NHS

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

Annual Report
and Accounts
2018 to 2019

Great Ormond Street Hospital
for Children NHS Foundation Trust

Annual Report and Accounts 2018 to 2019

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

Contents

Cover: **Suveeksha** is five years old and has been coming to GOSH regularly over the past year. She loves crafting, dancing and really enjoys learning at school.
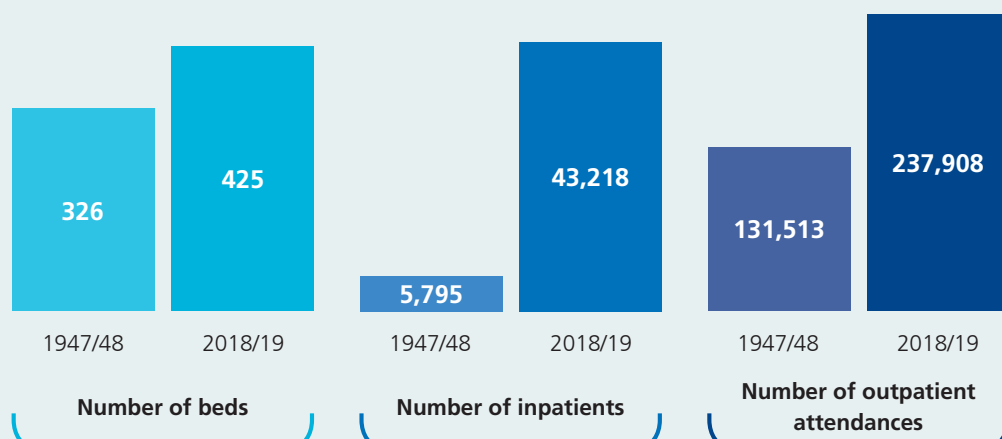
Two-year-old **Elizabeth** is being treated at GOSH for a heart condition. Reading books and singing are her favourite things to do with the hospital's Play workers.

Great Ormond Street Hospital at a glance

Fulfilling our potential in 2018/19

To celebrate 70 years of the NHS, we have provided some comparative figures from GOSH in 1947/48.

Number of beds
- 1947/48: 326
- 2018/19: 425

Number of inpatients
- 1947/48: 5,795
- 2018/19: 43,218

Number of outpatient attendances
- 1947/48: 131,513
- 2018/19: 237,908

88% of staff would be happy with the standard of care at GOSH if a relative needed treatment

97% of inpatients would recommend the hospital

GOSH has **1,192** volunteers, equating to approximately **248,000** hours of work

6,049 patients participated in research

67% of staff would recommend GOSH as a place to work

GOSH employs **5,045** hospital staff including doctors, nurses, allied health professionals and administrative staff

94% of outpatients would recommend the hospital

Chair foreword

In a year characterised by economic and political uncertainty, the demand for the hospital's services remains constant. This year it provided more than 260,000 appointments and admissions, around half of which were for children and young people from outside London. Our patients, some of the most complex and seriously ill in the UK, attend for the range of specialist and sub-specialist services the hospital provides and to access cutting-edge research trials.

They often come to us after being seen by a range of healthcare providers and feel they have exhausted all other options. Yet even in these incredibly difficult and stressful circumstances our patients and their families work with us to ensure the best possible care can be delivered. At times they give us feedback on how we could do things better and it is our duty to act upon this. Many families are also incredibly generous in giving their time, not only to improve the service they have accessed, but the Trust more generally.

Our Young People's Forum epitomises this generosity. This group of incredibly positive current and former patients 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. This year they have worked with the hospital to introduce an online feedback tool and are now exploring ways to enhance the software in fun and engaging ways so as to encourage children under eight years old to respond.

The forum by which parents and families, older former patients and adults with an interest in the hospital can have a tangible impact is through the Council of Governors. This year the Board has made the relationship with this 27-strong elected body a priority with a series of programmes to facilitate and improve engagement. The contribution of the Governors during this period has been significant. They have worked with the Board to review and update the Trust's Constitution which was a substantial piece of work as well as contributed to the GOSH strategy and its delivery and been involved in a range of Board level appointments. I have really enjoyed working with the Council and I would like to thank each and every Governor for their time, energy and commitment.

The success of the hospital is primarily down to its dedicated staff. This year for the first time all members of staff were invited to take part in the annual staff survey. More than 2,200 responses were received – 50% of the workforce. The results, while being broadly in line with previous years, were somewhat disappointing. While it is clear that most staff recognise the high standard of clinical care the hospital provides, they do not always feel it is a supportive place to work where the organisation cares about their health and well-being.

Changing the culture of the organisation so it better nurtures its staff and sets clearer expectations of the behaviours it wishes to see cannot be achieved overnight but I am pleased that it is a priority for the coming year. Change of this type often needs to start at the top and I am confident this will be the case as Matthew Shaw, the hospital's former medical director and new CEO, is a strong believer in compassionate leadership. At the end of this year the organisation also appointed a new director of HR & Organisational Development – Caroline Anderson who has a strong track record in culture change and has already begun work on the organisation's People Strategy.

Building a positive and diverse culture where staff are inspired and motivated will be a central part of our People Strategy. This year we laid some foundations with the establishment of three staff inclusion forums: Lesbian, Gay, Bisexual and Transgender and Allies (LGBT+ and Allies), Black Asian and Minority Ethnic (BAME) and Women's. Plans are already in place to launch a disability and long-term health conditions forum.

To underline the importance of culture and our people over the next year the Board has agreed to establish the People and Education Assurance Committee. The remit of this subcommittee is to provide assurance that the necessary structures and processes are in place to ensure a supported and innovative workforce, an excellent learning environment for clinical and non-clinical staff and a culture that aligns with the Trust's strategy and *Our Always Values*.

Safety is of paramount importance at the hospital. This year much work took place to prepare for the launch of the Speaking Up for Safety in the Moment programme. This Trust-wide programme delivered with an international partner, the Cognitive Institute, will enable all staff to take responsibility and be held accountable for behaviours and attitudes that create a culture of safety and reliability. The programme was piloted and well-received across the Brain directorate and I look forward to it being rolled out across the rest of the organisation.

This work is supported by the GOSH Charity. The contribution the Charity and its donors make to ensuring the hospital is able to remain world class cannot be underestimated. This year the work it has supported includes the introduction of our electronic patient record and the exciting research platform Aridhia as well as continuing to provide funds for the chaplaincy, the Ethics Service, the play team, our social workers and our amazing army of volunteers. It also has a key role in supporting the redevelopment of the hospital's estate.

The redevelopment of estates continues to have great impact and enables us not only to accommodate patients and their families in world-class facilities but facilitates opportunities for new models of care and collaborative research environments. In 2018/19 work continued on the construction of the Zayed Centre for Research into Rare Disease in Children, the first centre of its kind in the world. The facility is a joint venture with UCL and will bring hundreds of clinicians and researchers together under one roof. We look forward to its official opening in 2019. This year we also undertook work on the new Sight and Sound Hospital and continued to develop the business case for the Children's Cancer Centre. None of these developments would be possible without our amazing Charity. On behalf of all the Board and all the staff we offer our sincerest thanks.

This year, my first full year as Chair, saw a number of experienced and talented individuals join the Board. I was delighted to welcome Chris Kennedy and Kathryn Ludlow who have a huge range of financial and legal experience between them. We were also sorry to say goodbye to Professor Stephen Smith, one of our non-executive directors who left the Board to join another NHS Trust. Within the management team, as previously mentioned, Matthew Shaw was appointed CEO replacing Dr Peter Steer, who left to return to Australia. Professor Alison Robertson joined as our Chief Nurse and Professor Andrew Taylor took up the post of acting chief operating officer. Dr Sanjiv Sharma was appointed acting medical director and at the time of going to print had just been appointed to the substantive role. I would like to all the Board for their contribution over the last year with a particular thanks to Dr Steer.

A new team with new energy and focus comes at an important time for the hospital. The political climate remains unstable and resources scarce. I would like to underline the sentiment that Matthew Shaw, our CEO, will express in his accompanying foreword, about the importance of staff from the European Union and the critical nature of our finances.

We benefit enormously from the contribution EU nationals make in all areas of our hospital and the UCL Great Ormond Street Institute of Child Health. We simply could not manage without them. It is vital that if we leave the EU, on whatever terms, we have seamless access to staff from the EU at all professional levels and that they are welcomed in this country. It is also essential from a financial perspective that there is greater realism in the setting of tariffs for hospitals like ours who face significant additional costs linked to the specialist nature of care they provide.

The Trust also expects a routine scheduled CQC inspection within the next year. Since we were last inspected in January 2018, we have made great strides in addressing the feedback we received. I join the management team in looking forward to welcoming the CQC back to re-emphasise the exceptional quality of the care we provide and demonstrate the progress we have made in areas requiring improvement.

Sir Michael Rake
Chair

Pricillia-Kate is two years old and is being treated on Elephant ward for a very rare type of cancer called acute lymphoblastic leukaemia (ALL). While at GOSH, she enjoys blowing bubbles with her dad.

Chief Executive foreword

Being part of the NHS is a fundamental part of who we are and is central to our ability to provide care for children and young people not just locally but from across the UK. We were founded in 1852 and have been part of the NHS since its inception. This year we were very excited to join the country in celebrating its 70th birthday.

As a tribute to this milestone, in this annual report we have tried to share a little about the hospital at the time the NHS was created. This includes a look at education and training, our ambitions for research and the need to rebuild our estate after the ravages of the Second World War. Today, while some of the same challenges remain, our mission to put the child first and always endures. Moreover, we are in a very exciting time for paediatric medicine. The genomic and technological revolutions are providing unparalleled opportunities for the development of new and improved treatments for the complex and rare disease we see.

This year we were able to treat 11-year-old Yuvan with a pioneering gene therapy, known as CAR–T therapy. Yuvan, who suffers from hard to treat leukaemia, was the first UK child to receive this pioneering therapy on the NHS. Along with Royal Manchester Children's Hospital and Newcastle upon Tyne Hospitals NHS Foundation Trust, we will now provide this treatment to up to 30 patients a year. We are also very proud of another GOSH team, who in partnership with colleagues from University College Hospitals and University College London (UCL) were able to carry out the first UK in utero operations to repair damaged spinal cords of babies with spina bifida. The hospital, with its academic partner UCL, has a particularly strong track record in the development of gene therapies and we are looking forward to amplifying our research and discoveries when the Zayed Centre for Research into Rare Disease in Children opens next year. Of note, its large and advanced Good Manufacturing Practice (GMP) facility will enable us to produce greater volumes of the products needed for gene therapies.

Much is being made nationally about the potential of technology to improve healthcare. This year we launched DRIVE (Digital Research, Informatics and Virtual Environments). It is a unique partnership between GOSH, UCL and leading global industry experts. It aims to take the latest technologies including artificial intelligence, virtual reality and facial recognition and develop novel ways of working to transform clinical practice and patient experience, not only for GOSH patients but across the NHS. We also dedicated much time and energy preparing for the implementation of our electronic patient record, known as EPIC, which I am delighted to say was implemented very successfully in April. The system brings the way we record and manage information about our patients into the modern era and will allow us to improve care by providing more support to staff in clinical decisions. We hope it will also allow an increase in the time our teams have to care for the patients and improve communications.

The efforts of staff across the Trust to come together to implement EPIC represented the biggest change to clinical practices we have seen in recent memory – probably since 1948! And it has really shown what we can do when we truly work as one team. This ethos will need to be maintained in the year ahead given the continued challenging economic climate the NHS is facing. Last year we were able to finish the year with a small operating surplus after making savings of more than £12million. This year, as the NHS struggles to meet the costs of specialist care, we will in part draw on the contribution from private patients to balance our financial position. We will also have to make unprecedented efficiency savings totalling £20million. This is no small feat but one the organisation is absolutely committed to achieving.

The current political climate has also provided some instability, particularly among the European members of our workforce. At a time where many Trusts are struggling to recruit and retain staff we are extremely lucky to have a highly skilled multicultural workforce and an organisation with very low vacancy rates. We are therefore doing all we can to support our existing staff to stay with us. Looking to a future outside the EU, we have also undertaken succession planning for EU-EAA reliant staff groups and have worked with Health Education England on training provision for high-risk roles.

Our people are the hands and heart of the organisation and we want to support them to thrive. In 2018 we evaluated the way our clinical teams were working to ensure that our operational structure best supports our vision to help children with the most complex health needs fulfil their potential. The result was a new directorate structure with an increased investment in clinical leaders, new clearer lines of accountability and a reduction in the gap between Trust leadership and front-line services. The names of the teams were chosen by our young people and are simple and clear. Over the next year we are looking forward to implementing our leadership strategy and launching our Learning Academy to further support our staff.

In 2019 we will also be refreshing our strategy to ensure we better define for our people and key stakeholders our future form and direction as a provider of specialist and highly-specialist paediatric services and articulate what this means for the shape of the services we provide. This work will be done through a consultation process, involving staff from all professions – at all stages of their careers – as well as from our patients, families, members, governors and partners, collaborators, alliances and networks. A key part of our existing strategy is to use our voice as a trusted partner to influence and improve care. This year working with Global Action Plan we launched the first ever Clean Air Hospital Framework (CAHF), a strategy aimed at improving air quality in and around hospitals. This has attracted much attention and widespread support. We have also begun a journey to highlight the importance of addressing the issue of mental health. This involved launching a Peanuts themed drop–in centre providing accessible, low–intensity early intervention services for patients and families concerned about their mental health. It was delivered in partnership with the UCL Great Ormond Street Institute of Child Health and support from our Charity. Notably our clinicians, many of whom are national or international experts in their fields, have also shared their knowledge to inform national healthcare debates including at Health Select Committees.

Our patients are treated by many parts of the NHS and it is vital that we work with a range of providers to ensure their care is comprehensive and timely. I am very pleased that this year we were able to meet the national target of treating our patients within 18 weeks. We were also very excited to help lead in the development of an important new network looking at paediatric service delivery across North London. The North Thames Paediatric Network for specialist paediatric services brings together specialist providers and district general hospitals to improve access and outcomes for children across the care pathway. While many of our services are national, we very much want to play an active and positive role regionally. As part of the North Central London Sustainability and Transformation Partnership (STP) we participates in several important committees, looking at issues including procurement, leadership of transformation, nurse leadership and workforce.

Mr Matthew Shaw
Chief Executive

Overview

The purpose of this section is to provide an overview of the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an acute paediatric provider of specialised and highly specialised treatment and care for children presenting with rare and complex diseases and conditions. This is why our 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.

At GOSH we provide over 50 different specialist and sub-specialist paediatric health services. This is 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 our partner Higher Education Institutes, we train the largest number of paediatric nurses in the UK and play a leading role in training paediatric doctors and allied health professionals.

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.

GOSH 70 years ago

In July 2018, the nation celebrated the 70th birthday of the National Health Service (NHS). This landmark encouraged us all to reflect Great Ormond Street Hospital for Children NHS Foundation Trust's contribution to the central tenet of the NHS – that every citizen has the right to access healthcare free at the point of use.

GOSH is proud to be part of the NHS and to play our role in developing the treatments of the future. Our staff, including researchers, clinicians, nurses and all the other professionals who contribute to providing the very best treatments for our patients, are already looking to the next 70 years of the NHS. Driving ground-breaking research that is pivotal in discovering new treatments, their pioneering work is giving hope to future generations of children across the UK with rare and often life-threatening conditions.

This shared endeavour is really something to be celebrated, so throughout this year's annual report we have included some facts and pictures about life at GOSH for patients and staff 70 years ago.

Our structure in 2018/19

In 2018, we evaluated the way our clinical teams were working. The aim was to ensure that our operational structure best supports our vision to help children with the most complex health needs fulfil their potential.

A consultation was conducted with all staff across the Trust. After reviewing the responses, a new directorate leadership structure was introduced to improve the clarity of lines of accountability, reduce the gap between Trust leadership and front-line services, and create attractive leadership roles within the Trust. Eight directorates were established and, after consulting young people on potential names, these are:

Brain	Body, Bones and Mind	Operations and Images	Sight and Sound

Medicines, Therapies and Tests	International and Private Patients	Blood, Cells and Cancer	Heat and Lung
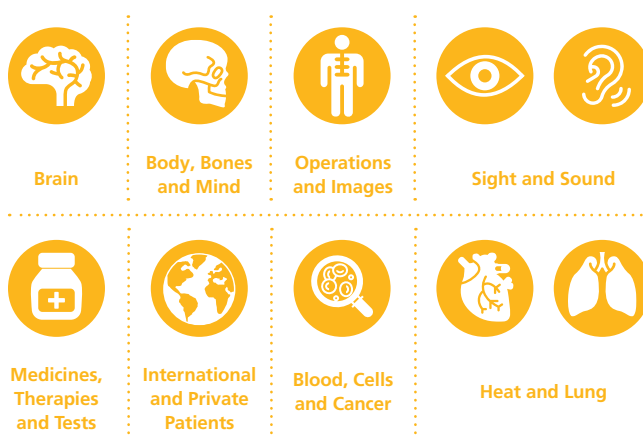
In addition there are eight corporate areas – Clinical Operations, Corporate Affairs (including Communications), Development and Property Services, Medical, Nursing, Human Resources and Organisational Development, Research and Innovation, and Finance.

Our strategy

In 2017 we refreshed our hospital's strategy, developing and introducing the 'strategy house'. Alongside our commitments to 'put the child first and always' and 'help children with complex health needs fulfil their potential', this set out four important 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.

During the past two years we have embedded the strategy through designing local, service-led strategies. We have updated our business case and planning processes, and strengthened our Personal Development Reviews (PDRs). We have developed internal campaigns to share strategic insights across the Trust, and run two successful one-week long strategy events that showcased the amazing things we do in our hospital.

Through conducting this work to embed the strategy we realised we want to better define our direction for the future as a provider of specialist and highly-specialist paediatric services and what this means for the shape of the services we provide. This will also help us to define the role we play within local, national, and international healthcare.

Consequently, during 2019/20 we will refresh the strategy house through a consultation process, involving staff from all professions – at all stages of their careers – as well as from our patients, families, members, governors and partners, collaborators, alliances and networks. This process will run between May and November 2019 and involve various workshops and sessions to collect feedback that will be used to refine our vision and the strategic choices and priorities of our hospital in the future. Following formal Board approval we will launch the strategy refresh to coincide with Open House 2019 and International Day of the Child 2019.

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 below shows the critical inputs and the immediate outputs for NHS services, education and research, and international and private patient activity, and how these create value. The model provides a clear 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.

Key risks and issues

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 six risks to our operational or strategic plans in 2018/19 were identified as:

- Financial sustainability – being able to meet the 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. 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.

- Implementation of the new Trust-wide Electronic Patient Record (EPR) system. See page 24 for further information.

- Management and monitoring of medicines.

- Impact of Brexit on effective patient care.

- Management of personal and sensitive personal data.

- Recruitment and retention of staff.

More detail about these risks and our mitigating actions can be found in the annual governance statement on page 90.

Going concern

Although we are operating in a particularly constrained financial environment, after making enquiries, 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.
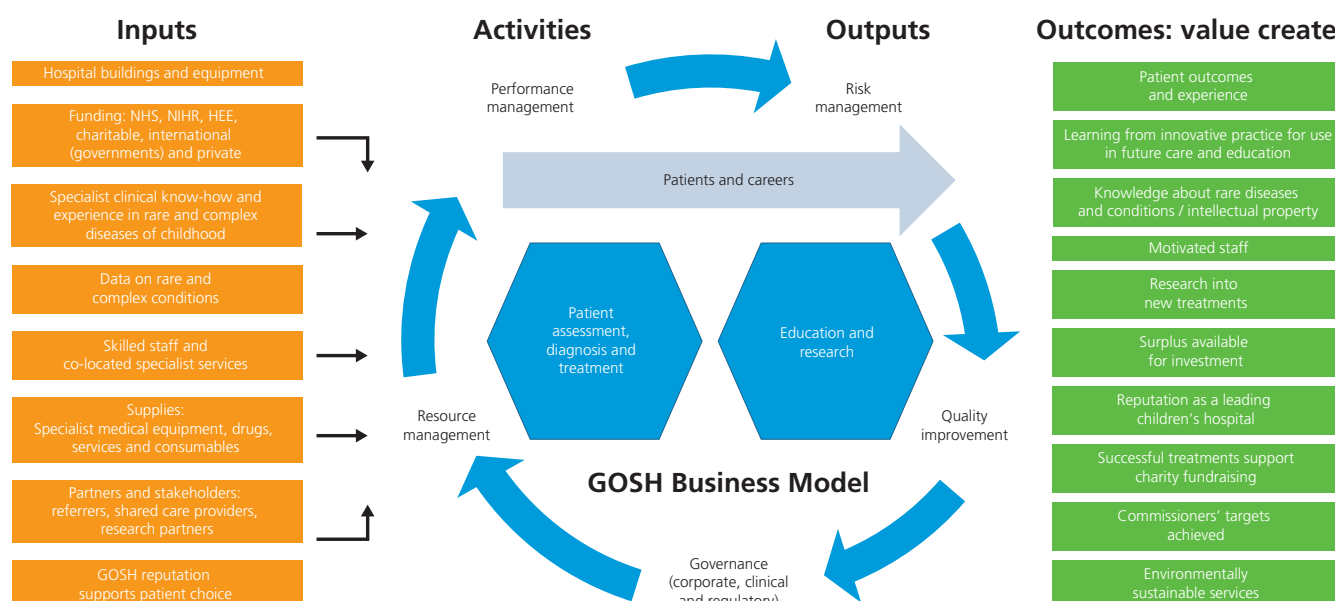
A summary of our financial position and plans can be found on page 40. Full details of our income and expenditure in 2018/19 can be found in the accounts from page 109.

Important events since year-end

Our EPIC EPR system went 'live' in April 2019. See page 24 for further information.

The Zayed Centre for Research into Rare Diseases in Children, is due to open in 2019/20

Our substantive Medical Director, Dr Sanjiv Sharma was formally appointed on 22 May 2019.

GOSH Business Model

Inputs
- Hospital buildings and equipment
- Funding: NHS, NIHR, HEE, charitable, international (governments) and private
- Specialist clinical know-how and experience in rare and complex diseases of childhood
- Data on rare and complex conditions
- Skilled staff and co-located specialist services
- Supplies: Specialist medical equipment, drugs, services and consumables
- Partners and stakeholders: referrers, shared care providers, research partners
- GOSH reputation supports patient choice

Activities
- Performance management
- Patients and careers
- Patient assessment, diagnosis and treatment
- Education and research
- Resource management
- Quality improvement
- Governance (corporate, clinical and regulatory)

Outputs
- Risk management

Outcomes: value create
- Patient outcomes and experience
- Learning from innovative practice for use in future care and education
- Knowledge about rare diseases and conditions / intellectual property
- Motivated staff
- Research into new treatments
- Surplus available for investment
- Reputation as a leading children's hospital
- Successful treatments support charity fundraising
- Commissioners' targets achieved
- Environmentally sustainable services

Ayed and his family have come all the way from their home in Kuwait to have treatment at GOSH. He's currently waiting to have a bone marrow transplant. He'll be receiving bone marrow from his sister Ghala who's a perfect match!

Performance report

Overview

In 2018–19, more than 260,000 patients 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.

These factors do set us apart from other providers, but they do not hide us from the very challenging environment across the NHS. For example, the affordability of specialist work – tariffs and top-ups, problems attracting and retaining a specialist workforce, and new reforms and structures means the NHS is operating in a difficult environment. It also means GOSH will need to manage some unprecedented challenges.

Our culture

Commitment to patient care, *Our Always Values* and delivery of safe services have, for the past 12 months remained paramount at GOSH. However, staff have faced challenges, and, along with financial constraints faced by the NHS, these have had and will continue to have an effect on staff and how they feel in their roles. The appointment of a new management team creates an opportunity to emphasise how much we value our staff and refresh the programmes available to support, develop and retain them.

Our research

We remain 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 research income has grown by 25% in the year to £25 million, with over 1,300 studies active during the year. See page 22 for further information.

Our estate

During treatment, patients and their families might be going through the toughest times of their lives, so great importance is put on creating nurturing environments and high-quality facilities for providing specialised and highly specialised care. Our redevelopment programme aims to transform the estate to provide world-class facilities for patients, opportunities for new models of care and collaborative research environments. See page 30 for further information.

Our digital future

We will use technology to move towards a digital future, to access information, share information, make decisions, engage patients and partners and drive safety. Our EPR programme aims to transform the clinical information systems of the Trust. The system went 'live' in April 2019 and therefore EPR will be one of the key focuses of the Trust in 2019/20, with a period of rapid stabilisation followed by an optimisation phase. See page 24 for further information. We also launched DRIVE – (Digital Research, Informatics and Virtual Environments) – which is the first of its kind in the world. It is a unique partnership between GOSH, University College London (UCL) and leading industry experts in technology, artificial intelligence and digital innovation

Our funding

In the context of funding pressures for specialised and highly specialised services as well as the high costs associated with providing these services, funding and financial stability remain critical. 90% of our funding is from NHS England specialised commissioning. Our operating surplus (before capital donations and impairments) was £6.0m in 2018/19. For further information on the financial results, refer to page 109.

The funding we receive for NHS activity is not sufficient to cover the cost of delivering it, and we rely on the contribution from private patients to balance our financial position. It also helps us to continue to grow our portfolio of research grants and research posts, while the Great Ormond Street Hospital Children's Charity helps to fund buildings, equipment and a number of other areas.

Performance analysis

Key achievements in 2018/19

Teams across the Trust have made significant progress and achievements in the second year of the operational plan 2017–2019. These achievements include:

- Reorganisation of the structure of clinical operations teams at the Trust. See page 12 for further information.
- Delivery of the national Referral to Treatment target in each consecutive month of 2018/19.
- Delivery of £12.3m of savings through the Trust's 'Better Value' programme.
- Completion of the EPR system design, configuration and testing as well as preparation for organisation training ahead of the April 2019 go-live.
- Progress in our redevelopment programme, including:
  - Construction of the Zayed Centre for Research into Rare Disease in Children (to open in 2019/20).
  - The new Sight and Sound Hospital (to open in 2020/21).
  - Ongoing development of the business case for construction of a new Children's Cancer Centre.

Our plans for 2019/20

In 2019/20, these key areas will continue to be developed with plans to:

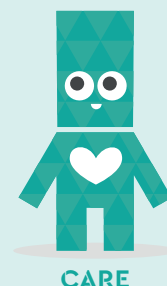| Priority	Strategic Programme
Care	Roll out the **Safety and Reliability** Improvement Programme across the Trust. Deliver a £20m **Better Value** programme.
People	Further develop a **GOSH Learning Academy** that will provide first-choice, multi-professional paediatric education and training, available through state-of-the-art technologies and in contemporary evidence-based designed learning environments. Improve **recruitment and retention** at the Trust, including through participating in the Nursing Retention Support collaborative with NHS Improvement
Research	Open the **Zayed Centre for Research**, undertaking research into rare diseases so we can more accurately diagnose, treat and cure children with rare conditions.
Technology	Successfully implement the **EPR** and move into the Optimisation Phase.
Voice	**Young People's Forum** exploring the thoughts and ideas of our teenage patients to improve their experience.
Space	Complete the Outline Business Case for the **Children's Cancer Centre** (Phase 4).
Information	Return to compliance with the **Referral to Treatment Target** after an initial reduction in the EPR go-live period.

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.

CARE   PEOPLE   RESEARCH   TECHNOLOGY   VOICE   SPACE   INFORMATION   FUNDING
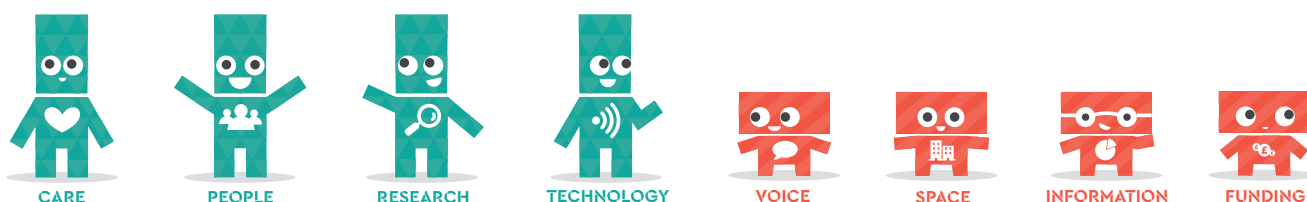
Our Care priority

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

We aim to deliver high-quality specialised care to our patients every day. We also continuously look to the future to innovate the care that we provide. This year we have seen outstanding examples of innovation from collaboration with national and international partners to deliver world-leading paediatric care.

CARE

Objective	Achievements
Be recognised for our expertise and clinical innovation in developing, delivering and leading specialised paediatric services.	• We became the first hospital in the UK to offer a pioneering cancer therapy, known as CAR-T therapy, to NHS patients with B-cell acute lymphoblastic leukaemia. These therapies are specifically tailored for individual patients. • A team from GOSH and University College London Hospitals (UCLH) carried out the first two operations on the damaged spinal cords of babies in the womb, in what are the first surgeries of their kind in the UK (see page 19).
Be recognised for our quality of care, positive health outcomes and experience for children and families.	• We launched DRIVE (Digital Research, Informatics and Virtual Environments) which is the first of its kind in the world. It is a unique partnership between GOSH, University College London (UCL) and leading industry experts in technology, artificial intelligence and digital innovation (see page 25). • As part of a pioneering new study, GOSH launched a drop-in centre providing accessible, low-intensity early intervention services for patients and families concerned about their mental health (see page 25). • Under the staff friends and family test, 88.2% of staff would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.
Provide timely access to care for all GOSH patients.	• We delivered the national Referral to Treatment target in each consecutive month of 2018/19 (see page 99). • GOSH has consistently delivered all the cancer standards throughout 2018/19 ensuring that all patients are treated in line with required standard. • We have reduced numbers of repeated laboratory sample collection procedures resulting in fewer delays in medical teams receiving results, enabling fewer delays in diagnosis, treatment and discharge (see the Quality Report on page 160).
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 £12.3m Better Value target for the year (see page 19).

Ground-breaking cancer therapy

A GOSH patient became the first NHS patient to receive a therapy that uses the body's own cells to fight cancer. Yuvan (pictured), 11, who has a form of leukaemia, had CAR-T therapy, called Kymriah, after conventional cancer treatments failed CAR-T involves removing immune cells and modifying them so they can recognise cancer cells. Previously it was only available as part of a clinical research trial.

Acute lymphoblastic leukaemia affects about 600 people a year, mostly children. Most are cured by conventional treatments but about 10% relapse. In November 2018, it was announced that GOSH, along with Royal Manchester Children's Hospital and Newcastle upon Tyne Hospitals NHS Foundation Trust, would treat children with this rare form of leukaemia. Up to 30 patients a year are expected to be treated.

A mental health booth for families and patients

On 22 January 2019, GOSH launched a drop-in centre providing accessible, low-intensity early intervention services for patients and families concerned about their mental health.

It is hoped that this new research could pave the way for effective treatment of mental health conditions for children with complex physical conditions: treatment that delivers positive outcomes, while being less resource intensive.

For the study, researchers from GOSH and UCL Great Ormond Street Institute of Child Health (ICH) set up a drop-in centre, named "the Lucy Booth" after the Peanuts' characters' stand, in the hospital's reception area. Although the research project is led by the ICH Psychological Medicine Research Team, the centre is run by a multidisciplinary team of volunteers and staff from research, clinical psychology and psychiatry who are available to patients and families, ad hoc throughout the day.

Dominic Thompson,
Consultant Paediatric Neurosurgeon.

First UK Surgery in the womb

A team from GOSH and UCLH, including neurosurgeons and specialist neonatal and paediatric surgeons, have carried out the first two operations on the damaged spinal cords of babies in the womb, in what are the first surgeries of their kind in the UK.

The team repaired the holes in the babies' spines in two 90-minute operations in summer 2018. Mums and babies are recovering well. The operations brought together NHS clinicians from GOSH and UCLH working with researchers from UCL.

Diagnostic waits

GOSH aims to ensure that waiting times are minimised across all areas, however achievement of the diagnostic six week standard has been a consistent challenge for the Trust throughout the year. This is in part driven by the small allowance of patients waiting over six weeks that the Trust is permitted to have, less than six breaches per month. In addition the GOSH identified a number of issues in the main related to administration process issues which have now been addressed. The Trust is currently working to deliver a recovery plan and projects a return to previous performance in early 2019/20.

The Play Team

While children and young people are in the hospital environment, separated from their familiar and comforting surroundings, it can be difficult to play spontaneously. The Play Team create relaxed conditions by building rapport and sourcing materials children and young people like. Development happens through playing and at crucial points in life. To miss out on this can have serious consequences. Even when children are isolated in their beds we find a way to make play possible.

Delivering efficient care to invest in our transformation

The Trust has completed the second year of its Better Value Programme, which has helped us to deliver the highest contribution from efficiency achieved in recent years. Better Value schemes valued at £12.3m were delivered over the year. This was achieved through:

- £0.9m resulted from our continued work to improve patient flow, particularly through improving theatre and bed booking and utilisation, reducing last minute cancellations, and reducing the number of admissions from other providers refused due to capacity issues.

- £1.7m was achieved from our central programme to reduce non-pay spend. Further benefits are anticipated through the Smart Together procurement partnership service, run by Guy's and St Thomas' NHS Foundation Trust, which GOSH joined in August 2018. A further £0.5m was delivered from a range of local non-pay initiatives delivered by our directorates.

- £2.1m was delivered through reviews of vacancies, staffing and skill mix.

- £1.2m resulted from a range of additional income schemes including new areas of international and private practice, the establishment of second opinion services and new service level agreements for outreach services.

- £5.9m was generated from a wide range of other local efficiencies led by directorates.

The Better Value Programme Office also oversees the quality impact assessment process which reports to the Medical Director and Chief Nurse. This process ensures that we consider the quality impact of all cost saving initiatives and mitigate any emerging risks.

Care at GOSH 70 years ago – The Gastro-Enteritis Flying Squad

When the hospital joined the NHS, an innovative project was the 'Gastro-Enteritis Flying Squad'. The squad was established by enterprising junior doctor John Black, later an eminent consultant paediatrician at Sheffield and Glasgow. A specially equipped adapted ambulance, manned by Black, an assistant and two specialist nurses, would cover a 30-mile radius around London to treat urgent cases on site or bring them to the hospital if necessary.
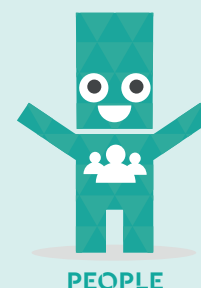

The Gastro-Enteritis Flying Squad ambulance

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.

PEOPLE

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.	• Launched three staff inclusion forums (Lesbian, Gay, Bisexual and Transgender and Allies (LGBT+ and Allies), Black Asian and Minority Ethnic (BAME) and Women's) and will shortly be launching a disability and long-term health conditions forum. • Trained 484 staff on Speaking up for Safety (see page 21).
Be renowned for our talented staff and for the ever-improving quality of work they do.	• Welcomed 1,333 new starters to GOSH. • Implemented a new Rostering system that will enable more effective rostering, as well as supporting improved work life balance for our staff.
Have leaders at all levels of the Trust who are effective, visible, supportive and respected by their teams.	• Developed leadership strategies targeted at leaders at all levels of the organisation (see page 69 for plans to establish our Learning Academy). • Restructured our clinical leadership teams to create a strengthened and empowered leadership model capable of leading us well in the future.
Provide our staff with the skills and capabilities needed to deliver exceptional care from world-class facilities.	• Maintained above target statutory and mandatory training throughout the year. • Delivered training for 4,500 staff on our new EPR system.

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 we 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. We have also 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. As part of our ongoing support to EU staff we ran a number of drop-in clinics helping staff with their settled status applications in December 2018.

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 1,200. 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 127 last year to 132. 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 249,000 hours of their time to supporting the hospital, providing services for patients and families. This volunteer effort equates to £2,696,000 of donated time, based on the London Living Wage.

Leadership

In line with the publication of the Trust Strategy and approval of the GOSH Learning Academy (see page 69), a collaborative effort was taken across the three education teams to formulate a new *GOSH Leadership Strategy*.

The strategy describes our ambition for a contemporary leadership development offer: *Accelerating journeys towards exemplary leadership*. A strategic framework has been developed to guide the delivery of this ambition.

Delivery of some areas has already started, including the implementation of the Senior Leadership Development Programme. This was developed following a directorate restructure in 2018/19 and addresses key elements within the Care Quality Commission (CQC) *Well Led Framework*.

Children's Hospital Education Specialist Symposium

GOSH was delighted to host the first ever Children's Hospital Education Specialist Symposium (CHESS), a national one-day forum championing paediatric education, backed by the Children's Hospital Alliance.

Education and training for healthcare professionals has remained a vital cornerstone of the NHS over its 70-year history, recognised as integral to providing excellent and safe services for patients. Through CHESS, education colleagues at GOSH invited children's hospitals around the UK to come together to discuss and collaborate around the opportunities and challenges often faced in specialist paediatric education.

Safety and Reliability Improvement Programme

Our Safety and Reliability Improvement Programme aims to transform culture, by developing our leadership capability and enabling all staff, including front-line staff, to take responsibility and be held accountable for behaviours and attitudes that create a culture of safety and reliability. In January 2018, we embarked on a partnership with The Cognitive Institute to deliver the Safety and Reliability Improvement Programme. During 2018/19, workshops took place for senior leaders, and we launched our Speak up for Safety Programme with selection of safety champions. A pilot in the Brain directorate commenced towards the end of 2018 and will be rolled out Trust-wide in 2019 alongside the Promoting Professional Accountability programme.

Muslim prayer facility

A new multi-faith room was officially unveiled at GOSH following a generous donation from a leading UK Muslim charity. Al-Khair Foundation's £300,000 grant has made it possible for patients, family and staff to enjoy a new, dedicated space for prayer and reflection at the world-renowned hospital in London. The new space complements the spiritual and religious support provided to families by the hospital's chaplaincy team.

Launch of three staff inclusion forums

We want every child and young person who comes to GOSH to fulfil their potential – we can only do this by acknowledging the diversity of our patients and staff and adjusting our services to meet their needs.

The GOSH BAME forum, supported by its executive sponsor and the hospital's Chief Nurse, was launched and announced its intention to support the best interests of BAME members and help the Trust in playing its part in building a sustainable, better future for all.

The GOSH Women's Staff forum was launched on International Women's Day (Friday 8 March 2019). The plan for the forum is to focus on how to support women working at GOSH. Initial suggestions have included menopause support, returning to work after having a baby, and career progression.

The aim of the LGBT+ and Allies forum is to ensure the Trust recognises and involves staff and volunteers who identify as lesbian, gay, bisexual, transgender or non-binary, relationship diverse or as an LGBT+ ally. We are working on launching a forum for staff with disabilities and long-term health conditions in 2019. Further information can be found in the *Quality Report* on page 153.

For the first time in 2018, GOSH had a presence at Pride in London – a great day was had by all and our aim is to support annual staff attendance.

Education and training at GOSH in 1948

Education and training for healthcare professionals looked a little different at the birth of the NHS in 1948, but it had similar challenges to the ones we face today. Here at GOSH, the Institute of Child Health – at that time, a singular room in the lower levels of the Southwood Building – reported in the *GOSH Annual Report, 1947* how they struggled to host medical students and their important projects, such as follow-up of cases of chronic chest disease (tuberculosis).

Despite some differences, other aspects remain the same – students were still receiving lectures, observing procedures, and undertaking assessments. Nor has our purpose changed today – we continue to aim to provide the skills and capabilities for our staff to provide excellent patient care.


Nursing staff at training in 1948.

Our Research priority

We will improve children's lives through research and innovation

Working in partnership with the UCL Great Ormond Street Institute of Child Health, the hospital is the largest paediatric research and training centre in the UK and one of a very small number of internationally recognised centres of excellence in the field of child health.

Our framework for supporting high quality research is underpinned by a continued focus on communication and education. This supports us in achieving a step-change in staff awareness, attitudes and involvement in research.
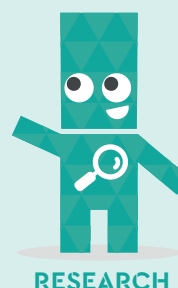
Some of the ways we have successfully implemented research and innovation are:

Objective	Achievements
Accelerate the translation of all research into improved patient outcomes.	• 1,349 open research projects. • 6,049 patients participated in research. • Over 1,000 papers published in collaboration with UCL.
Build a culture of innovation and continuous improvement where the talent and creativity of all staff is harnessed.	• Launched Digital Research Environment and DRIVE (see page 25) • NICE approval for the use of burosumab to treat X-linked hypophosphataemia in children and young people[1]. The drug became available on the NHS from January 2019, only four years after the phase 2 trial first started at the NIHR Clinical Research Facility (CRF).

[1] https://www.nihr.ac.uk/research-and-impact/making-a-difference/new-drug-for-rare-disease.htm

We are making good progress towards achieving our vision of GOSH as a research hospital where:

• Research is an integral part of the working lives of our staff and the patients and families we treat and see. It is fully integrated into every aspect of the hospital, to improve the treatment and outcomes for our patients.

• We learn from every patient we see, using the knowledge gained to improve our patients' health and the health of future patients.

• Staff, patients and families understand the opportunity and importance of research. Research is seen to benefit and not compromise NHS clinical activity.

• We support, value and train all those involved in research. Research is considered as a core component when recruiting leaders across the organisation.

• We lead the way in involving patients and families in research design, delivery and strategy. We continue to develop creative ways to ensure equitable involvement.

• All clinical directorates and services develop and own their research agenda and are supported to do this.

Participant recruitment

During the last year, our research activity has continued to thrive, with 1,349 open research projects and an increased focus on early-phase translational research, for example novel therapies. These studies are often intensive and complex, with clinical trial patients in hospital overnight or for longer stays in our NIHR CRF or on our wards.

In 2018/19, 6,049 patients and their families took part in research at GOSH. We are now expanding this by offering all patients the opportunity to participate by giving us generic consent to use clinical data and excess tissue for research. The pilot has now moved to inpatients, with further areas to now also consent patients.

Funding

This year we saw an overall 25% growth in our research income to £25 million, which supports research infrastructure and projects across the Trust. This has been in part due to a higher than anticipated growth in commercial income of 13%, through attracting an increased number and value of commercial studies to the Trust as well as extensive work to improve the effectiveness of commercial income recovery. 2018/19 was the second year (out of five) of our third funding term of the NIHR BRC and of our new NIHR CRF.

Research in 1948

The hospital had been aspiring to open a specialist research centre since the 1920s, but a formal Institute of Child Health was only established as a branch of the University of London at the end of the Second World War. The Institute was initially housed in just one room in the hospital's Southwood Building, and did not obtain its own premises until the present building was opened on Guilford Street in 1965.

The door to the one room housing the Institute of Child Health prior to 1965

Innovation

The Trust continues to focus on innovation, through the GOSH Innovation Hub overseen by the Intellectual Property (IP) Oversight Group. This reviews our IP portfolio and makes strategic recommendations to the Research and Innovation Board for support of innovation with commercial potential. In particular, the implementation of the Trust's EPR system, in April 2019, has a specific research workstream with input from across research and innovation. This allows much greater alignment across research and clinical practice, with clinical data extracted into the Trust's Digital Research Environment, linked to a high-performance analytical platform produced in collaboration with Aridhia and our dedicated DRIVE team. To date, we have uploaded around 500 active research projects into EPIC, linking 30,000 patient records to studies they are actively involved in.

Chief Research Information Officer for DRIVE Professor Neil Sebire (left) with Peter Hinssen, Keynote Speaker and Entrepreneur and Sue Conner, Director of Operations for DRIVE on the official opening evening in October.

In the coming year, we will be continuing to focus on driving forward our research hospital strategy with many exciting initiatives on the horizon. Our capacity to deliver rare disease research will be significantly expanded with the opening of the Zayed Centre for Research into Rare Disease in Children. This will be a world-leading centre of excellence that will tackle some of the most challenging scientific questions. It will enable scientists and clinicians to more accurately diagnose, treat and cure children and young people with rare diseases.

Our Technology priority

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

We are continuing on 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 has increased our focus on digital research, innovation, and other technologies. Through these technological improvements, we remain committed to ensuring the integrity and safety of all our data.

