GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Wednesday 5 February 2020
3:00pm – 5:30pm
Charles West Room, Level 2, Barclay House

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	**Welcome and introductions**		Michael Rake, Chair	3:00pm
2.	**Apologies for absence**		Michael Rake, Chair	
3.	**Declarations of interest**		Michael Rake, Chair	
4.	**Minutes of the meeting held on 26 November 2019**	**A**	Victoria G	
5.	**Matters Arising and action log** **Selection of indicator for audit (for Quality Report)**	**B** **C**	Anna Ferrant, Company Secretary Peter Hyland, Director of Performance and Information	
6.	**GOSH Strategy – final**	**D**	Mat Shaw, Chief Executive	3:10pm
7.	**GOSH CQC Inspection Report 2019**	**E - presentation**	Róisín Mulvaney, Head of Special Projects – Quality and Safety/ Anna Ferrant, Company Secretary	3:25pm
8.	**Operational Plan 2020/21 Update**	**F - presentation**	Phillip Walmsley, Interim Chief Operating Officer/ Peter Hyland, Director of Performance and Information	3:55pm
	PERFORMANCE and ASSURANCE			
9.	**Chief Executive Report including:** • **Integrated Quality Report December 2019 data (highlights)** • **Performance dashboard December 2019 data** • **Finance report December 2019 data (highlights)**	**G**	Mat Shaw, Chief Executive	4:15pm
10.	**Reports from Board Assurance Committees (and agendas):** • **Quality, Safety and Experience Assurance Committee (January 2020)**	**H**	Amanda Ellingworth, QSEAC Chair	4:30pm

	• **Finance and Investment Committee (December 2019)** • **People and Education Assurance Committee (December 2019)**	**I** **J**	James Hatchley, FIC Chair Kathryn Ludlow, PEAC Chair	
11.	**Update from the Young People's Forum (YPF)**	**K**	Josh Hardy and Emma Beeden, Members of YPF	4:45pm
	GOVERNANCE			
12.	**Process for appointment of a Lead Governor and Deputy Lead Governor at GOSH**	**L**	Paul Balson, Deputy Company Secretary	4:55pm
13.	**Governance Update** **Council effectiveness survey action plan update** **Refreshed NED appraisal process** **Refreshed Chair and NED terms and conditions**	**M** **Q** **N** **O**	Paul Balson, Deputy Company Secretary Paul Balson, Deputy Company Secretary Anna Ferrant, Company Secretary Anna Ferrant, Company Secretary	5:05pm
14.	**Any Other Business**	**Verbal**	Chair	5:25pm

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Workforce Performance Report Month 8 2019/20

Contents

Trust Performance Summary for the 8 months ending 30 Nov 2019

KEY PERFORMANCE DASHBOARD

Great Ormond Street Hospital for Children NHS Foundation Trust

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME incl. pass-through	£40.9m	£42.4m		£326.1m	£328.5m	
PAY	(£24.1m)	(£23.1m)		(£193.4m)	(£187.3m)	
NON-PAY incl. pass-through, owned depreciation and PDC	(£16.5m)	(£18.4m)		(£134.7m)	(£142.7m)	
CONTROL TOTAL excl. PSF	£0.3m	£0.8m		(£2.0m)	(£1.5m)	

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

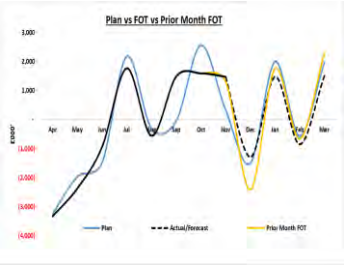
AREAS OF NOTE:

As at the end of Month 8, the Trust position is favourable to the planned control total (£0.5m). NHS and other clinical income is favourable (£0.7m) in month with pass through activity also above plan (£1.5m). These are driven by additional activity not covered by the block and new drugs approved in year (CAR-T, Nusinersen and Battens). Pay is below plan YTD (£6.1m) due to vacancies and in month is below plan (£1.0m) due to due to vacancies across the organisation and the reversal of additional pension payments related to staff opt-out. Non-pay (excl. passthrough) is adverse to plan YTD (£1.5m) which was above plan (£0.8m) due to the impairment of receivables linked to non-NHS activity. Private patient income is lower than plan in month (£0.4m) which is due to reduced activity across a number of specialties. The Trust has received £0.4m of PSF monies relating to a 2018/19 PSF reallocation post accounts. This was not included in the annual plan and does not contribute to the control total.

FORECAST FINANCIAL PERFORMANCE

	Plan (£m)	Forecast (£m)	Var (£m)	RAG
INCOME incl. pass-through	£488.4m	£498.2m	£9.8m	
PAY	(£289.2m)	(£283.5m)	£5.6m	
NON-PAY incl. pass-through, owned depreciation and PDC	(£199.2m)	(£214.7m)	(£15.4m)	
CONTROL TOTAL excl. PSF	£0.0m	£0.0m	£0.0m	

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red



AREAS OF NOTE:

The Trust is forecasting a year end position that breaks even with the Trust control total. The forecast is compiled from each individual directorate forecast from across the organisation. The forecast incorporates an improvement in the private patient income for the later part of the year to a total respective outturn of £65.0m, and passthrough income performance significantly above plan (£13.8m) due to additional drugs agreed in year (offset by additional expenditure). Pay is forecast to continue to underspend throughout the rest of the year ending the year £5.6m underspent. This is due to continued vacancies across the organisation and vacancy control processes that ensures posts are recruited to as appropriate. The forecast is being updated on a monthly basis and a review is undertaken each month to look at how the forecast has moved each month.

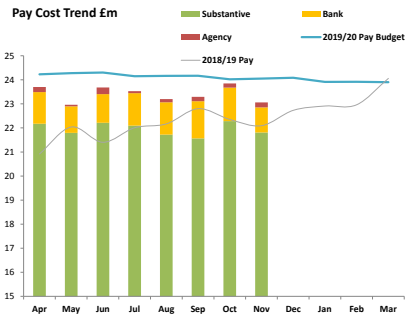
PEOPLE

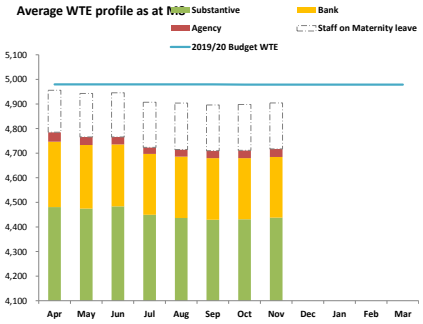
	M8 Plan Av. WTE	M8 Actual Av. WTE	Variance
PERMANENT	4,630.2	4,437.7	192.5
BANK	292.8	247.0	45.9
AGENCY	56.5	32.4	24.1
TOTAL	**4,979.5**	**4,717.1**	**262.4**

AREAS OF NOTE:

The pay costs have risen in absolute terms from last year due to the AfC and medical pay awards along with the one-off non-consolidated AfC payments in Month 1. As part of budget setting, the establishment was reviewed and set in line with the Trust bed base.

WTE remain in line with October, however pay is low in month due to staff opt-out following the auto-enrolment to the pension last month, the opt-out has refunded some of the Trust pension contribution. The Pay bill YTD is below plan due to the vacancies across the organisation. The WTE excludes 191.4 average contractual WTE's on maternity leave within the Trust. The actual bank and agency usage is currently below plan (and below the agency ceiling set by NHSI).





CASH, CAPITAL AND OTHER KPIs

Key metrics	Plan	Actual
Cash	£41.9m	£61.2m
IPP Debtor days	120	215
Creditor days	30	36
NHS Debtor days	30	20

Capital Programme	YTD Plan M8	YTD Actual M8	Full year plan	Full Year F'cst
Total Trust-funded	£9.7m	£11.0m	£17.5m	£21.2m
Total Donated	£35.5m	£22.9m	£44.8m	£31.8m
Grand Total	£45.2m	£33.9m	£62.3m	£53.0m

Net receivables breakdown (£m)

NHSI metrics	Plan M8	Actual M8
CAPITAL SERVICE COVER	2	1
LIQUIDITY	1	1
I&E MARGIN	2	2
VAR. FROM CONTROL TOTAL	1	1
AGENCY	1	1
TOTAL	1	1

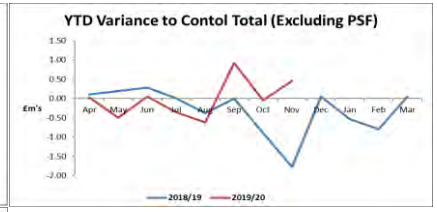
AREAS OF NOTE:

1. Cash held by the Trust continues to be higher than plan. At M08 the closing cash balance was £61.2m (£19.3m higher than plan). This includes £8.2m received earlier in the year which related to PSF for 2018/19.
2. The capital programme is behind the plan by £11.3m at M08; of this Trust-funded is £1.3m ahead of plan and donated £12.6m behind. Trust-funded is ahead due to recognition of EPR licence charges payable in future periods. There is slippage on the Trust-funded Estates and IT programmes, and on the donated Redevelopment and Medical Equipment programmes.
3. IPP debtors days increased in month from 203 days to 215 days. IPP receipts in month were lower than the previous month at £4.6m (£5.8m in M07). Total IPP debt increased in month to £36.0m (£32.6m in M07), overdue debt increased in month to £26.2m (£25.3m in M07).
4. Creditor days increased slightly in month from 35 days to 36 days.
5. NHS debtor days increased from 16 days to 20 days.
6. NHSI metrics are overall rated at a 1 which is on plan.

Trust Income and Expenditure Performance Summary for the 8 months ending 30 Nov 2019

Great Ormond Street Hospital for Children NHS Foundation Trust

2019/20												2018/19	CY vs PY	
Annual Budget	Income & Expenditure	Month 8				Year to Date				Rating	Notes	YTD Actual	Variance	
		Budget	Actual	Variance		Budget	Actual	Variance		YTD Variance				
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			(£m)	(£m)	%
296.47	NHS & Other Clinical Revenue	24.85	25.56	0.71	2.86%	197.60	197.80	0.20	0.10%	G	1	189.20	8.60	4.55%
59.94	Pass Through	5.02	6.48	1.46	29.08%	40.36	47.28	6.92	17.15%			42.30	4.98	11.77%
69.76	Private Patient Revenue	5.79	5.39	(0.40)	(6.91%)	46.58	42.96	(3.62)	(7.77%)	R	2	42.30	0.66	1.56%
62.25	Non-Clinical Revenue	5.19	4.92	(0.27)	(5.20%)	41.56	40.51	(1.06)	(2.54%)	R	3	43.30	(2.79)	(6.45%)
488.42	**Total Operating Revenue**	**40.85**	**42.35**	**1.50**	**3.67%**	**326.10**	**328.55**	**2.44**	**0.75%**	G		**317.10**	**11.45**	**3.61%**
(269.30)	Permanent Staff	(22.48)	(21.81)	0.67	2.98%	(179.21)	(175.66)	3.55	1.98%			(163.30)	(12.36)	(7.57%)
(3.48)	Agency Staff	(0.29)	(0.21)	0.08	27.59%	(2.32)	(1.33)	0.99	42.67%			(1.90)	0.57	30.00%
(16.39)	Bank Staff	(1.28)	(1.05)	0.23	17.97%	(11.83)	(10.29)	1.54	13.02%			(10.60)		0%
(289.17)	**Total Employee Expenses**	**(24.05)**	**(23.07)**	**0.98**	**4.07%**	**(193.36)**	**(187.28)**	**6.08**	**3.14%**	G	4	**(175.80)**	**(11.48)**	**(6.53%)**
(13.80)	Drugs and Blood	(1.14)	(0.96)	0.18	15.79%	(9.23)	(8.72)	0.51	5.53%	G		(8.50)	(0.22)	(2.59%)
(44.13)	Other Clinical Supplies	(3.63)	(3.20)	0.43	11.85%	(29.85)	(29.35)	0.50	1.68%	G		(28.30)	(1.05)	(3.71%)
(62.50)	Other Expenses	(5.09)	(6.42)	(1.33)	(26.13%)	(42.79)	(45.30)	(2.51)	(5.86%)	R		(43.00)	(2.30)	(5.35%)
(59.94)	Pass Through	(5.02)	(6.30)	(1.28)	(25.50%)	(40.36)	(47.10)	(6.74)	(16.70%)			(42.00)	(5.10)	(12.14%)
(180.37)	**Total Non-Pay Expenses**	**(14.88)**	**(16.88)**	**(2.00)**	**(13.44%)**	**(122.23)**	**(130.47)**	**(8.24)**	**(6.74%)**	R	5	**(121.80)**	**(8.67)**	**(7.12%)**
(469.54)	**Total Expenses**	**(38.93)**	**(39.95)**	**(1.02)**	**(2.62%)**	**(315.59)**	**(317.75)**	**(2.16)**	**(0.68%)**	R		**(297.60)**	**(20.15)**	**(6.77%)**
18.88	**EBITDA (exc Capital Donations)**	**1.92**	**2.40**	**0.48**	**25%**	**10.51**	**10.80**	**0.29**	**2.72%**	G		**19.50**	**(8.70)**	**(44.64%)**
(18.88)	Owned depreciation, Interest and PDC	(1.59)	(1.55)	0.04	2.26%	(12.45)	(12.28)	0.17	1.37%		7	(10.86)	(1.42)	(13.03%)
0.00	**Control Total (exc. PSF)**	**0.33**	**0.85**	**0.52**	**154.49%**	**(1.94)**	**(1.48)**	**0.46**	**23.55%**					
3.76	PSF	0.38	0.38	0.00	(200.00%)	2.07	2.07	0.00	(100.00%)					
3.77	**Control total**	**0.71**	**1.23**	**0.52**	**72.68%**	**0.13**	**0.59**	**0.46**	**345.45%**	G		**8.64**	**(8.05)**	**(93.19%)**
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.35	0.35						
(13.07)	Donated depreciation	(1.13)	(1.16)	(0.03)	(2.30%)	(8.47)	(8.62)	(0.15)	(1.77%)			(7.44)	(1.18)	(15.79%)
(9.30)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(0.42)**	**0.07**	**0.49**	**116.67%**	**(8.33)**	**(7.68)**	**0.65**	**7.84%**			**1.20**	**(9.23)**	**(768.92%)**
(5.50)	Impairments	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0%
46.72	Capital Donations	4.42	2.31	(2.11)	(47.74%)	37.96	22.90	(15.06)	(39.67%)		6	22.90	0.00	0.00%
31.92	**Adjusted Net Result**	**4.00**	**2.38**	**(1.62)**	**(40.50%)**	**29.63**	**15.22**	**(14.41)**	**(48.63%)**			**24.10**	**(9.23)**	**(38.29%)**



RAG Criteria:
Green Favourable YTD Variance
Amber Adverse YTD Variance (< 5%)
Red Adverse YTD Variance (> 5% or > £0.5m)

Summary

- The Trust in month position is favourable to plan (£0.5m) with a YTD favourable position to the control total (£0.5m). Private patient income is below plan YTD (£3.2m). Pay is underspent (£6.1m).
- The Trust position includes PSF funding for months 1-8 (£2.1m) and an additional bonus payment relating to 2018/19 of £0.3m (excluded from the control total).

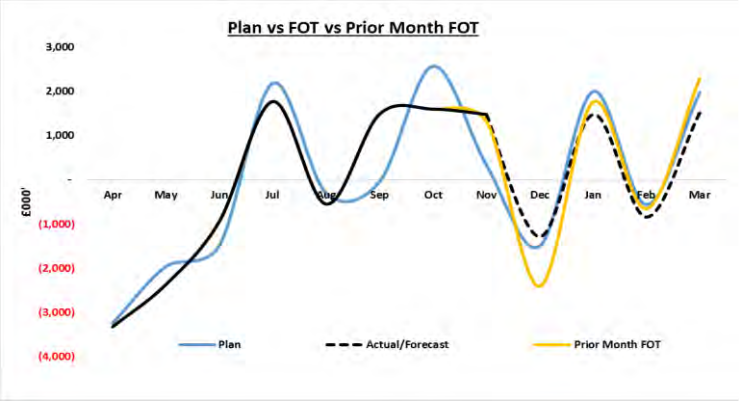
Notes

1. NHS & other clinical revenue (excluding pass through) is favourable to plan YTD (£0.2m). In Month 8, additional income has been recognised as a result of Nusinersen, Battens and CAR-T activity, which has been a key driver of in-month over performance.
2. Private Patient income in month is adverse to plan (£0.4m) due to a fall in activity, specifically within Blood, Cells & Cancer and Brain. The YTD position is behind plan (£3.6m) which is due to lower demand across a number of specialities.
3. Non-clinical income is adverse to plan (£1.0m) due to driven by lower recognition of outreach clinic income in line with IFRS 15 and additional provision relating to risk of non-payment of income from other organisations.
4. Pay is favourable to plan (£6.1m) due to vacancies across the Trust. The Trust use of agency is forecast to be £2.6m which is below plan and the agency ceiling set by NHSI. In month pay is lower than previous months due to opt-out relating to pension auto-enrolment last month which put all staff into the pension and increased the Trust pension contribution.
5. Non pay (excluding pass through) is adverse to plan YTD (£0.8m) due to the IT spend within relating to the EPIC implementation, increased costs relating to services from other NHS organisations given our increased activity within Genetics. Although Private patient impairment to receivables has decreased it has increased for activity related to Non NHS workload.
6. Income from capital donations is lower than plan YTD due to slippage in capital projects (£15.1m).

Trust Income and Expenditure Forecast Outturn Summary for the 8 months ending 30 Nov 2019

Great Ormond Street Hospital for Children NHS Foundation Trust

Full Year Actual 2018/19 (£m)	30 Nov 2019 Income & Expenditure	Annual Budget (£m)	Internal Forecast Full-Yr (£m)	Variance to Plan (£m)	Variance to Plan %	Rating Forecast Variance to plan	Notes
288.61	NHS & Other Clinical Revenue	296.47	297.29	0.82	0.27%	G	1
62.40	Pass Through	59.94	73.72	13.78	18.69%		
62.19	Private Patient Revenue	69.76	64.96	(4.80)	(7.39%)	R	2
74.43	Non-Clinical Revenue	62.25	62.26	0.01	0.02%	G	
487.63	**Total Operating Revenue**	**488.42**	**498.23**	**9.81**	**1.97%**		
(250.05)	Permanent Staff	(272.88)	(266.01)	6.87	(2.58%)		
(2.74)	Agency Staff	(3.48)	(2.39)	1.10	(45.91%)		
(15.84)	Bank Staff	(12.81)	(15.14)	(2.33)	15.38%		
(268.63)	**Total Employee Expenses**	**(289.17)**	**(283.54)**	**5.63**	**(1.99%)**	G	3
(11.88)	Drugs and Blood	(13.80)	(13.25)	0.55	(4.12%)	G	
(43.37)	Other Clinical Supplies	(44.13)	(42.41)	1.72	(4.06%)	G	
(66.77)	Other Expenses	(62.50)	(66.86)	(4.36)	6.53%	R	
(62.92)	Pass Through	(59.94)	(73.44)	(13.50)	18.39%		
(184.94)	**Total Non-Pay Expenses**	**(180.37)**	**(195.97)**	**(15.60)**	**7.96%**	R	4
(453.57)	**Total Expenses**	**(469.54)**	**(479.51)**	**(9.97)**	**2.08%**	R	
34.06	**EBITDA (exc Capital Donations)**	**18.88**	**18.72**	**(0.16)**	**(0.87%)**	A	
(16.69)	Owned Depreciation, Interest and PDC	(18.88)	(18.72)	0.16	(0.88%)		
17.37	**Control Total (exc. PSF)**	**0.00**	**0.00**	**0.00**	**50.00%**		
0.00	PSF	**3.76**	**3.76**	**0.00**			
17.37	**Control total**	**3.76**	**3.76**	**0.00**	**0.03%**	G	
0.00	PY PSF post accounts reallocation	0.00	0.35	0.35	100.00%		
(11.39)	Donated depreciation	(13.07)	(13.08)	(0.01)	0.11%		
5.98	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(9.30)**	**(8.97)**	**0.33**	**(633.33%)**		
(7.90)	Impairments	(5.50)	(5.50)	0.00	0.00%		
32.78	Capital Donations	46.72	31.78	(14.94)	(47.01%)		5
30.86	**Adjusted Net Result**	**31.92**	**17.31**	**(14.61)**	**(84.38%)**		



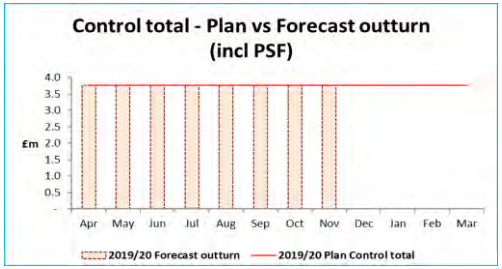
RAG Criteria:
Green
Favourable Variance to plan
Amber Adverse Variance to plan (< 5%)
Red Adverse Variance to plan (> 5% or > £0.5m)

Summary

- The Trust is forecasting a year end position that breaks even with the Trust control total. This forecast is based on Better Value programme delivery in the later months of the year including additional payment of non-NHS debt releasing impairment of receivables. if these do not come online there would be a risk in achieving the forecast.
- A block contract has been agreed with NHSE for 2019/20 and is included in the NHS Clinical income and non clinical income numbers of the forecast.
- The current forecast shows the Trust position improving in December, against plan, and remaining close to plan for the remainder of the year.

Notes

1. NHS Clinical income is forecast to be £0.8m favourable to plan which is driven by the additional activity agreed in year and additional CCG activity. This is an improvement on the YTD position as newly commissioned services have come on line in the second half of the year.
2. Pass through income is above plan (£13.8m) due to additional drugs agreed in year, this is offset by expenditure but is a significant increase and would be a risk to delivering the year end position if the commissioners cant afford to reimburse the Trust.
3. Private patient income is forecast to be £4.8m adverse to the plan; however this is forecast to be 4.5% higher than 2018/19 full year actual performance.
4. Pay is forecast to be £5.6m favourable to plan due to a number of vacancies across the organisation that are not currently being covered by temporary staffing. Vacancy control process is in place to ensure posts are recruited to as appropriate.
5. Non-pay (excluding pass through) is forecast to be £2.1m adverse at the year. This is related to additional ICT costs offset by additional better value and the release of impairment to receivables.
6. Capital Donations are forecast to be £14.9m below plan at the year end linked to the Trust Capital program.



