NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Annual Report and Accounts 2017 to 2018

Great Ormond Street Hospital
for Children NHS Foundation Trust

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Contents

Cover: Jayden TBC

Alice, caption TBC.

Great Ormond Street Hospital (GOSH) at a glance

Marha, caption TBC.

Chairman foreword

Great Ormond Street Hospital remains the UK's only specialist paediatric hospital for the research into, and treatment of, rare and complex diseases.

The children and young people it sees come from all across the UK, and across the world often because they have exhausted treatment options elsewhere and taking part in pioneering research or novel treatments represent their only hope. It is therefore an enormous privilege and responsibility to take up the position of Chairman and ensure that the hospital does everything it can to help all of its patients fulfil their potential.

For our families a visit to hospital can be stressful so it is crucial we provide welcoming and spacious environments with up-to-date facilities. This year we were delighted to open the Mittal Children's Medical Centre, home to the new Premier Inn Clinical Building. This 240-bed facility was opened by HRH The Duchess of Cambridge and has enabled us to move children out of old facilities – many from the 1930s – and into brand new, modern wards with en suite bedrooms and room for parents to stay comfortably with their child overnight.

In parallel, we have continued work to construct the Zayed Centre for Research into Rare Disease in Children. The Centre, the only one of its kind, will see clinicians and researchers come together to discover novel treatments and cures for children with life limiting and life-threatening conditions. Clinical research has been a pillar of the hospital's work since its inception. This new centre will not only bring together a critical mass of researchers to aid collaboration but also provide the facilities to power new gene therapies and personalised medicine.

This year we were subject to a scheduled inspection by the Care Quality Commission. The organisation was rated as good overall. The inspectors found many areas of outstanding practice and recognised the excellent work undertaken to address our waiting time data and management issues. However, they did find a small number of areas needing improvement including around how we manage and govern our services. We recognise this is an area where we have work to do and I am pleased to say that much of the improvement work is already in train. This includes work to address nurse morale and ensuring nurses feel their voice is being heard throughout the organisation.

Ensuring an organisation has the right safety culture is of paramount importance. This year we were delighted to be accepted as the first UK hospital to partner with the Cognitive Institute in their Safety and Reliability Improvement Programme. Signing up to this partnership recognises our commitment to achieving zero preventable harm and delivering the best possible outcomes through providing the safest, most effective and efficient care. We started this work with a series of orientation workshops and the process to recruit 18 Safety Champions. These are members of staff who are passionate about patient safety and over the next year will model, teach and coach every member of the organisation to speak up for safety.

An important part of our governance structure is our Council of Governors (formerly known as the Members' Council). This group of 27 elected representatives acts as a link to the hospital's patients, their families, staff and the wider community, ensuring that their views are heard and reflected in the strategy for the hospital. We held elections for 22 of these voluntary roles in January and are now working with some new Governors. I would like to thank all our previous Councillors and our current Governors for giving considerable amounts of their time and energy to help improve our work.

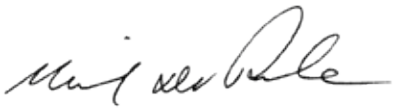
So much of what GOSH is able to deliver would not be possible without our amazing charity and the donors who have supported the hospital. It is thanks to them that our new buildings and facilities have been built. Their support also helps to ensure our patients and their families are looked after in the broadest sense by funding a range of services including parent accommodation, the play service, the Citizens Advice Bureau and our Chaplaincy service. I would like to thank each and every supporter for their contribution.

We would also not be the institution we are today without our academic partner UCL and in particular the Great Ormond Street Institute for Child Health. We will be working together even more closely in the Zayed Centre for Research into Rare Disease in Children which is due to be fully operational in early 2019.

Until I joined the Trust in November, Baroness Tessa Blackstone served as Chairman until 30 April 2017 and Mary Macleod served as the interim Chairman from 1 May 2017. Mary has provided exceptional service to the Trust in a variety of roles since becoming a non-executive director on the board in 2012 including as the Senior Independent Director, Deputy Chairman and Chairman of the Quality and Safety Assurance Committee. I would like to pay particular tribute to the tremendous leadership she provided to the Trust as interim Chairman at a particularly challenging time. I would also like to thank Baroness Blackstone for her hard work and exceptional commitment to the Trust and David Lomas for his dedication and support as a non-executive director on the Board and as Chair of the Finance and Investment Committee from 2012 until the end of his tenure in March.

In January, Lady Amanda Ellingworth joined the Board as a non-executive director. Chris Kennedy also joined as a non-executive director from 1 April 2018. I am very much looking forward to working with them both over the coming year.

Finally, I must thank all our dedicated staff who carry out their work with tremendous skill and compassion. As we enter the NHS's 70th year, they are what makes our hospital and the care it provides world-class.



Sir Michael Rake
Chairman

Rafael, caption TBC.

Chief Executive foreword

The Hospital's 166th year has presented opportunities and challenges in equal measure and throughout, I have remained humbled by the courage of our patients and their families and the dedication and skill of our staff.

Within the body of this report, we have shone a spotlight on the journeys of some of our extraordinary patients. One young person who kindly shared her experience with us is Nikki Lilly. Nikki is a regular visitor to GOSH having had more than 300 appointments and dozens of procedures to treat Arteriovenous malformation (AVM). She is now on a research trial in an attempt to arrest the growth of her AVM.

Nikki is an impressive young person who tackles issues of self-image and bullying on television and social media. Her positivity and bravery serves as a reminder of why we must always seek new and better ways to treat our patients and ensure that the treatment we provide is delivered in the safest and most effective way possible.

One way in which we are seeking to do this is through the use of new technologies. This year we continued our journey to introduce an electronic patient record (EPR) and an integrated research and innovation platform. The EPR vision is that every member of a team caring for a child can access the information from a single source. Patients and parents will also be able to view and contribute to records between visits to the hospital. It will transform the way we communicate with our patients and families, further improve care by providing sophisticated decision support and care pathways, and, dramatically enhance our ability to conduct research. The momentum and clinical engagement we have built up over this past year stands us in good stead as we move into the new financial year and 12 months from 'go-live'.

We are also building a Digital Research, Informatics and Virtual Environment Unit (DRIVE). This will see data scientists, clinicians, PhD students and industry partners come together to explore how new technologies such as how Artificial Intelligence can improve paediatric care. Industry giants such as Microsoft, Samsung and ARM are already partnering with us in this very exciting area.

Both digital initiatives are being supported by our fantastic charity. I would like to thank the charity and the thousands of donors it represents for all its vital support across a wide range of projects.

We have a responsibility to deliver both safe and timely care. In recent years we have undertaken an extensive amount of work and spent a great deal of time and energy ensuring that the way we record and manage waiting time data is accurate and allows us to manage our waiting lists effectively. I am very pleased to report that for the first time since we returned to reporting our data we achieved the national standard of treating 92 per cent of our patients within 18 weeks. Our progress has been noted by the Secretary of State who informed us that in January this year we were the most improved Trust in the country. This is a significant achievement given the pressures across the NHS and the fact that patients come to us towards the end of the 18 week time limit. It is a testament to the enormous amount of work undertaken by the clinical and operational teams across the Trust.

Our mission to put the child first and always remains at the heart of everything we do. Over the last year this has come under a great deal of scrutiny as what we believed to be right for one of the children under our care became part of an international debate. This was an extremely distressing time for everyone involved particularly the patient, the patient's family and the nursing and medical staff on our intensive care units. We have spent time reflecting on the complexity and difficulty of these situations for all those involved and the impact. We are now beginning to work with other paediatric hospitals and parts of the healthcare system to share learnings and to ensure appropriate consideration and resources are provided to support all those involved in such challenging cases.

As a specialist paediatric hospital with a national and international footprint we do not always neatly fit into NHS structures such as the sustainability and transformation partnerships (STP). It is therefore incumbent on us to carve out a place in the world where we can support the NHS and other health and social care systems to improve child health. We are connected to the North Central London STP and engaged on the relevant paediatric child health agendas. We are also working with national and international bodies such as the Children's Alliance and the European Children's Hospital Organisation to improve care. Over the next year we will also progress development of a learning academy where we plan to take on a very active role in helping grow paediatric knowledge and skills not just within our local geography but across the healthcare system.

To thrive we need to be efficient with our use of resources. In 2017/18 we delivered more than £10 million of efficiency schemes and reported a small operating surplus before capital donations and impairments.

This year saw a number of changes in the executive team. Our Chief Nurse Juliette Greenwood retired and Alison Robertson joined us substantively in April. Matthew Shaw joined us at the end of the financial year as substantive medical director and Helen Jameson joined as substantive chief finance officer following Loretta Seamer moving overseas. I would like to thank all members of the team for their contribution including Janet Williss, Polly Hodgson, David Hicks and Andrew Long who all provided interim support during the recruitment to the above positions.

Dr Peter Steer
Chief Executive

Our purpose and activities

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an acute specialist paediatric hospital. Our mission is to provide world-class care to children and young people with rare, complex and difficult-to-treat conditions.

At GOSH we provide over 50 different specialist and sub-specialist paediatric health services; the widest range on any one site in the UK. More than half of our patients are referred to us from outside London and a small proportion come from overseas.

We have a long tradition of clinical research, learning from our special position of treating some of the largest cohorts in the world of children with rare diseases. We host the UK's only paediatric National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) in collaboration with University College London Great Ormond Street Institute of Child Health (ICH).

Together with London South Bank University, we train the largest number of paediatric nurses in the UK and play a leading role in training paediatric doctors and allied health professionals (AHPs).

Our history

In 1852, Dr Charles West founded the Hospital for Sick Children in his terraced house on Great Ormond Street. It was the country's first specialist medical institution for children, with just ten beds and two clinical staff. With the generosity and foresight of early patrons such as Charles Dickens and J M Barrie, the hospital grew. Over the decades it has been at the leading edge of treatment and care of children, including pioneering paediatric cardiac surgery and treatment for childhood cancers.

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012. Much has changed since 1852, but GOSH remains at the forefront of paediatric medicine and research. Every day we do everything in our power to give seriously ill children the best chance to fulfil their potential.

Our structure

To help GOSH provide a more integrated and efficient service for the children we treat, as well as improve the responsiveness of our decision-making, we are structured into three clinical divisions:

- Charles West – NHS division
- JM Barrie – NHS division
- International Private Patients – Private division

In addition there are eight corporate areas – Clinical Operations, Corporate Affairs, Development and Property Services, Medical, Nursing, Human Resources, Organisational Development, Research and Finance.

Our strategy

Great Ormond Street Hospital for Children NHS Foundation Trust's (GOSH) vision, which sets our direction, is 'helping children with complex health needs fulfil their potential'. Our mission is to put 'the child first and always', which is supported by our '*Always Values*' – to be always welcoming, always helpful, always expert and always one team.

In spring 2017 we worked with our staff and Members' Council to refresh our strategy. We assessed the issues and opportunities that face us and thought carefully about our vision and our future. In particular, we identified four critical priorities:

- We will provide the safest, most effective care, with the best possible outcomes.
- We will attract and retain the right people and together create a culture that enables us to learn and thrive.
- We will improve children's lives through research and innovation.
- We will harness digital technology to transform the care we provide and the way we provide it.

These priorities are presented in a 'strategy house' opposite, along with our mission, vision, enablers and our 'Always Values'. Together, they form a framework that teams across the Trust, and our leadership team, will use to plan and make decisions.

Our 'Always Values'

At a listening event in 2013, our patients, families and staff asked us to develop a shared commitment and values to help make people's experience at GOSH more consistently great. This event helped us identify four overarching values that reflect and reinforce our mission and commitment to put children at the heart of everything we do. We call them our 'Always Values', as we will:

- Always be Welcoming
- Always be Helpful
- Always be Expert
- Always be One Team

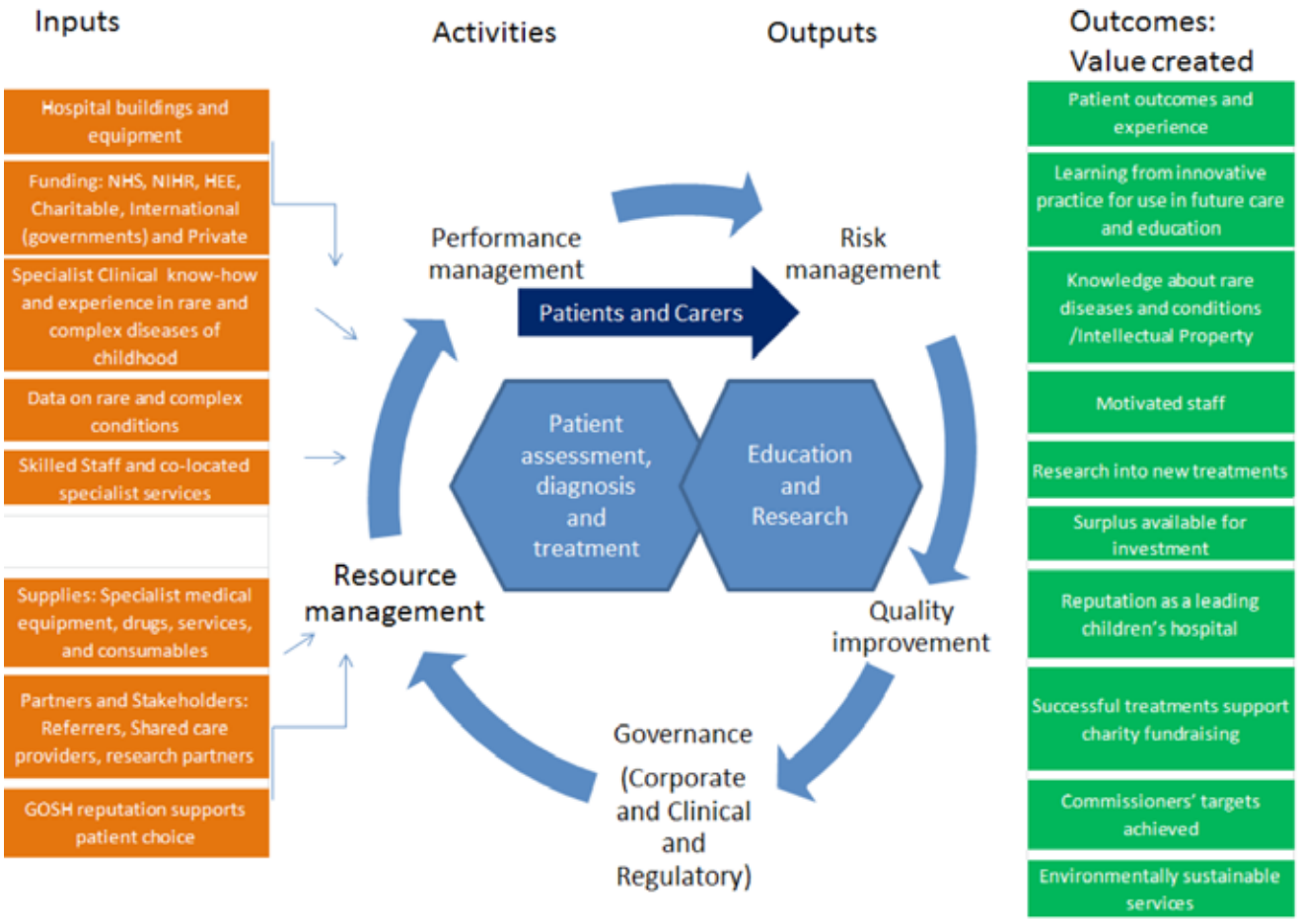

The child first and always
Helping children with complex health needs fulfil their potential
CARE
We will achieve the best possible outcomes through providing the safest, most effective and efficient care.
PEOPLE
We will attract and retain the right people through creating a culture that enables us to learn and thrive.
RESEARCH
We will improve children's lives through research and innovation.
TECHNOLOGY
We will transform care and the way we provide it through harnessing technology.
VOICE
We will use our voice as a trusted partner to influence and improve care.
SPACES
We will create inspiring spaces with state-of-the-art equipment to enhance care delivery and learning.
INFORMATION
We will provide timely, reliable and transparent information to underpin care and research.
FUNDING
We will secure and diversify funding so we can treat all the children that need our care.
Always welcoming
Always helpful
Always expert
Always one team

Our business model

Our business model demonstrates how we create value for our stakeholders through our activities. The model shows the critical inputs and the immediate outputs for its NHS services, education and research, and international and private patient activity, and how these create value.

The model provides a key focus for strategy development and identification of strategic risks. The key outcomes we aim to deliver from our business model are as follows:

- Clinical outcomes – world-class clinical outcomes for our specialised services
- Patient and family satisfaction – high levels of patient satisfaction with our services
- Research translated into clinical practice – new and innovative specialist treatments for children with complex or rare diseases
- Education – the largest programme of specialist paediatric training and education in Europe
- Financial – financially sustainable activities with the contribution from our private patient business supporting investment in developing our services.
- Reputation – a hospital for the NHS to be proud of with a worldwide reputation for excellence in providing specialist healthcare for children



Ruby-May, caption TBC.

Performance report

Overview

In 2017/18, 216,534 outpatients and 42,250 inpatients from all over the country attended GOSH, around half from outside London. We provide over 50 different specialist and sub-specialist paediatric services – the widest range on any one site in the UK. Ninety percent of our funding is from NHS England specialised commissioning.

These factors do set us apart from other providers, but they do not hide us from the very challenging environment across the NHS. GOSH continues to experience pressures such as increasing operating costs; rising demand across core services like cardiac, neuroscience, and cancer; staff shortages; and a requirement to find a place in the new structures and reforms and wider-NHS strategies. Our operating surplus (before capital donations and impairments) was £4.4m in 2017/18 which was an improvement from 2016/17. For further information on the financial results, refer to page 99.

However, the environment also presents exciting opportunities. We are committed to becoming a hospital where research is integral and drives treatment and outcomes. We have seen some exceptional research outcomes this year, many of which have immediately improved children's lives. Our portfolio of research grants has grown once again in 2017/18, with over 1,200 studies active during the year – see page 23 for further information.

During treatment, patients and their families might be going through the toughest times of their lives, so we place great importance on creating nurturing environments. It is critical that we provide specialised and highly-specialised care in high-quality estates and facilities. The opening of the new Premier Inn Clinical Building, for example, brings multiple services into one brand new facility from across the current estate. We will use technology to move towards a digital future, to access information and share information.

Key issues and risks

Our Board Assurance Framework (BAF) details the principal risks to the achievement of our operational and strategic plans. It is informed by internal intelligence from incidents, performance, complaints and internal and clinical audit, as well as the changing external environment in which we operate.

The top four risks to our operational or strategic plans in 2017/18 were identified as:

- **Recruitment and retention of sufficient highly skilled staff with specific experience:** Recruitment and retention of staff – in particular nurses and junior doctors – is an increasing challenge and one that Brexit looks set to heighten. Whilst we have taken several steps to address this in 2017/18, we will continue to implement our plans in 2018/19 and beyond.
- **Failure to continue to be financially sustainable:** In the context of decreasing real-term funding for specialised and highly specialised services, as well as the high costs associated with providing specialised and highly specialised services, funding and financial stability remain critical. Income from research grants helps us to continue to grow our research portfolio and fund infrastructure for our Somers Clinical Research Facility, while GOSH Charity helps to fund buildings and equipment.
- **Reliance on IPP to support financial viability:** Private patient work is also key to providing financial support for our NHS paediatric services. The majority of private patient service demand is from the Middle East, which carries a degree of geopolitical risk. We continue to implement our strategic objectives to mitigate exposure to this risk through market and product development opportunities.
- **Implementation of the new Trust-wide Electronic Patient Record (EPR):** See page 36 for further information.

More detail about these risks and our mitigating actions can be found in the annual governance statement on page 84.

Going concern

Although we are operating in a particularly constrained financial environment, the directors have a reasonable expectation that we have adequate resources to continue to operate for the foreseeable future. For this reason, and following reasonable enquiries, the directors continue to adopt the going concern basis for the preparation of the accounts within this report.

A summary of our financial position and plans can be found on page 37. Full details of our income and expenditure in 2017/18 can be found in the accounts from page 99.

Important events since year-end

- **CQC Report:** Our scheduled CQC report was published on 6 April 2018. Further information can be found on page 71 and 172.
- **PLACE:** The PLACE assessment took place on 25 April 2018. The final scores will be published in 2018/19.
- **Appointment of the Chief Nurse:** On 9 April 2018, Alison Robertson was appointed to the position of substantive Chief Nurse at GOSH.
- **Appointment of the Chief Finance Officer:** On 23 April 2018, Helen Jameson was appointed to the position of substantive Chief Finance Officer (CFO) at GOSH.

Performance analysis

Key achievements in 2017/18 and plans for 2018/19

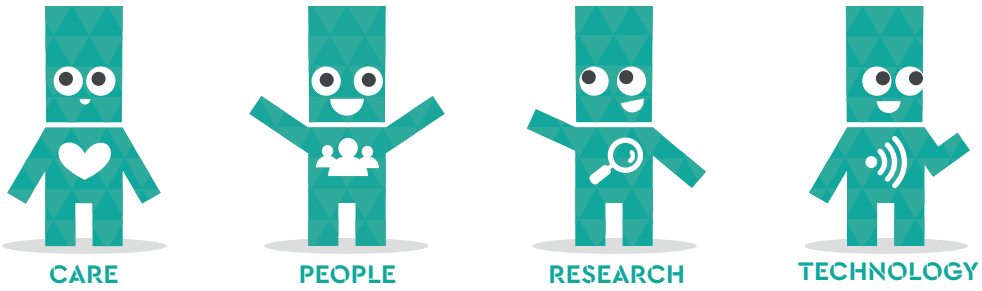
Teams across the Trust have made significant progress and achievements in the first year of the operational plan 2017-2019, in line with these key areas of focus. These achievements include:

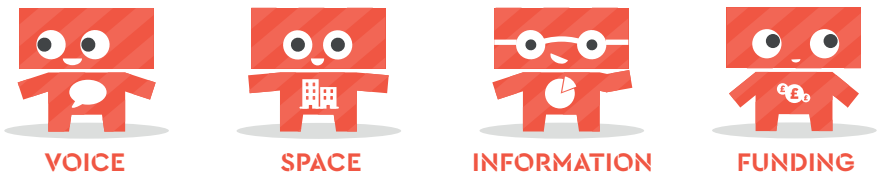
- Opening of the new Premier Inn Clinical building
- Achieving the national referral to treatment (RTT) target
- Delivered £10.7 million of 'Better Value' schemes (target £15m)
- Establishing the work programme to design and build the new EPIC Electronic Patient Record (EPR) system
- Ongoing progress in developing the business case for construction of 'Phase 4' in line with our master plan.

In 2018/19, these key areas will continue to be developed – with a plan to:

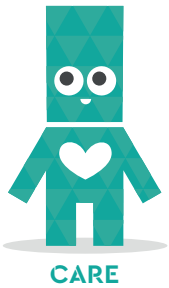
- Continue to deliver the national RTT target
- Deliver a £15m Better Value Programme
- Complete work on EPR for 'go live' in April 2019
- Continue progress on Phase 4 development
- We will also continue work with the Cognitive Institute to deliver a Safety & Reliability Improvement Programme that will improve the culture of safety and accountability within the Trust.
- Continue to develop and embed governance frameworks.

We align our strategic objectives with eight areas of focus that reflect challenges and opportunities – care, people, research, technology, voice, space, funding, and information. On the following pages, you will find more information about these eight priorities, specifically: what they are, what we have achieved and what the challenges have been.





Our Care priority: We will achieve the best possible outcomes through providing the safest, most effective and efficient care.



We ensure that our expert services are accessible, so we can provide the best possible treatment and care for the children that need us. We want patients and families to have the best experience they can from the moment they come into contact with GOSH and throughout their patient journey.

Some of our 2017/18 achievements against this priority were:

Objective	Achievements
Be recognised for our expertise and clinical innovation in developing, delivering and leading specialised paediatric services.	Established three new flow programmes covering outpatients, theatres, and patient placement to increase treatment times and improve the 'flow' of patients through the system. Introduced several templates and tools that improved business planning and activity monitoring.
Be recognised for our quality of care, positive health outcomes and experience for children and families.	Introduced education and training for improving tracheostomy care.
Provide timely access to care for all GOSH patients.	Supported development of referral to treatment (RTT) specialty-level trajectories.
Deliver efficient care in order to generate a sustainable surplus and allow us to invest in our transformation.	Our Better Value Programme helped us deliver its £10.7m 'better value' target for the year.

Improvement of neonatal care

We successfully completed the neonatal care project, improving the care of neonatal jaundice and reducing repeated newborn screening.

A parent's experience of neonatal care

"Joshua was born in October 2015 at 31 weeks with a congenital mesoblastic nephroma – a renal tumour," says mum Ruth. "Four days later, he had a nephrectomy, a procedure to remove his kidney and the attached tumour which measured 11 x 8 x 5cm. Joshua became very sick and almost didn't make it. Incredibly, he pulled though and went on to make a remarkable recovery.

It was stressful and overwhelming at times, but the attentiveness of the staff in the Neonatal Intensive Care Unit (NICU) and the support we received really helped us.

Joshua (pictured right) spent eight weeks in NICU and eventually came home on Christmas Eve. He relapsed a few months later, but fortunately he was very responsive to treatment and is now in remission.

He is quite small for his age and has a bit of catching up to do but is making progress and we couldn't be more proud. Our overriding memory of our time at NICU was the outstanding care that Joshua received and the tremendous support we as parents were given – especially during the tough days."

Care of sepsis

Sepsis is a life-threatening, overwhelming response to an infection. We rolled out the Sepsis 6 campaign in 2017, which aimed to support the early identification and treatment of sepsis. The Sepsis 6 is a set six of interventions that can be delivered by any healthcare professional and must be implemented within the first hour. Further information is on page 140.

A quick response – Ben's story

Twins Ben and Toby (pictured below) were born premature at 27 weeks, weighing 1,100 grams and 978 grams respectively. Three weeks later, Ben developed necrotising enterocolitis (NEC) and he was rushed to GOSH for emergency surgery.

While Ben was recovering from surgery on Squirrel Ward, he contracted sepsis. The potentially life-threatening infection was recognised early and, by the next morning, Ben had made a full recovery. His fathers, Joe and Mark, tell us about the care Ben received while at GOSH.

"One morning, Ben's temperature spiked to 38.1°C and he was immediately identified as at risk. Various hospital teams came to see him and it was clear that everything he needed was swiftly prescribed. I could see a commitment to respond within an hour and he was closely monitored as the infection progressed.

"It was very worrying to see that Ben was not himself and clearly getting worse. Obviously, it was hard, but I could see he was getting everything he needed and that the support was consistently present. By the morning, Ben was much more himself and seemed more comfortable.

"In hospital, the risk of infection is, in many ways, higher than at home because you have lots of different people coming in: all the staff, volunteers, friends. It's important for your child to see all those people, but they can all potentially bring infection in from the outside world."

Ben needed multiple operations to treat NEC and also an operation on his heart. Joe and Mark were able to stay in parent accommodation while Ben was in intensive care. They balanced caring for Ben on Squirrel Ward with caring for Toby at home, bringing Toby to see his brother at GOSH as often as possible.

Consulting and engaging with patients on the quality of their care

The Young People's Forum (YPF) is a group of current and ex-patients (aged 10 to 25) who guide and support the hospital on a range of topics and issues, ensuring that any changes or developments align with the users of the services. Further information about the work of the YPF can be found on page 69.

Our first ever Big Youth Forum Meet Up

On Saturday 14 October 2017, young people from Birmingham, Bristol, Derby, Leeds, Manchester, Nottingham, Oxford and other London hospitals joined members of our Young People's Forum (YPF) to organise the first ever Big Youth Forum Meet Up (pictured right).

With the help of the GOSH Patient Experience team, more than 80 young people came together to discuss the big issues surrounding their health and hospital care. The morning kicked off with a Q&A session with comedian and ex-GOSH patient Alex Brooker. Alex shared positive memories of his time at GOSH and told young people that they play an important part in their healthcare, and if they stay quiet they won't be able to have an impact.

The young people divided into groups of mixed ages and geographical locations for a 'share and steal' activity. They shared thoughts on the rights of children and young people in healthcare, practical issues and the emotions of children and young people in hospital.

To close the first ever Big Youth Forum Meet Up, everyone voted on the issue they wanted to be taken forward by the NHS Youth Forum. They decided that everyday mental wellbeing should be everyone's responsibility and that communication should be a two-way conversation amongst equals.

Nottingham University Hospitals Youth Service and Derby Teaching Hospitals Kite Team agreed to co-host the next Big Youth Forum Meet Up in 2018.

Improving access to services

Throughout the past three years, we have focused on improving the quality of our waiting list data, establishing robust processes to manage elective care waits and ensuring that assurance processes are in place to provide early warning of any future issues.

The main focus in 2017/18 was to reduce the waiting times for all our patients, providing prompt treatment and achieving the defined national requirements as an organisation.

We worked on improving the waiting times associated with referral to treatment, in line with the hospital's agreed recovery trajectory with NHS England. We achieved the 92% standard for the first time since returning to reporting in January 2018, with a performance position of 92.96%. This was a testament to the work completed by the clinical and operational teams.

In 2018-19 we will focus on maintaining delivery of the RTT standard and delivering compliance in the small number of speciality areas under the 92% standard.

We improved our performance in the delivery of the diagnostic six-week standard, achieving the standard in November 2017, the first time since returning to reporting. Unfortunately, we struggled to maintain this position due to the small allowance of breaches we are permitted to have against the 1% tolerance allowance. Typically we are only permitted to have five breaches or less on a monthly basis, we usually have less than ten on a monthly basis. We continue the work necessary to improve the position as much as possible however, sustainable delivery of the six-week standard is going to continue to be a challenge for the organisation.

We achieved and anticipate we will continue to achieve, all the cancer standards appropriate to our children in 2017/18 and 2018/19 respectively.

Delivering efficient care to invest in our transformation

Our Better Value Programme helped us to deliver the highest contribution from efficiency achieved in recent years. Better Value schemes valued at £10.7m were delivered over the year. This was achieved through:

- £1.4m was delivered by new cross-organisational initiatives to improve patient flow through outpatients, inpatient beds and operating theatres.
- £1.1m resulted from a central programme to reduce non-pay spending, with a further £2.0m generated through local schemes led by the divisions.
- £1.5m related to new initiatives to increase commercial, international and private revenues generated (non-NHS);
- £3.1m resulted from a review of staffing and skill-mix.
- £0.4m was achieved from information technology enabled efficiencies, in advance of the implementation of our new EPIC electronic patient record system.
- £1.2m was delivered from other efficiencies.

The Programme Office also oversees the quality impact assessment process, which reports to the Medical Director and Chief Nurse. This arrangement ensures that we consider the quality impact of all cost-saving initiatives and mitigate any emerging risks. The Finance and Investment Committee and the Quality and Safety Assurance Committee oversee the progress and impact of the Better Value Programme, on behalf of the Board.

Our People priority: We will attract and retain the right people through creating a culture that enables us to learn and thrive.

Every day our staff help children and young people with rare or complex conditions fulfil their potential. Attracting, retaining and developing the best people across our clinical and supporting workforce is vital. Additionally, education, teaching and learning are critical to our work.

Some of the ways we have attracted and retained the best staff are:

Objective	Achievements
Use our values and behaviours to build a positive and diverse culture where staff are inspired to give their best.	Delivered mindfulness training and piloted a resilience programme to improve staff mental health and wellbeing Continued to recruit new volunteers to the largest volunteer programme of any NHS Trust in greater London
Be renowned for our talented staff and for the ever-improving quality of work they do.	Ran a newly qualified nursing campaign and recruited 206 nurses while reducing vacancy rates from 13.36% in August 2017 to 0.7% in October 2017.
Have leaders at all levels of the Trust who are effective, visible, supportive and respected by their teams.	Partnered with the Cognitive Institute – a safety, reliability & improvement programme with leadership orientation workshops for all leaders
Provide our staff with the skills and capabilities needed to deliver exceptional care from world-class facilities.	Increased Planning, Development & Review (PDR) rate to 90% helping our staff to focus on their jobs and career and identify their future personal and professional development needs.

Impact of Brexit

One of our key challenges has been that our workforce relies on staff from the European Union (EU) and European Economic Area (EEA); therefore, Brexit presents a potential risk that lose staff and find it harder to recruit to posts. To ensure we can cope with these changes, we have: undertaken workforce and succession plans for EU and EEA-reliant staff groups, worked with Health Education England (HEE) on training provisions for high-risk roles, worked closely with services and areas (e.g. nursing) to develop strategies to reduce turnover, and, designed and run leadership development programmes.

Volunteering at GOSH

GOSH has the largest volunteer programme of any NHS Trust in greater London. In the last year, we increased our total number of active, regular volunteers to 1,093. We attract skilled, motivated and enthusiastic people to the GOSH volunteer programme and offer extensive, valuable training and support to individual volunteers. We also increased the variety of roles that people can choose as a volunteer, from 72 last year to 127. These roles range from those working directly with patients and families, to those supporting back office staff and departments.

We estimate that our volunteers donated approximately 220,000 hours of their time to supporting the hospital, providing services for patients and families. This volunteer effort equates to £2,244,000 of donated time, based on the London Living Wage.

Leadership

This year, an organisational-wide learning needs assessment, identified leadership and management development needs across the Trust, and offered leadership training and advice to identified staff. The staff report on page 62 gives detailed information on how we have improved leadership at all levels.

Cognitive Institute

We have partnered with the Cognitive Institute to implement the Safety and Reliability Improvement Programme. The programme provides a framework for the development of leadership competencies, a safety culture and emphasises the importance of professional accountability. Patient Safety Champions are being appointed from across staff groups in 2018 to take the work forward.

Education and training at GOSH

We continue to embed the GOSH Learning Management System (GOLD LMS) which has enabled us to provide more visible access to learning opportunities and has improved the recording of learning records. The staff report on page 62 shows how we have improved the skills and capabilities of all our staff.

In 2017/18 Nursing and Non-Medical Education (NNME) supported 641 staff members from across the clinical nursing and non-medical workforce to continue their education and development. Our main achievements include:

- Delivery of our two-year bespoke Professional Development Programme, incorporating preceptorship for newly qualified nurses within GOSH, facilitating a smooth transition from student to qualified nurse.
- The launch and delivery of the first GOSH child and young person (CYP) clinical apprenticeship for our band 2 healthcare support workers.
- Offered ten graduate and post-graduate modules across cardiac, renal and high dependency care specialties.
- Delivered professional development programmes to all nursing, allied health, radiography, pharmacy, psychology and social work staff.
- Over 3000 multi-professional candidates have taken part in clinical simulations designed to reflect organisational safety needs. The simulations led to positive changes and the identification of latent errors in clinical practice.
- The Healthcare Science Education Working Group was nominated and shortlisted for national leadership and advancing healthcare awards.

Post-Graduate Medical Education (PGME)

The PGME department delivered 51 courses with over 1,500 attendees – a 50% increase in course output over last year.

The inaugural GOSH Conference 'Advances in Paediatrics' brought all departments and professions together to share their work across the Trust. It will now be an annual fixture in our calendar. Dr Sanjiv Sharma, Deputy Medical Director for Medical Education received the UCLPartners Director of Medical Education of the Year Award 2017.

The department has undertaken many projects to improve the experiences and education of the junior doctor workforce at GOSH.

Mildred Creak – A safe space for recovery

The Mildred Creak Unit – named after Dr Mildred Creak, the first consultant psychiatrist and the first female consultant at GOSH – looks after young people with mental health problems. Young people are referred through their child and adolescent mental health service (CAMHS) and are admitted onto the ward from anywhere between a few weeks up to a year.

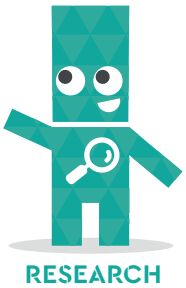
Sam Gardiner (pictured right), a Senior Staff Nurse, shares how the ward helps the people who stay there. "We work as a community. Unlike other wards where you'll have a patient allocated to each member of staff, we nurse all the young people together as a group," explains Sam. "My role, like all of the staff here, is to be involved in every aspect of the daily living for the young people on the ward."

There is still a stigma around mental health problems – especially in young people. Sam explains that it can be hard for families going through diagnosis and treatment on Mildred Creak. Parents sometimes feel responsible and blame themselves for mental health problems in younger people, and they might feel judged. It's important for Sam that the ward staff do not judge parents in this way and that they create a safe space for the young people they look after. "We have the ethos that the majority of families are doing 100% the best for their child," she adds. For Sam, the positives of working on the ward far outweigh the challenges she faces.

"The relationships we have with our young people are different compared to other wards because we see the same people all the time. We have visiting nights where all the families visit and we all eat together. We get the privilege of watching what a family experience might be like.

"Every young person we see – no matter how hard they're finding it – there's always hope that they can walk out of this place and put it all behind them."

Our Research priority: We will improve children's lives through research and innovation



GOSH is committed to becoming a hospital in which research is integral to the work of our staff and the experience of families. By immersing our practice in research, we will drive improvements in treatment and outcomes not just for our patients, but for children and young people everywhere.

Some of the ways we have successfully implemented research and innovation are:

Objective	Achievements
Accelerate the translation of all research into improved patient outcomes.	GOSH and ICH (University College London Great Ormond Street Institute for Child Health) published over 1,500 papers a year, in the five year period 2012-2016. GOSH and ICH research papers together have had the second highest citation impact compared to international paediatric comparator organisations.
Build a culture of innovation and continuous improvement where the talent and creativity of all staff is harnessed.	Began work to launch a control hub to improved data management and visualisation as well as our predicted analytics capabilities.

At GOSH our aim is for research to be an integral part of the working lives of our staff, and for the families who we treat and see.

Our ambition is to learn from every patient we see, using the knowledge gained to improve health for patients at GOSH and children worldwide. In 2017/18 we launched our generic consent pilot, an opportunity for families to donate surplus tissue and blood samples for our pioneering research.

With our academic partner the University College London Great Ormond Street Institute of Child Health (ICH) we published over 1500 papers a year, in the five-year period 2012-2016 GOSH & ICH research papers together had the second highest citation impact compared to international paediatric comparator organisations.

Participant recruitment

During 2017/18, we ran over 1,200 research projects at GOSH/ICH, with over 3,400 patients and family members taking part in research.

GOSH leads the North Thames Genomic Medicine Centre (GMC), one of 13 regional centres that are responsible for coordinating the recruitment of patients to the 100,000 Genomes Project. This pioneering project aims to improve our understanding and treatment of rare conditions and cancers. This year the project reached its halfway point, over 14,500 genomes have been collected by the North Thames GMC including 4,310 rare disease genomes. GOSH has collected 84 cancer genomes and recruited over 1500 GOSH families.

Funding

We saw an overall 18% growth in our research income to £24.2m in 2017/18, this fund supports research infrastructure and projects across the Trust. This year also marked the start of our third funding term of the National Institute for Health Research (NIHR) GOSH Biomedical Research Centre (BRC) and the commencement of our new NIHR Clinical Research Facility (CRF) funding.

Our BRC funding enables basic scientific discoveries made in laboratories to be translated into 'first in child' clinical studies. We aim to accelerate discoveries into the basis of rare childhood diseases and to develop new diagnostics, imaging techniques and treatments, including cellular and gene therapies. The BRC is ideally positioned to deliver this, as GOSH is the largest recipient of nationally commissioned NHS services in the UK.

Our NIHR CRF provides expert research care and support to patients and families who have volunteered to take part in research, as well as guiding researchers and research sponsors and funders in clinical research design and delivery. In the last year, the NIHR GOSH CRF has supported research trials across 26 specialties at GOSH. More than 295 families have taken part in NIHR GOSH CRF research trials this year, which has included more than 1300 patient visits.

This year also saw the launch of 'Innovation at GOSH' and our 'Innovation Accelerator' competition. Our staff are best placed to come up with new ideas to improve patient care or save resources, however taking an idea to the next stage can be difficult without specialist knowledge of intellectual property, regulatory legislation and how to get funding. Innovation at GOSH will help encourage and nurture new ideas with the ultimate aim of benefitting patients at GOSH and across the NHS and improving the working lives of our staff.

Cancer drugs could transform the lives of children with serious facial disfigurements

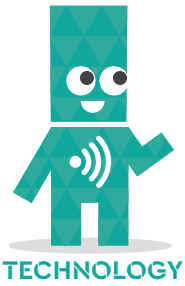
Research by GOSH and the UCL Great Ormond Street Institute of Child Health (ICH) has found the genetic cause of a blood vessel disorder called arteriovenous malformation (AVM) that can cause severe bleeding and strokes. The research team discovered that four faulty genes can trigger the condition. These genes are also involved in growth of cancers and there are already several licensed cancer drugs that target the genes meaning that doctors have the potential to treat AVMs with the same drugs.

This research is led by Dr Veronica Kinsler, consultant paediatric dermatologist at GOSH and ICH. Nikki Lilly (pictured below) was diagnosed with AVM when she was six years old, after being referred to Dr Veronica Kinsler at GOSH. Now 13, Nikki has had more than 330 appointments and undergone dozens of procedures at GOSH.

Nikki has high-flow craniofacial AVM on the right side of her face and, as part of Professor Kinsler's research, was found to have a fault in the RAS/MAPK genes. In the six months since Nikki began taking medication, there has been no growth in her AVM. However, it's too early to say whether the treatment has been effective.

Nikki says: "I was excited to take part in the study as I thought being able to take a drug to control or shrink my AVM would be a lot less painful than having regular operations. As I've only been on the drug for just over six months, it's not enough time to tell, but the first scans have been positive and show no further growth."

Our Technology priority: We will transform care and the way we provide it through harnessing technology.



We have begun our journey towards a more ambitious digital future, transforming the way in which our patients and families experience our services. Through enhanced technology across our hospital, we will ensure we have the facility to improve our productivity and patient outcomes. For example, DRIVE (Digital Research Innovation Virtual Environment) will increase our focus on digital research, innovation, and other technologies. Through these technological improvements, we remain committed to further ensure the integrity and safety of all of our data.

In 2017/18 we successfully harnessed technology in the following ways:

Objective	Achievements
Become a digitally mature organisation, radically transforming patient, family and staff experience of our services.	Increased GOSH's focus on digital research and innovation through DRIVE (Digital Research Innovation Virtual Environment). The unit is expected to be open in late June 2018.
Ensure rapid uptake of the latest clinical and non-clinical technologies to improve patient outcomes and our productivity.	Implemented a successful Cyber Security Strategy to tackle and manage cyber threats. The Aridhia platform has been designed solely for research and was selected following a comprehensive procurement process, which evaluated dozens of systems available.

Harnessing technology in healthcare with a clear strategy is important; it will allow us to improve service delivery for our patients, as well as our external partners and networks. We seize opportunities to use technology to deliver better services, through electronic patient records, digital outpatients services, and digital care networks. We also manage technology risks facing us, including: the pace and scale of social media, hacking and spyware. Our strategy is to minimise these risks by developing a responsible use of social media, and embedding it in our culture, and ensuring that our security systems are up to date.

Becoming a digitally mature organisation

Following the agreement of the digital strategy in 2017, we continued to work on improving our overall digital maturity. We have made tremendous progress in the areas of supporting infrastructure, governance and readiness in preparation for the move to the full Electronic Patient Record next year.

In the most recent National Digital Maturity Assessment (2017) GOSH had moved into the top section for readiness and infrastructure on the Digital Maturity Index. Following the Electronic Patient Record System (EPIC) go-live date, we expect to become one of the top-rated organisations nationally for digitisation in 2019. This digital sophistication will transform the experience for all our patients, staff and partners.

Increasing productivity through technology

We are investing and developing a Digital Research, Informatics and Environment Unit (GOSH DRIVE), to focus on numerous aspects of the Digital Strategy. Focusing on research and innovation is strategically essential for us to obtain full benefits from the investments being made around the EPR, Digital Research Platform, Network Infrastructure, VNA and overall Digital Strategy.

GOSH patients are 'digital natives'. The average age of our patients (<10 years old) and their parents (20–30 years old), is in stark contrast to general adult NHS hospitals (70 years old+), and therefore the patient and family population are digital natives and early adopters of technologies. By observing how our patients and families use devices and apps, we can learn more about the use of these technologies by future adults.

We have been able to invest in state-of-the-art IT infrastructure including a dedicated, scalable, cloud based digital research environment to host and manage the programme, the only such centre architecture in a UK hospital.

Life-changing brain surgery

Diagnosed with epilepsy at seven years old, Bailey (pictured below) was referred to GOSH for life-changing brain surgery. He underwent five days of monitoring at GOSH's telemetry unit on Koala Ward, so that the neurology and neurosurgery teams could understand which part of his brain was causing the seizures, as well as undergoing more MRI scans.

"That was a really hard week. You don't want to see your child having a seizure, but at the same time you want the doctors to be able to witness them so they can get all the information they need," says Sam. Following Bailey's telemetry monitoring, doctors suggested to Sam and Tony that Bailey undergo brain surgery in January 2015. Mr Martin Tisdall, Consultant Paediatric Neurosurgeon at GOSH, met with Sam and Tony and explained that an operation could help Bailey's seizures.

"Even with medication, Mr Tisdall explained that, without surgery, Bailey's seizures were likely to get worse, so we decided to go for it," says Sam. "On the day we were travelling to the hospital for the operation, Bailey ended up having one of his biggest seizures ever. We knew then that we had made the right decision."

Bailey's operation took nearly 10 hours, but went extremely well. Mr Tisdall was able to successfully disconnect and remove the affected parts of Bailey's brain. After just four days, Bailey was able to leave GOSH to recover at home. Since his surgery, Bailey has not had a single seizure. "Every now and then, Bailey asks me how many seizure-free days he's had, as I have a tracker on my phone," says Sam. "We still go to GOSH for regular check-ups, but Bailey is doing so well. He still has autism, attention deficit hyperactivity disorder and left hemianopia [loss of vision on his left field of vision], but he goes to a specialist school, which is working really well. Life really is a lot better for him now. He's such a happy boy."

Our Voice priority: We will use our voice as a trusted partner to influence and improve care.

We are finding our place in the contemporary system of healthcare in the UK, as a collaborator and provider of highly specialist paediatric support for partners across the country. We will continue to use our voice to advocate for issues that directly affect the children and families who need us the most.

Examples of how we have used our voice to influence care positively include:

Objective	Achievements
Use the voice of GOSH to promote issues that directly affect the children and families who need us the most.	Led GOSH's relationship with NHS Benchmarking Club (for example in pharmacy and corporate services), including engaging with the Advisory Board on the nursing workforce and theatres programme.
Ensure rapid uptake of the latest clinical and non-clinical technologies to improve patient outcomes and our productivity.	Continued to strengthen networks and partnerships. Examples include: (I) Establishing the EpiCARE group, recognised as a European Reference Network (ERN) on rare and complex epilepsies; (II) Working with NHS England's Sign up to Safety campaign to peer review in-hospital deaths of children and young people; (III) Continuing academic research partnerships with UCL Institute of Child Health, UCL Partners, and National Hospital; (IV) Leading the Children's Alliance to ensure we hold an influential position on the national paediatric strategy.

The NHS landscape is changing. We see the continued development of National Sustainability and Transformation Plans (STPs), Accountable Care Networks (ACNs), the Forward View, national programmes of care and clinical reference groups. On a local level, GPs and local acute hospitals are changing through primary service redesign, with hospital trusts based over several sites, and increased partnering with local GPs. As an acute specialist paediatric hospital, there is a risk, that GOSH will not fit well with future visions and plans for the health service and national priorities. To ensure this does not happen, GOSH has embraced the principles of 'integrating care locally' such as:

- Co-producing major national improvement strategies
- Working more closely with commissioners and local governments
- Continuing to engage with communities and patients
- Involving front-line clinicians in service changes
- Driving improvements in strategically important services (e.g. cardiac, neurology, and oncology)
- Maintaining involvement in national programmes of care and clinical reference and formulary groups.
- Continuing to provide services such as outreach clinics and act as a source of expert advice.
- Continuing to work closely with referrers in our networks of care to strengthen care arrangements.

ECHO

Caring for children with increasingly rare and complex conditions makes international collaboration an essential feature of life at GOSH. The opportunities presented by the European Research Networks combined with uncertainties presented by Brexit means that exploring and formalising relationships with our European peers has never been more important.

Children's hospitals across Europe experience similar challenges needs and contributions can get overlooked in a system primarily focused on adults. Naturally, we have much to learn from each other and by joining forces we can achieve more. GOSH Chief Executive Dr Peter Steer chairs a steering committee of nine CEOs from leading European children's hospitals who are building a membership organisation to co-ordinate this important work.

