

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Thursday 07 July 2022
2:30pm – 5:30pm
By Zoom (details sent in calendar invite)

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions	Verbal	Michael Rake, Chair	2.30pm
2.	Apologies for absence	Verbal	Michael Rake, Chair	
3.	Declarations of interest	Verbal	Michael Rake, Chair	
4.	Minutes of the meeting held on 27 April 2022	A	Michael Rake, Chair	
5.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
STRATEGY AND PLANNING				
6.	Governor requested item from April 2022 Council meeting: Use of data at GOSH for innovative purposes	C	Andrew Taylor, Director of Innovation (DRIVE)/ Shankar Sridharan, Chief Clinical Information Officer	2.40pm
7.	Governor requested item: Impact of cost of living – financial support for patients, families and staff	D	Tracy Lockett, Chief Nurse / Caroline Anderson, Director of Human Resources and Organisational Development	3.00pm
8.	Progress with the Children’s Cancer Centre (CCC) Project	E	Gary Beacham, CCC Delivery Director Daniel Wood, Programme Director, Children’s Cancer Planet	3.20pm
9.	2022/23 Annual Plan Update	F	Margaret Ashworth, Interim Chief Finance Officer	3.35pm
PEROFRMANCE and ASSURANCE				
10.	Chief Executive Report including: <ul style="list-style-type: none"> • Integrated Quality and Performance Report (May 2022 data) • Finance Report (May 2022 data) 	G	Sanjiv Sharma, Medical Director Margaret Ashworth, Interim Chief Finance Officer	3.40pm

11.	Update from the Young People’s Forum (YPF)	H	Grace Shaw-Hamilton and Rose Dolan, YPF Governors	4.00pm
12.	Reports from Board Assurance Committees <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee (June 2022) • Audit Committee (May 2022) • Finance and Investment Committee (June 2022) • People and Education Assurance Committee (June 2022) 	S I J K	Amanda Ellingworth, Chair of the QSEAC Akhter Mateen, Chair of Audit Committee James Hatchley, Chair of Finance and Investment Committee Kathryn Ludlow, Chair of the People and Education Assurance Committee	4.10pm
13.	Governor Update – activities between meetings <ul style="list-style-type: none"> • Governors’ Sustainability Working Group (5 May 2022) • NHS Providers’ Governor Focus Conference (5 & 6 July 2022) 	L Verbal	Adetutu Emmanuel, Stakeholder Engagement Manager / Governor Working Group Members Peace Joseph and Eve Brinkley-Whittington, Public Governors	4.25pm
GOVERNANCE				
14.	Extension of tenure for Non-Executive Director – James Hatchley Appointment of Deputy Chair (and proposal on Senior Independent Director)	M	Anna Ferrant, Company Secretary	4.35pm
15.	Appraisal process for the Chair and Non-Executive Directors and the role of Governors	N	Anna Ferrant, Company Secretary	4.45pm
16.	Appointment of the Lead Governor and Deputy Lead Governor	O	Anna Ferrant, Company Secretary	4.55pm
17.	Draft Code of Governance and Draft <i>Addendum to Your statutory duties – reference guide for NHS foundation trust governors</i>	P	Anna Ferrant, Company Secretary	5.00pm
18.	Governance Update <ul style="list-style-type: none"> • Confirmed membership on Council Committees • NHSP Significant Transaction training for governors 	Q	Paul Balson, Head of Corporate Governance	5.05pm

19.	Update from the Membership Engagement Recruitment and Retention Committee including: <ul style="list-style-type: none"> • Planning for the AGM • Annual Membership Report • New Membership Materials 	R	Adetutu Emmanuel, Stakeholder Engagement Manager	5.15pm
20.	Any Other Business		Michael Rake, Chair	5.25pm
21.	Next Meeting 09 November 2022			

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
27 April 2022
Held virtually via videoconference

Akhter Mateen	Deputy Chair (Meeting Chair)
Beverly Bittner-Grassby	Patient and Carer Governors: Parents and Carers from London
Stephanie Nash	
Kamran Ansari	
Claire Cooper-Jones	Patient and Carer Governors: Parents and Carers from the rest of England and Wales
Lisa Allera	Patient and Carer Governors: Parents and Carers from the Home Counties
Sapna Talreja	
Josh Hardy	Patient and Carer Governors: Patients from Home Counties
Constantinos Panayi	Patient and Carer Governors: Patients from London
Roly Seal	Public Governors: London
Peace Joseph	
Sara Ayerman	
Hannah Hardy	Public Governors: Home Counties
Eve Brinkley Whittington	
Quen Mok	Staff Governors
Tania Ahmad	
Jacqueline Gordon	
Prof Jugnoo Rahi	Appointed Governor: University College London, Institute of Child Health
Rose Dolan	Appointed Governor: Young People's Forum
Grace Shaw-Hamilton*	
Alison Kelly	Appointed Governor: London Borough of Camden

In attendance:

Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
James Hatchley	Non-Executive Director
Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Helen Jameson	Chief Finance Officer
Caroline Anderson*	Director of HR and OD
Tracy Luckett*	Chief Nurse
John Quinn*	Chief Operating Officer
Anne Layther*	Deputy Chief Operating Officer
Rebecca Stevens*	Head of Performance

Daniel Wood*	Children's Cancer Centre Planet Director
Will McCready*	Children's Cancer Centre Programme Manager
Varsha Siyani*	Transition Facilitation Manager
Anna Ferrant	Company Secretary
Natalie Hennings	Deputy Company Secretary
Paul Balson	Head of Corporate Governance
Adetutu Emmanuel	Stakeholder Engagement Manager
Victoria Goddard	Trust Board Administrator (minutes)

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

8	Apologies for absence
8.1	Apologies were received from: Olivia Burlacu, Patient and Carer Governor; Abbigail Sudharson, Patient and Carer Governor; Maisie Stewart, Patient and Carer Governor; Georgina Townsend-Teague, Patient and Carer Governor; Julian Evans, Public Governor, Benjamin Hartley, Staff Governor; and Mark Hayden, Staff Governor.
9	Declarations of interest
9.1	No declarations of interest were received.
10	Minutes of the meeting held on 10 February 2022
10.1	The Council approved the minutes of the previous meeting.
11	Matters Arising and action log
11.1	The actions taken since the previous meeting were noted.
12	Overview of Trust strategy: Above and Beyond
12.1	Matthew Shaw, Chief Executive said that the GOSH's Above and Beyond Strategy was published in 2020 following wide ranging consultation in the previous year. 'The Child First and Always' was well known in the Trust and the focus on values is key to the organisation. A new element to the strategy was around protecting the environment and feedback had been received from staff and young people that this was an important area.
12.2	Six strategic priorities had been identified and good overall progress was being made although some priorities were ahead of others as a result of the pandemic.
13	Chief Executive Report
13.1	Matthew Shaw said that high levels of activity were taking place and GOSH was performing well compared to other North Central London organisations in this regard. The Trust had accepted five patients from Ukraine through work taking place by the European Children's Hospital Association and discussions continued to take place with International Rescue about bringing cohorts of patients with complex needs from other Eastern European countries.

13.2	Work was taking place to reduce the number of referrals for which there was no future activity and to make changes to Epic to reduce the number of occurrences in future. From the cases which had been reviewed so far two patients had been identified who may have come to harm as a result of not having been seen earlier. These patients would continue to be reviewed.
13.3	A small fire had taken place in the staff nursery caused by a tumble dryer. No staff or children had been hurt and the London Fire Brigade had given positive feedback about the procedures for evacuation.
13.4	Josh Hardy, Patient and Carer Governor highlighted the importance of cyber security as a result of the war in Ukraine and asked about the action GOSH had taken. Matthew Shaw said that NHS England had asked Trusts to undertake a detailed analysis against a number of areas and the team was assured that the Trust was meeting or surpassing requirements in all areas. Global supply chains were also being impacted as well as inflation and Matthew Shaw said that the Trust would also be exposed to these risks.
14	People Planet Update: Staff survey results 2021
14.1	Caroline Anderson, Director of HR and OD said that the questions of the 2021 staff survey were structured differently this time and were based around the seven themes of the NHS England people promise and therefore it had not been possible to benchmark against previous years' results. The Trust's first whole organisation staff survey had been undertaken in 2018 and GOSH's results had been the lowest in its comparator group across almost all areas and there had been incremental improvements year on year. In 2021 the Trust had been average in 4 areas and slightly below average in 5 areas. Specific work had taken place in areas where staff had reported feeling work related stress.
14.2	Kathryn Ludlow, Non-Executive Director said that the People and Education Assurance Committee continued to monitor progress with the People Strategy noting the longer timeframes associated with culture change.
15	Introduction to Tracy Lockett, Chief Nurse
15.1	Tracy Lockett, Chief Nurse said that she had started in post on 1 st February 2022 and had joined the Trust from Moorfields Eye Hospital NHS Foundation Trust where she had many similar areas of responsibility. She had spent time meeting staff, patients and families and had noted that there were a large number of caring and compassionate staff in the organisation.
15.2	Tracy Lockett highlighted the areas that she had identified which required improvement including communication with patients and families, processes around patients being referred into the Trust and the way in which they were supported when they were at GOSH. Tracy Lockett said that part of her role was around health inequalities which was a key area of focus.
16	Governor requested item: How are we seeking to reduce waiting lists and maintain safety and deliver a good patient experience?
16.1	John Quinn said that waiting lists were a challenge for the NHS as a whole as a result of the surges in the COVID19 pandemic during which Trusts were asked

	to substantially reduce elective care to focus on the treatment of patients with COVID19. This had created a backlog of patients who had been categorised based on clinical need. GOSH had been successful in ensuring that it could treat the highest priority patients, P1, and also maintaining cancer services and continuing to meet targets in this area.
16.2	A clinical harm review process was in place for patients who waited longer than 52 weeks and there had been no cases in which moderate or severe harm had been identified as a result of prioritisation.
16.3	In order to reduce the backlog of patients a target of 104% of 2019/20 activity had been set and the Trust was achieving this in some areas and a theatre scheduling process called 6-4-2 had been introduced which would increase efficiency in the area. There had been a reduction in the number of patients waiting 52 weeks and an increase in compliance with the 18-week referral to treatment target and it was anticipated that no patients would have waited more than 104 weeks by July 2022. Commissioners were monitoring these metrics and Trusts were being held to account for performance against them. Good feedback continued to be received from patients and families through the Friends and Family Test.
16.4	Hannah Hardy, Public Governor asked how patients and families were being communicated with about the waiting lists and Anne Layther, Deputy Chief Operating Officer said that the Trust had written to patients and families about the prioritisation process and where concerns had been raised by families telephone calls or face to face appointments took place.
16.5	Beverly Bittner Grassby, Patient and Carer Governor emphasised that Governors felt that waiting lists were a crucial metric given the stress for parents and patients of waiting for appointments. John Quinn added that it was vital to consider the issue of staff burnout. He said that in some cases feedback had been received that activity levels were too high, and they had been reduced in response. He added that it was important that levels of activity could be sustained for a prolonged period and performance reviews took place in which metrics such as staff sickness rates were triangulated. John Quinn agreed that parents would be keen, as the country moved out of the pandemic, to receive appointments and said that it was important that the Council and Commissioners continued to monitor performance in this area.
16.6	Eve Brinkley Whittington, Public Governor asked whether similar trajectories were in place for diagnostic waits and John Quinn confirmed they were. Rebecca Stevens, Head of Performance confirmed that these metrics were also monitored through performance meetings with North Central London ICS.
16.7	Quen Mok, Staff Governor highlighted that theatre utilisation remained low and asked how this would be improved. John Quinn said that the introduction of 6-4-2 theatre scheduling would support improvement and the aim was to reach 80% utilisation to ensure that there was capacity for emergency patients as well as planned. Anne Layther said that challenge sessions with directorates were also focusing on improving patient flow as a whole which would support the improvement of theatre utilisation.

17	Children's Cancer Centre (CCC) Project Update
17.1	Daniel Wood, Children's Cancer Centre Planet Director said that the Children's Cancer Centre would be built on the site of the current frontage building and would be opening to patients in 2026. It would include four floors of inpatient and day care cancer services as well as other services and a new front entrance to the hospital. He said that the children's cancer centre planet had a broader focus than the development of the building and workstreams had been developed on research and improving personalised and holistic care as well as the people plan.
17.2	The end of RIBA 3 was approaching which was a key design stage in which the architects confirmed the arrangements to each floor and RIBA 4 would confirm the layout of each room. Considerable work had been taking place with the London Borough of Camden and local residents on planning permission which was progressing well and had been receiving good overall feedback. A positive meeting had also taken place with the Young People's Forum (YPF) to consider the design of the entrance to the hospital.
17.3	The Full Business Case for the Children's Cancer Centre was in development and would be presented to the Board for approval in September 2022 and would also require Council of Governors' approval as a significant transaction.
17.4	James Hatchley, Non-Executive Director asked how inflation was being managed on the development and Will McCready, Children's Cancer Centre Programme Manager said that a project report would be presented at the end of RIBA 3 which would include a detailed schedule of costs including inflation. He added that there was currently pressure on the work costs limit and mitigations were being reviewed. Current contingencies in place for inflation were not sufficient. Progress was reported through the Finance and Investment Committee at GOSH and the Property Management Committee at the GOSH Children's Charity.
17.5	Alison Kelly, Appointed Governor congratulated the team on the positive work that had been taking place with the local community. Constantinos Panayi, Patient and Carer Governor asked how much input the YPF had had in the design of the building and Rose Dolan, Appointed Governor representing the YPF said that the YPF meeting on 30 th April 2022 would be discussing the Children's Cancer Centre and the placement of the school and playrooms in the development. She said she felt that involvement overall had been good.
17.6	Kamran Ansari asked whether there were concerns about any of the suppliers involved in the project and their ability to remain solvent over the period. Will McCready said that this was a key focus for the Trust's contractor who procured other works for the project. Soft market testing took place to test competitors and solvency and additional checks took place as part of GOSH's due diligence prior to procurement.
18	Update on Transition
18.1	Varsha Siyani, Transition Facilitation Manager said that her role had been established in May 2021 and a transition steering group had been developed which included representation from young people and, following a

	<p>recommendation from a patient and carer Governor, a parent. The transition policy had been updated and approved by the Policy Approval Group and work was taking place with the Epic team to make improvements which would support transition.</p>
18.2	<p>A Trust wide scoping survey would take place to provide a benchmark around current transition practice and to understand the barriers and factors to improve transition experiences. Work was taking place with the service leads for areas which were currently non-compliant with the transition policy and data was being triangulated from complaints and PALS contacts. Consideration was also being given to Trust wide communication and staff training.</p>
18.3	<p>Constantinos Panayi highlighted that transition was a longstanding issue at GOSH and was very important to patients. He asked when improvement would be made. Varsha Siyani said that although improvements had been made in some areas, a Trust wide initiative was required to make material progress. She added that there was good engagement from directorate leadership who were keen to make improvements in this area.</p>
18.4	<p>Claire Cooper Jones, Patient and Carer Governor said that many young people with additional needs had Education, Health and Care (EHC) plans which captured the views and aspirations of the young person and focused on preparation for adulthood. She asked how GOSH would engage with EHC plans and Jacqueline Gordon, Staff Governor said that although the Trust did not contribute to the plan directly it was important to consider them when working with the community.</p>
18.5	<p>Amanda Ellingworth, Non-Executive Director said that the Quality, Safety and Experience Committee (QSEAC) had received a presentation on transition at its last meeting and was continuing to monitor the matter.</p>
19	Finance Report (February 2022 data)
19.1	<p>Helen Jameson, Chief Finance Officer said that the Trust had been projecting a year end deficit of £5.9million and had delivered a year end deficit of £4.4million. There had been a strong cash position at year end of £124million driven in part by the work to collect International and Private Care (I&PC) debt whilst patients could not be referred.</p>
19.2	<p>The financial framework had changed on a six monthly basis over the previous two years and this would continue in 2022/23 and 2023/24 so work was taking place to explore the unintended consequence of the changes being made.</p>
20	Reports from Board Assurance Committees
20.1	<p><u>Quality, Safety and Experience Assurance Committee (April 2022)</u></p>
20.2	<p>Amanda Ellingworth, Chair of the QSEAC said that the committee had welcomed an update on a new quality governance framework which would support an improvement in assurance. An internal audit of quality governance had provided a rating of partial assurance with four medium priority recommendations. The committee had noted the plans in place to make progress.</p>

20.3	<u>Audit Committee (April 2022)</u>
20.4	Akhter Mateen, Chair of the Audit Committee said that a numbers of matters which had been discussed by the Audit Committee had also been discussed by the Council of Governors. The internal auditors had completed the 2021/22 plan and would be providing a Head of Internal Audit Opinion of 'significant assurance with minor improvement opportunities'. Three internal audit reports had been submitted to the committee including the quality governance report which had been discussed in more detail by the QSEAC. The two other reports had received ratings of significant assurance with minor improvement opportunities.
20.5	The external auditors had reported that they remained on course to complete their work on time.
20.6	<u>Finance and Investment Committee (February & March 2022)</u>
20.7	James Hatchley, Chair of the Finance and Investment Committee said that the committee continued to focus on the Children's Cancer Centre and there had been an overall improvement in the quality of information that was being reported to the committee.
20.8	The Committee had monitored the year end outturn throughout the year and had welcomed the performance for 2021/22 given the considerable uncertainty.
20.9	Discussions on better value had begun and was focusing on working more efficiently. James Hatchley said that it was important to strike a balance between making efficiency savings, activity and staff wellbeing. He added that the Trust must prioritise the focus on reducing the backlog of patients. Amanda Ellingworth said that the QSEAC had discussed the way in which the potential quality impact of better value schemes would be measured.
20.10	<u>People and Education Assurance Committee (February 2022)</u>
20.11	Kathryn Ludlow, Chair of the PEAC said that the committee had received a staff story from two nurses who had provided positive feedback on their experience of working at GOSH. Reports continued to be received on the GOSH Learning Academy (GLA) which was funded by the GOSH Children's Charity. The Charity had requested an independent review of the GLA's effectiveness, and this was being planned.
20.12	Discussion had taken place on Vaccination as a Condition of Deployment (VCOD). Substantial work had taken place to progress with implementation however it had been agreed by the Government that this would no longer be enacted.
20.13	The Committee had discussed the impact of Britain's exit from the EU on recruitment. It had been confirmed that there had not been a negative impact however the importance of maintaining an international footprint had been emphasised to ensure that potential international staff continued to consider GOSH as part of their career pathway.

21	Update from the Young People's Forum (YPF)
21.1	Grace Shaw-Hamilton, Appointed Governor for the YPF said that the catering manager had received feedback on food at GOSH. A proposal for an app had been presented which would allow for more flexibility for mealtimes and food. The YPF had welcomed the proposal and emphasised the benefits for patients of taking it forward.
21.2	Action: A presentation had been received on the role of the Caldicott Guardian and the of use of anonymised data. The YPF had expressed concern about the potential for patients with extremely rare conditions to be identified. Akhter Mateen said that work continued to take place to discuss the commercial use of data and considerable focus was placed on protecting the interests of patients. It was agreed that an item would be considered at the Council of Governors' meeting on the way in which the Trust assured itself that patient confidentiality was not compromised. Jugnoo Rahi, Appointed Governor said that she worked on data in her role as a clinical academic. She emphasised the value of the research which drew on existing data and added that there was additional guidance around aggregating data where the conditions being considered were exceptionally rare.
22	Governor Update – activities between meetings
22.1	Alison Kelly, Appointed Governor said that she had taken part in a tour of the hospital and recommended that other Governors take part if they were able. She said that she had supported the Trust in its work with the local community around the planning process for the Children's Cancer Centre.
23	Appointment of a Non-Executive Director
23.1	The Council of Governors noted the skills and experience of Suzanne Ellis who was recommended by the Council of Governors' Nominations and Remuneration Committee for appointment to the Board.
23.2	The Council approved the appointment of Suzanne Ellis.
24	Process for electing the Lead Governor and Deputy Lead Governor
24.1	Paul Balson, Head of Corporate Governance outlined the role of the Lead and Deputy Lead Governors and the proposed appointment process. He said that the term of both positions would be one year, and training would be available both internally and through external training.
24.2	The Council approved the proposed process and noted that nomination forms would be sent to elected Governors in May 2022.
25	Draft Council of Governors' section in GOSH Annual Report 2021/22
25.1	The Council noted the draft Council of Governors' section in the Annual Report 2021/22.
26	Compliance with the NHS provider licence – self assessment

26.1	Anna Ferrant, Company Secretary said that the NHS provider licence set out conditions which providers must meet to ensure that the NHS was working for the benefit of patients. Foundation Trusts were required to annually declare compliance, or otherwise, with a small number of licence conditions and one requirement of the Health and Social Care Act. This required Board approval and Boards were also required to take the views of the Council of Governors into account.
26.2	The Executive Team had reviewed the evidence cited against each condition and proposed that the Trust confirmed compliance against all requirements.
26.3	The Council of Governors reviewed the evidence and agreed with the proposal to confirm compliance against all requirements. Jacqueline Gordon said that the training provided to Governors had been helpful.
27	Membership of Council Committees
27.1	Action: Natalie Hennings, Deputy Company Secretary said that membership of committees of the Council of Governors was refreshed annually to enable a range of Governors to take part. The Council would be contacted in May to invite Governors to self-nominate to sit on committees and it was agreed that the current membership would be circulated to the Council to enable Governors to contact one another, as well as the Corporate Affairs team, for further information.
28	Governance Update
28.1	Paul Balson said that the findings of the Council of Governors' effectiveness survey had been discussed at the Constitution and Governance Working Group and 13 recommendations had been made. Response themes were around the wish to meet in public and more time on meeting agendas for discussion.
28.2	The Constitution and Governance Working Group were asked to review the '10-year rule' in which patient and carer members and governors could remain in that constituency until 10 years after the patient's last appointment at GOSH. Following review the group recommended that this continued to be an appropriate length of time. The Council reviewed the factors considered by the working group and approved that the age limit should remain the same,
28.3	The Council reviewed and approved the Code of Conduct and it was noted that it would be circulated for signing by Governors.
28.4	Paul Balson said that a provider for a Governor portal had been agreed and this would be in place by July to enable Governors to access all relevant information in one secure place.
29	Update from the Membership Engagement Recruitment and Retention Committee
29.1	Adetutu Emmanuel, Stakeholder Engagement Manager said that the committee had noted an increase in membership in the public constituency and were discussing ways in which to promote membership and deliver on the activity plan related to the membership strategy.

30	Any other business
30.1	It was noted that Alison Kelly would be stepping down as an Appointed Governor. Akhter Mateen thanked her for her work during her tenure and her engagement particularly around the work with local residents around the Children's Cancer Centre.
30.2	The Council noted that it was also Akhter Mateen's last meeting. James Hatchley thanked him for his considerable contribution to GOSH as Deputy Chair and Chair of the Audit Committee.

COUNCIL OF GOVERNORS ACTION CHECKLIST
7 July 2022

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
21.2	27/04/22	A presentation had been received on the role of the Caldicott Guardian and the of use of anonymised data. The YPF had expressed concern about the potential for patients with extremely rare conditions to be identified. Akhter Mateen said that work continued to take place to discuss the commercial use of data and considerable focus was placed on protecting the interests of patients. It was agreed that an item would be considered at the Council of Governors' meeting on the way in which the Trust assured itself that patient confidentiality was not compromised.	HJ	November 2022	Complete: Use of data at GOSH is an item on the 07 July meeting agenda.
27.1	27/04/22	Natalie Hennings, Deputy Company Secretary said that membership of committees of the Council of Governors was refreshed annually to enable a range of Governors to take part. The Council would be contacted in May to invite Governors to self nominate to sit on committees and it was agreed that the current membership would be circulated to the Council to enable Governors to contact one another, as well as the Corporate Affairs team, for further information.	NH	May 2022	Complete: Governors contacted in May via the Governor Newsletter asking for expressions of interest. This was followed up with governors throughout June 2022. Paper on the agenda.

Council of Governors

07 July 2022

Use of data at GOSH for innovative purposes

Summary & reason for item:

At their last meeting the Council of Governors requested an item on the use of data at GOSH, in terms of innovate purposes and protecting the interests of the patients.

Eighteen months ago, the Innovation Directorate was established at Great Ormond Street Hospital for Children (GOSH), with the appointment of a new Director of Innovation. The Directorate, reporting into Research & Innovation (Professor David Goldblatt – Executive Lead), was set up to manage the DRIVE Unit (Data Research, Innovation and Virtual Environments) and the new Cell and Gene Therapy Facility in the Zayed Centre for Research (ZCR) and also to develop a culture of Innovation across the Hospital.

A 5-year business case and strategic plan for DRIVE has been developed in the first year. This was approved at Trust Board in July 2021.

This paper sets out the vision and goals for DRIVE, explaining how data is used for innovating purposes whilst ensuring safe and ethical use of data for our patients.

Governor action required: For information and discussion

Report prepared by: Andrew Taylor, Director of Innovation

Item presented by: Andrew Taylor, Director of Innovation

Vision and strategic goals for DRIVE

This established the Vision:

To implement innovation into paediatric healthcare using data and technology to improve patient outcomes and stakeholder experience

And strategic goals for DRIVE:

- 1. Build an Intelligent Research Hospital**
- 2. Drive digital connectivity**
- 3. Become the 'go to' centre for paediatric innovation**
- 4. Deliver global impact for our rare disease data and expertise**

Data use for Innovation

- Direct clinical care
 - Machine learning algorithm for antimicrobial use
- Operational hospital management
 - Cardiac clinical governance meeting
- Process for drug discovery
 - Collaboration with Roche
- Development of decision support for chronic renal disease
 - Collaboration with Sensyne

Ensuring safe and ethical use of data for our patients

We have established the Data Partnerships Committee, to review every time we share data to support Innovation and approve this usage.

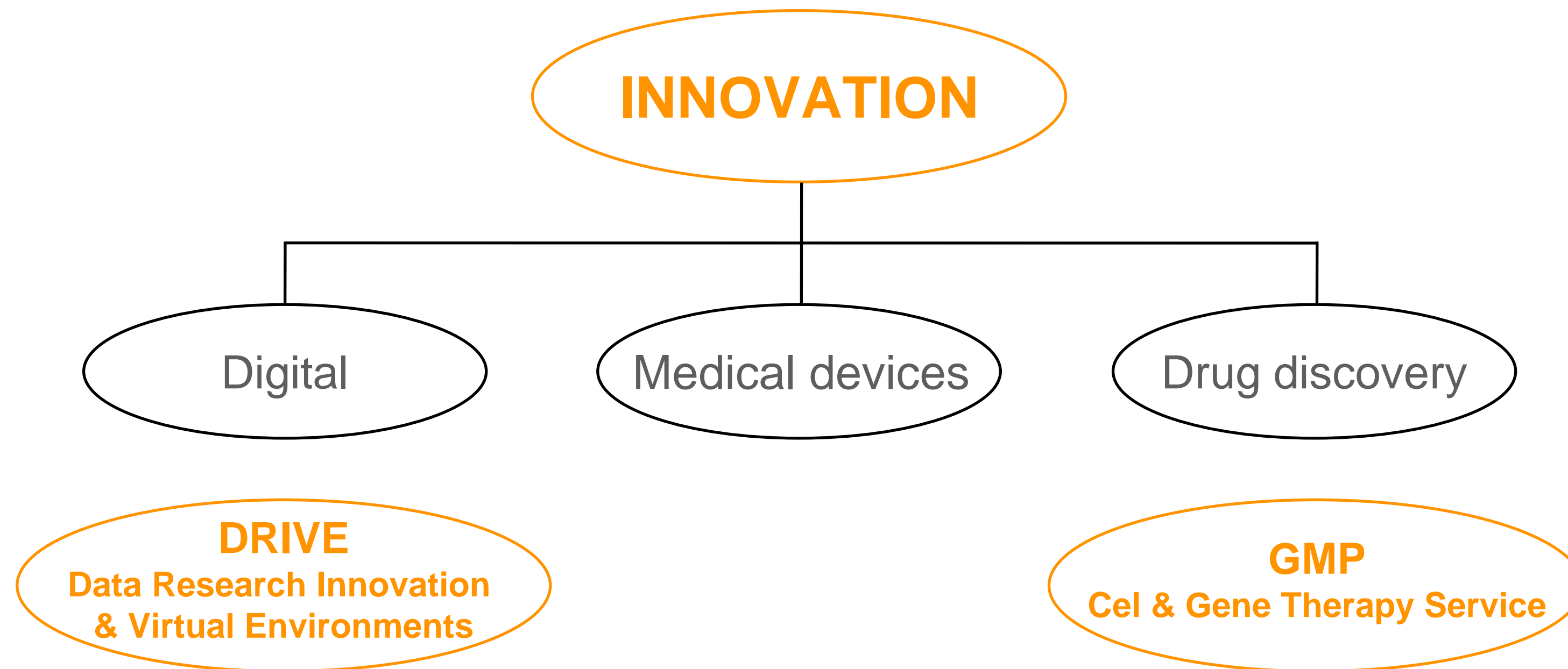
Committee Membership:

- Director of Innovation (Chair)
- Caldicott Guardian (Deputy Chair)
- Head of Innovation
- Data Protection Officer/Company Secretary
- Head of Information Governance
- Commercial Director
- Chief Research Information Officer
- Head of Governance, Clinical Trials, and Contracts Division of Research & Innovation
- Innovation Consultant
- Research Communications Manager.

