

Council of Governors' Meeting

A meeting of the Council of Governors will be held
at 10.00am on [Wednesday 11th May 2022](#),
in Rooms 9&10 Education Centre & Microsoft Teams

A G E N D A

- | | | |
|----------|---|------------------|
| 1 | Apologies for Absence and Attendance Register | |
| 2 | Chair's Business | |
| 3 | Declarations of Interest | |
| 4 | Minutes of the Previous Meeting:
To approve the minutes of the previous meeting of the
Council of Governors held on Wednesday 16 February 2022 | Enclosure |
| 5 | Matters Arising/Action Log | Enclosure |

Trust Updates:

- | | | |
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| 6 | Showcase presentation: QE Facilities and Ukraine | Presentation |
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Board and Committee Updates:

- | | | |
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| 7 | Chief Executive's Update including
i) Performance Report
ii) Questions from Governors | Presentation |
| 8 | Board Committee Assurance Updates
i) Finance & Performance Committee
ii) Digital Committee | Enclosure
Enclosure |

Governance:

- | | | |
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| 9 | Lead Governor Appointment
To approve the appointment of the Lead Governor | Enclosure |
| 10 | Quality Accounts Governor Statement 2020/21
To approve the Council of Governors response to the Quality Accounts | Enclosure |
| 11 | NHS Staff Survey Results | Enclosure |
| 12 | Workforce Supply | Presentation |
| 13 | Annual Planning Update | Presentation |

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| 14 | Council of Governors Annual Effectiveness Survey Results | Verbal |
| 15 | Governor Remuneration Committee Terms of Reference | Enclosure |

Elections and Membership:

- | | | |
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| 16 | Membership Update | Verbal |
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Items for Information:

- | | | |
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| 17 | Cycle of Business | Enclosure |
| 18 | Review of the Meeting | Verbal |
| 19 | Date & Time of the next Meeting
The next meeting of the Council of Governors will be held at Wednesday 28 th September 2022 at 9.30am in Lecture Theatre/Rooms 9&10 | |

COUNCIL OF GOVERNORS'

Minutes of the Council of Governors' Meeting
held at 10.00am on [Wednesday 16th February 2022](#),
via teleconference (Microsoft Teams)



Present:	
Mrs A Marshall	Chair
Mrs E Adams	Public Governor – Central
Ms H Adams	Staff Governor
Mr J Bedlington	Public Governor – Central
Mr S Connolly	Staff Governor
Mr A Dougall	Public Governor - Eastern
Mrs H Jones	Public Governor – Central
Dr A Lowes	Staff Governor
Mr R Morrell	Staff Governor
Mr G Quinn	Public Governor - Western
Mr A Rabin	Public Governor – Central
Mr G Riddell	Public Governor - Western
Mr A Sandler	Appointed Governor
Mrs K Tanriverdi	Public Governor – Central
In Attendance:	
Mr A Beeby	Medical Director
Mrs J Baxter	Chief Operating Officer
Mrs J Bilcliff	Deputy Chief Executive
Dr R Bonnington	Non-Executive Director
Miss J Boyle	Company Secretary
Mrs L Crichton-Jones	Director of People & OD
Mrs G Findley	Chief Nurse
Cllr M Gannon	Non-Executive Director
Mr A Moffat	Non-Executive Director
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Mr M Robson	Non-Executive Director
Dr M Sani	Non-Executive Director
Mrs A Stabler	Non-Executive Director
Ms D Waites	Corporate Services Assistant
	1 x member of the public
Apologies:	
Mr L Brown	Public Governor - Western
Mrs K Mackenzie	Deputy Director of Finance
Mrs Y Ormston	Chief Executive
Ms M Ndam	Staff Governor
Prof D Porteous	Appointed Governor
Mr A Robson	Managing Director, QEF
Mr B Turnbull	Public Governor - Eastern

Agenda Item	Discussion and Action Points	Action By
G/22/01	<p>CHAIR'S BUSINESS:</p> <p>Mrs Marshall opened the meeting and welcomed the Governors and newly appointed Governors – Mrs Gill Alderson and Mr Ged Quinn for Western Constituency; Mrs Brenda Webb for Central Constituency; Mr Barry Turnbull for Eastern Constituency; Ms Agatha Kanyangu for Out of Area Constituency; and Ms Helen Adams, Dr Andrew Lowes and Mr Richard Morrell for Staff Constituency.</p> <p>She drew attention to the recent letter received from NHS England and Improvement in relation to '<i>reducing the burden to free up capacity</i>' guidance. In light of this and due to the length of the agenda, she requested that all items be discussed with this in mind to ensure that the Executive Team can be released in a timely manner.</p>	
G/22/02	<p>DECLARATIONS OF INTEREST:</p> <p>Mrs Marshall requested that Governors report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.</p>	
G/22/03	<p>MINUTES OF THE PREVIOUS MEETING:</p> <p>The minutes of the previous meeting held on Wednesday 16th November 2021, were approved as a correct record.</p>	
G/22/04	<p>MATTERS ARISING/ACTION LOG:</p> <p>The Council of Governors' Action Plan was updated accordingly to reflect matters arising from the minutes.</p>	
G/22/05	<p>CHIEF EXECUTIVE'S UPDATE:</p> <p>Mrs J Bilcliff, Deputy Chief Executive, provided an update on current issues relating to the Trust. She drew attention to the presentation slides which are available via Convene and explained that the wider reports were presented at the public part of the Board and have also been uploaded to the Governor Reading Room. She highlighted the following key points:</p> <p>i) Performance Report:</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>Operational Performance:</p> <p>Mrs Bilcliff reported that the organisation is currently experiencing pre-covid activity levels and overall achieved all targets in December 2021. She explained that the H2 expectation is for trusts to maximise elective activity and eliminate waits of over 104 weeks and highlighted that the Trust is in a good position with no 104 week waits and 27 52 week waits in December 2021. This has been reported within the Health Service Journal and the Trust's position has been recognised as being one of the lowest waits in the country.</p> <p>A&E performance remains challenging with an average of 78% against the 4 hour standard however Mrs Bilcliff highlighted that few trusts have been managing to achieve this target. Following a query from Mr J Bedlington regarding attendances, Mrs Bilcliff explained that these have increased from the previous year however are less than pre-Covid figures. The Council acknowledged that this was a difficult target and Mrs J Baxter, Chief Operating Officer, highlighted that this is being looked at nationally and is expected to change from April 2022.</p> <p>The Trust's position against cancer waits is challenging with a high volume of breast referrals contributing towards the delay in 2 week wait attendances however teams are working hard to resolve this.</p> <p>Quality, Safety and Patient Experience:</p> <p>Mrs Bilcliff reported that the Trust's Hospital Standardised Mortality Ratio (HSMR) continues to show more deaths than expected for this indicator however as previously reported, an independent review has taken place to provide additional assurance.</p> <p>Key challenges remain in relation to the increase in the volume of patients in hospital who no longer meet the criteria to reside with the main reasons being access to care homes and access to packages of care however Mrs Bilcliff explained that this remains a national challenge and a lot of work is being undertaken around this. The Trust continues to work with community partners and the Emergency Care Improvement Support Team (ECIST) to improve timely flow and discharge.</p> <p>Scores from the Friends and Family tests remain positive and the A&E scores are reflective of current pressures and expectations.</p> <p>People and Organisational Development (POD):</p> <p>Mrs Bilcliff reported that there has been significant focus on staffing, with a dedicated Staffing Task and Finish Group meeting</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>every fortnight. This group have been focusing on reviewing staff establishments, reducing staff movements across the Trust, local and international recruitment and are also looking at ways in which the Trust can support staff to remain at work (managing sickness, retention and retire and return options).</p> <p>The POD team have been primarily focussed on preparing for the mandatory staff vaccination however as this has now been paused, the team will be refocussing on staff recruitment and retention and discussions will continue to take place via the POD Committee.</p> <p>Financial Performance: Mrs Bilcliff highlighted that the Trust is reporting a surplus position at the end of December. Significant spend has been identified via the capital plan although there is some risk of slippage due to delays. A detailed paper will be presented to the next Finance and Performance Committee.</p> <p>The draft financial plan for 2022/23 is due to be submitted to the Integrated Care System by 3 March 2022 and teams are currently working on this. Mrs Bilcliff highlighted that a change in the financial framework is expected and this will consist of a partial block and Payment by Results (PbR) format.</p> <p>Mrs Baxter also highlighted that transformation programmes are being identified to support increased activity pressures and admission avoidance work.</p> <p>Forward Planning and Partnership Working: Mrs Bilcliff drew attention to planned future work including the work to develop the Trust's Strategy and Vision and reported that this is aiming to be completed in April 2022.</p> <p>ii) Staffing update: Dr A Lowes, newly appointed Staff Governor, discussed some of his findings following a recent survey he undertook with Trust staff which raised some staffing issues and was subsequently shared with the Council of Governors. Dr Lowes provided some background and context to the operating environment and issues raised. Discussions have since taken place with the Executive Team and Lead Governor and existing and proposed strategies have been determined.</p> <p>Mrs Baxter reported that strategies are in place around the redeployment of staff and vacancies and explained that communication improvements have been identified with front line teams and focus groups are due to be set up with Theatre and</p>	

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	<p>Critical Care staff. She reminded the Council that the Board recently agreed investment for the new Operating Model and a 100 day report out is due to take place. This will include a position statement of services and highlighted that good progress is being made in the recruitment to vacancies however recognised the national shortages.</p> <p>Mrs L Crichton-Jones, Executive Director of People and OD, reiterated the key priorities around recruitment and retention and this continues to be a focus for the People and OD teams. She also highlighted some of the Health and Well-Being (HWB) support and projects available to staff which includes the availability of a psychologist to front line teams. She reported that plans are in place to expand regional and national initiatives, and these will be promoted via the HWB hub across the organisation. HWB Ambassadors are also available within services.</p> <p>Questions from Governors:</p> <p>Mr A Rabin asked for an update on the Trust's response to the Vaccination as a Condition of Deployment (VCOD) pause and Mr A Beeby, Medical Director, explained that work on this has been stopped due to the national pause however it is recognised the affect this mandated work has had on staff and staff are being contacted as well as listening sessions being set up with Mr Beeby and Mrs Crichton-Jones. Uptake of the vaccine is still high within the Trust.</p> <p>Mr Rabin also raised a query in relation to the latest government announcement regarding isolation rules and Mr Beeby reported that there will be no change to current Trust policies. He reiterated the importance of this to continuing to protect patients and staff. Mrs G Findley, Chief Nurse, highlighted that visiting restrictions will also remain in place however daily outbreak meetings will continue to take place and continually review the situation.</p> <p>Mr J Bedlington raised some questions on behalf of his constituency members and asked how many of those in intensive care with covid have not been vaccinated and how many of the deaths with covid had underlying serious health problems and the average age. Mr Beeby explained that this level of detail was not available however following discussions at the pre-meeting, Dr Lowes explained that vaccination statuses are not included in patient demographic data however believed that the vast majority of covid patients being admitted are unvaccinated however the timing of boosters needs to be considered. Mr Beeby felt that it was also important to consider individual</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>variations and highlighted that admissions for fully vaccinated patients were considerably lower.</p> <p>Mr Bedlington also raised a query in relation to how staff were coping and receiving adequate support however was satisfied following previous discussions that counselling services were available to staff.</p> <p>Mr G Riddell raised a query relating to the responsibility of waiting lists for patient follow-ups and Mrs Baxter reported that national processes were in place to ensure patient follow-ups were still required.</p> <p>Following a query from Mr S Connolly regarding an explanation of risk scores, Mrs Findley reported that the Trust uses a risk scoring matrix and provided a copy of this onscreen. This will also be uploaded to the Convene document library to enable the Governors to review this. Mr Bedlington queried whether there was any further guidance in determining risk scores and Mrs Findley explained that some risks are judgemental however discussions take place at the Executive Risk Management Group to ensure a consolidated view. The Trust has an Organisational Risk Register which is presented to the group as well as the Board and Quality Governance Committee to provide the necessary levels of scrutiny and challenge.</p> <p>Mrs H Jones queried whether there are any long-term covid effects on staff and whether patients were being treated for this. Mrs Crichton-Jones reported that staff will continue to be supported via Occupational Health. Mrs Bilcliff explained that the Trust does not provide long-covid clinics therefore does not have access to community data.</p> <p>Mr R Morrell highlighted the challenges being experienced within Breast Services and the increase in out-patient referrals. He therefore queried whether there were any plans to increase clinic space due to changes in Covid guidance. Mrs Findley acknowledged the pressures and explained that the Infection Prevention and Control Team were looking at this however any change would be undertaken in a cautious staged approach. It has recently been decided to keep social distancing restriction within meeting rooms.</p> <p>Mrs K Tanriverdi queried whether there was an option to utilise the old discharge ward 6 area however Mr Beeby explained that this is now an out-patient area for Occupational Health. Mrs Marshall highlighted that there is a lot of estates work being undertaken and Mrs Baxter reported that transformation plans</p>	DW/JeB