ECHO has created a network of task forces to develop and grow the organisation and progress its early priorities, such as creating a framework for members to share data and best practice to improve patient outcomes. The organisation creates a testimonial of friendship between professionals working in different countries, and a platform to help them network, share innovation and learn from each other. It promotes the adoption of evidence-based policies and a holistic approach to caring for children to improve the quality, safety, sustainability and patient experience offered by its members.

Over time, the collaboration will support member organisations in advocating more effectively on issues including research, innovation and training at a pan-European and international level.

Children's Alliance

GOSH is part of the Children's Alliance – a strategic group of children's hospitals across the UK that includes Alder Hey, Birmingham, Southampton, The Royal Manchester, Evelina London, Leeds, Sheffield Children's Hospitals, The Great North Children's Hospitals and Bristol Royal Hospital for Children.

We recognise that children's services can be incredibly complex, so it's vital that our UK paediatric services work closely to share knowledge, expertise and learning. Areas of work across the Alliance include our workforce, the safety of our patients, national service reviews, and integrated models of care. In the past, the Alliance has been successful in reviewing tariffs and payments for children's services through working with the Department of Health. The Alliance also works closely with NHS England, formally receiving and responding to proposed guidance and frameworks such as the National Guidance on Learning from Deaths.

GOSH has been working with an alliance member on peer benchmarking opportunities within the Children's Alliance. This includes exploring the feasibility of establishing a system for comparison of data submitted to national specialised services dashboards.

EpiCARE

Diagnosing different types of epilepsy and deciding on the best course of treatment could become a much faster process thanks to a newly formed European network, coordinated by Great Ormond Street Hospital.

The network, known as EpiCARE, will allow collaborative working across Europe and more access to innovative and highly-specialised diagnostics. This will mean faster and more accurate diagnoses for patients and hopefully better treatments. By doing this, the project aims to increase the number of seizure-free patients over the next five years.

The EpiCARE network will run over a five-year period from 2017 to 2021 and is one of 23 projects funded by the European Commission that allows professionals and centres of expertise in different countries to share knowledge and tackle rare diseases that require specialised care.

The European Research Network will, in the first instance, comprise of 28 recognised health care providers from across Europe. They will share information, experience, and knowledge via e-registries and in virtual multidisciplinary meetings. They will also work to increase accessibility of epilepsy surgery for carefully selected individuals.

Our Spaces priority: We will create inspiring spaces with state-of-the-art equipment to enhance care delivery and learning.

We are committed to creating world-class, leading facilities for patient care and research. Great importance is placed on creating environments providing high-quality facilities and cutting-edge equipment. For example, the Premier Inn Clinical Building (PICB) (successfully opened) in 2017 is achieving an 'excellent' BREEAM standard. BREEAM is an independent assessment of the sustainability performance of buildings, communities, and infrastructure

Below is a summary of how we have enhanced care and learning at GOSH in 2017/18:

Objective	Achievements
Be recognised as the most environmentally sustainable healthcare provider in the UK with all staff recognising their stewardship role	PICB was successfully opened and achieved an 'excellent' score on the BREEAM rating benchmarks – an independent assessment of the sustainability performance of buildings, communities, and infrastructure.
Maximise our hospital site's potential to meet the current and future healthcare needs.	Developed a detailed, prioritised and costed plan, in line with clinical and research strategies, including the introduction of new technologies, increases in core capacity and the replacement of life assets.
Provide our clinical teams with the equipment they need to deliver cutting-edge care to our patients.	Implemented a three-year capital plan, meeting the statutory and mandatory requirement.

There is a risk that inadequate planning or management of infrastructure redevelopment may result in poor value for money or failure to deliver expected business benefit. To reduce this risk, GOSH has established a Redevelopment Programme Board with oversight of all redevelopment work which reports to the Finance and Investment Committee to assure the Trust Board about the scale of development, cost and affordability of projects. GOSH retains clear project leadership role through the Chief Executive and the Project Director, including reporting mechanisms and accountability.

PLACE

PLACE is a national assessment allowing patient representatives to assess the quality of the care environment in five categories: cleanliness; food and hydration; privacy and dignity; condition, appearance and maintenance of building and disability compliance. It is an opportunity for the patient representatives to voice their views and be heard and become a part of our journey towards the best possible patient experience. The PLACE assessment took place on 25 April 2018. The final scores will be published and will feed into CQC.

We are proud of our care environment and recognise the impact it has on patient care and patient experience. Therefore the Development Team, clinical teams and Patient Experience Team have been working collaboratively to review, assess and improve our hospital environment. All suggestions for improvement raised during the PLACE audit last year have been reviewed and actioned. We have also been conducting mock PLACE audits and trained various clinical and non-clinical members of staff on how to assess the environment and take action so we can keep improving patient experience.

A royal visit

Her Royal Highness, The Duchess of Cambridge visited patients, families and hospital staff at GOSH in January 2018 to officially open the Mittal Children's Medical Centre, home to the new Premier Inn Clinical Building.

The events marks a significant milestone in the history of the hospital. The completion of the Mittal Children's Medical Centre has taken eight years and is transforming our ability to help more seriously ill children fulfil their potential. The Premier Inn Clinical Building was operational from November 2017, seeing our patients move out of old facilities and into brand new, modern wards with ensuite bedrooms where parents can stay comfortably with their child overnight.

Fourteen-year-old patient Oriel Gray and her mum Fiona also had a special visit from the Duchess (photo on left). Oriel is in hospital recovering from surgery to reconstruct her ear. Oriel said of the meeting: "She was really friendly and very beautiful. I told her that the hospital feels like a second home because my mum can stay with me and I have my own bathroom. As a teenager that's really important. The new ward is amazing and all the nurses and doctors make you feel welcome. After my surgery yesterday, it was great to take my mind off everything. She said I must be very brave."

Speaking at the opening event, the Duchess said: "I just wanted to say a huge thank you for having me here today. It's been my first trip to Great Ormond Street Hospital and I've been so impressed with everything I've seen and the scale of the work that's going on here."

Sustainability report

As an NHS organisation, we must work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, using natural resources efficiently, and building healthy, resilient communities. By demonstrating that we consider social and environmental impacts, we ensure that the legal requirements in the *Public Services (Social Value) Act 2012* are met.

As a part of the NHS, public health and social care system, we must contribute towards the target set in 2014: reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. We aim to exceed this target by reducing our direct (scope 1 & 2) carbon emissions from 2012/13 levels by 34% in 2019/20.

Overall strategy for sustainability

We consider sustainability in all areas of our processes and procedures, including travel, procurement and the impact of our suppliers.

One of the ways we have embedded sustainability is through the sustainable development management plan (SDMP).

The Board approved our SDMP in 2010, and we reviewed progress against the document in 2014, which included a consultation with staff. Our plans for a sustainable future are laid out and well-known within the organisation, and we are continuing to work to drive this vision.

The plan has three strands of activity:

- Strand 1 – focusing on efficiency, activities that use fewer resources, reduce waste and have a financial benefit.
- Strand 2 – focusing on sustainability, activities that improve patient health and experience.
- Strand 3 – using GOSH's exemplary reputation to take a public advocacy position on children's health and sustainability to benefit children nationally and globally.

NHS Improvement (NHSI) has started work via the NHS Sustainability Leads Network to support us in this period to achieve improved reporting against our SDMP. The impact of this work will be evident next year. We continue to train our staff on sustainability topics.

We also continued with our energy reduction programme, Operation TLC, in partnership with Global Action Plan (GAP). It engages staff to increase use of natural light, maintain comfortable heating levels and switch equipment off.

Operation TLC has focused mainly on wards and laboratories to reduce energy consumption and make the hospital a more comfortable environment for staff and patients. This year it was also rolled out to non-clinical areas, including offices such as the Paul O'Gorman building and the Nurses' Home.

GAP produced an Operation TLC report in 2017 summarising progress since the start of the programme in 2014. Highlights include a summary of impacts showing the campaign changed the following target behaviours:

Lighting

- On TLC wards, lights in unused areas were turned off 11% more often.
- Staff and patients reported increased satisfaction with lighting
- On average we consumed 5% less energy during the lighting campaign.

Temperature

- We reduced the use of fans by 16%.
- Fewer windows were left open (from 3.25% to 2%).

Switch off

- The equipment switch-off rate in laboratories improved by 25%.

Green Champions

The Green Champions network relaunched with a focus on taking simple actions on sustainability that help to improve the experience of GOSH patients, staff and visitors while reducing our environmental impact.

We set up a Green Champions stand in the Lagoon to promote our sustainability aims and take pledges from staff to become champions. We hosted a visiting artist at the stand from InstitchYou.

NHS Sustainability Day 2017 was a successful collaboration with our waste contract partner and GAP. Engagement opportunities for staff, patients and families included using an electric-car simulator for an efficient driver challenge, creating plant pots from reusable materials for children, and making smoothies using the pedal-power generated by an adapted bicycle.

In June 2017 we launched a National Clean Air Day event in collaboration with the UK Health Alliance on Climate Change. We hosted a variety of events including a new taskforce to tackle air pollution. Camden facilitated a vehicle-idling workshop for GOSH staff and volunteers. As part of the campaign, ten staff from across the Trust wore pollution monitors to track their exposure to pollutants while commuting.

GAP will process the results as part of a wider data-collection exercise.

Carbon footprint

Data normalisation

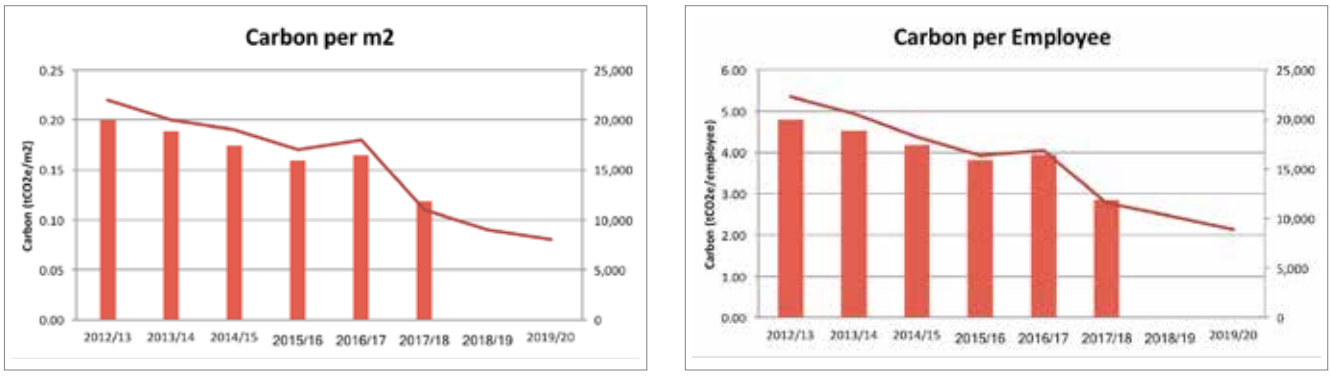
Our environmental impact is proportionate to the number of people we employ and the floor space of the our buildings. The table below shows how floor space has remained relatively unchanged over the last four years; even though our staff numbers increased by nearly 10%.

Context info	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Direct emissions (tCO2e)	19,947	18,836	17,448	15,950	16,468	11,893
Floor space (m2)	92,199	92,125	93,752	92,501	92,501	111,913
Total number of staff (headcount)	3,731	3,900	4,082	4,123	4,436	4,787

Direct emissions, total staff members and floor space

This data has been used to normalise our direct emissions and compare progress against our target of 34% reduction by 2019/20. The figure below shows that we still retain an on-target profile despite the changes to the estate. The organisation is normalised by floor space and better when normalised by the number of employees.

The percentage reduction for each year is shown in the corresponding bar.



Normalised direct emissions - tCO_2e by m^2 (LHS) and by employee (RHS), line shows reduction glide path

The increase in normalised carbon emissions from last year is due to a minor reduction in electrical output from the Combined Heat and Power plant (CHP) against its full potential. This is due to the PICB construction by way of connecting into the pipelines of the second new CHP, due to come online mid-2018.

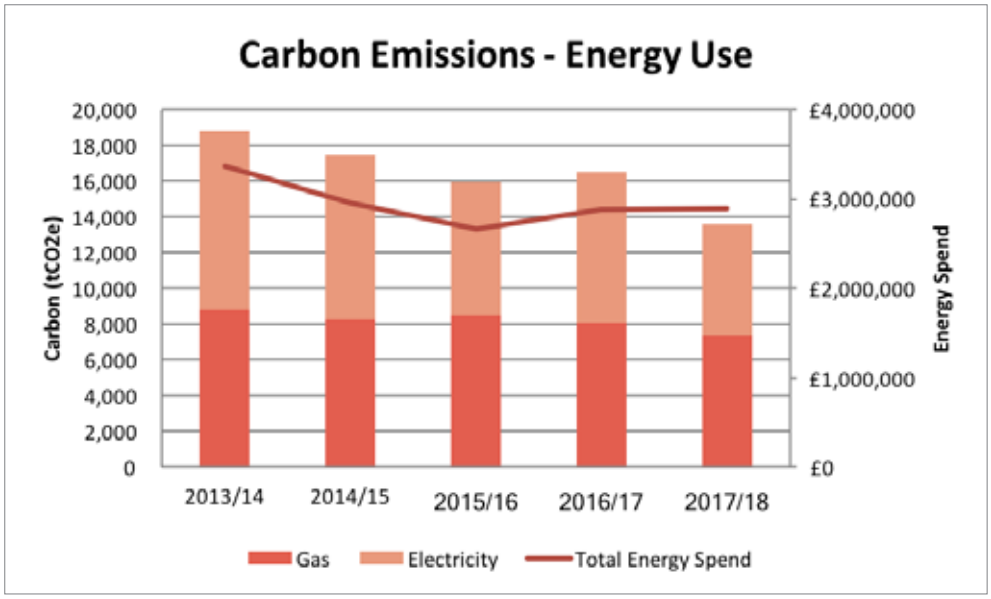
The commissioning of PICB also saw an increase in both electrical and heating demands associated with the new building. This meant that more electricity had to be imported from the grid, leading to higher carbon emissions. The remainder of this report uses figures that have been compared directly to the previous years, with no normalisation for floor area or staff numbers, so the year-on-year changes can be more clearly seen.

Energy

This section looks at our carbon emissions from energy and total energy spend, and provides a top-line view of the types of energy we are using. The biggest change to Trust energy usage profile has been the installation of a CHP engine at the end of 2011 which significantly changed the proportions of gas and electricity used by the Trust. In 2017/18 the CHP engine generated 37% of electricity requirements but consumed natural gas to achieve this.

The table shows that we spent £2.88m on energy in the last financial year, an increase of 8.1% from the previous year. The PICB building used more electricity when it came online, and the CHP engine could not meet increased demands, because it was offline during interconnection works to connect the second new engine. As a result, we relied on energy imported from the grid and incurred higher utility costs than expected.

In mid-2017, we completed the works. Our energy use should normalise with an increase in electrical power and a decrease in gas volume due to the decommissioning of the Enpod Energy Centre. It is also important to remember that the costs do not factor in the operation and maintenance costs of the CHP engine.



Carbon Emissions by year

Resource		2013/14	2014/15	2015/16	2016/17	2017/18
Gas	Use (kWh)	41,492,485	39,444,385	40,657,465	38,603,045	39,587,133
	tCO2e	8,802	8,276	8,530	8,068	7,335
Electricity	Use (kWh)	27,649,236	25,675,114	24,828,164	27,087,839	22,042,240
	tCO2e	9,993	9,172	7,441	8,400	6,262
Total Energy tCO2e		18,795	17,448	15,971	16,468	13,597
Energy Spend		£3,360,678	£2,952,472	£2,663,725	£2,881,300	£2,900,919

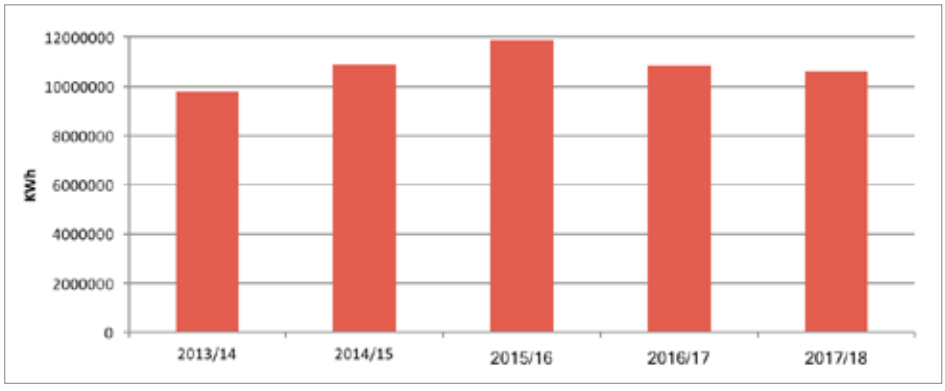
Carbon emissions and energy spend

Last year 10,598Mwh of electricity was generated from the CHP engine equivalent to 37% of our usage. The site consumed all the generated electricity, reducing the carbon emissions from the use of grid power.

Generated electricity from the CHP is shown below in Electricity Generated from CHP. The CHP system generated less electricity than last year due to the unit being offline for nine weeks while the pipework connections were made to connect in the second CHP engine.

We expect an output of between 10,500- 12,000 MWh per year depending on performance and maintenance requirements. We are in the process of installing a second CHP to reduce energy costs further.

Additionally we installed 37kW of photovoltaic cells in March 2016 to generate our own renewable energy. The PV cells have not achieved target due to shading from scaffolding from the VCB Chiller project and a fault in the system which only provided a saving 17,300kWh, equivalent to less than 0.1% of the sites electricity usage.



Electricity Generated from CHP

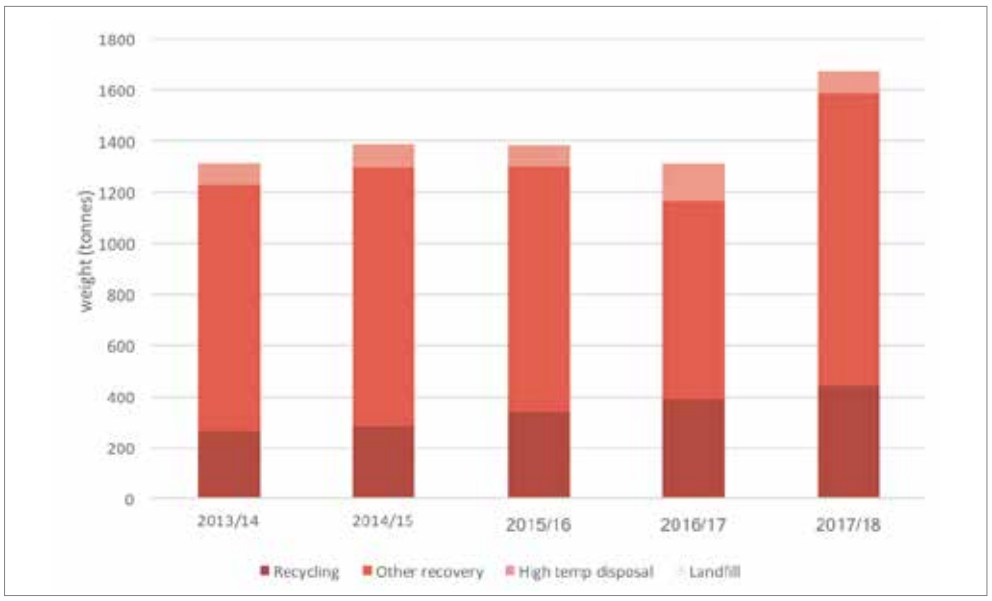
Waste Minimisation and Management

Last year 1,675 tonnes of waste was created; this is more than the previous year, but the increase is due to development work we are undertaking. We are proud that we recycled or recovered 94% of waste, up from 88% in 2016/18. We send virtually zero waste to landfill, (less than one tonne, which is 0.06% of our overall waste). The figure is so small that it does not show on the chart. It's even less than the 2016/2017 figures of 0.08%. We aim to produce and send zero waste to landfill.

The figure below shows the waste destinations.

This year we have taken additional steps to minimise waste. We have installed new recycling units and food composting caddies into office areas. There are also new clinical bins across the site.

The sustainability team have been looking at new ways to divert our waste, with the focus on how we can reuse and redistribute unwanted furniture and equipment. We have been using an online platform called Reyooz that enables us to redistribute large items internally across the hospital or redirect unwanted items externally to charitable organisations. We have established a repair and refurbishment service for furniture and equipment to extend their useful life.



	2013/14	2014/15	2015/16	2016/17	2017/18
Recycling	265.8	283.02	342.03	390.02	442.67
Other recovery	963.4	1014.2	958.95	774.93	1144.07
High temp disposal	83.52	91.29	84.39	147.98	87.71
Landfill	6.03	2.88	0.99	0.99	0.99

Historical waste destinations

Opening of the Premier Inn Clinical Building (PICB)

The 2017 opening of the Premier Inn Clinical Building (PICB) marks the halfway stage in our redevelopment programme, supported by the charity, to replace our outdated and inadequate infrastructure with inspiring spaces.

Hospital buildings and equipment is one of our ten recognised critical planning factors that determine our ability to drive care and treatment through research. It is essential to our strategic vision of helping children with complex health needs to fulfil their potential.

Patients and staff moved into the PICB, which forms the second part of the Mittal Children's Medical Centre, in November 2017. HRH Duchess of Cambridge joined in GOSH Arts activities and met patients and staff when she opened the building in January 2018. Mittal family members and Premier Inn were among the guests.

In the recent Friends and Family Test feedback, patients and families showed their delight with the new facilities. One Chameleon Ward parent commented, "wonderful facilities which make a huge difference at stressful times".

The construction of the Zayed Centre for Research into Rare Disease in Children (ZCR) has continued with Skanska, which took over the site in March 2017, and is set to complete in the next financial year 2018/19.

ZCR will bring clinicians and scientists together to develop our understanding of rare paediatric diseases and rapidly translate findings into new treatments. It will provide outpatient clinic space, research laboratories and 'cleanrooms' licensed to create specialist products for treatments and clinical trials.

Key milestones achieved in the realisation of Phase 4 of the redevelopment programme during 2017/18 include the selection of John Sisk & Son with BDP as the preferred partner for a 23,000m^2 scheme on Great Ormond Street. Patients' and the local community's views of the bidders' designs were taken into account. Ongoing stakeholder engagement is essential to our redevelopment.

The winning design inspired with its vision for the new hospital front entrance and a state-of-the-art centre for cancer care.

Other projects include new physiotherapy accommodation, an integrated iMRI theatre facility at the Southwood Building Courtyard and the conversion of the Italian Building on Queen Square into an exemplar Sight & Sound Centre for Great Ormond Street for children with sight or auditory impairment.

Providing the right equipment

We are committed to providing our clinicians with the state-of-the-art equipment they need to provide the best and safest patient care. Often this is supported by the generous help of the charity, including where new equipment forms part of broader redevelopment in the hospital. At all times, we seek to get the best value in the equipment we buy; we work with NHS Supply Chain to secure the best value purchasing from national frameworks. We also secure value by strategically timing and aggregating the purchase of equipment and maintenance contracts, creating economies of scale with other trusts where possible and appropriate. A bulk purchase for cardiac theatres earlier this year saved 17% on the list price for ultrasound machines.

To ensure charitable and NHS funds are directed where they can have the greatest positive impact, we are developing new systems for prioritising the replacement of aged equipment. We have a significant amount of equipment that will come to the end of its planned life in the next few years, and we intend to carry out the replacement programme in the most clinically and cost-effective way.

Our Information priority: We will provide timely, reliable and transparent information to underpin care and research.

We are transforming the quality of our data and systems so they are better placed to support care and research. The key development will be the implementation of an Electronic Patient Record. This will radically transform how we currently operate.

Examples of how we have provided timely, reliable and transparent information are below:

Objective	Achievements
Develop the Business Intelligence Unit to be the single integrated source of accurate, timely and reliable performance data (incorporating operations, finance and workforce.	Transferred 75% of job plans into electronic format.
Create a comprehensive, unified electronic single patient record, providing the single reliable source of clinical data to maximise staff productivity and deliver excellent care.	Established effective programme governance and strong relationships with system providers. Facilitated significant input and collaboration with clinicians. Agreed a clear streamlined process to use routine clinical data for research. Introduced the Ethics Application for the use of routine clinical data for research. Established a data access committee. Agreed SoPs (standard operating procedures) for data acces.
Combine advanced analytics with a comprehensive set of data to inform and improve care for our patients.	Recruited 1,565 participants to the 100,000 genomes programme

Providing accurate, timely and reliable performance data

With the implementation of EPIC, we are taking the opportunity to review the roles, management and positioning of the wide range of experienced and talented informatics professionals working within the Trust. For our benefit we must maximise these talents, maintaining localised knowledge and support while ensuring consistency, national compliance and accountability.

We are in the process of establishing a Centralised Informatics Unit. This unit will be responsible for and the authority on data warehouse development and maintenance, statutory reporting and development of and adding value to Business Intelligence. The unit will work to best practice standards, carry out regular reviews and where necessary provide development and support to maintain these standards.

The unit will assure us that relevant reporting is compliant and fulfils our statutory requirements.

Members of the unit will play an integral part in the success and on-going development of EPIC – they will have clearly defined and mutually agreed development plans which will allow them to take ownership of their future careers and give them opportunities to work across divisions and specialisms.

Electronic Patient Record

The deployment of an Electronic Patient Record System (EPR) and Research and Innovation Platform are critical and core requirements in our progression as a digital research hospital, enabling improvements in quality of care, operational efficiencies and the development of new models of care. The EPR will improve communication with our families and patients and enhance innovative research. It will enable us to embrace significant opportunities to deliver change across the organisation, allow flexibility to respond to future developments within paediatric healthcare, transform the way we care for our patients and improve the care of children worldwide.

The introduction of the EPR will provide sophisticated decision support and care pathways, reducing unwarranted clinical variation. We will have the opportunity to design and embed standard treatment protocols and best practice guidance within the system, enabling clinicians to become more efficient in the way they administer day-to-day patient care, removing some of the current administrative burdens. Qualitative benefits will release additional 'time to care' including wider engagement with families and an increased focus on improving the patient experience.

The patient portal will transform the way we communicate with patients and families, empowering them to plan and manage their own care. We will be better informed about patients' preferences, and patients will be fully aware of the next steps in their treatment plan. Improved process management will ensure patients benefit from improved operating efficiency across all services.

To deliver this ambitious programme of clinical transformation, we have selected Epic Systems Corporation as our EPR partner and Aridhia Informatics Ltd. as our research platform partner, signing contracts with both organisations in May 2017.

Epic has a paediatric foundation system and a wealth of experience in implementing enterprise-wide clinical systems within similarly complex healthcare organisations, including nine out of the ten top children's hospitals in the world. We have employed and trained an implementation team, both from within our own operational/clinical teams and externally, ensuring we combine an appreciation of our current processes and systems with the experience of implementing systems elsewhere within the NHS. The EPR team is on track to go live with the EPR in April 2019. During the past 12 months, we have been working with the Epic teams, our clinical and operational colleagues and those leading transformation programmes within the Trust, to configure the system, so it enables all elements of our broader organisational strategy.

Use data to inform and improve care for our patients

The cloud-based research platform and digital research environment (DRE) is now established with more than 50 allocated workspaces and users for the early adopter program and a range of exemplar projects underway. The focus for the remainder of 2018 will be on thorough testing of functionality and workflows, completion of specialist infrastructure development such as the FHIR architecture, and completion of exemplar projects to demonstrate the feasibility of the research platform and its potential benefits.

Also, a collaborative programme of research with UCL computer science and the UCL Institute of Digital Health has been established; we have already hosted 33 BSc computer science students, more than ten MSc students' projects are planned and two joint PhD studentships have been appointed. Finally, the clinical informatics research programme within the Digital Research, Informatics and Virtual Environment unit (DRIVE) is planned to commence in late 2018, while the DRIVE unit itself will open in summer 2018.

The DRE and DRIVE units have allowed us to develop industry links with leaders in the field including ARM, Samsung and Microsoft for future collaborative projects and development, in addition to leveraging significant external funding for support of the research data infrastructure and ongoing project work.

Our Funding priority: We will secure and diversify funding so we can treat all the children that need our care.

Financial sustainability remains a key challenge in the context of decreasing real-term funding for specialised services. We will continue to look for new ways to deliver efficiencies while protecting our high clinical standards and increasing our clinical capacity. For example, we have worked closely with GOSH Charity, which has awarded funding during 2017/18 totalling £26.3m to support the following expenditure: medical equipment (£1.6m); infrastructure (£18.8m) and; patient, family and staff support revenue projects (£5.9m). Some of these awards will be paid to the Trust in future years when the expenditure is incurred.

Objective	Achievements
Develop and negotiate a funding model which reflects the true cost of care, the new collaborative clinical pathways, and allows capacity to be flexed for variable levels of demand.	Developed a long-term financial model to support analysis and decision- making.
In conjunction with GOSH Charity, maximise value and impact of charitable funding in support of the GOSH strategy.	Supported process/governance and preparation of charity applications, resulting in GOSH Charity awarding the Trust a total of £26.3m to fund: medical equipment (£1.6m); infrastructure (£18.8m), and patient, family and staff support revenue projects (£5.9m).
Develop and grow new sources of commercial income within the UK and internationally by making the best use of our specialist expertise in patient care, education, diagnosis and research.	Started exploring international opportunities and other commercial markets.

GOSH funding model

During the year, we have developed and implemented a long-term financial model that enables us to analyse the impact of our portfolio of investments and make informed decisions about the opportunity cost of future developments. This model reflects our variety of different income sources and the cost drivers linked to capacity and demand modelling.

Further to this, we have refined and relaunched the PLICS costing model, to give a greater understanding of cost drivers across the Trust. PLICS enables both finance professionals and clinicians to understand the true cost of individual care pathways at a patient level. We have put in place a dedicated programme to ensure that we maximise the use of this system.

Maximise value and impact of charitable funding

We continue to work closely with Great Ormond Street Hospital Children's Charity (GOSH Charity) to align our strategies and develop a medium to long-term view about funding requirements. Together we have developed a research strategy to support additional activity across Research and Investment, and bid for the provision of other services, including education. We will continue to work with GOSH Charity on the development of the Sight and Sound Hospital, the equipment replacement programme and development of our education academy.

International Private Patient Service

We are internationally-renowned for cutting-edge treatment of children with rare and complex conditions. We work with governments and other sponsors to welcome 5,000 children annually from around 90 countries that lack the facilities and expertise to treat rare or complex paediatric conditions.

The International and Private Patient Service treated over 2,600 inpatients and 18,354 outpatients in 2017/18 in dedicated facilities. The service generated income of £57.3m, with all proceeds our NHS activities. We continue to explore ways of bringing in additional income. We are in discussions with overseas hospitals about several collaborative opportunities, where we may enable these hospitals to develop their specialist paediatric services by accessing the expertise and experience which we can offer. We can assist in the training of medical and other clinical staff, assist with complex case diagnosis and treatment and help to develop research capability.

We have also introduced a new medical fellowship programme offering overseas doctors from the opportunity to receive sub-specialty training from us through one or two year fellowship appointments with clinical teams at GOSH. Interest in this programme has been encouraging, and the first trainee joined in November 2017.

Anti-bribery

We are committed to delivering good governance and have always expected our directors and staff to meet the highest standards of business conduct.

The Bribery Act 2010 came into force on 1 July 2011. The act aims to tackle bribery and corruption in both the private and public sector. We are committed to ensuring compliance with the Act and has a zero tolerance approach to fraud, corruption and bribery.

We follow the Ministry of Justice guidance and NHS Counter Fraud service guidance to prevent and detect fraud, corruption and bribery and have robust controls, policies and procedures in place to prevent fraud, corruption and bribery. Our Local Counter Fraud Specialist can be contacted if members of staff have any concerns of fraud corruption or bribery.

Our strategic priorities in 2018/19

As part of our strategic planning process, we have defined a set of strategic programmes for 2018/19. Some examples of our strategic programmes are presented below. We will re-examine all programmes each year as part of our planning process.

Priority	Strategic Programme
Care 	**Cognitive Institute** Partnering with the Cognitive Institute as the first UK partner in their Safety and Reliability Improvement Programme.
People 	**GOSH Learning Academy** Developing a GOSH Learning Academy that will provide first-choice, multi-professional paediatric education and training, available through state-of-the-art technologies and in contemporary evidence-based designed learning environments.
Research 	**Zayed Centre for Research into Rare Diseases in Children** Undertaking research into rare diseases so we can more accurately diagnose, treat and cure children with rare conditions.
Voice 	**Young People's Forum** Exploring the thoughts and ideas of our teenage patients to improve their experience.

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 our performance, business model and strategy.

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

Dr Peter Steer
Chief Executive

23 May 2018

Logan, caption TBC.

Accountability report

Directors' report

In this section of the accountability report we provide an overview of our governing structures. We outline how we ensure we are involving, listening and responding to the groups that have a stake in what we do, particularly our patients and their families, our staff and our members.

How we are governed

Our Trust Board is responsible for overseeing our strategy, managing strategic risks, and providing managerial leadership and accountability. Our Executive Team has delegated authority from our Board for the operational and performance management of clinical and non-clinical services of the Trust. It is responsible for coordinating and prioritising all aspects of risk management issues that may affect the delivery of services.

Our Operational Delivery and Performance Group (ODPG) reports to our Executive Team and provides a regular forum for discussing and making decisions on a range of issues relevant to the day-to-day operational management, including efficiency, effectiveness and quality.

Between 2015 and 2016, we introduced a new 'three-division' structure; two NHS divisions and one IPP division. The structure enhanced the involvement of the clinical leadership in the management of the hospital and integrated corporate functions with the operational teams through business partnering with Finance and HR. During the implementation of the structure, the senior management team consulted with staff on the effectiveness of the structure. A further evaluation is underway to ensure we continue to operate in such a way that allows our leaders, line managers, and teams to operate effectively, making important strategic decisions and engaging with our strategy. We held a series of drop-in consultation sessions with staff in April 2018 to focus on how we can achieve further improvements and increased effectiveness.

The Trust Board – who we are and what we do

The Board is normally comprised of a chairman, deputy chairman, senior independent director (SID), three additional independent non-executive directors, and six executive directors. One of the non-executive directors is appointed by 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 their board-level experience in private and public sector organisations.

Chairman Tessa Blackstone departed on 30 April 2017 (see page 43), and Deputy Chairman Mary MacLeod was appointed by the Members' Council as Interim Chairman from 1 May 2017 while the appointment process for a substantive postholder was conducted. Until the appointment of the substantive Chairman, Sir Michael Rake on 1 November 2017, the Board comprised an interim chairman and four non-executive directors.

In October 2017, an appointment process for two new non-executive directors was conducted. Lady Amanda Ellingworth joined the Board on 1 January 2018, and Mr Chris Kennedy joined as a non-executive director on 1 April 2018. Professor Stephen Smith joined East Kent Hospitals NHS Foundation Trust as Chairman on 1 March 2018, and it was agreed that he would remain on the GOSH Board until 31 May 2018. The fulfilment of his responsibilities in both roles presented a limited opportunity for conflict for Professor Smith or the Trust, and this agreement ensured effective Board stewardship (handover in his role as chair of a Board Assurance Committee). From 31 May 2018 until the appointment of a new non-executive director, the Board will comprise a chairman and five non-executive directors.

All Board members have been assessed against the requirements of the fit and proper person test.

Trust Board members 2017/18

Non-executive directors

Sir Michael Rake FCA FCGI

Chairman of the Trust Board and Council of Governors
Term: 1 November 2017 – 31 October 2020 (First term)
Attended 5 out of 5 Board meetings in 2017/18

Chairman of:
- Trust Board Nominations Committee (0 meetings during period of tenure in 2017/18)
- Council of Governors' Nomination and Remuneration Committee (attended 1 meeting during tenure in 2017/18)

Experience:
- Chairman of BT Group Plc until 2017
- Chairman (both UK and international), KPMG (2002–07)
- Chairman, Easyjet (2009–13)
- Chairman, Phoenix Global Resources
- Director, Worldpay Group plc (Chairman 2015–18)
- Qualified accountant

Mr Akhter Mateen

Deputy Chairman (from 1 May 2018) and Chairman of the Audit Committee
Term: 28 March 2018 – 26 March 2021 (Second term)
Attended 11 out of 11 Board meetings in 2017/18

Chairman of:
- Audit Committee (attended 4 meetings of 4 in 2017/18)

Member of:
- Finance and Investment Committee (attended 7 meetings of 7 in 2017/18)
- Trust Board Remuneration Committee (attended 2 meetings of 2 in 2017/18)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2017/18)
- Council of Governors' Nomination and Remuneration Committee (attended 3 meetings of 4 in 2017/18)

Experience:
- Group Chief Auditor of Unilever (2011–12)
- Senior Global and Regional Finance roles Unilever, leading finance teams in Latin America, South East Asia and Australasia (1984–2011)
- Non-Executive Director, Centre for Agriculture and Biosciences International
- Trustee, Malala Fund UK
- Trustee, Developments in Literacy (DIL) UK

Mr David Lomas

Non-Executive Director and Chairman of the Finance and Investment Committee
Term: 1 March 2012 – 31 March 2018 (Tenure ended)
Attended 9 out of 11 Board meetings in 2017/18

Chairman of:
- Finance and Investment Committee (attended 7 meetings of 7 in 2017/18)
- Trust Board Remuneration Committee (attended 2 meetings of 2 in 2017/18)

Member of:
- Audit Committee (attended 4 meetings of 4 in 2017/18)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2017/18)

Experience:
- Qualified accountant
- Chief Financial Officer of Achilles (until 2017)
- Chief Financial Officer of Elsevier (until July 2014)
- Chief Executive of British Telecom Multimedia Services (2004–05) (previously Chief Operating Officer)
- Vice President Operational Effectiveness of British Telecom Global Services (2003–04)
- Chief Commercial and Operations Officer, ESAT British Telecom, Dublin (2002–03)
- Board of Directors' Nominations Committee member

Professor Rosalind Smyth CBE FMedSci

Non-Executive Director
Term: 1 January 2015 – 31 December 2018 (Second term)
Attended 11 out of 11 Board meetings in 2017/18

Member of:
- Quality and Safety Assurance Committee (attended 4 meetings of 4 in 2017/18)
- Trust Board Remuneration Committee (attended 2 meetings of 2 in 2017/18)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2017/18)

Experience:
- Director of the UCL Great Ormond Street Institute of Child Health
- Honorary Consultant Respiratory Paediatrician at Great Ormond Street Hospital.
- Chair of the MRC Clinical Training and Careers Panel
- Chair of the Paediatric Expert Advisory Group of the Commission on Human Medicines (2002–13)
- Previously the Director of the UK Medicines for Children Research Network
- Trustee, Cystic Fibrosis Trust

Professor Stephen Smith DSc FMedSci FRCOG

Non-Executive Director and Chairman of the Quality and Safety Assurance Committee (from 1 May 2017)
Term: 1 March 2016 – 31 May 2018 (Tenure ended)
Attended 10 out of 11 Board meetings in 2017/18

Chairman of:
- Quality and Safety Assurance Committee (attended 4 meetings of 4 in 2017/18)

Member of:
- Trust Board Remuneration Committee (attended 1 meeting of 2 in 2017/18)
- Trust Board Nominations Committee (attended 0 meetings of 1 in 2017/18)

Experience:
- Chairman of East Kent Foundation NHS Trust from 1 March 2018
- Professor of Obstetrics and Gynaecology at University of Cambridge Clinical School.
- Chief Executive, Imperial Healthcare NHS Trust (October 2007 – December 2010)
- Dean, Faculty of Medicine Dentistry and Health Sciences, University of Melbourne (September 2013 – October 2015)
- Chairman of the Melbourne Academic Centre for Health (July 2014 – October 2015)

Mr James Hatchley

Senior Independent Director (from 1 May 2017)
Term: 1 September 2016 – 31 August 2019 (First term)
Attended 11 out of 11 Board meetings in 2017/18

Member of:
- Audit Committee (attended 4 meetings of 4 held in 2017/18)
- Quality and Safety Assurance Committee (attended 4 meetings of 4 held in 2017/18)
- Finance and Investment Committee (attended 7 meetings of 7 held in 2017/18)
- Trust Board Remuneration Committee (attended 2 meetings of 2 held in 2017/18)
- Trust Board Nominations Committee (attended 0 meetings of 1 held in 2017/18)

Experience:
- Qualified accountant
- Former independent member of the GOSH Audit Committee and Quality and Safety Assurance Committee
- Group Strategy Director 3i Group and member of the 3i Investment Committee
- Chief Operating Officer KKR Europe (2014–16)

Lady Amanda Ellingworth

Non-Executive Director

Term: 1 January 2018 – 31 December 2020 (First term)

Attended 3 out of 3 Board meetings in 2017/18

Member of:

- Quality and Safety Assurance Committee (attended 1 meeting during tenure in 2017/18)
- Trust Board Remuneration Committee (attended 1 meeting during tenure in 2017/18)
- Trust Board Nominations Committee (0 meetings during tenure in 2017/18)

Experience:

- Background as a senior social worker focusing on children and families
- Deputy Chair, Barnardo's
- Chair, Plan International UK
- Lay Adviser, Royal College of Medicine

Baroness Tessa Blackstone BSc (Soc) PhD

Chairman of the Trust Board and Members' Council

Term: 1 March 2012 – 30 April 2017 (Tenure ended)

Attended 1 out of 1 Board meetings held during tenure in 2017/18

Chairman of:

- Trust Board Nominations Committee (0 meetings held during tenure in 2017/18)
- Council of Governors' Nominations and Remuneration Committee (0 meetings held during tenure in 2017/18)

Member of:

- Trust Board Remuneration Committee (0 meetings held during tenure in 2017/18)

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

Ms Mary MacLeod OBE MA CQSW DUniv

Interim Chairman (from 1 May 2017)

Deputy Chairman and Senior Independent Director (1 September 2016 – 30 April 2017)

Term: 1 March 2012 – 31 October 2017 (Tenure ended)

Attended 7 out of 7 Board meetings in 2017/18

Chairman of:

- Trust Board Nominations Committee from 1 May 2017 (attended 1 meeting of 1 held in 2017/18)
- Council of Governors' Nominations and Remuneration Committee from 1 May 2017 (attended 3 meetings of 4 held during tenure in 2017/18)
- Quality and Safety Assurance Committee until 30 April 2017 (attended 1 meeting during tenure in 2017/18)
- Trust Board Remuneration Committee from 1 May 2017 (0 meetings during tenure in 2017/18)

Member of:

- Trust Board Nominations Committee (attended 1 meeting during tenure in 2017/18)

Experience:

- Non-executive Equality and Diversity lead at Great Ormond Street
- Deputy Chair of the Child and Family Court Advisory and Support
- Service (CAFCASS) until 30 April 2017
- Chair of the Internet Watch Foundation Ethics Committee
- Trustee of Columbia 1400
- Non-Executive Director of the Video Standards Council
- Chief Executive of the Family and Parenting Institute (1999–09)
- Director of Policy, Research and Development and Deputy CEO of Childline (1995–99)
- Trustee, Refugee Trauma Initiative

Executive directors

Dr Peter Steer

Chief Executive (from 1 January 2015)

Responsible for delivering our strategic and operational plans through the Executive Team.
Attended 11 out of 11 Board meetings in 2017/18

Attendee of:

- Quality and Safety Assurance Committee (attended 3 meetings of 4 in 2017/18)
- Finance and Investment Committee (attended 5 meetings of 7 in 2017/18)
- Audit Committee (attended 4 meetings of 4 in 2017/18)
- Trust Board Remuneration Committee (attended 2 meetings of 2 in 2017/18)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2017/18)

Experience:

- Chief Executive, Children's Health Queensland Hospital and Health Services (2009–14)
- Professor of Medicine, University of Queensland (2009–14)
- Adjunct Professor, School of Public Health, Queensland University of Technology (2003–08)
- President, McMaster Children's Hospital, Hamilton, Ontario (200–08)
- Professor and Chair, Department of Paediatrics, McMaster University, Canada (2003–08)
- Non-executive Director, Children's Hospital Group Board, Ireland (2017–present)

Ms Nicola Grinstead

Deputy Chief Executive (from 1 April 2016)

Responsible for our strategic planning and the operational management of our clinical services. She is the named Senior Information Risk Owner.
Attended 9 out of 11 Board meetings in 2017/18

Attendee of:

- Quality and Safety Assurance Committee (attended 4 meetings of 4 in 2017/18)
- Finance and Investment Committee (attended 7 meetings of 7 in 2017/18)
- Audit Committee (attended 4 meetings of 4 in 2017/18)

Experience:

- Director of Operations, Imperial Healthcare NHS Trust (2013–16)
- Deputy Director of Operations, Guy's and St Thomas' NHS Foundation Trust (2009–13)
- Chair of the World Board for the World Association of Girl Guides and Girl Scouts until 2017

Mr Ali Mohammed

Director of Human Resources and Organisational Development (from 1 April 2013)

Responsible for the development and delivery of our human resources strategy and organisational development programmes.
Attended 10 out of 11 Board meetings in 2017/18

Attendee of:

- Quality and Safety Assurance Committee (attended 4 meetings of 4 in 2017/18)
- Trust Board Remuneration Committee (attended 1 meeting of 2 in 2017/18)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2017/18)

Experience:

- Director of Human Resources and Organisational Development (Service Design) for the NHS Commissioning Board (2012–13)
- Director of Human Resources and Organisational Development at Barts and The London NHS Trust (2009–12)
- Director of Human Resources at Brighton and Sussex University Hospitals NHS Trust (2007–08)
- Director of Human Resources at Medway NHS Trust (2001–07)

Mr Matthew Shaw

Medical Director (from 1 March 2018)

Responsible for our performance and standards (including patient safety) and leads on clinical governance.
Attended 0 out of 1 Board meeting held during tenure in 2017/18

Attendee of:

- Quality and Safety Assurance Committee (0 meetings held during tenure in 2017/18)

Experience:

- Practicing orthopaedic surgeon
- Clinical Director of the spinal unit at the Royal National Orthopaedic Hospital (2011–18)
- Medical Director for Health Provision, BUPA UK until April 2018.

Ms Helen Jameson

Interim Chief Finance Officer from 5 March 2018

Responsible for our financial management and leads on contracting and information technology.
Attended 2 out of 2 Board meetings held during tenure in 2017/18

Attendee of:

- Finance and Investment Committee (attended 1 meeting during tenure in 2017/18)
- Audit Committee (0 meetings held during tenure in 2017/18)

Experience:

- Director, UCL Partners
- Established the North Central and East London office of Health Education England
- Lead on finance and governance of the London wide education commissioning system for NHS England (London Region)
- Former Deputy Director of Finance and Joint Divisional Manager for Surgery and Critical Care at Kingston Hospital NHS Trust
- Former assistant Director of Financial Planning and Reporting for South East Coast Ambulance Service NHS Trust

Ms Loretta Seamer

Chief Finance Officer until 4 March 2018

Attended 8 out of 9 Board meetings held during tenure in 2017/18

Attendee of:

- Finance and Investment Committee (attended 6 meetings of 6 held in 2017/18)
- Audit Committee (attended 4 meetings of 4 held in 2017/18)

Experience:

- Chief Finance Officer at Children's Health Queensland and Health Service in Brisbane, Australia (until March 2016)

Ms Juliette Greenwood

Chief Nurse until 31 October 2017

Attended 4 out of 6 Board meetings held during tenure in 2017/18

Attendee of:

- Quality and Safety Assurance Committee (attended 3 meetings of 3 in 2017/18)

Experience:

- Registered Sick Children's Nurse
- More than 12 years' experience as a Chief Nurse, most recently at Bradford Teaching Hospitals NHS Foundation Trust (2013–15) and before this at Rotherham NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust

Dr David Hicks

Interim Medical Director (until 31 December 2017)

Attended 5 out of 8 Board meetings held during tenure in 2017/18

Attendee of:

- Quality and Safety Assurance Committee (attended 3 meetings of 3 in 2017/18)

Experience:

- Consultant in Genitourinary Medicine
- Has held Executive level posts since 2002
- Medical Director and Acting Chief Executive of Barnsley Hospital NHS Foundation Trust 2002–09
- Non-Executive Director, Mid Yorkshire Hospitals NHS Trust

Janet Williss

Interim Chief Nurse (from 1 November 2017 – 31 December 2017)

Responsible for our professional standards, education and development of nursing and allied health professionals. She was also the lead executive responsible for patient and public involvement and engagement, safeguarding and infection prevention and control.