Innovation at GOSH

Andrew Taylor - Director of Innovation

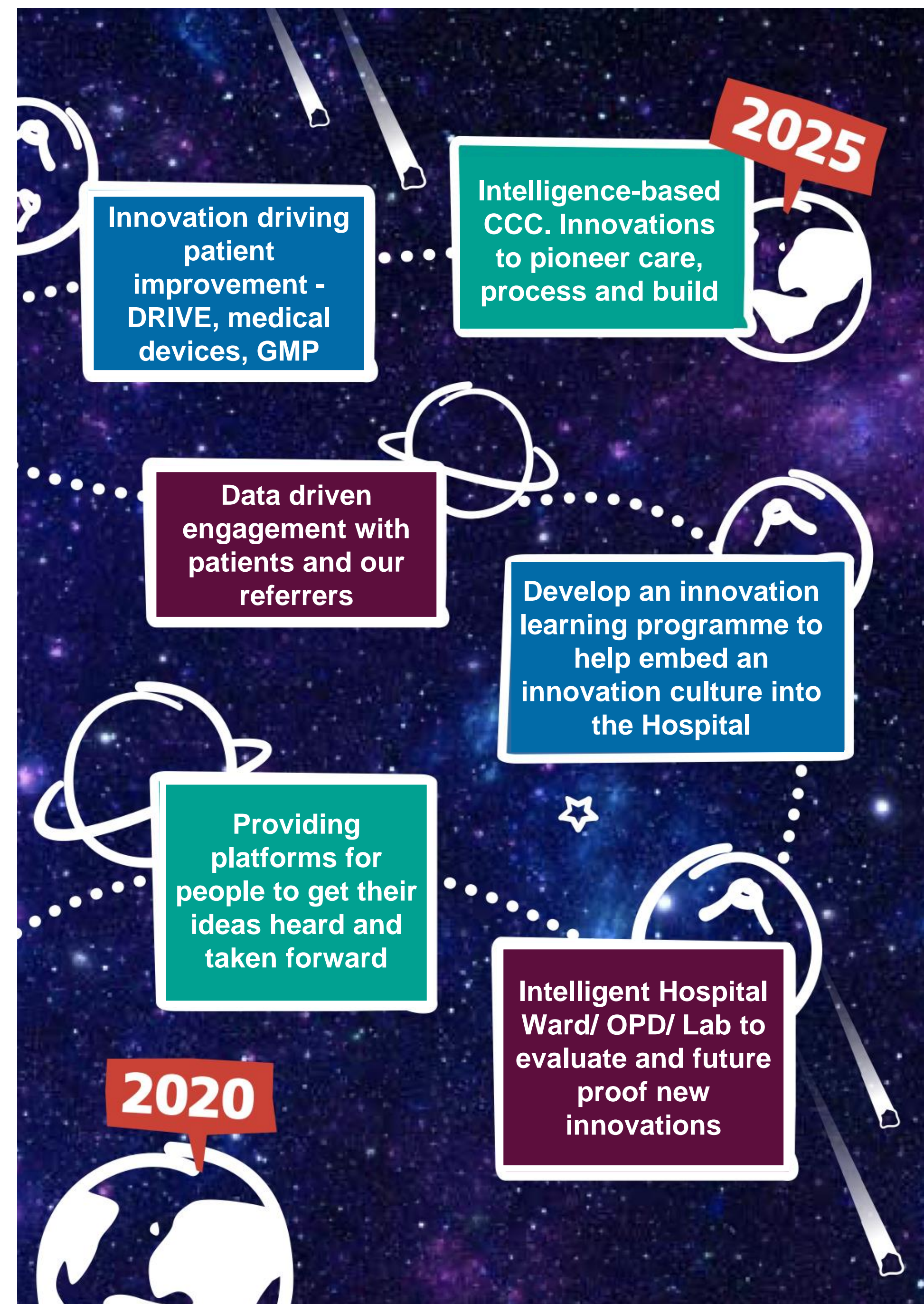
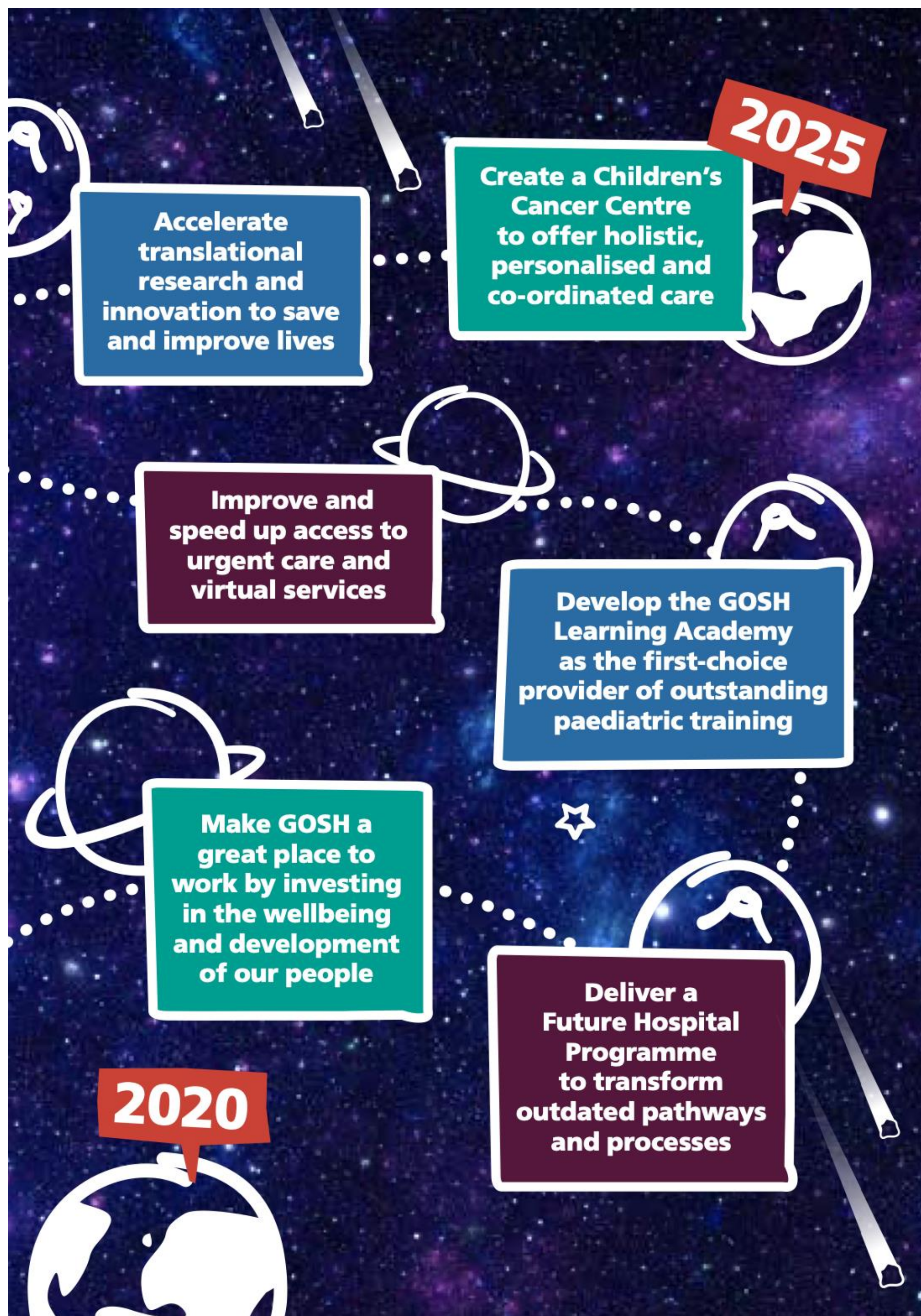
Innovation at GOSH





DRIVE

Data Research; Innovation; and Virtual Environments



Vision



To implement innovation into paediatric healthcare using data and technology to improve patient outcomes and stakeholder experience

Strategic goals

- 1. Build an Intelligent Research Hospital**
- 2. Drive digital connectivity**
- 3. Become the 'go to' centre for paediatric innovation**
- 4. Deliver global impact for our rare disease data and expertise**

Examples of data use

Research

Digital Research Environment

- **REC approved for reuse of data - GOSH Informatics Data Store' REC Ref 17/LO/0008.**
- **Principles:**
 - **Routinely collected clinical data only**
 - **De-identified data only**
 - **No additional patient contact**
 - **No additional study specific data collection**
 - **No data shared with third party outside research team**
 - **Data supplied into a Data Research Environment workspace and therefore deidentified, secure and**
 - **Auditable**

Digital Research Environment

- **1 billion events**
- **With 72 research data request approved since 2018**
- **Machine learning algorithm for Antimicrobial Use**
 - **Machine learning algorithm to aid decision making on continuation/termination of antimicrobial medication. Will initially employ a rule-based approach and may consider unsupervised methods later.**

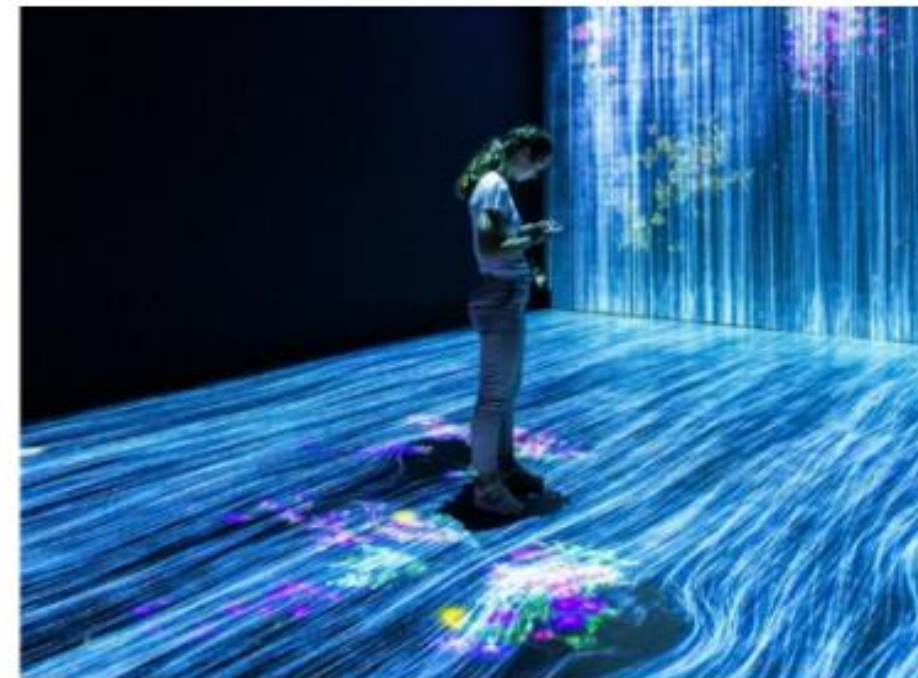
Clinical Research Informatics Programme

Machine learning for predicting outcome in cystic fibrosis



ICH Main, Toronto

Machine learning for optimisation and prediction using operational health data



Turing/UCL, Prof MB (ICH)

Data science approaches to patient clustering and similarity

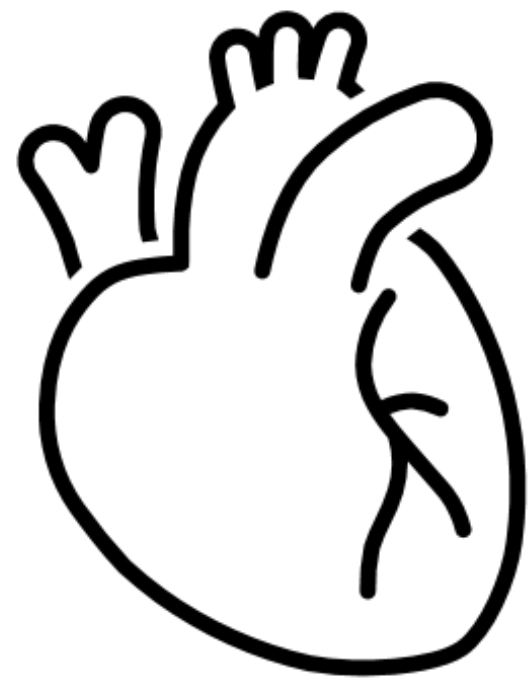


Manchester (Peek),
ICH Sebire

Examples of data use

Hospital operations

Cardiac dashboard for automating Morbidity & Mortality meetings

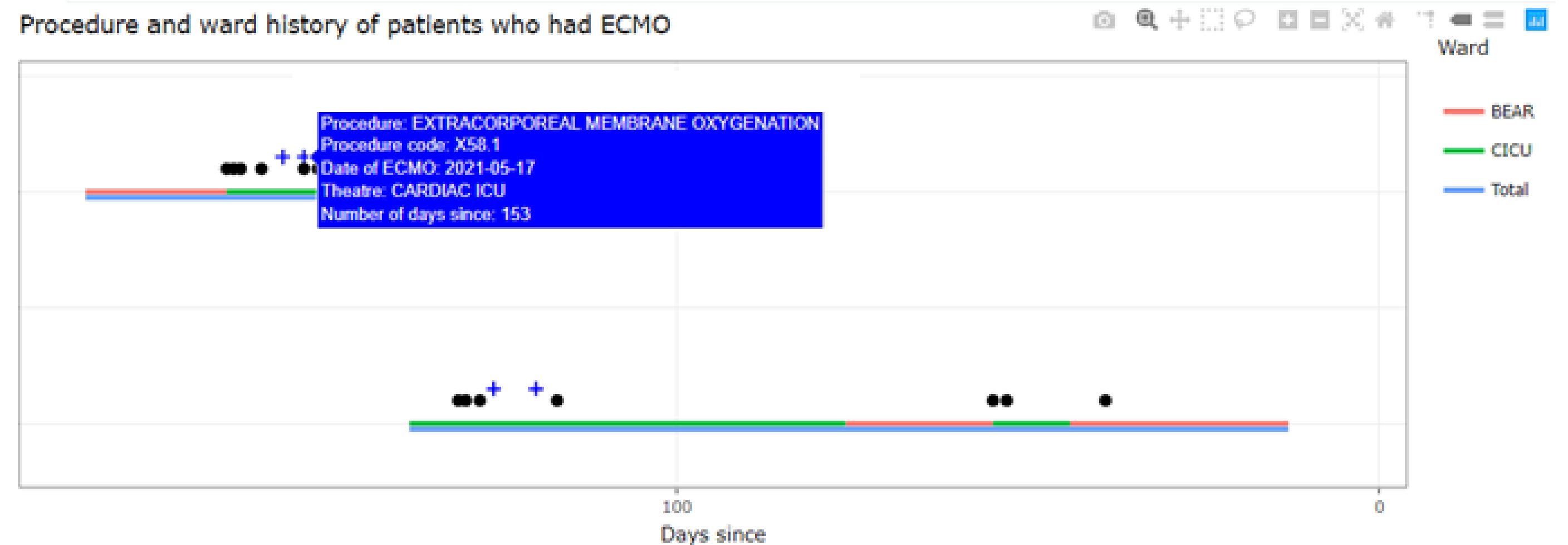


Challenges:

- Morbidity & Mortality presentation takes significant analyst time to create.
- Difficult to link important patient data together to develop the patients' history.

Solutions:

- Creation of high-level cardiac Morbidity & Mortality meeting specialised dataset.
- Allows data to be linked together easily to create informative patient profile visualisations.

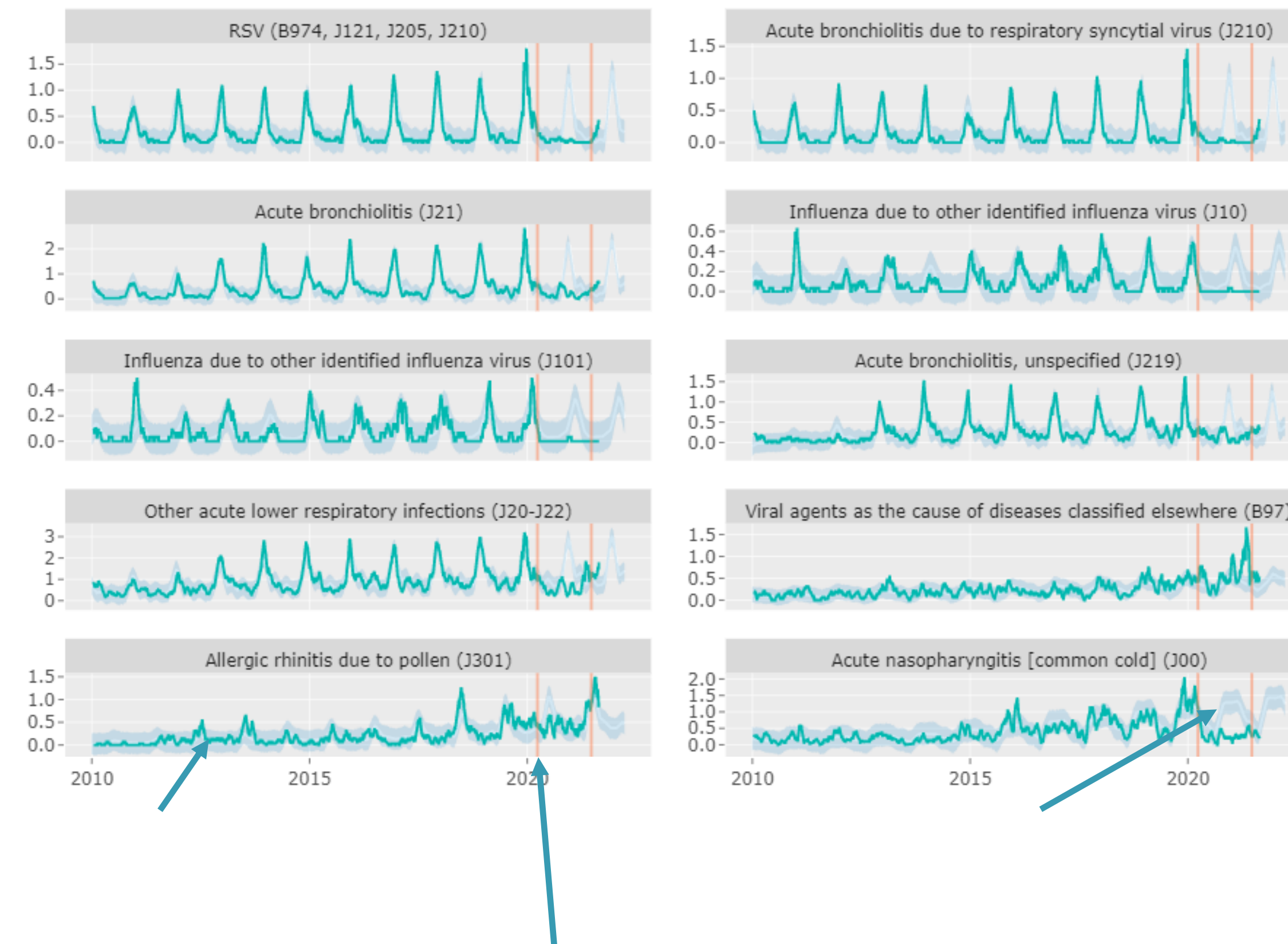


Infection Seasonality Modelling

DATA SOURCE:

- Epic and Legacy diagnosis data extracted with DRE pipeline
- 29,500 patients
- 3,480,000 diagnosis events

RESULTS: Observed and Forecast Diagnosis Rates for Commonly Seasonal ICD-10 Categories between 2010 and 2021



New

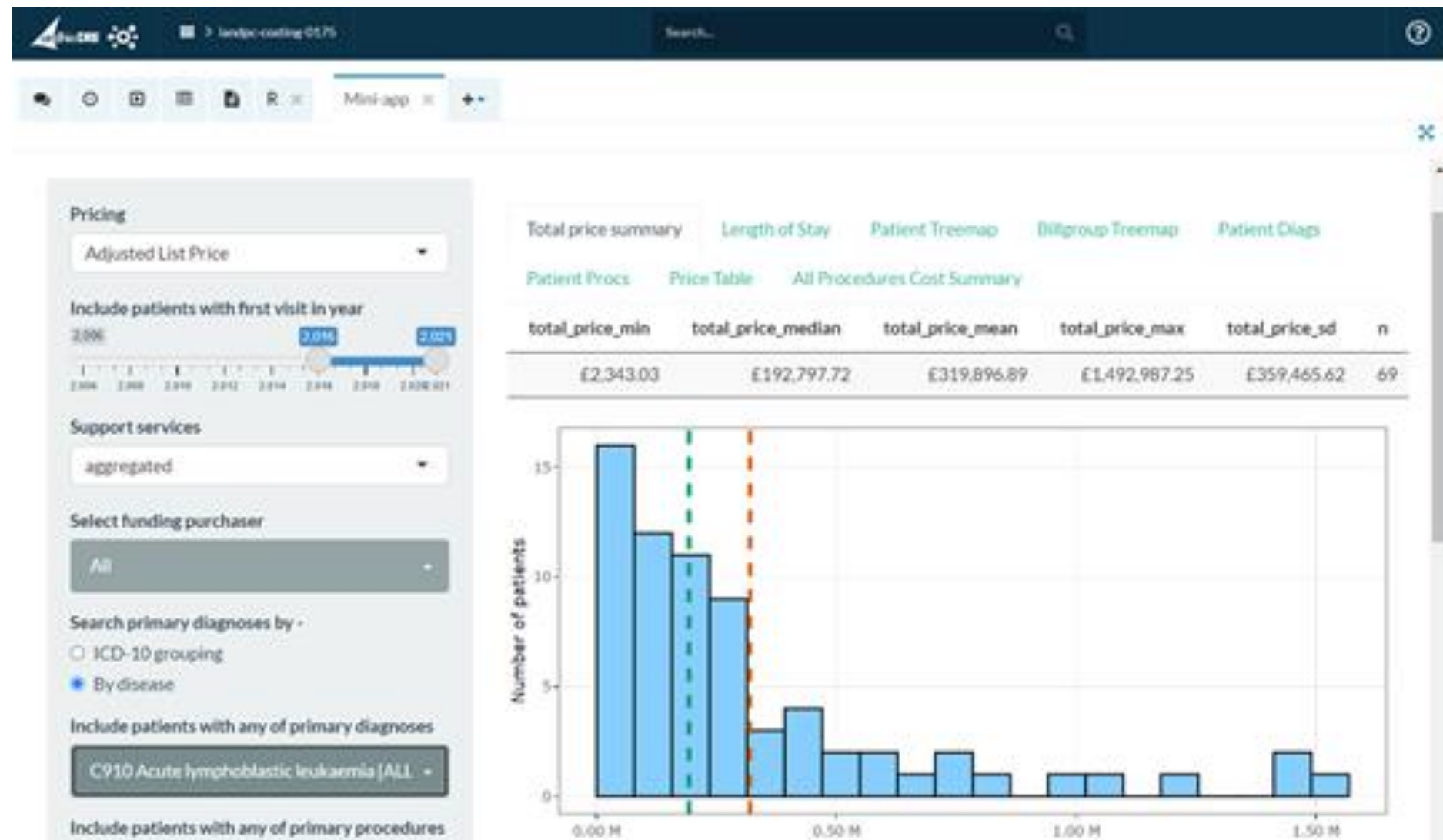
PROPHET SEASONAL MODEL:

- Open source forecasting
- Models time series as a combination of:
 - Multiple periodic seasonalities
 - Smooth aperiodic trend

HOSPITAL APPLICATIONS:

- Predicting and optimising service utilisation
- Identifying
- Improving data for clinical decision support

Cost estimate tool for I&PC

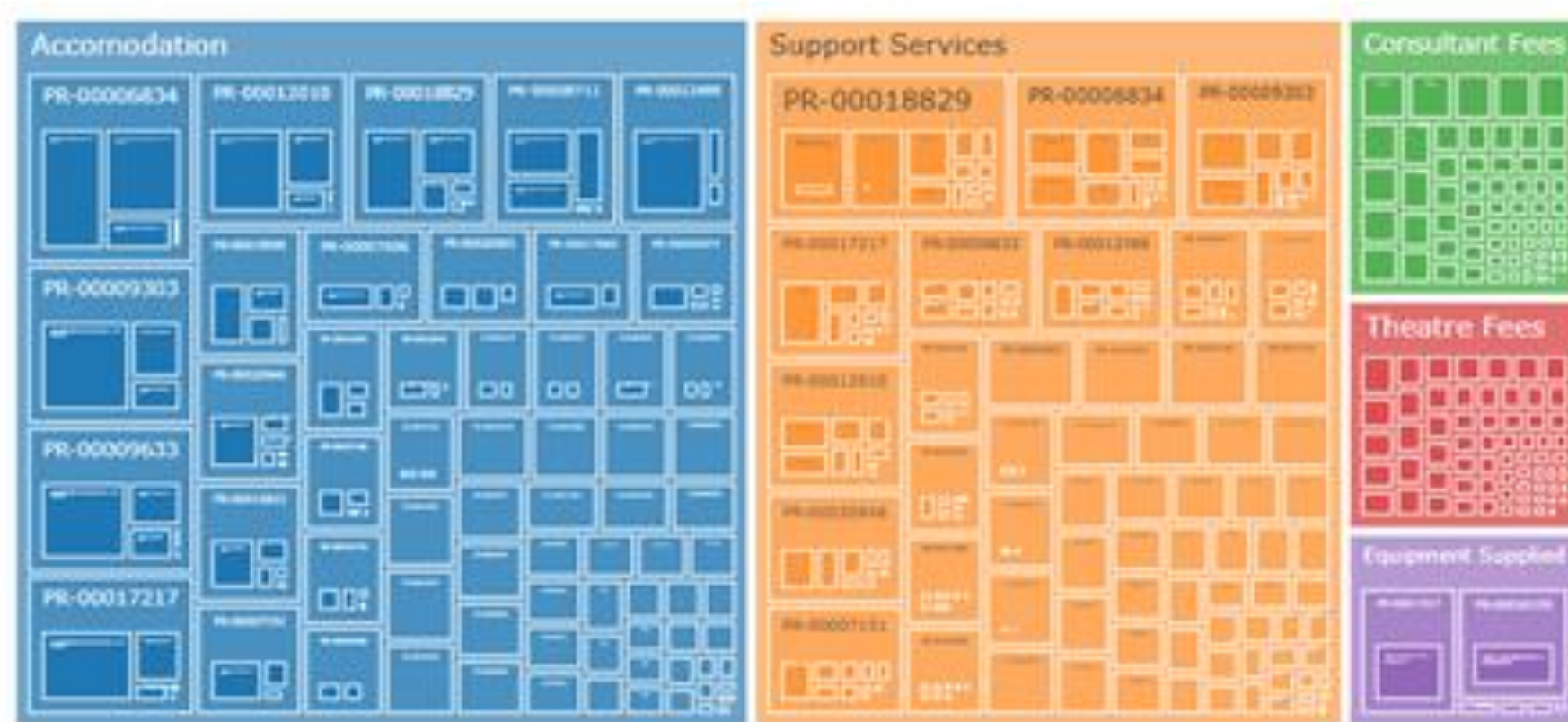


Challenges:

- Generating an estimate for a patient's total cost of treatment can take a long time.
- Can lead to lost income for International & Private Care (I&PC).

Solutions:

- Created an app that links patient diagnoses/ procedure data to costing data for easy and quick analyses.
- Created "off the shelf" estimates for common patient procedures.



PICTURE

Personalised Informatics Consultation Using Real World Evidence (PICTURE)

Personalised probability of
outcome or diagnosis

Using distributions to provide risks for disease
diagnoses and outcomes



Examples of data use

Commercial interactions

Data Research Environment



Data Partnership Committee

Governance, oversight, decision making

Data Partnership Committee (DPC)

- The DPC has delegated authority from the Executive Management Team to advise on the ethical and legal considerations concerning the accessing, sharing and use of personal and special category data at GOSH with external data partners for the purposes of improving the diagnosis, treatment and care of children with rare and complex conditions.
- The DPC will ensure all such commercial and non-commercial partnerships operate under the NHS Information Governance framework, the national regulatory framework including GDPR and the information governance surrounding the access and processing of all data.

