

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

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Tuesday 6 July 2021
3:00pm – 6:00pm
By Zoom (details sent in calendar invite)

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Michael Rake, Chair	3:00pm
2.	Apologies for absence		Michael Rake, Chair	
3.	Declarations of interest	A	Michael Rake, Chair	
4.	Minutes of the meeting held on 20 April 2021	B	Michael Rake, Chair	
5.	Matters Arising and action log	C	Anna Ferrant, Company Secretary	
STRATEGY, PERFORMANCE and ASSURANCE				
6.	Update on redevelopment at GOSH including the Children's Cancer Centre (CCC)	E and presentation	Director of Estates, Facilities and Built Environment	3:10pm
7.	Chief Executive Report including: <ul style="list-style-type: none"> • Integrated Quality and Performance Report (highlights) April 2021 data • Finance report (highlights) April 2021 data 	F	Matthew Shaw, Chief Executive/ Helen Jameson, Chief Finance Officer	3:30pm
8.	Reports from Board Assurance Committees <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee (July 2021) • Audit Committee (May 2021) • Finance and Investment Committee (June 2021) • People and Education Assurance Committee (June 2021) 	G H I J	Amanda Ellingworth, Chair of the QSEAC Akhter Mateen, Chair of Audit Committee James Hatchley, Chair of the F&I Committee Kathryn Ludlow, Chair of the People and Education Assurance Committee	3:40pm
9.	Update on Safeguarding at GOSH	D and presentation	Chief Nurse and Head of Safeguarding	4:10pm
10.	Update from the Young People's Forum (YPF)	K	Amy Sutton, Patient Involvement and Experience /Chair of the YPF	4:30pm

11.	Update from the Membership Engagement Recruitment and Representation Committee Use of Twitter for Engaging with the GOSH Membership	L S	Adetutu Emmanuel, Stakeholder and Engagement Manager	4:40pm
GOVERNANCE				
12.	Reappointment of a Non-Executive Director – Kathryn Ludlow	M	Anna Ferrant, Company Secretary	4:50pm
13.	Process for appointment of a new Non-Executive Director	N	Anna Ferrant, Company Secretary	5:00pm
14.	Appointment of a Lead Governor and Deputy Lead Governor	O	Paul Balson, Head of Corporate Governance	5:10pm
15.	Governance Update <ul style="list-style-type: none"> • Trust Well Led review • Quality Report • Attendance at meetings SOP • Code of Conduct • Working with the GAC update Membership of Council committees: <ul style="list-style-type: none"> • Appointment to the Council of Governors’ Nominations and Remuneration Committee • Appointment to the Constitution Working Group 	P Q R	Paul Balson, Head of Corporate Governance Paul Balson, Head of Corporate Governance Paul Balson, Head of Corporate Governance	5:20pm
16.	Any Other Business	Verbal	Chair	5:45pm



Council of Governors

6 July 2021

Council of Governors' Declarations of interest 2021

Summary & reason for item

The purpose of this paper is to present the Council of Governors' Register of Interests 2021 and remind Governors of their responsibilities to declare their interests on DECLARE, the Trust's online declaration of interest portal.

Governor action required

- To note the content of the Governors' register of interests.
- To declare any additional interests on DECLARE that arise or any changes in circumstance affecting the Council of Governors' register of interests.

Report prepared by

Victoria Goddard, Trust Board Administrator

Report presented by

Anna Ferrant, Company Secretary

Declarations of interest - Council of Governors 2021

Background

Under the Trust's Declarations of Interest, Gifts, Hospitality and Sponsorship Policy a number of groups are defined as 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. These groups are:

- All staff at band 8C or above
- All doctors at any grade
- All budget holders at any band
- **Governors on the Council of Governors**
- Executive and Non-Executive Directors

* includes agency and bank staff in all groups.

Appendix 1 provides an overview of the types of interests to be declared.

Decision Making Staff are required to make an annual declaration of interest, gifts and hospitality. This can either be a positive or 'nil' declaration.

The Trust uses DECLARE an online solution for the management of declarations of interest, gifts, hospitality and sponsorships. This enables all staff and Governors to manage their own declarations.

The public register of interests is available here: <https://gosh.mydeclarations.co.uk/home> and the 2021 Governor Register of Interests is attached at **Appendix 2**.

Action required

Governors are asked to note the Governors' register of interests and make any updates as required throughout the year. To login go to <https://gosh.mydeclarations.co.uk/login> and make any changes or new declarations. Support is available from the Victoria Goddard at the dedicated declarations inbox declarations@gosh.nhs.uk.

Appendix 1: Declarations of Interest FAQ

What is an interest?

A 'conflict of interest' is:

“A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”

A conflict of interest may be:

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future

Governors may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived conflict.

There are four types of interest (further information is available from the Corporate Affairs Team):

- **Financial interest** - Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial professional interest** - Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career
- **Non-financial personal interest** - Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career
- **Indirect interest** - 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

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors' Register of Interests 2021

Constituency	Name	Declared interests
Patient and Carer Governors		
Patients from Home Counties	Emma Beeden	<p><u>Access to Transplantation and Transplant Outcomes Measures in Children Study:</u> I am the young person with expert experience in Chronic Kidney Disease on the ATTOMIC study being lead by Dr Stephen Marks at GOSH. In this role I share my personal experience of having a transplant as a child. Within this study I am also supporting Dr Jisoo Kim with her PhD exploring the psychological and social factors that delay children and young people from receiving their transplant.</p> <p><u>British Medical Association Patient Liaison Group:</u> I am a member of the Patient Liaison Group at the BMA, a group who ensures patient voice is embedded within the organisation. For every session I attend which is over 1 hour I receive £75 honorarium payment. When I am able, I also receive travel reimbursement for this role.</p> <p><u>National Confidential Enquiry into Patient Outcome and Death:</u> I am a member of a Study Advisory Group doing research into the transition into adult services. I am in the group to share my real life experiences of transitioning from paediatric to adult services.</p> <p><u>London South Bank University: LSBU People's Academy</u> Working with the LSBU nursing lecturers to improve the course and insure that their trainee nurses are equipped with the skills to effectively communicate with, treat and support young people. This is a part time paid role.</p> <p><u>National Institute for Health and Care Excellence (NICE):</u> I am a Lay Member on the Babies, Children and Young People's Experiences of Healthcare Guideline committee. I bring my lived experience to the guideline to ensure the voices of young people are heard throughout the whole process. For this role I get my travel reimbursed and I also receive a lay member fee of £150 per session.</p>
	Olivia Burlacu	Nil declaration
Patient from London	Vacant	
	Abbigail Sudharson	Nil declaration
Patients from Rest of England and Wales	Vacant	
Parents and carers from London	Stephanie Nash	Nil declaration
	Beverly Bittner-Grassby	Nil declaration
	Emily Shaw	<u>The Little Jimmy Brighter Future Fund - a fund within GOSHCC:</u> Since December 2016 my husband and I have managed a fund within GOSHCC, The Little Jimmy Brighter Future Fund fundraises for the charity to buy GOSH life-support equipment in memory of our son. We are not employed by the Charity and all time and

Attachment A

Constituency	Name	Declared interests
		endeavours by us and our supporters is given freely on a voluntary basis and without remuneration.
Parents and carer from Home Counties	Lisa Allera	Nil declaration
	Gavin Todd	<u>Cognizant</u> : Full time, client partner.
Parent and Carer from the Rest of England and Wales	Claire Cooper-Jones	Nil declaration
Public Governors		
London	Roly Seal	Nil declaration
	Peace Joseph	Nil declaration
	Kudzai Chikowore	No declaration received
Home counties	Eve Brinkley-Whittington	Nil declaration
	Hannah Hardy	Nil declaration
Rest of England and Wales	Julian Evans	Nil declaration
Staff Governors		
	Margaret Bugyei-Kyei	Nil declaration
	Graham Derrick	Nil declaration
	Benjamin Hartley	<u>Clinical private practice</u> : Private practice name: Hartley Medical Practice. Specialty and major procedures undertaken: Paediatric ENT Sessions undertaken: 2-3 days per week. <u>Clinical private practice</u> : Private practice name: Ben Hartley, Specialty and major procedures undertaken: Paediatric ENT Sessions undertaken: Tuesday, Wed pm, Friday am at Portland Hospital
	Mark Hayden	<u>Clinical private practice</u> : Private practice name: Harley St Clinic Specialty and major procedures undertaken: PICU Sessions undertaken: 1 week in 7
	Quen Mok	<u>Sponsored research</u> : Sponsor name: NIHR Sponsor type: NHS organisation Description of research: I am Principal Investigator in various clinical trials in PICU patients, including the recent ISARIC trial recruiting Coronavirus patients. <u>Clinical private practice</u> : Private practice name: HCA Healthcare Specialty and major procedures undertaken: I am on the clinical rota with a group of 8 paediatric intensivists covering the PICU in the Portland Hospital for Women and

Attachment A

Constituency	Name	Declared interests
		Children. I ensure that this does not clash with the clinical rota at Great Ormond Street Hospital. Sessions undertaken: 1 in 8 weeks, when not on clinical duty for GOSH
Appointed Governors		
London Borough of Camden	Alison Kelly	<u>Camden Council</u> Labour councillor at Camden Trustee at AgeUK Camden Governor at Haverstock School Governor at University College London Academy School
University College London, Institute of Child Health	Jugnoo Rahi	<u>The Royal College of Ophthalmologists:</u> Member of the Academic Committee <u>The Royal College of Ophthalmologists</u> Member of the Paediatric Subcommittee
Young People's Forum	Grace Shaw-Hamilton	Nil declaration
Young People's Forum	Josh Hardy	Nil declaration

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
20th April 2021
Held virtually via videoconference

Sir Michael Rake	Chair
Emma Beeden	Patient and Carer Governor: Patients from Home Counties
Olivia Burlacu	
Abbigail Sudharson	Patient and Carer Governor: Patients from London
Beverly Bittner-Grassby	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Emily Shaw	
Lisa Allera	Patient and Carer Governor: Parents and Carers from Home Counties
Gavin Todd	
Claire Cooper-Jones	Patient and Carer Governor: Parents and Carers from the rest of England and Wales
Roly Seal	Public Governors: London
Peace Joseph	
Eve Brinkley-Whittington	Public Governors: Home Counties
Hannah Hardy	
Julian Evans	Public Governors: Rest of England and Wales
Margaret Bugyei-Kyei	Staff Governors
Quen Mok	
Graham Derrick	
Benjamin Hartley	
Mark Hayden	
Prof Jugnoo Rahi	Appointed Governor: University College London, Institute of Child Health
Josh Hardy	Appointed Governor: Young People's Forum
Grace Shaw-Hamilton	
Alison Kelly	Appointed Governor: London Borough of Camden

In attendance:

Akhter Mateen	Non-Executive Director
James Hatchley	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Matthew Shaw	Chief Executive
Helen Jameson	Chief Finance Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)

Paul Balson	Head of Corporate Governance
Adetutu Emmanuel	Stakeholder Engagement Manager
Nick Martin*	Head of Sustainability and Environmental Management
Claire Williams*	Head of Patient Experience

**Denotes a person who was only present for part of the meeting*

1	Apologies for absence
1.1	Apologies were received from: Kudzai Chikowore, Public Governor.
2	Minutes of the meeting held on 27 January 2021
2.1	The Council approved the minutes of the previous meeting.
3	Matters Arising and action log
3.1	Action: Discussion had taken place in the Chair and Governor pre meeting around how Governors can best fulfil their role and the Terms of Reference of the Council. It was agreed that a meeting would be scheduled between the Chair, Lead Governor and Company Secretary to discuss the way in which the agenda of meetings could be structured in order to balance the areas of interest for Governors along with the statutory requirements of the Council.
3.2	Action 57.1: Matthew Shaw, Chief Executive said that the Trust was committed to meeting with newspaper editors over the summer 2021 to provide background information around the complex activity which took place at GOSH.
4	Declaring a Climate Emergency
4.1	Nick Martin, Head of Sustainability and Environmental Management gave a presentation about the Trust's declaration of a climate and health emergency which had been made on 22 nd February 2021. GOSH had been the first London Trust to make this declaration and the first paediatric Trust globally and alongside the declaration was a set of ambitious emissions targets. Sustainability was also a key part of the Above and Beyond Strategy recognising the impact of the environment on children and young people.
4.2	A target of achieving net zero carbon emissions in areas the Trust could control by 2030 had been set as well as achieving net zero in areas the Trust could influence by 2040. A baseline assessment would be undertaken and work would include the opportunity for collaboration with other organisations. GOSH Children's Charity had also highlighted the importance of sustainability. The Young People's Forum (YPF) continued to be involved in the work and an inaugural GOSH climate and health emergency webinar had been held which had been well attended.
4.3	Beverly Bittner Grassby, Patient and Carer Governor welcomed the commitment and asked how sustainability would be incorporated into the development programme. Nick Martin said that the Trust was working closely with the design

4.4	<p>partner working on the Children’s Cancer Centre in order to create a framework showing where the greatest impact on emissions could be gained.</p> <p>Emma Beeden, Patient and Carer Governor highlighted that notwithstanding the importance of sustainability it was vital to consider the accessibility of such initiatives particularly in a hospital environment where many patients required transport by car or taxi rather than cycling or walking. She added that it was also important to ensure that pavements were clear for wheelchair access when considering the use of cycle schemes.</p>
4.5	<p>Peace Joseph, Public Governor noted that 66% of GOSH’s total emissions were contributed by the Trust’s supply chain and asked how this would be managed. Nick Martin said that it was important to work collaboratively with suppliers at an early stage as well as working with other Trusts to set an expectation around sustainability for suppliers.</p>
4.6	<p>Gavin Todd, Patient and Carer Governor asked how progress would be monitored and Nick Martin said that as a key part of the strategy it would be monitored through the portfolio management process along with other key strategic areas. Matthew Shaw said that updates would be provided to the Executive Management Team and the Trust Board.</p>
4.7	<p>Jugnoo Rahi, Appointed Governor said that the UCL GOS Institute of Child Health had developed a ‘green team’ and suggested that work could be integrated between the organisations. She added that there were organisations such as the Wellcome Trust which were prioritising climate change and therefore it could be possible to receive funding for innovative work.</p>
5	Patient and Family Experience Framework
5.1	<p>Claire Williams, Head of Patient Experience said that work was taking place to develop a patient experience programme for 2021 – 2024 building on current activity. The Trust received a large amount feedback which showed that the majority of patients and families had a good experience at GOSH and a rating of ‘outstanding’ had been received from the CQC in the caring Key Line of Enquiry.</p>
5.2	<p>Work was taking place to set out the Trusts ambitions and this would be done in partnership with children and young people. Surveys and focus groups had taken place and feedback from PALS contacts, Friends and Family Tests and complaints data had been analysed to support the patient experience team to understand the changing experiences through the pandemic and to support the development of year one of activity. Learning would be drawn from other organisations both nationally and internationally and would include improvements to music therapy and the play service. Volunteers would be recruited and work with the learning academy would support wider access to music therapy and play. Performance would be evaluated to determine whether these initiative would continue to be expanded.</p>
5.3	<p>Action: Jugnoo Rahi asked whether there was scope to measure experience using some specific Patient Reported Experience Measures (PREMs) in order to receive more nuanced feedback and it was agreed that this would be discussed outside the meeting. She asked how information from families about experiences during the pandemic was being captured and Claire Williams said</p>

	that the patient experience team was supporting directorates to capture this information.
6	Chief Executive Report
6.1	Matthew Shaw welcomed new Governors to their first Council meeting. He said that following the reduction in cases of COVID19 during the second surge of the pandemic the Executive Team was focusing on embedding the next five years of the Trust strategy and working to reduce the backlog of patients. Short term goals had been set which focused on the fundamental areas of operation such as timeliness around duty of candour, compliance with the WHO checklist, and timeliness of incident closure. Diversity and inclusion remained a key focus and work continued to take place around medicines management. A restructure of the Quality and Safety Team was taking place in order to ensure that sufficient resource was in place.
6.2	The Trust continued to work closely with the police in relation to Operation Sheppey and it was anticipated that final sentencing would take place in May 2021.
6.3	Considerable work had taken place to ensure that the GOSH site was safe for patients, families and staff and the most recent round of hands, face, space, place audits had shown 95% compliance which was positive.
6.4	Action: Quen Mok, Staff Governor agreed that equality and diversity was an important focus and said that less than 60% of patients' ethnicity information was recorded on Epic. She asked whether this should be increased. Matthew Shaw said that the Trust had the ability to select the mandatory fields and it was important to ensure that core information which was required by the Trust was collected. He added that it was important to balance this with families and patients who preferred not to record their ethnicity. It was agreed that this would be considered further outside the meeting.
6.5	Discussion took place around open plan office space within the Trust. Quen Mok said that colleagues she had spoken to were not in favour of increasing open plan space and had expressed some concern that it would contravene GOSH's hands, face, space, place guidelines. Matthew Shaw said that in order to maximise clinical space it was vital to use non clinical space efficiently particularly given the distancing requirements and open plan space was the most effective way to do this. He said that when the space was planned appropriately it would enable staff to adhere to distancing requirements.
6.6	<u>Finance report February 2021 (highlights)</u>
6.7	Helen Jameson, Chief Finance Officer said that the month 12 position had been submitted on 19 th April and had shown a £13million surplus as a result of payments received in lieu of funding for services which had been included in the block contract, and an additional payment in lieu of non NHS income. The Trust had been able to complete 50% of its planned capital programme which benchmarked well against other Trusts and had focused on critical infrastructure matters. A new financial framework would be in place for 2021/22.
6.8	Matthew Shaw said that it was vital that the Trust was able to invest all possible funding in the provision of services and the financial position at year end had been considerably more positive than anticipated as a result of late top up

