



Great Ormond Street  
Hospital for Children  
NHS Foundation Trust



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NHS Foundation Trust

# Membership Report 2017/18

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# Introduction

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## Welcome to the 2017/18 Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) Membership Report.

Now in our sixth year as an NHS Foundation Trust, our focus remains on activities that support the three themes of GOSH's Membership Strategy 2015–2018, which are:

Recruit

Communicate

Engage

### The aims of these themes can be summarised as:

- **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 Member's Council to promote understanding. Ensure they are able to make informed decisions and communicate the benefits of membership and create new engagement opportunities to a wider audience.
- **Engage** with our membership and 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.

In the following pages, we outline the key developments in GOSH membership over the past year, including the achievements of the Members' Council and important revisions to the way in which we are governed. We also report on our performance against targets for the year, and reveal plans for 2018/19.

Importantly, we also wish to use this document as an opportunity to record our thanks to all members for their continued support of the hospital. It is your interest and input into the work of GOSH that keeps 'the child first and always' at the centre of our vision. Please do help us to reach out to new members by encouraging your friends and relatives to join the GOSH community at [gosh.nhs.uk/join](http://gosh.nhs.uk/join).

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](mailto:foundation@gosh.nhs.uk).

# Membership Engagement Recruitment and Representation Committee

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This report is brought to you via 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 maximise engagement and representation opportunities.

We have continued to work closely with the GOSH Board to ensure that members' views are heard at a senior level and we are able to measure the positive impact they have on patient 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*.

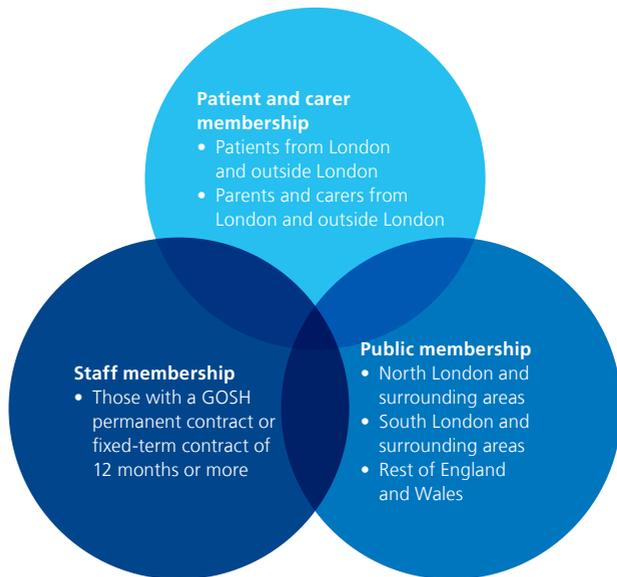


## Our membership

If you live in England or Wales and are aged 10 or over you are welcome to join our growing membership community. We are proud to have now reached a robust membership total of 9,669 patient, parent, carer and public members. In addition to this, we have 4,561 staff members.

For a detailed breakdown of our membership demographics, please see appendix 2, 3, 4 and 5 on pages 13–16.

Upon joining, our members are assigned to their relevant constituency. These are outlined in the diagram below.



### Upon joining, our members 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 regular hospital updates via the monthly *Get Involved* newsletter, as well as our bi-annual *Member Matters* magazine.
- Use their vote in elections or stand for election themselves.
- Volunteer in the hospital.
- Attend Members’ Council and Trust Board meetings.
- Attend the Annual General Meeting and Annual Members’ Meeting.

## The role of the Members' Council

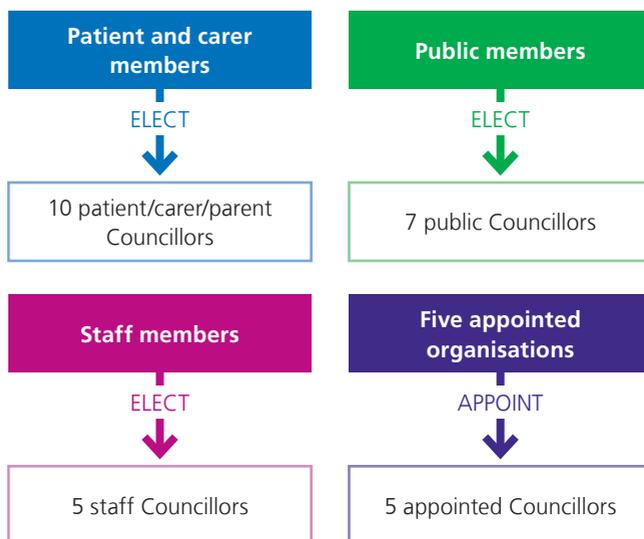
The role of the Members' Council is an important one.

