

Members' Council Role Description

The Members' Council reflects the views of the Trust's members, promotes and supports the Trust's strategy and holds the Board's Non-Executive Directors to account. Most councillors are elected by our Foundation Trust's public, patient or carer or staff members. There are also five appointed councillors who are nominated by stakeholders such as the local authority, commissioning groups, or other organisations.

Councillors are not paid a salary, but are entitled to claim reasonable expenses incurred in connection with their duties.

1. Who can be a councillor?

To nominate yourself for the position of a **Public councillor** you must be:

- a member of the Trust
- at least 16 years of age

To nominate yourself for the position of **Patient or Carer councillor** you must be:

- a member of the Trust
- at least 16 years of age
- have been seen/have a child in your care who has been seen at the hospital within at least 6 years immediately preceding the date of nomination to the patient/parent/ carer constituency

To nominate yourself for the position of a **Staff Councillor** you must be:

- A staff member employed by Great Ormond Street Hospital NHS Foundation Trust on a permanent contract or on a fixed term contract of one year or more

Breakdown of Constituencies:

Patient and Carer Constituency

- Parent and Carers outside London - 3
- Parent and Carers from London - 3
- Patient from outside London - 2
- Patient from London – 2

Staff Constituency

5 Staff councillors

Information about the Public constituencies is attached at **Annex 1**

Information about the Patient and Carer Constituencies is attached at **Annex 2**

The Health and Social Care Act 2012 states that individuals may not become or continue as members of the Members' Council if they:

- Have been declared bankrupt, or had their estate sequestrated.
- Hold a position as an executive or non-executive director of the Trust or a councillor or director of any other NHS Foundation Trust or NHS Trust.
- Have a criminal conviction within the preceding five years.
- Have been dismissed from an NHS job within the preceding two years.
- Have been disqualified from a health related professional body.

Every NHS foundation trust has its own constitution which defines how the Trust's governance operates. Great Ormond Street Hospital NHS Foundation Trust's constitution sets out further circumstances in which a person may not become, or continue, as a member of the Members' Council. These can be found in our "Further provisions as to eligibility to be a councillor" document. A link to this document can be found here www.gosh.nhs.uk/ftelection

2 What does a councillor do?

The Members' Council has two main roles:

1. Acting as a link to the hospital community

You will form an important link to the community that the Trust serves. You will be responsible for promoting and supporting the Trust's strategy, acting as a 'critical friend' to the Trust to help plan and steer its direction. You will feed back information about the Trust, its vision and its performance to your constituencies and stakeholder organisations that either elected or appointed you.

Councillors are responsible for feeding back to the Trust, via the Members' Council, the views and ideas of the members or organisations they represent. By doing this, you will help the Board to make sure that the views of our patients, their families and carers, and our staff and the communities we serve are taken into account when plans for services are being developed.

You will also help to develop the membership of the Trust in two main ways: by overseeing the development and implementation of the Membership Strategy; and by direct engagement with members at Trust events.

2. Holding the Non-Executive Directors to account

The Board of Directors has overall responsibility for running the Trust. A number of Non-Executive Directors sit on the Board to make sure that the Trust meets its quality and performance targets, manages its risks and acts in accordance with the Trust's Constitution. The Members' Council is expected to hold the Non-Executive Directors to account for the performance of the Board of Directors. The National Health Service Act 2006 gives councillors several powers to help them do this as set out below.

3 What responsibilities does the Members' Council have?

Statutory Responsibilities

The Members' Council has some responsibilities that are set out in Acts of Parliament such as the Health and Social Care Act 2012, and the National Health Service Act 2006. These statutory responsibilities are:

- To represent the interests of the members of the Trust as a whole and the interests of the public.
- To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
- To give a response when consulted by the Board of Directors on the Trust's Annual Plan.
- To appoint and (if necessary) remove the Trust Chairman and Non-Executive Directors.
- To receive performance appraisal information regarding the Trust Chairman and Non- Executive Directors.
- To set the pay and terms & conditions of appointment for the Trust Chairman and Non-Executive Directors.
- To ratify the appointment of the Chief Executive. (However, the Members' Council will not appoint the Chief Executive)
- To appoint or (if necessary) remove the Trust's external auditors.
- To receive the Trust's Annual Report and Accounts, and the Auditor's report
- To inform Monitor, via the Lead Councillor, if there are any concerns about the actions of the Board of Directors which cannot be resolved locally.
- To satisfy itself that proposals in the annual plan (other than those relating to the provision of health services in England) will not significantly interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions.
- To approve any proposal to increase by 5% or more the proportion of the Trust's total annual income from activities other than the provision of health services in England.
- To approve any applications for significant transactions.
- To approve any applications for mergers, acquisitions, separation or dissolution of the Trust.
- To agree, in conjunction with the Board of Directors, changes to the Trust's constitution.

