

Council of Governors' Meeting

A meeting of the Council of Governors will be held
at 10.00am on **Wednesday 16th February 2022**,
via 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:** **Enclosure**
To approve the minutes of the previous meeting of the
Council of Governors held on Wednesday 16 November 2021
- 5 Matters Arising/Action Log** **Enclosure**

Board and Committee Updates:

- 6 Chief Executive's Update including** **Enclosure**
 - i) Performance Report
 - ii) Staffing Update
 - iii) Questions from Governors
- 7 Board Committee Assurance Updates**
 - i) Quality Governance Committee **Enclosure**
 - ii) Charitable Funds Committee **Enclosure**

Governance:

- 8 Annual Review of the Declarations of Interest**
To approve the declarations of interest of:
 - i) Newly elected public governors and staff governors **Enclosure**
 - ii) the annual review of Council of Governors interests **Enclosure**
- 9 Council of Governors Annual Effectiveness Survey - questions** **Enclosure**
- 10 Consideration of Governor elements of the Trust's Self Certification** **Enclosure**
- 11 Process for appointing Lead and Deputy Lead Governor** **Enclosure**

Elections and Membership:

- 12 Election Results and new Governor welcome** **Enclosure**

Items for Information:

- | | | |
|-----------|---|------------------|
| 13 | Cycle of Business | Enclosure |
| 14 | Review of the Meeting | Verbal |
| 15 | Date & Time of the next Meeting
The next meeting of the Council of Governors will be held at Wednesday 11 th May 2022 at 10.00am via MS Teams. | |

COUNCIL OF GOVERNORS'

Minutes of the Council of Governors' Meeting
held at 10.00am on [Wednesday 17th November 2021](#),
via teleconference (Microsoft Teams)



Gateshead Health
NHS Foundation Trust

Present:	
Mrs A Marshall	Chair
Mrs E Adams	Public Governor – Central
Mr J Bedlington	Public Governor – Central
Mr L Brown	Public Governor - Western
Mr A Dougall	Public Governor - Eastern
Reverend J Gill	Public Governor – Western
Mrs G Henderson	Public Governor – Western
Mrs H Jones	Public Governor – Central
Mr A Rabin	Public Governor – Central
Mr A Sandler	Appointed Governor
Mrs K Tanriverdi	Public Governor – Central
Dr L Ternent	Appointed Governor
In Attendance:	
Mr A Beeby	Medical Director
Mrs J Bilcliff	Acting Chief Executive
Dr R Bonnington	Non-Executive Director
Miss J Boyle	Company Secretary
Mrs L Crichton-Jones	Director of People & OD
Cllr M Gannon	Non-Executive Director
Mrs K Mackenzie	Acting Group Director of Finance
Mr A Moffat	Non-Executive Director
Mrs Y Ormston	Chief Executive (on phased return to work)
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Dr A Redman	Consultant Radiologist (21/62)
Mr M Robson	Non-Executive Director
Dr M Sani	Non-Executive Director
Ms D Waites	Corporate Services Assistant
Mr B Walker	QE Facilities Finance Director (21/61)
Apologies:	
Mrs J Baxter	Chief Operating Officer
Mrs J Coleman	Staff Governor
Mr S Connolly	Staff Governor
Mrs C Ellison	Staff Governor
Mrs G Findley	Chief Nurse
Mrs K Marley	Staff Governor
Ms M Ndam	Staff Governor
Prof D Porteous	Appointed Governor
Mr G Riddell	Public Governor - Western
Mr A Robson	Managing Director, QEF
Mrs A Stabler	Non-Executive Director
Mr J Stephens	Public Governor – Central

Mr C Toon	Appointed Governor
Mrs E Ward	Public Governor - Eastern

Agenda Item	Discussion and Action Points	Action By
G/21/55	<p>CHAIR'S BUSINESS:</p> <p>Mrs Marshall opened the meeting and welcomed the Governors and Maggie Pavlou to her first meeting as newly appointed Non-Executive Director.</p> <p>Mrs Marshall informed the group that the Governor Election process is currently taking place and as such some of our Governors have decided not to stand for re-election. This includes Grace Henderson, John Stephens, Esther Ward, Jo Coleman and Jenny Gill. She thanked them for their time and work with the Trust and gave special thanks to Rev Gill for her role as Lead Governor.</p> <p>Today's agenda includes showcase presentations around the organisation from QE Facilities and Dr Alan Redman, Consultant Radiologist will be providing a presentation on the Trust's Breast Screening Programme.</p>	
G/21/56	<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/21/57	<p>MINUTES OF THE PREVIOUS MEETING:</p> <p>The minutes of the previous meeting held on Wednesday 29th September 2021, were approved as a correct record.</p>	
G/21/58	<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/21/59	<p>ACTING CHIEF EXECUTIVE'S UPDATE:</p> <p>Mrs J Bilcliff, Acting 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</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>part of the Board. She highlighted the following key points:</p> <p>Operational Performance: Mrs Bilcliff reported that the organisation is currently experiencing significant pressures and is reflected in the figures. She explained that Covid numbers are reducing however A&E attendances and flow continues to be challenging. Staffing levels have also been difficult and thanked staff for their continued hard work.</p> <p>The Trust achieved combined activity targets including elective and outpatients. Mrs Bilcliff explained that the H2 expectation is for trusts to maximise elective activity and eliminate waits of over 104 weeks and highlighted that the Trust has reported no 104 week waiters and continues to support partners to achieve this.</p> <p>The Trust is also managing its diagnostic activity however there are particular pressures in echocardiology and action plans have been reviewed by the Finance & Performance Committee. Mrs Bilcliff drew attention to the operational performance table and highlighted that the cancer 62 day treatment screening target was being met however some work is taking place in relation to treatment targets. A&E performance remains challenging and the Trust is also experiencing some delays in ambulance handovers as highlighted in recent media reports.</p> <p>Quality, Safety and Patient Experience: The Trust is reporting full compliance in relation to Duty of Candour and no Never Events or patient safety alerts have been reported. Scores for the Friends and Family tests remain positive.</p> <p>The Trust's Hospital Standardised Mortality Ratio (HSMR) remains unchanged however the Board received a presentation from the North East Quality Observatory (NEQOS) to discuss and understand the indicators in more detail.</p> <p>People and Organisational Development Key Performance Indicators Mrs Bilcliff reported that operational staffing pressures continue due to the impact of sickness and annual leave. This has resulted in an under-performance against Well-Led measures such as sickness, appraisals and core training and a new Education, Learning and Development Group has been established to review this and continue improvement work.</p>	

