vaccine licensing strategies and implementation of PCVs around the world.

- For the first time in the UK, a novel kidney transplantation method has been performed at GOSH. This method is used for patients who have previously had transplants. Patients who have had a previous transplant will face the problem that the body produces antibodies that can jeopardise future transplanting success by fighting an introduced organ. The new method removes a large proportion of the antibodies using a blood filtering process called plasmapheresis, before re-introducing the patient's blood in to their body.
- Molybdenum cofactor deficiency (MoCD) type A is an extremely rare metabolic disorder that, if untreated, results in neurological damage and eventual death within a few months of birth. Up to 40 centres across the world are participating in a natural history study of MoCD that will inform future therapeutic trials. Within only a few weeks of the study opening at GOSH, a team led by Dr Sophia Varadkar achieved the recruitment of two patients to the trial. Instrumental to the robust and swift feasibility, set up and successful recruitment was the support provided by the BRC-funded CRF and the NIHR CRN: North Thames (children's division).
- GOSH is playing a leading role in the co-ordination of a network of hospitals participating in the Genomics England 100,000 Genomes Project. GOSH has been named as the lead organisation responsible for co-ordinating the recruitment of patients through the new network that will form the North Thames Genomic Medicine Centre and, alongside other partnering London trusts, will recruit participants to the project.

In addition, we are delighted to list awards received for research.

- Three of our clinical academics, Professor Phil Beales, Professor Lyn Chitty, and Professor Neil Sebire, were awarded NIHR Senior Investigator status in 2014. This success is particularly significant: these three awards to academic staff at GOSH were out of a total of only 16 new awards in England to outstanding research leaders of clinical and applied health and social care research.
- A number of our investigators received awards from the NIHR CRN for their contribution to clinical research: Dr Ri Liesner as a Leading Commercial Principal Investigator, Dr William van't Hoff for 'Delivering above and beyond', and Professor Francesco Muntoni for 'Consistently delivering to time and target' and 'First global or European patient'.

We are also delighted to have made appointments that build capacity to support our vision to be a global leading research hospital:

- We are committed to developing the next cadre of clinical academics and through our BRC have developed a comprehensive training programme, including the appointment of Dr Kate Oulton, our first Clinical Academic Programme Lead

– Nurses and Allied Health Professionals (AHPs). Kate is research active, spending half her time undertaking research through the Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID) and half of her time in her lead training role. With Kate's direction, we aim to increase the number of nurses and AHPs who are engaged with and undertaking research.

- We have appointed our first Clinical Research Nurse Practice Educator who will play a key role in further integrating research with clinical care.

Use of the CQUIN payment framework

The Commissioning Quality and Innovation (CQUIN) payment framework makes up 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.

The Trust's CQUIN schemes for 2014/15 were as follows:

1. Friends and Family Test
2. NHS Safety Thermometer
3. highly specialised audit workshops
4. retinopathy in prematurity
5. perinatal pathology - reporting time
6. antimicrobial stewardship
7. CVL maintenance
8. Quality dashboards:
 - bone marrow transplant
 - clinical genetics
 - cystic fibrosis
 - haemophilia
 - immunoglobulin
 - inherited metabolic disorders
 - spinal surgery
 - child and adolescent mental health
 - neurosurgery
 - paediatric intensive care
 - rheumatology
 - congenital heart
 - cleft lip palate
 - oncology
9. newborn screening – lean working
10. newborn screening – failsafe
11. newborn screening – chrd interface
12. nephrology – nephrotic syndrome care plan development
13. transition
14. non invasive ventilation
15. early implementation of nice spinal rod guidance
16. pathways – chronic pain relief

In 2014/15, 2.4 per cent of GOSH's income (activity only) was conditional upon achieving CQUIN goals agreed with NHS England. If the Trust achieves 100 per cent of its CQUIN payments for 2014/15, this will equate to £5,503,181. During Q1 to Q3 of the financial year, we reported high compliance against all our CQUIN indicator milestones. We expect to report over 95 per cent compliance at year end.

In 2013/14, 2.4 per cent of GOSH's income (activity) and 1.1 percent (drugs and devices) was conditional upon achieving CQUIN goals. The total figure we achieved was £5,345,784, which represented 97 per cent of the total offered.

Further details of the agreed goals for 2014/15 are available on request from:

Graham Terry, Head of Planning and Performance
graham.terry@gosh.nhs.uk
 020 7405 9200

CQC registration

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

GOSH is registered with the CQC as a provider of acute healthcare services.

The CQC has not taken enforcement action against GOSH during 2014/15. GOSH has also not participated in any special reviews or investigations by the CQC during this period.

In April 2015, the CQC conducted a scheduled inspection of the Trust. The inspection report will be published later in 2015/16.

Monitor's Risk Assessment Framework shows when there is:

- A significant risk to the financial sustainability of a provider of key NHS services which endangers the continuity of those services (the continuity of services risk rating rated 1–4, where 1 represents the highest risk and 4 the lowest); and/or
- Poor governance at an NHS foundation trust (the 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)

During 2014/15 Monitor had no concerns with the safety of health provision at GOSH, as shown below:

2014/15	Q1	Q2	Q3	Q4
Continuity of services risk rating	4	4	4	4
Governance risk rating	Green	Green	Green	Green

Data quality

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.

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.

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 Health & Social Care Information Centre (HSCIC) and its reporting is based on data submitted by all provider trusts.

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.

Please visit ic.nhs.uk for more information.

GOSH submitted records during 2014/15 to SUS for inclusion in the Hospital Episode Statistics, which are included in the latest published data. Performance is measured by examining the accuracy and completeness of data within the submissions to SUS and reported against local area and national averages.

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	99.3%	99.2%
	Outpatients	99.3%	99.3%
Inclusion of patient's valid General Practitioner Registration Code	Inpatients	99.9%	99.9%
	Outpatients	99.9%	99.9%

Notes:

- The table reflects the most recent data available as of 24 March 2015 (April 2014 – January 2015 at month 10 SUS inclusion date).
- 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 2014/15 was 77 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 2013/14 when the Trust score was 75 per cent and 2012/13, when the Trust score was 70 per cent. This improvement was achieved by meeting the highest level (level 3) on an additional three requirements.

Clinical coding and data quality

GOSH was not subject to the Payment by Results clinical coding audit by the Audit Commission during the 2014/15 reporting period.

The Trust continues to carry out an internal clinical coding audit programme to ensure standards of accuracy and quality are maintained. As a result, the Trust has been shortlisted for the Data Quality Award (Specialist), one of only five specialist acute trusts across the UK to have excelled in a range of data quality indicators.

The award recognises the importance of clinical coding and data quality, and the essential role they play in ensuring appropriate patient care and financial reimbursement from commissioners.

The Trust has been shortlisted for this award based on performance against a range of data quality indicators including:

- depth of coding (not case mix adjusted)
- percentage of coded episodes with signs and symptoms as a primary diagnosis
- percentage of uncoded spells

Improving data quality

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

- Ensuring policies and processes regarding capturing of data on core IT systems are concise, complete and in a standard format.
- Development of online e-learning material available via the Trust intranet, giving staff immediate access to guidance when it is most needed.
- Assigning ownership at operational level of non-core data collection systems.
- Enhancing the data quality reporting suite, highlighting missing or inconsistent data to service users.

Part 2c

Reporting against core indicators

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.

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 following table shows the indicators that GOSH reports on a quarterly basis to our Trust Board and also externally. The data is sourced from the Health & Social Care Information Centre, unless stated otherwise. Where national data is available for comparison, it is included in the table.

Indicator	From local trust data			From national sources				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:
	2014/15	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									
				From Health & Social Care Information Centre Time period: 2012/13 financial year					
Emergency readmissions to hospital within 28 days of discharge:									
– % of patients aged 0–15 readmitted within 28 days	0.74%	2.5%	2.4%	Not available from HSCIC until 2016				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	0.6%	0.9%	1.5%						
Domain 4: Ensuring that people have a positive experience of care									
				From NHS Staff Survey Time period: 2014 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% (2014)	87% (2013)	90% (2012)	87%	93%	73%	89%	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									
				From the Department of Health (acute providers) Time period: 2013/14 financial year					
Number of clostridium difficile (C. difficile) in patients aged two and over	14‡	13	7	14	0	364	63	The rates are from the Department of Health	Continuing to test stool samples for the presence of C. difficile, investigate all positive cases, implement isolation precautions and monitor appropriateness of antimicrobial use across the organisation.
Rate of C. difficile in patients aged two and over (number of hospital acquired infections/ 100,000 bed days)*	12.7	14.8	9.1	12.7	0	85.5	37		

C. difficile is endemic in children and rarely pathogenic. At GOSH, we test for C. difficile 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 two 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 healthcare associated infections (HCAI) database 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.

‡ GOSH has reported 14 cases of C. difficile for 2014/15, one of which was attributed to a lapse of care in line with guidance published by Monitor.

*The rate reported in the Quality Report for 2012/13 differs to that of 2013/14 and 2014/15 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 and 2014/15.

				From National Reporting and Learning Service (NRLS) Time Period: 01/04/2014 to 31/03/2015					
Patient safety incidents reported to the NRLS:								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	5,231	4,922	4,206	4,582	-	-	-		
Rate of patient safety incidents (number/100 admissions)	12.82	10.28	9.98	-	-	-	-		
Number and percentage of patient safety incidents resulting in severe harm or death	26 (0.5%)	27 (0.5%)	23 (0.5%)	16 (0.4%)	-	-	-		
There is a time lag between NHS Trusts uploading data to the NRLS (performed twice a month at GOSH) and the trend analysis reports issued by the NRLS. The last report issued was in 2013.									

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 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, 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.

Part 3

Other information

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 2014/15

Domain	Indicator	Threshold/target	GOSH performance for 2014/15 by quarter				2014/15 total	Indicator met?
			Q1	Q2	Q3	Q4		
Safety	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia – meeting the MRSA objective	N/A – Monitor no longer includes MRSA in its governance indicators	N/A	N/A	N/A	N/A	N/A	N/A
Effectiveness	All cancers: 31-day wait from decision to treat to first treatment	98%	100%	100%	100%	100%	100%	Yes
Effectiveness	All cancers: 31-day wait for second or subsequent treatment, comprising: <ul style="list-style-type: none"> • 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%	91.2%	89.3%	82.8%	91.3%	88.7%	No
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – non admitted	95%	96.0%	95.2%	93.3%	95.4%	95.0%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	92.5%	92.2%	92.2%	94.4%	92.8%	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

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

Performance against key healthcare targets 2013/14

Domain	Indicator	Threshold/target	GOSH performance for 2013/14 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 limit
Effectiveness	All cancers: 31-day wait from decision to treat to first treatment**	96%	100%	100%	100%	100%	100%	Yes
Effectiveness	All cancers: 31-day wait for second or subsequent treatment, comprising:	94% 98%						
	• surgery	94%	100%	100%	100%	100%	100%	Yes
	• anti-cancer drug treatments		100%	100%	100%	100%	100%	Yes
	• radiotherapy		100%	100%	100%	100%	100%	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

**This indicator was incorrectly worded in the 2013/14 Quality Report as 'All cancers: 31-day wait from diagnosis to first treatment'.

Performance against local improvement aims 2014/15

2014/15

Domain	Indicator	Total 14/15 performance	2014												Performance within statistical tolerance
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Safety	Number of serious patient safety incidents	23	1	2	2	3	2	1	2	2	3	0	1	4	Yes
Safety	CVL related bloodstream infections (per 1,000 line days)	-	1.09	2.29	0.45	1.26	1.51	1.77	1.53	1.18	0.98	1.21	1.41	1.3	Yes
Effectiveness	Hospitality mortality rate (per 1,000 discharges)	-	3.35	3.28	2.33	1.96	2.82	2.38	2.18	2.07	2.70	3.57	3.38	1.36	Yes
Patient Experience	RTT - Admitted*	88.7%	92.0	91.2	90.3	87.8	90.3	89.8	81.8	86.4	80.3	90.4	90.6	93.1	No
Patient Experience	RTT - Non-Admitted*	95.0%	95.5	97.0	95.5	95.3	95.2	95.0	92.3	94.5	93.1	95.2	95.6	95.5	Yes
Patient Experience	RTT - Incomplete*	92.8%	92.8	92.2	92.6	92.0	92.2	92.2	92.0	92.1	92.7	94.6	93.9	94.7	Yes
Patient Experience	Discharge summary completion time (within 24 hours)	81.2%	82.2	81.1	85.1	84.9	77.7	80.6	83.4	81.2	78.8	80.3	79.0	80.2	N/A

* RTT, patient safety incidents and discharge summary indicators are standard definitions. The Trust has been undertaking reviews of its RTT delivery this year with the aim of building and improving on largely good wait times experienced by its patients. These findings are as follows (which are being addressed by the Trust):

- Often due to the complexity of the pathways and the reasons for referrals into the Trust, the reported data can include pathways which may not be RTT applicable and/or may on occasion potentially exclude RTT pathways.
- As additional data is obtained throughout the year, we are able to improve the quality and completeness of the data which can alter the position from that reported on page 88.
- As a consequence of the specialist / tertiary services GOSH delivers, patients are very often referred to the Trust towards the end of the patient pathway. This often results in a number of referrals received with missing information, such as exact details of the treatment prior to referral and the clock start date for the pathway. The latter particularly provides some limitations on the Trust's ability to report. Consequently the Trust applies a working rule of adding 3 weeks onto every referral received with a missing clock start and monitors these closely, to ensure patients are not disadvantaged. The Trust is aware that the prevalence of unknown clock start pathways is higher than most other Trusts (at circa 20%) and is taking action to better understand and put further mitigation and controls in place.

See page 78 for information about improvement work planned for 2015/16 for RTT data completeness and discharge summaries.

2013/14

Domain	Indicator	Total 13/14 performance	2013												Performance within statistical tolerance
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Safety	Number of serious patient safety incidents	29	5	1	2	1	2	2	6	2	1	1	2	4	Yes
Safety	CVL related bloodstream infections (per 1,000 line days)	-	3.00	2.64	2.20	1.11	0.89	1.67	1.73	2.76	2.26	1.86	2.03	3.21	Yes
Effectiveness	Hospitality mortality rate (per 1,000 discharges)	-	3.09	2.90	2.76	1.70	1.83	2.51	2.49	2.85	3.81	1.74	4.61	1.77	Yes
Patient Experience	RTT - Admitted	91.0%	90.4	90.3	90.7	90.5	90.2	90.5	93.1	93.8	91.8	91.0	90.0	90.3	Yes
Patient Experience	RTT - Non-Admitted	95.6%	95.3	95.9	95.3	95.4	95.7	96.2	95.0	95.1	96.4	95.8	95.6	96.0	Yes
Patient Experience	RTT - Incomplete	92.9%	92.5	92.8	92.9	93.9	92.5	92.3	92.1	92.3	92.5	92.6	93.5	94.6	Yes
Patient Experience	Discharge summary completion time (within 24 hours)	83.0%	77.1	77.1	81.4	87.8	80.5	85.8	82.2	85.5	74.5	88.2	87.2	88.5	N/A

Safeguarding children and young people

Safeguarding and promoting the welfare of our patients is everyone's responsibility and is an ongoing priority for GOSH.

When staff identify child protection concerns, they make a referral to the Social Work service. This can be done through an electronic referral or verbally to their allocated or duty social worker. The Social Work service at GOSH provides social work support to all wards and units within the hospital.

There were 2535 referrals made to the Social Work service in 2014/15. This is an increase of 25 per cent from 2013/14. Of these referrals, 290 (11 per cent) were related to child protection (CP) concerns, compared with 246 CP-related referrals in 2013/14.

2014/15 has seen a growth in the total numbers of patients, occasions of service and hours spent on each child by the Social Work team. A similar growth occurred in work done with patients where child protection was an issue. This is in part due to improvements in the activity data collection system, as well as an actual increase in referrals and complexity of cases (including child protection) being referred to the Social Work team. Whilst there was an increase in the number of child protection cases in 2014/15, it remained a similar percentage of the overall work compared to the previous year.

GOSH provides assurance to our commissioners about safeguarding, which covers training, supervision and staff participation in child protection conferences.

Staff are trained to the relevant competency level, which consistently exceeds our commissioners' requirement of 80 per cent of staff trained. Training incorporates key government initiatives such as female genital mutilation awareness and the PREVENT strategy to identify vulnerable young people at risk of radicalisation. It also includes learning from serious case reviews. In addition, themed training days are run, safeguarding newsletters are distributed to the workforce twice per year, and web-based resources support staff to remain updated with current national policy, research and guidance.

Supportive supervision in safeguarding is available to all staff at GOSH and is repeatedly highlighted as good practice in Serious Case Reviews. A 'drop in' clinic for staff has been established in the past year by the Safeguarding Team to enable staff to discuss any concerns and to promote good practice.