Agenda Item	Discussion and Action Points	Action By
	<p>have been included within the new Operating Model and plans are in place to look at introducing a discharge lounge to improve flow with the Local Authority.</p> <p>Mrs Marshall thanked Mrs Bilcliff, Mrs Baxter, and Dr Lowes for their updates and acknowledged the current pressures which will continue to be reviewed.</p> <p>After consideration, it was:</p> <p>RESOLVED: to receive the updates for assurance and information.</p>	
G/22/06	<p>BOARD COMMITTEE ASSURANCE UPDATES:</p> <p>Quality Governance Committee: Mrs A Stabler, Non-Executive Director and Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. She highlighted that there are two new Governor observers (Abe Rabin and Aron Sandler) following the Committee Allocation process and Mrs Stabler meets with them at end of meeting to discuss any questions. Mr Rabin reported that this has been useful and provides greater understanding of any issues.</p> <p>Mrs Stabler drew attention to some of the key issues and assurances received by the Committee and highlighted some of the case studies undertaken which were requested by the Committee to provide further assurances. This included a deep dive into pressure damage and fluid and electrolyte balance charts.</p> <p>She highlighted some of the key risks and explained that there are currently 4 risks being monitored by the Committee and have been added to the Organisational Risk Register.</p> <p>Charitable Funds Committee: Mr M Robson, Vice Chair and Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. He highlighted the Committee's governance structure and reported that there are two new Governor observers (Abe Rabin and John Bedlington) following the Committee Allocation process.</p> <p>Mr Robson drew attention to the Committee's key issues and assurances and explained that there has been increased funding</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>due to the public support of NHS charities and this activity is being actively monitored by the Committee.</p> <p>Key priorities for the Committee and Charity include the development of the new strategy and working with our communities. Mr Robson felt that the role of the Governors was key to this in raising the profile of the charity and further work is planned around the new strategy which will include consultation with the Corporate Trustees' Board.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance.</p>	
G/22/07	<p>ANNUAL REVIEW OF THE DECLARATIONS OF INTEREST:</p> <p>Miss J Boyle, Company Secretary, presented the declarations of interest of the newly elected public and staff governors and the annual review of the Council of Governors interests.</p> <p>She explained that the Trust's Constitution and the Health and Social Care (Community Standards) Act 2003 require Governors' interests to be declared, recorded in the minutes of the Governors meeting and be made available on request to any member who wishes to view the register of interests. Whilst it is not a requirement of the Constitution, it is good practice to review annually, the interests of Governors.</p> <p>The full Register of Interests is attached to the minutes (Appendix 1) and Miss Boyle highlighted that there is nothing to bring to the attention of the Council. She requested that any outstanding interests be forwarded as soon as possible for inclusion in the register.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to note and record in the minutes the declared interests of the newly elected governors and the annual review of Council of Governors.</p>	
G/22/08	<p>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY - QUESTIONS:</p> <p>Miss J Boyle, Company Secretary, shared the draft question set for the annual Council of Governors' effectiveness survey for consideration and approval. She explained that the surveys aim</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>to provide an insight into the effectiveness of current arrangements in respect of training, meetings, communications, support and discharge of Governor duties.</p> <p>Miss Boyle reported that it is good practice for the Council of Governors to review its effectiveness on an annual basis. This provides valuable feedback on the effectiveness of the Council meetings and the provision of training and support from the Trust. It enables timely changes to be made to enhance processes and practices should the survey indicate that change is needed. She felt that this will also provide a better understanding of the impact of recent changes to the Council agenda and will be particularly helpful in guiding the future approach.</p> <p>Following approval, the survey will be distributed to the Council and the Board using Convene and it is anticipated that the survey will open on Friday 18th February 2022 and close on Friday 4th March, providing 2 weeks for completion.</p> <p>Miss Boyle explained that it is expected that following the agreement of membership for the new Governor Governance and Development Committee, the group will be set up prior to the May Council of Governors and undertake the first review of the results and make recommendations to the May Council meeting on any areas for further review and focus.</p> <p>After discussion, it was:</p> <p>RESOLVED: to review and approve the proposed survey questions and planned approach, providing feedback to the Company Secretary to enable the review process to be initiated.</p>	All to note
G/22/09	<p>CONSIDERATION OF GOVERNOR ELEMENTS OF THE TRUST'S SELF CERTIFICATION:</p> <p>Miss J Boyle, Company Secretary, shared the draft proposed response to the Governor training element of Foundation Trust Condition 4.</p> <p>She reported that the Board of Directors is required to confirm/not confirm that the Council of Governors has been provided with the necessary training to discharge its role. This is an annual self-assessment which looks back at the provision of training over the financial year in question (2021/22).</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>It is proposed that the Board confirms that Governors have been provided with the appropriate training to undertake their role and is based on a review of the training and development delivered and offered during the year, as well as the changes that have been made to support Governors to enact aspects of their role. Miss Boyle explained that a full details of the review and findings are included in the report, Agenda Item 10.</p> <p>Mr A Rabin, Acting Lead Governor, agreed with the points made in the report confirming that sufficient communications had been undertaken with Governors around training and the recent agreement of Committee Governor Observers. He asked the Governors to provide any further feedback in advance of his meeting with the Chair and Company Secretary.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to share a view on the Board's proposed confirmation that Governors have been provided with the necessary training to fulfil their role during 2021/22, with reference to the supporting evidence provided.</p>	All to note
G/22/10	<p>PROCESS FOR APPOINTING LEAD AND DEPUTY LEAD GOVERNOR:</p> <p>Miss J Boyle, Company Secretary, presented the proposed approach for the appointment of the Lead and Deputy Lead Governor.</p> <p>She reported that the terms of both the Lead and Deputy Lead Governors end on 18th May 2022. The Lead Governor, Reverend Jenny Gill, left the Council on 4th January 2022 following the completion of her term. The Deputy Lead Governor, Abe Rabin, has been covering the duties of the Lead Governor since this time. Miss Boyle highlighted that no changes have been made to the eligibility criteria or term lengths for either position.</p> <p>The proposed process for the appointment of the Lead Governor will require expressions of interest to be submitted to the Company Secretary during the period Friday 18th February 2022 to 4th March 2022 and will consist of a short statement of no more than 200 words on why the nominee wishes to be Lead Governor.</p> <p>The results will then be counted and the appointment announced via email, which will then enable the process for the appointment of the Deputy Lead Governor to commence. The results will be</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>formally presented to the Council of Governors at its meeting on 11 May in preparation for the commencement of the new terms of office on 19 May 2022.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to review and approve the planned approach for the election of the Lead and Deputy Lead Governor positions.</p>	
G/22/11	<p>ELECTION RESULTS AND NEW GOVERNOR WELCOME:</p> <p>Miss J Boyle, Company Secretary, provided the Council of Governors with an update on the election results and welcomed our new Governors.</p> <p>She highlighted that as previously reported, the 2021 election process is now complete with seats filled through uncontested elections in the Eastern and Patient/Out of Area constituencies. Five Governors were elected unopposed, with one vacancy remaining in Central which will be carried forward to next year. Elections took place in the Western and Staff constituencies, with the results being published on 2nd December 2021. All five seats were filled.</p> <p>We therefore formally welcome 8 new Governors - Gill Alderson and Ged Quinn as Public Governors in the Western constituency; Brenda Webb as Public Governor in the Central constituency; Barry Turnbull as Public Governor in the Eastern constituency; Agatha Kanyangu in the Patient / Out of Area constituency; and Helen Adams, Andrew Lowes and Richard Morrell as Staff Governors and commenced their terms of office on 5th January 2022.</p> <p>Miss Boyle reminded the Council that discussions took place at the last meeting that it may be helpful for new Governors to be offered the opportunity to have a Governor buddy and experienced Governors who would be interested in undertaking this role were asked to let the Company Secretary know. Unfortunately, there have not been enough offers to enable all new governors to receive a buddy. Mr Rabin asked Governors to reconsider this as it was felt that this would be valuable to the new Governors and build relationships and enable robust operational processes for the Trust.</p> <p>After consideration, it was:</p>	All to note

Agenda Item	Discussion and Action Points	Action By
	<p>RESOLVED:</p> <ul style="list-style-type: none"> i) to note the outcome of the elections ii) to formally welcome our new Governors who commenced their terms of office on 5th January 2022 iii) be assured that incoming Governors will be provided with a comprehensive induction and training iv) to consider whether experienced Governors wish to put themselves forward as buddies for new Governors 	
G/22/12	<p>CYCLE OF BUSINESS:</p> <p>Miss J Boyle, Company Secretary, presented the cycle of business for the Council of Governors and highlighted that this will provide a long term view of key agenda items up until February 2023.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the cycle of business for information.</p>	
G/22/13	<p>REVIEW OF THE MEETING:</p> <p>Mrs Marshall explained that this is new agenda item to enable Governors to provide feedback at end of meeting. Mr Rabin suggested that Governors can contact him following the meeting if they wish to provide feedback and this can be discussed at the Lead Governor monthly meeting with the Chair and Company Secretary.</p> <p>Mr R Morrell felt that the meeting was very well organised and felt that it was beneficial to have the pre-meeting beforehand.</p> <p>Mr G Quinn requested further clarification around effective staff support and Ms H Adams reported that support services, both internal and external, were available via the Occupational Health Team.</p> <p>Mr J Bedlington raised some issues with the meeting Teams link and Convene notification and it was therefore agreed to send the meeting link separately via email for ease. Some issues have also been raised in relation to the Committee Governor Observers receiving the relevant Committee links and Mrs Bilcliff provided assurance that teams will ensure the correct membership is confirmed. Mrs Marshall highlighted that it is hoped that future meetings can once again take place face to face.</p>	

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	<p>Mrs J Baxter thanked Dr A Lowes for his update on staffing concerns and highlighted that work will continue to improve communications.</p> <p>Mrs Bilcliff thanked the Governors for their input and reported that work will continue to ensure the meetings are interactive.</p> <p>Any other feedback to be directed to Mr A Rabin or Miss J Boyle.</p>	
G/22/14	<p>DATE AND TIME OF NEXT MEETING:</p> <p>RESOLVED: that the next meeting of the Council of Governors will be held at 10.00am on Wednesday 11th May 2022.</p>	

GATESHEAD HEALTH NHS FOUNDATION TRUST
Register of Governors' Interests 2022

Elected Governors

Forename	Surname	Constituency	Governors' Interests	Category
Gill	Alderson	Western	None	
Les	Brown	Western	None	
Chris	Hulley	Western	Director of Napier Court Management (Whickham) Ltd	A
Michael	Lamport	Western	None	
Ged	Quinn	Western	None	
Geoff	Riddell	Western	None	
Eileen	Adams	Central	None	
John	Bedlington	Central	Chairman – LIVErNORTH	D
Helen	Jones	Central	Trustee – St Chad's Project, Bensham	D
Abe	Rabin	Central	Director of Ace Windows NE Ltd, Zero Limits WAP, EGO Green Estates, AMR Holdings Ltd, Mistley Developments Ltd, ABR Holdings Ltd, AMD Estates Ltd Trustee of Zero Limits, and The Dash Group <i>Spouse – AMR Holdings Ltd, ADS Windows Ltd, and AMD Estates Ltd</i>	A D A
Karen	Tanriverdi	Central	None	
Brenda	Webb	Central	None	
Des	Costello	Eastern	Chairman – Bheith Ann Community Counselling Service	D
Alan	Dougall	Eastern	None	
Barry	Turnbull	Eastern	None	
Agatha	Kanyangu	Out of Area	Director – Speak Out Ltd	A
Helen	Adams	Staff	None	
Steve	Connolly	Staff	None	
Claire	Ellison	Staff	None	
Andrew	Lowes	Staff	None	
Richard	Morrell	Staff	None	
Marceline	Ndam	Staff	None	

Appointed Governors

First Name	Surname	Stakeholder Organisation	Position Held	Governors' Interests	Category
Debra	Porteous	Northumbria University	Head of Department Nursing, Midwifery and Health	Education contracts	F
Aron	Sandler	Gateshead Jewish Community Council		Northern Property Management Ltd, Eco Tyre Disposals Ltd, Newford Estates Ltd, Blackfriars Property Developments Limited, Nominee Blackfriars Limited and Solid Tyre disposals Limited The Dash Group <i>Spouse - Wellspring Developments Limited, Whitley Bay Properties Limited</i>	A D A
Laura	Ternent	Newcastle University	Senior Lecturer in Health Economics	None	
Chris	Toon	Gateshead College	Deputy Principal	Education Services	E

Key to interests declared:

- A:** Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)
- B:** Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
- C:** Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS
- D:** A position of authority in a charity or voluntary body in the field of health and social care
- E:** Any connection with a voluntary or other body contracting the NHS services
- F:** To the extent not covered in the declarations above, any connections with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust but not limited to, lenders or banks

COUNCIL OF GOVERNORS ACTION TRACKER

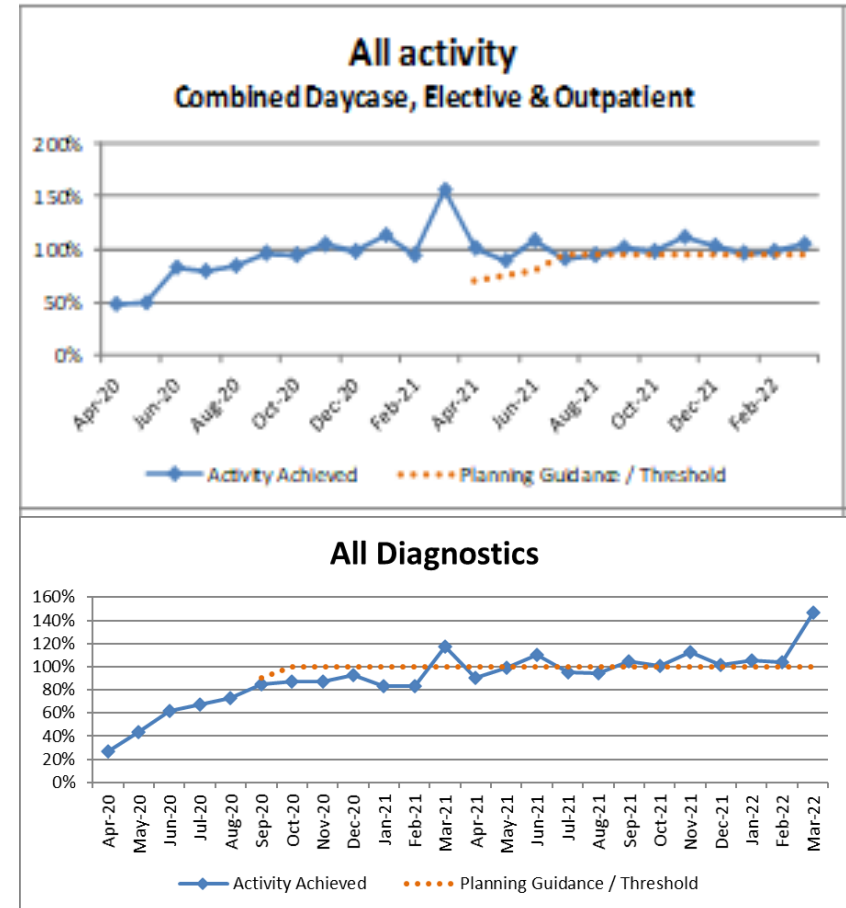
Item Number	Date	Action	Deadline	Executive Lead	Progress
G/21/29	19.05.2021	IOR – to arrange a governor session to provide understanding around use of SPC charts	17.11.2021	JeB	To be arranged via Governor workshop – the proposed new Governor Governance and Development Committee will consider this to be factored into the annual plan.
G/21/64	17.11.2021	J Boyle to: <ul style="list-style-type: none"> Seek expressions of interest for the Membership Strategy Group and Governor Governance and Development Committee. Offer vacancies on the Governor Remuneration Committee to new Governors in January 2022 	31.01.2022	JeB	In light of the latest NHS England and Improvement instruction to focus Board and Governor activity on essential items only due to Omicron pressures, it was agreed to pause the establishment of Governor committees until the current wave passes. Further communications will be sent out to request expressions of interest. April 22 – expressions of interest sought although there remain vacancies on all committees.
G/22/05	16.02.2022	Query from S Connolly re. risk scores – to upload risk matrix to Convene Document Library	28.02.2022	JeB/DW	April 22 – this item was uploaded to Convene on 17 February.
G/22/08	16.02.2022	Council of Governor Annual Effectiveness Survey – governors to complete survey via Convene. To open on Friday 18 th February 2022 and close on Friday 4 th March.	11.05.2022	All	New Governor Governance and Development Committee to review results and make recommendations to the May Council. April 22 – a verbal update is included on the Council agenda.

Performance Report - Council of Governors May 2022

Please note that the full Integrated Oversight Report and Finance Report are included in the Part 1 Board papers which are accessible on the website and on Convene. They include more metrics and spotlight reporting.

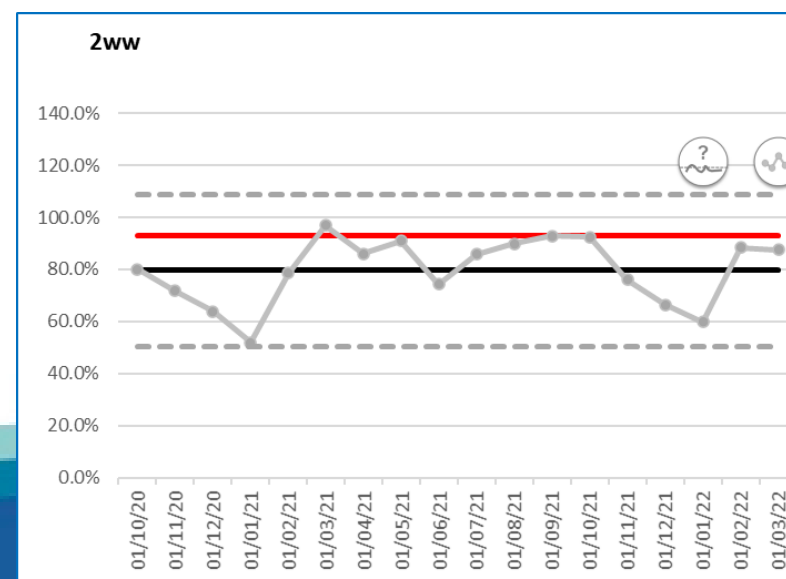
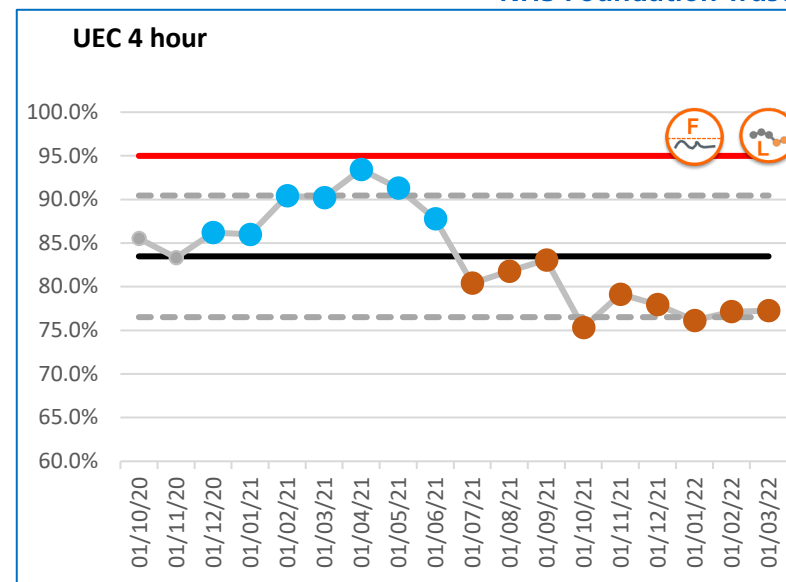
Operational performance

- The Trust **achieved combined elective activity of 104% in March**, an increase of 3% since the last report to the Council (which referred to the December 2021 position)
- The H2 expectation is for trusts to maximise elective activity and eliminate waits of over 104 weeks.
- The Trust is required to conduct 25% of **outpatient appointments virtually** and reported 24.1%.
- There are no specific thresholds for **diagnostic activity** but trusts are expected to deliver as much as they can to support elective recovery, clinically prioritising all waiters over 6 weeks. The Trust achieved **147% diagnostic activity in March**.
- Audiology and echocardiology continue to be the areas most at risk but there have been improvements in echocardiology activity levels which are at 149% compared to 2019/20 levels.



