

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Tuesday 20 April 2021
3:00pm – 5:30pm
Charles West Room, Paul O’Gorman Building

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Michael Rake, Chair	3:00pm
2.	Apologies for absence		Michael Rake, Chair	
3.	Minutes of the meeting held on 27 January 2021	A	Michael Rake, Chair	
4.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
	STRATEGY			
5.	Declaring a Climate Emergency	C & Presentation	Nick Martin, Head of Sustainability/ Zoe Asensio Sanchez, Director of Estates and Facilities and Redevelopment	3:10pm
6.	Patient and Family Experience Framework	D & Presentation	Claire Williams, Head of Patient Experience/ Alison Robertson	3:30pm
	PERFORMANCE and ASSURANCE			
7.	Chief Executive Report including: <ul style="list-style-type: none"> Integrated Quality and Performance Report February 2021 (highlights) Finance report February 2021 (highlights) 	E	Matthew Shaw, Chief Executive	3:50pm
8.	Update from the Young People’s Forum (YPF)	F	Grace Shaw-Hamilton and Josh Hardy, YPF Governors	4:05pm
9.	Reports from Board Assurance Committees <ul style="list-style-type: none"> Quality, Safety and Experience Assurance Committee (April 2021) Audit Committee (April 2021) People and Education Assurance Committee (February 2021) Finance and Investment Committee (March 2021) 	G H I J	Amanda Ellingworth, Chair of the QSEAC Akhter Mateen, Chair of the Audit Committee Kathryn Ludlow, Chair of PEAC James Hatchley, Chair of FIC	4:10pm
10.	Council of Governors’ Election evaluation	K	Adetutu Emmanuel, Stakeholder and Engagement Manager	4:25pm
	GOVERNANCE			

11.	Process for electing the Lead Governor and Deputy Lead Governor	L	Paul Balson, Head of Corporate Governance	4:35m
12.	Appraisal process for the Chair and Non-Executive Directors and the role of Governors	M	Anna Ferrant, Company Secretary	4:40pm
13.	Draft Council of Governors' section in GOSH Annual Report 2020/21	N	Adetutu Emmanuel, Stakeholder and Engagement Manager	4:45pm
14.	Compliance with the NHS provider licence – self assessment	O	Anna Ferrant, Company Secretary	4:55pm
15.	Membership of Council committees: <ul style="list-style-type: none"> • Council of Governors' Nominations and Remuneration Committee • Constitution Working Group • Membership, Engagement, Recruitment and Representation Committee (MERRC) 	P	Paul Balson, Head of Corporate Governance/ Adetutu Emmanuel, Stakeholder Engagement Manager and Anna Ferrant, Company Secretary	5:05pm
16.	Governance Update	Q	Paul Balson, Head of Corporate Governance/ Adetutu Emmanuel, Stakeholder Engagement Manager	5:15pm
17.	Any Other Business	Verbal	Chair	5:30pm

Finance and Workforce Performance Report Month 11 2020/21

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KEY PERFORMANCE DASHBOARD

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME	£43.7m	£50.2m	●	£443.6m	£457.8m	●
PAY	(£26.5m)	(£27.4m)	●	(£285.8m)	(£290.6m)	●
NON-PAY <small>inc. owned depreciation and PDC</small>	(£20.6m)	(£15.9m)	●	(£214.5m)	(£206.8m)	●
Surplus/Deficit <small>excl. donated depreciation</small>	(£3.4m)	£6.9m	●	(£56.7m)	(£39.6m)	●
Top up	£0.0m	£0.0m		£39.3m	£39.4m	
Surplus/Deficit <small>excl. donated depreciation</small>	(£3.4m)	£6.9m		(£17.4m)	(£0.2m)	

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

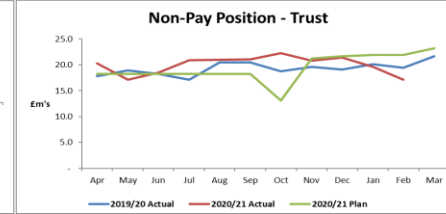
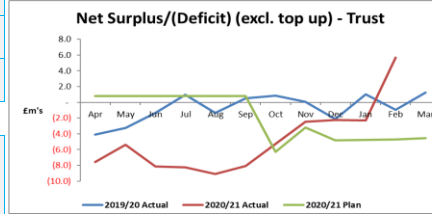
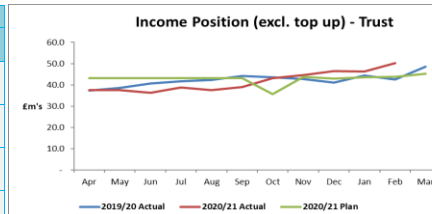
AREAS OF NOTE:

The Trust is currently managing through the second wave of Covid-19 and the third UK lockdown which will last for the remainder of the financial year. New, more transmissible variants of Covid-19 have emerged which mean that the Trust continues to face uncertain times and a number of significant challenges. The Trust has a deficit plan for the end of the year is a £20.6m deficit which includes the first 6 month top-up of £39.3m NHSEI funding through the start of the COVID pandemic.

The current YTD performance is a £0.2m deficit which is £17.2m favourable to the NHSE plan, with in-month performance being £10.3m favourable to plan. NHS & Other Clinical income is £7.3m higher than plan YTD as the Trust has received confirmation from NHSE of additional funding for high cost drugs, a reallocation of genomics funding and an income for services incorrectly excluded from the block. Private patient income has fallen in month due to the continued travel restrictions and referral offices remaining closed resulting in reduced numbers of patients, this is expected to continue until after restrictions are lifted. Income remains above plan £1.0m YTD due to previous months high number of bed days relating to complex BMT patients. Non-clinical income is favourable to plan by £0.7m in-month driven through additional HEE income received by the Trust in month.

Pay costs within the hospital have are £0.9m adverse to plan in-month. This is due to the increased clinical staff requirements in relation to Covid-19 with high temporary staffing required to manage clinical demand including the opening of additional ICU beds, running the covid testing service, vaccination hub, backfill for NCL redeployment and managing staff sickness/isolation. The Trust has increased the value of its annual leave accrual by an additional £0.6m in month based on current circumstances with the pandemic; the Trust is keeping this under review, recognises this as a risk and will continue to amend based on latest information and guidance.

Non-pay spend in-month is £3.5m below plan; elective activity in the hospital reduced as a result of the challenges presented by the new wave of Covid-19. Supplies and services, consumables and an in year adjustment to drug issues led to this in month reduction. The increased



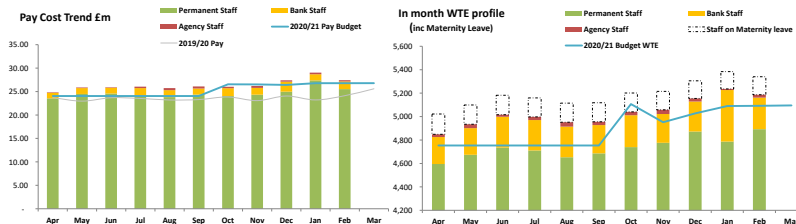
2020/21 Plan for the first 6 months of the year shown on the graphs reflect the original NHSE plan. From month 7 these reflect the latest agreed NHSE plan.

PEOPLE

	M10 Actual WTE	M11 Actual WTE	Variance
Permanent Staff	4,786.8	4,892.3	(105.5)
Bank Staff	440.1	269.2	170.9
Agency Staff	9.5	25.0	(15.4)
TOTAL	5,236.4	5,186.5	50.0

AREAS OF NOTE:

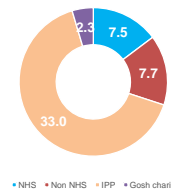
Trust WTEs remain higher than the start of the year as high levels of staffing have continued to be seen across the Trust; those staff who were working on EPR and whose costs were previously being capitalised have been in the revenue position since M9. Staff turnover has reduced compared to prior year given the effects of the pandemic and successful recruitment has led to increased contracted staffing across the Trust. The Trust has had to maintain high staffing levels in order to attempt to continue activity levels, work through the backlog of patients and manage staff sickness and isolation.



CASH, CAPITAL AND OTHER KPIS

Key metrics	Jan-21	Feb-21	Capital Programme	YTD Plan M11	YTD Actual M11	Full Year Fcst
Cash	£137.5m	£156.1m	Total Trust-funded	£14.1m	£5.7m	£9.0m
IPP Debtor days	302	301	Total CIR PDC	£1.6m	£1.3m	£1.5m
Creditor days	29	28	Total other PDC	£0.3m	£1.0m	£1.2m
NHS Debtor days	9	7	Total Donated	£15.6m	£8.5m	£12.0m
			Grand Total	£31.6m	£16.5m	£23.7m

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month by £18.6m. This largely relates to receipts in relation to income from NHSE (£16.1m).
- The capital programme for the year to date is less than plan by £15.1m of which £8.4m is on the Trust-funded and £7.1m on the donated programme with £0.4m additional spend on PDC funded projects. The Trust continues to frequently review what can be achieved by 31 March has kept the Trust-funded forecast at £9.0m.
- IPP debtors days decreased in month from 302 days to 301 days. Total IPP debt decreased in month to £33.0m (£36.2m in M10). Overdue debt also decreased in month to £30.1m (£34.5m in M10).
- Creditor days decreased in month from 29 days to 28 days.
- NHS debtor days decreased in month from 9 days to 7 days.

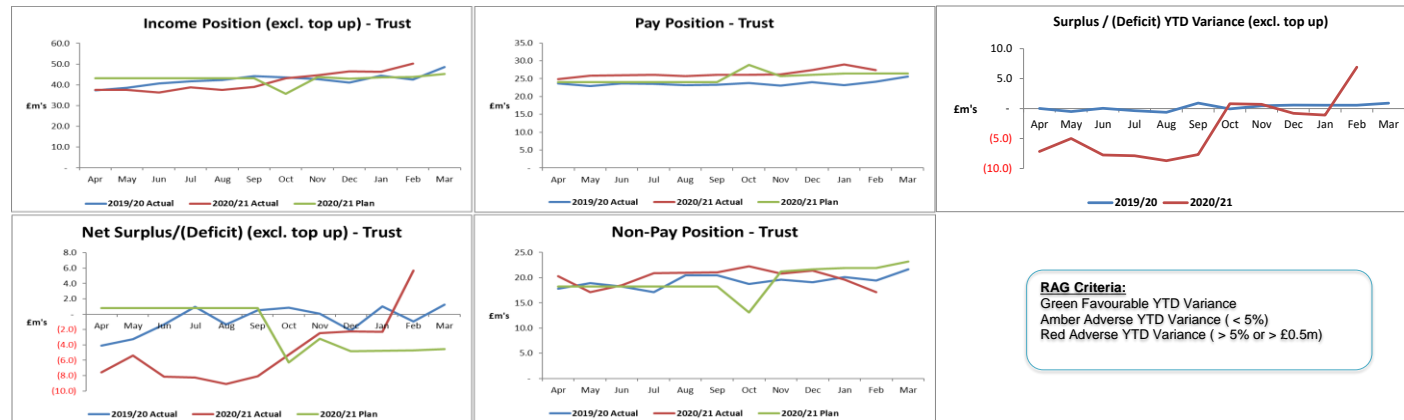
NHSE plan	Income & Expenditure	2020/21								Rating	Notes	2019/20	2020/21	2020/21
		Month 11				Year to Date						Actual	NHSE Plan YTD	NHSE Plan In-month
		NHSE Plan	Actual	Variance		NHSE Plan	Actual	Variance				M11	M11	M11
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	YTD Variance			
407.26	NHS & Other Clinical Revenue	35.57	42.85	7.28	20.47%	370.00	378.28	8.28	2.24%	G	1	30.44	370.00	35.57
37.91	Private Patient Revenue	3.85	2.43	(1.43)	(37.06%)	34.29	35.25	0.96	2.80%	G	2	5.37	34.29	3.85
43.62	Non-Clinical Revenue	4.26	4.97	0.71	16.75%	39.36	44.26	4.91	12.47%	G	3	6.79	39.36	4.26
488.80	Total Operating Revenue	43.68	50.24	6.56	15.03%	443.65	457.80	14.15	3.19%	G		42.60	443.65	43.68
(292.40)	Permanent Staff	(24.83)	(25.52)	(0.69)	(2.78%)	(267.54)	(271.08)	(3.54)	(1.32%)	R		(22.51)	(267.54)	(24.83)
(2.71)	Agency Staff	(0.16)	(0.26)	(0.10)	(65.11%)	(2.55)	(3.11)	(0.55)	(21.72%)	R		(0.17)	(2.55)	(0.16)
(17.24)	Bank Staff	(1.50)	(1.64)	(0.14)	(9.56%)	(15.75)	(16.38)	(0.63)	(3.99%)	R		(1.44)	(15.75)	(1.50)
(312.35)	Total Employee Expenses	(26.48)	(27.42)	(0.94)	(3.54%)	(285.85)	(290.57)	(4.72)	(1.65%)	R	4	(24.12)	(285.85)	(26.48)
(96.98)	Drugs and Blood	(8.11)	(5.65)	2.46	30.33%	(87.20)	(84.04)	3.17	3.63%	G		(6.65)	(87.20)	(8.11)
(34.85)	Supplies and services - clinical	(3.35)	(3.02)	0.34	10.01%	(31.49)	(32.72)	(1.22)	(3.88%)	R		(3.06)	(31.49)	(3.35)
(87.16)	Other Expenses	(7.63)	(6.95)	0.68	8.88%	(79.92)	(75.66)	4.26	5.32%	G		(6.83)	(79.92)	(7.63)
(218.99)	Total Non-Pay Expenses	(19.09)	(15.62)	3.47	18.19%	(198.61)	(192.41)	6.20	3.12%	G	5	(16.54)	(198.61)	(19.09)
(531.34)	Total Expenses	(45.57)	(43.04)	2.54	5.56%	(484.46)	(482.98)	1.48	0.30%	G		(40.66)	(484.46)	(45.57)
(42.54)	EBITDA (exc Capital Donations)	(1.89)	7.21	9.10	480.43%	(40.81)	(25.19)	15.63	38.29%	G		1.94	(40.81)	(1.89)
(17.35)	Owned depreciation, Interest and PDC	(1.50)	(0.30)	1.20	80.09%	(15.87)	(14.38)	1.49	9.36%		7	(1.70)	(15.87)	(1.50)
(59.89)	Surplus/Deficit (exc. PSF/Top up)	(3.39)	6.91	10.30	304%	(56.68)	(39.57)	17.11	30%			0.24	(56.68)	(3.39)
39.31	PSF/Top up	0.00	0.00	0.00		39.31	39.38	0.07				0.00	39.31	0.00
(20.58)	Surplus/Deficit (incl. PSF/Top up)	(3.39)	6.91	10.30	303.78%	(17.37)	(0.19)	17.18	98.91%	G		0.24	(17.37)	(3.39)
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
(14.83)	Donated depreciation	(1.34)	(1.33)	0.01		(13.49)	(13.68)	(0.19)				(1.22)	(13.49)	(1.34)
(35.42)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(4.73)	5.58	10.31	217.93%	(30.87)	(13.87)	17.00	55.06%			(0.98)	(30.87)	(4.73)
0.00	Impairments	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
13.04	Capital Donations	2.05	0.29	(1.76)		12.00	8.52	(3.48)			6	2.01	12.00	2.05
(22.37)	Adjusted Net Result	(2.68)	5.87	8.55	318.59%	(18.86)	(5.35)	13.52	71.65%			1.03	(18.86)	(2.68)

Summary

- The month 11 financial position is a surplus of £6.9m with the YTD Trust position being a £0.2m deficit. The first 6 months of the year showed a deficit of £39.3m which NHSEI funded through top-up payments.
- The latest Trust plan agreed with NHSE for M7-12 totals to a target deficit for the end of the year of £20.6m.

Notes

- NHS Clinical income is £8.3m favourable to the NHSE Plan YTD, which has been caused by additional income in month resulting in an in month favourable variance of £7.3m. NHSE confirmed in month additional income associated with services incorrectly excluded from the block, additional high cost drug and reallocation of genomics funding. The previous increase in devolved nations income and activity this has now reduced following the second surge of Covid-19.
- Private Patient income fell in month and is £1.4m adverse to the in-month NHSE plan, this is still £1.0m favourable YTD. The previous months overperformance, which was associated with a high number of private patient bed days for complex BMT patients has now been offset by the second Covid-19 surge. The closed referral offices and travel restrictions have caused the in months fall in activity which is expected to continue until after restrictions start to lift.
- Non-clinical income is £0.7m favourable to the NHSE Plan in-month. This is driven by additional income from HEE received in month. The YTD favourable variance is related to the additional HEE income, recognition of research income related to IFRS 15 and additional commercial income generation
- Pay is adverse in-month to the NHSE plan by £0.9m. This is driven by an increase in the annual leave accrual of £0.6m which reflects the leave that staff have been unable to take due to the Covid-19 response. Continued high levels of clinical staffing have been required in order to attempt to maintain activity levels, work through backlogs of patients, open additional ICU beds, run the covid testing service, vaccination hub and manage with continued staff sickness/isolation. Turnover levels within the staffing groups has reduced as a result of the pandemic and high staff levels have been retained across the board.
- Non pay is £3.5m favourable to the NHSE plan in-month. Supplies, consumables and wider non-pay spend has reduced following a lower level of elective activity in-month due to the second surge of Covid-19. Trust drugs have fallen in month following in year adjust to drug issues.
- The Trust has also seen a reduction in the bad debt provision YTD (£2.3m); this is in line with Trust policy.



2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan

Trust Income and Expenditure Forecast Outturn Summary for the 11 months ending 28 Feb 2021

Income & Expenditure	2020/21				Rating
	Full year			YTD Variance	
	NHSE Plan (£m)	Forecast (£m)	Variance (£m)		%
NHS & Other Clinical Revenue	407.26	418.82	11.55	2.84%	G
Private Patient Revenue	37.91	37.57	(0.34)	(0.91%)	A
Non-Clinical Revenue	43.62	48.66	5.03	11.54%	G
Total Operating Revenue	488.80	505.04	16.24	3.32%	G
Permanent Staff	(292.40)	(297.66)	(5.27)	(1.80%)	R
Agency Staff	(2.71)	(3.42)	(0.70)	(25.98%)	R
Bank Staff	(17.24)	(17.97)	(0.73)	(4.25%)	R
Total Employee Expenses	(312.35)	(319.05)	(6.70)	(2.15%)	R
Drugs and Blood	(96.98)	(91.86)	5.12	5.28%	G
Supplies and services - clinical	(34.85)	(36.09)	(1.24)	(3.56%)	R
Other Expenses	(87.16)	(83.52)	3.65	4.18%	G
Total Non-Pay Expenses	(218.99)	(211.460)	7.53	3.44%	G
Total Expenses	(531.34)	(530.51)	0.82	0.16%	G
EBITDA (exc Capital Donations)	(42.54)	(25.47)	17.07	40.12%	G
Owned depreciation, Interest and PDC	(17.35)	(15.93)	1.43	8.22%	
Surplus/Deficit (exc. PSF/Top up)	(59.89)	(41.40)	18.49	31%	
PSF/Top up	39.31	39.38	0.07		
Surplus/Deficit (incl. PSF/Top up)	(20.58)	(2.02)	18.57	90.20%	G
Donated depreciation	(14.83)	(15.02)	(0.19)		
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(35.42)	(17.04)	18.38	51.89%	
Impairments	0.00	0.00	0.00		
Capital Donations	13.04	12.02	(1.02)		
Adjusted Net Result	(22.37)	(5.02)	17.36	77.57%	

RAG Criteria:

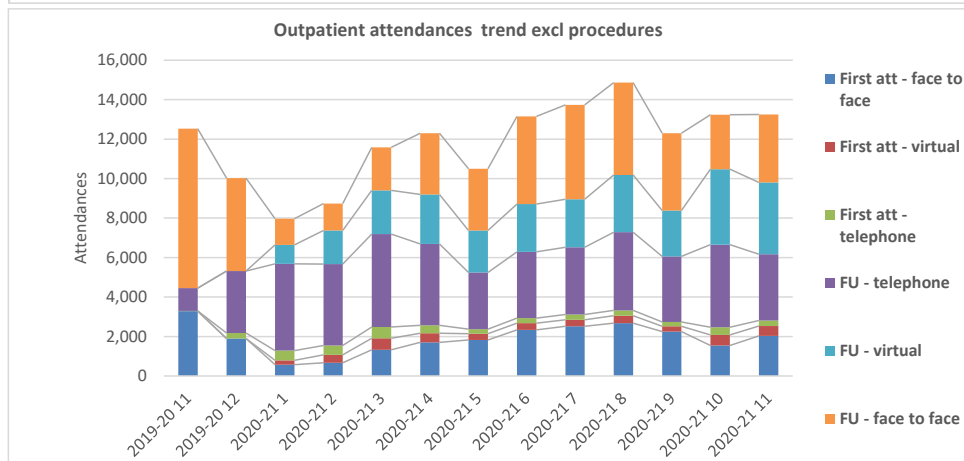
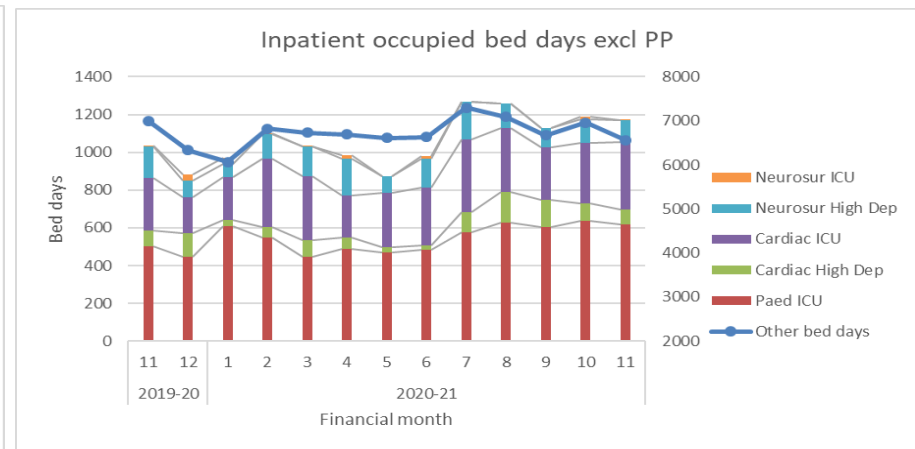
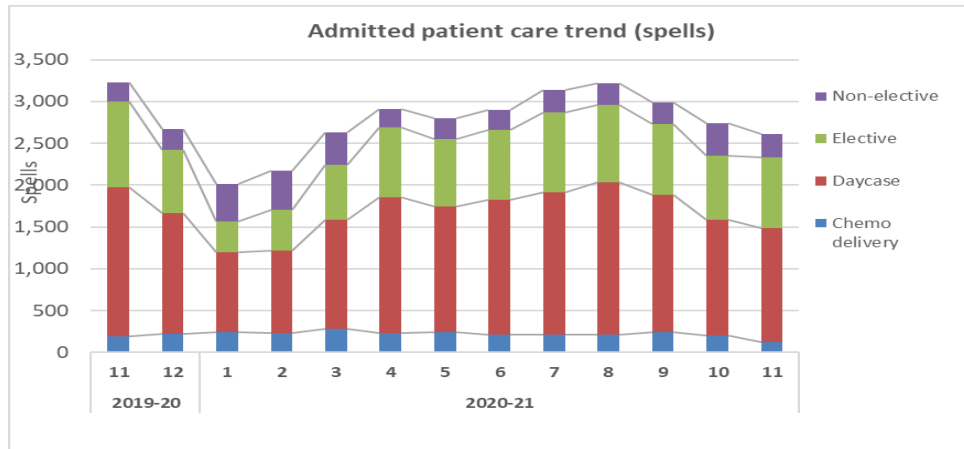
Green Favourable YTD Variance
 Amber Adverse YTD Variance (< 5%)
 Red Adverse YTD Variance (> 5% or > £0.5m)

Summary

- The latest updated forecast for GOSH shows a forecast outturn deficit of £2.0m, this is an improvement from the M10 forecast of £8.3m. The key driver of this improvement is the improvement in NHSE income and reduction in PDC dividend payable due to continued increased cash levels.
- The revised annual plan submitted was for a period of 'restoration' of activity following the first wave of Covid-19; this did not account for a second wave of Covid-19. As a result, the spend profile of the Trust has changed and the uncertainty surrounding NHSE income has created fluctuations in the Trust year end forecast.