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	<p>Financial Performance: The Trust's financial plan for H2 remains at breakeven and is currently reporting a surplus. Mrs Bilcliff explained that this is due to extra funding the NHS has received in response to the pandemic and work is underway to develop recruitment plans and complete estates work.</p> <p>Mrs Bilcliff concluded by reporting on the National Cancer Patient Experience Survey and highlighted that the Trust had received a rating of 9 out of 10 overall for their cancer care. The Trust also scored well in a range of key areas relating to patient care including 97% of patients reporting that they were treated with dignity and respect. She agreed to circulate the results following the meeting.</p> <p>Questions from Governors: Following a query received from Mrs K Tanriverdi in relation to the staff sickness target being realistic, Mrs Crichton-Jones, Executive Director of People & OD reported that discussions had taken place due to increases in staff sickness however this is being supported through the Trust's Health and Well-Being Programme and line managers are encouraged to proactively support staff.</p> <p>It was agreed that sickness levels have potentially impacted on core training targets as well as the operational pressures across services. Work continues around managing core skills compliance as well as ensuring that digital enablers are maximised in the delivery of training.</p> <p>Mrs Marshall thanked Mrs Bilcliff for her update and acknowledged the current pressures which will continue to be reviewed during the winter period. Mrs Marshall felt that it would be useful for Governors to continue to signpost access messages within their constituencies.</p> <p>After discussion, it was:</p> <p>RESOLVED: to receive the update for assurance and information.</p>	JB
G/21/60	<p>BOARD COMMITTEE ASSURANCE UPDATES:</p> <p>People & Organisational Development (POD) Committee: Dr R Bonnington, Non-Executive Director and POD Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. She highlighted that a</p>	

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	<p>significant review of the POD function has been undertaken with a new structure being implemented and the work of the Committee is aligned to the new senior leadership team.</p> <p>Roles and Responsibilities of the Committee:</p> <ul style="list-style-type: none"> • There are two new Governor observers (Kendra Marley and Les Brown) following the Committee Allocation process • The Committee is supported by the POD Portfolio Board and five core workstream groups • Assurances are provided around strategy, planning and risk and leadership, culture and organisational development / looking after our people. This includes Freedom to Speak Up (FTSU) and safe working conditions • The Committee reviews People & OD performance and metrics as highlighted within the Integrated Oversight Report. <p>Key issues considered and assurances received:</p> <ul style="list-style-type: none"> • Following review of the FTSU Guardian Report, a deep dive will take place to understand the decline in elements of the staff survey (confidence in Trust addressing concerns) • The Committee reviewed the Revalidation Report and Annual Deans' Quality Meeting (ADQM) Annual Report and was rated as fully assured which reflected the strong levels of compliance. • A detailed review of the Integrated Oversight Report and People Metrics report took place and the Committee were assured that work was ongoing to improve data accuracy • Assurance was also provided that recovery plans for core skills and appraisals were being developed however the challenges around this were recognised due to ongoing site pressures. • Reports were received from 4 independent reviews into elements of People and Organisational Development. <p>Key risks identified:</p> <ul style="list-style-type: none"> • Risk of not having the right people in the right place with the right skills – work around the POD restructure to support this as well as the establishment of the Workforce Supply Task and Finish group. • Risk regarding leadership and organisational development and organisational culture – noting there is work to do around equality, diversity and inclusion however there is a strong collective commitment. A deep dive re. FTSU is to be undertaken and actions are in 	

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	<p>place around leadership and management development.</p> <ul style="list-style-type: none"> • Risk that the Trust cannot support health and wellbeing needs due to insufficient capacity – the Committee were given assurance that steps are being taken within Trust and ICS plans. Also the Guardian of Safe Working report includes plans to address issues. <p>Key priorities for the next 6 months:</p> <ul style="list-style-type: none"> • The Committee will continue to seek assurances in the delivery of key objectives including workforce supply, health and wellbeing and leadership and OD. <p>Following a query from Mr L Brown in relation to timescales around the core skills review, Dr Bonnington highlighted the challenges in relation to current pressures however the Committee will continue to review the development of metrics and a deep dive of the process and individual requirements will take place. Mrs L Crichton-Jones explained that a first draft report is due to be completed in November 2021 and will be presented to the Committee.</p> <p>Mrs Marshall reminded the group that the new POD structure is being implemented and once established, positive improvements should be seen. Mrs Crichton-Jones also highlighted that the new recruitment system TRAC is currently being embedded therefore the first set of metrics will be presented to the Committee in January 2022.</p> <p>Audit Committee: Mr A Moffat, Non-Executive Director and Audit Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee.</p> <p>Role and Responsibilities of the Committee:</p> <ul style="list-style-type: none"> • Only Non-Executive Directors can be members however is supported by other attendees • One of the responsibilities of the Committee is to review the Trust’s Annual Accounts and Report and other year-end regulatory submissions which are then presented to the Board and Governors • All internal audit reports are received and the Committee ensures that recommendations are implemented in a timely manner • The Audit Committee makes recommendations to the Council of Governors regarding the appointment of the external auditors <p>Key issues considered and assurances received in the last 5</p>	

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	<p>months:</p> <ul style="list-style-type: none"> • Year-end documentation was reviewed including the Annual Accounts and Report, and Head of Internal Audit Opinion • Internal Audit plan was reviewed and approved. • Counter Fraud investigations are reviewed by the Committee. • Risk Management Policy was reviewed and approved and further assurance reports from the newly formed Executive Risk Management Group are received. • The External Audit Working Group met which is supported by Governors in the appointment of the new External Auditors. • Other regulatory and governance matters including the review of a proposed change to the Standing Financial Instructions and recommendation for approval at Board <p>Key risks identified and discussed:</p> <ul style="list-style-type: none"> • Capacity challenges including Audit One (Trust's internal audit team) and Trust pressures and consequent slippage on audit recommendations and actions. Overdue action reports are now formally presented to the Executive Team and Senior Management Team. <p>Key priorities for the next 6 months:</p> <ul style="list-style-type: none"> • To revise the Committee Terms of Reference and share with the Council of Governors following Board approval • To prepare for the year-end reporting schedule. <p>Following a query from Mr J Bedlington in relation to the Charitable Funds Accounts, Mrs Marshall reported that the Charity submits separate accounts to the Charities Commission and Mrs Mackenzie highlighted that a full audit is undertaken by the External Auditors and are treated independently from the Trust.</p> <p>Mr Moffat also provided further details around the role of the Audit Committee following a query from Mr Bedlington and highlighted that this Committee is a statutory requirement for Trusts and membership must consist of Non-Executive Directors only.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance.</p>	<p>JeB</p>