Operational performance

- Performance against the **RTT 18 week standard** is at 75.54% with a slight increase of patients on the RTT waiting list.
- There was an increase to 50 patients waiting **over 52 weeks**. There were **no 104 week waits** (Feb '22 data).
- **A&E performance** against the 4 hour standard was 77% against the 95% target. Bed pressures are the main reason for delays.
- There is a significant focus on patients who no longer meet the criteria to reside.
- Despite these challenges the Trust continues to benchmark well against other providers.
- **Ambulance delays** are a concern. The number of ambulance delays reported between 30-60 mins increased from 47 patients in February to 55 in March. Delays greater than 60 minutes decreased from 11 patients in February to 10 in March.
- The Trust's position against the **62 day standard** for February was 76.7%, an improvement from the previously reported position, but below the 90% target.
- The Trust's position against the **2 week wait target** was 87.4% in March against the 93% standard, with a high volume of breast referrals contributing towards the delay in 2 week wait attendances.



Operational performance – how we benchmarked (Jan – March '22)



Gateshead Health
NHS Foundation Trust

Indicator	Trust Performance	View	Position
A&E 4 hour waiting time target	77.15%	February	30th / 139 All Type 1 NHS Providers
Latest weekly Referral to Treatment (RTT): patients waiting > 104 weeks	0	January 22	Joint 1 st / 8 Providers in ICS
Latest weekly RTT: patients waiting > 52 weeks	51	January 22	2nd / 8 Providers in ICS
Latest weekly RTT: patients waiting > 62 days for cancer treatment	59	w/e 27 th March	1st / 8 Providers in ICS
62 day backlog as % of waiting list	9.6%	w/e 27 th March	46 (top 20 under NHSE/I scrutiny)

Quality and excellence in health

Quality, safety and patient experience



Gateshead Health
NHS Foundation Trust

- Increase in the volume of patients in hospital who **no longer meet the criteria to reside** with the main reasons being access to care homes and access to packages of care in support of improved domiciliary care.
- The Trust's **Hospital Standardised Mortality Ratio (HSMR)** continues to show more deaths than expected for this indicator.
- There were 6 **Serious Incidents (SIs)** reported in March which is just under the average for the last 18 months. No maternity SIs were recorded in March.
- **Maternity:** the total number of births continue within the expected range. Smoking at time of delivery remains high at 13% against the 5% target and breast feeding at discharge remains a concern, although the trajectory is demonstrating early signs of improvement. The Trust continues to monitor progress against the recommendations from the Ockenden report, with a gap analysis against the second report underway.
- Scores from the **Friends and Family test remain positive** on the whole with 100% positive score for maternity in March 2022.

Measure	Latest period		Target	Latest 12 months
A&E scores from Friends & Family Test - % positive	77.4%	Mar-22		80.9%
Inpatient & day case scores from Friends & Family Test - % positive	95.4%	Mar-22		95.4%
Maternity scores from Friends & Family Test - % positive	100.0%	Mar-22		99.0%
Outpatient scores from Friends & Family Test - % positive	94.1%	Mar-22		96.7%

Quality and excellence in health

People and organisational development



Gateshead Health
NHS Foundation Trust

- Current **sickness absence** for the Trust is at 5.4% (Feb '22), although there has been a slight reduction. A number of actions have been identified to support managers and staff in this area and work is currently ongoing.
- **Appraisal** compliance continues to be a challenge, understandably impacted by the pandemic response. Compliance rates are reported to managers monthly and include additional information about appraisals due in the next 90 days to encourage managers to make realistic plans.
- **Core training** compliance is below target rates. A core skills review has made recommendations which will result in greater clarity re: requirements, increased focus on national packages, agreed processes for statutory training requests, improved functionality and improved access to e-learning.
- **Recruitment** continues to be one of the top priorities for the Trust, with a staffing task and finish group meeting every fortnight. International recruitment of nurses is underway.
- The Trust achieved the highest ever response rate for the NHS **staff survey** at 47%. A more detailed presentation is on the Council agenda.
- There continues to be a focus on **learning and development** for colleagues. This includes the launch of the Leading Well course for managers, as well as development for the senior management team.

Measure	Latest period		Target	Latest 12 months
QEH - Staff sickness	5.4%	Feb-22	4%	5.9%
QEH - Staff turnover	1.3%	Feb-22		1.3%
QEH - Appraisals	60.6%	Feb-22	85%	61.7%
QEH - Core Training	70.3%	Feb-22	85%	79.7%

excellence in health

Financial performance – March '22



Gateshead Health
NHS Foundation Trust



Actual surplus position at year-end	Planned position at year-end
£14.260m surplus	£0.000 breakeven



CRP schemes identified	CRP target
£4.325m	£4.325m



Cash in the bank	Opening position 01/04/21
£55.586m	£43.862m



Elective recovery fund (ERF) income
£2.583m



Capital spend	Available capital funding
£13.275m	£13.932m

Points to note:

- Achieved financial targets
- DRAFT accounts submitted on 26th April 2022
- Entered audit period
- Final accounts due for submission on 22nd June 2022

Quality and excellence in health

April '22 and beyond

COVID

- Reduction in February, but numbers increased through March and April.
- Starting to see early signs of reduction.

Medically optimised patients (patients who no longer meet the criteria to reside)

- Significant impact on patient flow and front door capacity.
- A number of actions being taken internally and with partners to support discharge of patients who do not meet the criteria to reside – e.g. securing care packages, bed capacity in care centres and our own home monitoring capacity.

Integrated Care System (ICS)

- Progress has been made in appointing the Integrated Care Board, including the appointment of 8 Executive Directors and 2 Independent Non-Executive Members.
- Provider Collaborative continues to develop.
- Engagement work has commenced on the ICS operating model.

April '22 and beyond

Planning submission

- Planning submission made in line with local and national deadlines.

Strategy development

- X2 Governor workshops to provide input into this process (December and March).
- Significant engagement with internal and external stakeholders to develop the strategy.
- Final sign-off planned for May 2022 Board meeting.
- Will be shared with the Council following this.

Year-end accounts, annual report and other submissions

- Draft accounts submitted and audit commenced.
- Deadline for submission of audited accounts is 22 June 2022.

Work of the Finance and Performance Committee Presented by Mike Robson, Chair of the Committee

Some of the key issues considered and assurances received

Transformation Board Updates

- First meeting in Feb '22
- Regular updates to the F&P Committee on priority programmes

Emergency Care Improvement Support Team (ECIST) Review

- Report received in Feb '22
- Assurance over the governance behind the improvement programme.

Waiting List Validation Report

- Presented in December '21.
- Good assurance received over the integrity of the referral to treatment waiting list.
- A number of areas for process enhancement identified.

Cancer Action Plans

- Presented in December '21.
- Detailed report on cancer recovery and restoration of services.
- Action plans for each tumour site shared with the Committee.

Regular reports

- Continued to receive monthly finance and Integrated Oversight Reports – core to the remit and assurance function of the Committee

Case study – Audiology



Gateshead Health
NHS Foundation Trust

November 2021

Diagnostic waits for audiology identified as an area of risk.

Regular oversight at the Elective Care Board, but F&P Committee request detailed report

March 2022

Audiology recovery projection report presented to F&P.

Continued pressures but options presented to Committee on how investment could result in wait time recovery by Oct / Nov 2022. Business case to be developed

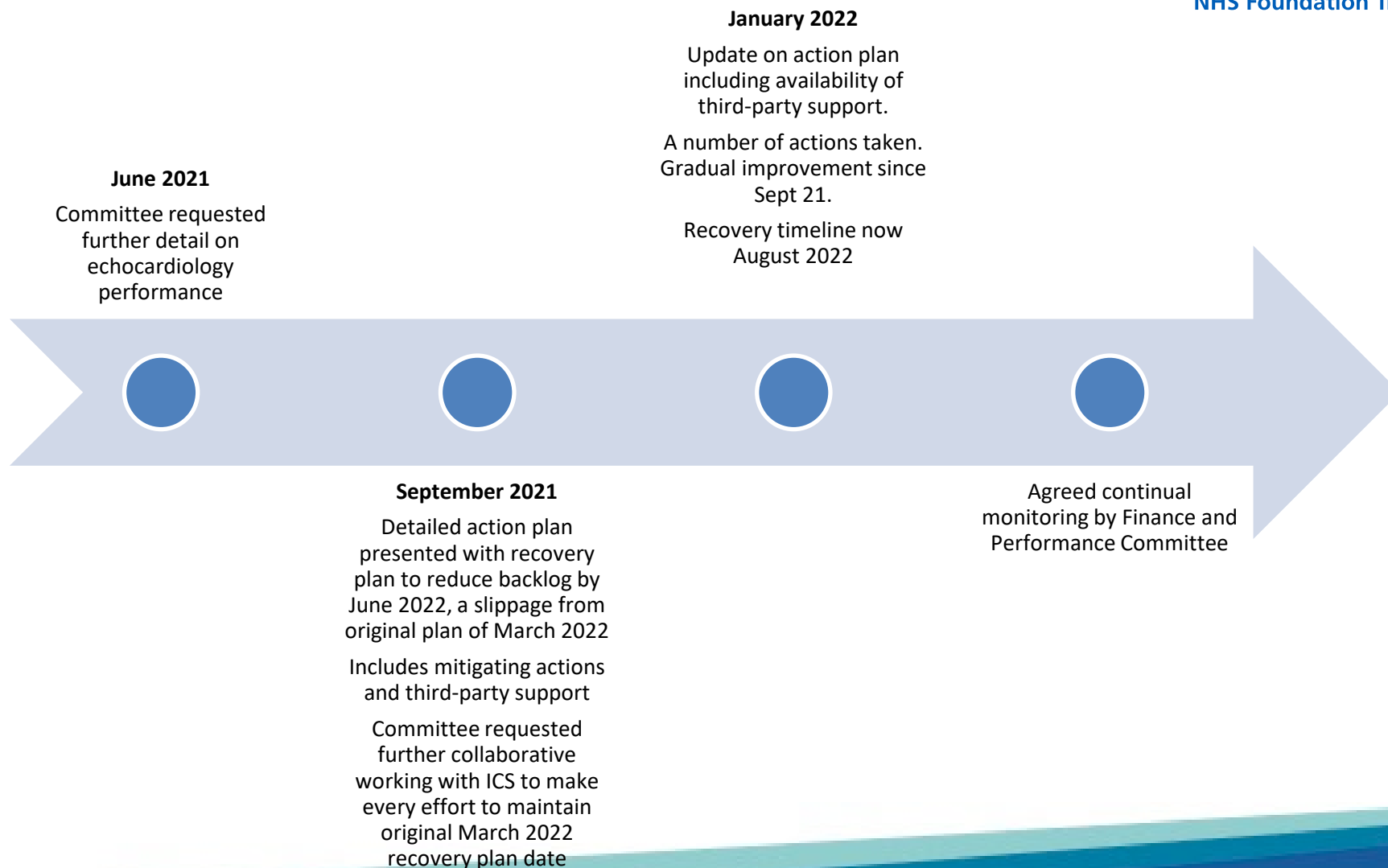
Continued updates via the Integrated Oversight Report

Quality and excellence in health

Case study – Echocardiology



Gateshead Health
NHS Foundation Trust

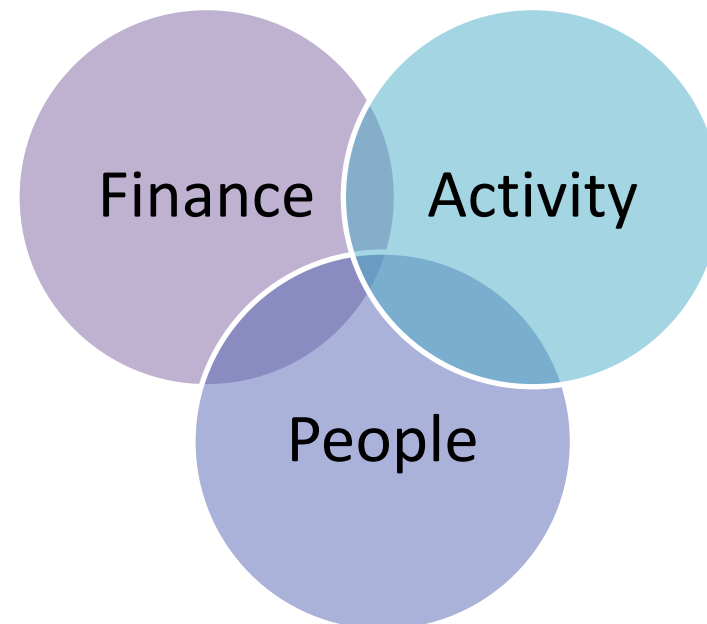


Quality and excellence in health

Case study – annual planning



Triangulation of key elements



Key risks

- Committee is currently monitoring 3 risks on the Organisational Risk Register. Scores as per March '22 Committee meeting.

Further waves of Covid impact on performance and recovery plans – current score = 16

Risk that the Trust is unable to formulate a suitable capital plan due to reduced capital funding – current score = 9

Risk that the Trust cannot formulate a coherent financial plan – current score = 3

Key priorities for assurance over the next 6 months



Quality and excellence in health



Work of the Digital Committee

Presented by Andrew Moffat, Chair of the Committee

Key issues considered and assurances received

Strategy and planning

- Strategic Aims & Objectives (mapped to Digital Committee)
- Digital Transformation Roadmap
- Global Digital Exemplar Programme
- Clinical Digital Systems - Options Appraisal

Regulatory & Governance

- Cyber security (DS&PT standards)
- Information Governance
- Records Management
- Internal Audit Reports
- Sub Committees Assurance - Digital Transformation Group and Digital Assurance Group

Operational service delivery

- Digital Adoption & Data Quality
- IT Service Provision
- Clinical Coding

Risk management

- Board Assurance Framework (items mapped to Digital Committee)
- Organisational Risk Register (digital related risks)

Key Issues Considered and Assurances Received



Gateshead Health
NHS Foundation Trust

DC has met four times since CoG presentation on 29 Sep 2021

18 Oct 2021

- Digital Committee received insight of delivery of digital related strategy objectives; timescales and capacity flagged as areas of concern
- Global Digital Exemplar Fast Follower (GDEFF) on track
- Visibility of overdue audit items requested
- Digital policies – evidence of review and maintenance

Committee **partially assured**

14 Feb 2022

- HIMSS Level 5 (a strong level of digital maturity) achieved, GDEFF remains on track
- KPI's roll out continues
- 3rd party commissioned to assess digital system infrastructure (electronic patient record - EPR) options

Committee **partially assured**

13 Dec 2021

- GDEFF milestones remain on track for Feb 22 completion, also supporting delivery of strategic objectives
- Digital team and organisation capacity (Covid related) remains a concern affecting delivery timescales
- Service KPIs continue to evolve
- Digital Policies - update received on two 'expired' policies
- Digital System Infrastructure Strategy Options flagged as an area of focus for 2022+

Committee **partially assured**

11 Apr 2022

- Global Digital Exemplar Fast Follower programme completed with a Digital Leaders Accreditation certificate presented by NHS Digital
- Capacity remains a concern; re-prioritisation exercise commenced
- KPI's development continues with an assessment of their production, presentation and application scheduled for June 22

Committee **partially assured**

Quality and excellence in health

Case study – Digital Policies



Gateshead Health
NHS Foundation Trust

18 Oct 2021

- Committee received full assurance that all policies are up to date and being maintained
- Two policies have passed expiration dates
 - (1) Telecommunications Policy
 - (2) Code of Practice in the Use of Email – to be merged into the N365 Policy (completed & approved by Digital Assurance Group in November 2021)

Committee **fully assured**

14 Feb 2022

- Digital / IT take ownership
- Telecoms policy rewritten by the Digital team and approved at Digital Assurance Group – all other Digital policies reported as up to date

Committee **fully assured**



13 Dec 2021

- Review of Telecoms Policy reveals unclear ownership between QEF and Digital / IT
- Telecomms Policy remains 'expired'
- Discussions commence to resolve ownership issue with a view to making the Digital / IT responsible

Committee **partially assured**

11 Apr 2022

- Discussions continue on the operational issues associated with the transfer of ownership for Telecoms
- Update to be provided at Digital Committee in June 22.