They help ensure the views of the wider hospital community are communicated to and considered by the GOSH Trust Board. They also hold the hospital's non-executive directors to account for the performance of the Board.

The Members' Council is made up of 27 elected and appointed Councillors. Many have first-hand experience of the hospital's services, which provides valuable insight and contributes greatly to the scrutiny and forward planning of hospital services.

Councillors 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 Members' Council.

Each constituency elects a certain number of Councillors in a process that is outlined in the diagram below.



Upon appointment, Councillors are required to attend initial induction training followed by four meetings a year (five in 2017/18) and the Annual General Meeting. There is also the opportunity to observe the GOSH Trust Board and assurance committees and to get involved in other committees and groups.

Please note that, as reported on the next page, from 2018/19 the Members' Council has been renamed the 'Council of Governors' and Councillors will be referred to as 'Governors'.

## 2018 elections

In January 2018, the Trust conducted an election for 22 Councillors across the patient and carer, public and staff constituencies for appointment from 1 March 2018.

### **The following Councillors stood down at the end of their term on 28 February 2018 and are thanked for their contribution to the Members' Council over the last three to six years:**

- Camilla Alexander-White
- Carley Bowman
- Claudia Fisher
- Trevor Fulcher  
(resigned on 31 May 2017)
- Edward Green
- Jilly Hale
- Jenny Headlam-Wells
- George Howell
- Christine Kinnon
- James Linthicum
- Rory Mannion
- Clare McLaren
- Muhammad Miah
- Rebecca Miller
- Matthew Norris
- Stuart Player
- Prab Prabhakar
- David Rose
- Gillian Smith
- Sophie Talib

### **The following Councillors were re-elected or re-appointed for a second three-year term (during which they will be referred to as Governors, see section 5.3) on 1 March 2018:**

- Mariam Ali
- Hazel Fisher  
(resigned on 30 April 2018;  
this seat has become vacant)
- Teskeen Gilani
- Simon Hawtrey-Woore
- Lucy Moore
- Fran Stewart

### **We welcomed the following newly elected Councillors:**

- Lisa Allera
- Sarah Aylett
- Zoe Bacon
- Claire Cooper Jones
- Julian Evans
- Michael Glynn
- Paul Gough
- Theo Kayode-Osiyemi
- Nigel Mills
- Quen Mok
- Stephanie Nash
- Lazzaro Pietragnoli
- Colin Sincock
- Jugnoo Rahi
- Alice Rath
- Elena-May Reading
- Emily Shaw
- Simon Tan
- Faiza Yasin

The current Council and their Constituencies is shown in appendix 1 on page 12.

For more detailed information regarding the Council and the election, please see the *Annual Report and Accounts 2017/18* page 48.

## Trust Board and Members' Council working together

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The Trust's Chairman is responsible for the leadership of both the Members' Council and the Trust Board. The Chairman is also responsible for building a strong relationship between the Trust Board and Councillors.

This helps to ensure that Councillors perform their statutory duties effectively and can contribute to the forward planning of the organisation.

In this reporting period we continued the work to develop relationships between the Council and non-executive directors. A dedicated group of Councillors and Board members established a programme of work to facilitate future engagement. Following a joint meeting of the Board and the Council, proposals for future working were approved in April 2018. The plans include:

- A buddying programme for Councillors with non-executive directors.
- Scheduled meetings with the Chairman and the Council to discuss key matters prior to Council meetings.
- A comprehensive induction and development programme for the next three years of Governors' tenure.