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G/21/61	<p>QE FACILITIES UPDATE:</p> <p>Mrs H Parker, Trust and QEF Non-Executive Director, and Mr B Walker, QEF Finance Director, provided an update and highlighted work undertaken by QE Facilities over the past year.</p> <p>Mrs Parker provided some background information and highlighted that QE Facilities was formed 7 years ago as a subsidiary company to the Trust. It Initially focused on estates and facilities ensuring that services were cost effective and being managed in an efficient way. The company has now expanded into supporting commercial work outside of the Trust and contributed to a turnover of £63.4m with profits of £3.85m. QE Facilities is one of the largest subsidiary companies in the ICS region and places the Trust in a strong position.</p> <p>Mr Walker gave an update on some of the recent work undertaken by the company including internal operations as a result of the pandemic. The company is also leading the way on sustainability as part of the Greener NHS Plan and a lot of change is currently taking place as part of the restructure and staff collaboration work.</p> <p>Mr Walker drew attention to the external expansion work including the work taking place around the manufacturing of FFP3 face masks and highlighted that the group is the first NHS Trust to pursue this. He also highlighted the establishment of the Mobile Vaccination Bus in partnership with Newcastle and reported that since October 2021, over 2000 vaccinations and boosters have been administered via the bus. The company has recently received Living Wage accreditation and joins 7,000 organisations that have agreed to invest in their workforce.</p> <p>Mr J Bedlington congratulated the team on the mask production initiative and felt that this would be beneficial to staff. He queried when this will be up and running and Mr Walker reported that the sample applications were expected back soon. He highlighted that a lot of interest has been received from other NHS trusts.</p> <p>Mrs H Jones was encouraged that the company had received Living Wage accreditation and felt that it was a positive message for staff.</p> <p>Mrs Marshall highlighted that QE Facilities have been vital during the pandemic over the past 18 months, working across estates, domestics, porters, and security and thanked the teams for their work and dedication.</p>	

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	<p>Following consideration, it was:</p> <p>RESOLVED: to receive the report for assurance.</p>	
G/21/62	<p>BREAST SCREENING PROGRAMME – SHOWCASE PRESENTATION:</p> <p>Dr Alan Redman, Consultant Radiologist, provided a showcase presentation on the Trust’s Breast Screening Programme.</p> <p>Dr Redman thanked the group for the opportunity to highlight the incredible work of the team and recognise their efforts during current pressures on the service.</p> <p>He explained that the programme was stood down during the pandemic and the team has worked hard to undertake normal screening work on top of working through the backlog. The recovery programme has been recognised as being one of the best in the country. As well as this, the recent patient survey has shown high satisfaction figures and Dr Redman was recently asked to give an interview on the local radio.</p> <p>Dr Redman also highlighted some of the transformational work including the trial of the Artificial Intelligence (AI) tool in reading mammograms. The Trust is one of fifteen sites in UK to use this technology and is also the first in the region to use contrast enhanced mammography technology. The team have subsequently received national recognition for this and Dr Redman felt that this was a huge benefit to patients in Gateshead.</p> <p>Rev J Gill, Lead Governor, thanked Dr Redman for his presentation and the group acknowledged that this was fantastic pioneering work. Dr Redman agreed to feedback this to the team. Mrs J Billclif, Acting Chief Executive, further thanked Dr Redman and the team and highlighted some of the messages within the chat box which Miss J Boyle, Company Secretary, will forward on to Dr Redman to share with the rest of the team.</p> <p>After discussion, it was:</p> <p>RESOLVED: to receive the report for assurance.</p> <p>Dr Redman left the meeting</p>	