In 2018/19 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.	• The GOSH DRIVE opened in October 2018.Collaboration with UCL Computer science, industry partners and Health Data Research UK has seen a large number of innovative projects being run through the unit.
Ensure rapid uptake of the latest clinical and non-clinical technologies to improve patient outcomes and our productivity.	• We are continuing to invest in our cyber defences with state-of-the-art systems designed to detect and thwart attacks. • The DRE continues to mature and has been cited in numerous external reports as an exemplar for how to manage patient data for research.

Electronic Patient Record

We launched our EPIC Electronic Patient Record (EPR) on 19 April 2019. Deployment of the EPR is a critical and core requirement to move towards being a digital hospital.

This will enable improvements in quality of care, operational efficiencies, and development of new models of care and treatments. It will improve communication with our families and patients, and implement a platform to enhance innovative research and enhanced analytics. The potential benefits are enormous, and an immense amount of work has taken place across the Trust in 2018/19 to develop this and ensure operational readiness.

The EPR will:
- **Improve communication with our families and patients.** The patient portal will transform the way we communicate with patients and families, empowering them to plan and manage their own care.

- **Allow us to improve patient experience.** As well as releasing additional 'time to care', traditionally manual processes will become more automated and digital, allowing us to engage more widely with families meaning we will be better informed about patients' preferences, and patients will be fully aware of the next steps in their treatment plan.

- **Provide better decision support and care pathways, reducing unwarranted clinical variation.** We will 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.

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 supporting infrastructure, governance and readiness in preparation for the move to the full EPR next year.

EPIC is going to change the way the organisation develops in ways that we cannot imagine at the moment, as the use of the new system matures and we start to analyse the rich data that it provides we will find more and more ways of improving the hospital.

Digital Research, Informatics and Virtual Environments (DRIVE)

DRIVE is GOSH's new Digital Research, Informatics and Virtual Environments unit, which will foster collaboration between GOSH, academic colleagues in UCL and leading industry experts in technology and digital innovation.

The space houses the latest technologies including artificial intelligence, virtual reality and facial recognition. It aims to develop novel ways of working and transform clinical practice and patient experience, not only for GOSH patients but across the NHS.

The aim is to use technology and data to provide safer, better care that is clinician-focused and patient-centred. DRIVE provides the capability to develop scalable solutions to improve healthcare. GOSH patients are digital natives, which means they and their families are early adopters of technologies. They will naturally embrace the new devices and apps the unit develops.

These young people are our future in so many ways – and of course the future patients of the NHS for the next 50 years.

Projects that have already come through DRIVE and are being used within the hospital to help with patient outcomes and experience include:

- Project Fizzyo, which is helping researchers look at how physical activity and airway clearance relates to changes in the health of children with cystic fibrosis, using chipped sensors inside airway clearance devices.

- Through DRIVE, the whole of GOSH has been recreated in a Minecraft world where patients are able to virtually explore before they visit the hospital and virtually meet and befriend other patients who are at the hospital to help improve their patient experience.

DRIVE has an ambitious vision to improve outcomes and experiences for children by harnessing innovative technologies and embedding them in hospital practice.
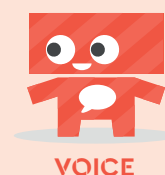
Our Voice priority

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

GOSH cares for more children with rare and complex conditions than anywhere else in the UK and most of Europe, together with our research partnership with the UCL Great Ormond Street Institute of Child Health. The reputation and reach of the organisation combine with a powerful brand that is carefully cultivated by our charity partners to support essential fundraising for research, equipment, buildings and patient experience.

We aim to use this profile responsibly to draw attention to the issues that are important to our patients, families and staff and advance a wide range of causes that will support them in fulfilling their potential.

Objective	Achievements
Use the voice of GOSH to promote issues that directly affect the children and families who need us the most.	• Featuring patient stories regularly across our own communication channels and in partnership with media and production companies is a powerful way to connect GOSH with the general public. Programmes like *Paul O'Grady's Little Heroes*, which tell these stories and offer wide benefits. They can help to reassure a family who is due to attend an appointment. They can demonstrate the value of the care we offer to funders and policy makers. They can improve staff morale. • In September 2018 we joined forces with NHS Blood and Transplant to highlight the importance of organ donation. We released a touching video of patients on the waiting list for organs singing and signing a specially written song alongside the families and staff that care for them.
Play a leading role in the UK system and International Children's Alliance, and to ensure our networks across the UK best serve the patient's needs.	• Memberships of various national and international partnerships and organisations including UCL Partners; North Central London Sustainability and Transformation Partnerships (STP), Children's Alliance, administering the North Thames Paediatric Network for Specialist Paediatric Services, European Children's Hospital Organisation (ECHO) (see page 28).

Paul O'Grady's Little Heroes – A unique insight into GOSH

In this ITV series, which premiered in August 2018, Paul O'Grady brought his unique blend of warmth and humour to the hospital as he met a number of children from all corners of the UK. Each 30-minute episode focused on 2–3 children and their journey through their specialist and pioneering treatment.

In the first episode Paul got a glimpse of pioneering surgery after meeting 13-year-old Mackenzie (pictured) who was at the hospital to have his ear reconstructed after being born with Microtia. The condition means those affected are born with a small ear that doesn't develop properly.

The second series will air in summer 2019 on ITV.

Campaigning for the issues that matter to our patients, families and staff

The GOSH calendar is packed with activities that celebrate, educate and raise awareness of the issues that matter to our staff, patients and families. For example:

- Each year in February we mark Rare Disease Day to highlight the collective impact that this group (of over 6,000 conditions) has on our patients. We celebrate research and clinical progress in diagnosing and treating paediatric rare diseases. This day is also a chance to raise awareness of specific conditions.

- In March 2018, Jim Blair, Consultant Nurse, Intellectual (Learning) Disabilities took over the @NHS Twitter account to highlight important issues faced by children and families.

- Celebratory events and communications activities were also arranged to celebrate International Nurses Day, National Play Day, Restart a Heart Day, Children's Takeover Day, Nutrition and Hydration Week and many more.

- GOSH is also fortunate to be able to welcome influential and high-profile visitors to the hospital to mark significant national milestones. During National Apprenticeship Week in March 2019 we were delighted to welcome the Rt Hon Stephen Hammond, Minister for Health, met with GOSH apprentices, visited some of our families and discussed workforce and funding issues with our Chair and Chief Executive.

- Secretary of State for Health and Social Care, Jeremy Hunt, visited GOSH on Thursday 29 March 2018 to talk to staff on the topic of patient safety and recognise their effort in this area. He was accompanied by Professor Russell Viner, the newly elected President of the Royal College of Paediatrics and Child Health. They were greeted by seven-year-old patient Shiloh, who has Cystic Fibrosis and has been treated at GOSH since she was 18 months old.

For a week last November, 26 children and young people took over jobs in both the hospital and GOSH Charity as part of the Children's Commissioner's Takeover Challenge. Grace took over the role of a matron for the day

Working in partnership with the wider healthcare system to improve quality and access and expedite discovery

As a specialist paediatric hospital with a national and international footprint GOSH has a responsibility to work in partnership with the wider healthcare system to share innovation and best practice and develop the system architecture that is essential to improve things for children with complex health needs, wherever they access their care.

As a community of healthcare leaders, our people are represented across hundreds, if not thousands, of regional, national and international committees – evidence of their passion for learning from others, sharing their own knowledge and working collaboratively towards solutions.

During 2018/19 our clinicians were able to contribute to raising awareness of some essential child health debates. They shared their knowledge to help ensure balanced media reporting and well-informed academic and policy statements. For example:

- Professor Helen Cross, a consultant in paediatric neurology and the Prince of Wales' Chair of Childhood Epilepsy, was able to inform the public debate on the safe use and benefits of cannabidiol (a drug derived from cannabis) for children with epilepsy, based on ground-breaking clinical trial evidence. Her findings were shared in a public statement on our website in June 2018. Helen has since taken part in several media interviews, spoken at conferences and presented evidence to the Health Select Committee in March 2019.

- GOSH's new DRIVE Unit featured in a Government 'state of the nation' report on the future of technology in healthcare (see page 25).

The GOSH Chief Executive is a member of the UCL Partners (UCLP) Board. This academic health science partnership works to transform the health and wellbeing of the population. UCLP involves more than 40 NHS, social care and academic organisations across north and central London, south and west Hertfordshire, south Bedfordshire and south west and mid Essex. It has made significant progress during 2018/19 in supporting the adoption and spread of new products and pathways, building improvement capability and highlighting the successes of its vibrant clinical research community. Together with the UCL Great Ormond Street Institute for Child Health, GOSH hosts one of UCLP's six specialist programmes – or Academic Medical Centres (AMCs), which advance pan-London collaborative research initiatives on child health and supports shared learning.

Regional partnerships to deliver on the NHS vision for integrated care

The NHS Long-Term Plan, published in January 2019, set out an ambitious ten-year vision for the health system in England that consolidates previous calls for a greater focus on out-of-hospital care and services to be designed around patient needs rather than institutional boundaries. The intention is that regional partnerships of NHS organisations and local councils (known as Sustainability and Transformation Partnerships) will develop into Integrated Care Systems that will have more control over how the care for their local population is delivered and how NHS resources are distributed.

Although just 4% of GOSH patients come from within the North Central London Sustainability and Transformation Partnership, national policy direction means that our contribution to this local network is very important. GOSH participates in several of its committees, looking at issues including procurement, leadership of transformation, nurse leadership and workforce.

During 2018/19 GOSH has led on the development of an important new network looking at paediatric service delivery across North London. The North Thames Paediatric Network for specialist paediatric services is administered by GOSH. It brings together specialist providers and district general hospitals to improve access and outcomes for children across the care pathway.

National system leadership

GOSH is part of the UK Children's Hospitals Alliance – a group of children's hospitals across the UK that includes Alder Hey, Birmingham, Southampton, Manchester, Evelina London, Leeds, Sheffield, The Great North Children's Hospitals and Bristol Royal Hospital for Children. The group acts as a unified voice advocating for children and young people's services and runs a variety of projects to share learning, innovation and best practice.

A group of finance experts from the Alliance hospitals has been working with the pricing team at NHS England and NHS Improvement on a review of tariffs and payments. Their aim is to work towards a budgeting framework that better reflects the complexities and high cost of care for children with complex health needs. This will safeguard services and improve the financial sustainability and viability of specialised children's hospitals.

In February 2019 GOSH was delighted to invite members of the Alliance, along with other partners across the UK, to the first ever Children's Hospital Education Specialist Symposium (CHESS), a national one-day forum championing paediatric education. Opened by Camilla Kingdon, Vice President at the Royal College of Paediatrics and Child Health, the event covered the opportunities and challenges for specialist paediatric education and multidisciplinary ways of working. Delegates and speakers came from a range of disciplines including general paediatric, nursing, allied health, healthcare science, surgery and anaesthetics.

Learning and sharing with experts from around the world

GOSH is a founding member of European Children's Hospital Organisation (ECHO), a partnership of 10 of the foremost specialist paediatric hospitals in Europe. During 2018/19 the organisation created a governance structure and strategic framework which lays out priority workstreams and shared goals. ECHO's Quality, Safety, Outcomes and Value working group has established a project to benchmark clinical outcomes and work is underway to develop a shared statement on the rights of children in hospital.

GOSH clinicians participate in a number of the European Reference Networks (ERN), which are European Commission-funded partnerships seeking to improve access, diagnosis and outcomes for rare disease patients across Europe. Professor Helen Cross is the coordinator for EpiCARE, the ERN which brings together 28 highly specialised centres in 13 European countries, which are collaborating on care, research, education and training to benefit patients with rare and complex epilepsies.

In October 2018 GOSH hosted a transatlantic knowledge-sharing conference. This was attended by delegations of healthcare leaders, clinician-scientists and donor families from the children's hospital communities of Seattle Children's Hospital, Rady Children's Hospital, San Diego, the National Children's, Washington DC and Benioff Oakland Children's Hospital, California. The programme featured presentations and networking events to inspire philanthropy, collaboration and debate to advance innovation in children's healthcare. It was developed as a result of GOSH's participation in the Children's Hospital's International Executive Forum.

Consulting and engaging with patients on the quality of their care

The Young People's Forum (YPF) is a group of current and former patients who have left within one year (aged 10–21), 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.

The YPF has been given specific roles in the recruitment processes of Board members. This direct approach has allowed the voice of the patient to be heard and considered by recruitment panels, giving patients the power to influence the future workforce of the hospital. Having young people involved in recruitment ensures that candidates who are selected have personal skills and qualities that suit the needs of children and young people as well as the competencies required by the Trust.

The YPF assisted the recruitment of the following roles:

- Chief Executive
- Chief Finance Officer
- Non-Executive Director (legal portfolio)
- Non-Executive Director (social work portfolio)

(L to R) Ihsaan, Maisie and Tabitha helped the Trust recruit a Non-Executive Director
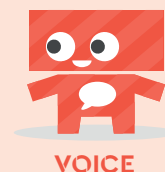
Lola, age 11, has Cystic Fibrosis and comes to GOSH every 6 weeks. She is an avid reader and has just finished the entire *Harry Potter* book series.

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 including cutting-edge equipment.

VOICE

Below is a summary of how we have enhanced our spaces at GOSH in 2018/19:

Objective	Achievements
Be recognised as the most environmentally sustainable healthcare provider in the UK with all staff recognising their stewardship role.	• In March 2019 GOSH and Global Action Plan launched the first ever Clean Air Hospital Framework (CAHF), a strategy aimed at improving air quality in and around hospitals in order to create a healthier environment for patients and their families, staff, and the local community (see page 31).
Maximise our hospital site's potential to meet the current and future healthcare needs.	• The Zayed Centre for Research into Rare Disease in Children is due for completion in 2019/20. • The Italian Hospital on Queen Square is being developed into the Sight and Sound Centre for GOSH with visual or hearing impairment.
Provide our clinical teams with the equipment they need to deliver cutting-edge care to our patients.	• The Zayed Centre for Research into Rare Disease in Children includes a dedicated facility comprising seven 'cleanrooms' where gene and cell therapy medicinal products can be made to treat children compassionately or on a clinical trial. • Started construction on the Southwood Courtyard Building which will house an interoperative MRI (iMRI) scanner and operating theatre. The iMRI facility will allow surgical teams to ensure that they have performed the correct intervention and will reduce repeat operations for children undergoing neurosurgery including epilepsy surgery. The building will also provide new clinical facilities for our physiotherapy teams including a new gym and gait analysis room.

Zayed Centre for Research into Rare Disease in Children

The construction of the Zayed Centre for Research into Rare Disease in Children has continued with Skanska and is set to complete early in 2019/20. The Zayed Centre for Research into Rare Disease in Children 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.

The facility will be transformational in terms of the space for clinicians and researchers to progress their work, which will ultimately transform lives. The building communicates this work through the integration of art work celebrating team work, AI and robotics. Children and young people will have their own laboratory benches in outpatients to explore some of the key research themes. Twenty one consulting rooms provide extensive accommodation for patients and their families. Three floors of smart workspace, including a café and garden, supplement the clinic and laboratory space and provide the ideal environment for collaboration and interaction.

Sight and Sound Hospital at GOSH

Work is underway to convert the Italian Hospital on Queen Square into an exemplar Sight and Sound Centre for GOSH with visual or hearing impairment. This project, supported by Premier Inn recreates the 'grand house on the square' as requested by the Expert Patient Group, who has been embedded in the design process.

Children's Cancer Centre

In December 2018 it was confirmed by the GOSH Trust Board that the scheme previously referred to as Phase 4 would be known as the Children's Cancer Centre at GOSH. This ambitious project will provide all the inpatient, day care and outpatient space required for this service. It will also create an exciting and first of kind Children's Medicine Centre at GOSH. This will replace the highly successful hospital school accommodation and provide a new and fitting main entrance for the hospital. It is due to open in 2026/2027.

Disney Reef

The Disney Reef, a colourful, underwater-themed outdoor play area, was unveiled in June 2018. Positioned in the heart of the hospital, designed by Walt Disney Imagineers, the Disney Reef was created in collaboration with the hospital's dedicated Play Team and patients. It was born as the result of Disney UK's multi-year partnership with Great Ormond Street Hospital Children's Charity (GOSH Charity). It was inspired by Walt Disney's first visit in 1951 and is a part of The Walt Disney Company's recently announced global commitment to reimagining children's patient journeys in and out of hospitals.

The GOSH estate in 1948

The hospital became part of the NHS in a physically battered state in 1948. The major rebuild programme in the 1930s had been curtailed by the Second World War. The new main clinical block (today's Southwood Building), opened in 1938, had its western wing gutted by bombing in September 1940, and the planned new outpatient wing had only been completed to basement level. The basement had been used as a casualty clearing station for local Blitz victims during the war. The two original Victorian clinical blocks, dating from 1875 and 1893 were still in use, but already very shabby. The 1893 block, today's Paul O'Gorman Building was also blast-damaged.

GOSH Charity Children's Champion Tess Daly was joined by four-year-old patient Elliott, to official open the Disney Reef

The 1893 South Wing (today's Paul O'Gorman Building) soon after the end of the Second World War.

Sustainability report

We continue to develop our spaces to provide a holistic therapeutic environment supporting our patients, families and staff. Our priorities not only include the design and provision of clinical spaces but also support services which contribute to the overall hospital experience and a consideration of the wider environment.

Having been a founding supporter of National Clean Air Day we have taken the next step to delivering solutions that will improve air quality by launching the world's first Clean Air Hospital Framework (CAHF) for use across the health sector. We are also in the process of updating our overarching Sustainable Development Management Plan (SDMP) with the latest guidance from NHS Improvement so that GOSH can deeply integrate sustainability into our culture, practice and training. However, our holistic vision does not stop there and includes a focus on reaching outwards. We do this through sharing practice and partnering with others, linking with academic institutions to study topics including climate adaptation, to design research projects or run community activities. Overall, we intend to test the boundaries of what's possible and our influence in this crucial arena.

This approach is supported not only by our Board and staff but by our children and young people, reminding us of our guiding principle of 'the child first and always'.

Who's accountable?

Progress against our SDMP and CAHF is reported to our Executive Management Team and Operational Board as well as our Board of Trustees on an ongoing basis. Active support for this agenda is being harnessed within clinical teams, through our Green Champions network, contractors, external partners and patient's through our YPF and Play Services.

Our context: Using information and data

During 2019/20 we will expand our information gathering with relevant stakeholders in order to plan and deliver our sustainability ambitions through our SDMP.

This year GOSH developed a travel plan that committed us, over the next five years, to all but eradicate staff commuting in cars. We are also committed to reducing staff use of the underground by 5% in favour of walking and cycling. We will reduce single occupancy visitor car use by 6% and increase public transport use in its favour. A new yearly staff survey will measure this. The development and ongoing delivery of our CAHF involves regular dialogue with stakeholders including our Young People's Forum, Executive Management Team and Boards as well as the local community. For example, beyond face to face contact through staff, we will use our patient bedside displays to engage with patients about air pollution and wider sustainability.

We will enhance the existing process, analysis and use of data around utilities consumption and will begin to use our imminent supply of air quality data to inform decisions and messaging wherever possible.

Stakeholder engagement

To successfully deliver our ambitious sustainability agenda we'll enhance existing relationships with partners. GOSH teams and leadership, Green Champions network, volunteers, patients and families, contractors, health sector and academic peers, Camden Council, NHS bodies, specialist businesses and third sector organisations, our local community and central government are all key to this.

Barriers and challenges to overcome

- Ever increasing energy demands and costs mean that we need to continue broadening our scrutiny of energy procurement, energy efficiency investment and renewable energy innovations.
- Poor local air quality in our central London location presents a challenge and opportunity to work collaboratively on improvements to protect our staff, patients and the local community.
- An unstable national waste processing market continues to highlight vulnerability across NHS trusts, necessitating an increased need for collaboration around innovation and security.
- Development of our staff Green Champions and the creation of a young person's programme will be important for the success of our sustainability agenda over the years ahead. Increasing reach and relevance will enhance the effectiveness of this important driver of the change we are planning.
- Taking further ownership of our Scope 3 (indirect) emissions via our procurement framework is an important challenge and opportunity for the year ahead.
- Embedding these into our SDMP and connections to the UN Sustainable Development Goals gives us the framework to progress and lead the sustainability agenda.

Structure

The backbone for demonstrating our progress is our SDMP and CAHF reporting into the Trust Executive Management Team and Board. Delivering it in concert with staff and young people is key to its integrity. We support local and national programmes including the London Borough of Camden Clean Air Action Plan which we are named as leaders within, the London Mayor's Breathe London Project, Camden 2025 commitments, National Clean Air Day and NHS Sustainability Day.

Further integration

We will further integrate sustainability throughout the Trust via continuation of 'Gloves are off', which this year has produced a staggering reduction of 2.1 million plastic gloves purchased (and associated environmental impacts) since last year. We will investigate delivering a Green Wards Competition supporting staff identification of everyday process efficiencies that result in environmental and financial savings. We are also considering activity around optimisation of energy use in theatres, a specific Green Nephrology programme and delivering a broad green communications strategy.

The Clean Air Hospital Framework

This year GOSH staff worked with Global Action Plan to develop the Clean Air Hospital Framework.

The World Health Organisation (WHO) and UK Government recognise air pollution as the largest environmental health risk we face. It causes heart and lung diseases, is linked to mental health issues, low birth weight and effects on children's lung development. It is estimated to cause 36,000 deaths in the UK every year.

Action in hospital is particularly important as pollution has a detrimental effect on patients. The CAHF is a free resource conveying the vision of a clean air hospital and steps to achieving it, including methods to reduce the pollution hospitals create and messages to help people protect their health. Hospitals are able to self-assess their progress against seven elements. They can develop an action plan to benefit the health of staff, patients, visitors and the local community. They can also assign ownership and track/report progress, including their ability to mobilise others.

CAHF's development involved workshops across the Trust, including our Young Person's Forum, contractors and external stakeholders, including the WHO, NHS Improvement and NHS England, the NHS Sustainable Development Unit, Royal College of Physicians, Royal College of Paediatrics and Child Health and London Borough of Camden.

Trust teams and external partners are organising a GOSH clean air play street locally and with a specialist partner, we are designing research around home indoor air quality impacts on patient health. We are installing outdoor monitoring equipment through the Mayor's Breathe London project and trialling indoor monitors and purifiers in some communal areas.

The CAHF uses a points system. GOSH's baseline score in February was 158 points – rated as a hospital that is 'starting out', and we are targeting 540 points, rated as 'Good', within 18 months.
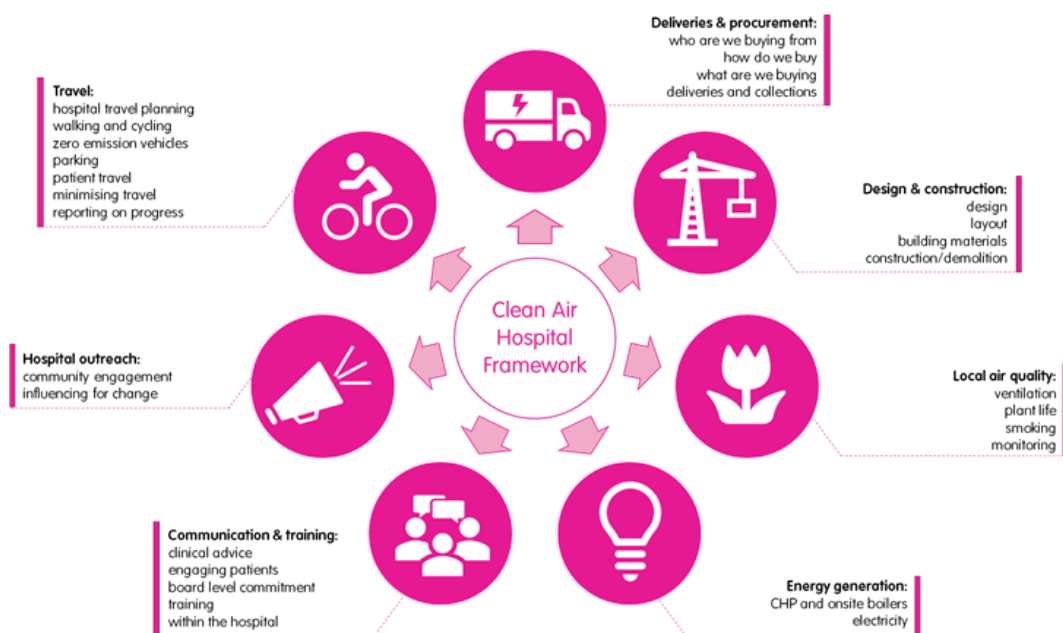

A diagram of a typical hospital.

A diagram of a Clean Air Hospital.

Waste minimisation and management and the GOSH Green Champions

It has been a successful year for the Green Champions, who have implemented initiatives to reduce, reuse and recycle bulk waste including an innovative online platform to redistribute it. Items suitable for reuse are offered to staff, supporting GOSH's 'Zero Waste' strategy and budget savings through unnecessary new purchases. Remaining items are passed to charity and social enterprises for reuse or to assist fundraising for their core work.

We are also working with an upholsterer upgrading existing furniture and furnishings to 'as new' standard at a significant reduction to a new purchase cost. The total savings from this scheme was £6,775. The Green Champions were given a Green Apple environmental best practice award for our furniture restoration process at the Houses of Parliament.

Last year 1,625 tonnes of waste was produced in the Trust, an increase of 9%. Figure 1 shows the volume of wastes and destinations. Recycling continues to rise this year with an increase to approximately 42%. Waste sent to landfill is slightly up this year at just over 1 tonne, due to an overall increase in waste produced. It is still our aim to achieve zero waste sent to landfill, and we continue to work towards this target. Waste sent to 'Other Recovery' has reduced due to an audit and engagement programme conducted this year around better staff segregation of clinical waste.
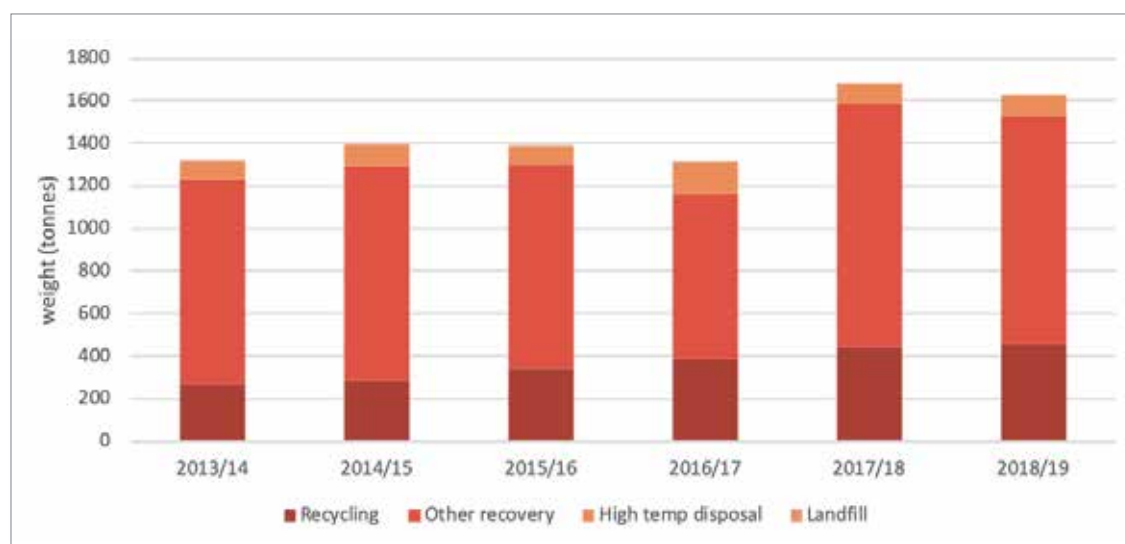
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Recycling	265.8	283.02	342.03	390.02	442.67	458.46
Other recovery	963.4	1014.2	958.95	774.93	1144.07	1068.97
High temp disposal	83.52	91.29	84.39	147.98	87.71	96.94
Landfill	6.03	2.88	0.99	0.99	0.99	1.36

Figure 1: Waste disposal volumes

It has been a challenging year in the clinical waste industry, threatening service resilience GOSH is working with partners to identify clinical, hazardous and sharps waste innovation opportunities.
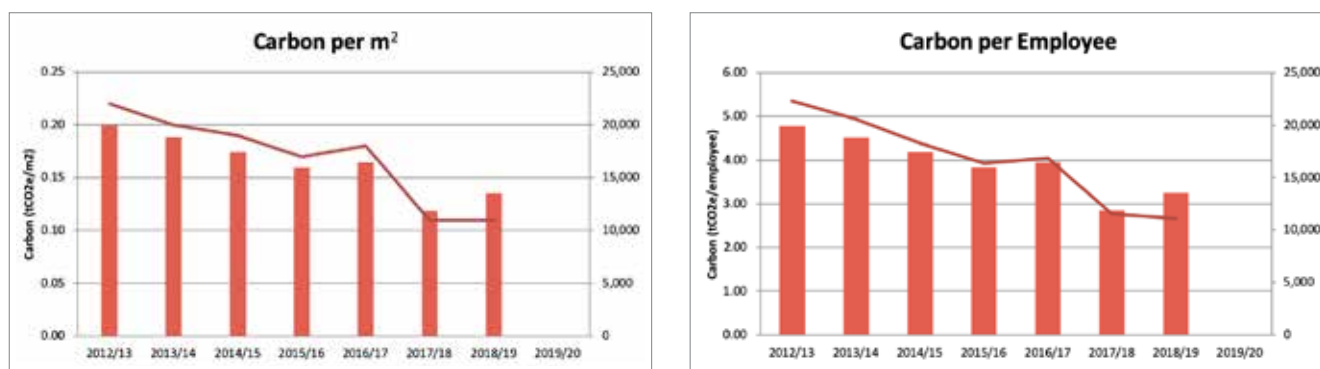
CO2 emissions

Our environmental impact is proportionate to staff numbers and building floor space. The table shows floor space relatively unchanged for four years. It has increased by 14,045.67 m^2, due to the Premier Inn Clinical Building (PICB) opening last year and staff numbers have risen to 5,045.

Context info	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Direct emissions (tCO$_2$e)	19,947	18,836	17,448	15,950	16,468	11,893	13,547
Floor space (m^2)	92,199	92,125	93,752	92,501	92,501	111,913	125,959
Total number of staff (headcount)	3,731	3,900	4,082	4,123	4,436	4,787	5,045

This data has been used to normalise direct emissions and compare against our 34% reduction target by 2019/20. Below shows that we retain an on-target profile despite estate changes. The organisation is normalised by floor space and slightly better when normalised by employee number. The percentage reduction for each year is shown in the corresponding bar below.

The percentage tCO$_2$e change for each year is shown in the corresponding bar below.

Normalised direct emissions - tCO$_2$e by m^2 (left) and by employee (right), line shows reduction glide path

The increase in normalised carbon emissions is due to opening the Premier Inn Clinical Building and a significant reduction in electrical output from the Combined Heat and Power (CHP) plant against full potential. Electrical infrastructure issues requiring six months main CHP downtime led to grid electricity imports and therefore greater 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 clearly seen.

Two pictures representing good environments created by children on Leopard and Bear wards with the Play team.

Energy use

This looks at carbon emissions from energy, total energy spend and a view of energy type used. The biggest change to the Trust usage profile is the CHP engine installation at the end of 2011, which significantly changed the proportions of gas and electricity used by the Trust. In 2018/19 the engine generated 39% of electricity requirements but consumed natural gas to achieve this.

Below shows we spent £3,847,204 on energy in 2018/19, an increase from the previous year. This is due to PICB using more electricity due to it becoming fully functional in 2018/19 compared to 17/18 as well as the six month CHP downtime. This meant relying on higher cost grid energy and therefore higher utility costs than expected. Additionally before final decommissioning, our Enpod energy centre was also offline for four months. Therefore, there were higher utility costs than expected.

As a result we experienced a significant reduction in onsite electricity generation (from 10,643 Mwh to 7,746 Mwh) which was replaced by grid electricity and an increase in gas use. We were also unable to realise the benefit of the CHP and the heat generation from it, which is typically used to run our chillers. This and the high ambient summer temperatures resulted in using further grid electricity.

With the CHP back online and the decommissioning of Enpod, an increase in electrical power and decrease in gas volume should normalise our energy use going forward. Operation and maintenance costs for the CHP engine are still incurred while it is offline.

Carbon Emissions - Energy Use
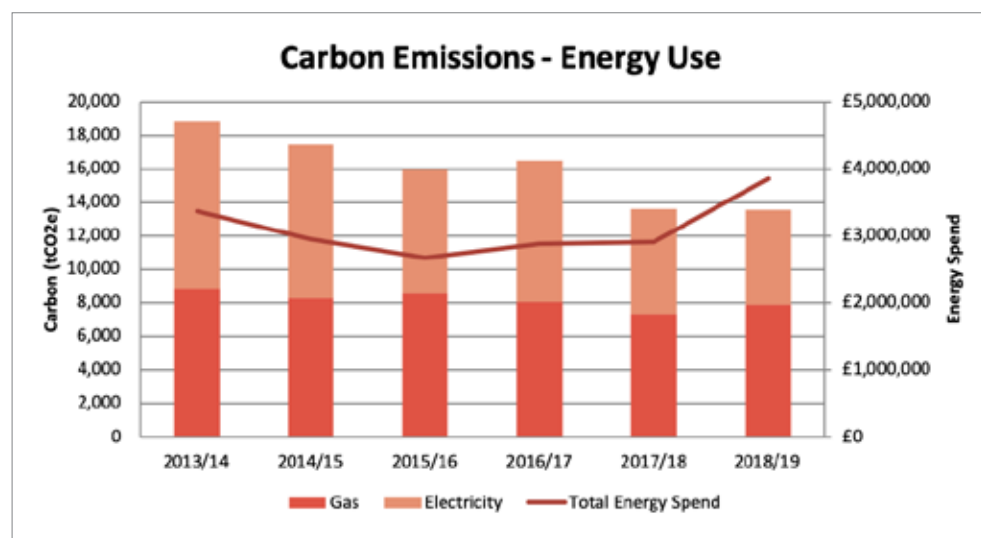
Resource		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Gas	Use (kWh)	41,492,485	39,444,385	40,657,465	38,603,045	39,587,133	42,929,340
	tCO_2e	8,802	8,276	8,530	8,068	7,335	7,897
Electricity	Use (kWh)	27,649,236	25,675,114	24,828,164	27,087,839	22,042,240	19,961,112
	tCO_2e	9,993	9,172	7,441	8,400	6,262	5,650
Total Energy tCO_2e		18,795	17,448	15,971	16,468	13,957	13,547
Energy Spend		£3,360,678	£2,952,472	£2,663,725	£2,881,300	£2,900,919	£3,847,204

Last year 7,746 Mwh of electricity was generated from the CHP engine, equivalent to 39% of our total site electricity usage compared to 48% the year before. The site did consume all the generated electricity, reducing carbon emissions from the use of grid power. However, this was only half the reduction projected, due to the CHP outage.

Generated electricity from the CHP is shown below. It produced significantly less electricity than last year due to the six-month outage this year (7,746Mwh compared to 10,643Mwh) compared to only two months last year.

Output of 10,500–12,000 MWh per year depending on performance and maintenance requirements is expected. In March 2019 we installed a second CHP which will further reduce energy costs next year.

Our 37kWp of photovoltaic cells are now functioning to capacity since the removal of shading caused by Variety Club Building chiller scaffolding.

Sustainable Development Management Plan (SDMP)

Our new SDMP is near completion and will form the basis of our reporting structure for 2019/20 and beyond. Actions to progress it are based on the three factors of Environmental, Social and Financial impact which are contained under 10 areas of focus. These include our Corporate Approach, Asset Management and Utilities, Travel and Logistics, Adaptation (to future climatic conditions), Capital projects, Green Space and Biodiversity, Sustainable Care Models, Our People, Sustainable use of Resources and Carbon and Greenhouse Gases.

We will consider each in relation to four cross cutting themes – our governance and policy, GOSH's core responsibilities, our procurement and supply chain and working with our patients, staff and local communities.

Creating healing environments

Working with UCL Centre for Resource Efficiency and the Environment we were the industry partner for five Masters Level Environmental Engineering and Science students. Their focus is, *"Climate change pressures on the built environment in the UK: Implications for well-being of sick children and mitigation strategies for the Great Ormond Street Hospital"*. This resulted in individual technical reports based on the design of our proposed Children's Cancer Centre development. These covered internal air quality, ventilation, building envelope, water harvesting and indoor temperature control. The students combined these into a joint report helping to guide our thinking on climate change adaptation for future new developments.

We are also investigating research opportunities around access to natural light and virtual reality experiences in wards.

Enzo is seven years old and he's currently receiving treatment as part of a clinical research trial at GOSH. He loves superheroes and playing on his games console.

Our Information priority

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

Below is a summary of how we have enhanced the use and accuracy of our information at GOSH in 2018/19:

INFORMATION

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.	• Close working across multiple Informatics teams to an aligned work plan and set of principles supporting the EPR implementation. • Following implementation of the EPR a formal review is underway to develop an aligned vision and framework to deliver consistent and robust information throughout the Trust.
Create a comprehensive, unified electronic single patient record, providing the single reliable source of clinical data to maximise staff productivity and deliver excellent care.	• System design, configuration, testing and training was completed in 2018/19. • The vast majority of the system build related to EPR was completed in 2018/19. • The EPR System went live successfully in April 2019 (see page 24).
Combine advanced analytics with a comprehensive set of data to inform and improve care for our patients.	• Industry links have been developed with leaders in the field including Samsung and Microsoft. • Formal opening of the DRIVE Centre in 2018/19. • Go live of the Digital Research Platform to support the data and informatics needs of the organisation, supporting improved children's care. - An example of a project is the whole of GOSH has been recreated in a *Minecraft* world (see page 25).

Centralised Business Intelligence Unit (BIU)

GOSH aspires to be a world class organisation; therefore it must aspire to have world class information. The Trust has been on a digital journey over the past few years, including the establishment of the EPIC EPR and DRIVE. Information is the life blood of any organisation and good quality accurate data used by skilled staff is crucial to the delivery of effective and safe patient care and the running of a sophisticated and progressive organisation. World class information supports world class patient care, information can be used to run our services efficiently including timely access to services as well as flagging care quality issues and predicting trends in order to take early action.

The establishment of a Centralised Business Intelligence Unit is a core to this, to ensure that the Trust has robust and consistent information throughout the organisation, ensuring that all informatics professionals are working from consistent systems, agreed processes and an established governance framework. Following the implementation of the EPR system, a formal review of the current processes will be undertaken to ensure that we have an aligned vision and structure across the organisation to meet the requirements of GOSH. The approach will be rolled out to all areas, including operations, finance and workforce teams.

Advanced Analytics

Our clinical and managerial operations are complex and in many cases we want to know why certain things happen and if they will happen again, which is why we want to move beyond analysis and understanding the past, to strengthening our analytics (e.g. knowing why demand has grown, if patients will continue to wait longer than usual for treatment, and if their future experiences can be improved through specific service changes).

Therefore, through our proposed BIU, new systems like EPIC's EPR, cloud-based research platforms, Digital Research Environment, and Digital Research, Informatics, and Virtual Environment unit (DRIVE) we will have access to tools, models, artificial intelligence, and partnerships that will allow us to focus on projecting future trends, events, and behaviours. The DRE and DRIVE units have allowed us to develop industry links with leaders in the field including Samsung and Microsoft and we hope to revolutionise clinical practice and enhance the patient experience, not only for GOSH patients but across the wider NHS (see pages 24–25).
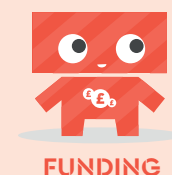
Kai, age 11, has been waiting for a heart transplant since March 2019. He loves playing *Fortnite* and *Minecraft* to pass the time in hospital and his favourite food is pizza.

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 for NHS organisations particularly in specialist services where real-term funding continues to decrease alongside increasing costs and medical and technological advancements. We continue to review our cost base and look for new ways to deliver efficiencies whilst ensuring high clinical standards and patient and family experience.

FUNDING

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.	• Continued to refine the long-term (i.e. five year) funding model linked to agreed strategic revenue and capital initiatives. • Finalised a local pricing review to support the business's understanding of the risks within its funding model and contract pricing. • Detail modelling of future NHS tariff proposals to understand the proposed impact on services and linked with the Children's Alliance to develop further understanding of the different regional funding mechanisms. • Worked with commissioners to develop funding models for new services in year. • Partook in the national pilots for Patient Level Costing (PLiCs) and education and training reference cost to support their mandatory introduction in future years. • Scored 1 for finance and use of resources under NHS Improvement's Single Oversight Framework.
In conjunction with GOSH Charity, maximise value and impact of charitable funding in support of the GOSH strategy.	• Worked with GOSH Charity to develop a prioritisation process aligned to both organisations strategies to enable medium to long term investments that will maximise value for money and impact. • Completed the medical equipment replacement plan to ensure the most effective investment of funds. • Actively linked and liaised with GOSH Charity around investment in the Children's Cancer Centre.
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.	• The organisation has successfully continued to grow private patients with a focus on new UK and international markets, whilst identifying education and research opportunities, including fellowships. • Work continues to ensure the organisation gets maximum benefit from any Intellectual Property it may develop.

GOSH funding model

For many years the Trust has received income from a variety of sources that has enabled it to provide high quality of care to Children and Young People with complex and rare diseases. Unfortunately NHS funding alone has not enabled the totality of these costs to be covered. In 2018/19 alternative funding sources over and above NHS Income (£377m) included:

• Contribution from private patients

• Commercial Research

• Investment from GOSH Charity in the hospital's infrastructure enabling the estate and equipment to be of much better quality/experience for the patient, families and staff. This included a contribution towards the Electronic Patient Record infrastructure.

- The Charity funding services over and above those in the NHS service specification that enable an improved patient experience e.g. parent accommodation, chaplaincy, Play Service

In 2018/19 this approach has continued to enable the Trust to remain within financial balance and meet the financial and performance targets set by the NHS. However with step changes to NHS tariff in 2019/20 and beyond, this approach will become more challenging and will need to be continually reviewed.

International Private Patient Service

We are internationally-renowned for cutting-edge treatment of children and young people with rare and complex conditions. We worked with governments and other sponsors to welcome 5,034 children with 116 different nationalities last year, who access our services from countries that lack the facilities and expertise to treat rare and complex paediatric conditions.

The International and Private Patient Service treated 1,113 inpatients and delivered 18,206 outpatient appointments, generating income of £63.3m in dedicated and funded facilities at GOSH in 2018/19.

We continue to explore new territories and diversify our offering, in order to continue the income growth seen in recent years needed to support NHS activities. 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 are in discussions with overseas hospitals about 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 have introduced, with world-leading clinical colleagues, novel therapies and treatments like Tisagenlecleucel (CAR-T cell) for treating relapsed or refractory B-cell acute lymphoblastic leukaemia and MRI Guided Laser interstitial thermal therapy (LITT or Laser Ablation) for treatment of epileptogenic lesions.

The international medical fellowship programme continues to be led by the service and provides overseas doctors the opportunity to receive sub-speciality training from us through one or two year fellowship appointments with clinical teams at GOSH. The success of this programme has been replicated in other clinical professions and we have developed and delivered the first senior nurse leadership training placement with positive feedback.

Ward unit in a new clinical block c.1950.

Maximise value and impact of charitable funding

We continue to work closely with GOSH Charity and have developed a prioritisation steering group which includes members of the Trust Board and Charity Trustees to ensure maximum impact and value for money from any investments made in the medium and long term.

Procurement

In August 2018, the Trust joined SmartTogether, a procurement shared service hosted by Guy's and St Thomas's NHS Foundation Trust, which also includes Lewisham and Greenwich NHS Trust, Dartford and Gravesham NHS Trust, and South London and Maudsley NHS Foundation Trust. The procurement department is ranked second in the country in the latest version of the NHS Improvement Model Hospital Procurement League Table.

Since the transfer, GOSH has experienced a demonstrable improvement in procurement service standards including reduced turnaround times for processing purchase orders. A new catalogue has improved accuracy and streamlined processes leading to fewer invoice queries for Accounts Payable. The shared service provides an opportunity for GOSH to work in collaboration with Evelina Children's Hospital at St Thomas's to reduce price variation and deliver savings.