Quality and excellence in health

Key priorities for assurance over the next 6 months





Report Cover Sheet

Agenda Item: 9

Report Title:	Lead Governor Appointment			
Name of Meeting:	Council of Governors			
Date of Meeting:	11 May 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input checked="" type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	To ratify the appointment of Abe Rabin as Lead Governor.			
Proposed level of assurance – <u>to be completed by paper sponsor:</u>	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	The Council was engaged in the nomination and voting via email.			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • One nomination was received for Lead Governor, Abe Rabin, with unanimous support from Governors who voted. • No nominations were received for Deputy Lead Governor, but this isn't a mandated position and therefore can be held as a vacancy for the year without posing a compliance risk. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council of Governors is requested to formally ratify the appointment of Abe Rabin as Lead Governor for a period of one year, commencing on 19 May 2022, noting that this would cover the period 5 January 2023 to 18 May 2023 should Abe Rabin be re-appointed for a further term.			
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients		

	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Not directly linked to a specific corporate objective, but the Lead Governor position plays a vital role in our assurance and escalation processes.				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	Not directly linked to a risk.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

Appointment of the Lead Governor

1. Executive Summary

- 1.1. Following the approval of the process at the February 2022 Council meeting, one nomination for Lead Governor was received.
- 1.2. Governors were invited to respond to indicate whether the nomination of Abe Rabin was supported. All Governors who voted unanimously supported the appointment of Abe Rabin to the position of Lead Governor, effective from 19 May 2022 (following formal ratification at the Council).
- 1.3. No nominations were received for Deputy Lead Governor and therefore this position will remain vacant until May 2023. This does not pose a regulatory or compliance risk for the Trust.

2. Introduction

- 2.1. At the Council of Governors' meeting in February 2022 the Council approved the process for the appointment of the Lead Governor and Deputy Lead Governor.
- 2.2. The outcome of the Lead Governor process was confirmed as part of the Governor Update email sent on 31 March 2022. This paper seeks formal ratification for the appointment.
- 2.3. It is noted that no nominations were received for the Deputy Lead Governor role.

3. Key issues / findings

- 3.1. Nominations for the role of Lead Governor were sought by email on 18 February 2022, with Governors invited by self-nominate by 11 March.
- 3.2. One nomination was received by Abe Rabin, current Acting Lead Governor (Deputy Lead Governor prior to Lead Governor Reverend Jenny Gill leaving the Council at the end of her term in January 2022).
- 3.3. Governors were invited to respond to the Company Secretary in confidence with one of the following statements:
 - I support Abe Rabin's nomination as Lead Governor
 - I do not support Abe Rabin's nomination as Lead Governor
 - I am abstaining from this vote
- 3.4. 17 votes were received, all of which supported Abe Rabin's nomination as Lead Governor.
- 3.5. The outcome of the vote was confirmed as part of the Governor Update email on 31 March 2022, noting that Abe Rabin would continue to be Acting Lead Governor until 18 May before formally commencing as Lead Governor on 19 May 2022 for a period of one year.

- 3.6. Abe Rabin's second term as a public Governor ends on 4 January 2023. Should he be reappointed as a Governor, it is understood that he would continue as Lead Governor until 18 May 2023 and this forms part of the approval sought today from the Council (as technically the Lead Governor appointment cannot exceed the term length of the appointee, and therefore advanced approval of this is sought from the Council should Abe Rabin be re-appointed).
- 3.7. Should Abe Rabin not be re-appointed / chooses not to stand for a further term, then the process for the appointment of the Lead and Deputy Lead Governors would commence early to enable a seamless transition at the end of his term.
- 3.8. The process for seeking expressions of interest in the Deputy Lead Governor position commenced following this announcement. This role was introduced in 2021 to support the Lead Governor, deputising as appropriate and provided enhanced resilience.
- 3.9. No nominations were received for the Deputy Lead Governor role in 2022. As this is not a statutory role and is not referred to in our own governing documents, it is not a mandatory appointment.
- 3.10. As there was a significant turnover in public Governors in January 2022, there were only a limited number of Governors who were eligible to stand this year (as it must be a public Governor with at least one year's experience).
- 3.11. There will therefore be no Deputy Lead Governor in place for the period of 19 May 2022 to 18 May 2023. Nominations will be sought for the 2023/24 term following the February 2023 Council meeting when a larger pool of public Governors will have gained the experience to enable them to stand for this position.

4. Solutions / recommendations

- 4.1. The Council of Governors is requested to formally ratify the appointment of Abe Rabin as Lead Governor for a period of one year, commencing on 19 May 2022, noting that this would cover the period 5 January 2023 to 18 May 2023 should Abe Rabin be re-appointed for a further term.

Report Cover Sheet

Agenda Item: 10

Report Title:	Quality Accounts 2021/22 – Governor Statement			
Name of Meeting:	Council of Governors			
Date of Meeting:	11 May 2022			
Author:	Wendy McFadden, Strategic Lead – Clinical Effectiveness			
Sponsor:	Gill Findley, Chief Nurse			
Report presented by:	Gill Findley, Chief Nurse			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	As in previous years, the Council of Governors is required to provide a formal response to the Trust's Quality Account.			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	The Council were provided with a copy of the draft Quality Account 2020/21 on Wednesday 27 th April 2022 and asked to forward any comments on the document to prepare the response.			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 				

Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council of Governors is requested to approve the statement to be included in the Trust's Quality Account 2021/22.				
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:					
Links to CQC KLOE	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Safe <input checked="" type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	Not directly linked to a risk.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

GATESHEAD HEALTH NHS FOUNDATION TRUST

Quality Account Feedback

Background:

As in previous years, the Council of Governors is required to provide a formal response to the Trust's Quality Account.

Governors were provided with a copy of the draft Quality Account 2020/21 on Wednesday 27th April 2022 and asked to forward any comments on the document to prepare the response.

Statement:

The following statement will be included in the Trust's Quality Account 2021/22, along with any individual comments received from Governors:

The Governors of Gateshead Health NHS Foundation Trust have been consulted on and been involved in the formation of the Trust's Quality Account in 2021/22. Governors have been continuously involved in refreshing the Trust's strategic plans with their involvement at various Trust committees and the Council of Governors meetings throughout the year. At each of the Council of Governors meeting during 2021/22, a range of reports have been presented, which enable Governors to receive and discuss quality and patient safety matters and progress against our quality priorities.

Overall the Quality Account clearly demonstrates the Trust's ongoing commitment to delivering high quality and safe patient care and improved health outcomes.

Comments received from Governor's:

Comments received regarding future process to be considered going forward.

Comment received regarding Staff and Response Volunteers incorporated into the report.

Report Cover Sheet

Agenda Item: 11

Report Title:	NHS Staff Survey 2021: Council of Governors Update			
Name of Meeting:	Council of Governors			
Date of Meeting:	11 May 2022			
Author:	Laura Farrington (Head of Leadership, OD & Staff Experience)			
Executive Sponsor:	Lisa Crichton-Jones (Executive Director of People & OD)			
Report presented by:	Laura Farrington (Head of Leadership, OD & Staff Experience)			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input checked="" type="checkbox"/>	Information: <input checked="" type="checkbox"/>
	Sharing the 2021 Staff Survey results for information, awareness, and assurance of next steps.			
Proposed level of assurance – <u>to be completed by paper sponsor:</u>	Fully assured <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	N/A			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> Finance Patient outcomes / experience Quality and safety People and organisational development Governance and legal Equality, diversity and inclusion 	<ol style="list-style-type: none"> As a Trust we are either in line with or have exceeded the average scores of our benchmarking group in all but one of the People Promise & Theme results. Some positive areas include: <ul style="list-style-type: none"> We saw an increase of 7.5% in completion, with 46.5% colleagues completing the 2021 survey. 80% colleagues agreed that the care of patients and services users is the organisations top priority. 65% colleagues would recommend our organisation as a place to work. We are Compassionate & Inclusive, scored significantly higher than the sector average at 7.37 We Are Always Learning, people promise theme, showed a below average score of 5.1 out of 10. 			

	<p>3. We have seen a drop in both our Staff Engagement and Morale scores this year with Advocacy and Work Pressure respectively showing the most significant drop.</p> <p>4. We have scored significantly better than 2020 in 2 questions and significantly worse in 20 questions.</p> <p>5. Those questions that showed the largest negative variance from 2020 suggest high levels of presentism, concerns with supply, negative impacts on morale and limited opportunities for flexible working.</p> <p>6. Those questions that relate directly to our WRES and WDES, which have shown the most significant change, surround incidences and reporting of harassment and bullying.</p> <p>Next steps include continued communication with key stakeholder groups, engaging with colleagues across the organisation to understand the story behind the data and working with teams and departments to develop their People Action Plans to take the results forward and ensure they make a positive difference to the working lives for colleagues at Gateshead.</p>				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	Receive the report for information and assurance of action.				
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:					
Links to CQC KLOE	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Safe <input checked="" type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)					
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Not applicable <input checked="" type="checkbox"/>	

NHS Staff Survey 2021: Council of Governors Update



1. A Look Back

Following the publication of the 2020 Annual Staff Survey results a number of key Trust priorities were identified and were overseen by the Staff Survey Steering Group. The group was formed in direct response to the ask from colleagues to be more closely involved in the survey process and, having now been in operation for 12 months, has recently undergone an internal review to ensure it remains effective, representative and of value. The priorities for 2021 were to:

- Increase engagement and completion of the Annual Staff Survey
- Create a culture where staff feel safe to raise concerns and speak up.
- Increase support for line managers to ensure they have the knowledge and skills needed to effectively lead their team.
- Support a compassionate and inclusive culture that promotes equality, diversity and inclusion.

Increase engagement and completion of the Annual Staff Survey

Our approach to engaging colleagues with the 2021 survey aligned with the 7 themes of the People Promise and included a programme of communication and engagement activities developed in partnership with our operational colleagues, staff side partners, Staff Networks, Health & Wellbeing team, and Communication leads. This programme aimed to raise awareness and increase completion and included:

- Increased use of paper surveys to increase accessibility for patient facing colleagues.
- Weekly articles shared with colleagues that focused on promoting the 7 aspects of the People Promise.
- On-site Staff Survey Hubs where colleagues could either post their paper survey or complete their electronic survey.
- Incentives to take part including café vouchers, branded cupcakes, entry into individual and team prize draws.
- The Staff Survey Steering Group continued to meet throughout and review progress and consider additional ways of engaging hard-to-reach groups.
- A significant amount of social media activity took place, with high levels of engagement.

The impact of this was a completion rate of 47%, compared with 39% in 2020. 47% also exceeded the median response rate for our benchmarking group, Acute & Acute Community Trusts, which was 46% across 126 organisations.

Create a culture where staff feel safe to raise concerns and speak up.

Following the publication of the 2020 staff survey results we ran a series of workshops with colleagues where we invited them to come along and share their thoughts, insights and ideas with us in more detail. These workshops focused on areas such as communication, line manager support, inclusivity and health and wellbeing and the outcomes helped to shape our approach.

An increased focus on creating a psychologically safe workplace with the creation of Freedom to Speak Up Champions (FTSU), Cultural Ambassadors, Health & Wellbeing leads, a review of the FTSU service, a renewed focus on Human Factors and closer partnerships between People & OD and our Staff Networks have all contributed to an increase in the number of colleagues who report that they would feel safe to raise concerns.

Increase support for line managers to ensure they have the knowledge and skills needed to effectively lead their team.

The need to increase line manager support was clear from the 2020 survey results and in response we have a new Managing Well programme being piloted, aimed at supporting line managers with their day-to-day responsibilities. Leading Well is also underway, with a range of initiatives aimed at developing our leaders and providing a safe space to discuss key issues and our coaching and mentoring offer is currently being relaunched.

Support a compassionate and inclusive culture that promotes equality, diversity and inclusion.

In November 2021, we had the pleasure of virtually welcoming Professor Michael West CBE to Gateshead and listening to him share his thoughts and insights on the importance of leading with compassion, as well as the part that self-compassion plays in our ability to do this. This has been followed by a development programme delivered in partnership with Levati Learning for both our Executive and senior management teams whilst we finalise the content of our 3 day, Leading Well course which will be delivered to leaders across the Trust in 2022. We have also launched a new monthly newsletter, 'Main Stage', for people managers across Gateshead and the POD senior management team continue to work closely with our EDI Lead and Network Chairs to support the ongoing inclusivity agenda.

2. The Results

The 2021 NHS Staff Survey has had a complete redesign, with a number of key changes. From 2021 onwards the questions within the NHS Staff Survey will be aligned to the People Promise, with the aim of focusing on those things that NHS colleagues have confirmed would most improve their working experience. There has also been the addition of 32 new questions and, as an organisation; we also added a number of bespoke Health & Wellbeing questions this year.

The results of the NHS Staff Survey are now measured against the seven People Promise elements, as well as two of the themes reported in previous years, namely Staff Engagement and Morale. The reporting also includes new sub-scores, which feed into the People Promise elements and themes.

We received our full organisational benchmarking report in February 2022, with the results embargoed until 30 March 2022 when they will be published nationally. We have begun sharing these with key internal stakeholder groups and this paper, along with the full

benchmark report and accompanying slides highlights key findings from this year's data and proposed next steps.

2.1 People Promise & Theme Level

As a Trust we are either in line with or have exceeded the average scores of our benchmarking group in all but one of the People Promise & Theme results. *We Are Always Learning* showed a below average score of 5.1 out of 10 and correlates with a number of responses relating to opportunities for career progression and development. Whilst it is likely this has been impacted by the availability of opportunities as a result of the pandemic, it is a key area of focus for us this year, with a number of pivotal development programmes in early pilot stages.

We have seen a drop in both our Staff Engagement and Morale scores this year with Advocacy and Work Pressure respectively showing the most significant reduction. Whilst an impact on feelings of work pressure could be expected given the working environment that colleagues have experienced over the last 12 months, a drop in Advocacy is an area of interest and relates closely to how engaged colleagues are with the organisation and their reflections on both the staff and patient experience. We will be focusing closely on this metric, particularly at a team level, to understand thoughts and concerns in more detail and determine those things that will make the most difference to the colleague's experiences and perceptions of the organisation.

2.2 Question Level

When considering our results at a question level we can see that we have scored significantly better than 2020 in 2 questions, specifically in the area of feeling confident and safe to raise concerns. This is encouraging and suggests the increased focus on creating a physiologically safe culture is being felt by colleagues. This is only the start of this work, which will progress to include the introduction of a Just & Restorative Culture within the organisation over the coming 12 months, which it is hoped will strengthen this further.