Increasingly, GOSH uses teleconferencing facilities to ensure that professionals can contribute effectively to child protection conferences across the country, while minimising disruption to their clinical workload.

In 2014/15, the Trust has:

- Maintained external regulatory/contractual standards
- Contributed to 8 Serious Case Reviews (SCR) and 3 non-SCR reviews involving 14 children.
- A robust audit program in place to assure itself and its commissioners that safeguarding systems and processes are working.
- Acted upon learning from SCRs, including:
 - Management of bruising in babies and non-ambulant children.
 - Streamlining the training requirements of the various contracts provided to honorary professionals and those staff on placements and observational visits.
 - Monitoring mandatory training requirements for all staff through their personal development reviews.
 - Encouraging staff to escalate any child protection concerns appropriately.
 - Enhancing awareness through training, electronic updates and intranet and updating policy where applicable on a range of issues including:
 - Parental non-compliance
 - Management of shared care cases where there are safeguarding concerns

Priorities for 2015/16 include:

- Continue to evolve an effective child-centred and coordinated approach to safeguarding our children and young people.
- Further increase in uptake of supervision for staff.
- Three themed study days planned: child sexual exploitation; domestic abuse; neglect.
- Increase professional awareness of the Government's PREVENT Strategy.
- Review of transition protocol for young people from paediatric to adult services.

Annex 1: statements from external stakeholders

Statement from NHS England (London), Women and Children Programme of Care

Many thanks for the opportunity to comment on the draft iterations of the Great Ormond Street Quality Account Report. Please accept my apologies for the delay in responding with the feedback from colleagues across NHS England including from the Patient Safety, Infection Control, Patient Experience and Nursing Directorate.

The infection control and patient team had no specific comments to note but wished to relay that the report was well constructed, well developed and clear. Otherwise, specific comments in relation to the 2014/15 review are:

Effectiveness

We await the output of the paediatric and neonatal critical care project as appropriate utilisation of beds in both services and also in cardiac critical care remain high priorities for both the Trust and for NHS England. I would request that the improvement dashboard referenced be scheduled for wider discussion at an upcoming CQRG.

The positive feedback from patients and staff and in particular those relating to the CNS for non-invasive ventilation (incentivised via CQUIN for 2014/15) and presented to the CQRG are clear. I note that sustainability of this model is being discussed as part of the 2014/15 contractual negotiations.

Patient Safety

The report demonstrates good outcomes on Grade 3 and 4 pressure ulcers. Whilst no numbers are provided for Grade 1 and 2 we would like the measures being adopted to mitigate these to be referenced also.

Patient Experience

There has clearly been a significant amount of effort in developing "Our Always Values" and it is evident that these are founded on the clear relationship between good staff engagement and experience translating well through the patient experience. NHS England supports this approach absolutely.

Whilst staff FFT figures are not cited, for Q1 and Q2 these are suggestive of excellent care and Great Ormond Street is noted to rank in the top 10% here. The Trust however doesn't do so well on staff recommendation as a place to work and it would be useful to test this further.

We would hope to see some improvements in pharmacy waiting times in the 2014 survey when it is published.

As reported, further work is required in relation to children with learning difficulties and we note the importance of raising staff awareness of the patient passport. Regionally, the NHS England PE Team have undertaken work with CLCH on a project 'My Health, My Say', which enables those people with learning difficulties to provide feedback directly rather than through a mediator. The project has been publicised and recently won an award and whilst the Trust may be aware of it already we would be happy to share details about the principles applied if helpful.

There is no reference to the effectiveness of the Trust's transition programme in 2014/15 for any child and in particular those with learning difficulties which was a specific area for improvement noted in the CQUIN plan. This should remain a high priority given the Trust's current performance and the CQC report published last year.

For 2015/16, it is clear that there is further work required to improve in the areas listed that is discharge summary completion and turnaround, improving flow and referral to treatment pathways. We would however expect these to be core components of the work programme having been discussed extensively throughout 2014/16. We would anticipate that there are more ambitious priorities for 2015/16 reflecting Great Ormond Street's positions as a World Leader in paediatric care and perhaps reflecting some of the emerging themes from the Trust's Strategic Change Plan. We would encourage these be amended accordingly.

Joint statement from Healthwatch Camden and the Camden Health and Adult Social Care Scrutiny Committee

Camden Healthwatch and the Camden Health and Adult Social Care Scrutiny Committee (HOSC) are pleased to be given the opportunity to comment on the Great Ormond Street Hospital (GOSH) NHS Foundation Trust's Quality Report for 2014/2015.

It is clear that GOSH has taken effective action to improve the quality of its services in 2014/15 as set out in the report. Indeed, all their identified priorities and improvements have been successful. They are to be congratulated for this. The report states that the Trust's priorities have been chosen as a result of a combination of national and local issues, the latter in part determined by patients and their families. The Trust measures patient experience across the hospital and uses that information to improve the services offered. The Trust 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.' This is something that both Camden Healthwatch and Camden HOSC are very keen to support.

What is not clear from the report is how far understanding of the patient experience and engagement led to the setting of the Trust's priorities for 2014/2015 and what the patient view of those improvements actually is. The report sets out how the actions taken have improved patient experience but it would be helpful in future quality reports if the Trust could outline how patient views contributed to the chosen priorities and whether the improvements have made a difference to the patient experience. This is particularly the case in regard to the results of a consultation with patients and their families about what was good and not so good about GOSH. This was intended to help in developing 'Our Always Values' which are about identifying appropriate behaviours by staff, again, something we support. This work identified a number of problem areas however none of them appear to have been picked up as priorities for improvement by the Trust. We understand the importance of improving behaviours but there is no reason in principle why this information could not also inform work on improvement priorities.

Feedback from Members' Council councillors

Comments from patient councillor:

This is awesome! – what an incredible insight into the work the hospital does. The format and structure is super clear and very easy to understand and follow. The more data the better! At any chance I would always include more (perhaps around the neonates and the air mattresses, if available).

The quotes are also nicely balanced across a good range of staff, including Managers, Nurses, Community outreach and Medical Director – really powerful and a great addition. The only quote that is missing is one from a Patient or Parent, that could be a nice addition.

Benefits to patients are clear through the focused work but reinforcing them at the end works well.

Think it's great and look forward to seeing the published report. If there is anything else you need from me, just shout.

Comments from parent councillor:

Thanks for sending the draft report to me. I've spent some time reading through and have to say how impressed I am with the way it is set out and the information within it.

I found it very clear to read and liked the way the report was broken up into clearly definable sections: What we did; What the data shows; What's going to happen next and How this benefits patients.

A couple of questions/comments below:

- Most of the language was clear but some words could be less 'corporate', such as 'evidencing' (showing? proving?).
- The phrase 'care bundles' needs an explanation, though I think from the notes that this is being considered.
- The CVLs section could benefit from an explanation of what a 'line day' is.
- Were the 2014/15 quality priorities listed in any particular order? I was unclear whether there was any significance in the way they were set out.
- I would find some context or explanation of why GOSH has chosen the three 2015/2016 quality priorities useful. Also, there were six reported for 2014/15 so is there a reason why there are only three listed for the next year?
- Perhaps consider a couple of paragraphs of conclusion summing up GOSH's achievements against last year's priorities.

The addition of quotes gives some nice context to the data and I think the report does clearly state how the actions have benefited patients.

I do hope that's useful. If you would like any more detail from me, then please do let me know.

GOSH response to statements

We welcome this feedback from our external stakeholders, commissioners and councillors. We would like to respond on the following points:

Transition of our young people in to adult services remains a key Trust quality priority for the coming year and a new action plan is being developed for 2015/16 to build on the work over the last two years.

We have made progress on our outpatient pharmacy wait times project that has improved patient experience while waiting. However, we are disappointed not to have achieved a reduction in wait times – our primary aim. The development of the pharmacy tracker means that we now have good data to help us identify where the bottlenecks occur. A review of the data is currently underway and a new project will be launched in June, aimed specifically at removing waste from the system and improving processes so that they are more efficient.

We are currently reviewing the whole structure of our quality agenda, to clarify accountability and to streamline delivery and reporting. We intend to use information gleaned from the Our Always Values work to inform our quality priorities in the coming year, and we will continue to ensure priorities reflect feedback from patients and their families.

Annex 2: statements of assurance

External assurance statement

Independent auditor's report to the Members' Council of Great Ormond Street Hospital for Children NHS Foundation Trust on the quality report

We have been engaged by the Members Council 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 2015 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Members Council of Great Ormond Street Hospital for Children NHS Foundation Trust as a body, to assist the Members Council 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 2015, to enable the Members Council 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 Members Council 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 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway, prepared on the basis set out on page 90; 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 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 2014 to 22 May 2015;
- papers relating to quality reported to the board over the period April 2014 to 22 May 2015;
- feedback from Commissioners, dated May 2015;
- feedback from governors, dated May 2015;
- feedback from local Healthwatch organisations, dated May 2015;
- feedback from Overview and Scrutiny Committee, dated May 2015;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2015;
- the 2014 national inpatient survey dated March 2015 and the 2014 national outpatient survey;
- the latest national staff survey, dated May 2015;
- Care Quality Commission Intelligent Monitoring Report dated July and December 2014;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 22 May 2015; 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; and
- 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’ and the explanation of the basis of preparation of the 18 week Referral-to-Treatment incomplete pathway indicator set out on page 90 which sets out the approach the Trust has taken to patients with “unknown” clock start dates.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion – 18 week Referral-to-Treatment indicator

As set out in the “Performance against local improvement aims” section on page 90 of the Trust’s Quality Report, the Trust

identified a number of issues in its 18 week Referral-to-Treatment reporting during the year which were confirmed in our testing:

- the published indicator includes data for certain pathways for which the 18 week deadline does not apply and excludes other pathways to which the 18 week deadline does apply; and
- as noted in the limitations above and on page 90 of the Quality Report, the prevalence of pathways for which referrers have not provided a clock start date at the Trust is unusually high given the complex nature of the referrals. This creates an inherent limitation in the completeness and accuracy of the reported data as patients where the clock start date is not known are excluded from the indicator.

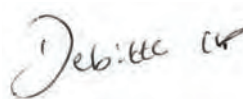
With support from NHS England’s Intensive Support Team, the Trust is taking actions post year end to resolve the issues identified in its processes.

As a result of the issues identified, we have concluded that there are anomalies in the calculation of the 18 week Referral-to-Treatment incomplete pathway indicator for the year ended 31 March 2015.

Qualified conclusion

Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- 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, United Kingdom
22 May 2015

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 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 the data quality for the preparation of the *Quality Report*.

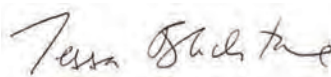
In preparing the *Quality Report*, directors are required to take steps to satisfy themselves that:

- The content of the *Quality Report* meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance.
- 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 2014 to May 2015
 - papers relating to Quality reported to the board over the period April 2014 to May 2015
 - feedback from commissioners dated 05/05/2015
 - feedback from governors dated 20/04/2015 and 24/04/2015
 - feedback from local Healthwatch organisations dated 05/05/2015
 - feedback from Overview and Scrutiny Committee dated 05/05/2015
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/05/2015
 - the first CQC commissioned National Children's inpatient survey 2014 (conducted for GOSH by Picker Institute Europe)
 - the independently commissioned Ipsos MORI outpatient experience survey 2014 (this survey is conducted every two years)
 - the national NHS Staff Survey 2014
 - the Head of Internal Audit's annual opinion over the trust's control environment dated 22/05/2015
 - CQC Intelligent Monitoring Report dated July 2014, October 2014 and December 2014

- The *Quality Report* presents a balanced picture of the NHS foundation Trust's performance over the period covered.
- The performance information reported 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 reported in the *Quality Report* is robust and reliable, conforms to specified data quality standards and prescribed definitions, 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) as well as the standards to support data quality for the preparation of the *Quality Report* (available at www.monitor.gov.uk/annualreportingmanual).

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



22 May 2015
Chairman



22 May 2015
Chief Executive

Directors' Report



Nine-year old Myla
on Eagle Ward



Governance at Great Ormond Street Hospital

Great Ormond Street Hospital (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 directors, and provides an overview of the work of the Members' Council.

How we are governed

The Trust Board is responsible for overseeing the Trust strategy, managing strategic risks, and providing managerial leadership and accountability. The Senior Management team has delegated authority from the Trust Board for the operational and performance management of 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 7, the Trust Board has identified five key Trust-wide strategic objectives to be achieved, 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 to 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 the highest priority on quality, measured through its clinical outcomes, patient safety and patient experience indicators. Using the Monitor Quality Governance Framework, the Trust has assessed and concluded that it has satisfactory quality governance arrangements in place. 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:

- Clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.
- Internal processes to check that we meet our own internal quality standards and those set nationally.
- KPIs are presented at every meeting to the Board of Directors, including:

- Progress against external targets, such as how we minimise infection rates.
- Internal safety measures, such as the effectiveness of actions to reduce cardiac and respiratory arrests outside of the intensive care units.
- Process measures, such as waiting times.

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

The Board 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 on clinical audits 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 monthly performance reviews.

Patient and parent feedback is received via a detailed survey at least once a year, the Patient Friends and Family Test, through 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 via 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

Monitor publishes two ratings for each NHS foundation trust:

- The continuity of services rating is Monitor's view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk. A rating of 2* means the trust has a risk rating of 2 but its financial position is unlikely to get worse.
- The governance rating is Monitor's degree of concern about how the trust is run, any steps we are taking to investigate this and/or any action we are taking.

The role of these ratings is to indicate when there is a cause for concern at a trust. The ratings do not automatically trigger regulatory action. They simply prompt Monitor to consider whether a more detailed investigation is needed.

Monitor updates foundation trusts' ratings each quarter and also in 'real time' to reflect any regulatory action taken.

The Trust has reported the least risk position for continuity of service rating and green for governance rating consistently over the past two years (2013/14 and 2014/15). Irrespective of the consistent position year on year, the Trust continually reviews and monitors all aspects of its regulatory requirements to ensure that this position can be sustained.

2014/15	Q1	Q2	Q3	Q4
Continuity of service rating	4	4	4	4
Governance rating	Green	Green	Green	Green

Registration with the Care Quality Commission (CQC)

GOSH is registered with the CQC as a provider of acute healthcare services. In April 2015, the CQC conducted a scheduled inspection of the Trust. The inspection report will be published in 2015/16.

The CQC has not taken enforcement action against GOSH during 2014/15. GOSH has also not participated in any special reviews or investigations by the CQC during this period.

Compliance with the Code of Governance

GOSH has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Trust Board considers that from 1 April 2014 to 31 March 2015 it was compliant with the provisions of the NHS Foundation Trust Code of Governance. In May 2014, it reviewed and approved a revised schedule of matters for the Trust Board and Members' Council and updated its processes for assessment of the 'Fit and proper persons test' for directors and senior managers.

Trust Board

The Trust Board is responsible for setting the Trust's strategic aims and objectives and for monitoring and managing key risks. It is also 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 has three subcommittees to which it delegates specific functions – Audit Committee, Clinical Governance Committee and Finance and Investment Committee (see pages 107 for further information).

The Board is comprised of a chairman, deputy chairman, senior independent director, four additional independent non-executive

directors, and seven executive directors, including two co-medical directors who share one vote. (From 1 June 2015, there will be one medical director on the Board rather than two co-medical directors). One of the non-executive directors is appointed by the ICH.

The Executive Directors are responsible for managing the day-to-day operational and financial performance of the Trust while the Non-Executive Directors provide scrutiny based on Board-level experience of private and public sector organisations. The Board and Council agrees that a good balance of skills is in place,

covering accountancy, audit, child protection, management consultancy, law and communications.

The Members' Council has responsibility for appointing and, where necessary, removing non-executive directors.

During the year, changes to the Trust Board were as follows:

- The departure of Julian Nettel, Interim Chief Executive, in December 2014
- Dr Peter Steer joined the Trust as substantive Chief Executive in January 2015
- The retirement of Elizabeth Morgan, Chief Nurse, in March 2015
- The departure of John Ripley, Non-Executive Director, in March 2015
- The appointment of Juliette Greenwood as Chief Nurse, commencing employment on 1 May 2015

- The appointment Dr Vinod Diwakar as Medical Director, commencing employment on 1 June 2015
- The appointment of Akhter Mateen as Non-Executive Director in March 2015

The Trust Board carried out significant work on the Trust's strategies in 2014/15 and held additional meetings to focus on this area.

Following a positive internal audit on the risk management and assurance framework, the Board has continued to review and strengthen the framework for monitoring the Trust's top strategic and operational risks. A special risk meeting was held in July 2014 to focus on the assurance framework and management of risk across the Trust. The Risk, Assurance and Compliance Group, attended by several members of the Executive team, has maintained an overview of this area during the year.