Other responsibilities

The Members' Council has other responsibilities which are not set out in law:

- To support the Board of Directors in setting the long-term strategic direction for the Trust.
- To be assured that the Non-Executive Directors act so that the Trust does not breach its Terms of Authorisation.
- To develop the membership by overseeing the implementation of the Trust's membership strategy and by direct engagement with members at events and meetings.

4 What other duties does an individual councillor have?

As a councillor you are expected:

- To promote and support the organisation's strategy.
- To feedback information about the Trust, its vision and its performance to your members or stakeholder organisation.
- To attend meetings of the Members' Council.
- To abide by the Code of Conduct and uphold the Trust's values.
- To act in the best interests of the Trust and preserve its standing and reputation.
- To comply with the policies and procedures of the Trust, including its Authorisation and Constitution.
- To maintain an appropriate level of confidentiality in respect of information provided to the Members' Council and its Committees.
- To attend such training events as may be necessary in order to fulfil the role.
- To represent the interests of the hospital community, including parents and carers, staff and the public by ensuring effective communication with members, feeding back information to the Trust as necessary.

5 What can't a councillor do?

Overall responsibility for running the Trust lies with the Board of Directors. There are therefore some things that you cannot do as a councillor:

- You will not be involved in the day to day running of the Trust, setting budgets, staff pay or any other operational matters.
- You cannot veto or over-rule decisions made by the Board of Directors.
- You don't play a part in considering the appointment or dismissal, appraisal, pay levels or conditions of service of Executive Directors.
- You should not raise complaints on behalf of individuals, or act as advocates, but should represent a broad range of interests in your constituency.

6 What support will a councillor get to undertake the role?

To help you perform this important role, the Trust will provide training and support. This will include:

- An induction session to familiarise you with the Trust and the services it provides, any relevant policies and legislation, and the role of the councillor within the Trust.
- Members' Council Training Seminar Sessions prior to Members' Council Meetings.
- Participation in the Trust's Listening Events and Annual General and Annual Membership Meetings.
- Access to training sessions and materials from the Foundation Trust Governors Association and Foundation Trust Network.
- An opportunity for public and patient/carer councillors to engage in patient-led assessments of the care environment (PLACE inspections).
- Attendance at Safety Walkround sessions with the Executive Team.
- Participation in engagement and community events and recruitment sessions in the hospital.

7 How much time does the role take up?

Whilst this varies depending on the individual, the **minimum** involvement expected of our councillors is that they attend the **five** official Members' Council Meetings each year and that they attend Mandatory Induction Training on appointment to their role plus refresher training during their appointment.

Members' Council Meetings are usually held on Wednesdays from 4:00pm to 6:30pm. The **2015** dates are as follows:

28th January
29th April
24th June
30th September
25th November

The Annual Members' Meeting and Annual General Meeting will be held on 10th September 2015.

You will need to make time to prepare for these meetings by reading the Council papers and preparing any comments or questions you may have. The Trust recognises that individual circumstances may change and can offer support and assistance to councillors to enable them to carry out their role.

Councillors can choose to join other committees and groups, which are usually held during the working week. The duration of these meetings will vary but can be up to 2 hours plus preparation time.

The Trust provides dial-in and webex facilities for councillors who are unable to attend meetings in person.

The mandatory induction training and refresher training takes up to half a day per session.

Councillors can choose to attend external training and seminar events, and give their time to support recruitment of members in the hospital and outside. Involvement in these types of events is subject to individual circumstances.

Some councillors are in a position to be more flexible with their time than others. Please note you will need to factor in travel time to your meetings.

8 How long does a councillor serve for?

- Public and staff councillors are elected for a period of 3 years at a time. They cannot be a councillor for more than 6 consecutive years.
- Appointed councillors serve for 3 years at a time. They cannot be a councillor for more than 6 consecutive years.