Notes

- The NHS & other clinical revenue is forecast to come in ahead of plan (£11.6m) due to overperformance in relation to elements on cost and volume, including CAR-T patients. The improvement in the forecast is due to confirmation of additional income in M11 associated with new services and Drug funding.
- Non-clinical income is forecast to be £5.0m favourable to plan due to additional education & training monies from HEE, recognition of research & innovation income in line with IFRS15 and other commercial income.
- Private Patient income is forecast to be £37.6m; given the patient referral office being closed due to Covid, this is significantly lower than prior year. Difficulties with admitting patients and international repatriation saw a dip in income in M11 which is forecast to continue into M12. Once the UK restrictions start to lift it will take time to see activity return to previous levels.
- Temporary staff costs are likely to remain high given increases in number of ICU beds, sickness and isolation, running of the covid testing service and NCL redeployment backfill.
- Drugs are forecast to be below plan (£5.1m) This is due to the second wave of covid restricting activity.

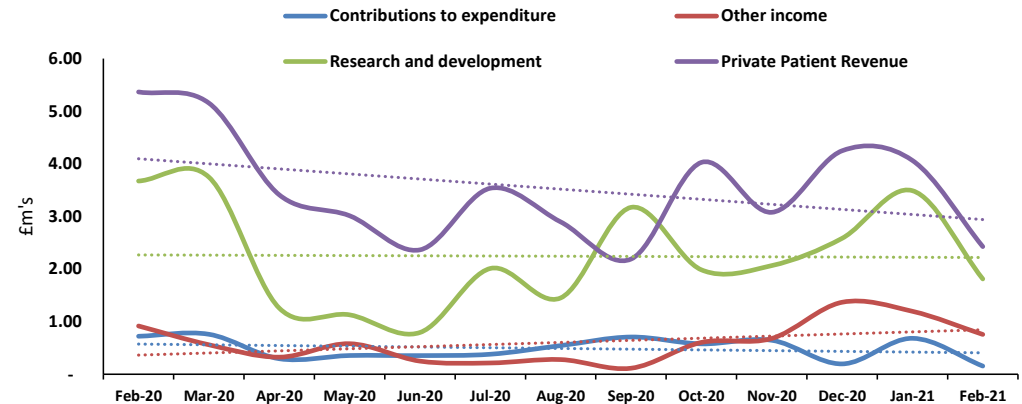
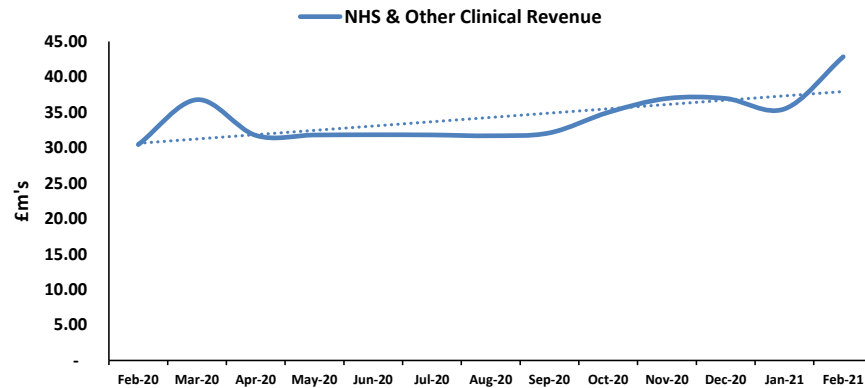


NB: All activity accounts are based on those used for income reporting

Summary

- Daycase spells are comparable to January levels when adjusted for the number of working days however elective spells have increased by 4.05 per day (10.6%). Non-elective activity has reduced when compared to January as a result of decreased general paediatric emergency patients, however it remains c18% above July-December daily levels.
- Both critical care and non-critical care occupied bed days have maintained levels comparable to January when adjusted for the number of calendar days. It is of note that critical care levels were higher than activity levels during the peak of wave 1.
- The second wave of COVID-19 has not caused the same level of decrease in outpatient attendances as seen in the first wave with activity for february being maintained at a similar level to January. Non-face to face attendances as a % of the total have dropped to 58.7% when compared to January at 67.5% as a result of the decline in COVID cases allowing more face-to-face activity. It is of note that 47% of non-face to face activity are telephone appointments with 53% virtual.
- £1.5m of additional funding for November cost and volume pass through drugs over-performance versus the block payment has been agreed by NHSE. A further £5.3m over-performance has been estimated for December to February that will be subject to challenge by NHSE prior to confirmation of values to be paid.

2020/21 Income for the 11 months ending 28 Feb 2021



Summary

- NHS and Other Clinical revenue is £7.3m favourable to the NHSE Plan in-month. This in month increase in income is due NHSE confirming additional payments relating to new services that Trust had been running and payment for high cost drugs. The Trust YTD has seen additional CAR-T patients along with high levels of income from the devolved nations, although this has reduced in M11.
- Private Patient income fell in month and is £1.4m adverse to plan in month although remains £1.0m above plan YTD. The previous high levels of unforeseen high value patients and BMT bed days has now seen a decline due to the continued travel restrictions and referral office closures. Whilst the Trust has stated to increase NHS elective work based on prioritisation criteria, the private patient referral pipeline is not expanding as countries are not sending patients for treatment. The reduced level of referrals is expected to continue until after restrictions are lifted.
- Education & training income is £2.4m above plan YTD due to additional monies from HEE.
- Research income YTD is favourable to the NHSI plan by £1.9m. Compared to prior year, research income is significantly reduced due to research studies having been suspended, except those on COVID-19, at the start of 2020/21 in order to redeploy staff to support the Covid-19 response. Although this effect of COVID-19 on research studies is reducing it is expected to continue over the coming weeks. Research contracts continue to be recognised in line with contract milestones and project delivery.
- Other income is £1.8m favourable to the latest NHSI plan. This is linked to additional commercial income from the GOSH labs and billing for lab tests for external organisations recovering earlier than anticipated.
- Charitable income is £1.3m adverse to the latest YTD NHSE plan. Earlier in the year, projects that were being funded were put on hold due to the Trusts response to COVID-19. Many restarted, but are again being postponed due to the Trusts response to Covid-19.

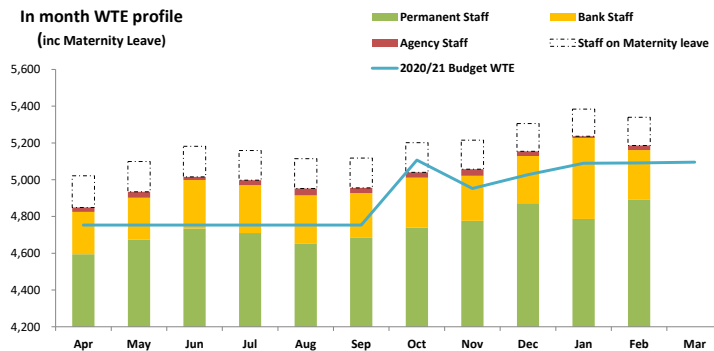
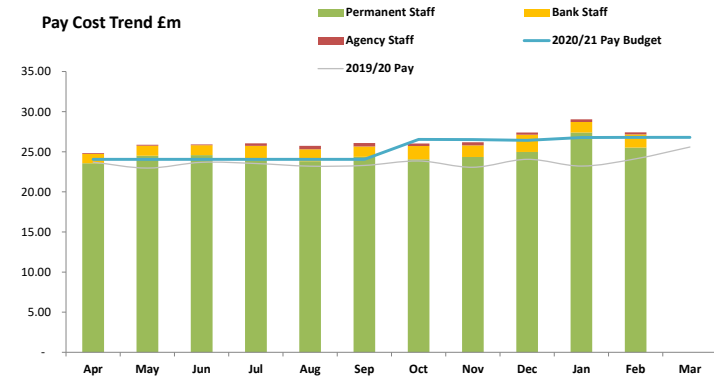
Workforce Summary for the 11 months ending 28 Feb 2021



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

Staff Group	2019/20 actual full year			2020/21 actual			Variance			RAG
	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	
Admin (inc Director & Senior Managers)	50.3	1,110.6	45.3	51.5	1,190.0	47.2	(5.4)	(3.3)	(2.1)	R
Consultants	54.5	352.1	154.7	54.2	389.1	151.8	(4.2)	(5.2)	1.0	R
Estates & Ancillary Staff	4.6	137.9	33.2	4.2	139.2	32.9	(0.0)	(0.0)	0.0	G
Healthcare Assist & Supp	9.1	281.7	32.2	10.4	326.9	34.6	(2.0)	(1.3)	(0.7)	R
Junior Doctors	28.4	347.1	81.9	28.6	374.5	83.3	(2.5)	(2.1)	(0.5)	R
Nursing Staff	80.7	1,526.0	52.9	81.6	1,597.8	55.7	(7.6)	(3.5)	(4.1)	R
Other Staff	0.5	9.1	53.3	0.6	12.0	55.1	(0.2)	(0.1)	(0.0)	A
Scientific Therap Tech	52.1	945.3	55.1	51.7	978.2	57.7	(4.0)	(1.7)	(2.3)	R
Total substantive and bank staff costs	280.2	4,709.7	59.5	282.7	5,007.6	61.6	(25.9)	(16.2)	(9.6)	R
Agency	2.0	28.8	68.8	3.1	26.8	126.5	(1.3)	0.1	(1.4)	R
Total substantive, bank and agency cost	282.1	4,738.6	59.5	285.8	5,034.4	61.9	(27.2)	(16.1)	(11.0)	R
Reserve*	2.1	0.0	0.0	4.8	0.3		(2.9)	(2.9)	0.0	R
Additional employer pension contribution by NHSE	11.6	0.0	0.0		0.0		10.6	0.0	10.6	G
Total pay cost	295.8	4,738.6	62.4	290.6	5,034.7	63.0	(19.4)	(19.0)	(0.5)	R
Remove maternity leave cost	(3.6)			(2.9)			(0.5)	0.0	(0.5)	A
Total excluding Maternity Costs	292.2	4,738.6	61.7	287.7	5,034.7	62.3	(19.9)	(19.0)	(0.9)	R

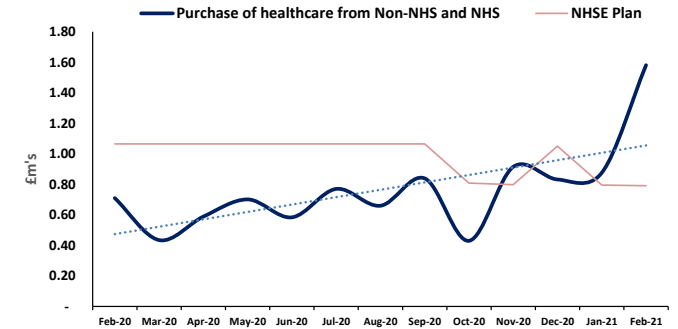
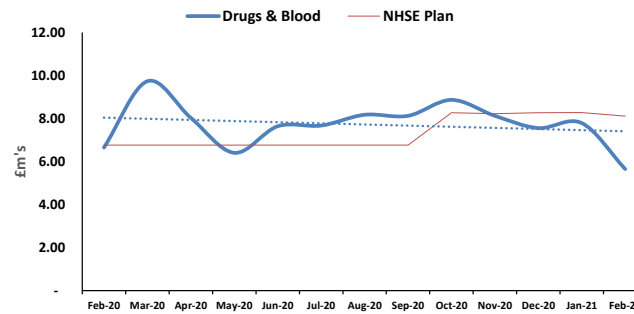
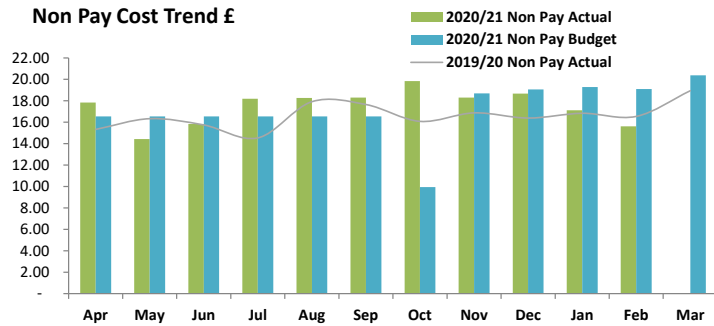
*Plan reserve includes WTEs relating to the better value programme



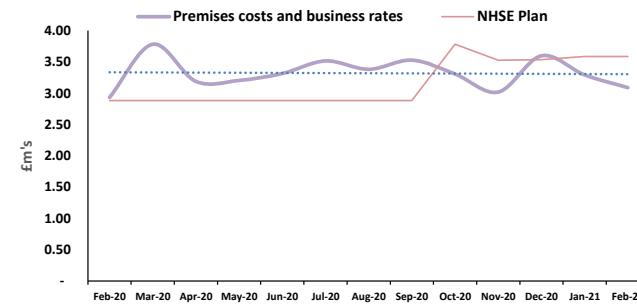
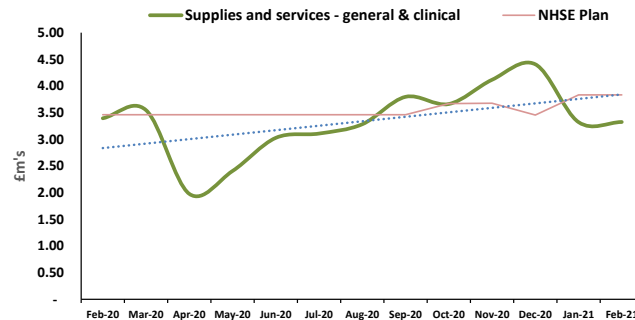
Summary

- In-month WTE's and Pay costs are higher than previous years, this is driven from an increase in the annual leave accrual of £0.6m in month along with the continuing impact of the latest wave of Covid-19. This wave has seen high levels of temporary staffing required to manage the continuing demand with additional ICU beds, providing the vaccination service, covid testing service, backfill of staffing redeployed to NCL and sickness and isolation cover.
- High levels of nursing staff from the nursing intake in September and through October has broadly maintained with high bank usage still being incurred within the Trust. Redeployment of staff to NCL has also carried a backfill requirement adding to bank usage. CICU has similarly seen increased occupancy levels driving a need for greater staffing levels.
- Staff turnover levels have remained low due to the pandemic. In response to the national lockdown and continuing rising Covid cases, the Trust continues to communicate with the wider system in order to respond in the best possible way to systemic activity and staffing challenges.
- ICT sees continued high levels of agency spend due to workload for the team with regards to cyber security. Agency spend in the Trust is monitored and consideration given as to whether resources can be secured through the bank or fixed term contracts.
- Following the completion of the current phase of EPR in M9, historically capitalised staff costs continue to now impact the revenue costs of the organisation.
- The Trust continues to backfill staff due to sickness cover and shielding with £0.5m of bank costs in month attributed to COVID-19. At the peak of sickness and shielding in April, the Trust had over 370 staff off work; sickness and isolation staff coverage costs moving forward will depend upon restrictions set by government in the coming weeks and months.

2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan



2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan



Summary

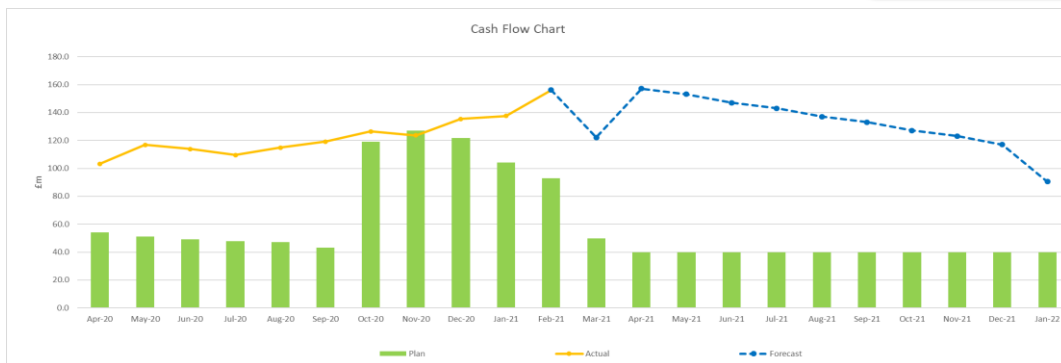
- There have been changes to the process for passthrough drugs from month 7 with a number of drugs returning to cost and volume. The reduction in drug spend in month is due to an in year adjustment to drugs issues to patients.
- Purchase of Healthcare saw an increase in M11 which is related is linked to teh genetics service and is linked to the increase income seen in month from NHSE.
- Supplies and services saw a significant reduction at the start of the year due to the reduction of elective work due to the Covid-19 response. Over the last few months the Trust has seen an increase in spend on clinical supplies as elective activity has increased in line with the Trust restoration plans. M11 saw a reduction in the spend on clinical supplies as the effects of the current Covid-19 surge are seen across the organisation.
- Premises saw continued costs linked to ICT involved in improving the Trust cyber security, virtual patient meetings, facilitating remote access and working for staff remains high. The Trust has also seen increased costs associated with segregating pathways and putting in additional social distancing measures; these remain vitally important with the continuing Covid situation nationally.
- The Trust has seen an in month increase of £0.3m in the credit loss allowance due to reduced payments relating to private patient and other debt previously provided for. The Trust YTD as seen a £2.1m reduction in the credit loss allowance compared to plan. This has been calculated in line with IFRS9 and the Trust's policy. In total for the year the credit loss allowance now stands at £1.8m.

31 Mar 2020 Audited Accounts £m	Statement of Financial Position	YTD Actual 30 Nov 2020 £m	YTD Actual 31 Jan 21 £m	YTD Actual 28 Feb 21 £m	In month Movement £m
543.87	Non-Current Assets	540.03	538.55	537.86	(0.69)
115.21	Current Assets (exc Cash)	88.89	87.51	77.61	(9.90)
61.31	Cash & Cash Equivalents	123.66	137.52	156.08	18.56
(102.32)	Current Liabilities	(142.93)	(155.96)	(157.94)	(1.98)
(6.76)	Non-Current Liabilities	(6.13)	(6.04)	(6.10)	(0.06)
611.31	Total Assets Employed	603.52	601.58	607.51	5.93

31 Mar 2020 Unaudited Accounts £m	Capital Expenditure	YTD plan 28 Feb 2021 £m	YTD Actual 28 Feb 2021 £m	YTD Variance £m	Forecast Outturn 31 Mar 2021 £m	RAG YTD variance
21.84	Redevelopment - Donated	12.69	6.12	6.57	9.39	R
7.43	Medical Equipment - Donated	2.91	2.41	0.50	2.63	G
1.95	ICT - Donated	0.00	0.00	0.00	0.00	G
31.22	Total Donated	15.60	8.53	7.07	12.02	R
6.78	Redevelopment & equipment - Trust Fun	8.05	3.30	4.75	5.00	R
1.90	Estates & Facilities - Trust Funded	1.55	0.21	1.31	1.41	R
11.95	ICT - Trust Funded	3.63	2.17	1.46	2.91	A
0.00	Contingency	0.88	0.00	0.88	0.00	G
0.00	Plan reduction and potential projects	0.00	0.00	0.00	(0.29)	G
20.63	Total Trust Funded	14.11	5.68	8.43	8.86	R
0.00	PDC (CIR)	1.63	1.28	0.35	1.46	A
0.00	PDC (Cyber)	0.00	0.00	0.00	0.10	G
0.00	PDC (Covid)	0.29	1.01	(0.72)	1.07	R
51.85	Total Expenditure	31.63	16.50	15.13	26.38	R

Working Capital	31-Jan-21	28-Feb-21	RAG	KPI
NHS Debtor Days (YTD)	9.0	7.0	G	< 30.0
IPP Debtor Days	302.0	301.0	R	< 120.0
IPP Overdue Debt (£m)	34.5	30.1	R	0.0
Inventory Days - Non Drugs	102.0	83.0	R	30.0
Creditor Days	29.0	28.0	G	< 30.0
BPPC - NHS (YTD) (number)	41.9%	41.5%	R	> 90.0%
BPPC - NHS (YTD) (£)	71.4%	71.7%	R	> 90.0%
BPPC - Non-NHS (YTD) (number)	83.9%	83.3%	R	> 90.0%
BPPC - Non-NHS (YTD) (£)	88.2%	88.4%	A	> 90.0%

RAG Criteria:
 NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)
 BPPC Number and £: Green (over 90%); Amber (90-85%); 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:

- Capital expenditure for the nine months to 28 February is less than plan by £15.1m; Trust-funded expenditure is less than plan by £8.4m, of which £1.1m relates to a rebate from Epic and the rest mostly slippage on CCC enabling projects; donated is less than plan by £7.1m which relates to slippage on the Sight and Sound and CCC projects. There is £0.4m additional spend on PDC funded projects.
- Cash held by the Trust increased in month by £18.6m. The Trust received £16.1m from NHSE in month..
- Total Assets employed at M11 increased by £5.9m in month as a result of the following:
 - Non current assets totalled £537.9m, a decrease of £0.7m in month
 - Current assets excluding cash totalled £77.6m, a decrease of £9.9m in month. This largely relates to the decrease in contract receivables including IPP which have been invoiced (£5.4m lower in month); accrued income (£2.3m lower in month); capital receivables (£0.6m lower in month) and Other non NHS receivables (£1.6m lower in month). Other non NHS receivables includes Charity debt (£0.3m lower in month); Prepayments (£0.9m lower in month) and VAT receivable (£0.7m lower in month).
 - Cash held by the Trust totalled £156.1m, increasing in month by £18.6m which largely relates to amounts received from NHSE in relation to income (£16.1m)
 - Current liabilities increased in month by £2.0m to £157.9m. Deferred Income increased by £10.9m in month and Nhs payables decreased in month by £5.9m and this includes amounts due back to CCGs in relation to block payments received in advance. Other movements include capital creditors (£0.2m higher in month); PDC dividend (£0.7m lower in month - the dividend has been reforecasted in M11) and expenditure accruals (£2.5m lower in month).
- IPP debtors days decreased in month from 302 days to 29 days. Total IPP debt decreased in month to £33.0m (£36.2m in M10). Overdue debt also decreased in month to £30.1m (£34.5m in M10)
- The cumulative BPPC for NHS invoices (by value) increased in month to 72% (71% in M10). This represented 41% of the number of invoices settled within 30 days (42% in M10)
- The cumulative BPPC for Non NHS invoices (by value) remained the same as the previous month at 88%. This represented 83% of invoices settled within 30 days (84% in M10)
- Creditor days decreased in month from 29 days to 28 days.