Over the next 12 months GOSH intends to complement its procurement transformation programme with further improvements to its materials management function and its electronic procurement system. These initiatives, together with the current work to reduce price variation and improve catalogue management align with the 2016 Carter Report recommendations.

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 have 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.

Trust finances in 1948/49

The hospital's final annual report before joining the NHS for 1947/8 indicates that its annual expenditure was £268,301.7/3, with an additional £34,768.4/7 for the Tadworth Court 'Country Branch'. The total number of patients admitted to the hospital's 326 beds was 5,795. There were 39,454 new outpatients registered, and 131,513 individual outpatient attendances.

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.

Mr Matthew Shaw
Chief Executive

22 May 2019

Amelia is 10 years old and is being treated at GOSH for SWAN, meaning 'syndrome without a name'. Her condition is so rare and complex that it's incredibly difficult to diagnose. While at the hospital, she enjoys going to the GOSH school with other patients and making slime with the play team.

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.

In 2018 a new directorate leadership structure was introduced to improve the clarity of lines of accountability, reduce the gap between Trust leadership and front-line services, and create attractive leadership roles within the Trust (see page 12). Our Operational Board, comprising members of the senior clinical and corporate leadership teams, reports to our Executive Team and provides a regular forum for discussing and making decisions on a range of issues relevant to day-to-day operational management, including quality, efficiency and effectiveness.

The Trust Board – who we are and what we do

The Board is normally comprised of a chair, deputy chair, senior independent director (SID), four additional independent non-executive directors (NEDs), and six executive directors. One of the non-executive directors is appointed by University College London.

Mr Chris Kennedy joined the Board as a non-executive director on 1 April 2018 and Ms Kathryn Ludlow joined as a non-executive director from 6 September 2018. From 31 May 2018 until the appointment of Ms Kathryn Ludlow, the Board comprised a chair and five non-executive directors, including one appointed by the University College London.

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

Trust Board members 2018/19

Non-executive directors

**Sir Michael Rake
FCA FCGI**
Chair of the Trust
Board and Council of
Governors

Term: 1 November 2017 – 31 October 2020
Attended 6 out of 6 Board meetings in 2018/19

Chair of:
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2018/19)
- Council of Governors (attended 5 meetings of 5 in 2018/19)
- Council of Governors' Nomination and Remuneration Committee (attended 2 meetings of 2 in 2018/19)

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

Mr Akhter Mateen
Deputy Chair and Chair
of the Audit Committee

Term: 28 March 2015 – 27 March 2021
Attended 6 out of 6 Board meetings in 2018/19

Chair of:
- Audit Committee (attended 4 meetings of 4 in 2018/19)

Member of:
- Finance and Investment Committee (attended 8 meetings of 8 in 2018/19)
- Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2018/19)
- Attendee of Council of Governors (attended 4 meetings of 5 in 2018/19)

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

Professor Rosalind Smyth CBE FMedSci
Non-Executive Director

Term: 1 January 2013 – 31 December 2019
Attended 5 out of 6 Board meetings in 2018/19

Member of:
- Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2018/19)
- Board of Directors' Remuneration Committee (attended 1 meeting of 1 in 2018/19)
- Board of Directors' Nominations Committee (attended 0 meetings of 1 in 2018/19)
- Attendee of Council of Governors (attended 3 meetings of 5 in 2018/19)

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

Mr James Hatchley
Senior Independent
Director

Term: 1 September 2016 – 31 August 2019
Attended 6 out of 6 Board meetings in 2018/19

Chair of:
- Finance and Investment Committee (attended 8 meetings of 8 in 2018/19)
- Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)

Member of:
- Audit Committee (attended 4 meetings of 4 in 2018/19)
- Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2018/19)
- Trust Board Nominations Committee (attended 0 meetings of 1 in 2018/19)
- Attendee of Council of Governors (attended 5 meetings of 5 in 2018/19)

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

Lady Amanda Ellingworth
Non-Executive Director

Term: 1 January 2018 – 31 December 2020
Attended 6 out of 6 Board meetings in 2018/19

Chair of (from 1 June 2018):
• Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2018/19)

Member of:
• Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)
• Trust Board Nominations Committee (attended 1 meeting of 1 in 2018/19)
• Attendee of Council of Governors (attended 4 meetings of 5 in 2018/19)

Experience:
• Previously a senior social worker focusing on children and families
• Deputy Chair, Barnardo's
• Director, Plan International UK
• Trustee, Plan International UK
• Deputy Chair Ernest Cassel Foundation
• Advisory Board Charityworks
• Lay Adviser Royal College of Emergency Medicine (2018)
• Chair The Guinness Partnership (2016)
• Chair The Caldecott Foundation (2012)
• Deputy Chair Yeovil Healthcare (2010)
• Chair Guinness Care and Support (2014)

Mr Chris Kennedy
Non-Executive Director

Term: 1 April 2018 – 31 March 2021
Attended 5 out of 5 Board meetings in 2018/19

Member of:
• Audit Committee (attended 4 meetings of 4 in 2018/19)
• Finance and Investment Committee (attended 6 meetings of 8 in 2018/19)
• Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)
• Trust Board Nominations Committee (attended 1 meeting of 1 in 2018/19)
• Attendee of Council of Governors (attended 2 meetings of 5 in 2018/19)

Experience:
• Qualified accountant
• Chief Financial Officer, ITV PLC
• Chief Financial Officer, Micro Focus (2018–19)
• Non-Executive Director, Whitbread PLC
• Chief Financial Officer, ARM Holdings (2015–17)
• Chief Financial Officer, EasyJet (2010–15)
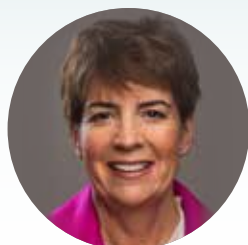
Ms Kathryn Ludlow
Non-Executive Director

Term: 1 September 2018 – 31 August 2021
Attended 4 out of 4 Board meetings in 2018/19

Member of:
• Quality, Safety and Experience Assurance Committee (attended 2 meetings of 2 in 2018/19)
• Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)
• Trust Board Nominations Committee (not in post for meeting in 2018/19)
• Attendee of Council of Governors (attended 3 meetings of 3 in 2018/19)

Experience:
• Partner, Linklaters (1997–2017)
• Special Adviser to G3, the Good Governance Group
• Trustee of the International Rescue Committee, UK

**Professor
Stephen Smith
DSc FMedSci FRCOG**
Non-Executive Director

Term: 1 March 2016 – 31 May 2018
Attended 0 out of 1 Board meetings in 2018/19

Chair of (from 1 May 2017 until 31 May 2018):
· Quality, Safety and Experience Assurance Committee (attended 1 meeting of 1 in 2018/19)

Member of:
· Trust Board Remuneration Committee (not in post for meeting in 2018/19)
· Trust Board Nominations Committee (not in post for meeting in 2018/19)
· Attendee of Council of Governors (attended 0 meetings of 1 in 2018/19)

Experience:
· Professor of Obstetrics and Gynaecology
· 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)

Executive directors

Mr Matthew Shaw
Chief Executive
(from 15 December 2018)
Medical Director
(until 14 December 2018)

Matthew is responsible for delivering the strategic and operational plans of the hospital through the Executive Team.
Attended 6 out of 6 Board meetings in 2018/19

Attendee of:
· Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2018/19)
· Audit Committee (attended 1 meeting of 1 in 2018/19)
· Finance and Investment Committee (attended 2 meetings of 2 in 2018/19)
· Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)
· Trust Board Nominations Committee (not in post for meeting in 2018/19)

Experience:
· 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.

**Professor Alison
Robertson**
Chief Nurse
(from 9 April 2018)

Alison is responsible for leading the nursing workforce and developing standards of practice. She is also the lead executive responsible for patient experience, safeguarding, infection prevention and control and end of life care.

Attendee of:
· Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2018/19)

Experience:
· Registered adult and children's nurse
· Executive Director of Nursing, Al Wakra Hospital, Hamad Medical Corporation, Qatar (until 2018)
· Chief Nurse and Director of Operations, St. George's Healthcare NHS Trust (2010–14)
· Chief Nurse, Brighton and Sussex University Hospitals NHS Trust ((2005–10)
· Chief Nurse, Surrey and Sussex NHS Trust (2003–05)
· Director of Nursing & Deputy Chief Executive , Queen Victoria Hospital NHS Trust (2001–03)
· Visiting Professor School of Health Sciences, City University.

Ms Helen Jameson
Chief Finance Officer
(from 23 April 2018)

Helen is responsible for the financial management of the Trust, as well as leading on contracting, estates and facilities management.

Attended 6 out of 6 Board meetings in 2018/19

Attendee of:
- Finance and Investment Committee (attended 8 meetings of 8 in 2018/19)
- Audit Committee (attended 4 meetings of 4 in 2018/19)

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 Strategic Health Authority (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

**Professor
Andrew Taylor**
Acting Chief
Operating Officer
(from 17 December 2018)

Andrew is responsible for the operational management of the clinical services within the Trust. He is the named Senior Information Risk Owner.

Attended 0 out of 1 Board meeting in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (attended 0 meetings of 1 in 2018/19)
- Finance and Investment Committee (attended 2 meetings of 2 in 2018/19)
- Audit Committee (attended 1 meeting of 1 in 2018/19)

Experience:
- GOSH Clinical Director of Operations (until 16 December 2018)
- Head of Department, Children's Cardiovascular Diseases, UCL Institute of Cardiovascular Science
- Acting Medical Director, GOSH (2016)
- North London Representative, NHSE National Clinical Reference Group for Paediatric Cardiology

Dr Sanjiv Sharmar
Acting Medical Director
(from 17 December 2018)

Sanjiv is responsible for performance and standards (including patient safety) and leads on clinical governance.

Attended 0 out of 1 Board meeting in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (attended 0 meetings of 1 in 2018/19)

Experience:
- Consultant in Paediatric and Neonatal Intensive Care
- Deputy Medical Director for Medical and Dental Education (2016–18)

Ms Caroline Anderson
Director of Human
Resources and
Organisational
Development
(from 18 March 2019)

Caroline is responsible for the development and delivery of a human resources strategy and organisational development programmes.

No Board meetings held during tenure in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (not in post for meeting in 2018/19)
- Trust Board Remuneration Committee (not in post for meeting in 2018/19)
- Trust Board Nominations Committee (not in post for meeting in 2018/19)

Experience:
- Director of HR, OD and Corporate Communications, HM Land Registry (2013–19)
- Assistant Director, HR and OD, London Borough of Hackney (2007–13)
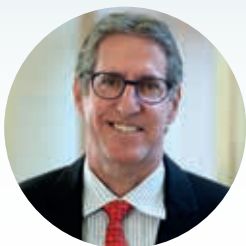
Dr Peter Steer
Chief Executive
(until 31 December 2018)

Attended 5 out of 5 Board meeting in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (attended 2 meetings of 3 in 2018/19)
- Finance and Investment Committee (attended 5 meetings of 6 in 2018/19)
- Audit Committee (attended 3 meetings of 3 in 2018/19)
- Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2018/19)

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)
- Director, Children's Hospital Group Board, Ireland

Ms Nicola Grinstead
Deputy Chief Executive
(until 7 January 2019)

Attended 5 out of 5 Board meetings in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (attended 3 meetings of 3 in 2018/19)
- Finance and Investment Committee (attended 3 meetings of 6 in 2018/19)
- Audit Committee (attended 3 meetings of 3 in 2018/19)

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
Chartered Fellow,
CIPD, MSc**
Director of HR and OD
(until 31 July 2018)

Attended 1 out of 2 Board meetings in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (attended 2 meetings of 2 in 2018/19)
- Trust Board Remuneration Committee (no meetings held during tenure in 2018/19)
- Trust Board Nominations Committee (no meetings held during tenure in 2018/19)

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)

Ms Polly Hodgson
Interim Chief Nurse
(until 8 April 2018)

No Board meetings held during tenure in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (not in post for meeting in 2018/19)

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)

Ms Alison Hall
Acting Director of HR
and OD (1 August 2018
– 17 March 2019)

Attended 2 out of 4 Board meetings in 2018/19

Attendee of:
- Quality, Safety and Experience Assurance Committee (attended 1 meeting of 2 in 2018/19)
- Trust Board Remuneration Committee (attended 1 meeting of 1 in 2018/19)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2018/19)

Experience:
- Deputy Director of HR and OD, GOSH (2016–18)
- Acting Associate Director of Workforce for Human Resources Support Services, Guy's and St Thomas' NHS Foundation Trust (2014–16)
- Head of Workforce Relations, Guy's and St Thomas' NHS Foundation Trust (2014)

Other directors

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

Mr Matthew Tulley
Director of Development
Matthew Tulley leads the work to redevelop the Trust's buildings and ensures that it is suitable to support the capacity and quality ambitions of our clinical strategy.

Professor David Goldblatt
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.

Register of Interests

The Trust Board has signed up to the revised Trust 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 assurance committee meeting.

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

In 2018/19, the Board held a total of six formal meetings. Five meetings included a session held in public and in October 2018 the Board held a strategy session. In addition, the Board held a Board development session in November 2018. The Board did not meet in April 2018, June 2018, January 2019 or March 2019.

Evaluation of Board performance

As part of their routine scheduled inspection programme, the Care Quality Commission conducted an independent well-led inspection of the Trust in January 2018 and during 2018/19 the Board monitored progress with the action plan. Further information can be found on page 97. The Board has signed up to an externally-led Board development programme in 2019. The Trust expects a routine scheduled CQC inspection (including Well-Led) in Q2 2019/20 (see page 97 for further information).

Taking into account the number of executive and non-executive director posts that have been subject to change during the year, and to allow a period of stability, the Board has agreed that the next externally led evaluation of Board performance will be planned for 2020, following delivery of the results of the CQC inspection (see above).

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. During the period, one non-executive director sat on both the Audit Committee and Quality, Safety and Experience 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. Assurance committee chairs meet to discuss the remit of their committees and avoid duplication.

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 78.

Quality, Safety and Experience Assurance Committee

The Quality, Safety and Experience 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 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 82. 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. A summary of the work of the Committee can be sound on page 86.

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 57.

Trust Board Nominations Committee

The Trust Board Nominations Committee is chaired by the Chair of the Board. It has responsibility for reviewing the size, structure and composition of the Board and making recommendations 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 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.
- The appointment of Mrs Alison Hall as Acting Director of HR and OD Officer on 13 August 2018.
- The appointment of Mr Matthew Shaw as substantive Chief Executive on 15 December 2018 following the departure of Mr Peter Steer Chief Executive on 31 December (Mr Shaw covered Dr Steer's annual leave prior to final date of departure).
- The appointment of Mr Andrew Taylor as Acting Chief Operating Officer on 8 January 2019 following the departure of Ms Nicola Grinstead on 7 January 2019.
- The appointment of Dr Sanjiv Sharma as Acting Medical Director from 15 December 2018 following the promotion of Mr Matthew Shaw as Chief Executive.
- The appointment of Mrs Caroline Anderson as substantive Director of HR and OD on 16 March 2019.

GOSH joining the NHS in 1948

Joining the NHS meant that GOSH was no longer a charitable 'Voluntary Hospital' largely funded by private donations and subscriptions, as it had been since its opening as the Hospital for Sick Children in 1852. As a result, the previous Committee of Management was replaced by an NHS Board of Governors.

The Chairman appointed in 1948, T.H. Bischoff, was head of a leading City of London solicitors' practice. Awarded the Military Cross during the First World War, Bischoff had two coincidental earlier links with the hospital: his mother was a relative of '*Alice in Wonderland*' author Lewis Carroll, who had supported GOSH in its early years and had a cot endowed in his memory, and he had attended Rugby School, which owned the land to the east of the hospital, including part of what is now the frontage.

The first page of the first Board papers at GOSH as part of the NHS.

Council of Governors

As a foundation trust we are accountable to our members through our Council of Governors.

The Council of Governors is made up of elected and appointed governors. They support and influence the strategic direction of the Trust by representing the views and interests of our members.

The Council of Governors act 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 of Governors 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. More about the responsibilities of the Council of Governors can be found at: www.gosh.nhs.uk/about-us/foundation-trust/council-governors.

Constituencies of the Council of Governors

Governors 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 of Governors.

In July 2018, the Council of Governors updated its Constitution. As part of this, it approved a number of recommendations with the aim of strengthening its governance arrangements. The key recommendations were:

- Change the name of the Council from Members' Council to Council of Governors and the name Councillors to Governors.
- The appointment of two appointed young Governors from the Young People's Forum, replacing the SelfManagement UK and GOSH School Governors. Removal of the NHS England seat.
- Keeping the minimum age of members at 10 years of age.
- Setting a lifetime maximum tenure for Governors of six years total.

Following these agreed changes, the GOSH Council of Governors is made up of 26 elected and appointed Governors as below.

There were no elections in 2018/19 and there are no planned elections for 2019/20.

Governors' attendance at meetings

The Council of Governors met five times in 2018/19 (four regular meetings and one extraordinary meeting). Governors attended these meetings as follows:

Name	Constituency	Date role began	Council of Governors' meeting (Out of 5 unless otherwise stated)	Nominations and Remuneration Committee (Out of 2 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (Out of 3 unless otherwise stated)
Mariam Ali[1]	Parents and Carers: London Lead Governor 2018/19	March 2015	4	2	Not a member
Stephanie Nash	Parents and Carers: London	March 2018	5	Not a member	Not a member
Emily Shaw	Parents and Carers: London	March 2018	3	Not a member	Not a member
Lisa Allera	Parents and Carers: Outside London	March 2018	5	2	Not a member
Claire Cooper-Jones	Parents and Carers: Outside London Deputy Lead Governor from 17 April 2019	March 2018	4	2	Not a member
Faiza Yasin	Patients: Outside London	March 2018	5	Not a member	3
Alice Rath	Patients: Outside London	March 2018	2	Not a member	Not a member
Elena-May Reading	Patients: London	March 2018	2	Not a member	0
Zoe Bacon	Patients: London	March 2018	4	Not a member	2

Name	Constituency	Date role began	Council of Governors' meeting (Out of 5 unless otherwise stated)	Nominations and Remuneration Committee (Out of 2 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (Out of 3 unless otherwise stated)
Fran Stewart[1]	Public: South London and surrounding area**	October 2016	4	Not a member	Not a member
Simon Hawtrey-Woore[1]	Public: North London and surrounding area*	March 2015	4	Not a member	3
Teskeen Gilani[1]	Public: North London and surrounding area*	December 2016	1	Not a member	Not a member
Theo Kayode-Osiyemi	Public: North London and surrounding area*	March 2018	5	Not a member	1
Yu Tan	Public: North London and surrounding area*	March 2018	3 (4)	Not a member	Not a member
Colin Sincock	Public: Rest of England and Wales	March 2018	5	Not a member	2 (2)
Julian Evans	Public: Rest of England and Wales	March 2018	3	Not a member	Not a member
Sarah Aylett	Staff	March 2018	4	Not a member	1
Michael Glynn[2]	Staff	March 2018	2 (2)	Not a member	Not a member
Nigel Mills	Staff	March 2018	5	Not a member	2
Paul Gough	Staff Deputy Lead Governor from 17 April 2019	March 2018	5	Not a member	Not a member
Quen Mok	Staff	March 2018	5	1 (1)	Not a member
Lazzaro Pietragnoli [Appointed]	London Borough of Camden	March 2018	2	Not a member	Not a member
Lucy Moore[13] [Appointed]	Self Management UK	October 2016	0 (4)	Not a member	Not a member
Jugnoo Rahi [Appointed]	GOS UCL Institute of Child Health	March 2018	3	1	Not a member
Hazel Fisher[2] [Appointed]	NHS England	March 2015	0 (0)	Not a member	Not a member

[1] Re-elected or reappointed for a second three-year term on 1 February 2018

[2] Stood down during 2018/19

[3] Constituency removed during update of the Constitution July 2018

[Appointed]: Appointed governors. All other governors are elected.

( ) Number of meetings it was possible to attend

* 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.

** 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.

Elected Governor vacancies

Following elections between 14 November 2017 and 31 January 2018, one elected Governor from the Parents and Carers outside London constituency resigned in February 2018 (before taking office) and a Staff Governor resigned in August 2018. During the year, the Council of Governors agreed to keep the seats vacant in lieu of a review of the Trust Membership Constituencies (see below).

In February 2019 the Council of Governors agreed to invite the next highest polling candidate in each constituency to serve a term of office expiring 31 March 2021. Both candidates accepted and will join the Council from May 2019.

Membership at GOSH

Anyone living in England and Wales over the age of 10 can become a GOSH member, and 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

Future changes to constituencies

As part of the work on the Constitution in July 2018, the Council:

• Reviewed the membership constituencies and agreed changes to ensure that they adequately represent the membership of the Trust.

• Reviewed and agreed phasing of Governor elections so as to appropriately manage consistent Governor turnover.

The Council agreed that these changes will be implemented from March 2021. Further information will be made available in 2020 when planning for the Governor elections will begin.

Membership constituencies and membership numbers
On 31 March 2019, our membership totalled 14,817.

We managed to increase our public membership by 73 (from 2,752 to 2,825). This was ten members short of our estimated public membership target of 2,835. Although we increased our patient, parent and carer constituency by 30 (from 6,917 to 6,947), this was 178 short of our target of 7,125. Overall, we increased our membership by 103.

Membership Engagement Services (MES) is our membership database provider and holds and manages our public and patient and carer data.

Public 2825, 19%

Staff 5045, 34%

Patient, Parent and Carer 6947, 47%
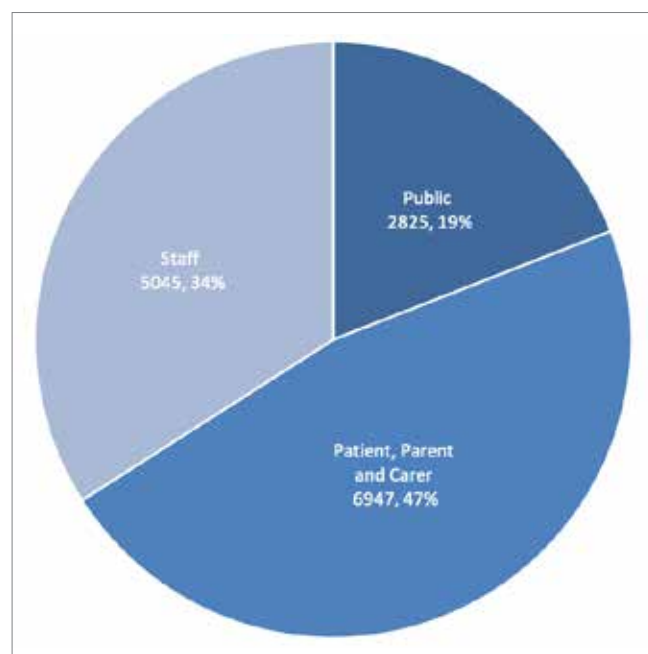
Council of Governors' expenses
Governors can claim reasonable expenses for carrying out their duties. For the year 2018/19, the total amount claimed by five governors was £1,713.00

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

Contacting a governor
Anyone wanting to get in touch with a governor 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.

Trust Board and Council of Governors working together
The Trust's Chair is responsible for the leadership of both the Council of Governors and the Trust Board. The Chair is also responsible for effective relationship building between the Trust Board and governors to ensure that governors effectively perform their statutory duties and contribute to the forward planning of the organisation. There has been a continued focus on developing relationships between the Council of Governors and non-executive directors in this reporting period, with the delivery of several programmes of work to facilitate engagement.

The key programmes are covered below. Additional examples of how the Council of Governors and Board worked together in 2018/19 included:

• Governors have an open invitation to attend all Trust Board meetings.

• Governors observe at Trust Board assurance committee meetings.

• Governors and Board members worked together on the Constitution Working Group.

• Executive and non-executive directors attend each Council of Governors' meeting.

• Summaries of the Board assurance committees (Audit Committee, Quality, Safety Assurance and Experience Committee and Finance and Investment Committee) are presented by the relevant non-executive director chairs of the committees at each meeting of the Council of Governors.

• Summaries of Council of Governors' meetings are reported to the Trust Board.

In 2018/19 the Council of Governors has:

• Contributed to the GOSH strategy and its delivery.

• Approved the appointment process and appointed a non-executive director.

• Been involved in stakeholder meetings and approved the appointment of the Chief Executive.

• Contributed to the actions in response to CQC report and recommendations.

• Contributed to the drafting of the Trust Quality Report.

• Received regular updates from the Young People's Forum.

• Approved role descriptions for the Lead Governor and approved the establishment of a Deputy Lead Governor role.

• Approved the phasing of governor elections.

- Commented on our redevelopment plans including the plans for the Children's Cancer Centre.
- Worked with Board members to review and update the Trust's Constitution.
- Contributed to the appraisal of the non-executive directors.

Governor induction and development

Governors attended three induction sessions between April and August 2018. The sessions prepared and supported Governors to discharge their duties and complete mandatory training.

The Governor induction programme concluded in August 2018 and transitioned into a series of Governor development sessions. These sessions were set up in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure.

Governors' and Chair meeting

Prior to each Council of Governors' meeting, the Chair meets with all Governors in a private session. This gives the Governors an opportunity to discuss any issues directly with the Chair.

'Buddying' with non-executive directors

The Trust established a buddying programme between non-executive directors (NEDs) and Governors from September 2018. The buddying programme provides Governors with direct contact with a NED to support their role and share information on matters of interest or concern. A review of the programme will take place in July 2019.

Governors' online library

In February 2019 a small number of Governors trialled access to an online library of resources designed by the Trust's Corporate Affairs team. The trial was successful and will be made available to all Governors in 2019/20. The library will provide Governors with 24/7 access to key documents and information.

Governors' newsletter

From March 2019 Governors have received a monthly newsletter from the Corporate Affairs team containing actions required, key meeting dates, Trust developments and training and development opportunities.

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 of Governors.

The Council fed comments into development of the GOSH operational plan 2019/20 and are being consulted on the revision of the Trust Strategy in April 2019. Further work will be conducted in 2019/20 on enhancing our engagement with members as stakeholders with the publication of the Stakeholder Engagement Strategy.

The Membership and Engagement Representation and Representation Committee, a subcommittee of the Council of Governors, oversees the recruitment and retention of members and seeks to maximise engagement opportunities with members for the benefit of the Trust. In 2018/19, the committee was chaired by a Patient and Carer Governor. Last year's achievements included a revision of the membership strategy and planning and delivery of a successful annual general meeting and annual members' meeting.

The bi annual magazine *Member Matters* and monthly *Get Involved* newsletters offer a variety of opportunities for members to engage with the Trust and its Governors, including:

- The Young People's Forum – a group of current and ex-patients who guide and support the hospital on a range of topics and issues.
- Other forums and committees such as the Young People's Advisory Group.
- Events such as the opening of the new Disney Reef, the Big Youth Forum Meet Up and the Annual General Meeting and Annual Members' Meeting.
- An open invitation to attend Council of Governors' meetings in public throughout the year.
- Governors write personalised articles in *Member Matters*, *Roundabout* and the staff newsletter. A letter from the Lead Governor is also included in our updated Welcome Pack for new members.
- An online link to contact a Governor is included on the website and in all membership communications. Members can also contact a Governor via the Trust's new Twitter profile.

The Membership Strategy 2019–2022

The Trust's Membership Strategy was revised for 2018–2021, with the objectives of recruiting, communicating and engaging with our members using a refreshed approach. It aims to strengthen the link between the hospital and its members by maximising involvement and engagement opportunities and focusing on better representing our younger membership community.

Council of Governors' Nominations and Remuneration Committee

The Council of Governors' 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 Chair 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 Chair and non-executive directors.

The committee is chaired by the Chair of the Trust Board and Council of Governors. Governors nominate themselves each year to sit on the committee.

Three-year-old **Isabela** is being treated on Panther Ward at GOSH. She's always smiling and loves watching sing-along shows on the TV.

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 Council of Governors).

In 2018/19 the Council of Governors has:

- Approved the appointment of Mr Chris Kennedy as a Non-Executive Director from 1 April 2018.
- Approved the appointment of Ms Kathryn Ludlow as a Non-Executive Director from 6 September 2018.
- Extended the appointment of Professor Rosalind Smyth as a Non-Executive Director for one further year on the basis of a positive appraisal and recommendation from Professor Smyth's appointing body, University College London, due to her role as Director of the UCL GOSH Institute of Child Health and the alignment between the two organisations.

An external search company and open advertising are used for all new non-executive director appointments. The recruitment process includes inviting candidates to attend stakeholder events where they get the chance to meet staff, parents and patients and to take part in a tour of the hospital.

The Chair's other significant commitments are disclosed to the council of governors before appointment and when they change. Information about Sir Michael Rake's significant commitments in 2018/19 can be found on in the Board's declarations of interest on the Trust website: www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board.

The Trust Constitution (revised in July 2018) 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 chair and non-executive directors, which requires the approval of three-quarters of the members of the Council of Governors. If any proposal to remove a non-executive director is not approved at a meeting of the Council of Governors 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 2018/19 can be found on pages 44–47.

Under the terms of reference of the committee and for the report below, voting 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.

Remuneration of non-executive directors is determined by the Council of Governors' Nominations and Remuneration Committee and approved by the Council of Governors. Further information is provided on page 55.

Senior manager remuneration

The committee determines the remuneration of senior managers after taking into account NHS Improvement guidance (see below), any variation in or changes to the responsibilities of the senior managers, market comparisons, job evaluation and weightings and, uplifts recommended for other NHS staff. 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. Where appropriate, 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 and those for very senior managers.

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 committee has started to consider whether an element of performance related pay or earn-back pay will be included within senior manager contracts. This is consistent with NHS Improvement guidance.

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.

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 NHS Improvement on senior manager remuneration, 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, 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 Trust 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, recovered due to breach of contract or to be withheld are considered and agreed by the Remuneration Committee and then 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 our strategic objectives. Failure to meet objectives is managed via our performance frameworks.
Taxable benefits			
Not applicable.			
Annual performance-related bonuses			
Provides the flexibility and capability to reward high performers adequately for their outcomes. Helps to retain highly specialised senior managers and supports innovation.	The committee reviews application of performance-related pay (PRP) on appointment to a senior manager role where relevant. The decision to apply PRP will be subject to the measurability of the outputs in relation to delivery of the strategy.	The committee will apply PRP as a maximum of 10% of total salary (excluding pension entitlements).	Trust PDR/annual appraisal process.
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.	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules. Pension entitlements are determined in accordance with the HMRC method.	Not applicable.

Directors with remuneration (total) greater than £150,000

The Committee takes steps to satisfy itself that remuneration is reasonable for those senior managers paid more than £150,000 (and £142,500 pro rata for part-time senior managers), taking account of NHS Improvement's *Guidance on pay for very senior managers in NHS trusts and foundation trusts*.

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 47–50.

Policy on payment for loss of office

Senior managers' contracts primarily stipulate a minimum notice period of six months and are determined by the Remuneration Committee.

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 (disciplinary and performance management policy) and any compensation for loss of office will be in line with the contract of employment. The Trust does have the right to use its discretion about compensation payments for loss of office. Any such payments over and above a contractual entitlement will be in line with appropriate guidance from NHS Improvement.

Notice periods for Senior Managers are determined by the Remuneration Committee.

Payment in lieu of notice, as a lump sum payment, may be made with the approval of the Trust's Remuneration Committee, in line with NHSI guidance.

Remuneration for senior managers in 2018/19

Details of remuneration, including the salaries and pension entitlements of the Board directors, are provided on pages 60–64.

For the financial year 2018/19 the committee:

- Approved an uplift to the former Chief Executive's remuneration and former Director of HR and OD's remuneration based on data from a benchmarking exercise.*

- Approved remuneration of the incoming Chief Executive, Acting Medical Director and Acting Chief Operating Officer based on data from NHS Improvement.

- Conducted benchmarking exercises on both existing and incoming senior managers' 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 Improvement and other publicly available NHS annual reports.

- Agreed uplifts to remaining posts within its remit consistent with the cost of living award made to staff on Agenda for Change contracts.

- Agreed to review application of performance-related pay on appointment to a senior manager role.

* Advice was provided by Harvey Nash (at a cost of £4800) on remuneration for both appointments. Following a request from the Remuneration Committee, the Chair of the Remuneration Committee selected the advisers. The committee was satisfied that the advice provided was objective and independent and took the advice into account when considering remuneration levels for both posts.

Evaluation and remuneration of non-executive directors

The Council of Governors considered and approved the performance evaluation framework for non-executive directors in 2018 and they were appraised throughout the year.

The Council's Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. In March 2017, following analysis of benchmarking information, the committee recommended that the remuneration levels for both the Chair and the non-executive directors were set at an appropriate level. The Council agreed and approved the policy for benchmarking salaries for the Chair and non-executive directors on a three-yearly basis (i.e. the next review will take place in March 2020) and reviewing the cost of living allowances in line with senior managers' cost of living allowance awards at GOSH on an annual basis.

In March 2019, on the basis of the current financial climate, non-executive directors agreed not to receive cost of living allowances for 2019/20 and this was approved by the Council of Governors.

The salaries for the Chair and non-executive directors for 2019/20 are as follows:

- Chair's remuneration:
  1 April 2019 – 31 March 2020, £55,000pa

- Non-executive directors' remuneration:
  1 April 2019 – 31 March 2020, £14,000pa

- Deputy Chair/Chair of Audit Committee and SID's remuneration:
  1 April 2019 – 31 March 2020, £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 60–64.

Mr Matthew Shaw
Chief Executive

22 May 2019

Salary entitlements of senior managers

Non-executive directors 2018/19 (£000)

Name	Title	Salary and fees	Taxable benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	Total
Sir Michael Rake	Chair of Trust Board	50–55	0	0	0	0	50–55
Lady Amanda Ellingworth	Non-Executive Director	10–15	0	0	0	0	10–15
Mr James Hatchley	Non-Executive Director	15–20	0	0	0	0	15–20
Mr Chris Kennedy	Non-Executive Director	15–20	0	0	0	0	15–20
Miss Kathryn Ludlow	Non-Executive Director (from 1 September 2018)	5–10	0	0	0	0	5–10
Mr Akhter Mateen	Non-Executive Director	15–20	0	0	0	0	15–20
Professor Stephen Smith	Non-Executive Director (until 31 May 2019)	0–5	0	0	0	0	0–5
Professor Ros Smyth	Non-Executive Director	10–15	0	0	0	0	10–15

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
Sir Michael Rake	Chair of Trust Board	20–25	0	0	0	0	20–25
Lady Amanda Ellingworth	Non-Executive Director	0–5	0	0	0	0	0–5
Mr James Hatchley	Non-Executive Director	15–20	0	0	0	0	15–20
Mr Chris Kennedy	Non-Executive Director	0–5	0	0	0	0	0–5
Miss Kathryn Ludlow	Non-Executive Director (from 1 September 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Mr Akhter Mateen	Non-Executive Director	20–25	0	0	0	0	20–25
Professor Stephen Smith	Non-Executive Director (until 31 May 2019)	10–15	0	0	0	0	10–15
Professor Ros Smyth	Non-Executive Director	5–10	0	0	0	0	5–10

Executive directors 2018/19 (£000)

Name	Title	Salary and fees	Taxable benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	Total
Ms Caroline Anderson	Director of Human Resources and Organisational Development	0–5	0	0	0	0	0–5
Ms Nicola Grinstead	Deputy Chief Executive (until 7 January 2019)	180–185	0	0	0	40–42.5	220–225
Mrs Alison Hall	Acting Director of Human Resources (from 13 August 2018 to 15 March 2019)	100–105	0	0	0	60–62.5	160–165
Ms Mary (Polly) Hodgson	Interim Chief Nurse (until 8 April 2018)	80–85	0	0	0	0–2.5	80–85
Miss Helen Jameson	Chief Finance Officer	140–145	0	0	0	122.5–125	265–270
Mr Niamat (Ali) Mohammed	Director of Human Resources (until 8 August 2018)	130–135	0	0	0	12.5–15	145–150
Professor Alison Robertson	Chief Nurse (from 9 April 2018)	130–135	0	0	0	0	130–135
Dr Sanjiv Sharma	Acting Medical Director (from 17 December 2018)	135–140	0	0	0	2.5–5	140–145
Mr Matthew Shaw	Medical Director (until 14 December 2018) and Chief Executive (from 15 December 2018)	195–200	0	0	0	340–342.5	535–540
Dr Peter Steer	Chief Executive (until 31 December 2018)	190–195	0	0	0	0	190–195
Andrew Taylor	Acting Chief Operating Officer (from 17 December 2018)	140–145	0	0	0	0	140–145

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
Ms Caroline Anderson	Director of Human Resources and Organisational Development	n/a	n/a	n/a	n/a	n/a	n/a
Ms Nicola Grinstead	Deputy Chief Executive (until 7 January 2019)	140–145	0	0	0	40–42.5	180–185
Mrs Alison Hall	Acting Director of Human Resources (from 13 August 2018 to 15 March 2019)	n/a	n/a	n/a	n/a	n/a	n/a
Ms Mary (Polly) Hodgson	Interim Chief Nurse (until 8 April 2018)	80–85	0	0	0	7.5–10	90–95
Miss Helen Jameson	Chief Finance Officer	10–15	0	0	0	0	10–15
Mr Niamat (Ali) Mohammed	Director of Human Resources (until 8 August 2018)	125–130	0	0	0	0–2.5	125–130
Professor Alison Robertson	Chief Nurse (from 9 April 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Dr Sanjiv Sharma	Acting Medical Director (from 17 December 2018)	n/a	n/a	n/a	n/a	n/a	n/a
Mr Matthew Shaw	Medical Director (until 14 December 2018) and Chief Executive (from 15 December 2018)	5–10	0	0	0	0–2.5	5–10
Dr Peter Steer	Chief Executive (until 31 December 2018)	235–240	0	0	0	57.5–60	295–300
Andrew Taylor	Acting Chief Operating Officer (from 17 December 2018)	n/a	n/a	n/a	n/a	n/a	n/a

Median pay

The highest paid Director in 2018/19 was the Chief Executive Officer whose remuneration was in the band £195,000–£200,000. This was 5.0 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 2019 on an annualised basis.

	2018/19	2017/18
Band of the highest paid director's total remuneration (£000)	195–200	235–240
Median total remuneration	39,244	38,096
Ratio	5.0	6.2

Statement on better payment practice code

The Trust aims to pay its non-NHS trade creditors in accordance with the Prompt Payment Code and government accounting rules. The Trust has registered its commitment to following the Prompt Payment Code.

The Trust maintained its Better Payment Practice Code performance for non-NHS creditor payments and achieved payment within 30 days of 86% of non-NHS invoices measured in terms of number (85% in 2017/18) and 91% by value (83% in 2017/18).

Better payment practice code	£000	2018/19 Number
Non-NHS		
Total bills paid in the year	299,585	74,847
Total bills paid within target	272,853	64,000
Percentage of bills paid within target	91%	86%
NHS		
Total bills paid in the year	28,229	3,265
Total bills paid within target	22,682	1,425
Percentage of bills paid within target	80%	44%
Total		
Total bills paid in the year	327,814	78,112
Total bills paid within target	295,535	65,425
Percentage of bills paid within target	90%	84%

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.

When **Aisha**, who's 11, first came to GOSH seven months ago, she was unable to leave her bed. Since being diagnosed with Crohn's disease, she's now able to get involved making treats in the playroom.

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.

Equality, diversity and inclusion

In order to provide the highest quality healthcare to children and their families we need to recruit the best possible staff, and for all these staff to be treated with respect and 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. Recognising, respecting and valuing diversity are important in order to underpin these expectations.

In 2018 we celebrated Black History Month, LGBT History Month and International Women's Day, working with our newly established BAME, LGBT+ and Allies, and Women's forums to run a series of events celebrating and recognising the contribution of all our staff. Each of the forums has an executive sponsor working alongside the forum teams.

We were delighted that our LGBT+ staff marched at Pride 2018 for the first time. We are already planning our 2019 participation.

We published our extensive annual staff data report, our Workforce Race Equality Scheme report and action plan as well as our Gender Pay Gap report in March 2019 and will be working with our staff in the coming year to understand the data and implement required actions to ensure GOSH is a welcoming, supportive and inclusive environment for all our service users and staff.

Our staff

In 2018/19, the Trust employed an average of 4,776 full-time equivalent (FTE) staff.

On 31 March 2019, the gender mix of GOSH directors, senior managers and staff was:

	Female	Male
Director	46% (6)	54% (7)
Senior managers	56% (14)	44% (11)
Staff	77% (3870)	23% (1137)

Average number of people employed*	Year to 31 March 2019			Year to 31 March 2018
	Total	Permanently employed**	Other	Total
	Number	Number	Number	Number
Medical and dental	681	654	27	634
Administration and estates	1,335	1,292	43	1,239
Healthcare assistants and other support staff	283	283	0	292
Nursing, midwifery and health visiting staff	1,552	1,548	4	1,526
Scientific, therapeutic and technical staff	920	836	84	780
Other	5	5	0	5
Total	**4,776**	**4,618**	**158**	4,476

* Whole Time Equivalent   ** Includes Bank Staff

The table below provides analysis of the cost of staff for the year 2018/19.

Employee costs	Year to 31 March 2019			Year to 31 March 2018
	Total	Permanently employed	Other	Total
	£000	£000	£000	£000
Salaries and wages	224,600	213,393	11,207	209,549
Social security costs	22,957	22,957	0	20,933
Apprenticeship levy	1,032	1,032	0	938
Pension cost – defined contribution plans employer's contributions to NHS pensions	25,288	25,288	0	23,063
Pension cost – other	64	64	0	61
Temporary staff – agency/contract staff	3,436	0	3,436	4,819
Termination benefits	471	471	0	0
Total gross staff costs	**277,848**	**263,205**	**14,643**	**259,363**
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(1,706)	(1,706)	0	(1,844)
Recoveries from other bodies in respect of staff cost netted off expenditure	(804)	(804)	0	(839)
Total staff costs	**275,338**	**260,695**	**14,643**	**256,680**
Included within:				
Costs capitalised as part of assets	6,881	6,187	694	4,273
Analysed into operating expenditure:				
Employee expenses – staff and executive directors	247,115	238,074	9,041	232,851
Research and development	18,000	13,116	4,884	16,254
Education and training	2,871	2,847	24	3,302
Redundancy	0	0	0	0
Total employee benefits excluding capital costs	**267,986**	**254,037**	**13,949**	**252,407**

Disability

During 2018 our second cohort of eight Project Search interns, formed of young people with learning disabilities, graduated successfully from the scheme successfully and a third intake commenced at the hospital. This scheme provides young people with both valuable work and life experiences in order 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 now include unconscious bias in both our recruitment and selection and appraisal training for managers.

In 2018 GOSH maintained its Disability Confident Committed status, and in 2019 will work towards level 2 status. This is a government scheme, replacing the two-tick scheme, to help people with disabilities secure employment.

In the coming year we will prepare for the completion of the Workforce Disability Standard and the launch of the staff disability and long-term health conditions forums.

Staff survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2018 survey among trust staff was 50% (2017: 45%). The GOSH response rate of 50% is above the London average (48%). Scores for each indicator together with that of the survey benchmarking group (Acute Specialist Trusts) are presented below.

	2016/17		2017/18		2018/19	
	Trust	Benchmark Group	Trust	Benchmark Group	Trust	Benchmark Group
Equality diversity and inclusion	9.2	9.3	8.8	9.3	8.9	9.3
Health and wellbeing	6.4	6.3	6.1	6.3	5.7	6.3
Immediate managers	6.9	6.9	6.6	6.9	6.7	7.0
Morale*					5.9	6.3
Quality of appraisals	6.0	5.5	5.6	5.5	5.6	5.7
Quality of care	7.8	7.8	7.6	7.7	7.5	7.8
Safe environment – bullying and harassment	8.1	8.3	7.9	8.4	7.9	8.2
Safe environment – violence	9.7	9.7	9.6	9.7	9.7	9.7
Safety culture	6.9	6.9	6.6	6.9	6.7	6.9
Staff engagement	7.5	7.5	7.3	7.4	7.2	7.4

* Morale is a new theme for 2018, data for previous years not available

For the first time, in 2018 all staff at GOSH were invited to take part in the survey, and both online and paper surveys were used. This resulted in 2,251 responses being received, representing 50% of the workforce, and is above the national average of 46%. This represents a significantly greater number of responses compared to 2017, when 45% of a sample group completed the survey.