2019/20 NHS Income for the 8 months ending 30 Nov 2019

Great Ormond Street Hospital for Children NHS Foundation Trust

Organisation	Contract type	Annual plan (£m)	Income plan (£m)	Income actual (£m)	Income variance (£m)	RAG YTD Variance
NHS England	Block	274.25	182.80	182.80	0.00	G
	Pass through drugs	51.75	34.84	41.43	6.58	G
	Cost & volume	0.80	0.53	0.83	0.30	G
Total NHS England		326.79	218.18	225.06	6.88	G
CCG contracts	Block	13.01	8.67	8.97	0.30	G
CCG non contract activity	Cost & volume	6.26	4.17	3.04	(1.13)	R
All CCG	Pass through	5.05	3.40	4.20	0.80	G
Total CCGs		24.31	16.24	16.21	(0.03)	G
NHS Trusts	Cost & volume	0.13	0.07	0.12	0.06	G
Total NHS Clinical Income		351.23	234.48	241.39	6.91	G
Non NHS	Cost & volume	4.45	2.99	3.14	0.41	G
	Pass through	0.29	0.19	0.27	(0.19)	A
Overseas	Cost & volume	0.43	0.29	0.28	(0.00)	G
	Pass through	0.00	0.00	0.00	0.00	G
TOTAL CLINICAL INCOME		**356.41**	**237.95**	**245.08**	**7.13**	G

RAG Criteria:
Green Favourable Variance to plan
Amber Adverse Variance to plan (< 5%)
Red Adverse Variance to plan (> 5% or > £0.5m)

Summary

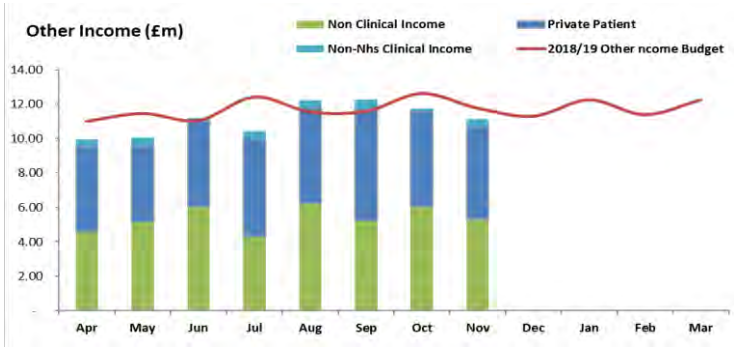
- Block contracts for activity have been agreed with NHS England for specialised commissioning and are in the process of being agreed with contracted CCGs. 91% of the CCGs have agreed their contracts which equates to £17.2m . This approach was adopted to mitigate the risk from the implementation of the new patient administration system, EPIC.
- Pass through income is being charged on a cost and volume basis for all commissioners except NHS England where drugs are on a cost and volume basis while pass through devices form part of the block contract.
- Income is favourable to plan by £7.1m; largely due to increased pass through income (£6.6m for NHSE). The in-month drugs value for November is based on an estimate (whilst the new reporting system is optimised) and may be subject to change when refreshed in December.
- The increased drugs costs for NHSE, particularly from newly approved drugs, increases the risk of non-payment owing to financial pressures in the system.
- There is a £1.1m YTD adverse variance for non-contract activity; however this has improved from £1.6m as at October. Uncoded activity has returned to a similar level to that in November 2018, however the value for non contract and non-NHS activity may still increase or decrease when refreshed in December.
- Analysis of the actual performance to the end of September for all commissioners shows an adverse variance to plan of £4.3m for day case and inpatient activity. This consists of an activity variance of approximately (£1.6m) and price variance of (£2.7m) of which (£2.1m) relates to elective spells. The elective price variance has however been reducing in recent months and current analysis estimates that this could increase by a further (£0.8m). There is ongoing work to improve coding including detailed reviews and updates that should help mitigate this risk for the remainder of 2019/20.

2019/20 Other Income for the 8 months ending 30 Nov 2019

Great Ormond Street Hospital for Children NHS Foundation Trust

Other Income Summary

	Annual plan (£m)	Current month Plan (£m)	Current month Actual (£m)	Current month Variance (£m)	Year to date Plan (£m)	Year to date Actual (£m)	Year to date Variance (£m)	RAG YTD Variance
Private Patient	69.76	5.79	5.39	(0.40)	46.58	42.96	(3.62)	R
Non NHS Clinical Income	4.89	0.41	0.44	0.03	3.26	3.14	(0.12)	A
Non-NHS Clinical Income	**74.65**	**6.20**	**5.83**	**(0.37)**	**49.84**	**46.10**	**(3.74)**	R
Education & Training	8.01	0.67	0.77	0.10	5.32	5.66	0.35	G
Research & Development	26.28	2.20	2.06	(0.14)	17.57	17.54	(0.03)	G
Non-Patient Services	1.00	0.08	0.17	0.09	0.67	0.75	0.08	G
Commercial	1.61	0.13	0.12	(0.01)	1.08	0.93	(0.15)	A
Charitable Contributions	10.72	0.90	0.86	(0.03)	7.13	6.74	(0.40)	A
Other Non-Clinical	18.40	1.59	1.32	(0.27)	11.86	11.30	(0.56)	R
Non Clinical Income	**66.01**	**5.57**	**5.30**	**(0.27)**	**43.63**	**42.92**	**(0.71)**	R



RAG Criteria:
Green Favourable YTD Variance
Amber Adverse YTD Variance (< 5%)
Red Adverse YTD Variance (> 5% or > £0.5m)

Summary

- Private patient income in-month was behind plan by £0.4m due to lower activity within Blood Cells and Cancer and Brain than in previous months. YTD performance is below plan by £3.6m due to lower than expected bed occupancy in earlier months of the year, caused by referrals rates into the Trust.
- Other Non-Clinical income is £0.3m behind plan in-month; this is driven by lower recognition of outreach clinic income in line with IFRS 15 and additional provision in relation to risk of non-payment of income from other organisations. YTD performance is £0.6m behind plan; driven by the above and lower than expected clinical excellence awards.
- Non-Clinical income is £0.3m behind plan in-month and £0.7m behind YTD. This is largely driven by Other Non-Clinical movements described above and charitable contributions being below plan due to timing of costs associated with both EPR optimisation and vacancies associated with posts funded by the charity.
- Within the month Research and Development income is below plan by £0.1m due to timing of research studies. This is offset by lower expenditure.

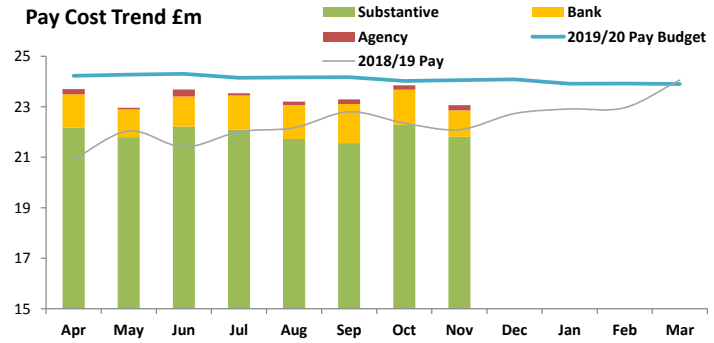
Workforce Summary for the 8 months ending 30 Nov 2019

*WTE = **Worked WTE**, Worked hours of staff represented as WTE

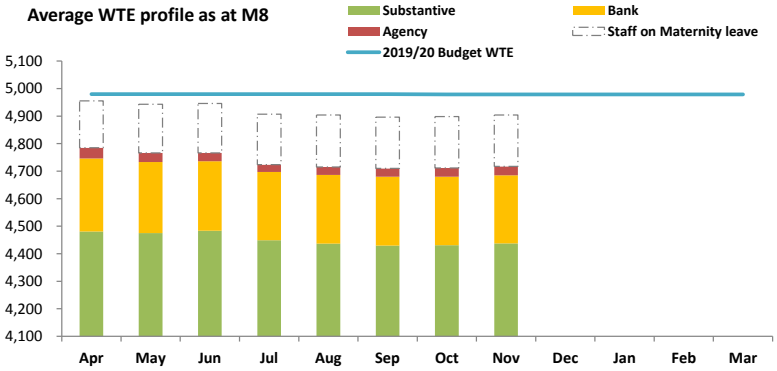
Great Ormond Street Hospital for Children NHS Foundation Trust

£m including Perm, Bank and Agency	2019/20 plan			2019/20 actual			Variance				RAG
Staff Group	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Average WTE Vacancies	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	38.9	1,213.9	48.1	33.6	1,109.9	45.4	5.3	104.0	3.3	2.0	G
Consultants	36.1	368.0	147.3	36.0	352.1	153.2	0.2	15.9	1.6	(1.4)	G
Estates & Ancillary Staff	3.3	146.8	33.5	3.0	134.4	33.6	0.3	12.4	0.3	(0.0)	G
Healthcare Assist & Supp	6.6	305.9	32.3	6.0	279.2	32.1	0.6	26.7	0.6	0.0	G
Junior Doctors	18.5	381.9	72.8	18.7	344.0	81.7	(0.2)	38.0	1.8	(2.0)	A
Nursing Staff	55.1	1,623.6	50.9	53.2	1,524.3	52.3	2.0	99.3	3.4	(1.4)	G
Other Staff	0.4	10.0	55.5	0.3	8.9	51.4	0.1	1.1	0.0	0.0	G
Scientific Therap Tech	34.0	948.4	53.8	34.4	931.9	55.4	(0.4)	16.5	0.6	(1.0)	A
Total substantive and bank staff costs	**193.0**	**4,998.5**	**57.9**	**185.2**	**4,684.7**	**59.3**	**7.8**	**313.8**	**12.1**	**(4.3)**	G
Agency	2.3	56.5	61.6	1.3	32.4	61.6	1.0	24.1	0.9	0.1	G
Total substantive, bank and agency cost	**195.3**	**5,055.0**	**57.9**	**186.5**	**4,717.1**	**59.3**	**8.8**	**337.9**	**13.1**	**(4.3)**	G
Reserve*	(1.9)	(75.5)	0.0	0.8	0.0	0.0	(2.7)	(75.5)	(2.9)	0.2	R
Total pay cost	**193.4**	**4,979.5**	**58.2**	**187.3**	**4,717.1**	**59.6**	**6.1**	**262.4**	**10.2**	**(4.1)**	G
Remove Maternity leave cost				(2.5)			2.5			2.5	G
Total excluding Maternity Costs	**193.4**	**4,979.5**	**58.2**	**184.8**	**4,717.1**	**58.8**	**8.5**	**262.4**	**10.2**	**(1.7)**	G

*Plan reserve includes WTEs relating to the better value programme



RAG Criteria:
Green Favourable Variance to plan
Amber Adverse Variance to plan (< 5%)
Red Adverse Variance to plan (> 5% or > £0.5m)



Summary

- YTD pay spend is £187.3m which is £6.1m favourable to plan. The key contributor to the underspend is the number of vacancies across the organisation that are currently not being backfilled by bank or agency; this can be seen by the volume variance (£10.2m).
- Average cost per WTE has lowered from £59.0k to £58.8k between Month 7 and Month 8; this is due to November pay costs being lower than October due to opt-out in relation to the Pension auto-enrolment for all staff (in October). In M6, the Trust also saw a one off hit from the local CEA awards due to the change in allocation of these awards from previous years.
- The Trust has a bank and agency budget alongside the permanent workforce budget in line with the NHSI reporting requirements. The agency budget has been set below the agency ceiling and is currently underspent (£1.0m).
- The table above does not include 191.4 average contractual WTE for staff on maternity leave which have cost £2.5m YTD. If this cost is excluded then the average cost per WTE is higher than plan by £0.6k per WTE.
- The increased price variance is mainly being caused by the higher than planned cost of consultants and junior doctors. This is being offset by reduced numbers of staff.
- We are not expecting to breach the agency ceiling set by NHSI and the Trust is currently below the agency ceiling.
- Staff costs are forecast to end the year £5.6m below plan due to continued vacancies across the organisation not being filled by temporary staffing.

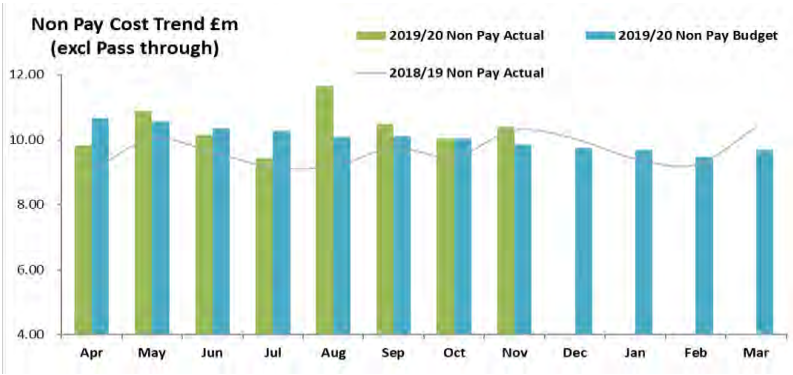
Non-Pay Summary for the 8 months ending 30 Nov 2019

Great Ormond Street Hospital for Children NHS Foundation Trust

Non-Pay Costs (excl Pass through) YTD	Budget (£m)	Actual (£m)	Variance	RAG YTD Actual variance
Drugs Costs	7.9	7.4	0.5	G
Blood Costs	1.3	1.3	0.1	G
Business Rates	2.8	2.9	(0.2)	A
Clinical Negligence	4.6	4.6	0.0	G
Supplies & Services - Clinical	29.9	29.3	0.5	G
Supplies & Services - General	3.6	3.0	0.6	G
Premises Costs	21.5	23.0	(1.5)	R
Other Non Pay	10.3	11.8	(1.5)	R
Total Non-Pay costs	**81.9**	**83.4**	**(1.5)**	R
Depreciation	15.8	15.9	(0.1)	A
PDC Dividend Payable	5.3	5.3	(0.0)	G
Total	**102.9**	**104.5**	**(1.6)**	R

Top 5 YTD Clinical* Non Pay overspends by Speciality (£m)	YTD 2019/20 Budget (£k)	YTD 2019/20 Actual (£k)	Variance (£k)	Trend
Medical Endocrinology	683	981	(298)	↑
Haematology/Oncology	2,098	2,391	(294)	↑
Ent	47	321	(274)	↑
Bone Marrow Transplant	1,873	2,053	(180)	↑
Audiology	1,006	1,169	(163)	↑

Top 5 YTD Clinical* Non Pay underspends by Speciality (£m)	YTD 2019/20 Budget (£k)	YTD 2019/20 Actual (£k)	Variance (£k)	Trend
Cardiac Serv & H&L Central Bud	3,573	2,863	710	↑
Cardiac Critical Care	1,492	1,049	443	↑
Nephrology	2,192	1,780	412	↑
Picu Nicu	2,868	2,526	343	↑
Pharmacy	787	621	166	→



Summary

- YTD non-pay excluding pass through is £1.6m adverse to plan.
- The key drivers behind this variance are overspends in IT within premises costs relating to the EPIC implementation,
- increased costs relating to services from other NHS organisations including higher activity within Genetics
- increased impairment to receivables relating to non-NHS activity.

Top 5 clinical over/under spends

The key areas with Non-pay overspends are:

- **Haematology/Oncology** – Non Pay budget is overspent due to activity related costs across the service.
- **Medical Endocrinology -** Mainly due to the overspend on chemical pathology for recharges and drugs.
- **ENT -** Non Pay spend is driven by clinical supplies and additional lab tests linked to activity.
- **Bone Marrow Transplant -** Driven by higher Blood costs which is due to additional CAR-T patients
- **Audiology -** Due to additional Cochlear implants outside the block plus increased cost of supplies.

The key areas of Non-pay underspends are:

- **Cardiac Serv & H&L Central bud** - Driven by reduction in clinical supplies and drugs linked to activity
- **Nephrology** - Outpatient drugs underspent due to lower than expected activity.
- **PICU NICU -** Driven by low clinical supplies expenditure owing to shortfall in activity particularly for IPP.
- **Cardiac Critical Care** - driven by internally recharged costs lower than plan.
- **Pharmacy** - due to underspend in drugs

RAG Criteria:
Green Favourable YTD Variance
Amber Adverse YTD Variance (< 5%)
Red Adverse YTD Variance (> 5% or > £0.5m)

**Clinical non-pay excludes pass through*

Better Value summary for the 8 months ending 30 Nov 2019

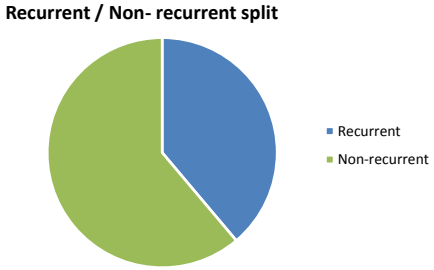
Great Ormond Street Hospital for Children NHS Foundation Trust

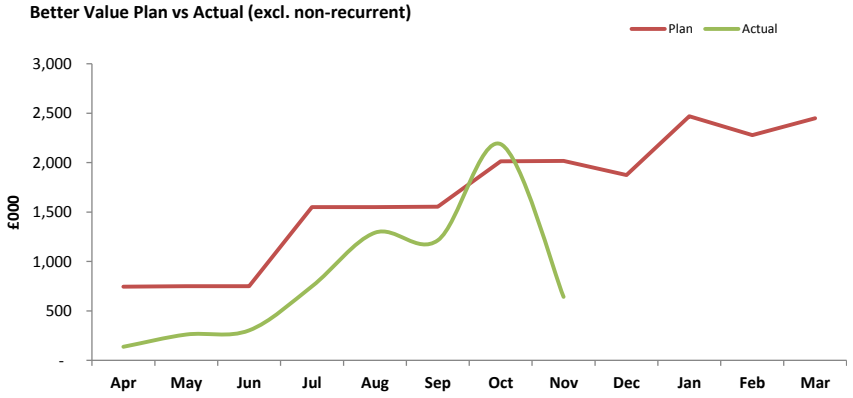
Better Value Summary						
DIRECTORATE	YTD performance £000's			Better Value Total £000's		
	Better Value target YTD	YTD delivery	YTD variance	Better Value target	Unidentified target	Schemes identified
Blood Cells & Cancer	1,060	186	(874)	1,817	(1,515)	297
Body Bones & Mind	1,112	283	(830)	1,906	(1,456)	428
Brain	803	286	(516)	1,376	(915)	474
Clinical & Medical Operations	172	144	(28)	295		292
Corporate Affairs	74	93	20	127	29	155
Finance	169	300	131	289		441
Genetics Laboratory Hub	257	293	37	440		440
Heart & Lung	2,221	492	(1,729)	3,808	538	4,347
HR	169	181	12	290		298
ICT	391	373	(18)	671	(38)	632
IPP	551	116	(435)	944	84	1,029
Medical Director	101	0	(101)	173	(168)	0
Medicines Therapies & Tests	1,465	240	(1,225)	2,511	(2,117)	382
Nursing and Patient Experience	88	124	37	150	(14)	152
Operations & Images	1,327	340	(987)	2,275	(1,763)	524
Estates and Facilities	820	215	(604)	1,405	(546)	707
Built Environment	29	28	(1)	50		50
Sight & Sound	598	268	(330)	1,025	(583)	443
Central	261	2,820	2,559	447	2,441	2,888
Better Value phasing	(737)	0	737	0		0
Total	**10,929**	**6,784**	**(4,145)**	**20,000**	**(6,023)**	**13,978**
Vacancies		4,145	4,145	0	0	0
Total Better Value	**10,929**	**10,929**	**(0)**	**20,000**	**(6,023)**	**13,978**

Summary

- The Better Value program is currently delivering £6.8m of the £10.9m YTD target at month 8. The rest of the delivery is being covered by Pay vacancies across the organisation.
- In Month 7 the Trust saw a significant rise of the in-month savings number which was related to a one-off release of the private patient impairment of receivables. In Month 6, the Trust also saw a significant one-off benefit relating to running costs of ZCR. In Month 8 there are no one-off benefits which has resulted in a reduced in month better value saving than in the last few months.
- Without the Trust vacancies supporting the Trust better value program the program would be £4.1m behind target. With the staffing posts in the Trusts plans, these savings can only be currently recognised on a non-recurrent basis which will add pressure onto the 2020/21 finances of the Trust. As part of the 2020/21 business planning process the Trust is reviewing which savings can be converted into recurrent savings to facilitate the delivery of the 2020/21 plan. In order to meet the Better Value program these vacancy levels will need to be maintained throughout the rest of the year.
- The Better Value program phasing can be seen in the graph below. This shows that the Better Value target increases significantly each quarter. It is therefore important that the savings across the organisation increase to look to cover the increased targets for the final months of the year.

Recurrent / Non-recurrent	
	YTD 2019/20 Actual (£k)
Recurrent	4,246
Non-recurrent	6,683
Total Better Value	**10,929**



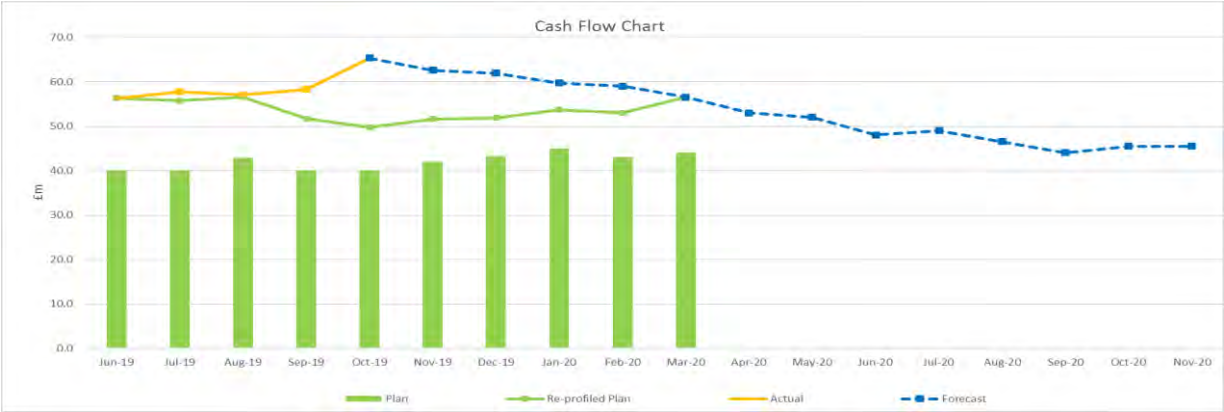


31 Mar 2019 Audited Accounts £m	Statement of Financial Position	Plan 30 Nov 2019 £m	YTD Actual 30 Nov 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2020 £m	YTD Actual 31 Oct 2019 £m	In month Movement £m
499.04	Non-Current Assets	536.88	517.50	(19.38)	522.53	515.72	*1.78*
103.55	Current Assets (exc Cash)	87.91	106.14	18.23	95.77	98.42	*7.72*
48.61	Cash & Cash Equivalents	41.92	61.18	19.26	56.49	65.33	*(4.15)*
(74.89)	Current Liabilities	(64.23)	(93.81)	(29.58)	(80.27)	(90.80)	*(3.01)*
(5.01)	Non-Current Liabilities	(4.45)	(4.48)	(0.03)	(4.87)	(4.53)	*0.05*
571.30	**Total Assets Employed**	**598.03**	**586.53**	**(11.50)**	**589.65**	**584.14**	**2.39**

31 Mar 2019 Audited Accounts £m	Capital Expenditure	Plan 30 Nov 2019 £m	YTD Actual 30 Nov 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2020 £m	RAG YTD variance
5.81	Redevelopment - Donated	24.92	14.72	10.20	21.19	R
9.06	Medical Equipment - Donated	8.39	6.03	2.36	8.42	A
9.78	ICT - Donated	2.17	2.14	0.03	2.17	G
24.65	**Total Donated**	**35.48**	**22.89**	**12.59**	**31.78**	A
6.99	Redevelopment & equipment - Trust Funded	2.42	2.34	0.08	5.73	A
1.61	Estates & Facilities - Trust Funded	1.15	0.50	0.65	2.94	R
4.73	ICT - Trust Funded	6.15	8.20	(2.05)	11.87	A
0.00	Contingency	0.00	0.00	0.00	0.67	R
13.33	**Total Trust Funded**	**9.72**	**11.04**	**(1.32)**	**21.21**	A
37.98	**Total Expenditure**	**45.20**	**33.93**	**11.27**	**52.99**	A

31-Mar-19	Working Capital	31-Oct-19	30-Nov-19	RAG	KPI
20.00	NHS Debtor Days (YTD)	16.0	20.0	G	< 30.0
253.00	IPP Debtor Days	203.0	215.0	R	< 120.0
36.70	IPP Overdue Debt (£m)	25.3	26.2	R	0.0
5.00	Inventory Days - Drugs	N/A	N/A		7.0
94.00	Inventory Days - Non Drugs	74.0	81.0	R	30.0
34.00	Creditor Days	35.0	36.0	A	< 30.0
43.6%	BPPC - NHS (YTD) (number)	42.8%	41.5%	R	> 90.0%
80.3%	BPPC - NHS (YTD) (£)	65.2%	65.9%	R	> 90.0%
85.5%	BPPC - Non-NHS (YTD) (number)	85.4%	85.4%	A	> 90.0%
91.1%	BPPC - Non-NHS (YTD) (£)	90.1%	90.6%	G	> 90.0%

RAG Criteria:
NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)
BPPC Number and £: Green (over 95%); Amber (95-90%); Red (under 90%)
IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)
Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)



Comments:

1. Capital expenditure is behind plan by £11.3m at M8; of this, Trust-funded is ahead of plan by £1.3m, and donated £12.6m behind. The Trust-funded position is due to slippage on the Estates programme (£0.6m) and IT (£0.7m) offset by the accrual of future year licence payments on EPR on EPR (£2.4m). Donated projects which have slipped include Sight and Sound Hospital (£5.8m), Southwood Courtyard (£0.8m), and equipment purchases (£2.4m)
2. This report continues to compare actual capital expenditure against the plan as amended/rephased in June/July as this provides a better indicator of performance than the original plan timings since the Trust could return to the original timing.
3. Cash held by the Trust is higher than plan by £19.3m. This includes £8.2m relating to Provider Sustainability Funding for 2018/19 which was received in Q1; The cashflow forecast was reprofiled in Quarter 1 and at M08 the cash held by the Trust was £9.6m higher than the revised plan profile, this is shown in the Cash Flow chart above.
4. Total Assets employed at M08 was £11.5m lower than plan as a result of the following:
   - Non current assets totalled £517.5m (£19.4m lower than plan)
   - Current assets excluding cash less Current liabilities totalled £12.3m (£11.3m lower than plan).
   - Cash held by the Trust totalled £61.2m (£19.3m higher than plan which includes £8.2m of PSF bonus and incentive relating to 2018/19.
5. Overdue IPP debt increased in month to £26.2m (£25.3m in M07).
6. IPP debtor days increased from 203 days to 215 days in month. This is largely as a result of the increase in debt which is not yet due (£1.9m higher than M07).
7. The cumulative BPPC for NHS invoices (by value) increased in month to 65.9% (65.2% in M07). This represented 41.5% of the number of invoices settled within 30 days (42.8% in M07)
8. The cumulative BPPC for Non NHS invoices (by value) increased in month to 90.6% (90.1% in M07). This represented 85.4% of the number of invoices settled within 30 days (85.4% in M07).
9. Creditor days increased slightly in month to 36 days (35 days in M07).
10. Non-drug inventory days increased in month to 81 days (74 in M07). This is largely as a result of the decrease in stock levels in Theatres following the sterilisation of Ocean Theatres for bed bugs. Inventory days (drugs) cannot be calculated at M08, however the Pharmacy team is carrying out stocktake in December after which the pharmacy drugs valuation will be available.