### **Examples of how the Members' Council and Trust Board worked together in 2017/18 include:**

- Executive and non-executive directors attended each Council meeting.
- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Assurance Committee and Finance and Investment Committee) were presented by the relevant non-executive director chairs of the committees at each Council meeting.
- Summaries of Council meetings were reported to the Board.
- The Council had an open invitation to attend all Board meetings and regularly attended during the year.
- The Council received the agenda and minutes of the confidential Board sessions.
- Councillors observed Board assurance committee meetings and regularly attended during the year.
- Councillors joined Board members on the Well-Led Governance Working Group and the Constitution Working Group (see the approved Changes to the Constitution on the following page).

## Members' Council activities in 2017/18

- Contributed to the development of our new Electronic Patient Record (EPR) programme and digital roadmap.
- Commented on our redevelopment plans including the plans for phase 4.
- Participated in the selection of an indicator for auditing our *Quality Report 2017/18*.
- Commented on the development of the Trust's operational plan.
- Participated in the International Private Patients Working Group and invited to comment on the proposed strategy.
- Approved and conducted the appointment process for the Trust Chair and two non-executive directors.
- Worked with Board members to review and update the Trust's Constitution. This piece of work was completed in July 2018. Further information on this can be found below.

## Changes to the Constitution

The Constitution is "a set of fundamental principles or established precedents" by which an organisation is governed. In summary, it is the rule book by which the Trust operates. The Trust has had a Constitution since 2012 when we became a Foundation Trust. In 2017 the Members' Council and Trust Board agreed that a revision was due and established a Constitution Working Group made up of Board members, staff, Councillors and legal advisors.

The Working Group met and worked collaboratively several times over the year. It submitted its recommendations to the July 2018 Council and Trust Board. The following key changes were approved:

- The Members' Council would be renamed the 'Council of Governors' and Councillors referred to as 'Governors', in line with national guidance.
- The tenure of Governors would be aligned with that of non-executive directors, and elect/appoint Governors for a lifetime maximum of six years. This will ensure that the Council of Governors constantly benefits from fresh ideas.
- The rule by which a member can remain a patient/parent/carer member following their final contact with the hospital would be extended from six to ten years.
- The Council of Governors would be regularly evaluated, and the Code of Conduct for Governors revised to ensure that we are getting the best from our Governors.

## Contacting a Governor

Anyone who wants to get in touch with a Governor and/or Director can email [foundation@gosh.nhs.uk](mailto: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](http://gosh.nhs.uk).

# Performance against the Membership Strategy 2017/18

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## Recruit

- The Trust strives to recruit a membership that reflects the broad and diverse public communities we serve, as well as patients, their families and carers and staff.
- As of 1 April 2017 our public membership was 2,620. We aimed to increase the membership by 79 to 2,699. As of 31 March 2018 our public membership achieved a total of 2,752. A total of 132 members were recruited during the year, exceeding our target by 53.
- As of 1 April 2017 our patient, parent and carer membership was 6,906. We aimed to increase the membership by 208 to 7,114. As of 31 March 2018 our patient, parent and carer membership was 6,917. This is 197 short of our target.
- The Council will be conducting a review of our membership constituencies to ensure they are representative and fit for purpose for the future.

## Communicate

- We provided appropriate information to members and the Members' Council (now Council of Governors) through *Member Matters*, our bi-annual magazine.
- We updated the website with details of the new Councillors (now Governors).
- Councillors received ebulletins containing all relevant papers and meeting dates.
- Online GOLD training modules were delivered to Councillors.
- We advertised involvement opportunities via monthly *Get Involved* emails including attendance at Great Ormond Street Hospital Children's Charity (GOSH Charity) events.

## Engage

- We supported the Trust's Patient & Public Involvement work and enabled a single view of Trust, Partnership Organisations and Charity-wide engagement opportunities. For example by circulating our monthly *Get Involved* emails which advertised opportunities for:
  - Young People's Advisory Group, membership stories, patient experience volunteers, GOSH Charity events and campaigns
- We encouraged a partnership approach between the Trust, its membership, and other likeminded organisations. For example by reaching out to Scouts and Guides groups at GOSH.