Data Partnership Committee

- Director of Innovation (Chair)
- Caldicott Guardian (Deputy Chair)
- Head of Innovation
- Data Protection Officer/Company Secretary
- Head of Information Governance
- Commercial Director
- Chief Research Information Officer
- Head of Governance, Clinical Trials, and Contracts Division of R&I
- Innovation Consultant
- Research Communications Manager

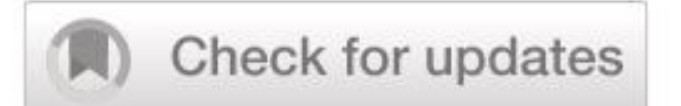
Engagement with Children & Young people



www.nature.com/pr

SPECIAL ARTICLE

OPEN



Engaging children and young people on the potential role of artificial intelligence in medicine

Sheena Visram^{1,2}✉, Deirdre Leyden³, Oceiah Annesley³, Dauda Bappa³ and Neil J. Sebire²

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Thank you

Any questions

Council of Governors

07 July 2022

Financial Support for Patients, Families and Staff at GOSH

Summary & reason for item:

Following the increase in cost of living, supporting patients, families and staff financial wellbeing has never been more important and rising energy prices and other costs will be affecting everyone. The Council of Governors recently requested information about how the Trust is doing this.

The purpose of this report is to:

- To raise awareness of the range of financial support available to patients and their families at GOSH.
- To offer assurance of the Trust's recognition of the added challenges arising from increases in the cost of living and of actions/ initiatives to support and empower families of GOSH patients
- To recognise the contribution made by the GOSH Charity towards that financial support as well as the partner organisations such as Young Lives V cancer and the Camden Citizens Advice.
- To be alert to upcoming new bids for GOSH Charity grants to meet these growing challenges.
- Understand the financial support available to staff and the impact on health and wellbeing

Governor action required:

For information noting:

- the expected increase in demand for financial support for families; the relationship between low incomes and poor health outcomes for children and young people; and the importance of the GOSH Charity grants towards supporting families on low incomes at GOSH.
- The support in place for staff, specifically focusing on our responsibility to support our workers financial wellbeing.

Report prepared by: Caroline Anderson, Director of HR&OD, Sarah Ottaway, Deputy Director of HR&OD, Luke Murphy: Deputy Head of Patient Experience and Tracy Lockett, Chief Nurse

Item presented by: Tracy Lockett, Chief Nurse and Caroline Anderson, Director of HR and OD.

Financial Support for Patients, Families and Staff at GOSH

1.0 Patient and Family Financial Support available

Financial Support at GOSH is provided by a combination of direct GOSH Children’s Charity (GOSH Charity) funds and support from external partners who provide services at GOSH. These external partners are partially funded by the GOSH Charity but are operated independently and can draw on funds from beyond our own charity funds.

Below is a quick view of the schemes available to patients and families at GOSH:

- Food Vouchers
- Breast Feeding Vouchers
- Samaritans Fund
- Pals Charity Grant
- Young Lives vs Cancer
- Ward Special Purpose Funds
- Healthcare Travel Costs Scheme

Each scheme is administered differently and has different eligibility criteria (see below). It is important to note that the funding for these schemes is not automatically reoccurring and need to be negotiated annually with the GOSH Charity. The “Samaritan Fund” is an exception as it is limited and will slowly reduce over time.

The grants provided by Young Lives against Cancer are raised by their own charity fundraising team, but their services are hosted at GOSH at our cost. The Camden Citizens Advice services is funded by the GOSH Charity and is hosted onsite at our cost.

The Healthcare Travel costs Scheme is funded by the “block grant” to GOSH from NHS England but there are significant staffing costs to GOSH for hosting this service and the staffing cost of administering it.

Scheme	Eligibility Criteria and more information
Food Vouchers	Vouchers are allocated to families on Benefits (Universal Credits, Tax Credits, Housing Benefit, JSA, IS etc and income from working below £25,000)
Breastfeeding Support Vouchers	Breast Feeding Vouchers are not means tested so families receive them regardless of whether they are working. They are given to mothers who have given birth in the past 12 months only.
The Samaritans Fund Special Purpose Fund	This fund is managed by GOSH Children’s Charity. This fund is not replenished, it is comprised primarily of historic unclaimed grants (dating back prior to 2016) so far as I know. The fund is managed by Accounts payable within the Charity. The funds are drawn down for patients in absolute crisis, and the Senior Social workers and Head of Social work and Head of Admin in Social work dept get regular statements from the Charity on the balance of this account.

Scheme	Eligibility Criteria and more information
Pals Charity Grant	Pals receive a grant each year from the GOSH Charity and uses these funds to help patients and families who have struggled with the costs incurred when a clinical plan or care pathway has changed incurring costs to the family. The goal is to minimise non-attendance to appointments or admissions and to reduce healthcare related costs.
Young Lives vs Cancer (YLvC)	Provided a registered patient has a confirmed cancer diagnosis and the family consent to our service and to share bank details with the YLVC. This grant is not means-tested, and it does not require an assessment of financial need.
Young Lives vs Cancer (financial support services)	<p>At times, Young Lives vs Cancer is able to offer other grants, but these are dependent on funding and are not always available. Where additional grants are available, they are dependent on an assessment of financial need by the Young Lives social worker.</p> <p>We also work closely with families to access other financial support where this is assessed to be necessary. This includes benefits as well as other charitable grants (too numerous to mention, but Family Fund is certainly one agency). The amount of grants/benefits we help families to access depends on their circumstances, the assessment of financial need, and the limits that are set by benefit agencies and charitable organisations.</p>
Camden Citizens Advice (financial support services)	The Citizens Advice service at GOSH has helped maximise income by 1.2 million pounds per year by supporting GOSH families with Benefits, Debt deduction and housing problems. They see around 560 clients a year at GOSH.
Ward Special Purpose Funds	<p>These Special Purpose Funds are provided by individual family donations to “their” ward and also via the GOSH Charity. They are managed by the Ward Manager/Sisters and used for a multitude of purposes.</p> <p>In terms of monies spent on families Ward Managers/Sisters may pay for taxis/reimbursement of travel if child is cancelled, we have paid for food/clothing/hygiene products for low-income families or those who have come in as an emergency and not had essentials with them.</p>
Healthcare Travel Costs Scheme	<p>A family can claim travel costs for children if they’re eligible for any of the benefits (working on low income or not) and a child has been referred for NHS funded treatment. If a child is aged 16 or over, they may make their own claim under the Low-Income Scheme.</p> <p>Costs incurred are expected to be the least expensive available on public transport or by car.</p>

In addition to the above, the Social Work Department includes both Social Workers and Family Support Workers who will help maximise access to state benefits and external charity grants from organisations such as the Family Fund. Such grants can include payments for essential items or for family holidays for those on low incomes and children with disabilities.

2.0 Supporting Staff Financial Wellbeing

Headline Issues

The moral case for supporting employee financial wellbeing has never been stronger, and rising energy prices and other costs will be affecting our colleagues. Any member of staff could have difficulties with their financial wellbeing, including high earners and we have a shared responsibility between employer and employee. This paper outlines ways we are considering that will accelerate and make financial support readily accessible.

Key priorities

- Developing communications that bring all the support available into places that people can access
- Engaging with people across the organisation to know what other support they would find most helpful
- Setting up a hardship fund for people struggling to manage.

Background

Our colleagues' health and wellbeing are of the utmost importance to GOSH (aligned with our strategic priority of 'making GOSH a great place to work'), and in turn it underpins high quality and safe patient care. As income providers, we have a responsibility to support our workers' financial wellbeing.

The Trust has provided a range of financial support offers for staff, this includes onsite personal financial advice from Citizens Advice Bureau and promotion of London Credits Union savings and loans scheme. We also signpost to Care First who offer financial advice and there is a national NHS service, all of which are available to all staff via the Intranet. However, the current financial climate demands a financial wellbeing programme that supports – and is supported by – the organisation's overall health and well-being framework. This should include running financial education and benefit communication programmes to make employees aware of the options open to them and how to get the most from their decisions.

We want to help stretch employees' earnings by providing staff benefits and explore which benefits suit the needs of the workforce. Benefits should be available to all and offered flexibly so that individuals can select those that best suit their circumstances.

We also need to put support mechanisms in place should employees fall into financial difficulties. This could include hardship loans, access to debt counselling or early pay access. Investment in our financial health as an organisation will continue to be a priority to maintain staffing levels and services.

We have considered setting up our own food bank for staff but partnering with a local food bank provider is more appropriate given our staff demographic and there are a number of other Apps and services that we will signpost to, including Trussell Trust.

Developing communications that bring all the support available into places that people can access

A review of internal and external benefits has been undertaken and the wide range of support currently available is identified Appendix 1. Much of this is already available via Our GOSH (staff intranet) in different parts of the search function, making it easy for our staff to access.

Short Term

We are working to make this extensive offer developed into a one stop shop for staff that is available in the following ways:

- As a toolkit for all managers, Staff Networks and Trade Unions to share with their members
- As a central space on Our GOSH that is front and centre for the summer
- As a poster that can be put up around the staff communal areas
- As a briefing session that can be run locally via Peer Support Workers

The toolkit should be designed to provide signposting at three Scenarios:

- ***Making my money go further*** – *benefits and discounts*
- ***Managing my finances*** – *Citizens Advice Bureau, Carefirst and other financial advice*
- ***Finance help*** – *urgent help through Hardship 'Sunshine' fund and Credit Union*

Engaging with people across the organisation to know what other support they would find most helpful

Whilst we feel we have a range of support available it is important that we engage with staff to ensure we know what they would find helpful. To do this we have recommended to the Executive Management Team an engagement programme called 'My money in mind' via a range of engagement points to include Virtual Big Brief, Staff Pulse Survey, Health and wellbeing pop-up shop survey via Our GOSH, and focus groups. The engagement will both ask a question and also serve as a link to the resources available.

We will ask the following question:

What financial help would you find most helpful over the coming weeks and months?

- 1. Looking for bargains and discounts*
 - 2. Advice on building and working to a budget*
 - 3. Reassessment of my regular outgoings*
 - 4. Advice on using comparison tools to lower expenses*
 - 5. Help to set financial goals*
 - 6. Advice on how to build emergency funds*
 - 7. Preparing for the future such as planning for pension*
 - 8. Talk to an advisor about my concerns*
- Is there anything else that would support you?*

The outcomes of this engagement programme will be collated and shared with the health and wellbeing steering group, Carefirst and Citizens Advice Bureau to design and develop the financial wellbeing offer into the Autumn.

Setting up a hardship fund for people struggling to manage

To support staff when they are struggling with immediate financial hardship, we have recommended that we provide access to a hardship fund called 'Sunshine'. We have reviewed two different approaches currently being used at other Trusts and have adapted these to our particular circumstances and our current Wellbeing offer. A central funding recommendation has been made to the Executive Management Team for 2022/23 for discussion with the GOSH Charity who confirmed their desire to support staff who unexpectedly find themselves in financial crisis.

- It will be provided and promoted as part of our wellbeing offer
- Application will be made to the wellbeing hub and facilitated by the CAB advisor onsite or virtual
- CAB advisor will signpost to all other benefits and means of support as part of the application process to enable people to get back on track
- CAB advisor will help with the application and ensure it is reasonable and related to need
- Reporting of fund use will form part of the Health and Well-being steering group impact tracker – but without target
- Case studies will be compiled to understand what other support we could be providing

The above reflects and updates the Council of Governors on our recommendations for the current position but financial wellbeing support will continue to develop and grow, and the Executive Management Team will continue to be updated and will reach the results and recommendations from the called 'My money in mind' feedback.

Council of Governors

7 July 2022

Children's Cancer Centre Programme Update

Summary & reason for item:

This paper seeks to provide a general overview of some key elements of the CCC programme and within that context to respond to specific enquiries from and on behalf of the Council of Governors. It is not intended to be an exhaustive summary and we welcome open discussion and questions within the meeting.

Governor action required:

The Governors are asked to read and note the CCC programme update.

Report prepared by: Daniel Wood, CCC Planet Programme Director & Gary Beacham, CCC Delivery Director

Item presented by: Daniel Wood, CCC Planet Programme Director & Gary Beacham, CCC Delivery Director

Children's Cancer Centre Programme Update Council of Governors Meeting – 7th July

Purpose for the update paper

This paper seeks to provide a general overview of some key elements of the CCC programme and within that context to respond to specific enquiries from and on behalf of the Council of Governors. It is not intended to be an exhaustive summary and we welcome open discussion and questions within the meeting.

The need for the Children's Cancer Centre

GOSH is the world leading children's hospital for research into and treatment of complex and rare diseases. We have a track record of research breakthroughs and innovation and the treatment of childhood cancer, particularly those cancers that are rare and difficult to treat.

Recent major developments at GOSH have delivered the world class facilities required for neurosciences, cardiac and rare disease research. We now require similar facilities for children with cancer and the staff and researchers who deliver care to them, as well as undertaking research to discover innovative and more effective treatments and therapies.

The key drivers for the Children's Cancer Centre (CCC) project include:

- We are in a unique ecosystem to maximise the potential of transforming **the delivery of paediatric cancer care both locally and nationally** by being at the forefront of research, innovation and new treatments which might radically change cancer care for children over the coming years.
- The opportunity to address and **transform patient and staff experience** by providing modern, state of the art facilities and environment (including a new welcome experience for all through the creation of a new main entrance)
- The opportunity to make our **non-cancer clinical services** more effective and efficient through improved **co-location on the GOSH island-site**
- To recognise and elevate the importance of **school education** to all GOSH patients impacted by their medical treatment
- To enable our estate to move a step closer to a sustainable carbon net zero ambition

The core aim of the CCC is to provide a first-class facility and outstanding environment for this patient population and their families. Cancer Services are one of GOSH's most significant clinical departments and GOSH is the largest children's cancer centre in the UK. As a regional, highly specialised, tertiary and quaternary referral centre, children and their families travel long distances for treatment and care at GOSH.

Functional Content:

CCC (Phase 4): RIBA Stage 3 Proposed Functional Content – July 2021

	Phase 4B (PO'G)	Phase 4A (Frontage)
10	Roof Garden/Event Space	Roof Garden
9	Plant	Plant
8	Parent Lounge	Inpatients: 24 Beds – Cancer Services (PPVL)
7	Offices/Teaching/Research	Inpatients: 24 Beds – Cancer Services (inc. 4 PPVL)
6	Offices/Teaching/Research	Inpatients: 16 Beds – Cancer Services (inc. 4 PPVL)
5	Offices/Teaching/Research	Cancer Day Care (24)/OPD (8)/Procedures
		Cytotoxic Pharmacy
4	Critical Care Support	Inpatients: Critical Care Facilities
3	Woodpecker Ward Entrance	Theatre Suite inc iMRI + 3 Theatres/IR Suites (<i>tbc</i>)
2	Retail/Public Space	Main Entrance
		Café/Retail
		OP Dispensary
		Hospital School
1	Imaging Expansion	Complex Imaging: 1no PET CT; 1no CT; 1no 3T MRI
		ICT Data Centre
		Staff Change
		Special Feeds Unit
0		Plant

Programme Overview & Cost Check Gateway Review

CCC Programme Milestone Dates		
Activity	Forecast Completion Revised Baseline Inc VI/09	Position
RIBA 3 Design Freeze	22 April 2022	Complete
Submission of Planning Application	20 May 2022	Complete
Cost Check Gateway #2	20 May 2022	Ongoing
Review of Cost Check Gateway #2	15 th July	Ongoing
Commencement of RIBA 4	15 August 2022	Under Review
FBC Submission to NHSEI (following approval of both boards)	October 2022	On Programme
Planning Approval Target	December 2022 – February 2023	On Programme
Cost Check Gateway #3	February 2023	Under Review
NHSE/I Approval of FBC received	March 2023	On Programme
Decant of Frontage Building complete	April 2023	On Programme
RIBA 4 completion	14 July 2023	Under Review
End of PCSA / Contract Award Date	14 July 2023	Under Review

Commence construction works (preceded by 8-week site mobilisation period)	September 2023	Under Review
Demolition of Frontage (9 months)	September 2023 to June 2024	Under Review
CCC Construction Programme (30 months)	June 2024 to December 2026	Future Review
Trust Commissioning	April 2027	Ongoing Review

The Cost Check Gateway 2 (CCG2) report was issued to the Trust 20th May 2022. The CCC planning application was also submitted on this day, as programmed.

Cost Check Gateway 2

The CCG2 report contains 1995 pages, split into 15 sections including Design Detail, Cost Information, Sustainability, and Procurement plus further appendices and supplementary information.

The Trust's project team and supporting external advisory teams are currently reviewing all sections the CCG2 report. Lead reviewers are coordinating responses from clinical and operational expert colleagues and detailed financial analysis is led by the Trust-appointed cost advisors Currie & Brown.

CCG2 Commercial Update

The updated Works Cost Limit (WCL) generated within the CCG2 report is considerably higher than expected. Notably, it is higher than forecast by Sisk and their cost advisors as recently as April 2022. A 'Principles meeting' has been held between GOSH and Sisk very senior management to confirm to Sisk that the Trust will not proceed into the next stage of design until the WCL is aligned to the affordability range as set out in the contract. An updated cost report is expected w/c 4th July with a series of workshops and review meetings planned to interrogate this to ensure an affordable, value for money cost plan is in place to enable the continuation of the design process.

Planning Application & Communications Update

The CCC planning application was submitted to London Borough of Camden (LBC) 20th May 2022, as programmed. The application was validated very quickly and uploaded on LBC's planning portal 25th May. The official deadline for receipt of objections was 20th June although practically representations can be submitted up to the committee meeting date, currently expected to be August/September 2022.

The Greater London Authorities (GLA) Stage 1 report is due to be received by 5th July. This report is the GLA's assessment on the planning application and its compliance with the current London Plan. LBC will take this report into account in the determination process.

To date, 116 consultation responses from 96 local residents and community groups have been recorded on the London Borough of Camden (LBC) planning portal, with a number of people making multiple comments. Objections mainly relate to duration of build, construction traffic and use of Great Ormond Street and not Guilford Street for construction traffic, impact on sunlight and daylight and a request for GOSH to relocate out of the Bloomsbury area.

All comments and objections are being carefully considered and responded to in accordance with the projects ongoing management of the planning submission. Turley (a Sisk subcontractor), continue to lead the planning application and communication with significant Trust team involvement and support.

Notably, an objection was submitted by University College London Hospitals (UCLH) raising issue with our plans for a temporary main entrance on Powis Place. We have CEO to CEO engagement and multiple levels of engagement beneath this and are in positive dialogue with UCLH about how to resolve the issues. We are confident that their objection will be withdrawn ahead of the planning committee.

The UCLH objection and a number of other publicly available comments have been used by a few national and local

publications to run stories related to the CCC planning application. The CCC project and Trust communications teams are supporting the CCC team with management of these issues.

The CCC team continue to meet with individual neighbours and stakeholders where appropriate, to respond to questions and issues alongside ensuring we continue to meet programme deadlines and milestones for the CCC.

A Statement of Community Engagement which tracks programme engagement to date is attached as **Appendix A – see separate pack**.

Work has commenced to further increase community and political support for the project and is making good progress. Senior GOSH and Charity staff will be meeting with our strategic partners e.g. UCL Institute of Child Health & the Crick, as well as charity partners and the Royal Colleges.

Meetings between the project team and LBC continue weekly through to approval. A formal response to all planning comments/objections will be provided to the committee in advance. All mitigations where appropriate will be provided in detail.

Sustainability

Emissions associated with construction and ongoing operation of the CCC will further add to the challenge of reaching GOSH's 2030 Net Zero target. However as there is increased focus on the environmental impact of projects coming to planning some innovative practice will result. This includes 100% of CCC space heating and cooling from low emissions Air Source Heat Pumps, who's footprint will further decrease as the electricity grid decarbonises.

The requirement to achieve BREEAM 'Excellent' now represents a minimum with requirements set out in the London Plan setting higher standards for projects. The project is forecast to easily surpass the BREEAM 'Excellent' target and is being pushed hard to achieve the highest possible score. Work is ongoing with Camden looking at carbon reduction targets. It is not possible to achieve the highest BREEAM score of 'outstanding', due to the restricted footprint of the CCC building and the high- energy-consuming imaging equipment, and the resultant inability to generate >60% of its own energy consumption. This is a BREEAM 'outstanding' requirement and it is not possible to achieve outstanding without it. The programme is taking the opportunity to link the existing estate and the new CCC building for back-up and future estate decarbonisation purposes. There is an improvement in the true sustainability metrics of the new plant, that brings additional benefit to the existing estate. It does not feature in the BREEAM scoring method, but it is well received by Camden Council and its planning team.

The Sustainability section of the RIBA 3 report is attached as **Appendix B – see separate pack**.

Full Business Case Development

The Full Business Case for the Children's Cancer Centre is being developed using the 5 Case Model which is broken down into the 5 chapters (Strategic, Economic, Financial, Commercial and Management). The 5 case model follows a robust process, and we need to make sure that the contents of the business case meet guidance and checklists set by NHSE/I and at the same time satisfy the Trust Board around approving this investment.

A detailed programme of engagement has been drafted and is in progress which would see draft chapters of the FBC submitted to various Trust and Charity Board and committee members over the summer with the aim of socialising and gaining feedback on the document prior to submission for approval in the September Trust Board and Charity Board of Trustees meetings.

Draft versions of the Strategic and Management are currently in circulation for review and feedback. The Economic, Commercial and Finance Cases are still being updated. It is worth noting that these chapters can only be finalised once we have an agreed Works Cost Limit, and so with the on-going discussion around reaching an agreement on this, there is a risk that this may in turn delay finalising these sections in the business case.

Decant and Enabling Programme

The decant and enabling programme to vacate the Frontage Building is at present maintaining programme and budget. Three projects have been handed over which include the West Link office refurbishment and the new staff On Call Rooms on level 9 and new offices on level 8 of the Main Nurses Home.

The CCC Programme Board has initiated a review of the remaining projects within the decant programme to identify opportunities for efficiency and to reduce the overall cost of these works. Some options are being explored which

would see lighter-touch projects delivered for services being decanted. This work, strategically led by the Trust executive team is ongoing.

The decant works to Paul O’Gorman are on hold and under review pending the discussion regarding the West Core design change. A communications working group has been formed with all wards and departments close to the vicinity of decant projects taking place to proactively engage on noisy works, agree suitable times for the louder works to be completed, request quiet periods and to pause works if noise levels begin to impact on clinical services.

The following provides a status update for each of the component Decant & Enabling projects:

Project	Budget Allowance (£k)	Current Status	Indicator (RAG)
West Link refurb	£659	Completed	Good
Main Nurses Home – offices (1)	£2,125	Completed	Good
Main Nurses Home - offices (2)	£2,087	On hold – pending office review	Under review
Respiratory Sleep Unit	£927	Location of service under review	Under review
WestonHouse/PoG upgrades	£748	Tenders for POG, but under review due to West Core review	Under review
PAMHS – Southwood L6	£6,175	Tenders in June 2022	Good
CAMHS offices	£4,850	Tenders in June 2022	Good
Clinical Research Facility (CRF)	£3,324	Tenders issue, taking slightly longer than planned.	Minor budget pressure
Medical records	£815	Current location may not be available	Under review
Modular office	£148	Design stage	Good
‘Cut line’ and infrastructure works	£2,989	Scope is dependent on completion of RIBA 3	Under review
Relocation of Main Entrance	£150k	Works to relocation of main entrance under review	Under review
Total	£25,000		

CCC Risks and Governance

There continues to be progress in establishing clearer workstream reporting, the aim being that each workstream will set out / update its relevant risk items and these will then be reviewed and consolidated by the project team into a single, overarching CCC Programme Risk Register.

In addition, an updated costed risk register of over 300 risk items was submitted by Sisk as part of the CCG#2 report which is being reviewed in detail by the project with feedback being returned to Sisk before a joint workshop is held on this.

The May CCC Programme Board agreed the Terms of Reference for the updated CCC Governance Structure and decided this would be implemented in August. Work is underway to deliver this and to update project documentation that this impacts i.e. Change Management and Risk Management Plans.

A Memorandum of Understanding between the charity and the hospital which sets out the contractual agreement between the organisations for the CCC project is being generated by the charities legal advisors for agreement.

Fundraising

The fundraising for the Children's Cancer Centre, lead by the Charity continues to progress well. The Philanthropy Team worked closely with the Grayken family and have negotiated and signed the principle an agreement for the naming rights gift for the building. A press release was issued on this and the launch of the fundraising programme in [The Times newspaper](#). A Private Launch event for the CCC campaign took place 28th June at the Shard. The Charity hosted their high-value donors and stakeholders to commence the fundraising campaign and the '[Build it. Beat it.](#)' [campaign website](#) has been launched

In addition to this the Charity have won a partnership with Frameless – the immersive gallery experience, RBC have confirmed a 5-year partnership extension, the CCC TickTockClub recruitment is progressing well with 4 pledges received to date, Costco have agreed a partnership and a founder patron gift has been received from the Islamic Giving consultant.

Council of Governors

07 July 2022

Annual Planning Update

Summary & reason for item:

The 2022/23 NHS planning round has required plans to be submitted at a system level. The GOSH plan therefore forms part of the NCL ICS submission. Following the initial submissions in April 2022 the planning process was extended to the 20th June 2022 in order for each ICS to develop and submit a breakeven plan. The GOSH plan has been updated and submitted in line with the NCL plan which shows a system breakeven position.

This paper outlines the key updates in the Trust Annual Planning process.

- GOSH plan aligned with the NCL plan to support the breakeven submission
- Additional funding received to partly cover high cost of inflation
- Recovery plan for Private Patient income is being developed
- Better Value programme of £22.9m with £16.2m identified.

Governor action required:

Governors are asked to note the update on the Trust Annual Plan. Current non-NHS income increases have not exceeded 5% and therefore a vote is not required at this time.

Report prepared by:

Margaret Ashworth, Interim Chief Finance Officer

Item presented by:

Margaret Ashworth, Interim Chief Finance Officer

Council of Governors

Annual Planning Update

July 2022

Council of Governors' Role



The Council of Governors play a key role in the Trust Annual Planning.

This is linked to the Trusts activities that are not related to the health service in England. The Council of Governors shall:

- Express view on these activities
- Express a view on the related income to these activities
- Determine that carrying out these activities will not significantly interfere with the primary purpose of GOSH
- Vote for majority approval should the increase in this income exceed 5% of the Trust total income.

External Landscape - NHS Planning

The target date for the implementation of integrated care systems (ICSs) is still the **1st July 2022**. Our ICS is North Central London (NCL).

The national planning deadline was extended following the initial submission made by Trusts across the NHS. The new deadline was the 20th June 2022.

The key focus of the work between the April submission and the June submission was that each ICS needed to submit a breakeven financial plan while delivering the increased activity plans.

The NCL ICS submitted a breakeven plan on the 20th June 2022 in line with the national guidance.