Trust Board Dashboard - December 2019

Great Ormond Street Hospital for Children NHS Foundation Trust

Caring

		Oct-19	Nov-19	Dec-19	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					→		
% Positive Response Friends & Family Test: Inpatients		98.02%	97.99%	97.35%	↓		95%
Response Rate Friends & Family Test: Inpatients		28.80%	25.78%	21.45%	↓	25%	
% Positive Response Friends & Family Test: Outpatients		92.90%	91.65%	91.09%	↓		95%
Number of complaints open at month end (including re-opened)		23	22	19	↓		
Number of open RCAs		Data being compiled					

Safe

		Oct-19	Nov-19	Dec-19	Trend	Plan	NHS Standard
Number of Incidents	Reported	672	636	474			
	Open	1453	1339	1258			
Number of overdue incidents		835	786	964			
Serious Patient Safety Incidents (date reported on STEIS)	In-month	1	3	0			
	YTD	7	10	10	→		
Never Events	In-month	0	0	0	→		0
	YTD	2	2	2	→		0
Incidents of C. Difficile	In-month	0	2	1	↑		
	YTD	4	6	7	-		
C.Difficile due to Lapses of Care	In-month	0	0	0	→		0%
	YTD	0	0	0	→		
Incidents of MRSA (Hospital Onset)	In-month	0	0	0	→		0
	YTD	0	0	0	→		0
CV Line Infection Rate (per 1,000 line days)		2.65	1.40	0.63	↑	1.6	
WHO Checklist Completion (Main Theatres)		Data Under Review				98%	
WHO Checklist Completion (Outside Theatres)							
Total WHO Checklist Completion		Data Under Review				98%	
Arrests Outside of ICU	Cardiac Arrests	2	1	0	↑	5	
	Respiratory Arrests	3	2	4	↓		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	0	→	0	

Responsive

		Oct-19	Nov-19	Dec-19	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting <6 Weeks		95.19%	96.79%	91.02%	↓		99%
Cancer 31 Day: Urgent GP Referral to First Treatment		100%	100%	100%			85%
Cancer 31 Day: Decision to Treat to First Treatment		100%	100%	100%	→		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery		100%	100%	100%	→		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs		100%	100%	100%	→		98%
Cancer 62 day: Consultant Upgrade of Urgency of a referral to first treatment		92%	100%	100%	→		
Last Minute Non-Clinical Hospital Cancelled Operations		31	TBC	TBC	↓		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		4	TBC	TBC	↓		0
Urgent Operations Cancelled for a 2nd Time		0	0	1	↓		0
Same day / day before hospital cancelled outpatient appointments		1.87%	1.78%	1.48%	↑		
RTT: Incomplete Pathways (National Reporting)		84.99%	85.71%	84.98%	↓		92%
RTT: Average Wait of all RTT Pathways		9.42	9.60	9.72	↓		
RTT: Number of Incomplete Pathways (National Reporting)	<18wks	4778	4834	4949	↓		-
	>18wks	844	806	875	↓		-
RTT: Incomplete Pathways >52 Weeks - Validated		16	25	27	↓		0
RTT: Incomplete Pathways >40 Weeks - Validated		84	93	101	↓		0
Number of unknown RTT clock starts	Internal Referrals	4	5	9	↓		-
	External Referrals	340	356	415	↓		-
RTT: Total Number of Incomplete Pathways Known/Unknown	<18 weeks	5110	5201	5343	↑		-
	>18 weeks	857	825	893	↑		-

Data Completeness

		Oct-19	Nov-19	Dec-19	Trend	Plan	NHS Standard
Mental Health Identifiers: Data Completeness		97.84%	98.19%	97.91%	↓		97%
Mental Health Ethnicity Completion - %		69.94%	70.88%	69.18%	↑		90%
% of Patients with a valid NHS number	Inpatients	90.8%	90.8%		↑		99%
	Outpatients	91.3%	91.5%				

Trend Arrow Key (based on 2 most recent months' data)

- ↑ Improvement
- → Consistent trend
- ↓ Deterioration
- On / above target
- Below target
- No target

People Management

		Oct-19	Nov-19	Dec-19	Trend	Plan	NHS Standard
Sickness Rate		2.70%	2.80%	2.82%	↓	3%	
Turnover	Total	18.5%	19.1%	18.7%	↑	18%	
	Voluntary	15.6%	16.0%	15.7%	↑	14%	
Appraisal Rate	Non-Consultant	89.0%	89.0%	90.0%	↑	90%	
	Consultant	88.0%	92.0%	94.0%	↑		
Mandatory Training		94.0%	95.0%	95.0%	→	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test		70.0%				61%	
Vacancy Rate	Contractual	8.1%	7.3%	7.8%	↓	10%	
	Nursing	5.42%	5.43%	6.24%	↓		
Bank Spend		5.0%	4.9%	4.8%	↓		
Agency Spend		0.70%	0.70%	0.70%	↓	2%	

Effective

			Oct-19	Nov-19	Dec-19	Trend	Target	NHS Standard
Discharge Summary Turnaround within * epic data	24 hours		72.36%	69.37%	68.20%	↓		100%
	Number of letters not sent	In-month	96	39	51			
		YTD	104	61	149			
Clinic Letter Turnaround within * epic data	7 days or as per NHS contractual agreement		54.02%	55.09%	53.84%	↓	100%	
	Number of letters not sent	In month	3090	1917	1538			
		YTD	9167	8385	7725			
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)			6.10%	6.14%	6.82%	↓	8.45%	

Productivity

			Oct-19	Nov-19	Dec-19	Trend	Target	Variance
Main Theatres	Theatre Utilisation		Data Under Review					77%
Outside Theatres	Theatre Utilisation		Data Under Review					77%
Trust Beds	Bed Occupancy		Data under Review					
	No of available beds		396	396	396	→		
Average number of trust beds closed		Wards	62	47	56	↑		
		ICU	7	5	7	↑		
Refused Admissions	Cardiac refusals		0	3	4	↑		
	PICU / NICU refusals		12	31	58	↑		
Number of PICU Delayed Discharges	Internal 8 - 24 hours		0	3	3	→		
	Internal 24 hours+		0	0	0	→		
	External 8 - 24 hours		1	2	2	→		
	External 24 hours+		0	3	0	↑		
	Total 8 - 24 hours		1	5	5	→		
	Total 24 hours+		0	3	0	↑		
PICU Emergency Readmissions < 48 hours			0	2	0			

Activity (NHS & PP)

			Oct-19	Nov-19	Dec-19	Trend	Target	Variance
Daycase Discharges (YOY comparison)		In-month	2,399	2,451	2,040	↓	1,992	
		YTD	15,088	17,539	19,579		21,562	
Overnight Discharges (YOY comparison)		In-month	1,558	1,664	1,332	↓	1,194	
		YTD	10,130	11,794	13,126		12,534	
Critical Care Beddays (YOY comparison)		In-month	1,163	999	1,575	↑	862	
		YTD	8,939	9,938	11,513		9,078	
Discharged Bed Days >=100 Days	No. of patients		8	9	5			
	No. of beddays		1,479	1,874	752			
Outpatient Attendances (All) (YOY comparison)		In-month	18,560	19,713	14,463	↓	18,099	
		YTD	123,565	143,278	157,741		199,185	

Our Money

	Oct-19	Nov-19	Dec-19	Trend	Target	Variance
Control Total	1.6	0.9	(1.4)	↓	(3.4)	0.6
Forecast outturn control total						
Debtor Days (IPP)	203.0	215.0	225.0	↓	120.0	(105.0)
Quick ratio (Liquidity)	1.7	1.7	1.6	↓	1.9	(0.3)
NHSI KPI Metrics	2	1	0	↓	1	0

The indicators below are currently going through a data validation process and therefore are not available to report for the month of November:

- **Theatre utilisation**
- **Bed occupancy**
- **WHO Checklist Completion Rate**

Please not that the monthly line days used to calculate the CVL infection rate are still being collected (new system through EPIC), therefore are subject to change.

Data is italics is projected performance and therefore subject to change once full sign-off has been completed

Attachment H

Council of Governors

5 February 2020

Quality, Safety and Experience Assurance Committee Summary Report
January 2020

Summary & reason for item: To provide an update on the January meeting of the Quality, Safety and Experience Assurance Committee. The agenda for this meeting is also attached.

Councillor action required: The Council is asked to NOTE the update.

Report prepared by: Victoria Goddard, Trust Board Administrator.

Item presented by: Amanda Ellingworth, Chairman of the Quality, Safety and Experience Assurance Committee

Summary of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 23 January 2020

Integrated Quality and Performance Report (November 2019)

The number of incidents closed had increased substantially however the incident closure rate remained low as a result of the large number of historic incidents which were skewing data. Medication incidents causing harm had increased and this was being monitored. Discussion took place around breaches for 52 week waits and it was noted that harm reviews had been carried out for only approximately a third of breaches. The Committee expressed concern and emphasised the importance of carrying out these reviews as soon as possible and ensuring that Trust wide learning took place even when issues had occurred in specific areas. Discussions had taken place with other centres about relocating the treatment of the most urgent patients however this was often challenging due to the complex nature of cases.

The infestation of bed bugs has been resolved and it had resulted in ward closures and significant cost to remediate. A review of the incident has led to the introduction of new processes to trigger major incident procedures.

The committee welcomed the work to improve patient experience and the focus on the areas of most concern to patients and families for example improved wifi, food cost and quality and timing of meals on wards.

Freedom to Speak Up Guardian Update

Cases received were increasing reflecting the focus that had been placed on speaking up in the Trust. Examples had been noted of staff raising concerns and this leading to change. The freedom to speak up guardian role is a time limited one, and work was currently taking place to identify a new post holder and to ensure that there was continuity of service. Luke was thanked for his excellent contribution to establish the FTSU Guardian role.

There had been no new whistleblowing cases reported.

Update on issues arising from past patient stories at Board & Progress against actions arising from patient surveys

Epic was proving helpful to ensure that queries were forwarded to the relevant clinical teams. Issues had been raised around activities for older patients and the play team had been restructured with the new head of play focusing on engagement for older patients.

Clinical audit update (including update on management of confidential enquiries and NICE guidance)

Work was taking place to review the quality of the way in which the WHO checklist was being undertaken following incidents over two years. Following the publication of 'prevention of future deaths' guidance an audit would take place to review the documentation of conversations with families on CICU.

Internal Audit Progress Report (October 2019 – January 2020)

The Committee noted two reports: Incident reporting which had provided a rating of *partial assurance with improvements required* and better value which had provided a rating of *significant assurance with minor improvement potential*. They noted the improvements that have already begun in closing incident reports in a timely way. These reports and their recommendations will also be followed up at the Audit Committee.

Internal and external audit recommendations update

There had been an increase in overdue recommendations driven by actions arising from the review of GDPR. The committee emphasised the importance of ensuring realistic deadlines which could be adhered to were agreed at the outset.

Health and Safety Update

Work to move safer sharps into business as usual had been delayed as appropriate products were not in place in clinical areas as required. Four RIDDORS had taken place however there were no common themes or areas involved.

Emerging Significant Risks

- Update on Genetic testing - There had been a substantial reduction in the backlog of overdue reports and it was anticipated that this would be clear by the end of the financial year. When moving to a new system it had been found that there was a large number of old records which required validation. This had been done and following review two cases had been scored as minor harm and the correct processes are being followed.

- Urology - Significant progress had been made by the team, and in supporting the team. It is important to be transparent and to raise matters such as this in the public domain, despite media reporting, and the Trust will continue to do so.

- Cardiac reviews - Work was taking place with the team to develop an action plan arising from the review.

- MHRA action plan - Key members of the pharmacy team had been appointed and work was taking place with the team to develop an action plan. Team engagement had been positive but further eadership support was still required.

- CQC report - The Trust had been awarded a rating of 'good' overall and all services were now rated either good or outstanding. Work remains to be done to strengthen the 'safe' domain, which will be the focus of future work. A Safety Strategy will be aligned to the Quality Strategy. The CQC report would be presented at the Trust Board in February 2020.

- Standard Operating Procedure – A process had been written for commissioning external reviews.

Annual Research Governance Update

An inspection was anticipated from the Health Research Authority, for which the trust is prepared, and research had been mentioned positively in the CQC report.

BAF Deep Dive - Risk 14: Medicines management

Storage had been challenging in pharmacy and an additional walk in fridge was being planned, both for dispensing and trials. A key issue being addressed was around staffing in terms of gaps and turnover and this was impacting business planning. Understanding of stock levels was challenging and adjustments had been significant in December 201, but systems for stock counting are now tightened.

Update on clinical outcomes

The Committee received a demonstration of the specialist services quality dashboard, a significant new platform supported by NHSE, allowing a group of paediatric hospitals to compare their outcomes data.

- Quality Report 2019/20 – Options for improvement project reporting

The Committee agreed three improvement projects from 2019/2020 for reporting in the Quality Report and three projects for reporting in the 2020/21. They also requested that the trust identified where gaps exist in data collection for quality and outcome indicators and to bring plans for closing the gaps

Horizon Scanning – quality and safety issues

The Committee received a report on poor CQC inspection reports elsewhere in other Trusts, and noted the evidence provided that the weaknesses found in those trusts do not exist at GOSH

Paediatric Intensive Care Audit Network (PICANET) Quarterly RSPRT plot - Cause for concern requiring further internal investigation

The Trust had been advised by PICANET that specific data which had been reviewed suggested a higher PICU/NICU mortality rate between 1 July 2018 and 30 June 2019. A report had outlined the response and actions and had concluded that the patients had significant co-morbidities which were not reflected in the methodology used by PICANET. The Committee requested that data from an organisations with similarly complex patients was reviewed for benchmarking purposes and an update provided to the committee.

Update on quality and safety impact of the Better Value programme

Post implementation reviews of quality in two schemes had not shown a deterioration in any KPIs and consideration will be given to the triggers or thresholds for reporting which should be built into KPIs.

Compliance Update

An inspection by the environment agency was anticipated and the Trust had engaged an external auditor in preparation which had provided some recommendations.

Safeguarding Update Q2 2019/20

The Trust was achieving its safeguarding training target for both paediatric and adult safeguarding. Work was taking place to review honorary contracts and removing those which did not comply with training requirements. Progress was in line with plan. The Named Doctor would be retiring in March 2020 and the Named Nurse had expressed an intention to retire. This was a key risk to the organisation but also provided an opportunity to review the social work and safeguarding teams and the management thereof. Assurance was given that any gaps in would be adequately managed.

QSEAC evaluation survey – draft questions

The Committee approved the questions for the QSEAC evaluation survey.

Update from the Bioethics Committee

A review was taking place of the membership of the committee, their tenures, roles and gap with a view to making recommendations for strengthening the governance. Consideration was also being given to drafting minimum standards for the governance of an NHS Bioethics Committee. A training session had taken place with a retired high court judge around high profile cases and a future session would be run with another Trust which had been recently affected by ethical dilemmas. Work was taking place to review whether the

committee should work with other relevant areas of the Trust such as the Drugs and Therapeutics Committee.

Matters to be raised at Trust Board

The Committee agreed to raise the following items to the Trust Board:

- 52 week waits and harm reviews
- The impact of bed bugs on the Trust
- Reflections on the CQC report and the steps taken in the Quality Strategy to address the issues raised in the report
- Urology – good progress. It is important for transparency to raise matters such as this in the public domain and the Trust will continue to do so
- A new standard operating procedure for external reviews
- Safeguarding – the risks and opportunity of the Named Nurse and Named Doctor for safeguarding retiring.

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

Thursday 23rd January 2020 at 2:30pm – 5:30pm in the Charles West (Board) Room, Barclay House, Great Ormond Street Hospital for Children NHS Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	Chair		**2.30pm**
2.	**Minutes of the meeting held on 17 October 2019**	Chair	**A**	
3.	**Matters arising/ Action point checklist**	Chair	**B**	
	ACCOUNTABILITY FOR LEARNING FROM INCIDENTS/ ENQUIRIES AND SPECIFIC ACTION			
4.	**Integrated Quality and Performance Report (November 2019 – updates from PSOC and PFEEC)** **Update on issues arising from patient stories at Board & Progress against actions arising from patient surveys**	Medical Director/ Chief Nurse Chief Nurse	**D** **E**	**2:35pm**
5.	**Whistle blowing update – safety related cases**	Director of HR and OD	**F**	**2:45pm**
6.	**Freedom to Speak Up Guardian Update**	Freedom to Speak up Guardian	**G**	**2:50pm**
7.	**Clinical audit update (including update on management of confidential enquiries and NICE guidance)**	Head of Clinical Audit	**H**	**3:00pm**
8.	**Internal Audit Progress Report (October 2019 – January 2020)**	KPMG	**I**	**3:10pm**
9.	**Internal and external audit recommendations update**	KPMG	**J**	
10.	**Health and Safety Update**	Director of HR and OD	**K**	**3:20pm**
	ASSURANCE ON EMERGING SIGNIFICANT RISKS			
11.	**Emerging Significant Risks – to focus the committee's attention on the areas under its remit of most concern:** • **Quality Service Review (including update on Urology, cardiac reviews and MHRA action plan)** • **Update from Closing the Loop Group** • **Update on Genetic testing** • **Summary of Serious Incidents** • **Summary of Red Complaints** • **Overview of forthcoming inquests** • **Update on claims** • **Update on harm reviews for RTT**	Medical Director	**L**	**3:30pm**

12.	**Annual Research Governance Update**	Director of Research and Innovation	**M**	**3:45pm**
	QUALITY STRATEGY AND FORWARD REVIEW			
13.	**Horizon Scanning – quality and safety issues**	Medical Director	**O**	**3:55pm**
14.	**Update on clinical outcomes:** • **Quality Report 2019/20 – Options for improvement project reporting** • **A live display of the Children's Alliance SSQD benchmarking project**	Medical Director/ Meredith Mora, Clinical Outcomes Development Lead	**P** **Y**	**4:05pm**
15.	**Paediatric Intensive Care Audit Network (PICANET) Quarterly RSPRT plot - Cause for concern requiring further internal investigation**	Medical Director/ Pascale Du Pre, GOSH Child Death Review Lead Andrew Pearson , Clinical Audit Manager	**Q**	**4:20pm**
16.	**Update on quality and safety impact of the Better Value programme**	Interim Chief Operating Officer	**R**	**4:30pm**
17.	**Compliance Update**	Head of Quality and Safety	**S**	**4:40pm**
18.	**Safeguarding Update Q2 2019/20**	Chief Nurse	**T**	**4:50pm**
	RISK AND GOVERNANCE			
19.	**Report from the RACG on the Board Assurance Framework** **BAF Deep Dive** **Risk 14:** Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	Company Secretary Interim Chief Operating Officer/ Stephen Tomlin, Chief Pharmacist	**U** **Z**	**5:00pm**
20.	**QSEAC evaluation survey – draft questions**	Company Secretary	**W**	**5:10pm**
	FOR INFORMATION			
21.	**Update from the Bioethics Committee**	Chair	**X**	**5:20pm**
22.	**Matters to be raised at Trust Board**	Chair	**Verbal**	**5:30pm**
23.	**Any Other Business**	Chair	**Verbal**	
24.	**Next meeting**	**Thursday 2nd April 2020 2:30pm – 5:30pm**		
25.	**Terms of Reference and Acronyms**	**1**		

Attachment I

Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors

5 February 2020

Reports from Board Assurance Committees:

Finance and Investment Committee (December 2019)

Summary & reason for item: To provide an update on the December 2019 meetings of the Finance and Investment Committee.

The agenda for the meeting is attached.

Governor action required: The Governors are asked to NOTE the report and pursue any points of clarification or interest.

Report prepared by: Paul Balson, Deputy Company Secretary

Item presented by: James Hatchley, Chair of the Finance and Investment Committee

Attachment I

Finance and Investment Committee

12th December 2019

Key issues

The Committee:

- approved the annual business planning and budget setting process.
- Noted the changes between the draft and final GOSH long term plan submission made to the Sustainability And Transformation Partnership.
- Undertook directorate reviews of Heart and Lung and Medicines, Therapies and Tests.

Summary of key issues and developments

Since the July 2019 meeting, the Finance and Investment Committee starts each meeting with a discussion on the key issues and developments. The Chair noted that the key items were on the agenda for the December 2019 meeting.

Approach to annual business planning and budget setting process

The Chief Finance Officer and Director of Operational Performance and Information presented an overview of the Business Planning process for 2020/21.