Agenda Item	Discussion and Action Points	Action By
G/21/63	<p>OUTCOME OF COMMITTEE ALLOCATION PROCESS:</p> <p>Miss J Boyle, Company Secretary, presented the report which outlines the outcome of the Board Committee allocation process.</p> <p>She reported that a number of Governors submitted expressions of interest to undertake the formal observing roles for the Board Committees and following due process, the appointments to these positions have now been confirmed and will be effective from 1st December 2021 for a period of 2 years.</p> <p>Miss Boyle confirmed that introductory meetings will be arranged between the Committee Chairs, Governor observers and the Company Secretary. Observers will share feedback with the rest of the group during the informal sessions prior to each Council of Governors meeting.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to note the outcome of the Board Committee allocation process, being assured that due process was followed.</p>	
G/21/64	<p>GOVERNOR COMMITTEE WORKING GROUP – OUTCOME REPORT:</p> <p>Miss J Boyle, Company Secretary, presented the report which summarises the outcomes from the Working Group and its recommendations to the Council to retain the Membership Strategy Group and establish a new Governor Governance and Development Committee.</p> <p>Miss Boyle reported that the Terms of Reference for the Committee are included in the report and expressions of interest will be sought in January 2022 to provide incoming Governors with an opportunity to become involved. She highlighted the duties and responsibilities of the group which includes reviewing the induction and training for governors and reviewing the outcomes of the Council’s annual effectiveness review.</p> <p>She thanked those that had attended the working group and highlighted that expressions of interest have also been sought for places on the Governor Remuneration Committee and the two vacancies which remain will be offered to the incoming Governors in January 2022 and will consist of one public governor and one staff governor.</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>The Working Group also recommended that the Membership Strategy Group will be maintained with membership of at least 6 governors and expressions of interest will also be sought for this in January 2022.</p> <p>After further discussion, it was:</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i) to maintain a Membership Strategy Group. Expressions of interest will be sought in January 2022. ii) to approve the Terms of Reference and establish a Governor Governance and Development Committee. Expressions of interest will be sought in January 2022. iii) to retain strategy development and discussion as a Council-wide responsibility iv) to approve the membership of the Governor Remuneration Committee from the expressions of interest received v) to hold the vacancies until January 2022, with the opportunity to fill these vacancies being offered to incoming Governors. 	JeB
G/21/65	<p>COUNCIL OF GOVERNORS' DATES:</p> <p>Miss J Boyle, Company Secretary, provided the draft dates for the Council of Governor meetings and workshops for 2022.</p> <p>She reminded the group that the Board of Directors' dates have already been approved by the Board and have been presented for information. The Governor Committee dates will be identified in due course once membership of the committees is confirmed.</p> <p>It is proposed that a workshop will take place on 22nd December 2021 to engage with the Governors around the Trust Strategy plans and will be held via Microsoft Teams.</p> <p>After consideration, it was:</p> <p>RESOLVED: to approve the Governor meeting dates up to December 2022</p>	
G/21/66	<p>ELECTION AND MEMBERSHIP UPDATE:</p> <p>Miss J Boyle, Company Secretary, provided an update on the</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>election process and next steps.</p> <p>She reported that five current Governors have chosen not to stand for re-election and thanked them for their dedication and commitment. This includes the Lead Governor, Reverend Jenny Gill and as such, the Deputy Lead Governor, Mr Abe Rabin, will cover the responsibilities until the Lead/Deputy Lead Governor elections in early 2022.</p> <p>The election is progressing well, with all seats filled through uncontested elections in the Eastern and Patient/Out of Area constituencies. Five Governors have been elected unopposed including current Governors Mr John Bedlington and Mr Alan Dougall who will commence their second terms on 5 January 2022.</p> <p>The elections for Public Western and Staff constituencies are in progress with the results to be published on 2nd December 2021. This will leave only one vacancy remaining in Central constituency and will be carried forward to next year.</p> <p>Rev J Gill thanked those governors stepping down and thanked the remaining governors for their support and encouragement during the pandemic. She also wished the new governors luck in their new role.</p> <p>Mrs Marshall also thanked the governors stepping down and thanked Rev J Gill for her huge contribution as Lead Governor and wished her well for the future.</p> <p>Following discussion, it was:</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i) to formally record its sincere thanks to all Governors who will be leaving the Council on 4 January 2022 ii) to note the outcome of the uncontested elections iii) to be assured that the election process is progressing in accordance with the planned timetable iv) to be assured that incoming Governors will be provided with a comprehensive induction; v) to consider whether experienced Governors wish to put themselves forward as buddies for new Governors. 	

Agenda Item	Discussion and Action Points	Action By
G/21/67	<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>Mrs Marshall requested for any feedback to be forwarded to Miss Boyle via email.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the cycle of business for information.</p>	All
G/21/68	<p>REVIEW OF THE MEETING:</p> <p>The group expressed their thanks for the presentations from QE Facilities and Dr Redman on the Breast Screening Programme.</p> <p>Any other feedback to be directed to Rev J Gill, Mr A Rabin or Miss J Boyle.</p>	
G/21/69	<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 16th February 2022.</p>	

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/21/59	17.11.2021	To share the results of the National Cancer Patient Experience Survey	31.01.2022	JB/JeB	Survey uploaded to the Convene Review Room for reference
G/21/60	17.11.2021	Audit Committee priorities for next 6 months – to revise TOR and share with governors following Board approval	31.03.2022	JeB	Terms of reference now available on Convene for reference and will be formally presented as part of the next update from the Audit Committee Chair.
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

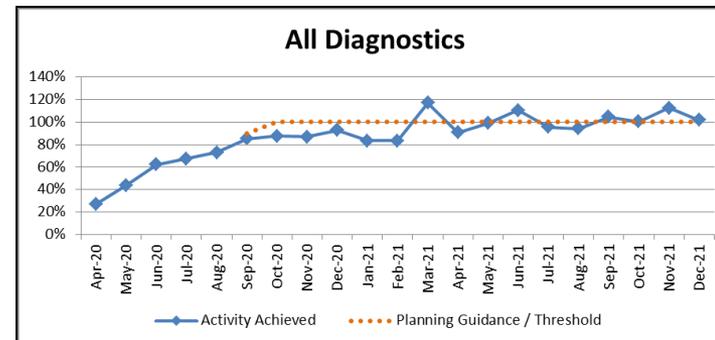
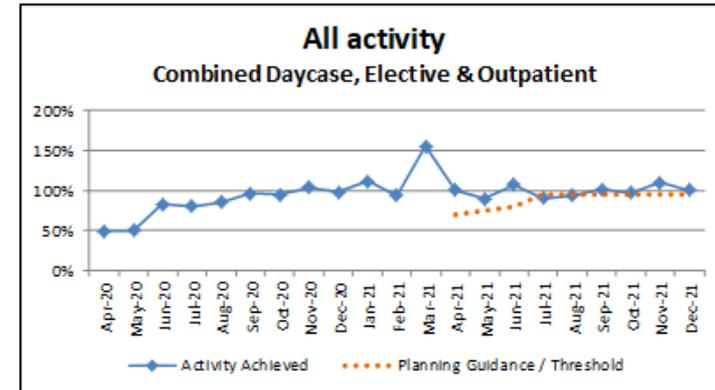
Performance Report - Council of Governors February 2022

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 activity of 101% in December**, a positive increase and a marked improvement upon delivery in the summer (circa 89%).
- 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 exceeded this target, reporting 28.3%.
- Non-elective activity is 113% higher than pre-Covid levels. Patient activity for those who are discharged on the day is 114% of pre-pandemic levels.

- 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 **102% diagnostic activity in December**, but there continued to be **particular pressures on echocardiology**, which accounted for 82.5% of the diagnostic waiters over 6 weeks. Echocardiology did show an improvement in November, but saw further pressures in December, with recovery of backlog waiters now anticipated for June 2022.
- Audiology was also highlighted as an area of concern.