Budget Setting

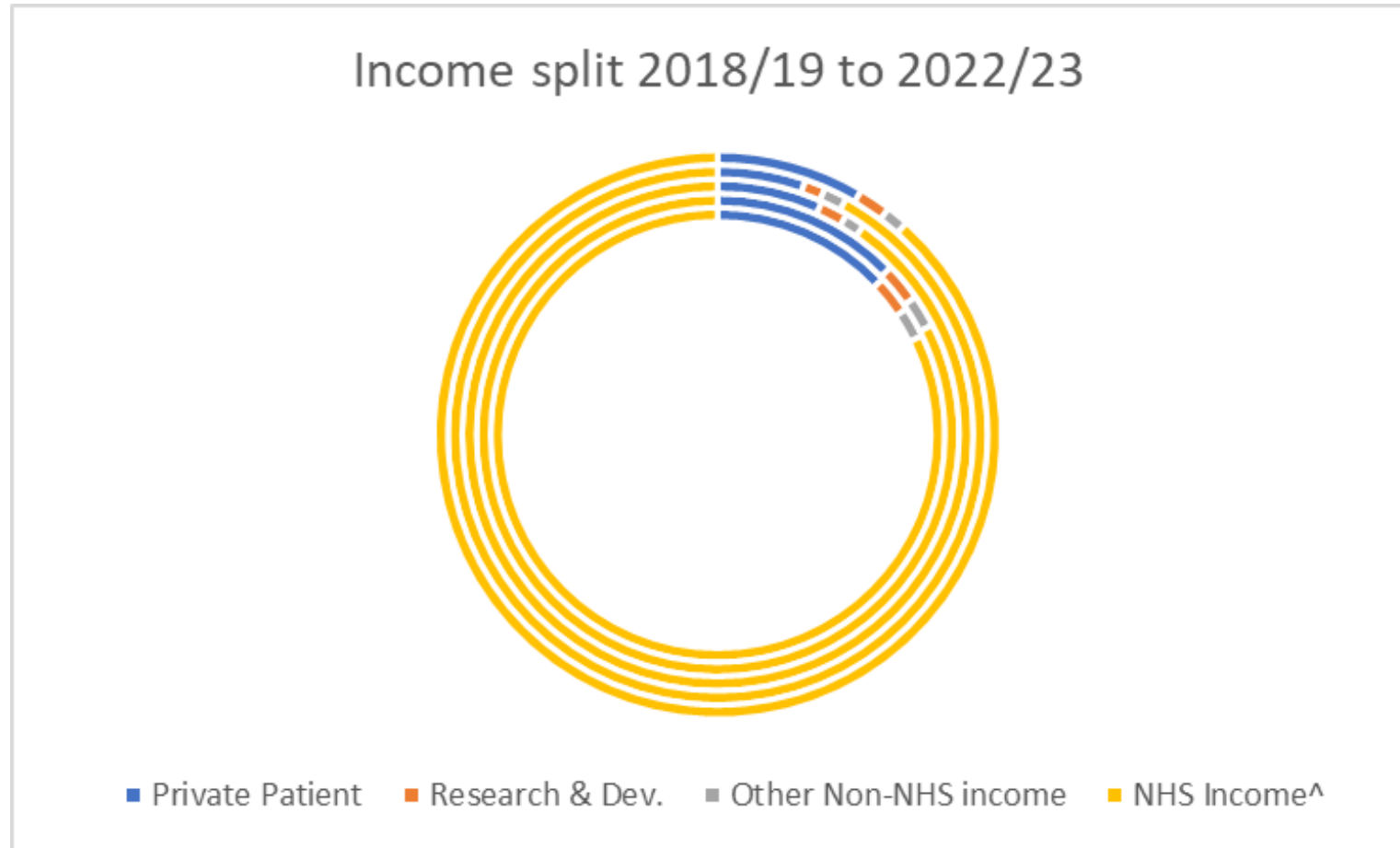


- National Plan Submission 20th June 2022
- GOSH Aligned with NCL to support ICS breakeven
- Risk remains around the Income as contracts not finalised
- Partial funding received for high inflationary costs, risk remains around additional inflationary cost rises.
- Recovery plan being developed for private patient income
- Covid-19 costs removed as national guidance has changed
- Assumption that pass-through Drugs and Devices will be funded
- Better Value programme of 5% (£22.9m) with £16.2m identified

Key Drivers/risks

- Lost non-recurrent income
- Reduced Private patient income
- Inflation
- Full year impact of Business Cases
- Better Value programme development

Commercial income



2018/19 is the centre ring with 2022/23 is the outer most ring

^ NHS Income is any income where the commissioner is NHS England, an NHS CCG, NHS Trust, Foundation Trust or equivalent (this includes those comparable bodies, in Wales, Scotland and N Ireland), the NIHR*, Health Education England** and public health /social care services commissioned by local authorities

The Future



What the future looks like:

- Partial recovery of non-NHS income towards pre-pandemic levels in 2022/23 with plans to further recover in 2023/24
- Current plans **do not** require a vote as non-NHS income not planned to exceed 5% growth in 2022/23. Should assumptions **change** due to NHS income reducing or non-NHS income increasing then a vote maybe required
- Continued growth in commercial income but with primary focus on patient benefit across all workstreams whilst ensuring appropriate value exchange for GOSH contribution

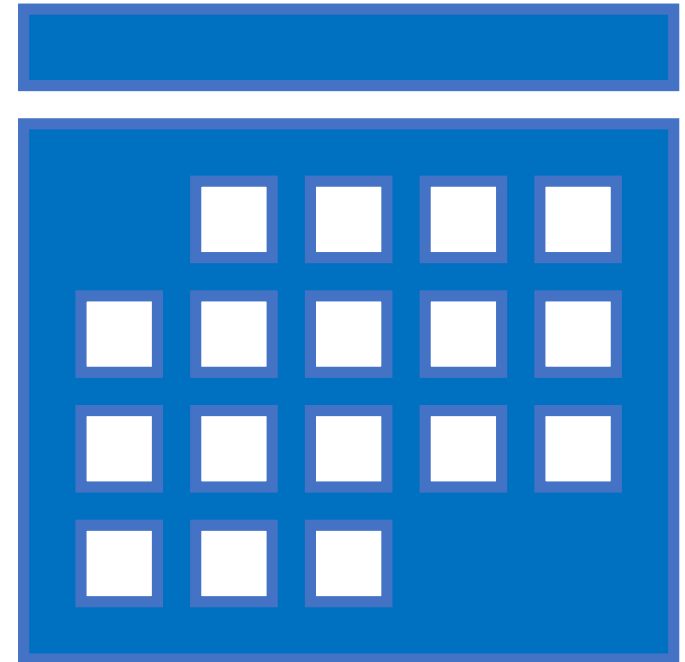
Final Key Steps

20th June 2022 - GOSH plan and NCL plans submitted to NHSE

21st June 2022 – Finance and Investment Committee Reviewed plans for recommendation to Trust Board for Sign off.

6th July 2022 – Trust Board Sign off Annual Plan

7th July 2022 - Council of Governors provided with planning update





Any Questions?

Council of Governors

7 July 2022

Chief Executive Report

Summary & reason for item

The Chief Executive's report provides the Council with a summary of developments since the last report in April 2022.

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:

- Joining the UCL Health Alliance update
- Summary of the 25 May 2022 Trust Board meeting
- Summaries of the Integrated Quality & Performance Report and Finance report (May 2022 data) presented at the 6 July 2022 Trust Board meeting
- Quality Report 2021/22
- Wider GOSH News

Appendices

- Integrated Quality and Performance report (May 2022 data) – **see separate pack**
- Finance Report (May 2022 data) - **see separate pack**

Governor action required

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

Report prepared by:

Paul Balson, Head of Corporate Governance

Report presented by:

John Quinn, Chief Operating Officer on behalf of Matthew Shaw, Chief Executive

1 Joining the UCL Health Alliance update

A verbal update at the meeting on GOSH joining the North Central London collaborative of providers called: UCL Health Alliance.

Joining presents an opportunity for GOSH to collaborate with other provider organisations across NCL on priorities which are best addressed through collective action at system level.

2 Trust Board Summary

Highlights from the 25 May 2022 meeting not covered elsewhere in the Council papers are:

Patient Story

- The Board heard from Max aged 13 who has severe learning disabilities and is under multiple specialties at GOSH including Dental, Cardiology and Gastroenterology.
- Max and his mum, Laura, shared their experiences at GOSH including: the need for more patient centred and compassionate care for patients with severe learning disabilities like Max.
- In response, the Trust will develop a risk assessment tool for the hospitalisation of patients from this population.

Pandemic recovery

- Although GOSH's activity data continues to benchmark well against the wider sector, the Trust is committed to continue the hard work required to deliver the scale of need.
- It is important to note that with growing pressure to find efficiencies, reduced capacity to invest in workforce and facilities, and a large scale of increased referrals on the horizon, the Trust's recovery challenges will likely increase over the coming months.

Secretary of State for Health and Social Care visit

- The Rt Hon Sajid Javid, Secretary of State for Health and Social Care, returned to GOSH after his visit last Summer to host a roundtable discussion on rare diseases. He heard from parents of children with rare diseases, charities, clinicians and researchers about the issues they face and potential solutions.

Stabilising our financial position

- The Trust continued its work to stabilise income and provide the Trust with the means to recover from COVID and transform care. The changing NHS systems continued to present both risks and opportunities for the financial health of the Trust.
- A particular opportunity was in International and Private Care; where as the world starts to open up again, the Trust is making some important progress to connect with national and international partners.

Quality and safety agenda

- Delivering our quality and safety agenda is a 'non-negotiable' for the Trust. Given the importance of culture in underpinning this work, the Trust will refresh its Quality and Safety focus through its people programme.

3 Integrated Quality and Performance Report (May 2022 data) presented at the July 2022 Trust Board meeting – see separate pack for information

The Integrated Quality and 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:

Patient Safety	<p>There were improvements in Duty of Candour for Stage 2 where three of three cases were sent out on time. However, challenges remain in Stage 3 where two out of six cases were sent within the timeframe.</p> <p>There were four new Serious Incidents declared. There were no overdue serious incidents. The Trust continued to reduce the number of overdue actions arising from serious incidents - these are monitored through various channels within directorates.</p> <p>Infection Control metrics were within the required thresholds. Although Central Venous Lines infection rates increased, they were within normal variation and are being monitored through the Trust Safety meetings.</p>
Patient Experience	<p>The Friends and Family Test (FFT) response rate in May remained above the target of 25%. Targets for ratings of experience for inpatients (98%) and Outpatients (97%) were achieved.</p> <p>Triangulation of feedback from patients and families via FFT, PALs and Complaints identified issues with patient transport as an area of concern. The issues are being addressed with the transport provider.</p>
Well-Led	<p>Staff Appraisals. Neither appraisals for Consultants or Non-Consultants met the 90% target. Six directorates were below 80% - the HR&OD team have provided support to the directorates to develop action improvement plans.</p>
Patient Access	<p>Referral to Treatment (RTT) performance slightly increased to 76.8%.</p> <p>52 Week waits further increased to 160. New improvement trajectories have been worked up at a specialty level where required. Three patients are projected to become 104 Week Waits at the end of June, all are dated in July.</p> <p>There was a marginal increase in the reported position for Diagnostics Waiting Times and Activity (DM01) at 84.7%. Improvement action plans are in production.</p>
Effective	<p>The Trust has identified £16.3m of Better Value schemes. £4.6m still needs to be identified.</p>

4 Finance Report (May 2022 data) – presented at the July 2022 Trust Board meeting – see separate pack for information

1. NHS clinical income was £0.5m below trend due to a smaller block (including COVID funding) and Elective Recovery Fund (ERF) funding being allocated to the Trust.
2. Non-NHS income support was no longer available to the Trust in 2022/23. This loss continued to be partly offset by higher Private Patient income than had been seen at the end of the last financial year.
3. Pay was £1.1m adverse to trend largely due to the 2% pay inflation and the national NI increase.
4. Non pay costs in month were £1.8m adverse to trend. £1.2m of this is additional pass-through expenditure was offset by additional income.
5. Cash held by the Trust in Month 2 has remained strong at £114m.

5 Quality Report 2021/22

The Quality Account is an annual report produced for the public by NHS healthcare providers about the quality of services they deliver. Its aim is to enhance accountability and engage leaders of NHS organisations in their quality improvement agendas. The quality report details the progress we have made in improving the quality of services since our last quality report. It also describes the areas in which we want to focus our quality improvement work over the coming year.

We were pleased to have governor contribution within the report which has been published and available to view here: <https://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/quality-reports/>

6 Wider GOSH 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:

Planned Underground, Overground and National Rail strikes

- In June, strike action took place across Underground, Overground and National Rail Services and will have had a major impact on rail services and London Underground this week. In response the Hospital established Silver and Gold command which: Evaluated what impact the strikes will have on Directorates, determined which colleagues absolutely must have be and can get themselves on site and make suitable arrangements, reduced the number of patients to be seen on strike days to make sure we can staff the hospital appropriately and aimed to use virtual appointments wherever possible

Ward decants across the hospital

- This year, many of the wards in the organisation will have to be decanted and moved out of their current sites to allow us to do essential maintenance on aspects of fire and ventilation. This will make sure wards are optimally safe for our staff, patients and their families. The organisation is working hard to cause as little disruption as possible.

Play Street

- On Thursday, 16 June - Clean Air Day. The Trust took over Great Ormond Street for Play Street.
- The Mayor of London joined patients and local school children who enjoyed a range of activities – including a rainbow race track, accessible bikes and the chance to dress up as a scientist, design a hospital robot and learn about research and innovation at GOSH.
- Play Street is just one way GOSH is working towards a more sustainable future. In 2019 we launched the first ever Clean Air Hospital Framework with Global Action Plan – a strategy aimed at improving the air quality in and around hospitals. We were also the first London Hospital to declare a Climate and Health Emergency and strive to lower carbon emissions across the organisation.
- <https://www.gosh.nhs.uk/news/mayor-of-london-joins-patients-as-play-street-comes-to-gosh/>

Celebrating the Queen's Platinum Jubilee

- In June her Majesty The Queen became the first British Monarch to celebrate a Platinum Jubilee after 70 years of service.
- The Queen has a long history with our hospital visiting in 1952, becoming Patron for GOSH in 1965 and visiting again in 1977 and 2002 to mark our 150th birthday, which also fell in the year of her Golden Jubilee.

Award winning Sight and Sound Centre

- GOSH's Sight and Sound Centre won a prestigious European Healthcare Design Award in the healthcare design category and was highly commended in the art and interior design category.
- The Centre was designed with children and young people with sensory loss and includes a sensory garden with plants that children can see, touch, smell and hear.

7 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

Public Board papers, including May 2022 can be found here: <https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/>

Council of Governors

Thursday 7 July 2022

Young People's Forum Update

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

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

Three key messages to take away from this report are:

- 1) The YPF continue working on plans for the Children's Cancer Centre, most recently looking at ICU ward designs.
- 2) The YPF welcomed back the Me First team to see how their input has shaped the new training modules.
- 3) The YPF recorded a video about the rights of children and young people which will be shown at Royal College of Paediatrics and Child Health.

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

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



YPF activity – April 2022 to July 2022

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 social distancing measures in place at the hospital, meetings are currently being held virtually on a monthly basis.

The current total of membership: 70

Examples of YPF member activities since the last report are:

- Several YPF members have formed a stakeholder group to develop a digital play strategy in hospital.
- YPF member Eric spoke at the ICT townhall about how better Wi-Fi could improve patient experience.
- YPF members talked to the Chiefs of Service of the importance of including patients and families in projects and service improvement.

15 involvement opportunities were advertised during this period. Examples include applying for the NICE diabetes in CYP committee, and a young person vacancy in the Mayor of London Peer Outreach Worker project.

YPF Meetings

Please note that a YPF meeting did not take place in May due to exam season. Projects the YPF have taken part in during virtual meetings:

ICU Ward Design

The Built Environment team brought plans for the new ICU ward in the Children's Cancer Centre to be reviewed and approved by the YPF.

Going Digital study findings

Researcher Pippa Sipanoun shared her findings of the Going Digital study. YPF helped shaped and contributed to the study looking at the impact of transferring from paper to electronic medical records. YPF agreed that the findings did reflect their experiences.

Me First Update

The Me First Team came back to YPF to share how they used YPF feedback to remodel the Me First training courses. The Me First team also attended a second session to explore with the YPF how the team can promote and relaunch the new and improved Me First programme.

Ethics Video

Dr Joe Brierley, Consultant Intensivist and Ethics Lead conducted a discussion with YPF about the rights of children and young people in hospital and wider society. This discussion was filmed and will be shown to the Royal College of Paediatrics and Child Health later in June.

Patient Experience recruitment planning

Several vacancies within the Patient Experience team will be recruited to in the near future. YPF were asked to come up with novel and creative ways that we can test candidates in skills such as engagement and relationship building. The ideas that the YPF came up with will be central to the recruitment of these posts.

Attachment: H

Additional YPF Activity:

GOSH Models

Several YPF members became models for the day and took part in a photography session to create content for marketing materials for the Trust.

Play Street

YPF member Amelie was interviewed by the Mayor of London as part of the Play Street celebrations. Amelie spoke of the work YPF have done around sustainability and why clean air is important to the health of patients. YPF member Ava was also interviewed by FYI Kids Sky News programme on the same theme.

Community of Practice

YPF members Scarlet and Sophiya spoke at a Community of Practice event about the importance of patient participation and involvement in improving hospital services.

Nursing Leadership

Several YPF members took part in a nursing training day to talk about what leadership means to them and their experiences of nurses being leaders in healthcare.

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 30 June 2022
10:00am – 1:00pm**

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

Thursday 30 June 2022 at 10:00am – 1:00pm
Hybrid Meeting: Charles West Room and video conference

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		10:00am
2.	Minutes of the meeting held on 20 April 2022	Chair	A	
3.	Matters arising/ Action point checklist	Chair	B	
<u>QUALITY, SAFETY AND EXPERIENCE PERFORMANCE</u>				
4.	Quality and Safety at GOSH – Medical Director Report (BAF Risk 12: Inconsistent delivery of safe care) Including: <ul style="list-style-type: none"> • Changing Landscape in relation to Oversight, Regulation and Monitoring • Patient Safety Learning and GOSH Case Study • Safety Transformation Plan • June 2022 ‘On the Horizon’ – Horizon Scanning Report and Impact for GOSH 	Medical Director/ Chief Nurse	C	10:05am
5.	Patient Safety and Outcomes Committee (PSOC) Report	Medical Director	Verbal	10:30am
6.	Chief Nurse Reports: <ul style="list-style-type: none"> • Patient and Family Experience Overview Report • Infection Control • Safeguarding annual report (BAF Risk 12: Inconsistent delivery of safe care)	Chief Nurse	D E F	10:40pm
<u>QUALITY SAFETY STRATEGIES</u>				
7.	Quality Report 2021/22	Medical Director	G	11:10pm
<u>QUALITY, SAFETY AND EXPERIENCE ASSURANCE</u>				
8.	Update on quality impact of Better Value Schemes	Chief Operating Officer	H	11:20pm
9.	Clinical Audit Update and Clinical Audit Annual Workplan 2022/23	Medical Director	I	11:30pm
10.	Freedom to Speak Up Guardian Update (Quality focused cases)	Director of HR and OD	J	11:40pm
11.	Whistleblowing update (Quality focused cases)	Director of HR and OD	K	11:50pm
<u>RISK, COMPLIANCE AND GOVERNANCE</u>				
12.	Health and Safety Update including Progress report on Sharps Update on progress with ventilation action plan and decant plan	Director of Space & Place	L M	12:00pm

13.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework	Company Secretary	N	12:15pm
14.	DEEP DIVE: Medicines Management Update (BAF Risk 11: Medicines Management)	Chief Operating Officer/ Chief Pharmacist	O	12:25pm
<u>FOR INFORMATION</u>				
15.	Update from the People and Education Assurance Committee (June 2022)	Kathryn Ludlow, Chair of PEAC	Verbal	12:35pm
16.	Matters to be raised at Trust Board	Chair	Verbal	
17.	Any Other Business	Chair	Verbal	
18.	Next meeting	Wednesday 19 October 2022 at 10:00am		
19.	Terms of Reference Acronyms	1 NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		

Summary of the Audit Committee meeting held on 25 May 2022

Trust Board assurance committee updates

The Committee noted updates from the following assurance committees:

- Quality, Safety and Experience Assurance Committee –20 April 2022
- Finance and Investment Committee – February 2022 and March 2022

Chief Financial Officer's review of the Annual Financial Accounts 2021/22, including the Going Concern assessment

GOSH's year-end outturn was a £4.4million deficit against the Control Total and the Trust had moved to a deficit position in the second half of the year as a result of changes made to the way in which the value of the block contract had been calculated. Clinical income had remained broadly in line with previous years however International and Private Care (I&PC) income had reduced from £39million to £25million. Cash had remained strong throughout the year. The committee emphasised the importance of being clear about costs given considerable inflationary pressures for future tariff discussions.

Annual Financial Accounts 2021/22

There had been an onsite valuation of land and buildings as required on a quinquennial basis which had resulted in an increase in the value. The Committee agreed to recommend the Annual Accounts to the Trust Board for approval.

GOSH Draft Annual Report 2021/22

The Committee provided feedback on areas of the annual report and, subject to some minor amendments, agreed to recommend the annual report, annual governance statement and annual audit committee report to the Board for approval.

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

The Head of Internal Audit Opinion was significant assurance with minor improvement opportunities and had been update based on feedback from Committee members at a previous meeting. The Committee welcomed the request from the Executive Team to broaden the Terms of Reference for the review of referral to treatment access targets in the 2022/23 plan to include consideration of the harm review process.

Status report to the Audit Committee on the 2021/22 audit

The Committee noted that the audit was not yet complete and the target for completion was 8th June which the auditors felt remained achievable as the work was substantially progressed. The review of Value for Money was also on-going, and no concerns had been raised from any of the work which had been undertaken thus far. The letter of representation was consistent with that of previous years with the exception of the reference to the war in Ukraine. The risk around I&PC had been downgraded as a result of the reduction in I&PC income, debtors and provisioning. The Committee requested a short paper on the action that had been taken to confirm that the Trust did not have any contractual relationships with Russia.

Board Assurance Framework Update following the Risk Assurance and Compliance Group (RACG)

An update would be provided to the May 2022 Trust Board meeting on some changes to risk statements which had been recommended for approval by the Audit Committee at its April 2022 meeting.

Attachment: I

Board Assurance Framework Deep Dives: BAF Risk 4: GOSH Strategic Position

A key challenge was around the system focus on providing services for the local population in the context of GOSH's national and international reach. Substantial work was taking place to raise this issue regionally and nationally. The Committee emphasised the importance of ensuring that GOSH was represented on North Central London Boards where possible and maintaining the Trust's position as a world leading children's hospital.

BAF Risk 5: Unreliable data

- No Future Activity (NFA)

Work continued to reduce the number of referrals for which there was no future activity (NFA) and to make updates to Epic to prevent additional NFAs developing whilst ensuring that there were no unintended consequences of these updates. There was a capacity challenge around the clinical review of NFAs and a review of the process would be taking place with a view to improving efficiency.

- Data quality kite marking

Discussion took place around national learning about the Epic system and the committee requested an overview of this and the key challenges related to Epic in the Trust at the next meeting.

BAF Risk 9: Estates Compliance

Good progress was being made around fire safety in partnership with a new contractor however some areas of work would require decant before they could be completed. The decant plan to undertake work on ventilation had been confirmed and would take place in June 2022 and an independent risk assessment from an infection prevention and control perspective was being sought. The Committee noted the importance of ensuring the appropriate skill mix was in place in the estates team and ensuring there was a continuity of resource.

Preparedness: Update on Emergency Planning/ Business Continuity

Business continuity plans were now being updated annually and work was taking place to improve compliance. The operational hub was now fully established to manage major incidents and loggist training continued to be rolled out.

Local Counter Fraud Specialist (LCFS) updates

The Committee approved the counter fraud workplan for 2022/23 and noted the annual report for 2021/22. It was agreed that it was important to increase the visibility of counter fraud and the focus on training.

Review of Non-Audit work conducted by the External Auditors

It was noted that one low value piece of non-audit work had been conducted by GOSH's external auditors.

Assurance of compliance with the Bribery Act 2011

The Committee noted the action that had been taken to comply with the bribery act.

Freedom to Speak Up cases – non-clinical cases for Audit Committee

Discussion took place around the cases that had been raised around lack of, or delayed, payment for clinical work undertaken for I&PC. There had been a number of technical issues and payments were now being made manually. The Committee suggested that communication should be issued to relevant clinical staff highlighting the action that was being taken to rectify the issue.

Raising Concerns in the Workplace Update

The Committee noted the low number of whistleblowing cases under investigation at the Trust but agreed that it should be considered in the context of the total number of concerns raised including to the Freedom to Speak Up Guardian and Counter Fraud.

AUDIT COMMITTEE

Wednesday 25 May 2022, 9:00am – 12:00noon,
Hybrid meeting (Zoom and in person)
Great Ormond Street Hospital for Children, Great Ormond Street,
London WC1N 3JH

AGENDA

	Agenda Item	Presented by	Author	Time
1	Apologies for absence	Chair	Verbal	9:00am
2	Minutes of the meeting held on 06 April 2022	Chair	A	
3	Matters arising and action point checklist	Chair	B	9:05am
4.	Trust Board assurance committee updates <ul style="list-style-type: none"> Quality, Safety and Experience Assurance Committee –20 April 2022 Finance and Investment Committee – February 2022 and March 2022 	Akhter Mateen	C D	9:10am
<u>ANNUAL ACCOUNTS AND ANNUAL GOVERNANCE STATEMENT</u>				
5.	Chief Financial Officer's review of the Annual Financial Accounts 2021/22, including the Going Concern assessment	Chief Finance Officer	E	9:20am
6.	Annual Financial Accounts 2021/22	Chief Finance Officer	F	9:30am
7.	GOSH Draft Annual Report 2021/22 including <ul style="list-style-type: none"> Annual Governance Statement Annual Audit Committee Report 	Company Secretary	G	9:40am
8.	Internal audit: Head of Internal Audit Opinion and Internal Audit Charter	KPMG	H	9:50am
9.	Status report to the Audit Committee on the 2021/22 audit. Including: Representation Letter in relation to the accounts and quality report for the year ended 31 March 2022	Deloitte	I	10:00am
	<u>RISK</u>			

Attachment: I

10.	Board Assurance Framework Update following the Risk Assurance and Compliance Group (RACG)	Company Secretary	K	10:20am
11.	Board Assurance Framework Deep Dives: BAF Risk 4: GOSH Strategic Position (last reviewed in October 2021)	Chief Executive	Verbal	10:25am
12.	BAF Risk 5: Unreliable data <ul style="list-style-type: none"> • Written update on No Future Activity (NFA) • Verbal update on data quality kite marking 	Chief Data Officer/ Chief Operating Officer	L	10:35am
13.	BAF Risk 9: Estates Compliance	Director of Space and Place	M	10:45am
14.	Preparedness: Update on Emergency Planning/ Business Continuity	Emergency Planning Officer	N	10:55am
<u>COUNTER FRAUD</u>				
15.	Local Counter Fraud Specialist (LCFS) Progress Report Local Counter Fraud Specialist (LCFS) Annual Report 2021/22 Local Counter Fraud Specialist (LCFS) Workplan 2022/23	Counter Fraud Officer	W P V	11:05am
<u>GOVERNANCE</u>				
16.	Review of Non-Audit work conducted by the External Auditors	Chief Finance Officer	Q	11:15am
17.	Assurance of compliance with the Bribery Act 2011	Chief Finance Officer	R	11:20am
18.	Raising Concerns in the Workplace Update	Deputy Director of HR and OD	S	11:25am
19.	Freedom to Speak Up cases – non-clinical cases for Audit Committee	FTSU Guardian	T	11:30am
21.	Any Other Business	Chair	Verbal	11:35am
22.	Next meeting: Wednesday, 12th October at 2:00pm to 5:00pm			

Finance and Investment Committee Update 21 June 2022

The Finance and Investment Committee (FIC) held a regular scheduled meeting on 21 June 2022.

Additionally, on 30 May 2022 the Non-Executive Director and one Associate Non-Executive Director members of FIC held the first of several extra sessions with the CCC Programme Director to help shape the Children's Cancer Centre Full Business Case (CCC FBC).

Key issues

Joining the UCL Health Alliance update

The Committee reviewed the proposal for GOSH to joining the North Central London collaborative of providers called: UCL Health Alliance. Joining presents an opportunity for GOSH to collaborate with other provider organisations across NCL on priorities which are best addressed through collective action at system level.

GOSH 2022/23 Budget Setting Update

The Committee reviewed the final version of the 2022/23 financial plan that aligned with the NCL plan and requirements for the system to breakeven in year. The plan presented a £10.6m deficit.

The Better Value programme for 2022/23 is for £22.9m with £16.2m of schemes identified with ongoing work to identify the remaining £6.7m.

Finance report Month 2

At Month 2 the Trust reported a year to date deficit position of £8.2m. The cash position remains strong although it has reduced to £114m. To date the £2.7m has been spent on capital investment, with the majority of this relating to the CCC programme.

Integrated Performance Report Month 2

The Committee received the month 2 report and requested further information on the increase in 'Clinic Letters not sent' and more detail on the directorates with challenging RTT performance.

CCC Full Business Case meeting

On 30 May 2022 the NEDs received a briefing on the CCC Team's planned approach to activity, workforce and financial modelling - highlighting the key assumptions being used for each element of the CCC FBC.

Following the meeting, the Outline Business Case (OBC) was recirculated to members. The next meeting was scheduled for 27 June where the draft Strategic case (including the output of activity modelling), draft management case would be reviewed.

Suzanne Ellis – Associate Non-Executive Director was also introduced to the Committee NEDs at this meeting.

2021-22 National Cost Collection (PLICS submission)

The Committee noted the National cost collection process for the 2021-22 return and agreed to recommend to the Trust Board the delegation of the approval of the submission to the Executive team.

Attachment J

I&PC recovery

The committee received an update on the approaches to recovering activity in International and Private Care after the impact of the pandemic and associated travel restrictions.

Insurance update

The Committee noted the proposed timetable for dealing with renewal and the scope of the insurances proposed to be purchase. The Committee asked the Audit Committee to review the conditions embedded in the Trust's Cyber Security coverage.

Annual procurement report

The Committee received the annual report on the procurement service and requested future reports had more detailed on sustainability.

Major projects

The Committee noted progress on all major projects at the Trust.

Feedback from Governors

The Chair sought feedback from Governors in observance at the end of the June meeting.

2022/23 forward plan

The Chair and Associate NED (Suzanne Eilis) agreed to scheduled a meeting to review the Finance and Investment Committee's workplan for the next year.

Thanks to Akhter and Helen

The Chair and other Committee members thanked Akhter Mateen, NED and Helen Jameson, Chief Finance Officer for their work for the Committee. The June meeting was their last.