The process allowed individual teams to create detailed plans that could be built into directorate plans and culminate into an overarching Trust Operational Plan. This approach had been well received by teams across the Trust.

Although final guidance on annual business planning from NHS England was soon expected, the plan could easily be adapted to comply with any requirements.

The Finance and Investment Committee would receive regular updates on progress once finalised.

The approach to annual business planning and budget setting process was approved by the Finance and Investment Committee.

November 2019 STP plan submission update

The Chief Finance Officer presented a paper that provided an update to the committee on the final submission made to the STP for the GOSH long term plan. It was reported that the control total remained the same between the two submissions, with only minor changes made between versions.

Performance & finance standing updates

<u>Finance and Better Value Month 7</u>

- The Trust was £0.1m adverse to the control total year to date at Month 7.
- The Trust was behind its income target by £4.5m (excluding pass through) at Month 7.
- Pay was underspent year to date by £5.1m.
- Non pay was £0.8m above plan year to date (excluding pass through).
- Cash held by the Trust was higher than plan by £25.3m.
- The Chair noted that as the Trust was on a block contract and therefore would not be paid for over performance, assurance was required that patient care or activity levels had not been compromised.

- Month 7 had been good for retrieval of debt. At present, embassies were paying for older historical treatments, but in smaller instalments.
- The operating plan anticipated Better Value schemes of £8.9m would be required in order to achieve the planned trajectory towards the £20m target by year-end.
- At Month 7, £6.1m had been achieved through Better Value, the remaining £2.8m had been covered by pay vacancies across the organisation.
- Of the £8.9m, £3.7m was from recurrent schemes and £5.2m non-recurrent (comprising holding of vacancies, savings from the delayed opening of ZCR and a reduced provision following improved repayment of older IPP debt).
- The Director of Transformation informed the Committee there were other benefits yet to be realised within GOSH such as new buildings, DRIVE, EPR and the safe monetization of patient information.

Integrated Performance report Month 7

The Trust did not achieve the RTT 92% standard in Month 10 and submitted a performance of 85.05% with 842 patients waiting longer than 18 weeks. A key contributing factor to this was the loss of two consultants (retirement and maternity leave) in Dental and Maxillofacial, leaving one consultant within the service.

The Trust had developed a draft dashboard for measuring theatre flow which was being tested by the directorate. Data would be available by the end of January. Once the data is available, benchmarking and comparison to inform further efficiencies can take place.

Activity monitoring April-November 2019/20

The majority of Outpatient areas returned to pre-EPIC activity levels, but some areas have not returned fully to the level of overbookings that we were previously recorded. For those areas that are below plan, focused work is being completed to understand what is driving it to try and return them to plan.

The elective plan had over-performed by a position of 5% due to a combination of activity shift from the day case position and the level of work in a number of areas. The level of over performance had reduced over past weeks due to the reduction in activity due to bed closures related to staffing and infection control issues.

Directorate reviews

Heart and Lung

The following points were covered in discussion:

- The split of CICU and PICU had worked well and the directorate reorganisation had been a good idea.
- A Sleep Unit for children had been established and was performing well. There were plans to improve the facilities.
- There was a slightly higher sickness absence and turnover in the Directorate.
- Although the Directorate had a Recruitment Strategy, it was not delivering the desired outcomes. The Directorate Leadership team felt that there may be underlying cultural issues affecting recruitment. Additional work was underway to improve recruitment and retention.

Medicines, Therapies and Tests

- The Directorate had undertaken a lot of work on agency spend and was able to reduce it to target.
- The Human Resources metrics were good within the Directorate.

Finance structure

The Chief Finance Officer presented the annual review of the Finance Directorate's skills, capabilities and structure.

Major projects and post implementation reviews

The Committee received updates on EPR, ZCR, Sight and Sound Centre and Children's Cancer Centre and a post implementation review of Premier Inn Clinical Building.

The Non-Executive Directors informed the Interim Director of Development that they would like an open and transparent a report covering: what went well and what could have been done differently. The Committee was informed that the redevelopment team would review the report structure to ensure that the questions asked by the Committee are answered robustly in future.

Evaluation of papers

The Committee reported that the papers had become more concise, allowing more time to review contemplate the key messages.

End of report

Attachment I

FINANCE AND INVESTMENT COMMITTEE MEETING
Thursday 12 December 2019
3.00pm to 5.00pm
Charles West Room, Barclay House
Great Ormond Street Hospital for Children NHS Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1	**Apologies for absence**	Chair	**Verbal**	
2	**Minutes of the meeting held 27 September 2019**	Chair	**A**	3.00
3	**Matters arising, action checklist**	Chair	**B**	
4	**Summary of key issues and developments**	Chair	**Verbal**	3.05
	Annual Planning			
5	**Approach to annual business planning and budget setting process**	Chief Operating Officer/Chief Finance Officer	**C**	3.10
6	**November 2019 STP Plan submission update**	Chief Finance Officer	**D**	3.25
	Performance & finance standing updates			
7	**Finance Month 10**	Chief Finance Officer	**E**	3.40
8	**Productivity and efficiency (Better Value) report Month 10**	PMO Programme Director	**F**	
9	**Integrated Performance report Month 10**	Chief Operating Officer	**G**	
10	**Activity Monitoring**		**H**	
	Directorate reviews			
11	**Heart and Lung**	Chief of Service	**1**	3.55
12	**Medicines, Therapies and Tests**	Group Director & General Manager	**J**	4.05
13	**Finance structure**	Chief Finance Officer	**To follow**	4.15
	Business / Performance review			
14	**Staff bank contract costs**	**Deputy Director of HR and Organisational Development**	**L**	4.20

Attachment I

	Agenda Item	Presented by	Attachment	Time
15	**Estates follow up on accommodation statistics**	Chief Finance Officer	**M**	4.30
16	**Non-recurrent Charity Projects progress**	**Director of Transformation**	**Verbal update**	4.35
17	**Bed bugs cost update**	Chief Finance Officer	**O**	4.40
	Project Updates / Reviews			
18	**EPR update**	Director of Transformation	**2**	4.45
19	**Major Project updates** • ZCR • Sight and Sound Centre • Children's Cancer Centre	Interim Director of Development	**Q**	4.50
20	**Post implementation review** PICB Post occupancy evaluation	Interim Director of Development	**R**	4.55
	Other Business			
21	**Evaluation of papers**	Chair	**-**	5.00
	Close 5.00pm			
	Next meeting Tuesday 18 February 2019			

Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors
5 February 2020

Reports from Board Assurance Committees:
People and Education Assurance Committee (December 2019)

Summary & reason for item: To provide an update on the December 2019 meetings of the People and Education Assurance Committee.
The agenda for the meeting is attached.

Governor action required: The Governors are asked to NOTE the report and pursue any points of clarification or interest.

Report prepared by: Bella Summers, Executive Assistant to the Director of HR and OD

Item presented by: Kathryn Ludlow, Chair of the People and Education Assurance Committee.

Attachment J

Summary of the People and Education Assurance Committee held on 2nd December 2019

Minutes of Meeting held on 11th September 2019:

Actions from the last meeting were noted and updated.

Revised Terms of Reference and Workplan:

It was agreed the following items will be included in the TOR: Confidential agenda, attendance of HR Associate Directors, Deputy Medical Director and Deputy Director of Nursing. Items to be included in the six monthly workplan will include a summary of exit interviews. Staff recognition will be part of the first year's programme of work. It was noted some items will move to being half yearly. It was confirmed the agenda will be drafted four to five weeks prior to the next meeting.

Update on Board Assurance Framework and HR Specific Risks:
Deep Dive into Risk 17 – Service Innovation:

Mr Richard Collins, Director of Transformation the deep dive on BAF Risk 17. It was noted the wording of risk 17 is being considered to ensure it will cover commercial and workforce matters. The Interim Chief Operating Officer is working closely with Transformation to build a five step journey. It was confirmed the strategy will evolve over the next three to five years.

Staff Stories:

A Healthcare Scientist within the Department of Immunology was the first volunteer to talk about her story at GOSH. Her story was largely positive about her experiences of development and progression at GOSH although she did outline some of the difficulties she has had. She was congratulated and thanked on the amount of work and studying she has completed since joining the organisation and for her hard work.

People Strategy Delivery Plan:

The People Strategy was formally approved by the Board on 27th November 2019. Ms Caroline Anderson, Director of HR & OD presented and summarised the delivery plan to the committee. Over year one, there will be a focus on diversity and inclusion while ensuring core processes are properly structured. The ten work streams will form the basis of the first 18 month programme of work and will be focused around recruitment, retention and resourcing, capability of line management and leadership, HR function, culture and engagement and reward and recognition. It was noted there will be a mandatory training programme aimed at managers with all managers receiving some form of further leadership and line management development.

Nursing Workforce Update:

Ms Alison Robertson, Chief Nurse advised the retention week was successful and received good feedback. It was noted the role of Clinical Nurse Specialist will be reviewed and recommendations will follow. The committee were notified the Nursing Workforce Assurance Group has been set up. It was agreed Ms Robertson will give regular reports to PEAC on nursing staff turnover data.

Update on Learning Academy:

Ms Lynn Shields, Director of Education presented PEAC with the aim and progress of the programme. The delivery plan and TOR was due to be presented at the Programme Board in December 2019 and regular updates will come to PEAC. Recruitment to posts for the Learning Academy is continuing.

Honorary Contracts:

Mrs Alison Hall, Deputy Director of HR and OD, presented an update and clarification on Honorary Contracts process and the project. Over 500 contracts have been terminated over the last 12 months, and the importance of maintaining tight processes and seeking assurance was highlighted.

Summary Produced by Bella Summers, Personal Assistant to Mrs Caroline Anderson Director of HR and OD

Attachment J

People and Education Assurance Committee

Monday 2nd December 2019
13:00 – 15:30
Charles West Boardroom 2 & 3, Level 2 Barclay House

Public AGENDA

Agenda Item		Presented by	Attachment	Time
1.	Apologies For Absence	Chair	Verbal	13:00
2.	Declarations of Interest	All	Verbal	13:05
3.	Minutes of Meeting Held on 11th September 2019	Chair	A, Ai	13:15
4.	Revised Terms of Reference and Workplan	Chair	B, Bi, Bii	13:30
5.	Update on Board Assurance Framework and HR Specific Risks: Deep Dive into Risk 17 – Service Innovation	Caroline Anderson	C, Ci, Cii	13:45
6.	Staff Stories	Caroline Anderson	Verbal	14:00
7.	People Strategy Delivery Plan	Caroline Anderson	D, Di	14:20
8.	Nursing Workforce Update	Darren Darby / Alison Robertson	E	14:35
9.	Update on Learning Academy	Lynn Shields	F, Fi, Fii	14:50
10.	Honorary Contracts	Alison Hall	G	15:05
Any Other Business				15:20
Next meeting **The next meeting of People and Education Assurance Committee will be held on Tuesday 18th February 2020 10:00 – 13:00 , Charles West Boardroom 2 & 3**				

Attachment K

Council of Governors

Wednesday 5 February 2020

Young People's Forum Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since the last Members' Council Meeting.

Governor action required: The Council is asked to note the update.

Three key messages to take away from this report are:

1) The YPF have continued to work with the Redevelopment Team on the plans for the Children's Cancer Centre.

2) The charity will be working with the YPF to create materials which will help the public and GOSH families distinguish between the hospital and the charity.

3) YPF member, Emma, was asked to speak at the GOSH Conference about her experience of transitioning from GOSH to adult services.

Report prepared by: Amy Sutton, Children and Young People's Participation Officer.

Item presented by: Emma Beeden and/or Josh Hardy, Young People's Forum Governors.

YPF activity – November 2019 to January 2020

The Young People's Forum (YPF) is a group of current patients and siblings aged 10-21 who have a strong voice in helping to improve the experiences of teenage patients. They use their own experiences to guide and support the hospital. There are six meetings a year, with ad hoc involvement opportunities between meetings.

The current total of membership: 77

Since the last report to the Council two monthly YPF newsletters have been circulated.

Examples of YPF member activities since the last report are:

- YPF member, Ezara-Mai, received the Diana Legacy Award for fundraising for GOSH and raising awareness of the need for high-quality genetic research to improve treatments and health services.
- YPF members, Harry and Shelby, worked with the Innovation Team at the GOSH Children's Charity to research the use of gaming to fundraise.
- YPF member, Emma, spoke at the GOSH Conference about her experience of transitioning from GOSH to adult services. Emma highlighted positive experiences and areas which need improvement; she emphasised the importance of having practical and emotional support through this process.

11 involvement opportunities were advertised during this period. Examples include working with Young Minds, (a leading mental health charity for young people and taking part in) and Young Voices (a research project hosted by the Institute of Child Health) to hear from young people about how they think GOSH can improve research.

Meetings
A YPF meeting took place on 14 December with a record attendance of 45 members taking part. At the meeting:

- The Redevelopment Team, Sisk (the building team) and BDP (the architect firm) attended the December YPF meeting to update the forum on the plans for the Children's Cancer Centre. Three activities took place:
  1) Designing bedroom layouts
  2) Naming wards
  3) Designing the street
  This session represented the start of two years intense planning and designing of the new building with the YPF.

- Little Angel Theatre revisited the YPF to receive feedback on their work-in-progress performance which is centred on the theme of a patient's journey. Little Angel Theatre began developing the performance with the YPF in April 2019.

- Laura Savory, Deputy Director of Community Fundraising, at the GOSH Children's Charity explained how the charity supports the hospital. The charity

will be working with the YPF to create messages and campaigns to help the public and GOSH families distinguish between the hospital and the charity.

Fig 1. Considering bedroom design with the Redevelopment team

Fig 2. YPF December meeting

Newly Registered Nurses

Update

YPF members were once again invited to talk to the newly-registered nurses about the teenage experience at GOSH as part of the nursing preceptorship programme. The YPF held five sessions throughout the day and their presentations allowed them to share their own experiences and where GOSH could make improvements, from a teenage perspective.

On the horizon

- The YPF Chair will be on the stakeholder panel for the recruitment of the Executive Director for Estates, Facilities and Built Environment.
- The Big Youth Meet Up 2020 takes place in Leeds on 15 February. This was created by GOSH YPF in 2017.
- The next GOSH Teens Careers Festival take place on Tuesday 18 February.

The visual minutes of YPF meetings and monthly YPF newsletters are available on request.

Attachment L

Council of Governors

5 February 2020

Process for appointment of a Lead Governor and Deputy Lead Governor at GOSH

Summary & reason for item

The Lead Governor and Deputy Lead Governor roles are appointed on an annual basis in April of each year.

The purpose of this paper is to provide an outline of the nomination and election process for the appointment of the Lead Governor and Deputy Lead Governor ahead of the 22 April 2020 Council meeting.

Governor action required

- To note the Lead Governor and Deputy Lead Governor role descriptions.
- To approve the nomination and election process.
- To note that any candidates elected to the roles will be subject to a governor election in January 2021.
- To be aware that nominations for Lead Governor and Deputy Lead Governor will be sought from Governors between **Monday 10 February 2020** and 5:00pm on **Monday 16 March 2020**, allowing time for consideration and voting at the 22 April 2020 Council meeting.

Report prepared by

Paul Balson, Deputy Company Secretary

Item presented by

Paul Balson, Deputy Company Secretary

Background

In July 2018, the Council and the Board approved a revised Constitution which included a revised role description for the Lead Governor and Deputy Lead Governor. The role description included details about how the appointment process would be conducted. Appendix 1 provides this excerpt from the Constitution.

At the April 2019 meeting, Dr Claire Cooper-Jones, Patient and Carer Governor was appointed as Lead Governor and Paul Gough, Staff Governor was appointed as Deputy Lead Governor.

Role of the Lead Governor and Deputy Lead Governor

The principal responsibilities of the role of Lead Governor (current role description provided at appendix 2) are as follows:

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Board of Directors (the Board).[1]
- To bring to the Chair's attention any material issues from the Governors.
- To work towards the effectiveness of the CoG and its subcommittees, including supporting the Chair and Company Secretary in organising any evaluation of the CoG.
- Contribute to the induction process for newly appointed or elected Governors.
- To act as the point of contact between the Governors and NHS Improvement.

The role of the Deputy Lead Governor is also to support the Lead Governor and deputise for them when necessary.

At the July 2018 meeting of the Council, it was agreed that the role description would be revised on an annual basis. The current role description (provided at appendix 2) has been reviewed and no changes are recommended to the Council.

Action required
Council is asked to note the revised Lead Governor and Deputy Lead Governor role description.

The appointment process

The role description (provided at appendix 2) details how the appointment process for both positions will be conducted. It states:

- A Governor will nominate themselves for the position of Lead Governor and/or Deputy Lead Governor (including the provision of an outline of relevant experience).
- Separate elections will be conducted for both positions and the elections conducted by the CoG by a 'show of hands' or a secret ballot (as determined by the Chair).
- The Lead Governor (and the Deputy Lead Governor) must be elected governors and will be appointed to via separate elections at a Council meeting. A staff governor may only be appointed as Lead or Deputy in a situation where they will serve with a publicly appointed governor[2]. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly

[1] To include: Where requested by the Chair, supporting them in contacting the CoG or groups of Governors, or in understanding Governors' views on any matter and where approved by the COG and the Chair, speaking for and represent the COG at the Trust's Annual Members' Meeting or any other occasion.
2 A publicly elected governor is not a public governor but means patient, carer, or public governor.

elected governor.[3] In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, they will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.

- The tenure is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation).
- Claire Cooper-Jones, Lead Governor and Paul Gough, Deputy Lead Governor can stand again and be elected for a further year.
- All elected governors will be subject to an election in January 2021 and if successful reappointed as governors from 1 March 2021. Should the appointed Lead Governor or Deputy Lead Governor not be re-elected, then a fresh nomination process will be conducted after April 2021 Council meeting.
- The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above.
- Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution.

Training and support

The training and support needs of both the Lead Governor and Deputy Lead Governor was raised in the evaluation of effectiveness presented at the November 2019 Council meeting.

Since the meeting, the Company Secretary and Deputy Company Secretary have investigated options to provide the Lead Governor and Deputy Lead Governor with both induction and ongoing training for their roles. There are four streams of support available:

3 Where the Lead Governor is a staff governor, in any situation where the Lead Governor's position as an employee of the Trust gives rise to a position of potential conflict, the Deputy Lead shall act as Lead until the next meeting of the Council, when the situation shall be considered and a decision made as to how it shall be handled.

Networking with other Foundation Trust Lead Governors: The Lead Governor and Deputy Lead Governor will be provide with an email address for the National Lead Governors Association. This can be used to network and share ideas and best practice. This is a voluntary organisation and its Chair is Lead Governor at Sussex Partnership FT.

External training: The Corporate Affairs Team at GOSH has been unable to identify specific externally-led Lead Governor training as each Trust's Constitution and therefore the remits of Lead Governor vary greatly.

In house bespoke support: Ongoing support will also be available from the Company Secretary and Deputy Company Secretary. The Company Secretary and Deputy Company Secretary will meet with the successful candidates to identify needs and tailor training plans.

Support from the Trust Chair: The Chair will have regular contact with the Lead Governor to update on Trust/ Board matters, receive feedback from governors and bring to the Chair's attention any material issues.

Process and timetable for appointment to the Lead Governor and Deputy Lead Governor roles

On the basis of the conditions of appointment process, the Council is asked to approve the following process:

1. All elected governors (public governors, patient and carer governors and staff governors) will be asked by email (from the Deputy Company Secretary on Monday 10 February 2020) to self-nominate for appointment as either Lead Governor or Deputy Lead Governor (Governors can nominate themselves for both roles using two separate forms)4.
2. Elected governors will be asked to record their interest in the role by submitting a short statement (250 words maximum) using the form attached at appendix 4 (this will also be emailed separately to all Governors;
3. Nominees should outline any experience and/or knowledge they may have in terms of the role, stating clearly how they would meet the person specification;
4. Nominations will open on **Monday 10 February 2020** and the deadline for nominations is **5:00pm on Monday 16 March 2020**. Nomination forms received after this deadline will not be accepted;
5. Nomination forms can either be emailed or posted;
6. If sending by post, please leave sufficient time for the form to arrive in the Executive Office and address it to:

   Dr Anna Ferrant
   Company Secretary
   Executive Offices
   Level 2 Barclay House
   Great Ormond Street Children's Hospital NHS Trust
   Great Ormond Street
   London, WC1N 3JH

4 A governor who self-nominates for both roles (on separate forms)and is appointed as Lead Governor will automatically be removed from the ballot for the Deputy Lead Governor role.

- Email Nomination Forms to Anna.Ferrant@gosh.nhs.uk
    - Statements from nominated candidates will be circulated to all governors prior to the April meeting;
    - Nominated candidates will each be given the opportunity to address those governors attending 22 April 2020 Council Meeting for up to two minutes to outline why they think they are best suited for the role. This process will be chaired by the Trust Chair;
    - Nominated candidates not in attendance in person can use dial in facilities to address the Council;
    - A ballot will be conducted at this meeting (show of hands or secret ballot as determined by the Chair). Only those present at the meeting or using dial in will have the opportunity to vote;
    - Voting will be conducted using the Alternative Voting System - AV- (see Appendix 3).

Action required
Council is asked to approve the process for the appointment of the Lead Governor and Deputy Lead Governor.

Appendix 1: Annex 6, paragraph 3 of the Trust Constitution

Annex 6, paragraph 3 of the Trust Constitution highlights that elected (not appointed) governors may be appointed as either the Lead Governor or Deputy Lead Governor:

3. Lead Governor and Deputy Lead Governor

3.1 The Council of Governors shall elect one of the elected governors as the Lead Governor in accordance with the conditions of appointment set out in the Lead Governor role description approved by the Council of Governors.

3.2 The Lead Governor shall have the responsibilities, and perform the tasks, set out in the Lead Governor role description.

3.3 The Council of Governors shall elect one of the elected governors as the Deputy Lead Governor in accordance with the conditions of appointment set out in the Deputy Lead Governor role description approved by the Council of Governors.

3.4 The Deputy Lead Governor shall have the responsibilities, and perform the tasks, set out in the Deputy Lead Governor role description.

Appendix 2: LEAD GOVERNOR ROLE DESCRIPTION

Principal responsibilities

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Board of Directors (the Board).[5]
- To bring to the Chair's attention any material issues from the Governors.
- To work towards the effectiveness of the CoG and its subcommittees, including supporting the Chair and Company Secretary in organising any evaluation of the CoG.
- Contribute to the induction process for newly appointed or elected Governors.
- To act as the point of contact between the Governors and NHS Improvement[6].

Specific Lead Governor tasks

- To chair the CoG pre-meeting[7] as required and to ensure that any material matters discussed there are brought to the attention of the CoG and the Chair.
- To chair meetings of the COG that cannot be chaired by the Chair, Deputy Chairman or Non-Executives due to a conflict of interest or any other absence.
- To be a member of the Nominations & Remunerations Committee and any other committees established by the CoG.[8]
- In accordance with the process approved by the CoG, to collate the input of Governors for the senior independent director of chairman for the Non-Executive Directors' and Chair's annual appraisals.
- To liaise with the Company Secretary/ Deputy Company Secretary as and when concerns are raised by Governors.
- Be involved with setting the agendas for the Council of Governors.
- Support the Chair in acting to remove a Governor due to unconstitutional behaviour.