**You can find out more in the Trust Constitution. Councillors should refer to this to understand the particular arrangements of the Trust, including its structures and procedures, to enable them to fulfil their statutory duties. A link to the Trust constitution can be found at www.gosh.nhs.uk/ftellection*

9 The Nolan Principles

All holders of public office should adhere to the principles of public life defined by the Nolan Committee. The committee sets out the principles for the benefit of all who serve the public in any way, so they apply to NHS Foundation Trust Councillors. The seven principles are:

1. Selflessness
2. Integrity
3. Objectivity
4. Accountability
5. Openness
6. Honesty
7. Leadership

10 Role Expectations

The Trust recognises the importance of a Members' Council with the skills and experience necessary to make a significant contribution to the future of the organisation. Therefore, the Trust expects that, with support and training where necessary, councillors will be able to:

- make an active and constructive contribution at meetings of the Council, focusing on the issues under consideration and not representing single-issue groups or otherwise acting outside the best interests of the Trust
- develop and maintain a constructive working relationship with the Chairman, other councillors, the Board and relevant staff
- engage in an active, constructive and professional manner with members and other stakeholders in the community
- understand, interpret and comment upon performance and other information presented by the Board.
- demonstrate a commitment to the Trust, its patients and the role of the Council in ensuring continuous improvement and development of the organisation
- advise the trust on strategy and priorities, to make sure that we are tackling the issues which are important to our patients and their families
- represent the interests of members and the public and meeting and communicating with them about trust developments
- act as an advocate for children who need specialised healthcare
- support the promotion of Trust membership and membership recruitment

11 Members' Council Key Working Relationships

- Foundation Trust Members
- Partner Organisations
- Trust Chairman
- Chief Executive Officer
- Executive Directors
- Senior Independent Director
- Board of Directors
- Non-Executive Directors
- Lead Councillor
- Company Secretary
- Membership Staff
- Other Councillors

ANNEX 1 The Public Constituency

The public constituency is divided into the following classes:

Name	Areas	Councillors
North London and surrounding area	<p>Comprising the following electoral areas in North London: Barking & Dagenham; Barnet; Brent; Camden; City of London; Hackney; Ealing; Enfield; Hammersmith & Fulham; Haringey; Harrow; Havering; Hillingdon; Hounslow; Islington; Kensington & Chelsea; Newham; Redbridge; Tower Hamlets; Waltham Forest; Westminster.</p> <p>Comprising the following electoral areas in</p> <p><u>Bedfordshire</u>: Bedford; Central Bedfordshire; Luton;</p> <p><u>Hertfordshire</u>: Broxbourne; Dacorum; East Hertfordshire; Hertfordshire; Hertsmere; North Hertfordshire; St Albans; Stevenage; Three Rivers; Watford; Welwyn Hatfield;</p> <p><u>Buckinghamshire</u>: Aylesbury Vale; Buckinghamshire; Chiltern; Milton Keynes; South Bucks; Wycombe;</p> <p>Essex: Basildon; Braintree; Brentwood; Castle Point; Chelmsford; Colchester; Epping Forest;</p> <p><u>Essex</u>: Harlow; Maldon; Rochford; Southend on Sea; Tendring; Thurrock; Uttlesford.</p>	4
South London and surrounding area	<p>Comprising the following electoral areas in South London: Bexley; Bromley; Croydon; Greenwich; Royal Borough of Kingston upon Thames; Lambeth; Lewisham; Merton; Richmond upon Thames; Southwark; Sutton;</p>	1

	<p>Wandsworth.</p> <p>Comprising the following electoral areas in:</p> <p><u>Surrey</u>: Elmbridge; Epsom and Ewell; Guildford; Mole Valley; Reigate and Banstead; Runnymede; Spelthorne; Surrey Heath; Tandridge; Waverley; Woking;</p> <p><u>Kent</u>: Ashford; Canterbury; Dartford; Dover; Gravesham; Maidstone; Medway; Sevenoaks; Shepway; Swale; Thanet; Tonbridge and Malling; Tunbridge Wells;</p> <p><u>Sussex</u>: Brighton and Hove; East Sussex; Eastbourne; Hastings; Lewes; Rother; Wealden; Adur; Arun; Chichester; Crawley; Horsham; Mid Sussex; West Sussex; Worthing.</p>	
Rest of England and Wales	All electoral areas in England and Wales not falling within one of the areas referred to above.	2

ANNEX 2 The Patient and Carer Constituency

The Patient and Carer constituency is divided into the following classes:

Name of class within the constituency	Councillors
Patients from London	2
Patients from outside London	2
Parents and Carers from London	3
Parents and Carers from outside London	3