Council of Governors

Wednesday 20 April 2021

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 worked with the Anaesthetic team on a project on making greener choices in healthcare.
- 2) Several YPF members collaborated with the Redevelopment team and GOSH Charity on an art installation for the Sight & Sound Building.
- 3) Work continues on the development of a virtual reality anaesthetic room.

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

Item presented by: Josh Hardy and/or Grace Shaw-Hamilton, Young People's Forum Governors.



YPF activity – January 2021 to March 2021

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 GOSH patients. They use their own experiences to guide and support the hospital. Due to the Covid-19 pandemic meetings are currently being held virtually on a monthly basis.

The current total of membership: 81

Examples of YPF member activities since the last report are:

- YPF members, Olivia, Scarlet and Sanah spoke to colleagues at Imperial about their experiences of being part of the YPF and advised on setting up a hospital youth forum.
- YPF Vice-Chair Toby sat on the interview panel for the Transition Improvement Manager and YPF member Ava sat on the interview panel for a Lung Function Physiologist.
- YPF member Ezara-Mai took part in GOSH Climate and Health Emergency webinar, explaining what the YPF has done to help so far and expectations on how the YPF expect GOSH to act on this.

15 involvement opportunities were advertised during this period. Examples include; becoming a lay member on the Healthcare Infection Society Panel, youth advisor for Global Mental Health Databank Project, and joining the Burdett Transition Advisory Group.

YPF Meetings

Projects the YPF have taken part in during virtual meetings:

Making Healthcare Greener

Jonny, an anaesthetist registrar, co-founded the Greener Anaesthesia and Sustainability Project (GASP) to highlight and reduce the environmental impact of healthcare in the UK. He came along to the YPF to find out about their experiences of having anaesthetic. He also asked whether being informed about how bad gas anaesthetic is for the environment would persuade them to have intravenous (IV) anaesthetic instead as this has less impact. The YPF also discussed different ways that this message can be communicated to patients and families. The YPF felt that a video that shows a pre-assessment conversation with an anaesthetist would be very helpful to show patients what to expect. Following this meeting YPF Vice-Chair Toby volunteered to take part in filming and was filmed having an anaesthetic for his procedure as well as his pre-assessment and post-operative conversation.

Developing a virtual adventure

The YPF are currently collaborating with GOSH Arts, KIT Theatre and Unicorn Theatre to create a virtual adventure for patients in isolation. The YPF took part in a session to create characters and themes and to think of creative ways on how

patients in isolation can connect and interact on the adventure. The adventure is being developed over the next couple of months with a plan to launch in June; Covid-19 precautions permitting. During development the YPF will continue to work with the theatre companies virtually. YPF members have also been invited to become writers and designers for the project.



Fig 1. An example of an online facilitation tool “jamboard” showing character ideas by YPF members

ECHILD Project

Researchers at UCL are currently developing the ECHILD project to better understand how education affects children’s health and how health affects children’s education. The researchers asked the YPF about their experiences of being absent from school and for their ideas on how schools and hospitals could help reduce absences. The researchers will use the feedback from the YPF to help shape their research project which is due to start in September.

Update on Virtual Reality Project

The YPF began working with the Clinical Simulation Team in November 2020 on creating a virtual reality anaesthetic room for patients to explore before admissions in the hope that this may reduce anxiety. The team returned to show the YPF what they have developed so far with an opportunity for YPF to give feedback.

Additional YPF Activity: Children’s Mental Health Week

YPF members took over the GOSH social media channels as part of Children’s Mental Health Week and posted videos about their experiences over the last year coping with the pandemic and ways they look after their mental health.

Sight & Sound Building – Donor Recognition

A group of YPF members came up with messages of thanks that will be used as part of an art installation to recognise and thank the donors of the Sight & Sound Building.

Climate and Health Emergency Declaration

YPF members contributed videos for the launch of the GOSH’s Climate and Health Emergency Declaration.

Council of Governors

20 April 2021

Summary of the Quality, Safety and Experience Assurance Committee (QSEAC) April 2021

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

Governor action required: The Governors are asked to NOTE the report.

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Amanda Ellingworth, Chair of the QSEAC

Summary of the Quality, Safety and Experience Assurance Committee held on 8th April 2021

QSEAC Effectiveness Review Survey results

A positive response was achieved which was indicative of the progress the committee was making to ensuring that information received was assurance based rather than operational. Three recommendations had been made in order to improve the level of assurance received and to increase the focus placed on patient experience as part of each paper. It was noted that an assurance committee chairs' meeting would be held and overall effectiveness of the assurance committees would be discussed.

QSEAC Annual report 2020/21

The Committee noted the draft annual report and agreed to provide comments to the Company Secretary outside the meeting.

Overview and Emerging clinical and risk issues covering (BAF Risk 13: Inconsistent delivery of safe care)

Over 90% of patients had been prioritised for treatment based on clinical need which was an excellent achievement; this would be ongoing as patients were referred and harm reviews were taking place at the point at which patients were seen. GOSH had the highest number of priority two patients across North Central London. The committee noted the risk which was currently being held by the organisation and acknowledged that it was unlikely that there would be zero physical or psychological harm to patients given the considerable change in time to treat. In order to clear the backlog, GOSH was working at over 100% of activity levels when compared to 2019/20 for both elective care and outpatients.

Updates were provided on cases for which external support was being sought. Following the review by NHS England of a red complaint, a serious incident had been declared and GOSH had been keen for an external investigation to take place to identify learnings. Terms of Reference had been developed and GOSH was currently commenting on these with a view to ensuring they were as broad as possible to identify all relevant learning. The committee noted the updates on other cases.

Quality focused external reviews

- Update on medicines management at GOSH

Improvements had been made in the use of Epic in the pharmacy service and further work was required to improve readiness for the follow-up inspection from the Medicine and Healthcare products Regulatory Agency (MHRA). A positive internal audit report had been received however it was noted that this had a narrow remit and had been focused on progress with the MHRA action plan. Discussion took place around the estate and it was confirmed that a good solution for pharmacy would be in place before implementation of plans for the Children's Cancer Centre development. The Committee requested a route map showing how the specific issues in pharmacy would be addressed and efficient timelines for doing so and agreed to follow this up between meetings.

Quality and Performance in the IQPR (February data)

There had been an increase in the number of incidents closed in the month and focus was being placed on reducing the backlog of open incidents. There had been a reduction in the compliance of high risk reviews in line with the risk management strategy and additional resource in the patient safety team would support improvement in this area in the future. A thematic analysis of red complaints was being undertaken following a substantial increase in the number received. The complaints policy had been updated in order to improve engagement with families.

GOSH Learning Disability Strategy 2020-2025

The Strategy had been approved by the Patient and Family Experience and Engagement Committee and would be monitored by the Family Equality Group. A year one action plan had been developed. The Committee welcomed the development of the strategy and emphasised the importance of involving

Attachment G

families, noting their expertise in this area. The importance of working with other organisations to share practice and the development of SMART objectives was also highlighted. The Committee requested that work to support parents and family members with a learning disability or autism was also included.

Update from the Risk Assurance and Compliance Group (RACG) on the Board Assurance Framework and Always Policy Update

The RACG reviewed the medicines management risk and concluded that the net risk score should remain the same due to the additional work required in the area. The Committee had asked the medical director to review the risk around inconsistent delivery of safe care in the context of medicines management. A proposal would be taken to the Audit Committee to add a separate estates risk to the BAF. A plan was in place ensure that 100% of the Trust's Always Policies were in date.

Compliance Update with Always Improving Plan

Must-do actions arising from the CQC inspection were complete and timelines had changed for should do actions as a result of the Pandemic. Discussion took place around duty of candour and the committee emphasised the importance of Trust-wide staff understanding of the reporting process when issues arose.

Internal Audit Progress Report (Quality focused reports) and draft annual plan 2021/2022

The Committee noted the review of pharmacy which had provided a rating of 'significant assurance with minor improvement potential'. The committee agreed that the incident management review would be replaced in the 2021/22 calendar due to the external review of the incident management process which was already planned and this would be discussed by the Audit Committee.

Internal audit recommendations update

One recommendation was currently overdue an extension and this had been agreed by the RACG.

Internal Audit Annual Report including Head of Internal Audit Opinion

The Committee noted the Head of Internal Audit Opinion rating of 'significant assurance with minor improvement potential' for the Trust and that the opinion would be considered by the Audit Committee in April 2021.

Safeguarding Report Q3 2020/21

Safeguarding activity had increased in line with a national increase. Discussion took place around supervision and its importance in giving staff confidence to address issues as they arose. The Committee discussed the perplexing presentation team and noted that its expertise had initially been used to support work on known cases in the Trust and would now be advertised more widely in the Trust. A refresh of the safeguarding strategy was taking place now that the new Named Nurse for Safeguarding was in post.

Health and Safety Update Q4 2020/21

Discussion took place around the Trust's vaccination programme. It was confirmed that the staff vaccination rate was approximately 75%. The most recent audit of hands, face, space, place showed over 95% compliance. The committee discussed the serious nature of near misses in terms of fire safety. It was confirmed that each near miss was followed up with learning disseminated to department heads.

Freedom to Speak Up Guardian Update (January – March 2021) – Quality related

The number of cases was increasing following a recent reduction and was now more in line with previous quarters. Work would take place to identify areas which had reported difficulty in speaking up from the staff survey.

Update on whistle blowing cases (January – March 2021) – Quality related

There had been no new cases reported in the period.

Attachment G

The committee noted updates from the following assurance committees:

- People and Education Assurance Committee (February 2021)
- Audit Committee (January 2021)

Matters to be raised at Trust Board

- The outcome of the QSEAC effectiveness survey
- Progress with medicines management and the route map to improvement requested by the QSEAC
- The Learning Disability Strategy
- Integrated Quality and Performance Report
- Refresh of the Safeguarding Strategy
- Positive progress in Freedom To Speak Up.

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE
Thursday 8th April 2021 at 12:30pm – 3:30pm by video conference
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		12.30pm
2.	Minutes of the meeting held on 21 January 2021	Chair	A	12:35pm
3.	Matters arising/ Action point checklist Verbal update on progress with the Clinical Prioritisation Process (Risk 3 Operational Performance)	Chair Chief Operating Officer/ Medical Director	B Verbal	12:40pm
4.	QSEAC Effectiveness Review Survey results QSEAC Annual report 2020/21	Company Secretary	C K	12:45pm
<u>LEARNING FROM DATA ANALYSIS, INVESTIGATIONS, REVIEWS, AUDIT AND SURVEYS</u>				
5.	Overview and Emerging clinical and risk issues covering (BAF Risk 13: Inconsistent delivery of safe care):	Medical Director/ Chief Nurse/ Chief Operating Officer	D	12:55pm
6.	Quality focused external reviews (national reviews and local reviews of other organisations) <ul style="list-style-type: none"> Update on medicines management at GOSH 	Medical Director/ Stephen Tomlin, Chief Pharmacist	E	1:10pm
7.	Quality and Performance in the IQPR (February data) Including: <ul style="list-style-type: none"> the work of the Patient Safety and Outcomes Committee the work of the Patient and Family Experience and Engagement Committee 	Medical Director/ Chief Nurse/ Chief Operating Officer	F	1:25pm
8.	GOSH Learning Disability Strategy 2020-2025	Chief Nurse	G	1:35pm
<u>RISK AND GOVERNANCE</u>				
9.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework and Always Policy Update	Company Secretary	H	1:45pm
10.	Compliance Update with Always Improving Plan	Medical Director	J	2:00pm
<u>ASSURANCE OF SYSTEMS AND PROCESSES</u>				
11.	Internal Audit Progress Report (Quality focused reports) and draft annual plan 2021/2022	KPMG	M	2:10pm
12.	Internal audit recommendations update	KPMG	N	2:20pm
13.	Internal Audit Annual Report including Head of Internal Audit Opinion	KPMG	U	2:25pm

Attachment G

14.	Safeguarding Report Q3 2020/21	Chief Nurse	O	2:30pm
15.	Health and Safety Update Q4 2020/21	Director of Redevelopment, Estates and Facilities	P	2:40pm
16.	Freedom to Speak Up Guardian Update (January – March 2021) – Quality related	Freedom to Speak up Guardian	Q	2:50pm
17.	Update on whistle blowing cases (January – March 2021) – Quality related	Director of HR and OD	R	3:00pm
<u>FOR INFORMATION</u>				
18.	Update from the : <ul style="list-style-type: none"> • People and Education Assurance Committee (February 2021) • Audit Committee (January 2021) 	Kathryn Ludlow, Chair of PEAC Chief Executive	S T	3:05pm
19.	Matters to be raised at Trust Board	Chair	Verbal	
20.	Any Other Business	Chair	Verbal	
21.	Next meeting	Thursday 1 st July 2021 12:30pm – 3:30pm		
	Terms of Reference Acronyms	1 NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		



Council of Governors

20 April 2021

Summary of the April 2021 Audit Committee

Summary & reason for item

To provide an update on the April meeting of the Audit Committee. The agenda for the meeting is also attached.

Governor action required

The Governors are asked to note the report.

Report prepared by

Victoria Goddard, Trust Board Administrator

Item presented by

Akhter Mateen, Chair of the Audit Committee

**Summary of the Audit Committee meeting
held on 14th April 2021**

Matters arising: Cladding used in the Trust

It was noted that a professional review had provided assurance that cladding used in the Trust was safe and a written summary had been provided. The Committee emphasised the importance of obtaining a full, formal report.

Matters arising: Information Governance Dashboard

Discussion took place around Subject Access Requests, a number of which were overdue against the 60 day timeframe. Updates were provided to requestors on an approximately fortnightly basis and partial releases of information were made where possible. Discussion took place around resources in the team and it was agreed that consideration would take place to assess whether this was sufficient. It was noted that it was vital to support key corporate services to manage relevant Subject Access Requests.

The Trust was confident that it would implement the new National Opt Out requirements and the new Caldicott Guardian principle by their respective deadlines.

The Committee noted updates from the following Board Assurance Committee meetings:

- Quality, Safety and Experience Assurance Committee –April 2021
- Finance and Investment Committee – January and March 2021
- People and Education Assurance Committee – February 2021

Board Assurance Framework (BAF) Update and revised GOSH Risk Appetite Statement

• Risk 1: Financial Sustainability

The Risk Assurance and Compliance Group (RACG) recommended that the International and Private Care (I&PC) risk should not be separated from the financial sustainability risk in lieu of non-NHS income that was being provided by NHS England which currently mitigated the risk. The committee agreed this and requested that this was reviewed in three months and that feedback continued to be provided to NHS England about the impact of reduced I&PC income.

• Risk 7: Cyber Security

In response to enhance governance around IT and cyber security, it had been agreed that the IT Board would be dissolved and replaced with an IT Recovery Board with more senior decision makers. Discussion took place around seeking an additional advice for the Board to focus on Cyber Security and this was agreed. The Committee agreed that once an action plan was in place, Audit Committee members would hold a focused meeting on Cyber Security between Audit Committee meetings.

• Risk 10: Redevelopment / estates

It was agreed that an estates risk would be added to the BAF.

• Medicines Management

The risk had been discussed at QSEAC and it had agreed to hold an extraordinary meeting focused on delivery of the plan and assurance of its timescales.

- Risk 14: Political Instability

It was agreed that the political instability risk and strategic position risk would be merged and the wording would refer to 'optimisation' of the Trust's Strategy.

- Risk appetite

It was agreed that the paper would be refined and considered again by the committee.

The Committee requested that the RACG review the gross and net scores of the BAF risks and whether they were red rated (notwithstanding the net risk score).

Board Assurance Framework Deep Dives:

- Risk 6: The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.

GOSH had registered 130 trials related to COVID-19 and enrolled 3,500 staff and patients into studies. The Biomedical Research Centre and Clinical Research Facility had both substantially increased the number of studies taking place within the most recent funding cycle. The research governance team ensured that a robust research governance framework was in place to enable clinicians to undertake a variety of research projects involving the Trust's unique patient group. The Zayed Centre for Research had been instrumental in the Trust's ambition to fulfil its research ambitions.

Year End Update 2020-21

It was noted that stock counts were particularly complex for 2020/21 due to the stock controlled by NHS England being counted as donated stock therefore considerably benefitting the bottom line. Discussion took place around the risk of the Trust continuing to have access to stock that had been recognised in the accounts but was not on Trust premises and it was agreed that whilst other Trusts had a much greater share of this stock, minimising GOSH's risk, it was important to control this.

Update on IFRS 9

The Committee had agreed outside the meeting that some overseas visitor payments would be provided for at 100%. The calculated provision percentage for I&PC had fallen from 85% in January to 55% as the result of receipts in the final quarter of the year and it was agreed that the provision percentage would be capped at 50% as the risk was not felt to be higher than this.

Internal Audit Progress Report

The Committee noted the outcome of four reviews. Actions arising from the Cyber Security Action Plan review would be monitored by the Committee to ensure progress was being made as a large number of actions had a deadline of August 2021. Discussion took place around the outcome of the EPR benefits realisation review and the committee expressed some concern about the lack of focus in the review on the critical role that the EPR had played in GOSH's ability to react at pace to the pandemic and to begin recovery at pace. The Committee requested that the executive summary of the review and summary in the Head of Internal Audit Opinion were reviewed by the Auditors. The Committee noted the Head of Internal Audit Opinion which was one of significant assurance with minor improvement opportunities.

Internal and external audit recommendations – update on progress

There had been good movement in overdue recommendations between January and April 2021.

Attachment H

Draft Internal Audit Strategic and Operational Plan: 2021-22

It was agreed that the review of incident management would be removed from the 2021/22 plan as GOSH was in the process of commissioning a similar external review. It was agreed that the replacement review would be confirmed later in the year to allow capacity for an appropriate review at that time.

External Audit: Interim update report to the Audit Committee for the year ended 31 March 2021

The Trust was on course for submission in the required timeframe and the auditors were preparing to begin their work. A key change had been made to Value for Money reporting and a self-assessment was required which was a substantial undertaking.

Local Counter Fraud Specialist (LCFS) Progress Report

One investigation had been closed and two new cases received. The NHS Counter Fraud Authority (NHSCFA) had published its guidance and based on this information GOSH had some areas of non-compliance. Feedback had been provided to the NHSCFA about the challenges of applying guidance retrospectively.

Local Counter Fraud Specialist (LCFS) Workplan 2021/22

The Committee approved the workplace for 2021/22.

Draft Annual Governance Statement 2020-21

The Committee approved the statement of internal controls and provided feedback about further areas for inclusion in the statement.

Results from the Audit Committee Survey 2020-21

Work had taken place to highlight the focus of different committees where residual overlap remained and the structure the committee agenda to ensure the key items were at the beginning of the agenda.

Draft Audit Committee Annual report 2020-21

It was noted that this would be circulated to committee members outside the meeting.

Raising Concerns in the Workplace Update

No new cases had been raised since the last report.

Write offs

Discussion took place around the size of the drugs write-off which had significantly increased. A governance process was being implemented in pharmacy to enable better stock management and oversight. The Committee discussed the implications of potential refrigeration outage for drugs and an update on this matter was referred to the QSEAC.

Update on Procurement Waivers

There had not been an increase in the number of waivers during the pandemic showing that the Trust had adhered to its usual systems and processes throughout this time.



AUDIT COMMITTEE

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

GREAT ORMOND STREET LONDON WC1N 3JH

A G E N D A

**Wednesday 14 April 2021
2:00pm – 5:00pm**

AUDIT COMMITTEE
Wednesday 14 April 2021, 2:00pm – 5:00pm,
Virtual by Zoom
Great Ormond Street Hospital for Children
AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chair	Verbal	2:00pm
2	Minutes of the meeting held on 29 th January 2021	Chair	A	2:05pm
3	Matters arising and action point checklist	Chair	B	2:10pm
	Action 42.6: Information governance dashboard	Chief Data Officer	C	
4.	Trust Board assurance committee updates <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee –April 2021 • Finance and Investment Committee – January and March 2021 • People and Education Assurance Committee – February 2021 	Akhter Mateen, Chair (reporting an overview from all committees)	D E F	2:20pm
	<u>RISK</u>			
5.	Board Assurance Framework Update and revised GOSH Risk Appetite Statement	Company Secretary	G	2:30pm
6.	Board Assurance Framework Deep Dives: Risk 6: The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.	Director of Research and Innovation	Verbal	2:45pm
7.	Year End Update 2020-21 including <ul style="list-style-type: none"> • Risk 1: Failure to continue to be financially sustainable • Formal approval of the Provisioning Policy IPP • SFIs and Scheme of Delegation Update 	Chief Finance Officer	H	3:00pm
	Update on IFRS 9	Chief Finance Officer	V	
	<u>EXTERNAL AUDIT</u>			
8.	External Audit: Interim update report to the Audit Committee for the year ended 31 March 2021	Deloitte	I	3:20pm
	<u>INTERNAL AUDIT AND COUNTER FRAUD</u>			
9.	Internal Audit Progress Report (February 2021 – March 2021) and Draft Head of Internal Audit Opinion for 2020-21	KPMG	J	3:30pm
10.	Internal and external audit recommendations – update on progress	KPMG	K	3:40pm

11.	Draft Internal Audit Strategic and Operational Plan: 2021-22	KPMG	L	3:50pm
12.	Local Counter Fraud Specialist (LCFS) Progress Report Local Counter Fraud Specialist (LCFS) Workplan 2021/22	Counterfraud Officer	M U	4:00pm
<u>GOVERNANCE</u>				
13.	Draft Annual Governance Statement 2020-21	Company Secretary	O	4:10pm
14.	Results from the Audit Committee Survey 2020-21	Company Secretary	P	4:20pm
15.	Draft Audit Committee Annual report 2020-21	Company Secretary	Verbal	
16.	Raising Concerns in the Workplace Update	Deputy Director of HR and OD	R	4:30pm
17.	Write offs	Chief Finance Officer	S	4:40pm
18.	Update on Procurement Waivers	Chief Finance Officer	T	4:50pm
19.	Any Other Business	Chair	Verbal	
20.	Next meeting	Wednesday 26th May 2021, 9:00am – 12 Noon		
21.	Audit Committee Terms of Reference and annual work-plan	For reference only - 1		

Council of Governors

20 April 2021

Summary of the People and Education Assurance Committee meeting February 2021

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

Governor action required: Governors are asked to NOTE the report.