6.9	<p>payments. Sir Michael Rake agreed that the year-end position was not reflective of the operating environment throughout the year and said that it was likely that GOSH would be under significant pressure in terms of both costs and income in 2021/22. He said that robust financial controls had been in place throughout the pandemic.</p> <p>Josh Hardy, Appointed Governor asked for a steer on the implications for GOSH of the new NHS White Paper and Helen Jameson said that a paper would be discussed by the Trust Board which showed that commissioning would be moved to STPs. This was likely to be challenging for GOSH as only 3% of the Trust's patients were from North Central London. She said that as a national organisation serving a national and international population it was important to ensure that funding for such services was protected. Gavin Todd asked how the Trust was mitigating this risk and Helen Jameson said that discussions had been taking place since the proposal had initially been made and this had been escalated to a national level. She said that the pandemic had highlighted differences between GOSH and a large number of other Trusts. A block contract would be in place for the first half of 2021/22 however the funding arrangements for the second half of the financial year were not yet clear and these discussions would continue in the interim. It was confirmed that the Finance and Investment Committee and Audit Committee would monitor the financial position and the financial sustainability risk respectively.</p>
7	Update from the Young People's Forum (YPF)
7.1	<p>Josh Hardy, Appointed Governor for the YPF said that the group had been working with the anaesthetics team to discuss the way that the impact of anaesthetic gasses on the environment could be communicated to patients and families when choosing between gas and intravenous anaesthesia. The YPF had agreed the importance of patients having this choice and noted that a large number of patients were unlikely to be aware that gas was not the only option.</p>
7.2	<p>The YPF had worked with the clinical simulation team to create a virtual reality anaesthetic room for patients to explore before admissions and the team had updated the YPF on the development so far.</p>
7.3	<p>Grace Shaw Hamilton, Appointed Governor for the YPF said that the Forum had taken part in a workshop to develop a message of thanks to donors that would be used as part of an art instillation in the Sight and Sound Building.</p>
7.4	<p>Roly Seal, Public Governor asked how a balance would be struck between environmental aspects in the hospital and the need for clinical care. Josh Hardy said that patient choice was key in this area and it was important that patients and families were made aware of the environment impact as part of this decision making process as well as alternative options.</p>
7.5	<p>Mark Hayden, Staff Governor asked whether the YPF had been able to engage with other similar forums nationally and Grace Shaw Hamilton said that GOSH had hosted the first national youth forum meet up in 2017 which had been positive and this was likely to continue after the pandemic in order to share learning and good practice.</p>

8	Reports from Board Assurance Committees
8.1	<u>Quality, Safety and Experience Assurance Committee (April 2021)</u>
8.2	Amanda Ellingworth, Chair of the QSEAC said that the last meeting of the committee had focused on the governance around the work to prioritise the backlog of patients waiting for treatment as well as pharmacy and medicines management. The service was working on an action plan arising from a regulatory inspection and the committee had requested a route map showing how the team would move towards completion of the action plan.
8.3	A review of the incident management process had been commissioned to ensure that it was timely and identified all possible learning.
8.4	A new and experienced Named Nurse for Safeguarding was in post who would be refreshing the Safeguarding Strategy and a new Freedom To Speak Up Guardian had also joined the Trust. He would be taking a strategic approach to setting out the ways in which staff were able to raise concerns.
8.5	Hannah Hardy, Public Governor noted the proportion of PALS contacts which were related to delayed treatment and asked about the focus on harm for these patients. Amanda Ellingworth said that the patient prioritisation process included an assessment of harm at the point at which a patient was seen and so far there had not been any harm identified as a result of delays to treatment.
8.6	Quen Mok asked if the QSEAC was assured that the Trust would be able to meet the required standards of quality and safety and Amanda Ellingworth said that the Committee focused on ensuring that SMART actions were in place and monitored progress.
8.7	<u>Audit Committee (April 2021)</u>
8.8	Akhter Mateen, Chair of the Audit Committee said that the Committee had requested a formal report of a previous inspection which had taken place of the Trust's cladding and found it to be safe. The Committee continued to monitor the Financial Sustainability BAF risk and risks around cyber security and had agreed to identify external support to ensure that work in ICT was progressing as required.
8.9	The draft Head of Internal Audit Opinion had provided a rating of 'significant assurance with minor improvement opportunities' and the outcome of four reviews had been noted.
8.10	A self-assessment effectiveness review of the committee had taken place which had a positive response overall with suggestions around continuing to reduce the overlap of matters considered by the Board and Committees.
8.11	Jugnoo Rahi noted that BAF risk 6: Research Infrastructure had been discussed and asked how progress against the risk was measured. Akhter Mateen said the risk was considered annually at Board on a rotational basis with other BAF risks by the Audit Committee. The Director of Research and Innovation had presented on the risk overall and had responded to questions from the committee on whether any internal or external matters were likely to delay progress.

8.12	Gavin Todd noted that the Committee had received the report on the internal audit review of pharmacy and asked how progress in this area was monitored. Akhter Mateen said that whilst the Audit Committee received all reports from the Internal Auditors, those which were quality focused were reviewed in depth by the QSEAC. He added that the scope of the pharmacy review had been solely on progress with the action plan arising from the Medicines and Healthcare products Regulatory Agency inspection and although a rating of significant assurance with minor improvement opportunities had been received considerable work was still required.
8.13	Discussion took place around the internal audit review of EPR benefits realisation which had received a rating of partial assurance with improvements required. Akhter Mateen said that the Committee had expressed some concern about the focus of the review which had been specifically on the benefits as set out in the business case. He said that over time there had been changes in assumptions which had impacted the overall view of the benefits and when considering all possible areas there had been substantial benefits. Sir Michael Rake said that it would have been extremely challenging to maintain activity during the pandemic without the EPR. He added that significant funding had been provided by the GOSH Children's Charity and although the Board was satisfied that a good implementation had taken place it was important to ensure that all possible benefits were realised from this investment.
8.14	<u>People and Education Assurance Committee (February 2021)</u>
8.15	Kathryn Ludlow, Chair of the PEAC said that the committee was focusing on the leadership programme and good progress was being made. A presentation had been received from the Occupational Health team which had done considerable work to support staff during the pandemic. The impact of the end of the second surge of the pandemic on staff turnover was being monitored, particularly in terms of nurses. An increasing focus was being placed on the TUPE transfer of cleaning staff from a contracted organisation to GOSH.
8.16	Mark Hayden, Staff Governor welcomed the work to ensure that cleaning staff became members of GOSH staff given the critical nature of their work. He asked for a steer on the level of risk associated with this. Sir Michael Rake said that it was important for the Trust to adhere to its values in this regard noting the cost pressure and complexities of moving to an internally provided service.
8.17	<u>Finance and Investment Committee (March 2021)</u>
8.18	James Hatchley, Chair of the Finance and Investment Committee said that the committee had discussed commercial arrangements related to contracts utilising the Trust's assets which would be important going forward. Discussions had also taken place around appropriate costing for GOSH's activity as part of the block contract.
8.19	The Committee was clear that it was vital to prioritise the treatment of the backlog of patients over a financial outcome but highlighted the importance of doing this within the financial envelope. James Hatchley said that whilst efficiency was key this must not negatively impact the treatment of patients.

8.20	The Sight and Sound building had recently been handed back to the Trust from the contractors and the committee worked to learn from this and other development projects.
9	Council of Governors' Election evaluation
9.1	Adetutu Emmanuel, Stakeholder Engagement Manager gave an overview of the completion of the Council of Governors' election. It had been possible to adhere to the original timetable and 46 nominations had been received. The election had adopted the use of videos and images for the first time and had been featured in the internal virtual big brief and online through social media in collaboration with the GOSH Children's Charity.
10	Process for electing the Lead Governor and Deputy Lead Governor
10.1	Paul Balson, Head of Corporate Governance gave an overview of the principal responsibilities of the Lead Governor and said that this role and that of the Deputy Lead Governor was elected by the Council. He confirmed that appointed Governors were not able to stand for either role and at least one of the roles must be held by a Governor from a publicly appointed constituency.
10.2	The Council approved the process for electing the Lead Governor and Deputy Lead Governor and noted that Governors who wished to self-nominate must do so by 5:00pm on Wednesday 16 th June 2021.
11	Appraisal process for the Chair and Non-Executive Directors and the role of Governors
11.1	Anna Ferrant, Company Secretary said that the Council of Governors continued to have a role in providing feedback on the performance of the Chair and Non-Executive Directors during the appraisal process. She said that as this was a key duty of the Council of Governors it was important that meaningful feedback could be provided. Anna Ferrant proposed a delay to the current appraisal timetable given that a large proportion of Governors were newly appointed. Sir Michael Rake said that he and the Non-Executive Directors welcomed constructive feedback from the Council.
11.2	The Council approved the change to the appraisal timetable for 2021.
12	Draft Council of Governors' section in GOSH Annual Report 2020/21
12.1	Adetutu Emmanuel said that the Council of Governors' section of the Annual Report provided an update on the Trust's membership and its constituencies and outlined the Council of Governors and the recent elections. The Council noted the section of the annual report.
13	Compliance with the NHS provider licence – self assessment
13.1	Anna Ferrant said that the Trust was required by NHS Improvement to annually declare compliance or otherwise with four key areas of the Foundation Trust licence conditions plus one requirement under the Health and Social Care Act around the training of Governors. This declaration would then be published on the GOSH website. The requirements for the declaration for 2021 had not yet

	been released by NHS Improvement however GOSH was working under the assumption that a declaration would continue to be required.
13.2	The Executive Team had reviewed the evidence against the required areas at their meeting on 19 th April 2021 and had recommended that the Trust was able to 'confirm' all four areas of the licence conditions plus the Health and Social Care Act requirement.
13.3	The Council noted the evidence and agreed with the recommendation made by the Executive Team. The Council noted that the Board would be asked to consider final approval of the declaration in May 2021.
14	Membership of Council committees:
14.1	<u>Council of Governors' Nominations and Remuneration Committee</u>
14.2	Paul Balson said that a call for nominations would be included in the April 2021 Governor Newsletter. Four Governors were sought for the Committee and in the event that a greater number of nominations were received an election would take place at the next Council meeting.
14.3	<u>Constitution Working Group</u>
14.4	Four seats were available on the Constitution Working Group and a vote would take place at the next meeting if a greater number of nominations was received.
14.5	<u>Membership, Engagement, Recruitment and Representation Committee (MERRC)</u>
14.6	Adetutu Emmanuel said that nine Governors were sought for the MERRC and were asked to self-nominate. An election would be held if more nominations were received than seats available.
15	Governance Update
15.1	Paul Balson said that under the GOSH Declarations of Interest, Gifts, Hospitality and Sponsorship Policy Governors were considered 'Decision Making Staff' which described individuals who have an influence of the use of tax payers' money. As a result of this Governors are required to declare their interests or make a nil declaration at least annually. It was confirmed that Governors would receive a link from the DECLARE online system used to manage interests in order to set up a password and declare their interests. Paul Balson said that the Code of Conduct for Governors and Governor Eligibility forms would also be circulated for signing.
15.2	It was confirmed that Josh Hardy was successfully elected to the NHS Providers' NHS Advisory Committee and the next session of Non-Executive Director budding was in the process of being scheduled.
16	Any Other Business
16.1	There were no items of other business.

COUNCIL OF GOVERNORS ACTION CHECKLIST
July 2021

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
52.10	27/01/21	It was agreed that a commercial update would be provided to an appropriate future meeting when sufficient progress had been made.	Chris Rockenbach	November 2021	Not yet due
3.1	20/04/21	Discussion had taken place in the Chair and Governor pre meeting around how Governors can best fulfil their role and the Terms of Reference of the Council. It was agreed that a meeting would be scheduled between the Chair, Lead Governor and Company Secretary to discuss the way in which the agenda of meetings could be structured in order to balance the areas of interest for Governors along with the statutory requirements of the Council.	AF, MR, CCJ	July 2021	<p>This meeting was held on 14 May. At the meeting it was agreed:</p> <ul style="list-style-type: none"> As many Council papers as possible will be circulated at least 5 days working days before a Council meeting. It was noted that this would mean that in some circumstances, some papers would not have the most up to date data available but verbal updates/ changes could be provided at the meeting. Papers will include clear executive summaries and the actions required of the Council. The Lead Governor will request agenda items from the Governors and feed this back to the Chair and Company Secretary at a pre-meet to discuss the Council agenda. The length of all Council meetings will be extended to 3 hours to allow plenty of time for discussion. (Meetings will start at 2:30pm from the November 2021 meeting). It was noted that training on the role of a Governor was being provided by NHS Providers (the Foundation Trust 'trade Body') on the same day as the July Council meeting and all Governors were encouraged to attend.

Attachment C

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
5.3	20/04/21	Jugnoo Rahi asked whether there was scope to measure experience using some specific Patient Reported Experience Measures (PREMs) in order to receive more nuanced feedback and it was agreed that this would be discussed outside the meeting.	Claire Williams, Jugnoo Rahi	July 2021	Claire Williams discussed this matter with Jugnoo Rahi outside of the meeting.
6.4	20/04/21	Quen Mok, Staff Governor agreed that equality and diversity was an important focus and said that less than 60% of patients' ethnicity information was recorded on Epic. She asked whether this should be increased. Matthew Shaw said that the Trust had the ability to select the mandatory fields and it was important to ensure that core information which was required by the Trust was collected. He added that it was important to balance this with families and patients who preferred not to record their ethnicity. It was agreed that this would be considered further outside the meeting.	Rebecca Stevens	July 2021	Rebecca Stevens provided further information to Quen Mok outside of the meeting.

Council of Governors
6th July 2021

Redevelopment update

Summary & reason for item:

The attached slides provide an overview and update of the extensive redevelopment programme at GOSH. This includes projects major phases, smaller capital projects and projects under design development. The slides also provide an overview of the role of the Council in approval of the Children's Cancer Centre.

Governor action required:

The Governors are asked to share any feedback about the projects and any questions about the governance, engagement or decision-making processes

Report prepared by: Bryony Freeman, Head of Performance & Business Improvement

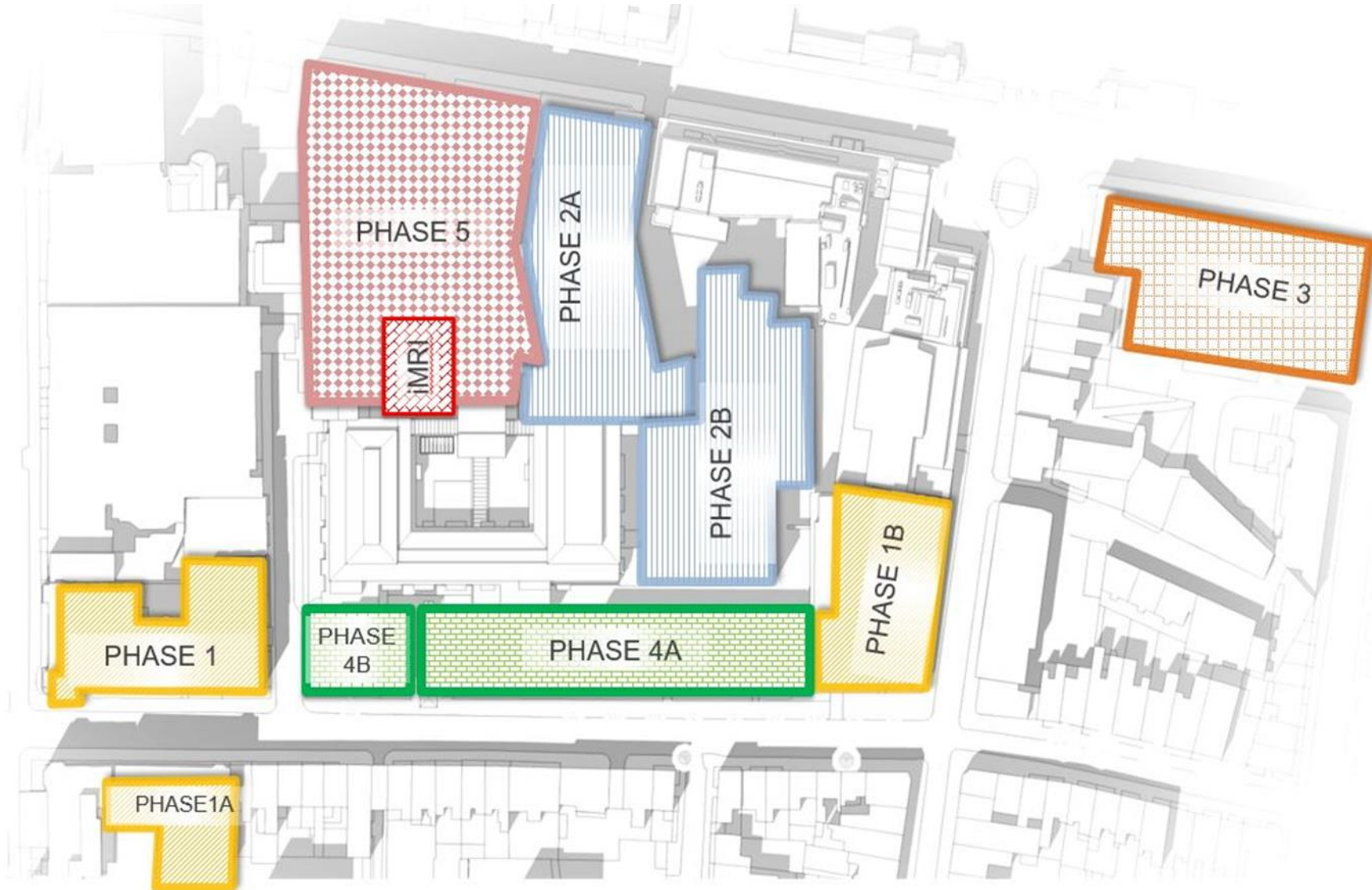
Item presented by: Zoe Asensio-Sanchez, Director of Estates, Facilities and Built Environment



NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Redevelopment update



Masterplan

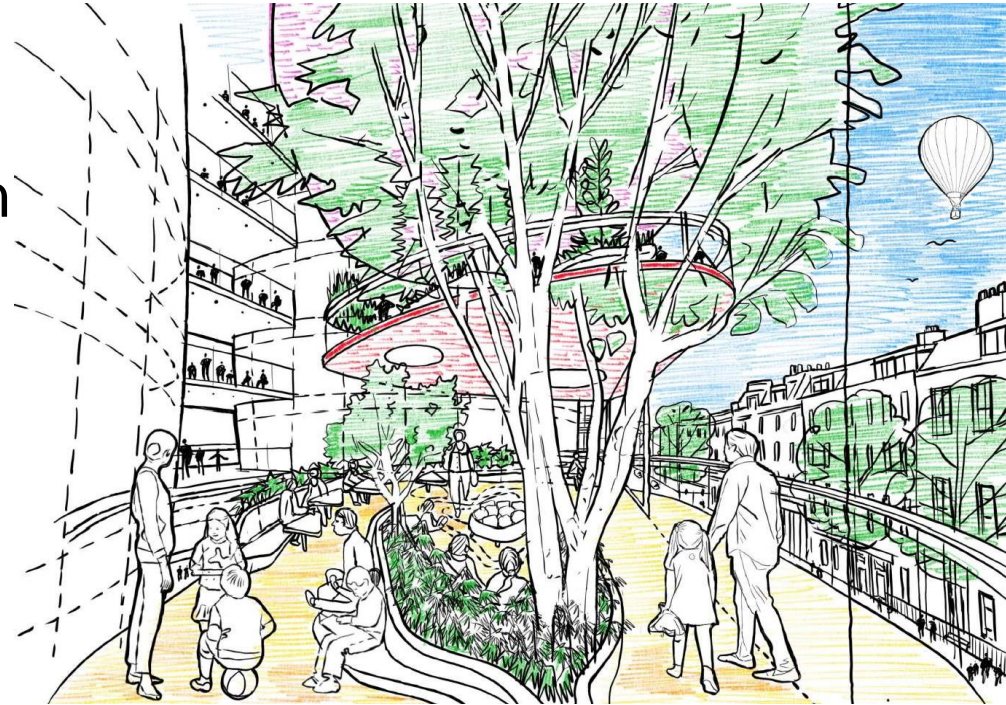
Project	Site	Build starts	Build completes	Occupation
Phase 2B	Phase 2B: Premier Inn Clinical Building	2015	2017	November 2017
Phase 3	Phase 3: Zayed Centre for Research	2016	2019	Autumn 2019
iMRI	Southwood Courtyard (iMRI and Physiotherapy)	May 2018	Nov 2019	Early 2020
Sight and Sound Centre	Italian Hospital Queen Square	September 2018	March 2021	June 2021
Phase 4A	Children's Cancer Centre	Early 2023	Early 2026	Spring/Summer 2026
Phase 4B	Paul O'Gorman Building	?	?	?
Phase 5	North West Corner	?	?	?

The Children's Cancer Centre

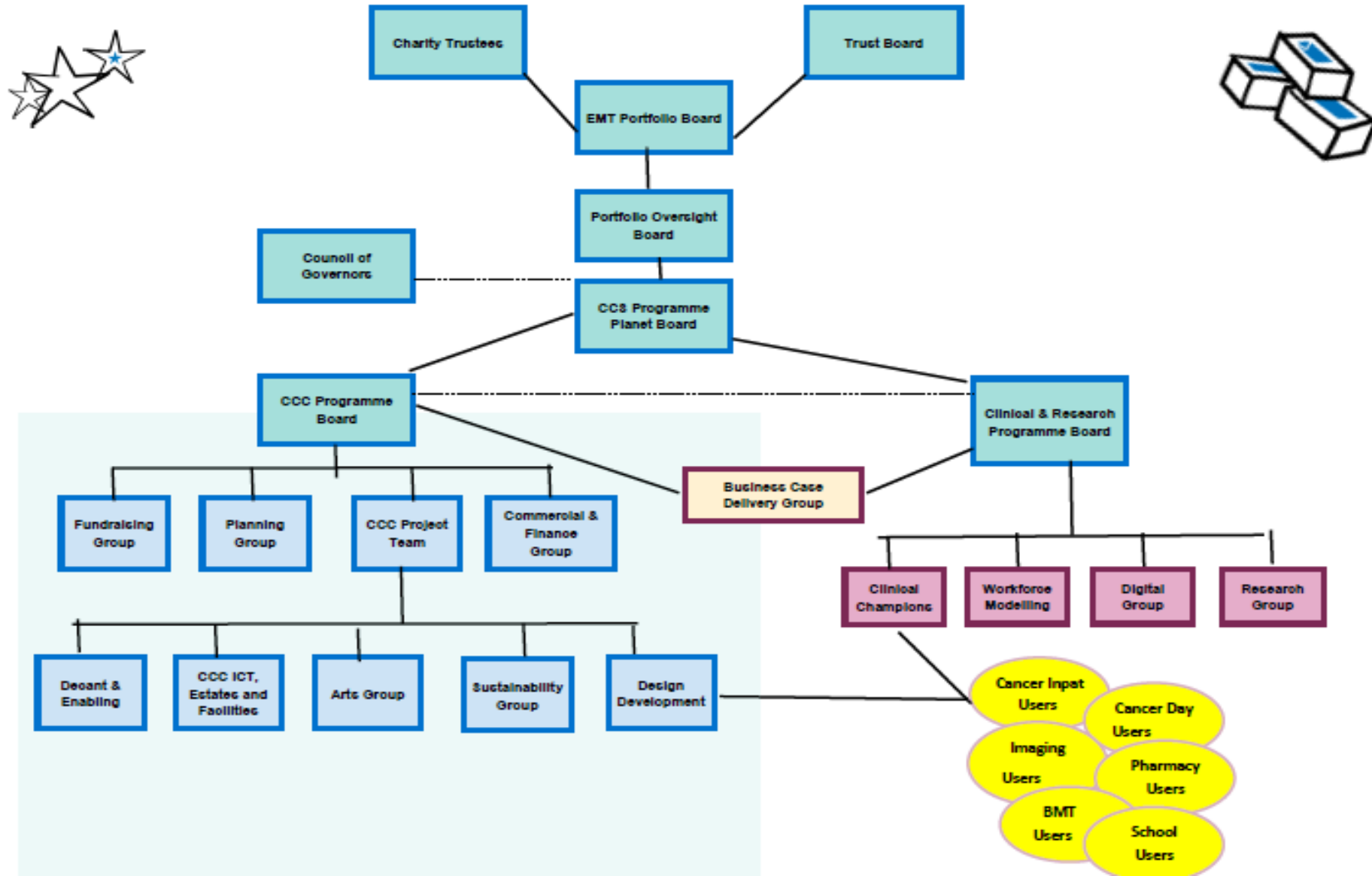
The RIBA 3 design stage commenced in mid April and is making strong progress with clinical engagement embedded within the process.

Development of the Full Business Case commences in the coming months and the Council of Governors is forum we will engage with closely on the production and approval of this document (noting that this is a 'significant transaction'). We also intend to present design progress to the Governors in more depth at relevant times in the programme.

Other significant programme elements that are making strong progress in RIBA 3 include the town planning application, procurement strategy, sustainability development, public realm works, engineering strategy and the approach to rights of light.



CCC Governance Structure



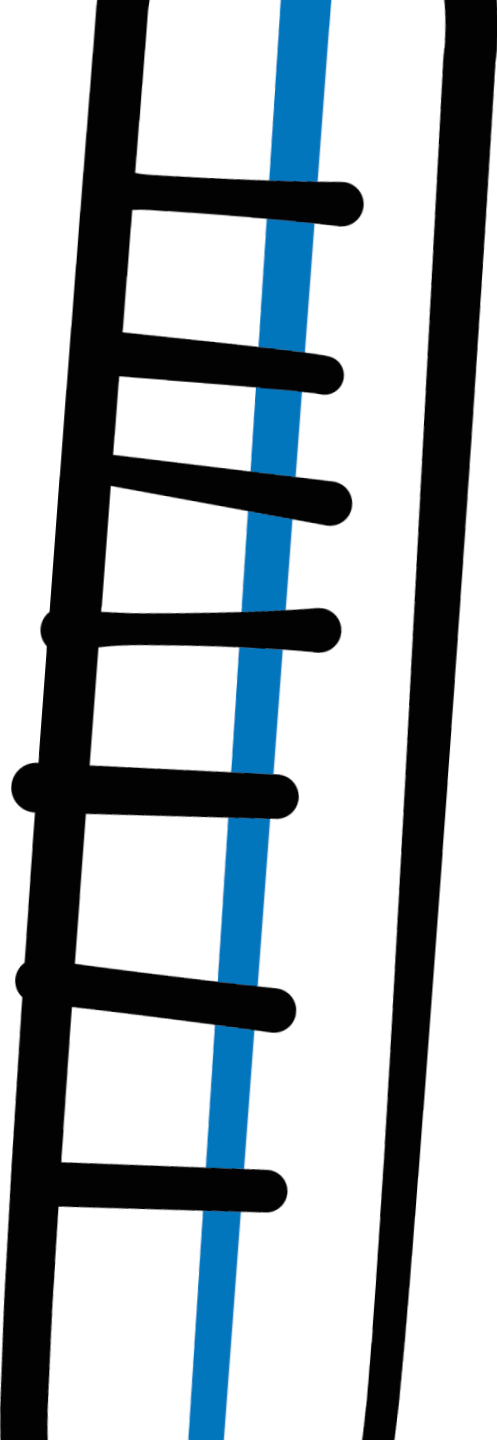
CCC Milestone Programme

	May 2021	June 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023		
RIBA 3	Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Green													Development / In Progress	Blue				
Planning Permission									Yellow	Green											Approval Signed off/ Complete	Yellow	Green			
RIBA 4											Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	
Asset Swap & VAT	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Green	Green															
Decant & Enabling	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Green				
Full Business Case			Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Yellow	Green	Green

Gateway 3:
Proceed to Decant & Enabling works and planning submission
£25m

Gateway 4:
Proceed to RIBA 4 and contract preparation and negotiation
£7m

Gateway 5:
Proceed to contract signing and construction commencement
£217m



Patient involvement in design

Patients have been at the heart of the design for the CCC and led on production of the design brief for the project. They were very clear on the 4 leading principles of design they wanted to see in the building which were: access to nature, creating a homely feel and harnessing innovative technology.

We believe we are on track to achieve these ambitions within the design and have recently confirmed that all patient bedrooms will have a direct view of green space.

“We will require evidence of how the ideas expressed by the people who will be the lifeblood of this building have been used to inform design development.”

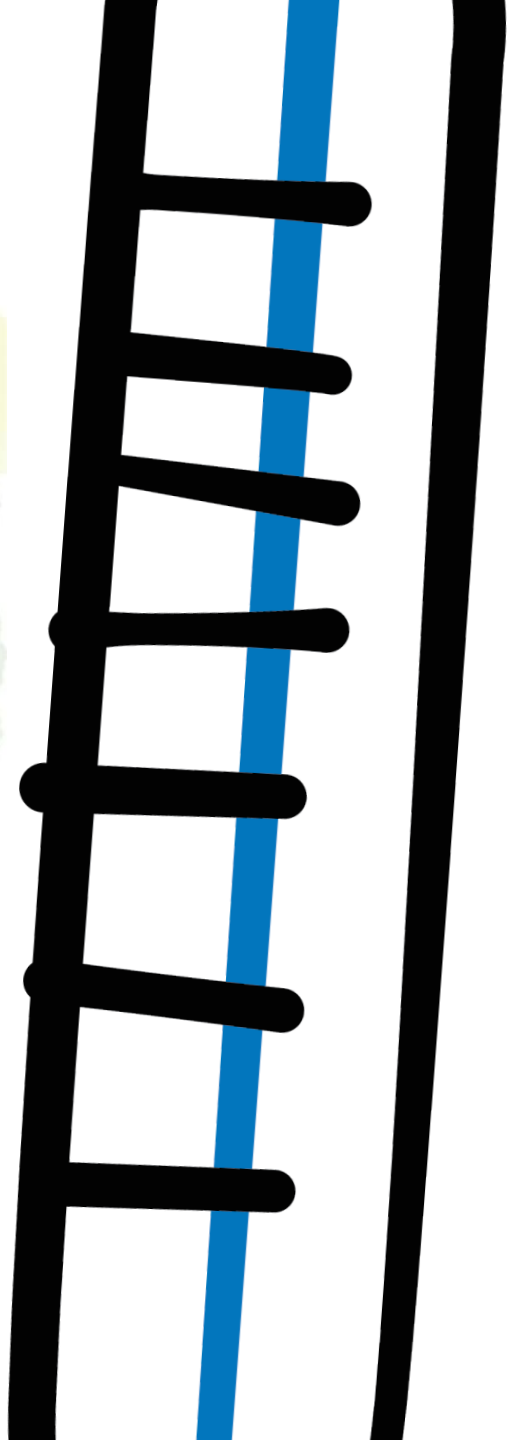
Being in hospital doesn't always mean you miss out. GOSH represents a CHILDHOOD despite difficulties you may face. GOSH is a community, you will be well cared for, even though your ill there will be many moments of fun!

Don't be anxious, there will be pain but not as much as there is now! Here you get understanding, people won't PRETEND to understand they will truly

know what your going through. GOSH will look after all your needs not just the physical ones!

You get there don't worry! You made it + you can thank GOSH for that!
KEEP SMILING!





Pharmacy: the dispensary project completed in January 2021, CIVAS fit out works completed April 2021 and Aseptic Suite / TPN will be completed late June 2021

Sight & Sound Centre: has been commissioned and successfully opened for patients on 21st June 2021

UKPN Infrastructure: A new substation and switchgear have been constructed in level 1 MNH. UKPN has now connected this sub station to the grid via a new supply cable on Gilford Street

East Deck Chillers: This project is now virtually complete, it has experienced some delays due to high wind which impacts installation as well as procurement due to Brexit/ Covid



Decant & Enabling projects

- Levels 8 & 9 Main Nurses Home demolition and strip-out works
 - L9 will be refurbished to accommodate the on-call doctor rooms
 - L8 will be refurbished to create open plan office space for agile working
- PAMHS – relocation of PANDA Day Care and the Mildred Creak Unit to Level 6 Southwood
 - PAMHS (Psychological and mental health services) is currently based in the Frontage building and includes PANDA Day care (outpatients) and Mildred Creak Unit (inpatients)
- Refresh of office space in levels 3 & 4 of West link
 - Minor office refresh



NHS

Great Ormond Street
Hospital for Children

NHS Foundation Trust



**GOSH Climate and Health
Emergency declaration**

**Protecting our planet
for our patients**



- Climate & Health Emergency Declaration & Targets
- Clean Air Hospital Framework Delivery & Dissemination
- Green Champions relaunch & YPF partnership
- 'Ride for their Lives' to COP Glasgow
- Creating a healthier child friendly Public Realm programme

Participatory Programme

- Over 30 new free activities available to all, plus over 1000 art packs distributed
- Virtual programme of dance, choir, art and craft sessions for patients, families, staff and volunteers
- Covid response commissions and exhibition, *Physically Distanced, Creatively Connected*
- Staff wellbeing support and hub
- Projects supporting Climate and Health Declaration, connecting patients to nature and giving YP voice on sustainability issues
- Creative consultation and research projects on hospital experience and aspirations for the future

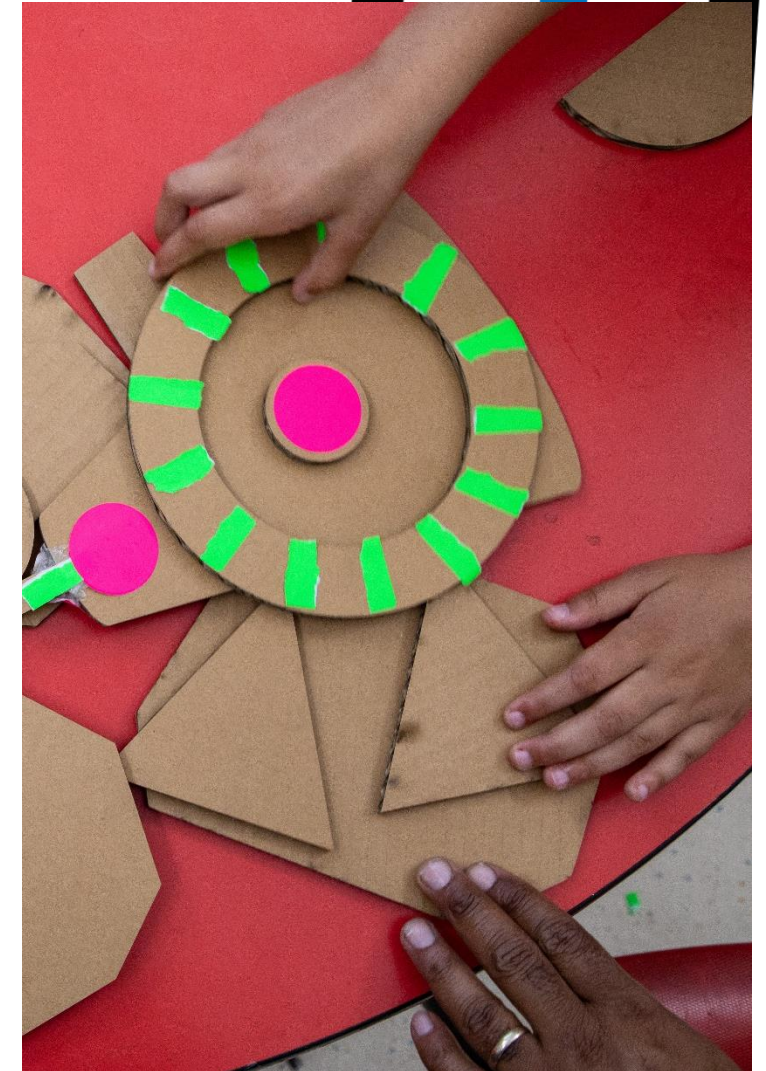
Commissioning

- Artworks by Oliver Beer and Lubna Chowdhary have been installed in the Sight and Sound Centre.
- Giles Round has been appointed for an art commission for PHAMS – workshops with MCU have begun and will continue with outpatients
- Cherelle Sappleton has been appointed for the commemoration commission working with staff at GOSH and recognising the extraordinary achievements during the Pandemic



Draft Art Strategy identifies the following key principles:

- Embedding the art programme within the design process
 - Engaging children, young people, families and staff
 - Creating an identity and community connections
-
- Invitations to Art Group members and convening Art Group this summer to shape and take forward the Art Strategy. TOR has been drafted and Clarissa Pilkington has agreed to be interim Chair.
 - Contributing to interior design work stream and presented initial ideas - discussing early art opportunities eg. external façade, underside of balconies and hoarding with the Design Team
 - Artist in residence to be hosted by the school – will involve ‘mirroring’ the design process and potentially informing the arrival experience - ground floor and public realm. Also lead to creation of temporary artwork during the construction phase. Workshops are planned to take place in September with the teachers to develop the brief for this commission.