Our results show that 88% of staff 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.

Our results are broadly similar to previous years across most findings. There were reductions in the number of staff experiencing physical violence from colleagues, and staff indicating they feel confident and secure reporting unsafe clinical practice. But there were deteriorations in the percentage of staff feeling unwell due to work related stress and those agreeing that the organisation and management are interested in taking action on staff health and wellbeing.

Future priorities and targets

The key actions associated with addressing the staff survey findings will be incorporated into the development of the Integrated People Strategy, which will comprise four pillars:

- Capacity – strategic workforce planning, resourcing, recruitment and retention
- Infrastructure – policies, processes, systems and structures
- Skills – clinical, technical and generic, including leadership, management and change management
- Culture and Engagement – ensuring all our people are able to be and do their best

Our survey results indicate the need to prioritise the "Culture and Engagement" workstream of the People Strategy. The purpose of this is to ensure our people feel that they are well led and well managed, but also supported and empowered to be and do their best.

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 2018/19 PDR (appraisal) rates averaged 83%, with an increase to 85% by March 2019. Consultant appraisals in 2018/19 averaged 83%. The 2018 Staff Survey results showed the Trust performance for quality of appraisals had slipped to below the national average for peer trusts. A multidisciplinary working group was established to review the PDR process and identify how to improve compliance and usefulness of the review, as well as embedding the national Agenda for Change amendments.

Our GOSH GEMS awards attract high quality nominations from staff as well as patients and families and during the year we were delighted to receive over 270 nominations for exceptional teams and individuals, with 26 awards being given. In 2019 we will continue to promote GEMS nominations to our colleagues to embed a culture that recognises staff.

In May 2018, 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 11 years, received almost 500 nominations. They are 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 take engagement with our staff very seriously. We provide frequent opportunities for staff across the hospital to ask questions and share ideas, particularly with senior colleagues. This is important in helping us to live *Our Always Values* of Always One Team and Always Expert:

- Every month, our Chief Executive Matthew Shaw holds "Mat's Big Briefing" – these are informal briefings, open to all staff and volunteers to give updates and give an opportunity for staff to ask questions on the big things going on at GOSH. Our weekly senior leadership 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, Local Negotiating Committee and Council of Governors.
- Formal feedback data is collected via the annual NHS Staff Survey, quarterly Staff Friends and Family Test and exit questionnaires.

With the development of our People Strategy we will enhance the ways we engage and listen to staff.

Raising concerns at GOSH

Implementation of the Trust's Raising Concerns in the Workplace Policy is monitored by the Audit Committee. In the 2018 staff survey, 94% of staff said they would know how to report a concern about unsafe clinical practice, and 71% 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 for staff to discuss any concerns they may have. This service is provided by a multi-professional group of GOSH staff and led by the FTSU Guardian. It allows representation to be achieved across the Trust as well as accessibility.

Speaking up at the Trust

The Trust believes that every member of staff has a duty to raise concerns and is committed to supporting staff to raise and openly discuss concerns at the earliest reasonable opportunity. A number of ways in which this can be achieved are promoted. Staff can use the incident reporting system or talk to their line manager. They can make safeguarding referrals or speak to the FTSU team. Concerns can also be raised by following the Trust's whistleblowing policy and procedures.

In addition, professionally registered staff have duties imposed upon them to raise such concerns by their respective professional regulatory bodies, such as the GMC, NMC and ACCA.

The Trust has also implemented the 'Speaking up' programme to encourage staff to raise their concerns.

GOSH Learning Academy

In 2018/19, an Education and Training Strategy was developed collaboratively with both internal and external stakeholders to deliver the strategic priorities identified in our new Trust Strategy, *Fulfilling Our Potential*.

Our vision is to establish the GOSH Learning Academy. Our ambition is to be the first choice for multi-professional paediatric healthcare education, training, and development for the whole workforce, utilising state-of-the-art technology in contemporary learning environments. A modern operating model and strategic framework was developed during the year underpinning this ambition. The Learning Academy is scheduled to launch in September 2019 with the outline business case to be submitted for approval in 2019/20, securing the resources required to deliver the strategy.

Learning and Development at GOSH

Learning and Development increased its activity over the past year and facilitated a total of 248 courses, which involved 1,761 hours of sessions, where 5,762 delegates attended.

On top of increased activity, the team has expanded many programmes and embarked on new projects. Some main achievements include:

- A large growth in apprenticeships with 110 starters, exceeding the annual public sector target. Newly introduced programmes include Healthcare Scientist, Network Engineer, and Data Analyst.
- The Induction Programme was redesigned integrating EPIC and Speak Up initiatives and engagement activities information.
- New coaching workshops were implemented as part of embedding compassionate leadership at GOSH, where 100 employees attended.
- New documentation was published for staff to support retention – *Developing your career at GOSH*.
- There was greater collaboration with our STPs, streamlining administration of statutory and mandatory training and assessing possible transfer to a new system.
- A Succession Planning and Talent Management workstream programme was created to identify opportunities to build career pathways for high-potential administrative workers, graduates, and apprentices.

Nursing and Non-medical Education

The Nursing and Non-medical Education team sustained growth in overall activity with an 11% increase from the previous year. A successful year saw existing programmes continued and many new and contemporary education and training courses implemented. Some of our main achievements included:

- The team supported 723 multi-professional staff on continued professional development.
- We ran 10 postgraduate academic modules across cardiac, neonates, PICU, renal, and respiratory specialties with a new module validated with partners across the STP.
- The Clinical Simulation Centre delivered 10,308 candidate hours to 2,834 multi-professional learners – a 10% increase from 2017/18.
- We acted as the Lead Trust for Health Education England's (HEE) Nursing Associate pilot, collaborating with five other trusts; 15 Nursing Associates attained Nursing and Midwifery Council registration, and a Nursing Associate Apprenticeship was developed for 2019/20.
- The team facilitated 5,022 Pre-registration Nursing placement weeks across 37 clinical areas, and our partnerships with Higher Education Institutions increased to seven – the largest in GOSH history.
- 155 new nurses commenced the two-year Band 5 Development Programme, and our largest ever intake of 251 new nurses in 2017/18 entered the second year of the programme.
- Numerous new multi-professional development programmes were designed.

## Postgraduate Medical Education

The Postgraduate Medical Education (PGME) department also saw sustained growth in courses over the last year, with an 86% increase in educational events involving 1,379 multi-professional candidates.

A productive and successful year saw some great areas of collaboration in postgraduate education and training development. Some main achievements include:

- The second annual GOSH Conference 'Continuous Care' took place in November 2018 with 195 attendees and 150 abstract submissions, showcasing the amazing work taking place across GOSH. All submitted abstracts were published in the *Archives of Disease in Childhood*.
- The PGME and Nursing and Non-medical Education teams facilitated the first *Children's Hospitals Education Specialist Symposium (CHESS)*, attended by multi-professional education leads from children's hospitals across the UK. The event was the first of its kind and a great success for the GOSH Learning Academy.
- The team successfully facilitated the formal Royal College of Paediatrics and Child Health Membership exams for a second year with excellent feedback from external examiners. This would not be possible without the help of our wonderful patients and their families.

Health and sickness

The graphs below show our monthly sickness rate over 2018/19. Our sickness rate at March 2019 has increased to 2.5% from 2.4% in March 2018. This is below our target and the NHS average reported rate. The Trust has rolled out a new rostering system in nursing areas in 2018, and will roll out across the other staff groups during 2019. This will allow for improvements to the accuracy of absence reporting.

Monthly Sickness rate 2018-19
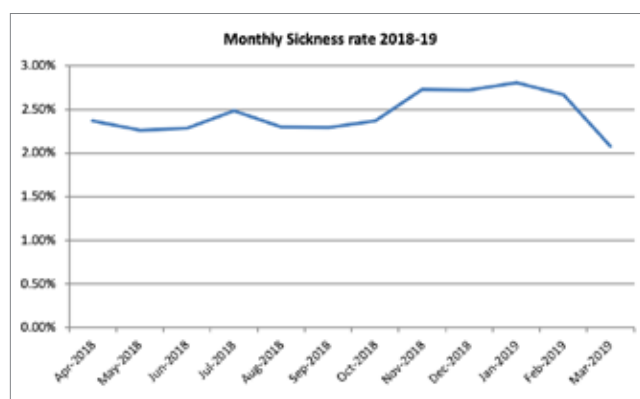
Staff safety and occupational health

The Trust is 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 staff report incidents. In 2018–19 GOSH employees reported 849 health and safety incidents including 129 patient safety accidents. This has increased from 800 incidents in 2017/2018. This included one serious incident. Five incidents were reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

The Trust's governance structure ensures statutory compliance is undertaken within legislative requirements. Assurance via the Health and Safety Committee has been provided on a range of subjects such as violence against staff, sharps compliance, Control of Substances Hazardous to Health and fire safety. Maintaining compliance in a complex and diverse environment can present challenges. We are continuously assessing and auditing to allow us to review and develop our systems to manage risk more effectively.

Trade Union facility time

The Trust has 13 trade union representatives across the organisation. The representatives spent an average of 2% of their work time on union activities (49 hours per month in total).

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 125.

Exit packages

Information about exit packages can be found on page 127.

Modern Slavery statement for 2019/20

GOSH supports the Government's objectives to eradicate modern slavery and human trafficking, and recognises the significant role the NHS has to play in both combatting it and supporting victims. In particular, we are committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

People

The Trust makes appropriate pre-employment checks on all directly employed staff. Only agencies on approved frameworks are used and they are audited to provide assurance that pre-employment clearance has been obtained for all agency staff.

There is a range of policies and procedures designed to protect staff from poor treatment and/or exploitation, which comply with all relevant employment law and the Advisory, Conciliation and Arbitration Service code of practice. These include the provision of fair pay rates based on nationally negotiated terms and conditions of employment. There is also a range of benefits, including health and wellbeing support, and access to training and development opportunities

Where changes to employment, work, organisation and policies and procedures are proposed, there is communication, consultation and negotiation with Trade Unions.

Efforts to engage and involve staff in matters which affect them include regular staff briefings and consultation with a range of staff forums, including BAME and LGBT+ and Allies.

Procurement and our supply chain

Most of our products are purchased from UK or EU based firms, who may also be required to comply with the requirements of the UK Modern Slavery Act (2015) or similar legislation in other EU states.

A significant number of products are purchased through NHS Supply Chain, whose 'Supplier Code of Conduct' includes a provision around forced labour.

Where possible and consistent with the Public Contracts Regulations, the Trust builds long-standing relationships with suppliers.

Training

Advice and training about modern slavery and human trafficking is available to staff through our Safeguarding Children and Adults training, our safeguarding policies and procedures and our Safeguarding team.

Responding

Any concerns about modern slavery are taken seriously and managed sensitively, and support is provided. This includes referring to external agencies, where appropriate.

Approval

This statement has been approved by the Chief Nurse who chairs the Strategic Safeguarding Committee, which will review and update it on an annual basis.

Off payroll engagements

Information about off payroll engagements can be found on page 139.

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 directorate and International and Private Patients is outlined in the performance report. Pages 12–16 summarises GOSH's purpose and activities.

Going Concern

Our going concern disclosure can be found on page 81.

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 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.

Throughout our annual report we describe how we meet the Code. A summary of where detail can be found on the issues we are required to disclose is given in the following table.

Code reference	Section of annual report
A.1.1	Accountability Report: • Council of Governors (role of Council) • Trust Board (role of Trust Board) • Annual Governance Statement (role of Trust Board)
A.1.2	Accountability Report – Trust Board members 2018-19
A.5.3	Accountability Report – Governors' attendance at meetings
Additional requirement	Accountability Report – Trust Board members 2018–19 Accountability Report – Governors' attendance at meetings
B.1.1	Accountability Report – Trust Board members 2018–19
B.1.4	Accountability Report – Trust Board members 2018–19
Additional requirement	Accountability Report – Trust Board members 2018–19
B.2.10	Accountability Report: • Trust Board Nominations Committee • Council of Governors' Nominations and Remuneration Committee
Additional requirement	Not applicable

Code reference	Section of annual report
B.3.1	Accountability Report – Trust Board members 2018–19
B.5.6	Accountability Report – Membership Engagement
Additional requirement	Not applicable
B.6.1	Accountability Report – Evaluation of Board performance
B.6.2	Accountability Report – Evaluation of Board performance
C.1.1	Disclosures – Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust
C.2.2	Accountability Report – Audit Committee Report
C.3.5	Not applicable for 2018/19
C.3.9	Accountability Report – Audit Committee Report
D.1.3	Remuneration Report
E.1.4	Accountability Report – Council of Governors
E.1.5	Accountability Report – Trust Board and Council of Governors working together
E.1.6	Accountability Report – Membership constituencies and membership numbers 2018–19 and Membership Engagement
Additional requirement	Accountability Report – Council of Governors
Additional requirement	Accountability Report – Register of Interest (Directors) and Register of Interests (Governors)
B.1.2	The Board is normally comprised of a Chair, Deputy Chair, Senior Independent Director (SID), three additional independent Non-Executive Directors, and six Executive Directors. One of the Non-Executive Directors is appointed by University College London.

Mr Chris Kennedy joined the Board as a non-executive director on 1 April 2018 and Ms Kathryn Ludlow joined as a non-executive director from 6 September 2018. From 31 May 2018 until the appointment of Ms Kathryn Ludlow, the Board comprised a chair and five non-executive directors, including one appointed by University College London. |
| B.2.2 | 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'.

Governors are asked to make a declaration about their fitness to hold the role of Governor and are subject to a DBS check every three years (and on appointment/election). Further checks are underway with regards director disqualifications and bankruptcy and on an annual basis. |
| B.6.5 | An evaluation of Council was due in 2018. A decision has been taken to delay this to Q2 2019/20, allowing time for new governors to be inducted and become familiar with their roles. |

Transactions with related parties

Transactions with third parties are presented in the accounts on page 138. None of the other Board members, the foundation trust's Governors, or parties related to them have undertaken material transactions with the Trust.

Consultations in year

In 2018/19, we have consulted patients, families, members, the public and staff on a variety of issues:

- 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.

- In October, young people from Birmingham, Bristol, Derby, Leeds, Manchester, Nottingham, Oxford and other London hospitals joined members of our Young People's Forum for the first ever Big Youth Forum Meet Up.

- We consulted with staff about the structure of the clinical operational directorates.

We consulted with teams and experts from across the Trust including our Young People's Forum, contractors and external stakeholders including the WHO, NHS Improvement and NHS England, the NHS SDU, Royal College of Physicians, Royal College of Paediatrics and Child Health and London Borough of Camden on development of the Clean Air Hospital Framework (see page 33).

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 2018/19, 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 page 115 of the accounts.

Remuneration of senior managers

Details of senior employees' remuneration can be found in pages 60–64 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.

Trust Board member expenses

Directors can claim reasonable expenses for carrying out their duties. For the year 2018/19, the total amount claimed by five board members was £17,638.70.

Information governance

The implementation of the Information Governance Framework at GOSH is monitored by the Information Governance Steering Group (IGSG). Chaired by the Trust Caldicott Guardian, this group manages risks to data governance security and provides assurance to the Trust's Audit Committee. IGSG meets monthly and reviews areas affecting data quality, records management and information security. Key considerations for its work plan are outlined by the new Data Security and Protection (DSP) Toolkit. This submission is how the Trust demonstrates it is practising good data security and that personal information is handled correctly. Compliance is required for access to NHS patient data and NHS digital systems but also for many of the Information Sharing Agreements the Trust will enter in.

The implementation of the General Data Protection (GDPR) Legislation in May 2018 drove the information governance work programme over the last year. While a lot of the changes were already requirements for NHS organisations, improvements were still required. This included a focus on reviewing all personal data processing, how individuals access the data GOSH holds on them, and how patients are informed of their options with regards to data sharing.

Over the coming year the Trust will continue to ensure the requirements under GDPR are embedded and that specific areas of improvement identified via the DSP Toolkit have action plans agreed. Training and staff awareness are a key focus to help prevent information breaches. Incidents, near misses and their subsequent lessons learnt are used to inform the training and communication programme, ensuring it remains dynamic and reflects current and meaningful issues to facilitate greater staff engagement and ownership of information governance processes.

With the launch of the new EPIC system and the tools and benefits it brings, GOSH has an opportunity to further develop its commitment to confidentiality. Patients and families will now be able to use the secure online portal, MyGOSH, to access their appointment and medical details. We will have better controls to secure patient records and monitor access to records, combining several different systems ensures one clear, accurate and up-to-date patient record.

Further information can be found in the annual governance statement on page 98.

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 96.

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 97. The Trust has developed an action plan in response to the recommendations. Further information on progress with the plan can be found on page 97.

Complaints and how we handle them

The Trust takes all complaints seriously and is committed to being fair, open and transparent when dealing with any complaint. All complaints are acknowledged and the complaints team try to speak with all complainants to understand their complaint and the outcome they are seeking. Complaints are managed promptly, sensitively and timescales are agreed with the complainant while taking into consideration individual circumstances.

A final response is sent from a member of the Executive Team, which aims to provide appropriate and proportionate remedies. If a complainant is dissatisfied with the response to their complaint the Trust aims to work with them to try and resolve their concerns. This includes offering a meeting with the staff members or teams involved where appropriate. 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, lessons are identified and action plans are devised to improve the service and experience for our patients and families. The Trust uses the Datix system to record, analyse and report on the learning from complaints. Complaint trends and the actions taken in response to these are reported to the Trust Board and a number of committees including the Patient and Family Experience and Engagement Committee.

In 2018/19, the Trust received 98 formal complaints with 95 of these complaints being thoroughly investigated (two were later withdrawn and one could not be investigated in line with the NHS Complaint Regulations due to the significant lapse in time since the events being complained about). During the year, no new complaints were investigated by the PHSO.

Detail of political and charitable donations

The Trust has not made any political or charitable donations during 2018/19.

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.

Segmentation

For 2018/19, the Trust continued to be 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	2018/19 Scores			
		Q1	Q2	Q3	Q4
Financial sustainability	Capital service capacity	1	1	1	1
	Liquidity	1	1	1	1
Financial efficiency	I & E Margin	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1
	Agency spend	1	1	1	1
Overall scoring		**1**	**1**	**1**	**1**

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 Trust developed an action plan in response to the negative points raised in the report and the plan was monitored by the Executive Team and reported to the Trust Board and Council of Governors (see page 97).

Working with partner and stakeholder organisations

During 2018/19, 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

The Trust has a close and unique partnership with the UCL Great Ormond Street Institute of Child Health (ICH), working together to develop 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

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 the ICH, and to make the patient experience as good as it can be. In 2018/19, the charity's total income was just over £83 million – another strong year. Further information about the work of GOSH Charity can be found at gosh.org.

Our commissioners

More than 90% of our clinical services are commissioned by NHS England, with the remaining 10% being delivered through arrangements with over 204 clinical commissioning groups.

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 the standards and strategic planning of each specialised service.

Other key partners include:

- UCL Partners (see page 27 for further information)

- Children's Alliance (see page 26 for further information)

- European Children's Hospital Organisation (see page 28 for further information)

- Clinical networks and our referrers (see page 27 for further information)

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 they ought to have taken as a director to make themselves 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.

Mr Matthew Shaw
Chief Executive

22 May 2019

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 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 and Social Care 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 and Social Care 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.

- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

- 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.

Mr Matthew Shaw
Chief Executive

22 May 2019

Audit Committee report

Introduction from the Chair of the Audit Committee

I am pleased to present the Audit Committee's report on its activities during the year ending 31 March 2019.

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 consideration of non-clinical risks and their associated controls; 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 table on page 79 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 2018/19, but I would like to draw particular attention to the following items:

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. In year the Trust successfully responded to NHS England process to secure the ongoing delivery of its services. As a result of this a new three plus two year contract has been signed for 2019/20 onwards, which covers the majority of the Trusts services. A plan to meet the 2019/20 control total has been submitted to NHS Improvement. This aligns contracts agreed with commissioners. We are confident that Trust management has clearly adopted the appropriate accounting basis and recognises that the financial challenges faced by the wider NHS are significant.

The committee worked with the Council of Governors to seek appointment of an external auditor for the Trust from 1 April 2019. Following a formal tender process agreed by the Council, governors and Audit Committee members recommended the re-appointment of Deloitte LLP as the Trust's external audit for a three year period (with an option to extend for a further two years) and this was approved by the Council of Governors in November 2018.

Following a formal tender process conducted by the Audit Committee, the Trust reappointed KPMG LLP as the Internal Auditor and appointed Grant Thornton UK LLP as the Counterfraud specialist (both for a three year contract).

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 Council of Governors. Members of the Council of Governors also observed committee meetings throughout the year.

The committee reviewed its effectiveness annually and no material matters of concern were raised in the 2018/19 review.

The Audit committee is composed of three independent non-executive directors. These are listed on pages 45–46. 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 Chair

22 May 2019

Audit Committee responsibilities

The committee's responsibilities and the key areas discussed during 2018/19, 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 2018/19

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.
		• 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.
		• Assurance of the investigation, findings and actions taken following:
		  - A power outage in part of the Trust
		  - ICT outages in December 2018
		  - A fraud involving the GOSH telephone system
		• Assurance of plans to manage debt provisioning.

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 (IFRS 9 and IFRS 15). • 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. • Appointment of the Trust's External Auditor.

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 (significant assurance with minor improvement potential)
		  - Contract management (partial assurance with improvements required)
		  - Facilities management (significant assurance with minor improvement potential)
		  - Risk management (significant assurance with minor improvement potential)
		  - Budget reporting (significant assurance with minor improvement potential)
		• Appointment of the Trust's Internal Auditor

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. • The impact of new regulations. • Updates on compliance with GDPR preparation and implementation and data quality. • Assurance of the delivery of the Trust cyber security strategy. • Updates on staff raising concerns policy (Whistleblowing) and issues raised with Freedom to Speak Up Ambassadors. • Monitoring of the process for and approval of procurement waivers. • Reporting to the Board and Council of Governors where actions are required and outlining recommendations. • Assurance of compliance with the Bribery Act 2011. • Appointment of a new counterfraud specialist.

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 2018/19 was used to review and update the committee's terms of reference in May 2019 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

Their audit and non-audit fees are set, monitored and reviewed throughout the year and are included on page 125 of the accounts.

Internal audit and counter-fraud services

Internal audit services were provided by KPMG LLP during 2018/19 covering both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee.

The Trust's counter-fraud service was provided by TIAA Ltd during 2018/19, who provided 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

Data quality reviews

During the year, the committee was assured that progress had continued to be made to improve data quality across the Trust and that plans were in progress within the EPR project build to ensure safeguards are in place to minimise data quality risks in the future. The committee received assurance that a new data quality action plan would be developed, including a review of the data quality kite marking framework and update to the Data Quality Policy.

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.

For each risk, the Audit 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. The Committee received presentations on strategic risks at each committee meeting based upon focused questions posed to risk owners by Audit Committee members prior to each meeting.

Preparing for GDPR

The Audit Committee received updates on progress against the introduction of GDPR and were assured of the actions taken and plans in place across the Trust.

Preparing for implementation of the Electronic Patient Record

The Audit Committee received updates on progress with implementation of the Electronic Patient Record including a focused review of the criteria used to measure progress and ultimately confirm readiness for Go Live, covering staff training, Trust technical readiness, EPIC technical readiness, data migration completeness, clinical safety and Trust operational readiness.

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, Safety and Experience 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, Safety and Experience Assurance Committee.

IPP debtors

The Audit Committee 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, information governance, contract 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

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 2018/19, the Trust reported a small operating surplus prior to capital donations and impairments, which includes £12.8m funding via the NHS sustainability and transformation fund. The Trust delivered efficiency savings to support this position.

In 2019/20 the Trust will enter a new three year contract with NHS England Specialised Commissioning. This contract aligns to the plan submitted to NHS Improvement, and the agreed business plans to meet demand and deliver access targets. It demonstrates the organisation will deliver breakeven control total, which is in part achieved through £20m efficiency savings.

In 2018/19 IPP turnover continued to increase (8.6%), with the majority of demand originating from the Middle East (79% 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 2019 the Trust held £48.6m 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 2018/19

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 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 Chair

22 May 2019

Quality, Safety and Experience Assurance Committee report

Introduction from the Chair of the Quality, Safety and Experience Assurance Committee

I am pleased to present the Quality, Safety and Experience Assurance Committee's report on its activities during the year ended 31 March 2019. In January 2019, following a self-assessment effectiveness review of the committee (see right), it was agreed that the committee name should be amended to reflect its role in seeking assurance of parent, parent and carer experiences at GOSH. The name of the committee was changed to the Quality, Safety and Experience Assurance Committee (QSEAC) and will be referred to as this throughout this report.

The Quality, Safety and Experience Assurance Committee is a subcommittee 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 strategic and operational risks.

As Chair of the committee, 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 Council of Governors.

The members of the Quality, Safety and Experience Assurance Committee are listed on pages 44–50, including information about their attendance at meetings. Governors from the Council are invited and attend the committee as observers during the year.

I have been Chair of the committee since June 2018 taking on this responsibility from Stephen Smith, Non-Executive Director.

Review of effectiveness of the committee

In late 2018, the committee conducted a self-assessment effectiveness review. On the basis of the findings, the committee agreed that its remit had been reviewed, including how it can more effectively be supported to receive assurance on key and relevant clinical and quality risks and issues in a timely way. Following this review, the committee agreed the following key changes from April 2019:

- Committee members should be provided with assurance of the safety of care and quality of the patient and family experience of services at GOSH through consideration of benchmarked quality metrics, external quality reporting results (audits, reviews, learning from reports at other trusts, GOSH inspection reports), patient and staff survey results etc.

- Different formats of reporting will be encouraged at the committee, including inviting external speakers, patients and staff to report to the committee on quality focused matters, providing a more direct form of assurance to members.

- More deliberate reporting will be given to the committee from the Risk Assurance and Compliance Group and the Bioethics Committee.

- The committee's name will be changed (see above) and updated terms of reference and workplan reflecting the above changes.

- A proposal will be given to the Board to consider the establishment of a new assurance committee to provide a dedicated focus on the controls and assurances in place to mitigate new risks on the BAF – culture, service innovation and workforce (see page 90 for further information).

Quality, Safety and Experience Assurance Committee responsibilities

The principal purpose of the Quality, Safety and Experience 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 also works in partnership with the Audit Committee to ensure that implications for clinical care of non-clinical risks and incidents are identified and adequately controlled.

The committee requests assurance on scheduled matters as well as quality and safety issues arising during the year. Where weaknesses are identified the committee agrees and tracks the strengthening actions. The committee's responsibilities and the key areas discussed during 2018/19 are outlined to the right.

Principal responsibilities of the committee	Key areas formally reviewed during 2018/19

Review and seek assurance on any issues identified by the Trust Board (as requiring more detailed review that falls 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.
	
	• Monitoring of actions arising from patient stories.
	
	• Updates on quality issues:
	  - Progress with the transition programme at GOSH
	  - The extent of bullying and harassment at GOSH and actions taken to mitigate this
	  - Mandatory training with specific focus on honorary contract holders
	  - Compliance with food hygiene standards
	  - Consultant attendance at wards rounds
	  - Compliance with cleaning standards

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.
	
	• Quarterly reports from the FTSU Guardian.
	
	• A range of specific, emergent issues and their ameliorations were considered in 2018/19 including:
	  - A review of the number of cardiac arrests on wards
	  - Software for irradiating blood
	  - Compliance with clinical waste collections following national incident

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.	• Review of all clinical strategic risks and their mitigations at least annually.
	
	• Compliance with the risk management strategy.
	
	• Assurance of quality and safety flows under the new clinical operations structure.
	
	• Assurance of the impact of the reduction in the specialist bank rate on quality of services.
	
	• Review of clinical outcomes development programme.
	
	• Reports received on specific and/or high risk areas:
	  - Health and safety
	  - Safeguarding
	  - Raising concerns (whistleblowing and FTSU) – quality related cases
	  - Research governance
	  - 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 2018 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:
	  - Cancelled operations (significant assurance with minor improvements)
	  - Nursing recruitment and retention (partial assurance with improvements required)
	  - Safeguarding (significant assurance with minor improvements)
	  - Risk Management (significant assurance with minor improvements)
	  - Infection control (significant assurance with minor improvements)
	  - Theatres (significant assurance with minor improvements)
	
	• Regular reports from the Trust's clinical audit manager and annual plan for 2018/19.

Quality impact of the productivity and efficiency programme

The committee has received assurance of the Quality Impact Assessment (QIA) processes in place for Better Value schemes in 2018/19. The committee also reviewed high level indicators used to provide early warning of impacts (both positive and negative) that may be attributable to the programme.

CQC compliance
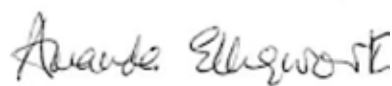
The committee reviewed the actions taken to implement the recommendations arising from the CQC report of April 2018. The committee was also kept appraised of plans in place to prepare for future inspections.

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 committee reviews progress on these matters at every meeting.

Conclusion

As Chair of the Quality, Safety and Experience Assurance Committee, I am satisfied that the committee adequately discharged its duties in accordance with its terms of reference throughout 2018/19.

Amanda Ellingworth

Lady Amanda Ellingworth
Chair of the Quality, Safety and Experience
Assurance Committee

22 May 2019

Bethany, age 12, has epilepsy. She has been coming to GOSH all her life and is treated under the neurology team. She is well acquainted with having MRI scans and enjoys watching Disney films whilst in the scanner.

Finance and Investment Committee report

Introduction from the Chair of the Finance and Investment Committee

I am pleased to present the Finance and Investment Committee's report on its activities during the financial year ending 31 March 2019.

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.

The Finance and Investment Committee's membership is three independent non-executive directors, the Chief Executive, Chief Operating Officer and the Chief Finance Officer. These are listed on pages 44–50. Two of the non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience.

Key responsibilities of the Committee

Key responsibilities include:

- Reviewing the annual and long term financial plans.

- Review progress against key financial and operational targets, financial performance ratings, trends in workforce numbers and costs, capacity utilisation, productivity and efficiency measures.

- Overseeing the Trust's Treasury management strategy and borrowings arrangements.

- Reviewing changes in the Trust's corporate structures, investments or acquisitions including significant transactions.

- Retain oversight on the financial implications of all major investments and business developments.

- Advise the Board on all proposals/business cases for expenditure over £2.5 million, including the Estates and IT strategies.

- Review of the Trust's Procurement policies, processes and performance.

Key areas of work

The list below sets out the key areas considered by the committee in 2018/19 that I would particularly like to draw attention to:

Review and approval of Long Term Financial Plan
The Committee reviewed and approved the budgeting approach for 2018/19 and reviewed the Trust's Long term Financial Model and the variables within the model.

Finance report
The Committee received a finance report at every meeting and discussed performance against the NHS Improvement control total and Trust income targets. The format of the report was redeveloped over the course of the year to improve Committee focus on the most pertinent areas of Trust finances.

Productivity and Efficiency (Better Value) Monthly Update
The Committee received a report at every meeting covering both department and Trust-wide efficiency schemes and challenged Executives to consider a variety of approaches to identify additional schemes.

Integrated Performance Report and local activity trackers
The Committee received the integrated performance report at every meeting and challenged Executives where necessary on performance.

The Committee received local activity trackers as a standing item which showed activity levels, by speciality, required to achieve contracted performance levels.

IPP and Commercial
The Committee received regular updates on International and Private Patient directorate business activity with a focus on expediting debt recovery and the development of new business markets.

Improved working practices with the GOSH Charity
The 'Charitable Funding Alignment Group' which includes members of the Committee was set up with the charity to align and scrutinise joint projects.

The Committee members attended a joint Charity Trustee and Trust Non-Executive Director meeting on the Children's Cancer Centre.

The Committee reviewed the approval processes between the GOSH Charity and the Trust to ensure they remained robust.

Directorate reviews
The Committee undertook reviews of the Trust's Directorates throughout the year.

Electronic Patient Record
The Committee received regular reports on the Trust's preparations for implementation of the EPIC electronic patient record. The Committee probed the robustness of action plans to address risk and issues and proactively sought assurance that all reasonably practicable considerations had been made to ensure smooth delivery of the system.

Review of Hospital Estate Projects
The Committee reviewed and challenged a range of ongoing projects related to the continuing redevelopment of hospital estate in line with its the long term strategy.

Post project reviews
At each meeting, the Committee reviewed a completed major estates project to identify lessons learned that could be applied to future projects. A template for the post implementation review was developed over the course of the year.

The following projects were reviewed by the Committee:
· Woodpecker ward
· Hedgehog ward
· Premier Inn Clinical Building
· Theatre 10
· Cheetah outpatient rooms
· Chillers

Procurement services
The Committee received a report from its new procurement provider and noted that the move had been positive for the Trust and that future work looked promising in terms of finding efficiencies in the system.

Sustainability at GOSH
The Committee reviewed the Trust's plans for sustainability and environmental management.
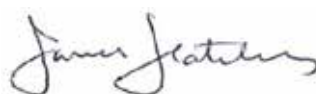
2017/18 review of effectiveness
Following the Committees review of effectiveness a number of actions were implemented:

1. The Committee reviews reports/investigations into other NHS trusts where relevant to the remit of the committee.

2. After each meeting, Committee members evaluate the papers received for appropriateness, quality and quantity and make recommendations to Executives where necessary.

The committee met eight times over the financial year and I am satisfied that it was presented with papers of good quality and 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 was fully minuted and summaries of the matters discussed at each meeting reported to the Trust Board, Council of Governors' and Audit Committee. Members of the Council of Governors' also observed committee meetings throughout the year.

The committee reviewed its effectiveness at the beginning of 2018/19 and no material matters of concern were raised.

Mr James Hatchley
Chair of the Finance and Investment Committee

22 May 2019

Head of Internal Audit Opinion

Basis of opinion for the period 1 April 2018 to 31 March 2019.

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 and Risk 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 2018 to 31 March 2019 is that 'significant assurance with minor improvements required' can be given on the overall adequacy an effectiveness of the organisation's framework of governance, risk management and control.

Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1 April 2018 to 31 March 2019 inclusive, and is based on the nine audits that we completed in this period.

The design and operation of the Assurance Framework and associated processes

The Trust's Assurance Framework does reflect the Trust's key objectives and risks and is regularly reviewed by the Board. The Executive reviews the Assurance Framework on a quarterly basis and 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 one PARTIAL ASSURANCE reports and no NO ASSURANCE reports in respect of our 2018/19 assignments. Our partial assurance report related to contract management. We identified that limited progress had been made in implementing the recommendations from our 2015–16 contract management review. A plan has been developed for transitioning to another contract register to support improving the management of the Trust's contracts but was not yet in place at 31 March 2019.

We have not raised any new high priority recommendations during 2018–19, however as part of our contract management review from 2015–16 we determined that two high priority recommendations from the previous review had not yet been implemented. These related to the oversight of the contracts that the Trust has entered into and assignment of contract managers. We are satisfied that this is isolated and that there are appropriate plans in place to resolve the outstanding recommendations from the review and therefore did not consider that this was sufficient to prevent us from being able to issue a significant assurance with minor improvements opinion.

There are no further outstanding high priority recommendations.

KPMG UP.

KPMG LLP
Chartered Accountants

London 22 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 2019 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 strategy has been subject to review and will be considered by the Board in May 2019.

Trust Board and assurance committees

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 include:

• 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.

In 2018/19 there were two Board assurance committees being the Audit Committee and the Quality, Safety and Experience Assurance Committee. These committees assess the assurances available to the Board in relation to risk management, review the Trust's non-clinical and clinical and quality 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 chairs of these committees report to the Board following every committee meeting. Each committee is charged with reviewing its effectiveness annually.

In February 2019 the Board agreed to establish (for one year, in the first instance, from July 2019), a new assurance subcommittee of the Board, being the People and Education Assurance Committee. The remit of the committee is to provide assurance to the Board and that the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce, an excellent learning environment for clinical and non-clinical staff and a culture that aligns with the Trust's strategy and *Our Always Values*. The committee was established to scrutinise the new strategic risks on the BAF on culture, service innovation and provide additional scrutiny to the risk around recruitment and retention of staff.

Risk Assurance and Compliance Group

The Risk Assurance and Compliance Group (RACG) comprises executives, quality, safety and compliance leads. The Group reports to the Audit Committee, the Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee (from July 2019). The RACG monitors the effectiveness of risk management systems and the control and assurance processes and monitors the BAF.

Operational Board

The Operational Board comprises senior managers from the directorates and corporate departments and has oversight and delivery of Trust-wide operational performance. It holds responsibility for reviewing high rated risks and Trust-wide risks (risks that have been identified as affecting more than one directorate).

Standing committees

Standing committees are responsible for managing the cross-Trust issues relevant to their area of expertise and as such have delegated authority within their terms of reference for a specific remit. This includes assessing the effectiveness of the control systems in place to reduce the risks relevant to their areas of expertise. Standing committees with responsibility for risk management include, but are not limited to:

- Patient Safety and Outcomes Committee
- Patient, Family Experience and Engagement Committee
- Health and Safety Committee
- Education and Workforce Committee

Risk Action Groups

Local Risk Action Groups (RAGs) are multidisciplinary meetings which discuss the principal risks to patient safety and service delivery within a division or department. The RAGs review low, medium and high risks, approve scores, monitor actions to mitigate the risks and accept low and medium risks where appropriate. The RAGs 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 RAGs report into the Directorate Boards and equivalent in corporate areas.

Risk Management Team and staff training

The Trust has a central Risk Management team that administers the risk management processes. Following the restructure of the clinical operations team in 2018, each clinical operational directorate has appointed a Deputy Chief of Service, who is responsible for championing safety and is 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 directorate, specialty or department. At a Trust level, we emphasise the importance of preparing risk assessments where required, and the importance of reporting, investigating and learning from incidents. Support is available to staff from various corporate areas of the Trust to discuss and document risks including the Quality and Safety team, Health and Safety team, Emergency Planning Officer and Information Governance team.

Learning from good practice

The following frameworks are in place to support learning from auditing of current practice and best practice:

- Clinical audit: Clinical audit is undertaken at GOSH to ensure that the quality of care and services are reviewed against best practice standards, and improvement actions taken where those standards are not met.
- Clinical outcomes: The GOSH Clinical Outcomes Programme was established in 2010 and seeks to achieve the following aims:
  - Robust clinical outcome measures identified in each specialty
  - Consistent and accurate data collection against these measures
  - Robust analysis of outcomes data
  - Publication of outcomes to the Trust website for public visibility
  - Benchmarking of outcomes, nationally and internationally, with other paediatric centres of excellence

Cascading risk and embedding learning

There are a range of ways in which information on risk is embedded across the Trust. Lessons are learnt from specific incidents, complaints and other reported issues. These include:

- Quality impact assessments for example, of the Better Value schemes
- Equality impact assessments of our policies and strategies
- Risk management training
- Incident reporting
- Reports to and cascade from risk action groups, directorate boards and the Operations Board (Trust meeting of senior managers) where high risks and Trust-wide risks are discussed
- Cascading from key risk meetings such as the Patient and Safety Outcomes Committee
- Articles within internal newsletters
- Learning from events

4. The risk and control framework

The risk management strategy and process

The Trust's risk management strategy which has recently been updated and is subject to approval at Trust Board, sets out how risk is systematically managed. This extends across the organisation, from the front-line service through to the Board, to promote the reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust.

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 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 Trust's work, partnerships and collaborations and existing service developments. This enables early identification of factors, whether internally or externally driven, which may prevent the Trust from achieving its strategic objectives.

In 2018, the internal auditors conducted an audit into the management of risk at GOSH and this indicated significant assurance, with minor improvement potential.

Risk appetite

The Trust defines its risk appetite as the amount of risk it is prepared to accept, tolerate, or be exposed to at any particular time, in the context of the highly specialised services the Trust offers. The Board is committed to doing everything possible to reduce risk for children and to deliver high-quality, efficient and effective care. The Board recently reviewed and approved its revised 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 operations and commercial 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.

Identification, evaluation and control of risk

The Trust's Assurance and Escalation Framework presents a single, comprehensive overview of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through the following key governance processes and frameworks including:

• Performance Management: The Trust has a range of frameworks and policies in place that outline how the Trust's performance objectives and standards will be met, reviewed and managed. The Performance Management Framework is the most significant.

• The Trust's risk management strategy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. Further detail on the identification and evaluation of strategic and local risks is provided below.

• The Trust has in place a comprehensive and integrated Compliance Framework that seeks to ensure ongoing compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements and that external guidance and alerts are considered in a fulsome and responsive way.

• Policy Framework: This provides for clear and accessible policies, procedures and guidelines which support staff in undertaking their duties in a safe and effective way that takes account of all relevant legislation, regulation and guidance. The Trust's policy framework is administered by the Policy Approval Group (PAG).

• Committee structure: The Trust's committee structure, developed from the Trust Board down, is currently under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, and others provide advice, support and oversee specific functions.

Identification and monitoring of strategic risks

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.

In February 2019 the Board approved an updated BAF including six new strategic risks covering medicines management, Brexit, service innovation, culture, data protection and consistent delivery of services.

Each strategic (BAF) 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. The Quality, Safety and Experience Assurance Committee and the Audit Committee scrutinise the BAF risks relevant to their remits on a rotational basis and at least annually. The assurance committees look for evidence that the controls are appropriate to manage the risk and independent assurance that the controls are effective. The assurance 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.

Identification and monitoring of local risks

Each directorate 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 the 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 also when new or changed risks are identified, or if the degree of acceptable risk changes.

Principal risks in 2018/19

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

- Financial sustainability (being able to meet the 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. The need to rely on IPP to support financial viability).
- Implementation of the new Trust-wide EPR system.
- Management and monitoring of medicines.
- Impact of Brexit on effective patient care
- Management of personal and sensitive personal data
- Recruitment and retention of staff

These risks are broken down into a number of component parts covering their different drivers, and appropriate mitigating actions for each component identified. A summary of these six risks to our operational and/or strategic plans in 2018/19 and the mitigations in place to manage them are outlined below and on the next page:

Risk	Explanation	Mitigating actions implemented and underway
Financial sustainability	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 and regular performance reviews. • Programme management office in place 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. • Escalation processes in place to minimise IPP debt and aging debt.
Electronic Patient Record	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. • EPR delivered on time on 19 April 2019.

Risk	Explanation	Mitigating actions implemented and underway
Medicines management	Medicines are not managed in line with statutory and regulatory guidance and that processes are not appropriately documented or monitored.	• Drugs and Therapeutics Committee (DTC) in place. • Medicines are dispensed by competent pharmacy staff. • Work programmes in place to enhance the EPIC prescribing system. • Quality assurance process in place to scrutinise manufacturing of medicines. • Controlled Drugs are securely stored and auditable paperwork. • Review of policies and pharmacy facilities underway.
Brexit	Brexit will have an adverse impact on the ability of the Trust to ensure continuity of effective patient care.	• Short-life Brexit Steering Working Group established, chaired by the Acting Chief Operating Officer. • Business continuity plans in place. • The trust is connected at various levels with national and local NHS networks and with local borough networks to scope and share information on the impacts of Brexit. • The supply of medicines (and ingredients for medicines) to the NHS is being monitored and risk-assessed nationally by the Department of Health and Social Care (DHSC). Engagement with specialty groups on plans for managing medicines, devices and re-agents including consideration of storage requirements. • Processes in place to support EU nationals working at GOSH including support with obtaining settled status. • Contingency plans in place for clinical trials that are GOSH-sponsored to mitigate potential impacts on supply of drugs, devices and reagents.
Management of personal and sensitive personal data	Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements.	• The Trust's list of all systems/information assets holding or sharing personal information is under review to ensure that it is up to date and collects the required information. • Data Protection Privacy Impact Assessments (DPIA) undertaken for new projects and policies. • A patient and carer notice and research notice is published on the website outlining how the Trust gathers, uses, discloses and manages patient data. • All l new systems require an appropriate security review by ICT with a focus with any data held offsite • Mandatory training on Information Governance and reminding staff of their requirements with regards to confidentiality and the processing of personal data • Collection of evidence for the Data Security and Protection Toolkit and establishment of actions plans to close identified gaps.
Recruitment and retention of staff	The organisation will be unable to recruit and retain sufficient highly skilled staff.	• Specific action plans are in place for key service areas and professions including: - GOSH Learning Academy Strategic Plan accepted by Trust Board in July 2018 will focus on the provision of education, training and development for the whole workforce A Trust-wide nursing and medical recruitment and retention programme. - Membership if the NHSI Retention programme to learn from other trusts and collaborate. - 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.