Attended 1 out of 1 Board meetings held during tenure in 2017/18

Experience:

- Registered children's nurse, registered adult nurse
- Deputy Chief Nurse, GOSH (2004–18)
- Fitness to Practice Panellist at Nursing and Midwifery Council (2008–16).

Ms Polly Hodgson

Interim Chief Nurse (from 1 January 2018 – 8 April 2018)

Responsible for our 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.

Attended 3 out of 3 Board meetings held during tenure in 2017/18

Attendee of:

- Quality and Safety Assurance Committee (attended 1 meeting held during tenure in 2017/18)

Experience:

- Registered children's nurse
- Led on establishing the Paediatric Intensive Care Unit at St Mary's Hospital
- Lead Nurse for Children's Services, Evelina (2006–16)
- Assistant Chief Nurse for Workforce, GOSH (2016–18)

Other directors

Ms Cymbeline Moore

Director of Communications

Cymbeline Moore is the Director of Communications for the hospital and Great Ormond Street Hospital Children's Charity

Mr Matthew Tulley

Director of Development

Matthew Tulley leads the work to redevelop our buildings and ensures that our estate is suitable to support the capacity and quality ambitions of our clinical strategy.

Professor David Goldblatt

Director of Research and Innovation

David Goldblatt leads the strategic development of clinical research and development across the Trust. He is an Honorary Consultant Immunologist and Director of the NIHR Biomedical Research Centre.

Register of Interests

The Trust Board has signed up to and approved the Board Code of Conduct setting out the requirement for all Board members to declare any interests that may compromise their role. This is also a standing item at the beginning of each Board and committee meeting.

A Register of Directors' Interests is published on the Trust website, www.gosh.nhs.uk, and can also be obtained by request from the Company Secretary, Great Ormond Street Hospital for Children NHS Foundation Trust, Executive Offices, Paul O'Gorman Building, Great Ormond Street, London WC1N 3JH.

Trust Board meetings

The Trust Board held a total of 11 meetings between 1 April 2017 and 31 March 2018, of which five included a session held in public. In October 2017 the Board held a strategy development session. Extraordinary board meetings were held in October 2017 and February 2017. Board seminar meetings were held in April and June 2017.

Following a review of board reporting, a revised board calendar has been introduced. From 1 April 2018 the Board will meet seven times in public with an annual strategy session in October each year.

Evaluation of Board performance

Deloitte conducted an independent review of the Monitor Well-Led Governance Framework (incorporating elements of the quality governance framework) in June 2016. The Board and Council have received regular updates on progress with the action plan, with the final actions due for completion early 2018/19.

As part of their routine scheduled inspection programme, the CQC conducted an independent well-led inspection of the Trust in January 2018. Further information can be found on page 71.

Trust Board committees

The Board delegates certain functions to committees that meet regularly. The Board receives any amendments to committee terms of reference, annual reports and committee self-assessments. One non-executive director sits on both the Audit Committee and Quality and Safety Assurance Committee to provide a link and ensure that information is effectively passed between them. Members of both assurance committees meet annually to discuss strategic risk and consider how the committees effectively share responsibility for monitoring strategic risk on behalf of the Board.

Audit Committee

The Audit Committee is chaired by a non-executive director and has delegated authority to review the adequacy and effectiveness of our systems of internal control and our arrangements for risk management, control and governance processes to support our objectives. A summary of the work of the committee can be found on page 74.

Quality and Safety Assurance Committee

The Quality and Safety Assurance Committee is chaired by a non-executive director and has delegated authority from the Board to be assured that we have the correct structure, systems and processes are in place to manage quality and safety related matters, and that these are monitored appropriately. A summary of the work of the committee can be found on page 78. The committee receives regular internal audit and clinical audit reports.

Finance and Investment Committee

The Finance and Investment committee is chaired by a non-executive director and has delegated authority from the 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 53.

Trust Board Nominations Committee

The Trust Board Nominations Committee is chaired by the Chairman of the Board. It has responsibility for reviewing the size, structure and composition of the Board and making recommendations with about 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.

During the year the following executive appointments to the Board were made:

- The appointment of Ms Janet Williss as Interim Chief Nurse on 1 November 2017 following departure of Ms Juliette Greenwood, Chief Nurse on 31 October 2017
- The appointment of Ms Polly Hodgson as Interim Chief Nurse on 1 January 2018 following Ms Janet Williss stepping down to her previous role.
- The appointment of Dr Andrew Long as Interim Medical Director on 1 January 2018 following the departure of Mr David Hicks, Interim Medical Director on 31 December 2017.
- The appointment of Mr Matthew Shaw as substantive Medical Director on 1 March 2018 (part-time) and full time from 1 April 2018 following the departure of Dr Andrew Long
- The appointment of Ms Helen Jameson as Interim Chief Finance Officer on 5 March 2018 following the departure of Ms Loretta Seamer, Chief Finance Officer on 4 March 2018
- The appointment of Ms Alison Robertson as substantive Chief Nurse on 9 April 2018
- The appointment of Ms Helen Jameson as substantive Chief Finance Officer on 23 April 2018.

Members' Council

As a foundation trust we are accountable to our members through our Members' Council. In February 2018 the Council and the Board agreed that the Members' Council would be renamed the Council of Governors and councillors referred to as governors from 2018/19.

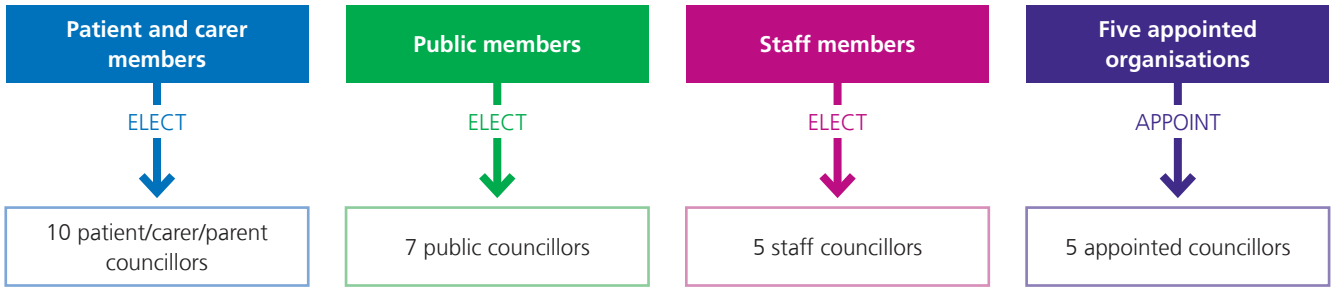
The Council is made up of 27 elected and appointed governors (councillors). They are the guardians of *Our Always Values*, and support and influence the strategic direction of the Trust by representing the views and interests of our members.

The Council acts as a link to the hospital's patients, their families, staff and the wider community, ensuring that their views are heard and reflected in the strategy for the hospital. Although the Council is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering the Trust's strategic objectives.

Constituencies of the Council

Councillors represent specific constituencies and are elected or appointed to do so for a period of three years, with the option to stand for re-election for a further three years. As a specialist Trust with a UK-wide and international catchment area, We do not have a defined 'local community'. Therefore, it is important that our geographically diverse patient and carer population is represented in our membership and in the composition of our Council.

Councillors were elected or appointed from constituencies as follows:



Councillors' attendance at meetings

Name	Constituency	Date role began (still active unless end date given)	Members' Council (out of 8 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 5 unless otherwise stated)
Edward Green*	Patients: outside London	1 March 2015 – 28 February 2018	1	0 (1)	Not a member
George Howell*	Patients: outside London	1 March 2015 – 28 February 2018	7	Not a member	4
Sophie Talib*	Patients: London	1 March 2015 – 28 February 2018	5	Not a member	1
Mariam Ali†	Parents and Carers: London	1 March 2018	6	4	Not a member
Matthew Norris*	Parents and Carers: London	1 March 2015 – 28 February 2018	8	3 (3)	Not a member
Fran Stewart†	Parents and Carers: London	1 March 2018	8	Not a member	2
Carley Bowman*	Parents and Carers: outside London	1 March 2015 – 28 February 2018	5	Not a member	4
Claudia Fisher*	Parents and Carers: outside London	1 March 2015 – 28 February 2018	6	Not a member	3
Camilla Alexander-White*	Parents and Carers: outside London	1 March 2015 – 28 February 2018	6	Not a member	Not a member

Name	Constituency	Date role began (still active unless end date given)	Members' Council (out of 8 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 5 unless otherwise stated)
Trevor Fulcher^	Public: North London and surrounding area [1]	1 March 2015 – 31 May 2017	0 (2)	Not a member	Not a member
Simon Hawtrey-Woore†	Public: North London and surrounding area [1]	1 March 2018	6	Not a member	1
Rebecca Miller*	Public: North London and surrounding area [1]	1 March 2015 – 28 February 2018	3	4	Not a member
Teskeen Gilani†	Public: North London and surrounding area [1]	1 March 2018	1	Not a member	Not a member
Gillian Smith*	Public: South London and surrounding area [2]	1 March 2015 – 28 February 2018	5	Not a member	3
Stuart Player*	Public: The rest of England and Wales	1 March 2015 – 28 February 2018	3	Not a member	Not a member
David Rose*	Public: The rest of England and Wales	1 March 2015 – 28 February 2018	0	Not a member	Not a member
Jilly Hale*	Staff	1 March 2015 – 28 February 2018	5	1 (1)	Not a member
James Linthicum*	Staff	1 March 2015 – 28 February 2018	8	Not a member	1 (1)
Rory Mannion*	Staff	1 March 2015 – 28 February 2018	6	3 (3)	Not a member
Clare McLaren*	Staff	1 March 2015 – 28 February 2018	4	Not a member	Not a member
Prab Prabhakar*	Staff	1 March 2015 – 28 February 2018	3	Not a member	Not a member
Jenny Hedlam Wells*	London Borough of Camden	1 March 2015 – 28 February 2018	5	Not a member	Not a member
Christine Kinnon*	University College London Great Ormond Street	1 March 2015 – 28 February 2018	7	Not a member	Not a member
Muhammad Miah*	Great Ormond Street Hospital School	1 March 2015 – 28 February 2018	1	Not a member	Not a member
Hazel Fisher	NHS England	1 March 2018 – 23 April 2018	2	Not a member	Not a member
Lucy Moore†	self management uk	1 March 2018	2	Not a member	Not a member

* Stood down at the end of the term on 28 February 2018

† Re-elected or re-appointed for a second three year term on 1 March 2018

^ Stood down during 2017/18

[1] The public constituency of North London and surrounding area incorporates the electoral areas of:
- 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, Westminster.
- Bedfordshire: Bedford, Central Bedfordshire, Luton.
- Hertfordshire: Broxbourne, Dacorum, East Hertfordshire, Hertfordshire, Hertsmere, North Hertfordshire, St Albans, Stevenage, Three Rivers, Watford, Welwyn Hatfield.
- Buckinghamshire: Aylesbury Vale, Buckinghamshire, Chiltern, Milton Keynes, South Bucks, Wycombe.
- Essex: Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forest, Essex, Harlow, Maldon, Rochford, Southend on Sea, Tendring, Thurrock, Uttlesford.

[2] The public constituency of South London and surrounding area incorporates the electoral areas of:
- South London: Bexley, Bromley, Croydon, Greenwich, Royal Borough of Kingston upon Thames, Lambeth, Lewisham, Merton, Richmond upon Thames, Southwark, Sutton, Wandsworth.
- Surrey: Elmbridge, Epsom and Ewell, Guildford, Mole Valley, Reigate and Banstead, Runnymede, Spelthorne, Surrey Heath, Tandridge, Waverley, Woking.
- Kent: Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Medway, Sevenoaks, Shepway, Swale, Thanet, Tonbridge and Malling, Tunbridge Wells.
- Sussex: Brighton and Hove, East Sussex, Eastbourne, Hastings, Lewes, Rother, Wealden, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex, West Sussex, Worthing.

In January 2018, the Trust conducted an election process for 22 seats across the patient and carer, public and staff constituencies for appointment from 1 March 2018. All seats were filled. One seat has since become vacant. The names of the governors from 1 March 2018 are:

Name	Constituency	Date of appointment
Mariam Ali*	Parents and Carers from London	1 March 2018
Stephanie Nash	Parents and Carers from London	1 March 2018
Emily Shaw	Parents and Carers from London	1 March 2018
Lisa Allera	Parents and Carers from outside London	1 March 2018
Claire Cooper-Jones	Parents and Carers from outside London	1 March 2018
VACANT	Parents and Carers from outside London	1 March 2018
Faiza Yasin	Patients from outside London	1 March 2018
Alice Rath	Patients from outside London	1 March 2018
Elena-May Reading	Patients from London	1 March 2018
Zoe Bacon	Patients from London	1 March 2018
Joan Francesca Stewart*	Public: South London and surrounding area	1 March 2018
Simon Hawtrey-Woore*	Public: North London and surrounding area	1 March 2018
Teskeen Gilani*	Public: North London and surrounding area	1 March 2018
Theo Kayode-Osiyemi	Public: North London and surrounding area	1 March 2018
Yu Tan	Public: North London and surrounding area	1 March 2018
Colin Sincock	Public: Rest of England and Wales	1 March 2018
Julian Evans	Public: Rest of England and Wales	1 March 2018
Sarah Aylett	Staff	1 March 2018
Michael Glynn	Staff	1 March 2018
Nigel Mills	Staff	1t March 2018
Paul Gough	Staff	1 March 2018
Quen Mok	Staff	1 March 2018
Lazzaro Pietragnoli	Appointed: London Borough of Camden	1 March 2018
Lucy Moore	Appointed: self management uk	1 March 2018
Jugnoo Rahi	Appointed: UCL GOS Institute of Child Health	1 March 2018
Hazel Fisher	Appointed: NHS England	1 March 2018 – 30 April 2018
VACANT	Appointed: Great Ormond Street Hospital School	

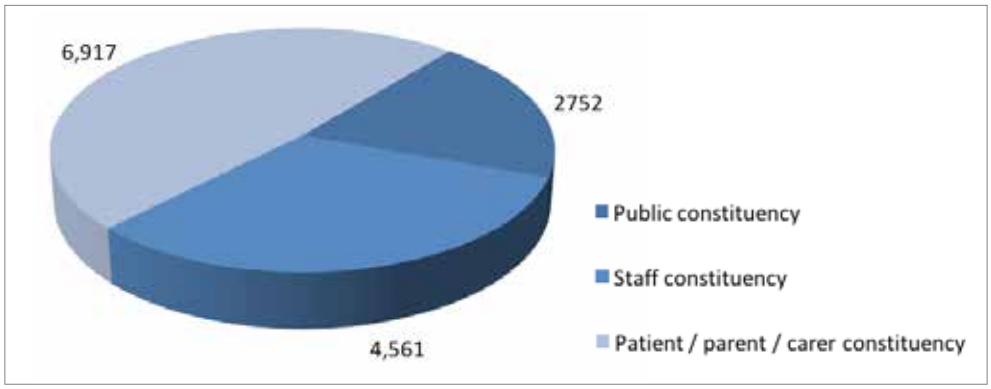
* Second three year term

Membership at GOSH

Anyone living in England and Wales over the age of 10 can become a GOSH member. We strive for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers and staff. Automatic membership applies to all employees who hold a GOSH permanent contract or fixed-term contract of 12 months or more. There is more on becoming a member at gosh.nhs.uk/about-us/foundation-trust/foundation-trust-membership.

Membership constituencies and membership numbers 2018

On 31 March 2018, our membership totalled 13,783 (including staff). We met and exceeded our estimated public membership target of 2,699 by 53 and have increased our public membership by 132 in the last year. Although we increased our patient, parent and carer constituency by 11 (from 6,906 to 6,917) this was 197 short of our target of 7,144. Overall, we increased our membership by 447.



Membership Engagement Services (MES) is our membership database provider and holds and manages our public and patient and carer data. The Trust is reviewing how we manage this data in line with the General Data Protection Regulations.

Members' Council expenses
Councillors can claim reasonable expenses for carrying out their duties. For the year 2017/18, the total amount claimed by five councillors was £556.85.

Register of interests
Councillors are asked to sign a code of conduct and declare any interests that are relevant and material. The register of interests for the Council is published annually and can be found at gosh.nhs.uk/about-us/foundation-trust/members-council/meet-councillors and may also be obtained from the Company Secretary, Executive Offices, Paul O'Gorman Building, Great Ormond Street, London WC1N 3JH.

Contacting a councillor
Anyone wanting to get in touch with a councillor and/or directors can email foundation@gosh.nhs.uk and the message is forwarded on to the relevant person. These details are included within the foundation trust 'contact us' section of the Great Ormond Street Hospital for Children NHS Foundation Trust website, gosh.nhs.uk.

Membership engagement
Members receive updates on hospital news and are invited to get involved throughout the year. Members also have the opportunity to vote in elections and stand for election to the Council.

The Membership and Engagement Representation and Recruitment Committee, a subcommittee of the Council, oversees the recruitment and retention of members and seeks to maximise engagement opportunities with members for the benefit of the Trust. In 2017/18, the committee was chaired by a parent and carer councillor, with the support of a deputy chair from the public constituency. Last year's achievements included planning and delivery of a successful annual general meeting and annual members' meeting.

Trust Board and Members' Council working together

The Trust's Chairman is responsible for the leadership of both the Council and the Trust Board. The Chairman is also responsible for effective relationship building between the Trust Board and councillors to ensure that councillors effectively perform their statutory duties and contribute to the forward planning of the organisation. There has been continued focus on developing relationships between the Council and non-executive directors in this reporting period, with a dedicated group of councillors and board members developing a programme of work to facilitate future engagement. Following a joint meeting of the Board and the Council to discuss how they will work together in the future, proposals for future working were approved in April 2018. The plans include a buddying programme for councillors with NEDs, scheduled meetings with the Chairman and the Council to discuss key matters prior to Council meetings and a comprehensive induction programme for new councillors.

Examples of how the Council and Board worked together in 2017/18 included:

- Executive and non-executive directors attend each Members' Council meeting.
- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Assurance Committee and Finance and Investment Committee) are presented by the relevant non-executive director chairs of the committees at each Council meeting.
- Summaries of Council meetings are reported to the Trust Board.
- The Council has an open invitation to attend all Trust Board meetings.
- The Council receive the agenda and minutes of the confidential Trust Board sessions.
- Councillors observe at Trust Board assurance committee meetings.
- Councillors and Board members sit on the Well-Led Governance Working Group
- Councillors and Board members sit on the Constitution Working Group.

In 2017/18 the Members' Council has:

- Contributed to the development of our new Electronic Patient Record (EPR) programme and digital roadmap.
- Commented on our redevelopment plans including the plans for phase 4.
- Participated in the selection of an indicator for auditing our *Quality Report 2017/18*.
- Commented on the development of the Trust's operational plan.
- Participated in the International Private Patients Working Group and was invited to comment on the proposed strategy
- Approved and conducted the appointment process for the Chairman and two non-executive directors.
- Worked with Board members to review and update the Trust's Constitution. The Trust's Constitution is an ongoing piece of work that will engage the new councillors (now called governors) and ensure the document is fit for purpose for our future governance.

Members' Council Nominations and Remuneration Committee

The Members' Council Nominations and Remuneration committee has delegated responsibility for assisting the Council in:

- Reviewing the balance of skills, knowledge, experience and diversity of the non-executive directors.
- Succession planning for the Chairman and non-executive directors in the course of its work.
- Identifying and nominating candidates to fill non-executive posts.
- Considering any matter relating to the continuation of any non-executive 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. Councillor members nominate themselves each year to sit on the committee, and the length of tenure for a councillor is normally three years.

Membership and attendance of councillors at meetings is detailed on pages 48–49.

Non-executive director appointments

Non-executive directors are appointed for a three-year term and can be reappointed for a further three years (subject to consideration and approval by the Members' Council).

On 30 April 2017, Baroness Tessa Blackstone, Chairman of the Trust Board and Members' Council stepped down from her role. Following a comprehensive appointment process, Sir Michael Rake was appointed by the Council as Chairman of the Trust and started in the post on 1 November 2017. From 1 May 2017, Ms Mary MacLeod stepped up from Deputy Chairman of the Board and was appointed as Chairman for the interim period.

In 2017/18, the following recommendations made by the Members' Council Nominations and Remuneration Committee were approved by the Members' Council:

- The appointment of Mary MacLeod as Interim Chairman from 1 May 2017.
- The appointment of James Hatchley as Senior Independent Director from 1 May 2017.
- The appointment of Akhter Mateen as Deputy Chairman from 1 May 2017.
- The appointment Lady Amanda Ellingworth as a Non-Executive Director from 1 January 2018.
- The extension of Mr David Lomas' appointment for one month ending 31 March 2018.
- The reappointment of Mr Akhter Mateen as a Non-Executive Director for a further 3-year appointment until 26 March 2021.
- The appointment of Mr Chris Kennedy as a Non-Executive Director from 1 April 2018.

Since April 2017, an external search company and open advertising have been used for all non-executive director appointments (including the Chairman appointment).

The Trust Constitution explains how a Board member may not continue in the role if he/she has been:

- Adjudged bankrupt.
- Made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it.
- In the preceding five years, convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.

Annex 7 of the constitution outlines additional provisions for the removal of the chairman and non-executive directors, which requires the approval of three-quarters of the members of the Members' Council. If any proposal to remove a non-executive director is not approved at a meeting of the Members' Council, no further proposal can be put forward to remove such non-executive director based upon the same reasons within 12 months of the meeting.

Remuneration report

The Trust Board's Remuneration Committee is chaired by a non-executive director. The committee is responsible for reviewing the terms and conditions of office of our most senior managers, including salary, pensions, termination and/or severance payments and allowances. The committee meets twice a year, in November and March. Attendance at meetings held in during 2017/18 can be found on pages 42–46.

Under the terms of reference of the committee and for the report below, in 2017/18 voting executive and non-executive members of the Trust Board are defined as 'senior managers'. Authority for approval of changes to other senior management roles on Trust contracts of employment has been delegated by the Remuneration Committee to the Chief Executive. With effect from 2018/19, the Remuneration Committee will consider the remuneration of the executive (voting) directors only. Information on remuneration for non-executive directors, are outlined below on pages 56–60.

Senior Manager Remuneration

The committee determines the remuneration of the chief executive and executive directors (referred to as 'senior managers') after taking into account uplifts recommended for other NHS staff, any variation in or changes to the responsibilities of the senior managers, market comparisons, and job evaluation and weightings. There is some scope for adjusting remuneration after appointment as senior managers take on the full set of responsibilities in their role.

The only non-cash element of the remuneration package 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. Affordability is also taken into account in determining pay uplifts for senior managers. Where it is appropriate, terms and conditions of service are consistent with NHS pay arrangements, such as Agenda for Change.

Performance is closely monitored and discussed through both annual and ongoing appraisal processes. All senior managers' remuneration is subject to performance – 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's redundancy policy is consistent with NHS redundancy terms for all staff. All new senior managers are now employed on probationary periods in line with all non-medical staff within the Trust.

In the event of loss of office (e.g. 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 Board's Remuneration Committee and subject to audit by its Audit Committee.

Senior Manager Remuneration policy

The structure of pay for senior managers is designed to reflect the long-term nature of our business and the significance of the challenges we face. The remuneration should, therefore, ensure that 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 position across the health sector must also be considered.

NHS trusts, including foundation trusts, are free to determine the pay for senior managers, in collaboration with the Trust Board's Remuneration Committee. Historically, reference has been made to benchmarking information available from other comparable 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 managers' pay is clear; while consideration is given to all internal and external factors, it is important that GOSH remains competitive so we can achieve our vision of being a 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.

Senior Manager Future Remuneration Policy

The future policy table below highlights the components of directors' pay, how we determine the level of pay, how change is enacted and how directors' performance is managed.

How the component supports the strategic objective of the Trust	How the component operates (including provisions for recovery of sums paid; how changes are made)	Maximum potential value of the component	Description of framework used to assess performance
Salary and fees			
Set at an internationally competitive level to attract high-quality directors to a central London base; benchmarked across other NHS trusts in order to deliver the Trust's strategic objectives.	Salaries are reviewed annually and any changes are normally effective from 1 April each year. Such changes are proposed and made via the Board's Remuneration Committee, chaired by a non-executive director. In exceptional circumstances, reviews of salary may be made outside of this cycle, but are made by the Remuneration Committee. Any sums paid in error, malus or recovered due to breach of contract are followed up with the individual.	Change to basic salary is usually enacted as a percentage increase in line with national Agenda for Change pay arrangements, to ensure parity across the Trust (senior managers are proportionally not treated more favourably than other staff).	Trust performance and development review (PDR)/ annual appraisal to set objectives linked to the our strategic objectives. Failure to meet objectives is managed via our performance frameworks.
Taxable benefits			
Not applicable.			
Annual performance-related bonuses			
Not applicable.			
Long term-related bonuses			
Not applicable.			
Pension-related benefits			
Pension benefits (which may be opted out of) are part of the total remuneration of directors to attract high-calibre staff to enable the Trust to meet its strategic objectives.	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules (or alternative pension provider).	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules (or alternative pension provider). Pension entitlements are determined in accordance with the HMRC method.	Not applicable.
Directors with remuneration (total) greater than £150,000			
The Trust balances the market forces factors for recruiting top director talent with social responsibility in relation to executive pay. Remuneration is regularly benchmarked across peer UK NHS organisations.			
Service contract obligations			
The Trust requires all senior managers to take continuing responsibility for their roles and requires executive directors to provide on-call cover for the hospital on a rostered basis which broadly equates to one week in every six. Details about length of service can be found on pages 44–46.			
Policy on payment for loss of office			
Senior managers' contracts primarily stipulate a minimum notice period of six months. Payment in lieu of notice, as a lump sum payment, may be made at our discretion and with the approval of the Trust Board's Remuneration Committee, in line with government limits. There have been no payments for loss of office or payments to past senior managers in 2017/18.			

Remuneration for Senior Managers in 2017-18

Details of remuneration, including the salaries and pension entitlements of the Trust Board directors, are provided on pages 56–60.

For the financial year 2017-18, the committee:

- Approved an uplift to the Chief Executive and Chief Finance Officer's remuneration based on data from a benchmarking exercise.
- Conducted a benchmarking exercise on senior manager's remuneration packages to ensure they are competitive in terms of total remuneration when compared to similar jobs in genuinely comparable NHS organisations. To inform the benchmarking exercise, data was used from NHS Providers, the AUKUH (Association of UK University Hospitals – the organisation for teaching hospitals in the UK) and from specific requests to comparable trusts.
- Agreed uplifts to remaining posts within its remit consistent with the cost of living award made to staff on Agenda for Change contracts.

Remuneration advisers were consulted in 2017/18 and did not have any connection with the Foundation Trust.

Evaluation and Remuneration for Non-Executive Directors

The Members' Council considered and approved the performance evaluation framework for non-executive directors in 2017. With the appointment of a new Chairman and two new non-executive directors, the Council has agreed that the process will run in Q2 2018/19 for existing non-executive directors, with the new appointees being evaluated in Q3 2018/19.

The Members' Council Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Members' Council. In April 2017, following analysis of benchmarking information, the committee recommended that the remuneration levels for both the Chairman and the NEDs for 2017/18 were set at an appropriate level. The Council agreed and approved the proposed policy for benchmarking salaries and reviewing the cost of living allowances for the Chairman and NEDs on a three yearly basis.

The Nominations and Remuneration Committee agreed that non-executive director remuneration for 2018/19 will remain the same as for 2017/18:

- Chairman's remuneration: 1 April 2018 – 31 March 2019, £55,000pa
- Non-executive directors' remuneration: 1 April 2018 – 31 March 2019, £14,000pa
- Deputy chairman/chairman of Audit Committee and SID's remuneration: 1 April 2018 – 31 March 2019, £19,000pa for each of the two posts.

Details of remuneration for the executive and non-executive directors are provided in the tables on pages 56–60.

Dr Peter Steer
Chief Executive

Date: 23 May 2018

Salary entitlements of senior managers

Non-executive directors 2017/18 (£000)

Name	Title	Salary and fees	Taxable benefits	Annual performance -related bonuses	Long-term performance -related bonuses	Pension-related benefits	Total
Baroness Tessa Blackstone	Chairman of Trust Board	0–5	0	0	0	0	0–5
Sir Michael Rake	Chairman of Trust Board (from 1 Nov 2017)	20–25	0	0	0	0	20–25
Lady Amanda Ellingworth	Non-Executive Director (from 1 Jan 2018)	0–5	0	0	0	0	0–5
Mr James Hatchley	Non-Executive Director	15–20	0	0	0	0	15–20
Mr David Lomas	Non-Executive Director	10–15	0	0	0	0	10–15
Ms Mary MacLeod OBE	Non-Executive Director (to 30 Apr 2017); Interim Chairman of the Trust Board (from 1 May to 31 Oct 2017)	25–30	0	0	0	0	25–30
Mr Akhter Mateen	Non-Executive Director	20–25	0	0	0	0	20–25
Professor Stephen Smith	Non-Executive Director	10–15	0	0	0	0	10–15
Professor Ros Smyth	Non-Executive Director	5–10	0	0	0	0	5–10

Non-executive directors 2016/17 (£000)

Name	Title	Salary and fees	Taxable benefits	Annual performance -related bonuses	Long-term performance -related bonuses	Pension-related benefits	Total
Baroness Tessa Blackstone	Chairman of Trust Board	50–55	0	0	0	0	50–55
Sir Michael Rake	Chairman of Trust Board (from 1 Nov 2017)	n/a	n/a	n/a	n/a	n/a	n/a
Lady Amanda Ellingworth	Non-Executive Director (from 1 Jan 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Mr James Hatchley	Non-Executive Director	5–10	0	0	0	0	5–10
Mr David Lomas	Non-Executive Director	10–15	0	0	0	0	10–15
Ms Mary MacLeod OBE	Non-Executive Director (to 30 Apr 2017); Interim Chairman of the Trust Board (from 1 May to 31 Oct 2017)	15–20	0	0	0	0	15–20
Mr Akhter Mateen	Non-Executive Director	10–15	0	0	0	0	10–15
Professor Stephen Smith	Non-Executive Director	10–15	0	0	0	0	10–15
Professor Ros Smyth	Non-Executive Director	0–5	0	0	0	0	0–5

Executive directors 2017/18 (£000)

Name	Title	Salary and fees	Taxable benefits	Annual performance -related bonuses	Long-term performance -related bonuses	Pension-related benefits	Total
Mr Trevor Clarke	Director of the International and Private Patients Division	80–85	0	0	0	37.5–40	120–125
Professor David Goldblatt	Director of Clinical Research and Development	5–10	0	0	0	0	5–10
Mrs Juliette Greenwood	Chief Nurse (until 31 Oct 2017)	70–75	0	0	0	0	70–75
Ms Nicola Grinstead	Deputy Chief Executive	140–145	0	0	0	40–42.5	180–185
Dr David Hicks	Interim Medical Director (until 31 Dec 2017)	140–145	0	0	0	0	140–145
Mary (Polly) Hodgson	Interim Chief Nurse (from 1 Jan 2018)	80–85	0	0	0	7.5–10	90–95
Miss Helen Jameson	Interim Chief Finance Officer (from 1 Mar 2018)	10–15	0	0	0	0	10–15
Mr Andrew Long	Medical Director (from 1 Jan to 28 Feb 2018)	115–120	0	0	0	0	115–120
Mr Niamat (Ali) Mohammed	Director of Human Resources	125–130	0	0	0	0–2.5	125–130
Mr Ward Priestman	Interim Director of Information and Communication Technology	140–145	0	0	0	35–37.5	170–175
Mr Matthew Shaw	Medical Director (from 1 Mar 2018)	5–10	0	0	0	0–2.5	5–10
Mrs Loretta Seamer	Chief Finance Officer (until 28 Feb 2018)	155–160	0	0	0	0	155–160
Dr Peter Steer	Chief Executive	235–240	0	0	0	57.5–60	295–300
Mr Matthew Tulley	Director of Development	130–135	0	0	0	35–37.5	165–170
Janet Williss	Interim Chief Nurse (from 1 Nov until 31 Dec 2017)	65–70	0	0	0	0	65–70

Executive directors 2016/17 (£000)

Name	Title	Salary and fees	Taxable benefits	Annual performance -related bonuses	Long-term performance -related bonuses	Pension-related benefits	Total
Mr Trevor Clarke	Director of the International and Private Patients Division	80–85	0	0	0	30–32.5	115–120
Professor David Goldblatt	Director of Clinical Research and Development	5–10	0	0	0	0	5–10
Mrs Juliette Greenwood	Chief Nurse (until 31 Oct 2017)	125–130	0	0	0	32.5–35	160–165
Ms Nicola Grinstead	Deputy Chief Executive	135–140	0	0	0	135–137.5	275–280
Dr David Hicks	Interim Medical Director (until 31 Dec 2017)	95–100	0	0	0	0	95–100
Mary (Polly) Hodgson	Interim Chief Nurse (from 1 Jan 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Miss Helen Jameson	Interim Chief Finance Officer (from 1 Mar 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Mr Andrew Long	Medical Director (from 1 Jan to 28 Feb 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Mr Niamat (Ali) Mohammed	Director of Human Resources	120–125	0	0	0	75–77.5	200–205
Mr Ward Priestman	Interim Director of Information and Communication Technology	70–75	0	0	0	0	70–75
Mr Matthew Shaw	Medical Director (from 1 Mar 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Mrs Loretta Seamer	Chief Finance Officer (until 28 Feb 2018)	150–155	0	0	0	0	150–155
Dr Peter Steer	Chief Executive	210–215	0	0	0	47.5–50	260–265
Mr Matthew Tulley	Director of Development	130–135	0	0	0	67.5–70	200–205
Janet Williss	Interim Chief Nurse (from 1 Nov until 31 Dec 2017)	n/a	n/a	n/a	n/a	n/a	n/a

Pension entitlements of senior managers (£000)

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash equivalent transfer value at 1 April 2017	Real increase/(decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2018
Mr Trevor Clarke	Director of the International and Private Patients Division	0–2.5	5–7.5	40–45	130–135	934	75	1,009
Ms Nicola Grinstead	Deputy Chief Executive	2.5–5	0–2.5	30–35	75–80	365	54	419
Mary (Polly) Hodgson	Interim Chief Nurse (from 1 January 2018)	2.5–5	7.5–10	25–30	80–85	451	75	526
Mr Niamat (Ali) Mohammed	Director of Human Resources	0–2.5	0–2.5	40–45	125–130	832	34	866
Mr Ward Priestman	Interim Director of Information and Communication Technology	2.5–5	0–2.5	10–15	35–40	188	12	200
Mr Matthew Shaw	Medical Director (from 1 March 2018)	0–2.5	2.5–5	15–20	45–50	241	40	281
Dr Peter Steer	Chief Executive	2.5–5	0	10–15	0	124	72	196
Mr Matthew Tulley	Director of Development	2.5–5	0–2.5	35–40	80–85	479	60	539

In addition to the executive directors listed above, Helen Jameson, Interim Chief Finance Officer from 5 March 2018, is a member of a defined contribution pension scheme to which the Trust contributed a value of between £0 and £2,500.

Median pay

The highest paid Director in 2017/18 was the Chief Executive Officer whose remuneration was in the band £235,000–£240,000. This was 6.2 times the median remuneration for all members of the Trust. The calculation is based upon full-time equivalent Trust staff for the year ended 31 March 2018 on an annualised basis.

	2017/18	2016/17
Band of the highest paid director's total remuneration (£000)	235–240	210–215
Median total remuneration	38,096	39,832
Ratio	6.2	5.3

Delano, caption TBC.

Staff report

Fulfilling our potential

We will only achieve delivery of our strategy by ensuring that we attract and retain the right people, working together to create a culture that enables us to learn and thrive. In 2017/18, we saw improvements in many of our workforce metrics that show our work towards that goal. We welcomed our largest ever cohort of nursing recruits in September 2017 and saw a reduction in turnover rates. We also saw improvements in training and appraisal rates through the year.

Equality, diversity and inclusion

We can only provide the highest quality healthcare to children and their families if we recruit the best possible staff, and if all these staff are treated with respect and are valued. The Trust has developed *Our Always Values*, a set of shared values and behaviours which characterise all our dealings with each other, our patients and families (see page 12). Recognising, respecting and valuing diversity are important in order to underpin these expectations.

In 2017 we supported black and minority ethnic staff to successfully apply for national leadership development programmes. We are actively working with our LGBT+ staff to progress key initiatives, and we are pleased that our staff will be at Pride 2018 for the first time. During early 2018, we surveyed LGBT+ staff to understand their experience of working at GOSH and are currently collating the responses to inform future actions.

We published our extensive Annual Staff Data Report, our Workforce Race Equality Scheme Report and Action Plan as well as our first Gender Pay Gap Report in March, and will be working with our staff in the coming year to understand the data and implement required actions.

Our staff

In 2017/18, the Trust employed an average of 4,476 full-time equivalent (FTE) staff.

Average number of people employed, including agency, maternity leave and bank staff	**Year to 31 March 2018**			Year to 31 March 2017
	Total Number	**Permanently employed Number**	**Other Number**	Total Number
Medical and dental	634	611	23	626
Ambulance staff	0	0	0	0
Administration and estates	1,239	1,162	77	1,200
Healthcare assistants and other support staff	292	291	1	297
Nursing, midwifery and health visiting staff	1,526	1,516	10	1,479
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	780	724	56	777
Other	5	5	0	5
Total	**4,476**	**4,309**	**167**	4,384
Staff on maternity leave included in above	**124**	**124**		115

On 31 March 2018, the gender mix of GOSH Directors, senior managers and staff was:

	Female	Male
Director	38% (5)	62% (8)
Senior managers	57% (12)	43% (9)
Staff	77% (3656)	23% (1062)

The table below provides analysis of the cost of staff for the year 2017/18.

Employee costs	**Year to 31 March 2018**			Year to 31 March 2017
	Total	**Permanently employed**	**Other**	Total
	£000	**£000**	**£000**	£000
Salaries and wages	209,549	202,644	6,905	193,437
Social security costs	20,933	20,933	0	19,440
Apprenticeship levy	938	938	0	0
Pension cost – employer contributions to NHS pension scheme	23,063	23,063	0	21,194
Pension cost – other	61	61	0	82
Termination benefits	0	0	0	46
Temporary staff – agency/contract staff	4,819	0	4,819	9,318
Total gross staff costs	**259,363**	**247,639**	**11,724**	243,517
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(1,844)	(1,844)	0	(1,401)
Recoveries from other bodies in respect of staff cost netted off expenditure	(839)	(839)	0	(292)
Total staff costs	**256,680**	**244,956**	**11,724**	241,824
Included within:				
Costs capitalised as part of assets	4,273	3,834	439	2,522
Operating expenditure analysed as:				
Employee expenses – staff and executive directors	232,851	224,400	8,451	224,139
Research and development	16,254	13,420	2,834	12,686
Education and training	3,302	3,302	0	2,431
Redundancy	0	0	0	46
Total employee benefits excluding capital costs	**252,407**	**241,122**	**11,285**	239,302

Disability

During 2017, our first cohort of Project Search interns, formed of young people with learning disabilities, successfully graduated from the scheme and a second intake commenced at the Hospital. This scheme provides young people with both valuable work and life experiences to prepare them for employment.

We have a Recruitment and Selection Policy and an Equality at Work Policy which supports the employment, training and development of all our staff including those staff who have disabilities. We make managers aware of their own unconscious bias; we now cover the topic in our managers' training programmes for recruitment and selection and appraisal.

In 2017 GOSH became Disability Confident Committed. This is a new government scheme, replacing the two-tick scheme, to help people with disabilities secure employment.

In the coming year we will prepare for the introduction of the Workforce Disability Standard.

Staff Survey

The staff survey is an important indicator of our staff experience, which is vital to our ability to attract and retain staff, deliver our strategy, Fulfilling Our Potential, and ensure we have high-quality leadership and provide safe care. Our overall response rate to the 2017 survey was 45.8%.

We take the staff survey very seriously. The findings are discussed by our Trust Board and senior management teams and with our staff side partners through our Staff Partnership Forum. We also discuss our results at a Chief Executive monthly briefing session, which is open to all staff. In 2017 we held staff listening events to discuss and explore our survey findings and we continue to listen to our staff as we develop actions to address our latest survey findings.

Of the 32 key findings, four were better than the 2016 staff survey, while two remained the same and 26 deteriorated from the previous year. We saw an improvement in the percentage of staff appraised in the last 12 months and a small reduction in the number of staff reporting working extra hours. We also saw an improvement in the percentage of staff reporting their most recent experience of either violence or harassment & bullying.

The results show that 87% of respondents would be happy for a friend or relative to be treated at the Trust and 67% would recommend GOSH as a place to work. Our staff engagement score remains above the NHS average as does the score for staff motivation at work and satisfaction with levels of resourcing and support.

2017 Staff Survey Response rate

2016/17	2017/18 (current year)		Trust improvement/ deterioration
	Trust	Benchmarking group average	Change since previous year
60%	46%	53%	-14%

Top 5 ranking scores (against benchmark group)

	2016/17	2017/18 (current year)		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group average	Change since previous year
KF27: Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	48%	54%	47%	+6%
KF12: Quality of appraisals	3.35	3.18	3.16	-0.17
KF11: Percentage of staff appraised in last 12 months	88%	86%	88%	+2%
KF7: Percentage of staff able to contribute towards improvements at work	76%	73%	73%	3%
KF4. Staff motivation at work	4.00	3.94	3.94	-0.06

Top 5 ranking scores (against benchmark group)

	2016/17	2017/18 (current year)		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group average	Change since previous year
KF28: Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	35%	36%	27%	+1%
KF10: Support from immediate managers	3.80	3.70	3.81	-0.1
KF31: Staff confidence and security in reporting unsafe clinical practice	3.73	3.57	3.71	-0.16
KF9: Effective team working	3.83	3.69	3.79	-0.14
KF29: Percentage of staff reporting errors, near misses or incidents witnessed in the last month	92%	88%	92%	-4%

We have identified the following priorities to address as part of the action plan currently in development:

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month.
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month.
- Staff confidence and security around reporting unsafe clinical practice.
- Support from immediate managers.
- Effective team working.

A number of initiatives are currently being progressed that will address the areas of concern:

- Safety and Reliability Improvement Project.
- Trust-wide Leadership Learning Needs Analysis.
- Development of an Equality, Diversity and Inclusion strategy.
- Management development Strategy refresh.
- Bullying and Harassment Policy refresh.

We know that working with our patient groups can sometimes be stressful, and also that staff push themselves to attend work when they are unwell. We offer a range of health and wellbeing benefits including access to counsellors 24/7. We have established a multi-disciplinary health and wellbeing group which has led on a health and wellbeing week, with more activities planned over the coming year. We are developing a Mindfulness App bespoke to GOSH; this will be launched in May 2018.

The results of the staff survey findings will be a key input into the Trust-wide learning needs analysis (LNA). The LNA aims to identify leadership and management capabilities required across all levels of leadership across the Trust. One already key management capability that requires development is staff engagement. As we work with our local management teams to produce action plans to address specific findings, further priorities will be identified as well as working with our senior managers to develop a Trust-wide action plan. The actions identified will be monitored through Divisional Performance Boards with regular reporting to the Trust Executive of progress.

For the first time, we asked survey respondents about the *Our Always Values*. Our results showed that over 99% of respondents to this question were aware of the values and 60% said that managers demonstrated the values at work always or often; 66.9% said that their colleagues also displayed them always or often. From our results, we know that we need to continue our focus on embedding the values and the behaviours that underpin them.

Recognising reward and performance

We continue to emphasise the importance of appraisals as an opportunity for line managers to recognise the achievements of individuals. During 2017/18 PDR (appraisal) rates increased to an average of 88% from 77% in 2016/17. In the most recent staff survey, respondents rated the quality of appraisals higher than the national average. Consultant appraisals increased in the second half of the year to 88%.

Our GOSH GEMS awards attract high-quality nominations from staff as well as patients and families, and during the year we were delighted to award 26 individual and 20 team awards. In 2018 we will continue to promote GEMS nominations to our colleagues to embed a culture that recognises staff.

In September, staff came together to celebrate the achievements of all those who work at GOSH at the annual award ceremony. The awards, which have been running for ten years, received almost 500 nominations. Nominations present an opportunity to hear directly from patients and parents about the difference we can make to their lives through outstanding clinical care and living *Our Always Values*.

Engaging and listening to staff

We provide frequent opportunities for staff across the hospital to ask questions and share ideas, particularly with senior colleagues. Engagement is important; it helps us live *Our Always Values* of 'always one team' and 'always expert'.

Our monthly executive talks, led by the Chief Executive, have an open invitation to all employees. Our monthly senior management meetings have been extended to include a wider audience of clinical leaders as well as managers. We continue to hold regular discussions with formal staff representatives through our Staff Partnership Forum and Members Council.

Raising concerns at GOSH

The Audit Committee monitors implementation of our Raising Concerns in the Workplace Policy. In the 2017 Staff Survey, 94% of staff said they would know how to report a concern about unsafe clinical practice, and 71% said they would feel secure about raising their concerns. These results are similar to other acute specialist hospitals.

We continue to embed the role of GOSH Freedom to Speak Up (FTSU) Ambassador service to enable staff to raise concerns. This service is provided by a multi-professional group of GOSH staff across the Trust, so representatives are easily accessible. In January 2018, we appointed a FTSU Guardian to lead the service.

Learning and development

This year we have continued to develop apprentices at GOSH – we have increased the number of non-clinical apprentices, started our first cohort of clinical apprentices as healthcare support workers and are now developing programmes for healthcare science apprentices. In 2017/18 we have had over 90 apprentice starts, achieving our annually set public sector target.

We continued to embed the GOSH Learning Management System (GOLD LMS) which was launched last year. It has enabled us to provide more visible access to learning opportunities and has improved the recording of learning records.

A comprehensive review of our statutory and mandatory training portfolio was completed, and we are continuing to redesign training so it is timely, relevant, effective and, importantly, that the learning can be applied. We are also collaborating with the STP to work in partnership with other north and central London trusts to streamline the administration of statutory and mandatory training.

The case to create a 'GOSH Learning Academy' is being scoped with the vision to provide an inspirational space which is new and innovative, in support of enabling our staff to learn and thrive.

Leadership

Having leaders with the right capabilities at all levels across the Trust is key to enabling us to deliver the strategic direction of the hospital. This year we have conducted an analysis to identify the leadership and management development needs across the Trust. This year we will build upon our leadership and management development portfolio to support our leaders to fulfil their potential.

We piloted a new tool, 'Axiometrics', for senior leader recruitment, onboarding, personal development and team development. We continue to offer apprenticeships in leadership and management, supporting the development of those new to their position.

We are delighted that GOSH has been selected to work in partnership with the Cognitive Institute (and their UK agents, the Medical Protection Society) in the Safety and Reliability Improvement Programme (SRIP) to implement a Speaking Up for Safety (SUFS) programme in 2018. As an essential part of our launch, some 180 senior leaders, both clinical and non-clinical, attended SRIP Leaders' Orientation workshops.

Health and sickness

The health and wellbeing of our staff is a top priority. We have established a multi-disciplinary health and wellbeing group to oversee a range of wellbeing support and benefits including:

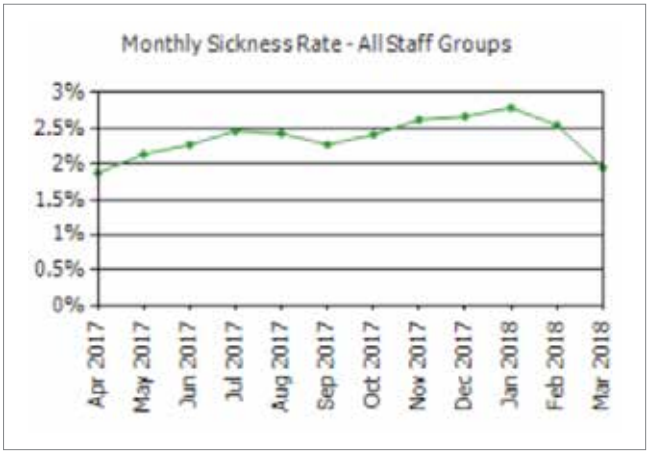
- Free on-site staff physiotherapy service
- 24/7 counselling and advice service
- Full occupational health service (vaccinating 61% of our staff against flu in 2017)
- Subsidised massage service

We have continued to offer a wide range of sports and social activities, including yoga, golf days, historical walking tours, a running club, and netball and football teams.