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

Item presented by: Kathryn Ludlow, Chair of PEAC

People and Education Assurance Committee
February 2021

Summary

Gosh Learning Academy – Update including review of leadership framework at GOSH and outputs

The GOSH Learning Academy was well positioned to support the organisation throughout the second wave of the pandemic assisting with internal and external redeployment, vaccination clinics and adult services. The year two delivery plan was noted to be due for final sign off in April and following a delay the digital learning academy contracts would be signed this week with the launch expected to take place in May. £60,000 had been generated in quarter four standing the GLA in a good position for 2021 / 2022. Clinical leadership and management framework programmes continued throughout the second wave along with funding support to the wellbeing project. The GLA have been working with external partners around offering training, expertise and support through the digital learning environment.

Leadership and management programmes had remained a focus throughout the second wave with programmes being delivered remotely. The established leaders programmed was due to begin in April. The apprenticeship course had continued and increased in popularity whilst the coaching programme had continued and the mentoring programme had recently been developed to support career pathways for staff.

People Strategy (PS) update

The Committee was presented with an update on the work that had continued over the last quarter with a focus on supporting the pandemic. The health and wellbeing response had progressed well along with establishing the infrastructure and process to support the 2022 commitments. The committee was advised of the newly formed People Planet Programme Board which was being set up to provide assurance on the deliverability of each of the programmes of work.

Occupational Health (OH) Team Update

Lisa Liversidge, Head of Occupational Health, joined the committee and gave a presentation of the work carried out by her team including the increased wellbeing offer and considerations on how “hard to reach” staff within the organisation could be reached.

Safe Staffing Report / Nursing Workforce

Internal and external redeployment to support COVID had continued to be a focus for the nursing workforce with nurses due to be returning and integrating back into the organisation over the next few weeks where careful monitoring and oversight would continue. Focus on recruitment continues and it was suggested there may be an increase in turnover once restrictions were eased. Work has continued with Operations and Images due to enduring gaps within the team. The team held an open day to support recruitment and retention within the local community, BAME listening events had continued along with the introduction of generational listening events. The Nursing Workforce Assurance Group has been re-established and Health Rostering had made reassuring progress. ECHMO

career pathways have been developed and produced a pool of expert qualified nurses to reduce the reliance on bank. The Committee agreed to include an AHP update in a future meeting.

Update on Board Assurance Framework (BAF) - Deep Dive Risk two – Recruitment and Retention

The Audit Committee had accepted the recommendations from the Risk Assurance and Compliance Group and it was noted that a Well Led Inspection would be taking place soon. The Committee conducted a deep dive into BAF risk two – recruitment and retention. It was noted there were clear career pathways for doctors, nurses and AHPs. Areas of concern were highlighted regarding the junior nursing workforce and career pathways for administration staff. The D & I framework has committed to providing pathways and promotion opportunities for admin staff and the safe staffing report included a detailed retention plan for nurses.

Turnover was noted to be below target due to the impact of COVID on recruitment and retention. The Trust have seen little impact of Brexit and have supported staff to apply for settlement status. Concerns regarding the cardiac team were discussed and the Committee was assured that issues were being worked through and the department would be better resourced by the Spring. Corporate directors have been asked to produce plans to stabilise and consolidate services and the GLA has been working with colleagues in ICT around the need for development, training and professional leadership. The Committee agreed to invite the Director of Redevelopment to a future meeting to update on the OCS transfer.

Update on Changes to DBS Policy

A review aimed at establishing the effectiveness of the 2019 DBS policy has taken place with recommendations that all recruited staff members are DBS checked and re-checked every three years with enhanced level checks for staff members who have regular unsupervised patient contact. The recommendation includes an annual declaration for staff to notify their manager if they have been subject to conviction or appeared in court other than as a witness. Reports on DBS are escalated through EMT and quarterly through the Safeguarding Committee. The Committee requested that DBS assurance data was included in the workforce metrics report going forward.

Workforce Metrics Update

The Committee was advised they would receive a biannual report on equality metrics aligned to the gender pay gap and it was noted that five of the KPIs were within target and turnover had peaked at 16.2% in February 2020 and reduced to 11.1% in January 2021. The Committee was informed PDR targets had not been met and were historically challenging. The D & I Steering Group is working on developing the process as part of the work plan for 2021. The Committee agreed to receive reports focused on areas requiring improvements and actions and was given assurance with regards to future transparency, governance and reporting.

Update on Annual Staff Survey Results

The Committee was presented with an overview of the staff survey results. The results would be compared with specialist Trusts and London Trusts and a reduction in harassment and bullying was noted and the shift highlighted as important and positive.

Update on Staff Focused Freedom to Speak Up Cases

Numbers have increased recently due to improved communication and the Committee was advised the Speak up framework would bring together the National Guardians office, Speak up for Values and Safety and the FTSUG in order to simplify the system of reporting concerns and would provide a process that was easier for staff to access and understand. It was noted that during a recent poll of 400 staff members, two thirds had said they did not feel something would be done if a concern was raised and confirmed the importance that the organisation was being seen to listen and act upon concerns raised and to ensure communication was transparent and clear.

Update on Implementation of Internal Audit Recommendations (Staff Related)

The Committee was assured the process of managing recommendations from internal and external audits was working well and that actions were addressed in a timely fashion.

Summary Reports from Quality Safety and Experience Committee (QSEAC), Audit Committee and Finance and Investment Committee (FIC)

The reports were taken as read and agreed.

Committee Self-Assessment

The Committee was advised the self-assessment served as the first effectiveness review of PEAC. The results of the review would be required for the annual report. The Committee agreed to discuss alignment of approach by all Committees.

PEOPLE AND EDUCATION ASSURANCE COMMITTEE

Thursday 18th February 2021

1:30pm – 4:00pm

Venue: Zoom Video Conference <https://gosh.zoom.us/j/93203488652>

AGENDA

Agenda Item		Presented by	Paper	Time
1.	Apologies For Absence	Chair	Verbal	1:30pm
2.	Declarations of Interest	All	Verbal	1:32pm
3.	Minutes of Meeting Held on 2 nd December 2020 Action Log February 2021	Chair	E	1:34pm
STRATEGY				
4.	People Strategy Update: <ul style="list-style-type: none"> - People Strategy Governance Framework - Health and Wellbeing strategy update and delivery plan - Diversity and Inclusion strategy update and delivery plan - Communications and engagement 	Director of HR & OD	Presentation	1:40pm
5.	Occupational Health – Team update	Director of HR & OD	Presentation	1:55pm
6.	GOSH Learning Academy – Update Including review of leadership framework at GOSH and outputs	Director of Education	F	2:05pm
RISK				
7.	Update on Board Assurance Framework Deep Dive: Risk 2: Recruitment and Retention	Company Secretary	G	2:15pm
8.	Update on changes to DBS Policy	Interim Acting Deputy Director of HR and OD	Verbal	2:30pm
ASSURANCE - WORKFORCE				
9.	Safe Staffing Report Nursing Workforce	Chief Nurse	H	2:40pm
10.	Workforce Metrics Update <ul style="list-style-type: none"> • Hard metrics (staff turnover, appraisal rates, sickness, training etc.) • Soft metrics (take-up and outputs from coaching and mediation etc.) 	Director of HR & OD	I	2:55pm
11.	Update on annual staff survey results	Director of HR & OD	Verbal	3:05pm

12.	Update on Staff focused Freedom to Speak Up cases	Medical Director	J	3:15pm
13.	Update on implementation of internal audit recommendations (staff related)	Paul Balson	K	3:25pm
GOVERNANCE AND ITEMS FOR NOTING				
14.	Summary Report from Quality Safety and Experience Committee Summary report from Audit Committee Summary Report from Finance and Investment Committee	Chair	L	3:35pm
15.	Committee Self-Assessment 2021	Company Secretary	M	3:40pm
16.	Any Other Business	Chair	Verbal	3:50pm
Next meeting				
The next meeting of People and Education Assurance Committee will be held on 23 rd June 2021 1:30pm – 4:00pm				



**Council of Governors
20 April 2021**

Reports from Board Assurance Committees

Finance and Investment Committee (February and March 2021)

Summary & reason for item

To provide an update on the February and March meetings of the Finance and Investment Committee.

The agendas for the February 2021 and March 2021 meetings are attached.

Governor action required

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

Report prepared by

Helen Jameson, Chief Finance Officer and Paul Balson, Head of Corporate Governance

Item presented by

James Hatchley, Chair of the Finance and Investment Committee

Finance and Investment Committee Update

The Finance and Investment Committee (FIC) met on Wednesday 17 February 2021 and Wednesday 24 March 2021.

Below are the highlights from both meetings.

Key issues

Finance report month 11

At Month 11, the Trust's performance showed a £6.9m surplus. This was £10.3m favourable to the NHSE/I plan. The Committee discussed the potential impact of NHSE income that have been notified very late in the financial year and if further payments were expected.

Integrated Performance Report Month 10

The Trust continued to work on recovery plans to return to planned activity levels following the COVID-19 activity reductions and clear the backlog of patients.

The Committee enquired when 'normal' activity levels were expected and was informed that this was not expected until late in the financial year.

2021/22 Commissioning and Integrated Care Systems (ICS)

The Committee discussed the potential impact of Integrated Care Systems and White Paper issued on 11 February 2021.

Children's Cancer Centre recommencement Recommendation

The Committee endorsed a paper on recommencement of work on the Children's Cancer Centre to the Trust Board.

Cyber Security update

The Committee agreed a reporting schedule with the Audit Committee on Cyber Security updates and received an update on the key challenges and risks affecting the Trust's Cyber Security arrangements and plans to address them.

2020/22 Business Plan including budget

In February 2021, the Committee reviewed the draft Finance and Business Plan for 2021/22 and requested more emphasis throughout the document on the Trust's plans to achieve efficiencies through delivering more work with the same resources such as the flow programme, whilst recognising the impact of infection control guidance and the level of work the staff have undertaken throughout the pandemic.

In March 2021, the Committee agreed to recommend the Trust Board approve the 2021/22 Business Planning and budget recognising that the NHS income still needed to be confirmed and the plan would be updated for this early in the new financial year.

Sight and Sound Business Case

The Committee approved the business case which asked for an additional c£860k per annum in running costs for the Sight and Sound building. These resulted from a combination of costs which were not foreseen at the time of the original business case and from additional COVID-19 related costs. Lessons learned would be captured for future projects.

Major projects

The Committee noted progress on the Trust's major redevelopment projects.

Other reports

Review of effectiveness

The Committee reviewed the findings from its review of effectiveness and noted that although there were improvements in lots of areas, there remained scope to improve the length and signposting within reports to the Committee.

Finance and Investment Committee annual report

The Committee reviewed its annual report for inclusion in the Trust's annual report and accounts and discussed the level to which COVID-19 was referenced within the report. Members also requested that additional content on the Committee's focus on recovery is included.

Terms of reference (TOR) and annual work plan

The Committee approved the TOR and work plan and noted that new content the Committee would look at would be: Charity funded areas of the Trust and major ICT projects.

NHS Resolution contribution for 2020/21

The Committee noted the increased NHS Resolution contribution for 2020/21.

End of report

FINANCE AND INVESTMENT COMMITTEE MEETING

Wednesday 17 February 2021

9.45am to 12.00pm

AGENDA

<https://gosh.zoom.us/j/85052055896>

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair	Verbal	9.45
2.	Minutes of the meeting held 30 November 2020	Chair	A	
3.	Matters arising, action checklist	Chair	B	
4.	Annual Effectiveness Review questions	Head of Corporate Governance	C	9.50
5.	Summary of key issues and developments	Chair	Verbal	9.55
<u>Performance & finance standing updates</u>				
6.	Finance report Month 10	Chief Finance Officer	D	10.05
7.	Integrated Performance update Month 9	Chief Operating Officer	E	10.15
8.	Activity Monitoring through 'Magic Numbers' report	Chief Operating Officer	F	10.25
<u>Annual Planning and Approval</u>				
9.	Commissioning and ICS	Chief Finance Officer	G	10.35
10.	COVID-19 and financial framework	Chief Finance Officer	H	10.45
11.	Draft 2021/22 Business Plan including budget	Chief Operating Officer and Chief Finance Officer	I	10.55
12.	Sight and Sound Business Case	General Manager – Sight and Sound	K	11.20
<u>Major projects update</u>				
13.	Major Projects update	Director of Estates, Facilities and the Built Environment	L	11.40
<u>AOB</u>				
14.	Any other Business	Chair	-	11.55
<u>Close 12.00pm</u>				
Date of next meeting				

FINANCE AND INVESTMENT COMMITTEE MEETING

Wednesday 24 March 2021

3.00pm to 5.00pm

AGENDA

<https://gosh.zoom.us/j/86754942578>

Agenda Item	Presented by	Attachment	Time
15. Apologies for absence	Chair	Verbal	
16. Minutes of the meeting held 17 February 2021	Chair	A	3.00
17. Matters arising, action checklist	Chair	B	
18. Annual Effectiveness Review	Head of Corporate Governance	C	
19. Draft Finance and Investment Committee for the annual report and accounts	Head of Corporate Governance	D	3.05
20. Terms of reference and workplan review	Head of Corporate Governance	E	
21. Summary of key issues and developments	Chair	Verbal	
<u>Performance & finance standing updates</u>			
22. Finance report Month 11	Chief Finance Officer	K	3.20
23. Integrated Performance update Month 10	Head of Performance	F	3.35
24. Activity Monitoring through 'Magic Numbers' report	Head of Performance	G	3.45
<u>Annual Planning and Approval</u>			
25. 21/22 Financial Framework update	Chief Finance Officer	Verbal	3.55
26. NHS Resolution contribution 2020/21	Chief Finance Officer	H	4.10
27. Draft Annual business plan and Budget	Chief Finance Officer	L	4.20
<u>Major projects update</u>			
28. Cyber Security update	Director of ICT	K	4.35
29. CCC Recommencement Recommendation	Director of Estates, Facilities and the Built Environment	I	4.40
30. Major Projects update		J	
<u>AOB</u>			
31. Any other Business	Chair	-	11.55

Attachment J

	Agenda Item	Presented by	Attachment	Time
	<u>Close 12.00pm</u>			
	Date of next meeting 23 June 2021			



Council of Governors

20 April 2021

Council of Governors' Election evaluation

Summary & reason for item:

The purpose of this paper is to give an overview of the 2020/21 Council of Governors' elections that took place from November 2020 until Feb 2021.

Governor action required:

No immediate governor action is required however we would like Governors to consider ways in which the elections can be better publicised and increase the number of nominations and votes we receive.

Report prepared by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by:

Adetutu Emmanuel, Stakeholder Engagement Manager

2020/21 Election Review

Background

In November 2020 through to February 2021, GOSH conducted an election to appoint all elected seats on the Council of Governors. The purpose of this paper is to evaluate the 2020/21 Council of Governors' elections process.

The paper will review the processes that took place, statistics and also look at the communication/engagements methods used as a means to inform future elections.

We appointed CIVICA Election Services (CES) as our election provider following a public tender process .

Roles and Responsibilities

This election was managed and conducted by the staff at both GOSH and CIVICA and the following individuals were involved:

CES Contact	Great Ormond Street Hospital for Children NHS Foundation Trust
Ciara Hutchinson Senior Consultant –Head of Health and Community CES Alternative Contact Negin Ayoubi Project Manager	Adetutu Emmanuel (nee Ojo) Stakeholder Engagement Manager - Primary Contact and Data Controller Anna Ferrant Company Secretary Paul Balson Head of Governance

Weekly meetings were held to discuss the progress of the elections as well as ad hoc meetings as necessary.

Timeline

As stated, the elections took place in accordance to the following timetable:

Activity	Date
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 dispatched/Elections Open	Tuesday 12 Jan 2021
Close of election	Tuesday 2 Feb 2021
Declaration of results	Thursday 4 Feb 2021

All dates timetabled for the election were adhered to.

Election Statistics

- There were 46 nominations
- In addition, there were also 4 who applied but did not submit their applications plus 1 application which was deemed invalid
- This breakdown of constituencies, areas, number of seats and candidates is broken down as follows:

Constituency		London	Home Counties	Rest of England and Wales
Patients	No of seats	3	2	1
	No of Candidates	2 (As there were not enough candidates, the election was to elect who gets the longer term)	3	No nominations were received
Parent/Carers	No of seats	3	2	1
	No of Candidates	6	3	2
Public	No of seats	3	2	1
	No of Candidates	6 (Invalid application)	4	5 (1 candidate pulled out after nominations closed)
Staff	No of seats	5		
	No of Candidates	15		

A copy of the Report of Voting can be found attached along with this report (see **Appendix 1**).

We held a 'So you want to be a Governor' session on Zoom for those considering putting themselves up for nomination. This was an opportunity for people to hear from some of our Governors, ask questions and find out what it means to be GOSH Governor. A total of 9 people registered and 6 people attended on the day. The session was recorded and can be found here:

<https://youtu.be/UyGSNM8Kw-4>

Engagement and Communications

There were quite a number of ways the election was communicated and these included the following:

- Creation of a detailed elections page on the GOSH website which held all the election information: <https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/foundation-trust-membership/elections-202021/>
- Creation of an number of internal screensavers which promoted 'Our Elections are coming' (Oct/Nov 20), 'Vote now' (Jan/Feb 21) and 'Meet your new staff Governors' (Feb/Mar 21) screensavers
- Creation of the nomination platform on CIVICA website as well as a postal form plus dedicated email addresses branded with GOSH titling
- Creation of supporting documents with the announcement of nominations which included a 'Who we are' document, an 'Eligibility Criteria' document, an election announcement letter to staff and email receiving members plus an accompanying letter to postal members
- We adopted the use of pictures and videos in the elections in which a strong case was put forward to the Membership Engagement, Recruitment and Representation Committee (MERRC) and subsequently to the Council of Governors (Oct)
- Articles were published in the staff quarterly magazine Roundabout as well as in editions of the weekly newsletter Headlines as well as at Thursday morning Senior Leader Team (SLT) meetings and the staff wide platform *Big Brief* on a number of occasions. In one instance of the *Big Brief*, a staff governor was invited to speak about the elections and the roles of a governor.
- The elections were also heavily advertised in the member facing communications channel *Get Involved*
- In line with the robust communications and engagement plan, there was a focus placed on social media interaction which is why we had several posts on Instagram, LinkedIn and Twitter to promote the membership, Council of Governors and Elections
- During the nomination and voting periods, we also had targeted reminder emails to members in order to increase the turn out and voting numbers.

Learnings

Whilst we had a fair turn out from the elections, there are always ways that we can improve and a few areas to take forward over the next few months are as follows:

- Ensuring that the eligibility criteria to stand as a governor are communicated clearly. This is so that in the future, anyone who puts themselves forward in the elections are aware of their eligibility to stand for election in a constituency. An incident occurred whereby an elected governor had to step down in their newly elected role due to an oversight in the fact that they had put themselves forward in the patient category despite being a member of staff who was eligible in the staff category. The matter has now been resolved. An

investigation into this incident is underway and any learning will be built in to the next election process.

- Work needs to be conducted to understand ways to increase the uptake for elections in the patient category. As you will see in the statistics report above, we had no nominations in the patient rest of England category.
- We also need to look at ways to ensure the elections are publicised across all communication platforms (both online and in person). Due to the effects of the pandemic, membership recruitment and Council of Governors' election awareness has been greatly impacted which is why it will need to be factored in to the way we work going forward.

Overall, the election process was positive and we embraced new techniques and opportunities in how we managed it. A good standard was set and with the support and input of Governors, there is scope to ensure that the future administration of elections is more engaging, interactive, and smoother, resulting in the election of Governors from across the patients, families, staff and communities that we serve.

The Membership Engagement Recruitment and Representation Committee (MERRC) will take this work forward over the next few months.

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
ELECTION TO THE COUNCIL OF GOVERNORS
CLOSE OF VOTING: 5PM ON 2 FEBRUARY 2021
CONTEST: Patients and Carers: Parent/Carer from London

The election was conducted using the single transferable vote electoral system.

The following candidates were elected (in order of election):

ELECTED		
Emily SHAW		
Beverly BITTNER GRASSBY*		
Stephanie NASH**		

Number of eligible voters		2,249
Votes cast by post:	37	
Votes cast online:	49	
Total number of votes cast:		86
Turnout:		3.8%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		84

CONTEST: Patients and Carers: Parent/Carer from Rest of England and Wales

The election was conducted using the single transferable vote electoral system.

The following candidate was elected:

ELECTED		
Claire COOPER-JONES**		

Number of eligible voters		951
Votes cast by post:	10	
Votes cast online:	18	
Total number of votes cast:		28
Turnout:		2.9%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		28



CONTEST: Patients and Carers: Parent/Carer from the Home Counties

The election was conducted using the single transferable vote electoral system.

The following candidates were elected (in order of election):

ELECTED	
Lisa ALLERA*	
Gavin TODD**	

Number of eligible voters		2,365
Votes cast by post:	29	
Votes cast online:	46	
Total number of votes cast:		75
Turnout:		3.2%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		74

CONTEST: Patients and Carers: Patients from Home Counties

The election was conducted using the single transferable vote electoral system.

The following candidates were elected (in order of election):

ELECTED	
Emma BEEDEN*	
Olivia BURLACU**	

Number of eligible voters		435
Votes cast by post:	2	
Votes cast online:	13	
Total number of votes cast:		15
Turnout:		3.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		15

CONTEST: Patients and Carers: Patients from London

The election was conducted using the single transferable vote electoral system.

The following candidates were elected (in order of election):

ELECTED		
Constantinos PANAYI		
Abbigail SUDHARSON*		

Number of eligible voters		613
Votes cast by post:	9	
Votes cast online:	8	
Total number of votes cast:		17
Turnout:		2.8%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		17

CONTEST: Public: Home Counties

The election was conducted using the single transferable vote electoral system.

The following candidates were elected (in order of election):

ELECTED		
Eve BRINKLEY-WHITTINGTON*		
Hannah HARDY**		

Number of eligible voters		721
Votes cast by post:	26	
Votes cast online:	23	
Total number of votes cast:		49
Turnout:		6.8%
Number of votes found to be invalid:		4
Total number of valid votes to be counted:		45

CONTEST: Public: London

The election was conducted using the single transferable vote electoral system.

The following candidates were elected (in order of election):

ELECTED		
Roly SEAL		
Peace JOSEPH*		
Kudzai CHIKOWORE**		

Number of eligible voters		1,624
Votes cast by post:	14	
Votes cast online:	43	
Total number of votes cast:		57
Turnout:		3.5%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		57

CONTEST: Public: Rest of England

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

ELECTED
Julian EVANS**

Number of eligible voters		635
Votes cast by post:	19	
Votes cast online:	15	
Total number of votes cast:		34
Turnout:		5.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		34

CONTEST: Staff

*The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):*

ELECTED
Margaret BUGYEI-KYEI
Quen MOK
Mark HAYDEN*
Benjamin HARTLEY*
Graham DERRICK**

Number of eligible voters		4,906
Votes cast online:	687	
Total number of votes cast:		687
Turnout:		14.0%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		687

All term lengths are for 3 years unless specified different above with an asterisk.

- * 2 year term length
- ** 1 year term length

The result sheets for each election form the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

Process for electing the Lead Governor and Deputy Lead Governor

Summary & reason for item

The Lead Governor and Deputy Lead Governor roles are appointed on an annual basis.

The purpose of this paper is to outline the nomination and election process for the appointment of the GOSH Lead Governor and Deputy Lead Governor ahead of the July 2021 Council meeting.