Members of the Trust Board in 2014/15

Non-Executive Directors

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

Experience

- Member, House of Lords
- Chair of the British Library Board
- Director of UCL Partners
- Chair of Orbit Group
- Co-Chair of the Franco-British Council

Membership of committees

- Chairman of the Trust Board and Members' Council
- Trust Board Remuneration Committee Member
- Chairman of the Trust Board 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 and Deputy Chairman
Appointed 1 March 2012

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 (until March 2015)

Membership of committees

- Chairman of the Audit Committee
- Trust Board Remuneration Committee Member
- Trust Board 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 – expertise in children, child protection, family law, and education
- Independent Board member of the Royal Institute of Chartered Surveyors UK Regulatory Board and member of the Scrutiny Committee
- Member of the Architects Registration Board Investigation Panel
- Panel Chair of the Nursing & Midwifery Council Fitness to Practice Committee & Registration Appeals Panel
- Trustee of the Law Society of England and Wales Charity

Membership of committees

- Chair of the Trust Board Remuneration Committee
- Audit Committee Member
- Clinical Governance Committee Member
- Trust Board Nominations Committee member

Current term of office expires: 29 February 2016

Ms Mary MacLeod OBE MA CQSW DUniv

Non-Executive Director and Senior Independent Director
Appointed 1 March 2012

Experience

- Non-Executive Equality and Diversity Lead at Great Ormond Street
- 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 Chief Executive Officer of Childline (1995–1999)
- 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
- Trust Board Remuneration Committee member
- Trust Board Nominations Committee member

Current term of office expires: 29 February 2016

Mr David Lomas

Non-Executive Director and Chairman of the Finance and Investment Committee
Appointed 1 March 2012

Experience

- Qualified accountant
- Chief Financial Officer of Elsevier (until July 2014)
- Chief Executive of British Telecom Multimedia Services (2004–2005) (previously Chief Operating Officer)
- Vice President Operational Effectiveness of British Telecom Global Services (2003–2004)
- Chief Commercial and Operations Officer, ESAT British Telecom, Dublin (2002–2003)

Membership of committees

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

Current term of office expires: 31 October 2015

Mr John Ripley

Non-Executive Director

Appointed 28 March 2012, retired on 27 March 2015

Experience

- Qualified accountant
- Director of CAB International
- Governor of Kingston University
- Director of The Howard Partnership 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
- Trust Board Remuneration Committee member
- Trust Board Nominations Committee member

Professor Rosalind Smyth CBE FMedSci

Non-Executive Director

Appointed 1 January 2013

Experience

- Director of the Institute of Child Health at University College London
- Honorary Consultant Respiratory Paediatrician at GOSH
- Director of the Public Library of Science
- Honorary Professor of Paediatric Medicine at the University of Liverpool

Membership of committees

- Clinical Governance Committee member
- Trust Board Remuneration Committee member
- Trust Board Nominations Committee member

Current term of office expires: 31 December 2015

Mr Akhter Mateen

Non-Executive Director

Appointed 28 March 2015

Experience

- Financial consultant and advisor
- Independent Member of the Advisory Board of an unlisted FMCG business – SuperMax
- Director of British Pakistan Foundation
- Group Chief Auditor of Unilever (2011–2012)
- Senior Global and Regional Finance roles Unilever (1984–2011)

Membership of committees

- Audit Committee member
- Finance and Investment Committee member
- Trust Board Remuneration Committee member
- Trust Board Nominations Committee member

Current term of office expires: 27 March 2018

Executive Directors

Dr Peter Steer MBBS FRACP FRCP FAAP GAICD

Chief Executive from 1 January 2015

Peter Steer is responsible for delivering the strategic and operational plans of the hospital through the Executive Team.

Experience

- Chief Executive – Children’s Health Queensland Hospital and Health Services (2009–2014)
- Professor of Medicine, University of Queensland (2009–2014)
- Adjunct Professor, School of Public Health, Queensland University of Technology (2003–2008)
- President – McMaster Children’s Hospital, Hamilton, Ontario (2003–2008)
- Professor and Chair, Department of Paediatrics, McMaster University, Canada (2003–2008)

Membership of committees

- Clinical Governance Committee Member
- Finance and Investment Committee Member
- Audit Committee Attendee
- Trust Board Remuneration Committee Attendee
- Trust Board Nominations Committee Attendee

Mr Julian Nettel

Interim Chief Executive until 31 December 2014

Experience

- Chief Executive of Ealing Hospital NHS Trust (1994–1999)
- Chief Executive at St Mary’s NHS Trust (1999–2007)
- Chief Executive of St Bartholomew’s Hospital and the London NHS Trust (2007–2009)
- Managing Director of the NHS Institute for Innovation and Improvement (2011–2012)
- Senior Advisor to Leadership Development and Talent Management team at London Strategic Health Authority (2009–2010)

Membership of committees

- Clinical Governance Committee Member
- Finance and Investment Committee Member
- Audit Committee Attendee
- Trust Board Remuneration Committee Attendee
- Trust Board Nominations Committee Attendee

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, retired on 31 March 2015

Liz Morgan was responsible for the professional standards, education and development of nursing. She was also the Lead Executive responsible for patient and public involvement and engagement, safeguarding and infection prevention and control.

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 (2002–2007)
- 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 until 31 May 2015

Martin Elliott was 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, University College London (UCL)
- Director of the National Service for Severe Tracheal Disease in Children (at GOSH)
- Chairman of Cardiorespiratory Services (2001–2010) and led the Cardiothoracic Transplant Service, both at GOSH
- President of the International Society for the Nomenclature of Congenital Heart Disease (2000–2010)

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 organisational development programmes.

Experience

- Director of Human Resources and Organisational Development (Service Design) for the NHS Commissioning Board (2012–2013)
- Director of Human Resources and Organisational Development at St Bartholomew’s Hospital and the London NHS Trust (2009–2012)
- Director of Human Resources at Brighton and Sussex University Hospitals NHS Trust (2007–2008)

- Director of Human Resources at Medway NHS Trust (2001–2007)

Membership of committees

- Clinical Governance Committee member
- Trust Board Remuneration Committee attendee
- Trust Board Nominations Committee attendee

Ms Rachel Williams

Chief Operating Officer

Rachel Williams is responsible for the operational management of the clinical services within the Trust.

Experience

- Divisional Manager at University College London Hospitals (2011–2013)
- Divisional Manager at GOSH (2008–2011)
- Service Manager at Imperial College Healthcare NHS Trust (2007–2008)
- Site Manager at the Western Eye Hospital at Imperial College Healthcare NHS Trust (2007)

Membership of committees

- Clinical Governance Committee Member
- Audit Committee Attendee
- Finance and Investment Committee Member

Dr Catherine Cale MB ChB PhD MRCP FRCPATH MRCPCH

Interim Co-Medical Director until 31 May 2015

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 (2008–2014)
- Clinical Lead for Immunology and Cell Therapy Laboratories

Other directors who attend the Trust Board 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 GOSH (2009–2012)
- 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 they are 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 GOSH UCL Biomedical Research Centre (BRC) funded by the National Institute for Health Research.

Mr Trevor Clarke BSc MSc

Director of International Patients

Trevor Clarke is responsible for the strategic development and management of the Trust's International and Private Patients (IPP) division.

Register of Interests

The Trust Board has approved and signed up to the Trust Board 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 and committee meeting.

A Register of Directors' Interests is published on the Trust website, 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

In light of the appointment of a new chief executive in January 2015, a new non-executive director in March 2015 and the appointment of a new chief nurse and medical director in Q1 of 2015/16, the Board agreed to undertake an independent assessment of the Well Led criteria in Q4 2015/16, in line with Monitor's requirements. In 2014/15, the Board conducted a self-assessment evaluation against specific areas of the four domains and 10 questions outlined in the Monitor guidance, and agreed recommendations to review the balance and format of information presented at Board throughout the year.

Trust Board meetings

The Trust Board held a total of 11 meetings between 1 April 2014 and 31 March 2015. Six of these included sessions in public. In October 2014 and February 2015, the Board held strategy development sessions. The Board did not meet in August 2014, and a Board seminar meeting was held in April and June 2014. One extraordinary meeting was held in July 2014.

During the year:

- the Audit Committee met four times
- the Clinical Governance Committee met five times, including one extraordinary meeting
- the Finance and Investment Committee met eight times
- the Trust Board Nominations Committee and the Trust Board Remuneration Committee met twice during the year

Directors' attendance at meetings

Name	Board	Audit	Clinical Governance	Finance and Investment	Nominations	Remuneration
Tessa Blackstone	11 meetings of 11 held	N/A	N/A	N/A	2 meetings of 2 held	2 meetings of 2 held
Charles Tilley	11 meetings of 11 held	4 meetings of 4 held	N/A	N/A	1 meeting of 1 held	2 meetings of 2 held
Mary MacLeod	11 meetings of 11 held	N/A	5 meetings of 5 held	N/A	1 meeting of 1 held	2 meetings of 2 held
Yvonne Brown	11 meetings of 11 held	4 meetings of 4 held	5 meetings of 5 held	N/A	1 meeting of 1 held	2 meetings of 2 held
David Lomas	11 meetings of 11 held	2 meetings of 4 held	N/A	8 meetings of 8 held	1 meeting of 1 held	2 meetings of 2 held
John Ripley	10 meetings of 11 held	4 meetings of 4 held	N/A	8 meetings of 8 held	1 meeting of 1 held	2 meetings of 2 held
Rosalind Smyth	10 meetings of 11 held	N/A	4 meetings of 5 held	N/A	0 meetings of 1 held	0 meetings of 2 held
Julian Nettel (until 31 December 2014)	8 meetings of 8 held	3 meetings of 3 held	3 meetings of 4 held	2 meetings of 5 held	1 meeting of 1 held	1 meeting of 1 held
Peter Steer (from 1 January 2015)	3 meetings of 3 held	1 meeting of 1 held	1 meeting of 1 held	3 meetings of 3 held	N/A	1 meeting of 1 held
Claire Newton	10 meetings of 11 held	4 meetings of 4 held	N/A	8 meetings of 8 held	N/A	N/A
Martin Elliott	10 meetings of 11 held	N/A	3 meetings of 5 held	N/A	N/A	N/A
Catherine Cale	10 meetings of 11 held	N/A	N/A	N/A	N/A	N/A
Elizabeth Morgan	11 meetings of 11 held	N/A	5 meetings of 5 held	N/A	N/A	N/A
Ali Mohammed	10 meetings of 11 held	N/A	5 meetings of 5 held	N/A	1 meeting of 1 held	2 meetings of 2 held
Rachel Williams	8 meetings of 11 held	4 meetings of 4 held	3 meetings of 5 held	6 meetings of 8 held	N/A	N/A
Robert Burns	11 meetings of 11 held	4 meetings of 4 held	4 meetings of 5 held	6 meetings of 8 held	N/A	N/A
Matthew Tulley	9 meetings of 11 held	N/A	N/A	N/A	N/A	N/A

Board committees

The Trust Board delegates certain functions to its subcommittees which meet regularly. The Board receives any amendments to the committee terms of reference, annual reports and committee self-assessments.

One non-executive director sits on both the Audit Committee and Clinical Governance Committee to provide a link and ensure that information is effectively passed between committees.

Audit Committee

The Audit Committee is chaired by a non-executive director and has delegated authority to review the adequacy and effectiveness of the Trust's systems of internal control and its arrangements for risk management, control and governance processes to support the organisation's objectives. A summary of the work of the committee can be found on page 120.

Clinical Governance Committee

The Clinical Governance Committee is chaired by a non-executive director and has delegated authority from the Trust's Board to be assured that the correct structure, systems and processes are in place within the Trust to manage Clinical Governance and quality and safety related matters and that these are monitored appropriately. A summary of the work of the committee can be found on page 124. The Committee receives regular internal audit and clinical audit reports.

Members' Council

At the heart of the NHS foundation trust model is local accountability, in which our Members' Council play an essential role.

Our 27 elected and appointed councillors (governors) represent the interests and views of our patients and their families, the public, staff, and local stakeholders, ensuring that the membership voice is heard and reflected in the strategy for the hospital.

We see the Members' Council as our critical friend and guardian of our values.

The role of the Members' Council

The role of the Members' Council is to provide challenge to the Trust Board 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

Finance and Investment Committee

The Finance and Investment Committee is chaired by a non-executive director and has delegated authority from the Trust's Board to oversee financial strategy and planning, financial policy, investment and treasury matters and to review and recommend for approval major financial transactions. The committee also maintains an oversight of the Trust's financial position, and relevant activity data and workforce metrics.

Trust Board Remuneration Committee

The Remuneration Committee is chaired by a non-executive director and 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. A summary of the work of the committee can be found on page 116.

Trust Board Nominations Committee

The Trust Board Nominations Committee is chaired by the chairman. It has responsibility for reviewing the size, structure and composition of the Board and making recommendations with regard to any changes – giving full consideration to succession planning and evaluating the balance of skills, knowledge and experience in relation to the appointment of both executive and non-executive directors. A summary of the appointments to the executive team can be found on page 102.

- 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 might 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 Trust Board 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

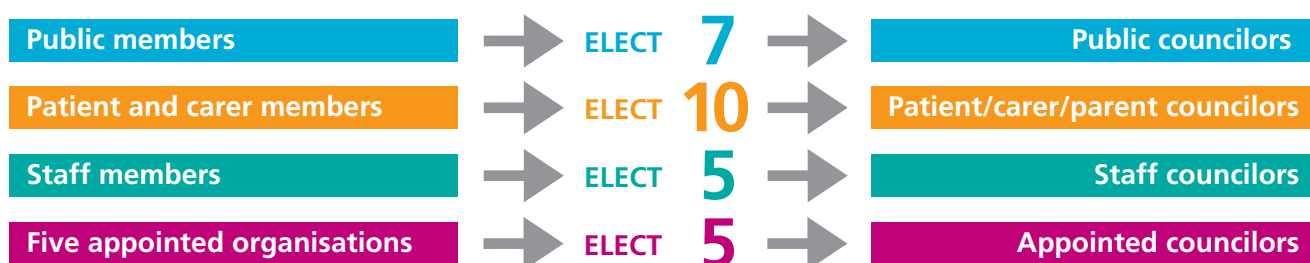
In February 2015, our Members' Council entered its second three-year term of office.

Constituencies of the Members' Council

The Council is led by the Chairman of the Trust. The Members' Council consists of 27 positions. Seven councillors are 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 are appointed by partner organisations. The duration of appointment for all elected and appointed councillors is three years. The table below details the membership constituencies and organisations represented by councillors.

Members' Council



The table below provides the breakdown in more detail.

Constituency (2015–18)	Number of seats on council
Elected councillors	
Patient and carer constituency	
Patients from London	2
Patients from outside London	2
Parents or carers from London	3
Parents or carers from outside London	3
Public constituency	
North London and surrounding area	4
Comprising the following electoral areas in North London – Barking and Dagenham, Barnet, Brent, Camden, City of London, Hackney, Ealing, Enfield, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Kensington and Chelsea, Newham, Redbridge, Tower Hamlets, Waltham Forest, and Westminster	
Comprising the following electoral areas in:	
Bedfordshire – Bedford, Central Bedfordshire, and Luton	
Hertfordshire – Broxbourne, Dacorum, East Hertfordshire, Hertfordshire, Hertsmeire, North Hertfordshire, St Albans, Stevenage, Three Rivers, Watford, and Welwyn Hatfield	
Buckinghamshire – Aylesbury Vale, Buckinghamshire, Chiltern, Milton Keynes, South Bucks, and Wycombe	
Essex – Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forest, Essex, Harlow, Maldon, Rochford, Southend on Sea, Tendring, Thurrock, and Uttlesford	
South London and surrounding area	1
Comprising the following electoral areas in South London – Bexley, Bromley, Croydon, Greenwich, Royal Borough of Kingston upon Thames, Lambeth, Lewisham, Merton, Richmond upon Thames, Southwark, Sutton, and Wandsworth	
Comprising the following electoral areas in:	
Surrey – Elmbridge, Epsom and Ewell, Guildford, Mole Valley, Reigate and Banstead, Runnymede, Spelthorne, Surrey Heath, Tandridge, Waverley, and Woking	
Kent – Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Medway, Sevenoaks, Shepway, Swale, Thanet, Tonbridge and Malling, and Tunbridge Wells	
Sussex – Brighton and Hove, East Sussex, Eastbourne, Hastings, Lewes, Rother, Wealden, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex, West Sussex, and Worthing	
The rest of England and Wales	2
All electoral areas in England and Wales not falling within one of the areas referred to above.	
Staff constituency	5

Constituency (2015–18)	Number of seats on council
Appointed councillors	
Statutory	
UCL Institute of Child Health	1
London Borough of Camden	1
Partnership organisations	
National Commissioning Group	1
Expert Patients' Programme Community Interest Company (now known as 'self management UK')	1
The Hospital School at Great Ormond Street and UCL	1
Total	27

Councillor attendance at meetings

The Members' Council met seven times during the 2014/15 reporting period. The Members' Council Nominations and Remuneration Committee (a subcommittee of the Members' Council) met three times during 2014/2015 and the Membership and Engagement Committee (a subcommittee of the Members' Council) met six times during that period.