Due to popular demand, we repeated the pedometer challenge with large uptake from our more sedentary employees.

We took part in mental health week and secured some high profile speakers to help raise awareness of mental health. In January we ran our first health and wellbeing week promoting hydration and physical and mental wellbeing through a range of activities and taster sessions, including a roving trolley to take information to the clinical areas.

Below is a graph showing our sickness rate for all staff groups over 2017/18.



Our sickness rate in 2017/18 has increased from 2.3% in March 2017. However this remains well below the target of 3%, and the most recently reported NHS rate for 2016/17 at 4.16%.

The Trust has invested in a new scheduling system to be rolled out in 2018/19 that will allow for improvements to absence reporting.

Staff safety and occupational health

We are committed to effectively minimising risks, controlling hazards and preventing harm to all. This is done through a proactive programme of risk assessment and audit. There are clear processes for incident reporting, and we encourage a culture in which people report incidents. In 2017/18 GOSH employees reported 800 health and safety incidents, including 135 patient safety incidents. One was a 'serious incident'. This has increased from 760 incidents in 2016/17.

Our governance structure ensures statutory compliance is undertaken within legislative requirements. The Health and Safety Committee provided assurance on a range of subjects such as violence against staff, sharps compliance, COSHH and fire. Maintaining compliance in a complex and diverse environment can present challenges. We have developed an auditing tool specific to the Trust that allows us to review and develop our systems to manage risk more effectively.

Following the fire incident at Grenfell Tower, the Trust reviewed its fire plans and procedures. These were confirmed to be safe and compliant. The London Fire Brigade commissioned a specialist contractor to review the cladding throughout London including a visit to GOSH. The cladding on the Trust's buildings was confirmed to be safe.

Trade Union Facility Time

The Trust has a small number of employees who were union officials during the year. The total cost of union activities was less than 1% of the total pay bill for the year.

Countering fraud and corruption

We have 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 carry out ad hoc audits and specific investigations of any reported alleged frauds. The LCFS delivers 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.

Expenditure on consultancy

Consultancy expenditure can be found in note 4 of the annual accounts on page 114.

Exit packages

Information about exit packages can be found on page 116.

Disclosures

Principal activities of the Trust

Information on our principal activities, including performance management, financial management and risk, efficiency, employee information (including consultation and training) and the work of the research and development division and IPP is outlined in the performance report. Page 12 summarises GOSH's purpose and activities.

Going Concern

Our going concern disclosure can be found on page 77.

Directors' responsibilities

The directors acknowledge their responsibilities for the preparation of the financial statements.

Safeguarding external auditor independence

While recognising that there may be occasions when the external auditor is best placed to undertake other accounting, advisory and consultancy work on our behalf, the Board seeks to ensure that the auditor is, and is seen to be, independent. We have developed a policy for any non-statutory audit work undertaken on our behalf, to ensure compliance with the above objective. The Members' Council has approved this policy, and it is monitored on an annual basis, or as a query arises.

Code of Governance

Great Ormond Street Hospital for Children NHS Foundation Trust 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 2017 to 31 March 2018 it was compliant with the provisions of *The NHS foundation trust Code of Governance* providing an explanation against the following provisions:

- **A.4.2: Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate** and **B.6.3: The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.**
  In view of the appointment of a new Chairman and two non-executive directors, the performance evaluation of the Chairman and existing NEDs is being conducted in Q2–Q3 2018/19. The Senior Independent Director (SID) will lead the performance evaluation of the Chairman and the new NEDs within a framework agreed by the Council of Governors.
- **B.1.2: At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent**
  From 1 May 2018 to 31 October 2018 the Board comprised six executive directors (including the Chief Executive), the Interim Chairman and four non-executive directors.
- **B.2.2: Directors on the board of directors and governors on the council of governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations**
  The directors on the Board have all been required to sign a statement declaring that they meet the criteria of a 'fit and proper person'. Following the election to the Council in January 2018, the new governors are in the process of completing the fit and proper persons test.
- **B.3.3 The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation Trust or another organisation of comparable size and complexity, nor the chairperson of such an organisation**
  The CEO was invited by the government of Ireland to serve as a NED on the Children's Hospital Group Board, Ireland. This position and time requirement is not considered a conflict of interest. The CEO as a consequence of his position is also a member of the Board of UCLPartners, an academic health science partnership.
- **B.6.5: Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities**
  An evaluation of the Council will be conducted in Q4 2018/19 to provide time for new working arrangements between the Board and the Council (agreed in April 2018) to be established.
- **B.6.6: There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties**
  As part of the work of the Constitution Working Group, this policy is being reviewed and updated.

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 130.

Transactions with related parties

Transactions with third parties are presented in the accounts on page 126. None of the other board members, the foundation trust's councillors, or parties related to them have undertaken material transactions with the Trust.

Consultations in year

In 2017/18, we have consulted patients, families, members, the public and staff on a variety of issues:

- We held a listening event for patients, parents and carers within the Gastroenterology Service to hear about their experiences and inform the review of the service.
- The Young People's Forum and our staff took part in the Takeover Challenge, a national event launched by the Children's Commissioner for England, which challenges young people to take over prominent job roles within professional organisations. Takeover 2017 was even bigger than the previous year, with more teams and younger children gaining an insight into how decisions are made and services are run. A Teen Café was set up to help inpatients meet other teenagers, and to give them time away from the ward.
- To learn from other hospitals about how best to cater for young people in the hospital, the YPF hosted the first ever meet-up of 14 hospital forums in October 2017 to discuss the big issues surrounding their health and hospital care. The event was so successful that Derby and Nottingham hospitals will be co-hosting a Big Meet Up 2018 (see page 20).
- We consulted with staff about the structure of the operational divisions.
- Our charity conducted a consultation with staff on the hospital's brand and website.

Statement on better payment practice code

The Trust aims to pay its 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's Better Payment Practice Code performance for non-NHS creditor payments in year was 85% in terms of number, (61,091 of 71,866 invoices were paid within 30 days) and 89% in terms of value, (£244,951k of a total £274,314k were paid within 30 days). The performance for NHS creditor payments in year was 70% in terms of number, (1,322 of a total 3,053 invoices were paid within 30 days) and 43% in terms of value, (£14,200k of a total £20,206k were paid within 30 days). See table below:

Better payment practice code	31 March 2018	
	YTD	YTD
	Number	£000
Non NHS		
Total bills paid in the year	71,866	274,314
Total bills paid within target	61,091	244,951
Percentage of bills paid within target	85%	89%
NHS		
Total bills paid in the year	3,053	20,206
Total bills paid within target	1,322	14,200
Percentage of bills paid within target	43%	70%
Total		
Total bills paid in the year	74,919	294,520
Total bills paid within target	62,413	259,151
Percentage of bills paid within target	83%	88%

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 14.3% to the scheme. From July 2013, staff who are not eligible for the NHS Pension Scheme have been subject to the auto-enrolment scheme offered by the National Employment Savings Trust. In 2017/18, the Trust contributed 1% for all staff who remain opted in. In addition to the above, the Trust has members of staff who are in defined contribution pension schemes for which it makes contributions.

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 in page 56 of the remuneration report.

Treasury Policy

Surplus cash balances are lodged on a short term basis with the National Loan Fund through the Government Banking Service.

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.

Information governance

The Information Governance Steering Group (IGSG) monitors implementation of the information governance framework at GOSH. We manage risks to data security in the same way as other Trust risks, but they are also subject to separate evaluation and scrutiny by the IGSG, which provides assurance to the Trust's Audit Committee. This group uses the Information Governance Toolkit assessment to inform its review.

Our information governance strategy has been driven by forthcoming changes to legislation, specifically the introduction of the General Data Protection Regulations (GDPR) 2018, an update to the Data Protection Directive 1995. Many of the required changes are already established within the Trust due to our commitment to patient confidentiality and compliance with NHS guidelines, but specific areas will now become legal requirements. We are using this as an opportunity to review all personal data processing, such as how individuals can access the data GOSH holds on them, and how patients are informed of their options with regards to data sharing.

Our Information Governance Steering Group continues to monitor information governance compliance, reporting monthly on areas affecting data quality, records management and information security. We are undertaking additional work to ensure all staff are fully aware of their responsibilities for data security and protection and understand how they may be affected by the new regulations.

Another focus for the coming year will be the relaunch of the Information Governance Toolkit as the Data Security and Protection Toolkit. The toolkit will be aligned with the National Data Guardian's ten data security standards and the forthcoming General Data Protection Regulation (GDPR) and will be a full redesign of how we demonstrate compliance. Over the coming year, GOSH will ensure that all appropriate evidence is available to measure performance against the data security and information governance requirements mandated by the Department of Health and Social Care.

As part of the information governance agenda, we are also overseeing the adoption of the new EPIC Electronic Patient Record. The enhanced privacy and security functionality within the system will allow greater controls for GOSH to protect patient data. The Information Governance Team will ensure that any potential privacy concerns are identified and appropriately monitored.

Further information can be found in the annual governance statement on page 84.

How we govern quality

We place the highest priority on quality, measured through our clinical outcomes, patient safety and patient experience indicators. Our patients, carers and families deserve and expect the highest quality care and patient experience. Despite a range of changing and increasing pressures, we must ensure we manage and deliver services in a way that never compromises our commitment to safe and high-quality care. The key elements of our quality governance arrangements are outlined in the annual governance statement on page 85 and include:

- Clear accountability at Trust Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.
- Clear reporting structures for the Patient Safety and Outcomes Committee and Patient Family Experience and Engagement Committee.
- Internal processes to check that we meet our quality standards and those set nationally.
- KPIs that are presented at the Trust Board, 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
  - external indicators assessed and reported monthly
- Board commitment to continuous improvement in safety and quality indicators and the establishment of mechanisms for recording and benchmarking clinical outcomes. Outcomes are collected by each specialty, and many teams have published outcomes to the Trust website. The Trust has developed an internal Clinical Outcomes Hub, which enables teams to more readily use this evidence in decision-making and service improvement.
- Patient stories at the public Board meeting highlight where the quality of care could be improved and celebrate excellent practice and patient experience. Learning is shared with teams across the hospital and progress with actions is reported at the Quality and Safety Assurance Committee.

Further information can be found in the *Quality Report* on page 131.

Gastroenterology review

In 2015 we commenced a review into the gastroenterology service at GOSH to ensure it provides the highest standards of care to the children, young people and families it looks after. This review was of particular importance to us as we had seen a disappointing and sustained number of complaints about the service we offered.

We engaged with national and international peer reviewers throughout the process. We delivered improvement work based on recommendations and held a listening event for patients and parents to ensure that their views were captured. The set of reviews has now been concluded and the process and outcome is described on page 174 of our *Quality Report 2017/18*.

Registration with the CQC
GOSH is registered with the CQC as a provider of acute healthcare services. The CQC visited the Trust in January 2018 as part of its rolling schedule of inspections. The report was published in April 2018 and services were rated as 'good' overall and 'outstanding' for being caring and for being effective. The also CQC conducted a well led inspection and the Trust was rated 'requires improvement' – further information can be found on page 172. The Trust has developed an action plan in response to the recommendations. This includes actions in response to a requirement notice related to accessibility of clinical information for staff planning to undertake procedures.

Complaints and how we handle them
All complaints are dealt with openly and honestly with the aim of providing appropriate remedy for the complainant. The Complaints team coordinate the investigation of complaints to timescales agreed with the complainant, who are is kept updated throughout. A final response is sent from a member of the Executive team and we usually offer a meeting with relevant staff to discuss any remaining concerns. If the complainant is not satisfied by the Trust's response, they can request the Parliamentary and Health Service Ombudsman (PHSO) to review their complaint.

As part of complaint investigations, we identify lessons learnt and areas for service improvement and devise action plans. These are logged and the Complaints team follows up for regular progress reports from the staff responsible. Collaboration with Quality Improvement and Clinical Audit assures learning and accountability.

In 2017/18, GOSH received 87 formal complaints with 86 of these complaints being investigated in line with the NHS complaint regulations (one was withdrawn). During the year, four complaints were referred to the PHSO and two have currently been accepted for investigation.

Detail of political and charitable donations

The Trust has not made any political or charitable donations during 2017/18.

NHSI's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation
As at May 2018, the Trust has been placed in Segment 2 by NHS Improvement. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources
The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017/18 Scores				2016/17 Scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	1	1	1	1	2
	Liquidity	1	1	1	1	1	1
Financial efficiency	I & E Margin	1	1	1	1	1	2
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	3	3
Overall scoring		**1**	**1**	**1**	**1**	**1**	**2**

NHSI well-led framework

As part of their routine scheduled inspection programme, the CQC conducted a well-led inspection of the Trust in January 2018. The Trust was rated as 'requires improvement'. The inspectors identified the areas of good practice including:

- Recognition of the excellent work undertaken to address our waiting time data and management issues (see page 20).
- All staff were proud to work at Great Ormond Street Hospital.
- Effective systems are in place to identify and learn from unanticipated deaths, serious incidents and complaints.

The report identified issues with nursing leadership and said that nurses feel that they don't have a voice. There were perceptions of an overly complicated divisional structure, and the need for further engagement with local stakeholders particularly around sustainability and transformation partnerships (STPs).

We are developing an action plan in response to the points raised in the report, noting that for some, we had already identified the issue and started to put plans in place. The action plan will be monitored by the Trust Board.

Working with partner and stakeholder organisations
During 2017/18, we have entered into or continued with formal arrangements with the following organisations, which are essential to the Trust's business.

The UCL Great Ormond Street Institute of Child Health
In August 2016, the UCL Institute of Child Health became the UCL Great Ormond Street Institute of Child Health (ICH). This name change reflects the close and unique partnership between us and our research partner, ICH, in driving the successful development of innovative new treatments for children with rare diseases. Together, we host the National Institute for Health Research (NIHR) Great Ormond Street Biomedical Research Centre (BRC) and represent the largest concentration of paediatric research expertise in Europe, and the largest outside of North America.

Great Ormond Street Hospital Children's Charity
Great Ormond Street Hospital Children's Charity (GOSH Charity) is a vital partner that offers tremendous support both by raising money directly and through its network of corporate partners. The charity makes it possible for us to redevelop our buildings, buy new equipment, fund paediatric research conducted at the hospital and ICH, and to make the patient experience as good as it can be. In 2017/18, the charity's total income was just over £100 million – this included a one-off additional amount reflecting a change in the way the charity accounts for it's legacy income (around £8 million). Further information about the work of the charity can be found at gosh.org.

UCLPartners
One of five UCLPartners (UCLP) is an accredited academic health science systems partnership in the UK, UCLPartners (UCLP) is an academic health science centre between UCL, Queen Mary University of London, the London School of Hygiene and Tropical Medicine, and five of London's most prestigious hospitals and research centres, including GOSH. By sharing knowledge and expertise between different specialist institutions through UCLP, we can better support the advancement of scientific knowledge and ensure healthcare benefits are passed to patients as quickly as possible. Further information about UCLP can be found at uclpartners.com.

Our commissioners
More than 90% of our clinical services are commissioned by NHS England, with the remaining 10% being delivered through arrangements with 205 clinical commissioning groups (CCGs). We have a proactive working relationship with NHS England, and hold 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
Many of our specialised services operate with other healthcare providers in local, regional and national clinical networks of care. Our teams also play a role in working with other healthcare organisations; through the provision of outreach clinics, as a source of specialist clinical advice and as members of clinical reference and formulary groups. Working closely with referrers and within networks of care to strengthen shared care arrangements is a key strategic aim for us.

Children's Healthcare Alliance and European Children's Hospital Organisation
The Trust is a member of the Children's Healthcare Alliance, a strategic oversight body involving children's hospitals in the UK. The European Children's Hospital Organisation is a new organisation made up of different children's hospitals from across Europe, providing an opportunity for hospitals that share a common mission and face similar challenges, to share expertise and contribute to the advancement of paediatric services. Dr Peter Steer, Chief Executive, chairs both of these meetings. Further information can be found on pages 27–28.

Disclosure of information to auditors

The Trust Board directors, of who held office at the date of approval of this annual report and accounts, 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.

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.

Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

The NHS 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 NHS Improvement.

NHS Improvement, in an exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require 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 required by those Directions. 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 Department of Health Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, 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 (and the Department of Health Group Accounting 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, which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her 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 the NHS Foundation Trust Accounting Officer Memorandum.

Dr Peter Steer
Chief Executive

Date: 23 May 2018

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 ending 31 March 2018.

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, non-financial internal controls, which support the achievement of the organisation's objectives.

Key responsibilities of the committee include monitoring the integrity of the Trust's annual report and accounts, and the effectiveness, performance and objectivity of the Trust's external and internal auditors. Also, the committee is required to satisfy itself that the Trust has adequate arrangements for counter fraud, managing security and ensuring that there are arrangements by which staff of the Trust may raise concerns.

The Quality and Safety Assurance Committee consider clinical risks and their associated controls (see page 78). An independent non-executive director member of that committee is also an independent non-executive director member of the Audit Committee, to ensure that the work of each committee is complementary.

The table on page 75 sets out, in detail, the responsibilities of the Audit Committee and how we have discharged those duties. The report also highlights the key areas considered by the committee in 2017/18, but I would like to draw particular attention to the following items:

In keeping with last year, the Trust has undertaken a review of the appropriateness of the adoption of the going concern basis for the preparation of the accounts. This effectively reflects the confidence of the Trust that the organisation remains financially viable. The Trust continues to deliver the majority of its services as part of the two-year contract signed with NHS England in December 2016. An updated plan to meet the 2018/19 control total has been submitted to NHS Improvement, which aligns with the contract variation agreed with the commissioners in March 2018. We are confident that the Trust management has clearly adopted the appropriate accounting basis and recognises that the financial challenges the wider NHS faces are significant.

The committee met four times over the financial year, and I am satisfied that it was presented with papers of good quality, 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. Members of the Council also observed committee meetings throughout the year.

The committee reviewed its effectiveness annually and no material matters of concern were raised in the 2017/18 review.

The Audit committee is composed of three independent non-executive directors. These are listed on pages 41–42. Two of the non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience.

Mr Akhter Mateen
Audit Committee Chairman

23 May 2018

Audit Committee responsibilities

The committee's responsibilities and the key areas discussed during 2017/18, whilst fulfilling these responsibilities, are described in the table below:

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed by the committee during 2017/18
Review of the Trust's risk management processes and internal controls	• Reviewing the Trust's internal financial controls, its compliance with NHS Improvement'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 and associated annual report risk management disclosures. (Clinical risks are reviewed by the Quality and Safety Assurance Committee.)	The outputs of the Trust's risk management processes including reviews of: • 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. • An annual report and fraud risk assessment prepared by the Trust's counter fraud officer. • An annual report from the Trust's security manager. • Assurance of controls in place for emergency planning and business continuity. • Mitigations in place as a result of a cyber security incident. • Assurance of plans to manage: - Debt provisioning - IR35 compliance
Financial reporting and external audit	• 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.	• 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. • Review of non-audit work conducted by the external auditors. • Plan for tendering of the external audit contract in 2018/19 including approval by the Members' Council.
Internal audit	• Monitoring and reviewing the effectiveness of the company's internal audit function, including its plans, level of resources and budget.	• Internal audit effectiveness and charter defining its role and responsibilities • Internal audit programme of reviews of the Trust's processes and controls to be undertaken, and an assurance map showing the coverage of audit work over three years against the risks • Status reports on audit recommendations and any trends and themes emerging • The internal audit reports discussed by the committee included: - key financial controls - data quality - information governance - board assurance framework - business continuity - workforce planning - review of annual leave payments • Plan for tendering of the internal audit contract in 2018/19
Other	• 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.	• Review of SFIs and Scheme of Delegation • Review of Audit Committee's terms of reference and workplan • Annual report sections on governance. • The impact of new regulations • Updates on the management of information governance and data quality risks • Updates on staff raising concerns policy (Whistleblowing) and issues raised with Freedom to Speak Up Ambassadors • Reporting to the Board and Members' Council where actions are required and outlining recommendations • Assurance of compliance with the Bribery Act 2011 • Plan for tendering of the counterfraud contract in 2018/19

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 information from the committee self-assessment survey 2017/18 was used to review and update the committee's terms of reference in May 2018 with no major changes being made.

The committee also reviews the performance of its internal and external auditor's service against best practice criteria as detailed in the *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 was appointed for a three-year term from 2014/15, with an option to extend for a further two years. The Members' Council approved the extension to the external auditor until the end of 2018/19. A procurement process for the external auditors, internal auditors and counterfraud specialist will be conducted in 2018/19 for commencing their programmes of work in 2019/20.

Their audit and non-audit fees are set, monitored and reviewed throughout the year and are included in note 4 of the accounts.

Internal audit and counter-fraud services
Internal audit services are provided by KPMG LLP and cover both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee.

The Trust's 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. Significant risks included the potential reduction in our funding, arising from the challenging external environment and commissioning changes and delivery of our productivity and efficiency (better value) target. For each risk, the committee reviewed the risk assessment (including risk definition, risk appetite, and likelihood and impact scores), the robustness of the controls and the evidence available that the controls were operating.

Data quality reviews
During the year, the committee sought assurance that the systems and processes for assuring data completeness, timeliness, relevance, accuracy and appropriateness were operating effectively.

Board Assurance Framework (BAF)
The Audit Committee reviewed the BAF in detail this year. The Risk Assurance and Compliance Group reviewed each strategic risk on the BAF along with the related mitigation controls and assurances. The Audit Committee reviewed the consistency and presentation of the BAF and received routine presentations on strategic risks at each committee meeting.

Preparing for GDPR
The Audit Committee received updates on progress against the Trust's plan to prepare for the introduction of GDPR on 25 May 2018. The committee will continue to review progress against the plan as the implementation date approaches.

Productivity and efficiency
The Finance and Investment Committee monitored the identification, planning, monitoring, delivery and post-implementation review of Trust's savings schemes. The Quality and Safety Assurance Committee received assurances from the Quality Impact Assessment Group that those schemes do not adversely or unacceptably affect the quality of services delivered. The Audit Committee sought independent assurance that the systems and processes supporting those assurances were operating effectively. The Audit Committee linked closely with the Finance and Investment Committee and received the minutes of that Trust Board committee and the Quality and Safety Assurance Committee.

IPP debtors
The Audit Committee also monitored and reviewed the IPP debt levels for each major customer and discussed with management, strategies to minimise the level of exposure. The final quarter of the financial year saw a decrease in the debt exposure for the organisation, but this remains a key risk that the committee will continue to monitor.

Internal controls
We focused in particular on controls relating to cyber-security, credit control management and delays in debt collection. Action plans were put in place to address issues in operating processes.

The audit plan of the internal auditors is risk-based, and the Executive team works with the auditors to identify key risks to inform the audit plan. The Audit Committee considers the links between the audit plan and the BAF. The Audit Committee approves the internal audit plan and monitors the resources required for delivery. During the year, the committee considers any proposed changes to the audit plan and monitors delivery against the plan approved at the start of the financial year.

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.

Financial reporting
We reviewed the Trust's financial statements and determined how to position these within the annual report. We considered reports from management and the internal and external auditors in our review of:

- The quality and acceptability of accounting policies, including their compliance with accounting standards.
- 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.

Going concern
Our management team has carefully considered the appropriateness of reporting on the 'going concern' basis.

In 2017/18, the Trust reported a small operating surplus prior to capital donations and impairments, which includes £9.1m funding via the NHS sustainability and transformation fund. The Trust delivered efficiency savings to support this position.

In 2018/19 the Trust will enter into the second year of the two-year contract with its commissioners. This contract aligns to the plan submitted to NHS Improvement, and the agreed business plans to meet demand and deliver access targets through additional capacity, including the new Premier Inn Clinical Building. It demonstrates the organisation will deliver a £0.5m surplus which is in part achieved through £15m efficiency savings.

In 2017/18 IPP turnover continued to increase (3.8%), with the majority of demand originating from the Middle East (greater than 80% of IPP income came from government agency sponsored activity within the Middle East). It is recognised this is a risk to the organisation so the Trust continues to seek other markets to diversify income sources and reduce its exposure.

As at the 31 March 2018 the Trust held £55.7m in cash reserves and it remains able to meet all commitments as and when they fall due, demonstrating strong liquidity. The Trust continues to carefully manage any investment in capital assets and ensure that the support provided by the charity is appropriately reflected in the accounts.

Funding within the NHS remains constrained and it is recognised that the organisation is operating in a difficult financial climate. However, the directors have a reasonable expectation that the Trust has adequate resources to continue to operate for the foreseeable future. For this reason, and following reasonable enquiries, the directors continue to adopt the going concern basis for the preparation of the accounts within this report.

Significant financial judgements and reporting for 2017/18
We considered a number of areas where significant financial judgements were taken, which 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.

Level of debt provisions
The financial statements include provisions in relation to uncertainty. Judgements in this area are largely related to the timing of recognition of these provisions, the quantum recognised and the amount which has been utilised in previous years. We reviewed and discussed the level of debt and debt provisions with management. This included consideration of new provisions and any release and utilisation 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. Judgements 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 reports from management which explained the basis of valuation for the most significant buildings, including the future life and rationale for any impairments associated with structural refurbishment expenditure. We also considered the auditors' views on the accounting treatment for these buildings. 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 recognition of commercial revenue on new contracts.
- The treatment of expenditure related to capital contracts.

We consider that the Trust's existing financial control systems should ensure that such items are properly treated in the financial statements. 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.

Conclusion
The committee has reviewed the content of the annual report and accounts and advised the Board that, in its view, taken as a whole:

- It is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.
- It is consistent with the 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 accounts on a going concern basis.

Mr Akhter Mateen
Audit Committee Chairman

23 May 2018

Quality and Safety Assurance Committee report

Introduction from the Chairman of the Quality and Safety Assurance Committee

I am pleased to present the Quality and Safety Assurance Committee's report on its activities during the year ended 31 March 2018.

The Quality and Safety Assurance Committee is a sub-committee of the Trust Board, with delegated authority to ensure that the correct structure, systems and processes are in place within the Trust to appropriately manage and monitor clinical governance and quality related matters and strategic and operational risks.

As chairman, I am satisfied that during the year, the committee was presented with the appropriate level of information and in a timely fashion. 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 Quality and Safety Assurance Committee are listed on pages 42–43. Representatives from the Council attended the Quality and Safety Assurance Committee meetings during the year.

I have been chairman of the committee since June 2017. I will step down from my role as non-executive director on the GOSH Board at the end of May 2018 to join East Kent Foundation NHS Trust as Chairman. Lady Amanda Ellingworth will take on the responsibility of chairing the Quality and Safety Assurance Committee.

Quality and Safety Assurance Committee responsibilities

The principal purpose of the Quality and Safety Assurance Committee is to assure the Board that the necessary structures and processes are in place to deliver safe, high-quality, patient-centred care and an excellent patient experience.

The committee requests assurance on scheduled matters as well as quality and safety issues arising during the year. The committee's responsibilities and the key areas discussed during 2017/18 are outlined in the table to the right.

Principal responsibilities of the committee	Key areas formally reviewed during 2017/18
Review and seek assurance on any issues identified by the Trust Board (as requiring more detailed review that fall within the remit of the committee) including on any quality, safety or patient experience matters or shortcomings arising from the Trust's operational and quality and safety performance.	• Review of the annual *Quality Report 2017/18* • Reports from the Clinical Ethics Committee • Regular review of performance reports • Monitoring of actions arising from patient stories • Updates on quality issues arising in Pharmacy Department
Review when an issue occurs which threatens the Trust's ability to enable excellent clinical care to flourish, that this is managed and escalated appropriately and actions are taken and followed through.	• Assurance of maintenance of the compliance register • A range of specific, emergent issues were considered in 2017/18 including: - Update on the gastroenterology service review process - Quality and safety impact of the productivity and efficiency programme - Recruitment and retention with a particular focus on nurses at GOSH - Update on Health Education North Central and East London (HENCEL) and educating junior doctors - Implementation of the CQC action plan and preparation for future inspection
Assure the Trust Board that the controls to mitigate risk within the areas of responsibility of the committee are in place and working within a regulatory and legislative framework.	• Summary reports on the relevant risks on the BAF • Compliance with the risk management strategy • Reports received on specific and/or high risk areas: - Health and safety - Safeguarding - Raising concerns (whistleblowing and freedom to speak up) – quality related cases - Education and training update - Research governance - Update on the transition - Update on learning from deaths - Integrated *Quality Report* including update on incidents, complaints and patient experience feedback
Review of findings and recommendations from internal audit, clinical audit and learning from external investigations and reports	• The internal audit annual plan and strategy was presented to the committee in April 2017 with an 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 audits were discussed this year: - Data quality - Complaints - Business continuity plans - Workforce planning - Board assurance framework - Cancelled operations • Quarterly reports from the Trust's clinical audit manager and annual plan for 2017/18

Risk reviews

The committee reviews all clinical strategic and high- scoring operating risks at least annually. As at 31 March 2018, the Trust's most significant risk relating to clinical delivery was recruiting and retaining sufficient highly skilled staff.

Quality impact of the productivity and efficiency programme

The Quality and Safety Assurance Committee QSAC has received assurance of the refreshed quality impact assessment (QIA) processes in place for productivity and efficiency (Better Value) schemes in 2017/18. The committee also reviewed some specific services' productivity plans to ensure quality and safety is not compromised.

CQC compliance

The committee reviewed the actions taken to implement the recommendations arising from the CQC report of January 2016. In September 2017, the action plan was completed and reported to the Trust Board for final sign off. The committee was kept appraised of plans in place to prepare for future inspections, including updates on progress with the Well Led action plan.

Patient stories

The Trust Board receives patient stories at every public Board meeting. Matters that arise from these stories are documented and acted upon; the QSAC then reviews progress on these matters at every meeting.

Review of effectiveness

The chairmen of three committees (Audit Committee, Quality and Safety Assurance Committee and the Finance and Investment Committee) discussed how the QSAC could operate more effectively. The new Chairman, Lady Amanda Ellingworth, will conduct a review in Q2 2018/19.

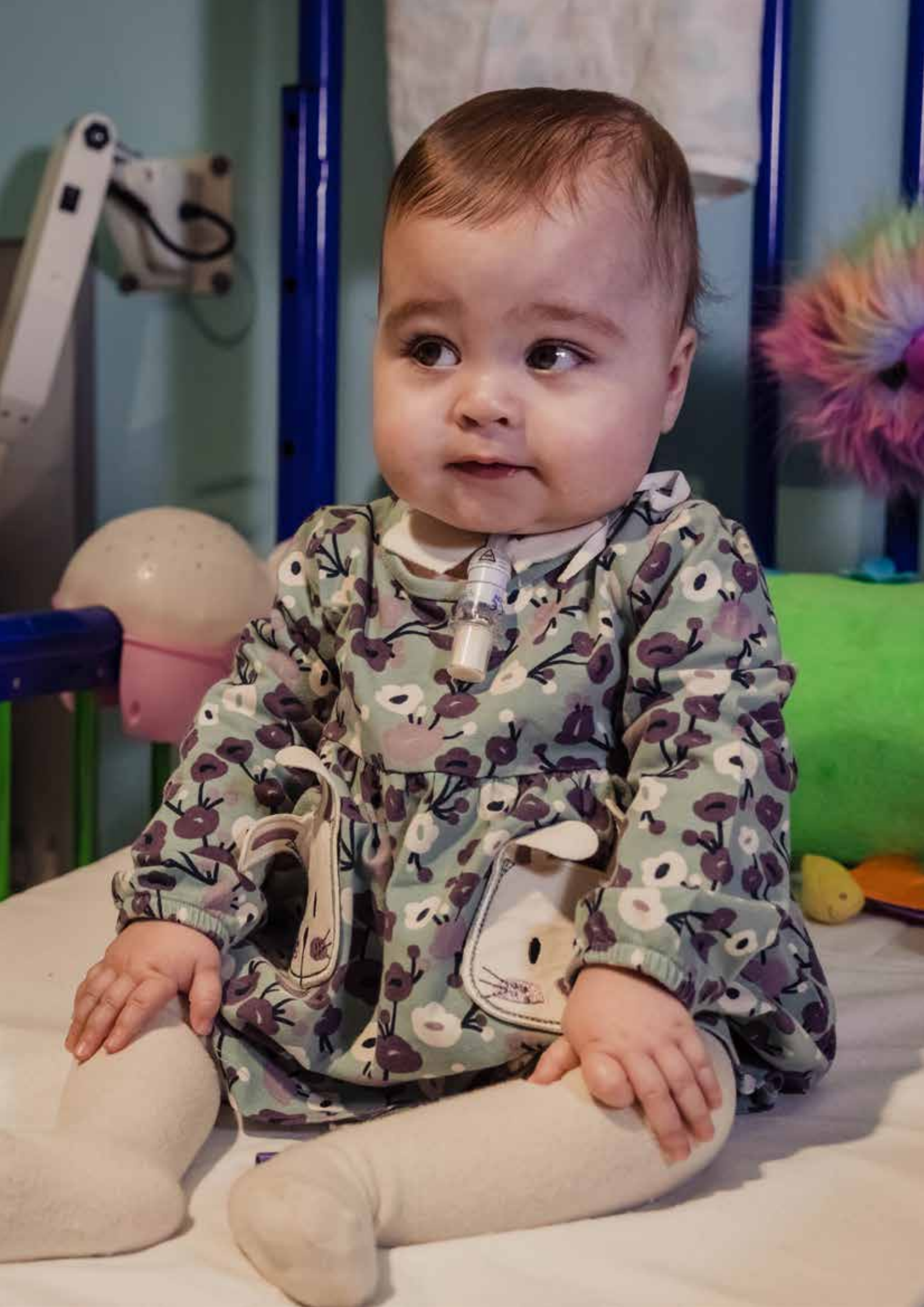
Conclusion

As Chairman of the QSAC, I am satisfied that the committee adequately discharged its duties in accordance with its terms of reference throughout 2017/18.

Professor Stephen Smith
Quality and Safety Assurance Committee Chairman

23 May 2018

Amelie, caption TBC.



Head of Internal Audit Opinion

Basis of opinion for the period 1 April 2017 to 31 March 2018.

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; and
- 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 PSIAS, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e. 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; and
- Commentary.

Basis for the opinion

The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes; and
- 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.

Our overall opinion for the period 1 April 2017 to 31 March 2018 is that: 'Significant assurance with minor improvements' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Note: the opinion is currently based on our work performed to date, however we do not expect our overall assurance rating to change.

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 2017 to 31 March 2018 inclusive, and is based on the ten audits that we completed in this period.

- The design and operation of the Assurance Framework and associated processes
- The Trust's Board Assurance Framework (BAF) does reflect the Trust's key objectives and risks and is regularly reviewed by the Board. The Executive reviews the BAF on a monthly basis and the Audit Committee and Quality and Safety Assurance Committee review it on a quarterly basis. The Audit Committee reviews whether the Trust's risk management procedures are operating effectively.
- 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 four PARTIAL ASSURANCE WITH IMPROVEMENTS REQUIRED (AMBER-RED)' opinions in respect of our 2017/18 assignments. We did not issue any NO ASSURANCE (RED) opinions from our 2017/18 assignments. The partial assurance reports related to workforce planning, divisional governance and divisional financial management, nursing recruitment and retention and HPTP governance.

Our divisional governance and divisional financial management report identified that revised divisional governance structures had not been fully embedded, with performance not consistently being considered at a divisional level.

We have not raised any high priority recommendation in this period and all outstanding high priority recommendations from prior period have been implemented. We have agreed actions with management for the implementation of the recommendations from our partial assurance with improvements required reports and are satisfied that appropriate action has been agreed with management to improve the robustness of the control environment in these areas.

KPMG LLP.

KPMG LLP
Chartered Accountants

London 23 May 2018

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 ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Great Ormond Street Hospital for Children NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Great Ormond Street Hospital for Children NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

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 NHS Improvement and the CQC. Further accountability and responsibility for elements of risk management are set out in the Trust's risk management strategy.

The Board has a formal schedule of matters reserved for its decision, and delegates certain matters to committees as set out below. Matters reserved for the Board are:

- Determining the overall strategy.
- Creation, acquisition or disposal of material assets.
- Matters of public interest that could affect the 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.

The Board has a 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. 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 improve its oversight of risk.

There are two Board assurance committees, being the Audit Committee and the Quality and Safety Assurance Committee, which assess the assurance available to the Board in relation to risk management, review the Trust's non-clinical and clinical risk management processes and raise issues that require the attention of the Board. In addition to the two assurance committees, the Finance and Investment Committee considers financial performance, productivity and use of resources. The chair of each committee reports to the Board meeting following the committee's last meeting. Each committee is charged with reviewing its effectiveness annually.

The Risk Assurance and Compliance Group (comprising executives, quality, safety and compliance leads) reports to the Audit Committee and the Quality and Safety Assurance Committee. This group monitors the effectiveness of risk management systems and the control and assurance processes and monitors the Board Assurance Framework.

The Trust has a Patient Safety and Outcomes Committee, chaired by the Medical Director (comprising executives, and senior managers and clinicians from the clinical divisions and corporate teams). This committee monitors the implementation of clinical risk management processes throughout the Trust, ensuring that risks are identified, registered and managed at appropriate levels of responsibility in the clinical divisions and corporate departments. It receives reports of risks, incidents and risk-mitigating actions from division and department groups and specialist subcommittees. In addition, each clinical division's Board considers risks, quality and safety indicators, incidents and complaints on a regular basis. Locally, risks are reported to relevant Risk Action Groups, which report to Divisional Boards. These RAGs are multi-disciplinary groups and receive information on a monthly basis on their clinical and non-clinical incidents (reported through the central reporting system) to consider actions to control risks and identify key themes. These are the key management forums for consideration of risks.

The Trust has a central Risk Management Team that administers the risk management processes. 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, we emphasise the importance of preparing risk assessments where required, on reporting, investigating and learning from incidents.

There is a range of other processes to ensure that lessons are learned from specific incidents, complaints and other reported issues. These include reports to risk action groups, divisional boards and articles within internal newsletters.

4. The risk and control framework

The risk management strategy

In early 2016, the Trust's risk management strategy, which sets out how risk is systematically managed, was reviewed and updated. 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.

The strategy 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 four, 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 are embedded in all elements of the Trusts 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 that 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 Board has recently reviewed and revised its risk appetite statement.

The Board recognises that the Trust delivers clinical services and research activity within a high-risk environment. The delivery of GOSH's strategic objectives and its relationships with its patients, the public, its funders and other strategic partners determines the Trust's long-term sustainability. As such, the Board has agreed that the Trust has an overall low appetite for risks relating to its clinical service and research delivery. The lowest risk appetite applies to all safety and compliance objectives, including preventable patient harm, public and employee health and safety. The Trust has a marginally higher risk appetite for the pursuit of innovation and its strategic and operations objectives. This means that the risks originating from clinical and research processes as well as meeting legal and other regulatory obligations will take priority over other business objectives.

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 Board is committed to placing quality and safety at the top of its own agenda, to encourage continuous improvement in safety and quality indicators, and to establish mechanisms for recording and benchmarking clinical outcomes.

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

- There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.
- Under the executive directorship of the Medical Director, quality improvement at the Trust is part of the broad remit of the Quality and Safety Team which incorporates clinical audit, patient safety, clinical outcomes and complaints. This team of quality improvement specialists work together to ensure an organisational approach to maintaining and improving our quality governance processes.
- Executive oversight of patient experience and engagement is through the Chief Nurse who, with the Medical Director, ensures an organisation-wide approach to the integrated delivery of the quality governance agenda. They are supported in this work by a number of senior managers including the Assistant Chief Nurse for Quality, Safety and Patient Experience, the Head of Quality and Safety and the Associate Medical Director for Quality, Safety and Patient Experience. Patient and parent feedback is received through: the Friends and Family Test (FFT), a more detailed survey carried out at least once a year, the work programme of the Patient and Family Experience and Engagement Committee and through a range of other patient/parent engagement activities.
- Each specialty and clinical division has an internal monitoring structure so teams regularly review their progress and identify areas where improvements may be required. Each specialty must measure and report a minimum of two clinical outcomes. Each division's performance is considered at monthly performance review meetings.
- Working with the divisional management teams, the aim is to continue to develop a culture of continual identification of learning from events and making changes that are effective, sustainable and improve the quality of the service and experience of our children, young people and their families.
- The Quality and Safety Team work collaboratively with the Trust's Project Management Office (PMO) to ensure the right resources are available to the right work streams at the right time. This will reduce duplication of effort and support the transition of projects to 'business as usual' while providing effective support to sustain changes and monitor outcomes.

- Each of the priority quality improvement projects have an allocated executive director, operational lead and allocated specialist from the Quality and Safety Team, who, along with other key specialists, form a steering group to oversee and support delivery.
- Each improvement project has a steering group that reports to relevant Trust committees such as the Quality Improvement Committee (QIC), the Patient Safety and Outcomes Committee (PSOC) or the Patient Family Experience and Engagement Committee (PFEEC). These committees, alongside a newly-established Education and Workforce Committee, provide assurance to the Trust Board on the quality and safety programme.
- Using the Institute for Health Improvement (IHI) model for improvement, the Quality and Safety Team use data to encourage improvement activity and to demonstrate and evidence the impact of the improvement programme.
- Key performance indicators are presented on a monthly basis to the Trust Board. The report includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures. 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 (PALS).
- 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.

Through these processes, all data on the quality of care in each specialty and service is considered as part of our internal and external management and assurance process. A data quality dashboard has been developed which provides visibility of potential data quality issues across the organisation. This 'kite-mark report' is reported at every Board meeting.

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. This group uses the Information Governance Toolkit Assessment to inform its review. The Audit Committee seeks assurance of progress with the Trust's Cyber Security Strategy including the management of risks to delivering the strategy and operational risks and incidents.

There were three never events reported in the Trust during the year, as follows:

- Removal of the wrong tooth in a child: The patient had an incorrect molar tooth removed. It was not necessary for the tooth originally planned for removal to be removed, and the patient did not require an additional procedure. A detailed investigation concluded that while a team brief and the WHO surgical safety checklist were completed, a dedicated maxillofacial safety checklist was needed to ensure that all teeth are appropriately identified, and the method for removal agreed. There was no harm to the patient.
- Retained object: The patient had posterior spinal fusion surgery which at the time was thought to have been uneventful and surgical counts were thought to be correct. Post-operatively an object (metallic reduction head known as a 'pair of ears') was noticed on a routine x-ray- it had been left attached to a screw which had been inserted during surgery and should have been removed. The patient did not need to have any additional treatment or investigations as a result of the incident. The clinical team have advised that the retained object will not cause any harm to the patient but it is recognised that the incident has caused considerable anxiety for the patient's parents.
- Retention of a swab following surgery: A patient had a bowel perforation so underwent a laparoscopy, followed by a laparotomy. A single site of perforation was found in the small bowel and resection and primary anastomosis were performed. At the end of the procedure, the post-operative checklist was completed and all swab counts were reported as correct. An abdominal x-ray confirmed the position of the nasogastric tube demonstrated a radiopaque foreign body projected over the abdomen consistent with surgical gauze. The patient was returned to theatre. Laparoscopy revealed a retained intra-abdominal swab, which was removed through the umbilical incision.

Compliance with the foundation trust licence conditions

An assessment has been carried out of the Trust's processes to ensure that it complies with the licence conditions, and, in particular, licence condition four (governance). The CQC Well-Led Inspection found that staff spoken with did not feel that there were clear lines of accountability under the Trust's divisional structure. A staff consultation is underway to review and update divisional reporting structures in Q1 2018/19.

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. It is the responsibility of these staff to collate evidence of compliance with the standards. The evidence is reviewed periodically by compliance staff.

The Trust is compliant with the registration requirements of the Care Quality Commission. In January 2018, the CQC conducted a scheduled unannounced inspection of two services (surgery and outpatients) and an announced inspection against the well-led criteria. The report was published in April 2018. The Trust was rated 'Good' overall. An action plan is in development to respond to the recommendations, including a requirement notice related to accessibility of clinical information for staff planning to undertake procedures. Further information about the well-led inspection can be found on page 71.

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 BAF is used to provide the Board with the assurance that there is a sound system of internal control in place to manage the risks of the Trust not achieving its strategic objectives. The BAF is used to provide information about the controls in place to manage the key risks, and details the evidence provided to the Board indicating that the control is operating. The BAF 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. The internal auditors conducted an audit into the management of the BAF audit and this indicated significant assurance with minor improvement potential.

Each strategic risk on the assurance framework, including 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 Quality and Safety Assurance Committee or the Audit Committee at least annually. The committees look for evidence that the controls are appropriate to manage the risk and independent assurance that the controls are effective. The committees monitor progress with actions to reduce or remove control or assurance gaps.

In addition, the Trust Board recognises the need to 'scan the horizon' for emerging risks and review low-probability/high-impact risks to ensure that contingency plans are in place. The Board has included such matters in Board discussions of risks as well as holding an annual risk management meeting and inviting external speakers on future risk matters relevant to paediatric and wider healthcare, including Brexit, health policy changes, and the role and impact of technology in the provision of healthcare.

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 to 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, 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:

- Being able to meet the two-year plan control total target set by NHS Improvement, in an environment where core services are underfunded, money available to NHS organisations is reduced, and the cost of delivering specialised services is high.
- Recruitment and retention of sufficient highly skilled staff with specific experience.
- Reliance on IPP to support financial viability.
- Implementation of the new Trust-wide Electronic Patient Record (EPR) system.

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.

A summary of the top four risks to our operational or strategic plans in 2017/18 and the mitigations in place to manage them is outlined on the following page.

Risk	Explanation	Mitigating actions implemented and underway
Recruitment and retention of sufficient highly skilled staff with specific experience	The inability to recruit and retain enough skilled staff could lead to a reduction in services that can be safely provided. This potential reduction could lead to GOSH being unable to accommodate all referrals to the Trust and/or result in longer waiting times.	Specific action plans are in place for key service areas and professions including: • A Trust-wide nursing recruitment and retention programme. • Enhanced processes to establish GOSH as an attractive employer. • Tactical use of temporary staff to fill vacancies. • Education commissioning plans to increase numbers of potential staff.
Failure to continue to be financially sustainable	A reduction in funding and/or increasing costs will lead to a need to reduce activity, which could potentially impact on our ability to deliver our vision, despite efforts to ensure excellent patient experience and outcomes.	• Robust financial planning including downside contingency planning, regular performance reviews and establishment of a programme management office to support the Trust in identifying and delivering productivity and efficiency schemes. • Development of commercial strategies. • Monthly monitoring of capital expenditure. • Working with commissioners to support the Trust's service and growth strategy. • Continued involvement in forums influencing paediatric tariff discussions. • Ongoing cost benchmarking.
Reliance on International and Private Practice (IPP) contributions to support financial viability	The risk that the organisation will not deliver IPP contribution targets.	• Clear and regular reporting against operational activity and financial targets. • A range of market development and brand recognition activities underway. • Recruitment and retention plan in place to ensure IPP has the quality and quantity of skilled staff to support the required activity levels. • Work underway to identify additional capacity for IPP activity in the Trust. • Escalation processes in pace to minimise IPP debt and aging debt.
Implementation of the new Trust-wide EPR	The risk that the EPR programme will not be delivered on time or within budget.	• Robust programme governance led by the EPR Programme Board, including engagement with clinical experts, patients and families, Finance, IT, research and operational management. • Clinical and research leadership in place. • Communication strategy in place, including specific strategies to ensure thorough engagement with clinicians and to ensure all staff and stakeholders are aware of programme and impacts of changes. • Project closely integrated with Quality Improvement and Operations teams to ensure the EPR is delivered as a change programme. • Engaged external expert advisors for legal, commercial and procurement processes.

Emerging risks with medium or high scores are reported through the quality and safety and KPI performance reports, and at the clinical division and corporate department level through the Trust's quarterly strategic reviews.

The Board obtains assurance from the results of internal audit reviews, which are reported to the Audit Committee and Quality and Safety Assurance Committee. The Quality and Safety Assurance Committee receives the results of clinical audits and health and safety reports, while the Audit Committee monitors the counter-fraud and security management programmes.

The annual audit plan of the internal auditors is risk based; the Executive Team works with the auditors to identify key risks to inform the audit plan. The Audit Committee considers the links between the Audit Plan and the Board Assurance Framework.