The Lead Governors and Deputy Lead Governor role descriptions are included as Appendix 1. This was approved by the Council of Governors in July 2020.

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 July 2021.
- To be aware that nominations for Lead Governor and Deputy Lead Governor will close 5:00pm on **Wednesday 16 June 2021**, to allow time for consideration and voting at the July Council meeting.

Report prepared by:

Paul Balson, Head of Corporate Governance

Item presented by:

Paul Balson, Head of Corporate Governance

Role of the Lead Governor and Deputy Lead Governor

The principal responsibilities of the role of Lead Governor (current role description provided at appendix 1) 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).
- 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.
- Lead the Council of Governors where it is not appropriate for the Chair or Deputy Chair to do so (Lead Governor does not deputise for Deputy Chair).
- 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.

Claire Cooper Jones is the Lead Governor and has been in post for two years (since April 2019). The Deputy Lead Governor position is currently vacant.

Who can become a Lead Governor or Deputy Lead Governor

The Lead Governor and Deputy Lead Governor positions are elected by the Council of Governors from the elected Governors (appointed Governors cannot stand as Lead Governor or Deputy Lead Governor).

At least one of the Lead Governor or Deputy Governor must be a publicly appointed governor (such as a patient, parent/carer or public Governor). Only one staff governor may serve as either.

The term of office for Lead Governor and Deputy Lead Governor is one year. In April 2020's Council of Governors' meeting Claire Cooper-Jones' term of office was extended as a result of the COVID-19 pandemic and to allow the new Governors time to settle into their roles.

The responsibilities of the role are important for the Trust and it is for these reasons the Trust encourages only those Governors who are fully able to commit to the role to stand. It is important that the Lead Governor and Deputy Lead Governor lead by example and attend all Council of Governors' meetings, all Committees they are a member of (e.g. Council of Governors' Nominations and Remuneration Committee) and maintain full mandatory and statutory training compliance throughout their term.

The appointment process

The role description details how the appointment process for both positions will be conducted. It states:

- Governors 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 by the CoG in July 2021c via 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 (appointed governors cannot apply).
- A staff governor may only be appointed as Lead or Deputy in a situation where they 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. 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 of both Lead Governor and Deputy Lead Governor positions 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, the current Lead Governor can stand again and be elected for a further year.
- Some elected governors will be subject to an election in January 2022 and if successful, reappointed as governors from 1 March 2022. Should the appointed Lead Governor or Deputy Lead Governor not be re-elected, then a fresh nomination process will be conducted after the April 2022 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 i.e. mandatory training, returning of relevant forms etc.

Training and support

The Lead Governor and Deputy Lead Governor will be supported by the Corporate Affairs Team who will help identify training and support needs. For example:

- **Networking with other Foundation Trust Lead Governors:** The Lead Governor and Deputy Lead Governor will be provided with an email address for the National Lead Governors Association. This can be used to network and share ideas and best practice.
- **In house bespoke support:** Ongoing support will also be available from the Company Secretary and wider Corporate Affairs Team who 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 sent a nomination form via the Corporate Affairs Newsletter for April.

Attachment L

2. Governors will be asked to use the form to self-nominate for appointment as either Lead Governor or Deputy Lead Governor (Governors can nominate themselves for both roles using two separate forms).
3. Elected governors will be asked to record their interest in the role by submitting a short statement (250 words maximum)
4. 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;
5. The deadline for nominations is **5:00pm on Wednesday 16 June 2021**. Nomination forms received after this deadline will not be accepted;
6. Nomination should be emailed to Anna.Ferrant@gosh.nhs.uk
7. Statements from nominated candidates will be circulated to all governors prior to the July 2021 Council meeting;
8. Nominated candidates will each be given the opportunity to address those governors attending the July 2021 Council Meeting for 1.5 minutes to outline why they think they are best suited for the role. This process will be chaired by the Trust Chair;
9. 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;
10. Voting will be conducted using the Alternative Voting System.

Action required

- Council is asked to note the revised Lead Governor and Deputy Lead Governor role description.
- Council is asked to approve the process for the appointment of the Lead Governor and Deputy Lead Governor and note the proposed timetable for the process.

FINAL LEAD GOVERNOR ROLE DESCRIPTION

Principal responsibilities

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Trust Board (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 Improvement².

Specific Lead Governor tasks

- To chair the CoG pre-meeting³ 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.⁴
- 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

¹ 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.

² 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.

³ 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.

⁴ 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. This includes;
 - Completing mandatory training as required
 - Contributing to the Chair and NED stakeholder feedback appraisal process
 - Completing the Council of Governors' effectiveness survey
- 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.⁵ 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 that where terms of office accord, 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.

⁵ 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.

Attachment L

- 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.

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.

The Deputy Lead Governor will be expected to meet the person specification of the Lead Governor (above).

Final

Approved July 2020 Council of Governors' Meeting

Council of Governors

20 April 2021

GOSH Non-Executive Director Appraisals

Summary & reason for item:

This purpose of this paper is to introduce the process for annually appraising the Chair and Non-Executive Directors and consider an amendment to the appraisal timetable.

Governor action required:

- To note the NED appraisal process and role of governors in it.
- To note that appraisals are conducted annually. A timetable of upcoming appraisals is attached.
- To consider an amendment to the timetable for this year in order to allow for new governors to have an opportunity to get to know the NEDs and provide meaningful feedback to the appraisal process later in the year.
- If the amended timetable is agreed, the results of all appraisals will be reported to the Council for final ratification in November 2021.

Presented by: Anna Ferrant, Company Secretary

Appraisal of GOSH Chair and Non-Executive Directors (NEDs)

The GOSH Chair and NED appraisal process is aligned to NHS England and Improvement guidance on the appraisal of Chairs in the NHS. The Council of Governors approved this process and framework at the February 2020 Council of Governors' meeting. Below is a summary of the Chair and NED appraisal process. As mentioned at induction, this involves requesting feedback from governors on the performance of the Chair and NEDs during the year.

Summary of Chair appraisal process

- The Senior Independent Director (SID – James Hatchley) appraises the Chair against the appraisal framework criteria and approved Chair competencies (see **Appendix 1**). This is informed by:
 - Governor feedback:
 - The Lead Governor asks fellow governors to provide informal, anonymous and confidential feedback on the performance of the Chair (in his role as Chair of the Council) to inform the appraisal process using a pro-forma (example at **Appendix 2**). The Lead Governor reports the governors' feedback to the SID.
 - Executive Director feedback:
 - The Executive Directors provide informal, anonymous and confidential feedback via the Company Secretary directly to the SID about the Chair.
 - Non-Executive Director feedback:
 - The NEDs provide informal, anonymous and confidential feedback directly to the SID about the Chair.
 - External partner feedback:
 - Assessments of the Chair's effectiveness is also sought from stakeholders who represent external partner organisations (in agreement with the Chair). Last year, the following stakeholders were contacted for feedback:
 - Chair of UCL Council
 - Vice Provost (Health), UCL
 - Chair of Trustees, GOSH Children's Charity.
- An appraisal pro-forma is completed during the appraisal.
- Should any disagreement arise between the SID/ Chair on the results of the appraisal, the SID will provide a written summary of the difference. This 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, with a proposal to recommend the outputs to the Council for approval.
- The Council of Governors' Nominations and Remuneration Committee reports to the Council with the outputs and its recommendations.

Summary of NED appraisal process

- The Chair individually appraises each non-executive director (NED) against the appraisal framework criteria and approved NED framework and competencies (see **Appendix 1**). This is informed by:
 - Governor feedback:
 - The Lead Governor asks fellow governors to provide informal, anonymous and confidential feedback on the performance of the NEDs to inform the appraisal process using a pro-forma (see **Appendix 2** for information). The Lead Governor reports the governors' feedback to the Chair.
 - Executive Director feedback:
 - The Executive Directors provide informal, anonymous and confidential feedback via the Chief Executive directly to the Chair about the NEDs.
- An appraisal pro-forma is completed during the appraisal by the Chair.
- Should any disagreement arise between the Chair/ NED on the results of the appraisal, the Chair will provide a written summary of the difference. This 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 each NED appraised, with a proposal to recommend the outputs to the Council for approval.
- The Council of Governors' Nominations and Remuneration Committee reports to the Council with the outputs and its recommendations.

Consideration of amendment to the timetable for Chair and NED appraisals

As outlined above, the appraisal framework involves requesting feedback from Governors on the Chair and NEDs' performance (6 NEDs). Over the last few years, the appraisal of the Chair and NEDs has been split across the year (generally related to when they were first appointed).

The current timetable for the Chair and NED appraisals is below. Governors will note that some appraisals are timetabled to report at the July Council meeting and some at the November Council meeting.

At this point in time, over half of the Governors are new on the Council and will not have had sufficient time to meet the NEDs or observe them at Board and assurance committee meetings. It is therefore suggested that the appraisal timetable is extended by a few months, reporting all appraisal outputs in November 2021. This will allow Governors to attend two Council meetings (April and July 2021) and, where available, have the opportunity to:

- Observe the Audit Committee in May 2021
- Observe the Trust Boards in May and in July 2021
- Observe the People and Education Committee in June 2021
- Observe the Quality, Safety and Experience Assurance Committee in July 2021
- Observe the Finance and Investment Committee in June 2021
- Participate in NED/ Governor buddying between now and September 2021.

Attachment M

This amendment to the timetable will support governors in feeling confident to provide meaningful feedback on the Chair and NEDs performance. It will also provide time for the newly appointed Governors on the Council Nominations and Remuneration Committee to have met and understand their role.

The column to the right provides the revised timetable and appraisal period. The appraisal dates affected by this proposal are highlighted in yellow:

Name	Role	Current appraisal timetable for reporting to Council of Governors	Suggested amendment to timetable	Appraisal window
Sir Michael Rake	Chair	November 2021	NO CHANGE: November 2021	NO CHANGE: 1 October 2020 – 30 September 2021
Akhter Mateen	NED & Deputy Chair	November 2021	NO CHANGE: November 2021	NO CHANGE: 1 October 2020 – 30 September 2021
James Hatchley	NED & Senior Independent Director	July 2021	November 2021	1 May 2020 – 30 September 2021
Lady Amanda Ellingworth	NED	July 2021	November 2021	1 May 2020 – 30 September 2021
Chris Kennedy	NED	July 2021	November 2021	1 May 2020 – 30 September 2021
Kathryn Ludlow	NED	November 2021	NO CHANGE: November 2021	NO CHANGE: 1 October 2020 – 30 September 2021
Professor Russell Viner	NED	July 2021	November 2021	1 May 2020 – 30 September 2021

Action from the Council of Governors

- To note the NED appraisal process and role of Governors in it.
- To note that appraisals are conducted annually. A timetable of upcoming appraisals is attached.
- To consider an amendment to the timetable in order to allow for new Governors to have an opportunity to get to know the NEDs and provide meaningful feedback to the appraisal process later in the year.
- If the amended timetable is agreed, the results of all appraisals will be reported to the Council for final ratification in November 2021.

Ends.

Appendix 1
Appraisal of the Chair and Non-Executive Directors (NEDs)

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 Council of Governors in February 2020.

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

Attachment M

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.

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.

Stakeholder appraisal assessment form: GOSH Non-Executive Director (NED)

Name of provider trust:	
Name of non-executive director:	
Name and role of stakeholder:	
Assessment period:	1 May 2020 – 30 April 2021

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.				

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Promotes collaborative, whole-system working for the benefit of all patients and service users.				
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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
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CONFIDENTIAL

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 (XXXX), who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the Chair, again in strict confidence, please request to do so.

Council of Governors
20 April 2021

Draft Council of Governors' section in GOSH Annual Report 2020/21

Summary & reason for item:

This paper provides a draft copy of the content that will be included in the Trust Annual Report 2020/21. This includes a summary of the role and work of the Council of Governors during 2020/21, an update on the role of Governors, the past election including an overview of the membership and future plans.

Governor action required:

For information. No immediate governor action is required

Report prepared by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Council of Governors

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

In 2020/21 the Council of Governors was made up of 26 elected and appointed governors. Governors support and influence the strategic direction of the Trust by representing the views and interests of our members.

The Council of Governors act as a link to the hospital's patients, their families, staff and the wider community ensuring that their views are heard and reflected in the strategy for the hospital. Although the Council of Governors is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering the Trust's strategic objectives. More about the responsibilities of the Council of Governors can be found at <https://www.gosh.nhs.uk/about-us/foundation-trust/council-governors>.

Constituencies of the Council of Governors

Governors represent specific constituencies and are usually elected or appointed to do so for a period of three years with the option to stand for re-election for a further three years (please see below for phasing of the Council in 2020 and the impact on Governor terms). As a specialist Trust with a UK-wide and international catchment area, we do not have a defined 'local community'. Therefore it is important that our geographically diverse patient and carer population is represented in our membership and in the composition of our Council of Governors.

Elections 2021/21 and changes to constituencies

In January 2021 the Trust held an election for the Council of Governors.

During this election, we introduced changes to the Patient and Parent/Carer constituency and Public constituency so that the classes they cover match the electoral areas.

The classes were updated to ensure the electoral areas that constitute each class (for the patient and carer constituency and public constituency) are aligned with current electoral boundaries and provide consistency in how many Governors each constituency can vote for. This was implemented so that our constituencies reflect the patients, families and communities we serve.

Following these boundary changes, there are now 27 Governors on the Council.

In February 2021, the three-year Governor electoral term concluded and Foundation Trust members voted for their Governor Representatives on the Council of Governors. Following these constituency changes, membership of the Council changed from the left to the right from 1 March 2021 onwards:

1st April 2020 – 28 Feb 2021

- 4 Patient Governors**
 - 2 Patients from London
 - 2 Patients from Outside London
- 6 Parent and Carers Governors**
 - 3 Parents / Carers from London
 - 3 Parents / Carers from outside London
- 7 Public Governors**
 - 4 Public Governors from North London and Surrounding area
 - 2 Public Governors from South London and surrounding area
 - 2 Public Governors from rest of England and Wales
- 5 Staff Governors**
- 4 Appointed Governors**
 - 1 Appointed Governor from Camden Council
 - 2 Appointed Governors from Young People's Forum
 - 1 Appointed Governor from GOSH/ICH/UCL



1st March 2021 onwards

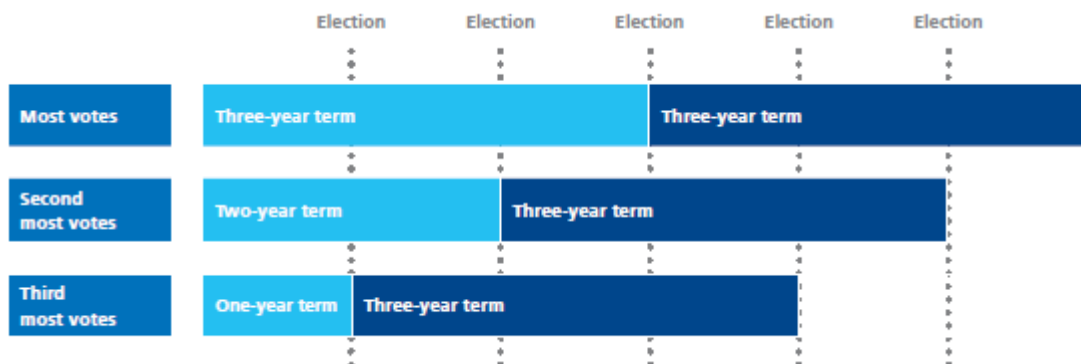
- 6 Patient Governors**
 - 3 Patients from London
 - 2 Patients from Home Counties
 - 1 Patient from Rest of England and Wales
- 6 Parent and Carers Governors**
 - 3 Parents / Carers from London
 - 2 Parents / Carers from Home Counties
 - 1 Parent / Carer from Rest of England and Wales
- 6 Public Governors**
 - 3 Public Governors from London
 - 2 Public Governors from Home Counties
 - 1 Public Governors from rest of England and Wales
- 5 Staff Governors**
- 4 Appointed Governors**
 - 1 Appointed Governor from Camden Council
 - 2 Appointed Governors from Young People's Forum
 - 1 Appointed Governor from GOSH/ICH/UCL

Phasing of elections

In 2018, the Council of Governors at GOSH agreed to amend the Governor constituencies and implement phasing of elections. This was to ensure there is a gradual turnover of Governors (rather than a turnover of the majority of Governors at one time), retaining experience, providing for succession planning going forward and ensuring good corporate governance.

At the election in January 2021, Governors' terms were amended to either one, two or three years, based on the number of votes received during that election. This phasing of the election allows there to be a reduction in the risk that the Council loses its organisational memory at each three-yearly election.

In subsequent elections going forward, Governor terms will be for three years, with elections held annually. The diagram below shows this.



Membership at GOSH

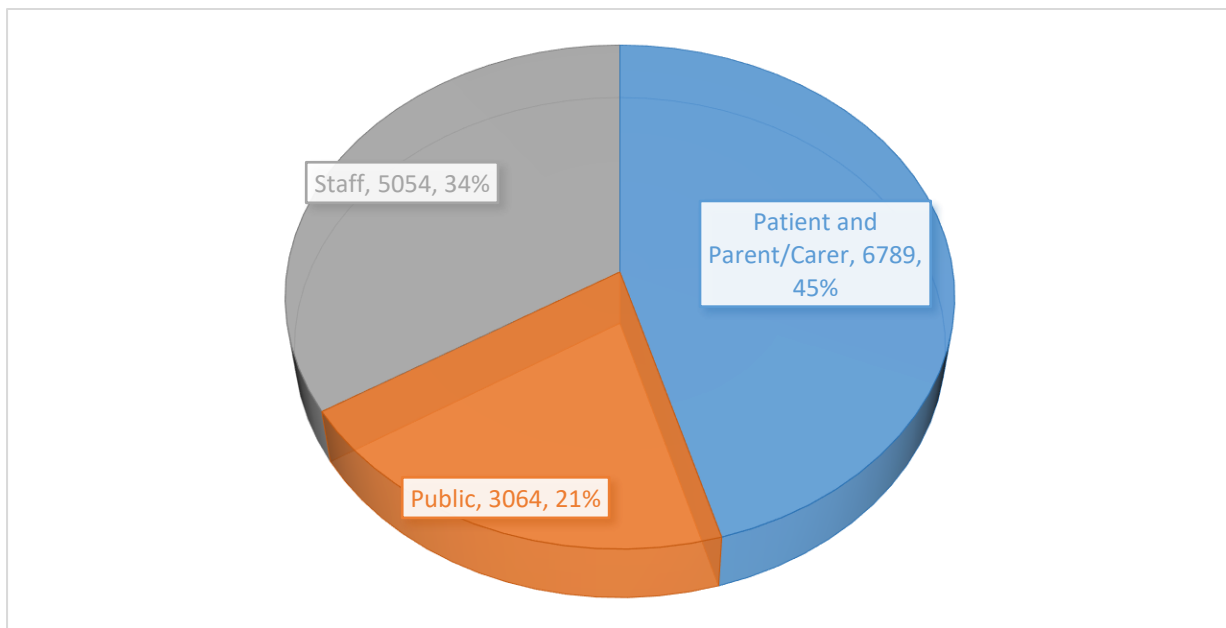
Anyone living in England and Wales over the age of 10 can become a GOSH member, and we strive for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers and staff. Automatic membership applies to all employees who hold a GOSH permanent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

www.gosh.nhs.uk/aboutus/foundationtrust/foundationtrustmembership .

Membership constituencies and membership numbers 2020/21

On 31 March 2021, our membership totalled 14,898 members including 5045 staff members.

CIVICA is our membership database provider and holds and manages our public and patient and carer data.



In the past year, our public membership has increased from 2880 to 3064 whilst our patient and parent/carer membership has reduced from 6947 to 6789.

As outlined above, we introduced changes to the Patient and Parent/Carer constituency and Public constituency so that the classes they cover match the electoral areas. In order to facilitate the election, CIVICA assigned all public and patient members to their new constituencies.

The introduction of the new constituencies means that the membership targets set by the Trust will need to be refreshed. Once the new Membership Engagement, Recruitment and Representation Committee (MERRC) has been appointed in April 2021, the Trust will seek to work with the MEERC to create a set of revised constituency targets that are Specific, Measurable, Achievable, Relevant and Time bound. The aim is to meet an overall objective of increasing and sustaining the public, patient and parent/carer membership, particularly in

Register of interests

A Register of Governors' Interests is published on the Trust website, <https://gosh.mydeclarations.co.uk/home> and can also be obtained by request from the Company Secretary, Great Ormond Street Hospital for Children NHS Foundation Trust, Executive Offices, Barclay House, 37 Queen Square, Great Ormond Street, London, WC1N 3BH.

Contacting a governor

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

Governors' attendance at meetings

The Council of Governors met five times in 2020/21. Governors attended these meetings as follows:

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 2 unless otherwise stated)
Mariam Ali ¹	Parents and Carers: London	February 2015	February 2021	5	Not a member	Not a member
Stephanie Nash	Parents and Carers: London	February 2018		5	Not a member	Not a member
Emily Shaw	Parents and Carers: London	February 2018		3	Not a member	Not a member
Lisa Allera	Parents and Carers: Outside London	February 2018		5	4	Not a member
Carley Bowman ³	Parents and Carers:	May 2019	July 2020	1(1)	Not a member	0(1)

	Outside London					
Claire Cooper-Jones – Lead Governor	Parents and Carers: Outside London	February 2018		5	4	Not a member
Faiza Yasin (Deputy Lead Governor) ¹	Patients: Outside London	February 2018	February 2021	5	Not a member	2
Alice Rath ¹	Patients: Outside London	February 2018	February 2021	2	Not a member	Not a member
Elena - May Reading ⁴	Patients: London	February 2018	December 2020	4(4)	Not a member	0(1)
Zoe Bacon ²	Patients: London	February 2018	February 2021	5	Not a member	2
Fran Stewart ³	Public: South London and surrounding area	October 2016	February 2021	5	4	Not a member
Simon Hawtrey-Woore ³	Public: North London and surrounding area	February 2015	July 2020	0(2)	Not a member	0(1)
Teskeen Gilani ³	Public: North London and surrounding area	December 2016	February 2021	0	Not a member	Not a member
Theo Kayode-Osiyemi	Public: North London and surrounding area	February 2018	February 2021	0	Not a member	0

Simon Yu Tan ⁴	Public: North London and surrounding area	February 2018	December 2020	0(4)	Not a member	Not a member
Colin Sincok ²	Public: Rest of England and Wales	February 2018	February 2021	5	4	2
Julian Evans	Public: Rest of England and Wales	February 2018		4	Not a member	Not a member
Sarah Aylett ²	Staff	February 2018	February 2021	4	Not a member	0
Margaret Bugyei-Kyei	Staff	May 2019		4	Not a member	Not a member
Nigel Mills ²	Staff	February 2018	April 2019	0(0)	Not a member	0(0)
Paul Gough ⁴	Staff	February 2018	February 2021	5	Not a member	Not a member
Quen Mok	Staff	February 2018		5	4	Not a member
Lazzaro Pietragnoli ²	London Borough of Camden	February 2018	February 2021	1	Not a member	Not a member
Joshua Hardy	Young People's Forum	February 2019		5	Not a member	2
Shelby Davies ⁴	Young People's Forum	April 2020	June 2020	1(2)	Not a member	1(1)
Grace Shaw-Hamilton	Young People's Forum			3(3)	Not a member	1(1)

Jugnoo Rahi	GOS UCL Institute of Child Health	February 2018		3	Not a member	Not a member
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¹ Stepped down at the end of their second term

² Stepped down at the end of their first time

³ Stepped down prior to the end of their second term

⁴ Stepped down prior to the end of their first term

*The public constituency of North London and surrounding area incorporates the electoral areas of:

North London: Barking and Dagenham, Barnet, Brent, Camden, City of London, Hackney, Ealing, Enfield, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Kensington and Chelsea, Newham, Redbridge, Tower Hamlets, Waltham Forest, Westminster.