End of report

FINANCE AND INVESTMENT COMMITTEE MEETING
Tuesday 21 June 2022
2.20pm to 5.00pm

AGENDA

	Agenda Item	Presented by	ATTACHMENT	Page #	Time
1.	Welcome, introductions and apologies for absence	Chair	Verbal		
2.	Minutes of the meeting held Wednesday 23 February 2022	Chair	A	4	2.20pm
3.	Action log and matters arising	Chair	B	10	
4.	UCL Health Alliance Approval – an overview	Chief Finance Officer Company Secretary	C	12	2.25pm
5.	UCL Health Alliance arrangements	Nick Kirby - Interim Managing Director UCL Health Alliance & Dominic Chair of UCL Health Alliance.	D	21	2.40pm
6.	2022/23 Committee Forward Plan – for information	Head of Corporate Governance	E	127	2.55pm
7.	Summary of key issues and developments	Chair	Verbal	-	3.00pm
<u>Performance & finance standing updates</u>					
8.	Finance report Month 2	Chief Finance Officer	F	129	3.05pm
9.	Performance Report update Month 3 (May 2022 data)	Chief Operating Officer	G	155	3.15pm
<u>Annual planning and approval</u>					
10.	Annual planning update and Better Value update	Chief Operating Officer	H		3.25pm
	I&PC recovery update		I	172	
11.	Annual Procurement update and Contract compliance	Chief Finance Officer / Head of Procurement	J	188	3.45
12.	Insurance update	Chief Finance Officer	K	194	3.55

	Agenda Item	Presented by	ATTACHMENT	Page #	Time
13.	2021/22 National Cost Collection submission	Chief Finance Officer	L	200	4.05
14.	Update on the proposed delegation of selected specialist services to ICBs	Chief Finance Officer	M	206	4.15
	<u>Major projects update</u>				
15.	Children's Cancer Centre update	Daniel Wood - Programme Director Cancer Planet	N	249	4.25
16.	Major Project updates		O	254	4.40
	<u>AOB</u>				
17.	Any other Business	Chair	-		4.50
18.	Feedback from Governors in observance	Chair	-		
19.	Date of next meeting 30 September 2022				

Summary of the People and Education Assurance Committee held on 22 June 2022

The Committee noted summaries of the following assurance committees:

- Quality, Safety and Experience Assurance Committee (April 2022)
- Audit Committee (April 2022)
- Finance and Investment Committee (February 2022 and March 2022)

Focus of Meeting

PEAC meetings will now focus on a specific theme. The focus of this meeting was the “**Seen and Heard (Diversity & Inclusion)**” part of the People Strategy.

Preliminary Observations

The Trust is approaching a perfect storm of issues which will be challenging for staff: rising prices leading to financial hardship for many; a more pressured environment within the hospital with a greater focus on better value; the decant programme which will be unsettling. The Trust must focus on what is within its control and how it can mitigate the effect of unavoidable events. The Charity has agreed to set up a hardship fund for staff and the governors asked for this to be put on the agenda for their next meeting.

People Strategy Update

The Committee heard about the array of activity happening on Diversity and Inclusion (D&I) and the “Impact Tracker” shows small but positive progress on various measures. However there are still improvements that need to be made: for example, the gender pay gap has increased from 15.4% in September 2021 to 16.9% in May 2022 and white staff are still 2.06 times more likely to be appointed than BAME applicants (decreasing from 2.09 times in 2020 and 2.25 in 2021). It was acknowledged that a lot more work is needed on the Workforce Race Equality Standard (WRES) data, and the Committee discussed getting staff more involved in discussions on D&I, making it clear on what is expected and making changes in the language used, for example dropping use of the term “BAME”.

Diversity Annual Report and Update

A presentation was made on the mid-year summary update to the D&I report (which is published in November). GOSH has staff from 115 nations; our BAME staff representation has increased by 7% in two and a half years but at 36% is still below the London average of 48.1%. The Committee asked for more clarity on the position in different roles at the Trust.

Next steps are to focus on repositioning the staff networks, debiasing recruitment and promoting allyship. It is difficult to say where GOSH stands in comparison with other Trusts since all Trusts are at a different stage in their journey. However, BAME background candidates are now happier to apply to GOSH and some of our processes have inspired other Trusts.

The Head of Diversity and Inclusion felt the Trust has got better at having difficult conversations and people are less scared about saying the wrong thing. The staff forums are functioning well and feeling more supported; we would like to see our estates and clinical colleagues joining more of the conversations. The Chief Nurse observed that, from her experience of other Trusts, the work which GOSH is doing in this space is exceptional; it takes real effort, and we need to keep it up.

Debiasing Recruitment

A paper was presented about the work of the Debiasing Recruitment Working Group, set up in December 2021 to seek a fairer and more open recruitment process. The Chief Executive observed that another Trust has seen a change of mindset following a requirement that recruitment panels need to justify to the Chief Executive the non-selection of a minority background candidate.

Annual Staff Survey

There were small improvements in many measures in the November staff survey and generally good benchmarking against other Trusts. The Committee felt this had somewhat been overshadowed by results in an April pulse survey which showed a % negative drop in each question. It was observed that the hospital is a very different place in April – running very hot – than it was in November and pulse surveys need to be repeated regularly to be meaningful.

The Committee observed that averages can hide issues at the extreme end and in particular places. Tours of the hospital showed that staff happiness was radically different in some parts than others. Generally HR found no surprises and will continue work in line with the programme where delivery will be critical over the next 12 months.

Staff Stories

The Committee welcomed Rory Philbin, an Advanced Nurse Practitioner in General Surgery who has chaired the Pride network since December 2021, and Lakiesha Ward, Mortuary Manager and Chair of REACH (Race, Ethnicity and Cultural Heritage).

Lakiesha said that people ask her “what is the point” of doing work through REACH as nothing will change. She does not accept this. She thinks there just need to be more conversations. However, members of estates and lower banded staff did feel it difficult to advance. She encouraged the Board to keep staff updated about the work being done. She encouraged the Charity to put more photos of people from ethnic backgrounds on their website and the Director of Communications confirmed that work is underway on the website.

Rory said they also found it difficult to see change. However, things were getting better – it is just a long journey. They felt pleased that two For example, asked about the statistic that a far lower number of BAME staff think they have opportunity for career progression than do white staff, she wanted to let people know her story which enabled her to progress to Band 8 by taking the opportunities on offer. trans staff had recently felt able to come out, which they had not done previously, and be reassured by Rory that the Trust “had their backs”. The challenge is to get to the next stage which will need resources. It is about getting people to be themselves, to be authentic and, as a result, more productive at work. It is about intersectionality – we are all individuals. We need to try to understand how others feel. The Director of Communications added that there is a huge impact on children who can see role models who are comfortable in themselves and this, in turn, gives them confidence. Rory observed that to reach all groups in the hospitals there needed to be targeted communications plans rather than “catch all” which will not reach some elements of the workforce.

The Non-Executive Directors asked for a follow up meeting with Rory and Lakiesha.

Diversity & Inclusion Champion Observations

Amanda Ellingworth, Non-Executive Director and D&I Champion had heard from individuals with protected characteristics suffering discrimination and felt the Board needed to be aware. She felt the online D&I presentations are not reaching the majority of people and these could be better

communicated. The Head of Diversity and Inclusion has done great work and it is important to continue this momentum to increase awareness and continue conversations.

Workforce Metrics

The Committee heard that sickness rates have been creeping up and the Trust should expect 4-4.5% to be common. Despite the increases in sickness rates over the last year, the Trust has benchmarked favourably against the London average sickness rates of 5.9% for March 2022 (GOSH 3.9%). The workforce has increased by 31 FTE (0.6%), but there are some expected reductions over the year following changes to the vacancy authorisation process.

Nursing Workforce

The Committee were updated on the stable position. Whilst the Trust is not experiencing higher turnover, we need to keep up recruitment efforts so that we can avoid possible shortages. There has been an increase in BAME nursing staff, especially at Band 5.

Going forward the Committee requested that the report focuses less on a high-level overview but rather give a detailed picture of where particular issues exist. In addition to nurses we need to look at who else we can upskill to deliver parts of the services and ensure staff are in the right places and doing the right things. The Committee needs to encourage and track a plan for the modernisation of the future workforce.

Freedom to Speak up Guardian and AHP Update

Due to a technical problem the meeting ended, and we agreed to reconvene to complete the final agenda items.

PEOPLE AND EDUCATION ASSURANCE COMMITTEE
Wednesday 22 June 2022 at 1:30 – 4:00pm

AGENDA

	Agenda Item	Presenter	Attachment	Time
1.	Apologies for absence	Chair		1:30pm
2.	Minutes of the meeting held on 25 February 2022	Chair	A	
3.	Matters arising and action point checklist	Chair	B	
4.	Minutes of subcommittees (for information): <ul style="list-style-type: none"> • Summary of Quality, Safety and Experience Assurance Committee (April 2022) • Summary of Audit Committee (April 2022 and May 2022) • Summary of Finance and Investment Committee (February 2022 and March 2022) • 	Amanda Ellingworth, Chair of QSEAC James Hatchley, Chair of the FIC	C D E	1:35pm
	<u>DELIVERY OF STRATEGIES AND PLANS</u>			
5.	People Strategy Update – delivery plan and impact tracker	Caroline Anderson, Director of HR & OD	F	1:45pm
6.	Diversity and Inclusion Annual Report (Six monthly update)	Alaettin Carikci, Diversity and Inclusion Organisation Business Partner	H	2:00pm
7.	Debiasing Recruitment: Towards Fairer Selection	Hayley Watts, Head of HR Operations	I	2:15pm
8.	Staff Survey Results 2021	Caroline Anderson, Director of HR & OD	J	2:25pm
	<u>HEARING THE STAFF VOICE</u>			
9.	Staff story: Reach Network and PRIDE Network	Lakiesha Ward, Co-Chair of the Reach Network and Rory Philbin, Chair of the PRIDE Network	Verbal	2:35pm
10.	Reflections from the Diversity and Inclusion Guardian	Amanda Ellingworth, Non-Executive Director and D&I Guardian	Verbal	2:55pm
	<u>RISK</u>			

11.	Update on the Board Assurance Framework	Anna Ferrant, Company Secretary	K	3:05pm
<u>OTHER ASSURANCE</u>				
12.	Workforce Metrics Update	Mat Guilfoyle, Head of Workforce Intelligence	G	2:15pm
13.	Nursing Workforce Update	Tracy Lockett, Chief Nurse	L	3:25pm
14.	Freedom to Speak Up Service – Annual Report 2021/22 Freedom to Speak Up Service Update for Feb 2022-May 2022	Dan Sumpton, Freedom to Speak Up Guardian	M N	3:40pm
15.	Allied Health Professionals Update on Diversity and Inclusion	Philippa Wright, Chief of Allied Health Professions and Head of Dietetics	P	3:55pm
<u>GOVERNANCE</u>				
16.	Review PEAC Terms of Reference	Anna Ferrant, Company Secretary	O	4:00pm
17.	Any Other Business	Chair	Verbal	
18.	Next meeting	13 September 2022 1:30pm – 4:00pm		

Council of Governors

07 July 2022

Governors' Sustainability Working Group

Summary & reason for item:

Following the request from governors, a Governors Sustainability Working Group has been set up and the group met for the second time on 05 May 2022.

This report provides an overview of discussions following the last meeting and the future direction for the working group.

Governor action required:

- No immediate action is required

Report prepared by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Governors' Sustainability Working Group

The group comprises of Trust governors, Peace Joseph, Jacqueline Gordon, Rose Dolan and Mark Hayden as well as Nick Martin, Head of Sustainability, Adetutu Emmanuel, Stakeholder Engagement Manager and Natalie Hennings, Deputy Company Secretary.

The aim of the working group is to ensure that there is a focus placed on sustainability across the Trust so that it is embedded into what the organisation does.

A way to promote this would be to ensure that training sessions such as the AimHi course could be incorporated into the induction program for staff as well as making it a KPI for senior leaders as part of their training and development reviews. staff personal development review

The group recognised that courses such AimHi were highly beneficial and so this could be something that was made available to members also as it was quite engaging also for young people particularly as it makes the climate crisis seem manageable especially as this is what young people want to hear.

At the last meeting, the group also discussed sustainability metrics and defining clear goals to help form a wider organisational net zero aspiration.

In terms of engagement with members, the group reviewed the membership activity plan and commented on a few points as follows:

- With regards to recycling week, the focus should be more on highlighting reuse and upcycling as opposed to recycling as there is now an evident shift in people's behaviours.
- It was suggested that a temperature check on people's knowledge and awareness regarding sustainability should be carried out in the member newsletter in order to get a better understanding about what people know about sustainability as well as using it as a way to build knowledge
- The group also discussed speaking to YPF about how to target the Under 21s in membership especially with activity like play street idea and using the arts to promote sustainability (e.g. in school holiday workshops)

For future meetings, the group agreed to have a standing agenda on sustainability to provide an update on what GOSH is doing/has done with regards to sustainability so there could be adequate accountability. They also want to make sure that the climate declaration was made more visible on the website and continue to monitor and contribute to the sustainability objective within the membership strategy.

Council of Governors

07 July 2022

Extension of tenure for Non-Executive Director and Appointment of Deputy Chair and proposal for Senior Independent Director

Summary & reason for item:

The purpose of this paper is to consider and approve the extension of tenure for James Hatchley, Non-Executive Director and to appoint James as Deputy Chair once Akhter Mateen comes to the end of his tenure on 30 June 2022.

The Council of Governors is also asked to discuss the proposal from the Trust Board for the appointment of the Senior Independent Director from 01 October 2022.

Governor action required:

The Nomination and Remuneration Committee met on 27 June 2022 and considered the extension of tenure, appointment of deputy Chair and proposal for Senior Independent Director. The Committee supported the arrangements and agreed to recommend the following to the Council of Governors for approval:

- To approve the extension of James Hatchley's tenure (by one month) until 30 September 2022, after which he will step down from the GOSH Trust Board.
- To consider and approve James Hatchley as Deputy Chair of the Trust Board and Council of Governors from 01 July 2022 until the end of his tenure.
- To consider and approve Amanda Ellingworth as Deputy Chair of the Trust Board from 1 October 2022 until the end of her tenure.
- To discuss and support the proposal of the Trust Board to appoint Amanda Ellingworth as Senior Independent Director from 1 October 2022 until the end of her tenure.
- Consider and approve the remuneration for one person being put forward to hold both positions of Deputy Chair and Senior Independent Director.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Mike Rake, Chair

Extension of tenure for Non-Executive Director and Appointment of Deputy Chair and Senior Independent Director

Introduction

The Council Nominations and Remuneration Committee has led the recruitment of one Non-Executive Director (NED) to the GOSH Trust Board, replacing James Hatchley when he steps down (current tenure ends on 31 August 2022). During the recruitment process the Committee agreed that a broader discussion was required around NED succession planning over the summer months and into Autumn in light of the progress with the Children's Cancer Centre development which James Hatchley has been involved from the beginning (as Finance and Investment Committee chair). This will provide continuity at this crucial stage of the project. *See proposal below regarding James Hatchley's tenure.

Following Akhter Mateen's tenure as Deputy Chair and Non-Executive Director coming to an end on 30 June 2022, the Council of Governors need to appoint a new Deputy Chair to commence from 01 July 2022. *See proposal below regarding James Hatchley being appointed as Deputy Chair.

Subject to James Hatchley's tenure being extended and his appointment as Deputy Chair, the Council are asked to discuss succession planning for later in the year, when the Council of Governors will be required to appoint a Deputy Chair when James' extended tenure comes to an end (30 September 2022) and consider the proposal by the Trust Board for the new Senior Independent Director (currently this role is held by James).

Extension to James Hatchley's Tenure

The Council is asked to consider the timing of James Hatchley stepping down from the Board noting the Nomination and Remuneration Committee's concern about recruiting a new NED to take on the Finance and Investment Committee chair position during such a crucial time of development for the Children's Cancer Centre (which James has been involved in from the beginning).

The Chair has discussed this matter with James Hatchley who has agreed that if approved, he would be happy to accept an extension of his tenure for one month, stepping down on 30 September 2022 so that he can continue to Chair the Finance and Investment Committee through the current phase of the Children's Cancer Centre project.

Such an extension poses no conflicts for James, he received a positive appraisal last year and the extension also meets the requirements of the Trust's Constitution (please see below). This proposal ensures continuity and good governance and additionally allows time for Suzanne Ellis (as an Associate NED) to shadow the Finance and Investment Committee and gain knowledge of the GOSH financial landscape before stepping into the substantive NED role and chair of the Finance and Investment Committee from 1 October 2022.

For information, para 1.1.9 of Annex 7 of the Trust Constitution states:

In exceptional circumstances, the Council of Governors may agree that a non-executive Director (or Chair) should serve one or more defined additional periods, up to a maximum of nine years in aggregate. The additional approved periods will be reviewed by the Council annually.

Action for Governors: To approve the extension of James Hatchley's tenure until 30 September 2022, after which he will step down from the GOSH Board.

Appointment of the Deputy Chair (until 30 September 2022)

Paragraph 26 of the Trust's Constitution states that the Council of Governors shall appoint one of the Non-Executive Directors as the Deputy Chair. The Standing Orders for the Trust Board (Annex 9 of the Constitution) and the Council of Governors (Annex 8) state that the Deputy Chair will chair the Board and the Council of Governors meeting and members' meetings (Annex 10) should the Trust Chair be absent or disqualified from participating due to a conflict of interest. The Deputy Chair is also a member of the Council of Governors Nominations and Remuneration Committee.

The Council is asked to consider and approve James Hatchley for the appointment as Deputy Chair of the Trust Board and Council of Governors following Akhter Mateen's tenure as Deputy Chair and Non-Executive Director coming to an end on 30 June 2022. James is our longest serving Non-Executive Director (since May 2015), he has over 25 years of executive-level experience working in the financial services industry, previously as European Chief Operating Officer of Kohlberg Kravis and Roberts, a US-listed global investment firm and more recently as Group Strategy Director at 3i. James brings a wealth of expertise in corporate governance best practice, budgeting, capital projects, strategic planning and decision making, and complex financial analysis. James is currently Chair of the Finance and Investment Committee and Senior Independent Director.

The Council should feel assured that there is no potential conflict of interest in the same person holding the position of Deputy Chair and Senior Independent Director. This is supported by The Foundation Trust Code of Governance (The Code) which states:

*A.4.1. In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. **The senior independent director could be the deputy chairperson.***

Action for Governors: To consider and approve James Hatchley as Deputy Chair of the Trust Board and Council of Governors from 01 July 2022 until the end of his tenure

Appointment of the Deputy Chair (from 01 October 2022)

Upon James Hatchley's tenure coming to an end on 30 September 2022 (subject to Council of Governors approval) the Council are asked to consider and approve Amanda Ellingworth as Deputy

Chair. Amanda has been a Non-Executive Director at GOSH since January 2018, she has over 13 years of non-executive level experience and a background as a senior social worker focusing on children and families. Amanda received a positive appraisal last year. Amanda is Chair of the Quality, Safety and Experience Committee and is the Trust's Diversity and Inclusion Guardian.

Action for Governors: To consider and approve Amanda Ellingworth as Deputy Chair from 01 October 2022 until the end of her tenure.

Trust Board's proposal for Senior Independent Director (from 01 October 2022)

In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders.

Following conversations held by the Chair, the Trust Board would like to propose that Amanda Ellingworth is appointed as Senior Independent Director for the same reasons as above.

Action for Governors: To discuss and support the Trust Board's proposal to appoint Amanda Ellingworth as Senior Independent Director from 01 October 2022 until the end of her tenure.

Remuneration for Deputy Chair and Senior Independent Director (SID)

GOSH Chair and non-executive director remuneration is set in line with remuneration guidance issued by NHSE and NHSI. The Council of Governors has agreed that salaries of the chair and non-executive directors will be considered every three years. The next review will take place in 2023. The remuneration for non-executive directors is provided in the table below:

Role	2021/22 (application of NHSI guidance for a large trust £401m-£500m turnover) – from 1 April 2021
Chair	£50k
Deputy chair	£15k
Senior independent director	£15k
Other non-executive directors	£13k
Associate non-executive directors	£6.5k

Action for Governors: With one person being put forward to hold both positions of Deputy Chair and SID, and noting the current financial environment, the Council is asked to consider and approve the remuneration of a total of £2k for holding both roles. This will mean that a person holding the NED, Deputy Chair and SID position will receive remuneration of £15k in total.

Attachment: M

Council of Governors

07 July 2022

Appraisal process for the Chair and Non-Executive Directors and the role of Governors

Summary & reason for item:

This purpose of this paper is to introduce the process for annually appraising the Chair and Non-Executive Directors and to highlight the role of governors within the process.

The Council of Governors last approved this process and framework at the February 2020 Council of Governors' meeting. Whilst the process largely remains the same, we are recommending that the governors feedback pro-forma (appendix 3) is adapted to make it more relevant to the engagement and communication governors have with non-executive directors and therefore more meaningful to complete.

The report sets out the appraisal process which involves requesting feedback from governors on the performance of the Chair and NEDs during the year.

The Nomination and Remuneration Committee met on the 27 June 2022 to consider the appraisal process and revised governors feedback pro-forma. The Committee asked for some more amendments to be made to the feedback pro-forma, so it is easier to understand and less formal. The Committee felt this would help encourage governors to complete and return the form during the process. Additional changes have been made and the revised governor pro-forma is attached as **Appendix 3**.

To note, appendix 1; Chair and NED competencies and appendix 2; Chair stakeholder assessment form and appendix 4; GOSH Chair and NED biographies, other GOSH committees and key roles are all included in the separate information pack circulated to the Council.

Governor action required:

- To approve the revised governors' feedback pro-forma for approval by the Council of Governors.
- To note the NED appraisal process and role of governors in it.
- To note that appraisals are conducted annually; a timetable is attached.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Dr Anna Ferrant, Company Secretary

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

The GOSH Chair and NED appraisal process is aligned to NHS England and Improvement guidance on the appraisal of Chairs in the NHS, last updated in April 2021 following the publication of the NHS People Plan; but there are no significant changes.

The Council of Governors approved this process and framework at the February 2020 Council of Governors’ meeting. Whilst the process largely remains the same, we are recommending that the governors feedback pro-forma (appendix 3) is adapted to make it more relevant to the engagement and communication governors have with non-executive directors and therefore more meaningful to complete. Further revisions to the form have been made following the feedback from the Nomination and Remuneration Committee to help make it easier to understand and less formal in its design.

Below is a summary of the appraisal process which involves requesting feedback from governors on the performance of the Chair and NEDs during the year.

Summary of Chair appraisal process

Stage 1	Appraisal preparation
The <u>Senior Independent Director (SID)</u> is provided with the appraisal framework criteria and approved Chair competencies (see Appendix 1 – in separate pack).	
Stage 2	Multisource assessment
<p>Assessments of chair’s effectiveness sought from a range of stakeholders; to include:</p> <ul style="list-style-type: none"> • Governor feedback: The Lead Governor asks fellow governors to provide informal, anonymous and confidential feedback on the performance of the Chair (in his role as Chair of the Council) to inform the appraisal process using pro-forma (example at Appendix 2 - in separate pack). The Lead Governor reports the governors’ feedback to the SID. • Executive Director feedback: The Executive Directors provide informal, anonymous and confidential feedback via the Company Secretary directly to the SID about the Chair. • Non-Executive Director feedback: The NEDs provide informal, anonymous and confidential feedback directly to the SID about the Chair. • External partner feedback: Assessments of the Chair’s effectiveness is also sought from stakeholders who represent external partner organisations (in agreement with the Chair). Last year, the following stakeholders were contacted for feedback: <ul style="list-style-type: none"> • Chair of UCL Council • Vice Provost (Health), UCL • Chair of Trustees, GOSH Children’s Charity. <p>Consideration will need to be given to feedback from the integrated care system (North Central London) for this appraisal cycle.</p>	

Stage 3	Evaluation
All the multisource assessment is collated and shared with the Senior Independent Director ahead of the appraisal meeting.	
Stage 4	Appraisal and output
<ul style="list-style-type: none"> • The <u>Senior Independent Director (SID)</u> appraises the Chair against the appraisal framework criteria and approved Chair competencies and collated stakeholder feedback. • An appraisal pro-forma is completed during the appraisal. • Should any disagreement arise between the SID/ Chair on the results of the appraisal, the SID will provide a written summary of the difference. This will be presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council for noting. • A summary report is submitted to the Council of Governors' Nominations and Remuneration Committee, with a proposal to recommend the outputs to the Council for approval. • The Council of Governors' Nominations and Remuneration Committee reports to the Council with the outputs and its recommendations. 	

Summary of NED appraisal process

Stage 1	Appraisal preparation
The <u>Chair</u> is provided with the appraisal framework criteria and approved NED competencies (see Appendix 1).	
Stage 2	Multisource assessment
<p>Assessments of NEDs effectiveness sought from a range of stakeholders; to include:</p> <ul style="list-style-type: none"> • Governor feedback: The Lead Governor asks fellow governors to provide informal, anonymous and confidential feedback on the performance of the NEDs to inform the appraisal process using pro-forma (see Appendix 3 for consideration and approval). The Lead Governor reports the governors' feedback to the Chair. • Executive Director feedback: The Executive Directors provide informal, anonymous and confidential feedback via the Chief Executive directly to the Chair about the NEDs 	
Stage 3	Appraisal and output
<ul style="list-style-type: none"> • The <u>Chair</u> individually appraises each non-executive director (NED) against the appraisal framework criteria and approved NED framework and competencies and collated stakeholder feedback. • An appraisal pro-forma is completed during the appraisal by the Chair. • Should any disagreement arise between the Chair/ NED on the results of the appraisal, the Chair will provide a written summary of the difference. This will be presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council for noting. 	

- A summary report is submitted to the Council of Governors’ Nominations and Remuneration Committee for each NED appraised, with a proposal to recommend the outputs to the Council for approval.
- The Council of Governors’ Nominations and Remuneration Committee reports to the Council with the outputs and its recommendations.

Governor’s feedback pro-forma

In previous years governors have found their feedback pro-forma difficult to complete and therefore we have adapted it slightly this year to make it more relevant to the engagement and communication governors have with non-executive directors. The form continues to highlight the importance of partnership working, particularly in relation to the context of the environment the Trust now operates (the Integrated Care System). We would like the Council to review and approve the pro-forma.

Timetable for Chair and NED appraisals

As outlined above, the appraisal framework involves requesting feedback from Governors on the Chair and NEDs’ performance (6 NEDs). Last year the timetable for the appraisal of the Chair and NEDs was brought together in November to enable all our new governors sufficient time to meet the NEDs or observe them at Board and assurance committee meetings in order to be able to provide meaningful feedback as part of the process.

We recommend appraisals take place in November again this year and the following timetable has been set:

Name	Role	Appraisal timetable for reporting to Council of Governors	Appraisal window
Michael Rake	Chair	November 2022	1 October 2021 – 30 September 2022
Amanda Ellingworth	NED	November 2022	1 October 2021 – 30 September 2022
Chris Kennedy	NED	November 2022	1 October 2021 – 30 September 2022
Kathryn Ludlow	NED	November 2022	1 October 2021 – 30 September 2022
Russell Viner	NED	November 2022	1 October 2021 – 30 September 2022
Suzanne Ellis*	Associate NED	November 2022	9 May 2022 – 30 September 2022
Gautam Dalal*	Associate NED	November 2022	01 June 2022 – 30 September 2022

** This will be Suzanne Ellis and Gautam Dalal first appraisal; it will follow the same process and be conducted as a review of their first six months*

Attachment: N

NED biographies and roles on board committees

As a reminder and particularly for our newer governors we have included biographies of all our NEDs and a list of NEDs on board assurance committees and in key roles (**Appendix 4 - in separate pack**)

Action for Governors:

- To approve the revised governors' feedback pro-forma for approval by the Council of Governors.
- To note the NED appraisal process and role of governors in it.
- To note that appraisals are conducted annually; a timetable is attached.



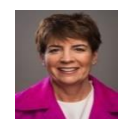



Confidential



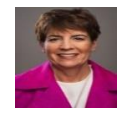



GOSH Non-Executive Director (NED) Stakeholder appraisal assessment form







Name of provider trust:	Great Ormond Street Hospital for Children NHS Foundation Trust
Assessment period:	All NEDs: 01 October 2021 – 30 September 2022 except: Suzanne Ellis (Associate NED): 09 May 2022 – 30 September 2022 Gautam Dalal: 01 June 2022 – 30 September 2022



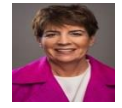



Part 1: Responses to statements relating to the NHS provider NED competencies framework



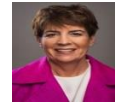



The following themed statements relate to the individual’s impact and effectiveness in their role. Please respond to as many of the statements as possible by using your knowledge of NEDs from interactions at council meetings, board meetings, board committee meetings, buddying session and any other discussions you’ve had.