Involvement of stakeholders in risk management

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).
- 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.
- The Board receives patient stories at every Board meeting and tracks learning and actions agreed from these stories via the Quality, safety and Experience Assurance Committee.

Internal audit function

The Trust contracts with KPMG LLP for its internal audit function. Internal audit reports to the Audit Committee and the Quality, Safety and Experience Assurance Committee. Further information about the work of internal audit can be found on page 80.

Workforce safeguards

The Trust has an organisation strategy built around its vision of 'Helping Children with Complex Health Needs Fulfil Their Potential'. Within that strategy are four pillars, and the people pillar is an aspiration to attract and retain the right people through creating a culture that enables us to thrive and learn. Workforce strategies and plans have been built around the 'people pillar' and in particular around the themes of culture, leadership, talent and education.

Assurance against our workforce strategies is provided by the following groups and committees:

- Education and Workforce Development Board
- Recruitment and Retention Group
- Nursing Workforce Board
- Modernising Medical Workforce Board

The Trust has recently established a People and Education Assurance Committee (see page 90).

Our workforce plan has been derived from the business planning process and is aligned to operational activity and finance, together with local, national and international drivers.

The Medical Director and Chief Nurse are engaged throughout the workforce planning process and all plans, including those for new roles such as physicians' assistants and nursing associates. Any savings schemes, business cases and service changes undergo a thorough quality impact assessment via a properly constituted quality impact assessment panel.

Ward establishments are reviewed on an annual basis as per National Quality Board Guidance and reported on by the Chief Nurse to the Nursing Board and Executive Management Team, and then presented to the Trust Board. Removing or making changes to any nursing posts has to be signed off by the Chief Nurse.

The Trust Board regularly receives workforce analysis and key performance indicators, benchmarked metrics including staffing profile, voluntary and non-voluntary turnover, sickness, agency usage (as a percentage of the paybill) and vacancies. Monthly directorate performance reviews are executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data in order to identify themes or impact on service delivery. In addition, other quality metrics such as staff survey results are reported to the Board, Executive Management Team and at directorate performance meetings to provide an overall picture of workforce issues within each directorate, including cultural and leadership issues. Nurse recruitment and retention workstreams are overseen by the Nursing Workforce Advisory Board which reports to the Executive Management Team and the Trust is currently participating in the NHSI retention work with a retention plan for nursing going to Board April 2019.

Our workforce plans are included in the Trust operational plan, which is signed off by the Board and monitored by the Workforce and Education Committee. As part of the workforce planning processes and safe staffing assessments, the Trust uses the paediatric acuity and nurse dependency assessment tool (PANDA), which the Trust co-designed, as an acuity tool for inpatient paediatric services. We have now implemented the SafeCare system which will integrate the existing PANDA acuity information with information from the rostering system. The Trust uses Allocate E Rostering system for all staff (currently in roll out for non-clinical staff) and Doctors Job Planning.

Assurance of safe staffing is provided via workforce numbers, data and metrics including:

- Statutory and mandatory training compliance.
- Appraisal rates.
- Temporary staffing spend.
- Annual staff survey results.
- Quality metrics such as patient feedback, serious incidents etc.

This is reported to the Trust Board and, from July 2019, the People and Education Assurance Committee.

Other means of assurance include:

- Nurse Safe staffing – Care Hours Per Patient Day (CHPPD) information is reported at every formal Board meeting and the Guardian of Safe Working also reports to every Board meeting.
- Progress against recruitment and retention plans is monitored at the Recruitment and Retention Group.
- The Modernising Medical Workforce Board reviews current and future workforce challenges while the Nursing Workforce Advisory Board ensures that there is a bottom up approach which supports the development of our trust-wide plans for nursing.
- A bed management meeting is held twice a day where all matrons attend to present the bed and staffing status. Any issues of safety relating to staffing are notified to the Executive Management Team via the weekly safety report.

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 Deputy Chief Nurse, 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 directorate 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 directorate's performance is considered at monthly performance review meetings.

- Working with the directorate management teams, the aim is 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 to ensure the right resources are available to the right workstreams 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, the Patient Safety and Outcomes Committee, the Education and Workforce Committee or the Patient Family Experience and Engagement Committee. These committees provide assurance to the Trust Board on the quality and safety programme.

- Using the Institute for Health Improvement 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, which has recently been refreshed and integrates quality and performance data, includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust, such as the Patient Advice and Liaison Service. It also includes the external indicators assessed and reported monthly by the CQC. The report is aligned to the CQC key lines of enquiry: Safe, Effective, Caring, Responsive and Well Led. It asks the question: are our patients receiving high-quality care?

- 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.

Never events
No never events were reported by the Trust in 2018/19.

Data quality and security
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 previously been developed which provides visibility of potential data quality issues across the organisation. This 'kite mark report' is subject to review following the redesign of the Trust's quality and performance dashboard and will be relaunched in July 2019.

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 Data Security and Protection Toolkit (DSPT) to inform its review. The Audit Committee seeks assurance of progress with implementation of GDPR and the Trust's Cyber Security strategy including the management of risks to delivering the strategy and operational risks and incidents.

The Cyber Security strategy includes a number of elements designed to increase the protection of the organisation. A number of these were technological and others were policy related or procedural, including development/updating of procedures for server hardening, cloud storage, learning lessons from incidents, removing data from local devices to the network and unencrypted data.

Compliance with CQC registration

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

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.

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 and 'Requires Improvement' for well-led.

The Trust developed an action plan in response to the inspection and actively monitors progress with this at operational level and provides assurance to the Board and the Council of Governors.

The Trust has commenced a programme of work in order to ensure CQC readiness and to maintain compliance for the Trust. This work has been rolled out with a view to ensuring that compliance and governance are interlinked with quality, safety and experience and embedded in day-to-day working within the Trust. The work being undertaken includes:

- Weekly Steering Groups with Deputy Chiefs of Service.
- Mock inspection framework (CQC Quality Rounds) in clinical directorates.
- Reviews of potential areas/sources of learning e.g. review of themes from other CQC reports, evaluation of insight reports.

The Trust was advised that a CQC routine scheduled inspection would take place in late Q1 2019. A request was made by the Trust to delay the inspection as it would have taken place in the weeks directly after the implementation of the EPR, when staff will be focusing on ensuring patients are not affected by the programme of work. The CQC agreed and the Trust expects a routine scheduled CQC inspection (including well-led) in Q2 2019/20.

NHS Improvement Well led framework

While the CQC made no formal recommendations to the Trust in relation to the findings in its separate well led assessment published in April 2018, the Trust took it upon itself to review any negative commentary in the report and ensure that relevant actions were taken to mitigate the issues raised. The Executive Management Team have reviewed evidence against the well led key lines of enquiries (KLOEs) and developed an action plan in preparation for the next CQC well-led assessment.

Themes arising from an assessment of the evidence and identified gaps mapped to the KLOEs include:

- Ensuring that strategies and associated plans are developed, consulted on, communicated across the Trust, monitored and implemented.
- Ensuring that governance frameworks, procedures and policies are in place and up-to-date.
- Ensuring staff (all groups) and director appraisals and mandatory training targets are met.
- Reviewing how strategy, decisions, changes to practice, and learning from risks are communicated across the Trust to all staff groups.
- Ensuring that directors and senior managers are visible to staff.
- Being deliberate about documentation

- Progress with strategic and local partnerships.
- Responding to external benchmarked data such as the staff survey results etc.
- Progress with actions against internal and external reviews of GOSH services.

Compliance with the foundation trust licence conditions

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 and mitigate risks to compliance. No significant risks have been identified. Mitigations include:

- Governance structures including clarity of role of directors as outlined below and under the Accountability Report;
- Reporting lines and accountabilities – the clinical operations structure was consulted on in 2018, reviewed and revised. The Trust's assurance and escalation framework details the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. It includes the range of forums and processes available to staff, patients, families and other stakeholders to raise and escalate concerns or risks.
- Submission of timely and accurate information to assess risks to compliance with the trust's licence.
- The board's oversight of the trust's performance – as outlined below.

Governance structure, responsibilities and reporting

The Trust's committee structure has been developed from the Trust Board down, to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions (for example the Trust Board, Health and Safety Committee, Infection Prevention and Control Committee), others have authority to make decisions and direct actions (for example Executive Management Team and Operational Board) and others provide advice, support and oversee specific functions.

The Trust has terms of reference and work plans in place for the Board, Council and relevant committees. The Board committees conduct annual effectiveness reviews (surveys) on the delivery of their terms of reference and running of the committees. Findings are reviewed and where appropriate, changes to the terms of reference and workplans of the committees are made.

The Trust's assurance and escalation framework details how the Trust presents a single, comprehensive picture of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance (currently subject to review and update).

The clinical operations structure was consulted on in 2018, reviewed and revised. There are now eight directorates, each with a Chief of Service, Deputy Chief of Service, Head of Nursing and General Manager. The Senior Leadership Team meets weekly (around 100 senior managers from across the clinical and corporate areas of the Trust). An Operational Board has been established which meets fortnightly. The purpose of the Board is to bring together clinical and corporate senior leadership members to ensure the robust, effective and efficient operational management of the Trust.

The Trust's risk management 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.

Oversight of performance by the Board

The Board receives an integrated performance and quality report at every meeting (recently refreshed – see previous page).

Further information on how the Board retains oversight can be reviewed under the section on a *review of economy, efficiency and effectiveness of the use of resources* (below).

Declarations of Interest

The foundation trust has published an up-to-date register of interests for decision-making staff within the past 12 months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

NHS Pension Scheme

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

Equality and diversity

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

Carbon reduction

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The 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 directorate management structure. The Finance and Investment Committee reviews the operational, productivity and financial performance and use of resources both at Trust and directorate level (see pages 86–87). 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 pages 78–81.

6. Information governance

The Trust is in the process of finalising its first submission against the relaunched Information Governance Toolkit, the Data Security and Protection Toolkit (DSPT), helping to demonstrate its position against the General Data Protection Regulations (GDPR) 2018.

While it is compliant with the majority of mandatory requirements some areas of improvement have been identified, for which action plans have been produced. These include updating and embedding the process for accessing the privacy risks of proposed new uses of personal information (Data Protection Impact Assessments). The action plans also ensure the Trust has an accurate and up-to-date list of all personal information it holds and, reviews arrangements and checks for sharing personal information with external suppliers.

This year there have been three serious incidents in information governance (classified at a reportable level using the Incident Reporting Tool within the DSPT) involving sensitive information.

Details are as follows:

- An issue in which redactions where not correctly applied to a record released and thus other patient details were accessible to a member of the public.
- The accidental release of sensitive HR information to an unintended recipient.
- A case in which Trust information from 2011 was found in a public area.

Each of these cases have been reported to the Information Commissioner's Office and NHS England as Serious Reportable Incidents with an internal root cause analysis completed and shared. The learning from these has been implemented back into Trust practice to ensure similar incidents do not occur.

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.

7. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in 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, Safety and Experience 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. Measures specific to clinical directorates are monitored at the regular performance review meetings.

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 Involvement Networks (LINKs) as required by quality account regulations.

The Trust has been on a considerable journey over the last few years to improve the quality and accuracy of its elective waiting time data, encompassing the referral to treatment, cancer and diagnostic standards which are reported nationally and patient pathways who are monitored at a local level to ensure that all patients are tracked and managed according to their clinical requirements. Following the challenges the Trust had in 2015, it has put in place a dedicated Data Assurance team whose role is to provide support across the organisation to provide support to staff, rather than focus on data validation. The team support staff to 'get it right first time' through a programme of training, mentoring and development of standard operation procedures to support work.

In April 2019, the Trust is moving to a new EPR and this has changed the majority of the key electronic systems across the organisation, while it will ultimately lead to a far more integrated system, with the aim to drive improved quality and accuracy to the data that we hold on our patients. A considerable amount of work has been completed to develop a new data quality dashboard, together with a large number of indicators to track potential data quality challenges and improve accuracy by highlighting potential challenges.

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 Safety and Experience Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by:

- Reviews of the strategic risks facing the Trust by the Board assurance committees. This includes deep dives into each BAF risk on a rotational basis every year, with committee members scrutinising the effectiveness of controls and seeking assurances that any gaps in controls will be closed in a timely manner.

- Internal audit reports providing evidence that the controls are in place and effective in mitigating the risk.

- The Trust clinical audit programme.

- Reviews of compliance with CQC standards and other regulatory bodies (see above for explanation of the work programme in place).

- Consideration of performance against national targets (see above on waiting list data as an example).

- The assessment against the Data Security and Protection Toolkit (see above for further information).

- Health and safety reviews.

- Results from the PLACE assessment.

- Relevant reviews by external bodies.

- 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 72).

The instances where the assurance was not sufficient or controls were not adequate when subject to routine audits during the 2018/19 year were:

- Contract management (partial assurance with improvements required): Limited progress had been made in implementing the recommendations from a previous internal audit. A plan has been developed for transitioning to another contract register to support improving the management of the Trust's contracts by 31 December 2019. This will provide:

  - The means to produce regular contract management reports.

  - Oversight of contracts and their status.

  - Ensure a consistent process for assigning and managing responsibilities of contract managers.

Assurance of core systems and controls

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.

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 and its assurance committees have reviewed the risks and assurance available in relation to the following key operational risks:

- Implementation of an EPR:
  The Audit Committee and Trust Board have received regular reports on the mitigations in place to manage the risk of implementing the EPR. Assurances at Audit Committee have been sought via external gateway reports on the Governance, Implementation Readiness (including technical, clinical and data approach readiness), Design Readiness (including data, configuration and training strategies), Configuration and Testing, Training and Go-Live (including clinical readiness/safety assessments, training plans, data migration trial loads and achievement of go-live criteria) and Intensive Support. Both assurances and gaps have been reported to the Board.

- Brexit:
  The executives established a Brexit Steering Group attended by key senior managers from across the Trust representing emergency planning, pharmacy, research, procurement, and workforce. The Board has received updates on mitigations in place to manage the risk of leaving the EU without a deal.

- Data Protection, Data Quality and Cyber Security:
  The Audit Committee has scrutinised these areas of risk throughout the year, reporting assurances and gaps to the Board (see above on data quality).

- Redevelopment of the site:
  During the year, the Board and the Finance and Investment Committee have actively considered and balanced the risks involved in redeveloping the frontage buildings of the hospital into a Children's Cancer Centre. Discussions continue informed by monitoring of future expected activity and the availability of alternative funding streams.

- Level of international and private practice debt:
  Throughout the year the Audit Committee has scrutinised the mitigations in place to secure payment from authorities for outstanding debt.

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.

- During the year the escalation processes for risk reporting were aligned with the refreshed directorate structure and this informed the review of the Risk Management Strategy.

- Work began on refreshing the Trust Duty of Candour Policy, and the Acceptable Behaviour Policy was agreed and rolled out across the Trust.

- The Trust Constitution was reviewed and updated in line with current best practice.

8. 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.

Mr Matthew Shaw
Chief Executive

22 May 2019

Lola-Jai, age six, has Cystic Fibrosis and was diagnosed at GOSH when she was eight weeks old. She and her mum always buy the pyjamas from the GOSH shop and particularly like the green peter pan set.

Independent auditor's report

Independent auditor's report to the Council 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 2019 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: • NHS revenue recognition and debtor provisioning • Recovery of overseas and private patient income • Property valuations • Accounting for capital expenditure • Management override of controls Within this report, any new key audit matters are identified with ↑ and any key audit matters which are the same as the prior year identified with →.
Materiality	The materiality that we used in the current year was £10.4m which was determined on the basis of approximately 2% of the foundation trust's total revenue recognised in the year ended 31 March 2019.
Scoping	Audit work was performed at the foundation trust's offices in Euston directly by the audit engagement team, led by the senior statutory auditor.
Significant changes in our approach	There have been no significant changes in our approach to the audit in 2018/19 compared to 2017/18.

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	We assessed the key audit matter as relating primarily to the recognition of whether NHS revenue that is unsettled at the year-end (either as a receivable or with potential repayment due), is valid, accurate and valued appropriately. In 2018/19, this revenue includes the Q4 bonus and incentive elements of Provider Sustainability Funding (PSF). As described in note 1.5, Critical judgements in applying accounting policies, there are significant judgements 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, in particular in determining the level of overperformance and CQUIN (Commissioning for Quality and Innovation) revenue to recognise; • The judgemental nature of accounting for disputes, including in respect of outstanding overperformance income; and • The level of provisioning against these debtors is a key judgement in approval of the financial statements. Details of the foundation trust's income, including £345.8m (2017-18: £338.4m) from NHS England and Clinical Commissioning Groups, are shown in note 2. £12.8m of Provider Sustainability Funding (PSF) is disclosed in note 3 to the financial statements (2017-18: £9.1m of Sustainability and Transformation Funding (STF)). NHS and Department of Health and Social Care receivables, including accrued income, of £28.1m (2017-18: £26.0m) and total allowance for credit losses of £0.0m (2017-18: £0.0m) are shown in note 14 to the financial statements. The majority of the foundation trust's income is commissioned by NHS England.
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 assessed management's position regarding the principal disputes with commissioners. We have challenged management's assumptions and corroborated management explanations to documentary evidence, such as correspondence with commissioners. • We have reviewed the outcome of the Agreement of Balances process and testing a sample of difference to support. We have also tested a sample of unsettled balances through to cash received or to alternative evidence of validity of debtors and accrued amounts' • We have evaluated the adequacy of and rationale for the bad debt and contractual dispute provisions against NHS debtors.
Key observations	We did not identify any material misstatements through our procedures in respect of this key audit matter, and we consider the estimates made by the foundation trust to be within an acceptable range.

Recovery of overseas and private patient income →

Key audit matter description	The Trust has a significant private patient and overseas (non-reciprocal) patient practice, accounting for £62.6m of income in 2018/19 (2017/18: £58.3m). The gross receivables in relation to this revenue were £51.1m in 2018/19 (2017/18 £37.6m), with an associated provision of £11.4m (2017/18: £8.4m). The amounts are classified within 'contract receivables' in note 14 of financial statements in the current year and 'other receivables' in the prior year.
	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.
How the scope of our audit responded to the key audit matter	• We evaluated the design and implementation of key controls the Trust has put in place to ensure recoverability of private patient and overseas debt.
	• We tested a sample of year end debtors, agreeing through to cash receipts and other supporting documentation to confirm the validity of the debt.
	• 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.
	• Provisions were also assessed to determine whether individual balances were overstated by considering the historical accuracy of the provision.
Key observations	We did not identify any material misstatements through our procedures in respect of this key audit matter, and we consider the estimates made by the foundation trust to be within an acceptable range.

Property valuation →

Key audit matter description	The foundation trust holds property assets within Property, Plant and Equipment at a valuation of £389.8m (2017–18: £382.1m). The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, the useful hypothetical alternative site and the remaining life of the assets, and for investment properties, assumptions about market conditions) and which can be subject to material changes in value as described in notes 1.5 and 11.
	The Trust's revaluation has increased land values by £6.3m (2.0%), and decreased buildings (including dwellings) by £1.0m (1.3%), as detailed in note 11.
How the scope of our audit responded to the key audit matter	• We evaluated the design and implementation of controls over property valuation, and tested the accuracy and completeness of data provided by the foundation trust to the valuer.
	• We used our real estate specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the foundation trust's properties.
	• We have traced the valuation to the year-end accounts movements and tested their arithmetic accuracy and presentation in the financial statements.
	• 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 considered the impact of uncertainties relating to the UK's exit from the EU upon property valuations in evaluating the property valuations and related disclosures.
Key observations	The Trust's valuation is based on a number of judgemental assumptions, including build costs, MEA space assumptions, useful economic lives and land location. We are satisfied that the Trust assumptions and valuation methodology are appropriate.

Accounting for capital expenditure →	
Key audit matter description	The Trust has an extensive capital programme, with £35.2m of expenditure on tangible fixed assets (2017/18: £26.2m) and a further £19.0m expenditure on intangible assets (2017/18: £11.7m) as per note 11 and 10 of the financial statements respectively, 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 notes 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 78.
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 management's assessment whether any impairment arises in respect of newly capitalised expenditure.
Key observations	We did not identify any material misstatements through our procedures in respect of this key audit matter, and we consider the estimates made by the foundation trust to be within an acceptable range.

Management override of controls →	
Key audit matter description	We consider that there continues to be a heightened risk across the NHS that management may override controls to manipulate fraudulently the financial statements or accounting judgements or estimates. This is due to the increasingly tight financial circumstances of the NHS and incentives to meet or exceed control totals to receive STF funding.
	The foundation trust had an initial PSF allocation for the year of £7.6m, with a control total of £12.1m, or £4.5m before PSF income. During the year, NHS Improvement announced that unused funds from the PSF would again be reallocated to providers exceeding their control total, matching improved results £ for £ and with any remaining amounts being paid as a bonus and a general distribution. This creates an incentive for reporting financial results that exceed the control total of £4.5m (excluding PSF). The foundation trust's reported results show a surplus of £4.6m, equivalent to £0.1m above the control total. Details of critical accounting judgements and key sources of estimation uncertainty are included in notes 1.5 and 1.6.
How the scope of our audit responded to the key audit matter	**Manipulation of accounting estimates**
	• Our work on accounting estimates included considering areas of judgement, including those 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, recovery of overseas and private patient income and valuations, as 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 foundation trust.
	Manipulation of journal entries
	• We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting.
	• 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.
	Accounting for significant or unusual transactions
	• We considered whether any transactions identified in the year required specific consideration.
Key observations	We have not identified any material misstatements or findings with respect to management override of controls and the reasonableness of accounting estimates, journal entries, and unusual/significant transactions.

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	£10.4m (2017/18: £9.8m)
Basis for determining materiality	2% of revenue (2017/18: 2% of revenue)
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the foundation 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 £300k (2017/18: £300k), 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, its environment and service organisations, including internal control, and assessing the risks of material misstatement. Audit work was performed at the foundation trust's site in Euston directly by the audit engagement team, led by the engagement lead.

The audit team included integrated Deloitte specialists bringing specialist skills and experience in property valuations, intangible valuations and information technology systems. Data analytic techniques were used as part of the 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 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 Council of Governors and Board of Directors ("the Council and Board") of Great Ormond Street Hospital for Children NHS Foundation Trust , as a body, in accordance with paragraph 4 of Schedule 10 of the *National Health Service Act 2006*. Our audit work has been undertaken so that we might state to the Council and Board 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 Council and Board, each as a body, for our audit work, for this report, or for the opinions we have formed.

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

23 May 2019

Idris, who's nearly two, was born prematurely and has been in hospital his whole life. He loves his older brother coming to visit.

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.

- 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

Mr Matthew Shaw
Chief Executive

22 May 2019

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 2019 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

Mr Matthew Shaw
Chief Executive

22 May 2019

Statement of Comprehensive Income for the year ended 31 March 2019

	Note	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Operating income from patient care activities	2	**415,765**	402,226
Other operating income	3	**104,634**	87,986
Operating expenses	4	**(482,160)**	(456,559)
Operating surplus		**38,239**	33,653
Finance costs:			
Finance income	8	**369**	138
Finance expenses	9	**(11)**	(12)
Public dividend capital dividends payable		**(7,799)**	(7,454)
Net finance costs		**(7,441)**	(7,328)
Gains/(losses) on disposal of assets		**28**	(184)
Surplus for the year		**30,826**	26,141
Other comprehensive income			
Will not be reclassified to income and expenditure:			
- Impairments		**(150)**	(1,480)
- Revaluations – property, plant, equipment and intangible assets	19	**10,169**	16,432
Total comprehensive income for the year		**40,845**	41,093

	Note		
Financial performance for the year – additional reporting measures			
Retained surplus for the year		**30,826**	26,141
Adjustments in respect of capital donations	3	**(32,780)**	(24,653)
Adjustments in respect of impairments	4	**7,939**	2,939
Adjusted retained suplus/(deficit)		**5,985**	4,427

The notes on pages 115–139 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 2019

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets:			
Intangible assets	10	**30,830**	18,429
Property, plant and equipment	11	**461,929**	438,672
Trade and other receivables	14	**6,267**	6,188
Total non-current assets		**499,026**	463,289
Current assets:			
Inventories	13	**10,033**	8,853
Trade and other receivables	14	**93,849**	77,071
Cash and cash equivalents	15	**48,606**	55,695
Total current assets		**152,488**	141,619
Total assets		**651,514**	604,908
Current liabilities:			
Trade and other payables	16	**(68,879)**	(62,359)
Provisions	18	**(299)**	(1,264)
Other liabilities	17	**(5,827)**	(6,329)
Net current assets		**77,483**	71,667
Total assets less current liabilities		**576,509**	534,956
Non-current liabilities:			
Provisions	18	**(695)**	(968)
Other liabilities	17	**(4,512)**	(4,543)
Total assets employed		**571,302**	529,445
Financed by taxpayers' equity			
Public dividend capital		**128,292**	127,280
Income and expenditure reserve		**340,434**	306,494
Other reserves		**0**	3,114
Revaluation reserve		**102,576**	92,557
Total taxpayers' equity		**571,302**	529,445

The financial statements on pages 111–139 were approved by the Board and authorised for issue on 22 May 2019 and signed on its behalf by:

Signed

Mr Matthew Shaw
Chief Executive

22 May 2019

Statement of changes in taxpayers' equity for the year ended 31 March 2019

	Public dividend capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Other reserves £000	Total £000
Balance at 1 April 2018	127,280	92,557	306,494	3,114	**529,445**
Changes in taxpayers' equity for the year ended 31 March 2019					
- Surplus for the year	0	0	30,826	0	**30,826**
- Transfers between reserves	0	0	3,114	(3,114)	**0**
- Net impairments	0	(150)	0	0	**(150)**
- Revaluations – property, plant and equipment	0	10,054	0	0	**10,054**
- Revaluations – intangible assets	0	115	0	0	**115**
- Public dividend capital received	1,012	0	0	0	**1,012**
Balance at 31 March 2019	**128,292**	**102,576**	**340,434**	**0**	**571,302**

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

	Public dividend capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Other reserves £000	Total £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 cash flows for the year ended 31 March 2019

	Note	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Cash flows from operating activities			
Operating surplus		**38,239**	33,653
Non-cash income and expense:			
Depreciation and amortisation		**20,672**	17,582
Net impairments		**7,939**	2,939
Income recognised in respect of capital donations (cash and non-cash)		**(32,780)**	(24,653)
Increase in trade and other receivables		**(14,827)**	(9,810)
Increase in inventories		**(1,180)**	(627)
Increase in trade and other payables		**4,845**	12,287
Increase/(decrease) in other liabilities		**(533)**	311
Increase/(decrease) in provisions		**(1,249)**	1,246
NET CASH GENERATED FROM/(USED IN) OPERATIONS		**21,126**	32,928
Cash flows from investing activities			
Interest received		**369**	138
Purchase of property, plant and equipment		**(32,976)**	(27,074)
Purchase of intangible assets		**(19,536)**	(11,536)
Sales of property, plant and equipment		**28**	15
Receipt of cash donations to purchase capital assets		**30,611**	25,579
Net cash outflow from investing activities		**(21,504)**	(12,878)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING		**(378)**	20,050
Cash flows from financing			
Public dividend capital received		**1,012**	562
Public dividend capital paid		**(7,723)**	(7,411)
Net cash outflow from financing		**(6,711)**	(6,849)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		**(7,089)**	13,201
Cash and cash equivalents at start of the year		**55,695**	42,494
Cash and cash equivalents at end of the year	15	**48,606**	55,695

Notes to the accounts

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 *Department of Health Group Accounting Manual*. Consequently, the following financial statements have been prepared in accordance with the 2018/19 *DH Group Accounting Manual*. 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.

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the *Department of Health and Social Care Group Accounting Manual (GAM)*, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the *GAM 2018/19* issued by the Department of Health and Social Care. The accounting policies contained in the *GAM* follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the *GAM* permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

1.2 Going concern

International Accounting Standard (IAS)1 requires management to assess, as part of the accounts preparation process, the Foundation Trust's ability to continue as a going concern for the foreseeable future. IAS 1 deems the foreseeable future to be a period of not less than twelve months from the entity's reporting date. After making enquiries, (these are described in the Strategic Report section of the Annual Report on page 81), 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 review the financial position of the Foundation Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process implies a single operating segment under IFRS 8.

In addition, the large majority of the Foundation Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust, together with the related supplies and overheads needed to establish this service. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore on this basis one segment of "provision of acute care" is deemed appropriate.

Therefore, all the Foundation Trust's activities relate to a single operating segment in respect of the provision of acute care.

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

a. As described in note 1.10, the Trust's plant and equipment is valued at depreciated replacement cost; the valuation being assessed by the Trust 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.

c. Management reviews the Trust's intangible assets under construction to determine whether any carrying value exceeds the service potential value. As described in Note 10, the Electronic Patient Record and Digital Research Environment systems, were reviewed by management under this policy and, finding indications that the cost of reproducing the service potential exceeded the cost incurred, a valuation review was commissioned from PricewaterhouseCoopers LLP (PwC) as at 31 March 2019. Management accepted and implemented the PwC impairment recommendation.

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 Foundation Trust.

b. The useful economic life of each category of fixed asset is assessed when acquired by the Foundation 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 0.29% 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.

1.7.1 Revenue from contracts with customers

From 1 April 2018, the Trust is required to follow IFRS 15 (Revenue from Contracts with Customers). Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The main source of income for the Foundation Trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

At the year end, the Foundation Trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

1.7.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.7.3 Other income

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.

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 period 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 period 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 2019, is based on the valuation data as 31 March 2016, updated to 31 March 2019 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 after consultation with the relevant stakeholders.

McCloud Judgement

The reforms to public service pension schemes for judges, firefighters, armed forces, NHS, teachers and civil servants in April 2015 moved protected employees from final salary schemes to career average schemes with retirement ages equal to State Pension Age. The Court of Appeal ruled that this protection amounted to unlawful discrimination on age grounds (McCloud judgement).

The British Medical Association has recently confirmed that it intends to pursue similar age discrimination claims against the Government in relation to the NHS Pension Scheme reforms in 2015, which meant younger doctors were moved into the 2015 Scheme, however, the Government is considering judgement and is seeking permission to appeal the ruling.

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

Under IAS16 assets should be revalued when their fair value is materially different from their carrying value. Monitor requires revaluation at least once every 5 years. All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of the revaluation less any subsequent accumulated depreciation and impairment losses.

All land and buildings are revalued using professional valuations in accordance with IAS16. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Surplus land – market value for existing use

- Specialised buildings – depreciated replacement cost

The Trust revalued its equipment as at 31 March 2019 using relevant indices published by the Office of National Statistics as a proxy for fair value.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value and asset life. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation 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 DHSC Group Accounting Manual impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- The sale must be highly probable i.e.:
- Management are committed to a plan to sell the asset;
- An active programme has begun to find a buyer and complete the sale;
- The asset is being actively marketed at a reasonable price;
- The sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; 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

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

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.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Buildings excluding dwellings	2	51
Dwellings	40	48
Plant and machinery	1	14
Information technology	1	10
Furniture and fittings	1	11

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

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 Foundation 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 fair value. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Impairment

At each financial year end, the Trust checks whether there is any indication that its intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation 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.

	Min life Years	Max life Years
Intangible assets – internally generated		
Development expenditure	1	5
Intangible assets – purchased		
Software licences	1	8
Licences & trademarks	4	5

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. The Trust provides at 3% for goods with a limited shelf life.

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 Foundation 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 Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation 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 with are not quoted in an active market. They are included in current assets. The Foundation 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.

The Foundation Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected

HM Treasury has ruled that central government bodies may not recognise impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Foundation Trust therefore does not recognise loss allowances for impairments against these bodies. Additionally, the Department of Health provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Foundation Trust does not recognise loss allowances for impairments against these bodies.

For financial assets that have become credit impaired since initial recognition, expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

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 Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income. The following is the methodology used for the re-classification of operating leases as finance leases:

Finance leases in which the Trust acts as lessee:
- The finance charge is allocated across the lease term on a straight line basis.
- The capital cost is capitalised using a straight line basis of depreciation.
- The lease rental expenditure that would otherwise have been charged to expenditure under an operating lease is removed from expenditure on a straight line basis.

Operating leases
Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.15 Provisions

The Foundation 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 2.0% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 0.29% 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 Foundation Trust is disclosed at note 18.

Non-clinical risk pooling
The Foundation 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 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, (iii) any PDC dividend balance receivable or payable and (iv) Provider Sustainability Funding (PSF) bonus and incentives. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the unaudited version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.18 Value Added Tax

Most of the activities of the Foundation 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 are sterling. A transaction that is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Foundation 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 Foundation 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 Foundation 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 for Children's Charity are not under the control of the Foundation Trust and have not, therefore, been consolidated in these accounts.

1.25 Accounting Standards that have been issued but have not been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2018/19. These standards are still subject to HM Treasury FReM adoption, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration.

IFRS 14 Regulatory Deferral Accounts
Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.

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 2019	Year ended 31 March 2018
	£000	£000
Acute Services		
Elective income	**89,980**	88,164
Non elective income	**21,557**	20,788
First outpatient income	**16,669**	15,897
Follow up outpatient income	**21,075**	19,717
High cost drugs and devices income from commissioners (excluding pass-through costs)	**62,387**	59,761
Other NHS clinical income	**130,691**	130,391
Mental Health Services		
Cost and volume contract income	**4,827**	5,164
Revenue from protected patient care activities	**347,186**	339,882
Private patient income	**62,187**	57,260
AfC pay award central funding	**2,736**	0
Other non-protected clinical income	**3,656**	5,084
Revenue from non-protected patient care activities	**68,579**	62,344
Total revenue from patient care activities	**415,765**	402,226

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 2019	Year ended 31 March 2018
	£000	£000
NHS England	**321,953**	314,816
Clinical commissioning groups	**23,818**	23,536
NHS Foundation Trusts	**72**	574
NHS Trusts	**65**	956
Local Authorities	**43**	0
Department of Health	**2,736**	0
Non-NHS:		
- Private patients	**62,187**	57,260
- Overseas patients (non-reciprocal)	**424**	1,011
- Injury costs recovery	**67**	181
- Other	**4,400**	3,892
Total revenue from patient care activities	**415,765**	402,226

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 2018
	£000	£000
Income recognised in-year	**424**	1,011
Cash payments received in-year	**29**	36
Amounts added to provision for impairment of receivables	**274**	599
Amounts written off in-year	**332**	0

3. Other operating income

3.1 Other operating income

	Year ended 31 March 2019	Year ended 31 March 2018
	£000	£000
Other operating income recognised in accordance with IFRS 15		
Research and development (IFRS 15)	9,512	24,227
Education and training	9,226	9,643
Non-patient care services to other bodies	2,003	889
Provider sustainability fund	12,763	9,067
Clinical tests	5,817	5,644
Clinical excellence awards	2,431	2,832
Catering	1,434	1,375
Creche services	424	472
Staff accommodation rentals	60	91
Other revenue	2,152	2,866
	45,822	57,106
Other operating income recognised in accordance with other standards		
Research and development (non IFRS 15)	18,290	0
Education and training – notional income from apprenticeship fund	238	48
Charitable contributions in respect of capital expenditure	32,780	24,653
Charitable contributions to expenditure	7,504	6,179
	58,812	30,880
Total other operating income	104,634	87,986
of which		
Related to continuing operations	104,634	87,986

The Trust received £12,763k of Provider Sustainability Funding. This was made up of: £7,571k core, £116k Incentive Scheme (Finance), £1,614k Incentive Scheme (Bonus) and £3,462k General Distribution.

3.2 Additional information on revenue from contracts with customers recognised in the period

	Year ended 31 March 2019
	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,549

3.3 Transaction price allocated to remaining performance obligations

	Year ended 31 March 2019
	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
Within one year	7,843
After one year, not later than five years	8,612
After five years	420
Total revenue allocated to remaining performance obligations	16,875

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

4. Operating expenses

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Services from other NHS bodies	5,682	6,161
Purchase of healthcare from non-NHS bodies	4,633	4,479
Staff and executive directors costs	247,115	232,851
Non-executive directors' costs*	163	155
Supplies and services – clinical – drugs	69,805	72,136
Supplies and services – clinical – other	37,883	37,041
Supplies and services – general	5,509	4,803
Establishment	4,385	3,860
Research and development – staff costs	18,000	16,254
Research and development – non-staff	4,965	3,095
Education and training – staff costs	2,871	3,302
Education and training – notional expenditure funded from apprenticeship fund	238	48
Transport – business travel	799	695
Transport – other	3,448	2,927
Premises – business rates payable to local authorities	3,914	3,540
Premises – other	26,467	25,428
Operating lease rentals	2,619	2,548
Movement in credit loss allowance: contract receivables/assets	3,815	0
Movement in credit loss allowance: all other receivables & investments	0	2,342
Provisions arising in year	(290)	1,353
Change in provisions discount rate	5	6
Inventories write down	271	324
Depreciation	18,550	15,807
Amortisation of intangible assets	2,122	1,775
Impairment of property, plant and equipment	7,939	2,939
Fees payable to the Trust's auditor for the financial statements audit	132	105
Other auditor remuneration	5	26
Clinical negligence insurance	7,083	7,492
Redundancy costs	471	0
Consultancy costs	802	874
Legal fees	219	720
Internal audit costs	114	117
Losses and special payments	25	10
Other	2,401	3,346
	482,160	456,559

* Details of directors' remuneration can be found in the Remuneration Report on pages 60–64.

5. Operating leases

5.1 As lessee

Payments recognised as an expense	Year ended 31 March 2019	Year ended 31 March 2018
	£000	£000
Minimum lease payments	2,619	2,548

Total future minimum lease payments	As at 31 March 2019	As at 31 March 2018
	£000	£000
Payable:		
Not later than one year	1,883	2,455
Between one and five years	7,251	9,655
After five years	5,755	4,905
Total	14,889	17,015

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 2019.

7. Employee costs and numbers

7.1 Employee costs

	Year to 31 March 2019 total	Permanently employed	Other	Year to 31 March 2018 total
	£000	£000	£000	£000
Salaries and wages	224,600	213,393	11,207	209,549
Social security costs	22,957	22,957	0	20,933
Apprenticeship levy	1,032	1,032	0	938
Pension cost – defined contribution plans employer's contributions to NHS pensions	25,288	25,288	0	23,063
Pension costs – other	64	64	0	61
Temporary staff – agency/contract staff	3,436	0	3,436	4,819
Termination benefits	471	471	0	0
Total gross staff costs	**277,848**	**263,205**	**14,643**	**259,363**
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(1,706)	(1,706)	0	(1,844)
Recoveries from other bodies in respect of staff costs netted off expenditure	(804)	(804)	0	(839)
Total staff costs	**275,338**	**260,695**	**14,643**	**256,680**
Included within:				
Costs capitalised as part of assets	6,881	6,187	694	4,273
Analysed into operating expenditure				
Employee expenses – staff and executive directors	247,115	238,074	9,041	232,851
Research and development	18,000	13,116	4,884	16,254
Education and training	2,871	2,847	24	3,302
Redundancy	471	471	0	0
Total employee benefits excluding capital costs	**268,457**	**254,508**	**13,949**	**252,407**

7.2 Average number of people employed*

	Year to 31 March 2019 total	Permanently employed**	Other	Year to 31 March 2018 total
	Number	Number	Number	Number
Medical and dental	681	654	27	634
Administration and estates	1,335	1,292	43	1,239
Healthcare assistants and other support staff	283	283	0	292
Nursing, midwifery and health visiting staff	1,552	1,548	4	1,526
Scientific, therapeutic and technical staff	920	836	84	780
Other staff	5	5	0	5
Total	**4,776**	**4,618**	**158**	4,476
of which				
Number of employees (WTE) engaged on capital projects	113	108	5	75

* 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 were no early retirements in 2017/18).

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 2019					
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	6	23	6	23
£10,00–£25,000	0	0	2	32	2	32
£25,001–£50,000	0	0	1	30	1	30
£50,001–£100,000	0	0	2	124	2	124
£100,001–£150,000	0	0	2	254	2	254
£150,001–£200,000	0	0	1	165	1	165
Total	0	0	14	628	14	628

	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

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 2019	Year ended 31 March 2018
	£000	£000
Bank interest	369	138
Total finance income	369	138

9. Finance Expenses

	Year ended 31 March 2019	Year ended 31 March 2018
	£000	£000
Provisions – unwinding of discount	11	12
Total finance expenses	11	12

10. Intangible assets

10.1 Intangible assets

	Software licences	Licences and trademarks	IT (internally generated and 3rd party)	Development expenditure (internally generated)	Intangible assets under construction	Total
	£000	£000		£000	£000	£000
Gross cost at 1 April 2018	9,099	623	0	4,790	13,702	28,214
Additions – purchased	915	0	2	0	6,875	7,792
Additions – assets purchased from cash donations	4	0	0	0	11,237	11,241
Impairments charged to operating expenses	0	0	0	0	(3,880)	(3,880)
Revaluations	0	0	0	0	115	115
Reclassifications	1,329	0	65	0	(2,139)	(745)
Disposals	0	0	0	0	0	0
Valuation/Gross cost at 31 March 2019	11,347	623	67	4,790	25,910	42,737
Amortisation at 1 April 2018	5,094	375	0	4,316	0	9,785
Provided during the year	1,807	23	67	225	0	2,122
Amortisation at 31 March 2019	6,901	398	67	4,541	0	11,907
Net book value (NBV)						
NBV total at 31 March 2019	4,446	225	0	249	25,910	30,830

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

10.1 Intangible assets (continued)

	Software licences	Licences and trademarks	IT (internally generated and 3rd party)	Development expenditure (internally generated)	Intangible assets under construction	Total
	£000	£000		£000	£000	£000
Gross cost at 1 April 2017	7,782	496	0	4,790	3,418	**16,486**
Additions – purchased	255	0	0	0	1,666	**1,921**
Additions – assets purchased from cash donations	26	0	0	0	9,781	**9,807**
Reclassifications	1,036	127	0	0	(1,163)	**0**
Valuation/Gross cost at 31 March 2018	**9,099**	**623**	**0**	**4,790**	**13,702**	**28,214**
Amortisation at 1 April 2017	3,565	343	0	4,102	0	**8,010**
Provided during the year	1,529	32	0	214	0	**1,775**
Amortisation at 31 March 2018	**5,094**	**375**	**0**	**4,316**	**0**	9,785
Net book value (NBV)						
NBV total at 31 March 2018	**4,005**	**248**	**0**	**474**	**13,702**	**18,429**

10.2 Economic life of intangible assets

	Min Life Years	Max Life Years
Intangible assets		
Software	1	8
Development expenditure	1	5
Licences and trademarks	4	5

International Accounting Standard 36 (IAS 36) and the DH Group Accounting Manual require entities to test intangible assets which have not yet been brought into use to determine whether their carrying value exceeds the service potential value. The Trust is currently implementing its Electronic Patient Record and Digital Research Platform systems, which is an intangible asset under construction at 31 March 2019. The Trust commissioned PricewaterhouseCoopers LLP (PwC) to undertake a valuation of this and other intangible assets under construction as at 31 March 2019. PwC adopted an approach which estimated the cost of replacing the assets taking account of the knowledge and experience which GOSH has acquired since starting the implementations of these assets.

The outcome of the valuation was that PwC recommended that the carrying value of EPR/DRP and associated intangible assets of £29,416k should be impaired by £3,880k and this has been implemented. The impairment is a charge to the income and expenditure account.

Had the valuation not been undertken, the carrying value of intangible AUC at 31 March 2019 would have been £29,675k.

Other intangible assets not integrated with the EPR/DRP solution were also reviewed and no impairment was recommended. Instead, PwC recommended an increase in value in accordance with cost indices.