Both committees ensure that system weaknesses and assurance gaps are addressed. An internal and external 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.

Involvement of stakeholders
The Trust recognises the importance of the involvement of stakeholders in ensuring that 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 (PALS) 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 are also involved in strategic planning groups with commissioners and other healthcare providers.

Other regulations
The Trust is fully compliant with the registration requirements of the CQC.

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

Control measures are in place to ensure that the Trust meets obligations under equality, diversity and human rights legislation.

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

5. Review of economy, efficiency and effectiveness of the use of resources

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, reviewing financial performance against these budgets, and assessing the results of the Trust's cost improvement programme on a monthly basis. Also 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 Trust's performance management framework is aligned to the divisional management structure. The Finance and Investment Committee reviews the operational, productivity and financial performance 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 performance report.

The Trust's external auditors are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. They report the results of their work to the Audit Committee. Their report is on page 74.

Code of governance
Great Ormond Street Hospital for Children NHS Foundation Trust 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. Information about the Trust's compliance with the Code is on page 68.

6. Governance

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 (see page 68).

The internal auditors conducted a review of information governance audit in April 2017 and this indicated 'significant assurance with minor improvement potential'.

Information governance
The Trust has undertaken a focused programme of work on the introduction of the General Data Protection Regulations (GDPR) 2018, an update to the Data Protection Directive 1995. The Trust is using this as an opportunity to review all personal data processing – such as how individuals can access the data GOSH holds on them; and how we inform patients of their options with regards to data sharing. Further work is being undertaken to ensure all staff are fully aware of their responsibilities to data security and protection and how they may also be affected by the new regulations.

An additional focus for the coming year will also be the relaunch of the Information Governance Toolkit as the Data Security and Protection Toolkit.

This year there have been four serious incidents in information governance (classified as Level 2 in the Information Governance Incident Reporting Tool) involving sensitive information. Details are as follows:

- Two folders containing confidential information were misplaced on a ward.
- A letter containing sensitive details was sent to the old address of a patient.
- An encrypted email was sent to a private medical insurer for patients with unpaid bills. The attached spreadsheet accidentally included other patients with an unpaid bill and not just those for this insurer.
- A member of staff emailed patient identifiable information to their personal email.

The incidents have all been reported to the Information Commissioner's Office and an internal root cause analysis commenced for each incident.

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 provides assurance to the Trust's Audit Committee. The Trust has approved and is implementing a cyber-security strategy including threat detection technology and monitoring of the cyber environment 24/7.

7. 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. NHS Improvement (in an exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual quality reports, which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

There are a number of controls in place to ensure that the *Quality Report* presents a balanced view of the Trust's quality agenda. Many of the measures in the *Quality Report* are monitored throughout the year, either at the Board or the Patient and Safety Outcomes Committee, which reports into the Quality and Safety Assurance Committee. The Trust has a wide range of specific clinical policies in place to ensure the quality of care. These address all aspects of safety and quality. Policies are used to set required standards and ensure consistency of care. They are reviewed and approved by the Policy Approval Group and accessible via the Trust intranet pages to all staff.

A data quality dashboard has been developed which provides visibility of potential data quality issues across the organisation. This 'kite-mark report' is reported at every Board meeting.

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.

External assurance statements on the *Quality Report* are provided by our local commissioners and our local LINKs as required by quality account regulations.

Throughout the past three years, we have focused on improving the quality of our waiting list data, establishing robust processes to manage elective care waits and ensuring that assurance processes are in place to provide early warning of any future issues.

The main focus in 2017/18 was to reduce the waiting times for all our patients, providing prompt treatment and achieving the defined national requirements as an organisation. We worked on improving the waiting times associated with referral to treatment, in line with the hospital's agreed recovery trajectory with NHS England. We achieved the 92% standard for the first time since returning to reporting in January 2018, with a performance position of 92.96%. This was a testament to the work completed by the clinical and operational teams.

Following completion of the audit of our *Quality Report 2017/18*, a number of data quality issues were identified related to the small sample undertaken. Further information can be found in the *Quality Report* on page 179.

A number of actions are already underway that will address these issues, including the roll out of a refreshed RTT (and cancer) training package to ensure staff are fully aware of the rules as well as their application across GOSH. Many of these issues were the result of our patient administration system not being compliant with the RTT rules and therefore tracking and managing of patient pathways has to be completed outside the system with limited visibility of pathway status. This specific issue will be addressed with the implementation of the new electronic patient record (Epic) and the Trust is currently working to configure the RTT rules, providing a fully integrated tracking system for staff to use.

8. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the 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. I have drawn on the content of the *Quality Report* attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and Quality and Safety Assurance 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 standards.
- Consideration of performance against national targets.
- The assessment against the information governance toolkit.
- Health and safety reviews.
- Results from the PLACE assessment.
- Relevant reviews by the Royal Colleges and other external bodies.

I have also considered the reviews of the BAF 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.

The instances where the assurance was not sufficient or controls were not adequate when subject to routine audits during the 2017/18 year were:

- A review of the processes for the development and monitoring of workforce plans within divisions and across the Trust was undertaken and given partial assurance with improvements required. The audit found that strategic workforce planning to consider the long-term workforce requirements of the Trust had not been formally undertaken in line with a recognised academic model to consider the longer-term workforce needs of the Trust. However, the Trust does follow the recognised workforce planning processes in accordance with NHS business planning guidance. The audit identified a requirement to develop a workforce strategy to set out how workforce will be used to support delivery of the Trust strategy. A workforce strategy is under development.

- As part of this, through the priorities identified in the Trust strategy and in particular the people priority, an emphasis is being placed on:
  - Rolling out development programmes for leaders, ensuring we can respond to national challenges, via recruitment, retention and education of staff.
  - Continuing the programme to embed *Our Always Values*, which underpins both patient and staff safety, experience and satisfaction.
  - Working with the Cognitive Institute to deliver a Safety and Reliability Improvement Programme that will improve the culture of safety and accountability within the Trust.
- A review of the divisional governance and financial management framework. The auditors found that consistent divisional governance structures have not been established following the formation of divisions and there was a disconnect between the divisional performance considered by the Executive and the management of performance undertaken within divisions. A gap in control around the sign off of budgets was also raised. The Trust is in the process of carrying out a planned review of the divisional framework involving consultation meetings with staff and managers within the divisions and those who support the divisions (business partners).
- A review of nursing recruitment and retention highlighted that although a strategy has been developed to understand the driving factors behind nursing turnover and reduce the level of turnover and vacancies within nursing, there is not a formal action plan in place to monitor implementation of the strategy. Also while appropriate authorisation and selection processes have been developed, there was insufficient evidence to provide assurance that controls established within the recruitment process had consistently operated with regard to completion of interviews, assessment centres and local inductions. The management team have put in place an action plan to respond to these assurance gaps including the development of formal plans to monitor progress with the strategy.

Assurance of core systems and controls

The Trust audit programme has identified significant assurances for financial controls and risk management, and has found that the Trust BAF does reflect the organisation's key objectives and risks, and is regularly reviewed by the Board.

In all cases, action plans have been put in place to remedy any controls or assurance gaps, and the remedial action is being monitored by the assurance committees of the Board.

In addition, the Board has reviewed the risks and assurance available in relation to both its redevelopment programme and its information technology strategy, which is focusing on the introduction of electronic patient records and moving towards a fully digital hospital.

I have also considered the results of the assessment of compliance with the NHS Improvement Code of Governance for NHS foundation trusts (which are set out in the annual report on page 68).

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

Conclusion

With the exception of the gaps in internal controls and matters where assurances can be improved, as set out above, my review confirms that GOSH has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives, and I am confident that all minor gaps are being actively addressed. In the area where there was a significant control issue identified during the period, actions have now been implemented to address the issue.

Dr Peter Steer
Chief Executive

Date: 23 May 2018

Independent auditor's report

Independent auditor's report to the Board of Governors and Board of Directors of Great Ormond Street Hospital for Children NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of The Great Ormond Street Hospital for Children NHS Foundation Trust (the 'foundation trust'):

- Give a true and fair view of the state of the foundation trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- Have been prepared in accordance with the requirements of the *National Health Service Act 2006*.

We have audited the financial statements which comprise:

- The Statement of Comprehensive Income;
- The Statement of Financial Position;
- The Statement of Changes in Taxpayers' Equity;
- The Statement of Cash Flows; and
- The related notes 1 to 25.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: • Recognition of unsettled NHS revenue • Recoverability of overseas private patient debt • Valuation of land and buildings • Appropriate capitalisation of costs in relation capital projects • Management override of controls No new key audit matters were identified in 2017/18.
Materiality	The materiality that we used for the current year was £9.8m which was determined on the basis of approximately 2% of the Trust's total revenue recognised in the year to 2017/18.
Scoping	Audit work was performed at the Trust's head offices directly by the audit engagement team, led by the audit partner.
Significant changes in our approach	There have been no significant changes in our approach to the audit in 2017/18 compared to 2016/17.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- The accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- The accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Recognition of unsettled NHS revenue	
Key audit matter description	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 • The judgemental nature of provisions for non-payment, including in respect of outstanding overperformance income for quarters 3 and 4; and • 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 from patient care activities of £402.2m (2016/17; £374.2m) 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 Trust has agreed it's revenue position with NHS England in 2017/18, reducing the risk of misstatement or of revenue being irrecoverable. The year-end NHS debtors balance per Note 14.1 of the financial statements is £22.0m (2016/17: £18.0m). See also note 1.5 to the financial statements, Critical judgements in applying accounting policies, note 2, Revenue from patient care activities and note 14.1, Trade and other receivables.
How the scope of our audit responded to the key audit matter	• We evaluated the design and implementation of key controls in relation to revenue recognition. • We have challenged management's assumptions and corroborated management explanations to documentary evidence, such as correspondence with commissioners. • We performed detailed substantive testing on a sample basis of unsettled over-performance, non-contractual and other unsettled NHS income items. • We evaluated the results of the agreement of balances exercise, testing a sample of mismatches to validate the Trust position. • We agreed STF income to award letters from the Department of Health.
Key observations	We are satisfied that NHS revenue and related receivables have been recognised appropriately.

Recovery of overseas and private patient income	
Key audit matter description	The Trust has a significant private patient and overseas (non-reciprocal) patient practise, accounting for £57.3m of income in 2017/18 (2016/17: £55.1m). As at 31 March 2018, the Trust has receivables of £37.6m (2016/17: £31.9m) in regards to this revenue. The year-end debtor in relation to international private payment debt is contained within the £44.3m (2016/17: £36.3m) of other receivables disclosed in Note 14.1. Due to the nature of the debt (predominantly embassy, insured or privately funded) amounts typically take longer to recover than NHS amounts and can be individually large and hence judgement is required to determine the level of provision required. See also note 1.5 to the financial statements, Critical judgements in applying accounting policies and note 14.1 to the financial statements, Trade and other receivables and the Audit Committee's Report on page 74.
How the scope of our audit responded to the key audit matter	• We evaluated the design and implementation of controls over recognition and collection of overseas and private patient 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, including reviewing aging of the debts, write-offs in the year and analysing the impact of changes in the provisioning approach on the valuation of the balance. • 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 judgement around recoverability to assess whether payments will be made. • We agreed a sample of embassy debtors to letters of guarantee to support recoverability. • Provisions were also assessed to determine whether individual balances were overstated by considering the historical accuracy of the provision.
Key observations	We are satisfied that revenue, receivables and provisions in relation to overseas and private patient income have been recognised appropriately.

Valuation of land and buildings	
Key audit matter description	In 2017/18 the Trust performed a desktop revaluation of its estate, with the exception of the Premier Inn Clinical Building. This is a significant new building which came into use in the 2017/18 financial year and as such the Trust engaged an independent valuer to provide a full valuation of this building for the 31 March 2018 year end. The Trust holds Land, Building and Dwellings within Property, Plant and Equipment at a modern equivalent use valuation of £382.1m (2016/17 £304.9m). 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. Where existing properties are being modernised, the "modern equivalent use" valuation rules can lead to a "day one" impairment where the accumulated cost of the asset exceeds the cost of a newly built facility. The Trust's revaluation has decreased land values by £1.5m (2%), and increased buildings by £13.6m (4.5%). The value of Land and Buildings has further increased by £71.6m due to additions, primarily being the Premier Inn Clinical Building which is a new building brought into use in the current period. Further details on the associated estimates are included in notes 1.5 to the financial statements, Critical judgements in accounting policies and note 11 to the financial statements, Property, plant and Equipment and the Audit Committee's Report on page 74.
How the scope of our audit responded to the key audit matter	• 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 Deloitte 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 revaluations performed by other Trusts at 31 March 2018. • We have reviewed the disclosures in notes 1.5 and 11 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation. • We assessed whether the valuation and the accounting treatment of the impairment were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.
Key observations	We are satisfied that the Trust assumptions and valuation methodology are appropriate.

Appropriate capitalisation of costs in relation to capital projects	
Key audit matter description	The Trust has £23.7m (2016/17: £32.7m) of additions to assets under construction as per note 11 and 10 of the financial statements, primarily in relation to the development of new clinical buildings and the Trust's new Electronic Patient Records System (EPR). Determining whether expenditure should be capitalised can involve significant judgement as to whether costs should be capitalised under International Financial Reporting Standards, and when to commence depreciation. In addition, previously capitalised works that are being replaced or refurbished need to be appropriately written down. Further details on the associated estimates are included in note 10 to the financial statements, Intangible assets and note 11 to the financial statements, Property, plant and equipment and the Audit Committee's Report on page 74.
How the scope of our audit responded to the key audit matter	• We have evaluated the design and implementation of controls around the capitalisation of costs. • We have tested spending on a sample basis to confirm that it complies with the relevant accounting requirements, and that the depreciation rates adopted are appropriate. • We have reviewed the status of individual projects to evaluate whether they have been depreciated from the appropriate point. • We have challenged the accounting treatment of capitalised costs in regards to the Trust's EPR programme by performing procedures on a sample basis to test that costs (including professional fees and project team staff costs as well as hardware and software) are directly attributable to the asset.
Key observations	We are satisfied that capital expenditure has been recognised appropriately.

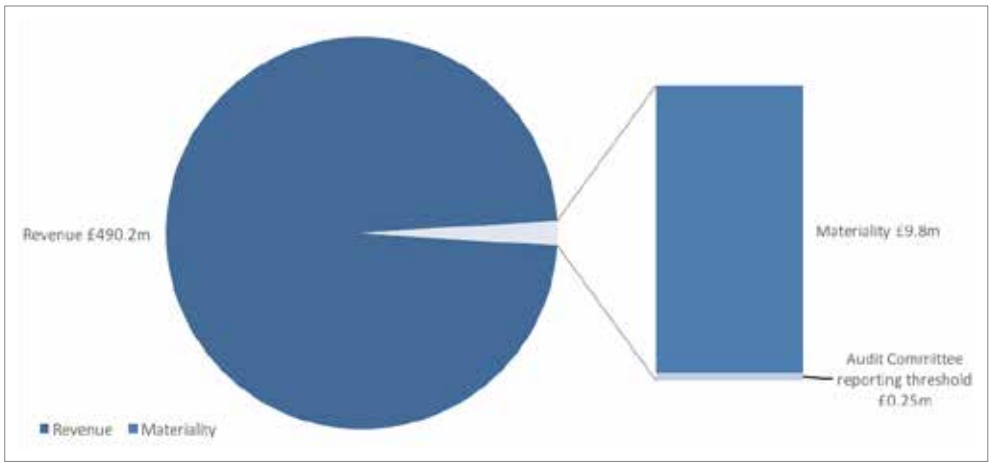
Management override of controls	
Key audit matter description	We consider that in the current year there is a heightened risk across the NHS that management may override controls to fraudulently manipulate the financial statements or accounting judgements or estimates. This is due to the increasingly tight financial circumstances of the NHS and the incentives to meet or exceed control totals to receive STF funding. All NHS Trusts and Foundation Trusts were requested by NHS Improvement in 2016 to consider a series of "technical" accounting areas and assess both whether their current accounting approach meets the requirements of International Financial Reporting Standards, and to remove "excess prudence" to support the overall NHS reported financial position. The areas of accounting estimate highlighted included accruals, deferred income, and partially completed patient spells, bad debt provisions, property valuations, and useful economic lives of assets. Details of critical accounting judgements and key sources of estimation uncertainty are included in note 1.4 to the financial statements, Critical accounting judgements and key sources of estimation uncertainty.
How the scope of our audit responded to the key audit matter	**Manipulation of accounting estimates** • Our work on accounting estimates included considering each of the areas of judgement identified by NHS Improvement. In testing each of the relevant accounting estimates, engagement team members were directed to consider their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS. • We tested accounting estimates (including in respect of NHS revenue and provisions and property valuations discussed above), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources. • We evaluated the rationale for recognising or not recognising balances in the financial statements and the estimation techniques used in calculations, and considered whether these were in accordance with accounting requirements and were appropriate in the circumstances of the Trust. **Manipulation of journal entries** • We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting focusing in particular upon manual journals. • We traced the journals to supporting documentation, considered whether they had been appropriately approved, and evaluated the accounting rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias. • We tested the year-end adjustments made outside of the accounting system between the general ledger and the financial statements. **Accounting for significant or unusual transactions** • We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this key audit matter.
Key observations	We are satisfied as to the reasonableness of the journal entries posted by Management and Management's accounting estimates, and are satisfied that the financial statements are not materially misstated due to management override of controls.

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.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£9.8m (2017: £6.8m)
Basis for determining materiality	2% of revenue (2017: 1.5% of revenue) We reassessed the percentage used in the context of our cumulative knowledge and understanding the audit risks at the Trust and our assessment of those risks for this year.
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £250,000 (2017: £250,000), 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, and assessing the risks of material misstatement. Audit work was performed at the Trust's head offices in London 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 Information Technology systems.

Data analytic techniques were used as part of audit testing, in particular to support profiling of populations to identify items of audit interest.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in respect of these matters

Responsibilities of accounting officer

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, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the *National Health Service Act 2006*
In our opinion:

- The parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the *National Health Service Act 2006*; and
- The information given in the Performance Report and the Accountability 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 Code of Audit Practice, 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; or
- Proper practices have not been observed in the compilation of the financial statements.

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.

We have nothing to report in respect of these matters

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- Any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- Any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters

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 Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of The 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 foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Craig Wisdom ACA (Senior statutory auditor)
for and on behalf of Deloitte LLP
Statutory Auditor
St. Albans, United Kingdom

23 May 2018

Trinity, caption TBC.

Accounts

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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require 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 required by those Directions. 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 Department of Health Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, 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 (and the Department of Health Group Accounting 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; and
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which 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 the NHS Foundation Trust Accounting Officer Memorandum.

Signed

Dr Peter Steer
Chief Executive

Date: 23 May 2018

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 2018 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 NHS Improvement, with the approval of the Treasury, has directed.

Signed

Dr Peter Steer
Chief Executive

Date: 23 May 2018

Statement of Comprehensive Income for the year ended 31 March 2018

	Note	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
Operating income from patient care activities	2	**402,226**	374,187
Other operating income	3	**87,986**	83,334
Operating expenses of continuing operations	4	**(456,559)**	(435,280)
Operating surplus		**33,653**	**22,241**
Finance costs			
Finance income	8	**138**	149
Finance expenses – unwinding of discount on provisions	9	**(12)**	(13)
Public dividend capital dividends payable		**(7,454)**	(7,411)
Net finance costs		**(7,328)**	(7,275)
(Losses)/gains on disposal of assets		**(184)**	32
Surplus for the year		**26,141**	14,998
Other comprehensive income			
Will not be reclassified to income and expenditure:			
- Impairments		**(1,480)**	(28,810)
- Revaluations – property, plant and equipment	19	**16,432**	4,106
Total comprehensive income/(expense) for the year		**41,093**	(9,706)

Financial performance for the year – additional reporting measures			
Retained surplus for the year		**26,141**	14,998
Adjustments in respect of capital donations	3	**(24,653)**	(32,056)
Adjustments in respect of impairments	3	**2,939**	12,149
Adjusted retained suplus/(deficit)		**4,427**	(4,909)

The notes on pages 105 to 130 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 2018

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	10	**18,429**	8,476
Property, plant and equipment	11	**438,672**	416,419
Trade and other receivables	14	**6,188**	6,664
Total non-current assets		**463,289**	431,559
Current assets			
Inventories	13	**8,853**	8,226
Trade and other receivables	14	**77,071**	67,669
Cash and cash equivalents	15	**55,695**	42,494
Total current assets		**141,619**	118,389
Total assets		**604,908**	549,948
Current liabilities			
Trade and other payables	16	**(62,359)**	(50,623)
Provisions	18	**(1,264)**	(114)
Other liabilities	17	**(6,329)**	(5,611)
Net current assets		**71,667**	62,041
Total assets less current liabilities		**534,956**	493,600
Non-current liabilities			
Provisions	18	**(968)**	(860)
Other liabilities	17	**(4,543)**	(4,950)
Total assets employed		**529,445**	487,790
Financed by taxpayers' equity			
Public dividend capital		**127,280**	126,718
Income and expenditure reserve		**306,494**	275,981
Other reserves		**3,114**	3,114
Revaluation reserve		**92,557**	81,977
Total taxpayers' equity		**529,445**	487,790

The financial statements on pages 101 to 130 were approved by the Board and authorised for issue on 23 May 2018 and signed on its behalf by:

Signed

Dr Peter Steer
Chief Executive

Date: 23 May 2018

Statement of changes in taxpayers' equity for the year ended 31 March 2018

	Public dividend capital (PDC)	Revaluation reserve	Income and expenditure reserve	Other reserves	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2017	126,718	81,977	275,981	3,114	**487,790**
Changes in taxpayers' equity for the year ended 31 March 2018					
- Surplus for the year	0	0	26,141	0	**26,141**
- Transfers between reserves	0	(1,388)	1,388	0	**0**
- Net impairments	0	(1,480)	0	0	**(1,480)**
- Revaluations – property, plant and equipment	0	16,432	0	0	**16,432**
- Transfer to retained earnings on disposal of assets	0	(2,984)	2,984	0	**0**
- Public dividend capital received	562	0	0	0	**562**
Balance at 31 March 2018	**127,280**	**92,557**	**306,494**	**3,114**	**529,445**

Statement of changes in taxpayers' equity for the year ended 31 March 2017

	Public dividend capital (PDC)	Revaluation reserve	Income and expenditure reserve	Other reserves	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2016	126,065	106,681	260,983	3,114	**496,843**
Changes in taxpayers' equity for the year ended 31 March 2017					
- Surplus for the year	0	0	14,998	0	**14,998**
- Net impairments	0	(28,810)	0	0	**(28,810)**
- Revaluations – property, plant and equipment	0	4,106	0	0	**4,106**
- Public dividend capital received	653	0	0	0	**653**
Balance at 31 March 2017	**126,718**	**81,977**	**275,981**	**3,114**	**487,790**

Statement of cash flows for the year ended 31 March 2018

	Note	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
Cash flows from operating activities			
Operating surplus		**33,653**	22,241
Non-cash income and expense:			
Depreciation and amortisation		**17,582**	17,677
Net impairments		**2,939**	12,149
Income recognised in respect of capital donations (cash and non-cash)		**(24,653)**	(32,056)
Increase in trade and other receivables		**(9,810)**	(17,507)
Increase in inventories		**(627)**	(368)
Increase/(decrease) in trade and other payables		**12,287**	(2,713)
Increase in other liabilities		**311**	791
Increase/(decrease) in provisions		**1,246**	(516)
NET CASH GENERATED FROM/(USED IN) OPERATIONS		**32,928**	(302)
Cash flows from investing activities			
Interest received		**138**	149
Purchase of property, plant and equipment		**(27,074)**	(44,134)
Payments for intangible assets		**(11,536)**	(3,668)
Sales of property, plant and equipment		**15**	32
Receipt of cash donations to purchase capital assets		**25,579**	33,792
Net cash outflow from investing activities		**(12,878)**	(13,829)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING		**20,050**	(14,131)
Cash flows from financing			
Public dividend capital received		**562**	653
Public dividend capital paid		**(7,411)**	(7,760)
Net cash outflow from financing		**(6,849)**	(7,107)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		**13,201**	(21,238)
Cash and cash equivalents at start of the year		**42,494**	63,732
Cash and cash equivalents at end of the year	15	**55,695**	42,494

1. Accounting policies and other information

NHS Improvement 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 2017/18 *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement. 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.

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 *Annual Report* on page 77), the directors can reasonably expect that the Foundation Trust has adequate resources to continue in operational existence for the next twelve 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 reviews 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 majority of the Foundation Trust's revenue originates from 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 judgments 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 judgments in applying accounting policies

The following are the critical judgments, 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 taking 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 Private Patient 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:

a. 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.

b. 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.

c. 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% 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 0.1% in real terms.

d. When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates.

e. 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.

f. 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.

g. 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 / 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 www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM 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. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on the valuation data as 31 March 2016, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM 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 payable by employees and employers.

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.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health and Social Care after consultation with the relevant stakeholders.

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; and
- 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; or
- 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; or
- 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

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 valuation as detailed below.

The Trust commissions annual valuations from professional RICS Registered Valuers of its land and buildings in accordance with IAS16 and the DHSC Group Accounting Manual. This frequency is justified by the volatility of land and building values in central London and the continuing programme of building enhancements at Great Ormond Street Hospital.

The valuation bases agreed with the Trust's professional valuers and applied to the land and buildings valuation are as follows:

- Specialised buildings and land – current value in existing use/depreciated replacement cost
- Non-specialised buildings and land – market value for existing use
- Surplus land – market value for existing use

The lack of demand or market for the Trust's Property in isolation from its own use means that the Trust's land and buildings qualify as a "specialised property" under the definitions in the current International Valuation Standards (IVS) with the exception of its residential accommodation. The IVS require specialised property to be valued at depreciated replacement cost, being the current cost of replacing an asset with its modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation.

Equipment is carried at depreciated historic cost, modified by the application of relevant indices published by the Office of National Statistics. The Trust has determined that this value is not materially different from current value in existing use.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair vale. 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 FT ARM, 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'; and

– 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 which 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 e.g. 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; and
- The Trust can measure reliably the expenses attributable to the asset during development.

Software
Software that is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. 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 current value in existing use. 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 which 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 which 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 expenses 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% 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% in real terms.

Clinical Negligence Costs

The NHS Resolution (NHSR) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSR, which, in return, settles all clinical negligence claims. Although the NHSR 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 NHSR on behalf of the Trust is disclosed in note 18.

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 NHSR 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 20 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; or
- 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%) 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 and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the unaudited version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.18 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Corporation Tax

Great Ormond Street Hospital for Children NHS Foundation Trust has determined that it has no corporation tax liability as the Trust has no private income from non-operational areas.

1.20 Foreign exchange

The functional and presentational currency of the Trust is 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; and
- 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 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 which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.24 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 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. NHS Improvement 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
Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 15 Revenue from Contracts with Customers
Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. Following the release of the 2018/19 Department of Health and Social Care Group Accounting Manual in May 2018, the Trust is assessing the likely impact of IFRS 15 (and the adaptations included in the GAM) on revenue recognition.

IFRS 16 Leases
Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 17 Insurance Contracts
Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRIC 22 Foreign Currency Transactions and Advance Consideration
Application required for accounting periods beginning on or after 1 January 2018

IFRIC 23 Uncertainty over Income Tax Treatments
Application required for accounting periods beginning on or after 1 January 2019

2. Revenue from patient care activities

2.1 Analysis of revenue from patient care activities

	Year ended 31 March 2018	Year ended 31 March 2017
	£000	£000
Acute Services		
Elective income	**88,164**	80,824
Non elective income	**20,788**	14,966
First outpatient income	**15,897**	13,587
Follow up outpatient income	**19,717**	21,921
High cost drugs income from commissioners (excluding pass-through costs)	**59,761**	59,671
Other NHS clinical income	**130,391**	116,157
Mental Health Services		
Cost and volume contract income	**5,164**	5,431
Revenue from protected patient care activities	**339,882**	312,557
Private patient income	**57,260**	55,129
Other non-protected clinical income	**5,084**	6,501
	62,344	61,630
Total revenue from patient care activities	**402,226**	374,187

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 2018	Year ended 31 March 2017
	£000	£000
NHS England	**314,816**	280,204
Clinical commissioning groups	**23,536**	31,117
NHS Foundation Trusts	**574**	561
NHS Trusts	**956**	675
Non-NHS:		
- Private patients	**57,260**	55,129
- Overseas patients (non-reciprocal)	**1,011**	673
- Injury costs recovery (was RTA)	**181**	83
- Other	**3,892**	5,745
Total revenue from patient care activities	**402,226**	374,187

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 2018	Year ended 31 March 2017
	£000	£000
Income recognised in-year	**1,011**	673
Cash payments received in-year	**36**	11
Amounts added to provision for impairment of receivables	**599**	479

3. Other operating revenue

	Year ended 31 March 2018	Year ended 31 March 2017
	£000	£000
Research and development	**24,227**	19,411
Charitable contributions to expenditure	**6,179**	6,242
Charitable contributions in respect of capital expenditure	**24,653**	32,056
Education and training	**9,643**	8,340
Education and training – notional income from apprenticeship fund	**48**	0
Non-patient care services to other bodies	**889**	860
Clinical tests	**5,644**	4,537
Clinical excellence awards	**2,832**	3,045
Catering	**1,375**	1,204
Sustainability and Transformation Fund Scheme	**9,067**	4,243
Creche services	**472**	460
Staff accommodation rentals	**91**	82
Other revenue	**2,866**	2,854
	87,986	83,334

The Trust received £9,067k of Sustainability and Transformation funding. This was made up of: £5,384k core, £219k Incentive Scheme (Finance), £1,733k Incentive Scheme (Bonus) and £1,731k General Distribution.

4. Operating expenses

	Year ended 31 March 2018 £000	Year ended 31 March 2017 £000
Services from other NHS bodies	**6,161**	6,289
Purchase of healthcare from non-NHS bodies	**4,479**	4,805
Staff and executive directors costs	**232,851**	224,139
Non-executive directors' costs*	**155**	158
Supplies and services – clinical – drugs	**72,136**	71,644
Supplies and services – clinical – other	**37,041**	33,662
Supplies and services – general	**4,803**	4,499
Establishment	**3,860**	3,183
Research and development – staff costs	**16,254**	12,686
Research and development – non-staff	**3,095**	2,636
Education and training – staff costs	**3,302**	2,431
Education and training – notional expenditure funded from apprenticeship fund	**48**	0
Transport – business travel	**695**	612
Transport – other	**2,927**	2,896
Premises – business rates payable to local authorities	**3,540**	2,265
Premises – other	**25,428**	20,882
Operating lease rentals	**2,548**	1,886
Provision for impairment of receivables	**2,342**	985
Provisions arising in year	**1,353**	0
Change in provisions discount rate	**6**	54
Inventories write down	**324**	189
Depreciation	**15,807**	16,206
Amortisation of intangible assets	**1,775**	1,471
Impairment of property, plant and equipment	**2,939**	12,149
Fees payable to the Trust's auditor for the financial statements audit	**105**	102
Other auditor remuneration	**26**	66
Clinical negligence insurance	**7,492**	6,326
Redundancy costs	**0**	46
Consultancy costs	**874**	796
Legal fees	**720**	402
Internal audit costs	**117**	109
Losses and special payments	**10**	7
Other	**3,346**	1,699
	456,559	435,280

* Details of directors' remuneration can be found in the Remuneration Report on page 56.

£21,221k of blood products including Factor 8 have been reclassified from 'Supplies and services – clinical – other' to 'Supplies and services – clinical – drugs' for 2016/17.

5. Operating leases

5.1 As lessee

Payments recognised as an expense	Year ended 31 March 2018	Year ended 31 March 2017
	£000	£000
Minimum lease payments	**2,548**	1,886
	2,548	1,886

Total future minimum lease payments	As at 31 March 2018	As at 31 March 2017
	£000	£000
Payable:		
Not later than one year	**2,455**	2,504
Between one and five years	**9,655**	9,976
After five years	**4,905**	7,264
Total	**17,015**	19,744

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 2018.

7. Employee costs

7.1 Employee costs

	Year to 31 March 2018 total	Permanently employed	Other	Year to 31 March 2017 total
	£000	£000	£000	£000
Salaries and wages	209,549	202,644	6,905	193,437
Social security costs	20,933	20,933	0	19,440
Apprenticeship levy	938	938	0	0
Pension cost – defined contribution plans employer's contributions to NHS pensions	23,063	23,063	0	21,194
Pension costs – other	61	61	0	82
Temporary staff – agency/contract staff	4,819	0	4,819	9,318
Termination benefits	0	0	0	46
Total gross staff costs	**259,363**	**247,639**	**11,724**	243,517
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(1,844)	(1,844)	0	(1,401)
Recoveries from other bodies in respect of staff costs netted off expenditure	(839)	(839)	0	(292)
Total staff costs	**256,680**	**244,956**	**11,724**	241,824
Included within:				
Costs capitalised as part of assets	4,273	3,834	439	2,522
Analysed into operating expenditure				
Employee expenses – staff and executive directors	232,851	224,400	8,451	224,139
Research and development	16,254	13,420	2,834	12,686
Education and training	3,302	3,302	0	2,431
Redundancy	0	0	0	46
Total employee benefits excluding capital costs	**252,407**	**241,122**	**11,285**	239,302

7.2 Average number of people employed*

	Year to 31 March 2018 total	Permanently employed**	Other	Year to 31 March 2017 total
	Number	Number	Number	Number
Medical and dental	634	611	23	626
Administration and estates	1,239	1,162	77	1,200
Healthcare assistants and other support staff	292	291	1	297
Nursing, midwifery and health visiting staff	1,526	1,516	10	1,479
Scientific, therapeutic and technical staff	780	724	56	777
Other staff	5	5	0	5
Total	**4,476**	**4,309**	**167**	4,384

* Whole time equivalent ** Includes bank staff

7.3 Retirements due to ill-health

During the year there were no early retirements from the Trust on the grounds of ill-health resulting in no additional pension liabilities. (There was one early retirement in 2016/17, £160k).

7.4 Staff exit packages

Foundation Trusts are required to disclose summary information of their use of staff exit packages agreed in the year.

Year to 31 March 2018

Exit packages number and cost	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	0	0	10	34	10	34
£10,00–£25,000	0	0	1	19	1	19
£25,001–£50,000	0	0	1	35	1	35
£50,001–£100,000	0	0	1	60	1	60
Total	0	0	13	148	13	148

Year to 31 March 2017

Exit packages number and cost	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	25	0	0	9	25
£10,00–£25,000	2	21	0	0	2	21
Total	11	46	0	0	11	46

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 2018	Year ended 31 March 2017
	£000	£000
Bank interest	**138**	149
Total finance income	**138**	149

9. Finance Expenses

	Year ended 31 March 2018	Year ended 31 March 2017
	£000	£000
Provisions – unwinding of discount	**12**	13
Total finance expenses	**12**	13

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 2017	7,782	496	4,790	3,418	**16,486**
Additions – purchased	255	0	0	1,666	**1,921**
Additions – assets purchased from cash donations	26	0	0	9,781	**9,807**
Reclassifications	1,036	127	0	(1,163)	**0**
Valuation/Gross cost at 31 March 2018	**9,099**	**623**	**4,790**	**13,702**	**28,214**
Amortisation at 1 April 2017	3,565	343	4,102	0	**8,010**
Provided during the year	1,529	32	214	0	**1,775**
Amortisation at 31 March 2018	**5,094**	**375**	**4,316**	**0**	**9,785**
Net book value (NBV)					
NBV total at 31 March 2018	**4,005**	**248**	**474**	**13,702**	**18,429**

All intangible assets are held at cost less accumulated amortisation based on estimated useful economic lives.

	Software licences	Licences and trademarks	Development expenditure (internally generated)	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Gross cost at 1 April 2016	3,791	496	4,790	3,834	**12,911**
Additions – purchased	1,054	0	0	2,594	**3,648**
Additions – assets purchased from cash donations	0	0	0	20	**20**
Reclassifications	2,937	0	0	(3,030)	**(93)**
Valuation/Gross cost at 31 March 2017	**7,782**	**496**	**4,790**	**3,418**	**16,486**
Amortisation at 1 April 2016	2,683	314	3,542	0	**6,539**
Provided during the year	882	29	560	0	**1,471**
Amortisation at 31 March 2017	**3,565**	**343**	**4,102**	**0**	**8,010**
Net book value (NBV)					
NBV total at 31 March 2017	**4,217**	**153**	**688**	**3,418**	**8,476**

10.2 Economic life of intangible assets

	Min Life Years	Max Life Years
Intangible assets		
Software	1	9
Development expenditure	1	6
Licences and trademarks	1	6

11. Property, plant and equipment

11.1 Property, plant and equipment

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction and payments on account £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
Cost or valuation at 1 April 2017	74,081	221,982	10,209	71,018	77,949	27,299	13,602	**496,140**
Additions – purchased	0	2,144	0	6,998	645	1,283	330	**11,400**
Additions – assets purchased from cash donations	0	2,381	10	5,235	4,431	1,028	1,761	**14,846**
Impairments charged to operating expenses	0	(8,542)	(13)	(127)	0	0	0	**(8,682)**
Impairments charged to the revaluation reserve	(1,480)	0	0	0	0	0	0	**(1,480)**
Reversal of impairments credited to operating expenses	0	5,743	0	0	0	0	0	**5,743**
Reclassifications	0	67,024	0	(69,207)	705	453	1,025	**0**
Revaluations	0	9,425	772	0	0	0	0	**10,197**
Disposals	0	(62)	0	0	(996)	0	(8)	**(1,066)**
Cost or valuation at 31 March 2018	**72,601**	**300,095**	**10,978**	**13,917**	**82,734**	**30,063**	**16,710**	**527,098**
Accumulated depreciation at 1 April 2017	0	1,368	0	0	49,117	21,402	7,834	**79,721**
Provided during the period	0	6,284	207	0	6,479	1,611	1,226	**15,807**
Revaluations	0	(6,028)	(207)	0	0	0	0	**(6,235)**
Disposals	0	(62)	0	0	(799)	0	(6)	**(867)**
Accumulated depreciation at 31 March 2018	**0**	**1,562**	**0**	**0**	**54,797**	**23,013**	**9,054**	**88,426**
Net book value (NBV) at 31 March 2018								
NBV – Owned at 31 March 2018	68,651	104,347	926	7,945	7,188	5,694	2,042	**196,793**
NBV – Finance leased at 31 March 2018	0	3,275	0	0	0	0	0	**3,275**
NBV – Government granted at 31 March 2018	0	152	0	0	66	0	0	**218**
NBV – Donated at 31 March 2018	3,950	190,759	10,052	5,972	20,683	1,356	5,614	**238,386**
NBV total at 31 March 2018	**72,601**	**298,533**	**10,978**	**13,917**	**27,937**	**7,050**	**7,656**	**438,672**

11.1 Property, plant and equipment (continued)

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction and payments on account £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
Cost or valuation at 1 April 2016	78,075	253,002	9,252	45,708	75,348	25,372	13,112	**499,869**
Additions – purchased	0	3,252	0	4,502	867	1,048	388	**10,057**
Additions – assets purchased from cash donations	0	478	0	28,100	3,449	0	9	**32,036**
Impairments charged to the revaluation reserve	(5,641)	(22,859)	(310)	0	0	0	0	**(28,810)**
Reclassifications	0	6,283	0	(7,292)	130	879	93	**93**
Revaluations	1,647	(18,174)	1,267	0	0	0	0	**(15,260)**
Disposals	0	0	0	0	(1,845)	0	0	**(1,845)**
Cost or valuation at 31 March 2017	**74,081**	**221,982**	**10,209**	**71,018**	**77,949**	**27,299**	**13,602**	**496,140**
Accumulated depreciation at 1 April 2016	0	1,090	0	0	44,974	19,664	6,849	**72,577**
Provided during the period	0	7,292	203	0	5,988	1,738	985	**16,206**
Impairments charged to operating expenses	0	12,186	0	0	0	0	0	**12,186**
Reversal of impairments credited to operating expenses	0	(37)	0	0	0	0	0	**(37)**
Revaluations	0	(19,163)	(203)	0	0	0	0	**(19,366)**
Disposals	0	0	0	0	(1,845)	0	0	**(1,845)**
Accumulated depreciation at 31 March 2017	**0**	**1,368**	**0**	**0**	**49,117**	**21,402**	**7,834**	**79,721**
Net book value (NBV) at 31 March 2017								
NBV – Owned at 31 March 2017	69,387	94,190	864	5,501	8,042	5,310	1,911	**185,205**
NBV – Finance leased at 31 March 2017	0	3,114	0	0	0	0	0	**3,114**
NBV – Government granted at 31 March 2017	0	143	0	0	76	0	0	**219**
NBV – Donated at 31 March 2017	4,694	123,167	9,345	65,517	20,714	587	3,857	**227,881**
NBV total at 31 March 2017	**74,081**	**220,614**	**10,209**	**71,018**	**28,832**	**5,897**	**5,768**	**416,419**

11.2 Economic life of property plant and equipment

	Min life Years	Max life Years
Buildings excluding dwellings	3	52
Dwellings	41	49
Plant and machinery	1	15
Information technology	1	9
Furniture and fittings	1	12

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 construction are not depreciated until the asset is brought into use.

Great Ormond Street Hospital Children's Charity donated £24,653k towards property, plant, equipment and intangibles expenditure during the year (2016/17, £32,056k).

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 which takes account of 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 2018.
- The valuation of land, buildings and dwellings was undertaken by Richard Ayres, a Member of the Royal Institution of Chartered Surveyors and a partner in Gerald Eve LLP.
- 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 2018 £000	31 March 2017 £000
Property, plant and equipment	**6,371**	6,510
Intangible assets	**15,670**	982
Total	**22,041**	7,492

12.2 Other financial commitments

The Trust has entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements). The payments to which the Trust is committed are as follows:

	31 March 2018 £000	31 March 2017 £000
Not later than one year	**11,101**	11,600
Later than one year and not later than five years	**14,324**	20,795
Total	**25,425**	32,395

13. Inventories

13.1 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	**1,214**	1,113
Consumables	**7,619**	7,095
Energy	**20**	18
Total	**8,853**	8,226

The cost of inventories recognised as expenses during the year in respect of continuing operations was £96,331k (2016/17: £92,196k).

14. Trade and other receivables

14.1 Trade and other receivables

	Current		Non-current	
	31 March 2018	31 March 2017	**31 March 2018**	31 March 2017
	£000	£000	**£000**	£000
Trade receivables	**21,957**	17,967	**0**	0
Capital receivables	**4,456**	5,382	**0**	0
Provision for impaired receivables	**(10,657)**	(8,349)	**0**	0
Prepayments (revenue)	**3,314**	3,318	**6,188**	6,664
Prepayments (capital)	**85**	0	**0**	0
Accrued income	**12,555**	11,730	**0**	0
Interest receivable	**0**	2	**0**	0
PDC dividend receivable	**54**	97	**0**	0
VAT receivable	**985**	1,219	**0**	0
Other receivables	**44,322**	36,303	**0**	0
Total	**77,071**	67,669	**6,188**	6,664

14.2 Provision for impairment of receivables

	31 March 2018	31 March 2017
	£000	£000
Opening balance	**8,349**	7,448
Increase in provision	**2,342**	985
Amounts utilised	**(34)**	(84)
Closing balance	**10,657**	8,349

14.3 Analysis of impaired receivables

	31 March 2018	31 March 2017
	£000	£000
Ageing of impaired receivables		
0–30 days	**651**	612
30–60 days	**154**	158
60–90 days	**141**	136
90–180 days	**922**	1,258
Over 180 days	**8,789**	6,185
	10,657	8,349
Ageing of non-impaired receivables past their due date		
0–30 days	**8,162**	4,209
30–60 days	**6,626**	2,821
60–90 days	**2,523**	3,019
90–180 days	**4,361**	6,887
Over 180 days	**7,522**	5,041
	29,194	21,977

15. Cash and cash equivalents

	31 March 2018	31 March 2017
	£000	£000
Balance at beginning of the year	**42,494**	63,732
Net change in year	**13,201**	(21,238)
Balance at the end of the year	**55,695**	42,494
Made up of		
Commercial banks and cash in hand	**11**	10
Cash with the Government Banking Service	**55,684**	1,984
Deposits with the National Loan Fund	**0**	40,500
Cash and cash equivalents as in statement of financial position	**55,695**	42,494
Cash and cash equivalents	**55,695**	42,494

16. Trade and other payables

16.1 Trade and other payables

	31 March 2018	31 March 2017
	£000	£000
Trade payables	**11,823**	11,748
Capital payables	**6,380**	6,931
Social security costs	**3,001**	2,739
Other taxes payable	**2,506**	2,375
Other payables	**13,513**	10,133
Accruals	**25,136**	16,697
Total	**62,359**	50,623

'Other payables' includes £3,544k outstanding pensions contributions at 31 March 2018 (£3,156k at 31 March 2017).

17. Other Liabilities

	Current		Non-current	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Deferred income	**5,922**	5,204	**0**	0
Lease incentives	**407**	407	**4,543**	4,950
Total	**6,329**	5,611	**4,543**	4,950

18. Provisions

	Current		Non-current	
	31 March 2018	31 March 2017	**31 March 2018**	31 March 2017
	£000	£000	**£000**	£000
Pensions relating to other staff	**111**	114	**968**	860
Other legal claims	**11**	0	**0**	0
Other	**1,142**	0	**0**	0
Total	**1,264**	114	**968**	860

	Pensions relating to other staff	Legal claims	Other	Total
	£000	**£000**	**£000**	**£000**
At 1 April 2017	974	0	0	**974**
Change in the discount rate	6	0	0	**6**
Arising during the year	200	11	1,142	**1,353**
Utilised during the year	(113)	0	0	**(113)**
Reversed unused	0	0	0	**0**
Unwinding of discount	12	0	0	**12**
At 31 March 2018	1,079	11	1,142	**2,232**
Expected timing of cash flows:				
- not later than one year	111	11	1,142	**1,264**
- later than one year and not later than five years	443	0	0	**443**
- later than five years	525	0	0	**525**
	1,079	11	1,142	**2,232**

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' consist 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 Resolution. 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.

'Other' provisions of £1,142k relates to enhancements on annual leave for certain members of staff.

NHS Resolution records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2018 was £154,508k (£112,944k at 31 March 2017).

19. Revaluation reserve

	31 March 2018	31 March 2017
	£000	£000
Opening balance at 1 April	**81,977**	106,681
Net impairments	**(1,480)**	(28,810)
Revaluations	**16,432**	4,106
Transfers to other reserves	**(1,388)**	0
Asset disposals	**(2,984)**	0
Closing balance at 31 March	**92,557**	81,977

20. Contingencies

	31 March 2018	31 March 2017
Contingent liabilities	£000	£000
NHS Resolution legal claims	**0**	0
Gross value of contingent liabilities	**0**	0
Net value of contingent liabilities	**0**	0

21. Financial instruments

The carrying value and the fair value are equivalent for the financial assets and financial liabilities shown below in notes 21.1 and 21.2. All financial assets and liabilities included below are receivable/payable within 12 months.

21.1 Financial assets by category

	31 March 2018	31 March 2017
	Loans and receivables	Loans and receivables
	£000	£000
Trade and other receivables excluding non financial assets – with NHS and DHSC bodies	**22,942**	16,446
Trade and other receivables excluding non financial assets – with other bodies	**38,121**	36,173
Cash and cash equivalents (at bank and in hand)	**55,695**	42,494
	116,758	95,113

21.2 Financial liabilities by category

	31 March 2018	31 March 2017
	Other financial liabilities	Other financial liabilities
	£000	£000
Trade and other payables excluding non financial assets – with NHS and DHSC bodies	**10,275**	12,163
Trade and other payables excluding non financial assets – with other bodies	**21,441**	21,763
	31,716	33,926

21.3 Losses and special payments

21.3.1 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 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

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.

These funding arrangements ensure that the Trust is not exposed to any material credit risk.

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.

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.

22. Related Party Transactions

Great Ormond Street Hospital for Children NHS Foundation Trust is a body corporate established under the National Health Service Act 2006.

No 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 56.

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 on the next page. All of these bodies are under the common control of central government.