The following table details attendance at these meetings.

Name	Constituency	Date of appointment	Attendance at Members' Council Meetings (out of seven unless otherwise stated)	Member of Members' Council Nominations and Remuneration Committee Attendance (out of three meetings unless otherwise stated)	Member of Membership and Engagement Committee Attendance at meetings (out of six meetings unless otherwise stated)
*Edward Green	Patients outside London	1 March 2012 to 28 February 2015	7	2(2)	3
*George Howell	Patients outside London	1 March 2012 to 28 February 2015	7	Not a member	5
**Sophie Talib	Patients from London	1 March 2012 to 28 February 2015	4	Not a member	4
***Susanna Fantoni	Patients from London	20 February 2015	1(1)	Not a member	Not a member
**Matthew Norris	Parents or carers from London	1 March 2012 to 28 February 2015	7	3 Re-elected in March 2015	Not a member
Lynne Gothard	Parents or carers from London	1 March 2012 to 28 February 2015	4(6)	Not a member	Not a member
**Lisa Chin-A-Young	Parents or carers from London	1 March 2012 to 28 February 2015	7	(1) Elected in March 2015	6
***Mariam Ali	Parents or carers from London	20 February 2015	1(1)	Not a member	Not a member
John Charnock	Parents or carers from outside London	1 March 2012 to 28 February 2015	5(6)	Not a member	Not a member
**Claudia Fisher	Parents or carers from outside London	1 March 2012 to 28 February 2015	7	Not a member	3
**Camilla Pease	Parents or carers from outside London	1 March 2012 to 28 February 2015	6	Not a member	5
***Carley Bowman	Parents or carers from outside London	20 February 2015	1(1)	Not a member	Not a member
**Trevor Fulcher	North London and surrounding area	1 March 2012 to 28 February 2015	6	1	0
**Rebecca Miller	North London and surrounding area	1 March 2012 to 28 February 2015	7	(1) Elected in March 2015	Not a member
Ian Lush	North London and surrounding area	1 March 2012 to 28 February 2015	5(6)	Not a member	5
Lewis Spitz	North London and surrounding area	1 March 2012 to 28 February 2015	3(6)	Not a member	Not a member
***Mary De Souza	North London and surrounding area	20 February 2015	1(1)	Not a member	Not a member
***Simon Hawtrey-Woore	North London and surrounding area	20 February 2015	1(1)	Not a member	Not a member
Louise Clark	South London and surrounding area	1 March 2012 to 28 February 2015	3(6)	Not a member	Not a member
***Gillian Smith	South London and surrounding area	20 February 2015	1(1)	Not a member	Not a member
**Stuart Player	The rest of England and Wales	1 March 2012 to 28 February 2015	4	Not a member	4
*** David Rose	The rest of England and Wales	20 February 2015	1(1)	Not a member	Not a member
**Jilly Hale	Staff	1 March 2012 to 28 February 2015	7	(1) Elected in March 2015	Not a member
**Clare McLaren	Staff	1 March 2012 to 28 February 2015	4	2(2)	Not a member
Dhimple Patel	Staff	1 March 2012 to 28 February 2015	3(6)	Not a member	Not a member

Name	Constituency	Date of appointment	Attendance at Members' Council Meetings (out of seven unless otherwise stated)	Member of Members' Council Nominations and Remuneration Committee Attendance (out of three meetings unless otherwise stated)	Member of Membership and Engagement Committee Attendance at meetings (out of six meetings unless otherwise stated)
**James Linthicum	Staff	September 2013 to 28 February 2015	4	Not a member	3
***Rory Mannion	Staff	1 March 2015	1(1)	Not a member	Not a member
***Prab Prabhakar	Staff	1 March 2015	1(1)	Not a member	Not a member
**Jenny Headlam-Wells	London Borough of Camden	1 March 2012 to 28 February 2015	4	Not a member	Not a member
**Christine Kinnon	UCL Institute of Child Health	1 March 2012 to 28 February 2015	6	Not a member	Not a member
Olivia Frame	Expert Patient Programme Community Interest CIC	1 November 2013 to 28 February 2015	3	Not a member	Not a member
**Muhammad Miah	The Hospital School at Great Ormond Street and UCL	1 March 2012 to 28 February 2015	6	Not a member	Not a member
Alastair Whittington	NHS England	1 June 2013 to 31 March 2015	5	Not a member	Not a member

* Elected unopposed in February 2015

** Re-elected or re-appointed for a second three-year term

*** Newly elected in February 2015

Lead Councillor

Mr Ian Lush, Public Councillor for North London and the surrounding area, held his position from March 2012 to February 2015. Following an election in March 2015, Ms Claudia Fisher – the Councillor representing parents or carers from outside London – has been elected to serve for three years with endorsement of the Members' Council on an annual basis.

The Trust Board and Members' Council working together

The Trust Chairman is responsible for the leadership of the Members' Council and the Trust Board. 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 Trust Board is responsible for the operational management of the Trust, and 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. Examples of how the Trust Board and Members' Council have worked together during the year include:

- Executive and Non-Executive Directors attended every Council meeting.

- Summaries of the Board Assurance Committees (Audit Committee, Clinical Governance Committee and Finance and Investment Committee) were presented by the relevant Non-Executive Director chairs of the committees at each council meeting.
- Summaries of Members' Council meetings were reported to the Trust Board.
- The Members' Council were given an open invitation to attend all Trust Board public meetings.
- Councillors were invited to observe at the Trust Board's Audit Committee, Clinical Governance Committee and Finance and Investment Committee and attend strategy sessions with the Trust Board.

The Trust Board has also worked in partnership with the Members' Council in the following areas during the year:

Consultation, involvement and feedback

Councillors have been involved in the work of the Board and hospital through:

- involvement in the appointment of the Chief Executive, Medical Director and Chief Nurse
- consultation on the selection of an indicator for auditing for the Quality Report
- consultation on changes to the staff membership constituency
- consultation on the Centre for Research into Rare Disease in Children
- participating in Members' Council seminars, providing views and opinions about GOSH services

- undertaking the Annual Patient-Led Assessments of the Care Environment (PLACE)
- developing and launching Our Always Values for the Trust
- attending and presenting at two pre-election sessions to meet their constituents
- taking part in vox pop membership videos for the Trust website membership area
- developing the membership strategy and ensuring the membership is representative
- giving presentations in local schools to raise the profile of membership
- attending Members' Council sessions in The Lagoon area of the hospital
- attending events in the local community to recruit new members
- providing comments on and/or sharing experience of:
 - the Centre for Research into Rare Disease in Children
 - the Trust's Quality Strategy Action Plan
 - continual review of the retail space and retail proposals for the GOSH Shop
 - new wayfinding services
 - improving the website pages for election and teen membership

Councillors have sat on the following groups and committees:

- Membership and Engagement Committee
- Nominations and Remuneration Committee
- Public and Patient Involvement and Experience Committee
- Hospital Food Group
- Editorial Committee for *Member Matters* (the membership magazine)
- Young People's Forum (chaired by a councillor, George Howell)
- Trust's Annual Plan Development Group 2015/16
- International and Private Patient Working Group

Councillors have undertaken training and development as follows:

- Members' Council seminars on:
 - pharmacy waiting times
 - discharge summaries
 - Freedom of Information and Data Protection Acts
- Membership recruitment and engagement training in order to maintain and increase engagement with membership constituencies.
- Attendance at internal Trust events, such as the exhibition for the Centre for Research into Rare Disease in Children, and the launch of the Friends and Family Tests and the Trust's Our Always Values.
- Attendance at Foundation Trust Network events and external Governor Lunches.

In May 2014, councillors voting at the Extraordinary Meeting of the Members' Council unanimously ratified the appointment of Dr Peter Steer as substantive Chief Executive following a process of open competition.

In January 2015, the Members' Council approved the appointment of Mr Akhter Mateen as Non-Executive Director following a process of open competition.

Members' Council Nominations 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 Trust Board 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 110.

The committee carried out the following work during the year:

- It reviewed the appraisals of the Chairman and Non-Executive Directors and was satisfied with the appraisal process conducted and the results. This was reported to the Members' Council in April 2015, where the council agreed with the committee's findings.
- It reviewed and recommended the results of a skills and experience audit of the Trust Board. The findings of the audit were approved by the council in November 2014.
- It considered and approved the process for the appointment of a Non-Executive Director (overseeing advertising of the post, shortlisting and interviewing of candidates) and the appointment of Mr Akhter Mateen in January 2015. The council approved this appointment in the same month.
- It considered the remuneration for the Chairman and Non-Executive Directors in order to make a recommendation to the Members' Council in April 2015.

The term of office of the existing committee members ended in March 2015. The following councillors were elected to take up positions on the committee for one year:

1. Lisa Chin-A-Young, Patient and Carer constituency – parents or carers from London
2. Matthew Norris, Patient and Carer constituency – parents or carers from London
3. Rebecca Miller, Public constituency – North London and Surrounding Area
4. Jilly Hale, Staff Councillor – elected unopposed

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'. All permanent and fixed-term staff employed by the hospital for more than 12 months are automatically joined as members on an opt-out basis.

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. We hope that members will feel a real sense of involvement as we work in partnership together. You can join as a member by visiting gosh.nhs.uk/FTmembership

2014/15 highlights and looking forward to 2015/16

The 2014/15 Members' Council election enabled us to reach out to our membership community in a more targeted and tailored way. Some of this year's highlights were:

- Increasing the awareness and visibility of young councillors with presence in *Member Matters* and cover letters having a younger focus. Councillors are now working alongside the Communications teams providing valuable input to member publications.
- A new 'Take One' teen leaflet was developed alongside the new teen website pages in conjunction with the Young People's Forum to encourage new youth member sign-up. Leaflets are now distributed in hard copy across the hospital and in appointment letters and are available in electronic format.
- Connections made with local schools where membership presentations were made and invitation to follow up by attending summer fairs.
- Connections made with Coram Fields and attendance at their Christmas fair, resulting in 50 new members being recruited.
- 'Meet your Councillor sessions', where approximately 30 new members were recruited per session.

Membership and Engagement Committee

The Membership and Engagement Committee (a sub-committee of the Members' Council) oversees the recruitment and retention of members and seeks to maximise on engagement opportunities. It monitors progress against the Trust's membership strategy. It is co-chaired by two councillors and meets six times a year. It is supported by the Membership and Governance Manager and Company Secretary. In 2014/15, it provided a valuable steer on membership engagement and communication around the 2014/15 Members' Council election.

Key priorities for the committee included:

1. Marginal growth of an engaged and representative membership base, with a particular focus on young people aged 10 to 16 years.
2. Maintaining face-to-face as the primary means of recruitment and engagement.
3. Building awareness, communication, and interaction between councillors and their constituents – including pre-election and local events and use of social media.
4. Creating engagement opportunities between councillors and their constituents by converting the election website page to an engagement page.
5. Continued support of the Trust's patient and public involvement work.

- Staff Surgeries are now run on a regular basis and increased visibility for Foundation Trust staff membership in the hospital's monthly *Roundabout* magazine.
- Membership data was reviewed and cleansed to make it as accurate as possible in preparation for the 2014/15 Members' Council election.

Looking forward

We will continue to actively engage with the patient community within the hospital by holding regular face-to-face recruitment sessions in The Lagoon restaurant area, as well as in the outpatients' area. We will offer our young councillors the opportunity to run membership awareness sessions in the Hospital School at Great Ormond Street and UCL, Activity Centre and local schools.

We aim to continue to develop relationships with other foundation trust young people's networks and to benchmark our progress against other foundation trusts. We have already established some connections with membership departments in three other foundation trusts but would like to develop this further.

We will also focus on engagement with staff members and hold staff surgery sessions facilitated by staff councillors.

We will support the developing and evolving role of councillors by equipping them with skills and knowledge to fulfil their role as GOSH ambassadors and promote interaction between them and their constituents.

We will 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 identify the best means of using social media in our communications as a way of consulting our members on a more regular basis.

Membership numbers in 2014/15

Our membership database is held and managed by Great Ormond Street Hospital Children's Charity. At year end (31 March 2015) our membership numbers stood at 8,832 excluding staff (or 12,495 including staff). We have met and exceeded our estimated annual membership target of 8,449. And our membership numbers have increased by 808 members during the financial year.

In June 2014, the Trust Board and Members' Council agreed to change the make-up of the staff constituency and focus staff membership on all employees who hold a GOSH permanent contract or fixed-term contract of 12 months or more.

Trust Agency and Bank staff, Trust volunteers and individuals working on an honorary contract, and those employed by Great Ormond Street Hospital Children's Charity were actively encouraged to join the Trust and assigned to the public constituency where they live.

The constituencies and our membership numbers

Constituency	Minimum number of members	Actual (as of 31/03/14)
Patient and carer		6,133
Parents or carers	600	5,217
Patients	300	916
Public (includes North London and surrounding area, South London and surrounding area, and the rest of England and Wales)	900	2,699
Staff	2,000	3,663
Total	3,800	12,495

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.

A register of the interests for all members of the Members' Council is published on the Trust's website gosh.nhs.uk and may also be obtained from the Company Secretary, Executive Offices, Paul O' Gorman Building, Great Ormond Street, London WC1N 3JH.

Contacting the Members' Council

If members would like to get in touch with a councillor and/or directors, they are asked to email foundation@gosh.nhs.uk

The message is forwarded on to the relevant person so that they can respond to them directly. These details are included within the Foundation Trust 'Contact us' section of the GOSH website.



Nine-year old Anthony
on Elephant Ward

Remuneration Report

Directors' remuneration

Details of remuneration, including the salaries and pension entitlements of the Trust Board, are published in the annual accounts (within the Remuneration Report on page 169). 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

The structure of pay for senior managers is designed to reflect the long-term nature of the Trust's business and the significance of the challenges we face. The remuneration should therefore ensure it acts as a legitimate and effective method to attract, recruit and retain high-performing individuals to lead the organisation. That said, the financial and economic climate across the health sector position must also be considered.

NHS Trusts, including foundation trusts, are free to determine pay for their senior managers in collaboration with the Trust Board Remuneration Committee. Historically, reference has been made to benchmarking information available from other comparable teaching hospitals, and any recommendations made on pay across the broader NHS when looking to recommend any potential changes to the remuneration for senior managers. This includes those under the Agenda for Change terms and conditions, and those senior managers in the NHS covered by national pay frameworks.

Our commitment to senior manager pay is clear. While consideration is given to all internal and external factors, it is important that GOSH remains competitive if we are to achieve our vision of being the world's leading children's hospital. The same principles of rating performance and behaviour will be applied to senior managers in line with the Trust's appraisal system. This in turn may result in senior managers having potential increases withheld, and even reduced, as is the case with senior managers under the Agenda for Change principles, should performance fall below the required standard.

Remuneration for Executive Directors

The remuneration and conditions of service of the Chief Executive and Executive Directors are determined by the Trust Board Remuneration Committee. The remuneration for other staff is paid in accordance with national terms and conditions of service. The Remuneration Committee is chaired by a non-executive director and meets twice a year, in November and March. Attendance at meetings held in during 2014/15 can be found on page 106.

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
- 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 2014/15, the committee recommended that there should be a one per cent non-consolidated payment and that there should be no uplift in basic pay for Executive Directors. This recommendation was in line with the pay awards for other senior NHS staff on the Agenda for Change pay scales and was ratified by the Trust Board.

During 2014/15, the committee:

- recommended an uplift to the salary for the Chief Operating Officer – see remuneration report on page 169.
- approved the salaries for the Chief Nurse (commencing 1 May 2015) and Medical Director (commencing 1 June 2015)

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 employment 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. All new directors are now employed on probationary periods in line with all non-medical staff within the Trust.

In the event of loss of office (eg through poor performance or misconduct), the Trust will apply the principles and policies set out in this area within its relevant employment policies. Any such termination of employment would be a matter for consideration by the Trust's Remuneration Committee and subject to audit by its Audit Committee.

In 2015/16 the Trust Board Remuneration Committee will refresh a benchmarking exercise to ensure that remuneration packages for Executive Directors are competitive and jobs are appropriately weighted.

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 112) considered the remuneration of the Chairman and Non-Executive Directors in April 2015. It reviewed the data from previous benchmarking exercises and updated information, including benchmark data from a foundation trust peer group. Following consideration of the structure of the current remuneration packages, the committee recommended that the

remuneration for the Chairman and Non-Executive Directors would not be uplifted for a two-year period. This recommendation was unanimously approved by the Members' Council.