Council of Governors

6 July 2021

Chief Executive Report

Purpose

The Chief Executive's report provides the Council of Governors with a summary of key strategic developments since the last report to the Council in April 2021.

Following feedback from Governors about the length and density of papers presented to the Council, the format and content of the report has been revised.

Governors are encouraged to seek assurance or pursue any points of interest from the Non-Executive Directors as part of their 'holding NEDs to account' duties.

The report includes:

- Key strategic and operational highlights
- Trust Board Summary (May 2021 Trust Board meeting)
- Update on Operation Sheppey sentencing
- The Integrated Quality & Performance Report (April 2021 data) and Finance report – (April data)
- Wider GOSH News

Governor action required

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

Provide feedback to the Corporate Affairs Team on the new look report.

Report prepared by:

Paul Balson, Head of Corporate Governance, paul.balson@gosh.nhs.uk

Report presented by:

Matthew Shaw, Chief Executive

1 COVID-19 update

GOSH continued to perform well in recovering elective, outpatient and day case activity and continued to offer mutual aid to healthcare partners across the system.

The main focus for the Trust continues to be to see as many patients as possible, as quickly as possible.

GOSH has been working with Evelina Children's Hospital to identify how we can expedite recovery for children more broadly across the North and South Thames healthcare footprint.

2 Staff update

Professor Alison Robertson, Chief Nurse has informed the Trust that she intends to retire in the second quarter of 2021/22. A recruitment process is underway to appoint her successor.

The Trust is planning the next steps for staff returning to work on-site in line with the most up to date Government advice. Our hands, face, space and place guidance, including restrictions on our use of space will continue for some time. When return to site is required, we will not revert to how we worked before the pandemic. Instead, we will support a more balanced approach between home and on-site working for the future.

3 Strategic programmes update

The 2021/22 delivery plan for the 'Above and Beyond' strategy is complete and progress reporting commenced in May 2021. Standardised reporting, dashboards and heat maps have been put in place to track progress, resources, risks and issues, as well as strategic and organisational impact.

4 Trust Board Summary

The most recent meeting of the Trust Board was on **Wednesday 26 May 2021**. The following areas may be of further interest to Governors:

Annual Report and Accounts

- The Trust Board approved the annual report and accounts 2020/21. These will now be submitted to NHS Improvement, the Department of Health and Social Care and Parliament.
- The External Auditors reported that their audit work was complete and no material issues had been identified which would impact the accounts.
- A separate report from the auditors on Value for Money (VFM) would follow and this was also substantially complete with no concerns raised.
- No evidence of management bias had been identified and no concerns had been identified around management override of controls.

Patient Story: Experiences of the Hyperinsulinism Service at GOSH

- The Board heard from Nicola who is the mother of Felix, a former patient (now aged 17 Months). Nicola shared the positives and areas for improvement from her experiences at GOSH, in particular the Hyperinsulinism (HI) Service and the HI Clinical Nurse Specialist (CNS) team.
- Positive aspects of care included the level of contact the HI CNSs maintained with Felix while implementing his new feeding regime. Areas of improvement were identified through her experience of an overnight stay where she reported a lack of welcome and local orientation.
- The Patient Experience team are working with the ward team to address this issue.

Accessing Board papers

- If you would like to observe the Trust Board or have any queries please contact: Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk

5 Update on former member of staff court case

On Monday 24 May 2021 a life sentence was passed on the previous GOSH employee convicted of numerous crimes against children.

The Trust is aware that hearing about this criminal case affected people in our hospital community. Some of our colleagues worked with the individual in question, and they have been given support as we come through this difficult time.

While it has been made clear in court that patients at GOSH were not targeted, the Trust will continue to be rigorous in upholding safeguarding standards and explore whether anything more can be done to prevent cases like this.

Governors will receive a presentation at the July Council meeting on the role of the safeguarding team at the Trust and work they have been doing.

6 Integrated Quality & Performance Report (April 2021 data)

The Integrated Quality & Performance Report provides a snapshot of hospital performance in key areas/ domains to provide assurance that the Trust's services are delivering to the level our patients & families, Trust Board, Council of Governors, commissioners and regulators expect.

Highlights for the Council's attention are:

Diagnostic Waiting Times

- As the national Covid-19 situation remains, delivery of this target continues to be a challenge.
- The Trust was at 77.56% of patients waiting less than 6 weeks for the 15 diagnostic modalities.
- This is an improvement to last Month's position when we reported 72.32%.
- This is ahead of the Trust trajectory by 8% and it is projected the Trust will meet the 99% standard by March 2022.

Referral to Treatment (RTT)

- The Trust did not achieve the RTT 92% standard, submitting a performance of 71.3% with 1952 patients waiting longer than 18 weeks.
- This is an increase in performance from the previous Month's 70.3%.
- Whilst the overall performance for RTT has dipped slightly in the second wave, it has not seen the significant decline that was experienced in the summer of 2020.
- The Trust has continued to see improved performance and is currently in line with the projected performance of 71.4%, it expected that the 92% standard will not be achieved this financial year.

Theatres

- Scheduled main theatres in April saw utilisation of 76.3%.
- Operational teams through the National Accelerator programme are planning additional theatre sessions to reduce the volume of long waits and patient waiting beyond their clinical prioritisation date throughout May – September 2021.

7 Finance report – May 2021 (April data)

The Month 1 financial position was a deficit of £2.9m which was £1.4m adverse to plan. The latest Trust plan agreed with NHSE for the year totals to a target deficit for the end of the year of £8.2m.

The Trust saw private patient income £1.1m adverse to plan, along with £0.7m below plan NHS clinical income. This was due to lower than planned cost and volume activity and lower than expected COVID-19 costs for which the Trust was receiving income. International & Private Care patient sponsors were also only currently sending their most complex patients abroad due to continued travel restrictions due to COVID-19.

Pay was £0.3m adverse to plan; staff turnover levels remained low as a result of the pandemic and high staff levels have been retained across the board.

Non-Pay was £1.8m favourable to plan. Key drivers of this was impairment of receivables relating to I&PC (£0.4m favourable to plan) due to continued debt payments couple with reduced new activity coming into the hospital, which in turn reduced the aged debt profile.

Cash held by the Trust was £131.5m which was £5.3m higher than Month 12 largely driven by the Trust receiving £16.1m from NHSE in Month.

Capital expenditure at Month 1 was £0.8m, which was less than plan by £0.2m.

8 Other news

All GOSH news stories can be found here: <https://www.gosh.nhs.uk/news/>. Governors may wish to read the following articles on the website:



Welcome to our new Sight and Sound Centre (SSC). Supported by Premier Inn the SSC is a dedicated home-from-home for children and young people with sight and hearing loss.



Scientists and doctors from GOSH and UCL GOS ICH have reported that, despite severe illness, most children who had Paediatric Multisystem Inflammatory Syndrome (called PIMS-TS) after contracting COVID had their symptoms resolve after six months.

9 Attachments

- Month 1 (April data) Integrated Quality and Performance Report (April data) Appendix 1 – provided in separate pack
- Month 1 (April data) 2021/22 Finance Report Appendix 2 – provided in separate pack
- Public Board papers (May 2021) can be found here: <https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/>

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

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

GREAT ORMOND STREET LONDON WC1N 3JH

A G E N D A

**Thursday 1 July 2021
12:30pm – 3:00pm**

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE
Thursday 1st July 2021 at 12:30pm – 3:00pm by video conference
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		12.30pm
2.	Minutes of the meeting held on 8 April 2021	Chair	A	12:35pm
3.	Matters arising/ Action point checklist	Chair	B	
4.	QSEAC Terms of Reference	Company Secretary	C	12:40pm
<u>STRATEGY</u>				
5.	Progress Update with Quality and Safety Strategies	Medical Director	D	12:45pm
6.	Research Hospital Update (from a quality/ patient experience perspective)	Director of Research and Innovation	E	12:55pm
<u>LEARNING FROM DATA ANALYSIS, INVESTIGATIONS, REVIEWS, AUDIT AND SURVEYS</u>				
7.	Overview and Emerging clinical and risk issues covering (BAF Risk 13: Inconsistent delivery of safe care)	Medical Director/ Chief Nurse/ Chief Operating Officer	F	1:05pm
8.	Update on medicines management at GOSH (BAF Risk 11: Medicines Safety)	Chief Operating Officer/ Stephen Tomlin, Chief Pharmacist	G	1:15pm
9.	Quality and Performance in the IQPR (May 2021 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 Update on issues arising from patient stories at Board 	Medical Director Chief Nurse Chief Nurse	H I	1:25pm
10.	Ward Accreditation Scheme	Chief Nurse	J	1:35pm
11.	Thematic analysis of red complaints	Chief Nurse	K	1:45pm
12.	Safeguarding Governance Review – Action Plan Update Report 2021	Chief Nurse	U	1:55pm
13.	Great Ormond Street Hospital Paediatric Bioethics Centre (PBC) Report	Chair of Ethics Committee	L	2:05pm
14.	The Life and Death of Elizabeth Dixon: review and lessons for GOSH	Medical Director	V	2:15pm
<u>RISK AND GOVERNANCE</u>				
15.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework	Company Secretary	M	2:25pm
16.	Compliance Update with Always Improving Plan (BAF Risk 13: Inconsistent delivery of safe care)	Medical Director	N	2:30pm

17.	Overview of engagement with external safety organisations (BAF Risk 13: Inconsistent delivery of safe care)	Medical Director	O	2:35pm
ASSURANCE OF SYSTEMS AND PROCESSES				
18.	Clinical audit update including the Clinical audit annual work-plan 2021/22	Clinical Audit Manager	P	2:40pm
19.	Internal Audit Progress Report (Quality focused reports) Internal audit recommendations update	KPMG	Q	2:45pm
20.	Freedom to Speak Up Guardian Update (April - May 2021) – Quality related	Freedom to Speak up Guardian	R	2:50pm
FOR INFORMATION				
21.	GOSH Quality Report 2020/21 <i>*Note: The Quality Report will be published on 30 June 2021 and a copy distributed to members.</i>	Medical Director	S	3:00pm
22.	Update from the : <ul style="list-style-type: none"> • People and Education Assurance Committee (June 2021) • Audit Committee (April and May 2021) 	Kathryn Ludlow, Chair of PEAC Chief Executive	Verbal T	
23.	Matters to be raised at Trust Board	Chair	Verbal	
24.	Any Other Business	Chair	Verbal	
25.	Next meeting	Thursday 14 th October 2021 10:00am – 1:00pm		
26.	Terms of Reference Acronyms	1 NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		



Council of Governors

6 July 2021

Summary of the May 2021 Audit Committee

Summary & reason for item

To provide an update on the May 2021 meeting of the Audit Committee. The agenda for the meeting is also attached.

Governor action required

Governors who observed the Audit Committee meeting may wish to speak about their observations at the meeting. All Governors are encouraged to review the summary report and ask any questions they may have of those Non-Executive Directors who are members of the committee.

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 26th May 2021**

Matters arising

The Committee had requested a list of the Trust's top ICT 10 suppliers to ensure that the correct checks had been undertaken for the companies. This was ongoing and a list would be provided by cost and also in terms of priority such as where items were provided by a single supplier.

Internal audit: Head of Internal Audit Opinion and Internal Audit Charter

The Head of Internal Audit Opinion provided a rating of significant assurance with minor improvement potential which was an improvement on the previous year. The Committee noted that there were no overdue recommendations and requested that this trend is continued. Discussion took place about the importance of the Trust's EPR system throughout the pandemic and it was agreed that this would be noted as part of the review of EPR benefits realisation.

Risk management presentation

Due to connection issues, the presentation was unable to go ahead. The Committee requested a joint session with members of QSEAC to discuss the risk management framework given its importance and it was agreed that this would take place at an informal Board meeting. It was noted that a restructure of the Quality and Safety team was in progress to ensure that there was sufficient resource in this key area.

Chief Financial Officer's review of the Annual Financial Accounts 2020/21, including the Going Concern assessment

A £12.9million surplus against the Control Total had been reported and cash was very strong at £126million. The cost and income profile had changed considerably in comparison as a result of the pandemic. Discussion took place around the assurance of value and usability of stock provided by NHS England which was being stored at another Trust and it was confirmed that the value of this stock was not material. A decision had been taken nationally that resources transferred between Trusts during surges of the pandemic would be considered mutual aid and accounted for based on the activity in each respective Trust. The committee requested that consideration was given to whether sufficient explanation had been included in the accounts around the areas in which it was not possible to compare accounts to previous years such as high cost drugs. A detailed Value for Money assessment was being concluded by the Auditors. The Committee recommended the Annual Accounts to the Board for approval.

GOSH Draft Annual Report 2020/21

The Committee discussed some amendments to the annual report and agreed to recommend the following documents to the Board for approval:

- Draft Annual Report 2020/21
- Annual Governance Statement
- Annual Audit Committee Report

Final Report on the financial statement audit for the 12 month period ended 31 March 2021

The audit work was substantially complete and no material issues had been identified which would impact the accounts. A separate report from the auditors was required on Value for Money and this was also substantially complete with no concerns raised thus far. It was anticipated that a clean opinion would be provided in all areas and confirmation that nothing material had been identified in the VFM assessment. No evidence of

Attachment H

management bias had been identified and no concerns had been identified around management override of controls. It was noted that there was now a deadline of 30th June for the Quality Report and the committee requested review of a draft to provide comments. The Committee approved the Letter of Representation.

Risk matters between meetings

- Cyber Security Update

The ICT Improvement Board structure had been developed and would be considered by the Executive Management Team for approval. It had been agreed that the Board would be chaired by the Chief Operating Officer and that the COO and the Chief Executive would seek independent advice in parallel to this. Discussion took place around how the Trust would respond to a cyber crisis.

- Estates Compliance Issues

A Premises Assurance Model (PAMs) self-assessment had identified gaps in assurance around fire safety and ventilation. In terms of fire safety mitigations had been put in place and a constructor had been appointed to carry out the certification work required. A Root Cause Analysis was taking place for the ventilation issues which were related to commissioning decisions. An audit had been commissioned from a respected company and it was anticipated that both areas would be compliant by the end of July 2021.

Matters arising: Action 61.11: On call rota update (Risk 9: Business Continuity)

A good process had been in place during the pandemic to escalate issues as they arose and a set of processes were in place with key suppliers. Plans had been tested live when an issue arose with waste plants and had worked well. Work would be taking place to review shift patterns and allocations of maintenance on site to ensure the Trust had resilience in critical functions.

Report from the Risk Assurance and Compliance group on the Board Assurance Framework

The Committee recommended to the Board the proposal from the RACG to reduce the likelihood score of the financial sustainability risk from 5 to 4 given the robust mitigations in place, and increase the gross risk score of the research hospital risk to 4x4 with the net score remaining at 3x4.

Discussion took place around the comparative risk ratings of the BAF as a whole. The Committee asked the RACG to review the financial sustainability risk rating in the context of the BAF given the significant concerns around medicines management and cyber security.

Local Counter Fraud Specialist (LCFS) Progress Report

Four referrals had been received in the reporting period and five ongoing investigations were being led by third party organisations.

Counter fraud Annual Report

The Trust had achieved a green overall rating against the Counter Fraud Functional Standard Return which was positive given the change to some standards which had been applied retrospectively. Discussion took place around the amber ratings in some areas and it was noted that in many cases the correct processes were in the place such as Declarations of Interest but that the NHS Counter Fraud Authority required 100% compliance which was extremely challenging to achieve. The Committee approved the annual report.