We can also see that we scored significantly worse than 2020 in 20 questions and when we look at those 5 of the 20 that showed the largest variance the themes suggest high levels of presentism, concerns with supply, negative impacts on morale and limited opportunities for flexible working. Whilst the data shows that there is a similar picture across the sector there are things that we can do at an organisational level to address these. Supply, flexible working opportunities and the effective management of absence are all current priorities for the organisation and work is underway in all areas. When we also consider those areas that indicate a drop in engagement and morale, it is hoped that work focused on these contributing factors will have a positive impact.

2.3 Workforce Equality Standards

Those questions that relate directly to our WRES and WDES, which have shown the most significant change, surround incidences of harassment and bullying. The data suggests that an increased number of colleagues with a long term condition or illness have experienced harassment and bullying from patients or service users, which is of concern. However, the number of colleagues feeling confident to report these instances has increased, which is encouraging and aligns with other data trends we have seen throughout the report.

This worrying trend is mirrored with an increased number of BME colleagues also experiencing harassment and bullying from patients or service users and will be explored further in the work we do surrounding the creation of a psychologically safe place to work.

3. Next Steps

Based on benchmarking data for our comparator group we are largely in line, with similar trends being observed across the sector. The drop in some key metrics however, including engagement and morale require further attention, as does the increase in bullying, harassment and abuse experienced by colleagues at work, will be explored at both an organisational and business unit level.

Key areas of focus identified by Quality Health also include a focus on appraisal, particularly amongst more hard to reach groups and increased transparency around development and career progression pathways. This feeds into our commitment regarding the *We are always Learning* People Promise, where we scored the lowest, and the work underway to develop our colleagues through targeted development opportunities based on their current role and aspirations. This will be supported by the appraisal review currently underway, which will include an informal talent management check-in, aligned with the national direction and focusing on individuals next steps.

We continue to communicate the results both across the Trust and to key stakeholder groups and partner with our Business Units to understand those factors, at a local level, that have informed this data, supporting teams to develop their newly launched People Action Plan. The People Action Plan will be designed around the 7 People Promises and will be informed by a range of information including the staff survey, pulses survey, people metrics and local anecdotal information.

We will also increase our focus on those questions that indicate levels of psychological safety, specifically aiming to understand how psychologically safe colleagues feel. Psychological safety can be described as “a shared belief held by members of a team that the team is safe for interpersonal risk taking” and will include questions such as ‘My immediate manager is interested in listening to me when I describe challenges I face’, ‘I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc)’ and ‘The people I work with are polite and treat each other with respect.’ It is hoped that this targeted analysis will help to highlight those specific areas where bespoke support and intervention will be key.

NHS Staff Survey 2021 Results

Council of Governors Overview

Team Gateshead 2021



Gateshead Health
NHS Foundation Trust



Quality and excellence in health

Looking Back - 2021



NHS STAFF SURVEY 2021 - 5PM DEADLINE:

Over the past couple of months you've told us in your own words how we live the NHS People Promise here at Gateshead. Below you'll see examples in each of the seven promises, along with the words that featured most when we asked you: 'What does it mean to be part of the Gateshead Family?'

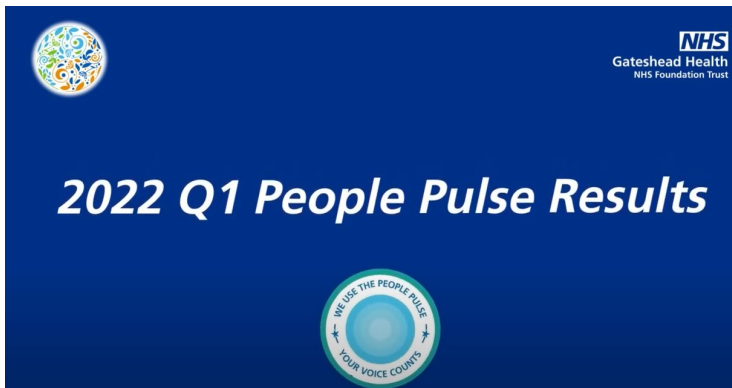
We'd like to thank everyone who has taken part in the Staff Survey this year, whether by participating or going above and beyond to help us promote it by getting involved our campaigns and/or sharing your thoughts with the rest of the #GatesheadFamily.

Our HR and OD team have been busy out hand-delivering the 2021 NHS Staff Survey to all of the teams that opted for paper surveys this year 📄

Deliveries are now complete, so please check in with your manager if you haven't already got your survey, or check your inbox for a digital copy.

Please take 10 minutes to complete your survey and help us drive change. We will listen, we will hear and we will act. This is our promise to you 💙

If you've not received your online or paper survey by this Friday, please get in touch immediately via email on ghnt.staffsurvey-gateshead@nhs.net or by calling Quality Health on freephone 0800 783 1775.



People Pulse Results Video



LEADING Well



Compassionate and Inclusive Leadership



Hello everyone,

Firstly, thank you to all of you who were able to join our Compassionate & Inclusive Leadership Masterclass with Prof Michael West a few weeks ago. I don't know about you but I have found myself quoting, reflecting and considering so many of the insights he shared and am sure I will continue to do so for quite some time to come.

The Main Stage

Home of all the must-see development news for our People Managers

Hi People Managers,

In this month's newsletter, you'll find:

- **Leading Well** at Gateshead Update
- Leading with Compassion **Podcast**
- How to create **Psychological Safety** at work
- **Learning at Work Week**
- Compassionate & Inclusive Leadership **Calendar**
- **Manager Reflections**

Managing Well



Quality and excellence in health

2021 Trust Survey Response



Gateshead Health
NHS Foundation Trust

Organisation details

Completed questionnaires **1,873**

2021 response rate **47%**

➤ [See response rate trend for the last 5 years](#)

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

**Acute and Acute &
Community Trusts**



2021 benchmarking group details

Organisations in group: **126**

Median response rate: **46%**

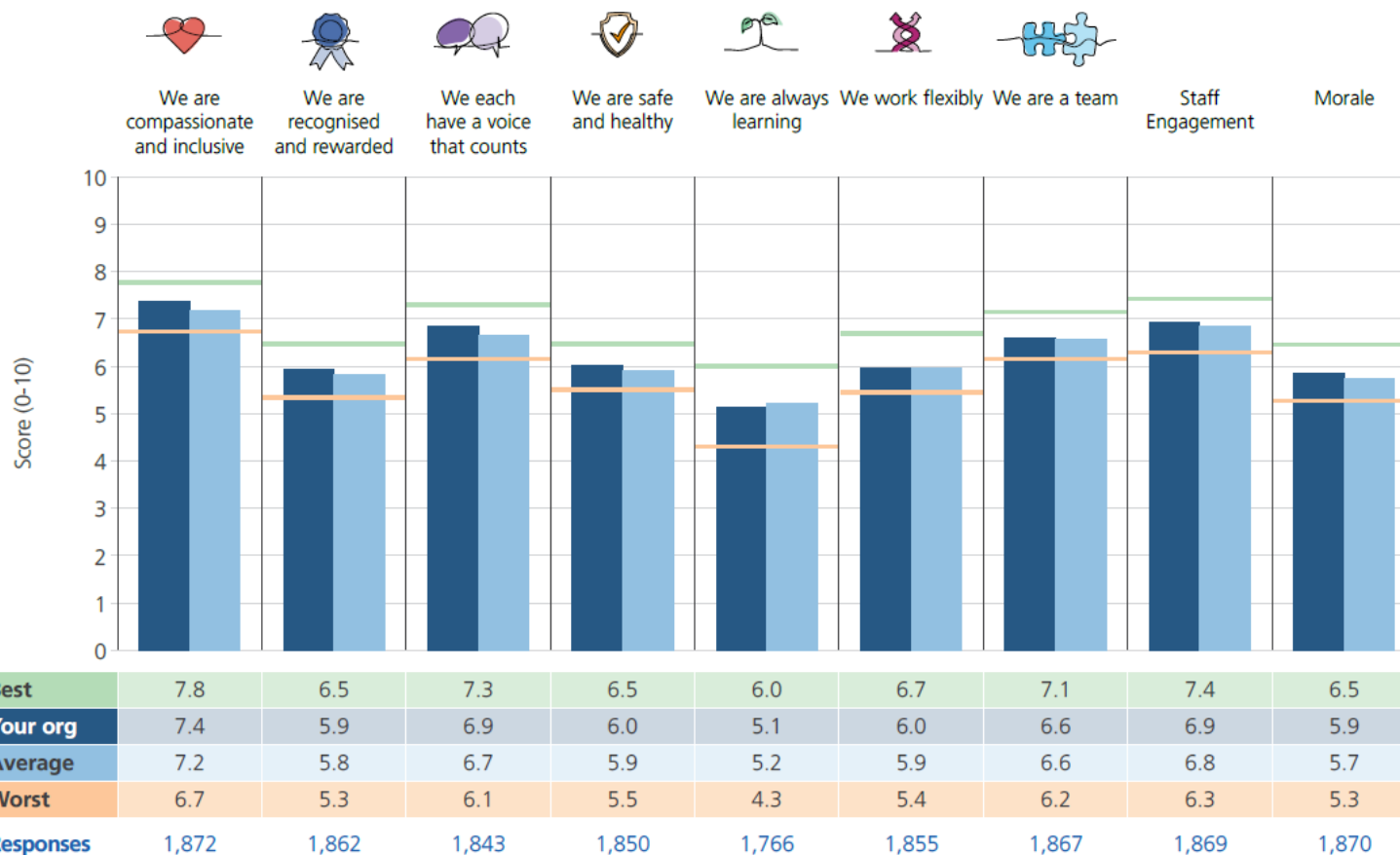
No. of completed questionnaires:
444,326

***2020 Response Rate was 39%**

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Overview

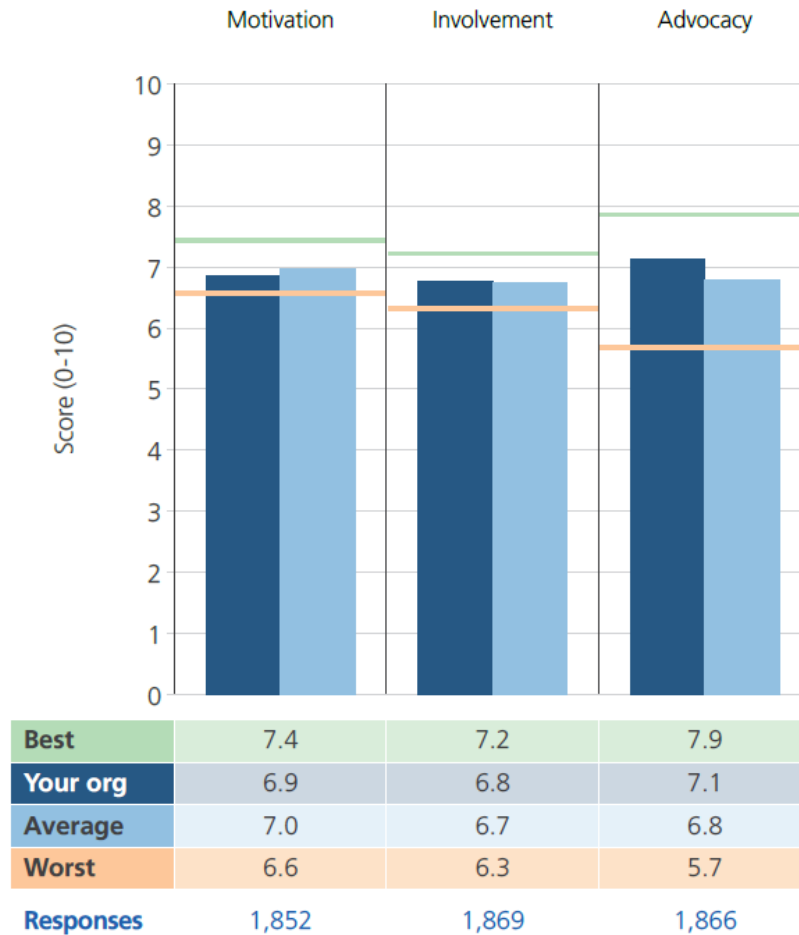
People Promise & Theme Results



Staff Engagement



Gateshead Health
NHS Foundation Trust



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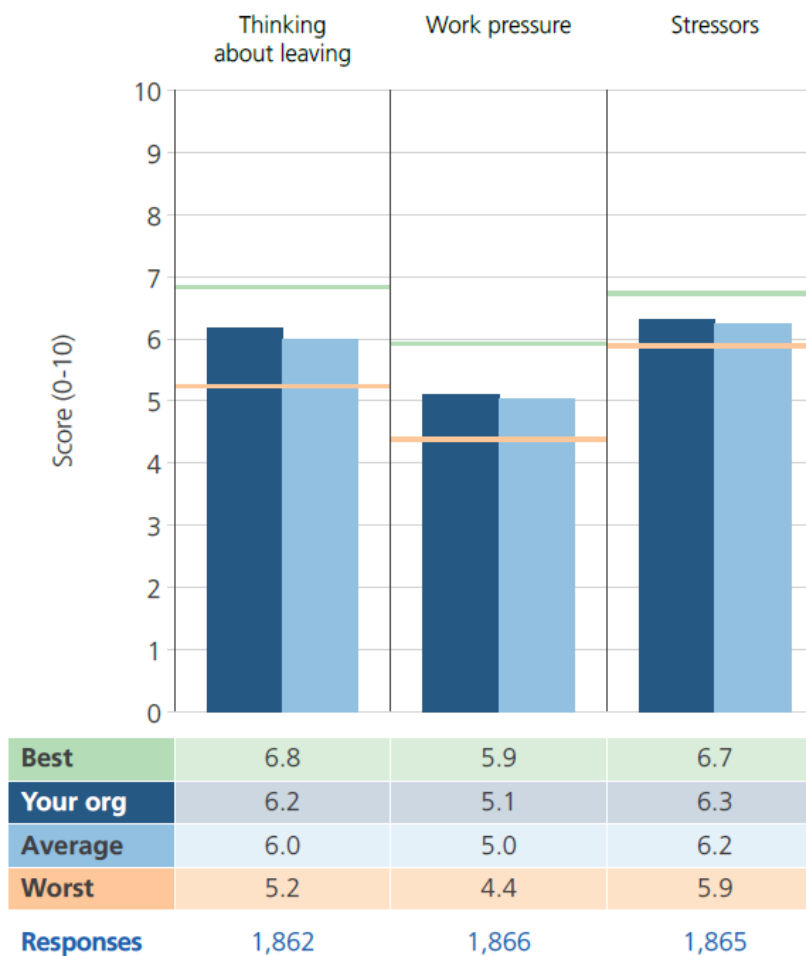
Advocacy

Scored Significantly Worse than 2020

	2021 Score	2020 Score	Diff
Motivation	6.86	7.14	-0.28 (Not sig.)
Involvement	6.75	6.83	-0.08 (Not sig.)
Advocacy	7.13	7.46	-0.33 (Sig.)
Overall Staff Engagement	6.91	7.14	-0.23 (Not sig.)

	2021	2020
Subscore 3 - Advocacy	7.46	Significantly Declined 7.13
21a. Care of patients / service users is my organisation's top priority.	84%	Significantly Declined 80%
21c. I would recommend my organisation as a place to work.	71%	Significantly Declined 65%
21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	80%	Significantly Declined 75%

Morale



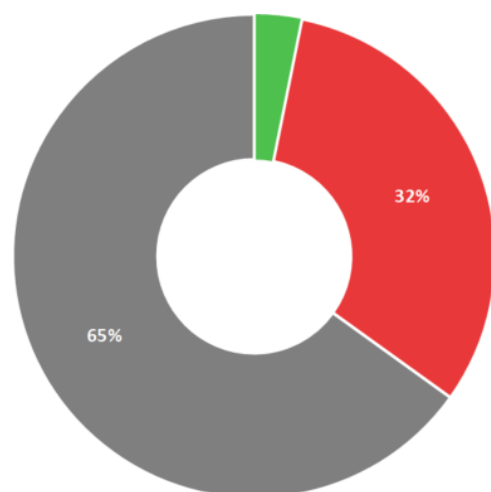
Work Pressures

Scored Significantly Worse than 2020

	2021 Score	2020 Score	Diff
Thinking about leaving	6.16	6.44	-0.27 (Not sig.)
Work pressure	5.09	5.56	-0.47 (Sig.)
Stressors (HSE index)	6.30	6.44	-0.15 (Not sig.)
Morale	5.85	6.14	-0.29 (Not sig.)