Remuneration levels for the Chairman and Non-Executive Directors will remain fixed at the following rates until March 2017.

- Chairman's remuneration: £55,000 per annum
- Non-Executive Directors' remuneration: £14,000 per annum
- Deputy Chairman/Chairman of Audit Committee and Senior Independent Director's remuneration: £19,000 per annum

Expenses

Information on the expenses received by the directors and councillors can be found in the accounts on page 171.

Disclosures

Principal activities of the Trust

Information on the principal 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 from page 14.

Going concern

As outlined on page 18, 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 next 12 months. As such, the directors continue to prepare the Trust's accounts on a going concern basis.

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 Trust Board who held office at the date of approval of this Trust Board Report confirm that, so far as they are each aware, there is no material audit information of which the Trust's auditors are unaware, and 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

Information about off-payroll engagements can be found on page 171.

Transactions with related parties

Transactions with third parties are presented in the accounts on page 165.

As 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

The Trust has conducted a consultation on the development of the Centre for Research into Rare Disease in Children. It has also consulted patients and families about our longer-term strategic goals, asking them in particular for their views about where (geographically) they would like receive GOSH services, which methods of communication they prefer and aspects of services they would like us to improve.

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 88 per cent of non-NHS invoices measured in terms of number, and 92 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.

Remuneration of senior managers

Details of senior employees' remuneration can be found on page 169 of the remuneration report.

Treasury policy

Surplus funds are lodged with the National Loan Fund through the Government Banking Service.

Political and charitable donations

The Trust has not made any political or charitable donations during 2014/15.

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 its patients' data seriously. Staff are trained in information governance annually and this year the focus of the training has been confidentiality and information sharing as highlighted in Dame Fiona Caldicott's review, *To Share or Not to Share*. As the Trust prepares for an electronic records management system and the first steps toward an electronic patient record, the importance of cataloguing information assets has been vital. This work will continue and strengthen in the year ahead.

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.

Summary of serious incidents requiring investigations involving personal data as reported to the Information Commissioner's Office in 2014/15

There have been two serious incidents this year. The first in January 2015 involved an unencrypted laptop that was used by our partner organisation for research, which was stolen and contained patient names and clinical details. While GOSH laptops are issued with encryption as standard, other organisations laptops may not be, so this has prompted a review of laptops used to ensure that minimum patient information is stored on them and that the security is sufficient to enforce encryption.

The second serious incident occurred in March 2015, when two letters containing highly sensitive health information were sent to a member of the public at the wrong address. Staff are reminded about the importance of checking postal addresses to avoid this type of incident occurring.

Date of incident	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
January 2015	Lost or stolen hardware	Name, date of birth, clinical information	260	Individuals notified by post with opportunity to raise concerns by phone
Further action on information risk	Review of all research laptops to ensure that patient identifiable information on portable media is minimised, and that where necessary the laptops and equipment are encrypted.			
March 2015	Disclosed in error	Name, address, date of birth, clinical information	1	Individual reported incident to us
Further action on information risk	Additional communications to staff are planned to highlight this risk.			

Summary of other personal data-related incidents in 2014/15

In addition to the two serious incidents, 64 information governance incidents with a lower severity were reported. The majority were category 'disclosed in error', which includes patient information being disclosed to the wrong patient or to the wrong address. The 11 'other' events were all misfiled notes, for example where patients' notes had been filed in the wrong medical record.

Category	Breach type	Total
A	Corruption or inability to recover electronic data	2
B	Disclosed in error	38
C	Lost in transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	1
F	Non-secure disposal – hardware	0
G	Non-secure disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	5
J	Unauthorised access/disclosure	7
K	Other	11

Where incidents involving the loss or disclosure of patient information have taken place, these are reported and actions monitored.

Sustainability

Management of our energy and utilities, and reduction of our carbon emissions can be found on page 31.

Audit Committee Report

Introduction from the Chairman of the Audit Committee

I am pleased to present the Audit Committee's report on its activities during the year ended 31 March 2015.

The Audit Committee is a non-executive committee of the Trust Board with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial, non-clinical internal controls, which supports the achievement of the Trust's objectives. Key responsibilities include monitoring the integrity of the Trust's accounts and the effectiveness, performance and objectivity of the Trust's external and internal auditors. In addition, the committee is required to satisfy itself that the Trust has adequate arrangements for countering fraud, managing security and ensuring there are arrangements by which staff of the Trust may raise concerns.

Clinical risks and their associated controls are considered by the Clinical Governance Committee. One member of that committee is also a member of the Audit Committee to ensure that the work of each committee is complementary.

The committee reviews its effectiveness annually and no material matters of concern were raised in the 2014/15 review.

I am satisfied that the committee was presented with papers of good quality during the year, and that they were provided in a timely fashion to allow due consideration of the subjects under review. I am also satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting is fully minuted and summaries of the matters discussed at each meeting are reported to the Trust Board and Members' Council.

The members of the Audit Committee are listed on page 106 and during the financial year included four independent Non-Executive Directors and one independent member. The Foundation Trust was authorised on 1 March 2012 and I have been Chairman of the committee since then. Four of the members of the committee were qualified accountants and at least three members of the committee have recent and relevant financial experience.

I would like to thank both John Ripley and Yvonne Brown, who are retiring from the committee during 2015 after serving three years on the committee of the Foundation Trust, and welcome Akhter Mateen as a new member from 28 March 2015. Akhter was appointed as a non-executive director of the Trust on the same day and has recent experience as a Group Chief Auditor of a multinational company. Michael Dallas, who served as an independent member of the committee since March 2012 and for eight years as a member of the audit committee of the predecessor NHS Trust, has also retired. I am pleased to report he will be replaced by James Hatchley, a qualified accountant who will also become an independent member of the Clinical Governance Committee.

Charles Tilley

Audit Committee Chairman
22 May 2015

Audit Committee responsibilities

The committee's responsibilities and the key areas discussed during 2014/15, while fulfilling these responsibilities, are described in the table below.

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed by the Audit Committee during 2014/15
Review of the Trust's risk management processes and internal controls	<ul style="list-style-type: none"> Reviewing the Trust's internal financial controls, its compliance with Monitor's guidance for Foundation Trusts, including the Code of Governance, and the effectiveness of its internal control and risk management systems. Reviewing the principal non-clinical risks and uncertainties of the business (clinical risks are reviewed by the Clinical Governance Committee) and associated Annual Report risk management disclosures. 	<p>The outputs of the Trust's risk management processes, including reviews of:</p> <ul style="list-style-type: none"> The Board Assurance Framework. The principal risks and uncertainties identified by the Trust's management and movement in the impact and likelihood of these risks in the year. Further developments in the Trust's risk management processes and risk reporting. An annual assessment on the effectiveness of internal control systems, taking account of the findings from internal and external audit reports that are documented in the Annual Governance Statement. An annual report and fraud risk assessment prepared by the Trust's Counterfraud Officer. An annual report from the Trust's Security Manager The Trust's insurance arrangements. The results of an internal review of compliance with the Code of Governance was reviewed.
Financial reporting and external audit	<ul style="list-style-type: none"> Monitoring the integrity of the Trust's financial statements and annual financial returns, reviewing significant financial reporting judgements contained within them. Making recommendations to the Board regarding the appointment of the External Auditor. Monitoring and reviewing the External Auditor's independence, objectivity and effectiveness. Developing and implementing policy on the engagement of the External Auditor to supply non-audit services, taking into account relevant ethical guidance. 	<ul style="list-style-type: none"> A commentary on the annual financial statements. Key accounting policy judgements, including valuations. Impact of changes in financial reporting standards where relevant. Basis for concluding that the Trust is a going concern. External Auditor effectiveness and independence External Auditor reports on planning, a risk assessment, internal control and value for money reviews. External Auditor recommendations for improving the financial systems or internal controls. The policy for engagement of the External Auditor for non-audit work and an annual report of compliance with that policy has been reviewed. Developing and updating the Trust's policy in relation to non-audit work.
Internal audit	<ul style="list-style-type: none"> Monitoring and reviewing the effectiveness of the Trust's internal audit function, including its plans, level of resources and budget. 	<ul style="list-style-type: none"> Internal audit effectiveness and charter defining its role and responsibilities. Internal audit programme of reviews and an assurance map showing the coverage of audit work over three years against identified risks. Status reports on audit recommendations and any trends and themes emerging. The internal audit reports discussed by the committee, including: <ul style="list-style-type: none"> core financial systems financial reporting and budgetary control risk management and assurance framework processes for monitoring compliance with the Provider License incident reporting whistle-blowing HR arrangements and employment checks governance arrangements health and safety maintaining the Trust's estate private patient management processes the Productivity and Efficiency programme
Other	<ul style="list-style-type: none"> Reviewing the Committee's Terms of Reference and monitoring its execution. Considering compliance with legal requirements, accounting standards. Reviewing the Trust's Whistle-blowing Policy and operation. 	<ul style="list-style-type: none"> Updates to Audit Committee's Terms of Reference. Updates to the Trust's Standing Financial Instructions and financial approval limits. Reviewing the assurance relating to the Trust's compliance with the Foundation Trust licensing conditions. Annual Report sections on governance. The impact of new regulations. Updates on management of information governance and data quality risks. Updates on whistle-blowing. Reporting to the Board and Members' Council where actions are required and outlining recommendations.

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 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

A competitive tendering process of the audit contract took place during 2013, involving members of the Audit Committee and two members of the Members' Council. Deloitte LLP were reappointed for a 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 XX of the accounts.

The non-audit services provided by Monitor Deloitte (the strategy practice of Deloitte), pro bono, during the year were:

- Commercial Opportunities Review
- further development of specific opportunities identified in the first review

Prior to appointing Monitor Deloitte for these assignments, the committee considered whether the scope of the review might result in any impairment of the auditor objectivity and independence and concluded that it would not.

Internal audit and counter fraud services

The Board uses independent firms to deliver the internal audit and counter-fraud services:

- KPMG LLP – the internal audit service covers both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee. The Trust also has a small team of staff carrying out clinical and health and safety audits.
- The Trust's separate counter fraud service is provided by TIAA Ltd, who provide fraud awareness training, carry out reviews of areas at risk of fraud, and investigate any reported frauds.

Key areas of focus for the Audit Committee in the past year

Risk reviews

The committee reviews all non-clinical strategic and high scoring operating risks at least annually. Current significant risks include the potential reduction in the Trust's funding arising from the challenging external environment and commissioning changes and delivery of the Trust's Productivity and Efficiency Target. Specific risks relating to the preparation of the financial statements were also reviewed and are detailed later in this report.

In addition, the committee considered risks associated with the Trust's evolving strategy, and in particular the risks associated with:

- implementation of the Trust's digital transformation strategy and the required change management processes
- private patient services
- the major building redevelopment programme
- funding for research and development

For each risk, the committee reviews the risk assessment (including risk definition, risk appetite, and likelihood and impact scores), the robustness of the controls, and evidence available that the controls are operating.

In July 2014, members of the Audit Committee attended an extra meeting with other Board members to proactively review and improve the Trust's risk management processes

Internal controls

We focused in particular on controls relating to securing sustainable funding, control weaknesses identified in the Trust's procurement, contract management, credit control and business continuity and management processes. Action plans were put in place to address issues arising from the areas considered.

Fraud detection processes and whistle-blowing arrangements

We reviewed the levels of fraud and theft reported and detected, and the arrangements in place to prevent, minimise and detect fraud and bribery. Only one significant fraud was uncovered in the past year.

Serious incidents

The committee has reviewed the results of the investigations into one serious fire incident and ensured the Trust has identified the changes required to reduce the risk of similar incidents occurring.

Financial reporting

We reviewed the Trust's accounts and Annual Governance Statement and how these are positioned within the wider Annual Report. To assist this review we considered reports from management and from the internal and external auditors to assist our consideration of the quality and acceptability of accounting policies, including:

- their compliance with accounting standards
- key judgements made in preparation of the financial statements
- compliance with legal and regulatory requirements
- the clarity of disclosures and their compliance with relevant reporting requirements
- whether the Annual Report, as a whole, is fair, balanced and understandable, and provides the information necessary to assess the Trust's performance and strategy.

Significant financial judgements and reporting for 2014/15

We considered a number of areas where significant financial judgements were taken that have influenced the financial statements.

We identified through discussion with both management and the external auditor the key risks of misstatement within the Trust's financial statements. We discussed these risks with management during the year, and with the auditor at the time we reviewed and agreed the external auditors' audit plan during the year and also at the conclusion of the audit. We set out in the table below how we satisfied ourselves that these risks of misstatement had been appropriately addressed.

Areas of accounting judgement and other issues

The following items were reviewed by the Audit Committee in relation to the preparation of the accounts:

Level of debt provisions

The financial statements include provisions in relation to uncertainty. Judgments in this area are largely related to the timing of recognition of these provisions, the quantum recognised and the amount that has been utilised in previous years.

We reviewed and discussed the level of both NHS and private patient debt and associated provisions with management. This included consideration of the reasons for debt becoming overdue, difficulties in obtaining payment for over-performance of the commissioning contracts, new debt provisions and any release and use of existing provisions. Management confirmed to us that they have applied a consistent approach to the recognition and release of provisions.

We also considered the views of the external auditors in respect of the provisions and associated disclosures in the accounts. We concluded that we were satisfied with the level of provisions carried and the disclosure in respect of those provisions.

Valuation of property assets

The Trust has historically revalued its properties each year, which combines properties held under freehold with those held under finance and operating leases. Judgments relate to the future life of these buildings, which can change the appropriate accounting treatment and affect the carrying value on the balance sheet.

We reviewed summary building valuation information provided by the Valuer. We are satisfied that the valuation of these properties within the financial statements is consistent with management intention and is in line with accepted accounting standards.

Other areas of financial statement risk

Other areas where an inappropriate decision could lead to significant error include:

- the treatment of capital expenditure
- going concern

We consider that the Trust's existing financial control systems should ensure that such items are properly treated in the accounts. We have discussed the external auditors' findings in these areas. There were no issues of concern reported to us in these areas and consequently we are satisfied that the systems are working as intended.

The Board has reviewed the Trust's medium-term financial plans and taking into account the requirements of IAS1, the Audit Committee have concluded that it is appropriate to prepare the accounts on a going concern basis.

Conclusion

The committee has reviewed the content of the Annual Report 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.
- It is consistent with the draft Annual Governance Statement, Head of Internal Audit Opinion and feedback received from the external auditors and there are no matters that the committee is aware of at this time that have not been disclosed appropriately.
- It is appropriate to prepare the accounts on a going concern basis.

Clinical Governance Committee Report

The Clinical Governance Committee is a non-executive committee of the Trust Board with delegated authority to review the structure, systems and processes to manage Clinical Governance and quality and safety related matters and seek assurance that these are monitored appropriately. Non-clinical and financial risks and their associated controls are considered by the Audit Committee.

The principal purpose of the Clinical Governance Committee is to assure the Board that work being undertaken by the clinical divisions, departments, standing committees and any sub groups

in respect of clinical governance and improvement is co-ordinated and prioritised to meet the Trust's objectives. The Committee requests assurance on scheduled matters (safeguarding, health and safety etc) and those quality and safety issues arising during the year, for example, assurance of the provision of medical cover out of hours.

The members of the Clinical Governance Committee are listed on page 106 including three Non-Executive Directors. The committee's responsibilities and the key areas discussed during 2014/15 are outlined in the table below.

Principal responsibilities of the committee	Key areas formally reviewed during 2014/15
Review of the framework to support an environment in which excellent clinical care will flourish	Implementation of the Trust's Quality Strategy Learning arising from patient stories and assurance of actions taken Reports from the Clinical Ethics Committee
Review of implementation of Quality Strategy	
Review of the controls to mitigate clinical risk within a regulatory and legislative framework	Summary reports on the relevant risks on the Board Assurance Framework – senior managers were invited to report on the controls in place to manage the risks and the assurances available to determine the effectiveness of these controls Patterns and themes arising from analysis of the high-level risks reported across the Trust Summary of actions taken following reviews of clinical and support services Reports received on key risk areas: Quality review of high cost efficiency savings Health and Safety Head of Nursing report Child Protection and Safeguarding Research Governance Summary from the Learning, Improvement and Monitoring Board covering complaints, the Patient Advice and Liaison Service, incidents and claims Workforce Information CQC compliance
Review of findings and recommendations from internal audit, clinical audit and learning from external investigations and reports	The internal audit annual plan was presented to the Committee in January 2014, with update on progress with the plan covered at subsequent meetings Findings and recommendations of clinical focused internal audit reports are presented to every Committee meeting. The following internal audit reports were discussed during the year: Incident reporting Whistle-blowing arrangements Health and Safety Governance arrangements HR arrangements – employment checks Implementation and status reports on audit recommendations Findings from clinical audits and recommendations and work programmes arising from these results
Other	Reviewed and updated the Committee terms of reference and annual workplan Reviewed the Freedom of Information Act annual report

Effectiveness of the committee

The Committee will conduct a review of its effectiveness and impact in July 2015. Aspects of the Board evaluation survey in 2014 focused on quality governance and the role of the

Committee. No significant concerns were raised, with the majority of respondents agreeing or strongly agreeing that there is clear accountability for quality of care throughout GOSH and that there are systems and processes in place for escalating and resolving quality issues.