Operational performance

Performance Measure	RO	Last Period		This Period		This Period Status	Target (where applicable) or trajectory
Referral to treatment within 18 weeks	JBa	80.3%	Oct-21	80.0%	Nov-21	✗	92%
Referral to treatment Total Incomplete waiters	JBa	10108	Oct-21	10135	Nov-21		8,590
Referral to Treatment >52 week waiters	JBa	26	Oct-21	27	Nov-21		0
A&E seen within 4 hours	JBa	79.1%	Nov-21	78.0%	Dec-21	✗	95%
A&E attendances	JBa	8199	Nov-21	8098	Dec-21		10,268
Cancer 2ww - first seen	JBa	75.9%	Nov-21	65.0%	Dec-21	✗	93%
Cancer 2ww to treatment within 62 days	JBa	56.0%	Oct-21	71.3%	Nov-21	✗	85%
Cancer 62 day treatment screening	JBa	71.4%	Oct-21	93.0%	Nov-21	✓	90%
Cancer waits over 104 days (all pathways)	JBa	41	Nov-21	41	Dec-21		0
Diagnostic waits % within 6 weeks	JBa	67.3%	Oct-21	69.5%	Nov-21	✗	99%

- Performance against the **RTT 18 week standard** is at 80% with an increase of patients on the RTT waiting list.
- There was also an increase to 27 patients waiting **over 52 weeks**. There were **no 104 week waits**.
- **A&E performance** against the 4 hour standard was 77.96%. Footfall through A&E reduced in December but is on average 73 attendances per day more than last year (38.7% increase), although activity remains below pre-Covid levels. The latest national benchmarking data (November) places the Trust at 18th of 139 Type 1 providers.
- The Trust reported 43 30-60 minute and 32 over 60 minute **ambulance delays** in December.
- ECIST are supporting the Trust in preventing admission and improving discharge.
- Year-to-date cancer referrals are at 121% of pre-Covid levels.
- The Trust's position against the **62 day standard** for November was 71.3%, an improvement from the October position.
- The Trust's position against the **2 week wait target** in October was 65% 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 (Nov / Dec 21)



Gateshead Health
NHS Foundation Trust

Indicator	QEH Performance	View	Position
A&E 4 hour waiting time	79.1%	November	18 th / 139 NHS Providers
Latest weekly PTL: patients waiting > 104 weeks	0	w/e 19/12/21	Joint 1 st / 8 Providers in ICS
Latest weekly PTL: patients waiting > 52 weeks	29	w/e 19/12/21	1 st / 8 Providers in ICS
Latest weekly PTL: patients waiting > 62 days for cancer treatment	41	w/e 19/12/21	1 st / 8 Providers in ICS
62 day backlog as % of waiting on the list	6.0%	w/e 5 th December	97 (top 20 under NHSE/I scrutiny)

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. The Trust was not on track to achieve the target reduction in delayed discharges by the end of January. The Trust continues to work with community partners and ECIST to improve timely discharge.
- The Trust's **Hospital Standardised Mortality Ratio (HSMR)** continues to show more deaths than expected for this indicator.
- There were 5 **Serious Incidents (SIs)** reported in December which is just under the average for the last 18 months. No maternity SIs were recorded in December.
- The Trust has not recorded a Never Event since October 2020 and there are no outstanding national patient safety alerts. The Trust is reviewing the **potential of under-recording of incidents** as the rate of patient safety incidents per 1000 bed days has reduced, despite an increase in bed occupancy levels.
- Scores from the **Friends and Family test remain positive** on the whole with 100% positive score for maternity in December 2021.

Measure	Latest period		Target	Latest 12 months
A&E scores from Friends & Family Test - % positive	80.4%	Dec-21		82.4%
Inpatient & daycase scores from Friends & Family Test - % positive	96.0%	Dec-21		97.1%
Maternity scores from Friends & Family Test - % positive	100.0%	Dec-21		98.0%
Outpatient scores from Friends & Family Test - % positive	94.9%	Dec-21		97.8%

Quality and excellence in health

People and organisational development



Gateshead Health
NHS Foundation Trust

- Operational staffing pressures continued as front-line staff continue to be impacted by sickness and annual leave. This has resulted in a continuation of **under-performance** against our Well Led measures, such as **sickness, appraisals and core training**.
- Significant focus on staffing, with a **dedicated Staffing Task and Finish Group** meeting every fortnight. This focusses on reviewing staff establishment, reducing staff movements across the Trust, local and international recruitment and looking at ways in which the Trust can support staff to remain at work (managing sickness, retention and retire and return options).
- The People and OD team have been primarily focussed on preparing for the mandatory staff vaccination (until this was paused) and staff redeployment to support front line services. This has resulted in a need to pause some work in relation to leadership and organisational development.
- Equality, diversity and inclusion has continued to be a priority since the last Council update, with celebrations taking place for **Disability History Month** in November and December. We will also be celebrating **LGBT+ History Month** in February.
- The Trust has continued to promote health and wellbeing initiatives for staff during this difficult time. This has included the #Beattheblues campaign focussing on seasonal health and wellbeing aspects including reducing alcohol consumption, smoking cessation, healthy eating, getting active, financial wellbeing and more.

Measure	Latest period		Target	Lat est 12 months
Staff sickness	5.8%	Nov-21	4%	5.2%
Staff turnover	1.0%	Nov-21		1.3%
Appraisals	62.9%	Nov-21	85%	63.3%
Core Training	71.0%	Nov-21	85%	71.8%
Data Quality Maturity Index (DQMI) - MHSD 5 dataset score	85.7%	Sep-21		88.5%

Quality and excellence in health

Financial performance – Dec '21



Actual surplus position year to-date	Planned deficit position year to-date
£4.079m	-£1.375m



CRP schemes identified	CRP target
£3.275m	£4.325m



Cash in the bank	Opening position 01/04/21
£55.322m	£43.862m



Elective recovery fund (ERF) income April to June '21
£2.264m and no more expected



Capital spend	Available capital funding
£3.826m	£17.987m

Points to note:

- Trust submitted a balanced plan for H2 2021/22, although over-achieving against this with a surplus position
- Risk of slippage on capital plan
- Draft plan for 22/23 to be submitted to the ICS by 3 March.