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 2018	72,601	300,095	10,978	13,917	82,734	30,063	16,710	**527,098**
Additions – purchased	0	4,064	0	6,797	341	2,449	27	**13,678**
Additions – donations of physical assets (non-cash)	0	0	0	0	0	0	0	**0**
Additions – assets purchased from cash donations	0	2,344	0	14,472	4,248	70	405	**21,539**
Impairments charged to operating expenses	0	(4,968)	(2)	0	0	0	0	**(4,970)**
Impairments charged to the revaluation reserve	(150)	0	0	0	0	0	0	**(150)**
Reversal of impairments charged to operating expenses	0	451	0	460	0	0	0	**911**
Reclassifications	0	3,960	0	(7,850)	2,043	2,114	478	**745**
Revaluations	6,490	(3,847)	(99)	0	0	0	0	**2,544**
Disposals	0	0	0	0	(527)	0	0	**(527)**
Cost or valuation at 31 March 2019	**78,941**	**302,099**	**10,877**	**27,796**	**88,839**	**34,696**	**17,620**	**560,868**
Accumulated depreciation at 1 April 2018	0	1,562	0	0	54,797	23,013	9,054	**88,426**
Provided during the period	0	7,852	227	0	6,749	2,407	1,315	**18,550**
Impairments charged to operating expenses	0	0	0	0	0	0	0	**0**
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	**0**
Reversal of impairments credited to operating expenses	0	0	0	0	0	0	0	**0**
Revaluations	0	(7,283)	(227)	0	0	0	0	**(7,510)**
Disposals	0	0	0	0	(527)	0	0	**(527)**
Accumulated depreciation at 31 March 2019	**0**	**2,131**	**0**	**0**	**61,019**	**25,420**	**10,369**	**98,939**
Net book value (NBV) at 31 March 2019								
NBV – Owned at 31 March 2019	75,141	108,748	904	9,558	6,151	7,924	1,802	**210,228**
NBV – Finance leased at 31 March 2019	0	3,169	0	0	0	0	0	**3,169**
NBV – Government granted at 31 March 2019	0	143	0	0	57	0	0	**200**
NBV – Donated at 31 March 2019	3,800	187,908	9,973	18,238	21,612	1,352	5,449	**248,332**
NBV total at 31 March 2019	**78,941**	**299,968**	**10,877**	**27,796**	**27,820**	**9,276**	**7,251**	**461,929**

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 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 charged 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**
Impairments charged to operating expenses	0	0	0	0	0	0	0	**0**
Reversal of impairments credited to operating expenses	0	0	0	0	0	0	0	**0**
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**

11.2 Economic life of property plant and equipment

	Min life Years	Max life Years
Buildings excluding dwellings	2	51
Dwellings	40	48
Plant and machinery	1	14
Information technology	1	10
Furniture and fittings	1	11

Freehold land is considered to have an infinite life and is not depreciated. The majority of Information Technology assets are depreciated over five years. Assets under course of construction are not depreciated until the asset is brought into use.

Great Ormond Street Hospital Children's Charity donated £32,780k towards property, plant, equipment and intangibles expenditure during the year (2017/18, £24,653k). 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 2019.
- 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 2019 £000	31 March 2018 £000
Property, plant and equipment	27,431	6,371
Intangible assets	8,436	15,670
Total	35,867	22,041

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 2019 £000	31 March 2018 £000
Not later than one year	9,818	11,101
Later than one year and not later than five years	9,019	14,324
Total	18,837	25,425

13. Inventories

13.1 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	2,119	1,214
Consumables	7,881	7,619
Energy	33	20
Total	10,033	8,853

The cost of inventories recognised as expenses during the year in respect of continuing operations was £94,266k (2017/18: £96,331k).

14. Trade and other receivables

14.1 Trade and other receivables

	Current		Non-current	
	31 March 2019	31 March 2018	**31 March 2019**	31 March 2018
	£000	£000	**£000**	£000
Contract receivables (IFRS 15): invoiced	**78,720**	0	**0**	0
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	**15,692**	0	**0**	0
Trade receivables	**0**	21,957	**0**	0
Capital receivables	**6,625**	4,456	**0**	0
Allowance for impaired contract receivables*	**(14,109)**	0	**0**	0
Allowance for impaired other receivables	**0**	(10,657)	**0**	0
Prepayments (revenue)	**4,964**	3,314	**6,267**	6,188
Prepayments (capital)	**0**	85	**0**	0
Accrued income	**0**	12,555	**0**	0
PDC dividend receivable	**0**	54	**0**	0
VAT receivable	**521**	985	**0**	0
Other receivables	**1,436**	44,322	**0**	0
Total	**93,849**	77,071	**6,267**	6,188

Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

14.2 Allowances for credit losses on receivables

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowance for credit losses at 1 April 2018 – brought forward (before IFRS 9 and IFRS 15 implementation)	**0**	10,657
Impact of IFRS 9 (and IFRS 15) implementation on 1 April 2018 balance	**10,657**	(10,657)
New allowances arising	**3,815**	0
Reversals of allowances (where receivable is collected in-year)	**0**	0
Utilisation of allowances (where receivable is written off)	**(363)**	0
Total allowance for credit losses	**14,109**	0

14.3 Allowances for credit losses on receivables 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All other receivables
	£000
Allowances as at 1 Apr 2017 – as previously stated	**8,349**
Prior period adjustments	**0**
Allowances as at 1 Apr 2017 – restated	**8,349**
Increase in provision	**2,342**
Amounts utilised	**(34)**
Allowances as at 31 Mar 2018	**10,657**

15. Cash and cash equivalents

	31 March 2019	31 March 2018
	£000	£000
Balance at beginning of the year	55,695	42,494
Net change in year	(7,089)	13,201
Balance at the end of the year	48,606	55,695
Made up of		
Commercial banks and cash in hand	13	11
Cash with the Government Banking Service	10,593	55,684
Deposits with the National Loan Fund	38,000	0
Cash and cash equivalents as in statement of financial position	48,606	55,695
Cash and cash equivalents	48,606	55,695

16. Trade and other payables

16.1 Trade and other payables

	31 March 2019	31 March 2018
	£000	£000
Trade payables	13,571	11,823
Capital payables	8,033	6,380
Social Security costs	3,372	3,001
Other taxes payable	2,767	2,506
Other payables	9,148	13,513
Accruals	31,966	25,136
PDC dividend payable	22	0
Total	68,879	62,359

IFRS 9 is applied without restatement therefore comaratives have not been restated

17. Other Liabilities

	Current		Non-current	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Deferred income: Contract liability (IFRS 15)	4,684	5,922	0	0
Deferred income: other (non-IFRS 15)	647	0	0	0
Lease incentives	496	407	4,512	4,543
Total	5,827	6,329	4,512	4,543

18. Provisions

	Current		Non-current	
	31 March 2019	31 March 2018	**31 March 2019**	31 March 2018
	£000	£000	**£000**	£000
Pensions relating to other staff	**110**	111	**695**	968
Other legal claims	**12**	11	**0**	0
Other	**177**	1,142	**0**	0
Total	**299**	1,264	**695**	968

	Pensions relating to other staff	**Legal claims**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**
At 1 April 2018	1,079	11	1,142	**2,232**
Change in the discount rate	5	0	0	**5**
Arising during the year	0	11	124	**135**
Utilised during the year	(112)	(10)	(953)	**(1,075)**
Reversed unused	(178)	0	(136)	**(314)**
Unwinding of discount	11	0	0	**11**
At 31 March 2019	805	12	177	**994**
Expected timing of cash flows:				
- not later than one year	110	12	177	**299**
- later than one year and not later than five years	442	0	0	**442**
- later than five years	253	0	0	**253**
	805	12	177	**994**

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 £53k relates to enhancements on annual leave for staff (£1,142k at 31 Mar 2018); £10k relates to ongoing tribunal matters (£0 at 31 Mar 2018) and £114k for redundancy provisions (£0 at 31 Mar 2018).

NHS Resolution records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2019 was £159,897k (£154,508k at 31 March 2018).

19. Revaluation reserve

	31 March 2019	31 March 2018
	£000	£000
Opening balance at 1 April	92,557	81,977
Net impairments	(150)	(1,480)
Revaluations	10,169	16,432
Transfers to other reserves	0	(1,388)
Asset disposals	0	(2,984)
Other recognised gains and losses	0	0
Other reserve movements	0	0
Closing balance at 31 March	102,576	92,557

20. Financial instruments

The carrying value and the fair value are equivalent for the financial assets and financial liabilities shown below in notes 20.1 and 20.2. All financial assets and liabilities included below are receivable/payable within 12 months.

20.1 Financial assets by category

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost
Carrying values of financial assets as at 31 March 2019 under IFRS 9	£000
Trade and other receivables excluding non financial assets	88,364
Cash and cash equivalents at bank and in hand	48,606
Total at 31 March 2019	136,970

	Loans and receivables
Carrying values of financial assets as at 31 March 2018 under IAS 39	£000
Trade and other receivables excluding non financial assets	61,063
Cash and cash equivalents at bank and in hand	55,695
Total at 31 March 2018	116,758

20.2 Financial liabilities by category

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9	£000
Trade and other payables excluding non financial liabilities	62,292
Total at 31 March 2019	62,292

	Other financial liabilities
Carrying values of financial liabilities as at 31 March 2018 under IAS 39	£000
Trade and other payables excluding non financial liabilities	31,716
Total at 31 March 2018	31,716

20.3 Financial Instruments

20.3.1 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 2019 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.

21. Adoption of new standards

21.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

21.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the Group Accounting Manual, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

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 pages 60–64.

During the year Great Ormond Street Hospital for Children NHS Foundation Trust has had a significant number of material transactions with NHS and other government bodies as well as Great Ormond Street Hospital Children's Charity. Where the value of transactions is considered material, these entities are listed below. All of these bodies are under the common control of central government.

		2018/19			
Organisation category	**Organisation**	**Income** £000	**Expenditure** £000	**Receivables** £000	**Payables** £000
Clinical commissioning groups	NHS Camden CCG	4,168	0	1,589	0
	NHS East Berkshire CCG (formed from merger of 10G, 10T and 11C)	1,192	0	35	0
NHS Foundation Trusts	Guy's & St Thomas' NHS Foundation Trust	200	1,059	268	533
	University College London Hospitals NHS Foundation Trust	1,016	1,942	5,802	2,130
NHS Trusts	Barts Health NHS Trust	2,515	1,175	676	776
NHS England & Clinical Support Units	NHS England – London Specialised Commissioning Hub	320,619	14	9,855	14
	NHS England – Central Specialised Commissioning Hub	6,740	0	666	0
	London Regional Office	0	0	168	0
	NHS England – Core	7,571	0	2,650	0
Other NHS Bodies	Department of Health: Core trading & NHS Supply Chain (excluding PDC dividend)	11,969	0	199	0
	Health Education England	8,853	17	153	0
	NHS Resolution	0	7,302	0	20
Other government bodies	Camden London Borough Council	0	5,007	0	0
	HM Revenue & Customs – Other taxes and duties	0	23,989	0	6,139
	National Loans Fund	0	0	38,000	0
	NHS Blood and Transplant	0	2,596	155	0
	NHS Pension Scheme	0	25,288	0	3,783
	Welsh Assembly Government (incl all other Welsh Health Bodies)	1,551	0	0	356
Other related parties	Great Ormond Street Hospital Children's Charity	40,284	1,713	2,242	854

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	17	11
Bad debts relating to overseas visitors	12	332
Bad debts relating to other debtors	23	20
Stores losses	7	271
Total special payments	**59**	**634**
Ex-gratia payments	40	25
Total special payments	**40**	**25**
Total losses and special payments	**99**	**659**

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

25. Off-Payroll engagements

As at 31 March 2019, the Trust had six off-payroll engagements for more than £245 per day lasting for longer than six months. Of these, three have existed for less than 1 year at the time of reporting , two have existed for between one and two years and one existed over two year.

Eleanor, is four years old. While she's at GOSH she loves tie dying and crafting, and visits the GOSH school with other patients from Squirrel ward.

Quality Report
2018/19

Contents

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 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.

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.”

What is the NHS website?

The NHS website 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.

Faridat is six years old. She comes to Safari outpatients at GOSH with her mum and grandma to have treatment. While she's at the hospital, she enjoys playing with the toy kitchen and doing arts and crafts with the playroom.

Our hospital

GOSH has
62
nationally recognised specialties

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

97%
of inpatients would recommend the hospital

GOSH employs
5,045
hospital staff including doctors, nurses, allied health professionals and administrative staff

Over
1,300
research studies active in 2018/19

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

GOSH had
43,218
inpatients and
237,908
outpatient appointments in 2018/19

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.

CARE   PEOPLE
RESEARCH   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.

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

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.

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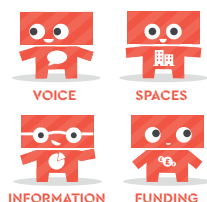
Our Always Values are the guiding principles for everything we do and will help us deliver our ambition.

Always welcoming

Always helpful

Always expert

Always one team

Our strategy – fulfilling our potential

Following a refresh and launch of Fulfilling Our Potential in 2017, our activities in 2018 continued to focus on creating a structure and engaging staff to embed our strategy as a plan for the Trust.

Alongside celebration of the work at GOSH to help children and young people with the most complex needs to fulfil their potential, this year's Open House event launched a new structure for clinical operations teams. The new organisational structure is designed to improve clarity on leadership and reduce the gap between Trust leaders and frontline services.

In December, staff came together for business planning events. Groups cut across departments and discussed how teams throughout the Trust can support one another to deliver Fulfilling Our Potential.

Other key achievements include delivery of the national Referral to Treatment target throughout the year, saving £12.3m through the Trust's 'Better Value' programme, and progress on the redevelopment programme to create inspiring **spaces** to deliver care and learning. In 2019/20, we plan to deliver savings of £20m.

Implementation of the Electronic Patient Record system will harness **technology** to transform care, and we are also working to improve recruitment and retention at GOSH, to ensure we have the right **people** in place to fulfil our potential.

We actively engage in a range of national and international collaborations to learn together and to share good practice across paediatric healthcare settings. Our collaborations include the UK Children's Alliance, and the European Children's Hospitals Organisation, for which we co-chair the Quality, Safety, Outcomes and Value working group. Read more about our collaborations in our 2018/19 Annual Report.

A number of our clinical projects from the past year are showcased in section 2A of this report.

Staff showcasing the GOSH Arts BloodQuest app, which aims to reduce anxieties before children and young people have blood tests

A special visit from Hoover to promote our wonderful GOSH Therapy Dog Programme

See the GOSH Annual Report 2018/19 for more on *Fulfilling Our Potential*, and the programmes that are delivering key elements.

Electronic Patient Record programme

GOSH went live successfully with the EPIC Electronic Patient Record (EPR) system over the Easter weekend 2019, and this will be reported on in the 2019/20 Quality Report.

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 sections of the records and contribute information between visits to GOSH.

2018/19 has seen an iterative process of building, testing and reviewing the system, with hundreds of staff from every corner of the organisation involved in rigorously testing workflows. There were 127 Usability Sessions in 27 locations around the Trust, with almost 400 staff taking part. Our build of the EPIC EPR system has been presented specialty wide, culminating in more than 13,000 hours of training to equip our staff for go-live.

Testing of hardware and software has taken place, with full 'technical dress rehearsals' across all wards, including every device that will be used with EPIC. Devices for use in the event of downtime have been deployed in all clinical areas, alongside other new pieces of equipment such as workstations on wheels, barcode scanners and label printers.

After go-live, a period of stabilisation follows where the hospital gets used to the new ways of working. Then a phase of optimisation will allow for additional builds to the system to further utilise the capabilities of our EPR for patient care and reporting.

Gabriel, is eight years old has been coming to GOSH every week since November 2018, he loves singing and tickles from his Mum.

Digital Research, Informatics,
and Virtual Environment (DRIVE)

October 2018 marked the official launch of GOSH's new digital research and informatics unit, DRIVE, with the vision to become a world-leading clinical informatics unit focused on data analysis and the acceleration of research. Investment in infrastructure and a Digital Research Environment (DRE) mean that DRIVE is uniquely placed to focus on early phase evaluation of digital technologies.

GOSH's new Electronic Patient Record System, EPIC, is now live and collecting the complex clinical data associated with GOSH patients. The DRE provides us with the platform we need to apply machine learning and artificial intelligence tools to our rich data and to be able to improve patient care and hospital efficiency through:

- prediction of outcomes/complications

- improving scheduling

- reducing variation in care

- improving patient experience using technology

We are developing a programme of engagement with patients, families and staff and will make the most of game-changing technologies, such as artificial intelligence, sensor technology and robotics to address the daily challenges they face. Examples of such technologies include:

- better monitoring of patients both in hospital and at home for earlier detection of complications through sensors and wearables

- use of robots and chatbots for improved patient experience

- development of remote consultation technology to prevent patients travelling to GOSH unnecessarily

- improved patient safety through computer vision and machine learning

DRIVE has established an important partnership with NHS Digital, which has provided significant funding to support the collaboration, alongside partnerships with a selection of global technology giants. DRIVE continues to work with the Industry Exchange Network (IXN) at University College London and their computer science students, who bring an impressive array of novel ideas to DRIVE.

DRIVE also aspires to grow a culture of entrepreneurship across the organisation and, together with Barclays' Digital Eagles programme, will be running a course for staff with the aim of fostering good ideas and encouraging digital innovation in line with NHS and Department of Health and Social Care (DHSC) priorities.

What is the Department of Health and Social Care?

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

Mohammad, is two years old.
His favourite colour is red and he loves
playing with water, especially outside
in the rain.

Making inclusivity a reality at GOSH

We know from research evidence that people perform better at work when they are valued, treated fairly, and feel comfortable to be themselves. We also know that discriminatory attitudes and behaviours, whether conscious or unconscious, perpetuate inequalities that prevent us from maximising the skills, talents and experience of our rich and diverse workforce[1].

In response to the 2017 NHS Staff Survey results, which indicated that GOSH had some work to do to ensure all our staff feel valued, we created staff inclusion forums. These forums are staff-led initiatives, supported by the Human Resources and Organisational Development department. Each forum has a sponsor who is a member of the Trust's executive team.

Black, Asian and Minority Ethnic (BAME) Forum

The BAME Staff Forum launched in October 2018, with the purpose of empowering BAME staff to achieve their potential by creating a positive change and cultural shift in the Trust. Based on feedback from members, the Forum's Executive Team has defined three main focuses for 2019:

- Career development
- Leadership
- Social and networking opportunities

In addition to four main events throughout the year (based around major cultural and/or religious celebrations), there is a schedule of events including interview skills workshops and joint events with like-minded organisations. To date, two successful events have been held including the Forum Launch and a Welcome Breakfast, which boosted current membership to 150 staff.

Top left: The BAME Forum Executive Team

Top right: GOSH staff enjoying the crowds and sunshine at the Pride in London parade

[1] West MA and Dawson JF (2012) Employee engagement and NHS performance. London : Kings Fund

LGBT+ and Allies Forum

GOSH launched its LGBT+ and Allies Forum in October 2018, which aims to ensure the Trust recognises and involves staff and volunteers who identify as lesbian, gay, bisexual, trans and non-binary (LGBT+), relationship diverse or as an LGBT+ ally. Its forum executive team has surveyed staff and identified forum priorities, which include: visibility and support of LGBT+ staff and families; policy input; training and education; mentoring; social and other events; and working closely with the other forums to recognise intersectionality, and to provide cross-forum support.

In 2018/19, the LGBT+ and Allies Forum:

- saw the first GOSH presence at the Pride in London parade
- celebrated LGBT+ History Month with events and activities, including the first raising of a rainbow flag at GOSH
- hosted forum breakfasts and evening events
- produced a regular newsletter for members and supporters
- prepared for the launch of its rainbow badge initiative in April 2019

Plans for 2019/20 include the roll out of the 'GOSH We're Proud' badge at GOSH, which gives our staff and volunteers a way to show that GOSH offers an open, non-judgemental and inclusive environment for patients and their families, staff and volunteers who identify as LGBT+.

Women's Forum

To coincide with International Women's Day, the GOSH Women's Forum was launched on 8th March 2019. The Forum is currently setting their agenda of what they want to achieve, including working with colleagues across the organisation to explore a range of events and work streams to benefit women working at GOSH. The plans for 2019/20 include developing and promoting the forum across the Trust and engaging with staff to shape the agenda. Work streams will focus on how to support women working at GOSH. Initial suggestions have included menopause support, returning to work after having a baby, and career progression.

Disability and Long-Term Health Conditions Forum

Launching later this year, this forum aims to create a safe, inclusive and diverse working environment that encourages and supports engagement from those members of our staff who are disabled or who are affected by a long-term health condition. Members will have the opportunity to influence relevant GOSH policies, strategies and work streams and engage with the Trust to promote awareness around specific issues affecting the membership. We hope that members will help shape our health and wellbeing plans as well as supporting us as we progress through the Disability Confident Employer Scheme. The forum will also support the Trust to develop positive work experiences at GOSH.

Top left: Making history: The rainbow flag flies for the first time at GOSH

Top right: Women's Forum launch

Part 1:
A statement on quality from the Chief Executive

It is widely accepted that research-based organisations have a culture of learning and that learning organisations tend to have better patient outcomes and patient experience.

Great Ormond Street Hospital is a standalone specialist children's hospital with a very strong academic partner, University College London. We are, therefore, very fortunate to be a research hospital where an emphasis is put on learning. That is, learning from when things go well and when they don't and fostering a culture where we continually seek to improve all we do. Our hospital has always depended on charitable support, and I'd like to thank GOSH Children's Charity and the thousands of donors it represents for its vital contribution to our research and across a wide range of projects.

This Quality Report is one way we can provide information on how we are improving our services and meeting a range of standards and expectations. While some standards are set externally, many of our quality improvement projects are informed by feedback from our patients, their carers and families, our commissioners and other stakeholders. Input from our staff is also vital as we identify and implement actions to improve the quality of the GOSH experience.

This report is divided into sections. In part two of this report we provide detail of a number of improvement projects aligned to our three quality priorities. In this same section we also provide a range of information that serves as reassurance from the Board as to the Quality of our services and information on how we are doing against core quality indicators. The final section includes our performance against key national targets.

Our improvement work should always link to our quality priorities. These are:

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 - we seek to provide patient care that is amongst the best in the world and work with our patients to improve the effectiveness of our care through research and innovation.

Experience - we wish our patients and their families to have the best possible experience of our treatment and care. Measurement is important and we seek feedback from our patients, their families, and the wider public to improve the services we offer.

In the area of safety, this report highlights the very good work to improve the safety and experience of patients when venous access is needed. The introduction of a Vessel Health Preservation Framework (VHP) is important. Having a needle introduced to a vein can be an extremely distressing experience for our young patients, but prior to this work no framework existed for children and young people. The framework was carefully developed and tested with staff and children and young people, and the results are impressive: there has been a reduction in the number of unsuccessful cannulation attempts and a sustained reduction in the number of extravasation injuries.

The introduction and further development of the electronic Paediatric Early Warning System (PEWS) was a focus for our efforts to further improve clinical effectiveness. This tool, designed to recognise and respond to children and young people at risk of deterioration, is generated by combining scores from a selection of routine observations. This year we included sepsis risk triggers and alerts to the system and adapted the software for better adherence to full observation sets. Feedback from staff has been overwhelmingly positive and the percentage of completed observations has increased. The number of cardiac arrests outside ICU wards has also decreased and we are monitoring this sustained improvement to see if there is a direct correlation with the use of PEWS. I am also very pleased we are now working with other hospitals and NHS England to develop a national PEWS tool.

In the area of patient experience this year we have done further work to improve our transition support. As a specialist children's hospital we are very mindful of the need to prepare our young people for a transition into general adult or specialist adolescent or adult services, while recognising that the age and type of transition varies. To support our young people to be aware and develop the skills needed to engage with other centres, this year we rolled out the Growing Up Gaining Independence (GUGI) Tool. Feedback from young people and their parents about their experiences has been very good and over the next year we hope to further embed the framework as well as working with other children's hospitals to seek consistency of approach.

Looking forward to the next year, and following inputs from a wide range of stakeholders, including our Young People's Forum, three of the quality priorities we have set ourselves are: the introduction of a Trust wide programme that empowers staff to speak up for safety in the moment; an initiative to reduce the rejected samples for laboratory testing; and to further implement and develop a system that enables our families to give feedback in real time.

Audits are an important way we are able to gain assurance of the quality of our services. During this year we had a number of national audits and clinical outcome reviews, the results of which are found in the body of this report. GOSH staff also carried out a large number of local clinical audits. In order to underline the importance of this work and celebrate the teams that trailblaze in this area, this year we introduced a clinical audit prize, which was won by three exceptional teams.

The quality of our services is also assured by our regulator, the Care Quality Commission. At the beginning of this year, we published the report on our latest inspection which rated our services as good overall. However, we recognise that there are also many areas for improvement. So, during this year we have developed a post-inspection action plan that includes the introduction of a rolling schedule of peer-to-peer mock inspections. These inspections aim to create a cycle of continuous monitoring, learning and improvements as part of the day-to-day culture across the Trust.

The healthcare targets that are set nationally are an important way we can assess whether we are delivering timely and effective care. I am very pleased that after a huge piece of work to improve our systems and process for recording patient data, we were able to consistently meet the national standard of treating 92 per cent of our patients within 18 weeks of referral.

Feedback from our staff, our patients and their families is also essential to monitor and improve the quality of our services. One of the principal ways our staff give feedback is through the national NHS Staff Survey. This year the confidence our staff had in the quality of our services - measured through the percentage likely to recommend the hospital for their family and friends - improved and remained far above the national average. However, the feedback we had from staff about their experience at work was not as positive, with a higher than average proportion of staff saying they had experienced at least one incident of bullying, harassment or abuse at work. Understanding why this is the case and taking concrete steps to address this is a priority for the next year and one which will be addressed in our new People Strategy.

One of the richest sources of feedback comes from our patients and their families. One mechanism to capture this is the Friends and Family Test (FFT). In previous years we had struggled to achieve sufficient response rates. This year I am very pleased that the rate substantially increased, meeting our target in the last quarter, and that the percentage of families recommending the hospital remained very high. The improvements are a result of substantial efforts by our staff from across the Trust. I would also like to thank all the children, young people and their families who take time to give feedback and by doing so become partners in care - you are not only helping us to ensure the quality of care for your family but for all the families that use our services.

At GOSH we also strive to harness the latest technology to transform the care and experience we offer. Throughout this year, we have worked to prepare for the implementation of our Electronic Patient Record (EPR) known as EPIC. This was launched successfully in April 2019 and offers enormous potential for further driving up quality. Throughout this report you will see references to how the EPIC system is set to augment and improve how we deliver care. I look forward to sharing the impact this system has had in next year's Quality Report.

Of final note, the information provided in this report relies on good quality data. To this end, we have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported.

Matthew Shaw
Chief Executive

Part 2a:
Priorities for improvement

This part of the report sets out how we have performed against our 2018/19 quality priorities. These are made up of 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

Reporting our quality priorities for 2018/19

The six quality priorities reported for 2018/19 were:

Safety
- Improving the safety and experience of our patients when venous access is needed for their care
- Reducing the rate of rejected samples for laboratory testing

Clinical effectiveness
- Improving the early recognition of the deteriorating child and young person, through the introduction of the electronic Paediatric Early Warning System
- Improving the process for ordering and delivery of chemotherapy

Experience
- Improving our young people's and their parents' and carers' experience of transition to adult services
- Implementing a system to receive patient, parent and carer feedback in real time

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

Abhinav is 11 years old.
While he's at GOSH for treatment, he passes the time by catching up on his Maths homework.
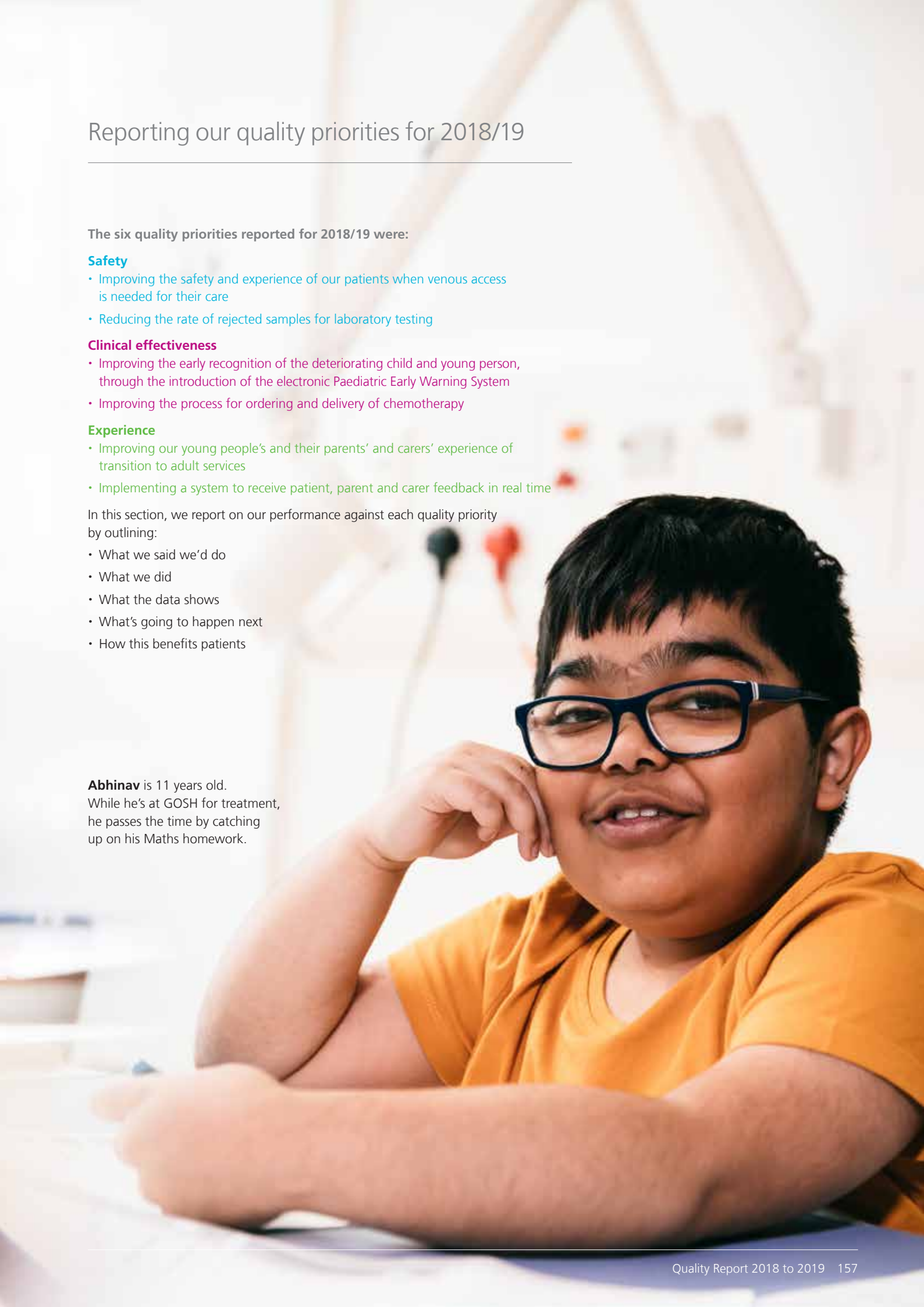
Safety

Improving the safety and experience of our patients when venous access is needed for their care

For many of the children who come to GOSH, a daunting experience of their stay is when a needle needs to be introduced into a vein to draw blood or give medication. This anxiety can lead to behavioural distress that further intensifies pain and can interfere with the procedure, and any future procedures required. If ongoing venous access such as a peripheral cannula is required, there is also a risk of extravasation.

What we said we'd do

We said we would introduce a Vessel Health Preservation (VHP) framework that 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
- make sure the staff member with the right skills is performing the task

What we did

Trusts across the UK use a VHP framework in adult care, where they grade the quality of veins before attempting venous access. However, such a framework did not exist in paediatric healthcare. We decided that to make progress with vessel health, we needed to develop a similar framework for children and young people.

We established a GOSH steering group, consisting of clinical and non-clinical leads including the Chief Nurse, anaesthetists, specialty leads, clinical site practitioners, infection control staff and quality improvement (QI) staff. We also regularly consulted with patients and families to understand their experiences of cannulation. Over a number of months, the group carefully developed a paediatric VHP framework, testing the framework on pilot wards to ensure it was fit for purpose for both staff and patients.

Once we had refined the framework, we held the 'Vessel Health Roadshow', an education and engagement event to raise awareness of the new framework across the hospital. This included teaching by members of the Play Team to promote how preparation of the child and family, positioning, and distraction techniques can help ease anxieties and lead to a more successful procedure.

To ensure early identification of patients where venous access may be more difficult to achieve due to vein condition, we added a section to our electronic Patient Status at a Glance (ePSAG) boards to document vein grade. This helps to highlight these patients to the whole ward team to ensure appropriate treatment plans are put in place at the outset. We have also worked with the team who are implementing EPIC, our new electronic patient record system, to ensure that vein grading is supported in the new system.

We also reviewed and updated our education programme to ensure children and young people are cannulated by appropriately skilled clinicians. We developed a teaching and engagement video to ensure all existing and new staff are aware of the new framework, and share good practice in paediatric cannulation to reduce avoidable pain and distress. This is now embedded in the cannulation and venepuncture study day. We have also tested opportunities for junior doctors to gain additional skills and experience in paediatric cannulation through shadowing experts such as anaesthetists and vascular access facilitators, and are working to embed this into the junior doctors' education pathway.

What is extravasation?

Extravasation is the inadvertent leakage of a medicine or fluid from its intended vein into the surrounding tissue. Extravasation has the potential to cause blisters or severe tissue injury.

What is venepuncture?

Venepuncture is a common procedure that involves the insertion of a needle into the vein, to draw a blood sample or administer medication.

What is cannulation?

Sometimes when intravenous treatment is required over a longer period of time, an intravenous cannula is inserted. This is a small, flexible tube inserted into a vein and secured. A syringe or infusion line can then be attached to the cannula to administer medication or fluids directly into the bloodstream.

What the data shows

1. The average number of unsuccessful cannulation attempts before a patient is referred to the Venous Access Team

We have seen a reduction from an average of 1.9 attempts per child to 1.2 attempts prior to referral to Venous Access Facilitators (VAFs), indicating improvement in timely escalation of children whose vein condition requires additional expertise to achieve venous access.

average unsuccessful peripheral cannulation attempts per child before referral to VAFs

2. The number of extravasation injuries referred to the Plastics Team

We have achieved and sustained a reduction in the number of extravasation injuries referred to the Plastics Team, decreasing from an average of 12 a month before the project commenced, to 5 a month.

Extravasations injuries referred to Plastics Team

What's going to happen next?

We are updating our policy and guidelines to ensure the new framework is embedded as standard across the Trust. We are also developing an e-learning package incorporating the training video for all doctors to complete on induction.

The Trust is considering establishing a larger peripheral venous access team to improve out-of-hours access to expert practitioners in venepuncture and cannulation.

How this benefits patients

The VHP framework benefits patients by ensuring:

- The most suitable type of venous access is consistently determined for the patient depending on the reason for access and the length of time for which it is required

- Venous access is attempted by a practitioner with the right level of skill. This reduces the likelihood of failure, improving patient safety and reducing distress

- Children and young people with difficult venous access are identified early, and additional support needed can be planned or booked without delay

Standardising our education, policies and guidelines has:

- Lessened variation in the insertion and management of peripheral cannulas across the hospital, helping to reduce the risk of extravasation injuries. This improves patient safety and reduces the risk of delayed treatment or discharge.

Expert

CARE

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.

"It helps prevent distress in children from excessive attempts at venepuncture." Staff nurse, Bear Ward

"It helps guide your management of a patient and tries to minimise the harm in those circumstances where there is known difficult access." Staff nurse, Koala Ward

Reducing the rate of rejected samples for laboratory testing

Approximately 70%[2] of clinical decisions are based on information derived from laboratory test results. In 2017, GOSH's laboratories received more than 400,000 samples and performed more than 1 million tests.

An audit in 2017 identified that approximately 4900 samples were rejected due to pre-analytical reasons over the year. When a sample is rejected, it usually means that the test needs to be repeated. We know that a delay in receiving a result can contribute to delays in diagnosis, treatment and discharge, as well as having a significant impact on patient experience.

What we said we'd do

Early in 2018, the rejection of nasopharyngeal aspirate (NPA) samples due to container leaks was considered as an area for improvement. Issuing guidance for staff to send all of these samples through porters rather than via the pneumatic tube system ('chute') reduced the rejection rate.

After this 'quick win', we decided to explore other opportunities for improvement in sample collection practice and to implement solutions, with the overall aim of significantly reducing the number of sample rejections by the end of 2019. We said that we would investigate the reasons for sample rejection to understand the causes and identify ways to avoid them.

We identified four key work streams that were integral to achieving a quality sample:

Sample Collection Resources – focusing on the equipment and resources we use to collect patient samples to certify that they are adequate, compatible and do not hinder a quality sample being obtained.

Sample Transport – looking at the different routes, methods and timings for patient samples to get to the laboratory.

Training and Education – assessing the current availability and content of education and training opportunities related to sample collection and comparing it with best practice.

Policy and Guidelines – reviewing our policies and guidelines to ensure they are evidence based and support staff to obtain adequate samples.

What is the pre-analytical phase?

The pre-analytical phase starts at the point of sample collection and test requesting by the medical team and ends when the sample arrives in the laboratory and is evaluated for errors before processing.

What are blood cultures?

Blood cultures are blood samples to detect infections in the blood. If a blood culture test is positive, the bacteria causing the infection will be identified and testing will be done to find out which antibiotics will effectively treat the infection.
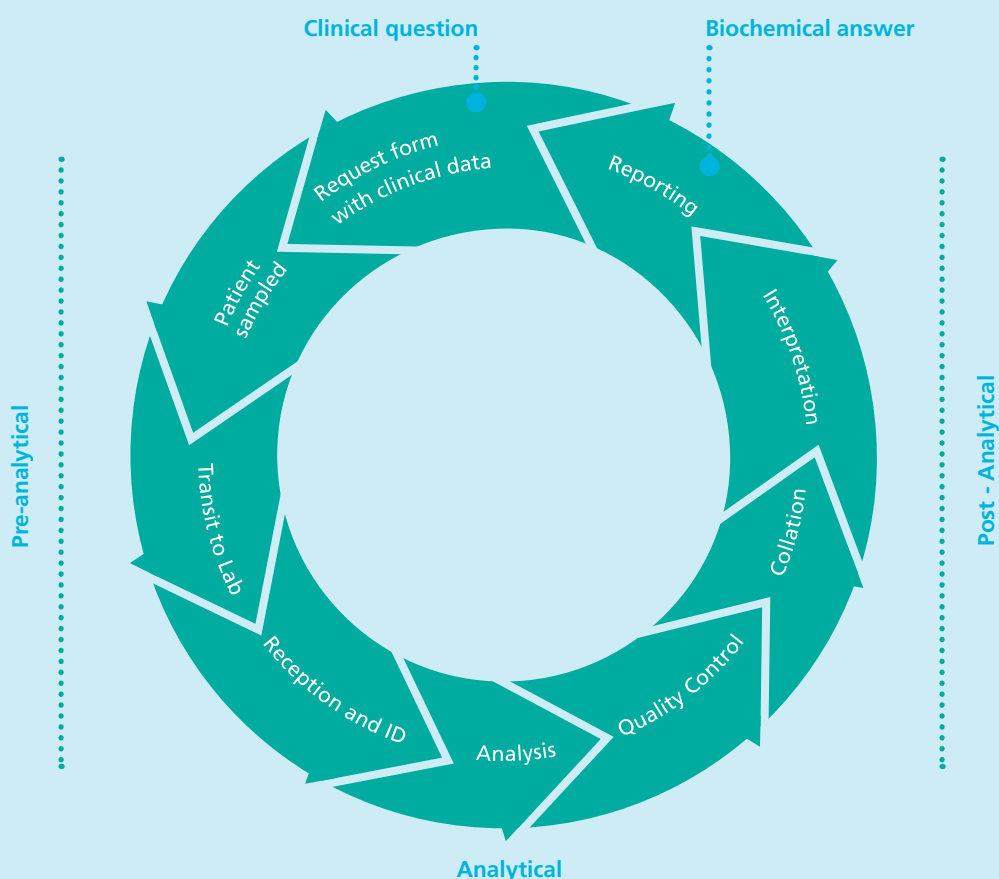
[2] Datta P (2004) *Resolving discordant specimens in clinical laboratory practice.* Medical Laboratory Observer. November. Accessed 19/02/2019.

What we did

We set up a project team of clinical and non-clinical stakeholders from across the Trust, led by the Quality Leads for the laboratories. To understand the main reasons for rejection and where the greatest areas for improvement were, we developed a real-time report on the intranet using data from the laboratory information system. Data can be viewed at Trust and ward level and is accessible by all staff. From the data we were able to identify the most common reasons for rejection:

- Clotted coagulation test samples
- Insufficient/underfilled samples
- Labelling errors

The causes were identified as: incorrect technique when taking the sample (such as insufficient mixing or vigorous shaking), issues with the equipment (such as loss of vacuum, expired tubes or incompatible resources), or delays in transporting samples to the laboratory.

Delayed transport of blood cultures was identified as a frequent issue. It is important that blood cultures are sent to the laboratory as soon as possible so that any bacteria that might be present in the sample can grow, be detected and be treated. We developed visual guides to remind staff to send these samples via the chute for speed of delivery.

Blood must be drawn in a specific order to avoid cross-contamination between blood tubes. We found the collection sequence used at GOSH was different to the order recommended by the suppliers of the bottles, laboratory standards and the World Health Organisation. We have now changed our guideline, created new resources to reflect this, and shared the rationale with staff.

EPIC, our new electronic patient record system, will change how tests are requested. When blood tests are requested on EPIC, the clinician will be prompted to print a patient label for the tube and will also be reminded of the new sequence in which to take their samples. We therefore anticipate that labelling errors will decrease further from April 2019.

What the data shows

1. Percentage of rejected nasopharyngeal aspirate samples
The weekly percentage of NPA samples rejected due to leakage has reduced from a mean of 1.79% to a mean of 0.3%. This improvement has been sustained since March 2018.

2. Average blood culture transport time
The weekly average transport time mean has reduced from 239 minutes (June 2017 to October 2018) to 169 minutes (November 2018 to February 2019). In March 2019 it reduced further to 146 minutes.

3. Weekly rate of rejected samples
Though we have not yet seen an improvement in the mean rejected samples for these laboratories, our project continues to strive for a decrease. We expect the implementation of EPIC to aid this by the end of 2019, when the project is scheduled to end.

One Team   INFORMATION

What's going to happen next?

We are going to continue to develop and implement interventions to reduce the rate of rejection. We plan to develop a training strategy and practical best practice guide with quick tips for decreasing the likelihood of a sample being rejected.

We are going to continue to evaluate the products we use including trialling an alternative needle and an alternative coagulation tube for neonates with a reduced minimum volume requirement.

How this benefits patients

• Reduced numbers of repeated sample collection procedures, which can be uncomfortable and distressing for patients and families.

• Fewer delays in medical teams receiving results, enabling fewer delays in diagnosis, treatment and discharge.

"The increased use of the pneumatic chute has seen a great improvement in the transportation of blood cultures from the ward to the laboratory. There are now very few blood cultures that are received with long delays in transport time. This means that blood cultures can be incubated quickly, which will reduce the time to detection of pathogens that cause sepsis and allow for quicker patient treatment and management." Deputy Laboratory Manager, Microbiology

"This has become a Trust-wide campaign. Clinical and non-clinical stakeholders across the hospital are involved in improving sample quality and reducing sample transport times. Despite all challenges, the staff engagement has been amazing! We are beginning to see very positive conversations and results already." Quality Improvement Lead (Pre-analytical), Laboratory Medicine

"This initiative will help us reduce repeated blood draws, which will really help in reducing the distress to patients and also help us manage our workload effectively. I think the project will result in improved patient satisfaction, reduced treatment delays and hospital stays and of course reduced cost" Venous Access Facilitator, Caterpillar Outpatients

Harvey, age three, recently had surgery to remove his tonsils and adenoids. He loves dinosaurs and blowing bubble in his bedroom. His mum says he's been a "very brave boy" since coming to GOSH.

Clinical effectiveness

Improving the early recognition of the deteriorating child and young person, through the introduction of the electronic Paediatric Early Warning System

Early warning scores are designed to alert health professionals to the signs of clinical deterioration. They support staff by strengthening team communication and helping to deliver the best possible care to stabilise the child or young person.