		2017/18			
Organisation category	Organisation	Income £000	Expenditure £000	Receivables £000	Payables £000
Clinical commissioning groups	NHS Barking And Dagenham CCG	409	0	0	0
	NHS Barnet CCG	708	0	0	0
	NHS Basildon And Brentwood CCG	364	0	0	0
	NHS Bedfordshire CCG	437	0	0	0
	NHS Brent CCG	396	0	0	0
	NHS Bromley CCG	156	0	0	0
	NHS Cambridgeshire And Peterborough CCG	252	0	0	0
	NHS Camden CCG	4,320	0	2,344	0
	NHS Canterbury & Coastal CCG	131	0	0	0
	NHS Castle Point & Rochford CCG	242	0	0	0
	NHS Central London (Westminster) CCG	107	0	0	0
	NHS City And Hackney CCG	445	0	0	104
	NHS Coastal West Sussex CCG	148	0	0	0
	NHS Croydon CCG	280	0	0	0
	NHS Dartford, Gravesham And Swanley CCG	126	0	0	0
	NHS Ealing CCG	433	0	0	0
	NHS East And North Hertfordshire CCG	649	0	0	0
	NHS Enfield CCG	672	0	0	0
	NHS Greenwich CCG	106	0	0	0
	NHS Hammersmith & Fulham CCG	130	0	0	0
	NHS Haringey CCG	584	0	0	0
	NHS Harrow CCG	330	0	0	0
	NHS Havering CCG	408	0	0	0
	NHS Herts Valleys CCG	745	0	255	0
	NHS Hillingdon CCG	537	0	0	0
	NHS Hounslow CCG	275	0	0	0
	NHS Islington CCG	496	0	0	0
	NHS Luton CCG	477	0	0	0
	NHS Medway CCG	238	0	142	0
	NHS Mid Essex CCG	478	0	0	0
	NHS Milton Keynes CCG	116	0	0	0
	NHS Nene CCG	276	0	146	0
	NHS Newham CCG	399	0	0	0

		2017/18			
Organisation category	Organisation	Income £000	Expenditure £000	Receivables £000	Payables £000
Clinical commissioning groups (continued)	NHS North East Essex CCG	368	0	0	0
	NHS North West Surrey CCG	124	0	0	0
	NHS Redbridge CCG	508	0	0	0
	NHS Richmond CCG	151	0	0	0
	NHS Slough CCG	1,198	0	0	134
	NHS South Kent Coast CCG	192	0	0	0
	NHS Southend CCG	266	0	0	0
	NHS Surrey Downs	165	0	0	0
	NHS Thurrock CCG	283	0	0	0
	NHS Tower Hamlets CCG	262	0	0	0
	NHS Waltham Forest CCG	411	0	0	0
	NHS Wandsworth CCG	238	0	112	0
	NHS West Essex CCG	372	0	0	0
	NHS West Kent CCG	293	0	135	0
	NHS West London (K&C & Qpp)	176	0	0	0
NHS Foundation Trusts	Birmingham Women's & Children's NHS Foundation Trust	161	0	0	0
	Cambridge University Hospitals NHS Foundation Trust	104	0	0	0
	Chelsea & Westminster NHS Foundation Trust	128	0	0	0
	Frimley Health NHS Foundation Trust	0	0	0	135
	Guys And St Thomas NHS Foundation Trust	0	1,491	113	393
	Luton & Dunstable NHS Foundatio Trust	136	0	0	202
	Manchester University NHS Foundation Trust	104	0	0	0
	Moorfields Eye Hospital NHS Foundation Trust	0	141	0	0
	Oxford University Hospitals NHS Foundation	165	100	0	0
	Royal Brompton & Harefield NHS Foundation Trust	0	148	0	111
	Royal Free London NHS Foundation Trust	255	226	413	388
	St Georges University Hospital NHS Foundation Trust	162	0	120	0
	University College London NHS Foundation Trust	834	1,440	5,813	2,071

2017/18

Organisation category	Organisation	Income £000	Expenditure £000	Receivables £000	Payables £000
NHS Trusts	Barking, Havering & Redbridge Hospital NHS Trust	0	0	0	0
	Barts Health NHS Trust	2,741	934	814	584
	Imperial College Healthcare NHS Trust	498	114	554	192
	London North West Healthcare NHS Trust	147	0	0	104
	Mid Essex Hospital Services NHS Trust	0	593	0	612
	Newcastle Upon Tyne Hospitals Trust	0	111	0	0
	Portsmouth Hospitals NHS Trust	0	123	0	0
	Royal National Orthopaedic Hospital Trust	0	114	0	0
	Whittington Hospital NHS Trust	0	494	140	0
NHS England & Clinical Support Units	NHS England – London Specialised Commissioning Hub	329,199	0	12,361	0
Other NHS Bodies	NHS Resolution	0	7,663	0	0
	Health Education England	8,793	0	0	0
	Department of Health and Social Care: Core trading and NHS Supply Chain (excluding PDC dividend)	12,020	3,630	0	100
Other government bodies	Camden London Borough Council	0	3,435	0	0
	Care Quality Commission	0	289	0	0
	Hertfordshire County Council	219	0	0	0
	HM Revenue & Customs – other taxes and duties	0	21,871	0	5,507
	HM Revenue & Customs - VAT	0	0	985	0
	NHS Blood and Transplant (excluding Bio Products Laboratory)	0	2,437	0	137
	NHS Pension Scheme (own staff employers contributions only plus other invoiced charges)	0	23,063	0	3,544
	Southern Health and Social Care Trust – Northern Ireland	403	0	0	0
	Scottish Government	922	0	0	0
	Welsh Assembly Government (including all other Welsh Health Bodies)	1,960	0	0	0
Other related parties	Great Ormond Street Hospital Children's Charity	30,832	2,242	6,287	339

23. Events after the reporting period

There are no events after the reporting period which require disclosure

24. Losses and special payments

	Number	£000
Bad debts relating to private patients	106	21
Bad debts relating to other debtors	**29**	**24**
Stores losses	**3**	**324**
Total losses	**138**	**369**
Ex-gratia payments	34	9
Total special payments	**34**	**9**
Total losses and special payments	**172**	**378**

The amounts above are reported on an accruals basis but exclude provisions for future losses.

25. Off-Payroll engagements

As at 31 March 2018, the Trust had eight off-payroll engagements for more than £245 per day lasting for longer than six months.

Of these, six have existed for less than 1 year at the time of reporting and two have existed for between one and two years.

Quality Report

Contents

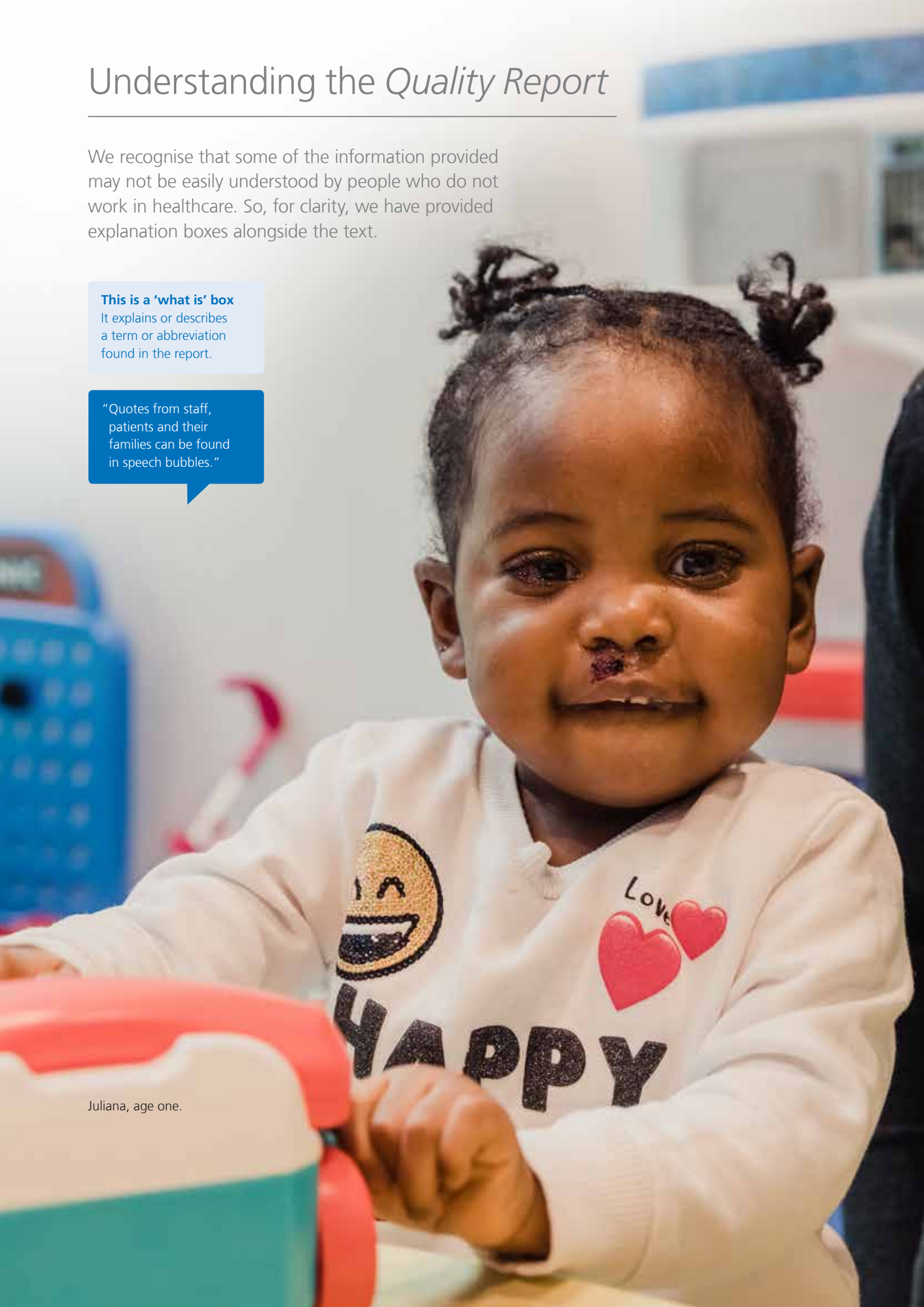
Cover: Naveen, age seven.

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."



Juliana, age one.

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 does it include?

The content of the *Quality Report* includes:

- Local quality improvement information, which allows trusts to:
  - demonstrate their service improvement work
  - 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 NHS Choices?
NHS Choices is the UK's biggest health website. It provides a comprehensive health information service to patients and the public.

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.

Our hospital

GOSH has
60
nationally recognised specialties

GOSH has
19
highly specialised services for rare and complex conditions, the largest number of any NHS Trust in the UK

100%
of our clinical specialties collect data on outcomes of treatment

97%
of inpatients would recommend the hospital

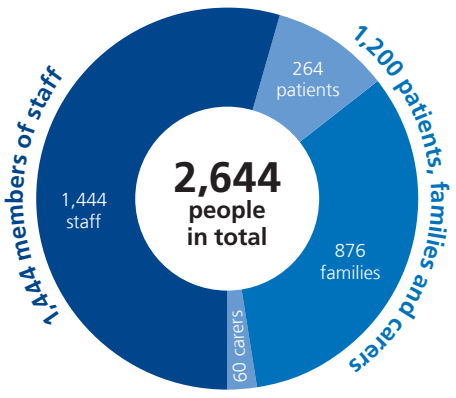
GOSH employs
4,787
hospital staff including doctors, nurses, allied health professionals and administrative staff

Over
1,200
research studies active in 2017/18

GOSH had
42,250
inpatients and
216,534
outpatient appointments in 2017/18

Our Always Values

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



After an extensive consultation and development period on values and the behaviours that demonstrate them, we formally launched *Our Always Values* in March 2015. Since then, *Our Always Values* has been a visible representation of our commitment to our patients, families and staff. These logos appear throughout the report where work described reflects *Our Always Values*.

Always

Our strategy – fulfilling our potential

In spring 2017, the Strategy and Planning Team worked with our staff and Members' Council to review and refresh the GOSH strategy. We assessed the issues and opportunities we face, and thought carefully about our vision and future.

Our work identified the following priorities:

- We will achieve the best possible outcomes through providing the safest, most effective and efficient **care**.
- We will attract and retain the right **people** through creating a culture that enables us to learn and thrive.
- We will improve children's lives through **research** and innovation.
- We will transform care and the way we provide it through harnessing **technology**.
- We will use our **voice** as a trusted partner to influence and improve care.
- We will create inspiring **spaces** with state-of-the-art equipment to enhance care delivery and learning.
- We will provide timely, reliable and transparent **information** to underpin care and research.
- We will secure and diversify **funding** so we can treat all the children that need our care.

These priorities are presented in a 'strategy house' (see opposite page) along with our mission, vision and *Our Always Values*. Together, they form a framework for our staff and leadership team for planning, decision-making and the daily care of our patients.

In November 2017, the Trust ran its first ever 'Open House' – a week of activities to celebrate how we at GOSH help children and young people with the most complex needs to fulfil their potential.

Ali Mohammed and Nicola Grinstead get to grips with strategy characters to help launch GOSH Open House week in the Lagoon.

Nursing staff with the team from our Clinical Simulation Centre during GOSH Open House.

Fulfilling our potential.

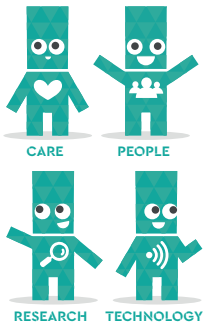
Our mission is to put the child first and always – this describes why GOSH exists.

The child first and always

Our vision has been updated to better describe what lies at the heart of the work we do at GOSH – to help the sickest children with complex health needs to fulfil their potential.

Helping children with complex health needs fulfil their potential

To turn our vision into goals we have defined four areas of focus around care, people, research, and technology.



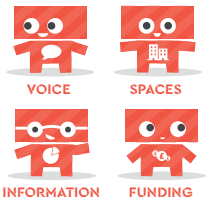
CARE
We will achieve the best possible outcomes through providing the safest, most effective and efficient care.

PEOPLE
We will attract and retain the right people through creating a culture that enables us to learn and thrive.

RESEARCH
We will improve children's lives through research and innovation.

TECHNOLOGY
We will transform care and the way we provide it through harnessing technology.

To deliver our work we need to have the right capabilities, resources, and programmes of work.



VOICE
We will use our voice as a trusted partner to influence and improve care.

SPACES
We will create inspiring spaces with state-of-the-art equipment to enhance care delivery and learning.

INFORMATION
We will provide timely, reliable and transparent information to underpin care and research.

FUNDING
We will secure and diversify funding so we can treat all the children that need our care.

Our Always Values are the guiding principles for everything we do and will help us deliver our ambition.

Always welcoming

Always helpful

Always expert

Always one team

Ethan, age three months.

Electronic Patient Record programme

We are part way through an ambitious programme to implement a comprehensive, state-of-the-art, future-proof Electronic Patient Record (EPR) system. Our EPR vision is that every member of the team caring for a child can always access the information they need – rapidly, confidently and from a single source. Patients, parents and carers, as well as care providers in other hospitals and care settings, will also be able to see relevant records and contribute information between visits to GOSH.

The EPR, alongside the Digital Research Environment, will support a transformational change programme across the Trust and benefits will be realised through cultural change and full engagement from all staff and the leadership team. The EPR programme is being carefully managed in phases, in partnership with our EPR system provider, to ensure the best possible system is built for go-live in April 2019.

The three main benefits of our new EPR system are:

- Improved quality of care and enhanced patient safety
- Patients and their families become partners and the patient experience is improved
- Enabling research breakthroughs

Digital Research Environment

As part of the Research and Innovation Strategy, the Trust has procured a data store and digital research platform, called the Digital Research Environment (DRE), to work alongside the new EPR system. The DRE will provide a rich source of data for audit and will underpin pioneering research to find cures for complex and rare conditions.

The platform will allow us to keep pace with our peers regarding recruitment to clinical trials and also enable GOSH to capitalise on future digital developments such as artificial intelligence and advanced clinical decision support, underpinning research studies for many years to come.

FUTURE PROOF

ELECTRONIC
PATIENT RECORDS

Part 1:
A statement on quality from the Chief Executive

At GOSH, we are committed to fostering a culture of continuous improvement in everything we do. The *Quality Report* details our performance in the year's key improvement projects aligned to our three quality priorities:

- **Safety** – to eliminate avoidable harm
- **Clinical effectiveness** – to consistently deliver excellent clinical outcomes, with the vision to be the leading children's hospital in the world
- **Experience** – to deliver kind and compassionate care, and communicate clearly to build confidence and ease

Areas for improvement are identified in a number of ways. Issues may be flagged via staff, internal or external audit or review, or via any of the myriad ways through which we invite feedback from our patients and their families.

As detailed in Part 2c and Part 3, we have performed well against quality indicators set by the Department of Health and met nearly all our reportable healthcare targets set by NHS Improvement.

After considerable work to overhaul our processes and systems for data collection, I am pleased that we are now able to report referral-to-treatment (RTT) times (since January 2017) and for every month of quarter four 2017/18, we met the national target of treating 92% of patients within 18 weeks.

I am proud of the further progress made this year to identify and prevent deterioration in our young patients. This programme of work continues to draw together expertise from across the Trust, supporting our teams to deliver the excellent quality of care our patients deserve.

Safety

The Sepsis 6 protocol at GOSH was introduced last year to increase timely recognition and treatment of sepsis. This year we developed and launched an app to allow staff to complete the protocol electronically. For sepsis, we know that swift action is vital, so it is encouraging to see that with the app there have been continued improvements in actions being taken within one hour. To continue greater visibility of patients at risk of sepsis, an alert has been developed which links to the relevant ward's electronic patient status at a glance (ePSAG) board to notify the clinical team of any patient who may be at risk of developing sepsis. Our Clinical Site Practitioner team has a Trust-wide sepsis list to ensure they are informed and aware of those patients at risk.

Following our previous audit of neonatal care, we have continued to focus on the areas highlighted for improvement. As our neonatal patients can be located across more than 20 different wards, many teams are involved in their care and it is key that our systems are coordinated. We have developed a real-time report to identify where neonates are in the hospital at any time, and streamlined the admission processes, which includes an automated prompt to alert the nursing leads when a baby on their ward is eligible for screening, reducing the risk of missing patients who need a bloodspot test. As a result of our efforts, we have seen an increase in the percentage of babies admitted who had a bloodspot test within the required timeframe from an average of 93% to 98%.

As so many specialties and teams are involved in caring for our neonates, education and training for all these teams is critical. This year we launched a programme of neonatal education, including the appointment of a dedicated neonatal practice educator to deliver face-to-face training, an online hub for standardised resources, and e-learning modules in neonatal jaundice and bloodspot screening. Following these interventions, we have seen a sustained improvement in how we manage neonatal jaundice.

For many of the children who come to GOSH, one of the most daunting experiences of their stay is when a needle needs to be used to draw blood or give medication. This anxiety and fear can lead to distress which further intensifies their pain and can interfere with their procedure. If ongoing venous access such as a peripheral cannula is required, there is also a risk of extravasation, which is the inadvertent leakage of a medicine or fluid from its intended vein into the surrounding tissue. This has the potential to cause severe tissue injury or necrosis. To improve the safety and experience of our children and young people, we have developed a paediatric version of the national Vessel Health and Preservation Framework, and over the next year will be implementing it across all of our clinical areas.

Clinical effectiveness

In 2016 we developed the Clinical Outcomes Hub. This year, we focused on expanding its use to more clinical teams, developing dashboards of the key clinical measures for their services. This data enables clinical teams to more readily use this information in decision-making, to notice trends, and for service improvement.

As demand for our services remains high, we need to rise to the challenge of ensuring that we have sufficient capacity to see and treat all the patients that need our care. This means very careful management of patient flow through the hospital and back home or to local hospitals. Only then can we keep waits for treatment as low as possible and ensure operations are only rescheduled for clinical reasons.

This year we found that optimum decision making around how patients should be best managed was being hampered by incomplete or out-of-date information. There were multiple systems for providing key data such as current bed occupancy, expected admissions, and discharges. Over the last year a team of expert users from across the Trust has come together to redesign our systems. They developed a single source that captures all necessary information and improves the management of our patients and services. We also increased on-the-ground support to surgical specialties by expanding the operational team tasked with real time problem solving and improving coordination of services. I am pleased to say that these initiatives have already seen results with on-the-day cancellations falling from an average of six per week in 2016 to two per week since January 2018.

In 2018/19 we will be working to improve the early recognition of deteriorating children and young people through the electronic Paediatric Early Warning System (PEWS). This is a score-based system which uses a combination of factors, such as physiological findings, escalation responses and a strong communication framework, to identify potential deterioration.

Experience

The views of our patients and families are paramount in informing the continual improvement of clinical and support services across GOSH.

Many of our patients have conditions that impact on their lives beyond their time being cared for at GOSH. We therefore have a duty to ensure that the transition from paediatric to adult services is as positive an experience as it can be. It's a complex challenge, and an area that GOSH patients and parents have told us needs improvement. This year we focused on developing our *Growing Up, Gaining Independence* programme to ensure it meets the needs of all young people regardless of which specialty or specialties provide their care. We are now rolling this out across the Trust and over the next year we will be working to embed the programme into practice, aiming for all patients aged 12 and over to be started on the *Growing Up, Gaining Independence* programme.

We also know that the quality of our food is something that matters to our patients and families, and it is important to us that we provide food that is nutritious and appropriate for our patients. We have taken into account feedback from a range of sources to increase the variety and flexibility of our menus. We will continue to work to improve the options for our patients, including new ways of ordering and food packaging as well as menu choice by age.

Accuracy of data

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 Report 2017/18*, there are a number of inherent limitations that may impact the reliability or accuracy of the data reported. These include:

- Data is derived from a large number of different systems and processes. Not all of these are subject to external assurance, or included in internal audit 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.

Where we have been unable to provide accurate data in relation to key healthcare targets, it is clearly stated.

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 this document is accurate.

Peter Steer
Chief Executive

Part 2a:
Priorities for improvement

This part of the report sets out how we have performed against our 2017/18 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: safety, clinical effectiveness and experience. These categories were defined by Lord Ara Darzi in his 2008 NHS review for the Department of Health, in which he emphasised that quality should be a central principle in healthcare.

Safety

We are committed to reducing avoidable harm and improving patient safety as rapidly as possible. Our safety initiatives aim to ensure that each patient receives the correct treatment or action the first time, every time.

Clinical effectiveness

At GOSH, we seek to provide patient care that is amongst the best in the world. As a major academic centre, we work with our patients to improve the effectiveness of our care through research and innovation. We use national and international benchmarks to measure our effectiveness whenever possible, and we publish this outcomes data on our website and in renowned academic journals. To measure our effectiveness from the patient's perspective, we use Patient-Reported Outcome Measures (PROMs).

Experience

We wish our patients and their families to have the best possible experience of our treatment and care. Therefore, we measure patient experience across the hospital and seek feedback from our patients, their families, and the wider public to improve the services we offer. We do this via:

- Membership, patient and member surveys
- Focus groups and events
- Social media
- Asking patients and families about their experience within 48 hours of discharge

To learn about the opening of the Premier Inn Clinical Building as part of our hospital site redevelopment work, see page 34 of the GOSH Annual Report 2017/18.

Reporting our quality priorities for 2017/18

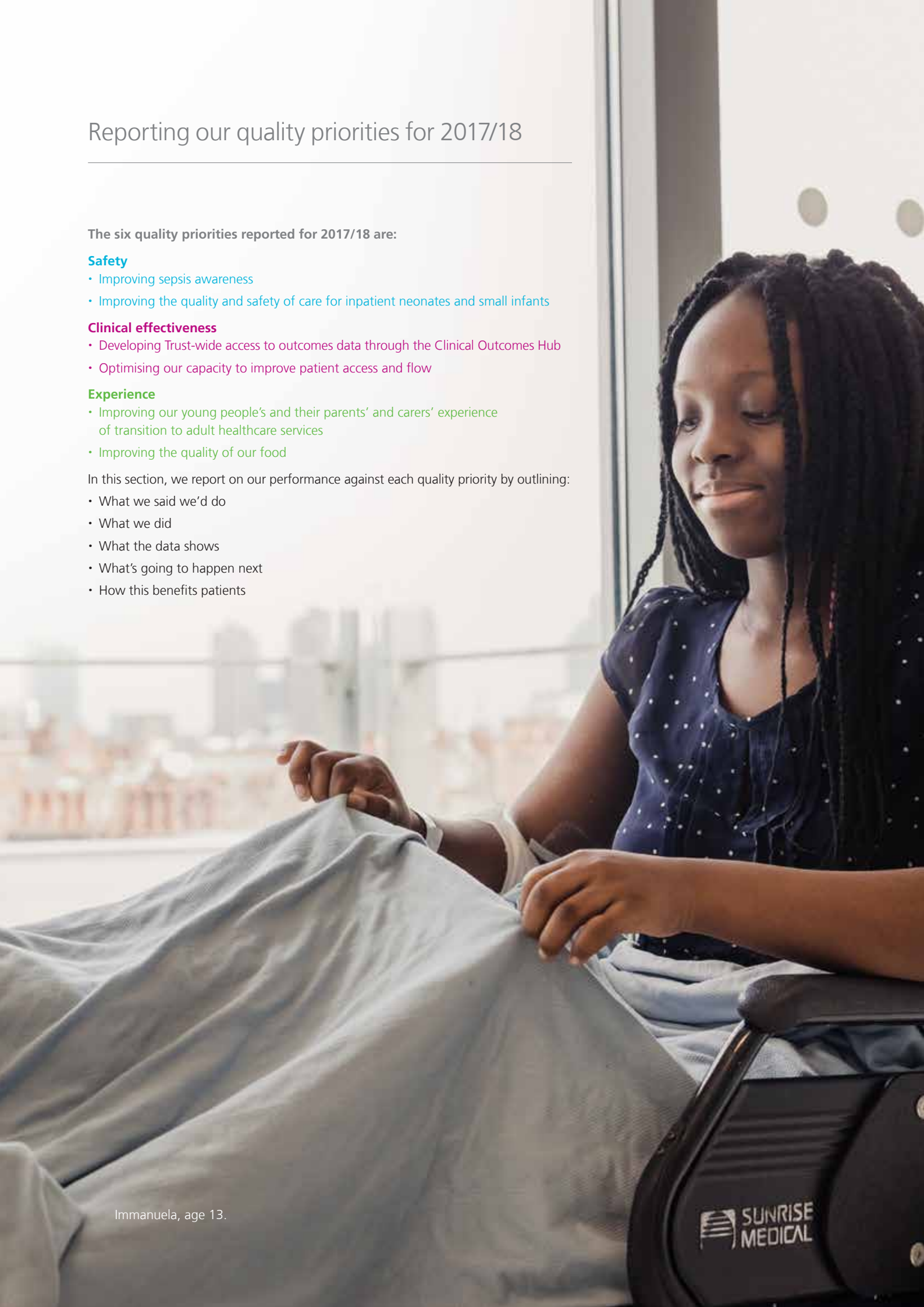
The six quality priorities reported for 2017/18 are:

Safety
- Improving sepsis awareness
- Improving the quality and safety of care for inpatient neonates and small infants

Clinical effectiveness
- Developing Trust-wide access to outcomes data through the Clinical Outcomes Hub
- Optimising our capacity to improve patient access and flow

Experience
- Improving our young people's and their parents' and carers' experience of transition to adult healthcare services
- Improving the quality of our food

In this section, we report on our performance against each quality priority by outlining:
- What we said we'd do
- What we did
- What the data shows
- What's going to happen next
- How this benefits patients



Immanuela, age 13.

Improving sepsis awareness

Since a national report in November 2015[1], sepsis awareness has grown as an NHS priority to avoid preventable health problems or death through early detection and treatment of sepsis. Research shows that for every hour of delay in treatment of a septic patient, mortality increases by 7%.

What we said we'd do

Having developed and implemented a new sepsis protocol in 2016/17 to increase timely recognition and treatment of sepsis in our patients, we said that in 2017/18 we would build on this work by:

- Ensuring all first-line antibiotics are stocked on every ward so that they can always be delivered within the first hour.
- Incorporating an automated alert for sepsis into our electronic patient observation system, which will guide staff through to an electronic Sepsis 6 tool when a patient triggers against the flag signs for sepsis.
- Providing further education to ward areas to overcome specific challenges in delivering the Sepsis 6 protocol in one hour.
- Raising greater awareness among parents through leaflets given post-surgery and in outpatients and via general communications on the hospital website.

What we did

Initially the Sepsis 6 protocol was introduced as a paper-based tool and data collection was manual and time-intensive. To improve this process, we began developing an in-house Sepsis 6 app which would allow staff to complete the Sepsis 6 electronically using their ward devices, and for Trust-wide data to be collected in a central database. This significantly improved the opportunity for data analysis and for support and further education to be directed to the wards that needed it most. The app was launched across the hospital in September 2017. Since then, we have seen an improvement in timely delivery of the Sepsis 6 protocol within one hour, and the level of documented decision-making among the clinical teams.

While the Sepsis 6 app allowed for some improvements once sepsis risks had been identified by staff, further support was required for staff in first recognising the patients who may be at risk of developing sepsis. Utilising the patient observation data we have available through our electronic system, we began creating and testing an algorithm that would auto-search the observation data for the risk signs of sepsis.

What is sepsis?
Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death, especially if not recognised early and treated promptly.
UK Sepsis Trust

What is 'Sepsis 6'?
Sepsis 6 is a list of six actions that if applied within the first hour of presentation can double the chances of survival. They are the following:

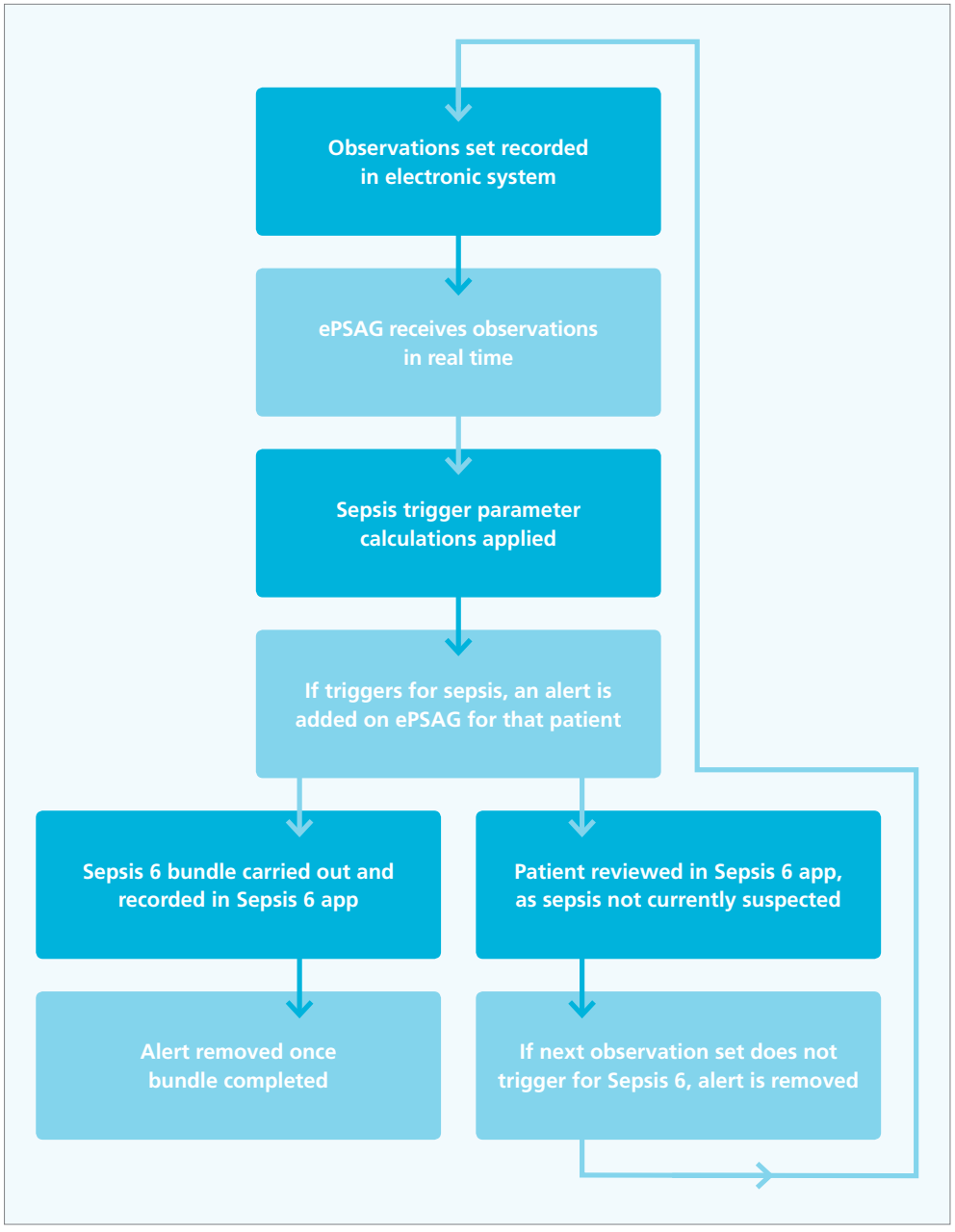
1. High flow oxygen
2. Obtain intravenous (in to vein)/intraosseous (in to the bone) access and take bloods (gas, lactate and blood cultures)
3. Give intravenous/ intraosseous antibiotics
4. Consider fluid resuscitation
5. Involve senior clinician early
6. Consider inotropic support early (medicines that change the force of heart contractions)

What is a Clinical Site Practitioner?
A Clinical Site Practitioner (CSP) is a senior nurse in charge of the day-to-day operational management of the hospital.

[1] National Confidential Enquiry into Patient Outcome and Death (2015) Sepsis: Just Say Sepsis! London: NCEPOD. Available online at www.ncepod.org.uk/2015sepsis.html

Screenshot of Sepsis 6 app.

Risk factors found by the system then flag an alert on the relevant ward's electronic patient status at a glance (ePSAG) board to notify the clinical team of any patient who may be at risk of developing sepsis so they can initiate clinical review without delay. The alert was then linked to any data inputted on the Sepsis 6 app so it would change colour or be removed from ePSAG when Sepsis 6 was completed or when sepsis was ruled out by the clinical team. After testing on three pilot wards, the alert was rolled out across all wards in November 2017. This has ensured greater visibility of patients at risk of sepsis on each individual ward. In addition, a Trust-wide 'sepsis list' was developed for our Clinical Site Practitioner team in the new clinical operations room, to ensure their oversight was supported by our technology.



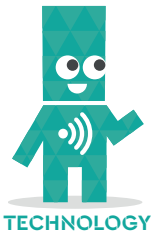
Electronic alert process for suspected sepsis.

In addition to the implementation of sepsis alerts on our electronic patient observation system, we have also made the following improvements:

1. All first-line antibiotics are now stocked and easily accessible on every ward to ensure that there is no unnecessary delay in patients receiving the antibiotics they need within one hour of recognition that they may be at risk of sepsis.
2. A comprehensive sepsis training package is now a required competency for all clinical staff at GOSH. Facilitated simulation training sessions are now available to any ward that requires further education to overcome specific challenges in delivering the Sepsis 6 protocol. Ward-level and specialty-level dashboards have also been created to enable teams to look at their recognition and management performance and to highlight areas for improvement.
3. At the point of discharge, all families at GOSH receive an information leaflet about the signs and symptoms of sepsis with their discharge summary. This, alongside information on our hospital website and social media accounts, aims to raise greater awareness amongst the public of what sepsis is, how to spot it, and what to do if you have a concern.

"The introduction of the Sepsis 6 pathway has provided a structured approach in recognition and management of the septic child. It is straightforward to use for staff of all levels, and ensures that our patients receive the appropriate care in a timely manner."
Practice Facilitator, Barrie Division

One Team



What the data shows

Sepsis 6 protocols completed within one hour

The current international average for completing the Sepsis 6 protocol within one hour is 47%[2]. Figures 1-3 demonstrate compliance with the protocol, which is significantly above the international average since it has been rolled out to all inpatient areas. The improvements have sustained, with teams achieving the highest rates in 2017/18[3].

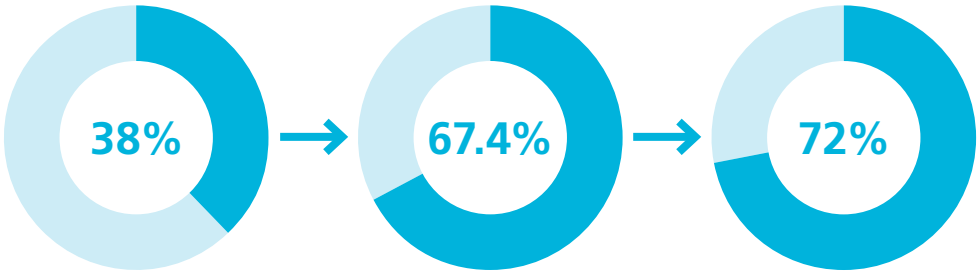


Figure 1: Sepsis 6 protocols completed within one hour in the pilot areas (Squirrel, Elephant, Lion and Giraffe Wards) from September 2016 to January 2017.

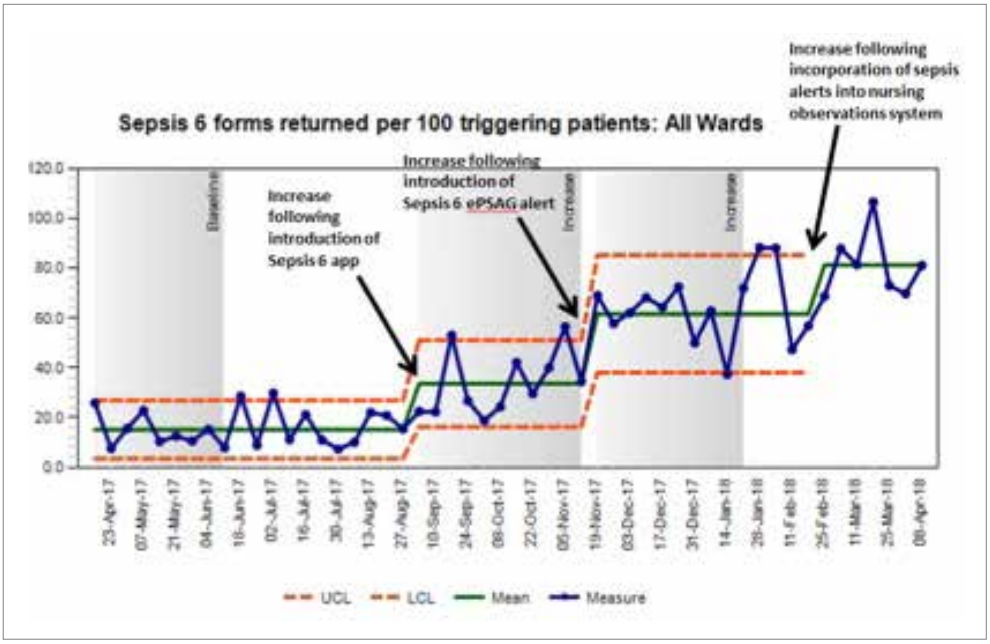
Figure 2: Sepsis 6 protocols completed within one hour in all inpatient areas (including ICUs) from January to March 2017.

Figure 3: Sepsis 6 protocols completed within one hour in all inpatient areas (including ICUs) from April 2017 to March 2018.

[2] Levy MM et al (2014). Surviving Sepsis Campaign: association between performance metrics and outcomes in a 7.5-year study. Intensive Care Medicine 40(11) pp 1623-33.
[3] The indicator applies to children who are inpatients on wards that use the electronic observation system.

Sepsis 6 forms returned per 100 patients that met the risk criteria

An average of 62% of patients on the ward who met the risk criteria from November 2017 to February 2018 were screened for sepsis. The average increased to 81% from late February 2018 and has sustained for the last seven weeks. The annotated Statistical Process Control chart below shows the improvements made and the data from the past year:



What's going to happen next?

This improvement work has now become 'business as usual' and is managed by each clinical division. There is a nominated Medical Sepsis Lead for the Trust to ensure capacity to respond to any further national guidance that is published and to ensure best practice is reflected here at GOSH. The hospital successfully delivered a CQUIN focused on sepsis and antibiotic use in 2017/18 and agreement has been made for a further CQUIN in 2018/19 to continue to support this important work.

How this benefits patients

Earlier detection of patients at risk of developing sepsis:

- Reduces potential harm and risk of mortality
- Reduces likelihood of a prolonged hospital admission due to a sepsis-related complication
- Can reduce a patient's course of antibiotic treatment

What is a Statistical Process Control chart?

Statistical Process Control (SPC) charts are used to measure variation and improvement over time.

Importantly, SPC takes into account natural variation of data, which, if acted upon without analysis, is 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 us to focus on 'special cause' variation, which identifies areas that require further investigation and action.

What is a baseline period?

A baseline is the period of measurement to establish 'how things are' before changes are made to a process, to enable comparison 'before' and 'after'. An average (mean) of the data from the baseline period would be used for that comparison.

What is CQUIN?

The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of NHS healthcare providers' income conditional upon improvement. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers, and constitutes 2.5% of the Actual Contract Value between commissioner and provider.

Improving the quality and safety of care for inpatient neonates and small infants

When babies are born very prematurely, or with a complex medical or surgical condition, they may require specialist or intensive care at GOSH. We don't have a dedicated neonatal ward, as babies are admitted to the most appropriate ward to provide the expert care they require. This means our neonatal patients can be located across more than 20 different wards, so it is really important that we coordinate our neonate care across wards to deliver the care every newborn baby needs, in addition to the specialist input they receive for their condition.

What we said we'd do

We said we would improve the quality and safety of care for inpatient neonates. This work was in response to findings from a clinical audit of our neonatal care, which identified three key areas for improvement:

- Reduce the numbers of avoidable repeat samples for bloodspot screening, and ensure every baby at GOSH eligible for screening receives this within the required timeframe so any serious conditions can be diagnosed and treated in a safe and timely manner.
- Ensure ward staff are able to effectively identify and manage the treatment of babies with neonatal jaundice in line with evidence-based practice.
- Raise awareness of the importance of neonatal fluid management and provide a standardised approach for babies.

What we did

We set up a project team led by the Consultant Neonatologist and Neonatal Nurse Advisor to implement improvements in the areas identified and standardise neonatal care across the hospital.

To help the neonatal team identify where neonates are in the hospital, we developed a real-time report on the intranet, using data from our patient information system that highlights current inpatient neonates and details such as age and weight.

We streamlined admission processes for neonates to ensure staff are able to access the demographic information required to complete bloodspot screening.

An automated prompt system was introduced that alerts the nursing leads when a baby on their ward is eligible for screening. This helps reduce the risk of missing patients who need a bloodspot test.

A comprehensive programme of neonatal education was launched to improve medical and nursing staff skills in the key areas of focus. This included the appointment of a dedicated Neonatal Practice Educator to deliver face-to-face training, information folders on every ward and an online hub to improve staff access to standardised resources. E-learning modules in neonatal jaundice and bloodspot screening have been developed, aimed at both medical and nursing staff.

A Trust guideline for the management of neonatal intravenous fluids has been developed and implemented with specialty, pharmacy and neonatal leads. This has improved standardisation of care, although ongoing work is needed to raise awareness of the importance of neonatal fluid management.

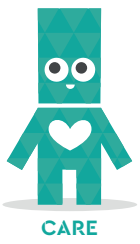
A new neonatal care pathway was developed for use on each ward so every infant receives the required neonatal care and screening at the right time. A standardised process for documentation means staff are better able to confirm that neonates have received the care they need.

We held 'Neonatal November', an awareness-raising month, across the hospital to highlight the core aspects of neonatal care and promote the new resources and training opportunities. This was delivered through information stands and drop-in teaching sessions for staff and parents.

What is a neonate?
'Neonate' means newborn – a full term baby under 28 days, or a baby born at less than 37 weeks gestation until they have reached a corrected gestational age of 44 weeks.

What is bloodspot testing?
Bloodspot testing is carried out as part of the national newborn screening programme when a child is five to eight days old, to ensure early detection of nine rare but serious conditions. All newborn babies at GOSH in specialist care are tested if this has not already happened prior to their admission so any conditions can be diagnosed and treated in a safe and timely manner. If the original sample doesn't meet requirements due to practitioner error or delays in testing, repeat samples are sometimes required. This is referred to as an 'avoidable repeat'.

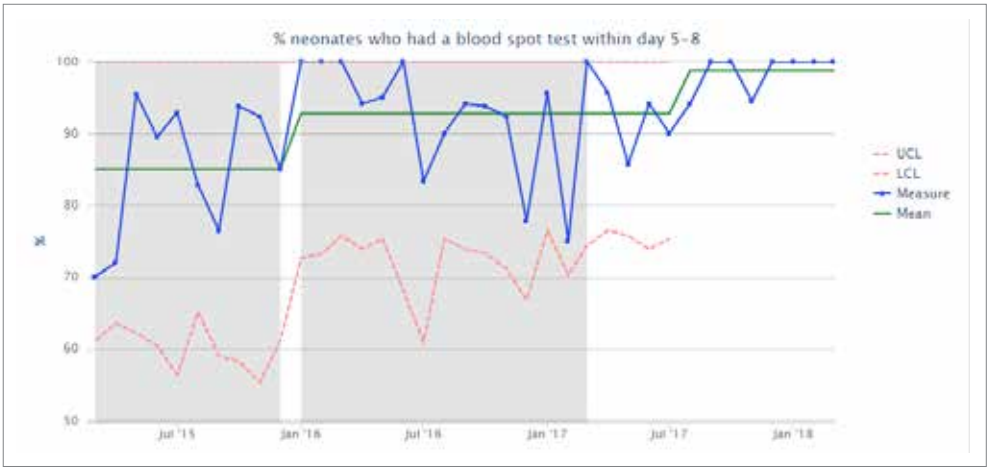
What is jaundice?
Jaundice is the medical word used to describe a yellowing of the skin and white parts of the eyes due to high levels of bilirubin, a waste product formed from our blood. Neonatal jaundice is a very common condition, particularly in babies born prematurely. In the majority of cases, jaundice is harmless and fades without treatment. A very small number of babies can develop more significant jaundice that requires treatment.

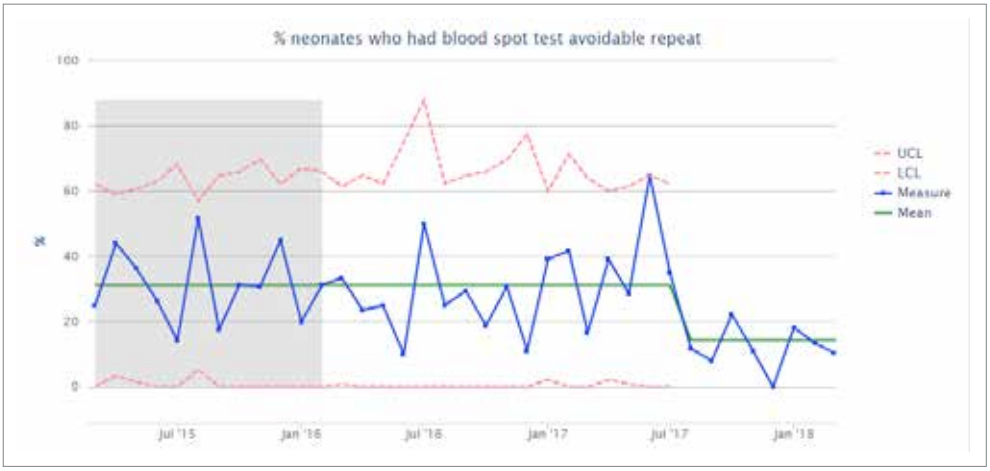


What the data shows

The Neonatal Nurse Advisor reviews every case of neonatal jaundice to identify whether it has been managed in line with evidence-based guidelines. We have seen a sustained improvement in how we manage neonatal jaundice, increasing from an average of 62% of neonates managed in line with National Institute for Health and Care Excellence (NICE) guidelines to 80% since June 2017 following the introduction of the new education package.

We have seen an improvement in the percentage of babies admitted who had a bloodspot test within the required timeframe, increasing from an average of 93% to 98%. We have also decreased the percentage of neonates who required an avoidable repeat screening from an average of 31% to 11%.





What's going to happen next?

We will continue to monitor our data closely to make sure improvements are sustained. The project was completed in March 2018. Each ward is now operationally responsible for ensuring they have skilled staff able to deliver safe neonatal care using the new resources and education package.