Competency: Strategic	NED	Answer	Additional comment
<ul style="list-style-type: none"> • Contributes to setting the strategy • Considers internal and external factors for the benefit of patients and families when making strategic decisions • Encourages innovation and new ideas, particular as Chair of a board committee • Objectively evaluates risks, and options for improvement • Builds resilience for the benefit of the organisation and wider NHS 		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	

Competency: Partnerships	NED	Answer	Additional comment
<ul style="list-style-type: none"> • Demonstrates personal commitment to partnership working • Promotes joined up working for the benefit of patients and their families 		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	

Competency: People	NED	Answer	Additional comment
<ul style="list-style-type: none"> • Encourages a Holds the executive team to account in their focus on all staff, patients and service users. • Ensures all voices are heard and views are respected (compassionate, caring and inclusive environment, welcoming change • chairs of Board assurance committees). 		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	

Competency: Professional	NED	Answer	Additional comment
<ul style="list-style-type: none"> Ensures good governance and understands and communicates the trust's regulatory and compliance context Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts Applies financial, commercial and technological understanding effectively. Uses facts and figures to support argument. 		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	

Competency: Outcomes	NED	Answer	Additional comment
<ul style="list-style-type: none"> Supports an environment in which clinical and operational excellence is maintained. Supports a culture of continuous improvement and value for money. Prioritises issues to support service improvement for the benefit of the wider system, ensuring patients safety, experience and outcomes remain the principal focus. Supports measurement of performance against (NHS) constitutional standards, including those relating to equality, diversity and inclusion 		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Don't know	

Part 2: Strengths and opportunities



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


Strengths: What does the individual do particularly well?



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



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

Appendix 4: GOSH Chair and Non-Executive Directors Biographies, other GOSH Committees and key roles

	<p>Sir Michael Rake Appointed: 1st November 2017</p> <p>Background and experience Sir Michael has a wealth of leadership experience in business and service industries as Chairman (both UK and International) of KPMG, Chairman of EasyJet, President of the Confederation of British Industry, Deputy Chairman of Barclays and Director of the Financial Reporting Council.</p> <p>Other GOSH Board Committees and key roles Sir Michael chairs the following GOSH Boards and committees:</p> <ul style="list-style-type: none"> • Trust Board • Council of Governors • Board of Directors’ Nominations Committee • Council of Governors’ Nominations and Remuneration Committee <p>He is also a member of the Trust Board Remuneration Committee.</p>
	<p>James Hatchley, Non-Executive Director and Senior Independent Director Appointed: 1st September 2016</p> <p>Background and experience James is Group Strategy Director at 3i a leading international investment manager and until June 2016 was the European Chief Operating Officer of Kohlberg Kravis and Roberts (KKR), a US listed asset management firm and was chair of the company’s European Audit and Risk Committee. James has over 25 years’ executive experience working in the financial services industry with exposure to budgeting, capital projects (particularly IT and property), strategic planning and decision making, complex financial analysis and corporate governance best practice.</p> <p>Other GOSH Board Committees and key roles James is Chair of the Finance and Investment Committee and Chair of the Trust Board Remuneration Committee and is a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> • Audit Committee • People and Education Assurance Committee • Trust Board Nominations Committee <p>James has the following other key roles:</p> <ul style="list-style-type: none"> • Senior Independent Director • Speaking Up NED Champion (Whistleblowing) • GOSH Charity Trustee Observer

	<p>Amanda Ellingworth, Non-Executive Director Appointed: 1st January 2018</p> <p>Background and experience Amanda was a senior social worker focusing on children and families before moving into Board level roles, including 12 years on the Board of a small Foundation Trust and Chair of a large housing association. Currently, Amanda is Trustee of Plan International UK. She was previously a Lay Advisor of the Royal College of Emergency Medicine and Deputy Chair of Barnardo's, the major children's charity.</p> <p>Other GOSH Board Committees and key roles Amanda is Chair of the Quality, Safety and Experience Assurance Committee and a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> • People and Education Assurance Committee • Trust Board Remuneration Committee • Trust Board Nominations Committee <p>Amanda has the following other key roles:</p> <ul style="list-style-type: none"> • Diversity and Inclusion Guardian • Board Creative Health Champion for GOSH Arts
	<p>Chris Kennedy, Non-Executive Director Appointed: 1st April 2018</p> <p>Background and experience Chris Kennedy is a qualified accountant and is currently Chief Financial Officer (CFO) of ITV plc. Prior to this Chris was CFO of Micro Focus one of the largest pure-play software companies in the world and CFO of ARM Holdings plc, the UK's largest listed technology company. He has spent the last 20 years in senior global, financial and commercial roles in a variety of sectors including 5 years at EasyJet. Chris spent 17 years at EMI as COO of EMI International running both the commercial and finance functions together with the growing digital music business, and later became CFO of the Group. Chris holds a degree in electrical sciences from Cambridge University.</p> <p>Other GOSH Board Committees and key roles Chris is a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> • Audit Committee • Finance and Investment Committee • Trust Board Remuneration Committee • Trust Board Nominations Committee <p>Chris has the following other key roles:</p> <ul style="list-style-type: none"> • Sustainability NED Champion

	<p>Kathryn Ludlow, Non-Executive Director Appointed: 6th September 2018</p> <p>Background and experience Kathryn was, until April 2017, Partner at the leading firm Linklaters. Over a 30-year career with Linklaters, Kathryn worked in litigation, investigations and risk management, and is a well-regarded expert in dispute resolution. Her professional expertise has crossed many sectors including finance, banking, mining and telecoms. A pioneer in CSR, Kathryn was Linklaters’s first Global Pro Bono Partner and also Chaired the firm’s Corporate Responsibility Committee. Kathryn has taken this interest into her portfolio career, serving as Trustee of LawWorks, which provides free legal advice. Kathryn has also held various external board level roles including as Director of the Garden Bridge Trading Company and Trustee of Royal Courts of Justice Citizens Advice Bureau.</p> <p>Other GOSH Board Committees and key roles Kathryn is Chair of the People and Education Assurance Committee and a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee • Trust Board Remuneration Committee • Trust Board Nominations Committee <p>Kathryn has the following other key roles:</p> <ul style="list-style-type: none"> • Wellbeing NED Champion
	<p>Russell Viner, Non-Executive Director Appointed: 1 May 2020</p> <p>Background and experience Russell is a former President of the Royal College of Paediatrics & Child Health (RCPCH) 2018- 2021 and current Professor of Adolescent Health at the UCL Great Ormond Street Institute of Child Health in London. He is a paediatrician who sees young people with diabetes each week at University College Hospital and directs the Department of Health Obesity Policy Research Unit. His research focuses on population health, policy and health services for children and young people. Russell is currently Vice-Chair of the NHS England Children and Young People’s Transformation Board, and Chair of the Stakeholder Council for the Children’s Transformation Board. He was also a member of the Scientific Advisory Group for Emergencies (SAGE) during the pandemic, advising on children and young people. Russell also has significant ‘hands-on’ experience within the NHS, having been Clinical Director in a busy teaching hospital and Clinical Director for children and young people for the NHS across London, responsible for leading healthcare strategy for London’s 2 million children and young people.</p> <p>Other GOSH Board Committees and key roles Russell is a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee. • Trust Board Remuneration Committee • Trust Board Nominations Committee

	<p>Gautam Dalal, Non-Executive Director Appointed: 1st July 2022</p> <p>Background and experience Gautam is a chartered accountant and spent most of his career at KPMG. He was a partner in KPMG London from 1990 to 2010. During this period, he helped establish KPMG’s practice in India and was its Chairman and CEO from 2000 to 2003, based in Mumbai. On his return he was Founder-Director of the UK India Business Council and a member of the Asian Business Association. He was a trustee of the National Gallery and Chair of AMREF Health Africa in the UK and a director of the International Board of AMREF Health Africa, an NGO headquartered in Nairobi. He remains a member of the finance and audit committees of the National Gallery. Most recently, Gautam became a Trustee of Booktrust, the UK’s largest children’s reading charity. He also has previous experience working in healthcare as a Non-Executive Director of Barts Health NHS Trust from April 2012 until March 2022. Gautam is Non-Executive director of Moxico Resources Plc and Camellia plc.</p> <p>Other GOSH Board Committees and key roles Gautam is Chair of the Audit Committee and a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> • Finance and Investment Committee • Trust Board Remuneration Committee • Trust Board Nominations Committee
	<p>Suzanne Ellis, Associate Non-Executive Director Appointed: 9th May 2022</p> <p>Background and experience Suzanne has over 20 years’ experience in transformation and change and is Vice President at GSK leading the Separation Management Office for the Demerger of Consumer Healthcare from GSK. Over the last nine years at GSK, Suzanne has led Supply Chain Transformation, been Vice President Consumer Healthcare Integration Lead for two major integrations, Vice President for Strategy, Delivery and Performance and Head of New Product Introduction and Project Management before her current role. Alongside these executive roles, Suzanne has been a Member of McKinsey’s M&A Council and a senior faculty presenter and facilitator since 2019. Suzanne holds an MSc in Information Management from Brunel University and an MA in Geography from the University of Cambridge.</p> <p>Other GOSH Board Committees and key roles Suzanne is a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> • Finance and Investment Committee • Audit Committee

Council of Governors

07 July 2022

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. The selection process for the Lead Governor and Deputy Lead Governor was approved by Council on 27 April 2022.

It was agreed that following the meeting, a call for nominations would be circulated within the Governor newsletter and that the window for nominations would close 5:00pm on Wednesday 15 June 2022. Following closure of the nomination window the following candidates nominated themselves for Lead Governor:

- Beverly Bittner-Grassby, Parent/Carer from London Governor, and
- Claire Cooper Jones, Parent/Carer from Rest of England and Wales Governor

The following candidate nominated themselves for Deputy Lead Governor:

- Josh Hardy, Patient from Home Counties

Lead Governor

As there was more than one nominee for Lead Governor, an election was necessary. On Monday 20 June, all Governors were sent Lead Governor candidate statements for consideration and a ballot form with a deadline for voting of Wednesday 29 June 2022.

The result of the election will be announced at the meeting.

Deputy Lead Governor

As there was only one nomination for Deputy Lead Governor, the Council of Governors is asked to approve the appointment of Josh Hardy as Deputy Lead Governor

All three nomination statements are available in appendix 1 within your separate information pack.

Governor action required:

- The Council is asked to approve the appointment of Lead Governor and Josh Hardy as Deputy Lead Governor.

Report prepared by:

Paul Balson, Head of Corporate Governance

Item presented by:

Dr Anna Ferrant, Company Secretary

Council of Governors

07 July 2022

Draft Code of Governance and Draft Addendum to *Your statutory duties – reference guide for NHS foundation trust governors*

Summary & reason for item:

A draft Code of governance for NHS providers was issued by NHS England (NHSE) on 27 May 2022 and is out for consultation until 8 July 2022.

The new code will replace the NHS Foundation trust code of governance which was last updated in 2014. This paper provides the Board with an overview of the code and its requirements, with a focus on what has changed or is new. We have also included a comparison to show which disclosures have amended, added or removed.

In summary the code has been updated to reflect:

- its application to NHS trusts, following the extension of the NHS Provider licence to them
- changes to the UK Corporate Governance Code in 2018
- the legal establishment of integrated care systems (ICs) under the Health and Care Act 2022
- the evolving NHS System Oversight Framework, under which trusts will be treated similarly regardless of their constitution as a trust or foundation trust.

Governor action required: For information and noting.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Draft Code of Governance and Draft Addendum to *Your statutory duties – reference guide for NHS foundation trust governors*

Introduction

A draft Code of governance for NHS providers was issued by NHS England (NHSE) on 27 May 2022 and is out for consultation until 8 July 2022. The new code will replace the NHS Foundation trust code of governance which was last updated in 2014 and unlike before will now apply to all NHS Trusts (previously it applied to NHS foundation trusts only).

The code

In general, the provisions of the code do not greatly differ from the 2014 version since the Health and Care Act 2022 does not change the statutory role, responsibilities and liabilities of provider trust boards. However, there are some important additions that reflect the change in NHS landscape since 2014 and the Trust will need to consider how these are taken forward and reported.

To enable trusts the flexibility to ensure their structure and processes work well now and, in the future, the code is designed to provide all the requirements for good governance which have been designed with the interests of patients, service users and the public in mind. Directors and governors both have a responsibility for ensuring that ‘comply or explain’ remains an effective basis for this code.

The code is set out in five sections and describes principles of good governance and the provisions (based on the principles) with which the Trust must comply or explain.

1. Section A: Board leadership and purpose
2. Section B: Division of responsibilities
3. Section C: Composition, succession and evaluation
4. Section D: Audit, risk and internal control
5. Section E: Remuneration

The Company Secretary and Deputy Company Secretary will undertake a full review of the documents released including the [draft Code of governance for NHS providers](#); [draft guidance on good governance and collaboration](#); and [draft Addendum to your statutory duties – reference guide for NHS foundation trust governors](#) in the meantime the below themes have been pulled out as highlights.

Highlights

There are some themes underlying the key changes now included in the code for the first time:

1. There is a requirement for the Trust Board to assess the trust’s **“contribution to the objectives of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), and place-based partnerships”** as part of its assessment of its performance.

2. The inclusion of the Trust Board's role in **assessing and monitoring the culture of the organisation and taking corrective action as required, alongside "investing in, rewarding and promoting the wellbeing of its workforce"**. The previous code only mentioned wellbeing in the context of the finances of the organisation.
3. A new **focus on equality, diversity and inclusion**, among board members but also training in equality, diversity and inclusion should be provided for those undertaking director-level recruitment, including trust governors. The Trust Board should have a succession plan in place for the board and senior management of the organisation to reflect the diversity of the local community or workforce, whichever is higher.
4. **Greater involvement for NHSE in recruitment and appointment processes**, including utilising NHSE's Non-Executive (NED) Talent and Appointments team in preference to external recruitment consultancies and/or having representation from NHSE on NED recruitment panels.
5. The **Council of Governors duty to represent the interest of members** now includes the population of the local system of which the trust is part and the whole population of England as served by the wider NHS.
6. It is suggested that the Council of Governors may look at the nature of the Trust's collaboration with system partners **as an indicator of organisational performance.**

Summary

There are no initial surprises in the draft code; the majority of changes represent the changes to the system wide landscape we are now working within. A thorough review of the final documents will be undertaken, and a development session will be run with the Council of Governors in November to explain how the changes affect the role of a governor and the Council as a whole.

An initial review has been conducted by NHS Providers who welcome the refreshed version of the code, and their briefing is attached as **Appendix 1 – see separate pack.**

Council of Governors

7 July 2022

Governance update

Summary / reason for item

This paper provides a summary of Council of Governors' related governance activity since the last Council meeting in April 2022.

Significant Transactions session with NHS Providers

Included is a brief summary of the NHS Providers' session on the role of the Governor in approving significant transactions. The Corporate Affairs Team will create additional materials to support Governor learning on this in due course.

Committee memberships

Several vacancies remain on the Council of Governors' Committees – this paper presents a final call for members.

Governors observing Trust Board and Assurance Committees

Governors are encouraged to observe Non-Executive Directors at Trust Board and Assurance Committees – this paper provides a reminder of their remits and the next meeting dates. Governors are asked to provide the Corporate Affairs Team with sufficient notice of attendance, so the Corporate Affairs Team are able to get you papers and meeting links in good time.

Council of Governors' Portal

The Council of Governors' Portal will be launched on 7 July 2022. The Portal will be hosted on GovernorHub and will provide a one stop shop for all information related to being a Governor at GOSH.

Governor action required

- To consider joining either the membership committee or constitution and governance working group, where vacancies are available.

Report prepared by

Paul Balson, Head of Corporate Governance

Item presented by

Paul Balson, Head of Corporate Governance

Significant transactions session with NHS Providers

Background

As Governors have been made aware, approving significant transactions (STs) is an important Foundation Trust Governor role and later this calendar year, the Council of Governors will be asked to approve the Full Business Case for the Children's Cancer Centre (CCC). This is a significant transaction and the first time GOSH's governors will be asked to approve one.

On 21 June, to help ensure that governors are able to ask the right questions and seek assurance ahead of being asked for approval, NHS Providers were asked by to deliver a session on:

The role of the Governor in approving significant transactions.

Key points raised in discussion

- The Council should base its decision to approve STs on three considerations, that:
 - the process undertaken by the board was appropriate
 - communication and information provided was commensurate with the level of investment being undertaken
 - that key stakeholders have been consulted and that the transaction provides benefit for the public.
- The onus to provide a clear and accessible narrative with regards to quality, safety, sustainability and value for money was on the Executive Directors.
- The Council may disagree with the merits of a decision to approve a significant transaction, but still approve it if it can be demonstrated that due diligence on the areas of interest have been followed and assurance provided.

During the Q&A session, governors requested:

- additional assurance on the CCC's sustainability considerations
- assurance that there would not be a decline in quality of care during the decant of teams and construction.
- a facilitated means for governors to share CCC assurances (gained from observing assurance committees, etc) with their fellow Governors.
- protected sessions with the NEDs to freely discuss (rather than be presented to) the CCC.

Next steps

- The session slides and accompanying notes will be shared with Governors.
- The Corporate Affairs Team will work with the CCC Delivery Director and others to provide the information Governors felt was essential to inform their approval of the CCC
- The Corporate Affairs Team will investigate the most appropriate means for governors to have a protected sessions with the NEDs on the CCC and share their CCC assurances

Committee memberships

At the April 2022 Council meeting, Governors were provided with details of the 3 Council Committees and working groups that they could join, these are:

- Nomination and Remuneration Committee
- Membership, Engagement, Recruitment and Retention Committee
- Constitution and Governance Working Group

In the May 2022 Council of Governors’ newsletter, Governors were invited to nominate themselves to become members of these Committees.

The nominations received, how they satisfy the membership requirements and details of next steps required are as follows:

Nomination and Remuneration Committee

Summary

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

Six nominations were received.

Membership requirement	
Lead Governor	<p>The result of the election for Lead Governor will determine whether Beverly Bittner Grassby or Claire Cooper Jones join the Committee as Lead Governor.</p> <p>The 2nd placed candidate will contest one of the other places on the Committee.</p>
Two governors from the public constituency and/or the patient and carer constituency,	<p>Two Governors will then be elected from:</p> <ul style="list-style-type: none"> - The 2nd placed candidate in the Lead Governor election - Joshua Hardy - Kamran Ansari - Stephanie Nash
One staff governor and	<p>As the only Staff nominee, Quen Mok – Staff Governor is CONFIRMED as a member of the Committee.</p>
One governor from any constituency (patient and carer, public, staff or appointed).	<p>One from the remaining governors after the selection of the two governors above.</p>

Action required: Following approval of the Lead Governor, the Corporate Affairs Team will circulate a ballot to Governors to vote for their preferred members of the Nomination and Remuneration Committee.

Membership, Engagement Recruitment and Representation Committee

Summary

The Committee works to recruit new members and engage existing ones through communication and engagement opportunities ensuring GOSH members are diverse and representative of the people we provided services for.

Three nominations were received.

Membership requirement	Governor
Lead Governor	<p>The result of the election for Lead Governor will determine whether Beverly Bittner Grassby or Claire Cooper Jones join the Committee as Lead Governor.</p> <ul style="list-style-type: none"> - If Claire Cooper-Jones is elected Lead Governor, Beverly Bitter Grassby will join the Committee as one of the six other Governor members (below) - If Beverly Bittner-Grassby is elected Lead Governor, there will be an additional vacancy on the Committee.
Six Governors from the patient and carer or public constituencies	1. Beverly Bittner Grassby – will be CONFIRMED as a member of the Committee regardless of the outcome of the Lead Governor election.
	2. As one of the three nominees, Hannah Hardy is CONFIRMED as a committee member
	3. As one of the three nominees, Eve Brinkley-Whittington is CONFIRMED as a committee member
	4. No nominations
	5. No nominations
	6. No nominations

Action required: Patient and Carer or Public Governors are asked to nominate themselves for membership of this important Committee

Constitution Governance Working Group

Summary

The Constitution Governance Working Group reviews and makes recommendations on the Constitution and its appendices to ensure compliance with the law and supports the Trust Board and Council of Governors in any governance matters outlined in the Constitution.

Two nominations were received.

Membership requirement	Governor
Lead Governor	The result of the election for Lead Governor will determine whether Beverly Bittner Grassby or Claire Cooper Jones join the Committee as Lead Governor.
Deputy Lead Governor	As the Deputy Lead Governor, Joshua Hardy is CONFIRMED as a Committee member
Four additional Governors (at least two elected governors)	1. As one of the two nominees, Kamran Ansari is CONFIRMED as a member of the group
	2. As one of the two nominees, Peace Joseph is CONFIRMED as a member of the group
	3. No nominations
	4. No nominations

As the requirement for two elected governors has been met, the remaining two members can come from any constituency or class.

Action required: Governors from any constituency are asked to nominate themselves for membership of this important Committee.

Council of Governors’ action from review of effectiveness

At the April Council of Governors’ meeting 14 recommendations that aimed to improve the effectiveness of the Council of Governors. The Corporate Affairs Team will report on progress against these over the next 18 months, starting at the November 2022 Council meeting.

Governors observing Trust Board and Assurance Committees

One of the primary roles of Governors is to hold Non-Executive Directors to account and at GOSH it is felt that one of the best ways to support Governors’ understanding of the work of Non-Executive Directors is to ‘see the NEDs in action’ at Assurance Committee meetings.

Governors interested in observing an Assurance Committee are asked to accept the calendar appointment or decline if you they are not.

Meetings are held in a webinar format so Governors will be able to see and hear proceedings but do not appear on screen. At the end of the assurance committee meetings, Governors are invited into the meeting to provide feedback. Papers are sent to Governors who have requested to observe in advance of the meeting at the same time as they are sent to committee members.

A precis of the Committee roles and their next meeting date are below.

Audit Committee

- Review the adequacy and effectiveness of our systems of internal control and our arrangements for risk management, control and governance in support of our objectives.
- **Next meeting date:** Wednesday 12 October, 2:00pm – 5:00pm

Quality, Safety and Experience Assurance Committee

- Ensures we have the correct structure, systems and processes in place to manage quality and safety related matters, and that these are monitored appropriately.
- **Next meeting date:** Wednesday 19 October, 10:00am – 1:00pm

People, Education and Assurance Committee

- Ensures the necessary structures and processes are in place to meet our responsibilities as an employer and a training and research hospital, focussing on teamwork, collaboration and seeks assurances about the processes in place to ensure staff are well led and well managed and that everybody, irrespective of their role, feels valued, heard, supported, safe and connected.
- **Next meeting date:** Tuesday 13 September, 1:00pm – 4:00pm

Finance and Investment Committee

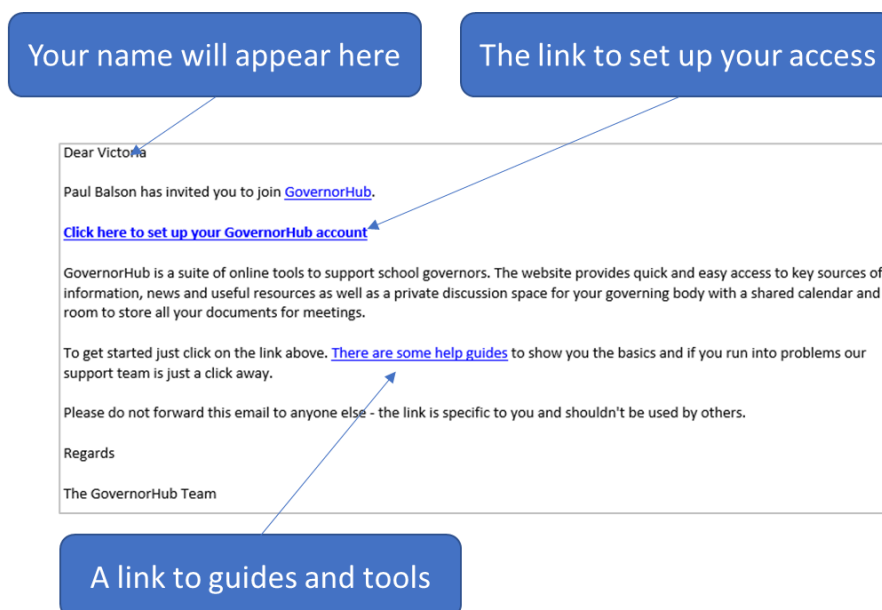
- Oversees financial strategy and planning, financial policy, investment and treasury matters and to review and recommend major financial transactions. The committee also maintains oversight of the Trust's financial position, relevant activity data and workforce metrics.
- **Next meeting date:** Friday 30 September 2022, 2:00pm – 5:00pm

Governors are encouraged to attend at least one of each Trust Board and Assurance Committee in their tenure and provide the Corporate Affairs Team with sufficient notice of attendance, so we are able to get you papers and meeting links in good time.

Council of Governors' Portal

The Council of Governors' online portal was requested to be a one stop shop for all information related to being a Governor at GOSH – GovernorHub is the chosen solution for use as the portal.

On 7 July, Governors will receive a no-reply@governorhub.email. This will contain a link to allow you set up your GovernorHub account and some help guides. The email will look like this:



Attachment: Q

The Corporate Affairs has populated the portal with lots of useful information including:

Calendar of all meetings

- Council and its Committees, Trust Board and Assurance Committees
- With links to the meeting papers
- Confidential Trust Board minutes - to follow

About being a Governor

- Induction slides
- Governor bios
- Important documents e.g. Code of Conduct

Training booklet and other links

Development session materials including the overall development plan

Trust Board and Assurance Committee papers

- Terms of reference
- Meeting papers

Useful membership information

Ahead of the launch, the Corporate Affairs Team will provide a detailed step by step guide on how to set up your profile and where documents are.

For any assistance or requests for more information to be added, please contact Paul Balson, Head of Corporate Governance paul.balson@gosh.nhs.uk

Council of Governors

07 July 2022

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. This report sets out items that were discussed at the last MERRC held on **20 June 2022** and also includes:

- Membership Statistics Report
- Progress against the new Membership Strategy for 2022-2025
- New Membership Materials
- Draft Annual Membership Report
- Planning for the AGM

Governor action required:

To note the reports and review the content of the draft Annual Membership report.

Report prepared by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Membership Engagement Recruitment and Representation Committee

At the MERRC meeting held on 20 June 2022 the Committee received reports and had discussions on the following areas:

1. Membership statistics report as at June 2022

The committee received a report on the membership figures as at March 2022. 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). The reporting for this quarter had been developed to include members' demographics as requested by the MERRC previously.

Current membership figures

Table 1 below shows the overall membership figures for our public and patient, parent and carer constituencies on **01 June 2022** compared to figures on **16 March 2022** as well as a comparison from figures taken last year (**1 June 2021**).

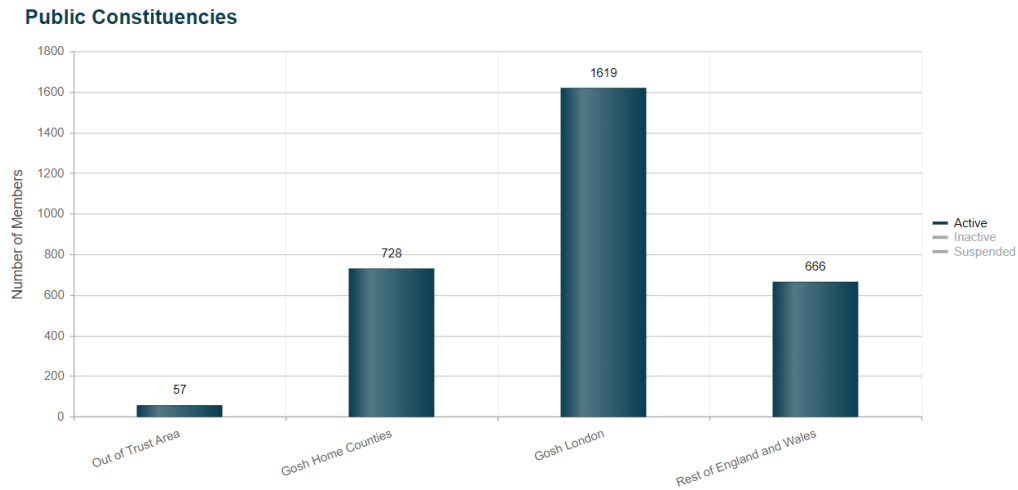
Our current membership figures currently stand at:

Table 1			
<i>Constituency</i>	Actual figures for 1 June 2021	Actual figures for beginning of Mar 2022	Actual figures for beginning of 1 June 2022
<i>Public</i>	3011 Active	3065 Active // 46 inactive	3070 Active // 46 inactive
<i>Patient, Parent and Carer</i>	6699 Active	6713 Active // 78 Inactive // 1Suspended	6714 Active // 78 Inactive // 1Suspended
<i>Total</i>	9710 Active	9778 Active // 124 Inactive // 1 Suspended // 9903 Total	9784 Active // 124 Inactive // 1 Suspended // 9903 Total

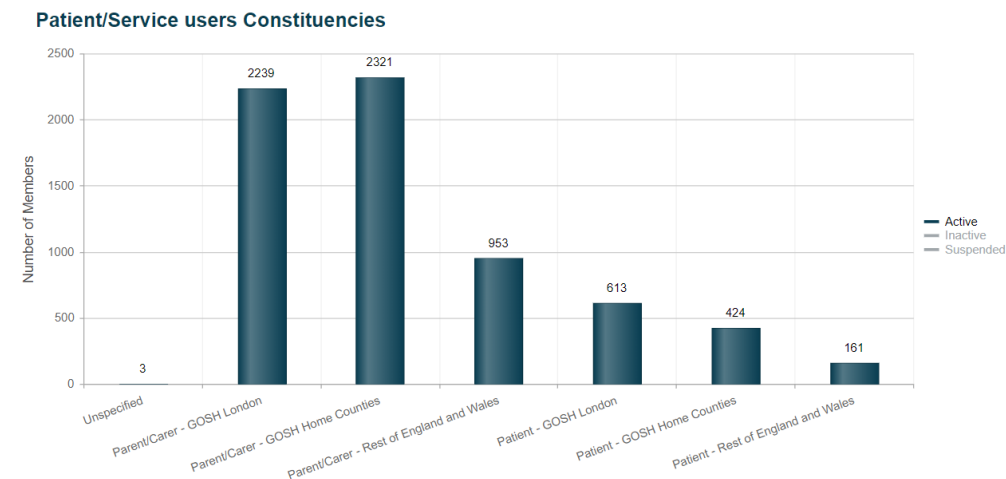
We can see that in the public constituency, we have had 5 more members join from March 2022 to June 2022 whilst in with our Patient, Parent and Carer constituency, only 1 new member has joined. As compared to the same time last year, there has been a 59-member increase in the public constituency and a 15-member increase in the Patient, Parent and Carer constituency. Overall, that means in a year, there have been 74 new members added to our database.