	2021	2020
Subscore 2 - Work pressure	5.56	Significantly Declined 5.09
3g. I am able to meet all the conflicting demands on my time at work.	48%	Significantly Declined 42%
3h. I have adequate materials, supplies and equipment to do my work.	63%	Not Significant 61%
3i. There are enough staff at this organisation for me to do my job properly.	37%	Significantly Declined 26%

Question Level Overview

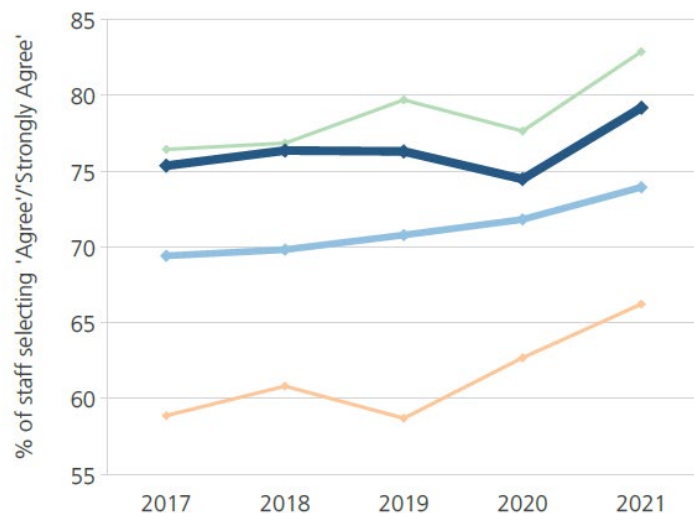


- 2 (3%) question(s) scored significantly better than in 2020
- 20 (32%) question(s) scored significantly worse than in 2020
- 41 (65%) question(s) showed no significance in relation to the 2020 score or score is suppressed

Scored Significantly Better than 2020 (17a & 17b)

Q17a

I would feel secure raising concerns about unsafe clinical practice

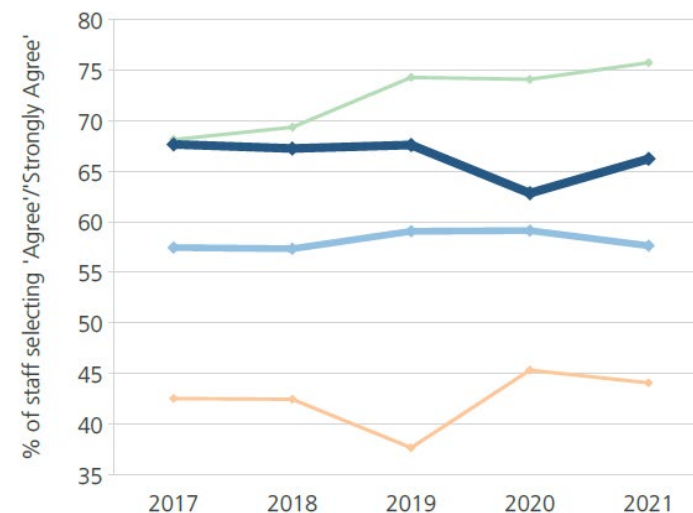


Best	76.4%	76.9%	79.7%	77.7%	82.9%
Your org	75.4%	76.4%	76.3%	74.5%	79.2%
Average	69.4%	69.8%	70.8%	71.8%	73.9%
Worst	58.9%	60.8%	58.7%	62.7%	66.2%

Responses 1,555 1,398 1,536 1,499 1,855

Q17b

I am confident that my organisation would address my concern








Best	68.1%	69.4%	74.3%	74.1%	75.7%
Your org	67.7%	67.3%	67.6%	62.8%	66.2%
Average	57.4%	57.3%	59.1%	59.1%	57.6%
Worst	42.5%	42.4%	37.6%	45.3%	44.1%

Responses 1,554 1,393 1,537 1,499 1,850

Significantly worse scores from 2020 have been recorded in 20 areas in total



Gateshead Health
NHS Foundation Trust

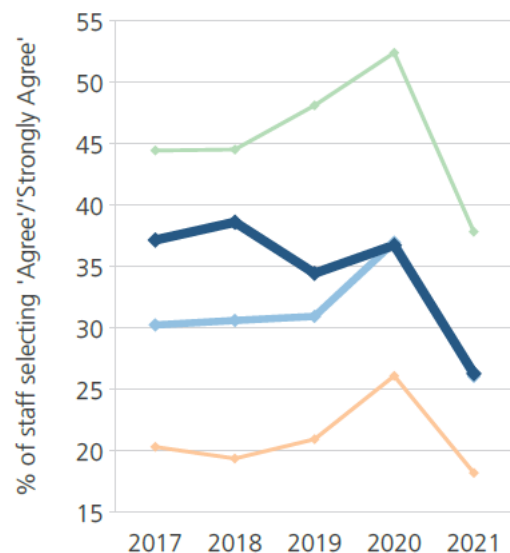
Significant Questions (bottom 5)	2021	2020
In the last three months I have come to work despite not feeling well enough to perform my duties.	56%	 +12.1%
There are enough staff at this organisation for me to do my job properly.	26%	 -10.5%
I look forward to going to work.	50%	 -7.5%
I would recommend my organisation as a place to work.	65%	 -6.1%
I am satisfied with the opportunities for flexible working patterns.	52%	 -5.8%

Scored Significantly Worse than 2020

Significant Questions (bottom 5)

Q3i

There are enough staff at this organisation for me to do my job properly

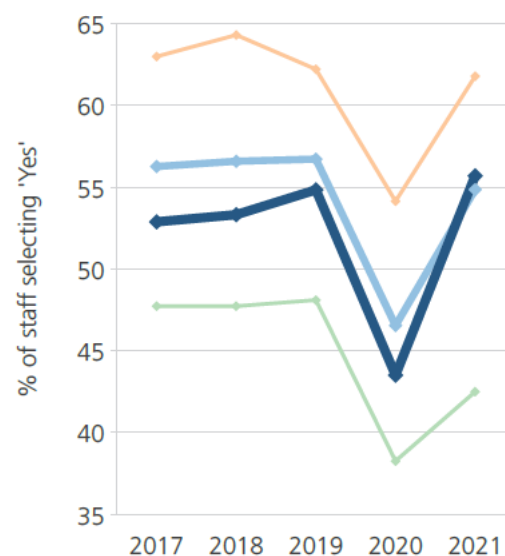


Best	44.4%	44.5%	48.1%	52.4%	37.8%
Your org	37.1%	38.6%	34.4%	36.7%	26.2%
Average	30.2%	30.6%	30.9%	36.9%	26.0%
Worst	20.3%	19.3%	20.9%	26.1%	18.2%

Responses 1,565 1,403 1,555 1,495 1,862

Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?

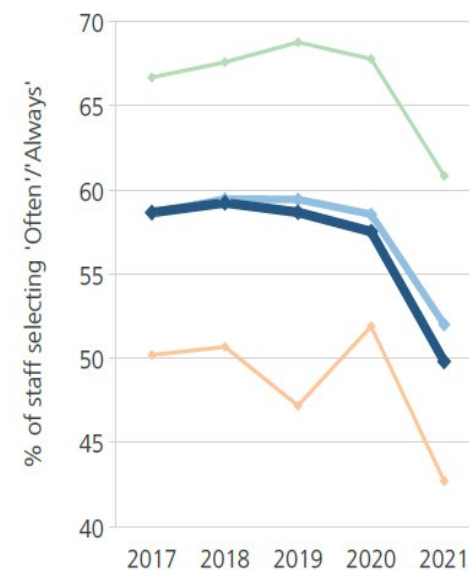


Worst	63.0%	64.3%	62.2%	54.2%	61.8%
Your org	52.9%	53.3%	54.8%	43.5%	55.7%
Average	56.3%	56.6%	56.7%	46.5%	54.9%
Best	47.7%	47.7%	48.1%	38.3%	42.5%

Responses 1,556 1,399 1,539 1,498 1,854

Q2a

I look forward to going to work



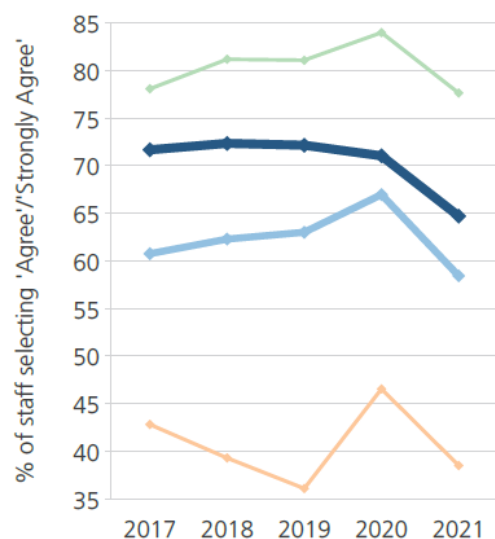
Best	66.7%	67.6%	68.8%	67.8%	60.8%
Your org	58.7%	59.2%	58.7%	57.5%	49.8%
Average	58.6%	59.5%	59.4%	58.6%	52.0%
Worst	50.2%	50.7%	47.2%	51.9%	42.7%

Responses 1,568 1,407 1,558 1,496 1,861

Scored Significantly Worse than 2020

Significant Questions (bottom 5)

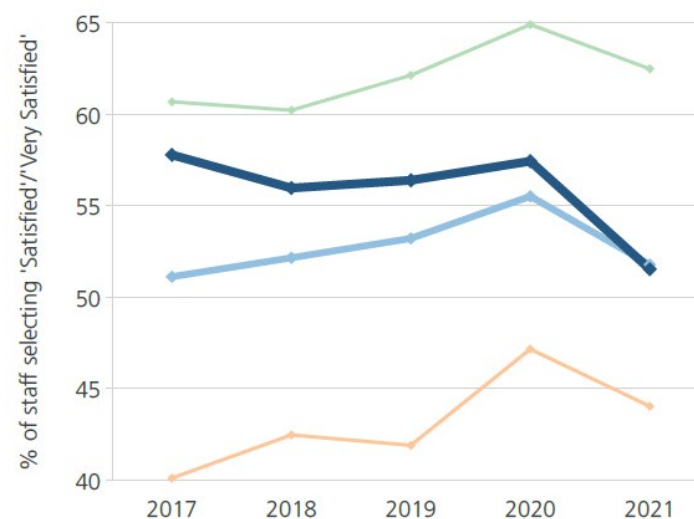
Q21c
I would recommend my
organisation as a place to work



Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	71.7%	72.4%	72.2%	71.0%	64.7%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%

Responses 1,535 1,389 1,528 1,497 1,860

Q4d
The opportunities for flexible working patterns



Best	60.7%	60.2%	62.1%	64.9%	62.5%
Your org	57.8%	56.0%	56.4%	57.4%	51.5%
Average	51.1%	52.1%	53.2%	55.5%	51.8%
Worst	40.1%	42.5%	41.9%	47.2%	44.0%

Responses 1,560 1,399 1,555 1,498 1,857

Workforce Equality Standards Scored Significantly Better than 2020



Gateshead Health
NHS Foundation Trust

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	36.6%	42.9%	40.5%	44.6%
Staff without a LTC or illness: Your org	30.1%	39.3%	42.3%	44.1%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%
Staff with a LTC or illness: Responses	101	126	148	195
Staff without a LTC or illness: Responses	299	341	310	367

Workforce Equality Standards

Scored Significantly Worse than 2020



Gateshead Health
NHS Foundation Trust

Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

	2017	2018	2019	2020	2021
White: Your org	21.0%	22.5%	21.2%	22.1%	23.7%
BME: Your org	20.3%	23.8%	29.5%	16.5%	21.0%
White: Average	27.1%	27.1%	27.7%	25.4%	26.5%
BME: Average	27.5%	28.8%	29.5%	28.0%	28.8%
White: Responses	1,445	1,288	1,429	1,394	1,742
BME: Responses	79	84	78	85	105

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	25.0%	22.8%	26.0%	30.8%
Staff without a LTC or illness: Your org	22.2%	21.2%	20.5%	20.8%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%
Staff with a LTC or illness: Responses	280	320	365	504
Staff without a LTC or illness: Responses	1,096	1,195	1,123	1,339

Next Steps

- Continued communication of results to key stakeholder groups
- Launch of People Action Plan planned for May 2022
- Staff Survey Steering Group is completing an internal review, agreeing future direction and reviewing membership.
- People & OD matrix teams are working closely with Business Unit's and departments to explore local results and consider key actions.
- Proposed areas of Trust-wide focus for 2022-23 include:
 - Creating psychological safety within teams.
 - Increase availability and access to development opportunities, with a focus on career pathways.
 - Improve appraisal and talent management approach.

Governors' Meeting - Supply

April 2022

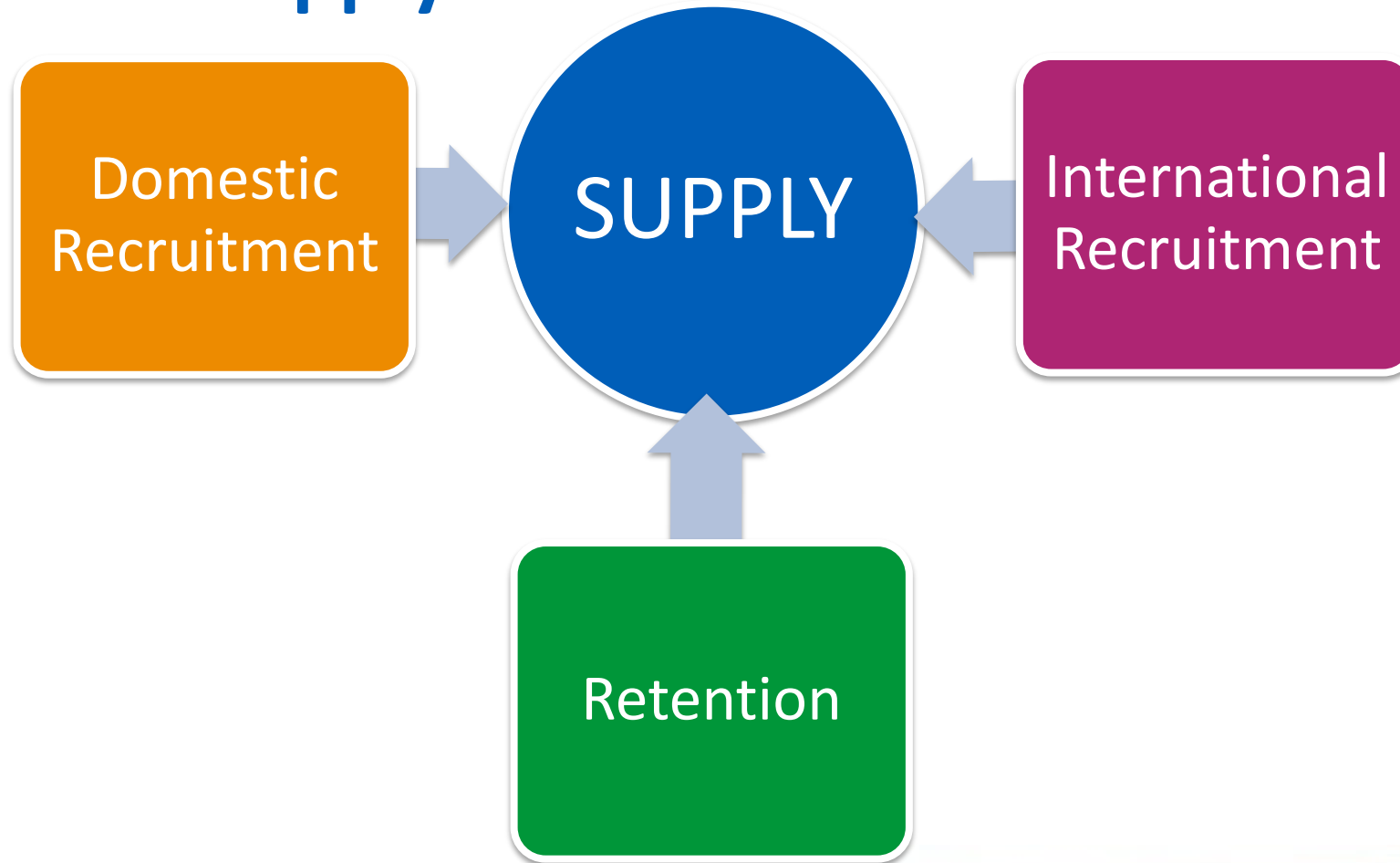


Overview

- The problem we're trying to solve
- Nurse pipelines and planning round headlines
- Domestic recruitment
- International recruitment
- Our internal recruitment service
- Retention
- Summary and next steps

What's the problem we're trying to solve?