Bedfordshire: Bedford, Central Bedfordshire, Luton.

Hertfordshire: Broxbourne, Dacorum, East Hertfordshire, Hertfordshire, Hertsmere, North Hertfordshire, St Albans, Stevenage, Three Rivers, Watford, Welwyn Hatfield.

Buckinghamshire: Aylesbury Vale, Buckinghamshire, Chiltern, Milton Keynes, South Bucks, Wycombe.

Essex: Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forest, Essex, Harlow, Maldon, Rochford, Southend on Sea, Tendring, Thurrock, Uttlesford.

**The public constituency of South London and surrounding area incorporates the electoral areas of:

South London: Bexley, Bromley, Croydon, Greenwich, Royal Borough of Kingston upon Thames, Lambeth, Lewisham, Merton, Richmond upon Thames, Southwark, Sutton, Wandsworth.

Surrey: Elmbridge, Epsom and Ewell, Guildford, Mole Valley, Reigate and Banstead, Runnymede, Spelthorne, Surrey Heath, Tandridge, Waverley, Woking.

Kent: Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Medway, Sevenoaks, Shepway, Swale, Thanet, Tonbridge and Malling, Tunbridge Wells.

Sussex: Brighton and Hove, East Sussex, Eastbourne, Hastings, Lewes, Rother, Wealden, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex, West Sussex, Worthing.

Elected Governor Vacancies

During the course of the year we had a number of Governors step down in their roles as follows:

- An appointed governor stepped down in June 2020
- Two Governors, one public and the other in the parent/ carer constituency stepped down in July 2020
- Two Governors stepped down in December 2020 (one patient Governor and one public Governor).

As permitted by the Trust's Constitution, the Trust agreed to leave the seats vacant until the election in January 2021, as the unexpired period of the term of office was less than twelve months and constituency boundary changes were in the process of being implemented.

Trust Board and Council of Governors working together

The Trust's Chair is responsible for the leadership of both the Council of Governors and the Trust Board. The Chair is also responsible for effective relationship building between the Trust Board and governors to ensure that governors effectively perform their statutory duties and contribute to the forward planning of the organisation. There has been a continued focus on developing relationships between the Council of Governors and non-executive directors in this reporting period, with the delivery of several programmes of work to facilitate engagement. The key programmes are covered below. Additional examples of how the Council of Governors and Board worked together in 2020/21 included:

- Governors have an open invitation to attend all Trust Board meetings.
- Governors observe at Trust Board assurance committee meetings.
- Governors and Board members worked together on the Constitution Working Group and Induction and Development Session Working Group.
- Executive and non-executive directors attend each Council of Governors' meeting.
- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Experience and Assurance Committee, People, Education and Assurance Committee and Finance and Investment Committee) are presented by the relevant non-executive director chairs of the committees at each meeting of the Council of Governors.
- Summaries of Council of Governors' meetings are reported to the Trust Board.

In 2020/21 the Council of Governors has:

- Reviewed the Trusts management of COVID-19
- Approved role descriptions for the Lead Governor and Deputy Lead Governor.
- Received regular updates from the Young People's Forum (YPF)
- Received updates on our redevelopment plans including the plans for the Children's Cancer Centre
- Contributed to the appraisal of the non-executive directors.
- Contributed to the actions in response to CQC report and recommendations.
- Reviewed the Trusts preparations for Brexit

- Received updates from the Membership Engagement Recruitment and Representation Committee (MERRC).

Governor induction and development

Governor development sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure.

To ensure that newly elected Governors are provided with enough information and support to fulfil their role, the Corporate Affairs Team and existing Governors co-produced the content for two induction meetings ahead of their first meeting on 20 April 2021.

Governor training and education events

Several Governors attended external training and events throughout the year and provided reports back to the Trust.

Governors' and Chair meeting

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

Governors private meeting with Lead Governor and Deputy Lead Governor

Governors meet in private with the Lead Governor/ Deputy Lead Governor. The session allows Governors an opportunity to discuss the key issues, network, and prepare for the private session with the Chair and the Council of Governors' meeting.

Buddying' with non-executive directors

Buddying sessions were established to assist NEDs and Governors in communicating outside of Council meetings and understanding each other's' roles and views. The sessions were paused and reviewed as a result of COVID-19. In October 2020 the revised approach was launched and involved NEDs hosting virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee paper. The sessions will continue in 2021/22 for the new Council of Governors.

Report from the YPF

Every Council of Governors' meeting receives a report from the appointed Young Person's Forum governors. This report helps keeps the Council abreast of the key issues affecting our younger members.

Governors' online library

Governors have access to an online library of resources designed by the Corporate Affairs team that provides them with 24/7 access to key documents and information. The format and functionality of the library will be improved in 2021/22.

Changes to Member Matters

Members received a monthly email, '*Get Involved*', which enabled the sharing of timely and relevant news, features and opportunities and maximised engagement with the membership, while allocating appropriate time and resources. Governors contributed content for their constituents and the wider membership in '*Get Involved*'.

Governors' newsletter

Governors received a monthly newsletter from the Corporate Affairs team containing key dates, developments and training and development opportunities.

Private Governors' meeting

Governors held private meetings led by the Lead Governor and Deputy Lead Governor ahead of the private session with the Chair and the main Council meeting.

Feedback from Governor Training and education events

Several Governors attended external training and events throughout the year and provided reports back to the Trust.

Post meeting surveys

Governors were asked to complete a post-meeting evaluation of Council papers. The findings from each evaluation were taken into consideration by the Corporate Affairs Team and reported to the Lead Governor.

So you want to be a governor

The Corporate Affairs Team presented a 'So you want to be a Governor' webinar that provided an opportunity for prospective governors to hear from current Governors, ask questions and find out what it meant to be GOSH Governor. The session was recorded and is available here: <https://www.youtube.com/watch?v=UyGSNM8Kw-4>.

Holding a COVID-19 compliant AGM and AMM

As the Trust was unable to conduct an Annual General Meeting and Annual Members Meeting in person, the Council approved amendments to the Constitution that allowed the Trust to hold a virtual AGM and AMM on 9 September 2020 and undertake virtual voting when required at future events.

Election of Foundation Trust governors to NHS Providers' Governor Advisory Committee

One of the Council's Young People's Forum Governors was successfully elected to the NHS Providers' Governor Advisory Committee (GAC). The GAC oversees governor support work and provides valuable insight and advice on governor-specific issues.

Membership engagement

GOSH remains committed to recruiting an FT membership reflective of the patient and families and the aim is to ensure that we achieve this by focusing on the three themes in the membership strategy which are **Recruit**, **Communicate** and **Engage**. Using the communications channels listed below, the membership offer will seek to be fit for purpose, more inclusive and rewarding for those who sign up.

1. Social Media
2. Website/ Intranet (news stories and banners)
3. Newsletters (Get Involved – Membership focused, Governor – Governor focused, Constituent – Governor to Constituent focused)

4. Staff comms (Roundabout, Headlines, Screen savers, Virtual Big Brief, Coffee mornings, hospital digital screen)
5. Targeted events (Targeted emails to membership, joint event with internal/external teams and relevant associations, etc.)
6. Marketing Material and resources (Flyers, Posters, Member FAQ guide, Membership form, young people magazine)

Some of the actions that we are planning to implement in consultation with the MERRC are as follows:

Timeline	Recruit	Communicate	Engage
<i>3 months</i>	Start build an online membership community that is representative of the staff, patients, families and communities the Trust serves.	Educate people to understand what the membership is and how to get involved.	People are engaging with the membership and find the content interesting.
<i>6 months</i>	Increase the membership by an increment agreed by the MERRC, using newly elected/reelected Governors acting as ambassadors.	Keep people up to date with the new developments regarding membership, benefits, Council of Governors and their constituents including promotion of the upcoming elections.	People are actively engaging and comfortable with sharing what they would like to see from the membership and what can be done to improve it.
<i>One year</i>	More people, especially younger people, signed up to be members.	Members have a clear understanding about what the membership is about, how they can get involved and what they can do to make a difference essentially acting as Membership champions.	A partnership has been developed between the Trust, its membership and other likeminded organisations, working together for the benefit of the community we serve.

Council of Governors

20 April 2021

Compliance with the NHS provider licence – request for governor views on the Trust self-assessment

Summary & reason for item: To request Governors' views on the annual Trust self-assessment of compliance with NHS Improvement ("NHSI") license conditions for providers of NHS services

Governor action required: To review the attached self-assessment, request clarification and provide comments on the evidence cited against the relevant Licence conditions.

Governors are asked to note that the Executive Directors will consider this evidence at their meeting on Monday 19 April and will verbally report their proposed status for each of the criteria at the Council meeting.

Items highlighted in **green** are awaiting updates.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Compliance with the NHS provider licence – request for governor views on the Trust self-assessment

Overview

The NHS provider licence is NHS Improvement’s (NHSI – the regulator) main tool for regulating providers of NHS services (NHS Foundation Trusts, like GOSH).

The licence sets out important conditions that providers must meet to help ensure that the health system works for the benefit of NHS patients. These conditions give the regulator the power to:

- set prices for NHS funded care in partnership with the NHS England and require information from providers to help them in this process;
- enable integrated care across the NHS system;
- safeguard choice and prevent anti-competitive behaviour which is against the interests of patients;
- support commissioners to protect essential health services for patients if a provider gets into financial difficulties; and
- oversee the way that NHS foundation trusts are governed.

NHSI requires Foundation Trust (FT) Boards to annually declare compliance (or otherwise) with a small number of the FT licence conditions. It also asks for an annual declaration against one requirement under the Health and Social Care Act. These declarations are published on the GOSH website.

The Council is asked to note that the requirements for the declaration in 2021 have not, as yet, been released by NHSI. In the meantime, based on the assumption that the declarations are required, GOSH has prepared the attached evidence base against each of the requirements and will update the Council about submission dates (or postponement) as soon as this known.

Why is this relevant to the Council of Governors?

NHSI require that an FT Board must take into account the views of Governors when considering whether the Trust confirms compliance with these declarations.

Overview of requirements for declaring compliance with the FT Licence

Licence condition	Deadline and comment
Condition G6(3): Providers must certify that their board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution.	The deadline for this declaration is xx May 2021 (TBC) . The G6 self-certification also needs to be published within one month of sign off by the Board.
Condition CoS7(3): Providers providing commissioner requested services (CRS) must certify that they have a reasonable expectation that the required resources will be available to deliver the designated service.	The deadline for this declaration is xx May 2021 (TBC) .
Condition FT4(8): Providers must certify compliance with required governance standards and objectives	The deadline for this declaration is xx June 2021 (TBC) .

Attachment O

	Board is required to identify risks to achieving the governance standards and any mitigating actions taken to avoid those risks.
NHS Improvement require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, as required in s.151(5) of the Health and Social Care Act to ensure that they are equipped with the skills and knowledge they need to undertake their role.	The deadline for this declaration is xx June 2021 (TBC) .

Action required

Appendix 1 provides a list of evidence against the four requirements outlined above.

The Executive Directors will consider this evidence at their meeting on Monday 19 April 2021 and will verbally report their proposed status for each of the requirements at the Council meeting.

Governors are asked for their views on the evidence cited and the proposed status for each requirement. Governor and Executive comments will be reported to the Board in May 2021.

Appendix 1: FT Licence self-certification – four requirements that must be signed off by the Board

The board must sign off on self-certification for the following licence conditions and H&SCA requirement, taking into account the views of governors.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
G6 – Systems for compliance with licence conditions and related obligations (scope = past financial year 2020/21)	<p>The Licensee shall take all reasonable precautions against the risk of failure to comply with the Conditions of this Licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.</p> <p>The steps that the Licensee must takeshall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.</p> <p>A statement shall be provided for Monitor to certify compliance with this condition no later than 2</p>	<p>The Executive Team will consider the evidence cited and report their recommendation to the Council on 20 April 2021.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>The Trust has systems and processes to monitor risks of failure through lack of compliance or adverse variances in performance:</p> <p>The Trust’s Assurance and Escalation framework sets out how the organisation identifies, monitors, escalates and manages concerns and risks in a timely fashion and at an appropriate level. This covers the following key areas:</p> <ul style="list-style-type: none"> • Risk Management • Compliance • Performance • Information Governance • Safeguarding • Health and Safety <p><u>Risk Management</u> The Trust’s risk management strategy, which sets out how risk is systematically managed, extends across the organisation from the front-line service through to the Board, to promote the reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust. The strategy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers with regard to risk management activities. It describes the process to provide assurance for the Trust Board review of the strategic organisational risks, and the local structures to manage risk in support of this policy.</p> <p>ASSURANCE: In the CQC report, published in January 2020, the Trust retained a rating of ‘Good’ overall. The GOSH CQC report (2020) stated: <i>Staff at all levels were clear about their roles, areas</i></p>

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	<p>months from the end of the financial year.</p>		<p><i>of responsibility and accountability. This included delegation of responsibility to committees. The trust had an assurance and escalation framework with groups and committees providing the board with assurance or escalating concerns and/or risks relating to the quality of services, performance, targets, service delivery and achievement of strategic objectives.</i></p> <p>The Trust is in the process of reviewing and refreshing the GOPSH risk management framework including the risk management policy, incident reporting and risk management training processes and is seeking external review where relevant.</p> <p><u>Response to COVID-19</u> During 2020/21, the Trust implemented its emergency management processes in response to the COVID-19 pandemic, with clear accountability at an executive (Gold), senior operational (Silver) and local operational (Bronze) team level and a clear cascade system implemented on a daily basis. All decisions reached were risk assessed at the appropriate level or passed to the relevant accountable planning level for discussion and risk assessment.</p> <p>Capacity for the routine management of risk was reviewed, with the quality and safety teams cross-covering colleagues to maintain resilience and key meetings being held virtually. The Executive Team conducted risk assessments of key areas of delivery: safety of patients, quality of care, patient experience, workforce, activity, performance and finances. These assessments were reported at Board and monitored at relevant Gold, Silver and Bronze levels. As a result of these risk assessments, planned work was re-prioritised based on the impact on safety and effectiveness of delivery of care and the wellbeing and availability of the workforce.</p> <p><u>Board Assurance Framework</u> The Trust’s Board Assurance Framework is used to provide the Board with assurance that there is a sound system of internal control in place to manage the key risks to the Trust of not achieving its strategic objectives. The BAF records the controls in place to manage the key risks, and highlights how the control is operating. The BAF includes cross-references to assurance obtained from internal and external audits, and self-assessments of compliance with other regulatory</p>

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>standards. It has been monitored by the Board assurance committees and updated throughout the year. In 2020, the Board updated the BAF and ensured it was aligned with the refreshed 5 year Trust strategy.</p> <p>The Risk Assurance and Compliance Group (RACG) monitors progress with the BAF. This includes a ‘stress test’ of BAF risks to check (using key performance indicators and external assurance information) whether the controls and assurances cited are working and appropriate.</p> <p><u>Quality Governance</u> There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives. The Trust approved three new strategies/ frameworks in 2020/21 – the Quality Strategy, the Safety strategy and the Patient and Family Experience and Engagement Framework all outlining plans for embedding quality governance processes across the Trust and improving outcomes.</p> <p>ASSURANCE: Closing the Loop is a group which monitors and oversees the completion of actions and learning identified through patient safety investigations, complaints, harm, legal cases, and learning from deaths and this has proven invaluable to cascading learning.</p> <p>The ‘Managing Internal/ External Review’ standard operating procedure provides a clear process for approving the need for a review (internal or external). It also sets out the scope of the review to ensure that it is fair and proportionate, that staff are supported during the review, robust governance arrangements are in place, and recommended actions are implemented in a timely and appropriate way.</p> <p>Examples of the Trust response to external reviews include:</p> <ol style="list-style-type: none"> 1. Following an MHRA inspection of pharmacy manufacturing facilities in 2019, a hospital pharmacy transformation programme was established and the following work undertaken:

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<ul style="list-style-type: none"> ○ Quality assurance processes for manufacturing of medicines have been reviewed and updated. ○ Medicine management policies updated and cascaded. ○ Scheduled estates work is underway to improve pharmacy facilities underway. ○ A review of team resourcing and leadership has been conducted. <p>The MHRA returned to undertake an interim inspection of the Trust in May 2020 and the findings were generally positive. The service has remained under scrutiny by the MHRA with a follow inspection expected.</p> <p>2. In March 2019 the GOSH Medical Director commissioned a Urology Service Review from the Royal College of Surgeons (RCS), asking for a review of team dynamics, quality and performance data, departmental leadership, and future opportunities for sub-specialisation. The review report was presented at Board in November 2019. QSEAC monitored progress with the action plan and has received assurance on the provision of coaching and mentorship for the team, changes to team dynamics, and agreement on the management of sub-specialisation. In January 2021 the College confirmed that the review was now closed. Work continues around mentorship and coaching and responses to incidents.</p> <p><u>Compliance</u></p> <p>The foundation trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with the CQC registration standards. It is the responsibility of these staff to collate evidence of compliance with the standards.</p> <p>In the CQC report in January 2020, the CQC issued 2 enforcement notices:</p> <ul style="list-style-type: none"> • <i>Regulation 12: Safe Care and Treatment: This recommendation related to the robustness of access control measures in PICU medication room; the safe storage of IV fluids in theatres,</i>

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			<p><i>interventional radiology and on one of the surgical wards; the process for denaturing controlled drugs on wards; and the temperature monitoring arrangements for medication rooms.</i></p> <ul style="list-style-type: none"> <i>Regulation 17: Good Governance: This recommendation related to the articulation of the breadth of the medicines risk on the board assurance framework; and the need to ensure that the EPR system fully meets the needs of the staff in the CAMHS service to deliver safe care.</i> <p>During 2020/21, the CQC conducted two reviews, neither of which resulted in a breach of regulation. Actions have been identified in response to any recommendations.</p> <p>ASSURANCE: A CQC action plan was developed to address all actions arising from the findings in the CQC report. An executive led committee, Always Improving, reviewed progress against this action plan whilst supporting the ongoing work with the Trust’s CQC compliance. This committee reported into the Risk, Assurance and Compliance meeting with regular reports to Board and the Council of Governors.</p> <p>The Quality, Safety and Experience Assurance Committee receives updates on CQC compliance and all other compliance areas on a regular basis. A database supports monitoring of ongoing inspections, audits and self -assessments.</p> <p>In total, the hospital was advised of 4 ‘Must Do’ actions which were required to bring services in line with legal requirements. The Trust was also advised of 18 ‘Should Do’ actions (10 Trust wide, 2 Critical Care, 3 Surgery and 3 Mental Health) which were required to comply with minor breaches that did not justify regulatory action and to prevent the service from failing to comply with legal requirements in future, or to improve services. All ‘must do’ actions related to regulatory requirements have been closed and work continues on a limited number of ‘should do’ actions.</p> <p>Following the restructure of the Quality and Safety Team (currently underway), the Trust will continue to conduct mock inspection framework (CQC Quality Rounds) in clinical directorates</p>

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			<p>and review potential areas/sources of learning for example reviews of themes from other CQC reports and evaluation of CQC Insight reports.</p> <p><u>Information Governance</u> The Information Governance Steering Group monitors information governance risks and compliance with GDPR. Currently we are enhancing the framework and our approach to IG. The updated IG Framework aims to support our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always. This will also give confidence to data subjects whose personal data we process, that we are managing their data appropriately.</p> <p>ASSURANCE: Over the last few months the Trust has been compiling its submission for the Data Security and Protection Toolkit (DSPT). This annual submission demonstrates GOSH's position against the legal requirements providing assurance that we are practicing good data security and our personal information is handled correctly. This was due for submission 31 March 2021. However, NHSX recognised that it was difficult for many organisations to fully complete the Toolkit without impacting on their COVID-19 response. The final deadline for the 2020/21 Toolkit submission is now 30 June 2021.</p> <p>The Trust was unable to comply with all standards under the 2019/20 DSP Toolkit and as a result was recorded as 'standards not fully met (plan agreed)'.</p> <p>Work is underway to close the small number of outstanding actions from 2019/20 and submit our response to the 2020/21 Toolkit (by the June 2021 deadline).</p> <p>This year there have been two serious information governance incidents (classified at a reportable level using the Incident Reporting Tool within the DSPT). Details are as follows:</p> <ul style="list-style-type: none"> • Phishing attack: A member of staff's personal device which they used as a Bring Your Own Device, was compromised and the attacker used a credential grabber to establish the individual's GOSH account details and gain access to their account.