Graph 1 & 2 below show the current breakdown of our membership by Public, Patient and Parent/Carer categories according to GOSH constituencies which are London, Home Counties and Rest of England and Wales:

Graph 1



Graph 2



Graphs 1 & 2 show that in the public domain, majority of our members come from GOSH London and this is replicated in the Parent/Carer as well as the Patient constituency. The number of Parent/Care members in the GOSH London and Home Counties domain are very similar compared to those in the Rest of England & Wales which suggests that a recruitment drive may be needed to focus on this cohort of members. We also have a very low number of patient members which has been identified previously.

Constituency demographics

Table 2 below reflects the ethnicity breakdown of our membership by Public, Patient and Parent/Carer categories according to GOSH constituencies which are London, Home Counties and Rest of England and Wales. The numbers in black represent no change from the last report whilst green indicate an increase and red a decrease in number.

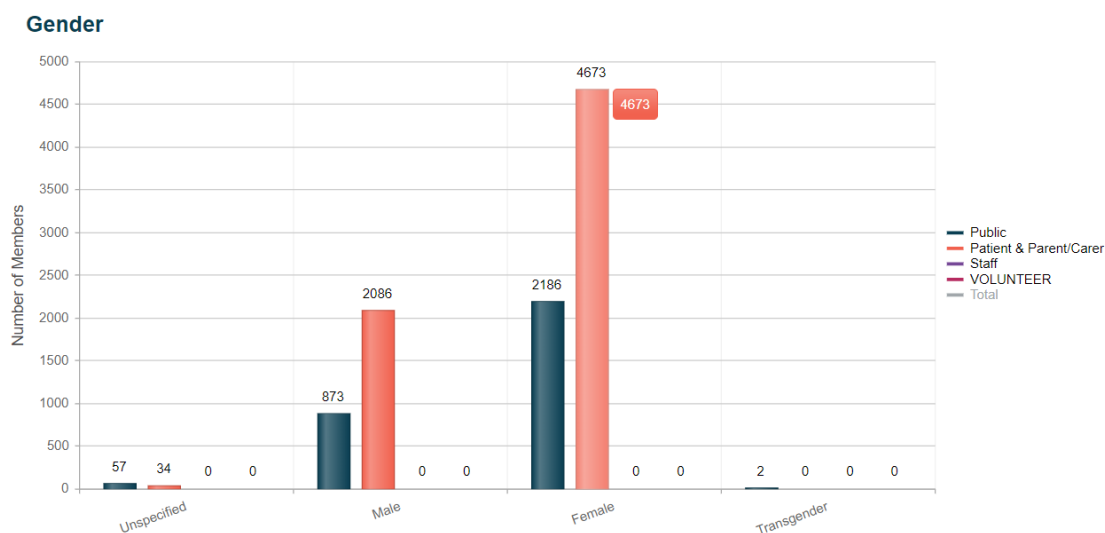
Table 2				
Area	Ethnicity	Constituency		
		Patient	Parent/Carer	Public
<i>London</i>	White	286	1319 // 1320	845 // 847
	Mixed	53	94	97
	Asian	119	339	278
	Black	93	272	193
	Other	15	51	36
	Not stated	59	180	167 // 168
<i>Home Counties</i>	White	359	2001	554
	Mixed	15	33	20
	Asian	22	126	45
	Black	14	69	34
	Other	0	8	1
	Not stated	24	121	74
<i>Rest of England & Wales</i>	White	141	847	501 // 503
	Mixed	6	15	6
	Asian	2	41	30
	Black	3	13	28
	Other	2	5	3
	Not stated	8	32	96

Table 2 shows the spread of the membership across ethnicities, and it is clear that since March 2022, there has been no increase in the number of members in any other ethnic group than white. This will need to be addressed by the MERRC to explore opportunities of engagement and recruitment with this target audience.

Graph 3 & Table 3 also breaks down our membership by Gender in both the Public and Patient, Parent/Carer constituencies. For June 2022 figures, these numbers are those recorded on 08 June 2022 compared to figures on 16 March 2022 as well as a comparison from figures taken last year (June 2021).

Table 3				
Constituency	Public		Patient, Parent/Carer	
	June 2021	June 2022	June 2021	June 2022
Male	842	871 // 873	2078	2085 // 2086
Female	2161	2183 // 2186	4667	4673
Transgender	2	2	0	0
Unspecified	54	57	33	34

Graph 3



As previously known, we have more female members in in our membership and as reflected in table 3. Overall, with male members, we have had 31 new public members join us since June 2021 and 25 new patient, parent/carer members. For females, there have been 8 public and 6 patient, parent/carer members.

Graph 4

The graph below reflects the analysis of our current membership by age

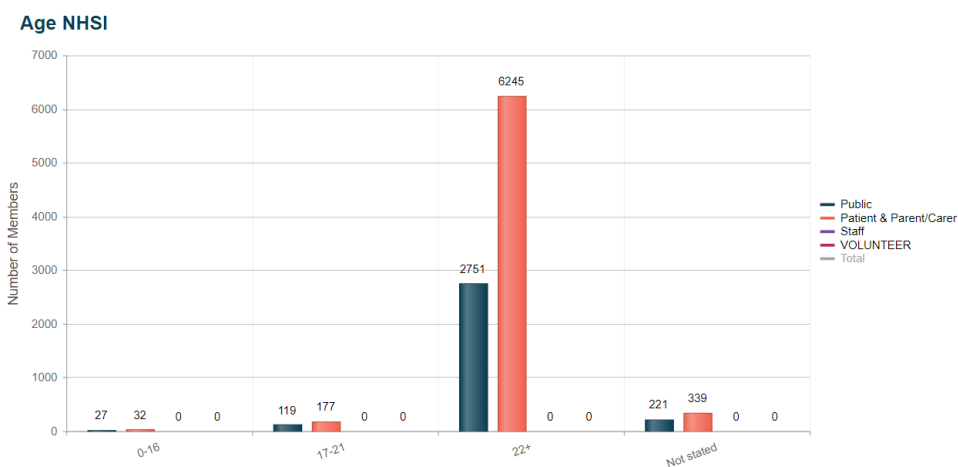


Table 4				
Age	Public		Patient, Parent/Carer	
	June 2021	June 2022	June 2021	June 2022
0 – 16	25	27	31	32
17 – 21	104	119	174	177
22+	2709	2751	6234	6245

Both Graph 4 and Table 4 show the age ranges across both June 2021 and June 2022. Figures for under 21's is still very low, and this is being addressed in our marketing materials.

Social Media Engagement

This section provides an update on the activity of the membership on Twitter via the account **@GOSHMembership**. The membership twitter page is one of the ways we engage with our members and currently, the account still requires promotion as followership remains. The twitter page currently has 44 followers and an equal amount we are following.

Since January 2022, we have the over **2260 impressions**, 2062 profile visits however only 3 new followers.

Our top three tweets with the most impressions since Jan 2022 have been:

Top Tweet earned 127 impressions

Members, help decide who becomes a Governor on the GOSH Council! Our members play an important role in ensuring people who join our Council of Governors best represent the patients, families and communities we serve. Be quick as voting ends Tuesday 8 February at 5pm!
pic.twitter.com/zXYgAVIGu7



Top Tweet earned 90 impressions

If you're a member at GOSH, you have an important role to play in ensuring the people who join our Council of Governors best represent the families and communities we serve. Voting is open so look out for an email from GOSHCouncilVoting@cesvotes.com with your unique voting info.
pic.twitter.com/a323RTSVPV



Top Tweet earned 85 impressions

Our new strategy has landed and we're excited to share our plans with you! 🎉 The strategy aims to build a supportive community of members with shared experiences, so they feel connected to GOSH and are empowered to make a difference. Read all about it here: bit.ly/3u2dosF pic.twitter.com/7uXtFqysN2



Summary of Committee discussion:

Following on from the March meeting, the Stakeholder Engagement Manager investigated whether the memberships statistics could be compared to the overall patient population including inner London demographics to which this is still an ongoing action point.

Based on the current figures, the Committee took into consideration that despite the low number of patient members the introduction of the new marketing materials and proposed engagement opportunities in the activity plan should support increasing these numbers.

There was also a recognition of the fact that numbers in the ethnic minority categories had not increased especially as there was no change in member numbers as compared to March 2022. Again, introduction of the new marketing materials could support in increasing this and another way to address this could be to work in collaboration with the GOSH staff network REACH who can signpost to the membership as well as passing the message across to the senior leadership who can disseminate the message about membership to colleagues.

There was also an update provided on the social media activity of the @GOSHMembership twitter page and the Committee queried whether Twitter was the right platform to pass the membership message across. A consideration to explore would be leveraging the main hospital Twitter account to repost membership content as well as having a membership Instagram 'takeover' to encourage recruitment and increase engagement.

2. Progress against the new Membership Strategy for 2022-2025.

On Monday 4 April 2022 we launched our new membership strategy which was co-produced along with the MERRC and was previously signed off at the last Council meeting. Progress against each theme is as follows:

- **KNOWLEDGE** - How we use the information our members provide us with so that we can equip them with the knowledge they need to be strong ambassadors for GOSH
 - Refresh of the membership pages on both the website and internal channel (intranet)
 - Launch of the membership strategy by advertising social media, inclusion in Get Involved, a feature in the internal magazine Roundabout as well as at SLT.
 - Membership section included in Roundabout
 - Engagement with members via Get Involved Newsletter
 - Increased social media engagement
 - A virtual / hybrid 'Meet the Governor' session was scheduled for late June (30th) but had to be rescheduled as there were no sign ups for the session despite the event being promoted via the membership newsletter and on social media. The newsletter was sent to 6079 members of which 40% opened the email.
- **INCLUSIVITY** - Ensuring our membership is truly reflective of the different families, communities, and staff we serve, in particular our young people.
 - Member marketing material drive conducted including members/staff from different backgrounds
 - Membership materials redesigned (application forms, posters, roll up banners and scannable QR code)
- **SUSTAINABILITY** - Tying into the Trust's wider sustainability agenda and taking meaningful steps so we can make sure that we are protecting the environment for generations to come.
 - Celebration of Earth Day on Twitter
 - A Governors Sustainability Working Group has been formed to support with delivery of the sustainability strand
 - Membership presence at play street which took place on Thursday 16 June. At this event we were able to sign up 12 new members to the database.

UPCOMING ACTIVITY

- Refresh of the Get Involved newsletter for two different audiences
- Development of a Governor Toolkit of materials to help governors engage with members and public (June/July 2022)
- Conduct targeted school presentations (Sep/Oct)
- AGM/AMM (7th Sep)
- Produce the Annual Membership Report (Aug 2022)
- Open engagement stall in the Lagoon (4th July)

3. New Membership Materials

The Committee were shown the new suite of materials have been produced to support the activity plan that accompanies our new membership strategy to which they were impressed with and approved. They commented that the QR code should be made available wherever the posters are displayed for ease of completing.

We are also exploring options for branded sustainable goods such as pencils, colouring pads, totes bags and so on which will be announced and designed in due course.

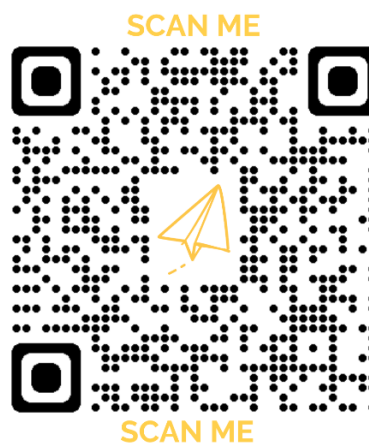
Posters



Small card/flyer with scannable QR code that links to website



FRONT




BACK

Membership form

Join our Membership

BECOME A GREAT ORMOND STREET HOSPITAL MEMBER TODAY!



Join our Membership

GOSH MEMBERSHIP FORM

PERSONAL INFORMATION

First Name:

Last Name:

Date of Birth: / /

Email:

Gender: Male Female Transgender Prefer not to say

Address:

Town/ City:

Post Code:

Country:

Home phone:

Mobile:

Preferred method of contact: Email Post

Ethnic group: White - English, Welsh, Scottish, Northern Irish, British
 White - Irish
 White - Gypsy or Irish Traveller
 White - Other
 Mixed - White and Black Caribbean
 Mixed - White and Black African
 Mixed - White and Asian
 Mixed - Other Mixed
 Asian or Asian British - Bangladeshi
 Asian or Asian British - Chinese
 Asian or Asian British - Indian
 Asian or Asian British - Other Asian
 Asian or Asian British - Pakistani
 Black or Black British - African
 Black or Black British - Caribbean
 Black or Black British - Other Black
 Other Ethnic Group - Any Other Ethnic Group
 Other Ethnic Group - Arab
 Not stated

Join our Membership

LEARN ABOUT THE GOSH MEMBERSHIP


Great Ormond Street Hospital (GOSH) is a membership organisation called a Foundation Trust and our members are people who help shape the way we do things at GOSH.

Our members include patients and their families and carers, the general public plus our staff who hold a Great Ormond Street Hospital permanent contract or fixed term contract of 12 months or more.

Members can inform the decision making across the Trust through their elected Council of Governors who are involved with promoting its strategy and holding the Board's Non-Executive Directors to account. There are 27 governors who make up our Council of Governors.

If you are 10 years old or even older and live in England or Wales, that means you can sign up to become one of our members and get involved with various activities!

Join our membership today to be part of a supportive community of members with shared experiences, no matter your background or experience.



Signing up is free! just fill out our registration form or head to our website www.gosh.nhs.uk

Please follow us on Twitter [@GoshMembership](https://twitter.com/GoshMembership)

More information:
Please contact foundations@gosh.nhs.uk for any questions about membership at GOSH

Join our Membership

GOSH MEMBERSHIP FORM


PERSONAL INFORMATION

Please help us place you into the correct constituency by choosing the member type that best describes you.

Member type: Patient Parent/Carer
 Public

Have you (or your child) been seen at GOSH in the past 10 years: Yes No Not applicable

Disability: Sensory disability Long-standing health condition
 Physical disability No disability
 Learning difficulty/disability Prefer not to say
 Mental/Emotional health problem Other



Join our Membership


LEARN ABOUT THE GOSH MEMBERSHIP

ADDITIONAL INFORMATION

How would you like to be involved?
 Consider standing for election to the Council of Governors
 Join focus groups or committees
 Take part in consultations about Trust developments
 Attend our Annual General Meeting and Annual Members' Meeting
 Be contacted by Great Ormond Street Hospital
 Children's Charity

How did you hear about us?
 Face-to-face engagement activity
 A Governor on the Council referred me (please state the governor name if known)

I am a GOSH volunteer
 I am GOSH agency/bank staff/honorary contract holder of less than one year
 I am a Great Ormond Street Hospital Children's Charity employee
 Other, please state.



Join our Membership

GOSH MEMBERSHIP FORM

ADDITIONAL INFORMATION

I apply to be a member of Great Ormond Street Hospital for Children NHS Foundation Trust and by doing so will respect the Trust's Our Always Values which are part of the Trust's mission and commitment to put children at the heart of everything we do, 'The child first and always'. I also give consent to the processing of my information.

The data you supply will be used only to contact you about the Trust, membership or other related issues and will be stored in accordance with the current Data Protection Act.

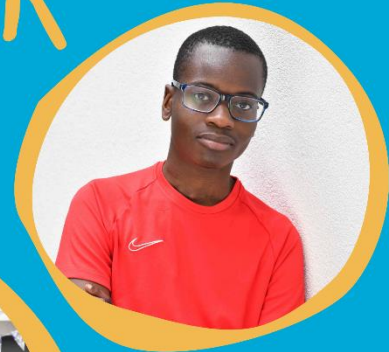
Please tick here if you consent to your name and constituency appearing on the public register. As a Foundation Trust we are required to publish a register of public members available for public inspection. The only information published is your name and the constituency where you live. All other details remain confidential. The register does not include details of members of the patient and carer constituency.

Don't forget to post this form to
 Stakeholder Engagement Manager
 Executive Offices, Barclay House
 37 Queen Square
 London
 WC1N 3BH

Roll up banner

BECOME A GREAT ORMOND STREET HOSPITAL MEMBER TODAY!

OUR MEMBERS
ARE PEOPLE
WHO HELP
SHAPE THE WAY
WE DO THINGS
AT GOSH



ANYONE OVER THE
AGE OF 10 CAN
BECOME A MEMBER
AND GET INVOLVED
WITH ALL SORTS OF
ACTIVITIES



SIGNING UP IS FREE!
HEAD TO OUR
WEBSITE
WWW.GOSH.NHS.UK

Please follow us on Twitter

 @GoshMembership

4. Draft Annual Membership Report 2021/22

Every year, the Trust reports on the membership in an annual membership report (AMR) which is usually prepared in time for the Annual General Meeting (AGM) and Annual Members' Meeting (AMM). The MERRC were presented with a draft copy of the content that will be included in the Trust Annual Membership Report 2021/22. This includes a summary of the role and work of the Council of Governors during 2021/22, an update on the role of Governors, the past election including an overview of the membership and future plans.

As standard, the report will start off with an introduction followed by an explanation of what and who the MERRC are, details of our membership figures and then information around engagement, the council of Governors, activity throughout the year plus plans for the year ahead. In addition, there is a section detailing the new membership strategy, our objectives and how the MERRC will monitor progress as well as a summary of the AGM in 2021. The Annual Membership Report is provided as appendix 1 report.

5. Planning for the Annual General Meeting/Annual Members' Meeting (AGM/AMM)

The AGM/AMM will be taking place this year on **Wednesday 07 September 2022**, and we hope to hold the meeting in person this year. Planning for the event is underway and the theme will be highlighting partnerships across the Trust. Formal items such as the Annual Report and Accounts will be presented to our members and an update on membership will be provided by the Lead Governor.

**Join our
Membership**



NHS

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



Great Ormond Street Hospital for Children NHS Foundation Trust Membership Report 2021/22

1 Introduction

Hello and welcome to the 2021/22 Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) Membership Report. A Foundation Trust is an NHS organisation which gives greater opportunities for people, patients and staff who have an interest in the Trust to have more of a say about the way in which services are provided. It also means strategic decision-making can be made quickly by a Trust Board who are focused solely on Great Ormond Street Hospital. Foundation Trust status is only awarded to hospitals who have shown they demonstrate the highest clinical standards, quality leadership and a great record of patient responsiveness and safety.

We are currently in our tenth year as a foundation trust and over the past year, our focus has been on activities that support the three themes of GOSH's Membership Strategy 2018-2021, which were:

- Recruit
- Communicate
- Engage.

The aims of each theme were as follows:

- **Recruit** a membership that is representative of the communities the Trust serves and increase the membership of patients and young people.
- **Communicate** appropriate information to members and the Council of Governors to promote understanding and ensure the Council is able to make informed decisions. To communicate the benefits of membership and create new engagement opportunities to a wider audience.
- **Engage** with our membership to harness their experience, knowledge and skills in the development of the Trust and its activities; improving governance and enabling the Trust to achieve its objectives.

Over the year, we have launched our new membership strategy of which the aim is build a supportive community of members with shared experiences, no matter their background or experience, who feel connected to GOSH and are empowered to make a difference at GOSH. More information about the new strategy is detailed later in this document.

In this report, we will be celebrating our successes in GOSH's membership during 2021/22, which include the achievements of the Council of Governors and our performance against targets for the year. We also talk about the new activity plan which supports the new strategy, goals for the next year and also what we are doing to ensure we're making the membership fit for purpose as well as strengthening the knowledge base of our Governors.

We'd like to use this as a way of saying a big thank you to all our members who continuously support Great Ormond Street Hospital because it is your interest and input into the work of GOSH that keeps 'the child first and always' at the center of our vision.

In 2021/22 the Trust launched its membership Twitter page **@GOSHMembership**. The page serves as a way of becoming more active on social media and help us reach more of our younger members. Please do help us to reach out to new members by encouraging your friends and relatives to join the GOSH community at <https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/become-foundation-trust-member/>

We hope our members and those new to the organisation enjoy reading this report and that it helps bring you closer to the work of the hospital. We greatly value your support and are happy to answer any of your questions – please contact us at foundation@gosh.nhs.uk.

2 Membership Engagement Recruitment and Representation Committee (MERRC)

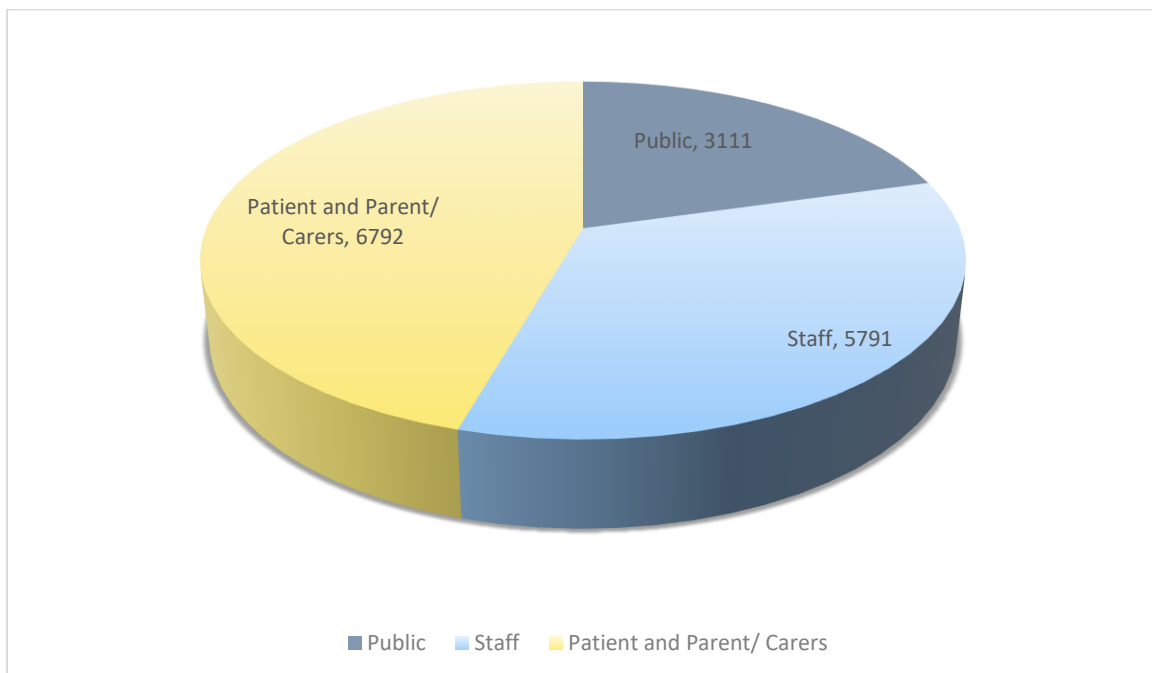
This report is brought to you by the Membership Engagement, Recruitment and Representation Committee (MERRC). The main purpose of the committee is to monitor delivery of the GOSH Membership Strategy, oversee the recruitment and retention of members and maximize engagement and representation opportunities.

We have continued to work closely with both the GOSH Trust Board and the Council of Governors to ensure that members’ views are heard at a senior level, and we are able to measure the positive impact they have on the patient and family experience. Our aim is to continue to strengthen the link between the hospital and its members.

Finally, we are proud, as a committee, to have held GOSH’s Always Values at the core of everything we’ve done over the past year – Always Welcoming, Always Helpful, Always Expert and Always One Team.

3 Our membership

At GOSH, our members consist of anyone who lives in England and Wales and is over the age of 10. It’s important to us that our membership reflects the broad and diverse public communities we serve as well as the patients we see, their families as well as carers and staff. There is more on becoming a member at <https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/become-foundation-trust-member/> .



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

Upon joining, members are assigned to their relevant constituency and class. This is either as a Patient, Public or Parent/Carer member. We offer automatic membership to all our staff at GOSH who have a permanent contract or fixed term contract of 12 months or more. This does not include other groups of staff such as honorary contractors, bank staff, agency staff, contractors, volunteers and Charity members of staff, etc.

3.1 Membership engagement

Our membership allows us to deliver better engagement to the patients we see, their families and carers, the public and also our valued staff in order to represent the views of everyone. Being part of our membership means having the opportunity to meet new people, make friends, contribute your ideas as well as helping shape the hospital by informing decision making across the Trust.

When people join as members, they are invited to become involved in the running of the hospital in the following ways:

- Take part in focus groups and consultations, and attend ‘Listening Events’ to help improve services
- Join the Young People’s Forum or Young People’s Advisory Group and represent the Patient voice
- Receive monthly hospital updates
- Use their vote in elections or stand for election themselves
- Volunteer in the hospital
- Attend Council of Governors’ meetings and Trust Board meetings
- Attend the Annual General Meeting and Annual Members’ Meeting

Using the communications channels listed below, the membership offer will seek to be fit for purpose, more inclusive and rewarding for those who sign up.

- Social Media
- Website/ Intranet (news stories and banners)
- Newsletters (Get Involved – Membership focused, Governor – Governor focused, Constituent – Governor to Constituent focused)
- Staff communications (Roundabout, Headlines, Screen savers, Virtual Big Brief, Coffee mornings, hospital digital screen)
- Targeted events (Targeted emails to membership, joint event with internal/external teams and relevant associations, etc.)
- Marketing Material and resources (Flyers, Posters, Membership form)

The MERRC oversees the recruitment and retention of members and seeks to maximise engagement opportunities with members for the benefit of the Trust.

3.2 The Membership Strategy 2018–2021

The Trust’s Membership Strategy was revised for 2018–2021, with the objectives of **recruiting**, **communicating** and **engaging** with our members using a refreshed approach.

These themes formed the framework for our membership objectives and were detailed in our Membership Engagement Recruitment and Representation Committee (MERRC) work plan. Our plans build on the systems and processes which the Trust already has in place to maintain and grow, engage and involve its membership.

The themes served to assist the Trust in evaluating its success in delivering this strategy and learn from this process to continue to develop, maintain and engage with its membership. The Trust has a new strategy (can be found here: <https://www.gosh.nhs.uk/about-us/our-strategy/>), we need to ensure that the membership strategy aligns with this and also addresses the pertinent issues our membership currently faces.

2021/22 was the last year of the Trust's current membership strategy and its objectives of recruiting, communicating and engaging with our members guided our membership engagement in 2020/21. It aimed to strengthen the link between the hospital and its members by maximising involvement and engagement opportunities and focusing on better representing our younger membership community.

3.3 The Membership Strategy 2022 – 2025

We launched our new strategy on **Monday 4 April 2022**, and it builds on the success of our 2018-2021 membership strategy by seeking to help us progress as a Foundation Trust that better supports its members and actively recruits new ones. The strategy will address how we plan to communicate with our members and fresh creative ideas for effective engagement with our community that assists in ensuring that our Trust is fit for its future in the changing NHS environment. The strategy also ties in with our wider Trust strategy 'Above and Beyond' which articulates our purpose to 'advance care for children and young people with complex health needs so they can fulfil their potential'.

The new strategy run will from 2022 until 2025 with the following new key themes and the following aims:

Knowledge - How we use the information our members provide us with so that we can equip them with the knowledge they need to be strong ambassadors for GOSH

Inclusivity - Ensuring our membership is truly reflective of the different families, communities, and staff we serve, in particular our young people.