The Person Specification

To be able to fulfil this role effectively, the Lead Governor will:

- Have integrity in accordance with the Nolan Principles (*The 7 Principles of Public Life*), the Code

[5] To include: Where requested by the Chair, supporting him/her in contacting the CoG or groups of Governors, or in understanding Governors' views on any matter and where approved by the COG and the Chairman, speaking for and represent the COG at the Trust's Annual Members' Meeting or any other occasion.

[6] The Lead Governor may only contact NHS Improvement (NHSI), the organisation which includes Monitor, after authorisation from the Council of Governors (COG) and only when all reasonable efforts have been made to resolve the matters that are of concern to the COG. The Lead Governor may only act as a contact between the Governors and NHSI when the normal channels of communication are unavailable.

[7] This meeting takes place prior to a Council meeting and the Chair briefing meeting. It is attended by governors only. The purpose of the pre-meeting is to provide a forum to discuss the Council agenda and papers and can receive updates on specific topics as determined by the Governor Development Work Programme.

[8] The COG may agree that the Lead Governor must share this responsibility with the Deputy Lead Governor.

of Conduct for Governors and be committed to the values of the Foundation Trust.

- Enjoy the confidence of the CoG and the Chair.
- Have an understanding of the statutory duties of Governors, the Trust's Constitution and how the Trust is influenced or regulated by other organisations including the role of and basis that NHS Improvement may take action.
- Have the ability to chair meetings in a manner that works in the best interests of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors.
- Have a willingness to challenge constructively and the ability to influence, negotiate and present a well-reasoned argument.
- Be able to commit the time necessary to represent the position and wishes of Governors in a manner that has their confidence.
- Maintain the confidentiality of information.

Conditions of appointment and Term of Office

- A Governor will nominate themselves for the position of Lead Governor and/or Deputy Lead Governor (including providing an outline of the relevant experience). Separate elections will be conducted for both positions and the elections conducted by the CoG by a 'show of hands' or a secret ballot (as determined by the Chair).
- The Lead Governor (and the Deputy Lead Governor) must be elected governors and will be appointed to via separate elections at a Council meeting. A staff governor may only be appointed as Lead or Deputy in a situation where he/ she will serve with a publicly appointed governor. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor.[9] In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, he/she will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.
- The tenure is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation)
- The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above. It is anticipated, where terms of office accord, that the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant. Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.
- Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution.

Approval and review of this document

This document will be reviewed not less than annually.

[9] Where the Lead Governor is a staff governor, in any situation where the Lead Governor's position as an employee of the Trust gives rise to a position of potential conflict, the Deputy Lead shall act as Lead until the next meeting of the Council, when the situation shall be considered and a decision made as to how it shall be handled.

Deputy Lead Governor

The role of the Deputy Lead Governor is to support the Lead Governor and deputise for him or her when necessary.

Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.

Final

Approved July 2018 **Council of Governors' Meeting**

Appendix 3: Alternative Voting System

The Alternative Vote (AV) is a preferential system where the voter has the chance to rank the candidates in order of preference.

The voter puts a '1' by their first choice a '2' by their second choice, and so on, until they no longer wish to express any further preferences or run out of candidates.

Candidates are elected outright if they gain more than half of the first preference votes. If not, the candidate who lost (the one with least first preferences) is eliminated and their votes are redistributed according to the second (or next available) preference marked on the ballot paper. This process continues until one candidate has half of the votes and is elected.

Appendix 4: Nomination form for appointment as Lead Governor/ Deputy Lead Governor

Nomination for appointment as Lead Governor/ Deputy Lead Governor at Great Ormond Street Hospital for Children NHS Foundation Trust

I ……(state full name) as a public / patient and carer / staff governor (delete as appropriate) representing the …..…… ……. ……

(state constituency) nominate myself for the position of (please tick one):

	Lead Governor
	Deputy Lead Governor

on the Great Ormond Street Hospital for Children NHS Foundation Trust Council of Governors.

I understand that my nomination form will be circulated to all governors and that appointment to the role will be subject to a ballot of all governors.

Statement (250 words maximum)

Date: ……

Attachment M

Council of Governors

5 February 2020

Governance update

Summary & reason for item

The purpose of this paper is to provide a summary of Governance work undertaken related to the Council of Governors since 26 November 2019 Council meeting. The report includes:

- A Council of Governors' development programme update
- Membership Engagement, Recruitment and Representation Committee (MERRC) update
- Election timetable and communications overview
- Communications plan for Governor Elections
- Role and expectations of governors in interview stakeholder groups
- Stakeholder Engagement Manager recruitment update
- Membership Statistics and report as at 27 January 2020

Governor action required

Governors are asked to note progress on the Council of Governors' development plan for 2020-21.

Report prepared by

Paul Balson, Deputy Company Secretary

Item presented by

Paul Balson, Deputy Company Secretary

2 Council of Governors' development programme update

2.1 Background

In December 2019, Governors were asked to complete a template that would assist the Corporate Affairs team in planning the Council of Governors' development plan for 2020-2021.

Governors were asked so that the agendas of the development sessions struck a balance between of the required learning and what Governors would like to learn.

The template was broadly split into two sections. These are summarised in the table below:

Holding NEDs to account	Key duties of a Governor
The Corporate Affairs team listed the Trust Strategy's vision and priorities and asked Governors to indicate what skills / knowledge they would need to be able to hold NEDs to account against them.	Governors were asked to indicate what further development they needed to deliver key Governor duties such as remunerating the Chair and NEDs.

All Governors were asked to complete the template by 15 January 2020. The feedback has been collated into a single document and is available at Appendix 1.

2.2 Next steps

Final approval of the GOSH Strategy will allow the Corporate Affairs to plan the individual sessions, topics, objectives and style of presentation that will make up the Council of Governors' development program for 2020/21.

The scheduling of sessions will be dependent on any comments from Governors at meetings on areas they wish to focus on, availability of presenters, the agenda of the Council meeting and other key Trust issues that need to be communicated to the Council. Governors will be kept informed by the Governors newsletter.

Wherever possible, the Corporate Affairs Team will ensure that subject matter experts are able to present items (these may be GOSH staff or experts external to GOSH). In addition to the development sessions, other innovative ways to deliver the objectives will be explored e.g. online training, tours of the hospital and pre-recorded videos.

The full programme will be reported to the Council at its next meeting on 22 April 2020.

Governors are invited to inform the Corporate Affairs team of any other sessions they would like to prioritise throughout the year by emailing paul.balson@gosh.nhs.uk

Action required: Governors are asked to note progress on the Governing Body Development session plan.

3 Membership Engagement, Recruitment and Representation Committee (MERRC) update

The last meeting of the MERRC was on Wednesday 18 December 2019. The following highlights were discussed at the Committee:

3.1 Membership Statistics report

The Committee noted that it had been tasked by the Council of Governors to consider how to address the demographic gaps in membership and devise recruitment plans. It reviewed the

membership statistics and composed the following actions to improve recruitment, engagement, communication and representation with the membership:

- Consider better use of the membership database and propose focused surveys for the target groups.
- Analysis of readership statistics from 'Get Involved' to inform what style and content of articles was popular.
- Undertake networking with other FTs and a literature search on what other Trusts are doing.
- Make better use of our local stakeholders and present to them.
- Work with the Charity to organise cake bakes at locals schools.
- Work with the Duke of Edinburgh award: E.g., partner to become first choice for volunteers and get them to become members as well.
- Pop ups on MY GOSH, email signatures and automated phone messages.
- Ask the membership in February why they joined. What they see as their role? What offers?

The actions will be taken forward by the Deputy Company Secretary in the coming months.

3.2 Social Media Marketing engagement campaign

As previously reported to the Council of Governors, the Trust's membership needs to recruit 10 to 16 year olds in both the public and patient constituencies.

The Young Person's Forum was previously asked how to find the most efficient way to recruit members in this demographic. They suggested:

1. Bitesize snapshots on social media to attract attention.
2. Short and punchy 'Why' someone would become a member of the Foundation Trust.

The Corporate Affairs Team, with support from the Digital Communications Team, suggested a media membership campaign running over successive months. The action plan for this campaign was approved by MERRC and is outlined below:

Date(s)	Action
February to March 2020	MERRC and Patient Experience Team to identify patient stories and potential interviewees to be recorded supporting Trust membership. MERRC with support from Deputy Company Secretary to ask Governors what the offer of membership was for them and use this to inform a master list of membership benefits. Write to all Members via Members matters what inspired them to join and what more could we do to engage with them? Create a clear bullet list of the benefits of membership and what your governor can do for you (as a member).
March 2020	Interviewees are interviewed and the content edited by Digital Communications. Draft the supporting materials for social media. Revamp the Membership area of the website. Test the messages with the Young Person's Forum.
1 April 2020	Launch of the new recruitment campaign.

The Deputy Company Secretary will take this work forward with the Digital Communications team.

3.3 Governor prompts for articles in Get Involved

The Committee reviewed the questions and their purpose and endorsed them to the Council of Governors. These are provided for Governors in the paper 'Council effectiveness survey action plan update'.

The Committee requested that every section end with: *If you would like to talk to [Name] about [these issues], email foundation@gosh.nhs.uk.*

3.4 Governwell: Member and Public Engagement

MERRC reviewed a report from a Governor who attended *GovernWell: Member and public engagement module.* It was noted that a number of the report's recommendations were either in place, or had actions plans for implementing a similar or equivalent plan.

The Committee requested that the creation of media materials e.g., videos or cartoons about GOSH membership and the role of the Council be investigated further by the Deputy Company Secretary

4 Election timetable and communications overview

In January 2021, the current three-year Governor electoral term will conclude and Foundation Trust members will vote for their governor representatives on the Council of Governors.

The Council is currently made up of 26 Governors:

- 17 are elected by the Foundation Trust's public, patient or carer constituencies
- 5 are elected by the staff constituency.
- 4 appointed governors who are nominated by stakeholders such as the Young People's Forum, local authority and the UCL Great Ormond Street Institute of Child Health.

At the July 2018 Council meeting, Governors agreed the following changes that will impact on the 2020 elections and will need to be communicated to the membership:

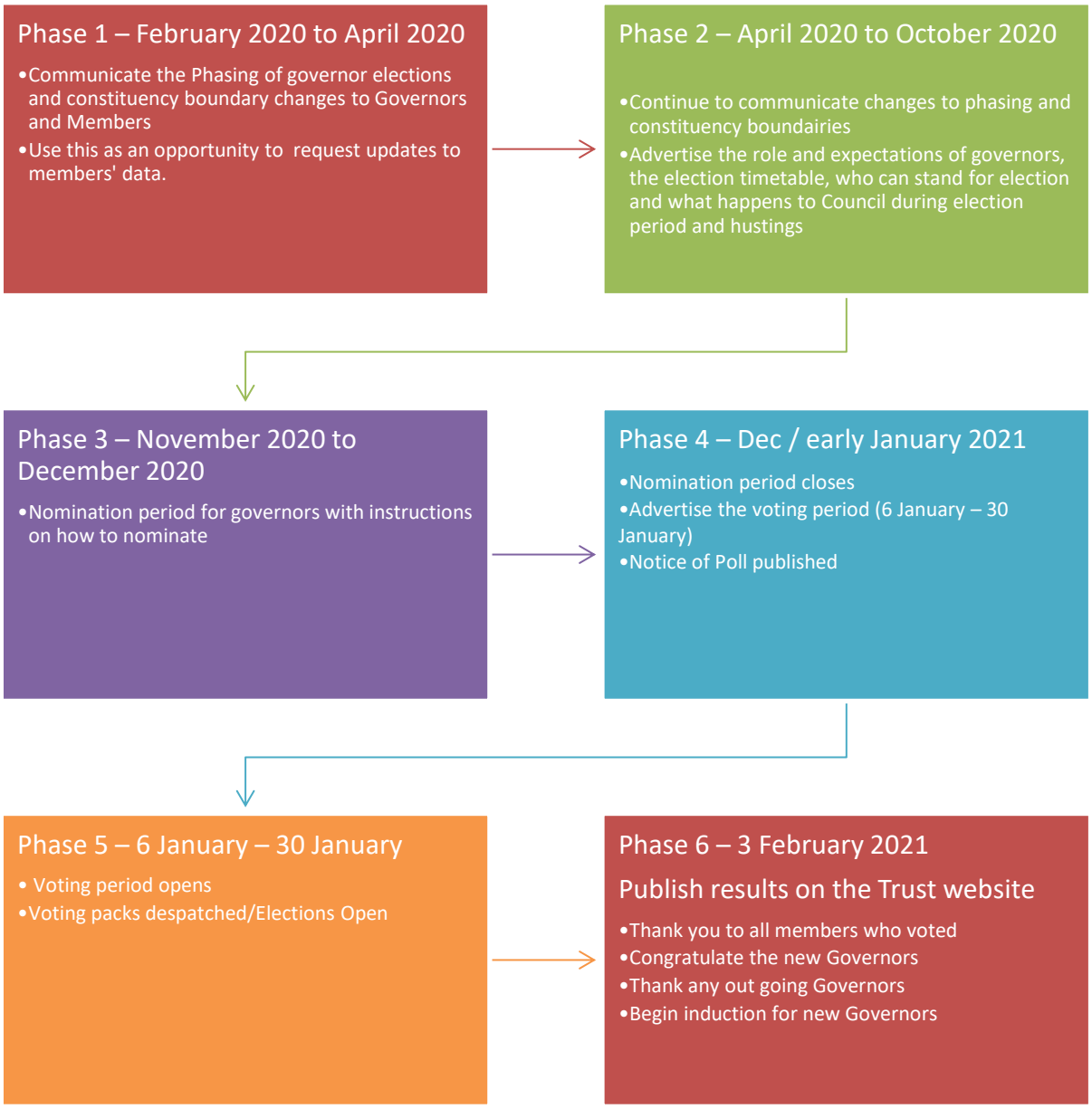
1. Changes to Governor constituency boundary changes, and
2. Phasing of Governors based on new classes

These are outlined in a more detail in Appendix 2.

In summary, there are six planned phases of communications for the elections. Appendix 3 provides more detail on the different elements of the communication plan and Appendix 4 details the timing of the election.

Attachment M

Overview of six phases of communication



Attachment X

5 Role and expectations of governors in interview stakeholder groups

An action arising from the CQC inspection related to the Council of Governors was:

Clarify the role and expectations of governors in interview stakeholder groups, including for which roles they will be invited to participate in groups for.

To clarify:

- Chair and Non-Executive Directors; Governors will make up the majority of members on the interview panels and the Council approve the appointment. Two other governors will also be invited to sit on a stakeholder panel.
- Chief Executive: Governors are invited to a relevant stakeholder panel. The Council is asked to approve the appointment put forward by the Chair and NEDs.

For all other Trust Board level appointments, where there is a stakeholder panel, 1-2 Governors will be invited to participate. In some instances, a Governor will be selected based on their knowledge of the role being appointed to. This will be determined by the Director of Human Resources and Organisational Development and Company Secretary.

6 Stakeholder Engagement Manager

The job description for the Membership Relationship Manager was reviewed and revised to a 'Stakeholder Relationship Manager' over summer 2019. The key objective of the role will be to deliver the Trust's Membership Engagement Strategy which will include:

- Organise stakeholder engagement opportunities between members, governors and the Trust.
- Recruit members from underrepresented stakeholder groups and manage membership induction and turnover.
- Facilitate the sharing of information between members and governors to ensure representation.
- Communicate with members and governors.

The Company Secretary, Deputy Company Secretary and the Chair of the Membership Engagement, Recruitment and Representation Committee will interview prospective candidates on 11 February 2020.

7 Membership Statistics and report as at 27 January 2020

Anyone living in England and Wales over the age of 10 can become a GOSH member, and the Trust strives for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers, and staff.

This report provides a summary of our public, parent and carer and patient membership (it does not include staff membership).

Civica Membership Engagement Services (MES) is our membership database provider and holds and manages our public and patient, parent and carer data. Statistical analyses were run within the database and the attached report produced to highlight key findings.

Current positon as at 27 January 2019	**Performance against yearly projected target**	**Action required**
Total membership **9,857**	Since the November 2019 report to Council of Governors,	To meet our target of 9,960 by 31st March 2020 we need to recruit 103 members.

Attachment X

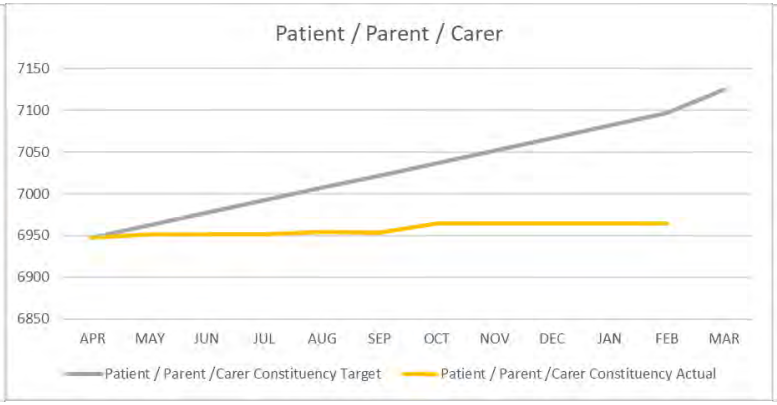
Current positon as at 27 January 2019	Performance against yearly projected target	Action required
	there has been no change to the total membership. The Trust is 59 members behind target for January 2020 and 103 behind its yearend target.	
Patient , parent and Carer membership **6,964**	Since the November 2019 report to Council of Governors, there has been no change to the patient, parent and carer membership. The Trust is 133 Patient, parent and Carer members behind target for January 2020.	To meet our target of 7,125 by 31st March 2020 we need to recruit 161 patient, parent and carer members.
Public membership **2,983**	Since the November 2019 report to Council of Governors, there has been no change to the total membership.	The Trust has exceeded its public constituency target of 2,835 by 58 members for 2019/20.

Attachment X

7.1 Membership KPIs

The table below shows the overall membership figures for our public and patient, parent and carer constituencies.

		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Public Constituency	Target	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834
	Actual	2825	2835	2836	2836	2867	2867	2893	2893	2893	2893
Patient / Parent /Carer Constituency	Target	6947	6962	6977	6992	7007	7022	7037	7052	7067	7082
	Actual	6947	6951	6951	6951	6954	6953	6964	6964	6964	6964
TOTAL	Target	9772	9788	9804	9820	9836	9852	9868	9884	9900	9916
	Actual	9772	9786	9787	9787	9821	9820	9857	9857	9857	9857



Appendix 1: Development session purpose and objectives

Vision and priorities of Strategy	Areas to cover
Governor duties: Appoint the auditor	Understanding the criteria for auditors General background / refresher Governance arrangements for the appointing and removal of external auditors General background / refresher
Governor duties: Appoint the Chair and NEDs	Understand the terms and conditions for the chair and non-executive directors What is the process at GOSH? Are there any measures of how robust, reliable, transparent an effective it is? Are there gaps in the NEDs knowledge that we should be succession planning for?
Governor duties: Engage, recruit and represent members	What is the process for engaging, recruiting and representing members. Are these arrangements keeping members informed and excited and fully engaged. How does the Trust envision us communicating with our constituencies How to access and communicate with constituents when we may not usually have much contact? Understanding of how to feedback patient/family stories and experience councillors gather as part of their engagement activities so they can be useful to the Trust strategy, plan and tactics How to access and communicate with constituents when we may not usually have much contact?
Governor duties: Remunerate the Chair and NEDs	Understand the terms and conditions for the chair and non-executive directors How do we compare with other Trusts? What processes are in place to ensure NEDs perform.
Governor duties: Taking decisions on non NHS income	Governance arrangements on approving any change to the proportion of income derived from non-NHS sources General background / refresher

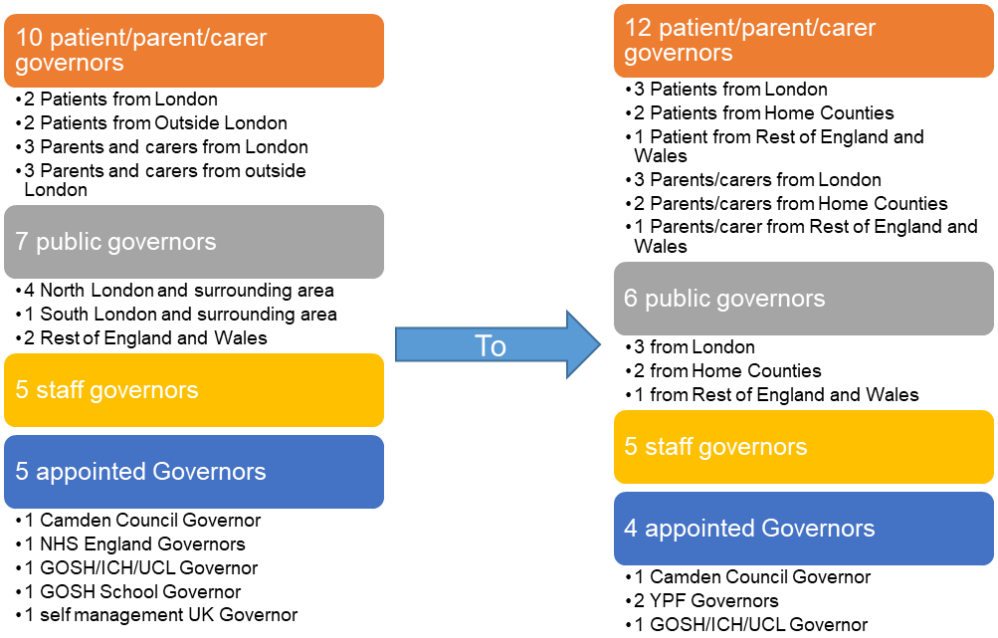
Vision and priorities of Strategy	Areas to cover
Governor duties: Taking decisions on significant transactions and mergers, acquisitions, separations and dissolutions	Definition of 'Significant transactions' and voting arrangements What is a significant transaction? What process would be followed? Assurance that Governors are asked about all of them.
Priority: Accelerate translational research and innovation	What and how research takes place at GOSH and why is it good? Case studies? Who are we in partnership with? Can we measure if partnerships are successful?
Priority: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care	What is the CCC? Why is it needed? How do we currently perform on cancer? How will the CCC affect this? What is the CCC story? What are the KPIs? What level of oversight and control have the NEDs had?
Priority: Deliver a Future Hospital Programme to transform outdated pathways and processes	What is the future hospital programme? EPIC optimisation: what will it look like and how will it benefit patients and the Hospital? How does GOSH compare with other Trusts? What risks are caused by our outdated systems and what is the plan for them? What are the risks of transforming at pace?
Priority: Develop a GOSH Learning Academy and become the first-choice provider for paediatric training	What KPIs will be used to measure the success or impact of the Learning academy? What is the timeline for set up of the academy? What are other Trusts doing to educate their staff? What will the process for selecting courses be? What will success look like? What have been the achievements to date? What makes education high quality? What KPIs will be used?

Vision and priorities of Strategy	Areas to cover
Priority: Improve and speed up access to urgent care and virtual services	What is our current performance? What actions are in place or planned to improve performance? **How does commissioning work?**
Priority: Make GOSH a great place to work by investing in the wellbeing and development of our people	**Stock check of where we are now** **-**Policies and procedure status -Key risks -Key staff survey findings -What are the KPIs used to measure staff wellbeing and how do we compare? -What are other Hospitals doing that we aren't and vice versa -What mental health support do staff receive? Is more planned? -What is it like to be a very junior member of staff at GOSH? **Moving forward** -Summary of remedial actions plans -What does the end state look like? -What are the key 'work ons' and priorities? -What could stop progress? -What role will the learning academy have in this?
Vision for… Financial Strength	What is the budget setting process? How much oversight do NEDs have? How do we measure value for money? How does the Trust access Charity funds? How does the Trust receive IPP funds? What is the role of the Commercial Director? What do they need to make the role a success? A quick summary of 'How to understand financial reporting'.
Vision for… Partnerships	What is an STP? What is our relationship with our STP?What is the benefit for the Trust?