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			<ul style="list-style-type: none"> Allegation of personal data shared with the wrong individual: A patient was having a planned procedure and a third party known to the mother of the patient arrived at the patient's appointment unannounced and unwanted. <p>Each of these cases have been reported to the Information Commissioner's Office (ICO) and NHSE as Serious Reportable Incidents with an internal root cause analyses completed and shared. The ICO took no enforcement action for either incident. However, the ICO did recommend that Trust implement any measures identified through our investigations into the matters to prevent reoccurrence. The ICO also provided their own recommendations and these have been taken forward.</p> <p><u>Infection Control</u> The Infection Prevention and Control Committee (IPCC) meets monthly and reports to Patient Safety and Outcome Committee. A continuous advice service is provided by IPC Team / Consultant Microbiologists. The Director of Infection Prevention and Control meets bi-weekly with the Chief Nurse.</p> <p>ASSURANCE: The Board receives an update on the Infection, Prevention and Control Board Assurance Framework across the year. The Director of Infection, Prevention and Control regularly reports to the Board.</p> <p>The CQC conducted a routine review of infection control processes in 2020 during the first wave of the pandemic. No actions were identified.</p> <p><u>Health and Safety</u> The Trust is committed to effectively minimising risks, controlling hazards and preventing harm to all. This is done through a proactive programme of risk assessment and audit. There are clear processes for incident reporting and we encourage a culture in which staff report incidents. The Trust's governance structure ensures statutory compliance is undertaken within legislative</p>

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			<p>requirements. Assurance via the Health and Safety Committee has been provided on a range of subjects such as sharps compliance, Control of Substances Hazardous to Health and fire safety.</p> <p>ASSURANCE: The Quality, Safety and Experience Assurance Committee receives a quarterly assurance report on management of health and safety at GOSH.</p> <p><u>Safeguarding</u> The Strategic Safeguarding Committee, chaired by the Chief Nurse, oversees all safeguarding matters across the Trust and reports into the Patient Safety and Outcomes Committee (PSOC). ASSURANCE: During the year, the Chief Nurse requested that an internal review of safeguarding is conducted to determine the robustness of the controls in place to deliver an effective safeguarding service. Recommendations were accepted and an action plan developed. The plan is monitored by the Strategic Safeguarding Committee and assurance provided to the Quality, Safety and Experience Assurance Committee.</p> <p><u>Performance monitoring</u> Directorate performance reviews usually take place on a monthly basis (the frequency as changed during 2020 due to the impact of COVID-19 – see above) and are attended by directorate management and Trust executives. These reviews are designed to facilitate a triangulated and risk-focused discussion across a number of key domains: Caring, Safe, Responsive, Well-Led (people, management and culture), Effective, Finance, Productivity. The information presented at the performance reviews include an integrated dashboard which provides a one page summary of key metrics across the domains, allowing rapid identification of linked risks and issues. An integrated performance report is then scrutinised at each Trust Board meeting. This provides a summary of the key issues in each domain and actions planned to resolve, as well as an integrated dashboard – this provides trust level data using the same format as the directorate integrated dashboard reviewed in the monthly performance reviews.</p> <p>ASSURANCE: The January 2020 CQC report stated: <i>“There were clear reporting lines from ward to board and from board to wards, to manage performance and identify, potential issues or failure</i></p>

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			<p><i>to meet local and national standards. These were informed by the integrated quality and performance report which included both safety and financial information and discussed at the monthly directorate performance review meetings, attended by the directorate management team and representatives from the trust executives”.</i></p> <p><u>Escalation</u> The Trust has systems and processes in place to support staff and patients in escalating concerns in provision of care or management of systems. These include the complaints process, PALS, Freedom to Speak Up Guardian, Guardian of Safe Working, Raising Concerns Policy, Duty of Candour process, Counterfraud service etc. The Trust is one of the first UK hospitals to partner with the Cognitive Institute in their Safety and Reliability Improvement Programme. Signing up to this partnership recognises our commitment to achieving zero preventable harm and delivering the best possible outcomes through providing the safest, most effective and efficient care. Safety Champions from across the hospital have been appointed.</p> <p>The Trust assesses compliance with the FT licence annually.</p>
<p>CoS7 – Availability of resources (scope = next financial year 2021/22)</p>	<p>The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.</p> <p>The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.</p>	<p>The Executive Team will consider the evidence cited and report their recommendation to the Council on 20 April 2021.</p> <p><i>Response to be considered by the board in light of assurance provided</i></p>	<p>The Trust sets its budget on an annual basis and actively manages and monitors its financial position and resource levels on a regular basis throughout the year through routine performance reporting to the Board and its Committees. The Executive Team actively monitors the finance position to ensure that the mitigations in place are effective and appropriate.</p> <p>The 2021/22 planning guidance has been issued for the first half of the year and the trust will use the expenditure and non NHS income budgets it has set alongside the latest confirmed funding for NHS income (include loss of non NHS income, COVID-19 costs, elective recovery fund) to submit its plan to NHSE. Further to this, it has been confirmed the Trust will also be funded for the second half of the year but the financial framework for this will be released in the coming months.</p> <p>No material agreements which might create a material risk have been entered into.</p>

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	<p>The Licensee, not later than two months from the end of each Financial Year, shall submit to Monitor a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:</p> <p>(a) "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate."</p> <p>OR</p> <p>(b) "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might</p>	<p><i>here and taking into account the views of the governors</i></p>	<p>The Trust Audit Committee and Board will review for approval the 2020/21 annual report and accounts (26 May 2021), on a going concern basis, confirming that the Directors have a reasonable expectation that the organisation has the required resources available for the next 12 month licence (a).</p> <p>The Trust is implementing a robust savings plan for 2021/22. The Trust continues to work with other hospitals and the NHSE pricing team to ensure appropriate remuneration through tariffs for complex children's care.</p> <p>ASSURANCE: Both External and Internal Audit services provide assurance that reporting is accurate and there is no material mis-statement.</p> <p>The internal auditors conducted an audit into the Trust's financial controls and provided an assurance rating of 'Significant assurance with minor improvement potential' (March 2021).</p>

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	<p>reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services".</p> <p>OR</p> <p>(c) "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate".</p>		
<p>FT4- NHS foundation trust governance arrangements (scope = next financial year 2021/22)</p> <p>PLEASE NOTE – all four parts need to be confirmed for</p>	<p>The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>The Executive Team will consider the evidence cited and report their recommendation to the Council on 20 April 2021.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the</i></p>	<p>The Trust has a range of governance and assurance structures and systems in place including a Trust wide strategy, scheme of delegation, risk management framework, accountability framework, compliance framework, escalation framework, policy framework and assurance framework and a financial management framework (see controls and assurances above).</p> <p>Directors and governors are asked to sign a code of conduct and declare any interest for publication on a Register of Interests.</p> <p>ASSURANCE: The Trust has implemented a new electronic declaration portal for staff and directors to update declarations immediately and to ensure timely reporting publicly.</p> <p>The Counterfraud service conducted a review of Compliance with Declarations of Interest, Gifts & Hospitality & Sponsorship Policy. It concluded that the evidence presented demonstrated partial compliance with the relevant NHS Counter fraud Authority Standards for Provides. The</p>

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<p>an overall 'confirmation'</p>		<p><i>views of the governors</i></p>	<p>findings showed that not all staff identified as decision makers had made a declaration or a nil return. An action plan is in place to respond to this finding.</p> <p>The Trust's Local Counter Fraud Service is in the process of collating evidence toward the Trust's NHS Counter Fraud Authority Self-Review Tool and informed the Trust Audit Committee in April 2021 that they are proposing an overall XXXXX return.</p> <p>All directors are subject to an annual appraisal.</p> <p>Directors complete a self-assessment for the Fit and Proper Person Test (and are reviewed against the criteria annually) and are required to declare any interests annually.</p> <p>ASSURANCE: In January 2020, the CQC stated: <i>"The trust had a process and a recently updated and approved fit and proper persons (FPP) policy to assess that staff with director level responsibilities, including the NEDs, were compliant with FPP in accordance with Regulation 5 of the Health and Social Care Act (2014).....FPP checks were completed on appointment and annual reviews were the responsibility of a member of the human resources team, supported by the company secretary.</i></p> <p>A self-assessment is prepared annually against the Code of Governance and will be reported to the Board in May 2021. The Trust Board considers that from 1 April 2020 to 31 March 2021 it was compliant/ non-compliant (TBC) with the provisions of The NHS foundation trust Code of Governance and proposes to explain its compliance (on a comply or explain basis) for the following criteria in the annual report : XXXX</p> <table border="1" data-bbox="1032 1166 2136 1206"> <tr> <td>XXX</td> <td></td> <td>XXX</td> </tr> </table> <p>Further information about corporate governance systems and standards at GOSH is detailed below.</p>	XXX		XXX
XXX		XXX				

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	<p>The Licensee shall:</p> <p>(a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time;</p> <p>(b) comply with the following paragraphs of this Condition.</p>	<p>The Executive Team will consider the evidence cited and report their recommendation to the Council on 20 April 2021.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>The Trust has regard to guidance on good corporate governance as issued by NHS Improvement.</p>
	<p>The Licensee shall establish and implement:</p> <p>(a) effective board and committee structures;</p> <p>(b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) clear reporting lines and accountabilities throughout its organisation.</p>	<p>The Executive Team will consider the evidence cited and report their recommendation to the Council on 20 April 2021.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the</i></p>	<p>The Board has a formal schedule of matters reserved for its decision, and delegates certain matters to committees.</p> <p>The Board has a work programme, which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations, and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda.</p> <p>There are three Board assurance committees - the Audit Committee, the Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee. These committees assess the assurance available to the Board in relation to risk management, review the Trust's non-clinical and clinical and quality risk management processes and review the</p>

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		<i>views of the governors</i>	<p>structures and processes in place to deliver the Trust's vision for a supported and innovative workforce, an excellent learning environment and a culture that aligns with the Trust's strategy and always values. All three committees raise issues that require the attention of the Board at every Board meeting.</p> <p>In addition to the three assurance committees, the Finance and Investment Committee considers financial performance, productivity and use of resources. The chairs of these committees report to the Board following every committee meeting.</p> <p>The Trust has terms of reference and work plans in place for the Board, Council and assurance committees. The Board committees conduct annual effectiveness reviews (surveys) on the delivery of their terms of reference and running of the committees. Findings are reviewed and where appropriate, changes to the terms of reference and workplans of the committees are made.</p> <p>The assurance committees receive summary reports from other assurance committees to prevent matters falling between them. These summary reports are also reported at the Board and the Council. At the Council, the chairs of the assurance committees present the summary reports and are held directly to account by the governors at the Council meeting. Governors are also invited to attend assurance committees and Board meetings throughout the year.</p> <p>The Trust's Assurance and Escalation Framework presents a single, comprehensive picture of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through the following key governance processes and frameworks including:</p> <ul style="list-style-type: none"> • Performance Management: The Trust has a range of frameworks and policies in place that outline how the Trust's performance objectives and standards will be met, reviewed and managed. • The Trust's Risk Management Strategy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level.

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			<ul style="list-style-type: none"> • The Trust has in place a comprehensive and integrated Compliance Framework that seeks to ensure on-going compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements and that external guidance and alerts are considered in a fulsome and responsive way. • Policy Framework: This provides for clear and accessible policies, procedures and guidelines which support staff in undertaking their duties in a safe and effective way that takes account of all relevant legislation, regulation and guidance. The Trust’s policy framework is administered by the Policy Approval Group (PAG) and reported through to the Risk Assurance and Compliance Group. • Committee structure: The Trust’s committee structure, developed from the Trust Board down, is currently under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, and others provide advice, support and oversee specific functions. The review is being conducted via the Risk Assurance and Compliance Group. • The Risk Assurance and Compliance Group monitors progress with the strategic risks on the Board Assurance Framework (see above). <p>There are eight directorates, each with a Chief of Service, Deputy Chief of Service, Head of Nursing and General Manager. The Senior Leadership Team meets weekly virtually (around 100 senior managers from across the clinical and corporate areas of the Trust). An Operations Board made up of senior operational managers from across the Trust meets fortnightly. The purpose of the Operational Board is to bring together clinical and corporate senior leadership members to ensure the robust, effective and efficient operational management of the Trust.</p> <p>The Trust’s risk management strategy sets out how risk is systematically managed. This extends across the organisation, from the front-line service through to the Board, to promote the</p>

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			<p>reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust.</p> <p>ASSURANCE: See assurances cited on risk management above.</p>
	<p>The Licensee shall establish and effectively implement systems and/or processes:</p> <p>(a) to ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;</p> <p>(b) for timely and effective scrutiny and oversight by the Board of the Licensee’s operations;</p> <p>(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p>	<p>The Executive Team will consider the evidence cited and report their recommendation to the Council on 20 April 2021.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>The Board has agreed standing orders and standing financial instructions, which provide the framework for ensuring appropriate authorisation of expenditure commitments in the Trust. The Board’s processes for managing its resources include approval of annual budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust’s cost improvement programme on a monthly basis. In addition, the Trust has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board.</p> <p>Each specialty and clinical directorate has an internal monitoring structure so teams regularly review their progress and identify areas where improvements may be required. Each directorate’s performance is considered at monthly performance review meetings (see above). The Finance and Investment committee reviews the operational, productivity and financial performance and use of resources both at Trust and directorate/ department level.</p> <p>The Board has a work programme (aligned with the Well Led Assessment Key Lines of Enquiry), which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust’s operations, and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda. A Board development programme is in place and updated regularly.</p> <p>The Board assurance committees scrutinise the strategic risks facing the trust on a rotational basis every year, with committee members reviewing the effectiveness of controls and seeking assurances that any gaps in controls will be closed in a timely manner.</p>

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			<p>Key performance indicators are presented on a monthly basis to the Trust Board. The report integrates quality and performance data and includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust such as the Patient Advice and Liaison Service (PALS). It also includes the external indicators assessed and reported monthly by the CQC. The report is aligned to the CQC key lines of enquiry: Safe, Effective, Caring, Responsive and Well Led. It asks the question: are our patients receiving high quality care?</p> <p>ASSURANCE: The Trust has invited in external, independent assessors to review compliance with NHSI's Well led criteria. This is a routine assessment conducted every 3-5 years by FTs. Results are expected in July 2021.</p>

<p>s.151(5) of the Health and Social Care Act (not a licence condition) (scope = past financial year 2020/21)</p>	<p>NHS Improvement require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, to ensure that they are equipped with the skills and knowledge they need to undertake their role.</p>	<p>The Executive Team will consider the evidence cited and report their recommendation to the Council on 20 April 2021.</p> <p><i>Response to be considered by the board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>Governor Induction and training and development:</p> <p>During 2020/21, governors received mandatory Trust training via the Trust’s internal online training portal (GOLD). This was monitored by the Head of Corporate Governance. Governors were reminded and supported to complete the training during the year. For 2021/22, the majority of mandatory training is now document in a handbook and Governors are required to read and sign the handbook.</p> <p>Governor development sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure.</p> <p>To ensure that newly elected Governors (from March 2021) are provided with the skills and knowledge to fulfil their role, the Corporate Affairs Team and existing Governors co-produced an induction programme. After each session Governors complete an evaluation of the induction to ensure that the Trust can continuously improve the quality of induction provided.</p> <p>Several Governors attended external training and events throughout the year and provided reports back to the Trust.</p> <p>Ahead of each Council meeting, Governors meet in private with the Lead Governor/ Deputy Lead Governor. The session allows Governors an opportunity to discuss the key issues, network, and prepare for the private session with the Chair and the Council of Governors’ meeting. Governors then also meet with the Chair in a private session. This gives Governors an opportunity to discuss any issues directly with the Chair and to gather information about the Trust and its activities and processes.</p> <p>To assist NEDs and Governors communicate outside of Council meetings and understand each other’s roles and views, Buddying sessions between NEDs and Governors were facilitated. This involved NEDs hosting virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee subjects. The sessions are set to continue in 2021/22 for the new Council of Governors.</p>
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			<p>ASSURANCE: Following a Council self-assessment of effectiveness, 19 recommendations to improve Council effectiveness and shape the training and development needs were approved. Throughout 2020/21 the Council worked to deliver the actions. Key actions closed included:</p> <ul style="list-style-type: none">• The papers for Assurance Committees are shared on an online Governor portal so all Governors can have access, not just the Governors who observe the Committee.• A training needs analysis was undertaken with Governors and the results informed the content of Council development sessions.• Governors are asked to complete a post meeting evaluation of Council papers and meeting. <p>Governors receive a regular newsletter from the Corporate Affairs team containing items for action, Trust news items, key dates and development and training opportunities.</p>
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Council of Governors

20 April 2021

Process for election to the Council of Governors' Nominations and Remuneration Committee

Summary & reason for item

The purpose of this paper is to:

- provide the Council of Governors with an overview of the Council of Governors' Nominations and Remuneration Committee including its role within a Foundation Trust, the remit, responsibilities and meeting frequency; and
- invite four Governors to nominate themselves to become members of the Committee.
- If more nominations of interest are received than positions available, the positions will be selected by a vote of Governors who are in attendance by a 'show of hands' or a secret ballot (as determined by the Chair), and the successful candidates announced at the July Council of Governors' meeting

Governor action required

- Express an interest to join the Committee by **Wednesday 16 June 2021** by emailing Paul Balson, Head of Corporate Governance Paul.balson@gosh.nhs.uk.

Report prepared by:

Paul Balson, Head of Corporate Governance

Report presented by:

Anna Ferrant, Company Secretary

Background

The NHS Foundation Trust Code of Governance (the Code) is guidance that helps NHS foundation trusts to deliver effective corporate governance.

One statutory duty within this document is for: *the council of governors to hold the non-executive directors individually and collectively to account.*

The Council of Governors are able to accomplish this through approving:

- Non-Executive Director appointments, and
- Non-Executive Director remuneration

The Code of Governance requires that these tasks are carried by a Committee. Great Ormond Street Hospital Foundation Trust has one Committee, to determine both Non-Executive Director nominations and remuneration.

Remit of the Council of Governors Nominations and Remuneration Committee (the Committee)

For full details of the remit, responsibilities, membership, and frequency of meetings please refer to the terms of reference for the committee, included as **Appendix 1**. This section of the report provides a top-level summary.

As noted above, the remit of the Committee is split between: a nominations role and a remuneration role.

Nominations role

The committee reviews the balance of skills, knowledge, experience and diversity of the non-executive directors on the board; both in terms of its ability to address immediate and future challenges and opportunities. It makes recommendations as appropriate, following these periodical reviews.

The committee agrees and carries out a process for the interviewing, nomination and selection of a chair and non-executive directors when appropriate.

Remuneration role

The committee decides and reviews the terms and conditions of office of the foundation trust's non-executive directors in accordance with all relevant foundation trust policies (including remuneration).

Support

The Committee receives full support from the Corporate Affairs Team to deliver its functions. Additionally, it is authorised to request internal advice or attendance of professional advisors from outside the foundation trust with relevant experience and expertise, if it considers this necessary.

Membership

Membership and voting rights are as follows:

- Chair of the Trust (Chair of Committee)
- Deputy Chair
- Lead Governor
- Two Governors from the public constituency and/or the patient and carer constituency,
- One staff Governor

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- And one Governor from any constituency (patient and carer, public, staff or appointed).

Each member of the committee shall have one vote.

Each Governor member nominates themselves to be a member of the Committee for one year, up to a total of three years.

Meeting frequency

The Committee meets mostly as and when a nomination or remuneration decision is required. However, the Committee will meet not less than once a year.

Summary

In summary, the Committee works to consider skills and experience required in our Non-Executive Directors, nominates, interviews and appoints our Non-Executives, monitors the output from the appraisal process and then determines their remuneration while in post.

Being a member of this Committee is an important, interesting and varied role.

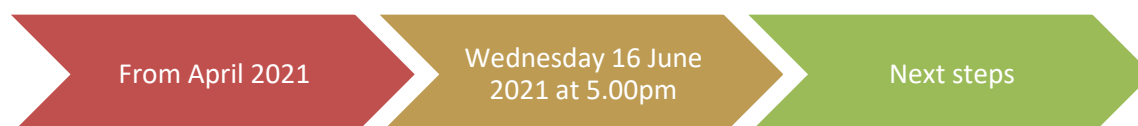
Nomination/appointment process

As stated, the Committee requires four Governors to nominate themselves to become members.

Wherever possible, a mix of nominations will be sought from Governors within their first and second term on the Council. In addition to the Chair, Deputy Chair and the Lead Governor of the Trust, the Committee requires:

- two Governors from the public constituency and/or the patient and carer constituency
- one staff Governor and
- one Governor from any constituency (patient and carer, public, staff or appointed).

The process for nominations will be as follows:



- Interested Governors are asked to self nominate by email to Paul Balson, Head of Corporate Governance, expressing their interest in becoming a member of the Committee.

- The window for nominations closes

- If four nominations that satisfy the terms of reference are received, then the successful candidates will be announced at the next Council of Governors' meeting (July 2021).
- If more nominations of interest are received than positions available, the positions will be selected by a vote of Governors who are in attendance at the July meeting and the successful candidates announced at the Council of Governors' meeting.

The voting process will be overseen by the Chair of the Trust (and Chair of the Committee).

FINAL Council of Governors' Nominations and Remuneration Committee

Terms of Reference

The Council of Governors' Nominations and Remuneration Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are requested to co-operate with any reasonable request made by the Council of Governors' Nominations and Remuneration Committee.

1. Nominations role

1.1 The Council of Governors' Nominations and Remuneration Committee will:

- Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors on the board and make recommendations to the board of directors with regard to the outcome of the review.
- Give consideration to succession planning for the chair and non-executive directors in the course of its work, taking into account the challenges and opportunities facing the NHS foundation trust and the skills and expertise needed on the board of directors in the future.
- Keep the leadership needs of the foundation trust under review at non-executive level to ensure the continued ability of the NHS foundation trust to operate and compete effectively in the health economy.
- Keep up to date and fully informed about strategic issues and commercial changes affecting the NHS foundation trust and the environment in which it operates, having regard to any relevant legislation and requirements of the independent regulator.
- Agree with the Council of Governors a clear process for the nomination of a chair and non-executive directors.
- Take into account the views of the board of directors on the qualifications, skills and experience required for each position.
- Prepare a description of the role and capabilities required for an appointment of non-executive directors, including the chair.
- Interview and nominate candidates as non-executive directors for approval by the Council of Governors respectively, ensuring that candidates are eligible for appointment under the Constitution.
- Ensure that a proposed chair's or non-executive director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Receive a regular report from the Chair on compliance with the Fit and Proper Persons Regulations for new and existing post-holders and report these to a

confidential meeting of the Board, in line with the Fit and Proper Person's Test Policy.

- Ensure that on appointment non-executive directors including the chair receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of directors meetings.
- Review the results of the performance evaluation process for the chair and non-executive directors.
- Review annually the time requirement for non-executive directors.
- Advise the Council of Governors in respect of re-appointment of any non-executive directors in relation to a term beyond six years (in accordance with paragraph 7, Annex 9 of the Constitution and Monitor's Code of Governance).
- Advise the Council of Governors in regard to any matters relating to the removal of office of a non-executive director including the chair (in accordance with Annex 7 of the Constitution).

2. Remuneration role

- 2.1 To decide and review the terms and conditions of office of the Foundation Trust's non-executive directors in accordance with all relevant foundation trust policies, including:
- Salary, including any performance-related pay or bonus;
 - Provisions for other benefits, and allowances.
- 2.2 To adhere to all relevant laws, regulations and policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate non-executive directors whilst remaining cost effective.
- 2.3 To advise upon and oversee contractual arrangements for non-executive directors, including but not limited to termination payments.

3. Request for advice

- 3.1 The Council of Governors' Nominations and Remuneration Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.2 The committee is authorised, subject to funding approval by the company secretary, to request professional advisors and the attendance of individuals and authorities from outside the foundation trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

4. Membership

- 4.1 The Council of Governors' Nominations and Remuneration Committee will comprise the chair of the trust, the deputy chair, the lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed). Each member of the Committee shall have one vote.
- 4.2 The Committee will normally be chaired by the NHS foundation trust chair. Where the chair has a conflict of interest, for example when the Committee is considering the chair's re-appointment or salary, the Committee will be chaired by the deputy chair.

- 4.3 When the chair is being appointed or reappointed, the deputy chair shall take their place, unless he or she is standing for appointment, in which case another non-executive director shall be identified and agreed prior to the meeting to take their place.
- 4.4 Council of Governors will nominate themselves on an annual basis to sit on the Committee. The total length of tenure on the Committee for a governor will normally be 3 years.
- 4.5 Where the number of governors prepared to serve on the Committee is greater than the number of places available, then Committee members will be selected by election by their governor peers. Wherever possible, a mix of nominations will be sought from governors within their first and second term on the Council of Governors.
- 4.6 A quorum shall be five members, including the chair or deputy chair and at least one governor from the public constituency or the patient and carer constituency.

5. Attendance

- 5.1 Meetings of the Committee may be attended at the invitation of the chair by the chief executive; head of human resources (operations); the company secretary; and any other person who has been invited to attend a meeting by the Committee so as to assist in deliberations.

6. Frequency of meetings

- 6.1 Meetings shall be held as required, but not less than once a year.