Local Security Manager Work-plan 2021/22

The Committee noted the work plan for 2021/22.

Review of non-audit work conducted by the external auditors

It was noted that the external auditors had not undertaken any non-audit work for GOSH but had been contracted by NHS Digital to support the investigation into a cyber incident which had taken place.

Assurance of compliance with the Bribery Act 2011

The Committee noted the update.

Attachment H

Update on raising Concerns at GOSH (Whistleblowing)

It was noted that no new cases had been raised and the committee requested a discussion at the next meeting around the visibility of all speaking up arrangements in the Trust.

Matters to be raised at Trust Board

- Annual Report and Accounts
- Cyber Security
- Estates
- Fire Compliance

AUDIT COMMITTEE
Wednesday 26 May 2021, 9:00am, Virtual Meeting via Zoom, Great Ormond
Street Hospital for Children
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		9:00am
2.	Minutes of the meeting held on 14 April 2021	Chair	A	
	Minutes of the meeting held with Audit Committee members on 11 May 2021		L	
3.	Matters Arising, Action point checklist	Chair	B	
	Action 61.11: On call rota update (Risk 9: Business Continuity)	Director of Estates, Facilities and Built Environment	C	
<u>ANNUAL ACCOUNTS AND ANNUAL GOVERNANCE STATEMENT</u>				
4.	Chief Financial Officer's review of the Annual Financial Accounts 2020/21, including the Going Concern assessment	Chief Finance Officer	D	9:10am
5.	Annual Financial Accounts 2020/21 And GOSH Draft Annual Report 2020/21 including <ul style="list-style-type: none"> • Annual Governance Statement • Annual Audit Committee Report 	Chief Finance Officer and Company Secretary	E T	9:20am
6.	Internal audit: Head of Internal Audit Opinion and Internal Audit Charter	KPMG	F	9:35am
7.	Final Report on the financial statement audit for the 12 month period ended 31 March 2021 Including: Representation Letter in relation to the accounts and quality report for the year ended 31 March 2021	Deloitte	G H	9:45am
8.	Plan for Quality Report 2020/21 (For information)	Hussein Khatib, Head of Quality and Safety	Verbal Update	10:00am
<u>RISK</u>				
9.	Update on review of risk management framework	Medical Director	J	10:05am
10.	Internal audit recommendation update	KPMG	K	10:20am
11.	Risk matters between meetings Cyber Security Update	Chief Executive/ Chief Operating Officer/ Director of ICT	Verbal	10:25am

	Agenda Item	Presented by	Attachment	Time
	Estates Compliance Issues	Director of Estates, Facilities and Built Environment	M	
12.	Report from the Risk Assurance and Compliance group on the Board Assurance Framework	Company Secretary	N	10:45am
13.	Local Counter Fraud Specialist (LCFS) Progress Report	Counterfraud Officer	O	10:55am
	Local Counter Fraud Specialist (LCFS) Workplan 2021/22		U	
14.	Local Security Manager Work-plan 2021/22	Local Security Manager	S	11:05am
	<u>GOVERNANCE</u>			
15.	Review of non-audit work conducted by the external auditors	Chief Finance Officer	P	11:10am
16.	Assurance of compliance with the Bribery Act 2011	Chief Finance Officer	Q	11:15am
17.	Update on raising Concerns at GOSH (Whistleblowing)	Deputy Director of HR and OD	R	11:20am
18.	Matters to be raised at Trust Board	Chair	Verbal	11:25am
19.	Any Other Business This meeting is to be followed by a meeting of the Trust Board to approve the accounts.			
20.	Next meeting	Wednesday 13th October 2021 2:00pm – 5:00pm		
	<u>FOR REFERENCE</u>			
21.	Glossary of terms	NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		

Council of Governors

6 July 2021

Reports from Board Assurance Committees

Finance and Investment Committee (May and June 2021)

Summary & reason for item

To provide an update on the May (an extraordinary meeting) and June meetings of the Finance and Investment Committee.

The agendas for the May and June meetings are attached.

Governor action required

Governors who observed the Finance and Investment Committee meeting may wish to speak about their observations at the meeting. All Governors are encouraged to review the summary report and ask any questions they may have of those Non-Executive Directors who are members of the committee.

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:

- May 2021 to consider the security services tender evaluation,
- 23 June 2021 for a regular scheduled meeting.

GOSH security services tender evaluation (May extraordinary meeting)

At the May 2021 meeting the Committee endorsed the award of a three-year fixed cost contract with Carlisle Security Services Limited for the provision of security services at GOSH.

The Committee recommended a performance review after three months of both the in house cleaning and security contracts.

Highlights from the June 2021 meeting

Finance Month 2 report

Year to date (YTD) the Trust position was £3.6m favourable to plan. This was achieved mainly through Elective Recovery Funding (ERF) of £7.8m for additional day case, elective and outpatient activity in order to reduce patient backlogs and wait times, which was not included in the plan.

It was noted that as the ERF scheme rules have not been completely confirmed and the current assessment of income may change/reduce.

Integrated Quality and Performance Report (IQPR) Month 1 report

The Committee noted the IQPR report. The key highlights from this report are included in the Chief Executives report.

The Non-Executive Directors welcomed the new look report that contained:

- Recovery trajectories for key performance measures
- Details on the areas of the Trust with challenged performance and associated action plans
- Estimates of when backlogs for treatment were likely to be reduced to pre-COVID levels.

The Committee also noted that recovery of performance at the Trust was progressing well.

Sustainability at GOSH and Climate Emergency

The Committee received a report from Nick Martin - Head of Sustainability and Environmental Management on the key performance indicators that would be used to determine the effectiveness of GOSH's sustainability and Climate Emergency programmes.

The Non-Executive Directors discussed the balance between setting ambitious yet deliverable targets for carbon emission reductions, recycling and other indicators.

Procurement update

The annual review of the procurement service was presented. During 2020/21 the service continued to develop and deliver savings despite the impact of the COVID-19 pandemic.

The Chair requested a review of single suppliers of equipment at the Trust, the clinical risk associated with substitutes and any mitigations via the Risk Assurance and Compliance Group.

Cyber Security update

The first ICT improvement Board chaired by John Quinn, Chief Operating Officer had taken place.

The Non-Executive Directors requested assurance in the next report that sufficient cyber due diligence was considered in all future information technology ventures such as app development.

Children's Cancer Centre

An update on the programme was presented that included information on the key risks regarding contingency, VAT rules and asset swap. It was agreed that a further workshop be held on these items to enable a deep dive.

Sight and Sound Centre

The Committee noted that the centre had opened and the patient numbers were on the increase.

Feedback from Governors

The Chair invited feedback from the Governors who observed the Committee meeting:

- Alison Kelly
- Beverly Bittner-Grassby
- Mark Hayden
- Olivia Burlacu
- Peace Joseph

A summary of the feedback included:

- The meeting was well chaired and the papers were interesting and helpful.
- It was good to see patients considered as individuals and not 'numbers' in several discussions.
- It was good to see the NEDs have differing views on certain items and discuss next steps.
- The amount of time allocated to agenda items and the number of items on the agenda should be reviewed.

The Chair, Chief Finance Officer and Head of Corporate Governance would consider these comments ahead of the next Finance and Investment Committee meeting on 28 July 2021.

End of report



FINANCE AND INVESTMENT COMMITTEE MEETING
Friday 30 April 2021
3.30pm to 4.00pm
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair	Verbal	3.30
<u>Business case</u>				
2.	GOSH security services tender evaluation	Chief Finance Officer	Verbal	3.30
<u>AOB</u>				
3.	Any other Business	Chair	-	3.55
<u>Close 12.00pm</u>				
	Date of next meeting 23 June 2021			

FINANCE AND INVESTMENT COMMITTEE MEETING

Wednesday 23 June 2021

10.30am to 12.00pm

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair	<u>Verbal</u>	10.30 (5mins)
2.	Minutes of the meeting held 24 March 2021	Chair	<u>A</u>	
3.	Minutes of the extraordinary meeting held 3 May 2021	Chair	<u>B</u>	
4.	Matters arising, action checklist	Chair	<u>C</u>	
5.	Summary of key issues and developments	Chair	<u>Verbal</u>	10.30
Performance & finance standing updates				
6.	Finance report Month 2	Chief Finance Officer	<u>E</u>	10.35
7.	Integrated Performance update Month 1	Chief Operating Officer	<u>G</u>	10.45
Annual Planning and Approval				
8.	NHS England and NHS Improvement statutory consultation on the 2021/22 national tariff payment system	Chief Finance Officer	<u>J</u>	10.55
9.	Sustainability at GOSH and Climate Emergency	Head of Sustainability	<u>K</u>	11.00
10.	Procurement update	Chief Finance Officer	<u>M</u>	11.05
Major projects update				
11.	EPR <ul style="list-style-type: none"> • Benefits update • Marsden Connect Business Justification Case 	DHR Programme Director	<u>N</u>	11.10
12.	Cyber Security update	Director of ICT	<u>O</u>	11.20

	Agenda Item	Presented by	Attachment	Time
13.	Annual review of Capital Programme	Chief Finance Officer	<u>P</u>	11.25
14.	Children's Cancer Centre	Director of Estates, Facilities and the Built Environment	<u>Q</u>	11.35
15.	OCS update	Director of Estates, Facilities and the Built Environment	<u>R</u>	11.45
16.	Major Project updates and post implementation reviews	Director of Estates, Facilities and the Built Environment	<u>S</u>	11.55
	AOB			
17.	Any other Business	Chair	-	
	Close 12.00pm			
18.	<u>Date of next meeting</u> 28 July 2021, 1.00pm to 4.00pm			

PEOPLE AND EDUCATION ASSURANCE COMMITTEE

Wednesday 23 June 2021

1:30pm – 4:00pm

Venue: Zoom Video Conference <https://gosh.zoom.us/j/83882585327>

AGENDA

Agenda Item		Presented by	Paper	Time
1.	Apologies For Absence	Chair	Verbal	1:30pm
2.	Declarations of Interest	All	Verbal	
3.	Minutes of Meeting Held on 18 February 2021 Action Log February 2021	Chair	A Ai	
4.	PEAC Survey Results 2020/21	Company Secretary	B, Bi	1:35pm
STRATEGY				
5.	People Strategy Update	Director of HR & OD	Presentation	1:45pm
6.	Update from GLA including: Review of management development programme framework at GOSH and outputs	Director of Education	D, Di Dii, Diii	1:55pm
RISK				
7.	Update on Board Assurance Framework	Company Secretary	E, Ei	2:05pm
ASSURANCE - WORKFORCE				
8.	OCS On-boarding Update and workforce impact (including a view from the TU)	Director of HR & OD	F	2:15pm
9.	Update on return to site work programme	Director of HR & OD	G	2:30pm
10.	Workforce Metrics Report	Director of HR & OD	H	2:40pm
11.	Update on Staff focused Freedom to Speak Up cases	Medical Director	I	2:50pm
12.	Volunteer Governance – review of recommendations	Chief Nurse	K, Ki	3:00pm
13.	Allied Health Partners Update	Chief of Allied Health and Head of Dietetics	Presentation	3:10pm
14.	Diversity & Inclusion Report Including – focus on updates to Disciplinary process	Director of HR & OD	L, Li	3:20
GOVERNANCE AND ITEMS FOR NOTING				

15.	Summary Report from Quality Safety and Experience Committee Summary report from Audit Committee Summary Report from Finance and Investment Committee	Chair	M Mi Mii	3:30pm
16.	Safe Staffing Report Nursing Workforce	Chief Nurse	N, Ni Nii, Niii	3:35pm
17.	Update on Staff focused Whistle Blowing Cases	Director of HR & OD	J	3:45pm
18.	Any Other Business	Chair	Verbal	3:50pm
The next meeting of People and Education Assurance Committee will be held on Tuesday 14 th September 2021 1:30pm – 4:00pm via Zoom Video Conference				

Council of Governors

6 July 2021

Safeguarding Presentation

Summary & reason for item:

In May 2021 Paul Farrell, a former porter at GOSH was sentenced to life imprisonment for multiple offences of abuse against children.

Paul Farrell did not target patients at GOSH but the court proceedings confirmed that he exploited his position to commit some of his crimes on site in the 1990's.

On request of Governors, this presentation gives a brief summary of the events leading to his sentence and the actions taken to review our safeguarding arrangements to identify opportunities to further strengthen our policies, procedures and processes.

Governor action required:

For Information and to consider and note.

Report prepared by:

Alison Robertson, Chief Nurse

Michelle Nightingale, Nurse Consultant Safeguarding/Named Nurse

Item presented by:

Alison Robertson, Chief Nurse

Michelle Nightingale, Nurse Consultant Safeguarding/Named Nurse



NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Safeguarding Presentation to the Council of Governors

July 6 2021

Michelle Nightingale Nurse Consultant
Safeguarding/Named Nurse
Alison Robertson
Chief Nurse

Objectives

- Overview of safeguarding legislation
- The GOSH Safeguarding Service
- People in Positions of Trust
- Operation Sheppey/Winter Key – timeline and response
- Always Improving

Legislation & Mandatory reporting

Legislation for all

The Crime and Disorder Act 1998
 Female Genital Mutilation Act 2003
 Mental Capacity Act 2005
 Convention on the Rights of Persons with Disabilities 2006
 Mental Health Act 2007
 Children and Families Act 2014
 Modern Slavery Act 2015
 Serious Crime Act 2015

Safeguarding legislation specific to:

Children

Young people transitioning into adults, including children in care

Adults

United Nations Convention on the Rights of the Child 1989

Children Act 1989 and 2004

Promoting the Health of Looked After Children Statutory Guidance 2015

Children and Social Work Act 2017

Working Together to Safeguard Children Statutory Guidance 2018

Safeguarding Children and Young People:
Roles and Competences for Healthcare
Staff 2019

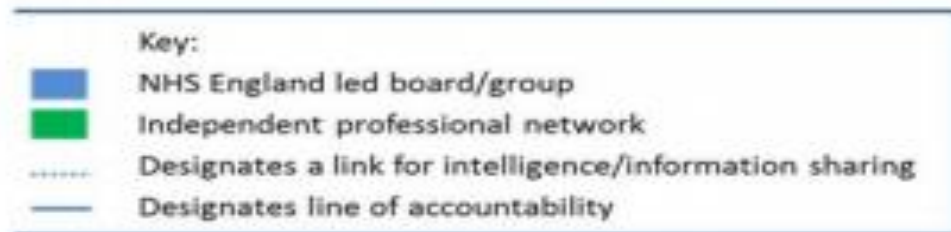
Looked After Children: Knowledge, skills and
competences of health care staff 2015

The Care Act 2014

Care & Support Statutory Guidance -
Section 14 Safeguarding

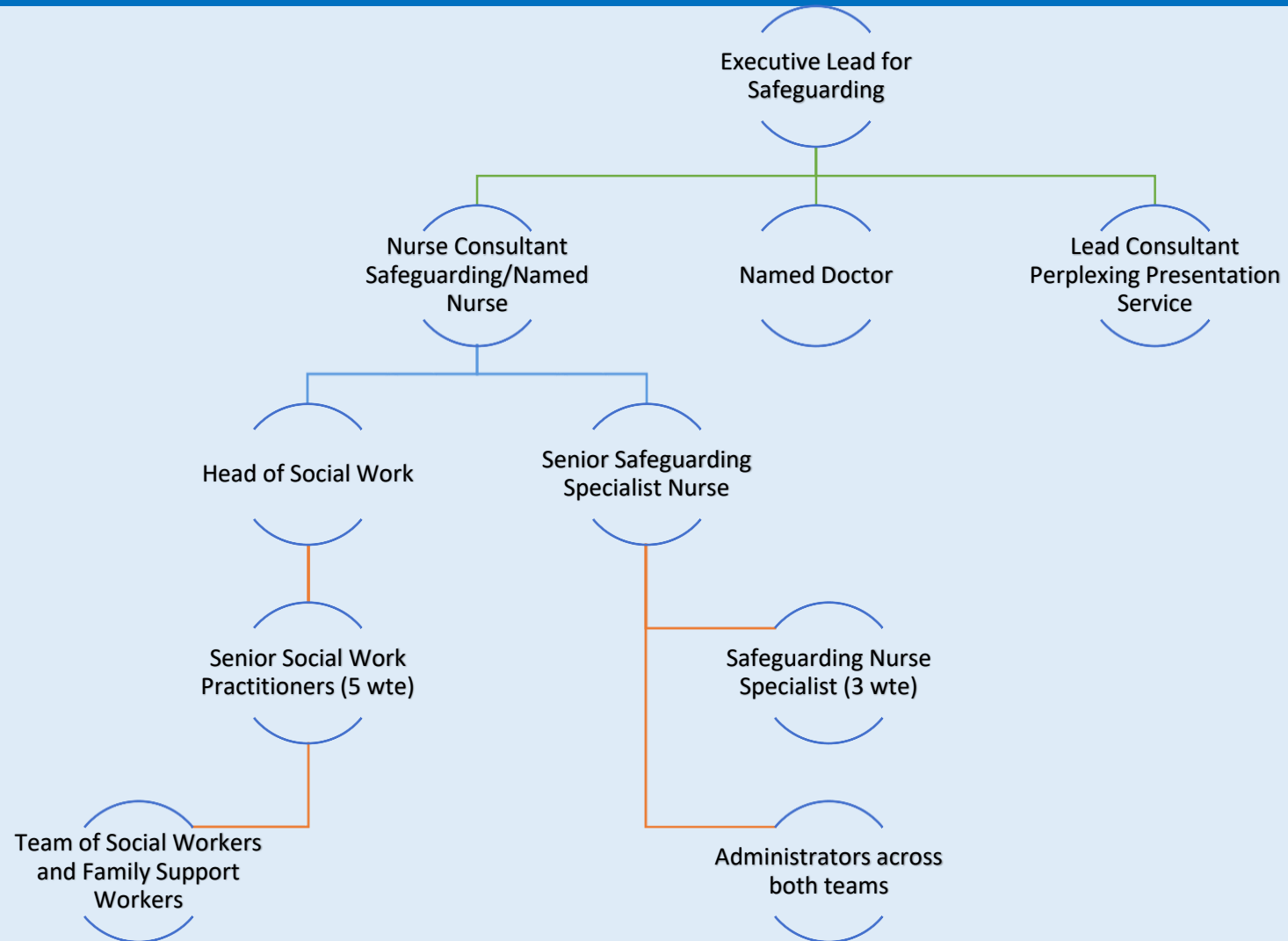
Adult Safeguarding: Roles and
Competences for Health Care Staff 2018

How NHS England maintains oversight of safeguarding



Ref: Safeguarding Children, Young People and Adults at Risk in the NHS:
Safeguarding Accountability and Assurance Framework 2019

The Safeguarding Service 2021



People in Position of trust



William Vahey
Southbank International School



Myles Bradbury Paediatric Oncology
Consultant, Addenbrookes Hospital



Anthony Fuggle
Colet Court (St Paul's)



Vanessa George
Little Ted's Nursery

Operation Sheppey - timeline

- Paul Farrell, Porter – employed in various roles at GOSH for 26 years. All checks were satisfactory, no issues of concern
- Police informed GOSH of allegations in November 2019. Immediate risk assessment completed.
- Sentenced to life imprisonment in May 2021.
- Paul Farrell did not target patients at GOSH, he did however exploit his position and use the site to commit some of his offences (historical)

Response to Operation Sheppey

- Safeguarding Governance Review Action Plan.
- Assurance of current policies and procedures are contemporaneous and robust.
- Enhanced Local Authority Designated Officer (LADO) reporting. Review of previous allegations against staff.
- Specialist training to be commissioned for those involved in Allegations Against Staff & Volunteers (ASV).
- Support for staff involved and stakeholder briefings.
- NSPCC Helpline.
- CQC – review of ASV process found ‘no provider failure’, Trust had taken action to mitigate the likelihood of a similar incident happening again.
- Independent review of safeguarding by end of Q4 2021/22.