January '22 and beyond

COVID/OMICRON

- December and January extremely challenging
- Patient numbers starting to reduce – circa 60-70 per day (peak of 108 on 24th Jan)

UEC

- Unprecedented pressures continuing, impact on waiting times and ambulance handover

Capacity and staffing issues

- Staffing significantly impacted by OMICRON
- Management of COVID patients impacts on bed capacity
- Admission avoidance and effective discharge absolutely key
- Provision of care home/domiciliary care impacting on discharge
- Overall impact on elective programme

VCOD

- This had a significant impact on capacity of staff managing the process

January '22 and beyond



Gateshead Health
NHS Foundation Trust

Planning

- Guidance now received for 2022/23

Provider collaborative development

- Manging Director in post

ICS Framework

- CEO appointed, Samantha Allen, and commenced on 31 Jan 2022
- Other statutory Director posts are out to advert along with Independent Non-Executive Members (INEMs)
- Go live delayed til July 2022

Gateshead Citizens Advice Bureau

- Direct access welfare support advice and information service for our cancer patients
- Also supported a staff support element to this

Charitable funds

- Receipt of significant legacy

Developing our strategy – progress to-date



Work of the Quality Governance Committee Presented by Anna Stabler, Chair of the Committee

Role and responsibility of the Committee

Members and attendees

- Anna Stabler, Chair
- Maggie Pavlou, Non-Executive Director
- Dr Andy Beeby, Medical Director
- Gillian Findley, Chief Nurse
- Joanne Baxter, Chief Operating Officer
- Lisa Crichton-Jones, Director of People and Organisational Development

- Attendees:
 - Deputy Director of Nursing, Quality & Safety
 - Deputy Medical Director
 - Deputy Director of Corporate Services and Transformation

Responsibilities – seek assurance over:

- Safety
 - E.g. safe staffing, incident investigation and learning, learning from deaths, coroner responses, medicines management, medical device management, infection prevention and control, safeguarding.
- Patient experience
 - E.g. involvement / engagement, learning from complaints / compliments, delivering high quality care for patients with learning disabilities
- Clinical effectiveness, leadership & training
 - E.g. clinical outcome monitoring, clinical lead engagement, clinical audit, training

Governor observers:
Abe Rabin
Aron Sandler

Standing items:
- Integrated Oversight Report
- Strategy
- Corporate objectives
- Risk

Chair periodically attends sub-groups to triangulate assurances

Quality and excellence in health

Some of the key issues considered and assurances received

Maternity assurance reports

- Seeking assurance over the implementation of Ockenden recommendations

Safe Staffing

- Regular reports on fill rate
- Updates on the work of the new staffing task and finish group, including recruitment
- NHS mandatory Covid vaccinations

Integrated Oversight Report

- Detailed review of quality and safety metrics
- Resulted in deep dives into areas showing variation over time

Inpatient survey results

- Positive results - Committee fully assured.
- Areas where score lower than national average will be reviewed

Learning from deaths

- Assurance that learning from Covid-related deaths in place.
- Assured around cascade of learning through the Trust

Case study – pressure damage deep dive



Gateshead Health
NHS Foundation Trust

April 2021

Integrated Oversight Report highlights significant variation in relation to pressure damage – deep dive report presented and actions agreed

Committee **partially assured**

November 2021

Updated deep dive report presented.

Committee **fully assured** that plans are in place to monitor this area.

Work continues to strive to reduce Trust-acquired pressure damage by March 2022.

Monthly

Monitoring of pressure damage via the Integrated Oversight Report with agreement to bring back a detailed report in December 2021 once new reporting and agreed actions have been embedded

Quality and excellence in health

Case study – fluid and electrolyte balance charts

September 2021

Learning from Deaths report to the Committee highlighted an issue regarding compliance. It was agreed that a report would come back to the January meeting following the completion of work by a task and finish group

Committee **partially assured**

February 2022

Agreed that this will be a standing item on the Mortality and Morbidity Group agenda, with escalation and assurance reporting to Quality Governance Committee

January 2022

Report presented to the Committee.
The Chair asked to receive the supporting action plan for additional assurance.

Upon review it agreed that the action plan required additional monitoring to ensure it was robust and addressed the issue.

Key risks

- Committee is currently monitoring 4 risks on the Organisational Risk Register

Risk of a further wave of Covid
– current score = 16

Risks to maternity service
delivery due to estate –
current score = 15

Risk relating to CQC
compliance – current score =
12

Risk relating to alignment of
ICS strategy and Trust health
inequality ambitions – current
score = 9

Key priorities for assurance over the next 6 months





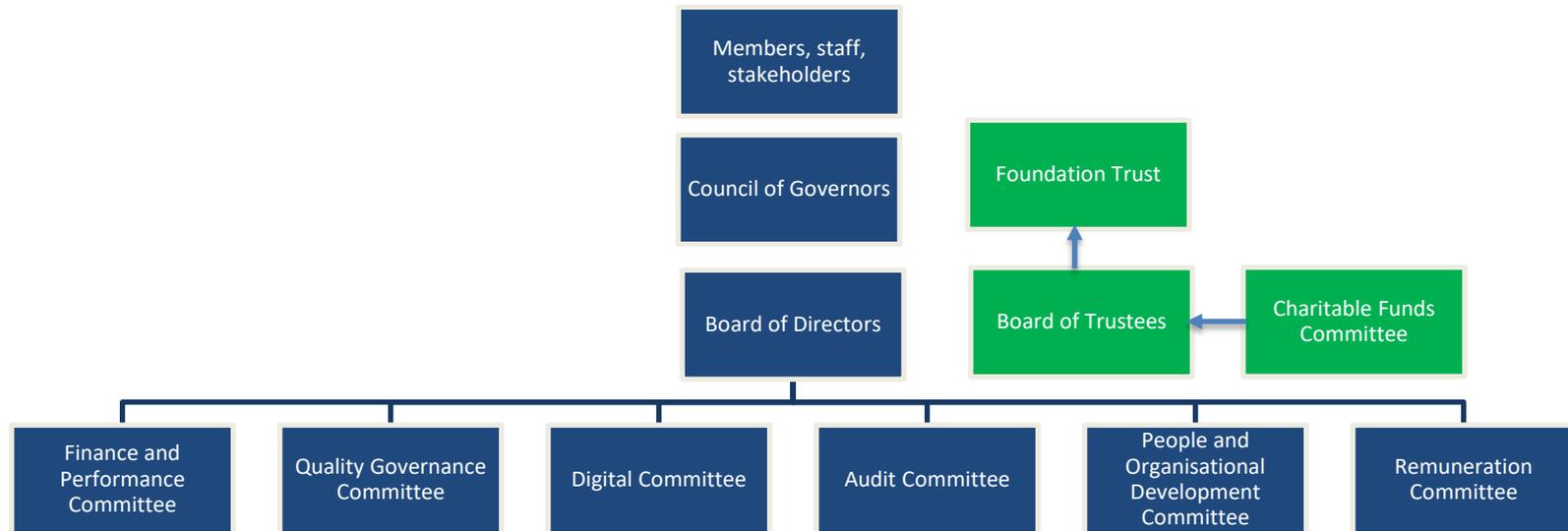
Gateshead Health
NHS Foundation Trust



Quality and excellence in health

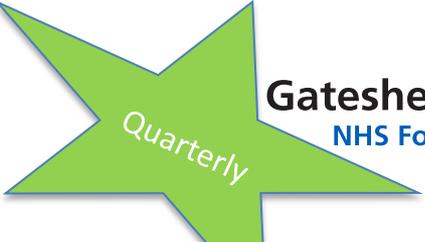
Work of the Charitable Funds Committee Presented by Mike Robson, Chair of the Committee