Recruitment or supply?



Regional and Local context – Nurse Vacancies



Gateshead Health
NHS Foundation Trust



North East and Yorkshire
(Acute Trusts)

3,474

Dec 21



Gateshead

140

Mar 22

10% of funded establishment

Our number one priority; strands of work

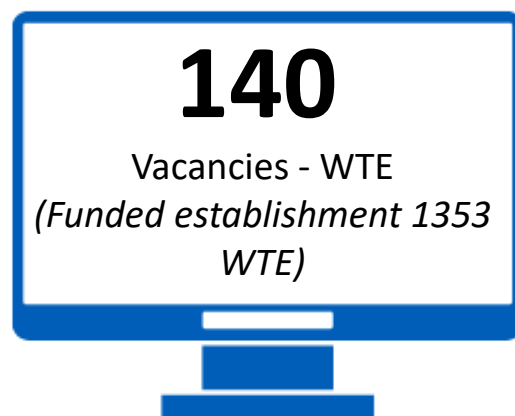


Gateshead Health
NHS Foundation Trust

Domestic Recruitment	International Recruitment	Transfer Window	RPIW	Values Based Recruitment
Assessment Centres	Retire and Return	Refer a Friend	Itchy Feet Conversations	Streamlining Job Descriptions and Adverts
Branding and Marketing	Social Media	Role Profiles	A day in the life of	Careers Fairs
Gateshead Recruitment Event	Gateshead Guardians	Rotational Posts	Exit Questionnaire Data	Establishment Review

Quality and excellence in health

Nurse Pipeline – April 22



Finance – Mar 2022



Domestic Recruitment
(Offer Accepted undergoing Pre
employment checks)

Recruitment – 12 Apr 22



0

International Recruitment
Arrivals commence from July 2022



15.92

Leavers
Average over last 12 month

Residual Vacancies WTE – 62.72

Hard to Recruit areas:

ITU – Theatres – COTE - Gastro

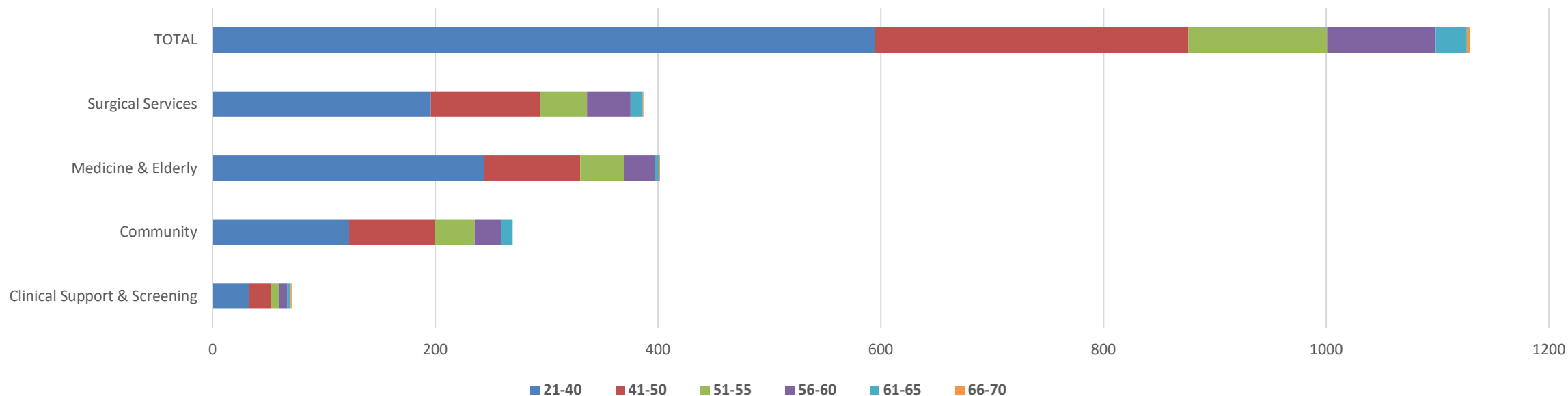
Looking back: Nurse leavers last 12 months

Business Unit	Contracted WTE	Leavers (non retirement)	Flexi Retirement WTE	Retirement Age WTE
Clinical Support & Screening	67.3	13.56 (20%)	0	2.68
Community	270.9	37.78 (13.94%)	5.68	11.2
Medicine & Elderly	388.95	75.36 (19.3%)	4.96	4.33
Surgical Services	397.50	55.16 (13.87%)	12.6	4.86
TOTAL	1,124	181.86	23.24	23.07

Looking ahead: Nurse Age Profile



Gateshead Health
NHS Foundation Trust



Business Unit	21-40	41-50	51-55	56-60	61-65	66-70
Clinical Support & Screening	32.56	19.53	7.37	7.48	3	1
Community	122.5	77.26	35.5	23.63	10.63	
Medicine & Elderly	243.95	86.10	39.79	27.38	3.3	1.3
Surgical Services	195.94	98.3	41.91	39.02	11.04	0.64
TOTAL	594.95	281.19	124.57	97.51	27.97	2.94

Quality and excellence in health

Planning Round; the people headlines



Delivery Plans

Include ambitious workforce growth, within a challenging supply environment.



Continued focus on retention initiatives



Approved development investment included



Overall increase of WTE

5.2% (+ 234) from 4,488 to 4,722 at year end.



Plan to recruit more substantively and reduce reliance on WLI and Agency

- Bank staffing improvements rates from 4.7% to 1.75%
- Agency staffing improvement rates from 4.4% to 1%

Domestic recruitment



Recruitment campaign that will be launched in May.



Proactive social media advertising



Monthly speciality specific adverts (COTE in April)



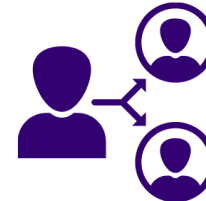
Pay and Incentives



HCA recruitment plan implemented, with 4 events per year.



The second recruitment event (April) is out to advert and interviews will be held the first week of May.



Refer a friend scheme




Allied Health Professional Lead in post as of 14/03/2022.

Branding & Marketing



Gateshead Health
NHS Foundation Trust


"We are committed, caring, compassionate and courageous."

 We are recruiting, find out more qegateshead.nhs.uk/careers

NHS
Gateshead Health
NHS Foundation Trust

WE ARE GATESHEAD NURSES

"We are committed, caring, compassionate and courageous."

 We are recruiting, find out more qegateshead.nhs.uk/careers

NHS
Gateshead Health
NHS Foundation Trust

WE ARE GATESHEAD NURSES

Quality and excellence in health

Recruitment Event – April 22



Gateshead Health
NHS Foundation Trust



Quality and excellence in health

Domestic supply – longer term

- Work experience; inc Cardinal Hume summer placements
- In person and virtual careers events
- Whole school career days (Y10 onto site)
- Teacher externships
- ICS 'mini scrubs' project for primary school children
- Expanding project choice
- The Prince's Trust; North ICP work and Gateshead opportunity
- Strategic partnerships with Gateshead College – industry placements and volunteer support
- Apprenticeship strategy
- Our commitment to scope a health and care academy approach and the opportunity to take the lead in this for Gateshead?
- Our role as an anchor institution and reducing health inequalities with the provision of 'good work'

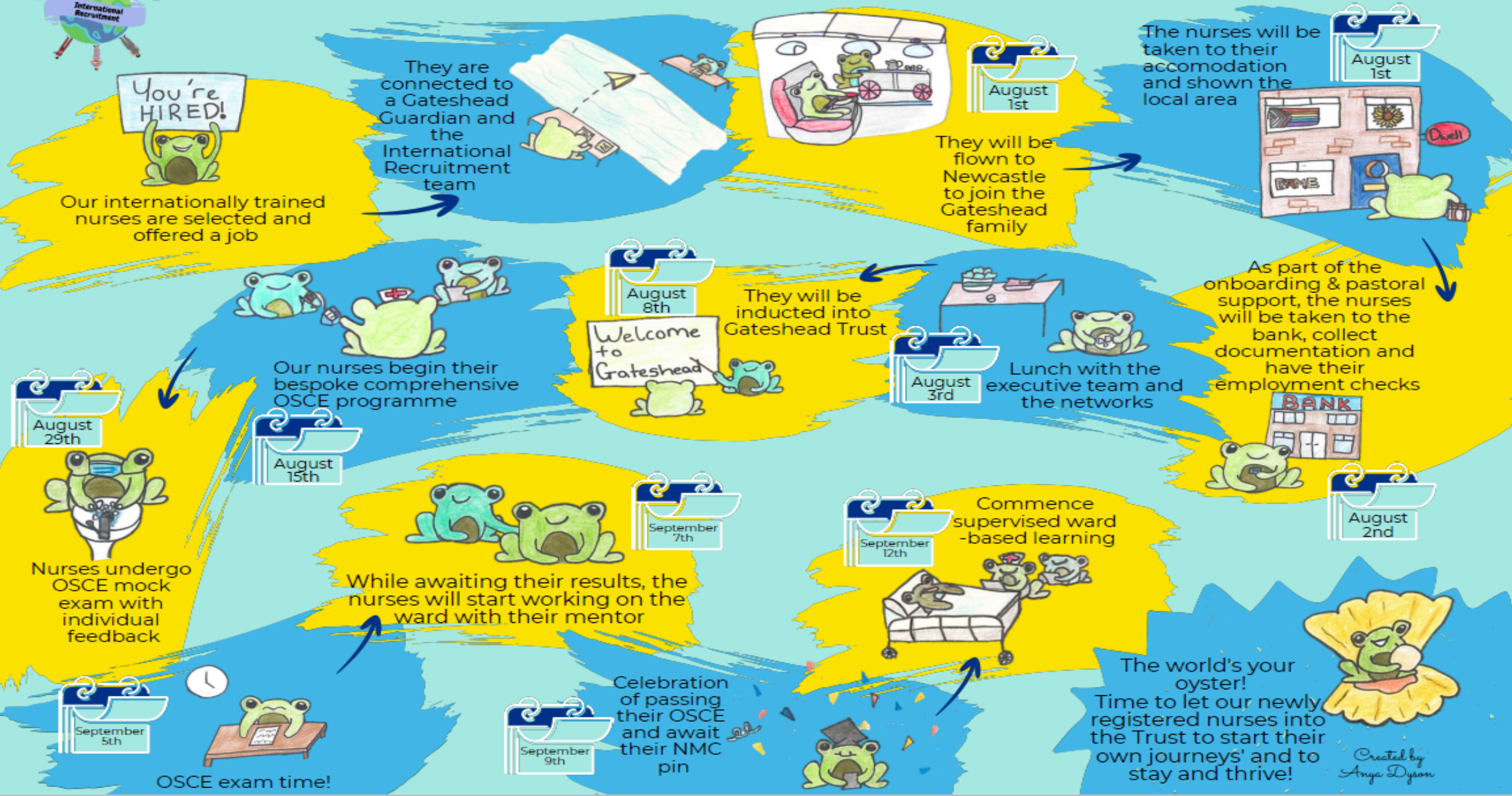
International Recruitment

- NHSE/i bid successful - £3k funding per colleague
- International Recruitment team in post, developing welcome packs, OSCE Training and pastoral support.
- Accommodation Secured
- Yeovil Hospital confirmed as provider of choice.
- 1st Cohort expected in July 2022
- App in development to support and engage with international recruits.
- EQIA in development to support business case.
- Cultural support for new recruits and existing teams



ROADMAP TO GATESHEAD

AS TOLD BY NIKI THE INTERNATIONAL NURSE FROG



Reporting – Pipeline Summary (an example)



Gateshead Health
NHS Foundation Trust

Except where stated, all figures in this report are **Full-time equivalents**.

OU1 Name	Staff group	Authorisation	Advert	Longlisting	Shortlisting	Interview	Offer pending		Employment checks		Checks done		Started		Total
							Prop. FTE	Head count	FTE	Head count	FTE	Head count	FTE	Head count	
Clinical Support & Screening Services Business Unit	Nursing and Midwifery Registered	0	0	0	0	0	0	0	1	1	1	1	0	0	2
Community Services Business Unit	Nursing and Midwifery Registered	0	6	1.8	1.6	0	0	0	6	6	2.5	3	0	0	17.9
Corona Virus Business Unit	Nursing and Midwifery Registered	0	0	0	0	0	0		0		0		0		0
Medicine & Elderly Business Unit	Nursing and Midwifery Registered	2	5	20	6.3	13	7	7	23.6	24	8.1	9	0	0	85.1
Surgical Services Business Unit	Nursing and Midwifery Registered	3.5	12.4	17.3	0	11.6	2	2	15.3	16	5.5	6	1	1	68.6
Trust Financing Business Unit	Nursing and Midwifery Registered	0	10	0	0	10	0	0	0	0	1	1	0	0	21
Total		5.5	33.4	39.1	8	34.6	9	9	45.9	47	18.1	20	1	1	194.6

Quality and excellence in health

Retention

- Hatching Ideas work – People, People, People #TeamGateshead
- The People Plan, People Promise etc
- HWB, EDI, Career development
- Supporting and managing absence

Some examples;