## Plans for 2018/19

### Recruit

The table below details the targets for our recruitment in 2018/19.

In summary, we would like to:

- Increase our public constituency by 83 members.
- Increase our patient, parent and carer constituency by 208 members.

This is an overall increase of 291 members. Of course, we would like to recruit as many members as possible. This is the minimum we are aiming for.

Constituency	2017/18 actual (as at 31 March 2018)	5% attrition	8% growth	2018/19 target (as at 31 March 2019)	In year net target
Public	2,752	138	220	2,835	83
Patient, parent and carer	6,917	346	553	7,125	208
<b>Total</b>	<b>9,669</b>	<b>483*</b>	<b>774*</b>	<b>9,959*</b>	<b>291</b>

After considering the demographics of our patient membership (see appendices 3-5), we observed that young people (0-21 years old) could be better represented and therefore the MERRC agreed the following ambitious targets to increase this representation:

- Patients 0-16: Increase current membership by 100% (from 124 to 248).
- Patients 17-21: Increase current membership by 20% (from 449 to 539).

### Communicate

The Trust has recruited a Membership Relationship Manager who will be developing ways to further improve membership communications with the Trust and their Governors, including continuing publishing *Member Matters* and looking at ways to enhance how we update members.

### Engage

- The Trust will continue to roll out its three-year development plan for Governors to ensure that they receive the knowledge and information that their role requires.
- Every Governor has been allocated a non-executive director 'buddy' and initial meetings are underway.
- We will continue with the scheduled meetings with the Chair and the Council prior to Council meetings.

### Refresh the Membership Strategy 2015-2018

The Trust will start work to revise its three-year Membership Strategy in Autumn 2018. The current strategy ran from 2015 to 2018 and outlined how the Trust aimed to deliver the recruit, communicate and engage strands. The revised strategy will aim to deliver the same strands and objectives between 2018 and 2021, but with a refreshed approach to how we can best deliver them. It will be considered at the November 2018 Council of Governors' meeting.

\*Discrepancies between totals is due to rounding up/down of attrition and growth percentages.