Vision and priorities of Strategy	Areas to cover
Vision for… Protecting Our Environment	What is GOSH doing to protect the environment? How do we compare to other Trusts / industries? How is impact measured?
Vision for… Quality	What areas are of concern and what are the short term and long term plans to improve? What are the key datasets NEDs are presented with? What are the KPIs for 'kind'? What impact does the anecdotal data from YPF have in the Committees? Can it be used better? Patient experience story at CoG?
Vision for…. Culture	Are there KPIs for the always values? What actions have been taken and what has their impact been? What are the blockages? How is the diversity agenda working? What would the end state look like on a day to day basis for members of staff?

Appendix 2: Changes to elected governor constituency boundary changes

Following consideration of the number of members within each constituency and the number of outpatient appointments mapped to constituencies the following changes to constituencies and the number of governors they elect has been approved:



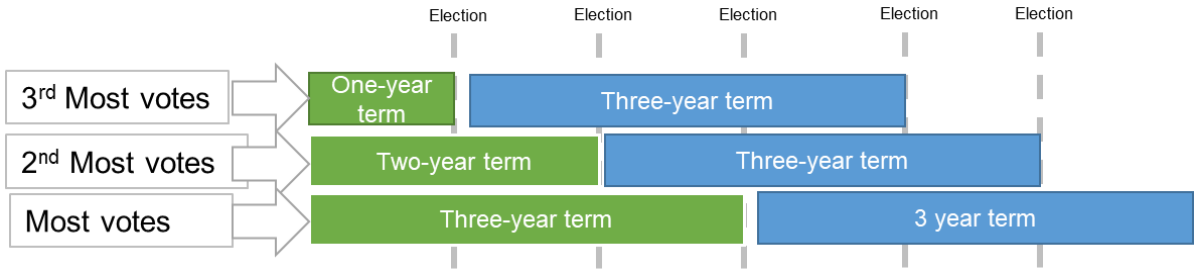
Governors agreed to move to these new classes from the 2021 term (starting March 2021), for which elections will commence in December 2020.

Previously, all elected Governors served a three-year term, and they all stood down at the same time. To ensure that we have a gradual turnover of Governors, the Council agreed to stagger elections.

At the December 2020 election only, Governors' terms will be amended to either one, two or three years based on the number of votes received during that election.

Subsequent elections will then be for full three-year terms (subject to Governors' remaining terms).

The diagram below outlines this:



Appointed Governors' positions will not be subject to staggering of terms.

Once the staggering is in motion, elections will be held every year, and in each election, approximately one third of elected Governor positions will be available to be filled. Each elected Governor will be elected for a three-year term.

Appendix 3: Communications

Below is a high-level overview of the communication plan and key actions required.

Phase	Summary	Communications plan for Governor Elections	Communications plan for changes to constituency boundary
Phase 1 – February 2020 to April 2020	Communicate the Phasing of governor elections and constituency boundary changes to Governors and Members Use this as an opportunity to request updates to members' data.	Inform Members via 'Get Involved' in Feb, Mar and Apr. Approve communications plan at February **Council of Governors.** Lead in at a Mat's Big briefing that there will be elections this year. Co-presented by staff Governors.	Refresh and circulate 'What this means for me' one page tailored guides for Governors. Inform Members via Get Involved in Feb, Mar and Apr. Approve high level communications plan at February **Council of Governors.**
Phase 2 – April 2020 to October 2020	Advertise the role and expectations of governors, the election timetable, who can stand for election and what happens to Council during election period Continue to communicate changes to constituency boundaries	'Being a GOSH Governor' pamphlet Website update May, Jun, Jul, Aug, Sep and Oct, Nov and Dec Get Involved on different elements of the election and the election timetable. Articles from Governors encouraging Members to vote. Letter from Lead Governor and Chair to all in Get Involved and Staff Newsletter Staff elections advertised on intranet Mat's big briefing Open sessions at GOSH for members to find out what it involves to be a governor	Get Involved article on constituency changes. Website news feed Screensavers Digital adverts in main reception Update membership page of internet Design of new constituency boundaries Present detailed communications plan to April **Council of Governors**

Attachment M

Phase	Summary	Communications plan for Governor Elections	Communications plan for changes to constituency boundary
		Sharing the 'Our Governor' leaflet and produce several copies for any engagement events. Pop up stands and other publicity materials across the hospital and social media channels.	
Phase 3 – November 2020 to December 2020	Nomination period with instructions on how to nominate	Staff elections advertised on intranet Public elections on internet. Get Involved and Roundabout articles Website update	
Phase 4 – December 2020 to early January 2021	Nomination period closes	Staff elections: Mat's Big briefing to encourage nominations for staff Governors Screen savers Get Involved	
Phase 5 – 6 January 2021– 30 January 2021	Voting period opens Voting packs despatched/Elections Open	Mat's Big briefing to encourage voting Get Involved to encourage voting Trust Membership page on internet to encourage voting. Click email every three weeks	

Attachment M

Phase	Summary	Communications plan for Governor Elections	Communications plan for changes to constituency boundary
Phase 6 – 3 February 2021	Publish results on the Trust website Thank you to all members who voted Congratulate the new Governors	Thank you to all members who voted	

Attachment M

Appendix 4: Timings

Elections will span a number of months from nomination to election.

Below is a draft timetable:

ELECTION STAGE	*Date (TBC)*
Trust to send nomination material and data to ERS	Friday 30 Oct 2020
Notice of Election / nomination open	Tuesday 10 Nov 2020
Nominations deadline/Close	Tuesday 08 Dec 2020
Summary of valid nominated candidates published	Wednesday 09 Dec 2020
Final date for candidate withdrawal	Friday 11 Dec 2020
Electoral data to be provided by Trust	Monday 14 Dec 2020
Notice of Poll published	Monday 4 Jan 2021
Voting packs despatched/Elections Open	Monday 11 Jan 2021
Close of election	Friday 29 Jan 2021
Declaration of results	Monday 1 Feb 2021

Attachment Q

Council of Governors

5 February 2020

Council effectiveness survey action plan

Summary & reason for item

On 26 November 2019, the Council reviewed the Constitution Working Group's (CWG) findings from the self-assessment of effectiveness and approved 19 recommendations. The Council also highlighted two recommendations that warranted further discussion at the February 2020 Council meeting.

This paper provides an update to Governors on actions taken to address the self-assessment recommendations and prompts Governors to discuss the two outstanding recommendations.

Governor action required

Governors are asked to:

- Note the status of actions to date and pursue any matters of interest.
- Discuss and decide on the appropriate number and length of Council of Governor meetings.
- Discuss and devise actions to address how to manage discussions in meetings.

Report prepared by

Paul Balson, Deputy Company Secretary

Item presented by

Paul Balson, Deputy Company Secretary

Attachment Q

1 Background

The Council's 2019 assessment was informed by questionnaires sent to the Council of Governors, the Non-Executive Directors (NEDs), Chief Executive (CEO) and Chief Finance Officer (CFO).

Between 25 July 2019 and 23 September 2019 SurveyMonkey was used to gather views and comments.

On 26 October 2019, the Constitution Working Group reviewed the findings and proposed 19 recommendations with leads and timelines for the next 18 months. It also identified two areas where they recommended it would be prudent for the Council to determine next steps.

The final report was presented to the 26 November 2019 Council meeting. The Council approved the recommendations and highlighted two recommendations that warranted further discussion at the February 2020 Council meeting:

- Number and length of Council of Governor meetings
- Governor domination of meetings

2 Recommendations, actions required, lead and status

In the table below are the recommendations, the associated actions required and their status to date.

Action required

- Governors are asked to note the status of actions to date and pursue any matters of interest.
- To approve:
    - Governors' leaflet outlining the high-level summary of role differences and expectations.
    - questions to be asked of Governors and published in the monthly 'Get Involved' and posted on the website.
    - post Council meeting survey questions.
- To discuss the merits of adding an additional Council meeting to the calendar year, extending the current meeting timings or allowing the recommendations to bed-in.
- To discuss proposals for managing discussions in meetings.

#	Recommendation	Actions required and lead	Status
1	Corporate Affairs Team to produce a flashcard for Governors by the February 2020 meeting of the Council of Governors covering: • a high-level summary of role differences and expectations of Governors (including observing Assurance Committees) and an overview of the Trust's Always Values. • How to ask 'the right kind of questions' through the NEDs and asking NEDs questions following a presentation from Executive Directors at a Council meeting	A draft leaflet covering high level roles and responsibilities of Governors and the Always values was presented to the December Membership Engagement, Recruitment and Representation Committee MERRC) meeting. The leaflet will be used to remind current governors of their role and provide an overview of the duties of Governors for new and prospective governors. The Committee discussed the leaflet, made a number of minor amendments and endorsed it to the Council of Governors. **The leaflet is attached at Appendix 1.**	
		The how to ask 'the right kind of questions through the NEDs; flashcard for Governors remains in development. **Action ongoing.**	
2	At its December 2019 meeting, the Membership Engagement Recruitment and Representation Committee (MERRC) to develop smart and cost effective plans for engaging with local and national member constituencies as well as receiving feedback.	MERRC discussed a range of options at its December 2019 meeting and proposed a number of actions. These actions are reported in the MERRC report to the Council and require additional work to develop them further. **Action ongoing.**	
3	Every month from the January 2019 electronic edition of 'Get Involved', a different Governor will be asked to provide 300-500 words for their constituents and the wider membership. MERRC will devise a list of prompts for Governors, guidance for members to communicate with their Governors and the publication timetable with the Communications Team at its December 2019 meeting.	MERRC discussed this recommendation at its December 2019 meeting and approved a set list of questions that Governors would be asked as well as the timetable for when Governors' responses would be published in 'Get Involved'. **The list of questions is attached at appendix 2.** Once approved, the interview questions will be circulated to Governors and the February edition of 'Get Involved' will contain the first	

#	Recommendation	Actions required and lead	Status
		Governor interviews. The content produced would also be repurposed to update Governor profiles on the internet. **Action ongoing.**	
4	Director of Operational Performance and Information to present the 2020/21 annual plan to the November 2019 meeting of the Council and receive questions about the 2021/22 engagement plans.	The Operational Plan 2020/21 update is on the February Council agenda as item 6. **Action completed**	
5	The Corporate Affairs Team will continue to upload all Assurance Committee papers to the Governors' Portal.	All Council, Trust Board and Assurance Committee papers to date have been uploaded to the portal. Where individual files have been too large, they have been split up and uploaded. **Action completed**	
6	The 26 November 2019 Council Development Session will have a portion of the meeting allocated to troubleshooting any Governor issues with accessing the portal.	The troubleshooting session was held at the 26 November development session and was well received. A mandatory training report will be requested in due course to check the status of Governor mandatory and statutory training compliance. **Action completed**.	
7	Deputy Company Secretary to recirculate the 'Training Needs Analysis' by the end of 2019 and use the results to inform the Council development sessions from the February 2020 meeting onwards. The proposed development plan will be presented to the February 2020 meeting of the Council of Governors.	The Training needs analysis template was updated and recirculated to Governors. The aggregated training plan is presented to Governors in the Governance report (Item 13) and a final version will be submitted in April. **Action completed.**	
8	Corporate Affairs Team to share the Council and Assurance Committee work plans for 2020 with the Council at the February	The Assurance Committee work plans for 2020/21 are in the process of being updated based on the outcomes of their ongoing effectives	

#	Recommendation	Actions required and lead	Status
	2020 meeting, so that Governors can suggest agenda items.	reviews. They will be presented to the April meeting of the Council. **Action ongoing.**	
9	From the February 2020 meeting onwards, first draft Council agendas will be shared with the Lead Governor and Deputy Lead Governor containing annotations as to the origin, purpose and level of priority for each agenda item.	The Lead Governor and Deputy Lead Governor received the draft agenda for the February 2020 meeting and commented on the content. This process will continue. **Action completed.**	
10	From the February 2020 meeting onwards, Governors to be asked to complete a post meeting evaluation of Council papers (within 5 days of Council meeting).	The draft post-meeting questions are attached as appendix 3. Once approved, these will be circulated to Governors after each meeting on SurveyMonkey with a deadline of five calendar days to complete. The results will be reported in the Governance update to the Council going forward. **Action ongoing.**	
11	From the February 2020 Council meeting onwards, Corporate Affairs Team to examine options for the room layout on Council meeting days to encourage an informal style and mixing of NEDs and Governors on tables.	The layout of the Charles West Room was well received at the November 2019 meeting. Governor feedback will be captured on an ongoing basis through the post meeting survey. **Action closed**	
12	All survey results pertaining to the performance of the Chair will be retained for the Chair's next appraisal.	The feedback has been filed for inclusion in the Chair's next appraisal. **Action closed**	
13	The Chair is asked to summarise decisions reached at the end of each agenda item.	A prompt has been included in the Chair's briefing and progress on this recommendation will be monitored in the post meeting survey. **Action closed**	

#	Recommendation	Actions required and lead	Status
14	The Chair and item presenter asked to make it clear that questions from Governors are encouraged and that they are given the time to ask. The Chair should also make it clear when the time for questions is.	A prompt has been included in the Chair's briefing and progress will be recorded in the post meeting survey. The Deputy Company Secretary will Chair the Development sessions' questions from Governors section. **Action closed**	
15	From the February 2020 meeting, Corporate Affairs Team to review future Council agendas and identify items from GOSH teams that could be better presented with supplementary visual presentations.	The Company Secretary, Deputy Company Secretary and Trust Board Administrator now meet 6 weeks in advance of the meeting with the aim of identifying alternative methods of presenting Council agenda items. **Action closed**	
16	Corporate Affairs team to look into providing or sourcing specific Lead and Deputy Governor training by January 2020.	The Company Secretary and Deputy Company Secretary have investigated options to provide the Lead Governor and Deputy Lead Governor with both induction and ongoing training for their roles. There will be four streams of support available: • Networking with other Foundation Trust Lead Governors • External training: • In house bespoke support: Ongoing support will also be available from the Company Secretary and Deputy Company Secretary. • Support from the Trust Chair **Action closed**	
17	Monitor the new format for development sessions.	The post meeting survey includes a question to capture Governor feedback from the development session.	

#	Recommendation	Actions required and lead	Status
		Action closed	
18	The Corporate Affairs Team to work with Communications and the Charity to inform Governors of Trust events as far in advance as possible.	The Charity have sent the Corporate Affairs Team their events calendar. Key dates and calls for volunteers will be communicated to Governors via the newsletter. **Action closed**	
19	It is recommended that Governors and NEDs agree a consistent approach to Governor attendance at assurance committee meetings.	**Action ongoing**	
20	That the revised Buddying programme include prompts for both NEDs and Governors to establish methods for communicating outside of Council meetings.	The first buddying group meetings will be set up by end February 2020. **Action ongoing**	

3 Outstanding recommendations

During the review of the results, the Constitution Working Group identified two areas where they recommended it would be prudent for the Council to determine the next steps.

These items were presented to the November 2019 Council meeting, where the Council requested additional time to discuss all options. The two areas are outlined below:

3.1 Number and length of Council of Governor meetings

It was reported to the November 2019 Council meeting that 10 out of 19 (53%) Governors and five (5) out of six (6) (83%) Directors agreed that appropriate time was allocated to discuss agenda items fully.

However, three (3) Governor comments indicated that consideration should be given to extending the length of Council of Governor meetings:

- *"With such a huge agenda there is always a need for more discussion time but without increasing the length of the meeting I can't see another solution."*
- *"We simply don't have enough time, but then it is a big commitment. I think we should have longer meetings, taking up some of the development time in the mornings."*
- *"It is understandable that some items have felt they could do with more discussion"*

One comment suggested that some time could be better spent on agenda items through the improved management of the amount of time that governors from certain constituencies are given at Council meetings (see 3.2 Equal voicing of Governor opinions) below.

"Appropriate time is usually given. However, when individual governors ask too many questions or labour a point this seems to take up too much time."

Governors are asked to note that:

1. Governors kindly give up their spare time for the meetings. Some take annual leave from their employers or have arrangements agreed locally and may struggle to attend earlier in the day (including younger governors) or attend for an additional day.
2. A number of recommendations and actions that will improve the productivity of the meetings have been put in place or will be rolled out in the next few months. These include:
    a. Supplementary visual presentations to improve clarity of papers
    b. Summation of agenda items and actions by the Chair
    c. Post meeting evaluation of Council meetings.
    d. A governors designed and agreed development programme in place for the development sessions.

Recommendation

It is recommended that at the February 2020 meeting, the Chair and Council discuss the findings and agree a way forward.

3.2 Equal voicing of Governor opinions

Recommendation Governors are asked to discuss how the Council can adequately discharge its duties whilst ensuring that all governors have equal time and opportunity to voice their opinions.

4 Appendix 1: Governor roles and responsibilities leaflet

Governors have an important part to play by listening to the views of the Trust's members, the public and other stakeholders, and representing their interests in the Trust.

Members are encouraged to engage with their relevant governor and share their feedback, experiences and views on Trust Services.

You can engage with the Trust Governors in a variety of ways:

- By attending our public Council of Governors' meetings
- By emailing your Governor at foundation@gosh.nhs.uk or the contact a Governor form on the website
- By attending events and talks
- By attending our Annual General Meeting and Annual Members' Meeting

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Get in touch with our Governors:

Membership Engagement
Executive Offices,
Barclay House,
37 Queen Square,
London,
WC1N 3BH

Details on how to contact the Governor from your constituency can be found on our website, alternatively email:

foundation@gosh.nhs.uk

gosh.nhs.uk | @GreatOrmondSt

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
Great Ormond Street Hospital
Great Ormond Street
London, WC1N 3JH

Gosh.nhs.uk

Our Governors

The child first and always

Page 1 of the leaflet

The role of a Governor

Governors represent the views and interests of members, including the patients who use the Trust's services and their parents or carers, the public, staff and partner organisations or groups.

Our Governors help ensure that our Trust is well engaged with our stakeholders.

What Governors do

- ❑ Represent the interests of NHS Foundation Trust Members and of the public as a whole
- ❑ Hold the Non-Executive Directors individually and collectively to account for the performance of the Trust Board
- ❑ Select and appoint the Chair and Non-Executive Directors (and remove if necessary)
- ❑ Approve the appointment of the Chief Executive
- ❑ Determine the pay and terms of office of the Chair and Non-Executive Directors
- ❑ Appoint the Trust's External Auditor
- ❑ Receive the Annual Report and Accounts and auditors reports on these
- ❑ Approve significant transactions (e.g. mergers)

Other responsibilities

- ❑ Act as a source of ideas about how the Trust can provide its services in a way that meets the needs of the communities it serves.
- ❑ Be consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's Membership Strategy and encourage membership.

What Governors don't do

- ❑ Deal with individual complaints
- ❑ Have a responsibility for running the Trust
- ❑ Have a veto over a Board of Directors decision
- ❑ Have a "right" to inspect Trust property or services, meet patients or conduct quality interviews

The Council of Governors

The Council of Governors is made of the following groups:

- ❑ Patient Governors (elected)
- ❑ Parents and Carers Governors (elected)
- ❑ Public Governors (elected)
- ❑ Staff Governors (elected)
- ❑ Appointed Governors from the Young Persons Forum, UCL Great Ormond Street Institute of Child Health and London Borough of Camden

Always values

The Trust has a set of guiding principles for everything we do that assist us in delivering our ambitions.

They define what our patients, their families and our partners expect of us and what we should expect of each other.

They were developed in collaboration with the families we care for.

Our Trust Governors are also expected to embody these values.
The values are:

Meetings of the Council of Governors

The Council of Governors' meets four times a year as well as an Annual Members Meeting. The meetings are usually in the Charles West Room, Level 2 Barclay House, Great Ormond Street.

Dates and further details, including meeting papers can be found here: https://www.gosh.nhs.uk/about-us/foundation-trust/members-council/key-dates-and-papers

Page 2 of the leaflet

5 Appendix 2: Governor questions for 'Get Involved'

How you first got involved in with GOSH?	What was your first impression of GOSH?	What's your first memory of GOSH?
What has surprised you most about working with the GOSH Council of Governors?	What do you find most challenging about being a GOSH Governor?	What's the best thing to happen since you started working with GOSH?
What engagement or recruitment work have you been involved in?	What three key messages from the last year of Council meetings would you like to communicate to Members?	What do you wish other people (non-members) knew about GOSH?
When your friends/family find out that you are a Governor at GOSH, what do they say or ask?	Tell me about someone who influenced your decision to become a Governor with GOSH?	What might someone be surprised to know about you?
What would you tell someone who is thinking about joining as a member or standing as a Governor?	How would (someone) describe you?	What do you do when you aren't a Governor at GOSH?

6 Appendix 3: Post Council meeting survey questions

Question	Response		Suggestions for improvement
	Agree	Disagree	
Development session The Development session was useful, informative and relevant to my role as Governor.			
Council of Governors The Council agenda was clear and the items were supported by the necessary documentation			
Papers were sent suitably in advance of the meeting.			
Reports were clear and contained the necessary information.			
Evert Governor was given the opportunity to contribute to the meeting.			
Each item was summarised succinctly by the Chair and next steps identified.			
An appropriate number and range of Governors were in attendance.			
The meeting room set up was conducive to an effective meeting.			
Other thoughts.			

Attachment N

Council of Governors

5 February 2020

Revised Chair and Non-Executive Director Appraisal Process

Summary & reason for item:

This purpose of this paper is to present a draft revised process for appraising the chair and Non-Executive Directors (NEDs) at GOSH.

Governor action required:
To consider and approve the proposed draft appraisal process.

Presented by: Anna Ferrant, Company Secretary

1. Current GOSH Appraisal Process for the Chair and Non-Executive Directors

The current GOSH chair and NED appraisal process is aligned to guidance provided in **'Your statutory duties; A reference guide for NHS foundation trust governors' – August 2013:**

- The chair individually appraises each non-executive director.
- The Senior Independent Director conducts the chair appraisal.
- The Lead Governor asks fellow governors to provide informal, anonymous and confidential feedback on the performance of the chair and NEDs to inform the appraisal process using a pro-forma. The Lead Governor reports this to the chair and SID about the governors' feedback.
- The executive directors provide informal, anonymous and confidential feedback via the Chief Executive directly to the SID (about the chair) and to the chair about the NEDs.
- An appraisal pro-forma is completed during the appraisal. Should any disagreement arise between the chair/ Non-Executive Director on the results of the appraisal, the Chair will provide a written summary of the difference which will be presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council for noting.
- A summary report is submitted to the Council of Governors' Nominations and Remuneration Committee for recommendation and a report presented to the Council for approval.

In November 2019, the Council approved an updated chair and NED competency framework. This is attached at **Appendix 1** for information**.**

2. Guidance from NHS England and NHS Improvement on the Appraisal Process for the Chair

NHS England and NHS Improvement have very recently published guidance on a standard framework within which annual appraisals for provider chairs (not non-executive directors) are applied and managed (see **Appendix 2**).