7. Minutes and reporting

- 7.1 The minutes of all meetings of the Committee shall be formally recorded.
- 7.2 The Council of Governors' Nominations and Remuneration Committee will report to the Council of Governors after each meeting. The chair of the Committee will be required to brief the board of directors.
- 7.3 The Council of Governors' Nominations and Remuneration Committee shall ensure that board of directors benefits are accurately reported in the required format in the Foundation Trust's annual report.
- 7.4 Members of the Committee will be required to attend the annual general meeting to answer questions from the Foundation Trust members and the wider public.

8. Review

- 8.1 The terms of reference of the Committee shall be reviewed by the Council of Governors and the Trust Board at least annually.

Final Approved by Council of Governors July 2019



Council of Governors

20 April 2021

Process for election to the Constitution Working Group

Summary & reason for item

The Constitution is the Trust's governing document. It is a set of fundamental principles and processes according to which the Trust is governed.

The Constitution Working Group undertakes periodic reviews of the Constitution and proposes amendments to the Council of Governors and Trust Board where appropriate.

Four Governors are asked to consider nominating themselves to sit on the Group

Action required

- Governors are asked to consider nominating themselves to sit on the Group and to inform the Head of Corporate Governance of their interest by email (paul.balson@gosh.nhs.uk) by **Wednesday 16 June at 5.00pm.**
- If more nominations of interest are received than positions available, the positions will be selected by a vote of Governors who are in attendance by a 'show of hands' or a secret ballot (as determined by the Chair), and the successful candidates announced at the Council of Governors' meeting

Report prepared by

Paul Balson, Head of Corporate Governance

Item presented by

Paul Balson, Head of Corporate Governance

Background

The Trust's Constitution Working Group was set up to undertake periodic reviews of the Constitution and propose amendments where appropriate to the Council of Governors and Trust Board.

Appendix 1 sets out the current agreed Terms of Reference for the group.

The Group is made up of a mix of Governors (please note that the terms of reference refer to Councillors – an older term for Governors), Board and Trust staff.

Five Governors from across all the constituencies (patient and carer, public, staff and appointed) sit on the Group, including the Lead Governor.

Noting that the Lead Governor takes one seat on the Group, there are four vacancies and governors are asked to consider if they wish to get involved.

Member requirements

A governor does not need to have any specialist skills or knowledge in the area, just a commitment to reading the Constitution and meeting to discuss how it can effectively support the Council and Board to discharge its duties.

Commitment requirements

It is currently envisaged that the group will meet about 2-3 times between May 2021 and March 2022 (meetings last approximately 2 hours and Governors can dial in).

One of the first tasks for the Constitution Working Group will be to revise its terms of reference and present them to the Trust Board and Council of Governors' for approval.

Action required

Governors interested in joining the Group are asked to inform Paul Balson, Head of Corporate Governance by email (paul.balson@gosh.nhs.uk) by **Wednesday 16 June at 5.00pm**.

If more nominations of interest are received than positions available, the positions will be selected by a vote of Governors who are in attendance and the successful candidates announced at the Council of Governors' meeting.

FINAL Constitution Working Group Terms of Reference

1. Authority

The Constitution Working Group is set up as a short life working group to complete a review of the Constitution and propose amendments where appropriate.

The Constitution Working Group is authorised by the Trust Board and Members' Council to take any decisions which fall within its' Terms of Reference.

The Constitution Working Group will acknowledge the requirements for amending the Constitution:

The Trust may make amendments of its constitution only if –

- *More than half of the members of the Members' Council of the Trust voting approve the amendments, and*
- *More than half of the members of the Board of Directors of the Trust voting approve the amendments.*

Where an amendment is made to the constitution in relation the powers or duties of the Members' Council (or otherwise with respect to the role that the Members' Council has as part of the Trust):

- *At least one member of the Members' Council must attend the next Annual Members' Meeting and present the amendment, and*
- *The Trust must give the members an opportunity to vote on whether they approve the amendment.*

If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

2. Duties

2.1. To review the Constitution and appendices to ensure its compliance with the Health and Social Care Act 2012.

2.2. To review the Constitution and appendices in light of:

- 2.2.1. best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014)
- 2.2.2. changes to strengthen governance arrangements for the membership, Members' Council and Trust Board.
- 2.2.3. changes to the structure of the Members' Council or Trust Board.
- 2.2.4. Relevant recommendations and resolutions arising from internal reviews and reports to the Members' Council and Trust Board.

2.3. To make recommendations to the Trust Board and Members' Council on changes to the Constitution and appendices.

3. Membership

3.1. The members of the working group are:

- Deputy Chief Executive (Chair)
- Company Secretary (Deputy Chair)
- Programme Director
- 1 Non-Executive Director
- 5 councillors from across the constituencies (public, patient and parent/carer (including a young councillor), appointed and staff councillors) including the Lead Governor.

3.2. Meetings will be chaired by the Deputy Chief Executive. The Company Secretary will be the Deputy Chair of the Working Group.

3.3. Other members may be co-opted as required.

3.4. Deputies may attend with the prior agreement of the Chair of the Working Group, but will not count towards the quorum.

3.5. Papers will be sent out at least four working days before the meeting.

3.6. Secretariat support for the Group will be provided by the Company Secretary.

3.7. Dial in facilities will be available for members' participation at meetings if required.

4. Quorum

4.1. The quorum will be made up of the Chair or Deputy Chair of the Working Group, the Programme Director or Non-Executive Director plus three Councillors.

5. Frequency of Meetings

5.1. Meetings will be held as required. The group will work towards completing a review of the Constitution by end June 2018, for reporting to the Council for approval and the Annual General meeting in 2018.

6. Reporting

6.1. The Working Group reports to the Trust Board and Members' Council. A revised Constitution will be recommended for approval at both meetings of the Trust Board and the Members' Council.

January 2018

Council of Governors

20 April 2021

Process for application to the Membership Representation, Recruitment and Engagement Committee

Summary & reason for item

The MERRC oversee the recruitment and retention of members and maximise engagement opportunities for the members. On this occasion, we are asking newly elected Governors to consider putting themselves forward to be part of the Committee and develop/refresh ways we can improve the membership engagement, recruit more members and ensure our members is reflection of the patients, families, staff and communities we serve.

Action required

- Governors are asked to consider nominating themselves to sit on the MERRC and to inform the Stakeholder Engagement Manager of their interest by email (adetutu.emmanuel@gosh.nhs.uk) by **Tuesday 5 May at 5.00pm**.
- If more nominations of interest are received than positions available, the positions will be selected by a secret ballot (as determined by the Chair), and the successful candidates announced via email.

Report prepared by

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Background

The Membership Representation, Recruitment and Engagement Committee (MERRC) is a subcommittee of the Council of Governors of Great Ormond Street Hospital NHS Foundation Trust and is chaired by a public or patient/carer Governor.

It has delegated authority from the Council of Governors to make decisions on behalf of and be accountable to the Council of Governors with regards to ensuring GOSH is effectively recruiting and engaging with its membership, reviewing the membership targets as well as representing the interests of the patients, carers, families and the general public in the areas served by the Trust.

Appendix X sets out the current agreed Terms of Reference for the group.

The MERRC is comprised of the following members:

- Ten representatives of the Council of Governors of which at least six representatives are from the Patient and Carer or Public Constituencies including an appointed Lead Governor
- Head of Volunteer Services
- PPI and Patient Experience Officer
- Communications team rep
- The Stakeholder Engagement Manager

Member requirements

Noting that the Lead Governor takes one seat on the Group, there are **nine** vacancies and governors who are looking to test out innovative ideas are asked to consider *Get involved* in true membership fashion. We'd like Governors who can think outside of the box, be creative and most importantly are hands on to put themselves forward on the MERRC.

You don't have to have any special skills or any fancy qualifications. All we ask is that you have a positive, can do attitude and be committed to wanting to support the membership as a champion and ambassador of the membership whilst helping the Council and Board to discharge its duties.

Commitment requirements

The MERRC meets quarterly via Zoom in order to feed into Council meeting. Meetings can last between 10mins to 2 hours depending on the agenda at hand.

Once a new MERRC is formed, a top priority will be to set the membership targets plus explore additional methods of engagement and communication strategies, outreach programmes and recruitment drives tailored towards under-represented groups (young people, patients and white males) in order to achieve our projected figures for 2021 and beyond.

Also as an initial duty, one of the roles of the MERRC will be to implement the final stage of the 2018-2022 strategy through the following actions:

Timeline	Recruit	Communicate	Engage
3 months	Start build an online membership community that is representative of the staff, patients, families	Educate people to understand what the membership is and how to get involved.	People are engaging with the membership and find the content interesting.

	and communities the Trust serves.		
<i>6 months</i>	Increase the membership by an increment agreed by the MERRC, using newly elected/re-elected Governors acting as ambassadors.	Keep people up to date with the new developments regarding membership, benefits, Council of Governors and their constituents including promotion of the upcoming elections.	People are actively engaging and comfortable with sharing what they would like to see from the membership and what can be done to improve it.
<i>One year</i>	More people, especially younger people, signed up to be members.	Members have a clear understanding about what the membership is about, how they can get involved and what they can do to make a difference essentially acting as Membership champions.	A partnership has been developed between the Trust, its membership and other likeminded organisations, working together for the benefit of the community we serve.

The MERRC will also be heavily involved in the creation of the new membership strategy to ensure it is

The MERRC will also contribute to the proposal for membership reports given at Council meetings as useful and include information Governors would like to know about.

Action required

Governors are asked to consider nominating themselves to sit on the MERRC and to inform the Stakeholder Engagement Manager of their interest by email (adetutu.emmanuel@gosh.nhs.uk) by **Tuesday 5 May at 5.00pm**.

If more nominations of interest are received than positions available, the positions will be selected by a secret ballot (as determined by the Chair), and the successful candidates announced via email.

**Membership Representation, Recruitment and Engagement Committee.
Committee**

Terms of Reference

1. Authority and Scope

The Membership and Engagement Committee is a subcommittee of the Council of Governors of Great Ormond Street Hospital NHS Foundation Trust and is chaired by a public or patient/carer Governor.

The Committee has delegated authority from the Council of Governors to make decisions on behalf of and be accountable to the Council of Governors for recruiting and engaging with the Trust's membership and representing the interests of the patients, carers, families and the general public in the areas served by the Trust.

2. Purpose

The purpose of the Committee is to oversee the recruitment and retention of members and maximise engagement opportunities for the members.

3. Duties

Membership

- 3.1 Review the Membership and Engagement Strategy and Recruitment Plan
- 3.2 Develop a work programme and action plan and review and monitor progress.
- 3.3 Consider actions for growing a representative membership.
- 3.4 Identify and develop engagement opportunities and events, working alongside the Patient Experience Team and Volunteering Team.
- 3.5 Agree the promotion and involvement required from Governors to ensure appropriate support at all recruitment and engagement events.
- 3.6 Review the membership profile against the demography of the population to inform decisions on future membership strategy and activities.
- 3.7 Review the effectiveness of the annual recruitment activities and engagement events.
- 3.8 Present an annual report on the Membership and Engagement Strategy at the annual members meeting.

Communication

- 3.9 Develop communication tools to support implementation of the Membership and Engagement Strategy and Recruitment Plan that are of use to all membership and the wider public (regardless of age or language).
- 3.10 Consider the requirements of Governors in communicating with

- their constituencies
 - between themselves and
 - with the Board of Directors
 - and recommend tools to aid communication.
- 3.11 Develop quality monitoring systems for Foundation Trust membership and communications and provide assurance to the Council of Governors that the Foundation Trust membership is being appropriately communicated with.
- 3.12 Review membership recruitment material and the welcome and introduction pack for members.
- 3.13 Review communication methods for members. These will include:
- Newsletter (Members' Matters)
 - Volunteers Newsletter
 - E mail communications (including with staff)
 - Regular contributions in the Roundabout
 - Communication via the internet
- 3.14 Oversee content/production of Members' Matters' Newsletter
- 3.15 Work closely with the Communications & Marketing Team to maximise opportunities for positive public relations using the media and other fora to promote the Trust.

4. Reporting

- 4.1 The Committee will report to the Council of Governors on a quarterly basis. This will be in the format of a submission of minutes and summary report.

Membership

- 4.2 The Membership and Engagement Committee is made up of the following members:
- Ten representatives of the Council of Governors of which at least six representatives are from the Patient and Carer or Public Constituencies;
 - Head of Volunteer Services
 - PPI and Patient Experience Officer
 - Junior Membership Marketing Manager
 - Senior Retention Manager
 - Company Secretary
- 4.3 Additional members may be invited to attend the Committee as appropriate.
- 4.4 The Chair of the Committee will be elected from the Governor representatives.
- 4.5 For a quorum, there must be a minimum of seven members present, including at least three Patient/Carer or Public Governors, the Company Secretary or the Head of Volunteer Services

5. Meetings

- 5.1 Meetings will be held on a quarterly basis allowing timely reporting to the Members' Council.
- 5.2 Members will be expected to attend a minimum of two meetings out of four meetings per year.
- 5.3 Papers will be sent out at least four working days before the meeting.
- 5.4 Secretariat support for the Committee will be provided by the Company Secretary/ Trust Board Administrator.

6. Monitoring

The Committee shall review its terms of reference on an annual basis.

April 2018



Council of Governors

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 27 January 2021. The report includes:

- DECLARE and declarations of interest
- Code of Conduct
- Update on NHS Providers' Governor Advisory Committee elections
- Council effectiveness survey action plan update – ongoing actions
- Membership Engagement, Recruitment and Representation Committee (MERRC) update

Attachments

- None.

Governor action required

Governors are asked to note the update.

Report prepared by

Paul Balson, Head of Corporate Governance

Item presented by

Paul Balson, Head of Corporate Governance

1 DECLARE and declarations of interest

Under the Trust's Declarations of Interest, Gifts and Hospitality Policy, Governors, Executive and Non-Executive Directors, Senior Staff Members and all consultants are designated 'Decision-making staff'. That is: staff more likely than others to have a decision-making influence on the use of taxpayers' money because of the requirements of their role.

Although not all Governors are staff, Governors are considered 'Decision Making Staff' due to the powers they have, including decision-making responsibilities on significant transactions, mergers, acquisitions, separations, dissolutions and Non-Executive Director appointments. It is therefore important for Governors to declare their 'interests' to ensure that any actions, judgments or decisions are made in an unbiased way.

For examples of types of 'interest' please see [Appendix 1](#).

As 'Decision making staff', Governors are required to both: declare their interests on an annual basis, and declare any new interests at the earliest opportunity (within 28 days).

To assist with the recording of declarations decision makers, the Corporate Affairs Team use DECLARE - a software solution to manage declarations of interest, gifts and hospitality and sponsorship.

To provide Governors with access to DECLARE, in the coming weeks, Governors will be sent a password reset hyperlink from GOSHDECLARE@mydeclarations.co.uk and will be asked to:

- Open the email and follow the link to change their password.
- Then:
 - make any new declarations OR make a Nil declaration if you have nothing to declare
 - If a Governor has existing declarations, login and review the declarations and amend if necessary.

Ahead of this email, the Corporate Affairs Team will share a step-by-step guide to making declarations as well as share the Trust's Declaration of Interest and Gifts, Hospitality and Sponsorship Policy in the Governors' Newsletter.

This declaration will constitute the Governors' annual declaration. A summary of Governor declarations will be reported at the July Council meeting.

2 Code of Conduct and eligibility for office

Governors are expected on an annual basis, to complete:

- Governor eligibility for office form
- Code of conduct form
- Declarations of Interest, Gifts and Hospitality and Sponsorship annual declaration (a declaration is required at least annually, but also as soon as new declarations arise)

A summary of the rationale and description of the forms are below:

Form	Rationale and description
Governor eligibility for office	Under the Constitution, each Governor must formally declare that they are eligible to hold office on an annual basis. The qualifications (or criteria) that make a Governor eligible to hold office are listed on the form.

	The form (once signed) is a declaration that governors are compliant with the qualifications on the form and therefore eligible to hold office as a Governor at Great Ormond Street Hospital for Children NHS Foundation Trust.
Code of conduct	The Council of Governors' approved Code of Conduct for Governors at GOSH sets out the standards of conduct, which the Trust expects of its Governors and should be read in conjunction with the Constitution as well as the Foundation Trust Code of Governance.
Declarations of Interest, Gifts and Hospitality and Sponsorship	See DECLARE and declarations of interest .

Governor action required

In the Governors' Newsletter for April 2021, Governors will be issued with both an 'Eligibility for Office' form and a 'Code of Conduct' form.

- Please can all Governors review the requirements of the '**Eligibility for office form**' and return a signed form to the Corporate Affairs Team by Friday 30 April 2021 at 12.00pm.
- Please can all Governors review the '**Code of Conduct for Governors**', and return a signed form to the Corporate Affairs Team by Friday 30 April 2021 at 12.00pm.

3 Update on NHS Providers' Governor Advisory Committee elections

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS.

Governors are represented at NHS Providers through an elected Governor Advisory Committee (GAC) which consists of eight governors, a foundation trust chair and an NHS Providers director.

As some Governors may recall from the 27 January 2020 Council meeting, the NHS Providers' Governor Advisory Committee (GAC) held elections for their new Committee members and the GOSH Council of Governors selected Josh Hardy – Appointed Governor as its nomination in the elections.

The elections closed on 26th March 2021 and Josh was successful in being elected to the Committee. The full membership of the GAC for 2021-2024 is as follows:

- Peter Abell, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – public governor constituency
- John Adler, Sheffield Children's NHS Foundation Trust - acute services constituency
- Maureen Burke, Greater Manchester Mental Health NHS Foundation Trust, mental health services constituency
- Anne Carlile, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust – patient/carer/service user governor constituency
- **Josh Hardy, Great Ormond Street Hospital for Children NHS Foundation Trust - stakeholder governor constituency**
- Loretta Light, South Central Ambulance Service NHS Foundation Trust - ambulance service constituency
- Howard Tidman, Norfolk and Suffolk NHS Foundation Trust - staff governor constituency

- Sheila Try MBE, Birmingham Community Healthcare NHS Foundation Trust - community services constituency
- Suzy Brain England OBE, Chair, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – Chair representative from NHS Providers Board
- Miriam Deakin, Director of Policy and Strategy, NHS Providers

The process for how Josh Hardy – Appointed Governor can share information between the GOSH Council of Governors and the GAC will be developed with the Corporate Affairs Team.

4 Non-Executive Director and Governor Buddying

The Non-Executive Director and Governor Buddying programme was established as a method for NEDs and Governors to communicate outside of Council meetings.

The sessions take the format of two NEDs hosting tutorial-style informal meetings to discuss a variety of topics. To date, there have been three sessions covering:

- An overview of the Board Assurance Framework (the Board’s strategic risk register)
- The role of the Quality Safety and Experience Assurance Committee and how the Committee received assurance from reports.
- A summary of the role of the Audit Committee was provided, specifically the four main areas of reporting: financial reporting, risk and internal controls, internal audit and counter fraud and external audit.
- A summary of the role of the Finance and Investment Committee (FIC) was provided, to monitor the Trusts Long Term Financial Model, achievement of the annual targets and review of the short term business cases.

Now that all Governors have been inducted, the next round of Buddying sessions will be organised and future sessions will be advertised through the Governors’ newsletter.

5 Feedback from Induction session #1

Following the first Council of Governors’ induction session, an evaluation form was circulated to Governors so that the Corporate Affairs Team can continuously improve content for Governors. Nine Governors completed the evaluation and overall feedback was positive, Governors rated induction session 1 as 83/100 on average. A summary of the feedback includes:

Positives	Areas for improvement
<p><i>The quiz was a great way to start</i></p> <p><i>Seeing my fellow Governors</i></p> <p><i>Clarity on what a Governor is and what a Governor is not.</i></p> <p><i>The clear, positive & engaging way that a large volume of information was engaged</i></p> <p><i>The board structure was super helpful as was meeting some of the NEDs</i></p>	<p>The Zoom format - In person would be better, but that is subject to COVID</p> <p>Would like more clarity about the influence / impact we can have</p> <p>The duration</p> <p>Some of the information was repeated a couple of times</p>

Governors will also be asked to complete an evaluation of induction session #2. The full feedback from sessions 1 and 2 will be reviewed by the Corporate Affairs Team and Lead Governor and where necessary, action plans put in place.

6 Council effectiveness survey action plan update – ongoing actions

On 26 November 2019, the Council reviewed the Constitution Working Group's (CWG) findings from the self-assessment of effectiveness and approved 19 recommendations.

To date, 17 of the actions have been reported as closed. An update on the remaining actions is provided below:

#	Action	Update
8	Share Assurance Committee work plans with Governors The Assurance Committee work plans for 2021/22 are in the process of being updated based on the outcomes of their ongoing effectiveness reviews.	The Assurance Committee work plans will be shared with the April Council of Governors' newsletter.
19	It is recommended that Governors and NEDs agree a consistent approach to Governor attendance at assurance committee meetings.	Action ongoing and for an initial discussion between assurance committee Chairs prior to a discussion at Council.

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

A meeting is yet to be held as a new MERRC has not yet been formed. Following election to the committee, MERRC will hold between April and June 2021.

1. Membership Statistics report

Our current membership figures currently stands at:

Constituency	Figures for Jan based on new constituencies (A)	Monthly Target for Mar 2021 based on old constituencies (B)	Actual figures for end of March (C)	Difference between B and C
Public	3057	2959	3064	+105
Patient, Parent and Carer	6784	7150	6789	-361
Total	9841	10109	9853	-256

As a new financial year has begun, we will now be looking to set a target for our membership in 2021/22 once the MERRC has agreed and approved the parameters. This will account for the new constituency boundaries that came in place during our and the Stakeholder Engagement Manager will put this forward to the new MERRC at the next meeting.

On 31 March 2021, our constituency demographic breakdown was as follows:

Constituency	London	Home Counties	Rest of England and Wales
Public	1638	729	639
Patients	621	436	162
Parent and Carer	2251	2365	951

Once a new MERRC is formed, a top priority will be to explore additional methods of engagement and communication strategies, outreach programmes and recruitment drives tailored towards under-represented groups specifically young people, patients and white males in order to achieve our projected figures for 2021 and beyond.

2. Membership Reporting and Strategy

We are looking for new ways to ensure that the Membership reports you receive are truly reflective of the information you would like to know about and also how Governors in turn can help shape the membership strategy. If you have any ideas on what information you would like to hear about or any ways Governors can contribute to help ensuring the membership is engaging and fit for purpose, please contact the Stakeholder Engagement Manager via email (foundation@gosh.nhs.uk)

3. 2021 Governors' Elections

Following the elections, all new Governors have been appointed to their posts and inductions have been conducted. The profiles for each governor can be found here: <https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/council-governors/meet-our-governors/>.

A full review of the election process has been provided in the Council papers.

Appendix 1: Four types of interest

Financial	Where an individual may get direct financial benefits from the consequences of a decision their organisation makes.
Non-Financial	Where an individual may obtain a non-financial professional benefit from the consequences of a decision their organisation makes, such as increasing their professional reputation or status or promoting their professional career.
Non-financial personal interests	Where an individual may benefit personally from a decision their organisation makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
Indirect interests	Where an individual has a close association with another individual who has a financial interest , a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.