Paul Farrell

Areas of focus going forward

- Further promotion of the Safeguarding Policy and what it means for staff and decision making.
- Promoting safeguarding supervision as a means to enhance team confidence, knowledge and skills in safeguarding.
- Case learning and embedding of learning into practice.
- Application of the Trust's domestic abuse strategy for staff, patients and families.



Always improving...

We cannot prevent child abuse and neglect, but we can identify the risks, minimise those risks and plug the gaps.

- *Safeguarding framework which sets out our four year approach to the Trust's priorities for safeguarding adults and children.*
- *Development of a Domestic Abuse Strategy.*
- *Standardised approach to safeguarding supervision*
- *Review of Training Strategy*
- *Joint working with safeguarding partner agencies in North Central London*
- *Robust preparation for the implementation of Liberty Protection Safeguards in 2022*
- *Inclusion of young people's views in policy and procedural developments*

Any questions?



Council of Governors 6 July 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) YPF identified priorities for children and young people in healthcare which will help shape future engagement and service reviews.
- 2) YPF are working with HR to create a toolkit to help staff include more children and young people in their recruitment processes.
- 3) YPF advised GOSH Learning Academy on plans for a work experience programme.

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 – April 2021 to June 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: 83

Examples of YPF member activities since the last report are:

- YPF member Rose helped to organise a theatre festival promoting the work of healthcare scientists.
- Two YPF members spoke about teenage experience in hospital at the International Nurses Study Day.
- Two YPF members were part of interview panels for Pals vacancies.

17 involvement opportunities were advertised during this period. Examples include; filming as part of HSJ Awards and taking part in the Well-Led focus groups

YPF Meetings

Projects the YPF have taken part in during virtual meetings:

GOSH Work Experience Programme

Representatives from GOSH Learning Academy worked with YPF to co-develop a work experience programme at GOSH. YPF suggested hospitals roles young people would be most interested in and what they would like to see and do on a placement. YPF also created presentations on how the hospital could ensure accessibility to work experience for young people with disabilities and health conditions. GOSH Learning Academy will take this to structure a work experience programme and bring it back to YPF for approval before launch.

Holding GOSH account on sustainability targets

Following the Climate and Health Emergency declaration made by GOSH, Nick Martin and Mark Hayden attended YPF to discuss how best YPF, patients and families can hold the hospital to account on its sustainability plans and targets.

Thank you donor cards

YPF worked with illustrator Kay Train, Helen and Katie from cardiac services and Laura and Eibhlin from Play to contribute to a QI project on improving cardiac services, looking at one element of this; how we thank donor families. YPF sensitively looked at this, reflecting on the how donor families must feel in this process and suggesting themes and images that would bring comfort to these families.

Complaints charter

As part of the complaints improvement process, a Complaints Charter was drafted up with the aim to set out what patients and families can expect when raising a complaint at GOSH. This was brought to YPF for feedback. Feedback included that it was too wordy and that the format didn't work. The Complaints Charter has now been rewritten and will be brought back to YPF for approval.

Priorities in healthcare

YPF contributed to a project looking at how children and young people evaluate their services and how they prioritise what is important to them when receiving treatment. YPF looked at three main themes of holistic care, location of care and safe care and identified sub-themes within these and discussions held around these themes. This work will feed into and help shape the paediatric cancer services joint proposal with Royal Marsden and UCLH.



Fig 1. An example of an online facilitation tool "jamboard" showing priorities of YPF members when receiving treatment.

Recruitment

Over the last few years YPF have been very active and involved in the recruitment process of Executives, Non-Executive Directors and some senior leadership roles. However, YPF felt that all patients should have the opportunity to be involved in the recruitment process across the hospital. YPF worked with HR to look at how children and young people can be involved at each stage of the recruitment process with the ultimate aim of producing a toolkit to help staff include their patients in this process.

Additional YPF Activity:

Informed medical consent

Several YPF members took part in a focus group to discuss their experiences of informed consent and how this process can be improved.

Doll's House installation

YPF members became "voice artists" and will feature in the doll's house installation in the new Sight and Sound Building.

RCPCH Conference poster

YPF created a poster for RCPCH conference showcasing the puppet show developed with GOSH Arts and Little Angel Theatre.



Council of Governors' Meeting

Tuesday 6 July 2021

Update from the Membership Engagement Recruitment and Representation Committee (MERRC)

Summary & reason for item: To provide an update from the Membership Engagement Recruitment and Representation Committee.

Governors have a duty to represent the interests of the members of the NHS foundation trust and the public. MERRC has a role in supporting Governors in exercising this duty.

Governor action required: Review the statistics report and also the summary notes from the recent meeting of the MERRC.

Report prepared by: Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by: Adetutu Emmanuel, Stakeholder Engagement Manager

Membership statistics report as at June 2021

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

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

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

Current membership figures

Table 1 below shows the overall membership figures for our public and patient, parent and carer constituencies at 03 June 2021, compared with figures in Mar 2021

Our current membership figures currently stands at:

Table 1		
Constituency	Figures for Mar based on new constituencies	Actual figures for end of May
Public	3064	3072
Patient, Parent and Carer	6789	6789
Total	9853	9861

Since March 2021, we have had an increase of only 8 members to the public constituency. This is understandable within the context of the Pandemic and restriction on the usual activities undertaken to recruit members.

As a new financial year has begun, we are looking to set a target for our membership in 2021/22 which will account for the new constituency boundaries that were adopted late last year.

Table 2 shows the current breakdown of our membership by region according to the new constituent boundaries:

Table 2			
Constituency	GOSH London	GOSH Home Counties	GOSH Rest of England and Wales
Public	1640	734	641
Patient	621	436	163

Parent and Carer	2250	2365	951
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Constituency demographics

The graphs below show the difference in make-up of each constituency in October 2020 side by side with May 2021, by age, gender and ethnicity.

	Constituency					
	Patient		Parent/Carer		Public	
Date	Oct 2020	May 2021	Oct 2020	May 2021	Oct 2020	May 2021
Age						
0-16	67	63	3	9	39	43
17-21	269	222	44	33	133	133
22+	820	884	5246	5372	2496	2675
Not stated	55	55	285	288	219	221
Gender						
Unspecified	6	8	25	26	40	55
Male	483	486	1603	1677	800	848
Female	722	730	3950	4029	2046	2167
Transgender	0	0	0	0	1	2
Ethnicity						
Asian	141	142	502	504	347	356
Black	110	111	356	358	243	258
Mixed	74	74	143	148	125	104
Other	17	17	64	66	38	39
White	781	789	4181	4314	1806	1945
Not stated	88	91	332	340	328	344

Summary

As you can see, the data shows the following:

- The representation of young patient and public members (0-21) is significantly lower than the other constituencies
- We also have a low representation of male members in the patient and public categories
- Compared to white ethnicities, we are underrepresented in the ethnic minority categories.

What this shows is that there is significant work needed to tackle the issue of low numbers of younger people across our membership, particularly as we are a children and young people's hospital. This will involve additional imaginative engagement and communication strategies, outreach programmes and recruitment drives that are tailored towards encouraging younger people to join. We also have to take into consideration what methods can be deployed to help increase interest in the membership for our male members and those in ethnic minorities.

Membership History Report

The table below shows the history of our membership in numbers including joiners and leavers since April 2020.

Month	Joiners	Leavers	Net	Total Membership
April 2020	3	0	3	9971
May 2020	3	0	3	9974
June 2020	0	0	0	9974
July 2020	3	0	3	9977
August 2020	2	0	2	9979
September 2020	7	1	6	9985
October 2020	6	162	-156	9829
November 2020	16	16	0	9829
December 2020	16	0	16	9845
January 2021	15	7	8	9853
February 2021	1	0	1	9854
March 2021	0	0	0	9854
April 2021	9	0	9	9863
May 2021	0	1	-1	9862

Please note that the numbers in October are correspondent with the recent change in constituency boundaries which took place at the time.

It is important that as a Membership Engagement Recruitment and Representation Committee, we use this monthly figures to track how well our engagement and communications efforts are doing and the results they are yielding in terms of new joiners/leavers.

Appointment of new Governors to the MERRC

Following the call for to the MERRC, the following Governors put themselves forward:

- Alison Kelly
- Beverly Bittner
- Emma Beeden
- Grace Shaw-Hamilton
- Olivia Burlacu.

Actions from the meeting

The new MERRC met on **Thursday 17 June 2021** and below is a summary of the topics discussed, plus actions.

Terms of Reference

Members of the new MERRC were asked to review the existing Terms of Reference and it was agreed that the term 'representative members' (point 3.3) needed to be defined as it wasn't just applicable to service users but also parents/carers.

The committee also looked at defining what success looked like and agreed the following:

- Creating a connection between patients and technology
- Increasing diversity within constituency demographics by targeting specific groups
- Making a difference by improving the overall hospital experience
- Acting as a medium for feedback by listening.

Statistics report

The MERRC commented on adding percentages to the statistics reports as well as looking at the ethnicity breakdown for London, Home Counties and the Rest of England and Wales. They also commented on making the report more visually appealing with the possibility of using bar charts etc. On reviewing the statistics report, they agreed to prioritise the recruitment of young people to our membership.

Membership offer

The committee believe it is necessary to rephrase how we advertise the benefits of membership and rather than list of the things that can be done as a member, instead promote the emotive benefits such as membership is an opportunity to make friends and meet new people as well as advertising what people can do to help shape the hospital.

They highlighted that the main driver for membership was to show that members matter and linking it to the new strategy. A way to do this could be to build around the concept that GOSH needs to learn from its membership in order to make it better. This includes making sure everyone feels like they belong and so being intentional about being inclusive and reflecting that inclusivity in our communications, marketing and messaging. It is also important to emphasise that young people have a say and showing the difference young people have made is a good way to encourage recruitment to the membership. Phrases like "We want to hear from you!" can help cement the notion that everyone is valued and welcomed.

The committee commented that there needed to be

- A better promotion of the benefits in informal areas such as the Lagoon or hospital entrance. They talked about showcasing the benefits of membership for different categories of people (patients, parents/carers, public, and staff). A way of doing this could also be to lay out the different time commitments associated with being a member.
- Ideas that were mentioned included the use of social media in various forms such as Twitter, TikTok and Instagram.
- The committee also looked at
 - How we could harness the enthusiasm of medical students to drive the membership offer as well as tapping into universities, colleges and schools.
 - Being ambassadors for the membership and also looking at ways we could partner with young people who have large social media followings to develop 'GOSH Influencers' who could promote the membership.

- The possibility of hosting 'Meet the Governor' sessions which would be an opportunity for people to drop in via Zoom and ask questions.
- Using the newsletter as a means of finding out what people are interested in plus the idea of having two different newsletters, both with the same information but targeted to different audiences e.g. one for young people/patients and another for parent/carers.

Membership Strategy

The MERRC discussed plans for the new iteration of the membership strategy which is set to run from 2022 until 2025. They talked about ensuring the strategy was consistent with the wider Trust strategy and also talked about making sure the strategy was targeted at improving patient experience thus there was a general consensus for the need to highlight that members matter, especially because of their experience. The main themes that arose for the new strategy were:

- Knowledge
- Inclusivity
- Sustainability

All of this should be unpinned by the need for digital innovation and connectivity. They also discussed looking at ways, throughout the three year period, of showing how the wider Trust strategy and Membership Strategy were being implemented in a 'Show and Tell' manner.

Annual Membership Report (AMR)

The MERRC were informed of the need for review of the AMR which will be published in September, in line with the Annual General Meetings/ Annual Members' Meeting. The only comment was for the report to have consistent use of language and wording as in previous copies.

Chair

In the issue of appointment of the chair, it was general consensus that the chair should be a young person to which both Emma Beeden and Olivia Burlacu put themselves forward and following discussion with the Company Secretary, it has been confirmed that they can both hold the position as co-chairs.

Future meeting

The next meeting of the MERRC will be held on **Thursday 21 October** from **1-3pm**.



Council of Governors' Meeting

6 July 2021

Use of Twitter for Engaging with the GOSH Membership

Summary & reason for item: To present the case for the use of Twitter to convey the message of Membership and channel of communications for the Council of Governors. One of the role of governors is to communicate with members and this is one method of engaging.

Governor action required: Comment on the proposed plan for the use of Twitter.

Report prepared by: Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by: Adetutu Emmanuel, Stakeholder Engagement Manager

What is the aim and objectives of our Twitter page?

Our current membership strategy sets out the methods that will be used to continue to develop effective, responsive and representative membership communities that will assist in ensuring that our Trust is fit for its future in the changing NHS environment. The strategy is based around three themes which are to **Recruit, Communicate and Engage** with potential and existing members of the Trust.

Incorporating social media into our communications for each of these areas will act as a way of achieving this and also support the systems and processes which the Trust already has in place to maintain and grow, engage and involve its membership.

Also, in line with the direction of where our future strategy will be headed in terms of digital innovation and connectivity, transitioning to the use of Twitter as a means of communication with our members and wider public seems like a viable route to go down. Depending on the success of this channel, we can then look to expand our reach to the world of Instagram and TikTok.

Who will our audience be?

We envision our audience to be current Public, Patients and Parents/Carers members as well as potential members, charities, support allies in the form of other Health & Social care sector organisations, Educational organisations and those with an interest in the hospital plus those interested in engagement opportunities across the Trust.

When will this be implemented and what will success look like?

The plan is for the Twitter page to be active from **July 2021** and the goals have been broken down by 3, 6, 9 months targets.

3 months (By Sep):

Recruit – Build an online membership community that is representative of the staff, patients, families and communities the Trust serves. Increase the following by 10% using newly elected/re-elected Governors acting as champions/ambassadors.

Communicate – Educate people to understand what the membership is and how to get involved.

Engage – People are engaging with the account and find the content interesting. Also to have people engaged and interested in attending the AGM/AMM.

6 months (By Dec):

Recruit – Increase the amount of interest in the elections and the number of sign ups.

Communicate – Keep people up to date with the new developments regarding membership, benefits, CoG and their constituents including promotion of the upcoming elections.

Engage – 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.

9 months (By Mar):

Recruit – More people, especially younger people, signed up to be members.

Communicate – Followers and supporters have a clear understanding about what the membership is about, how they can get involved and what they can do to make a difference.

Engage – A partnership has been developed between the Trust, its membership and other likeminded organisations, working together for the benefit of the community we serve.

This will be reviewed again once we have a new strategy in place.

What sort of content would we be sharing?

Things like #MembershipMonday – a segment to share a piece of information about membership and fun facts about the CoG.

Pictures of engagement activities

Infographics on the Trust/Historical information

Blogs

Twitter takeovers

Day in the life of....

Repost of other content from other Trust channels such as the charity and other departments

How will we ensure a regular supply of content?

As newly elected Governors, you will all act as ambassadors for the membership therefore we will be approaching you for content to feature on the Twitter page. Members of the Membership Engagement Recruitment and Representation Committee (MERRC) will also have an objective will be to shape the social media plan.

How often would the account be monitored to check replies/activity from followers?

The channel will be managed by the Stakeholder and Engagement Manager every other day during the week and monitoring any activity. If there are any issues, the first step would be to raise this with the Company Secretary Anna Ferrant who will then provide further guidance.