# A

## Appendix 1: Council of Governors photo board

### Patient and Carer Governors



Elena-May Reading

Zoe Bacon

Faiza Yasin

Alice Rath



Mariam Ali

Stephanie Nash

Emily Shaw

Lisa Allera

Claire Cooper-Jones

Vacant

### Public Governors



Simon Hawtrey-Woore

Teskeen Gilani

Theo Kayode-Osiyemi

Simon Tan

Fran Stewart

Colin Sincock

Julian Evans

### Staff Governors



Sarah Aylett

Michael Glynn

Nigel Mills

Paul Gough

Quen Mok

### Appointed Governors



Lucy Moore  
self management uk

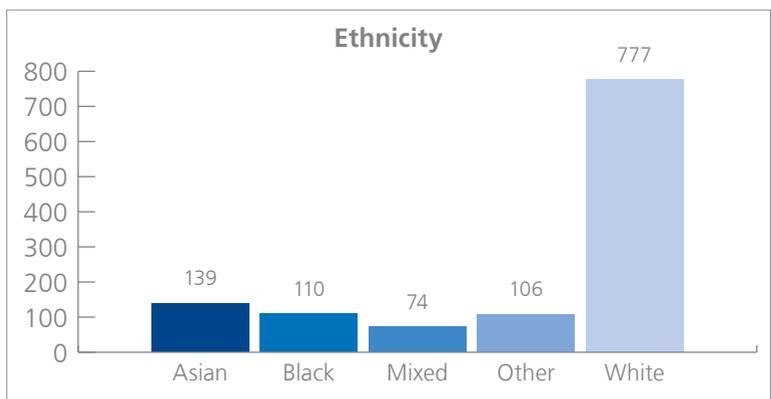
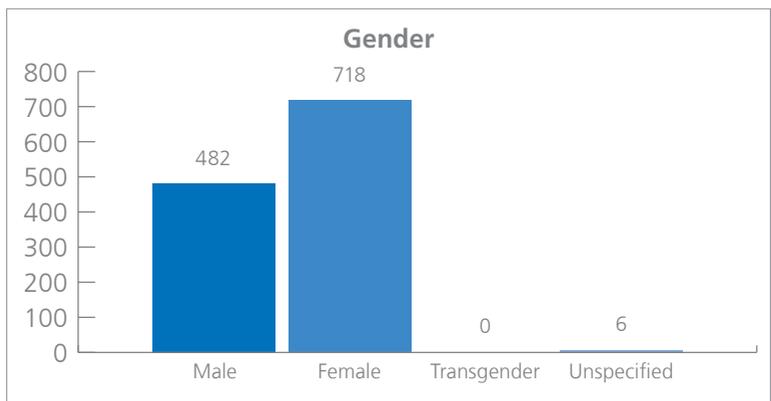
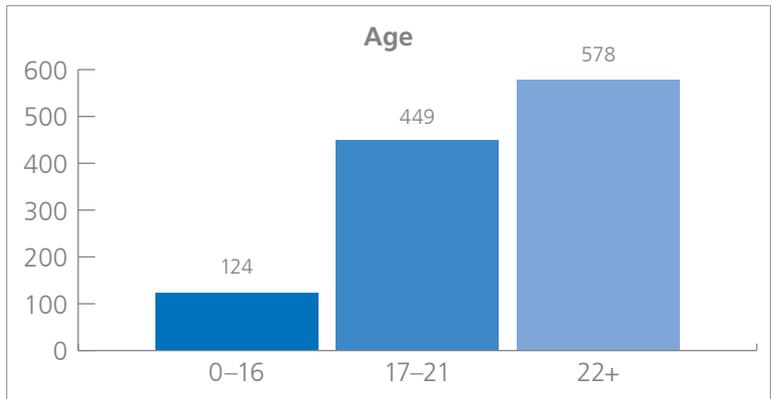
Jugnoo Rahi  
UCL Great Ormond  
Street Institute of  
Child Health

Lazzaro Pietragnoli  
London Borough  
of Camden

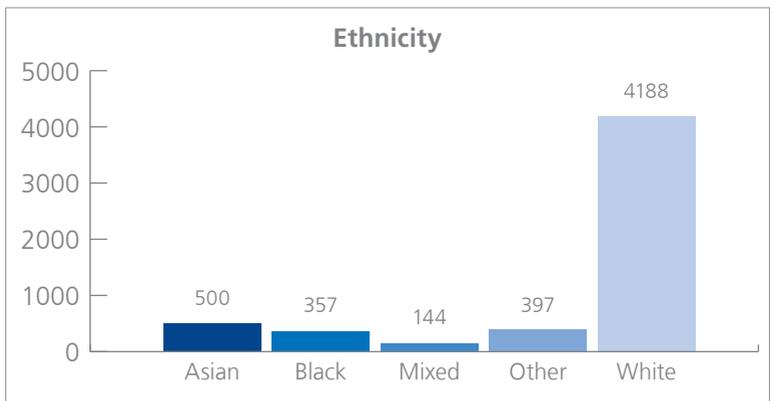
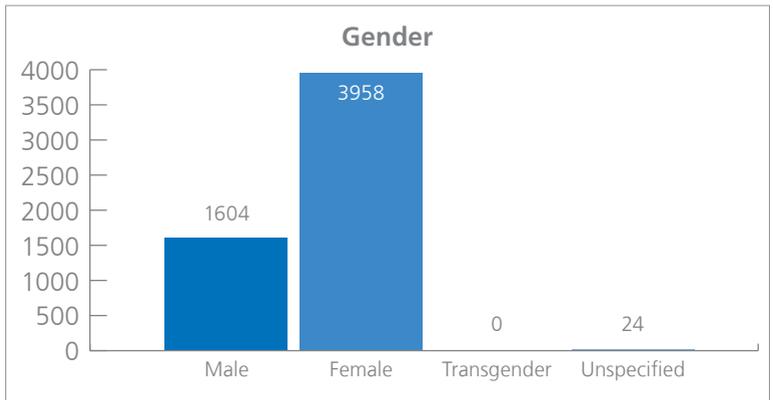
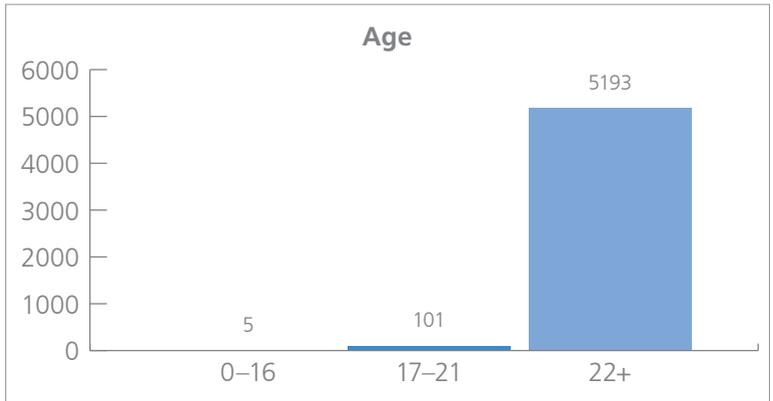
Vacant  
Great Ormond Street  
Hospital School