Compliance with the new fluid management guideline was audited and further work will be carried out by individual wards to improve awareness and education in the areas identified.

We are currently developing an electronic solution to help reduce the risk of errors when plotting babies' bilirubin blood results onto treatment charts. We plan to launch this in the summer 2018.

How this benefits patients

- Timely identification of infants requiring treatment
- Reduction in the risk of potential harm through standardisation of care
- Ward staff better supported to provide safe neonatal care

Why is neonatal fluid management important?

Fluid and electrolyte therapy can play an essential role in caring for unwell children. The physiology of premature and newborn babies means they have higher total body water content than older children, particularly in their first month of life, which means their fluid therapy needs to be managed differently.

What is the National Institute for Health and Care Excellence (NICE)?

NICE provides national guidance and advice to improve health and social care in England and the rest of the UK.

"The new 'Current Neonates' report makes it so much easier for me to see where all the neonatal patients are around the Trust at a glance. Access to additional information such as current weight is especially useful when I am trying to look for premature infants and has helped me ensure they are receiving the care and screening they need."
Neonatal Nurse Advisor

"This work has made a huge difference to the care of the neonatal patient at the hospital. There have been significant improvements in compliance of both the management of neonatal jaundice in line with best practice guidelines and newborn bloodspot screening as a result of the project."
Consultant Neonatologist

Developing Trust-wide access to outcomes data through the Clinical Outcomes Hub

Clinical outcomes are broadly agreed, measurable changes in health or quality of life that result from healthcare. Clinical outcomes data is essential to the understanding of treatment effectiveness and efforts to improve clinical care.

Here at GOSH, every specialty collects outcomes data and many teams have published their outcomes to the Trust website. But, we also strive for greater visibility of outcomes data *within* the hospital, to enable our clinical teams to more readily use that information in decision-making, to notice trends, and for service improvement.

What we said we'd do

We said that by working closely with our specialties, we would develop our Clinical Outcomes Hub to display effectiveness data within the hospital in ways the clinical teams found most informative. We said that wherever possible, we would establish direct data feeds to enable these dashboards to update automatically.

What we did

In 2016, the Clinical Outcomes Hub platform was built and existing content was migrated to it, including charts of readmission rates for surgical specialties and a range of resources for clinical staff who wanted to make their outcomes data electronically available.

In 2017/18, we focused on working closely with clinical teams to develop dashboards of key clinical measures for their services. The work was underpinned by a commitment to the clinical teams to make their data available to them in ways they found most useful. This meant taking an iterative approach with each team until we had it right – both in terms of data analysis and in terms of visual display. In this past year, we have developed bespoke dashboards for the following services:

- **Neurosurgery**
  Adverse event rate by severity grade and by sub-specialty, surgical site infection rates, non-elective readmissions, shunt infections and early shunt re-operations.
- **Specialist Neonatal and Paediatric Surgery**
  Non-elective readmissions, unscheduled returns to theatre, inguinal hernia repair re-do surgery, surgical site infections, and a link to the Friends and Family Test data for patient experience.
- **Child and Adolescent Mental Health**
  A range of 15 clinician, parent/carer and patient-reported outcome measures.
- **Urology**
  Non-elective readmissions, pyeloplasty revision surgery, hypospadias repair revision surgery, primary closure revisions and bladder neck reconstruction revisions for bladder exstrophy, unscheduled returns to theatre after stones procedures, surgical site infections, and a link to the Friends and Family Test data for patient experience.

Clinical Outcomes Hub homepage.

Specialist Neonatal And Paediatric Surgery – inguinal hernia repair recurrence rate.

What is the Clinical Outcomes Hub?
The Hub provides a one-stop-shop for:

- Information about the outcomes programme
- Outcomes dashboards
- Links to a range of data input tools
- Access to GOSH's national Specialised Services Quality Dashboard reports
- Links to outcomes on the Trust website

What are PROMs?
Measures of treatment outcome from the patient's perspective are called patient-reported outcome measures (PROMs). PROM questionnaires are important because they bring the patient voice to the understanding of treatment effectiveness.

"Having data from our departmental database presented on the Hub means we can easily refer to the figures. The dashboard updates automatically, so we have the most recent data at our fingertips without taking staff time to prepare it for meetings. The outcomes team also worked with us to ensure that the data was presented in ways that were most meaningful to us as a clinical team, enabling us to spot trends quickly."
Mr Martin Tisdall, Consultant Paediatric Neurosurgeon

We also worked closely with the Infection Prevention and Control Team to upload and display data that is collected by the Trust-wide Surgical Site Surveillance (SSI) Programme. The programme collects and analyses the incidence and severity of surgical site infections to inform ongoing work to reduce their occurrence. This data is now part of the dashboards that we've developed for the surgical specialties.

Wherever possible, we've created links to data sources so that the data is refreshed automatically, saving staff time within services and ensuring the data is always up-to-date.

Landing page for collection of Craniofacial outcomes data sets.

Working in partnership with another project, we've linked to an electronic survey tool, built to capture a range of information by questionnaire. We've built several PROMs within this system, to enable clinical teams to collect outcomes data from the patient or family perspective using electronic handheld devices. For three services, we've created an interface on the Clinical Outcomes Hub that links to the survey tool, enabling a single point of access for outcomes data collection.

What the data shows

12/58

Proportion of specialties with a dashboard of outcome measures published on the Hub

59

Total number of outcome measures displayed on the Hub

12

Number of patient-reported measures collected via an electronic survey tool linked from the Hub

What's going to happen next?

- We will continue to add specialties' data to the Clinical Outcomes Hub, developing bespoke dashboards for all.
- Working in partnership with the Infection Prevention and Control Team, we will publish more SSI data to the Hub.
- We will increase the number of PROMs collected on the electronic survey tool via the Hub interface, with the aim to double that figure in the next year.
- We will work with the Electronic Patient Record programme team to ensure that all centrally-collected outcomes data is displayed on the Hub.
- We will develop a questionnaire for staff to discover what they find most – and least – useful about the Hub and what else they would like to be available on it.

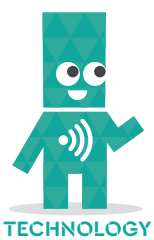
How this benefits patients

Visibility of outcomes data:

- Supports clinical care
- Enables detection of trends for clinical learning or action
- Promotes openness and collaboration for patient benefit
- Presents opportunities for research and development

"As a surgeon on the international working group that agreed a standard set of outcome measures for craniofacial microsomia, I wanted to see us implement this data collection robustly. The sets incorporate detailed clinical assessments, parent-reported outcome measures and patient-reported outcome measures. The implementation had to be in a workable and inviting format for our very busy clinic, so data collection on paper was not an option. We worked closely with the outcomes team and QI analyst/developers to translate the outcome measures into electronic sets, available on an in-house survey tool. Now, we're collecting rich and complete data that will build our knowledge of treatment outcomes for these conditions, and inform future research. This has been an exciting project to lead with exceptional and inspiring results from the Outcomes Team."
Ms Justine O'Hara, Consultant Craniofacial and Plastic Surgeon

Expert



TECHNOLOGY

Optimising our capacity to improve patient access and flow

With high demand for our care comes the challenge of managing patient access and flow through the system. We must ensure that the practical aspects of complex healthcare are well-managed so that waits are as low as possible, operations are only rescheduled for clinical reasons, and we can accept as many patients as possible who need our care.

"Having the planned admission lists in a standard format and available electronically is good for both our patients and our staff. Nursing teams report that now they have the right information to hand to place the patient on the ward that best meets their individual needs and in turn deliver the most appropriate care." *Clinical Operations Manager*

What we said we'd do

We said that in 2017, we would launch the patient placement programme to explore and deliver system adjustments to improve efficiency and optimise capacity.

What we did

In the first few months, we learned that our ability to make excellent operational decisions was hindered by information that was often out-of-date or incomplete. This was because our systems for capturing and monitoring current bed occupancy, expected admissions, transfers, discharges and staffing levels for 'today, tonight and tomorrow' were an assortment of paper, spreadsheets and local databases. This meant that there was duplication, and that the complete picture was not available from any one source.

To address this, we brought together a group of expert users including bed managers, ward nurses, admission coordinators and information analysts to redesign our systems. The focus was on reliably capturing all necessary information electronically, in a timely manner, and in one system.

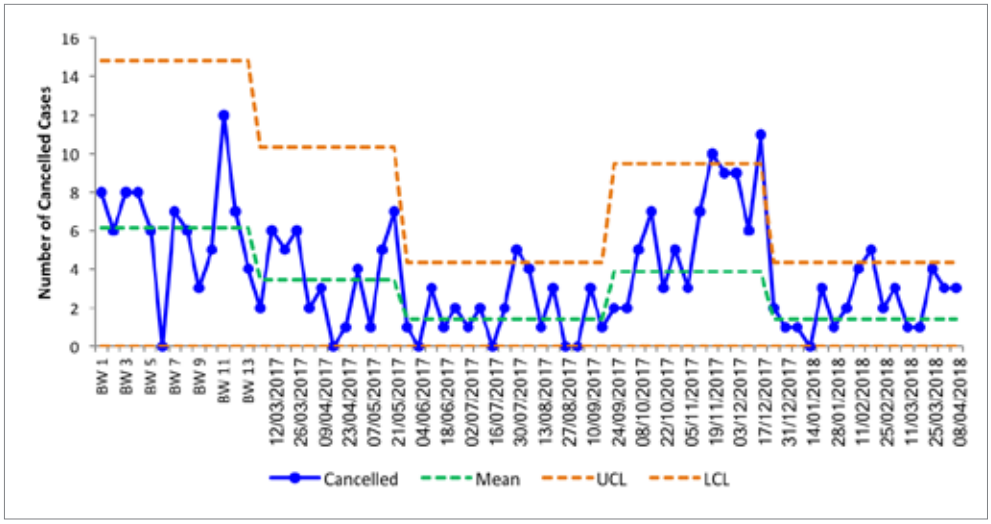
We also expanded our operational team to provide more on-the-ground support to the surgical specialties, to problem-solve in real time when issues arose, and to act as a coordinator to meet different clinical teams' priorities for their patients.

Through strengthening our operational team and developing a system to support day-to-day management of patient admissions, transfers and discharges, we have been able to treat more children and young people and reduce the number of patients we have had to reschedule at short notice.

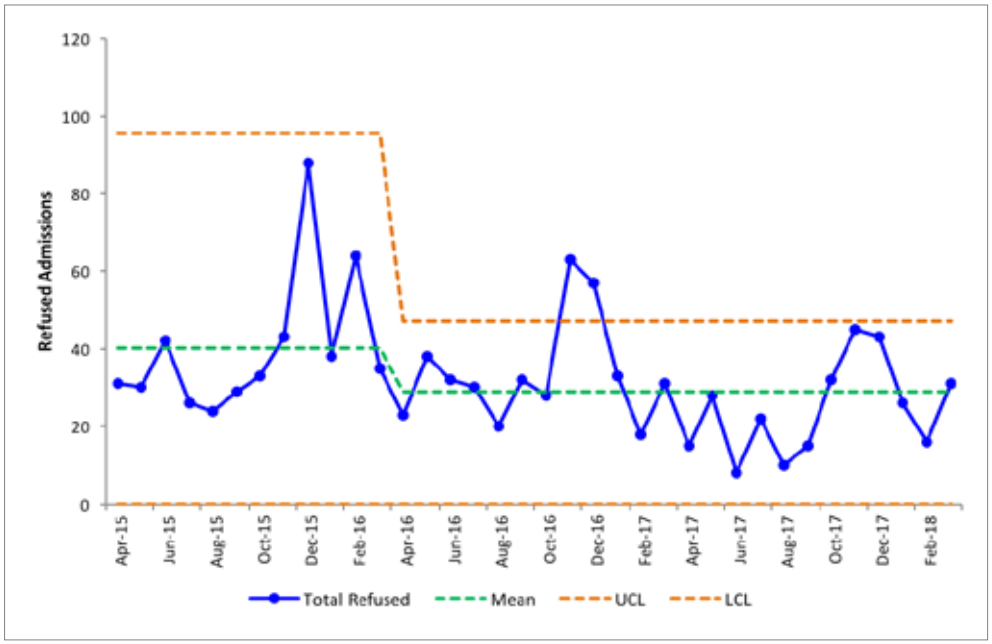
What the data shows

1. Number of on-the-day elective operation cancellations for bed capacity reasons

On-the-day cancellations of elective operations have fallen from an average of six per week in the best performing weeks (BW) of February to May 2016, down to an average of two per week since January 2018.



2. Number of clinically appropriate emergency referrals refused for non-clinical reasons
The data shows that the average refused admissions for non-clinical reasons was 40 per month for April 2015 to March 2016. The average reduced to 29 refused admissions per month from April 2016. Though there has not yet been a further reduction in refused admissions according to SPC methodology, there has been a clear reduction in seasonal variation, with 2017/18 seeing refusals during the high-demand winter months at their lowest level in recent years.



"The introduction of the clinical operations managers has markedly reduced the time taken to transfer a patient to another care provider when the provider is declaring they have no capacity to admit. As this liaison role was traditionally done by the nurse in charge on the ward, this has enabled nurses to focus on what they do best – providing clinical care."
Bed Manager

One Team

INFORMATION

What's going to happen next?

In 2018/19, we plan to extend our work with the electronic solution. We will build an Operational Hub, which will be a dedicated system where the operational teams can view real-time information across the whole hospital to support their decision-making. Once the Operational Hub is established, we will work closely with the Trust's Electronic Patient Record implementation team to maximise the benefits of a dedicated system and environment. We will also use the latest data science techniques such as predictive analytics to help us better plan our admission lists and staffing rosters.

How this benefits patients

- Fewer referrals refused
- More patients treated
- Fewer same-day cancellations of surgery

Improving our young people's and their parents' and carers' experience of transition to adult healthcare services

How young people with long-term conditions and their families are prepared for their move from paediatric to adult services has come under increasing scrutiny in recent years. In 2016, NICE published the guidelines, *Transition from Children's to Adults' Services for Young People Using Health or Social Care Services*. One of the underlying principles is that young people should start to be prepared for adult health services by the age of 14 at the latest.

As a stand-alone paediatric hospital providing highly specialised care, this principle presents a challenge for GOSH. It is not always clear by 14 years whether transfer to specialist adult health services will be necessary. In addition, some young people move to dedicated adolescent services located in other Trusts. In doing so, they may encounter similar challenges as those who move to adult services (including different environments, procedures and personnel) and consequently have similar preparation needs. In our transition improvement work, we wanted to follow the NICE guidelines as well as find new solutions to the mix of challenges we face.

What we said we'd do

- Define and set standards for transition plans.
- Focus on putting transition plans in place for young people aged 16 and over in 2017/18, and from 14 and over in 2018/19.
- Work in partnership with Barts Health NHS Trust and University College London Hospitals NHS Foundation Trust to improve support for young people with learning disabilities or additional needs.
- Build IT infrastructure to better support planning and documentation of transition.

NICE guidelines describe transition as the preparation of a young person for adult services. The age at which specialist children's services finish and adult services start is sometimes determined by service commissioning and/or geographical location.
List of transition circumstances GOSH is involved with:

1. GOSH patients who move to dedicated adolescent services usually move to a different hospital.
2. GOSH patients are often under more than one specialist team.
3. Adult services may be located in different hospitals, and the age of transfer can be different.
4. There are specialist services that exist at GOSH without a directly comparable adult service.
5. Some young people attend GOSH for:
   a. A course of treatment and are then discharged back to primary care. This can occur at any age.
   b. Diagnostic tests only; results will determine the need for ongoing care at GOSH.
   c. Second opinion only.
6. Referrals received after the age of 14 can follow any of the above pathways. NICE states that transition must start by the age of 14 at the latest.
7. Some young people are seen at GOSH several times each year; others are seen only once each year.

The complexity of transition needs at GOSH.

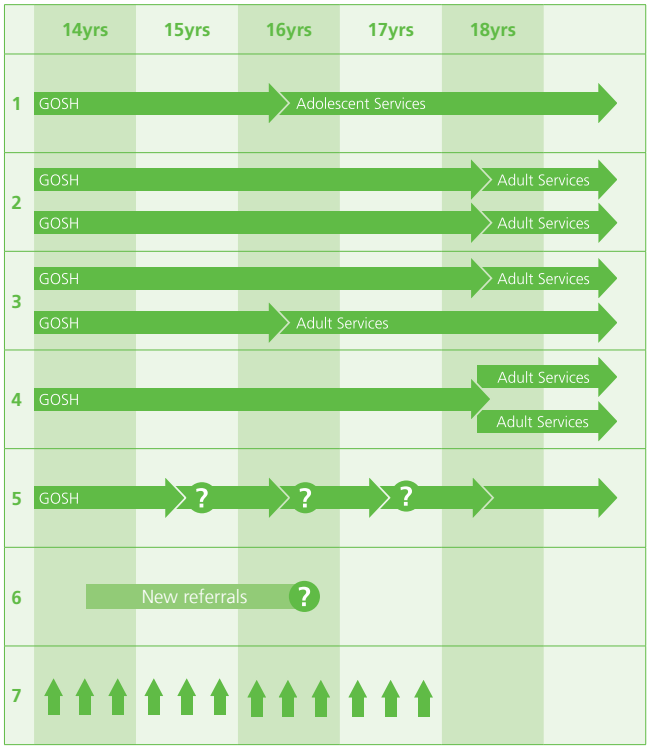
What is transition?
Transition is 'the purposeful, planned process of preparing young people under paediatric care and their families or carers for, and moving them to, adolescent- or adult-oriented healthcare'.
GOSH, 2017, adapted from Blum et al, 1993[4].

"I used the Part One information sheet in clinic. I found it a very useful prompt and easy to use. It was well received by the young person and his mother."
GOSH clinician

"This is really helpful. I really hadn't thought about any of this."
Parent after receiving the GUGI information sheet

"This will really make a difference. I wish GUGI was around when I was being transitioned."
Transition Improvement Steering Group member, 21 yrs

[4] Blum RW, Garell D, Hadgman CH et al. Transition from child-centred to adult health-care systems for adolescents with chronic conditions. A position paper of the Society for Adolescent Medicine. J Adol Health 1993: 14; 570-6.



Variety of transition types and timings.

We knew from our mapping of the transition circumstances our patients face, that we must ensure that any system we designed would work with this variety.

What we did

Following on from the work we began in 2016/17, we worked with young people, parents, carers and healthcare professionals to define minimum standards for all transition plans. These standards have been incorporated into a two-part programme entitled *Growing Up, Gaining Independence* (GUGI) that all young people at GOSH will be introduced to from the age of 12. GUGI will encourage and support all young people to become as independent with their healthcare as they can be. Part One of GUGI focuses on encouraging the development of life skills required by all young people regardless of whether they will transfer to specialist adolescent or adult health services. It will also inform them, and their parents and carers, of their changing legal responsibilities and entitlements. Part Two of GUGI will specifically prepare those who will, or might, need to transfer to specialist adolescent or adult healthcare services.

This year's work has focused on developing the GUGI programme and its supporting information to ensure it meets the needs of all young people regardless of which specialty or specialties provide their care. We focused our efforts on GUGI to build a strong and inclusive foundation that would meet the diverse transition needs of our patients.

GUGI is in effect a transition plan, but it replaces the traditional model. We have avoided using the term 'transition plan' to describe GUGI because of its wider purpose – to support and equip *all* of our young people, whether they transfer to other specialist services or not.

We established a Learning Disabilities Transition Steering Group with Barts Health NHS Trust, University College London Hospitals NHS Foundation Trust, and Barking, Havering and Redbridge University Hospitals NHS Trust to explore the particular needs of our young people with learning disabilities and to share transition best practice across centres.

The Growing Up Gaining Independence (GUGI) programme has been developed to:

- Make all young people and their parents/carers aware of the skills and knowledge they need to engage with adult health care services.
- Support the young person to develop these skills.
- Prepare those who need to continue onto specialist adolescent or adult healthcare services.

New dashboards have been developed that allow staff to identify future clinic attendees. The dashboards show:

- How old the patient will be at the time of the appointment
- How frequently patients are seen each year (information essential for effective transition planning)
- If a patient is recorded as having a learning disability or additional need

As GUGI is rolled out across the Trust, we will also record and display who has started on the GUGI programme.

What the data shows

This chart shows the total number of people aged 12–19 years who had outpatient appointments at GOSH in 2017/18.

Age	Unique Patient
12	3911
13	3952
14	3735
15	3491
16	2795
17	1848
18	714
19	263
Total	**20709**

Over the same period, a total of 74,350 patients aged 0-19 years were seen. Therefore, 28% of our patients were in the 12-19 age bracket. Not all of these patients will need to transition to specialist adult care but we recognise that the majority will need to engage with health services as adults.

What's going to happen next?

In 2018/19, the GUGI programme will be rolled out across the Trust and embedded into practice. The aim is for all patients aged 12 and over to be started on GUGI Part One. Those older than 16 will commence on Part Two. We are currently developing further supporting information in a variety of formats (written, 'easy read' and video). Specialties are being supported to develop dedicated clinics for young people, which are designed to support their readiness for transition to adult healthcare services.

The Transition Improvement Project will run for a further year and we will report the coming year's progress in the *Quality Report 2018/19*.

How this benefits patients

- Well-coordinated transition empowers young people to be as involved in their future health and healthcare as they are able, and supports them to develop to their full potential.

Improving the quality of our food

The quality of our food is important to us, whether hospital food delivered to our patients on the wards, or meals sold in our Lagoon restaurant for families, visitors and staff. Good food is a fundamental part of inpatient healthcare and is an aspect of NHS hospital services that has been commonly criticised.

What we said we'd do
Here at GOSH, we are committed to ensuring that the food we provide is nutritious, appropriate for our patients, and tasty. We also want to ensure sufficient variety, especially for those with longer hospital stays. We said we would listen to feedback by patients and families, our Young People's Forum, and by regulators, and that we would act to improve our food provision in the areas highlighted.

What we did
We examined feedback from a range of sources:

- Patients and families through our listening event in November 2016 and our Pals service data
- Young People's Forum
- Patient stories shared at our Trust Board
- PLACE assessments
- CQC reports

We found that the priorities for improvement were:

- Greater variety of food served
- Flexible mealtimes
- Maintain and improve nutritional value
- Maintain and improve flavour
- Ability to promptly provide information on ingredients when requested

Salt, sugar and saturated fat reduction

We adjusted our recipes and production methods in patient catering to reduce salt, avoid added sugar, and to use oils such as cold-pressed rapeseed, which are lowest in saturated fats.

We participated in a CQUIN scheme, Healthy Food for NHS Staff, Visitors and Patients, to effect change on the organisational behaviour and culture towards the food and drink sold at GOSH. Through NHS England's Healthy Workforce Programme, we also participated in a voluntary sales reduction scheme, to reduce the volume of sugar-sweetened drinks sold.

In retail catering, we have removed the majority of sugar-sweetened fizzy drinks and reduced to below 10% the overall sales of other sugar-sweetened drinks by offering alternatives. We no longer offer loyalty points on sweetened hot beverages and have also removed the 'extra sugar' option from all machine-vended hot beverages. Most confectionery has been removed from the till areas in our Lagoon restaurant.

Fresh alternatives and nutrition

Fresh fruit is displayed prominently in The Lagoon. There is now a daily fresh salad bar. In May 2017, a weekly 'theme bar' was established, offering a range of additional freshly-prepared meal options. Themes include: Lebanese, Vietnamese, Italian, Indian, 'Yum Buns', and the 'Naked Detox' range. Theme bar meals offer a variety of freshly prepared salads as well as raw toppings, all included in the price.

Information about ingredients

We are better able to provide this information when asked. However, it is still done in response to requests, rather than provided as standard. We will include details of ingredients on all our new menus, which we plan to introduce in 2018/19.

What is Pals?
The Patient Advice and Liaison Service (Pals) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and carers, and are available in all NHS hospitals.

What is the Young People's Forum (YPF)?
The YPF is a group of young people aged 11–25 who are or have been patients, or siblings of patients, at GOSH. The mission of the YPF is to improve the experience of teenage patients at GOSH. The group meet formally six times a year, as well as participating in Trust projects and consultations, and meeting with the executive team and other key decision-makers.

What is a PLACE assessment?
Patient-led assessments of the care environment (PLACE) began nationally in 2013.

'PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance.'

NHS England

What is the CQC?
The Care Quality Commission (CQC) is the independent healthcare regulator for England and is responsible for inspecting services to ensure they meet fundamental standards of quality and safety.

What the data shows

Sugar sweetened beverages voluntary sales reduction

	2015/16		2016/17		2017/18	
	Count	%	Count	%	Count	%
Total sugar-sweetened	102118	38.8	51676	18.3	3811	16
Total non sugar-sweetened	161216	61.2	230611	81.7	20018	84

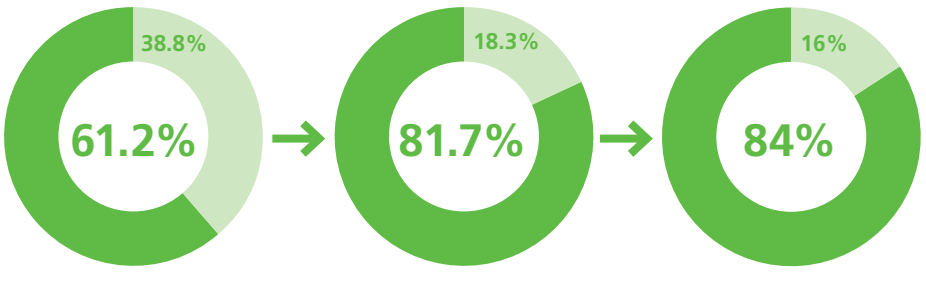


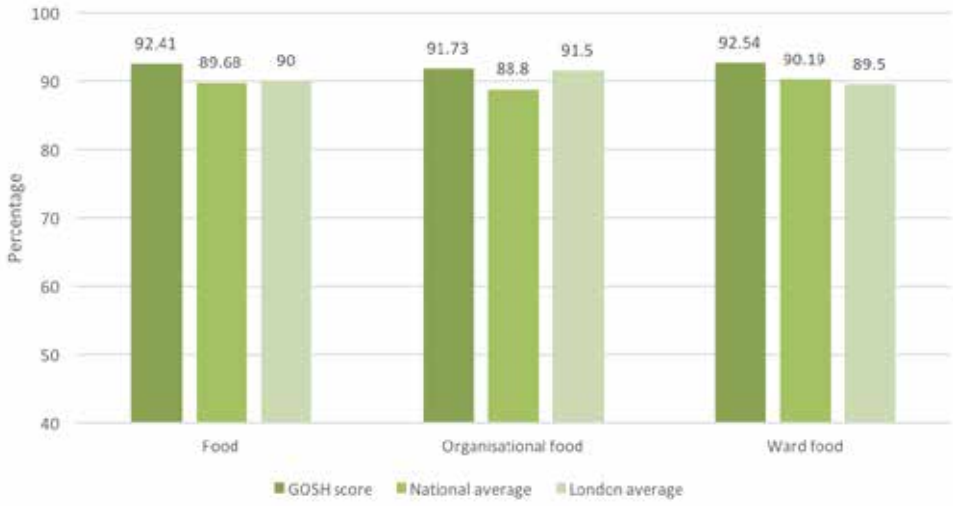
Figure 1: 2015/16 Figure 2: 2016/17 Figure 3: 2017/18

% of non sugar-sweetened drinks % of sugar-sweetened drinks

"I look forward to the theme bar days! The food tastes so good, and I end up eating a lot more raw vegetables than I ordinarily would in a working day."
Project Manager, Corporate Services

2017 PLACE comparative scores

2017 PLACE results show that GOSH scores higher than both the national average and the London average for the three assessment components related to food. We still do receive feedback about areas for improvement by our families and patients, so despite good results from PLACE we are committed to an ongoing programme of improvements in our catering and retail food provision and management.



Key:

- Food: overall food score
- Organisation food: organisational questions relating to the catering service eg choice of food, 24-hour availability, meal times and access to menus.
- Ward food: assessment of food at ward level including the taste, texture and appropriateness of serving temperature.

Source: NHS Digital

2018 PLACE results will be available after this report is published, and they will be used to inform ongoing improvements.

Feedback from inpatients and from visitors to the Lagoon

"Love the new lagoon. Food looks and tastes amazing, very clean all the time, staff seem friendly. Great with my kids, love the new layout of the food hall. Would like to buy Robinson Squash and gutted today they didn't have chocolate but still all good."

Lagoon visitors

"Had a very nice breakfast in the lagoon served by courteous staff at an extremely commercial price (competitive). Overall one of the best hospital breakfasts I have had. Keep it up."

Lagoon visitors

"Food was excellent and a very good, healthy meal selection."

Inpatient

"Thank you for being so kind and boiling an egg for my patient."

Lagoon visitors

"I was even impressed with the food."

Inpatient

"Drawings of lots of food - sandwich, crisps, yogurt, biscuits and apple juice."

Inpatient

"When my daughter woke up, she had a food bag waiting…and we were given crisps, tea & biscuits so I didn't need to leave her."

Inpatient

"Each time I came to the Lagoon I have to say (staff name) is a very helpful and friendly person. We need more people like him, he's a team player. So keep up the excellent work (staff name)."

Lagoon visitors

"Lunch for a five year old is served too late at 13.00. It needs to be served at 12.30 as they then have dinner at 16.30. Meals are too close together."

Inpatient

"Only fault was inconsistency of food and meals being served on paper plates."

Inpatient

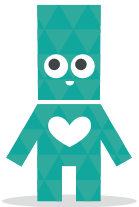
What's going to happen next?

- We're designing a set of menus by age group, working in partnership with the specialist paediatric dietitians to ensure that meals meet patients' nutritional needs as well as their tastes. New menus will include lists of ingredients.
- We are planning to provide ordering on iPad by picture as well as description.
- We are exploring options for personalised menus, for instance so that only gluten-free selections are offered to patients whose diets require it.
- We are going to adjust our protected meals times on the ward so they better meet the needs of all ages, with age-appropriate food available in between mealtimes as required.
- We are reviewing how our food is packaged, transported and served to the patient, to ensure hot food is served hot every time and to present food in ways that are more appealing.

How this benefits patients

- Better tasting, better quality food supports wellbeing
- More responsiveness to individual needs

Helpful



CARE

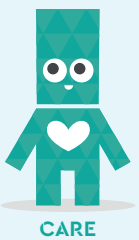
Arthur, age eight.

Quality priorities for 2018/19

The following table provides details of three of the quality improvement projects that the Trust will undertake in 2018/19. These priorities were determined with input from staff, patients and their families, and commissioners. This was sought through a range of mechanisms including a survey, consultation, and use of established meetings such as our Members' Council, Young People's Forum, and Patient and Family Engagement and Experience Committee. The new quality improvement projects are in line with our strategic priority to provide the safest, most effective and efficient care, with the best possible outcomes.

Safety

To eliminate avoidable harm.

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Improving the safety and experience of children and young people at GOSH when venous access is needed for their care.  Expert  	For many of the children who come to GOSH, one of the most daunting experiences of their stay is when a needle needs to be introduced into a vein to draw blood or give medication. This anxiety and fear can lead to behavioural distress which further intensifies their pain and can interfere with their procedure. If ongoing venous access such as a peripheral cannula is required, there is also a risk of extravasation, which is the inadvertent leakage of a medicine or fluid from its intended vein into the surrounding tissue. This has the potential to cause severe tissue injury or necrosis. To improve the safety and experience of our children and young people, GOSH developed a paediatric version of the national Vessel Health and Preservation Framework, and are systematically implementing it across all of our clinical areas. The framework supports staff to choose the right device, make sure the right procedure is considered based on the child's individual needs, help prepare the child and family for the procedure and, make sure the right person is performing the task.	1. Number of extravasation injuries referred to Plastics Team 2. The percentage of patients with more than two unsuccessful cannulation attempts before referral to Venous Access Team 3. Missed medication administration due to reason of 'no IV access available' Progress is reported quarterly to the Quality Improvement Committee.

Clinical effectiveness

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?
Improving the early recognition of the deteriorating child and young person at GOSH through the introduction of the electronic Paediatric Early Warning System (PEWS).  One Team INFORMATION	PEWS is a score-based system designed to identify potential deterioration in children and young people using a combination of factors such as physiological findings, escalation responses and a strong communication framework. It's designed to support clinical judgement and help reduce adverse patient outcomes by enhancing multidisciplinary team working, communication, and confidence in recognising, reporting and making decisions about a child at risk of deterioration. Integrating PEWS electronically means clinicians are able to access live patient scores at both a ward and Trust level. This contributes to improved situational awareness and supports the early identification and prompt review of patients at risk of clinical deterioration.	1. Number of cardiac and respiratory arrests outside of ICU 2. The number of clinical emergency calls outside of ICU wards 3. The number of unplanned internal transfers to ICU by the clinical site practitioner team 4. The number of cardiac and respiratory arrests in high-dependency and non-high-dependency beds 5. The number of clinical emergency calls classified as 'not preventable' Project progress is reported quarterly to the Quality Improvement Committee and Patient Safety and Outcomes Committee.

Experience

To deliver kind and compassionate care, and communicate clearly to build confidence and ease.

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Improving our young people's and their parents' and carers' experience of transition to adult healthcare services.  Helpful INFORMATION	Young people and their families consistently told us that they felt inadequately prepared for adult health services and unaware of the changing responsibilities and rights of young people. National guidelines recommend that young people should start on a transition plan to prepare them for adult health services by the age of 14. For GOSH patients, it's not always clear at that age how many will need to transfer to specialist adult care. The Growing Up, Gaining Independence (GUGI) programme developed by GOSH is relevant to all young people aged 12 or above. It will better prepare young people and their families for their futures.	1. Numbers and percentage of young people aged 12–16 started on Part One of the GUGI. 2. Numbers of young people aged 12–16 started on Part Two of the GUGI. This will be reported at specialty and divisional meetings and at Trust Board, and presented at the Patient and Family Experience and Engagement Committee.

Leo, age 17.

Part 2b:
Statements of assurance from the Board

This section comprises the following statements:

- Review of our services
- Participation in clinical audit
- Learning from deaths
- Participation in clinical research
- Use of the CQUIN payment framework
- CQC registration
- Data quality
- Gastroenterology service review
- Priority clinical standards for seven-day hospital services

Review of our services

GOSH is commissioned by NHS England to provide 58 specialised, or highly specialised, paediatric services. These services account for approximately 90% of the Trust's healthcare activity. The remaining 10% of our activity is typically care which, although not specialist, is provided to patients with complex conditions and is commissioned by clinical commissioning groups.

In order to ensure that we maintain excellent service provision, we have processes to check that we meet our own internal quality standards and those set nationally. These processes include scrutiny by committee. One example is our Quality, Safety and Assurance Committee, where there is a focus on improvements in quality, safety and patient experience. Assurance is provided through reports on compliance, risk, audit, safeguarding, clinical ethics, and performance. Patient stories are often presented to this forum and to the Trust Board.

As a matter of routine, key measures relating to the Trust's core business are presented to the Trust Board. These include measures of quality and safety, patient and referrer experience, and patient access to services.

The Trust's performance framework enables clinical divisions to regularly review their progress, to identify improvements, and to provide the Trust Board with appropriate assurance.

Participation in clinical audit

During 2017/18, 13 national clinical audits and clinical outcome review programmes covered the NHS services that GOSH provides. The Trust has participated in them all and data submissions have been outlined below.

Name of national audit/clinical outcome review programme	Cases submitted, expressed as a percentage of the number of registered cases required
Cardiac arrhythmia (NICOR: National Institute for Cardiovascular Outcomes Research)	100% (186/186)*
Congenital heart disease including paediatric cardiac surgery (NICOR)	100% (1,372/1,372)**
Diabetes (paediatric) (National Paediatric Diabetes Association)	100% (36/36)
Inflammatory Bowel Disease Registry (British Society of Gastroenterology (BSG), The Royal College of Physicians (RCP), and Crohn's and Colitis UK via IBD Registry Ltd)	100% (85/85)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK)	100% (28/28)
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Chronic Neurodisability study	71% (5/7)
NCEPOD Cancer in Children, Teens and Young Adults Study	93% (38/41)
NCEPOD Adolescent Mental Health Study	100% (2/2)
National Cardiac Arrest Audit (ICNARC: Intensive Care National Audit and Research Centre)	100% (21/21)
National Neurosurgical Audit Programme	Data is taken from national Hospital Episode Statistics rather than submitted by the Trust.
Paediatric Intensive Care Audit Network (PICANet)	100% (1,747/1,747)
Renal replacement therapy (UK Renal Registry)	100% (185/185)***
UK Cystic Fibrosis Registry (Cystic Fibrosis Trust)	100% (180/180)

What is clinical audit?
'Clinical audit is a way to find out if healthcare is being provided in line with standards, and lets care providers and patients know where their service is doing well and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients.'
NHS England[5]

The three NCEPOD studies collecting data in 2017/18 involved care provided to children and young people. The Cancer in Children, Teens and Young Adults study aims to identify areas for improvement nationally in the care of children and young people who receive chemotherapy. A GOSH consultant is the national clinical lead for this study.

*2016/17 data, as the submission deadline for the 2017/18 audit is 30 June 2018
**2016/17 data, as the submission deadline for the 2017/18 audit is 25 May 2018
***2016 data, as the submission deadline for the 2017 audit is 31 May 2018

[5] www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/

The following national clinical audit reports were published and reviewed in 2017/18, which are relevant to GOSH practice:

Name of national audit/clinical outcome review programme	Relevance to GOSH practice
Congenital heart disease including paediatric cardiac surgery (NICOR)	Data published in March 2018 shows that survival 30 days after paediatric cardiac surgery for children with congenital heart disease has continued to improve for children in recent years and is currently close to 98%. GOSH performance highlighted exemplar clinical outcomes, and was cited in the report which looked at data between 2013 and 2016: *"Best practice: Overall risk adjusted survival at 30 days was much higher than the predicted level at one centre: Great Ormond Street Hospital in London for the second three year cycle in a row. This is indicative of good performance and should present an opportunity for sharing best practice across specialist centres."*
Diabetes (paediatric) (National Paediatric Diabetes Association)	The audit compares outcomes for seven standards of care for patients with type 1 diabetes. Individual data is available for each centre for 2015/16. GOSH did not have any type 1 patients in the reporting period, therefore no outcome data can be compared. The report makes recommendations for the management of type 1 and type 2 diabetes in children and young people. All recommendations were reviewed and assessed. No changes to clinical practice at GOSH were required.
MBRRACE Term, Singleton, intrapartum stillbirth and intrapartum-related neonatal death	Recommendations are primarily aimed at maternity services but have been reviewed by the Trust neonatal service.
MBRRACE - Perinatal Mortality Surveillance 2015	The report assesses outcomes for centres where babies were born. Recommendations mainly address perinatal mortality, and no clinical practice changes are directly required at GOSH. The report has been reviewed by the neonatology service. A refinement has been made to how GOSH uploads data to ensure all case are reported on as required.
National Cardiac Arrest Audit (ICNARC)	Data and recommendations are included in resuscitation reports to the Trust Patient Safety and Outcomes Committee. No specific actions were identified as necessary in response to the report.
Paediatric Intensive Care Audit Network (PICANet)	The primary outcome measure used in Intensive Care Units (ICU) is the survival rate for patients, recorded at the time of discharge. Raw survival/mortality rates may be challenging to interpret as patients that are admitted in a sicker condition are at greater risk, and therefore the outcomes need to be 'adjusted' to consider the level of severity of the patients in respect of case mix. The most recent PICANet report was published in September 2017 and compares Trusts' Standardised Mortality Ratio (SMR) for the calendar years of 2014–16. The data in this report shows GOSH mortality was within what would be expected based on case mix. ICU mortality is reviewed on an ongoing basis using the Variable Life Adjusted Display (VLAD) at ICU Mortality and Morbidity meetings. This allows the ICU teams to notice any trends in real time and explore reasons for any change.

What is the Patient Safety and Outcomes Committee (PSOC)?
The PSOC is the Trust-wide committee responsible for the monitoring, sharing and decision-making about quality and safety at the Trust.

What is the Standardised Mortality Ratio (SMR)?
The SMR is the ratio of observed deaths in the ICU compared to the expected number of deaths based upon the PIM2r score: the SMR is calculated periodically and is used as a method of benchmarking the outcomes between ICUs nationally via PICANet.

What is the Variable Life Adjusted Display (VLAD)?
The VLAD is a statistical monitoring tool that provides a visual method for monitoring clinical outcomes continuously over time, based on the SMR. The VLAD plot provides a mechanism for rapidly identifying outcomes that deviate from the norm, either favourably or unfavourably.

Key learning from clinical audit in 2017/18

We use clinical audit as a way to provide assurance about the quality of care provided and identify areas where quality improvement is required. A central clinical audit plan prioritises audits to support learning from incidents, risk, patient complaints, and to investigate areas for improvement in quality and safety.

Two examples of Trust-wide audit completed in 2017/18 are outlined below.

Quality of World Health Organization (WHO) Surgical Safety Checklist

Background

In our *Quality Report 2016/17*, we highlighted audit work to identify how effectively staff engaged in the WHO Surgical Safety Checklist to promote safety in the operating theatre. The audit showed good engagement in the checklist, and a positive safety culture.

The audit highlighted an area for improvement – that checks should always be performed with reference to the checklist rather than at times being performed from memory.

We have followed up on this area for improvement with a re-audit in 2017/18.

Results

Our re-audit in December 2017 showed that 84% of surgical sign-ins – safety checks for patients ahead of an invasive procedure under anaesthetic or sedation – were being completed with reference to a checklist, rather than checks being done from memory. The 2016 audit showed 35% of staff confirming that checklists were used.

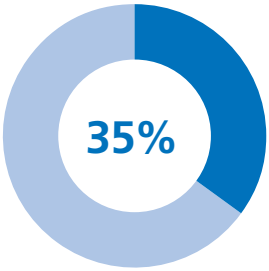


Figure 1: 2016, staff who reported competing checks with reference to the checklist

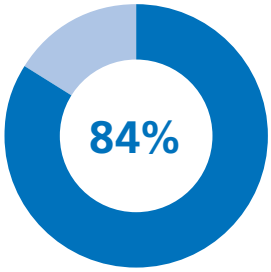


Figure 2: December 2017, staff observed to be competing sign-ins using a checklist

Another area for improvement noted in this audit is the completion of debriefs. Debriefs are an opportunity for teams to reflect at the end of operating lists and discuss any learning points. This is done by a whole team discussion which might focus on:

- What went well
- Any problems with equipment or other issues that occurred
- Any areas for improvement

A debrief was completed for 48% of operating lists observed in the audit in December 2017, up from 20% in 2016. Debriefs have not yet been adopted nationally into routine clinical practice but they are very welcome as an opportunity for staff to reflect and learn.

This audit work and the improvements made are highlighted in the GOSH CQC inspection report published in April 2018:

"The Trust had significantly improved the use of the World Health Organisation surgical safety checklist in theatres. Quality and safety staff had audited the work to improve this safety tool, which resulted in a demonstrable trajectory of better practice."

Plans for improvement

Improvement interventions to support the further roll out of team debriefs are being managed through the National Safety Standards for Invasive Procedures workstream, which has senior clinician engagement and is overseen by the Medical Director. A follow-up audit will further promote engagement and monitor improvement.

What is the WHO Checklist?

The WHO Checklist is a three-stage set of documented safety checks that are performed by clinical staff in the operating room to enhance safety practices.

What are the National Safety Standards for Invasive Procedures (NatSSIPs)?

NatSSIPs have been developed by a multidisciplinary group of clinical practitioners, professional leaders, human factors experts and lay representatives brought together by NHS England. They set out the key steps necessary to deliver safe care for patients undergoing invasive procedures and will allow organisations delivering NHS-funded care to standardise the processes that underpin patient safety.

Nasogastric Tube Testing

Background

This was an audit of best practice of nasogastric tube management in line with Trust policy and an NHS Improvement safety alert. There was a Never Event (a patient safety incident listed by the NHS as an event that should never happen) in 2016 at GOSH involving nasogastric tube management. The audit was conducted as part of the Trust commitment to check if lessons have been learned from past harm.

Key findings

The audit showed:

- 85% of standards were met in the Trust.
- Best practice was found in testing the position of a nasogastric tube, and awareness of the techniques that should be avoided.
- No practice or safety concerns were raised through this audit. The areas of non-compliance in this audit were about documentation of practice. These have been fed back to action by relevant wards.

Specialty-led clinical audit

A total of 96 clinical audits led by clinical staff were completed at GOSH during 2017/18. To promote the sharing of information, a summary of completed projects is published on the Trust's intranet and shared with the Patient Safety and Outcomes Committee. In this report it is not possible to list every clinical audit completed in 2017/18 that has had a positive impact on quality and safety. A summary of completed clinical audits in 2017/18 can be obtained on request by contacting the Clinical Audit Manager on 020 7405 9200 extn 5892 or by emailing clinical.audit@gosh.nhs.uk.

Three examples of completed clinical audits led by specialties are outlined below.

Medication overuse among patients presenting at headache clinic (Neurology)

The audit assessed if NICE guidelines were being met in prescribing medication for headache treatment among paediatric patients over the age of 12.

The audit has made contributions in the following three areas:

- Helped develop a baseline assessment of compliance to NICE guidelines on medication overuse by patients.
- Helped develop understanding of incidence of medication overuse in headache clinic.
- Identified the demographic profile of medication overuse patients, including underlying primary headache disorders.

Medication overuse incidence was found to be 9.5% in the assessed cohort of patients. Compliance with NICE guidance on advice to patients was observed in 90% of cases. The audit has highlighted the frequency of patients overusing their medication in the management of headaches, and interventions are planned in the GOSH headache clinic to address this.

Satisfaction of patients undergoing orthodontic and orthognathic treatment

This audit assessed patient satisfaction with orthodontic treatment and whether it met their expectations. The audit highlighted that:

- Patient satisfaction with treatment is high.
- Orthodontic and orthognathic treatment are making significant contributions to improving patient confidence and improving their bite, smile and facial appearance.
- Patients are finding it difficult to make contact with the department to reschedule appointments or speak to a member of the administrative/secretarial team.
- Patients reported that they felt they sometimes had to wait a long time to be seen when they attended their appointment.

As a result of this audit, changes have been implemented to improve patient experience by ensuring a clinical waiting time board is used, and that reception staff are trained to relay messages to clinical staff as needed.

Lean protocoling for children with multiple sclerosis (Radiology)

This audit evaluated a change in protocol to ensure patients are being scanned using the correct protocol. This has highlighted the need for teaching of radiographers on terms used for scanning patients with multiple sclerosis.

A re-audit is planned to monitor improvements.

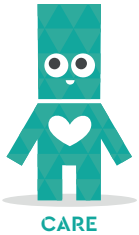
What is a nasogastric tube?

A plastic tube through the nose, past the throat, and down into the stomach to allow food and fluids to be administered.

What is orthognathic treatment?

Surgery to correct conditions of the jaw and face related to structure, growth, sleep apnea, temporomandibular joint and muscle disorders, malocclusion problems owing to skeletal disharmonies, or other orthodontic problems that cannot be easily treated with braces.

One Team



Learning from deaths

Death in childhood is a rare event. Whenever a child dies, it is important to reflect and to learn if anything could be done differently in the future.

Background

In March 2017, the National Quality Board published guidance, 'National Guidance on Learning from Deaths', which aims to initiate a standardised approach to reviewing and learning from deaths.

The GOSH Mortality Review Group (MRG) is a multidisciplinary group of senior clinicians that conducts routine, independent structured case record reviews of all deaths that occur at GOSH. The MRG has been in place since 2012.

The purpose of the MRG is to provide a Trust-level overview of all deaths to identify themes and risks and take action, as appropriate, to shape quality improvement activities in the Trust. This process is linked with local case reviews undertaken by specialty teams and provides an additional oversight of deaths in the Trust. The MRG reviews the patient care pathway to identify whether there are modifiable factors, and identify any learning for the Trust.

Deaths in 2017 and case record reviews

- Between 1 January 2017 and 31 December 2017, 110 children died at GOSH. All but one of these deaths have been subject to a case record review by the MRG. One case cannot be reviewed until the completion of additional investigations.
- Ten (9.17%) of the reviewed patient deaths had modifiable factors at GOSH that may have contributed to vulnerability, ill health or death.
- No deaths in 2017 had modifiable factors at GOSH that provided a complete and sufficient explanation for death.