What will our channel be called and what will the branding look like?

@GOSHMembership



Council of Governors

06 July 2021

Process for the appointment of a non-executive director at Great Ormond Street Hospital for Children NHS Foundation Trust

Summary & reason for item:

To outline the proposed appointment process for a non-executive director (NED). Appointment of the Chair and NEDs is a responsibility of the Council of Governors and forms part of the duty of the Council in holding the NEDs to account for performance of the Board.

Governor action required:

To approve the process, including the person specification, amended terms and conditions of service and draft timetable for the appointment.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Dr Anna Ferrant, Company Secretary

PROCESS FOR THE APPOINTMENT OF A NON-EXECUTIVE DIRECTOR ON THE TRUST BOARD OF GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

1. PURPOSE

This paper outlines the proposed process for the appointment of a non-executive director on the Board of Great Ormond Street Hospital for Children NHS Foundation Trust (FT).

Appendices to this paper are provided in a separate pack.

2. BACKGROUND

2.1. Reason for the appointment

Akhter Mateen, Deputy Chair, Non-Executive Director and Chair of the Audit Committee will step down from the GOSH Board on 27 March 2021. Prior to joining the GOSH Board, Akhter worked as Group Chief Auditor of Unilever until 2012 and has brought a wealth of experience in strategy development, business transformation and a sound knowledge of corporate governance.

It has been agreed that the Trust start the search over late summer 2021 to appoint a new NED to the Board in the autumn of 2021. It is proposed that the new NED will sit as a member of the Audit Committee and this will allow time for the candidate to attend and shadow the Committee whilst Akhter is still here so as to support and inform them in their new role.

The plan is to finalise the NED appointment by end September 2021, advertising the position in during August 2021 (see below).

2.2. Composition of the Board and review by the Board of Directors

Currently the Board of Directors includes the Chair, six Non-Executive Directors and five Executive Directors, plus the Chief Executive.

The Code of Governance (July 2014) states that "*When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.*"

When considering the appointment of a new NED to the Board it is important to consider the experience and knowledge of the Board as a whole (NEDs and executive directors). Every 18-24 months, the Board refreshes the experience and knowledge survey. This survey was conducted in June 2021 and the results will be available prior to the July 2021 Council meeting (**Appendix 1**). At this Council meeting, Governors will be asked for their views on the findings and these comments will be reported to the Board the next day at its July meeting.

Appendix 2 (see separate pack) provides a summary overview of the Trust strategy 'Above and Beyond' for context when considering the qualifications, skills and experience required to oversee delivery of the strategy.

On the basis of this data, the Board will recommend specific qualifications, skills and experience for the NED role. Noting that the Council Nomination and Remuneration Committee members will be appointed at the July 2021 Council meeting, it is proposed that once all comments from the Council and the Board are collated, these are presented to a meeting of the new Council Nomination and Remuneration Committee alongside a draft Person Specification. It is proposed that the Council delegate responsibility for approval of the final NED Job Description and Person Specification to the Council Nomination and Remuneration Committee in July 2021. The decision from the Committee will be communicated back to the Council via email, including the approved final Job Description and Person Specification.

Actions for the Council of Governors

The Council is asked to consider the findings from the survey (**Appendix 1** to be circulated week commencing 28 June 2021) and at the Council meeting provide comments on the qualifications, skills and experience required for the new NED position.

The Council is asked to delegate responsibility for approval of the final NED Job Description and Person Specification to the Council Nomination and Remuneration Committee in July 2021. The decision from the Committee will be communicated back to the Council via email, including the approved final Job Description and Person Specification.

Once agreed, the recruitment process will commence (see timetable below).

2.3. Terms and Conditions of Service

The NED terms and conditions of service was previously approved by the Council in February 2020 (see **Appendix 3** in a separate pack).

Remuneration for a NED at GOSH is **£13k** per annum (approved by the Council in April 2020 for a three year period).

Action for the Council of Governors

The Council is asked to **note** the terms and conditions of service for a non-executive director.

3. APPOINTMENT PROCESS

The Code of Governance provides a high level overview of the principles of an effective NED appointment process. Details are provided at **Appendix 3** in a separate pack.

The appointment of a Non-Executive Director will be made on merit, based on objective criteria following open competition. The process will be formal, rigorous and transparent and in line with the above provisions (see below for further detail).

The following process is proposed for appointment of a NED at GOSH:

3.1. Use of recruitment consultants

The Trust plans to use recruitment consultants to support the NED appointment and conduct the search. A process for appointment of the recruitment consultant is underway.

3.2. Advertisement

Advice will be sought from the recruitment consultant on advertising of the position so as to ensure that it is promoted across a range of media and is accessible by a diverse audience.

The position will be advertised for a minimum of 4 weeks.

A draft high-level timetable is attached below:

W/C 2 August 2021: Advertise post

W/C 6 September 2021: Closing date for applications

W/C 13 September 2021: Long-list of candidates provided to Trust

By 17 September 2021: Medium/Short-list agreed by Council Nominations and Remuneration Committee

W/C 20 September 2021: Recruitment consultants hold assessment interviews with short-listed candidates

W/C 27 September 2021: Council Nominations and Remuneration Committee agrees final short-list

W/C 4 October 2021: Final interviews and stakeholder panel.

Tuesday 23 November 2021: Council considers approval of new NED on the Trust Board.

Action for the Council of Governors

The Council is asked to **approve** the draft timetable (and note that this will be subject to change in relation to availability of key stakeholders).

3.3. Long-list

The recruitment consultant will analyse the applications and provide a long list of suitable candidates against the person specification.

3.4. Shortlist

The recruitment advisers will hold assessment interviews with short-listed list applicants and present a report on the most suitable candidates as assessed against the person specification and taking into account the findings of the assessment interview process (covering quality aspects, candidate interests) and any information pertinent to the fit and proper persons test.

The Council Nominations and Remuneration Committee will finalise the shortlist and identify those candidates that should be invited for interview. Barring an exceptional number of high calibre candidates, the Committee should aim to select for interview no more than 3-4 candidates.

3.5. References

If possible, two references will be provided in writing for shortlisted candidates.

3.6. Shortlisted Candidates

There will be an opportunity for shortlisted candidates (if they wish) to speak to the Chair of the Trust and/or another NED.

3.7. Interviews

At interview, candidates will be asked questions to assess whether they can demonstrate the required skills and expertise required for the NED role. The selection process will ensure that the interview panel tests all relevant criteria.

Each interview will last approximately 45 minutes.

Prior to the interview, candidates will be offered the opportunity to take a tour meet and asked to speak with young people at a stakeholder panel. Feedback on each candidate from the tour and stakeholder panel will be provided to the interview panel.

3.8. Decision and Recommendation of appointee

The Interview Panel will seek to arrive at an agreed decision on a preferred candidate at the conclusion of the final interview process. Any provisional offer will be subject to a range of appropriate checks including two detailed references (in writing), a DBS check and assessment against the Fit and Proper Person assessment criteria, which will include qualification checks.

Appointment will be subject to approval by the Council of Governors.

3.9. Interview Panel

The role of the panel is to make a recommendation to the Council for a preferred candidate to be appointed to the role of NED. As outlined in Monitor's Governors' Guide (2013), governors make up a majority of the votes on the interview panel.

The interview panel will comprise the following members:

- Chair of the Board, Council of Governors and the Council Nominations and Remuneration Committee (voting)
- A NED (voting)
- Three (out of the five) members of the Council of Governors' Nomination & Remuneration Committee (voting).

The Company Secretary will be in attendance for advice.

Prior to the interviews, the Interview Panel will decide on a series of questions and areas for discussion with candidates, ensuring that the interviews are consistent, fair and transparent. Documentation will be provided to panel members to ensure all agreed criteria are fairly assessed.

Action for the Council of Governors

The Council is asked to **approve** the proposed appointment process.

4. ACTIONS FOR THE COUNCIL OF GOVERNORS

The Council is asked to **consider** the results from the experience and knowledge self –assessment survey and provide comments at the July Council meeting on the necessary skills and experience for the NED appointment, taking into account the context of delivery of the Trust strategy within a changing NHS landscape.

The Council is asked to **note** the terms and conditions of service for a non-executive director.

The Council is asked to **approve** the following:

- Delegation to the Council Nominations and Remuneration Committee to consider and approve the Job Description and Person Specification for the new NED role.
- The proposed draft timetable for the appointment.
- The proposed appointment process.

Council of Governors

6 July 2021

Appointment of a Lead Governor and Deputy Lead Governor

Summary & reason for item

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

At the April 2021 meeting of the Council of Governors, Governors were invited to nominate themselves for the positions of Lead Governor and/or Deputy Lead Governor by 5:00pm on Wednesday 16 June 2021. At the close of nominations:

- One nomination was received for Lead Governor from Claire Cooper Jones – Parent/Carer Governor from Rest of England and Wales.
- One nomination was received for Deputy Lead Governor from Beverly Bittner-Grassby Parent/Carer Governor from London.

As there is one nomination for each of the positions, there is no need for an election and therefore this paper asks the Council of Governors to approve the appointment of:

- a. Claire Cooper Jones – Parent/Carer Governor from Rest of England and Wales as Lead Governor for a one year term, and
- b. Beverly Bitter-Grassby – Parent/Carer Governor from London as Deputy Governor for a one year term.

The nominees' statements are provided for information at **Appendix 1**.

Governor action required:

- To approve the appointment of Claire Cooper Jones –as Lead Governor and Beverly Bitter-Grassby – Parent/Carer Governor for one year terms.

Report prepared by:

Paul Balson, Head of Corporate Governance

Item presented by:

Paul Balson, Head of Corporate Governance

Appendix 1

Nomination from Claire Cooper-Jones for Lead Governor

I have been the Lead Governor for 2 years and as we are entering a new term with a cohort of new governors, I would like to offer some stability by continuing as Lead for another year.

I have worked hard for the past 2 years to foster good working relationships between Governors, NEDs and the Executive Team. I am able to draw upon skills and understanding from my 'day job' as a Psychologist to ensure we act as 'critical friends' – not being afraid to challenge where necessary, but doing so in a constructive and helpful manner.

Being a natural advocate for others, I am always keen to ensure that all Governors have a voice and feel 'heard' during meetings. I am always willing to offer support and guidance, although am able to signpost to more helpful sources of support if I feel this is more beneficial.

Logistical aspects of the LG role, such as the appraisals of the NEDs, (a key part of the Governor role) requires time commitment, planning and organisation, and am fortunate to be able to work flexibly to accommodate the time required, and I have always carried out this part of the role with great efficiency.

I have recently made links with other Lead Governors in the area, and look forward to sharing ideas with other local Councils of Governors in order to learn from good practice.

I would greatly welcome the opportunity to build upon our achievements to date.

Nomination from Beverly Bittner-Grassby for Deputy Lead Governor

I would be delighted to serve as/like to be considered for Deputy Lead Governor of the GOSH Council of Governors.

Like my fellow governors, I am passionate about GOSH, which is a truly amazing hospital. Like all great organisations, there are ways to continually improve to meet the every changing needs of the patients, environment and opportunities from advancing technology.

Since being elected to the Council of Governors, I have learned more about the running of GOSH. My business background has allowed me to do this fairly quickly. Prior to raising my family, I worked in strategy, marketing and finance for management consulting firms as well as retail and consumer goods companies in the US and UK, and earned an MBA from Harvard Business School.

I consider myself a very inclusive person, and think we can all learn from everyone's point of view. While I feel I have a good understanding of parents as I have six children, now age 13-21, I have learned through hearing the views of the staff and appointed governors. I am keen to become involved in MEERC, and hope that I can greater reflect my constituency's views in my thinking.

As my children are more independent, I am in the fortunate position of being able to dedicate my time to this role.



Council of Governors

6 July 2021

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 the last Council meeting on 20 April 2021. The report includes:

- GOSH Quality Report Update
- Chief Nurse Stakeholder Panel
- Code of Conduct and eligibility for office
- Update on NHS Providers' Governor Advisory Committee
- Non-Executive Director and Governor Buddying
- Update on Governor online portal
- Council effectiveness survey action plan update

Attachments

- GOSH Quality Report – this will follow once published on 30 June 2021.
- GOSH Draft Governor Code of Conduct Form

Governor action required

- Approve the GOSH Governor Code of Conduct.
- Governors with suggestions or feedback related to governor development to contact Josh Hardy by email (email address available from the Corporate Affairs Team) by Tuesday 31 August 2021.

Report prepared by

Paul Balson, Head of Corporate Governance

Item presented by

Paul Balson, Head of Corporate Governance

1 GOSH Quality Report

Governors may be aware that we are required as an NHS Foundation Trust to produce an annual Quality Report (also called Quality Account).

The purpose of the report is to provide a record of the quality of care provided by the Trust.

One requirement of the report is for governors to provide comments and have these comments/ views reported as a statement in the report. Following a call for volunteers, the following Governors volunteered to review the report:

- Alison Kelly: Appointed Governor – Camden Council
- Lisa Allera: Patients and Carers: Parent/Carer from the Home Counties

The deadline to collate feedback from Governors was 25 June. The most recent draft of the Quality report is included as an **appendix** (this will be circulated once published on 30 June 2021).

2 Chief Nurse Stakeholder Panel

As Governors will be aware, Alison Robertson – Chief Nurse will retire in quarter 2 of 2021/22 and the process to recruit a successor is underway.

As part of the recruitment process, two Governor Volunteers will be sought to sit on a stakeholder panel and provide feedback on the candidates. The panel is seeking:

- One Parent/Carer Governor
- One other Governor

The call for volunteers will be circulated with the July 2021 Council newsletter. If there are more volunteers than places, Governors will be selected at random.

3 Code of Conduct and eligibility for office

A part of their role, Governors are expected on an annual basis, to complete:

- Governor eligibility for office form
- Code of conduct form

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

Form	Rationale and description
Code of conduct	<p>The Code of Conduct sets out the standards of conduct the Trust expects of its Governors. The GOSH Council I presented to the Council for approval.</p> <p>The code cover the expectations of the Principles of Public Life, the core principles of the NHS as defined in the NHS Constitution, the Trust’s Always Values and other relevant key Trust policies.</p> <p>The 2021/22 Codes of Conduct have been updated to reference the Bribery Act 2010 and had their format updated.</p> <p>The Trust Board approved the Directors’ Code of Conduct at the 26 May Trust Board meeting.</p> <p>The Code of Conduct for Governors is presented to the Council of Governors on 6 July 2021 for approval. Once approved, it will be circulated to all Governors to sign and return to the Corporate Affairs Team.</p> <p>All Governors are required to sign and adhere to the Code of Conduct.</p>
Governor eligibility for office	<p>Under the Constitution, each Governor must formally declare that they are eligible to hold office on an annual basis. The qualifications (or criteria)</p>

	<p>that make a Governor eligible to hold office are listed on the attached form.</p> <p>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.</p> <p>The Governor eligibility for office form was circulated to Governors to sign and return to the Corporate Affairs Team. The Corporate Affairs Team will continue to chase non-compliant Governors.</p>
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Governor action required

- To approve the Code of Conduct for Governors and once received in the July Council of Governors' newsletter, return a signed form to the Corporate Affairs Team by **Friday 30 July 2021**. The documents cited in the appendix will also be circulated.
- Governors who have not yet returned a signed Governor eligibility for office will be sent an additional reminder to sign and return the form to the Corporate Affairs Team as soon as possible.

4 Update on NHS Providers' Governor Advisory Committee (GAC)

At the first meeting of the GAC in May:

- It was noted that there are two Children's Hospital representative on the GAC, Sheffield Children's Hospital and Great Ormond Street Hospital for Children NHS Foundation Trust.
- A discussion took place on the emerging policy issues nationally, including coronavirus, the new White Paper and provider collaboration.
- There is a three-day governor development conference in July, which GOSH has two seats at.
- The purpose of the GAC is to influence the governor development services that NHS Providers offer nationally.
- There were three governor workshops delivered across January and February 2021 to over 250 governors.

The next meeting of the GAC will meet on Tuesday 7 September 2021 and Josh would like feedback (by Tuesday 31 August 2021) from all GOSH Governors related to:

- how governor development can be improved nationally, or
- Exemplar reports or way of ways of working that should be shared nationally.

This feedback will then be shared at the GAC meeting.

Action required

Governors with suggestions or feedback related to governor development to contact Josh Hardy by email (email address available from the Corporate Affairs Team) by **Tuesday 31 August 2021**.

5 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 NEDs hosting tutorial style informal meetings to discuss a variety of topics. Since the last report, two sessions for the 2021 intake of Governors have been arranged.

5.1 Session 1 with Akhter Mateen on 27 May 2021

This session focused on the annual report and accounts, the content and purpose of the documents and the work of internal audit and external audit. The session was well received by the eight Governors in attendance:

- Alison Kelly – Appointed Governor - Council
- Beverly Bittner-Grassby – Parent Governor - London
- Claire Cooper Jones – Parent/Carer Governor – Rest of England and Wales
- Gavin Todd – Parent Governor – Home Counties
- Josh Hardy -Appointed Governor - YPF
- Olivia Burlacu – Patient Governor – Home Counties
- Peace Joseph – Public Governor - London
- Quen Mok – Staff Governor

5.2 Session 2 with Amanda Ellingworth and Kathryn Ludlow on 1 July 2021

The highlights from the 1 July session with Amanda Ellingworth on the work of QSEAC will be reported at the meeting.

6 Update on Governor online portal

The Head of Corporate Governance has continued to work with colleagues in ICT to provide a Governor online portal and a solution is expected to be in place by the November 2021 meeting of the Council of Governors.