The Charitable Funds Committee and governance



- The Foundation Trust is the Corporate Trustee of the Charitable Fund.
- Members of the Board of Directors sit as the Board of Trustees to exercise the function of the Corporate Trustee.
- The Board of Trustees delegates some of its decision-making and assurance functions to the Charitable Funds Committee
- Similar approach to the Board of Directors delegating some of its powers /duties to the Board committees.

Role and responsibility of the Committee



Quarterly

Members and attendees

- Mike Robson, Chair
- Martin Gannon, Non-Executive Director
- Anna Stabler, Non-Executive Director
- Jackie Bilcliff, Group Director of Finance
- Gillian Findley, Chief Nurse / Lisa Crichton-Jones, Director of People and Organisational Development

- Attendees:
- Deputy Director of Corporate Services and Transformation
- Charitable Funds Manager
- Operations Director
- Heads of Communications and Engagement
- Assistant Director of Finance

Responsibilities – seek assurance over:

- Charitable Fund strategy:
 - Review and recommend the strategy to the Trustees, seek assurance over its delivery
- Financial governance:
 - Review accounts & audit report, governance of financial decisions, administration of the Fund
- Fundraising:
 - Approve public fundraising plans, effective fundraising activity
- Management & expenditure of the fund:
 - Quarterly reports on activity and Fund finances, authorize expenditure greater than £10k.

- Supported by the Charitable Funds Operational Group

Governor observers:
Abe Rabin
John Bedlington

Standing items:
- Strategy
- Corporate objectives
- Risk

Some of the key issues considered and assurances received

2 meetings in 2021/22 due to pandemic – further meeting planned for March

Finance

- Reviewed finances to 30/09/21 = net increase in funds of £27k

Governance

- Approved new terms of reference for Committee and the Operational Group – welcomed new members.

Strategy

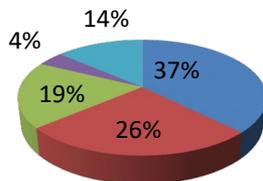
- Reviewed options for the remodelling of the Charitable Fund
- Will be recommending a staged approach to allow organic growth
- Recommending initial focus on events, corporate partnerships & bids / grants

Charitable Funds activity

- Detailed activity reports outlining projects, expenditure and future planned events / projects

Income

■ Donations ■ In Memory ■ Fundraising
■ Legacies ■ Interest



Key priorities for the Committee and Charity



Gateshead Health
NHS Foundation Trust

Approve and embed new strategy

Work with our communities

Developing corporate partnerships

Events

Raising the profile of the Charity

GET YOUR TEAM READY....
for a fun day out, competing against other teams from County Durham & Darlington, South Tees and North Tees NHS Charities.
Saturday 14 May 2022
Mowden Rugby Club, Neasham Road,
Darlington DL2 1DL

WE'RE A KNOCKOUT!

Have fun while helping QE Charitable Funds raise much needed funds to enhance Cancer Services here at QE Gateshead.

A FANTASTIC DAY OUT!

Teams of 10 people, £25.00 per person, plus a pledge to raise an additional £100.00 per person.
(Transport will be available at additional cost)



Gateshead Health
NHS Foundation Trust



Quality and excellence in health

Report Cover Sheet

Agenda Item: 8i

Report Title:	Declaration of newly elected Public & Staff Governors' Interests			
Name of Meeting:	Council of Governors			
Date of Meeting:	16 February 2022			
Author:	Diane Waites, Corporate Assistant			
Executive Sponsor:	Jennifer Boyle, Company Secretary Yvonne Ormston, Chief Executive			
Report presented by:	Jennifer Boyle, Company Secretary			
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 type="checkbox"/>	<input type="checkbox"/>
The Constitution of Gateshead Health NHS Foundation Trust requires all Governors to declare interests which are material and relevant to the Council of Governors.				
Proposed level of assurance – <u>to be completed by paper sponsor:</u>	Fully assured	Partially assured	Not assured	Not applicable
	<input checked="" type="checkbox"/> <i>No gaps in assurance</i>	<input type="checkbox"/> <i>Some gaps identified</i>	<input type="checkbox"/> <i>Significant assurance gaps</i>	<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>	-			
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 	Following the recent elections, Mrs G Alderson, Mr G Quinn, Mrs B Webb, Mr B Turnbull, and Ms A Kanyangu, newly elected Public Governors and Ms H Adams, Dr A Lowes, and Mr R Morrell, newly elected Staff Governors have declared their interests. The declared interests are attached.			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council of Governors is asked to note and record in the minutes the declared interests of the newly elected governors.			

Trust Strategic Aims that the report relates to:	Aim 1 <input type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input 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:	Not directly linked to a specific objective or aim, but ensuring the Council has declared relevant interests will seek to ensure that there is appropriate accountability in respect of any conflicts of interest which may present on discussions on the strategy and objectives.				
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 direct links				
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

DECLARATION OF GOVERNOR INTERESTS

NAME: Gillian Alderson

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	NONE
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 05/01/2022

GATESHEAD HEALTH NHS FOUNDATION TRUST

DECLARATION OF GOVERNOR INTERESTS

NAME: Ged Quinn

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	NONE
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 22/12/2021

GATESHEAD HEALTH NHS FOUNDATION TRUST

DECLARATION OF GOVERNOR INTERESTS

NAME: Brenda Webb

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	NONE
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 24/12/2021

GATESHEAD HEALTH NHS FOUNDATION TRUST

DECLARATION OF GOVERNOR INTERESTS

NAME: Barry Turnbull

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	NONE
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 18/12/2021

GATESHEAD HEALTH NHS FOUNDATION TRUST

DECLARATION OF GOVERNOR INTERESTS

NAME: Agatha Kanyangu

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	Director Speak Out Ltd
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 23/12/2021