Vacant  
NHS England  
(London Region)

## Appendix 2: Patient constituency demographics 2017/18

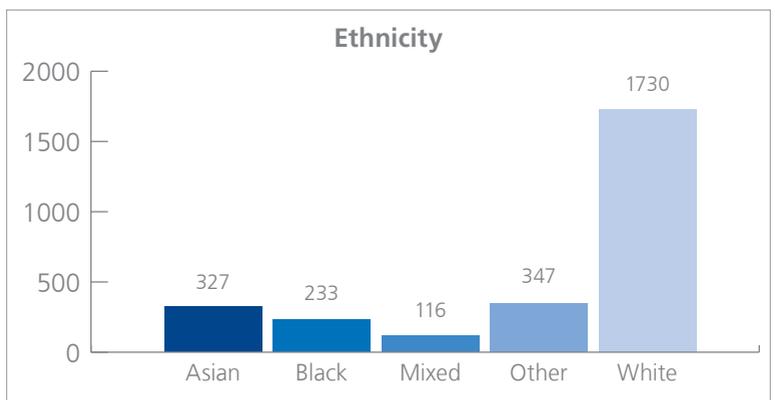
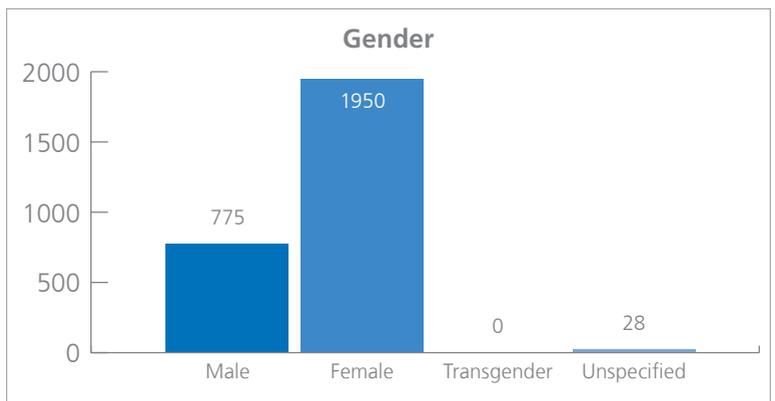
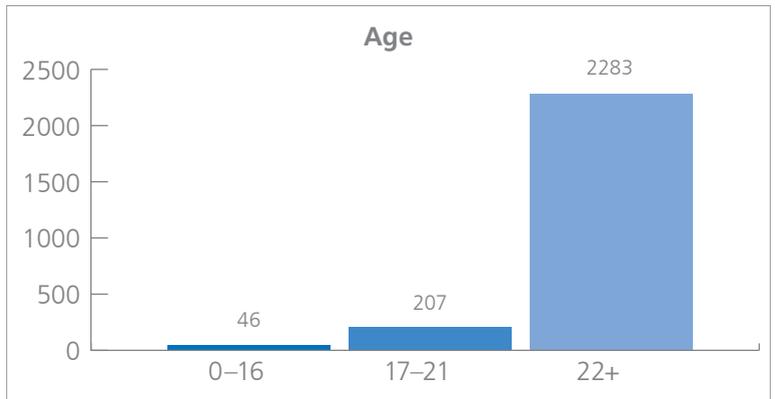


# Appendix 3: Parent and carer constituency demographics 2017/18



# Appendix 4: Public constituency demographics 2017/18

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# Appendix 5:

## Detailed membership information

### 5.1 Patient and carer, and public membership

This table compares GOSH's patient and carer and public membership figures from 1 April 2017 to 31 March 2018.