What we said we'd do

In the *Quality Report 2017/18*, we made a commitment to improve the early recognition of the deteriorating child and young person at GOSH, through the introduction of the electronic Paediatric Early Warning System (PEWS).

What we did

The decision to replace our Children's Early Warning Score (CEWS) with PEWS was made after extensive national research and data modelling of over 1.5 million clinical observations showing PEWS to be a more sensitive tool in identifying paediatric patients at risk of deterioration.

A Quality Improvement project was initiated with the aim of implementing PEWS across GOSH by April 2018 and supporting wards to embed use of the new scoring system.

Process Approach

In addition to the implementation of PEWS, sepsis risk factors, prompts and alerts were built into the electronic system. This provided clinical staff with the additional markers to improve the early recognition of clinical deterioration when completing their observations.

The recording of incomplete observations is possible within EPIC. However, dashboards have been built to monitor this at ward level, so that any issues with observations completion can be addressed promptly.

What is PEWS?

The Paediatric Early Warning System is a tool to recognise and respond to children and young people at risk of deterioration. It is generated by combining the scores from a selection of routine observations of patients including respiratory rate, heart rate, blood pressure, and blood oxygen saturation.

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 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.

Training and Education

A comprehensive training package was created by the clinical education team, and rolled out using a 'Train-the-Trainer' approach. Key features included:

- Differences in the scoring between CEWS and PEWS

- A 'Back to Basics' campaign designed to improve the quality of observation taking

- Staff roles and responsibilities in response to PEWS, such as introducing agreed timeframes for staff to respond to a high PEWS alert

Project Approach and Implementation

The PEWS was successfully launched at GOSH in March 2018, and an eight week post implementation review was completed in May 2018.

The main recurring theme in the initial period was alert fatigue. It became apparent that escalation alerts had been set at a level that caused a significant increase in the number of unnecessary alerts that nursing staff were required to action. We therefore worked to align the scores with more appropriate escalation triggers, ensuring appropriate reviews were undertaken by the right clinical staff member and at the right time.

What is cardiac arrest?

Cardiac arrest is a term used to describe sudden loss of heart function. It can occur due to an electrical disturbance in the heart, but can also be caused by structural heart abnormalities that disrupt the heart's normal pumping action.

What is 'Train the Trainer'?

'Train-the-Trainer' is a cascading training model. PEWS subject matter experts intensively trained a number of staff on how to use PEWS appropriately. Those staff then trained others, and so on. This approach is often used within healthcare when a large number of staff must be trained but cannot all attend training at the same time, and peer learning is appropriate.

Early Warning Dashboard example

Incomplete observations

75

/ 425 total observations

Sepsis 6 patients with no bundle / review

0

/ 1 total triggering patients

Chart types

Chart	Obs	Pts
PEWS	414	17
Doppler	0	0
NCA/PCA	11	1
Non-acute monitoring	0	0

Early warning score RAG

PEWS Score	Obs	Pts
Red (9+)	2	2
Amber (5-8)	50	7
Green (1-4)	281	16
Zero	91	14
No score	1	1

The Quality Improvement data analysts built the Early Warning Dashboard, which combines specific PEWS and Sepsis measures in a user-friendly way, including the ability to view data at a hospital, ward and patient level.

The data provides assurance that the correct chart types are being used, patient observations are fully completed, and that when sepsis flags are triggered, decisions are made within agreed timeframes.

What the data shows

1. The percentage of observations where all parameters are completed (required to produce an Early Warning Score)

CEWS prior to 07/03/2018, PEWS after this date. Since the launch of PEWS, the percentage of completed observations has increased from 62% to 75%.

2. Cardiac arrests outside ICU wards/ theatres, per 1000 bed days

Cardiac arrests per 1000 bed days have decreased from a mean of 0.35 to 0.08 from January 2018, and the reduction has been sustained. Though we cannot claim a direct causal link between the PEWS project and the reduction in cardiac arrests, the timings co-occur and we continue to monitor this improvement.
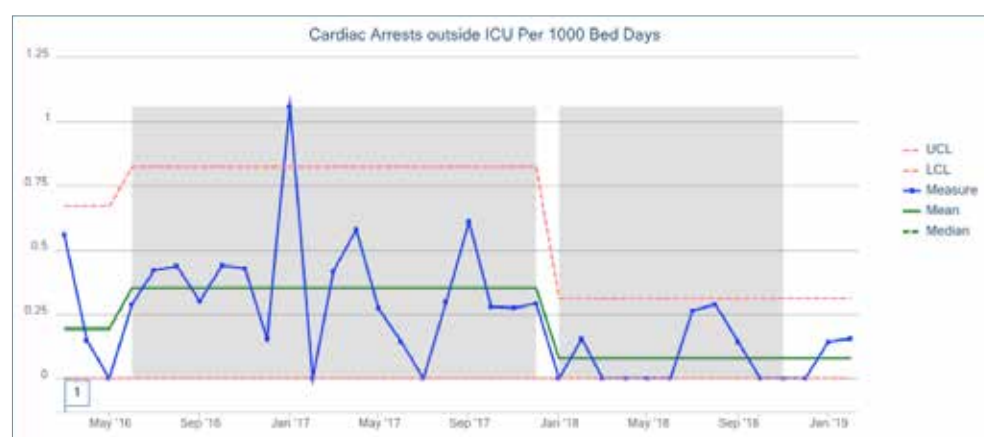
What's going to happen next?

PEWS has been integrated within our EPR system, EPIC, with no changes to the scoring or escalation algorithm.

Led by NHS England, GOSH is also working with other hospitals to develop a national PEWS tool. The initiative is designed to standardise the approach to managing deterioration in children and young people across the UK.

How this benefits patients

• A safer environment

• Better outcomes for patients

"'I'm a huge advocate of PEWS, especially when I'm the nurse in charge on the ward, as the system will automatically prompt me whenever one of our patients has a high PEWS score. I can then go and check in with the nurse and patient to see how they're getting on and put a plan in place if needed." Staff Nurse

"Since PEWS started we've noticed staff feel more confident in escalating concerns to the CSP team, even if their patient doesn't have a high PEWS score. For me this shows staff are using the system correctly, by using PEWS to support their clinical judgement, rather than replace it." Clinical Site Practitioner (CSP)

Expert

TECHNOLOGY

Improving the process for ordering and delivery of chemotherapy

The chemotherapy unit prepares 80 to 100 doses per day of bespoke chemotherapy for a range of patients in the hospital. Both inpatients and outpatients receive complex regimens of chemotherapy for the treatment of cancer. Specialised pharmacists oversee the process from prescribing, clinical verification, manufacture and administration of these high-risk drugs with numerous safety checks built into the process to prevent harm.

What we said we'd do

Tracking preparation of these medicines had always been through a manual paper process that relied on access to a single sheet of paper per day, which would need to be kept up-to-date as changes occurred. Inevitably, the chemotherapy unit would receive numerous phone calls to receive updates about particular patients or from ward areas to enquire about the status of a patient's chemotherapy. These interruptions along with the labour intensive process of keeping the 'day planner' up-to-date led to inefficiencies and required specialist pharmacists to oversee this workflow. There was no visibility at ward level as to the status of chemotherapy, so the chemotherapy unit had limited ability to manage workload.

We decided to explore options for the development of an electronic solution to bring visibility of this information to both pharmacy and ward.

What we did

We approached the Quality Improvement Team with a proposal to create a fully electronic tracking system for chemotherapy prescriptions from prescribing to collection. By identifying the process from start to finish, we provided a comprehensive plan to ensure that the system would bring visibility about chemo status at ward level and pharmacy, with safety mechanisms to ensure chemotherapy can be prioritised. After initial development, the system was tested and refined with the wider team, with additional features developed, such as clinical trial flags to help highlight trial medicines which may require additional steps. After running the system in parallel to the old system to validate it, Chemotracker was launched in February 2018.

The system:

- Allows ward-based pharmacists to update Chemotracker at ward level, without the need to call the chemotherapy unit

- Helps track preparation of chemotherapy through each stage of preparation providing real-time information from Pharmacy to ward areas

- Allows the technicians to prioritise workload based on when patients are due and provide better visibility on expected workload and tasks that need to be completed for the day, all of which help reduce any delays in preparation of chemotherapy

A significant benefit of introducing the system has been that due to the simplified processes in the chemotherapy unit, it has allowed the release of specialist pharmacist time away from the chemotherapy unit and into patient facing areas, making best use of our resources. This has allowed us to maintain specialist pharmacists in all haematology/oncology ward areas, providing a continued benefit in the quality of prescribing.

Prior to the launch of the tracker, ward nurses would call the chemotherapy unit with queries about chemotherapy or communications about patient investigation results. They now are directed to Chemotracker, which answers the majority of their queries. Where additional queries or communications are required they can now talk to their ward-based pharmacist, who knows the patient best and is more readily available on the ward due to the time saved by Chemotracker.

What the data shows

We did a baseline audit in October 2018 of our paper-based system:

After full implementation of Chemotracker:

October 2018

40-60 calls per day
to the chemotherapy unit

March 2019 onwards

0 calls per day
to the chemotherapy unit

The chemotherapy unit phone now has a voicemail message to direct any, now occasional, callers to speak directly to their ward-based pharmacists as the authoritative and now routinely on-site source of information. Ward-based pharmacists communicate with the chemotherapy unit now using Chemotracker, and urgent messages can be called through to the chemotherapy unit manager.

What's going to happen next?

Chemotracker will be used in conjunction with EPIC after go-live in April 2019, providing an ideal model to eventually develop in EPIC itself.

How this benefits patients

· Reduced errors

· Reduced delays

· Nurses and doctors have access to specialist pharmacists on the ward at all times where they are best placed to help optimise patient care and support in the delivery of complex chemotherapy

"Chemotracker has allowed us to concentrate on the tasks we need to do. It's a big improvement from the old system which was difficult to use and interpret. By reducing the number of phone calls, we can provide an environment free from interruptions to ensure the safe preparation of chemotherapy." Chemotherapy unit manager

"It allows us as nurses to concentrate on the patients rather than needing to chase up where chemo is. We don't need to spend time calling to find out if chemo is ready and it is instantly visible to us. The pharmacist can update the tracker on the ward. Having the pharmacist around more on the ward means we can optimise patients' treatment better and resolve any queries much quicker." Senior Staff Nurse Safari Day Care

"It allows us as ward-based pharmacists to concentrate on being visible in ward areas, reducing the amount of time taken tracking prescriptions. It allows us to fully manage our patients' chemotherapy orders and reduce delays." Specialist Haematology/Oncology Pharmacist

Helpful

CARE

Austin is five years old. He's currently receiving treatment for Duchenne muscular dystrophy as part of a clinical research trial at GOSH. While at the hospital, he enjoys colouring with help from Play Worker Sian.

Experience section

Improving our young people's and their parents' and carers' experience of transition to adult services

The way young people and their families are prepared for the move from paediatric to adult health services has come under increasing scrutiny in recent years. NICE published the guidelines, *Transition from Children's to Adults' Services for Young People Using Health or Social Care Services* in 2016. One of the underlying principles in the guidelines is that young people should start to be prepared for adult health services (termed 'transition') 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 at this age whether transfer to specialist adult health services, and therefore transition, will be necessary. In addition, some young people move to dedicated adolescent services located in other Trusts. They encounter similar challenges as those who move straight to adult services (including different environments, procedures and personnel) and consequently have similar preparation needs. This is a situation unique to GOSH and is not addressed in the NICE Guidance.

Working jointly with young people and parents we developed the Growing Up, Gaining Independence (GUGI) framework at GOSH to enable us to both find solutions to the unique challenges our young people and their families face, and to comply with the NICE guidelines as closely as possible.
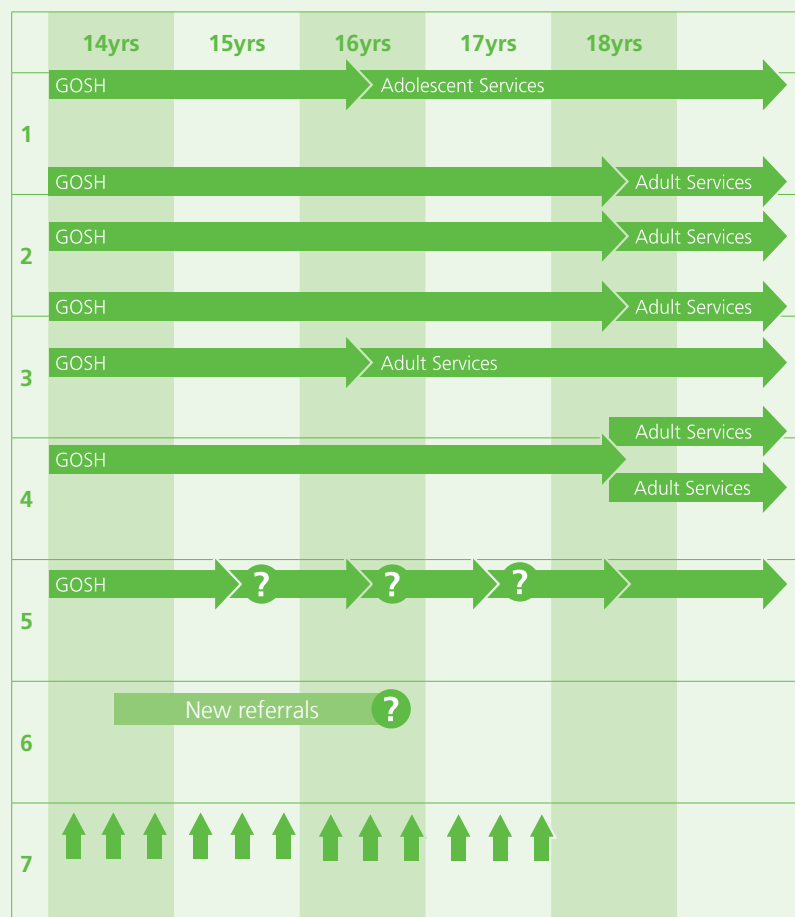
Variety of transition types and timings

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

[3] 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.

What we said we'd do

In last year's Quality Report, we said that in 2018/19, we would:

- Roll out the two part GUGI programme across the Trust and embed it as standard practice

- Start those older than 16 on GUGI Part Two, which is specifically designed to support those who will soon transfer into specialist adolescent or adult care from GOSH

What we did

GUGI information folders are now available in all the clinic rooms in the Trust and on the Trust's internet. The information is also freely available on the external GOSH website[4] and on display outside the Patient Advice and Liaison (Pals) office. Information is available in a variety of formats including Easyread© for young people and parents with a learning disability.

Templates for GUGI part 2 information booklets are available, which teams can adapt as necessary. We are developing further supporting information in a variety of formats (written, audio and video). An additional project is underway with the GOSH Arts programme to produce a resource to help young people with the emotional impact of moving on from GOSH.

What the data shows

A total of 21,899 (29%) of our patients were in the 12-19 age bracket in 2018/19. 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. The numbers by each age are shown in the table below:

1. Number of patients

Age	Number of patients
12	3,991
13	4,162
14	4,051
15	3,860
16	2,989
17	1,915
18	669
19	262
Total	21,899

Another indication of volume is outpatient appointments. The table below shows the total number of appointments by age for people aged 12 -19 years in 2018/19.

2. Number of appointments

Age	Number of patients
12	12,228
13	12,696
14	12,129
15	11,790
16	8,942
17	5,561
18	1,519
19	550
Total	65,415

Anecdotal evidence so far suggests GUGI is making a positive difference by prompting young people and families to consider their independence preparation needs and making them aware of legal changes that occur at their 16th birthday. The launch of EPIC is necessary for quantitative measures, such as number of transition plans in place two years prior to expected age of transfer.

What's going to happen next?

The Clinical Nurse Specialist for Adolescent Health will continue the improvement programme and further develop and embed the GUGI framework, support teams to adapt resources, and ensure transition is an integral and early aspect of the care we provide to our young people.

We will undertake research and audit in 2019 to assess the impact of the GUGI framework on young people's preparation for the move to specialist adult care.

We have joined with other children's hospitals, including Alder Hey, Royal Manchester, Birmingham, Leeds, and Sheffield in a nurse-led National Transition Improvement Group to share challenges and good practice, make recommendations, and seek consistency of approach nationally where possible.

GOSH is also an active member of the National Transition Collaborative. Launching in May 2019, this joint NHS Improvement and NHS England initiative was established to help organisations develop their transition practices.

How this benefits patients

- Helps promote young people's independence and helps them prepare for adulthood and for adult health services

- Provides practical advice for young people on how to prepare for clinic appointments and how to get the most out of them

- Makes families aware of health-related legal changes after the 16th birthday

"Transition was always something that really scared me. I feel very fortunate that I have been able to help in the development of Growing Up, Gaining Independence. I really think this will give people a much smoother transition, make them better prepared and help to alleviate some of the fear." Emma, 18

"This has really opened my eyes – I simply hadn't thought about making sure my son knew how to make an appointment for himself. And I certainly didn't know he would be signing his own consent form once he is 16!" Parent of 15 year old

"Me and mum started talking about it on the train. Next appointment I want to go in and see the doctor on my own for a bit. And we are going to look at all my clinic letters when we get home. I didn't know you got sent a letter." Ben, 13

Welcoming

INFORMATION

[4] gosh.nhs.uk/your-hospital-visit/ growing-gaining-independence

Implementing a system to receive patient, parent and carer feedback in real time

At GOSH, we think it is vital to use the feedback we get from children, young people and families to continually improve our services.

What we said we'd do

We said that we would introduce new computer software to replace the Friends and Family Test (FFT) database that we developed in-house to initially implement the FFT here at GOSH. This would enable patients and families to enter feedback online, including via tablet or phone.

We wanted the new software to:

- expand the options for our patients and families in how they can enter feedback about their experiences
- enable us to act on feedback as quickly as possible, and ideally in 'real time'
- ensure tracking of any actions needed from feedback to ensure they are achieved in a timely manner
- enable central storage of all data received from the FFT (including paper cards)
- achieve streamlined reporting
- work alongside EPIC
- reduce manual data input of feedback

We also wanted the software to be interactive to encourage children and young people to give feedback. None of the suppliers we reviewed met each of these requirements but one supplier was willing to work in partnership with GOSH to develop an interactive module for children and young people.

What we did

We looked at companies that produce feedback software in the UK, North America and Canada. We also asked colleagues in North America and Canada for advice in integrating feedback software with EPIC. After extensive evaluation, we selected a supplier at the end of 2017 that could deliver a reliable software solution and had the willingness and capability to work with us to develop new functionality. Work commenced on configuring the software to meet our needs in January 2018. The system was launched ahead of schedule on 5 June 2018.

What the data shows

15,000
the number of feedback comments received since we went live with the new software

271%
increase in the amount of feedback received online January to February 2019

11
the average number of days to respond to and resolve a negative comment received via a feedback card

2
the average number of days to respond to and resolve a negative comment received through the online system

What is the Friends and Family Test?

The Friends and Family Test (FFT) is a national patient feedback mechanism that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary questions, the FFT provides a mechanism to highlight both good and poor patient experience, to inform improvement.

What's going to happen next?

Having implemented and rigorously tested the standard feedback software, we are now working with the software company and the GOSH Young People's Forum to develop an interactive surveying module. Our aim is to encourage more children and young people to tell us about their experiences at GOSH by providing an engaging and fun feedback module. This will initially be for children under eight years old, and will extend to other age groups in time.

We want our Heads of Nursing to manage the feedback for their areas of responsibility. The software allows customised dashboards for various job roles, which will give an overall impression of the feedback being received, but will also provide the facility to look deeper into specific issues. After this development, we will extend the dashboards to meet the needs of matrons and managers at all levels.

We will continue to promote the online feedback tool to give patients and families a range of feedback options. In addition to promotional materials, we are also aiming to send a link to the feedback page via a text message both in the reminder before an appointment and also afterwards.

How this benefits patients

- Families can give us their feedback at any time that suits them

- Queries submitted online can be investigated and resolved quickly

- All feedback that requires action can be easily tracked and remains 'open' until resolution

- By analysing actions taken, themes for broader improvement can be identified and prioritised more effectively

- All feedback methods (cards and online) give respondents the option to record their disability, ethnicity and gender so that additional analysis can show whether experience varies as a result of these characteristics

What is the Young People's Forum?

The Young People's Forum (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.

We monitor the feedback and nominate members of staff for a GOSH Exceptional Member of Staff (GEMS) award. In March 2019, a Healthcare Assistant within our International Private Patients directorate has received a GEMS award as a result of the feedback received about her.

A family were having problems contacting GOSH regarding their daughter's appointment. Action was taken by the Dermatology team and the child had an appointment booked the same day.

"Thank you for your help. Although we were unhappy that we had to chase, we are very pleased with the outcome and quick response."
Parent of dermatology patient

A parent wanted to pass on her thanks to the Learning Disability team:

"From contacting the hospital to arrange support for our appointment to arriving on the day, I cannot praise [staff name] (who organised support) and [staff name] (who assisted on the day) enough. This service is a life saver to ourselves as parents and our son. To have someone by our side who understands and empathises with his needs is like a dream come true. We cannot thank you enough for this fabulous service."
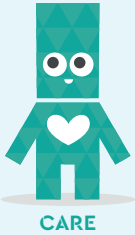
Helpful   TECHNOLOGY

Quality priorities for 2019/20

The following table provides details of three of the quality improvement projects that the Trust will undertake in 2019/20. These priorities were determined with input from staff, patients and their families, and commissioners. This input was sought through a range of mechanisms including a survey, consultation, and use of established meetings such as our Council of Governors, 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?
Implementing the Speak Up Programme Expert CARE	GOSH is undertaking a transformational multi-year programme of work to build and sustain an outstanding culture of safety, reliability and openness. The Speak Up Programme includes work undertaken with the Cognitive Institute and the Medical Protection Society UK, and involves us supporting our staff to take responsibility and be held accountable for behaviours and attitudes that create and build culture. The programme includes `Speaking Up for Safety'™ and also encompasses NHS-wide work streams such as the Freedom to Speak Up Guardian and Ambassadors. This is a Trust-wide programme focused on developing and sustaining a healthcare culture that enhances safety, reduces risk and promotes openness.	1. Rate of incident reporting per 1000 bed days 2. Number of Serious Incidents reported 3. Percentage of staff who have witnessed errors, near misses or incidents that could hurt patients in the last month 4. Percentage of staff who reported the last error/near miss/incident seen that could hurt staff or patients 5. Number of staff who feel able to appropriately challenge where hand hygiene should have been performed 6. Number of grades 2, 3 and 4 pressure ulcers acquired in our hospital Progress is monitored at monthly programme board. Reports are provided quarterly to Trust Board.

Clinical effectiveness

To consistently deliver excellent clinical outcomes, to help children with complex health needs fulfil their potential.

Improvement initiative	What does this mean and why is it important?	How will progress be monitored, measured and reported?
Reducing the number of rejected samples for laboratory testing **One Team** **INFORMATION**	70% of clinical decisions rely on laboratory test results. At GOSH, a high proportion of samples were rejected due to `pre-analytical' reasons – from sample collection methods and labelling through to transportation to the laboratory. If a sample must be rejected, re-taking of the sample will often be needed. Consequences may include delay in diagnosis, treatment, and discharge, negative patient experience, and increased cost to the Trust. This project is supported Trust-wide by stakeholders across the hospital. A real-time QI dashboard of measures displays sample rejection data as well as a table of reasons for rejections, so that the team can identify key aspects for improvement quickly.	1. The number of rejected lab samples due to pre-analytical reasons 2. Percentage of blood cultures transported within 120 mins 3. Percentage of clotted anticoagulant tubes 4. Number of under-filled / insufficient samples 5. Percentage of rejected stool samples Project progress is reported to and monitored at the Quality Improvement 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?
Implementing a system to receive patient, parent and carer feedback in real time **Helpful** **TECHNOLOGY**	Patients and their families told us that they would like to have choice in how they provide feedback to the Trust. The online system allows families to give feedback at a time that suits them. In addition, this enables the Patient Experience Team to investigate and resolve any issues very quickly. By analysing the comments, themes for improvement can be identified and prioritised. Children and young people have told us that they would be encouraged to feed back if the software was more interactive. We will work with the system supplier and our Young People's Forum to develop the feedback software to encourage a higher percentage of online feedback from our patients.	1. Number of feedback items received online and in paper form 2. Ongoing monitoring of the resolution time of negative comments 3. Number of feedback items we receive from our children and young people Project progress will be reported and monitored at the Patient and Family Experience and Engagement Committee and the Quality, Safety and Experience Assurance Committee.

James, is eleven months old and was diagnosed with Leukaemia on New Years' Day. He was rushed to GOSH when he was seven months old, here he is visiting Elephant Ward with Mum Faye.

Part 2b:
Statements of assurance from the Board

This section comprises the following statements:

- Review of our services
- Clinical audit
- Learning from deaths
- Participation in clinical research
- CQC registration
- Use of the CQUIN payment framework
- Data quality
- Priority clinical standards for seven-day hospital services
- Promoting safety by giving voice to concerns
- Reducing rota gaps for NHS doctors and dentists in training

Review of our services

During 2018/19, GOSH provided and/or sub-contracted 62 relevant health services. The income generated by these services reviewed in 2018/19 represents 100 per cent of the total income generated from the provision of relevant services by GOSH for 2018/19. GOSH has reviewed all the data available to us on the quality of care in our 62 services.

In order to ensure that we maintain excellent service provision, we have internal processes to check that we meet our own quality standards and those set nationally. These processes include scrutiny by committee. One example is our Quality, Safety and Experience 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. Our structure can respond to our improvement needs. For example, our recent NHS Staff Survey results have prompted the development of a comprehensive People Strategy and a new committee, the People and Education Assurance Committee to monitor its delivery.

Clinical Audit

Participation in national clinical audit

During 2018/19, 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 are outlined below.

Name of national audit / clinical outcome review programme	Cases submitted, as a percentage of the number of registered cases required
Cardiac arrhythmia (NICOR: National Institute for Cardiovascular Outcomes Research)	162/162 (100%)
Congenital heart disease including paediatric cardiac surgery (NICOR: National Institute for Cardiovascular Outcomes Research)	610/610 (100%) for surgical procedures 515/515 (100%) for catheters 18/18 (100%) for support procedures
Diabetes (Paediatric) (National Paediatric Diabetes Association)	49/49 (100%)
Inflammatory Bowel Disease (IBD) Registry (British Society of Gastroenterology, The Royal College of Physicians, and Crohn's and Colitis UK via IBD Registry Ltd)	The IBD has 120 GOSH patients in the registry, and this is all eligible patients
Learning Disability Mortality Review Programme (LeDeR)	6/6 (100%)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK)	17/17 (100%)
National Cardiac Arrest Audit (ICNARC: Intensive Care National Audit and Research Centre)	11/11 (100%)
Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children (National Comparative Audit of Blood Transfusion Programme)	21/21 (100%)
National Neurosurgical Audit Programme	Data is collected from mandatory national Hospital Episode Statistics
Seven Day Hospital Services Self-Assessment Survey (NHS England)	10/10 (100%)
Paediatric Intensive Care Audit Network (PICANet)	1896/1896 (100%)
Serious Hazards of Transfusion (SHOT) (UK National Haemovigilance Scheme)	21/21 (100%)
UK Cystic Fibrosis Registry (Cystic Fibrosis Trust)	191/191 (100%)

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.'[5]

[5] www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/

National clinical audit reports

The following national clinical audit reports with relevance to GOSH practice were published in 2018/19 from mandatory national audits:

Name of national audit/clinical outcome review programme	Relevance to GOSH practice
Congenital heart disease including paediatric cardiac surgery (NICOR: National Institute for Cardiovascular Outcomes Research)	The 30-day survival rate for paediatric cardiac surgery is a nationally accepted benchmark that is used to judge outcomes. In the three years 2014 to 2017, there were 1885 cardiac operations performed at GOSH, of which 99.2% of patients survived to 30 days. The GOSH risk-adjusted survival rates for paediatric cardiac surgery are defined as 'much higher than predicted'. More information about this can be found on the Cardiothoracic clinical outcomes page[6] on the GOSH website.
Diabetes (Paediatric) (National Paediatric Diabetes Association)	The 2017/2018 report focuses on measuring care for type 1 diabetes patients. GOSH does not have sufficient numbers of typical type 1 diabetes patients to allow comparison of performance. 18.7% of GOSH cases included in the audit have complex forms of Type 1 diabetes in comparison to 98.1% of standard Type 1 and Type 2 diabetes in other centres. 81.3% of GOSH cases included are rare forms of diabetes.
Inflammatory Bowel Disease Registry	No paediatric data has been published by the IBD Registry at the time of writing. GOSH's Gastroenterology service participates in *Improve Care Now*, an international collaboration between paediatric gastroenterology centres. The collaboration benchmarks improvement in quality and monitors clinical outcomes for children with inflammatory bowel disease. As part of the *Improve Care Now* initiative, GOSH has routinely collected data since 2011 and monitors specific IBD outcome measures including disease remission rates, nutrition and growth for the children we treat. More information about this can be found on the Gastroenterology clinical outcomes page[7] on the GOSH website.
National Cardiac Arrest Audit (NCAA) (ICNARC (Intensive Care National Audit & Research Centre).	The NCCA 2017/18 audit report was published in 2018/19 and reports the incidence and outcome of in-hospital cardiac arrest in order to inform practice and policy. The annual audit report has been reviewed by Resuscitation Services. The number of paediatric cardiac arrests nationally is approximately 250-300 per year. The interpretation of the data for GOSH is: • There were 24 in-hospital cardiac arrests in 2017/18. • GOSH has a higher incidence of cardiac arrests per 1000 hospital admissions (0.6 per 1000) than the four other standalone paediatric centres who participate in NCCA. This data is not risk-adjusted, so it does not take into account the severity of illness. • Overall data from NCAA since 2011 indicate that GOSH has an excellent rate of survival to discharge for patients who have had a cardiac arrest. The actions that have been completed in the last year to support best practice in management of cardiac arrests were: • Continued Clinical Emergency Team Simulation Training. • Re-organisation of the Clinical Emergency Team to improve efficiency and further embed quality cardiopulmonary resuscitation. • Increased numbers of resuscitation training places for all staff.

---

[6] www.gosh.nhs.uk/health-professionals/clinical-outcomes/cardiothoracic-clinical-outcomes
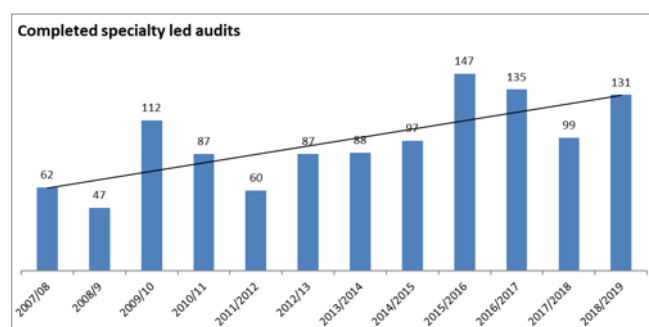[7] www.gosh.nhs.uk/health-professionals/clinical-outcomes/gastroenterology-clinical-outcomes

Name of national audit/clinical outcome review programme	Relevance to GOSH practice
Paediatric Intensive Care Audit Network (PICANet)	The primary outcome measure used in Intensive Care Units (ICU) is the survival rate for patients, measured at the time when they are discharged. Raw survival/mortality rates may be challenging to interpret as patients 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 compares Trusts' Standardised Mortality Ratio[8] for the calendar years of 2015-17. The data in this report shows GOSH mortality as well within the expected range, factoring case mix.
	More information about this can be found on the Intensive Care Unit clinical outcomes page[9] on the GOSH website.
Cancer in Children, Teens and Young Adults: On the Right Course? Child Health Clinical Outcome Review Programme (NCEPOD)	The Cancer in Children, Teens and Young Adults report identifies 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.
	The recommendations in the report apply across care settings and care pathways. A GOSH Haematology/Oncology consultant is involved in the implementation of actions to achieve the recommendations with NHS England.
UK Cystic Fibrosis Registry (Cystic Fibrosis Trust)	The 2017 Cystic Fibrosis report was published in 2018/19 and includes data about individual cystic fibrosis centres, to help the centres benchmark themselves against their peers.
	The data shows that GOSH results for key clinical outcomes are within the expected range. More information about this can be found on the Cystic Fibrosis clinical outcomes page[10] on the GOSH website.

Specialty-led clinical audit

131 clinical audits led by clinical staff were completed at GOSH during 2018/19. To promote the sharing of information, a summary of completed projects is published on the Trust's intranet and monthly reports of clinical audit activity are shared with the Patient Safety and Outcomes Committee.

Our long term data suggests we are encouraging a culture of sharing our specialty-led clinical audit activity.

Completed specialty led audits
2007/08: 62, 2008/9: 47, 2009/10: 112, 2010/11: 87, 2011/2012: 60, 2012/13: 87, 2013/2014: 88, 2014/2015: 97, 2015/2016: 147, 2016/2017: 135, 2017/2018: 99, 2018/2019: 131

A full list of clinical audits completed in 2018/19, and their impact on quality and safety at GOSH, can be obtained on request by contacting the Clinical Audit Manager on 020 7405 9200 ext 5892 or by emailing **clinical.audit@gosh.nhs.uk**.

[8] 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.
[9] www.gosh.nhs.uk/health-professionals/clinical-outcomes/intensive-care-unit-clinical-outcomes
[10] www.gosh.nhs.uk/health-professionals/clinical-outcomes/cystic-fibrosis-clinical-outcomes

Clinical audit prize

The Clinical Audit team developed a clinical audit prize in 2018/19 to promote, value, and incentivise clinical audit in the Trust.

Dental and Maxillofacial	**Kangaroo and Leopard Wards**	**Urology**
Alveolar bone grafting in patients with a cleft lip and palate	Ventilator prescriptions	Referral pathway for urodynamic requests
Audit highlighted excellent clinical outcomes. *"This audit has demonstrated excellent treatment outcomes as well as effective and efficient patient care. As a department, we have learnt greatly from the audit results and will continue to persevere with maintaining and improving our current standards."*	Actions were taken to learn from incidents and to reduce risk. This is a nurse-led audit that resulted in clear improvements. *"This has led to there being no clinical incidents surrounding ventilator prescriptions with inpatients. Nurses feel more empowered to be able to ask for a ventilator prescription if it is not present due to it being on the safety checklist. It is acknowledged amongst the medical team that every child on a ventilator must have a ventilator prescription and they have been more engaged in completing these as needed."*	Clear improvements were made to benefit patient experience and safety, and this audit 'closed the loop'. *"We have achieved better resource utilisation and added multiple check-points, thus improving patient service and safety."*

> **"This idea of acknowledging audit work throughout the Trust is brilliant and am sure will encourage more good work."**
> Urology Specialist Registrar

One Team
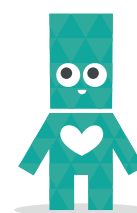
CARE

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.

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 any learning for the Trust.

Deaths in 2018 and case record reviews

2018	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Number of deaths	17	20	20	29	**86**
Modifiable factors	1	1	1	2	**5**

Between 1 January 2018 and 31 December 2018, 86 children died at GOSH. All of these deaths have been subject to a case record review as part of the investigative process of the MRG.

Five (5.8%) of the reviewed patient deaths had modifiable factors at GOSH that may have contributed to vulnerability, ill health or death.

No deaths in 2018 had modifiable factors at GOSH that provided a complete and sufficient explanation for death.

• Between 1 January 2018 and 31 December 2018, 86 children died at GOSH. All of these deaths have been subject to a case record review by the MRG.

• Five (5.8%) of the reviewed patient deaths had modifiable factors at GOSH that may have contributed to vulnerability, ill health or death. No deaths in 2018 had modifiable factors at GOSH that provided a complete and sufficient explanation for death.

*One death from 2017 was reported in the 2017/18 Quality Report as not being subject to a case record review, due to the case awaiting additional investigations before it could be reviewed. This case was reviewed in July 2018; no modifiable factors were identified

Learning from clinical case reviews

The learning points from case record reviews are shared at the Patient Safety and Outcomes Committee, and at Trust Board. Modifiable factors identified outside of GOSH are shared with the Child Death Overview Panel (CDOP).

Where modifiable factors or other issues are identified about GOSH care, these are fed back to the relevant clinical team and/or directorate management team 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 directorate management meeting.

Some key themes were identified, including the importance of clear communication between clinical teams, accurate documentation, and identification of the deteriorating patient in a timely manner.

In recognition of the Trust's commitment to promoting learning lessons from child deaths, a plan to enhance and embed the organisational learning culture has been agreed as a Trust Quality Priority for 2019/20. This includes the introduction of a forum that aggregates learning from a range of sources, including CDOPs. The forum will support timely operational action to:

• Address any immediate process/infrastructure problems

• Triage education and communication on lessons learned into the most appropriate pathways

It is anticipated that the introduction of the EPIC EPR system in 2019/20 will help to improve the quality of the medical record and communication between clinicians.

A working group has been established to implement the Child Death Review Statutory Guidance, which aims to help strengthen links with referring hospitals and the CDOPs to identify modifiable factors to help prevent future deaths.

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.

An influence score offers an interpretation of the extent to which a factor may have contributed to the death of the patient:
0 – Information not available
1 - No factors, or unlikely to have contributed to death
2 - Factors may have contributed to vulnerability, ill health or death
3 - Factors provide a complete and sufficient explanation for death.

What is the Child Death Overview Panel (CDOP)?

The CDOPs are statutory bodies that review the deaths of all children who die in the UK. The death is reviewed by the CDOP where the child is resident, so GOSH liaises with multiple CDOPs.

Expert

INFORMATION

Participation in clinical research

As one of the leading children's research hospitals, children and young people are referred to GOSH from all over the world. They are often in need of treatment for the most complex and life threatening diseases. Working in partnership with the UCL Great Ormond Street Institute of Child Health (ICH), the hospital is the largest paediatric research and training centre in the UK and one of a very small number of internationally recognised centres of excellence in the field of child health.

The vision of GOSH as a research hospital is one where:

- Research is an integral part of the working lives of our staff and the patients and families we treat and see

- Research is fully integrated into every aspect of the hospital, to improve the treatment and outcomes for our patients

- We learn from every patient we see, using the knowledge gained to improve our patients' health and the health of future patients

- Staff, patients and families understand the opportunity and importance of research (research is seen to benefit and not compromise NHS clinical activity)

- We support, value and train all those involved in research, and research is considered as a core component when recruiting to leadership positions across the organisation

- We lead the way in involving patients and families in research design, delivery and strategy and continue to develop creative ways to ensure equitable involvement

- All clinical directorates and services develop and own their research agenda and are supported to do this.
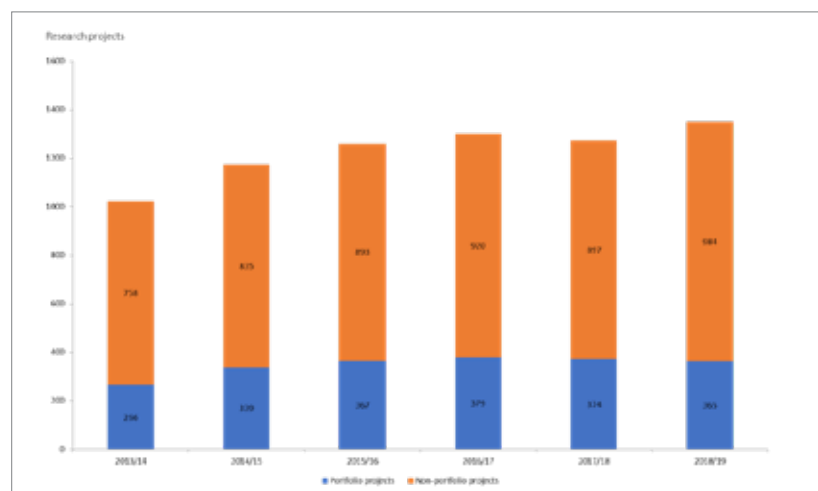
Research activity

During 2018/19, we have run 1,349 research projects at GOSH/ICH. Of these, 365 were adopted onto the National Institute for Health Research Clinical Research Network[11] (NIHR CRN) Portfolio, a prestigious network that facilitates research delivery across the NHS. Our already extensive research activity has grown with an ever increasing focus on high intensity, experimental research since our most recent NIHR Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) awards began in April 2017. These studies account for over 40% of those supported by the CRF but for 65% of the total patient hours. The intensity of care in delivering these studies in paediatrics translates into increased clinical time to deliver each study, often requiring regular overnight visits.

[11]www.nihr.ac.uk/research-and-impact/nihr-clinical-research-network-portfolio/

Lacey is 13 years old, but she's been coming to GOSH since she was a baby. Because she was born without intestines, she's had to have many procedures to help her absorb nutrients.

Figure 1. Number of research projects taking place at GOSH/ICH, highlighting the high quality NIHR CRN Portfolio projects

In 2018/19, over 3,800 patients and family members took part in research at GOSH, approved by the Health Research Authority, including Research Ethics Committee and Medicines and Healthcare Products Regulatory Agency approval as appropriate. In addition, GOSH leads the North Thames Genomic Medicine Centre[12] (GMC), one of 13 regional centres that are responsible for coordinating the return of results for patients that were recruited to the 100,000 Genomes Project. This pioneering project aims to better understand and treat rare conditions and cancers and this year completed its recruitment phase. Over 23,000 genomes have been collected by the North Thames GMC (23% of all genomes collected nationally) including 5,674 rare disease and 296 cancer genomes collected at GOSH (2,244 in 2018/19). Across the North Thames GMC, we have completed the scientific analysis of over 1,200 reports for patients with rare disease (and their families) and over 500 reports for patients with cancer.

Figure 2. Number of research participants recruited at GOSH/ICH, highlighting the high quality NIHR CRN Portfolio projects and those recruited to the 100,000 genomes project
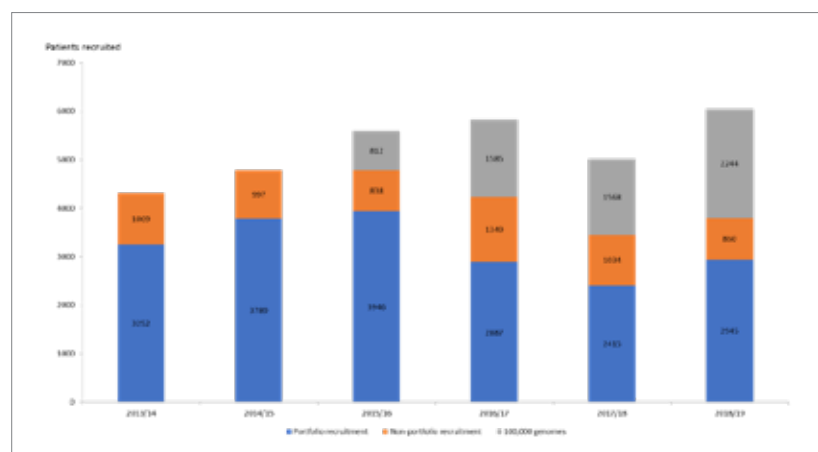
The Trust is making considerable progress against its objective to obtain generic consent from patients, allowing us to use clinical data and excess tissue for research. The pilot completed its initial outpatient phase in September 2017, moving to the next phase (inpatients) in July 2018, with further areas beginning to consent in 2019. The pilot phase indicated that the principle for generic consent was generally accepted by patients and families but indicated the need for face-to-face discussion about the scheme. To assist our teams with this communication, the Trust has commissioned a short animation to explain to patients what happens to their samples, with input from both our Young Person's Advisory Group and Parent/Carer Research Advisory Group.

What is a genome?

A genome is the complete set of genetic material present in a cell or organism. The study of genomes is called genomics.

[12] www.ntgmc.nhs.uk/

Funding

This year we saw an overall 25% growth in our research income to £25 million, which supports research infrastructure and projects across the Trust. This has been in part due to a higher than anticipated growth in commercial income of 13%, through attracting an increased number and value of commercial studies to the Trust as well as extensive work to improve the effectiveness of commercial income recovery. 2018/19 was the second (out of five) year of our third funding term of the NIHR GOSH Biomedical Research Centre (BRC) and of our new NIHR Clinical Research Facility.