Statement of Accounting Officer responsibilities

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 GOSH 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 GOSH 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.



Dr Peter Steer
Chief Executive
22 May 2015

Head of Internal Audit Opinion

Basis of opinion for the period 1 April 2014 to 31 March 2015

Our internal audit service has been performed in accordance with KPMG's internal audit methodology, which conforms to Public Sector Internal Audit Standards (PSIAS). As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000. PSIAS require that we comply with applicable ethical requirements, including independence requirements, and that we plan and perform our work to obtain sufficient, appropriate evidence on which to base our conclusion.

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 (AGS) 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 AGS.

The Head of Internal Audit (HoIA) is required to provide an annual opinion in accordance with Public Sector Internal Audit Standards, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (ie the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below.

The purpose of our HoIA 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 system of internal control. This Opinion will in turn assist the Board in the completion of its AGS, and may also be taken into account by other regulators to inform their own conclusions.

The opinion does not imply that the HoIA has covered all risks and assurances relating to the Trust. The opinion is derived from the conduct of risk-based plans generated from a robust and Management-led Assurance Framework. As such, it is one component that the Board takes into account in making its AGS.

Opinion

Our opinion is set out as follows:

- basis for the opinion
- overall opinion
- commentary

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 assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of these areas.
- An assessment of the process by which the Trust has assurance over its registration requirements of its regulators.

Our overall opinion for the period 1 April 2014 to 31 March 2015 is that:

'Significant assurance with minor improvements required' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1 April 2014 to 31 March 2015 inclusive, and is based on the eight audits that we completed in this period.

The design and operation of the Assurance Framework and associated processes

The Trust's Assurance Framework does reflect the organisation's key objectives and risks and is reviewed on a regular basis by the Board and its sub-committees.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year

We issued one 'partial assurance with improvements required' and no 'no assurance' assurance opinions in respect of our 2014/15 assignments. This partial assurance conclusion related to our audit of the arrangements for the delivery of Productivity and Efficiency savings.

We raised one high-risk recommendation in the period within our audit of the arrangements for the delivery of Productivity and Efficiency savings. This will be addressed early in 2015/16. We note that the four high-risk recommendations outstanding from previous financial years that were brought forward at the start of the period have now been fully addressed.



KPMG LLP

Chartered Accountants
London
22 May 2015

Annual Governance Statement

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 on-going 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 2015 and up to the date of approval of the Annual Report 2014/15.

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, which include Monitor and the Care Quality Commission. 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 Trust'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
- appointment of senior executives

The Board has a comprehensive work programme which 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 which enables it to scrutinise the effectiveness of the Trust's operations and deliver focused strategic leadership through its decisions and actions. Whilst 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. The roles and responsibilities of these Committees, a description of their work during the financial year and the attendance record of members is set out on pages 120 and 124 respectively. 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 Learning and Implementation and Monitoring Board (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. 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. 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.

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 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 risk management strategy

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 license conditions and in relation to condition 4, (the requirement that Trusts do not allow unfit persons to become or continue as governors or directors), it has concluded that it fully complies with the requirements and that there are processes in place to identify 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 there is in place a sound system of internal control to manage the key risks to the Trust of not achieving its objectives. 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. Risks are divided between strategic and operational risks. The Framework includes cross references to assurance obtained from internal and external audits and self-assessments of compliance with other regulatory standards. It has been monitored and updated throughout the year.

Each strategic risk on the Assurance Framework, the related mitigation controls and assurance available as to the effectiveness of the controls is reviewed by the Risk Assurance and Compliance Group and by either of the Clinical Governance Committee or the Audit Committee at least annually. 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 which 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 which includes ensuring that there are adequate staffing levels at all times including out of core hours
- The risk of a significant deterioration in the Trust's financial position as a result of:
 - the significant reductions in tariff;
 - challenges in completing contracts with NHS Commissioners for 2015/16; and
 - difficulties in delivering the required levels of cost reduction without adversely impacting the quality of services;
 - delivery of funding targets for non NHS activities.
- Delivery of the Trust's major redevelopment programme on time and without impacting patient access to clinical services ; and
- Failure to ensure that all assets, facilities and equipment on the site are maintained at the required safe and sustainable level
- Delivering the changes necessary to streamline patient pathways through the hospital in order to obtain the maximum benefits from investment in technology.

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 identified.

Emerging risks with medium or high scores are reported to 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 statement of the Trust's highest risks, the impact and mitigating actions is set out on page 129.

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 in closing down the recommendations. 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 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 both 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 (such as waiting lists) and other clinical quality measures including Commissioning for Quality and Innovation (CQUIN). 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 the Patient Advice and Liaison Service). 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 the Patient Friends and Family Tests, a more detailed survey at least once a year, through the work programme of the Patient, Public Involvement and Experience Committee (PPIEC), 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 data quality improvement plan is monitored by the Audit Committee to ensure that the Board receives assurance of the quality of this data.

Compliance with the Foundation Trust License Conditions

An assessment has been carried out of the Trust's processes to ensure that it complies with the License Conditions, and in particular License 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. This included a review 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 CQC carried out a scheduled inspection in April 2015 and their report will be issued in the first

half of 2015/16. 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 the Patient Advice and Liaison Service and patient representatives are involved in Patient-Led Assessments of the Care Environment (PLACE) 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.

There have been two serious information governance incidents during the year. Details of the incidents and the further action taken to reduce the risk of a similar incident happening again are described on pages 118.

Other regulations

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 NHS Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

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

The 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 Monitor Corporate Governance code and not identified any areas of non-compliance.

The Board has agreed Standing Orders and Standing Financial Instructions, which 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 use. 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 of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the Director's 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 133.

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. 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 and also measures specific to clinical divisions are monitored at the quarterly strategic reviews of performance.

The Audit Committee is responsible for monitoring progress on data quality. 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.

During the year, a review of the Trust's waiting list data revealed two data quality issues: a relatively high proportion of patients within the incomplete pathways did not have clock starts, and the records of incomplete pathways included pathways for a particular specialty that are not within the scope of the national indicator. The Trust was asked by its commissioners to carry out an audit of this data and support has been requested from the national response team. An action plan will be put in place to address these issues.

External assurance statements in the Quality Report are provided by our local commissioners and our local LINKs as required by Quality Account Regulations.

There was one never event (wrong site surgery) reported during the year, which was subsequently remedied.

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 of internal controls by consideration of 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.

My review of the effectiveness of the system of internal control has been informed by reports at the Board, the Audit Committee and the Clinical Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by:

- the reviews of compliance with CQC safety and quality standards
- consideration of performance against national targets
- the assessment against the information governance toolkit
- health and safety reviews
- the PLACE assessment
- relevant reviews by the Royal Colleges and other bodies

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 with minor improvements required.

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 controls were not adequate when subject to routine audits during the year were:

Control weaknesses

- The Trust has identified weaknesses in the processes for managing contracts resulting in delays to procurement. A programme has been developed to address the outstanding issues.
- The Trust's business continuity plan had not been kept up to date in all areas and the programme of testing the plan had fallen behind. This has now been addressed.
- Data quality – as detailed in section 6 above, a review of the Trust's waiting list data highlighted two recording issues that affected the accuracy of the waiting list indicators reported during the year.

Assurance weaknesses

- It is difficult to obtain assurance on the adequacy of the long-term funding of the Trust due to the recent reductions in tariff and adjustment of contract terms for specialist services by NHS England.
- An internal audit report on the management of the Trust's productivity and efficiency programme identified some assurance gaps, which are actively being addressed. These

included the absence of project documentation and quality impact assessments for some schemes within the programme and inconsistencies in the risk assessments of certain schemes.

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, monitoring of incidents and complaints has highlighted gaps in assurance in the Trust's processes for managing the impact of estates projects whilst maintaining services in the same area. These have now been addressed with more effective communication between the teams responsible.

The Board has reviewed the risks and assurance available in relation to both its redevelopment programme and its information 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 ongoing 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 assessment of compliance with the Monitor Code of Governance for NHS Foundation Trusts (which are set out in the Annual Report on page 101), the Trust's license conditions and a self-assessment using the Monitor Well-Led Framework, 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 gaps are being actively addressed. There have been no significant control issues identified during the period.



Dr Peter Steer
Chief Executive
22 May 2015

Independent Auditor's Report

Independent Auditor's report to the Board of Governors and Trust Board of Great Ormond Street Hospital For Children NHS Foundation Trust.

Opinion on financial statements of Great Ormond Street Hospital for Children NHS Foundation Trust

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2015 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

The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement, the Statement of Changes in Taxpayers' Equity and the related notes 1 to 25. 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.

Qualified 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, except that we have qualified our conclusion on the Quality Report in respect of maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway.

Going concern

We have reviewed the Accounting Officer's statement contained on page 126 of the Strategic Report that the Trust is a going concern. We confirm that:

- we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate
- we have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Our assessment of risks of material misstatement

The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.

NHS revenue and provisions

Risk

There are significant judgments in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:

- The complexity of the Payment by Results regime and other locally set tariffs for specialised services, in particular in determining the level of overperformance and Commissioning for Quality and Innovation revenue to recognise.
- The judgemental nature of provisions for non-payment, including in respect of outstanding overperformance income for Q3 and Q4, as well as CQUIN payments.
- The risk of revenue not being recognised at fair value due to adjustments agreed in settling current year disputes and the status of agreement of future year contracts and tariff arrangements.

The majority of the Trust's income is commissioned by NHS England, increasing the significance of associated judgements. The Trust also works with numerous disparate Clinical Commissioning Groups (CCGs) on a smaller scale, which increases the complexity of agreeing a final year-end position.

The settlement of income with NHS England and CCGs continues to present challenges, leading to delays in the agreement of year-end positions.

See also note 2 to the financial statements, critical accounting judgments and key sources of estimation uncertainty and the Audit Committee's report on page 120.

How the scope of our audit responded to the risk

We evaluated the design and implementation of controls over recognition of Payment by Results income, with the assistance of our internal IT specialists.

Where contracts were signed with commissioners we confirmed revenue to contractual terms. We performed detailed substantive testing of the recoverability of overperformance income and evaluated the results of the agreement of balances exercise.

We challenged key judgments around specific areas of non-payment of outstanding balances and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for outstanding balances and reviewed correspondence with commissioners.

Property valuations

Risk

The Trust holds property assets within property, plant and equipment at a modern equivalent use valuation. The valuations are by nature significant estimates, which are based on specialist and management assumptions, and which can be subject to material changes in value.

See also note 11 to the financial statements, critical accounting judgments and key sources of estimation uncertainty and the Audit Committee's report on page 120.

How the scope of our audit responded to the risk

We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the Trust to the valuer.

We used internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the Trust's properties, including through benchmarking against relevant building indices 31 March 2015.

We assessed whether the valuation and the accounting treatment of the impairment was compliant with the relevant accounting standards, and in particular whether impairments should be recognised in operating expenditure or other comprehensive income.

Recoverability of receivables for overseas, private patient and non-NHS revenue

Risk

The Trust has significant non-NHS revenue. Due to the nature of the debt (predominantly embassy or privately funded) amounts typically take longer to recover than NHS amounts and can be individually large and hence judgment is required to determine the level of provision required.

See also note 2 to the financial statements, critical accounting judgments and key sources of estimation uncertainty and the Audit Committee's report on page 120.

How the scope of our audit responded to the risk

We evaluated the design and implementation of controls over recognition and collection of overseas, private patient and non-NHS revenue.

We traced a sample of debtors at an interim date to subsequent cash receipts and performed roll forward procedures to year-end balance. We tested a sample of patients to confirm the validity of the revenue. We also tested new debt arising since the interim date on a sample basis. We tested the mechanical accuracy of the

bad debt provision and challenged assumptions made to assess the adequacy of the provision.

Where there was no evidence of cash receipts, the prior payment history was assessed, relevant correspondence reviewed and we challenged management in relation to their judgment around recoverability to assess whether payments will be made.

The provisions were also assessed to determine whether individual balances were overstated by considering the historical accuracy of the provision.

The description of risks above should be read in conjunction with the significant issues considered by the Audit Committee discussed on page 122.

Our audit procedures relating to these matters were designed in the context of our audit of the financial statements as a whole, and not to express an opinion on individual accounts or disclosures. Our opinion on the financial statements is not modified with respect to any of the risks described above, and we do not express an opinion on these individual matters.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

We determined materiality for the Trust to be £3,756,000, which is below 1 per cent of revenue and below 1 per cent of equity.

We agreed with the Audit Committee that we would report to the committee all audit differences in excess of £187,000 as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control. Audit work was performed on site at the Trust directly by the audit engagement team, led by the audit partner.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and IT systems.

Data analytic techniques were used as part of audit testing, in particular to support profiling of populations to identify items of audit interest.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- The part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006.
- 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

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Audit Code for NHS Foundation Trusts, we are required 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 is inconsistent with information of which we are aware from our audit.
- The NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- Proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

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.

Our duty to read other information in the Annual Report

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- Materially inconsistent with the information in the audited financial statements.
- Apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- Otherwise misleading.

In particular, we have considered whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed. We confirm that we have not identified any such inconsistencies or misleading statements.

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. We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team.

This report is made solely to the Board of Governors and Trust Board ("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.

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.



Heather Bygrave FCA BA Hons (Senior Statutory Auditor)

for and on behalf of Deloitte LLP Chartered Accountants and Statutory Auditor

St Albans, UK

22 May 2015

Accounts and Remuneration Report

Three-year old Alexander
on Butterfly Ward



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 the 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



Dr Peter Steer

Chief Executive

Date: 22 May 2015

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 2015 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



Dr Peter Steer

Chief Executive

Date: 22 May 2015

Statement of comprehensive income for the year ended 31 March 2015

		Year ended 31 March 2015	Year ended 31 March 2014
	NOTE	£000	£000
Total revenue from patient care activities	2	345,198	332,680
Total other operating income	3	67,411	81,230
Operating expenses	4	(401,449)	(374,052)
Operating surplus		11,160	39,858
Finance costs:			
Finance income	8	240	181
Finance expenses – unwinding of discount on provisions	9	(15)	(31)
Surplus for the financial year		11,385	40,008
Public dividend capital dividends payable		(6,820)	(6,214)
Retained surplus for the year		4,565	33,794
Other comprehensive income			
- Impairments		(536)	(944)
- Revaluations – property, plant and equipment		6,830	26,056
Total comprehensive income for the year		10,859	58,906
Financial performance for the year – additional reporting measures			
Retained surplus for the year		4,565	33,794
Adjustments in respect of capital donations	3	(15,351)	(23,758)
Adjustments in respect of impairments/(reversal of impairments)	3 and 4	13,665	(5,014)
Adjusted retained surplus		2,879	5,022

The notes on pages 143 to 171 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 2015

	NOTE	31 March 2015 £000	31 March 2014 £000
Non-current assets			
Intangible assets	10	6,427	6,068
Property, plant and equipment	11	358,862	356,851
Trade and other receivables	14	7,616	8,091
Total non-current assets		372,905	371,010
Current assets			
Inventories	13	7,599	7,137
Trade and other receivables	14	47,336	51,088
Cash and cash equivalents	15	58,932	57,010
Total current assets		113,867	115,235
Total assets		486,772	486,245
Current liabilities			
Trade and other payables	16	(42,075)	(50,910)
Provisions	19	(473)	(564)
Other liabilities	17	(4,007)	(5,385)
Net current assets		67,312	58,376
Total assets less current liabilities		440,217	429,386
Non-current liabilities			
Provisions	19	(1,002)	(1,091)
Other liabilities	17	(5,764)	(6,171)
Total assets employed		433,451	422,124
Financed by taxpayers' equity:			
Public dividend capital		125,357	124,889
Income and expenditure reserve		226,809	221,633
Other reserves		3,114	3,114
Revaluation reserve		78,171	72,488
Total taxpayers' equity		433,451	422,124

The financial statements on pages 139 to 171 were approved by the Board and authorised for issue on 22 May 2015 and signed on its behalf by:



Dr Peter Steer
Chief Executive
Date: 22 May 2015

Statement of changes in taxpayers' equity for the year ended 31 March 2015

	Public Dividend Capital (PDC)	Revaluation reserve	Income and expenditure reserve	Other reserves	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2014	124,889	72,488	221,633	3,114	422,124
Changes in taxpayers' equity for the year ended 31 March 2015					
Surplus for the year	0	0	4,565	0	4,565
Transfers between reserves	0	(611)	611	0	0
Impairments	0	(536)	0	0	(536)
Revaluations – property, plant and equipment	0	6,830	0	0	6,830
Public Dividend Capital received	468	0	0	0	468
Balance at 31 March 2015	125,357	78,171	226,809	3,114	433,451

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
Balance at 1 April 2013	124,732	48,380	186,835	3,114	363,061
Changes in taxpayers' equity for the year ended 31 March 2014					
Surplus for the year	0	0	33,794	0	33,794
Transfers between reserves	0	(1,004)	1,004	0	0
Impairments	0	(944)	0	0	(944)
Revaluations – property, plant and equipment	0	26,056	0	0	26,056
Public Dividend Capital received	157	0	0	0	157
Balance at 31 March 2014	124,889	72,488	221,633	3,114	422,124

Statement of cash flows for the year ended 31 March 2015

	NOTE	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Cash flows from operating activities			
Operating surplus		11,160	39,858
Non-cash income and expense:			
Depreciation and amortisation		17,800	25,840
Impairments		17,780	2,292
Reversal of impairments		(4,115)	(7,306)
Profit on disposal of tangible fixed assets		(83)	0
Decrease/(increase) in trade and other receivables		4,227	(18,682)
Increase in inventories		(462)	(574)
(Decrease)/increase in trade and other payables		(1,985)	10,315
(Decrease)/increase in other liabilities		(1,785)	71
Decrease in provisions		(195)	(2,799)
NET CASH GENERATED FROM OPERATIONS		42,342	49,015
Cash flows from investing activities			
Interest received		240	184
Purchase of property, plant and equipment		(30,447)	(24,196)
Payments for intangible assets		(4,079)	(639)
Sales of property, plant and equipment		142	0
Net cash outflow from investing activities		(34,144)	(24,651)
NET CASH INFLOW BEFORE FINANCING		8,198	24,364
Cash flows from financing			
Public Dividend Capital (PDC) received		468	157
PDC dividend paid		(6,744)	(5,915)
Net cash outflow from financing		(6,276)	(5,758)
NET INCREASE IN CASH AND CASH EQUIVALENTS		1,922	18,606
Cash and cash equivalents at start of the year		57,010	38,404
Cash and cash equivalents at end of the year	15	58,932	57,010

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 2014/15 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 for the foreseeable future. IAS 1 deems the foreseeable future to be a period of not less than twelve months from the entity's reporting date. After making enquiries, (these are described in the Strategic Report section of the Annual Report on page 14), the directors can reasonably expect that the Foundation Trust has adequate resources to continue in operational existence for the next 12 months. 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 which 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 judgments, 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. The Trust is required to review property, plant and equipment for impairment. In between formal valuations by qualified surveyors, management make judgments about the condition of assets and review their estimated lives.

b) Management use their judgment 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. Judgment is also used to decide whether to write off or provide against International and Private Patients Service and overseas debt.

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 1.3 per cent in real terms.
- When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates.
- 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.
- 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.
- 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, judgment is required when determining the probable outflow of economic benefits.

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 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* (FRoM) 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 2015 is based on the valuation data as 31 March 2014, updated to 31 March 2015 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FRoM 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 2012.

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.

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 twelve 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 IAS 16, assets should be revalued when their fair value is materially different from their carrying value. Monitor requires revaluation at least once every 5 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 2015 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 which are usual and customary for such sales
- the sale must be highly probable i.e.
 - 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 i.e. 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 1.3 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 (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 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* (FT ARM)) 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

From 2013/14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies' own returns was 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.

IFRS 9 Financial Instruments
IFRS 13 Fair Value Measurement
IFRS 15 Revenue from Contracts with Customers
IAS 1 (amendment) Disclosure Initiative
IAS 19 (amendment) Defined Benefit Plans: Employee Contributions
IAS 16 (amendment) and IAS 38 (amendment) Clarification of Acceptable Methods of Depreciation and Amortisation
IAS 36 (amendment) Recoverable Amount Disclosures for Non-Financial Assets

IFRIC 21 Levies
Annual Improvements to IFRSs: 2010-12 Cycle
Annual Improvements to IFRSs: 2011-13 Cycle
Annual Improvements to IFRSs: 2012-14 Cycle

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 2015	Year ended 31 March 2014
	£000	£000
Elective income	81,806	81,570
Non elective income	15,248	15,983
Outpatient income	38,724	37,957
Other NHS clinical income	163,305	151,677
Revenue from protected patient care activities	299,083	287,187
Private patient income	40,925	41,754
Other non-protected clinical income	5,190	3,739
Total revenue from patient care activities	345,198	332,680

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 2015	Year ended 31 March 2014
	£000	£000
NHS Foundation Trusts	474	394
NHS Trusts	541	505
CCGs and NHS England	292,068	286,288
Department of Health	6,000	0
Non-NHS:		
Private patients	40,925	41,754
Overseas patients (non-reciprocal)	390	100
Injury costs recovery (was RTA)	92	50
Other	4,708	3,589
Total revenue from patient care activities	345,198	332,680

All of the Trust's activities relate to a single operating segment in respect of the provision of acute healthcare services.

2.3 Overseas visitors

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Income recognised in-year	390	100
Cash payments received in-year	401	129
Amounts added to provision for impairment of receivables	136	143
Amounts written off in-year	0	0

Due to the additional disclosure, prior year figures have been reclassified.

3. Other operating revenue

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Research and development	16,685	21,205
Charitable contributions to expenditure	10,206	6,007
Charitable contributions in respect of capital expenditure	15,351	23,758
Education and training	8,325	9,966
Profit on disposal of other tangible fixed assets	83	0
Reversal of impairments	4,115	7,306
Non-patient care services to other bodies	758	867
Clinical tests	3,491	3,517
Clinical excellence awards	3,365	3,186
Catering	1,072	920
Creche services	503	539
Staff accommodation rentals	56	127
Other revenue	3,401	3,832
	67,411	81,230

4. Operating expenses

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Services from other NHS bodies	6,633	6,025
Purchase of healthcare from non-NHS bodies	4,059	3,815
Executive directors' costs*	1,462	1,419
Non-executive directors' costs*	151	133
Staff costs	199,380	192,268
Supplies and services – clinical – drugs	40,610	36,774
Supplies and services – clinical – other	50,561	50,733
Supplies and services – general	2,975	2,505
Establishment	2,934	2,691
Research and development	14,823	13,792
Transport – business travel	609	588
Transport – other	2,730	2,327
Premises – business rates payable to local authorities	2,210	1,574
Premises – other	24,215	22,039
Operating lease rentals	1,611	1,809
Provision for impairment of receivables	1,936	184
Change in provisions discount rate	19	17
Inventories write down	240	210
Depreciation	16,452	24,278
Amortisation of intangible assets	1,348	1,562
Impairments and reversals of property, plant and equipment	17,780	2,292
Fees payable to the Trust's auditor for the financial statement audit	100	116
Other audit regulatory services – quality account	16	18
Clinical negligence insurance	3,103	2,482
Redundancy costs	358	13
Consultancy costs	920	1,193
Legal fees	444	321
Losses and special payments	1	2
Other	3,769	2,872
	401,449	374,052

* Details of directors' remuneration can be found in the Remuneration Report on page 169.

Research and development expenditure includes £11,415k of staff costs (£12,204k in 2013/14).

5. Operating leases

5.1 As lessee

Payments recognised as an expense	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Minimum lease payments	1,611	1,809
	<u>1,611</u>	<u>1,809</u>
Total future minimum lease payments	As at 31 March 2015 £000	As at 31 March 2014 £000
Payable:		
Not later than one year	1,530	1,391
Between one and five years	5,954	5,113
After five years	5,888	6,521
Total	<u>13,372</u>	<u>13,025</u>

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 2015.

7. Employee costs and numbers

7.1 Employee costs

	Year to 31 March 2015	Permanently employed	Other	Year to 31 March 2014
	Total			Total
	£000	£000	£000	£000
Salaries and wages	174,387	173,191	1,196	171,307
Social security costs	14,741	14,741	0	13,236
Employer contributions to NHS Pension Scheme	19,293	19,293	0	18,705
Agency/contract staff	6,684	0	6,684	5,178
Termination benefits	358	358	0	13
Employee benefits expense	<u>215,463</u>	<u>207,583</u>	<u>7,880</u>	<u>208,439</u>
Employee costs capitalised	(1,478)	(1,478)	0	(1,124)
Recoveries from other bodies in respect of staff costs netted off expenditure	(1,370)	0	(1,370)	(1,411)
Net employee benefits excluding capitalised costs and recoveries from other bodies	<u>212,615</u>	<u>206,105</u>	<u>6,510</u>	<u>205,904</u>

7.2 Average number of people employed*

	Year to 31 March 2015			Year to 31 March 2014
	Total	Permanently Employed	Other	Total
	Number	Number	Number	Number
Medical and dental	582	535	47	549
Administration and estates	1,005	891	114	956
Healthcare assistants and other support staff	298	282	16	272
Nursing, midwifery and health visiting staff	1,338	1,232	106	1,301
Scientific, therapeutic and technical staff	754	732	22	726
Other staff	7	7	0	7
Total	3,984	3,679	305	3,811

* 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 £130k (there were two early retirements in 2013/14, £54k).

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 2015					
	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000	Number	£000
<£10,000	9	45	5	21	14	66
£10,00 – £25,000	7	132	0	0	7	132
£25,001 – £50,000	4	181	0	0	4	181
Total	20	358	5	21	25	379

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
£10,00 – £25,000	3	50	3	50
£25,001 – £50,000	4	135	4	135
£50,001 – £100,000	5	370	5	370
Total	14	564	14	564

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 2015	Year ended 31 March 2014
	£000	£000
Bank interest	240	181
Total finance income	240	181

9. Finance expenses

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Provisions – unwinding of discount	15	31
Total finance expenses	15	31

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
Gross cost at 1 April 2014	2,807	496	3,591	3,192	10,086
Additions – purchased	287	39	192	2,619	3,137
Additions – donated	79	0	0	43	122
Reclassifications	151	1	767	(2,412)	(1,493)
Disposals	(232)	(40)	0	0	(272)
Valuation/Gross cost at 31 March 2015	3,092	496	4,550	3,442	11,580
Amortisation at 1 April 2014	1,742	222	2,054	0	4,018
Provided during the year	624	77	647	0	1,348
Disposals	(173)	(40)	0	0	(213)
Amortisation at 31 March 2015	2,193	259	2,701	0	5,153
Net book value (NBV)					
NBV – purchased at 31 March 2015	644	237	1,849	3,399	6,129
NBV – donated at 31 March 2015	255	0	0	43	298
NBV total at 31 March 2015	899	237	1,849	3,442	6,427

All intangible assets are held at cost less accumulated depreciation based on estimated useful economic lives.

'Reclassifications' includes £1.5 million of information technology assets reclassified from intangible to tangible assets.

	Software licences	Licences and trademarks	Development expenditure (internally generated)	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Gross cost at 1 April 2013	2,383	202	3,288	2,754	8,627
Additions – purchased	176	201	113	800	1,290
Additions – donated	35	0	0	134	169
Reclassifications	213	93	190	(496)	0
Valuation/Gross cost at 31 March 2014	2,807	496	3,591	3,192	10,086
Amortisation at 1 April 2013	1,293	127	1,036	0	2,456
Provided during the year	449	95	1,018	0	1,562
Amortisation at 31 March 2014	1,742	222	2,054	0	4,018
Net book value (NBV)					
NBV – purchased at 31 March 2014	994	274	1,537	3,058	5,863
NBV – donated at 31 March 2014	71	0	0	134	205
NBV total at 31 March 2014	1,065	274	1,537	3,192	6,068

10.2 Economic life of intangible assets

	Min Life Years	Max Life Years
Intangible assets		
Software	1	9
Development expenditure	1	9
Licences and trademarks	1	9

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
Cost or valuation at 1 April 2014	76,469	214,291	7,661	28,585	63,910	19,100	10,700	420,716
Additions – purchased	0	2,540	0	3,642	1,906	473	551	9,112
Additions – donated	0	2,130	0	5,716	6,211	46	1,126	15,229
Impairments charged to the revaluation reserve	0	(536)	0	0	0	0	0	(536)
Reclassifications	0	18,213	0	(22,672)	2,687	2,813	452	1,493
Revaluations	1,588	(23,785)	242	0	0	0	0	(21,955)
Disposals	0	0	0	0	(2,565)	0	(113)	(2,678)
Cost or valuation at 31 March 2015	78,057	212,853	7,903	15,271	72,149	22,432	12,716	421,381
Accumulated depreciation at 1 April 2014	0	8,403	(72)	0	36,522	14,120	4,892	63,865
Provided during the period	0	7,560	167	0	5,157	2,569	999	16,452
Impairments charged to operating expenses	0	17,780	0	0	0	0	0	17,780
Reversal of impairments credited to operating income	0	(3,830)	(285)	0	0	0	0	(4,115)
Revaluations	0	(28,975)	190	0	0	0	0	(28,785)
Disposals	0	0	0	0	(2,565)	0	(113)	(2,678)
Accumulated depreciation at 31 March 2015	0	938	0	0	39,114	16,689	5,778	62,519
Net book value at 31 March 2015								
NBV – owned at 31 March 2015	75,010	88,457	1,130	5,072	9,440	4,482	1,886	185,477
NBV – finance leased at 31 March 2015	0	2,749	0	0	0	0	0	2,749
NBV – government granted at 31 March 2015	0	118	0	0	96	0	0	214
NBV – donated at 31 March 2015	3,047	120,591	6,773	10,199	23,499	1,261	5,052	170,422
NBV total at 31 March 2015	78,057	211,915	7,903	15,271	33,035	5,743	6,938	358,862

'Reclassifications' includes £1.5 million of information technology assets reclassified from intangible to tangible assets.

	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
Cost or valuation at 1 April 2013	57,620	215,798	8,128	12,662	59,810	17,220	9,772	381,010
Additions – purchased	0	70	0	4,580	179	797	82	5,708
Additions – donated	0	3,030	0	17,743	2,347	60	357	23,537
Impairments charged to the revaluation reserve	(303)	(515)	(526)	0	0	0	0	(1,344)
Reversals of impairments credited to the revaluation reserve	0	400	0	0	0	0	0	400
Reclassifications	0	3,226	0	(6,400)	1,662	1,023	489	0
Revaluations	19,152	(7,718)	59	0	397	0	0	11,890
Disposals	0	0	0	0	(485)	0	0	(485)
Cost or valuation at 31 March 2014	76,469	214,291	7,661	28,585	63,910	19,100	10,700	420,716
Accumulated depreciation at 1 April 2013	0	12,588	309	0	31,522	10,869	3,964	59,252
Provided during the period	0	14,640	166	0	5,293	3,251	928	24,278
Impairments charged to operating expenses	0	2,292	0	0	0	0	0	2,292
Reversal of impairments credited to operating income	0	(6,700)	(606)	0	0	0	0	(7,306)
Revaluations	0	(14,417)	59	0	192	0	0	(14,166)
Disposals	0	0	0	0	(485)	0	0	(485)
Accumulated depreciation at 31 March 2014	0	8,403	(72)	0	36,522	14,120	4,892	63,865
Net book value at 31 March 2014								
NBV – owned at 31 March 2014	73,177	86,170	1,130	6,314	9,257	3,472	1,529	181,049
NBV – finance lease at 31 March 2014	0	2,725	0	0	0	0	0	2,725
NBV – government granted at 31 March 2014	0	117	0	0	111	0	0	228
NBV – donated at 31 March 2014	3,292	116,876	6,603	22,271	18,020	1,508	4,279	172,849
NBV total at 31 March 2014	76,469	205,888	7,733	28,585	27,388	4,980	5,808	356,851

11.2 Economic life of property plant and equipment

	Min life years	Max life years
Buildings excluding dwellings	6	42
Dwellings	45	45
Plant and machinery	1	15
Information technology	1	10
Furniture and fittings	1	10

Freehold land is considered to have an infinite life and is not depreciated.

The majority of information technology assets are depreciated over five years.

Assets under course of construction are not depreciated until the asset is brought into use.

The Trust has demolished a part of the Cardiac Wing as part of its redevelopment programme. The part of the wing that was demolished was fully depreciated at the point of demolition.