	1 April 2017	31 March 2018	Increase / decrease
Patient and carer members	6,906	6,917	Increase of 11
Public members	2,620	2,752	Increase of 132
<b>TOTAL</b>	<b>9,526</b>	<b>9,669</b>	<b>Increase of 143</b>

### 5.2 Staff membership

This table compares the staff membership figures from 1 April 2017 to 31 March 2018.

	1 April 2017	31 March 2018
Staff members	4,257	4,561

### 5.3 Public membership profile for North London and surrounding areas on 31 March 2018 compared to eligible membership in England and Wales

	Public	% of Membership	Catchment area profile (all of England and Wales*)
<b>Gender</b>	<b>1,389</b>	<b>100</b>	<b>100</b>
Unspecified	7	0.58	0.00
Male	382	27.48	49.77
Female	1,000	71.94	50.23
Transgender	0	0.00	0.00
<b>Age</b>	<b>1,389</b>	<b>100</b>	<b>100</b>
0-16	38	2.73	21.52
17-21	135	9.71	5.68
22+	1,141	82.09	72.79
Not stated	75	5.47	0.00
<b>Ethnicity</b>	<b>1,389</b>	<b>100</b>	<b>100</b>
Asian	232	16.69	15.64
Black	151	10.86	8.07
Mixed	75	5.40	3.66
Other	162	11.73	2.62
White	769	55.32	70.01
<b>ONS/Monitor Classifications</b>	<b>1,381</b>	<b>99.35</b>	<b>100</b>
AB	409	29.42	27.27
C1	419	30.14	32.53
C2	223	16.04	17.55
DE	329	23.74	22.65

\*As GOSH is a tertiary hospital providing some national services, the public membership covers the whole of England and Wales.

## 5.4 Public membership profile for South London and surrounding areas on 31 March 2018 compared to eligible membership in England and Wales

	Public	% of Membership	Catchment area profile (all of England and Wales*)
<b>Gender</b>	<b>773</b>	<b>100</b>	<b>100</b>
Unspecified	3	0.52	0.00
Male	198	25.61	49.06
Female	571	73.87	50.94
Transgender	0	0.00	0.00
<b>Age</b>	<b>773</b>	<b>100</b>	<b>100</b>
0-16	5	0.65	20.42
17-21	36	4.66	5.57
22+	670	86.68	74.01
Not stated	61	8.02	0.00
<b>Ethnicity</b>	<b>773</b>	<b>100</b>	<b>100</b>
Asian	65	8.41	6.62
Black	61	7.89	6.77
Mixed	36	4.66	3.18
Other	85	11.13	1.14
White	525	67.92	82.28
<b>ONS/Monitor Classifications</b>	<b>769</b>	<b>99.48</b>	<b>100</b>
AB	249	32.21	28.30
C1	237	30.66	33.48
C2	126	16.30	18.34
DE	157	20.31	19.88

\*As GOSH is a tertiary hospital providing some national services, the public membership covers the whole of England and Wales.

## 5.5 Public membership profile for the rest of England and Wales on 31 March 2018

Public	
<b>Gender</b>	<b>573</b>
Unspecified	15
Male	190
Female	368
Transgender	0
<b>Age</b>	<b>573</b>
0-16	2
17-21	27
22+	466
Not stated	78
<b>Ethnicity</b>	<b>573</b>
Asian	30
Black	20
Mixed	5
Other	95
White	423
<b>ONS/Monitor Classifications</b>	<b>570</b>
AB	160
C1	165
C2	118
DE	127



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