Innovation

The Trust has established a GOSH Innovation Hub and an intellectual property (IP) oversight group to review our IP portfolio and make strategic recommendations to the Research and Innovation (R&I) Board for support of innovation with commercial potential. The Trust has a robust IP policy that supports the Trust's objective to encourage the creation and successful commercialisation of innovation by GOSH employees, ensuring that GOSH effectively manages its IP and that revenue share arrangements to incentivise employees are transparent and well-managed. The Trust works with third party organisations with appropriate expertise, for example technology transfer offices to support its innovation activities, including commercialisation of IP.

A dedicated Business Development Manager based within the Division of R&I enables regular on-site access to our university partner and facilitates shared learning in the translational research space.

The Trust launched the Digital Research Informatics & Virtual Environment[13] (DRIVE) in October 2018; a partnership with University College London (UCL) and leading industry experts in technology, artificial intelligence and digital innovation. The unit aims to revolutionise clinical practice and transform patient experience with new approaches to research and tailored care. This will be enhanced following the implementation of EPIC, which has a specific research work stream with input from across R&I. This will allow much greater alignment across research and clinical practice, with clinical data extracted into the Trust's Digital Research Environment, linked to a high-performance analytical platform in collaboration with Aridhia.

Journal Publications

With our academic partner, we publish over 1,000 papers a year; 700 from 1 April to 31 December 2018. In the five year period between 2012 and 2016, GOSH and ICH research papers together had the second highest citation impact of comparable international paediatric organisations.

In the five year period 2012-2016, GOSH and ICH research papers together had the second highest citation impact[14] of comparable international paediatric organisations.

Research Highlights

1 A new, targeted treatment for a rare genetic form of rickets called X-Linked Hypophosphataemia (XLH) became available to NHS patients in January 2019, just three and a half years after the clinical trial first started. The new drug, known as burosumab, is the first to specifically target the root cause of the condition. In the trial, which recruited several GOSH patients, children experienced less pain and showed improved growth rates.

2 GOSH and ICH researchers developed a sophisticated rapid genome sequencing technique that has helped quickly diagnose GOSH patients in intensive care. Results can be returned within four days. This enables doctors to make quicker decisions about treatment pathways and provide families with a diagnosis. It also reduces the time children have to spend in hospital and delivers savings by reducing the length of stays in our intensive care units.

**3** Following the success of the cell therapy research programme at GOSH and ICH, GOSH recently became one of only three UK hospitals commissioned to offer a cutting edge CAR-T cell therapy to NHS patients with acute lymphoblastic leukaemia. The first NHS patient was treated with the therapy, known as Kymriah, in January 2019.

4 GOSH researchers grew the world's first oesophagus engineered from stem cells and successfully transplanted them into mice. Within a week the engineered tissue developed its own blood supply. It is hoped this research could pave the way for clinical trials of lab-grown food pipes for children with congenital and acquired gut conditions such as oesophageal atresia.
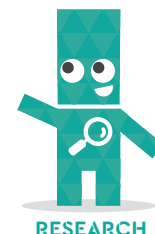
RESEARCH

One Team

[13] www.gosh.nhs.uk/news/latest-press-releases/new-unit-opening-great-ormond-street-hospital-set-revolutionise-how-technology-used-hospitals

[14] 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

Supporting nurses and allied health professionals in research activity

GOSH also hosts one of the few centres dedicated to supporting nurses and allied health professionals in research activity: The Centre for Outcomes and Experiences Research in Children's Health, Illness and Disability (ORCHID). Professor Faith Gibson, Director of Research – Nursing and Allied Health, leads this centre, who along with Dr Kate Oulton, Dr Debbie Sell and Associate Professor Jo Wray, provides leadership to the Research and Clinical Academic Faculties within ORCHID.

This year has been another successful year with increased research and engagement activity, awards and capacity building as our team goes from strength to strength. Two of our allied health professionals (AHPs) were awarded prestigious Clinical Doctoral Fellowships from the National Institute for Health Research (NIHR). Speech and Language Therapist Alex Stewart and Physiotherapist Emma Shkurka will start their PhD studies in the summer, bringing our total number of NIHR funded Fellowships to seven, one of the highest of any NHS Trust in the country. One of our senior team members, Dr Kate Oulton, was awarded a place on the NIHR 70@70 Research Leadership Programme, for senior nurse/midwife clinical leaders with a record of developing existing practice and contributing to a research-rich environment. Furthermore, in conjunction with the Parent Support Group (the Cleft Lip and Palate Association, Ireland) the PLAT project, co-led by Dr Debbie Sell, which empowers parents to improve their child's speech at home, received the Social Entrepreneurs Award, Ireland.

Our research collaborations are far-reaching. In conjunction with the GOSH Biomedical Research Centre, we held a Clinical Academic Careers training weekend for 35 nurses/AHPs from 10 organisations across London and are in the process of establishing a Pan-London support network. The Heart of the Matter[13], a Wellcome Trust funded public engagement project, co-led by Associate Professor Jo Wray, culminated in an exhibition visited by more than 20,000 people across the country. Professor Faith Gibson leads a workstream within the NIHR funded study BRIGHTLIGHT[14]. Part of this work involved working with young people and a theatre company to co-produce a piece of performance art, 'There is a Light', performed to approximately 1600 people, with national and international coverage.

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 2018/19.

In January 2018, the Trust obtained a CQC rating of 'Good' overall following an unannounced inspection of two (surgery and outpatients) out of the eight core services provided at GOSH. An additional unannounced inspection for the Well Led aspect was also conducted in the same period. The report was published in April 2018.

An action plan has been developed for 2019/20 that focuses on areas that received ratings of 'Requires Improvement'. Oversight of progress against the actions is monitored through the directorates, and assurance is provided to the Board and Council of Governors. Executive directors and operational managers have been identified to respectively hold accountability and responsibility for achieving compliance with each element of the CQC registration standards. The Trust has commenced a programme of work to ensure overall compliance that is interlinked with quality, safety and experience as part of day-to-day culture across the Trust. This will be delivered through established programmes including:

• Weekly steering groups with Deputy Chiefs of Service

• In depth mock inspections (CQC Quality Rounds) in clinical directorates

• Directorate led self-assessments

• An assurance framework to provide sight of compliance performance from ward to board

• Gap analysis of information undertaken for the Routine Provider Information Return

• Reviews of potential areas/sources of learning, such as review of themes from CQC inspection and insight reports

Read more about our work on Well Led in our 2018/19 Annual Report.

[13] www.insidetheheart.org
[14] www.brightlightstudy.com/

What is 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.

Use of the CQUIN payment framework

A variety of CQUINs have been undertaken by the Trust in 2018/19. 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 2018/19	
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 that 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 CQUIN 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	The Severe Asthma 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 that will be used 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.

In 18/19 (as in 17/18), the total financial allocation for CQUINs was set at 2% of GOSH's NHS income (activity only). This equates to £4.9m for the 18/19 financial year. However, this value includes the Clinical Utilisation Review CQUIN, in which the Trust declined to participate (total value of £1.07m). The value of the individual CQUINs for the Trust ranged from £750,000 for Medicines Optimisation to £175,000 for Complex Device Optimisation. During Q1 to Q3 of the financial year, we reported high compliance against all our CQUIN indicator milestones. We expect to report approximately 98% compliance at year end. In 2017/18, our final monetary total for the CQUIN payment was £4 million.

Data quality

Good quality data is crucial to the delivery of effective and safe patient care. 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 March 2018, the Data Quality Review group signed off an updated data quality action plan, which focused on the improvement work needed during progression towards going live with the EPIC system in April 2019. A monthly EPR Existing Systems, Data and Reporting Readiness Group supports data quality improvement work and planning across the programme to ensure the Trust's position is robust in moving forward with EPIC.

Highlights of the work completed in 2018/19 include:

Information Services
- Information Services reporting tools to support returns and internal monitoring dashboards

- Completion of the data warehouse audit

- Data warehouse standards have been defined

- Clear implementation of soft and hard stops for incomplete data and data entered outside of expected values where poor data quality affects reporting

- Establishment of multi-dimensional and comprehensive live data quality dashboard within the EPR system to flag data quality errors that drill down to patient level across the patient journey - referral, pathways, waiting list, outpatient and inpatient activities and patient demographics

Data assurance
- All members of the Data Assurance Team are trained as EPR super users within the key modules to support the EPR go-live period

- Links to training content and standard operating procedures (SOPs) are embedded within the EPR learning home dashboard and on the intranet

- Weekly and monthly targeted data quality training for front line users based on information from the data quality dashboard

- Establishment of data assurance audit methodology signed off by the Data Quality Review Group in September 2018

- Full validation of clock start information for all tertiary referrals received by the Trust means we now report less than 3% unknown clock starts as part of our referral-to-treatment pathway (RTT) data submissions

- Re-launch of RTT training in April 2018 and delivery of data quality principles as part of the course contents. We have now trained 97% of our core users

- Data Quality Review Group commissioned patient demographics training across the Trust in August 2018 to support data migration. We have trained 156 staff (September 2018 to January 2019). Patient demographics training content is now incorporated into EPR training materials and SOPs.

We have made good progress to improve our data quality to date, and work continues within the EPR project build to ensure safeguards are in place to minimise data quality risks.

The focus for 2019/20 is to continue to support front line staff on data quality in EPIC and to ensure our clinical operational teams have access to timely and reliable information that will support business processes and decision making.

INFORMATION

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 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.

What is the Secondary Uses Service?
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.

What is NHS Digital?
NHS Digital is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

Secondary Uses Service

As required by NHS Digital, GOSH submitted records during 2018/19 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	92.7%	99.4%
	Outpatients	93.8%	99.5%
Inclusion of patient's valid General Practitioner Registration Code	Inpatients	99.5%	99.9%
	Outpatients	99.8%	99.8%

Notes:

• The table reflects data from January 2019 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.

Information governance

The Trust is in the process of finalising its first submission against the re-launched Information Governance Toolkit, the Data Security and Protection Toolkit (DSPT). This new system will allow us to demonstrate our position against the General Data Protection Regulations (GDPR) 2018 and outline the key requirements to maintain status as a `Trusted Organisation' with regards to sharing NHS data.

While compliant with the mandatory requirements, some areas of improvement have been identified and an action plan is underway. Actions include:

• updating and embedding the process for accessing the privacy risks of proposed new uses of personal information (Data Protection Impact Assessments)

• ensuring the Trust has an accurate and up-to-date list of all personal information it holds and a review of the arrangements and checks for sharing personal information with external suppliers

Clinical coding

GOSH has a dedicated and highly skilled clinical coding team, which continues to maintain high standards of inpatient coding. The depth of coding continues to sit above the national average due to the complexity of our patients.

GOSH carries out quarterly internal specialty audits to ensure that accuracy and quality are maintained, that national standards are adhered to, and any training needs are identified.

The recent 2018/19 audit for the Data Security & Protection Toolkit (DSPT) showed results of over 98% accuracy for primary diagnostic coding, and 95% for primary procedure coding.

GOSH was not subject to a national Payment by Results clinical coding audit during the 2018/19 reporting period.

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.

For these unplanned critical care admissions, we participate in the NHS England seven-day service audit and self-assessment framework. The audit measures whether patients admitted as an emergency are seen by a consultant within 14 hours of arrival, and whether patients are subsequently seen twice daily by a consultant. Our audit data for 2018/19 shows that we meet all required clinical standards.

Vinnie, who's two and a half, had surgery at GOSH earlier this year to remove a tumour from his brain. Since his operation, the physio team have been working with Vinnie to help him regain his balance and walk again. He loves playing with Lego™ and getting involved in music sessions in the playroom.

Promoting safety by giving voice to concerns

Speak Up Programme

One of GOSH's key priorities is to eliminate avoidable harm to patients in our hospital. In the coming year, we are launching two new initiatives to support our work on harm-free care.

1. Speaking Up for Safety™ workshop
A focused workshop is being delivered across the organisation to equip, empower and support every one of our staff to 'Speak Up for Safety'. The objective of the workshop is to develop staff insight and skills to respectfully raise issues with colleagues when concerned about a patient's safety. In conjunction with the Medical Protection Society, we have trained and accredited 22 internal Safety Champions to support the programme and deliver the workshops to all staff across the Trust. Once complete, the workshop content will become part of Trust induction for all new staff, so the knowledge in our workforce is embedded and sustained in a culture of safety.

2. Promoting Professional Accountability™
At all times, we aim to provide a considerate and respectful environment for our staff and patients. To assist us in doing this, we will be introducing the Promoting Professional Accountability programme. Promoting Professional Accountability works hand-in-hand with the Speaking Up for Safety message. It provides a platform for staff to give feedback on colleagues who have either championed or undermined our Trust values, to ensure that great team working is recognised and difficult behaviours are discouraged.

Supporting staff to speak up

Being able to speak up about a concern in the workplace is an essential part of providing safe care for children and young people at GOSH. In line with other hospitals across the country, we have established a Guardian for the Freedom to Speak Up. This role is in conjunction with Freedom to Speak up Ambassadors, who work with the Guardian to provide support to any staff member across the hospital who wishes to raise a concern.

Support may be needed where a staff member wants to raise a concern about safety but doesn't know how, or doesn't feel comfortable to do so, or where a concern has been raised locally but the staff member feels it has not been taken seriously. The Freedom to Speak Up roles provide this additional layer of support to ensure that concerns are heard, explored, and any actions identified and acted upon.

Whistleblowing protection

Most issues raised by employees are easily resolved. However, there are times when concerns are of a more serious nature. The Trust has a policy that has recently been updated in line with national guidance, which provides a clear and easily accessible route for raising these types of concerns known as qualifying disclosures (also known as whistleblowing concerns). The policy also outlines a range of people who employees can raise concerns with even if they don't fall under the definition of a whistleblowing concern, including the Freedom to Speak Up Guardians and Speaking Up for Safety™. The overarching aim of the policy is to demonstrate the Trust's commitment to openness and accountability through:

- The provision of a safe environment to raise concerns at work

- Reassurance of employees that it's safe and acceptable to speak up

- Reassurance of employees that they can raise a concern at an early stage and with clarity about the process

Reducing rota gaps for NHS doctors and dentists in training

Vacancy rates and rota gaps are a constant area of change within the organisation. They reflect the end point of multiple workforce issues, including short term unplanned absence, delays in recruitment process and rotational pathways, alongside a national reduction in the medical paediatric workforce.

Rota gaps have been highlighted as an organisational pressure and measures are being taken to mitigate the situation at GOSH. The Modernising Medical Workforce Group has been established through the Medical Director's Office in direct response to the issues impacting the medical workforce at local and national level. The group is designed to assist the Board and Executive Team in the recruitment, support and retention of doctors, with a focus on the sustainability of the medical workforce. The goal of the group is to problem-solve and think innovatively about the Trust-wide challenges facing the medical workforce. Rota gap pressures for our junior doctors is a particular focus.

We have become aware of the requirement for centralised 'real time' continuous data collection regarding vacancy rates that reflect rota gaps. Therefore we are currently developing a mechanism to capture this data to ensure that there is consideration to both the immediate and medium term impact of rota gaps across the organisation. In parallel to this, we are creating a clear plan for the escalation process to support doctors on rotas that have short-and medium-term vacancies. Below are 2018/19 vacancy rates, by end-of-quarter census across the organisation.
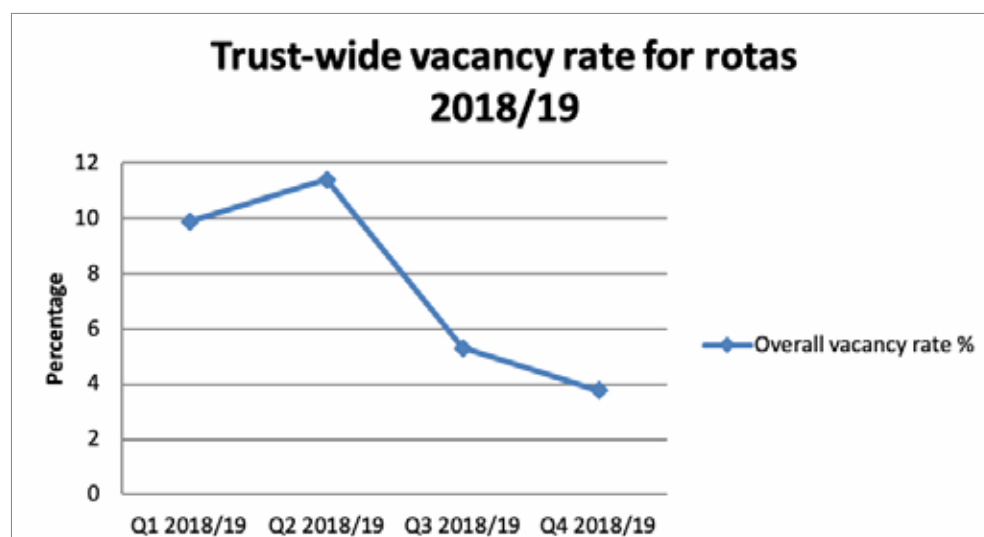
It is our experience that the impact of rota gaps is specific to each department and is dependent upon multiple factors including the number of doctors available in day-time hours, the use of advanced clinical practice roles and the overall rota establishment. Although the average organisational vacancy rate percentage is a useful metric, we currently anticipate and consider the direct impact of rota gaps upon each department, with a review of medical work flow and work schedules when necessary.

Maxwell, is three years old. He has a Berlin Heart and has been on the transplant list since 2018. He loves football (like his dad!) and playing with the little kitchen in the GOSH playroom.

Part 2c:
Reporting against core indicators

Performance against Department of Health and Social Care quality indicators

NHS trusts are subject to national indicators that enable the DHSC and other institutions to compare and benchmark trusts. 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. Where national data is available for comparison, it is included in the table.

Indicator	From local trust data			From national sources				GOSH considers that this data is as described for the following reasons:	GOSH intends to take the following actions to improve this score, and so the quality of its services, by:
	2018	2017	2016	Most recent results for Trust	Best results nationally	Worst results nationally	National average		
				Source: NHS Staff Survey Time period: 2018 calendar year					
The percentage of staff who would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.	88.2%	86.1%	90.4%	88.2%	94.8%	77.5%	89.7%	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 key actions associated with addressing staff survey findings will be incorporated into the Integrated People Strategy – with its four pillars; Capacity, Infrastructure, Skills and Culture & Engagement. The survey results indicate the need to prioritise the Culture & Engagement pillar. This workstream's purpose is to ensure all our people feel well led and managed, but also supported and empowered to do and be their best. The key components of this pillar are: Visible Leadership, Corporate Strategy & Narrative, Creating an Employee Voice, Living Our Values, Creating Transparency & Promoting Dialogue, and Integrating Support Services & Networks. These are underpinned by Training & Development and Internal Communications.
Percentage of staff who agreed that care of patients is the organisation's top priority	84.2%	82%	88%	84.2%	92.7%	76.9%	75.5%		
Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse at work from managers in last 12 months	17.2%	17.1%	14.6%	17.2%	3.3%	27.2%	13.1%		
Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse at work from other colleagues in last 12 months	22.1%	20.8%	18.6%	22.1%	10.3%	28.4%	18.7%		
Percentage of staff who consider the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	78.8%	81.3%	84.6%	78.8%	94.3%	60.8%	83.4%		

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:
	2018/19	2017/18	2016/17	Most recent results for Trust	Best results nationally	Worst results nationally	National average		
Friends and Family Test (FFT) - % of responses (inpatient)	18.9%	24.6%	23.8%	18.9%	37.3%	12.4%	24.5% (mean)	The rates are from NHS England Time period:2018/19 financial year Comparing: paediatric trusts*	We are promoting FFT at ward level, so every family is aware they can provide feedback and how. We advertise the online feedback on our weekly Feedback Friday slot on the @GreatOrmondSt Twitter feed, along with the feedback page link. Interactive feedback functions are being developed to encourage our children and young people to complete the FFT.
FFT - % of respondents who recommend the Trust (inpatient)	96.7%	97.1%	98%	96.7%	98%	93%	96.5% (mean)		
*Children's hospitals: Alder Hey; Birmingham; Bristol Royal; Evelina; GOSH; Leeds; Nottingham; The Alex; Royal Manchester; Southampton; The Great North									
Number of clostridium difficile (C.difficile) in patients aged two and over	6	11	1	11	1	11	4.7 (mean)	The rates are from Public Health England. Time period: 2017/18 financial year Comparing: Stand-alone paediatric trusts†	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)	10.3	18.8	1.79	12.6*	1.4	12.6	6.3 (mean)		

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.

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:
	2018/19	2017/18	2016/17		
Patient safety incidents reported to the National Reporting and Learning System (NRLS):					
Number of patient safety incidents	6,751	6,345	5,429	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 in root cause analysis, 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)	14.9	14.2	12.4		
Number and percentage of patient safety incidents resulting in severe harm or death	6 (0.1%)	12 (0.2%)	8 (0.1%)		

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.

Performance against key healthcare targets 2018/19

Domain	Indicator	National threshold	GOSH performance for 2018/19 by quarter				2018/19 mean	Indicator met?
			Q1	Q2	Q3	Q4		
Effectiveness	All cancers: 31-day wait from decision to treat to first treatment***	96%	97.87%	100%	100%	100%	99.45%	Yes
Effectiveness	All cancers: 31-day wait for second or subsequent treatment, comprising:***							
	· surgery	94%	100%	93.33%	90.91%	100%	Indicative position: 95.65%	Yes for Q1&4. No for Q2&3
	· 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: 93.62% May: 93.64% June: 92.59%	Jul: 92.76% Aug: 92.85% Sep: 92.24%	Oct: 92.19% Nov: 92.15% Dec: 92.09%	Jan: 92.59% Feb: 92.18% Mar: 92.24%	92.60%	Yes
Experience	Maximum 6-week wait for diagnostic procedures***	99%	Apr: 97.87% May: 97.45% June: 98.43%	Jul: 97.43% Aug: 94.44% Sep: 94.53%	Oct: 94.07% Nov: 96.98% Dec: 93.14%	Jan: 95.19% Feb: 97.54% Mar: 97.48%	96.21%††	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

*Target based on meeting the needs of people with a learning disability, from recommendations set out in Healthcare for All (Department of Health, 2008)
†† Throughout the year, the Trust identified a number of poor administrative processes related to the booking of diagnostic tests, which resulted in an increase in the volume of breaches. Capacity has also been an issue. The Trust is currently working through a recovery plan to improve performance against this standard in 2019/20. ***Source: NHS Digital

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 159). All measures remain within expected statistical tolerance.

Domain	Indicator	GOSH performance for 2018/19 by quarter				2018/19 mean
		Q1	Q2	Q3	Q4	
Safety	Central Venous Line (CVL) related bloodstream infections (per 1,000 line days)	1.7	1.2	1.3	2.6	1.7‡
Effectiveness	Inpatient mortality rate (per 1,000 discharges)‡‡†	4.74	5.00	7.62	8.95	6.49
Effectiveness	PICU discharges delayed by 8–24 hours	19	13	16	17	16
Effectiveness	PICU discharges delayed by more than 24 hours	36	25	57	56	43
Experience	Discharge summary completion time (within 24 hours)	89.24%	87.18%	80.75%	77.32%	83.30%
Effectiveness	Last minute* non-clinical hospital cancelled operations‡ and breaches of 28-day standard:					
	· cancellations	112	135	155	150	137
	· breaches	13	17	21	13	16
Experience	Formal complaints investigated in line with the NHS complaints regulations***	18	30	27	20	95 (total)
Effectiveness	% of patients aged 0–15 readmitted to hospital within 28 days of discharge‡‡	1.63%	2.72%	2.24%	1.58%	2.04%
Effectiveness	% of patients aged 16+ readmitted to hospital within 28 days of discharge‡‡	0	0	1.53%	0	0.38%

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% June: 89.26%	July: 89.84% Aug: 90.07% Sept: 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 continued.
Experience	Maximum 6-week wait for diagnostic procedures***	99%	Apr: 97.44% May: 97.49% June: 97.73%	Jul: 97.77% Aug: 97.49% Sep: 98.09%	Oct: 98.69% Nov: 99.02% Dec: 98.93%	Jan: 99.51% Feb: 98.60% Mar: 98.98%	98.28%	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

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

Additional indicators – performance against local improvement aims							
Domain	Indicator	GOSH performance for 2017/18 by quarter				2017/18 mean	
		Q1	Q2	Q3	Q4		
Safety	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)‡††	8.8	5.7	6.7	4.2	6.3	
Effectiveness	PICU discharges delayed by 8–24 hours	††	††	32	19	25	
Effectiveness	PICU discharges delayed by more than 24 hours	††	††	43	54	48	
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%	

† Does not include day cases   †† Reported to Board from October 2017   *** Source: NHS Digital   ‡‡Source: Hospital Episode Statistics

* 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.

‡ Thirteen episodes come from one child with a serious gastrointestinal issue who had recurrent bacteraemias likely to have arisen from the gut but seeded the line. Removing these unavoidable 13 episodes (and the line days) gives an annual rate of 1.4.

†††Throughout the last year, the Trust continued work to improve the quality and robustness of our waiting list data, building on the work that had been completed over previous years. The principle focus for 2018/19 was maintaining compliance against the RTT standard as an organisation and focusing on speciality level compliance. In addition a significant focus has been placed on the build of the EPIC system to ensure we are able to robustly track and manage patients who are awaiting treatment, both within the EPIC system, as well as utilising Qlikview reporting to provide a patient targeting list (PTL) and booking reports for the operational teams. Throughout 2018/19, the Trust successfully delivered the 92% incomplete standard every month. This was a testament to the work completed by the clinical and operational teams. Following the completion of our audit of the Quality Accounts for 2018/19, a number of data quality issues were identified related to the small sample undertaken, although the significance of errors have reduced since last year's audit. While disappointing, the majority of the errors related to documentation management and late receipt / processing of referral information and thus were not material to the Trust's reported RTT position and as such this has led to a modified opinion by our auditor, Deloitte. This year's audit was completed using a cross section of waits on the PTL in addition to focusing on those waiting between 17 and 18 weeks. As such, the review highlighted a reduced quality of data across those pathways below 18 weeks, compared to those who have waited over 18 weeks as all of these pathways are validated as part of our RTT reporting processes in-line with processes completed. Those pathways under 18 weeks are randomly sample audited as part of our waiting times and data assurance processes on a weekly basis. Our previous patient administration system was not capable of tracking patients against an RTT pathway, so this had to be constructed and calculated outside of the system in a data warehouse environment. While much work has been completed to compensate for this, it allowed the user to enter pathway data and an outcome code regardless of the status of the pathway. The functionality provided by EPIC will go some way to mitigate this, although this is unlikely to address all the issues identified as part of the audit. In addition, the initial concept of RTT was developed around the clinical model of simple surgical care, rather the complex tertiary and quaternary care that we offer at GOSH. As such, it remains a challenge to our clinicians and operational teams to apply the rules to the clinical pathways we have at GOSH. This is further compounded by the fact that 93% of the patients we receive at GOSH have been referred from another hospital setting and hence will have already waited for care at another organisation. This means that for each we have to source a minimum dataset, informing us of the current status of the patient together with their current waiting time. This vital information is often hard to source. However the Trust has completed a significant amount of work to reduce the volume of unknown clock starts from 894 in April 2018 to 231 in March 2019. Finally, although the number of errors was higher 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.

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 2018/19 Quality Account.

We continue to work together to address improvements in the quality of care and accessibility of services for those children whose healthcare needs are managed by GOSH.

NHS England reviews 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 are required. This year, the Trust itself has also undertaken to benchmark performance against some of its peers to identify opportunities for learning and improvement and we welcome this proactive reflection. Notable improvements include:

- A new system to replace the Friends and Family Test which has significantly improved the volume of responses received from service users

- Implementation of the PANDA system - designed to objectively assess the nursing dependencies and calculate safe nurse ratios for each ward area

- Improved recognition of deteriorating patients through implementation of Paediatric Early Warning System (PEWS)

- Better identification and management of children at risk of developing sepsis

- Improvements in the experience of patients requiring venous access

- The Growing Up Gaining Independence Programme, which addresses transition to adult services

- Reducing sample rejection rates in laboratories

The CQC report published in April 2018 identified two areas which require improvement; outpatients, and diagnostic imaging and surgery. NHS England will work with the Trust over the coming year to ensure that the action plans to address these priority areas are delivered. Whilst the Trust has made progress against the CQC Well-Led domain, this has been an area of significant discussion with NHS England and, it will remain as such so that the organisational changes that aim to improve the annual staff survey results are implemented.

The Trust has a busy year ahead; in addition to those mentioned above, priority areas include - assuring the stability of services following implementation of EPIC, the electronic patient record which went live in April 2019; addressing any further improvements that may be identified following a scheduled review of surgery by the CQRG and, aligning processes with the new Child Death Overview Panel guidance.

Great Ormond Street Hospital is host to the newly established North Thames Paediatric Network and through the new leadership team, we are confident that this will enable stronger collaboration across Providers to improve the care of children and young people in the region.

Statement from Camden Health and Adult Social Care Scrutiny Committee

Disclaimer: The Health and Adult Social Care (HASC) Scrutiny Committee did not sit between the receipt of the draft quality report and the due date for comments. They could not therefore provide comments on the named quality report. The following statement was provided solely by the Chair of the HASC Scrutiny Committee, Cllr Alison Kelly, and they should not be understood as a response on behalf of the Committee.

Thank you for sending us your 2018/19 quality report for comment. The report is comprehensive.

The Trust is to be congratulated on the progress made in 2018/19 and for the dedication of so many GOSH colleagues who ensured that this happened.

Other Trusts have a specific section on key achievements and exciting developments during the year. Perhaps the Trust should, succinctly, celebrate its achievements a bit more loudly early on in its report.

The report has not been the easiest to comment on as it is an early draft without a contents page, without a statement of quality from the chief executive, and without the priorities and actions for 2019/20, for example.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden.

1) Putting patients at the centre of all you do
The report makes clear that `fulfilling our potential' is the strategic focus of the Trust. `The child first and foremost' is the pinnacle. This is excellent.

2) Focussing on a common purpose, setting objectives, planning
Pages 146-153 under the heading `Our strategy' cover a range of important topics but it is not always immediately clear how the individual topics on these pages link to the Trust's strategic focus.

The Trust may want to consider how it initially describes its strategy to make clear that helping children and young people with the most complex needs to fulfil their potential is the absolute priority of the Trust.

The report contains six clear, patient focused priorities which were taken forward during 2018/19. The priorities are narrower and less strategic than in some other Trusts.

Action taken and progress made is detailed. As are the next steps, which is very helpful. However the Trust should give further consideration to the audience of the report as too much detail can get in the way of understanding.

Ideally the national audit and clinical outcomes review programme should be linked to priorities.

It is unclear what the priorities are for 2019/20. They may be included but are difficult to locate without a context page.

3) Working collaboratively

The Trust demonstrates that it takes seriously working with, listening to and learning from patients, their families and carers. The progress made is positive. The Trust may want to consider a more holistic approach, which encompasses cultural change, in future.

Following the disappointing 2018 staff survey result it is positive to see the steps the Trust is taking to improve clarity of leadership and reduce the gap between leaders and frontline services.

We know that GOSH takes seriously collaboratively working with Camden Council and across other local sectors to achieve the best possible outcomes and experience. Perhaps progress can be reported in the next quality account.

We also know that the Trust takes exceedingly seriously its work with national and international partners, and it is pleasing to read about the Trust's participation in clinical research. The report would benefit from reflection on any other areas where there is collaboration.

4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

The 2018 CQC inspection is mentioned in the section on CQC registration and in Annex 2 of the report. The inspectors rated services as outstanding - effective and caring. Many sincere congratulations indeed.

However, `Well Led' aspects which required improvement by CQC are not covered in the report. Only future processes to be followed are covered, which are not linked to the specific issue. Below average staff ratings in the quality indicators confirm the CQC results.

Some clearer actions are covered in the final column of the core indicators table, but the lack of clarity and transparency is disappointing and concerning.

There is some excellent practice in NCL in relation to these reports. It might be worth sharing good practice in this report and also learning from others.

We would like to finish by thanking GOSH for its huge commitment to putting the child first and always. And for all the hard work by so many, including volunteers, frontline staff, clinicians, the leadership team and board members. Your dedication is inspirational and hugely appreciated.

Councillor Alison Kelly

Chair of Health and Adult Social Care Scrutiny Committee

GOSH response to statement from Camden Health and Adult Social Care Scrutiny Committee

The Trust wishes to thank Cllr Kelly for taking the time to give feedback. We are grateful for the recognition of our ongoing work to continuously improve the care we provide to our children and young people. The suggestions of improvements to the report are helpful and we have either applied these or will do so in forthcoming years. We respond below to specific topics referenced by Cllr Kelly:

Strategy

We are currently doing a piece of work to hone our strategy under the new leadership team, which includes workshops with staff and clarification of specific deliverables that map to our quality domains. Greater clarity about priorities should therefore be evident in the 2019/20 Quality Report.

Leadership and staff experience

We recognise from a range of feedback sources that staff engagement and wellbeing need to be improved. We are committed to addressing these issues and improving the experience of our staff, including their sense of being valued and supported.

The Trust is currently in the process of developing a comprehensive People Strategy, which will encompass engagement from a wide range of staff in different roles across the organisation. The strategy will aim to address cultural issues identified in the CQC report, staff survey and other staff feedback mechanisms.

The Chief Nurse and Medical Director are attending the Health and Adult Social Care Scrutiny Committee in July and will be pleased to present in more detail our progress with strategy and improving the experience of our staff. We will also report these in detail in the 2019/20 Quality Report.

Statement from Healthwatch Camden

Healthwatch Camden thanks the Trust for the opportunity to comment on your Quality Accounts. It is always good to learn more about your important work. However, we are not making a formal comment on Quality Accounts this year. This decision should not be seen as any lack of interest in or support for your work. Pressure of other work in the context of falling core income and increased complexity in the local NHS means that we do not have the human resources to consider Quality Accounts in the detail that they deserve this year. We look forward to commenting in future years.

Feedback from members of the Council of Governors

Comments from Public governor, north London and surrounding area:

An entire year has passed since I last reviewed the GOSH annual report and evidently much progress has been made. The delivery of the national Referral to Treatment target which has saved the Trust £12.3M is truly commendable. Plans to save over £20M the following year are also very reassuring to read, and something I trust will be followed through. The implementation of the EPR System is a great contributing factor to the technological advancement the Trust is currently experiencing. The initiatives taken by the Trust to ensure inclusivity of its staff is greatly appreciated and an area I hope progress continues to be made in. It is very heartening to read about the Trust's commitment to the quality priorities, which for this past year are significant, and the introduction of the PEWS system is noted and commended. The focus that has been placed on ordering and delivering chemotherapy more efficiently is also lauded and a priority that I hope will continue to be delivered upon.

The introduction of a paediatric VHP framework as promised is welcomed. The fear of venous access is often a major hindrance in the recovery of young patients and the Trust's emphasis on this has and will continue to improve the efficiency of treatment and patients' experience. The digital logging of relevant information on the ePSAG and EPIC systems has improved efficiency and accessibility to data for all staff - a measure that supports efficient inter-departmental communication. The decrease in cannulation attempts from 1.9 attempts per child to 1.2 is a notable improvement, and a figure I'd like to see further improvement on the following year. There has been a significant decrease in the number of extravasation injury referrals from an average of 12 to 5 per month - an excellent improvement. The plans for standardisation of the new framework are also sensible - this will prove sufficiently informative when combined with the introduction of the e-learning package and training video for doctors.

Having commented on the effectiveness of the PEWS system in the previous year's report, it is reassuring to read that the Trust has followed through on its commitment to improve the early recognition of deteriorating condition, especially the early signs of sepsis. It is reassuring to read that PEWS was successfully launched and that training was well received. The accessibility of the Early Warning Dashboard to hospital, ward and patient is fundamental to increasing awareness at all levels. The increase in percentage of completed observations from 62% to 75% is heartening and a figure I anticipate will be greater in the following year, with the PEWS system in place. The Trust's work to develop a national PEWS tool is welcomed and will greatly impact the wider NHS.

The efficient administration of chemotherapy is vital to providing world class cancer care. The results of the baseline audit in October 2018 which indicate that the number of phone calls to the chemotherapy unit have decreased from 40-60 phone calls per day to 0 following the implementation of Chemotracker are truly commendable.

To conclude, the Trust has had another busy year with much success. The developments and standardisation of frameworks will continue to ensure the Trust works towards fulfilling its 'always' ethos, and it is incredibly heartening to read about the great progress made from last year particularly in technological implementation. On behalf of the governing body, I'd once again like to thank the Trust for its extensive, sustained efforts in providing outstanding care to its patients and its manifest commitment to putting the child 'first and always'.

Comments from Staff governor:

I am a new Governor in what has been an exciting time for GOSH.

2018/19 has been dominated by preparations for EPIC, our new Electronic Patient Record (EPR) system. This is a massive project to build a unified IT system for all of our patient-related activity, replacing the large number of smaller systems which had previously been in place. The whole Trust has been involved, from the front line point-of-care teams, through to back office functions such as Finance.

The system will have everything in one place; where, in the past blood test reports would be on one system, with radiology reports in another, now our staff will have what they need in one place at the click of a mouse. This will improve safety (for example, reducing medication errors) and the service we provide to our families. It will also allow for efficiencies and automation, such as test results automatically being returned as a message to clinicians and filed under the patient's notes, rather than staff having to chase results.

From a Governor's perspective, I have been reassured to see the diligence and care that has gone into the preparations for the system's implementation. The team directly working on the project were a mix, with a large contingent being current staff who were seconded to the project. This meant there was a deep level of local knowledge and, crucially, strong input from our Nursing and Medical teams. Due to the vital nature of the project it is discussed at several assurance committees, as well as at Trust Board.

No implementation will be glitch free, but I am content that the Trust has done a great job in preparing for the next step in GOSH's mission to provide excellent care to its patients.

The other main issue I would identify is the work that the Trust is doing around staff engagement and the organisational culture. This year the Trust carried out a survey to get the views of staff. This was sent to every staff member. The results were not always what one might want to see and small pockets of inappropriate behaviour were identified.

It is sad that this has been the situation, but I am fully convinced that the Board, and especially the Chairman and Chief Executive are absolutely committed to remedy the situation and improve the working lives of staff in those areas and ensure that all of the hospital lives up to our Always Values at all times. The Council of Governors stands full square in support of this aim. A great deal of work has already gone in to improving the experience of staff, including the creation of staff forums, which you can read about on pages 152-153 of this report.

The final thing I will highlight is GOSH's focus on research and the future. The 100,000 Genomes project closed to recruitment this year. This large national research study hopes to unlock information coded into the human genetic makeup to inform management and treatment of a huge range of conditions. It will have particular impact on rare diseases, which GOSH specialises in. GOSH was the largest single recruiter of families to the project, something we can certainly be proud of.

This is in line with our aim to become a Research Hospital, where research is completely integrated with the care we provide, so that we can offer cutting-edge treatments to our patients and maximise clinical outcomes. To this end, we have opened the Digital Research and Informatics Unit (DRIVE), which brings together healthcare experts, researchers and other partners to develop exciting new devices and systems to advance the care provided to patients. This is an exciting initiative and I am sure that it will lead to many future developments.

To conclude, it has been a very busy year for the Trust, with a lot happening and a lot yet to do. We have an energised Board, showing great leadership and I think the coming year will be one where we see GOSH making excellent progress.

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 2019 (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 2019, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Great Ormond Street Hospital for Children NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway; and

- Maximum waiting time of 31 days from decision to treat 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 Detailed guidance for external assurance on quality reports 2018/19; 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 2018 to 23 May 2019;

- papers relating to quality reported to the board over the period April 2018 to 23 May 2019;

- feedback from Commissioners,

- feedback from governors,

- feedback from local Healthwatch organisations,

- feedback from Overview and Scrutiny Committee,

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009,

- the 2018 national staff survey,

- the 2017 national inpatient survey

- the Head of Internal Audit's annual opinion over the trust's control environment, dated 22 May 2019;

- the Care Quality Commission inspection report dated 6 April 2019; 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;

· reviewing the process flow of the indicator with management;

· limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

· comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and

· reading the documents.

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

Limitations

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

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

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

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 20 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified a number of issues during testing (with some samples having more than one issue). We noted the following errors:

· Two instances of invalid pathways;

· One instance of an incorrect clock start being recorded and two instances of a clock stop being recorded incorrectly. Monthly reporting was affected in the case of one clock stop.

· One instance of the pathway being attached to the wrong specialty. Monthly reporting was unaffected.

· Two instances of insufficient support for the start date recorded due to missing date stamps on referral documents. For one sample we were able to confirm reporting is unaffected based on the earliest possible start date per referral letter, for the second we were unable to confirm whether reporting was affected; and

· Three further instances of incorrect reporting, whereby the number of active patients on the waiting list was over/ understated as a result of late processing of the clock stop/start dates.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway" indicator for the year ended 31 March 2019. We are unable to quantify the effect of these errors on the reported indicator.

The "Performance against key healthcare targets 2018/19" section on page 196 of the 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 2019:

· 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 2.1 of the NHS Improvement Detailed requirements for external assurance for quality reports 2018/19; 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

Deloitte LLP

St Albans, United Kingdom

23 May 2019

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 2018/19* and supporting guidance *Detailed Requirements for Quality Reports 2018/19*.

- 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 2018 to May 2019
  - papers relating to Quality reported to the board over the period April 2018 to May 2019
  - feedback from commissioners dated 14/05/2019
  - feedback from governors dated 24/04/2019
  - feedback from Camden Healthwatch organisation dated 08/05/2019
  - feedback from Camden Health and Adult Social Care Scrutiny Committee dated 08/05/2019
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019
  - National Paediatric Outpatient Survey 2016
  - Children and Young People's Inpatient and Day Case Survey 2016
  - the national NHS Staff Survey 2018

  - the Head of Internal Audit's annual opinion of the trust's control environment dated 22/05/2019
  - CQC inspection report dated 06 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 manual and supporting 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

22 May 2019

Chairman

22 May 2019

Chief Executive

Glossary

ACAS	Advisory, Conciliation and Arbitration Service
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BRC	Biomedical Research Centre
CAHF	Clean Air Hospital Framework
CHESS	Children's Hospital Education Specialist Symposium
CHP	Combined Heat and Power
CRF	Clinical Research Facility
CQC	Care Quality Commission
DRIVE	Digital Research Informatics & Virtual Environment
DSP	Data Security and Protection
DSPT	Data Security and Protection Toolkit
ECHO	European Children's Hospital Organisation
EEA	European Economic Area
EMT	Executive Management Team
EPIC	The service provider of the EPR
EpiCARE	The European Reference Network for rare and complex epilepsies
EPR	Electronic Patient Record
ERN	European Research Networks
EU	European Union
FTE	Full-time equivalent
FTSU	Freedom to Speak Up
GDPR	General Data Protection Regulations
GEMS	GOSH Exceptional Member of Staff
GOSH	Great Ormond Street Hospital
HEE	Health Education England
ICH	UCL Great Ormond Street Institute of Child Health
ICT	Information Communications Technology
I&E	Income and Expenditure

IFRS	The International Financial Reporting Standards
IGSG	Information Governance Steering Group
IP	Intellectual Property
LCFS	Local Counter Fraud Service
LITT	Laser interstitial thermal therapy
MES	Membership Engagement Services
NED	Non-Executive Directors
NHS	National Health Service
NHSI	NHS Improvement (Monitor)
NIHR	National Institute for Health Research
NIHR BRC	National Institute for Health Research Great Ormond Street Biomedical Research Centre
PALS	Patient Advice and Liaison Service
PDR	Performance and development review
PHSO	Parliamentary and Health Service Ombudsman
PICB	Premier Inn Clinical Building
PLACE	Patient-led Assessments of the Care Environment
QIA	Quality impact assessment
QSEAC	Quality, Safety and Experience Assurance Committee
RACG	Risk Assurance and Compliance Group
SDMP	Sustainable Development Management Plan
SFIs	Standing Financial Instructions
SID	Senior independent director
STP	Sustainability and Transformation Partnerships
UCL	University College London
UCLH	University College London Hospitals
UCLP	UCL Partners
WHO	World Health Organisation
YPF	Young People's Forum

Chloe, who's four years old, is recovering on Sky Ward with her dad Reagan, after having surgery.

Great Ormond Street Hospital for Children NHS Foundation Trust