Sustainability - Tying into the Trust's wider sustainability agenda and taking meaningful steps so we can make sure that we are protecting the environment for generations to come.

The underpinning element to be highlighted across all three themes is the need for digital innovation and connectivity which in recent times has proven to be a necessity considering the global pandemic.

The updated membership strategy will seek to address ways to increase the recruitment and retention of members ensuring we are not just attracting people to become members but also keeping our current members engaged. Most importantly, it aims to show members that their contributions towards the development of the Trust are valued.

The priorities/objectives of each are listed as follows:

	Knowledge	Inclusivity	Sustainability
PRIORITIES	<p>Educating people on what it means to be a member at GOSH and what this means in terms of commitment and the value they add</p> <p>Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape the hospital and actively showcasing what the Trust is doing in response to the feedback</p> <p>Keep members and partners updated on developments at GOSH plus activity of the Council so that we can sustain engagement and also attract more people to join</p>	<p>Making sure everyone feels like they belong so reflecting that inclusivity in our communications, marketing and messaging</p> <p>Placing an emphasis on young people to have a say and showing the difference young people have made also to encourage recruitment to the membership</p> <p>Focusing on reaching out to the target groups which are underrepresented such as under 21's, patient/public male members as well as those in ethnic minorities</p> <p>Simplifying our communications so that the message is clear</p>	<p>Being environmentally conscious in production of our marketing material</p> <p>Playing an active role in contributions to the sustainability agenda at GOSH</p> <p>Looking for creative ways our members can get involved in eco-friendly initiatives</p> <p>Promoting the work we at doing on sustainability at GOSH to our members</p>

The underpinning element to be highlighted across all three themes is the need for digital innovation and connectivity which in recent times has proven to be a necessity considering the global pandemic.

This will form the framework of the strategy and will be the basis of the membership objectives over the three-year period. The new strategy will complement the wider Trust strategy ensuring there is a consistent and cohesive alignment of strategic efforts and there will be an intentional drive to display how the membership activities are being implemented plus their outcomes and learnings ('Show and Tell' approach).

Overall, in this new strategy, the key areas of focus will be as follows:

- Highlighting that members matter, especially because of their experience
- Creating a robust, clear and attractive membership offer (the 'WHY') to help aid the recruitment and retention of members. This will have a heavy focus on targeting the groups who we have seen to be under-represented in our membership statistics (young patient and public members under the age of 21, male members in both the patient and public categories and members in the ethnic minority categories).
- Reviewing the use of various communications channels and ensuring they are accessible, inclusive and have diverse representation

- Taking intentional steps to ensure the communications/ engagement activities are conducted in a way that is sustainable and that the membership feeds into the sustainability agenda of the Trust
- Elevating the profile of the Council of Governors and demonstrating how they partner with the senior management to make decisions that benefit different member groups across the Trust (patients, parent/carers, public and staff)
- Collaborating with stakeholders both internally and externally to promote the benefits of membership
- Outlining the way, we will measure success through regular reviews to ensure we are on the right track, accommodate any learnings and ensure there is continued commitment to developing, engaging, and communicating with our members.

The progress of the strategy against the activity plan will be reported on by the Stakeholder Engagement Manager and presented to the MERRC who will be the chief reviewers of the delivery and continuous implementation of this strategy. This is to ensure that the plans are achieved, and the learning is being taken on board across the Trust. In previous consultation, the MERRC highlighted that the main driver for membership was to show that members matter and emphasising this in this new strategy. To do this, the Trust needs to build on the concept that GOSH must learn from its membership so collectively we can make it better.

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. Through ongoing evaluation of the objectives of this strategy, the MERRC commit to fulfilling the aims set out in each of them, feeding back to Council on the progress as needed.

The MERRC plan to meeting on a quarterly basis to review the membership numbers and demographics as well as level of engagement on social media accounts to see if there are increasing numbers of people visiting the account.

Full details on the new strategy along with the supporting activity plan can be found [HERE](#).

4 The Council of Governors and their role at GOSH

As a Foundation Trust we are accountable to our members through our Council of Governors. The Council helps ensure the views of the wider hospital community are communicated and considered by the GOSH Trust Board. Many have first-hand experience of the hospital's services, which provides valuable insight and contribute greatly to the scrutiny and forward planning of hospital services.

In 2021/22 the Council of Governors was made up of 27 elected and appointed governors. They support and influence the strategic direction of the Trust by representing the views and interests of our members.

The Council of Governors act as a link to the hospital's patients, their families, staff and the wider community ensuring that their views are heard and reflected in the strategy for the hospital. Although the Council of Governors is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering the Trust's strategic objectives. More about the

responsibilities of the Council of Governors can be found at <https://www.gosh.nhs.uk/about-us/foundation-trust/council-governors>.

5 Constituencies of the Council of Governors

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

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

	Constituency		Council of Governors
<p>6 Patient Governors</p> <ul style="list-style-type: none"> • 3 Patients from London • 2 Patients from Home Counties • 1 Patient from Rest of England and Wales <p>6 Parent and Carers Governors</p> <ul style="list-style-type: none"> • 3 Parents / Carers from London • 2 Parents / Carers from Home Counties • 1 Parent / Carer from Rest of England and Wales <p>6 Public Governors</p> <ul style="list-style-type: none"> • 3 Public Governors from London • 2 Public Governors from Home Counties • 1 Public Governors from rest of England and Wales <p>5 Staff Governors</p> <p>4 Appointed Governors</p> <ul style="list-style-type: none"> • 1 Appointed Governor from Camden Council • 2 Appointed Governors from Young People's Forum • 1 Appointed Governor from GOSH/ICH/UCL 	Patients from London	Elected	3 Governors
	Patients from Home Counties**	Elected	2 Governors
	Patients from Rest of England and Wales***	Elected	1 Governor
	Parent/Carer from London*	Elected	3 Governors
	Parent/Carer from the Home Counties**	Elected	2 Governors
	Parent/Carer from Rest of England and Wales***	Elected	1 Governor
	Public from London*	Elected	3 Governors
	Public from Home Counties**	Elected	2 Governors
	Public from Rest of England and Wales***	Elected	1 Governor
	Staff	Elect	5 Governors
	Young People's Forum	Appointed	2 Governors
	Camden Council	Appointed	1 Governor
	UCL Great Ormond Street Institute of Child Health	Appointed	1 Governor

*The London constituency covers the following areas:	All London Boroughs (32): Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Camden, City of Westminster, Croydon, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Lambeth, Lewisham, Merton, Newham, Redbridge, Richmond upon Thames, Royal Borough of Greenwich, Royal Borough of Kensington and Chelsea, Royal Borough of Kingston upon Thames, Southwark, Sutton, Tower Hamlets, Waltham Forest, Wandsworth City of London
** The Home Counties Constituency covers the following areas	Bedfordshire, Berkshire, Buckinghamshire, Essex, Hertfordshire, Kent, Surrey, Sussex (East and West)
***The Rest of England and Wales Constituency cover the following areas	Bristol, Cambridgeshire, Cheshire, , Cornwall, including the Isles of Scilly, Cumbria, Derbyshire, Devon, Dorset, Durham, East Riding of Yorkshire, Gloucestershire, Greater Manchester, Hampshire, Herefordshire, Isle of Wight, Lancashire, Leicestershire, Lincolnshire, Merseyside, Norfolk, North Yorkshire, Northamptonshire, Northumberland, Nottinghamshire, Oxfordshire, Rutland, Shropshire, Somerset, South Yorkshire, Staffordshire, Suffolk, Tyne and Wear, Warwickshire, West Midlands, West Yorkshire, Wiltshire, Worcestershire

5.1 Elections 2021/22

In November 2021 the Trust conducted an election process for 12 seats across the patient and carer, public and staff constituencies for appointment from 1 March 2022. Following the publication of election results in February 2021, the following Governors were elected / re-elected for three-year terms – unless otherwise stated in the table below:

Name	Constituency	Notes
Sapna Talreja	Parent and Carers from Home Counties	New governor
Kamran Ansari	Parent and Carers from London	New governor
Stephanie Nash	Parent and Carers from London	Re-elected to a two-year term only as they will have reached the maximum aggregate Governor term of office of six years after two years.
Josh Hardy	Patients from Home Counties	Elected in a non- contested seat.

Olivia Burlacu	Patients from Home Counties	Re-elected in a non-contested seat
Constantinos Panayi	Patients from London	New governor
Maisie Stewart	Patients from London	New governor
Georgina Townsend-Tague	Patients from Rest of England and Wales	New governor
Hannah Hardy	Public Home Counties	Re-elected
Sara Ayerman	Public London	New governor
Jacqueline Gordon	Staff	New governor
Tania Ahmad	Staff	New governor

The current Governors are listed in **Appendix 1** and more information about them can be found on our website <https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/council-governors/>

6 Trust Board and Council of Governors working together

The Trust's Chair is responsible for the leadership of both the Council of Governors and the Trust Board. The Chair is also responsible for effective relationship building between the Trust Board and governors to ensure that governors effectively perform their statutory duties and contribute to the forward planning of the organisation. There has been a continued focus on developing relationships between the Council of Governors and non-executive directors in this reporting period, with the delivery of several programmes of work to facilitate engagement. The key programmes are covered below. Additional examples of how the Council of Governors and Board worked together in 2021/22 included:

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

In 2021/22 the Council of Governors has:

- Reviewed the Trusts management and recovering from the COVID-19 pandemic
- Reviewed the Trust's declaration of a climate emergency and sustainability programme
- Approved the reappointment of Non-Executive Directors

- Received regular updates from the Young People’s Forum (YPF)
- Received updates on our redevelopment plans including the plans for the Children’s Cancer Centre
- Contributed to the appraisal of the non–executive directors.
- Commented on the findings of the GOSH Well Led review report relevant to the Council
- Received updates from the Membership Engagement Recruitment and Representation Committee (MERRC).

6.1 Governors’ attendance at meetings

The Council of Governors met five times in 2021/22. Attendance at the meetings can be found in the GOSH annual report on our website.

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

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

Name	Constituency	Date role began	Date role ended	Council of Governors’ meeting (out of 4 unless otherwise stated)	Nominations and Remuneration Committee (out of 6 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Beverly Bittner Grassby	Parents and Carers: London	March 2021		4	4	3
Stephanie Nash	Parents and Carers: London	February 2018		4	6	Not a member
Emily Shaw	Parents and Carers: London	February 2018	September 2021	2(2)	Not a member	Not a member
Lisa Allera	Parents and Carers: Home Counties	February 2018		4	Not a member	Not a member
Gavin Todd	Parents and Carers:	March 2021		3	Not a member	Not a member

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 4 unless otherwise stated)	Nominations and Remuneration Committee (out of 6 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
	Home Counties					
Claire Cooper-Jones – Lead Governor	Parents and Carers: Rest of England and Wales	February 2018		4	6	Not a member
Emma Beeden	Patients: Home Counties	March 2021	September 2021	2(2)	Not a member	1(1)
Olivia Burlacu	Patients: Home Counties	March 2021		2	Not a member	2
Abbigail Sudharson	Patients: London	February 2018		1	Not a member	Not a member
Roly Seal	Public: London	March 2021		4	Not a member	Not a member
Peace Joseph	Public: London	March 2021		4	Not a member	Not a member
Kudzai Chikowore	Public: London	March 2021	February 2022	0	Not a member	Not a member
Eve Brinkley Whittington	Public: Home Counties	March 2021		3	Not a member	Not a member
Hannah Hardy	Public: Home Counties	March 2021		4	Not a member	Not a member

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 4 unless otherwise stated)	Nominations and Remuneration Committee (out of 6 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Julian Evans	Public: Rest of England and Wales	February 2018		3	Not a member	Not a member
Margaret Bugyei-Kyei	Staff	May 2019	December 2021	3(3)	Not a member	Not a member
Mark Hayden	Staff	March 2021		3	Not a member	Not a member
Benjamin Hartley	Staff	March 2021		4	Not a member	Not a member
Quen Mok	Staff	February 2018		4	6	Not a member
Graham Derrick	Staff	March 2021	November 2021	2(3)	Not a member	Not a member
Joshua Hardy	Young People's Forum	February 2019	February 2022	4	5	Not a member
Grace Shaw-Hamilton	Young People's Forum	March 2021		4	Not a member	3
Jugnoo Rahi	GOS UCL Institute of Child Health	February 2018		4	Not a member	Not a member
Alison Kelly	London Borough of Camden	March 2021		4	Not a member	2(2)

6.2 Post Assurance Committee meeting discussions

Governors are invited to observe board assurance committees and provide feedback to Non-Executive Director after each Committee meeting.

6.3 Report from the Young Person's Forum (YPF)

Every Council of Governors' meeting receives a report from the appointed Young Person's Forum governors. This report helps keep the Council abreast of the key issues affecting our younger members, patients and their siblings.

6.4 NHS Providers' Governor Advisory Committee

One of the Council's Young People's Forum Governors was successfully elected to the NHS Providers' Governor Advisory Committee (GAC). The GAC oversees governor support work and provides valuable insight and advice on governor-specific issues. The Governor provided feedback to the Council on national changes affecting the Council of Governors. The Governor stood down from the role in November 2021.

6.5 Council of Governors' Nominations and Remuneration Committee

The Council of Governors' Nominations and Remuneration Committee has delegated responsibility for assisting the Council in:

- Reviewing the balance of skills, knowledge, experience, and diversity of the non-executive directors.
- Succession planning for the chair and non-executive directors in the course of its work.
- Identifying and nominating candidates to fill non-executive posts.
- Considering any matter relating to the continuation of any non-executive director.
- Reviewing the results of the performance evaluation process for the chair and non-executive directors.
- The committee is chaired by the chair of the Trust Board and Council of Governors. Governors nominate themselves each year to sit on the committee.
- Membership and attendance of governors at meetings is detailed on page X.

6.6 Non-executive director appointments

Non-executive directors are appointed for a three-year term and can be reappointed for a further three years (subject to consideration and approval by the Council of Governors).

In 2021/22 the Council of Governors approved the following:

- The reappointment of Chris Kennedy for a further three years from 1 April 2021 to 31 March 2024.
- The reappointment of Kathryn Ludlow for a further three years from 6 September 2021 to 5 September 2024.
- Extension to the tenure of Akhter Mateen from 28 March 2021 until 30 June 2022.
- Approved the appointment of two new non-executive directors on the GOSH Board (initially as associate non-executive directors) in 2022.

The Council also provided feedback on the performance of the chair and non-executive directors as part of their appraisals. The Council ratified the output of these appraisals during the year.

An external search company and open advertising are used for all new non-executive director appointments (except the university nomination, see below). The recruitment process includes inviting candidates to attend stakeholder events where they get the chance to meet staff, parents

and patients and to take part in a tour of the hospital. For the university nominated non-executive director position, University College London conducted an internal search and interview process (in line with the Trust Constitution) and recommended a nominee for final approval by the Council.

The chair's other significant commitments are disclosed to the Council of Governors before appointment and when they change. Information about Sir Michael Rake's significant commitments in 2021/22 can be found in the Board's declarations of interest at <https://gosh.mydeclarations.co.uk/>

The Trust constitution explains how a Board member may not continue in the role if he/she has been:

- Adjudged bankrupt.
- Made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it.
- In the preceding five years, convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.

Annex 7 of the constitution outlines additional provisions for the removal of the chair and non-executive directors, which requires the approval of three-quarters of the members of the Council of Governors. If any proposal to remove a non-executive director is not approved at a meeting of the Council of Governors, no further proposal can be put forward to remove such non-executive director based upon the same reasons within 12 months of the meeting.

6.7 Elected Governor Vacancies

Between 1 April 2021 and 28 February 2022, the following elected seats were vacant:

- One Patient from Rest of England and Wales seat
- Two Patient from London seats

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

- A Parent/Carer from London stepped down in October 2021
- A Patients from Home Counties stepped down in September 2021
- One Staff Governor stepped down in November 2021
- One Staff Governor stepped down in December 2021

6.8 Governor induction, development, training and external education events

Throughout 2021/22 Governor development sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure. A number of training courses were also delivered by NHSP GovernWell, and several Governors attended external training and events throughout the year and provided reports back to the Trust.

To ensure that newly elected Governors were provided with enough information and support to fulfil their role, the Corporate Affairs Team, existing Governors and NHS Providers co-produced two induction meetings ahead of their first meeting on 27 April 2022.

6.9 Communicating with Governors

The Corporate Affairs Team presented a webinar called 'So you want to be a governor'. It provided an opportunity for prospective governors to hear from current governors, ask questions and find out what it meant to be GOSH governor.

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

6.10 Buddying with non-executive directors

Buddying sessions were established to assist Non-Executive Directors and Governors in communicating outside of Council meetings and understanding each other's' roles and views. The sessions involved Non-Executive Directors hosting virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee paper or topic.

6.11 Holding a COVID-19 compliant AGM and AMM

As the Trust was unable to conduct an Annual General Meeting and Annual Members Meeting in person, we held a virtual AGM and AMM on 8 September 2021 with the theme '**Innovative care during the pandemic**'.

We shared our successes over the year and talked about how we worked hard in the face of a pandemic to stay true to our purpose, which is to advance care for children and young people with complex health needs.

Guests were given the chance to ask questions and make comments to the panel using the Slido platform.

Some of the achievements in 2020/21 included:

- Responding to COVID-19 and restoring clinical services, changing the way we engaged with and supported our patients, families and partners and responding comprehensively and collaboratively to the crisis through the sheer determination and will of our staff.
- Investing in our staff so we can make GOSH a great place to work, developing the way we take care of staff and ensure their voices were heard.
- Making a difference now to impact the future for our young people, becoming the first UK standalone children's hospital and the first London NHS Trust to declare a Climate and Health Emergency.
- Transforming outdated pathways and embracing the virtual world, reconfiguring our Electronic Patient Record (EPR) to support the admission of general paediatric patients from across NCL and oncology patients from other sites; providing access to NHS staff from other Trusts who were caring for patients admitted to GOSH; improving the functionality MyGOSH and transitioning to virtual visits and outpatients appointments.
- Launching our Above and Beyond strategy – securing our future beyond the pandemic and setting out the priorities and principles that would help us achieve our goals.
- Delivering essential research activity – leveraging our extensive infrastructure and expertise to adapt to the changing needs arising from the pandemic and maintaining essential research activity.

We also discussed the Trust's finances and the costs associated with exploring new ways of working in order to enable services were ongoing and staff were kept safe. Also on the agenda was a

discussion around our membership, how we communicate with them and plans for the future as well as activities of the Council of Governors.

The full slide deck including presentations can be found on our website [HERE](#).

6.12 Contacting a Governor

Anyone who wants to get in touch with a Governor and/or director can email foundation@gosh.nhs.uk and the message will be forwarded on to the relevant person. These details are included in the 'contact us' section of the GOSH website, gosh.nhs.uk.

7 Performance of the current Membership Strategy since 2020/21

Please see below the progress we've made so far since last year and what we plan to achieve by the end of March 2022.

Progress since 2021/22

7.1 Recruit 2021/22

In the past year, our public membership has increased of 62 whilst our patient and parent/Carer membership has increased by 15 members.

We started building an online membership community that is representative of the staff, patients, families and communities the Trust serves. Using the new Twitter page [@GOSHMembership](#), we sought to reach to different demographics especially younger people so that they could sign up to be members. With the help of our Governors as ambassadors, we were able to promote the benefits of membership more widely to various communities and people which helped increase our membership figures. A detailed demographic breakdown of our membership is available in **Appendix 2, 3, 4 & 5**.

7.2 Communicate 2021/22

We kept our members up to date with the dedicated *Get Involved* newsletter whilst our Council of Governors received a special Governor newsletter containing all relevant papers and meeting dates. Our staff also received information about the membership and Council as there were several features in the Roundabout newsletter, on the new Trust intranet as well as in the weekly Headlines bulletin plus Trust computer screensavers and internal senior leadership meetings.

We looked into plans of creating 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 so that we could further educate people about what the membership is, how our members can share their views as well as opportunities to make a difference.

We also promoted of the elections extensively which included holding a 'So you want to be a Governor' session on Zoom for those considering putting themselves up for nomination. This was an opportunity for people to hear from some of our Governors, ask questions and find out what it means to be GOSH Governor. This was in addition to the creation of a series of membership resource videos which featured three Governors talking about their experiences as Governors and

encouraged people to join as members and run in the elections. This resulted in The Trust was able to successfully appoint governors to all seats, nine of these were contested and two were uncontested.

7.3 Engage 2021/22

Due to the effects of the pandemic and limitation on face to face engagement activities, we still had to adapt the way we engage with members, particularly focussing on virtual/ online methods. These included features at Senior leadership Team meetings, the Virtual Big Brief, conducting a virtual Annual General Meeting and Annual Members Meeting plus asking members to contribute to the development and design of the new membership strategy.

With the help of the MERRC, we have also been able to refresh the marketing materials used for membership such as the sign-up form, posters, creation of a scannable QR code as well as roller banners (**Appendix 6**).

8 Plans for 2022/23

As previously mentioned, our new membership strategy will seek to address ways to increase the recruitment and retention of members as well as ensuring there is meaningful engagement with those currently on our database.

We will also look to 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. We want to ensure that not only are we recruiting to the membership, but we are recruiting people who are enthusiastic and active.

We will also look at how we can promote the benefits of membership to different categories of people (patients, parents/Carers, public, and staff) as well as highlighting the different Tiers of Membership which highlight levels of involvement members can be at:

<p>Tier 1 The interested member</p>	<p>This member receives newsletters and communications such as regarding elections and keeps an eye out about developments across GOSH from time to time.</p>
<p>Tier 2 The engaged member</p>	<p>This member is actively engaged with GOSH, provides feedback and gets involved with engagement activities for membership. May attend Council and Annual General/Members' meetings and acts as a champion for the membership.</p>
<p>Tier 3 The supercharged member</p>	<p>This member takes their commitment to the next level by standing as a Governor on the Council, consistently promoting the membership as an ambassador.</p>

We aim to see that people are comfortable with sharing what they would like to see from the membership and what can be done to improve it plus also the results of their valued contribution in a 'You said, we did' manner.

We would also like to have developed a partnership between the Trust, its membership and other likeminded organisations, so that we are working together for the benefit of the community we serve.

The supporting activity plan will map out what we aim to achieve in the next year and is detailed as follows:


ACTIVITY PLAN FOR 2022/23 AGAINST THE MEMBERSHIP STRATEGY


	KNOWLEDGE	INCLUSIVITY	SUSTAINABILITY
AIMS	How we use the information our members provide us with so that we can equip them with the knowledge they need to be strong ambassadors for GOSH	Ensuring our membership is truly reflective of the different families, communities, and staff we serve, in particular our young people.	Tying into the Trust's wider sustainability agenda and taking meaningful steps so we can make sure that we are protecting the environment for generations to come.
PRIORITIES	<p>Educating people on what it means to be a member at GOSH and what this means in terms of commitment and the value they add</p> <p>Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape the hospital and actively showcasing what the Trust is doing in response to the feedback</p> <p>Keep members and partners updated on developments at GOSH plus activity of the Council so that we can sustain engagement and also attract more people to join</p>	<p>Making sure everyone feels like they belong so reflecting that inclusivity in our communications, marketing and messaging</p> <p>Placing an emphasis on young people to have a say and showing the difference young people have made also to encourage recruitment to the membership</p> <p>Focusing on reaching out to the target groups which are underrepresented such as under 21's, patient/public male members as well as those in ethnic minorities</p> <p>Simplifying our communications so that the message is clear</p>	<p>Being environmentally conscious in production of our marketing material</p> <p>Playing an active role in contributions to the sustainability agenda at GOSH</p> <p>Looking for creative ways our members can get involved in eco-friendly initiatives</p> <p>Promoting the work we are doing on sustainability at GOSH to our members</p>
PLANS FOR 2022/23	<p>Develop a Governor Toolkit of materials to help governors engage with members and public</p> <p>Virtual / hybrid 'Meet the Governor' or 'Meet the team' sessions</p>	<p>Member content drive: photos/videos of members from different backgrounds to include in marketing material</p> <p>Redesign membership materials (application forms, booklets, posters, postcards and welcome letters)</p> <p>Newsletter refresh</p>	<p>Veganuary participation – sharing recipes, meal plan ideas, etc</p> <p>Celebrate Earth Day</p> <p>Plastic free</p> <p>Recycle week – Highlight innovative ways members recycle and how recycling is done at GOSH</p>

	<p>Refining the membership offer by breaking down the benefits through infographics and videos</p> <p>Member temperature checks - social media polls/ short surveys to understand how members feel about the membership</p> <p>Hosting in person and virtual listening events on topics that members tell us are important to them</p>	<p>GOSH influencers drive</p> <p>Targeted school & youth group presentations</p> <p>Targeted focus groups sessions for underrepresented categories</p> <p>Staff Governors at Senior Leadership Team meetings</p> <p>Staff Governors at Virtual Big Briefs</p> <p>Roundabout magazine</p>	<p>Partnering with local businesses to offer discounts to members</p> <p>Inclusion in the developmental plans for the Children's Cancer Centre</p>
<p>PROGRESS SO FAR</p>	<ul style="list-style-type: none"> • Refresh of the membership pages on both the website and internal channel (intranet) • Launch of the membership strategy by advertising social media, inclusion in Get Involved, a feature in the internal magazine Roundabout as well as at SLT. • Membership section included in Roundabout • Engagement with members via Get Involved Newsletter • Increased social media engagement 	<ul style="list-style-type: none"> • Member marketing material drive conducted including members/staff from different backgrounds • Membership materials redesigned (application forms, posters, roll up banners and scannable QR code) 	<ul style="list-style-type: none"> • Celebration of Earth Day on Twitter • A Governors Sustainability Working Group has been formed to support with delivery of the sustainability strand • Organising membership presence at play street taking place on Thursday 16 June



























9 Appendix 1: Current Governor list

**Join our
Membership**





GREAT ORMOND STREET HOSPITAL MAY 2022 COUNCIL OF GOVERNORS

	PATIENT	PARENT/CARER	PUBLIC	STAFF	APPOINTED
LONDON	 ABBIGAIL SUDHARSON	 BEVERLY BITTNER - GRASSBY	 ROLY SEAL	 QUEN MOK	 GRACE SHAW - HAMILTON <small>YOUNG PEOPLE'S FORUM</small>
	 CONSTANTINOS PANAYI	 KAMRAN ANSARI	 PEACE JOSEPH	 MARK HAYDEN	 VACANT <small>CAMDEN COUNCIL</small>
	 MAISIE STEWART	 STEPHANIE NASH	 SARA AYERMAN	 BENJAMIN HARTLEY	 JUGNOO RAHI <small>UCL GREAT ORMOND STREET INSTITUTE OF CHILD HEALTH</small>
HOME COUNTIES	 JOSHUA HARDY	 LISA ALLERA	 EVE BRINKLEY - WHITTINGTON	 JACQUELINE GORDON	 ROSE DOLAN <small>YOUNG PEOPLE'S FORUM</small>
	 OLIVIA BURLACU	 SAPNA TALREJA	 HANNAH HARDY		
REST OF ENGLAND & WALES	 GEORGINA TOWNSEND - TEAGUE	 CLAIRE COOPER- JONES	 JULIAN EVANS	 TANIA AHMAD	

10 Appendix 2: Patient constituency demographics

10.1 Age

	0-16	17-21	22+	Not stated
Total	31	165	970	55

10.2 Gender

	Unspecified	Male	Female	Trans
Total	8	485	728	0

10.3 Ethnicity

	Asian	Black	Mixed	White	Other	Not stated
Total	143	110	74	786	17	91

11 Appendix 3: Parent and Carer constituency demographics

11.1 Age

	0-16	17-21	22+	Not stated
Total	1	12	5272	284

11.2 Gender

	Unspecified	Male	Female	Trans
Total	24	1599	3943	0

11.3 Ethnicity

	Asian	Black	Mixed	White	Other	Not stated
Total	506	354	142	4167	64	333

12 Appendix 4: Public constituency demographics

12.1 Age

	0-16	17-21	22+	Not stated
Total	26	117	2749	221

12.2 Gender

	Unspecified	Male	Female	Trans
Total	55	840	2115	1

12.3 Ethnicity

	Asian	Black	Mixed	White	Other	Not stated
Total	354	255	123	1900	40	338

13 Appendix 5: Detailed membership information

13.1 Patient and Carer, and Public membership

This table compares GOSH's Patient and Carer and Public membership figures from 1 April 2021 to 31 March 2022.

	1 April 2021	31 March 2022	Increase / decrease
Patient, Parent and Carer members	6777	6792	Increase of 15
Public members	3049	3111	Increase of 62
TOTAL	9826	9903	Increase of 77

13.2 Staff membership

This table compares the staff membership figures from 1 April 2021 to 31 March 2022.

	1 April 2021	31 March 2022	Increase / decrease
Staff members	4993	5,791	Increase of 798