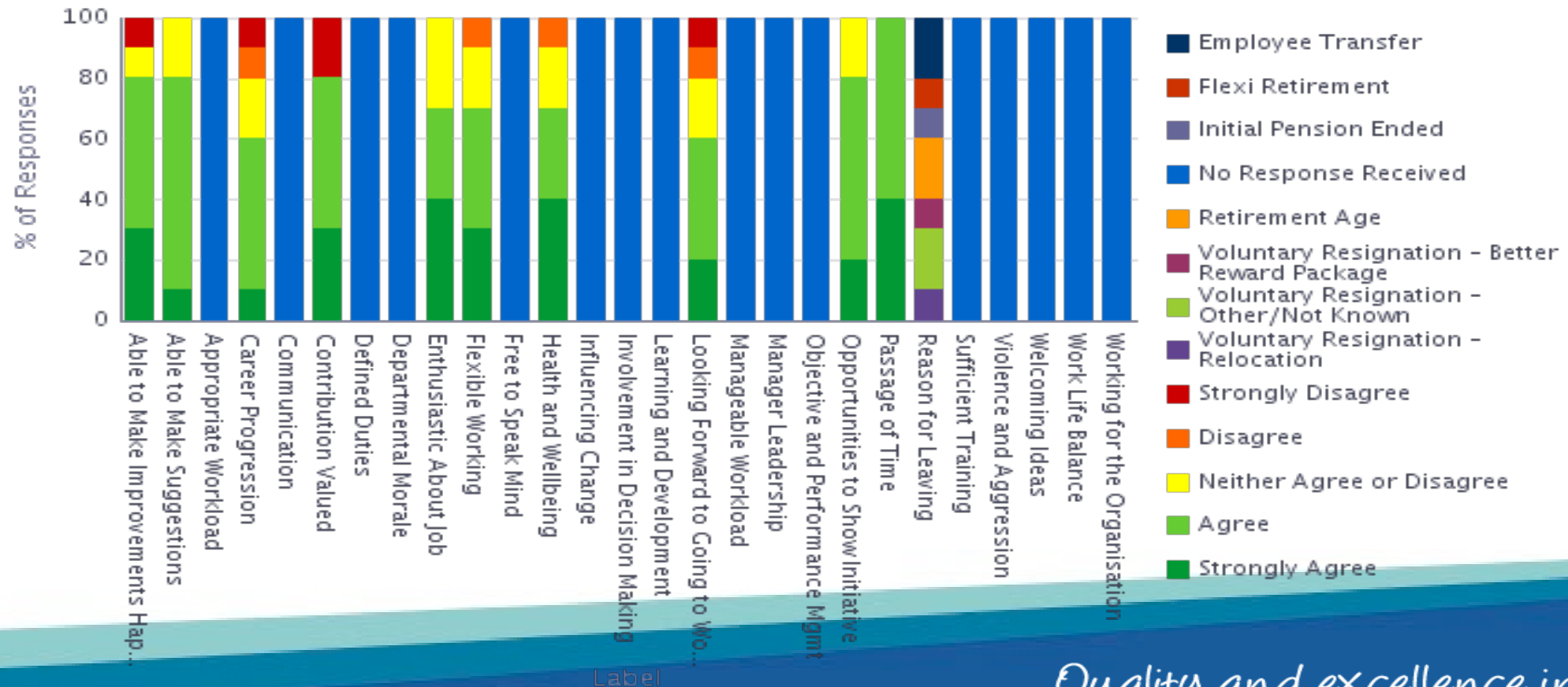
- Mental health, menopause, financial wellbeing support
- We are always learning
 - Development pathway established for Band 5, 6 & 7
 - Refreshed appraisal (inc 'Stay' discussions; launch Aug 22)
- Draft SOP in development for rotational posts.
- Gateshead Guardian Scheme.
- Transfer Scheme in development.
- Questionnaires in development to collect additional data on why staff join the trust and why they stay – data to be used to inform retention strategy.
- Absence – policy refresh, managing well and training, reporting, RPIW



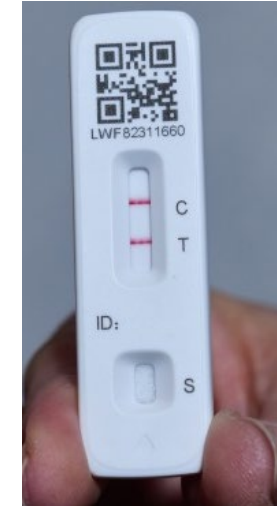
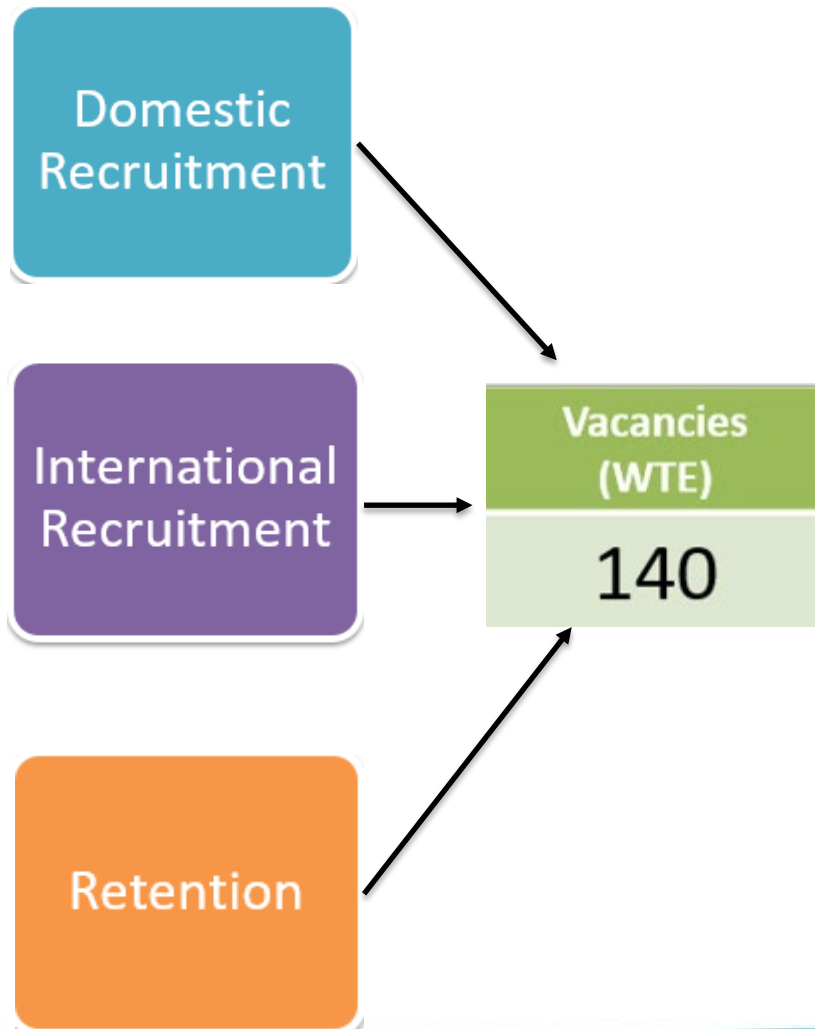
Exit Questionnaire Data

Automatic process go live (16 Feb 22) – still embedding

Exit Questionnaires completed to date – It is believed that individuals are waiting until closer to their leaving date before completing the questionnaire



Maximising the total available supply



Next steps



Annual Planning 2022/23

**Jackie Bilcliff, Deputy Chief
Executive/Group Director of Finance**

Annual Planning 2022/23



Approach to
planning round



Financial plan



Activity
trajectories



People
implications

Annual Planning 2022/23 - Risks to delivery

- **People**
 - Supply of new staff to meet activity assumptions, impact from independent sector
 - Retention due to retirement, burnout and terms and conditions, the market
 - Ability to draw on existing staff to fill gaps
- **Activity**
 - 'protection' of the elective programme and management of surge, non elective and potential for increased COVID (low rate assumed)
 - capacity to deliver change, pathways, operating model and job plans – some of the pressures are counter intuitive (reduce follow up, increase clinical review)
- **Finance**
 - Capacity to deliver CRP, change in financial direction and ability to deliver transformation
 - Unknown or unquantifiable new pressures, i.e. Oncology
 - Capital schemes to deliver the plans are timely and in place for surge
 - Infrastructure to model / monitor activity and impact
 - Ability to deliver ERF
 - Crystallisation of non recurrent support both internally and from ICS

All these risks are interchangeable and intrinsically linked

Report Cover Sheet

Agenda Item: 15

Report Title:	Governor Remuneration Committee Terms of Reference			
Name of Meeting:	Council of Governors			
Date of Meeting:	11 May 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair of the Board and Council of Governors Chris Toon, Chair of the Governor Remuneration Committee			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input checked="" type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	The terms of reference are presented for ratification following a full review and approval at the Governor Remuneration Committee.			
Proposed level of assurance – <u>to be completed by paper sponsor:</u>	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	Governor Remuneration Committee – 25 April 2022			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • The terms of reference have been fully reviewed and revised, using the model terms of reference for governor remuneration committees published by NHS Providers (NHSP). • This set of terms of reference has been based on the model set except for the chairing of the committee, which NHSP indicates is usually the Board Chair, but this has been retained as a Governor chair. • The terms of reference were reviewed and approved at the Governor Remuneration Committee in April 2022. • It is noted that there remain 2 staff Governor vacancies on the Committee and interested staff Governors are invited to contact the Company Secretary. 			

Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council is requested to review, comment upon and ratify the terms of reference, on the recommendation of the Governor Remuneration Committee.				
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Ensuring that the Committee appoints and re-appoints high calibre candidates will contribute towards the ability of the Board to deliver the Trust's strategy.				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	No risks directly linked to this paper, although effective committees with robust terms of reference should support the timely identification and management of risks.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

Committee

Terms of Reference



Governor Remuneration Committee

Constitution and Purpose – The Governor Remuneration Committee is a formal committee of the Council of Governors with delegated responsibility to monitor, review and make recommendations to the Council of Governors with regards to the appointment and remuneration of the Chair and Non-Executive Directors.

The Committee is authorised by the Council of Governors to investigate any activity within its terms of reference. Any decisions of the Committee shall be taken on a majority basis.

The committee is authorised by the Council of Governors, subject to funding approval by the Trust, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

Date Adopted / Reviewed	May 2022
Review Frequency	Annually
Review and approval	Governor Remuneration Committee (April 2022)
Adoption and ratification	Council of Governors

Membership	<p>The Committee shall be appointed by the Council of Governors and shall consist of:</p> <ul style="list-style-type: none"> • 1 Appointed Governor (who shall chair the Committee) • 3 Public Governors • 2 Staff Governors
Attendance	<p>The Chair of the Council of Governors will be expected to be in attendance.</p> <p>Where the Committee is considering the Chair's re-appointment or remuneration, the Senior Independent Director will attend the Committee.</p> <p>Other Trust staff may be invited to attend meetings depending upon the issues under discussion.</p>
Meeting frequency and quorum	<p>Meetings shall be held as required (for example in line with the expiry of terms for the Chair and Non-Executive Directors), but there will be at least one meeting annually. Meetings shall be held prior to the Council of Governors to support the timely flow of assurance and items for escalation.</p>

	<p>To be quorate there should be at least 3 members present.</p> <p>Members and regular attendees are expected to achieve 75% attendance annually.</p>
Meeting organisation	<p>The Committee shall be supported administratively by the Company Secretary.</p> <p>In accordance with the Trust's Standing Orders, papers will be circulated to members and attendees six days before the meeting wherever possible, and no later than three clear days before the meeting, save in emergency.</p> <p>Minutes of the Committee's meetings are held by the Company Secretary and are circulated (alongside the agenda for the following meeting), to members and attendees.</p>

Committee duties and responsibilities	
Nomination role	<ul style="list-style-type: none"> • Give consideration to succession planning for Non-Executive Directors and the Chair (including reviewing the balance of skills, knowledge, experience and diversity), taking into account the challenges and opportunities facing the Trust, and its plans to address them, and consulting with the Board of Directors as to the skills and expertise needed on the Board of Directors in the future. • Agree with the Council of Governors a clear process for the nomination of Non-Executive Directors and the Chair. • For each appointment: <ul style="list-style-type: none"> • Take account of the views of the Board on the qualifications, skills and experience required for each position; • Review the role description and expected time commitment; • Through a recruitment process identify suitable candidates to fill vacant posts and make recommendations to the Council of Governors on their appointment; • Seek assurance that proposed Non-Executive Directors / Chair are 'fit and proper'; and • Seek assurance that proposed appointees have disclosed significant commitments and potential conflicts of interest prior to appointment. • On behalf of the Council, review proposed re-appointments of Non-Executive Directors / the Chair and make a recommendation to the Council of Governors. • Advise the Council of Governors with regards to any matters relating to the removal from office of a Non-Executive Director.
Remuneration	<ul style="list-style-type: none"> • In accordance with all relevant laws and regulations, review the remuneration, allowances and other terms and conditions of office of the Non-Executive Directors and the Chair, making a

	<p>recommendation on policy to the Council (taking into account the views of the Chair and Senior Independent Director except in respect of their own remuneration and terms of service).</p> <ul style="list-style-type: none"> • Agree the process for and receive assurance over the outcome of the annual performance appraisals of the Chair and Non-Executive Directors. • In adhering to all relevant laws and regulations establish levels of remuneration which: <ul style="list-style-type: none"> • Are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, at a level that is proportionate and affordable for the Trust; • Reflect the time commitment and responsibilities of the roles; • Take into account appropriate benchmarking and market-testing; and • Are sensitive to pay and employment conditions elsewhere in the Trust. • Monitor procedures to ensure that existing directors remain fit and proper persons.
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Reporting and monitoring	
Reporting	The Committee will report to the Council of Governors (in Part 2) and make recommendations with regards to appointment, re-appointment and remuneration of Non-Executive Directors and the Chair.
Monitoring	<p>Compliance with the terms of reference will be reviewed via an annual self-assessment. This will inform any proposed revisions to the terms of reference and the cycle of business.</p> <p>The outcome of the effectiveness and terms of reference review is to be presented to the Council of Governors following consideration by the Committee.</p>

Committee:	Council of Governors
Chair:	Alison Marshall
Financial year:	2021/22 and 2022/23

 Denotes an item for Part 2 of the meeting

	Lead	Purpose of item	Sep-21	Nov-21	Feb-22	May-22	Sep-22	Nov-22	Feb-23
Standing Items									
Apologies	Chair	For Information	✓	✓	✓	✓	✓	✓	✓
Declaration of interests	Chair	For Information	✓	✓	✓	✓	✓	✓	✓
Chair's business	Chair	For Information	✓	✓	✓	✓	✓	✓	✓
Minutes	Chair	For Decision	✓	✓	✓	✓	✓	✓	✓
Action log & matters arising	Chair	For Assurance	✓	✓	✓	✓	✓	✓	✓
Cycle of business	Chair	For Information	✓	✓	✓	✓	✓	✓	✓
Meeting review / reflections	Chair	For Discussion	✓	✓	✓	✓	✓	✓	✓
Board and Committee Updates									
Chief Executive's Update* including performance update	Chief Executive	For Assurance	✓	✓	✓	✓	✓	✓	✓
HR Committee Report	Committee Chair	For Assurance		✓			✓		
Quality Governance Committee Report	Committee Chair	For Assurance			✓			✓	
Finance & Performance	Committee Chair	For Assurance	✓			✓			✓
Audit Co (including Audit Committee Annual Report and Terms of Reference)	Committee Chair	For Assurance		✓			✓		
Digital Committee	Committee Chair	For Assurance	✓			✓			✓
Charitable Funds	Committee Chair	For Assurance			✓			✓	
Trust Updates Including Strategy									
QE Facilities	QEF Board Chair / QEF Managing Director	For Assurance		✓					
NHS Staff Survey results	Director of People & OD / Chair of the HR Committee	For Assurance				✓			
Developing the Quality Priorities	Chief Nurse	For Decision							
Annual planning update	Director of Finance plus input from other Directors on operational and people planning	For Assurance			✓	✓			
Showcase presentation	Will vary each meeting	For Information							
Equality, diversity and inclusion update	Deputy Director of Corporate Services and Transformation	For Assurance					✓		
Governance									
Review of Constitution & CoG Standing Orders	Company Secretary	For Decision					✓		
Re-appointment of the Chair	Senior Independent Director / Chair of the Governor Remuneration Committee	For Decision				✓			
Performance appraisal and assessment outcomes - Chair and Non-Executive Directors	Chair (for NEDs) Senior Independent Director (For Chair)	For Assurance		✓				✓	
Council of Governors' Register of Interests	Company Secretary	For Decision			✓				✓
Council of Governors' Annual Effectiveness Survey - Questions	Company Secretary	For Decision			✓				✓
Council of Governors' Annual Effectiveness Survey - Results	Company Secretary	For Discussion				✓		✓	
Ratification of the terms of reference for Governor groups	Company Secretary	For Decision				✓	✓		
Lead Governor & Deputy Lead Governor Appointments (19 May 2022)	Company Secretary	For Decision			✓	✓			
Appointments to Governor committees (every two years)	Company Secretary	For Information	✓	✓					
Consideration of Governor elements of the Trust's self-certifications	Company Secretary	For Discussion			✓				
Annual report, accounts and auditor's report. NOTE this is addressed via the AGM	Executive Directors (co-ordinated by Company Secretary)	For Information	✓				✓		
Appointment of external auditors (note not due to consider until Nov 23 in advance of initial 3 year term ending on 31 March 2024)		For Decision							
Elections and Members									
Election update	Company Secretary	For Information	✓						
Election results / new Governor welcome	Chair	For Information			✓				
Membership Update	Company Secretary	For Information		✓		✓		✓	
Updates from Governor Committees and Groups									
Governor Remuneration Committee	Chair of the Committee	For Assurance							
Membership Development Working Group (timing TBC)	Chair of the Group	For Assurance							