Great Ormond Street Hospital Children's Charity donated £15,351k 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 which 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 2015
- 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 2015 £000	31 March 2014 £000
Property, plant and equipment	42,941	5,449
Intangible assets	1,910	147
Total	44,851	5,596

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 2015 £000	31 March 2014 £000
Not later than one year	10,311	11,177
Later than one year and not later than five years	4,038	960
Total	14,349	12,137

13. Inventories

13.1 Inventories	31 March 2015	31 March 2014
	£000	£000
Drugs	1,436	1,246
Consumables	6,135	5,826
Energy	28	65
Total	7,599	7,137

The cost of inventories recognised as expenses during the year in respect of continuing operations was £80,165k (2013/14: £75,920k)

14. Trade and other receivables

14.1 Trade and other receivables	Current		Non-current	
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000	£000	£000	£000
NHS receivables – revenue	21,972	16,233	0	0
Other receivables- revenue	19,085	19,600	0	0
Provision for impaired receivables	(4,574)	(2,718)	0	0
Receivables due from NHS charities – Capital	3,716	11,597	0	0
Prepayments	1,410	1,988	7,616	8,091
Accrued income	5,107	4,021	0	0
Interest receivable	2	2	0	0
VAT receivable	618	365	0	0
Total	47,336	51,088	7,616	8,091

14.2 Provision for impairment of receivables

	31 March 2015	31 March 2014
	£000	£000
Opening balance	2,718	2,692
Increase in provision	1,936	184
Amounts utilised	(80)	(158)
Closing balance	4,574	2,718

14.3 Analysis of impaired receivables

	31 March 2015	31 March 2014
	£000	£000
Ageing of impaired receivables		
0–30 days	370	876
30–60 days	92	46
60–90 days	320	360
90–180 days	952	225
over 180 days	2,840	1,241
	<u>4,574</u>	<u>2,748</u>
Ageing of non-impaired receivables past their due date		
0 – 30 days	3,707	6,799
30-60 days	2,469	2,883
60-90 days	3,163	1,678
90- 180 days	2,955	1,573
over 180 days	911	1,923
	<u>13,205</u>	<u>14,856</u>

15. Cash and cash equivalents

	31 March 2015	31 March 2014
	£000	£000
Balance at beginning of the year	57,010	38,404
Net change in year	1,922	18,606
Balance at the end of the year	<u>58,932</u>	<u>57,010</u>
Made up of:		
Commercial banks and cash in hand	11	9
Cash with the Government Banking Service	921	1,001
Deposits with the National Loan Fund	58,000	56,000
Cash and cash equivalents as in statement of financial position	<u>58,932</u>	<u>57,010</u>
Cash and cash equivalents	<u>58,932</u>	<u>57,010</u>

16. Trade and other payables

16.1 Trade and other payables

	Current	
	31 March 2015	31 March 2014
	£000	£000
NHS payables – revenue	5,319	7,299
Other trade payables – capital	4,984	11,910
Other trade payables – revenue	4,705	5,646
Social Security costs	2,086	2,013
Other taxes payable	2,187	2,208
Other payables	8,615	8,576
Accruals	14,040	13,195
PDC dividend payable	139	63
Total	42,075	50,910

'Other payables' includes £2,856k outstanding pensions contributions at 31 March 2015 (£2,725k at 31 March 2014)

17. Other liabilities

	Current		Non-current	
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000	£000	£000	£000
Deferred income	3,600	4,978	0	0
Lease incentives	407	407	5,764	6,171
Total	4,007	5,385	5,764	6,171

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 2015 £000	31 March 2014 £000	31 March 2015 £000	31 March 2014 £000	
Pensions relating to other staff	115	118	1,002	1,091	
Other legal claims	36	61	0	0	
Redundancy	0	13	0	0	
Other	322	372	0	0	
Total	473	564	1,002	1,091	

	Pensions relating to other staff £000	Legal claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2014	1,209	61	13	372	1,655
Change in the discount rate	19	0	0	0	19
Arising during the year	0	0	0	513	513
Utilised during the year	(115)	(25)	(13)	(563)	(716)
Reversed unused	(11)	0	0	0	(11)
Unwinding of discount	15	0	0	0	15
At 31 March 2015	1,117	36	0	322	1,475

Expected timing of cash flows:					
- not later than one year	115	36	0	322	473
- later than one year and not later than five years	460	0	0	0	460
- later than five years	542	0	0	0	542
	1,117	36	0	322	1,475

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 NHS Litigation Authority records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2015 was £55,767k (£53,707k at 31 March 2014).

20. Revaluation reserve

	31 March 2015	31 March 2014
	£000	£000
Opening balance at 1 April	72,488	48,380
Impairments	(536)	(944)
Revaluations	6,830	26,056
Transfers to other reserves	(611)	(1,004)
Closing balance at 31 March	78,171	72,488

21. Contingencies

	31 March 2015	31 March 2014
	£000	£000
Contingent liabilities	(20)	(25)
NHS Litigation Authority legal claims	(20)	(25)
Gross value of contingent liabilities	(20)	(25)
Net value of contingent liabilities	(20)	(25)

A contingent liability exists for potential third party claims in respect of employer's/occupier's liabilities and property expenses £20k at 31 March 2015 (£25k at 31 March 2014). 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 2015	31 March 2014
	Loans and receivables	Loans and receivables
	£000	£000
Trade and other receivables excluding non financial assets	40,817	45,077
Cash and cash equivalents (at bank and in hand)	58,932	57,010
	99,749	102,087

22.2 Financial liabilities by category

	31 March 2015	31 March 2014
	Other financial liabilities	Other financial liabilities
	£000	£000
Trade and other payables excluding non-financial assets	27,896	37,652
	27,896	37,652

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 2015 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 £42k in the financial year. No other Board Members 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 169.

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 2014. 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.

Organisation category	Organisation	Income £000	Expenditure £000	Receivables £000	Payables £000
Clinical Commissioning Groups	NHS Barking and Dagenham CCG	498			
	NHS Barnet CCG	1,018			
	NHS Basildon and Brentwood CCG	485			
	NHS Bedfordshire CCG	644			
	NHS Bexley CCG	202			
	NHS Bracknell and Ascot CCG	100			
	NHS Brent CCG	661			116
	NHS Brighton and Hove CCG	144			
	NHS Bromley CCG	219			
	NHS Cambridgeshire and Peterborough CCG	300			
	NHS Camden CCG	3,014		1,807	
	NHS Canterbury and Coastal CCG	140			
	NHS Castle Point and Rochford CCG	321			
	NHS Central London (Westminster) CCG	210			
	NHS Chiltern CCG	296			
	NHS City and Hackney CCG	589			
	NHS Coastal West Sussex CCG	149			
	NHS Croydon CCG	212			
	NHS Dartford, Gravesham and Swanley CCG	220			
	NHS Dorset CCG	117			
	NHS Ealing CCG	509			
	NHS East and North Hertfordshire CCG	924			
	NHS East Surrey CCG	161			
	NHS Enfield CCG	755			
	NHS Great Yarmouth and Waveney CCG	110			
	NHS Greenwich CCG	132			
	NHS Guildford and Waverley CCG	190			
	NHA Hammersmith and Fulham CCG	170			
	NHS Haringey CCG	864		130	
	NHS Harrow CCG	475			
	NHS Hastings and Rother CCG	105			
	NHS Havering CCG	455			
	NHS Herts Valleys CCG	1,143			205
	NHS Hillingdon CCG	510			
	NHS Horsham CCG	147			
	NHS Hounslow CCG	321			
	NHS Ipswich and East Suffolk CCG	146			
	NHS Islington CCG	547			
	NHS Kingston CCG	164			
	NHS Lambeth CCG	114			
	NHS Lewisham CCG	262			
NHS Luton CCG	469				
NHS Medway CCG	280				
NHS Mid Essex CCG	532				
NHS Milton Keynes CCG	203				
NHS Nene CCG	198				
NHS Newham CCG	570			104	
NHS North East Essex CCG	509				
NHS North East Hampshire and Farnham CCG	178				
NHS North Hampshire CCG	110				
NHS North West Surrey CCG	220				
NHS Oxfordshire CCG	145				
NHS Redbridge CCG	540			122	
NHS Richmond CCG	281				
NHS Slough CCG				168	

	NHS Southend CCG	336		114
	NHS Surrey Downs	270		
	NHS Thurrock CCG	275		
	NHS Tower Hamlets CCG	325		
	NHS Waltham Forest CCG	489		
	NHS Wandsworth CCG	377		
	NHS West Essex CCG	492	103	
	NHS West Hampshire CCG	109		
	NHS West Kent CCG	292		
	NHS West London (K&C & Qpp)	235		
	NHS Windsor, Ascot and Maidenhead CCG	106		
NHS Foundation Trusts	Alder Hey Children's NHS Foundation Trust	107		
	Guys and St Thomas' NHS Foundation Trust		1,802	579
	Luton and Dunstable NHS Foundation Trust	110		103
	Moorfields Eye Hospital NHS Foundation Trust	165		
	Royal Brompton and Harefield NHS Foundation Trust	119	147	
	Royal Free London NHS Foundation Trust	285		146
	Royal Marsden NHS Foundation Trust	145		
	Sheffield Children's NHS Foundation Trust		127	105
	St George's University Hospital NHS Foundation Trust		111	
	University College London NHS Foundation Trust	1,606	1,233	6,421
				1,120
NHS Trusts	Barts Health NHS Trust	2,393	674	239
	Imperial College Healthcare NHS Trust	190	114	106
	Ipswich Hospital NHS Trust		107	
	Mid Essex Hospital Services NHS Trust	638	1,029	885
	Portsmouth Hospitals NHS Trust		101	1,020
	Whittington Hospital NHS Trust	122	1,007	
	London Regional Office (including all London area teams: Q61, Q62, Q63, Q71)	267,744		11,030
	NHS England – Core	195		
Other NHS bodies	NHS Litigation Authority		3,357	
	Health Education England	8,113		
	Department of Health : Core trading and NHS Supply Chain (excluding PDC dividend)	15,721		6,179
Other government bodies	Camden London Borough Council		2,752	408
	Care Quality Commission		103	
	Department of Health – PDC dividend only			139
	HM Revenue & Customs – VAT			618
	HM Revenue & Customs – Other taxes and duties			2,187
	National Insurance Fund (Employer contributions – Revenue Expenditure)		14,741	2,086
	National Loans Fund			58,000
	NHS Blood and Transplant (excluding Bio Products Laboratory)	135	1,982	295
	NHS Pension Scheme (Own staff employer contributions only plus other invoiced charges)		19,293	2,856
	Northern Health & Social Care Trust – Northern Ireland			395
	Northern Ireland Office			1,058
	Welsh Assembly Government (incl all other Welsh Health Bodies)	1,739		114
	Scottish Government	271		108
Other related parties	Great Ormond Street Hospital Children's Charity	25,557	2,143	4,649
				445

24. Events after the reporting period

There are no events after the reporting period which require disclosure.

25. Losses and special payments

	Number	£000
Stores losses	5	240
Total losses	<u>5</u>	<u>240</u>
Ex-gratia payments	11	1
Total special payments	<u>11</u>	<u>1</u>
Total losses and special payments	<u>16</u>	<u>241</u>

The amounts above are reported on an accruals basis but exclude provisions for future losses.

26.1 Salary entitlements of senior managers (2014/15)

Name	Title	2014/15					Total
		Salary and fees	Taxable benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	
		£000	£000	£000	£000	£000	
Non-Executive Directors							
Baroness Tessa Blackstone	Chairman of Trust Board	50–55	0	0	0	0	50–55
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 Akhter Mateen	Non-Executive Director (from 28 March 2015)	0–5	0	0	0	0	0–5
Mr John Ripley	Non-Executive Director (until 27 March 2015)	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
Executive Directors							
Mr Michael Bone	Interim Director of Information and Communication Technology	165–170	0	0	0	0	165–170
Mr Robert Burns	Director of Planning and Information	100–105	0	0	0	25–30	130–135
Dr Cathy Cale	Interim Co-Medical Director	40–45	0	0	0	25–30	70–75
Mr Trevor Clarke	Director of the International and Private Patients Division	80–85	0	0	0	10–15	95–100
Mr Martin Elliott	Co-Medical Director	80–85	0	0	0	0	80–85
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	90–95	0	0	0	15–20	105–110
Mr Niamat (Ali) Mohammed	Director of Human Resources	120–125	0	0	0	15–20	140–145
Mrs Elizabeth Morgan	Chief Nurse and Director of Education	105–110	0	0	0	15–20	120–125
Mr Julian Nettel	Interim Chief Executive (until 31 December 2014)	90–95	0	0	0	0	90–95
Mrs Claire Newton	Chief Finance Officer	125–130	0	0	0	15–20	145–150
Dr Peter Steer	Chief Executive (from 1 January 2015)	50–55	0	0	0	5–10	60–65
Mr Matthew Tulley	Director of Redevelopment	125–130	0	0	0	15–20	140–145
Ms Rachel Williams	Chief Operating Officer	120–125	0	0	0	40–45	165–170

26.1 Salary entitlements of senior managers (2013/14)

		2013/14					
Name	Title	Salary and Fees	Taxable Benefits	Annual Performance-related Bonuses	Long-term Performance-related Bonuses	Pension-related Benefits	Total
		£000	£000	£000	£000	£000	£000
Non-Executive Directors							
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 Akhter Mateen	Non-Executive Director (from 28 March 2015)	n/a	n/a	n/a	n/a	n/a	n/a
Mr John Ripley	Non-Executive Director (until 27 March 2015)	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
Executive Directors							
Mr Michael Bone	Interim Director of Information and Communication Technology	80–85	0	0	0	0	80–85
Mr Robert Burns	Director of Planning and Information	100–105	0	0	0	55–60	160–165
Dr Cathy Cale	Interim Co-Medical Director	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
Mr Martin Elliott	Co-Medical Director	90–95	0	0	0	0	90–95
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	10–15	0	0	0	0–5	15–20
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 (until 31 December 2014)	25–30	0	0	0	0	25–30
Mrs Claire Newton	Chief Finance Officer	125–130	0	0	0	20–25	145–150
Dr Peter Steer	Chief Executive (from 1 January 2015)	n/a	n/a	n/a	n/a	n/a	n/a
Mr Matthew Tulley	Director of Redevelopment	125–130	0	0	0	20–25	145–150
Ms Rachel Williams	Chief Operating Officer	85–90	0	0	0	55–60	145–150

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 2015 (bands of £2,500)	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash equivalent transfer value at 31 March 2015	Cash equivalent transfer value at 31 March 2014	Real increase/ (decrease) in cash equivalent transfer value at 31 March 2015
		£000	£000	£000	£000	£000	£000	£000
Mr Robert Burns	Director of Planning and Information	0–2.5	0	32.5–35	60–65	384	352	32
Dr Cathy Cale	Interim Co-Medical Director	0–2.5	5–7.5	32.5–35	95–100	577	528	49
Mr Trevor Clarke	Director of the International and Private Patients Division	0–2.5	2.5–5	37.5–40	115–120	812	766	46
Mr Paul Labiche	Director of Estates and Facilities	0–2.5	0	7.5–10	20–25	187	163	24
Mr Niamat (Ali) Mohammed	Director of Human Resources	0–2.5	2.5–5	37.5–40	110–115	690	644	46
Mrs Elizabeth Morgan	Chief Nurse and Director of Education	0–2.5	2.5–5	52.5–55	155–160	n/a	n/a	n/a
Mrs Claire Newton	Chief Finance Officer	0–2.5	2.5–5	10–12.5	35–40	262	221	41
Dr Peter Steer	Chief Executive (from 1 January 2015)	0–2.5	n/a	0–2.5	n/a	12	0	12
Mr Matthew Tulley	Director of Redevelopment	0–2.5	2.5–5	25–27.5	75–80	397	363	34
Ms Rachel Williams	Chief Operating Officer	2.5–5	7.5–10	12.5–15	40–45	198	157	41

26.3 Expenses

Expenses totalling £18,500 were claimed by six directors of 22 (2013/14: £600 claimed by four directors of 24).

Expenses totalling £1,300 were claimed by six of 22 councillors of the Members' Council (2013/14: £1,300 claimed by four councillors of 24).

26.4 Off-payroll engagements

As at 31 March 2015, the Trust had six off-payroll engagements for more than £220 per day lasting for longer than six months.

Of these, one has existed for between three and four years at the time of reporting and five have existed for more than four years.

26.5 Median pay

	2014/15	2013/14
Band of the highest paid director's total remuneration (£000)	165–170	210–215
Median total remuneration	36,800	37,004
Ratio	4.6	5.7

Glossary

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. (HQUIP 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 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.

EDMS

Electronic Document Management System

ENT

Ears, nose and throat.

EQuIP

Enabling doctors in quality improvement and patient safety.

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.

FMCG

Fast moving consumer goods.

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.

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 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 canvas 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

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www.gosh.nhs.uk

Design Manager
Great Ormond Street Hospital
Fourth floor
40 Bernard Street
London WC1N 1LE
E design.work@gosh.org