7 Council effectiveness survey action plan update

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, 18 of the actions have been reported as closed. An update on the remaining action is provided below:

#	Action	Update
19	It is recommended that Governors and NEDs agree a consistent approach to Governor attendance at assurance committee meetings.	This item will be on the agenda for the next meeting of the Assurance Committee Chairs in September 2021. Action not yet due

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

CODE OF CONDUCT FOR GOVERNORS

1 Introduction

- 1.1 It is important that Great Ormond Street Hospital for Children NHS Foundation Trust (the Trust) enjoys the confidence of its stakeholders so it is essential that each person involved in the governance of the Trust adopts the highest standards of conduct.
- 1.2 This document is the Code of Conduct for the Trust's Governors (the Code), the members of the Council of Governors (the COG) which is part of the Trust's governance structure as defined in its Constitution. The Code sets out the standards of conduct which the Trust expects of its Governors.
- 1.3 This Code should be read in conjunction with the Constitution and other documents relevant to the governance of the Trust, as defined in Appendix A, as well as the Foundation Trust Code of Governance¹. If there is any discrepancy between this Code and the Constitution or any document defined in Appendix A, those documents shall prevail.

2 Application of this Code

- 2.1 This Code applies to Governors when they are acting in that capacity.
- 2.2 Whilst this is the case, the Trust recognises that the Governor role is part-time and unpaid so the Trust will act proportionately and reasonably when applying the expectations set out in this Code while also maintaining standards of conduct that are commensurate with the important role which Governors have in the governance of the Trust.
- 2.3 This Code applies to Governors when acting in any another capacity only in the event that there are concerns about a Governor's conduct when they are acting in such other capacity and those concerns are relevant to the person's role as a Governor. The Trust will act proportionately and reasonably when applying this Code in any such circumstances.

3 Values and Principles

- 3.1 As holders of office in the Trust, a public authority, Governors are required to adopt the Principles of Public Life² which are as follows:
 - 3.1.1 Selflessness: Holders of public office should act solely in terms of the public interest.
 - 3.1.2 Integrity: Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
 - 3.1.3 Objectivity: Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
 - 3.1.4 Accountability: Holders of public office are accountable to the public for their

¹ The Foundation Trust Code of Governance is available [here](#).

² The Principles of Public Life are defined [here](#).

decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

- 3.1.5 Openness: Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
 - 3.1.6 Honesty: Holders of public office should be truthful.
 - 3.1.7 Leadership: Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.
- 3.2 Governors are also expected to support the core principles of the NHS as defined in the NHS Constitution³ and summarised below:
- 3.2.1 The NHS provides a comprehensive service, available to all.
 - 3.2.2 Access to NHS services is based on clinical need, not an individual's ability to pay.
 - 3.2.3 The NHS aspires to the highest standards of excellence and professionalism.
 - 3.2.4 The NHS aspires to put patients at the heart of everything it does.
 - 3.2.5 The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.
 - 3.2.6 The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
 - 3.2.7 The NHS is accountable to the public, communities and patients that it serves.
- 3.3 Governors are also required to adopt the Trust's values (the Always Values), which, with the associated behavioural standards, are as follows:
- 3.3.1 Always Welcoming: respect, smiles, friendly
 - 3.3.2 Always Helpful: understanding, helps others, patient, reliable
 - 3.3.3 Always Expert: professional, safe, excellence, improving
 - 3.3.4 Always One Team: listen, communicate, involve, open
- 3.4 Each value is underpinned by behavioural standards which Governors are expected to display at all times. A full description of the Always Values and the associated behaviours will be given to Governors by the Company Secretary.
- 3.5 Governors are also expected to adopt and comply with any codes of conduct or policies of the Trust which describe standards of behaviour that are relevant to employees and other individuals involved in the governance or operation of the Trust. The relevant policies are listed at Appendix B and a copy of each will be given to each Governor at the time of their induction and made available on the Governor portal.

4 The role and conduct of Governors

- 4.1 The role of each Governor and of the Council of Governors is defined in the Trust's Constitution and in relevant terms of reference and role descriptions. Governors are required to comply with these documents (and others defined in Appendix A) and any relevant policies and procedures issued to them. Any Governor who is non-compliant

³ The NHS Constitution is available [here](#).

with any of these requirements, or is aware of non-compliance by others, must notify the Company Secretary immediately.

- 4.2 The Governors recognise that the Council of Governors is an important part of the Trust's governance structure and as such it must work constructively and collaboratively with the Board of Directors (the Board), which, as required by the Trust's Constitution and NHS Provider Licence⁴, is responsible for the governance of the Trust. Governors therefore commit to developing (with the Board) and adopting arrangements to facilitate such a relationship between the Council of Governors and the Board, and with relevant members of staff.
- 4.3 In order to discharge their roles effectively, Governors are expected to adopt good standards of conduct. Therefore, in addition to adopting the values and principles set out above, Governors are expected to:
- 4.3.1 Demonstrate commitment to the Trust as a whole and act in its best interests at all times, including in relation to any other interests which Governors may have (in which respect refer to section 8 below);
 - 4.3.2 Conduct themselves in a manner that reflects positively on the Trust and in accordance with the Trust's Always Values as outlined above and not in any way that would reasonably be regarded as bringing their office or the Trust into disrepute;
 - 4.3.3 Recognise that the Trust is fully committed to the protection of children and as such all Governors are required to participate in appropriate assessments relevant to child protection.
 - 4.3.4 Understand the role and authority of the Council of Governors and the governance of the Trust;
 - 4.3.5 Recognise that the Council of Governors acts collectively and corporately such that each Governor must adopt and support its decisions;
 - 4.3.6 Accept that no Governor has any individual responsibilities or authority and must not seek to act other than through the Council of Governors;
 - 4.3.7 Contribute to the development of and support the Trust's mission, vision, and strategy;
 - 4.3.8 Give thorough consideration to information and advice provided in the course of the business of the Council of Governors such that no Governor should adopt a position that is unreasonably contrary to such advice or to recommendations, or unreasonably withhold approval on any matter;
 - 4.3.9 Focus on the key issues for the Trust and not give undue attention to any single issue, or act in support of or advocate for any member, group of members, campaign (or similar);
 - 4.3.10 Obtain and have regard to advice from the Chair, the Chief Executive (including in his capacity as Accounting Officer) or the Company Secretary, particularly in respect of matters of conduct, responsibilities and compliance with the Constitution and other relevant governance requirements;
 - 4.3.11 Participate in training and development provided by or through the Trust, whether for individual Governors or for the Council of Governors as a whole;
 - 4.3.12 Commit the necessary time to the role, including attendance at general

⁴ The Trust's NHS Provider Licence is available [here](#).

meetings of the Council of Governors, seminars, and training and development events.⁵

5 Fit and proper person

- 5.1 It is a condition of the Trust's NHS Provider Licence that each Governor serving on the Council of Governors is a 'fit and proper person' (as defined in the Trust's NHS Provider Licence). Governors must certify on appointment, and each year, that they are/remain a fit and proper person. The provisions of the Constitution apply in respect of determining whether or not a person is fit and proper (and, if they are not, in respect of disqualification from office).

6 Accountability of Governors

- 6.1 Each Governor is accountable to the Council of Governors and, through arrangements put into place by the Trust, to the members who elected them, or the organisation that appointed them, for his/her performance and conduct.
- 6.2 The Governors collectively are accountable for the effectiveness of the Council of Governors as an important part of the Trust's governance, for which the Board is responsible.
- 6.3 In connection with this, Governors accept the role of the Chair as the leader of the Council of Governors as defined in the Constitution and other governance documents (at Appendix A).

7 Confidentiality

- 7.1 The Council of Governors must work openly and transparently. The majority of its business is conducted in public, including through the publication of meeting papers, but in specific circumstances it may be necessary for briefings to be provided in confidence or for confidential matters to be considered.
- 7.2 Governors must comply with the Trust's policies and procedures in respect of confidentiality, as provided to them. Therefore, Governors must not disclose information which is stated as being confidential, other than when it is lawful to do so.
- 7.3 Governors recognise that any disclosure of confidential information puts at risk the Trust's compliance with its duties of confidentiality and, where such data is personal data, the General Data Protection Regulation (Regulation (EU) 2016/679), Data Protection Act 2018 (or any future data protection legislation) and other relevant law. Such a disclosure may also undermine the Trust's ability to function effectively and/or its reputation and may therefore be contrary to the requirements of this Code.
- 7.4 In accordance with the Constitution the Trust will investigate any breaches of confidentiality on the part of Governors and will take appropriate action.
- 7.5 No provision of this Code shall preclude any Governors from making a protected disclosure within the meaning of the Public Disclosure Act 1998 but where a governor is considering making any such disclosure, they should seek advice should from the Company Secretary.

8 Governors' interests

- 8.1 The Trust recognises that some Governors hold roles in other organisations or have

⁵ During elections the Trust will communicate to members the time commitment associated with the Governor role so that members who nominate themselves as candidates understand the Trust's expectations. The Trust will make clear that a Governor may be removed from office if he/she fails to comply with requirements in the constitution with respect to attendance at meetings. The Trust expects that staff who are elected as Staff Governors will be allowed appropriate time to fulfil their duties in that role (and will not be required to use annual leave for this purpose).

other interests; it values these where they enable Governors to make an informed contribution to the governance of the Trust.

- 8.2 It is important that all decision-making in the Trust is robust and based upon openness and transparency. Governors must at all times be impartial, honest and beyond suspicion in the conduct of their Trust business. Governors must not seek to use their position improperly to confer any advantage or disadvantage on any person. It is an offence under the Bribery Act 2010 to give, promise or offer a bribe, and to request, agree to receive or accept a bribe.
- 8.3 The Trust has in place arrangements to ensure that relevant interests are declared by Governors (and others), and to address any conflicts between such interests and those of the Trust. Governors are required to comply with these arrangements as defined in the Constitution and relevant policies and procedures (which are provided to Governors).
- 8.4 Where there is any doubt as to the relevance of an interest for any Governor, or the process through which an interest should be addressed, advice must be sought from the Company Secretary.

9 Representing the Trust

Media

- 9.1 The Trust has in place policies and arrangements to manage its relations with the media and other stakeholders to ensure that its reputation is protected and to enable the organisation to function effectively.
- 9.2 Where the work of the Council of Governors is relevant to a matter that is the subject of reporting in the media, or discussions with stakeholders, the Chair, supported by the Trust's Communications Department, will speak on behalf of the Governors. In doing so the Chair may consult with the Lead Governor or other Governors as appropriate.
- 9.3 To protect Governors and to ensure a co-ordinated and managed approach to media and stakeholder relations, no Governor may approach the media or any other stakeholder, or respond to requests for comment, or otherwise seek to represent the Trust. Any Governor receiving a request for comment must, without responding, refer it immediately for action by the Trust's Company Secretary.
- 9.4 Any Governor who is approached in a personal capacity by the media or any other stakeholder may respond but must make it clear that he/she is doing so in that capacity, not as a representative of the Trust, and must have regard to this Code and in particular to the reputation of the Trust when doing so. Before making such comments Governors should seek advice from the Trust's Company Secretary but where no such advice is sought Governors should notify the department after making comment.

Visits to premises of the Trust or other organisations

- 9.5 In connection with the work of the Council of Governors the Trust may from time to time invite Governors to visit the Trust's services or facilities, including premises which are not open to members of the public, or premises operated by other organisations. Governors must comply with any arrangements put into place by the Trust (or the other organisation concerned) for such visits, including requirements in respect of infection control and dress.
- 9.6 In order to ensure the privacy of patients and so that the Trust's services function effectively, Governors may not otherwise visit any of the Trust's premises in their capacity as Governors. Governors may not in that capacity visit the premises of any

Attachment Pi

other organisation without the permission of the Trust and the other organisation concerned.

9.7 The above provisions do not prevent any Governor from visiting the Trust in a personal or other capacity, including as a patient, a carer of a patient, or as a volunteer.

10 Training & development

10.1 The Trust is committed to providing appropriate induction, training and development opportunities for Governors to enable them to carry out their role effectively. This ensures compliance with the statutory duty which the Trust has to take steps to ensure that the Governors are equipped with the skills and knowledge they require.

10.2 Each Governor is, therefore, required to participate in training and development opportunities that have been identified as appropriate for him/her (except with reasonable cause in the opinion of the Chair, Company Secretary and Lead Governor).

11 Interpretation of this Code, and compliance

11.1 Any Governor who requires advice on the provisions or application of this Code should obtain it from the Company Secretary.

11.2 All Governors are required to comply with this Code. Each Governor must confirm this within 28 days of his election or appointment by signing and returning to the Company Secretary a copy of this Code.

11.3 Any suspected or actual non-compliance with this Code will be addressed in accordance with the Constitution.

12 Approval and review of this Code

12.1 This Code was approved by the:

12.1.1 Trust Board on 26 May 2021 - **TBC**

12.1.2 Council of Governors on 6 July 2021 - **TBC**

12.2 This Code will be subject to review, led by the Chair and Company Secretary, not more than one year from its date of approval.

13 Declaration

I [Click or tap here to enter text.](#) have read, understood and agree to comply with this Code of Conduct for the Council of Governors of Great Ormond Street Hospital for Children NHS Foundation Trust.

Signature [Click or tap here to enter text.](#)

Date [Click or tap to enter a date.](#)

APPENDIX A: GOVERNANCE DOCUMENTS

- 1 Constitution, including its appendices**
- 2 Standing Orders**
- 14 Standing Financial Instructions**
- 15 Any terms of reference for the Council of Governors or any committees established by it**
- 16 Schedule of matters Reserved to the Board and Council of Governors**
- 17 Foundation Trust Code of Governance**
- 18 Code of Conduct for Governors**
- 19 Standard Operating Procedure on Electronic Communications**
- 20 Any role descriptions or similar for Governors**

APPENDIX B: POLICIES AND PROCEDURES

- 1 Declarations of Interest, Gifts, Hospitality and Sponsorship Policy**
- 2 Countering Fraud, Bribery and Corruption Policy**
- 3 Confidentiality Policy**
- 4 Disclosure and Barring Service Policy**
- 5 Fire Policy**
- 6 Health and Safety Policy**
- 7 Media Policy**
- 8 Safeguarding Children and Young people Policy**



Council of Governors

6 July 2021

Membership of Council committees: Appointment to the Council of Governors' Nominations and Remuneration Committee

Summary & reason for item

The purpose of this paper is to inform the Council of the outcome of the call for nominations to the Council of Governors' Nominations and Remuneration Committee.

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.

At the April 2021 meeting of the Council of Governors, Governors interested in joining the Committee were asked to nominate themselves by **Wednesday 16 June 2021**. Six Governors nominated themselves to sit on the Committee.

Following appointment of the Lead Governor, the relevant person will automatically become a member of the Nominations and Remuneration Committee.

Quen Mok – Staff Governor was the only Staff Governor nominee and pending approval by the Council, will become a member of the Nominations and Remuneration Committee.

This means that there is a need for a single ballot to elect the final three places on the Committee which are:

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

The five Governors contesting the three places are:

- Beverly Bittner Grassby – Parent Governor
- Eve Brinkley Whittington - Public Governor
- Stephanie Nash – Parent Governor
- Peace Joseph – Public Governor
- Josh Hardy – Appointed Governor

The vote will be conducted via the single Transferable Vote (STV) system.

The three governors successful candidates will be announced at the Council of Governors' meeting on 6 July 2021 and the Council will be asked to approve the Committee membership.

Governor action required

The Council is asked to approve the Governor membership of the Council of Governors' Nominations and Remuneration Committee which will be announced at the Council meeting.

Report prepared and presented by:

Paul Balson, Head of Corporate Governance

Council of Governors

6 July 2021

Membership of Council committees: Appointment to the Constitution Working Group

Summary & reason for item

At the April 2021 meeting of the Council of Governors, any Governors interested in joining the Constitution Working Group were asked to nominate themselves by Wednesday 16 June at 5.00pm.

Following nominations, three of the four vacancies for Governors were filled. At the Council meeting, a request will be made for a Governor to fill the final seat on the group.

Under the Trust Constitution, the Council and the Board approve amendments to the Constitution. The Constitution Working Group undertakes reviews of the Constitution and proposes amendments where appropriate. The Group reports to the Council and the Board. The Committee terms of reference are included as **Appendix 1** (subject to review and update at the first meeting of the Group). Some of its key achievements includes:

Worked with lawyers to revise the membership constituencies and the number of Governors they elect

Amended the Constitution to allow virtual Council meetings.

Reviewed the feedback from the Council effectiveness survey and developed an action plan.

Changed the election cycle from every three years to annual.

Approved the addition of two appointed Young People's Forum Governors to the Council

Committee membership

Five Governors from all the constituencies (patient and carer, public, staff and appointed) sit on the Group. This includes the Lead Governor. Following appointment of the Lead Governor at the meeting on 6 July, the relevant person will automatically become a member of the Constitution Working Group.

This leaves four vacancies for other Governors. Nominations were received from three governors and the Council is asked to approve their appointment to the group:

Governance and Constituency
Alison Kelly – Appointed Governor
Lisa Allera - Parent/Carer Governor
Peace Joseph – Public Governor
Vacant

Action required

- At the Council meeting, a request will be made for a Governor to fill the final seat on the group.
- Although any Governor from any constituency can self-nominate, given that the current membership consists of two parent/carers governors, a public governor and an appointed governor; a nomination from a Staff Governor is encouraged.

Report prepared by

Paul Balson, Head of Corporate Governance.

Item presented by

Paul Balson, Head of Corporate Governance.