3. Recommended changes to the GOSH Chair and NED appraisal process

The guidance states that …*it is not intended that the framework is prescriptive: Rather, provided it can be shown that local variations are consistent with the broad principles established by the framework and include mechanisms for adequate multi-source assessment against the components of the provider chair competency framework, context-specific flexibility can be maintained.*

It is noted that the current GOSH chair appraisal process reflects most aspects of the proposed NHSE/I guidance. The Council Nominations and Remuneration Committee has reviewed the guidance and recommends for approval a revised process for both the chair and NEDs which adopts the broad principles of the guidance, requiring minor amendments to the existing process:

Chair appraisal process (4 stages)

Stage 1 –Appraisal preparation – the SID considers the chair's previous appraisal outcomes, personal development plan and in-year objectives; key aspects of the trust's board development

plan (currently under development); the provisions of the GOSH chair revised competency framework (approved by the Council in November 2019) and the trust's current overall performance. The SID and chair determine which stakeholders they will invite to contribute to the appraisal and agree the overall timetable for completing the required appraisal activity. The SID speaks with NHS England/ NHS Improvement regional director to ascertain whether they consider that any areas of competency should receive particular focus.

The guidance states that agreed timetable should ensure all associated stages of the process are completed by the end of Quarter 1 in any given year – see recommendation below on how this should be introduced at GOSH in 2020 taking into account the current timetable

Stage 2 – Multisource assessment - Assessments of the chair's effectiveness is sought from a range of key stakeholders who represent the trust and external partner organisations. This includes the stakeholders consulted under the existing process: the lead governor (on the council of governors' behalf), non-executive directors, chief executive, executive directors. Under the revised process, the following external parties could also be consulted (subject to agreement between the SID and the Chair):

- the Chair of the GOSH Children's Charity (local partner);
- the Chair of UCLH (a peer Trust)
- integrated care system chair (where relevant)
- commissioners (NHS England)
- patient and public representative leads – chair of the YPF.

A multisource stakeholder assessment template will be used for collating these responses (see **Appendix 3**). Concurrently, the chair will be invited to conduct a self-assessment using the chosen criteria included in the multisource assessment template.

Stage 3: Evaluation – The SID will collate the responses, and consider them in light of the chair's self-assessment.

Stage 4: Appraisal Output - The collective evaluation of the responses will form the basis of an appraisal discussion between the chair and the SID. During the discussion, equal consideration will be given to assessing in-year performance, how any previously identified development and support needs have been met, identifying any continuing or additional development or support required, and determining key objectives for the current year.

The key points arising from the appraisal discussion will be formally recorded by the SID and agreed by the chair. Should any disagreement arise between the chair/ SID on the results of the appraisal, the SID will provide a written summary of the difference which will be presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council for noting.

A copy of the appraisal report (see **Appendix 4** for the template) for the chair will be submitted to the Council of Governors' Nominations and Remuneration Committee for recommendation and a report presented to the Council for approval. The Trust will ascertain whether a copy needs to be

sent to the NHS England and NHS Improvement regional director for information (as the guidance appears to only refer to NHS trusts being required to so this).

Non-Executive Director Appraisal process (4 stages)

Stage 1 –Appraisal preparation – the chair considers each NED's previous appraisal outcomes, personal development plan and in-year objectives; key aspects of the trust's board development plan; the provisions of the GOSH chair competency framework (approved by the Council in November 2019) and the trust's current overall performance.

The guidance states that agreed timetable should ensure all associated stages of the process are completed by the end of Quarter 1 in any given year.

Stage 2 – Multisource assessment - Assessments of each NED's effectiveness is sought from a range of key stakeholders who represent the trust: the lead governor (on the council of governors' behalf), other non-executive directors, the chief executive, executive directors.

A multisource stakeholder assessment template will be used for collating these responses (see **Appendix 5**). Concurrently, each NED will be invited to conduct a self-assessment using the chosen criteria included in the multisource assessment template.

Stage 3: Evaluation – The chair will collate the responses, and consider them in light of each NED's self-assessment.

Stage 4: Appraisal Output - The collective evaluation of the responses will form the basis of an appraisal discussion between the chair and each NED. During the discussion, equal consideration will be given to assessing in-year performance, how any previously identified development and support needs have been met, identifying any continuing or additional development or support required, and determining key objectives for the current year.

The key points arising from the appraisal discussion will be formally recorded by the chair and agreed by the NED. Should any disagreement arise between the chair/ NED on the results of the appraisal, the chair will provide a written summary of the difference which will be presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council for noting.

A copy of the appraisal report (see **Appendix 6** for the template) for each NED will be submitted to the Council of Governors' Nominations and Remuneration Committee for recommendation and a report presented to the Council for approval.

Recommendations from the Council of Governors' Nominations and Remuneration Committee

The Council of Governors is asked to consider the revised appraisal process for the chair and NEDs as follows:

- **Approve** the revised appraisal process for the chair, noting that it is in line with the principles of the NHSE/I guidance and including the recommended adopted template forms
- Note that the guidance encourages all chair appraisals to be completed in Q1 of any year. On the basis that the GOSH chair appraisal was conducted in November 2019, to **approve** conducting the chair appraisal in September/ October 2020. Following this, the chair appraisal for 2021 will be conducted at end of Q1 of that year to bring this in line with the guidance.
- **Approve** the refreshed appraisal process for the NEDs, noting that the existing process is already in line with the principles of the NHSE/I guidance but recommends adopting the standardised template forms.
- **Approve** retaining the current timetable for the NED appraisals (in line with their appointments) as follows:

Name of NED/Chair	Appraisal dates	Reporting to Council
Amanda Ellingworth	February 2020	April 2020
Chris Kennedy	February 2020	April 2020
James Hatchley (SID)	June 2020	July 2020
Mike Rake (Chair)	September 2020	November 2020
Akhter Mateen (Deputy Chair)	October 2020	November 2020
Kathryn Ludlow	October 2020	November 2020
UCL nominated NED (appointment process underway)	June 2021	July 2021

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix 1

Appraisal of the Chair and Non-Executive Directors (NEDs) 2020 FINAL

The Chair and each NED will be appraised against the following framework, mapped to the approved competencies (see below):

1. Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration and on-going compliance with the regulations; and, the annual code of conduct declaration).

2: Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily, including questions raised by Governors and delivery CQC recommendations/ actions.

3: Undertakes all relevant statutory and mandatory training in accordance with relevant timescales.

4: Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year.

5: Attends external events and/or hospital visits and /or meetings with executives and Council meetings during the year to gather information and inform viewpoints.

6: Chairs of the Board/ Board committees have reviewed the effectiveness of their Board/committees (on an annual basis) and the Chair has received reasonable feedback.

7: Are courteous to and supportive of other Board members and Governors.

8. Actively engages with the Council of Governors.

Approved by the Council of Governors in November 2019

Appendix 4
Refreshed Chair personal style/leadership competencies

Strategic

1. Leads the Board in setting an achievable strategy (Contributes creatively and realistically to planning; can balance needs and constraints; debates cogently and has intellectual flexibility)
2. Takes account of internal and external factors to guide decision making and sustainability for the benefit of patients and service users
3. Provokes and encourages new insights and encourages innovation
4. Evaluates evidence, risks and options and improvement objectively.

Partnerships

5. Develops external partnerships with health and social care system stakeholders
6. Demonstrates deep personal commitment to partnership working and integration
7. Promotes collaborative, whole-system working for the benefit of all patients and service users
8. Seeks and prioritises opportunities for collaboration and integration for the benefit of the service as a whole.

People

9. Creates a compassionate, caring and inclusive environment, welcoming change and challenge
10. Builds an effective, diverse, representative and sustainable team and holds them to account in their focus on all staff, patients and service users.
11. Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.
12. Supports, counsels and acts as a critical friend to directors, including the chief executive.

Professional acumen

13. Owns governance, including probity, accountability and openness and transparency, with all stakeholders including patients, families, the public, staff, governors, commissioners and regulators
14. Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts
15. Understands and communicates the trust's regulatory and compliance context
16. Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.
17. Applies financial, commercial and technological understanding effectively.
18. Persuades with well-chosen arguments; uses facts and figures to support argument.

Outcomes focus

19. Creates an environment in which clinical and operational excellence is maintained
20. Embeds a culture of continuous improvement and value for money

21. Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patients safety, experience and outcomes remain the principal focus
22. Measures performance against (NHS) constitutional standards, including those relating to equality, diversity and inclusion.

Appendix 5
Refreshed Non-Executive Director personal style/leadership competencies

Strategic

1. Contributes to setting an achievable strategy (including creatively and realistically to planning; can balance needs and constraints; debates cogently and has intellectual flexibility)
2. Takes account of internal and external factors to guide decision making and sustainability for the benefit of patients and service users
3. Provokes and encourages new insights and encourages innovation (particularly as chairs of Board assurance committees)
4. Evaluates evidence, risks and options and improvement objectively.

Partnerships

5. Demonstrates deep personal commitment to partnership working and integration
6. Promotes collaborative, whole-system working for the benefit of all patients and service users

People

7. Encourages a compassionate, caring and inclusive environment, welcoming change (and challenge – Board assurance committee chairs)
8. Holds the executive team to account in their focus on all staff, patients and service users.
9. Ensures all voices are heard and views are respected (chairs of Board assurance committees).
10. Acts as a critical friend to all directors.

Professional acumen

11. Ensures good governance, including probity, accountability and openness and transparency, with all stakeholders including patients, families, the public, staff, governors, commissioners and regulators
12. Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts
13. Understands and communicates the trust's regulatory and compliance context
14. Applies financial, commercial and technological understanding effectively.
15. Persuades with well-chosen arguments; uses facts and figures to support argument.

Outcomes focus

16. Supports an environment in which clinical and operational excellence is maintained
17. Supports a culture of continuous improvement and value for money
18. Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patients safety, experience and outcomes remain the principal focus
19. Supports measurement of performance against (NHS) constitutional standards, including those relating to equality, diversity and inclusion.

Framework for conducting annual appraisals of NHS provider chairs

Guidance document: September 2019

NHS England and NHS Improvement

The NHS Long Term Plan says that when organisations work together they provide better care for the public. That is why on 1 April 2019 NHS Improvement and NHS England united as one – our aim, to provide leadership and support to the wider NHS. Nationally, regionally and locally, we champion frontline staff who provide a world-class service and constantly work to improve the care given to the people of England.

Contents

1. Introduction

This document establishes a standard framework within which annual appraisals for provider chairs are applied and managed. The principal aim is to ensure the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered. The framework is fully aligned with the Provider Chair Competency Framework and informed by multi-source feedback.

In providing the framework, and in aiming to establish a more standardised approach to the annual appraisal of chairs, we recognise that many providers have developed and implemented local processes that are equally comprehensive, and which reflect specific contexts and existing good practice. Therefore, it is not intended that the framework is prescriptive: Rather, provided it can be shown that local variations are consistent with the broad principles established by the framework and include mechanisms for adequate multi-source assessment against the components of the provider chair competency framework, context-specific flexibility can be maintained.

Context

The framework is informed by the related provisions common to Monitor's code of governance for NHS foundation trusts,[1] the seven principles of public life[2] and the Financial Reporting Council's publications (UK corporate governance code[3] and guidance on board effectiveness[4]). These provisions stress the pivotal nature of the chair's role in creating the conditions for the board's effectiveness in maintaining a focus on strategy, performance, culture and values, stakeholders and accountability.

In leading the board, the chair should set clear expectations concerning the style and tone of its discussions, ensuring it has effective decision-making processes and applies sufficient challenge in conducting its business. This requires an ability to

[1] www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance
[2] www.gov.uk/government/publications/the-7-principles-of-public-life
[3] www.frc.org.uk/
[4] www.frc.org.uk/

foster relationships based on trust, mutual respect and open communication between non-executive directors and the executive team, and between the unitary board and its key partners (both internal and external).

As a minimum, we anticipate that chairs will participate in a face-to-face annual appraisal discussion that is informed by self-evaluation, combined with assessments of impact and personal effectiveness provided by a range of internal and external stakeholders. We propose that the frame of reference for self-evaluation and stakeholder assessment is the five 'competency clusters' associated with the provider chair competency framework, and we provide a template for this. The outcomes arising from the appraisal discussion will be recorded and shared with respective NHS England and NHS Improvement regional directors. Again, we provide a template for this.

The preparation for and conduct of the appraisal discussion should be facilitated by the senior independent director (SID). Pending the SID's appointment in trusts where this role does not currently exist, an experienced non-executive director should be nominated via the trust's remuneration committee. The SID, or nominated non-executive director (ie the 'appraisal facilitator'), will be responsible for receiving the chair's self-evaluation and collating all assessment feedback from the participant stakeholders.

For annual appraisals to be meaningful and contribute beneficially to chairs' personal development, appraisal facilitators should place significant emphasis on developing a highly functional working relationship with their chairs, built on openness, honesty and trust. This will ensure the appraisal does not feel like an impersonal or isolated annual event but an important cornerstone of continuous and supportive dialogue and objective informal feedback, relating to personal impact and effectiveness. Above all, chairs should be genuinely willing to seek and act on constructive criticism about their impact and effectiveness.

2. Annual process

This framework establishes a standard process, consisting of four key stages, to be applied to the annual appraisal of chairs. The process is described below and presented as a summary flowchart at Appendix 1.

Stage 1: Appraisal preparation

At a pre-appraisal meeting, the chair and the appraisal facilitator should review the contents of the assessment template provided by this framework (see Appendix 2) and determine whether they will seek feedback for any additional areas: if so, the template will need to be adapted accordingly. Additional areas of focus are likely to be identified by, for example, considering the chair's previous appraisal outcomes, personal development plan and in-year objectives; key aspects of the trust's board development plan; the provisions of the provider chair competency framework and the trust's current overall performance.

The chair and the appraisal facilitator should also determine which stakeholders they will invite to contribute to the appraisal through multisource assessment and agree the overall timetable for completing the required appraisal activity. The agreed timetable should ensure all associated stages of the process are completed by the end of Quarter 1 in any given year.

Another important part of the preparation is for the appraisal facilitator to speak with their NHS England and NHS Improvement regional director to ascertain whether they consider that any areas of competency should receive particular focus.

Stage 2: Multisource assessment

Assessments of the chair's effectiveness should be sought from a range of key stakeholders who represent the trust and external partner organisations. For foundation trusts, the lead governor (on the council of governors' behalf) should always be included. Other stakeholders might include non-executive directors, the chief executive, executive directors, integrated care system chair, commissioners and other system partners, patient and public representative leads and a peer(s) from another trust(s). Careful consideration should be given to ensuring there is an appropriate number and span of representative participants.

A multisource assessment template is provided at Appendix 2. The template may be adapted according to local context, such that those competencies that are of greatest relevance may be prioritised over others.

Concurrently, the chair should be invited to conduct a self-assessment using the chosen criteria included in the multisource assessment template. This self-evaluation should include commentary on any identified personal development or support needs.

Stage 3: Evaluation

The appraisal facilitator will need to devote sufficient time to evaluating all the collated stakeholder assessments. As part of this evaluation, it may well be necessary to seek further information from one or more of the assessors, to gain greater insight and/or to clarify certain areas. The evaluation of stakeholders' views should then be considered alongside the chair's own self-assessment. Again, the chair may ask the appraisal facilitator for further information and/or comment.

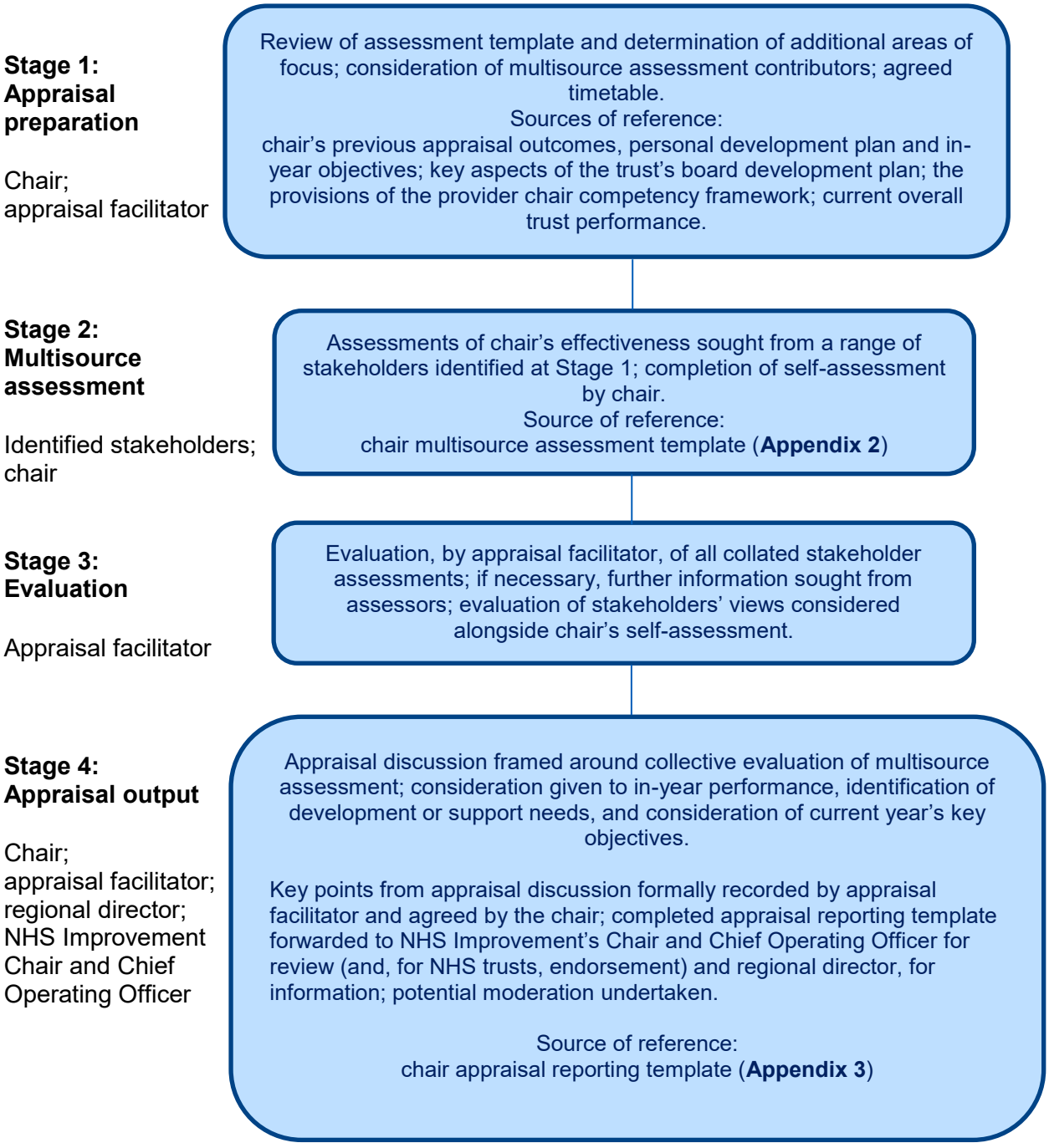
Stage 4: Appraisal output

The collective evaluation of the multisource assessment should form the basis of, and subsequently guide, an appraisal discussion between the chair and the appraisal facilitator. During the discussion, equal consideration should be given to assessing in-year performance, how any previously identified development and support needs have been met, identifying any continuing or additional development or support required, and determining key objectives for the current year.

The key points arising from the appraisal discussion should be formally recorded by the appraisal facilitator and agreed by the chair. A template for this is provided in Appendix 3.

After completing all local activity, a copy of the appraisal reporting template (Appendix 3) should be sent to NHS Improvement's Chair and Chief Operating Officer for review (and, for NHS trusts, endorsement) and to the NHS England and NHS Improvement regional director, for information. NHS Improvement's Chair and Chief Operating Officer will acknowledge, with the chair, the receipt of their appraisal documentation and exercise discretion in seeking further information and/or moderating the appraisal outcomes, if such action is deemed to be necessary.

Appendix 1: Process for annual appraisal of NHS provider chairs – summary flowchart



Appendix 2: NHS provider chair multisource assessment template

Overview

This template is intended for use by those asked to contribute to the annual appraisal of NHS provider chairs, a principal component of which is multisource assessment. In addition to inviting responses from identified stakeholders to the statements and questions in the template, chairs will be asked to reflect on the same statements and questions as a means of self-assessment. The collective evaluation of all responses, including those provided by chairs, will form the basis of an appraisal discussion conducted by the appraisal facilitator.

The outcomes arising from the appraisal discussion will be formally recorded and, for NHS trusts, reviewed at regional level (by respective regional directors) and national level (by NHS Improvement's Chair).

The annual appraisal process should be a valuable and valued undertaking that honestly and objectively assesses a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered. The NHS provider chair competencies framework identifies four key aspects central to the chair's role:

- leading the board, both in shaping the agenda and managing relationships internally and externally
- ensuring the board sets the trust's long-term vision and strategic direction and holding executive directors to account for delivering the trust's strategy
- creating the right tone at the top, encouraging change and shaping the organisation's culture
- building system partnerships and balancing organisational governance priorities with system collaboration (this is becoming more important as

organisations move to integrated care systems, prioritising population health in line with the NHS Long Term Plan).

These aspects are reflected in the framework's five competency 'clusters' (ie strategic, partnerships, people, professional acumen and outcomes focus). Collectively, the competencies associated with each cluster represent a success profile against which chairs' impact and effectiveness should be annually assessed.

The template consists of themed statements grouped according to the five competency clusters. Based on their direct knowledge of the chair, assessors are asked to provide a response to each statement (ie strongly agree, agree, disagree, or strongly disagree) or to a smaller number of specific statements that will have been indicated by the appraisal facilitator, under covering correspondence.

For each competency, reflecting on their responses to the associated themed statements, assessors are further invited to provide commentary in response to two questions: "what does the chair do particularly well?" and "how might the chair's impact and effectiveness be improved?" Responses will be particularly valuable in highlighting areas of high impact and good practice, and opportunities for development and support.

Completed templates should be submitted (anonymously or otherwise) direct to the appraisal facilitator.

Multisource assessment – NHS provider chair impact and effectiveness (confidential when completed)

Name of provider trust:	
Name of chair:	
Name and role of appraisal facilitator:	
Assessment period:	

Part 1: Responses to statements relating to the NHS provider chair competencies framework

The following themed statements relate to the chair's impact and effectiveness in their role.

Please respond to as many of the statements as possible.

Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	Strongly agree	Agree	Disagree	Strongly disagree
Leads the board in setting an achievable strategy.				
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.				
Provokes and acquires new insights and encourages innovation.				
Evaluates evidence, risks and options for improvement objectively.				
Builds organisational and system resilience, for the benefit of the population of the system as a whole.				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				

Promotes collaborative, whole-system working for the benefit of all patients and service users.				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				
Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.				
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.				
Supports, counsels and acts as a critical friend to directors, including the chief executive.				

Competency: Professional acumen	Strongly agree	Agree	Disagree	Strongly disagree
Owns governance, including openness, transparency, probity and accountability.				
Understands and communicates the trust's regulatory and compliance context.				
Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.				

Applies financial, commercial and technological understanding effectively.				

Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Creates an environment in which clinical and operational excellence is sustained.				
Embeds a culture of continuous improvement and value for money.				
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.				
Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.				

Part 2: Strengths and opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Field sizes are adjustable.

Strengths: What does the chair do particularly well?

Opportunities: How might the chair increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

The field size is adjustable.

Additional commentary

Thank you for participating. Please now send your completed template to the appraisal facilitator, who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so.

Appendix 3: NHS provider chair appraisal reporting template

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between provider chairs and appraisal facilitators.