Learning from clinical case reviews

The learning points from case record reviews are shared at the Trust Patient Safety and Outcomes Committee, and at Trust Board. Modifiable factors identified outside of GOSH are shared with the Child Death Overview Panel.

Where modifiable factors or other issues are identified about GOSH care, these are fed back in an appropriate manner to the relevant clinical team and/or the divisional director(s) for action. The feedback mechanism will be determined based on the nature of the information to be shared, but could include a specialty case review meeting, email, and/or Divisional Board meeting.

Some key themes have been identified, including the recognition and response to the deteriorating patient, and the identification and management of sepsis. The Trust has existing priority quality improvement work to ensure that early warning systems are in place to support staff to identify the deteriorating patient, and that the Sepsis 6 protocol is applied .

See page 144 for our reporting on improving sepsis awareness.

What are modifiable factors?
Modifiable factors are defined as those factors which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

What is the Child Death Overview Panel (CDOP)?
The CDOP is a multi-agency panel. The purpose of a child death overview panel is to undertake an overview of all child deaths within the locality.

Expert

INFORMATION

Participation in clinical research

At GOSH, we understand the immense importance to patients and their families of pushing the edges of medical understanding to make advancements in the diagnosis and treatment of childhood diseases. As a specialist hospital with strong academic links, many of our doctors are clinician-scientists who specialise in research and we are dedicated to harnessing opportunities for collaboration between clinicians and scientists. Much of what we do is at the forefront of research in diseases of children and young people and 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 a leading children's research hospital. We are in the unique position of working with our academic partner, the University College London (UCL) Great Ormond Street 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 ICH, GOSH benefits from access to the wealth of the wider UCL research capabilities and platforms. Together, GOSH and ICH form the largest paediatric research centre outside North America.

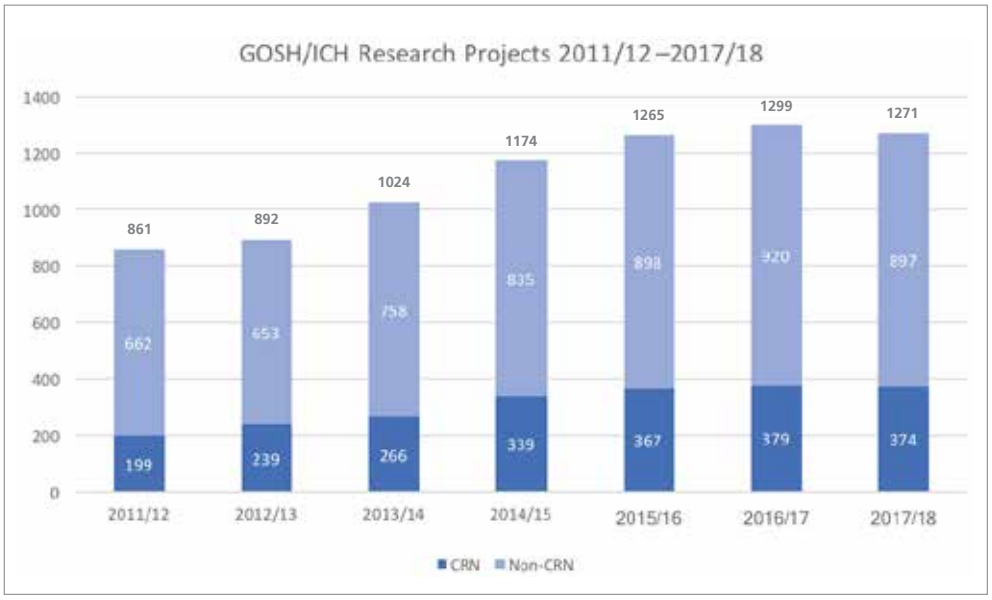
GOSH also hosts one of the few centres dedicated to supporting nurses and allied health professionals (AHPs) in research activity. This team of researchers prioritises understanding the patient and family experience, helping to describe the care that families receive, and exploring both processes and outcome.

Together, GOSH and ICH form the largest paediatric research centre outside North America.

Research activity

During 2017/18, we have run over 1,200 research projects at GOSH/ICH. Of these, 374 were adopted onto the National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio, a prestigious network that helps deliver research across the NHS.

Our already extensive research activity has consistently increased year-on-year. The chart below shows the numbers over time of all our research, including the high-quality NIHR CRN Portfolio projects:



In 2017/18, over 3,400 patients and family members took part in research at GOSH. In addition, GOSH leads the North Thames Genomic Medicine Centre (GMC), one of 13 regional centres that are responsible for coordinating recruitment of patients to the 100,000 Genomes Project. This pioneering project aims to better understand and treat rare conditions and cancers and this year reached its halfway point. Over 14,500 genomes have been collected by the North Thames GMC including 4,310 rare disease and 84 cancer genomes collected at GOSH, with over 1,500 GOSH families recruited.

Funding
This year we saw an overall 18% growth in our research income to £20 million in 2017/18, which supports research infrastructure and projects across the Trust.

2017/18 also marked the start of our third funding term of the NIHR GOSH Biomedical Research Centre (BRC) and the commencement of our new NIHR Clinical Research Facility (CRF) funding.

Innovation
This year also saw the launch of *Innovation at GOSH* and our Innovation Accelerator competition. Our staff are best placed to come up with new ideas to improve patient care or save resources, but taking an idea to the next stage can require specialist knowledge of, amongst other topics, intellectual property, regulatory legislation and how to obtain funding. *Innovation at GOSH* offers support and technical expertise to nurture new ideas with the ultimate aim of benefiting patients at GOSH and across the NHS, and improving the working lives of our staff.

In 2017/18, we also launched our Generic Consent pilot. This enables families to donate surplus tissue and blood samples to support our pioneering research.

Journal publications
With our academic partner, we publish over 1,500 papers a year. In the five year period 2012–2016, GOSH and ICH research papers together had the second highest citation impact[6] of comparable international paediatric organisations.

In the five year period 2012–2016, GOSH and ICH research papers together had the second highest citation impact of comparable international paediatric organisations.

Research highlights

A daily tablet has been shown to reduce the debilitating symptoms experienced by children with multiple sclerosis (MS) and cut the chance of relapse by 82%. GOSH coordinated the UK arm of this study, which was the first time that an MS drug had been trialled specifically in young people. The results are extremely significant as there are currently no treatments specifically approved for young people with MS. Based on the findings, the pharmaceutical company that makes the drug is now applying for a licence to prescribe it to children.

A trial of 120 children across Europe and the USA showed that cannabidiol – derived from cannabis but with the psycho-active elements removed – reduces seizures by nearly 40% in children with a form of drug resistant epilepsy, known as Dravet syndrome. For 5% of patients, seizures stopped completely. Further trials have also been completed in another type of complex epilepsy, Lennox Gastaut syndrome, and are planned in infantile spasms.

Nusinersen, the first drug for spinal muscular atrophy (SMA) is now being offered to children affected by Type 1 SMA on an Expanded Access Programme following a phase 3 trial led by GOSH. Children who received the drug displayed a significant improvement in the achievement of motor milestones compared to those who did not receive treatment. Currently there is no cure for SMA, so this step represents a significant breakthrough for patients. The drug has been granted early approval by the US Food and Drug Administration (FDA) and the European Medicines Agency (EMA).

A new test to help diagnose and predict a range of serious childhood eye conditions has been developed by researchers at GOSH and ICH. The gene panel test, known as Oculome, screens for mutations in more than 400 genes that are known to lead to eye disease, including those that can cause malformations of the eyeball and those linked to inherited retinal degeneration and cataracts. The test can help pinpoint the exact mutation that is causing the condition, enabling a faster, more accurate diagnosis and access to the most appropriate care. The test is currently available at GOSH and has been approved to be offered on a national basis.

[6] GOSH citation impact = 1.997. The average citation impact is calculated from the number of citations for reviews and original papers normalised for research field and year of publication

Use of the CQUIN payment framework

A variety of CQUINs have been undertaken by the Trust in 2017/18. Some of these are national indicators, which may also be undertaken by other trusts across the country, and some were locally defined in order to improve our individual performance. Due to the specialist nature of our care, some of the national CQUINs needed to be adapted to fit with the services we provide for our patients.

CQUIN Reporting 2017/18	
CQUIN title	**Overview**
Anti-microbial resistance/Sepsis	The aim of the project is to improve the timeliness of both identification and treatment of sepsis, as well as reducing inappropriate antibiotic usage within the Trust.
Child and Adolescent Mental Health Services – Long-term conditions	The aim is to establish screening and provision of mental health services for specialised paediatric inpatients with a chronic and severely disabling medical condition.
Cardiac Devices	This scheme seeks to ensure that device selection for patients remains consistent with the commissioning policy, service specification, and relevant NICE guidance. It also aims to ensure that contractual requirements are in place for providers while new national procurement and supply chain arrangements are embedded.
Critical care – Paediatric Networked Care	This scheme aligns with the national Paediatric Intensive Care service review. It aims to gather information which allows the demand across the whole paediatric critical care pathway to be considered.
Haemtrack	This scheme intends to improve adherence, timeliness, and accuracy of patient data submissions to the Haemtrack patient reporting system.
Medicines Optimisation	This scheme aims to support the procedural and cultural changes required to optimise use of medicines commissioned by specialised services. A number of priority areas for implementation have been identified nationally by clinical leaders, commissioners, trusts, the Carter Review and the National Audit Office.
Neuroscience Network	The scheme aims to support the development of the North Thames Neurosciences Paediatric Network.
Enhanced Supportive Care	This scheme aims to better integrate the work of the disease-specific clinical nurse specialists and advanced nurse practitioners with the paediatric oncology outreach nurses in the Palliative Care team. The aim is to review the cancer clinical pathways and identify where it would be expected for Palliative Care to be involved.
Severe Asthma	This scheme aims to ensure that assessment and investigation of children with difficult-to-control asthma is completed within 12 weeks of referral. This is so that all eligible children have appropriate and timely intervention in order to improve asthma control, reduce hospital admissions and avoid inappropriate escalation of therapy including the initiation of expensive monoclonal antibodies.
Transition Planning	The aim is to increase the number of transition plans for young people aged 13 years and above across the Trust.
Univentricular Home Monitoring	This scheme involves implementation of home monitoring programmes for children following palliative cardiac surgery for patients with a primary diagnosis of: hypoplastic left heart syndrome, functionally univentricular heart or pulmonary atresia with intact ventricular septum. Collectively, these conditions are referred to as univentricular hearts or univentricular circulations.

What is CQUIN?
The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of NHS healthcare providers' income conditional upon improvement. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers, and constitutes 2.5% of the Actual Contract Value between commissioner and provider.

In 2017/18, 2% of GOSH's NHS income (activity only) was conditional upon achieving CQUIN goals agreed with NHS England for the above schemes. If the Trust achieves 100% of its CQUIN payments for 2017/18, this will equate to £5.29 million. During Q1 to Q3 of the financial year, we reported high compliance against all our CQUIN indicator milestones. We expect to report approximately 78.7% compliance at year end.

CQC registration

GOSH is required to register with the CQC and is currently registered, without conditions, as a provider of acute healthcare services. GOSH has not participated in any special reviews or investigations by the CQC in 2017/18.

What is the CQC?
The Care Quality Commission (CQC) is the independent healthcare regulator for England and is responsible for inspecting services to ensure they meet fundamental standards of quality and safety.

In January 2018, the CQC conducted a scheduled unannounced inspection of two services (surgery and outpatients) and an announced inspection against the Well Led criteria. The report was published in April 2018. The Trust was rated 'good' overall. An action plan is in development to respond to the recommendations, which includes a requirement notice related to accessibility of clinical information for staff planning to undertake procedures (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).

NHS Improvement well-led framework
As part of their routine scheduled inspection programme, the CQC conducted a well-led inspection of the Trust in January 2018. The Trust was rated as 'requires improvement'. The inspectors identified the areas of good practice including:

- Recognition of the excellent work undertaken to address our waiting time data and management issues (see page 178 of this report and page 20 of the GOSH Annual Report 2017/18).
- Effective systems are in place to identify and learn from unanticipated deaths, serious incidents and complaints.

The report identified issues with nursing leadership and said that nurses feel that they don't have a voice. There were perceptions of an overly complicated divisional structure, and the need for further engagement with local stakeholders particularly around sustainability and transformation partnerships (STPs). We are developing an action plan in response to the points raised in the report, noting that for some, we had already identified the issue and started to put plans in place. The action plan will be monitored by the Trust Board.

Data quality

Good quality data is crucial to the delivery of effective and safe patient care and to the running of GOSH. Data is vital to enable us to run our services efficiently as well as to identify any care quality issues and predict trends in order to take early action.

In the past year, we have made significant progress in our data quality action plan which was completed in December 2017. Some of the key highlights were:

- The establishment of a dedicated data assurance team that works closely with staff to improve data quality through training and coaching.
- The data quality dashboard has now been rolled out across the organisation and enhanced further to include data quality reporting for theatres. The dashboard now encompasses 158 individual data quality indicators and as such we continue to prioritise work around these.
- The establishment of regular weekly data quality focus groups with each division to tackle and prioritise data quality measures.

For 2018/19, we have developed a new data quality improvement plan which allows us to focus on the improvement work that is needed as we progress towards going live with the EPR system in April 2019.

Secondary Uses Service

As required by NHS Digital, GOSH submitted records during 2017/18 to the Secondary Uses Service (SUS) for inclusion in the national Hospital Episode Statistics. These are included in the latest published data.

The table below shows key data quality performance indicators within the records submitted to SUS.

Indicator	Patient group	Trust score	Average national score
Inclusion of patient's valid NHS number	Inpatients	97.8%	99.4%
	Outpatients	98.8%	99.5%
Inclusion of patient's valid General Practitioner Registration Code	Inpatients	99.7%	99.9%
	Outpatients	99.8%	99.8%

Notes:
- The table reflects data from April 2017 – January 2018 at month 10 SUS inclusion date.
- Nationally published figures include our international private patients, who are not assigned an NHS number. Therefore the published figures are consequently lower at 92.7% for inpatients and 93.8% for outpatients.
- Figures for accident and emergency care are not applicable as the Trust does not provide this service.

Clinical coding

GOSH has a dedicated and highly skilled clinical coding team, which continues to maintain high standards of inpatient coding. Due to the complexities of our patients, each inpatient stay tends to have a higher number of codes applied compared to the national average. GOSH carries out internal audits to ensure that accuracy and quality are maintained, and complied with the Information Governance Toolkit clinical coding audit requirements for 2017/18. The most recent audit for the Information Governance Toolkit showed results of over 97% accuracy, representing the highest level of achievement recognised in the toolkit. GOSH was not subject to a national Payment by Results clinical coding audit during the 2017/18 reporting period.

Information governance

The current Information Governance Toolkit provides NHS organisations with a set of 45 standards against which we declare compliance annually. GOSH's Information Governance Assessment Report overall score for 2017/18 improved from last year to 77% and was graded green, 'Satisfactory'. The improvements over last year's submission related to a full action plan for staff training and in the documentation and identification of contracts which required additional information sharing controls.

For 2018/19, the Information Governance Toolkit is to be relaunched as the Data Security and Protection Toolkit. This will be aligned with the National Data Guardian's ten data security standards and the General Data Protection Regulation (GDPR) and will be a full redesign of how the Trust demonstrates compliance. Over the coming year, GOSH will ensure all appropriate evidence is available to measure performance against the data security and information governance requirements mandated by the Department of Health and Social Care.

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

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

What is NHS Digital?
NHS Digital (formerly known as the Health and Social Care Information Centre) is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

What is an NHS Number?
Everyone registered with the NHS in England and Wales has their own NHS number, 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.

Gastroenterology service review

In 2015 we commenced a review into our gastroenterology service to ensure we provide the highest standards of care to the children, young people and families we look after. This review was of particular importance to us as we had seen a disappointing and sustained number of complaints about the service we offered.

The initial stage of the review was led by the Royal College of Paediatrics and Child Health (RCPCH), who we invited in 2015 to visit and independently assess the service to identify areas for improvement. The RCPCH's recommendations included improving communications with families, improving administration, and enhancing access to psychological support for families. We initiated a programme of work to address these recommendations.

In a small group of patients with, or suspected as having, a complex condition known as eosinophilic lower gastroenterology disease, or complex food allergies, the reviewers acknowledged that this was a rare and complex clinical area with a lack of national or international consensus on the best way to manage these patients. There are no agreed clinical guidelines for the treatment of these patients.

They recommended we review the care packages of a small group of patients suspected of having this complex condition. We also held a listening event in July 2017, to capture the views of our patients and their families in the review.

At the start of the review, we committed to commissioning a follow-up external review to make sure progress was being sustained to address the RCPCH's original recommendations. To that end, we invited the RCPCH to revisit the service in 2017. We are pleased that they recognised the journey the department has been on, and the progress that has been made since their first visit in 2015.

The reviewers were assured by very good senior clinical and operational leadership, significant improvements in the administration of patient communications, the organisation of clinics, and improved team working. We have also seen a fall in the number of issues and complaints raised, and we believe that patients see the tangible benefits of these improvements.

We are aware that there is still room for further improvement, and we have carefully considered the RCPCH's findings from their second visit, together with what we heard from the 2017 listening event. Patients and families who attended told us they wanted to see better communication and information that is easier to understand. The RCPCH echoed similar feedback. To that end, we are reviewing and improving the leaflets and web guides for patients and parents, to enhance their understanding of the service. We will also be focusing on improving the transition for patients as they move from paediatric to adult healthcare. We communicated these findings to the families involved in the review.

We also agreed with the RCPCH recommendations that we improve the ward environment. To that end, we have now moved all gastroenterology patients from the unsatisfactory environment in Rainforest Ward and will soon be relocating them to much better accommodation with new, modern facilities.

Priority clinical standards for seven-day hospital services

The seven-day services programme is designed to ensure patients that are admitted as an emergency receive high quality consistent care, whatever day they enter hospital.

GOSH does not have an accident and emergency department and therefore our 'emergency' workload relates to non-elective patients admitted directly from other hospitals into our critical care units. We have reviewed the implementation of the priority clinical standards for our unplanned critical care admissions. This has been through participation in the NHS England seven-day service audit, which is required twice a year. Our most recent audit was completed for eight admissions in October 2017. All cases met the standard for patients being seen by a consultant within 14 hours of arrival at GOSH. In order to further implement the priority clinical standards, the job planning process for ICU consultants is being reviewed to formalise arrangements for twice-daily ward rounds at weekends to take place. We will continue to participate in the seven-day services national audit for our unplanned intensive care admissions.

Sarah, age 11.

Part 2c:
Reporting against core indicators

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

What is the Department of Health and Social Care (DHSC)?
The DHSC is a department of the UK government with responsibility for government policy for England alone on health, social care and the NHS.

Performance against DHSC quality indicators

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:
	2017/18	2016/17	2015/16	Most recent results for Trust	Best results nationally	Worst results nationally	National average		
Domain 4: Ensuring that people have a positive experience of care									
				Source: NHS Staff Survey Time period: 2017 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	87% (2017)	90% (2016)	88% (2015)	87%	93%	79%	89% (median score)	The survey is carried out under the auspices of the DHSC, using their analytical processes. GOSH is compared with other acute specialist trusts in England.	The introduction of a Trust-wide safety and reliability improvement project, and the development of a programme to ensure quality leadership of our staff, which includes reviewing how we support managers and staff to address harassment and bullying and a commitment to an Equality, Diversity and Inclusion strategy supported by new governance arrangements (see pages 64–65 of the GOSH Annual Report 2017/18 for more information).
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	29% (2017)	25% (2016)	25% (2015)	29%	18%	30%	23% (median score)		
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	81% (2017)	85% (2016)	87% (2015)	81%	91%	80%	88% (median score)		

What is the median?
The median is an average that is derived by finding the middle point in a sorted range of values. Unlike the mean average, which is the total divided by the number of values, the median provides an average that is not skewed by 'outlier' data points.

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:
	2017/18	2016/17	2015/16	Most recent results for Trust	Best results nationally	Worst results nationally	National average		
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm									
				Source: Public Health England Time period: 2016/17 financial year					
Counts of clostridium difficile (C.difficile) infection in patients aged two and over	11	1	7	1	0	46	30.2 (mean score)	The rates are from Public Health England.†	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 2 and over (number of hospital acquired infections/100,000 bed days)	18.8	1.79	12.5^	1.2*	0	82.7	12.9 (mean score)		

Note: C.difficile colonisation is common in children and, while severe disease may occur at any age, it is rare. 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 2 and above with diarrhoea (or a history of diarrhoea) where no other cause is present or, if another possible cause is present, clinical opinion led to treatment as a possible case. We report on the Healthcare Acquired Infection 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 with the number of cases that we report.

* National report used estimated bed days at time of reporting.

† www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data

^ Previously published rate for 2015/16 was incorrectly calculated as 8.3 using all bed days. It has been corrected here to show bed days of patients aged two and over.

Indicator	From local trust data			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:
	2017/18	2016/17	2015/16		
Patient safety incidents reported to the National Reporting and Learning System (NRLS):					
Number of patient safety incidents	6,345	5,429	5,338	GOSH uses electronic incident reporting to promote robust reporting and analysis 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 such as Risk Action Groups, local training (human factors, RCA) and "Learning from…" events and posters improve the sharing of learning to reduce the risk of higher-graded incident recurrence. Initiatives are reported and monitored by the Patient Safety and Outcomes Committee.
Rate of patient safety incidents (number/100 admissions)	10.90	12.40	12.50		
Number and percentage of patient safety incidents resulting in severe harm or death	12 (0.2%)	8 (0.1%)	11 (0.2%)		

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. GOSH also reports its patient safety incidents to the NRLS, which runs a national database designed to promote learning.

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

What is a mean?

The mean is the average of a set of numbers. It is calculated by adding up all the values and then dividing the answer by the total number.

Part 3:
Other information

NHS Improvement uses a limited set of national mandated performance measures, described in its *Single Oversight 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.

What is NHS Improvement?
NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

Performance against key healthcare targets 2017/18

Domain	Indicator	National threshold	GOSH performance for 2017/18 by quarter				2017/18 mean	Indicator met?
			Q1	Q2	Q3	Q4		
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:***							
	· surgery	94%	100%	100%	100%	100%	100%	Yes
	· anti-cancer drug treatments	98%	100%	100%	100%	100%	100%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway*** ††	92%	Apr: 90.31% May: 90.36% Jun: 89.26%	Jul: 89.84% Aug: 90.07% Sep: 89.67%	Oct: 90.59% Nov: 90.72% Dec: 90.75%	Jan: 92.96% Feb: 93.53% Mar: 92.91%	90.91%	Yes, for Q4 but not for Q1-3. Improvement work continues.
Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance against requirements*	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Additional indicators – performance against local improvement aims
In addition to the national mandated measures identified in the above tables, the Trust has implemented a range of local improvement programmes that focus on the quality priorities as described in Part 2a. The table below sets out the range of quality and safety measures that are reviewed at each Trust Board meeting. Statistical Process Control (SPC) charts are used to measure improvements in projects over time and to identify areas that require further investigation (see definition on page 147). All measures remain within expected statistical tolerance.

Domain	Indicator	GOSH performance for 2017/18 by quarter				2017/18 mean
		Q1	Q2	Q3	Q4	
Safety	Central Venous Line (CVL) related bloodstream infections (per 1,000 line days)	1.57	1.47	1.31	1.54	1.47
Effectiveness	Inpatient mortality rate (per 1,000 discharges)‡ *(From data submitted to Hospital Episode Statistics (HES))*	8.8	5.7	6.7	4.2	6.3
Experience	Friends and Family Test (FFT) – % of responses (inpatient)**	28.6%	23.1%	22.4%	24.1%	24.6%
Experience	FFT – % of respondents who recommend the Trust (inpatient)**	97.7%	97.3%	96.8%	96.4%	97.1%
Experience	Discharge summary completion time (within 24 hours)	87.8%	87.1%	88.1%	88.1%	87.7%
Effectiveness	Last minute† non-clinical hospital cancelled operations and breaches of 28-day standard***					
	· cancellations	137	119	176	105	537 (total)
	· breaches	14	7	27	24	72 (total)
Experience	Formal complaints investigated in line with the NHS complaints regulations***	29	21	14	22	86 (total)
Effectiveness	% of patients aged 0–15 readmitted to hospital within 28 days of discharge ‡‡	1.93%	1.99%	2.23%	1.23%	1.83%
Effectiveness	% of patients aged 16+ readmitted to hospital within 28 days of discharge ‡‡	0%	0%	0.81%	1.55%	0.54%

Performance against key healthcare targets 2016/17

Domain	Indicator	National threshold	GOSH performance for 2016/17 by quarter				2016/17 mean	Indicator met?
			Q1	Q2	Q3	Q4		
Effectiveness	All cancers: 31-day wait from decision to treat to first treatment***	96%	97.5%	97.9%	100%	100%	98.9%	Yes
Effectiveness	All cancers: 31-day wait for second or subsequent treatment, comprising:***							
	· surgery	94%	95%	100%	100%	100%	98.8%	Yes
	· anti-cancer drug treatments	98%	100%	100%	100%	100%	100%	Yes
Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway***	92%	Following the identification in 2015/16 of challenges with delivery of the referral to treatment (RTT) standards, GOSH agreed with NHS England a pause in the reporting of its RTT figures until confidence in the data had been returned. The improvement work (reported last year) progressed and reporting resumed in February 2017.			Jan: 91.2% Feb: 91.6% Mar: 91.85%	N/A	No
Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance against requirements*	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Additional indicators – performance against local improvement aims

In addition to the national mandated measures identified in the above tables, the Trust has implemented a range of local improvement programmes that focus on the quality priorities as described in Part 2a. The table below sets out the range of quality and safety measures that are reviewed at each Trust Board meeting. Statistical Process Control (SPC) charts are used to measure improvements in projects over time and to identify areas that require further investigation (see definition on page 147). All measures remain within expected statistical tolerance.

Domain	Indicator	GOSH performance for 2016/17 by quarter				2016/17 mean
		Q1	Q2	Q3	Q4	
Safety	CVL related bloodstream infections (per 1,000 line days)	1.7	1.8	1.7	1.4	1.65
Effectiveness	Inpatient mortality rate (per 1,000 discharges)‡ *(From data submitted to HES)*	4.2	5.6	7.0	5.7	5.6
Experience	FFT – % of responses (inpatient)**	25.4%	17.7%	26.0%	26.2%	23.8%
Experience	FFT – % of respondents who recommend the Trust (inpatient)**	98.2%	98.1%	98.1%	97.6%	98%
Experience	Discharge summary completion time (within 24 hours)	87.4%	88.7%	86.6%	89.9%	88.2%
Effectiveness	Last minute† non-clinical hospital cancelled operations and breaches of 28-day standard***					
	· cancellations	197	191	157	180	725 (total)
	· breaches	32	32	23	25	112 (total)
Experience	Formal complaints investigated in line with the NHS complaints regulations***	33	22	26	18	99 (total)
Effectiveness	% of patients aged 0–15 readmitted to hospital within 28 days of discharge ‡‡	1.73%	1.67%	1.86%	1.39%	1.66%
Effectiveness	% of patients aged 16+ readmitted to hospital within 28 days of discharge ‡‡	1.35%	1.60%	0.68%	3.91%	1.80%

* Target based on meeting the needs of people with a learning disability, from recommendations set out in *Healthcare for All* (Department of Health, 2008). Quarterly performance is from information submitted to NHS Improvement.

‡ Does not include day cases.

† 'Last minute' is defined as: on the day the patient was due to arrive, after the patient has arrived in hospital, or on the day of the operation or surgery.

** Source: NHS England

*** Source: NHS Digital

‡‡ Source: HES

†† Throughout the past three years, we have focused on improving the quality of our waiting list data, establishing robust processes to manage elective care waits and ensuring that assurance processes are in place to provide early warning of any future issues. The main focus in 2017/18 was to reduce the waiting times for all our patients, providing prompt treatment and achieving the defined national requirements as an organisation. We worked on improving the waiting times associated with referral to treatment (RTT), in line with the hospital's agreed recovery trajectory with NHS England. We achieved the 92% standard for the first time since returning to reporting in January 2018, with a performance position of 92.96%. This was a testament to the work completed by the clinical and operational teams.

Following completion of the audit of our *Quality Report 2017/18*, a number of data quality issues were identified related to the small sample undertaken. Four of the errors were identified as high priority, with the remainder flagged as medium priority. Although disappointed with the number of errors identified, GOSH was reassured to see that all but two of the errors related to staff interaction and interpretation of the RTT rules and processes, rather than systemic process issues (which were addressed during previous improvement work). Some related to understanding of RTT rules and their application, while many others related to the storing of documentation to confirm the dates applied to the RTT pathway.

A number of actions are already underway that will address these issues, including the roll out of a refreshed RTT (and cancer) training package to ensure staff are fully aware of the rules as well as their application across GOSH. Many of these issues were the result of our patient administration system not being compliant with the RTT rules and therefore tracking and managing of patient pathways has to be completed outside the system with limited visibility of pathway status. This specific issue will be addressed with the implementation of the new electronic patient records (Epic) and the Trust is currently working to configure the RTT rules, providing a fully integrated tracking system for staff to use.

Although the number of errors were more than the organisation expected, GOSH notes the context of other foundation trusts and their performance against this indicator. It is clear this is a significant challenge to the wider NHS also. GOSH will continue to work to improve the quality of its data across all areas as it progresses towards Epic go-live in April 2019.

Annex 1: Statements from external stakeholders

Statement from NHS England (London), Specialised Commissioning Team

NHS England would like to thank Great Ormond Street Hospital NHS Foundation Trust (GOSH) for the opportunity to review and provide a response to the *Quality Report 2017/18*. We continue to work together to consider improvements in the quality of care and accessibility of services for those children whose healthcare needs are managed by GOSH. NHS England continually review feedback from: patients and families, clinical quality review meetings and other external sources including the Care Quality Commission, Health Education England (North Central and East London), and Public Health England to inform decisions about where improvements can be delivered. Notable examples of positive achievements this year include sustained improvements to referral to treatment times and Transition planning supported by CQUIN transformation funding.

NHS England recognise the considerable work undertaken by the Trust to improve Paediatric Early Warning Scores and the implementation of new IT systems to provide a stronger evidence base to data and reporting. NHS England acknowledges the areas of achievement reported this year which includes compliance with the seven day standards.

NHS England recognises the efforts made by the Trust in relation to infection prevention and control including work on anti-microbial stewardship, recognition and treatment of sepsis, and line care.

There are a number of areas where work to facilitate the improvements outlined in the *Quality Report* are underway.

- Improving the quality and safety of care for inpatient neonates and small infants.
- Developing Trust-wide access to outcomes data through the Clinical Outcomes Hub.
- Implementing the Outpatient Transformation Project.

Following the publication of the Trust's CQC Report in April 2018 we recognise the achievements of the Trust and look forward to working with and supporting the Trust in areas for development, our intention being to ensure through collaborative working that continuous improvement for patients are delivered in 2018/19. We note the Trust has also responded to the CQC's Well Led Report, published in February and we are actively working with the Trust on the implementation of the actions needed to deliver improvements. We note the recent appointment of two permanent Trust Executives: quality posts of a Director of Nursing and a Medical Director. Given the very challenging year the Trust has had with a number of difficult and complex cases that have been in the national spotlight, we welcome the benefits that new senior experienced clinical leadership will bring to both staff and patients and look forward to continuing to build an effective working partnership with the Trust.

Statement from Healthwatch Camden

Healthwatch Camden is pleased to see that some areas of improvement in the Trust have progressed. The better food was noted by one of our volunteers who visited. Framing transition as 'Growing Up Gaining Independence' seems a helpful approach.

We have not been able to take as much part in GOSH's stakeholder engagement this year as we would like, our own priorities have focused us elsewhere this year. Nonetheless, we are always pleased to stay in touch with the Trust and to learn about your work to improve patient experience. We are not able to comment on the clinical quality and safety priorities.

Statement from Camden Health and Adult Social Care Scrutiny Committee

The Camden Health and Adult Social Care Scrutiny Committee regrets that due to the local elections and the new committee not meeting until July 2018, it was unable to review and comment on the GOSH *Quality Report* this year. It looks forward to resuming this voluntary role for the 2018/19 *Quality Report*.

Feedback from Members' Council governors

Comments from Public Governor, south London and surrounding area

Doesn't time fly? It seems barely credible that it was a year ago I was commenting on the 2016/17 annual *Quality Report* and now here we are another year has gone. The 2017/18 report clearly identifies the emphasis GOSH places on Quality against the predetermined criteria of Safety, Clinical Effectiveness and Experience and presents this in a readily accessible format with clear definition of terms used, clear diagrams, tables and graphs. Reading the report, you get a real sense of the huge range of services and research GOSH provides and undertakes on a daily basis at the heart of which are the 'Always Values' and the ethos 'The child first and always'.

Having commented in last year's report that "it would be helpful in each year's report if a brief reference could be made to progress or developments occurring in each of the previous year's priorities", it is particularly pleasing that, to an extent, this has been acted upon. Two of the priorities from last year; improving sepsis awareness and the transition from paediatric to adult healthcare services also feature in this year's report whilst actions promised in the Listening Event in November 2016 to improve the quality of food have been taken. Given how quickly a child or young person can deteriorate it would have been useful to know whether the 'safety huddle' highlighted as one of the safety priorities in 2015/16 is now fully embedded in each ward's practice and part of the junior doctors' induction and Trust-wide induction.

Being the parent of a child born unexpectedly nine weeks early, I am delighted at the focus in the safety section on neonates and small infants. Becoming a parent can be a fraught experience without the added worry of not knowing whether your child is also suffering from a serious and / or rare condition or jaundice and if so knowing treatment has commenced as soon as possible. A simple bloodspot test can provided that reassurance so knowing GOSH has harnessed technology to develop an automated prompt system that alerts nursing leads that a baby on their ward is eligible for screening is very welcome. Similarly, ensuring that a neonate is properly hydrated and receiving the correct fluid and electrolyte therapy is essential but not easy. The multi-disciplinary approach to developing a Trust guideline for management of neonatal intravenous fluids is commendable and provides the basis for the continual raising of awareness of this important subject.

Technology is such a key part of medicine today and whilst I'd suggest it can never take the place of 'gut' feel, the work that has gone into the development of the Clinical Outcomes Hub is formidable. The emphasis on making data available to clinical teams in ways they found most useful and not adopting a 'one size fits all' approach encourages buy in from clinicians and provides a means for feedback from patients and parents which improves the currency and accuracy of data, facilitates trend analysis and improves treatment and clinical outcomes. A virtuous circle.

The decision to cancel an operation is not taken lightly. The impact on a patient, family, staff and waste of resources is significant. At a time when demand continues to outstrip resources and the resources themselves are being reduced, the fact that the number of elective operations cancelled for bed capacity reasons has halved in the past year through system redesign is great news. The commitment to continue this work to improve patient access and flow in 2018/19 makes sense.

Turning to the current year, GOSH has continued its commitment to listen to patients, families and staff by using various mechanisms to assist in determining which Quality Improvement projects should be undertaken. The choices relating to improving safety and experience when venous access is needed as part of care management, improving the early recognition of the deteriorating child and young person, and continuing the work on improving the transition to adult services build upon similar initiatives, work and technology undertaken in previous years. I look forward to reading about progress made on these in the next annual *Quality Report*.

My thanks to all at GOSH who continue to look after our children and young people, push the boundaries of research, treatment and technology and take those hard decisions. There is much in this annual *Quality Report* to be proud of as well as clear pointers for future priorities and where improvements can be made.

Comments from Public governor, north London and surrounding area:

The extensive work carried out by the Trust to improve the services it provides to neonates and the great emphasis it has placed on training staff to ensure that patients can get the very best specialised care is truly laudable. As the sister of a former patient in the neonatal department, the developments in response to the clinical audit of neonatal care are incredibly heartening to read about. It is reassuring to see that the Trust has taken the audit results very seriously and has responded with tangibility. The standardisation of neonatal care and the availability of demographic information and prompting has increased the percentage of babies receiving a bloodspot test within the required time from 93% to 98% – a commendable result. In addition, the comprehensive staff training and availability of new resources has led to an increase in the percentage of neonates managed in line with the NICE guidelines for jaundice from 62% to 80%. This is very encouraging, and I look forward to the launch of the new electronic solution this summer which will be instrumental in the effective treatment of neonatal jaundice. The Trust acknowledges

that more can be done to raise awareness of the importance of neonatal fluid management, which I anticipate will be followed through. Holistically, it has been a very rewarding and exciting year for the Trust, and one that has seen significant advancements in the medical and care services provided by GOSH, ensuring that it continues to be a formidable force in the clinical world.

There have been significant developments in the provision of sepsis treatment in light of last year's advancements. The introduction of the Sepsis 6 app has proven incredibly successful in ensuring that staff are able to fulfil the Sepsis 6 protocol and administer treatment within an hour. The introduction of the sepsis list and the algorithm which manifests on the ePSAG board has led to a much more efficient approach in the treatment of sepsis and one that both staff and patients have benefited greatly from. This has been supported by raising public awareness of sepsis, the introduction of first-line antibiotics to all wards and comprehensive training of staff, including facilitated simulation training. The delivery of a CQUIN focused on sepsis and antibiotic use and its ongoing provision will ensure a quality focused result, thus fulfilling the quality priorities as highlighted in the first section of the report. The result of these developments is that the percentage of sepsis treatment carried out within an hour at GOSH currently stands at 72%. This is significantly higher than the international average of 47% and is a further testament to the clinical excellence that GOSH exhibits on an international scale.

The measures taken to develop and update the Clinical Outcomes Hub has given staff confidence that their services are being administered efficiently, whilst allowing them to track progress. The PROMs system is an effective way for staff to receive direct feedback from patients and their families and allows them to incorporate this into future services, further driving improvement. It is reassuring to read about the planned developments for bespoke dashboards and the availability of more SSI data, which will allow for sustained development in this area.

The updating of electronic systems in reference to patient access data and management have led to greater efficiency and the availability of more current information for use as the basis of making informed clinical decisions. Consequently, the number of same-day elective operation cancellations has fallen from 6 to 2 per week which is very encouraging. The introduction this year of the Operational Hub is anticipated to increase patient capacity and extend the Trust's services to more children - a testament to the Trust's dedication to 'The child first and always'.

The implementation of the GUGI programme will enable young people to gain the skills necessary to ensure that their transition to adult services takes place smoothly. The emphasis GOSH places on ensuring that its young people are able to cope in a changing clinical environment even after they have left GOSH is evidence of the Trust's tailored and patient-centric approach which makes it truly outstanding. I look forward to reading about the Transition Improvement Project in next year's *Quality Report*.

The Trust has established the areas for improvement in its catering. I have full confidence that the Trust will respond swiftly to this - particularly the ability to provide ingredient information promptly, which is especially important for children with allergies. However, the Trust's endeavour to improve the nutritional value and variety of its food is greatly appreciated.

The Trust's quality priorities for the next year are well presented through the safety, clinical effectiveness and experience framework. Improvements in the services provided to children needing venous access are welcomed, particularly in children with anxiety where this can taint their hospital experience. Early recognition of symptoms signalling deterioration and the introduction of PEWS is fundamental to risk reduction and to ensure maximisation of successful outcomes. It is reassuring to see transition to adult services as a priority for the following year too, demonstrating the Trust's commitment to its 'Always' ethos. I look forward to the next annual *Quality Report*, which will detail developments in the aforementioned areas.

Overall, it is excellent to see that these developments are being well received by staff, patients and the public, and that they are being incorporated into the Trust's framework seamlessly. The rapid pace of development in the past year - with particular emphasis on the redesign of technological systems, which has paved the way for a more modernised clinical approach, has been astonishing. On behalf of the governors, I'd like to thank everybody involved in the daily administration of the Trust and for working tirelessly to deliver on its pledges. The result is felt by the many children that are given a chance at life, and the families that have been given a solution to their suffering.

Annex 2: Statements of assurance

External assurance statement

Independent auditor's report to the Council of Governors of Great Ormond Street Hospital for Children NHS Foundation Trust on the *Quality Report*

We have been engaged by the council of governors of Great Ormond Street Hospital for Children NHS Foundation Trust to perform an independent assurance engagement in respect of Great Ormond Street Hospital for Children NHS Foundation Trust's *Quality Report* for the year ended 31 March 2018 (the '*Quality Report*') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Great Ormond Street Hospital for Children NHS Foundation Trust as a body, to assist the council of governors in reporting Great Ormond Street Hospital for Children NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the *Annual Report* for the year ended 31 March 2018, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Great Ormond Street Hospital for Children NHS Foundation Trust for our work on 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 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- Maximum waiting time of 31 days from urgent GP referral to first treatment for all cancers.

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 NHS Improvement.

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' and supporting guidance;
- The *Quality Report* is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2017/18 '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 supporting guidance, 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 2017 to 31 March 2018;
- Papers relating to quality reported to the board over the period April 2017 to 31 March 2018;
- Feedback from Commissioners, dated May 2018;
- Feedback from governors, dated May 2018;
- Feedback from local Healthwatch organisations, dated May 2018;
- Feedback from Overview and Scrutiny Committee, dated May 2018;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018;
- The latest national patient survey, dated August 2016;
- The latest national staff survey, dated March 2018;
- Care Quality Commission inspection report, dated 06/04/2018;
- The Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2018; 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'.

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
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
The "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator requires that the NHS Foundation Trust accurately record the start and end dates of each patient's treatment pathway, in accordance with detailed requirements set out in the national guidance. This is calculated as an average based on the percentage of incomplete pathways which are incomplete at each month end, where the patient has been waiting less than the 18 week target. Our procedures included testing a risk based sample of 27 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

As set out in the *Quality Report* 2016/17, the Trust identified a number of issues in prior years in respect of the referral to treatment within 18 weeks for patients on incomplete pathways indicator. The Trust has taken steps to address these issues and recommenced reporting of the indicator in the final quarter of 2016/17. Whilst progress has been made on the Trust's process for managing and reporting RTT pathways, our testing in 2017 /18 has identified a number of findings.

From a sample of 27, we identified the following:

- We identified 2 samples whereby the patient should not have been included for RTT reporting as per RTT guidance, and therefore we could not be assured as to the validity of pathways included in the dataset provided for testing.
- We identified 2 samples whereby the patient was missing from several months reported data as a clock stop had been recorded in error meaning breaches had been under reported by the Trust.
- We identified 3 samples whereby pathways were recorded as active but should have been stopped. These did not impact the number of breaches reported but did mean the number of active patients was overstated.
- We identified 2 samples where the pathway was not included on the month end position due to processing. The issue relates to RTT processing whereby it assumes that if an elective patient is booked for a 'treatment procedure' and has been admitted and discharged, that the treatment has taken place and therefore the clock stops. If coding subsequently indicates the planned procedure was not carried out, the patient pathway is automatically returned to the incomplete return. For both these errors, this happened post month end.
- We identified 6 samples where there was insufficient audit trail to validate the samples.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator for the year ended 31 March 2018. We are unable to quantify the effect of these errors on the reported indicator. 'The "Performance against key healthcare targets" section on page 179 of the NHS Foundation Trust's *Quality Report* details the actions that the NHS Foundation Trust is taking to resolve the issues identified in its processes.

Qualified Conclusion
Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- 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 NHS Improvement 2017/18 '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' and supporting guidance.

Deloitte LLP
Chartered Accountants
St Albans

23 May 2018

Statement of directors' responsibilities for 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.

NHS Improvement 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* 2017/18 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 2017 to May 2018
  - Papers relating to Quality reported to the board over the period April 2017 to May 2018
  - Feedback from commissioners dated 11 May 2018
  - Feedback from governors dated 24 and 25 April 2018
  - Feedback from local Healthwatch organisation dated 10 May 2018
  - Feedback from Overview and Scrutiny Committee dated 26 April 2018
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 27 April 2018
  - National Paediatric Outpatient Survey 2016
  - Children and Young People's Inpatient and Day Case Survey 2016
  - The national NHS Staff Survey 2017
  - The Head of Internal Audit's annual opinion of the Trust's control environment dated 23 May 2018
  - CQC inspection report dated 6 April 2018
- 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 NHS Improvement'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.*

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

23 May 2018

Chairman

23 May 2018

Chief Executive

Glossary

ACNs
Accountable Care Network – an Accountable Care Network brings together a number of providers who collaborate to meet the needs of the population they serve, by taking responsibility for the cost and quality of care for a defined population with an agreed budget.

BAF
Board Assurance Framework.

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.

Better Value Programme
Our programme dedicated to delivering annual productivity and efficiency targets across the Trust.

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.

CCG (Commissioners)
CCGs were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

CEWS
Children's Early Warning Score.

CICU
Cardiac Intensive Care Unit.

Citizens Advice Bureau
Citizens Advice is a network of independent charities throughout the United Kingdom that give free, confidential information and advice to assist people with money, legal, consumer and other problems.

Clinical audit
Clinical audit is a way to find out if healthcare is being provided in line with standards and provides information on where a service is doing well, and where there could be improvements.

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.

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.

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.

Debtors
An organisation or individual that owes money to the Trust

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.

Digital Research, Informatics and Virtual Environment unit (DRIVE)
Dedicated space to work with clinicians, researchers and partners to evaluate new technologies for healthcare.

Division
How we group and manage our clinical services.

EBITDA
Earnings before interest, taxes, depreciation and amortisation.

EPR
Electronic Patient Record System. The system will support clinicians by allowing access to patient information rapidly and from a single place, reducing the amount of time spent on administration and releasing more time for clinical care.

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

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

FRC
Financial Reporting Council - The Financial Reporting Council is the UK's independent regulator responsible for promoting high quality corporate governance

FTSU
The Freedom to Speak Up service is for staff who are concerned about safety but have not felt able to raise their concerns with their manager.

Friends and Family Test
The Friends and Family Test (FFT) is a feedback tool that asks people using NHS services if they would recommend the services they have used

GDPR
The General Data Protection Regulations forms part of the data protection regime in the UK, together with the new Data Protection Act 2018 (DPA 2018). The main provisions of this apply, like the GDPR, from 25 May 2018.

GOSH
Great Ormond Street Hospital for Children NHS Foundation Trust.

GOSH Charity
Great Ormond Street Hospital Children's Charity.

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.

ICH
UCL Great Ormond Street Institute for Child Health.

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.

ISAs
International Standards on Auditing

KPI
Key performance indicator.

LNA
Learning needs analysis – a review of learning and development requirements that is designed to support individual, team and organisational development

London Living Wage
The London Living Wage is a voluntary hourly rate of pay calculated by the Greater London Authority each year.

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. Since April 2018 the Council has been renamed the Council of Governors.

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

MRI
Magnetic resonance imaging is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body

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.

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 Improvement
NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

NICU
Neonatal Intensive Care Unit.

NIHR
National Institute for Health Research.

North Central London STP
North Central London Sustainability and Transformation Plan – the health and care system across North Central London (NCL) – clinical commissioning groups, local authorities and NHS providers have worked together to develop an NCL-wide sustainability and transformation plan (STP). This sets out how local health and care services will transform and become sustainable over the next five years

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.

PEWS
Paediatric Early Warning System

PGME
Postgraduate Medical Education.

PICU
Paediatric Intensive Care Unit.

PLACE
Patient-Led Assessments of the Care Environment.

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.

Public dividend capital
The NHS equivalent of a company's share capital.

R&D
Research and development.

Referral to treatment waiting time processes
The length of time from referral through to treatment. The RTT 'clock' often starts weeks before a patient arrives at GOSH. The national standard is that 92% of all patients are seen and treated within 18 weeks of their referral.

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.

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).

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.

STF
Sustainability and Transformation Fund – a fund paid out to mainly acute trusts as long as they meet certain targets. Payments from this Fund reduce an organisation's reported deficit.

SDMP
Sustainable development management plan – a current board approved document that assists organisations to clarify their objectives on sustainable development and sets out a plan of action.

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.

UK Health Alliance on Climate Change
Brings together doctors, nurses and other health professionals to advocate for responses to climate change that protect and promote public health

Whistleblowing
Reporting by a Trust employee, ex-employee or an employee of a contractor or partnership agency who has a reasonable and honest suspicion about a possible fraud, danger, crime or other serious risk that threatens patients, employees or the Trust's reputation.

WHO checklist
A surgical safety checklist introduced by the World Health Organisation (WHO). The tool encourages dialogue within multidisciplinary teams and the use of routine safety checks to minimise harm to patients.

Great Ormond Street Hospital for Children NHS Foundation Trust

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The *Annual Report and Accounts* is available to view at www.gosh.nhs.uk.

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