Name of provider trust:	
Name of chair:	
Name and role of appraisal facilitator:	
Appraisal period:	

Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

a. Summary of significant emergent themes from stakeholder assessments:

b. Highlighted areas of strength:

c. Identified opportunities to increase impact and effectiveness:

Part 2: Self-reflection (for completion by chair)

Summary of self-reflection on multisource stakeholder assessment outcomes:

Part 3: Personal development and support (for completion by chair and appraisal facilitator)

Identification of personal development and/or support needs:			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/ measure of success

Part 4: Principal objectives (for completion by chair and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/ measure of success	Anticipated constraints/ barriers to achievement

Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		
Appraisal facilitator		

Part 6: Submission

a. Copy submitted to regional director, for information

Name of regional director	Date

b. Receipt by NHS Improvement Chair and Chief Operating Officer

Signature (Chair)	Date
Signature (Chief Operating Officer)	**Date**

Comments (including potential moderation):

Contact us:

NHS England
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CONFIDENTIAL

GOSH Chair

Stakeholder appraisal assessment form – impact and effectiveness (confidential when completed)

Name of provider trust:	
Name of chair:	
Name and role of appraisal facilitator:	
Assessment period:	

Part 1: Responses to statements relating to the NHS provider chair competencies framework

The following themed statements relate to the chair's impact and effectiveness in their role. Please respond to as many of the statements as possible. Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
Leads the Board in setting an achievable strategy (Contributes creatively and realistically to planning; can balance needs and constraints; debates cogently and has intellectual flexibility)				
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.				
Provokes and acquires new insights and encourages innovation.				

Evaluates evidence, risks and options for improvement objectively.				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				
Promotes collaborative, whole-system working for the benefit of all patients and service users.				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				
Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.				
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.				
Supports, counsels and acts as a critical friend to directors, including the chief executive.				

Competency: Professional acumen	Strongly agree	Agree	Disagree	Strongly disagree
Ensures good governance, including probity, accountability and openness and transparency, with all stakeholders including patients, families, the public, staff, governors, commissioners and regulators				
Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts				
Understands and communicates the trust's regulatory and compliance context				
Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.				
Applies financial, commercial and technological understanding effectively.				
Persuades with well-chosen arguments; uses facts and figures to support argument.				

Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Creates an environment in which clinical and operational excellence is maintained.				
Embeds a culture of continuous improvement and value for money.				
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.				
Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.				

Part 2: Strengths and opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Field sizes are adjustable.

Strengths: What does the chair do particularly well?

Opportunities: How might the chair increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

The field size is adjustable.

Additional commentary

Thank you for participating. Please now send your completed template to the appraisal facilitator (Senior Independent Director/ Lead Governor), who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so.

CONFIDENTIAL

GOSH chair

Appraisal reporting template (confidential when completed)

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between provider chairs and appraisal facilitators.

Name of provider trust:	
Name of chair:	
Name and role of appraisal facilitator:	
Appraisal period:	

Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

a. Summary of significant emergent themes from stakeholder assessments:

b. Highlighted areas of strength:

c. Identified opportunities to increase impact and effectiveness:

Part 2: Self-reflection (for completion by chair)

Summary of self-reflection on multisource stakeholder assessment outcomes:

Part 3: Personal development and support (for completion by chair and appraisal facilitator)

Identification of personal development and/or support needs:			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/ measure of success

Part 4: Principal objectives (for completion by chair and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/ measure of success	Anticipated constraints/ barriers to achievement

Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		
Appraisal facilitator		

CONFIDENTIAL

GOSH Non-executive director

Stakeholder appraisal assessment form – impact and effectiveness (confidential when completed)

Name of provider trust:	
Name of non-executive director:	
Name and role of appraisal facilitator:	
Assessment period:	

Part 1: Responses to statements relating to the NHS provider NED competencies framework

The following themed statements relate to the individual's impact and effectiveness in their role. Please respond to as many of the statements as possible. Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
Contributes to setting an achievable strategy (including creatively and realistically to planning; can balance needs and constraints; debates cogently and has intellectual flexibility)				
Takes account of internal and external factors to guide decision making and sustainability for the benefit of patients and service users				
Provokes and encourages new insights and encourages innovation (particularly as chairs of Board assurance committees)				
Evaluates evidence, risks and options for improvement objectively.				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Demonstrates deep personal commitment to partnership working and integration.				
Promotes collaborative, whole-system working for the benefit of all patients and service users.				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Encourages a compassionate, caring and inclusive environment, welcoming change (and challenge – Board assurance committee chairs)				
Holds the executive team to account in their focus on all staff, patients and service users.				
Ensures all voices are heard and views are respected (chairs of Board assurance committees).				
Acts as a critical friend to all directors.				

Competency: Professional acumen	Strongly agree	Agree	Disagree	Strongly disagree
Ensures good governance, including probity, accountability and openness and transparency, with all stakeholders including patients, families, the public, staff, governors, commissioners and regulators				
Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts				
Understands and communicates the trust's regulatory and compliance context				
Applies financial, commercial and technological understanding effectively.				

Persuades with well-chosen arguments; uses facts and figures to support argument.				

Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Supports an environment in which clinical and operational excellence is maintained				
Supports a culture of continuous improvement and value for money.				

Part 2: Strengths and opportunities

Please highlight the individual's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Field sizes are adjustable.

Strengths: What does the individual do particularly well?

Opportunities: How might the individual increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the individual's conduct, impact and effectiveness in their role.

The field size is adjustable.

Additional commentary

Thank you for participating. Please now send your completed template to the appraisal facilitator (Chair/ Lead Governor), who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so.

CONFIDENTIAL

Non-executive director

Appraisal reporting template (confidential when completed)

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between provider non-executive directors and appraisal facilitators.

Name of provider trust:	
Name of non-executive director:	
Name and role of appraisal facilitator:	
Appraisal period:	

Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

a. Summary of significant emergent themes from stakeholder assessments:

b. Highlighted areas of strength:

c. Identified opportunities to increase impact and effectiveness:

Part 2: Self-reflection (for completion by non-executive director)

Summary of self-reflection on multisource stakeholder assessment outcomes:

Part 3: Personal development and support (for completion by non-executive director and appraisal facilitator)

Identification of personal development and/or support needs:			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/ measure of success

Part 4: Principal objectives (for completion by non-executive director and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/ measure of success	Anticipated constraints/ barriers to achievement

Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Non-executive director		
Appraisal facilitator		

Attachment O

Council of Governors

5 February 2020

Revised GOSH Terms and Conditions of Service for the Chair and Non-Executive Directors

Summary & reason for item: To present a refreshed version of the Terms and Conditions of Service for the Chair and Non-Executive Directors.

The Terms and Conditions of Service were last reviewed by external lawyers in early 2017. External lawyers have recently reviewed the attached document and the following minor amendments are proposed (see red text):

- Updated reference to processing of data in line with the new Data Protection Act 2018.
- Removal of paragraph 4 (Employment Law) as the Chair and NEDs are covered by relevant employment legislation such as whistle-blowing, equality legislation etc.
- Changes throughout the document to reference to the Council of Governors (previously the Members' Council) and Chair (previously Chairman).
- Amendment of paragraph 6.1 as the terms and conditions of service cover the requirements of a generic job description. This statement is replaced with reference to the requirement to prepare for and attend meetings.
- Update to paragraph 19 on termination of appointment.

Once considered and approved, this version of the terms and conditions of service will be presented to any new NED joining the Trust. The Council is aware that University College London is currently seeking a NED nomination for consideration by the Council (expected by April 2020).

Governor action required: To consider and approve the refreshed Terms and Conditions of Service fir a Chair and Non-Executive Directors.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

TERMS AND CONDITIONS FOR CHAIR/ NON-EXECUTIVE DIRECTORS

These are the terms and conditions under which your appointment has been made. These are the standard terms and conditions for a [1]Non-Executive Director of Great Ormond Street Hospital for Children NHS Foundation Trust (the "Foundation Trust"). It is important that you read these carefully and contact the Company Secretary should you have any queries. Please indicate your acceptance of these terms and conditions by signing one copy and returning to the Company Secretary.

1. Statutory basis for appointment

1.1. Non-executive directors hold a statutory office under the National Health Service Act 2006. The appointment and tenure of office are governed by the requirements of the Act and the Foundation Trust's Constitution. Your appointment is made by the Council of Governors. It does not create any contract of employment. This document is a contract for services and not a contract of employment between you and the Foundation Trust.

2. Tenure of office

2.1. The length of appointment will be determined by the Council of Governors in accordance with the requirements of the Foundation Trust Constitution and the NHS Foundation Trust Code of Governance. Your appointment tenure will be set out in your letter of appointment. Your continued tenure of appointment is contingent on your satisfactory performance (and your nominating body (University of London) continuing to support your nomination DELETE AS NECESSARY) alongside the outcome of an annual appraisal conducted by the Chair/ Senior Independent Director (SID) (DELETE AS NECESSARY) in accordance with a process agreed by the Council of Governors. The tenure of appointment shall be for an initial period of three years commencing on XXXXX and ending on XXXXX subject to the termination provisions set out at paragraph 18.

3. Appointment

3.1. Your appointment is subject to the Foundation Trust's Constitution. Nothing in these terms and conditions shall be taken to exclude or vary the terms of the Constitution as they apply to you as a Non-Executive Director of the Foundation Trust. Your appointment is also subject to the Job Description approved by the Council of Governors and to the Foundation Trust's Code of Conduct as amended from time to time.

[1] NOTE: For Ts and Cs for a Chair, the word 'Chair' will replace Non-Executive Director throughout the document

~~**Employment law**~~

~~Appointments are not within the jurisdiction of Employment Tribunals. Neither is there any entitlement for compensation for loss of office through employment law.~~

4. Fit & Proper Person Test (Regulation 5, Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended from time to time)

4.1. All providers are required to demonstrate that appropriate processes are in place to confirm that directors are of good character, hold the required qualifications and have the competence, skills and experience required which may include appropriate communication and leadership skills, as well as a caring and compassionate nature.

4.2. The fitness of directors will be regularly reviewed on appointment and thereafter. In addition, non-executive directors have a responsibility to report any mismanagement or misconduct issues to the Chair of the Foundation Trust Board or, in the case of the Chair to the Senior Independent Director.

4.3. You warrant that you are a fit and proper person as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended or supplemented from time to time) to hold a Board level appointment within the Foundation Trust.

4.4. You understand that there is an on-going duty to advise the Foundation Trust immediately if you become aware of any facts or circumstances that may mean you are no longer a fit and proper person to hold the role of Non-Executive Director of the Foundation Trust and agree to do so.

4.5. You understand that all directors have a collective and individual responsibility to help ensure the Foundation Trust complies with its obligations under this law. You also understand that there is an on-going duty to advise the Foundation Trust immediately if you become aware of any facts or circumstances that may mean another Executive or Non-Executive Director of the Foundation Trust is no longer a fit and proper person to hold the position which they hold within the Foundation Trust and agree to do so.

4.6. You understand that in the event the Foundation Trust has reason to believe at any time that you may not be a fit and proper person then it may suspend you from any or all of your duties pending investigation, the outcome of which may result in your removal from your role.

5. Role and responsibilities

5.1. ~~Your role and responsibilities are set out in the job description attached to these terms and conditions of service.~~ You will be expected to prepare for and attend meetings of the Board Council and relevant committees and other meetings as required.

5.2. You will be expected to perform your duties, whether statutory, fiduciary or common-law, faithfully, efficiently and diligently to a standard commensurate with both the functions of your role and your knowledge, skills and experience.

5.3. You will exercise your powers in your role as a Non-Executive Director having regard to relevant obligations under prevailing law and regulation, including the NHS Foundation Trusts Code of Governance, the Foundation Trust Constitution, the Role Description approved by the Council of Governors and any relevant Codes of Conduct and Foundation Trust or Department of Health guidance (or similar) in force from time to time, including the Department of Health's Code of Conduct & Accountability for NHS Boards.

5.4. You will have particular regard to the general duties of Directors, set out in the Foundation Trust Constitution, including the duty to promote the success of the Trust so as to maximise the benefits for the general public and the Foundation Trust's members.

6. Time commitment

6.1. You will be expected to devote such time as is necessary for the proper performance of your duties. You should be prepared to spend a minimum of 2 ½ days a month/ 2 days a week (and as required) on Foundation Trust business. By accepting this appointment, you confirm that you have sufficient time to undertake your duties and have informed the Foundation Trust of your existing significant commitments prior to taking up the position. Any future changes to your other significant commitments should be reported to the Company Secretary.

6.2. The nature of the role makes it impossible to be specific about the maximum time commitment, and there is always the possibility of additional time commitment in respect of preparation and ad hoc matters which may arise from time to time, and particularly when the Foundation Trust is undergoing a period of increased activity. At certain times it may be necessary to convene additional Board, committee or Council of Governors meetings.

7. Remuneration

7.1. The annual fee rate as at the date of this document is £XXX gross per annum, paid in arrears on the last working day of each working month by direct credit (exceptions may apply when the last working day falls on a Bank Holiday).

7.2. You are only entitled to receive remuneration in relation to the period in which you hold office. This fee covers all duties, including service on any Board committee.

7.3. All fees will be paid through PAYE and are subject to income tax and other statutory

deductions.

7.4. There is no entitlement to compensation for loss of office. In accordance with the Constitution, remuneration for Non-Executive Directors will be set by the Council of Governors and is subject to periodic review.

7.5. In line with the requirements of the Health & Social Care Act, information on Directors' remuneration must be included in the Trust's Annual Report & Accounts.

8. Expenses

8.1. You are eligible to claim the reasonable and properly-documented travel and other expenses you incur in performing the duties of your office at the rates set by the Foundation Trust and in accordance with Foundation Trust policy and procedure.

8.2. In line with the requirements of the Health & Social Care Act, information on Directors' remuneration must be included in the Trust's Annual Report & Accounts.

9. Eligibility for NHS Pension

9.1. As a Non-Executive Director of the Foundation Trust, you are not eligible to join the NHS Pension Scheme.

10. Induction

10.1. After the commencement of your appointment, the Trust will ensure you receive a formal and tailored induction.

11. Reappointments

11.1. The Foundation Trust Constitution requires Non-Executive Directors to be appointed following a process of open competition (or in the case of the university appointed non-executive director, nomination by the University of London and approval by the Council of Governors). You are eligible to stand for reappointment for a further three years appointment (to a maximum of 6 consecutive years), subject to:

11.1.1. satisfactory appraisals during your initial term

11.1.2. meeting all relevant requirements of the Foundation Trust Constitution; and,

11.1.3. for the university appointed non-executive director, continued support for the nomination by the University of London.

11.2. There is no automatic right to be reappointed and any decision will be made by the Council of Governors in accordance with the process set out in the Foundation Trust's Constitution**.** The Council of Governors will consider performance during the initial term, the knowledge, skills and experience required by the Trust Board, the requirements and interests of the Foundation Trust and the requirements of the NHS Foundation Trust Code of Governance in relation to maximum tenure. Any re-appointment is subject to

your continued eligibility under the criteria set out in the Foundation Trust's Constitution.

11.3. If the Council of Governors does not re-appoint you at the end of your term, your appointment shall terminate automatically, with immediate effect and without compensation.

12. Confidentiality

12.1. All information acquired during your appointment is confidential to the Foundation Trust and should not be released, communicated or disclosed to third parties or used for any reason other than in the interests of the Foundation Trust, either during your appointment or following termination (by whatever means), without prior clearance from the Trust Board.

12.2. Your attention is also drawn to the requirements under both legislation and regulation as to the disclosure of inside information. Consequently you should avoid making any statements that might risk a breach of these requirements without prior clearance from the Foundation Trust Board.

12.3. You acknowledge the need to hold and retain Foundation Trust information (in whatever format you may receive it) in line with Trust policy.

12.4. You hereby waive all rights arising by virtue of Chapter IV of Part I of the Copyright Designs and Patents Act 1988 and moral rights in respect of all copyright works created by you in the course of performing your duties hereunder.

12.5. For the avoidance of doubt, nothing in this agreement restricts or otherwise affects your ability to make a protected disclosure under the Public Interest Disclosure Act 1998 and your attention is drawn to the Foundation Trust's whistleblowing policy which is available from the Company Secretary.

13. Public speaking

13.1. On matters affecting the work of the Foundation Trust, a Non-Executive Director should not normally make political speeches or engage in other political activities. In cases of doubt, the guidance of the Company Secretary or Director of Communications should be sought.

14. Independent Legal Advice

14.1. In some circumstances you may consider that you need professional advice in the furtherance of your role and it may be appropriate for you to seek advice from independent advisors. The Company Secretary will provide information on instructing solicitors.

15. Conflict of interest

15.1. A Non-Executive Director is required to comply with and adhere to the relevant provisions on declarations of interest as set out in the Foundation Trust Constitution. The Foundation Trust Constitution requires Board Directors to declare any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors. Further details can be found in Annex 9 of the Trust Constitution.

Further guidance on the relevance of an interest is available from the Company Secretary.

16. Gifts and inducements

16.1. It is an offence for you to accept any gifts or consideration as an inducement or reward for:

- doing, or refraining from doing, anything in your official capacity; or
- showing favour or disfavour to any person in your official capacity.
- You may only receive hospitality which is line with the Trust Policy and free of any impropriety.
- Any hospitality received must be declared and entered into the electronic Hospitality Register.
- You will at all times comply with and notify the Foundation Trust with any breaches or potential breaches of the Bribery Act 2010 as amended from time to time.
- You are required to comply with the Foundation Trust's Declaration of Interest and Gifts and Hospitality Policy.

17. Resignation

17.1. You may resign at any time by giving at least three months' notice in writing to the Chair and Company Secretary.

18. Termination of appointment

18.1. The Trust may terminate your term of office if:

18.1.1. You have been adjudged bankrupt or your estate sequestrated and (in either case) you have not been discharged.

18.1.2. A moratorium period under a debt relief order has been applied (under Part 7A of the Insolvency Act 1986);

18.1.3. You have made a composition or arrangement with, or granted a trust deed for, your creditors and have not been discharged in respect of it.

18.1.4. Within the preceding five years you have been 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 you.

18.1.5. You have been required to notify the police of your name and address as a result of being convicted or cautioned under the Sex Offenders Act or other relevant legislation or whose name appears on the Protection of Children Act List;

18.2. Further provisions as to the circumstances where your terms of office may be terminated are outlined in Annex 7 of the Trust Constitution. Other examples of matters which may indicate to the Trust that it is no longer in the interests of the Health Service and/or the Foundation Trust that an appointee continues in office are provided at Annex 1 of this document.

18.3. Any removal of a Non-Executive Director will be carried out in accordance with the Foundation Trust Constitution.

19. Indemnity

19.1. The Foundation Trust will indemnify you against personal civil liability which you may incur whilst carrying out your Board functions, providing that at the time of incurring the liability, you were acting honestly and in good faith, and not recklessly.

19.2. The Foundation Trust has directors' and officers' liability insurance in place and it is intended to maintain such cover for the full term of your appointment.

20. Disclosure and Barring Service (previously CRB)

20.1. You agree at the request of the Foundation Trust to undergo a Disclosure and Barring Service (DBS) check, to provide any relevant information to the DBS and to submit any necessary documentation to the DBS to enable such a check to be made. This obligation extends to processing any requests for criminal record checks, enabling the DBS to decide whether it is appropriate for you to be placed on or removed from a barred list or placing you on or removing you from the DBS children's barred list and adults barred list for England, Wales and Northern Ireland.

20.2. You must promptly respond to any communications from the DBS and provide the Chair with a copy of any correspondence of such nature as soon as it is received. The Chair will deal with such matters in confidence and with a view to ascertaining whether it may indicate that you may not be a fit and proper person for your post when dealing with the DBS.

20.3. This process is carried out on appointment and is repeated every 3 years or when required.

20.4. You are required to report any police caution or conviction that may occur at any time during your appointment. The Foundation Trust reserves the right to withdraw any offer of appointment made on the basis of the outcome of a DBS check.

21. Trust Property

21.1. On request and in any event on termination of your office for any reason you are required to return to the Foundation Trust all Foundation Trust property which may be in your possession or under your control including but not limited to your security pass and all keys, computer hardware and software provided by the Foundation Trust and you shall not retain any copies thereof.

21.2. All documents, equipment, manuals, hardware and software provided to you by the Foundation Trust, and any data or documents (including copies) produced, maintained or stored on the Foundation Trust's computer systems or other electronic equipment (including mobile phones), remain the property of the Trust.

22.Data protection

22.1. The Foundation Trust will hold, collect and process information about you in accordance with its privacy notice, a copy of which shall be provided to you.

22.2. You will comply at all times with the Foundation Trust's Information Governance Policies and Confidentiality Policy.

22.3. When handling personal data in connection with your appointment by the Foundation Trust in accordance with these terms and conditions, you shall:

22.3.1. comply with the applicable Foundation Trust policies on data protection and information security, including personal data relating to any employee, patient, supplier or agent of the Foundation Trust;

22.3.2. comply with your obligations under Data Protection Law;

22.3.3. notify the Foundation Trust promptly and within 24 hours of any actual, threatened or suspected personal data breach (as defined in Data Protection Law) and provide such information as the Foundation Trust may require in respect of any such incident; and

22.3.4. provide all necessary information and assistance to the Foundation Trust in order for the Foundation Trust to comply with its obligations under Data Protection Law.

22.4. Failure to comply with the Foundation Trust's policies on data protection and information security, including a failure to report a personal data breach, may lead to your appointment under these terms and conditions being terminated.

22.5. For the purposes of this paragraph, "personal data breach" means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data being processed by the Foundation Trust.

22.6. You shall indemnify and hold harmless the Foundation Trust from and against any and all claims, causes of action, proceedings, losses, liabilities, damages, fines, costs

(including settlement costs), legal costs (including any professional fees and any VAT thereon) and court costs and other expenses which arise directly or indirectly out of a breach of Data Protection Law or this paragraph.

22.7. For the purposes of this paragraph, "Data Protection Law" means the General Data Protection Regulation 2016/679 and Data Protection Act 2018 (or, in the event that the UK leaves the European Union, all legislation enacted in the UK in respect of the protection of personal data) and the Privacy and Electronic Communications (EC Directive) Regulations 2003, and any guidance or codes of practice issued by the Information Commissioner from time to time (all as amended, updated or re-enacted from time to time).

23. Rights of third parties

23.1. The Contracts (Rights of Third Parties) Act 1999 shall not apply to this document. No person other than you and the Foundation Trust shall have any rights under this agreement and the terms of this agreement shall not be enforceable by any person other than you and the Foundation Trust.

24. Law

24.1. Your engagement with the Foundation Trust is governed by and shall be construed in accordance with the laws of England and your engagement shall be subject to the jurisdiction of the courts of England.

24.2. This letter constitutes the entire terms and conditions of your appointment and no waiver or modification thereof shall be valid unless in writing and signed by the parties hereto.

I agree to accept the post on the terms and conditions as set out above.

.....
Signed

.....
Dated

Annex 1

The following list provides examples of matters which may indicate to the Trust that it is no longer in the interests of the Health Service and/or the Foundation Trust that an appointee continues in office. This list is not intended to be exhaustive or definitive and the Foundation Trust will consider each case on its merits, taking account of all relevant factors. Further examples can be found in Annex 7 of the Trust Constitution.

- If you no longer enjoy the confidence of the Council of Governors.
- If you no longer enjoy the confidence of NHS Improvement.
- If you fail to ensure that the Foundation Trust Board governs the performance of the Foundation Trust in an effective way.
- If you fail to deliver work against pre-agreed targets incorporated within your annual objectives.
- If you lose the confidence of the public or local community in a substantial way.
- If there is a terminal break down in essential relationships e.g. between you and the rest of the Foundation Trust Board and/or the Council of Governors.
- If you fail to meet the requirements of the Fit and Proper Person Test.