GATESHEAD HEALTH NHS FOUNDATION TRUST

DECLARATION OF GOVERNOR INTERESTS

NAME: Helen Adams

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	NONE
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 01/01/2022

GATESHEAD HEALTH NHS FOUNDATION TRUST

DECLARATION OF GOVERNOR INTERESTS

NAME: Dr Andrew Lowes

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	NONE
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 17/12/2021

GATESHEAD HEALTH NHS FOUNDATION TRUST

DECLARATION OF GOVERNOR INTERESTS

NAME: Richard Morrell

Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)	NONE
Ownership, or part ownership, of private Companies, businesses or consultancies likely or possibly seeking to do business with the NHS	NONE
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	NONE
A position of authority in a charity or voluntary body in the field of health and social care	NONE
Any connection with a voluntary or other body contracting the NHS services	NONE
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	NONE

OTHER COMMENTS:

DATE SIGNED 17/12/2021

Report Cover Sheet

Agenda Item: 8ii

Report Title:	Council of Governors' Declarations of Interest – Annual Review			
Name of Meeting:	Council of Governors			
Date of Meeting:	16 th February 2022			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Yvonne Ormston, Chief Executive			
Report presented by:	Jennifer Boyle, Company Secretary			
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 type="checkbox"/>	<input type="checkbox"/>
	<p>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.</p> <p>Whilst it is not a requirement of the Constitution, it is good practice to review annually, the interests of Governors.</p>			
Proposed level of assurance – <u>to be completed by paper sponsor:</u>	Fully assured	Partially assured	Not assured	Not applicable
	<input checked="" type="checkbox"/> <i>No gaps in assurance</i>	<input type="checkbox"/> <i>Some gaps identified</i>	<input type="checkbox"/> <i>Significant assurance gaps</i>	<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 of Governors last declared their interests at the meeting held in February 2021.			
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 	<p>Attached at Appendix I are the declarations of all Elected and Appointed Governors as at 4th February 2022.</p> <p>A review of the current register does not highlight any further actions which need to be taken to manage potential conflicts.</p>			

<ul style="list-style-type: none"> • 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 asked to review the declared interests and record in the minutes.				
Trust Strategic Aims that the report relates to:	Aim 1 <input type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input 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:	Not directly linked to a specific objective or aim, but ensuring the Council has declared relevant interests will seek to ensure that there is appropriate accountability in respect of any conflicts of interest which may present on discussions on the strategy and objectives.				
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 direct links				
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
Register of Governors' Interests

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	Lampport	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	None	
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

Report Cover Sheet

Agenda Item: 9

Report Title:	Council of Governors Annual Effectiveness Survey			
Name of Meeting:	Council of Governors			
Date of Meeting:	16 February 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair of the Board and Council			
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 checked="" type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	To share the draft question set for the annual Council of Governors' effectiveness survey for consideration and approval.			
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 checked="" 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>	-			
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"> • Surveys have been designed for Governors and Board Members. • The surveys aim to provide an insight into the effectiveness of current arrangements in respect of training, meetings, communications, support and discharge of Governor duties. • The outcomes will be shared with the full Council in May 2022 following an initial review by the new Governor Governance and Development Committee. 			
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 review and approve the proposed survey questions and planned approach, providing feedback to the Company Secretary to enable the review process to be initiated.			
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 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 objective, but ensuring effective governance will seek to support the achievement of the strategic aims.				
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 direct linkage				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

Council of Governors' Annual Effectiveness Survey

1. Executive Summary

- 1.1. 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.
- 1.2. Understanding the impact of recent changes to the Council agenda will be particularly helpful in guiding the future approach.
- 1.3. Draft surveys for the Council and Board Members are appended to this paper for consideration and review by the Council of Governors.

2. Introduction

- 2.1. The Council of Governors plays an important role in the governance of the Trust. In line with other forums within the Trust it is good practice for the Council to reflect on its effectiveness and the effectiveness of the support functions provided to it by the Trust.
- 2.2. As regular attendees at the Council, it is also good practice to invite members of the Board of Directors to respond to questions relevant to them.
- 2.3. This paper provides a suggested question set to help both the Council and the Board assess the effectiveness of the Council and the ways in which the Council and Board interact with each other.

3. Key issues / findings

- 3.1. The suggested questions are outlined in Appendices 1 and 2 (for the Council and Board respectively).
- 3.2. The questions are centred around the following themes:
 - Induction, training and development;
 - Council of Governors' meetings – logistics, organisation and support;
 - Communications, relationships and support;
 - Holding Non-Executive Directors to account; and
 - Processes and information
- 3.3. A section on membership engagement would ordinarily be included, but given membership activities have been mostly paused during the pandemic there would be minimal value in including this topic.
- 3.4. A 'cannot say' option is included as a possible response to the statements. It is acknowledged that a number of Governors are new to the Council and therefore may not feel in a position to respond to all statements.

- 3.5. Once approved the survey will be distributed to the Council and the Board using Convene – this allows online completion and analysis of the results. The ability to complete the survey anonymously to encourage all to answer honestly will be enabled.
- 3.6. It is anticipated that the survey will open on 18 February and close on 4 March, which gives 2 weeks for completion.
- 3.7. It is anticipated that the new Governor Governance and Development Committee membership will have been agreed and the Committee established prior to the May Council of Governors. On this assumption the Committee will undertake the first review of the results and make recommendations to the May Council meeting on any areas for further review / focus.

4. Solutions / recommendations

- 4.1. The Council of Governors is requested 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.

Appendix 1 – Questions for Governors

		Strongly agree	Agree	Disagree	Strongly disagree	Cannot say	Comments
Induction, training and development							
1	I understand my role and responsibilities as a Governor	<input type="checkbox"/>					
2	I believe that the Council of Governors possesses the necessary skills to fulfil its duties	<input type="checkbox"/>					
3	The Trust provides the necessary resources for developing and updating Governors' knowledge and capabilities	<input type="checkbox"/>					
Council of Governors' meetings – logistics, organisation and content							
4	The Council of Governors meets sufficiently regularly to discharge its duties	<input type="checkbox"/>					
5	The Council of Governors meets at the most appropriate time for me	<input type="checkbox"/>					
6	I am confident that I have opportunities to influence items on the cycle of business (and therefore future Council agendas)	<input type="checkbox"/>					
7	The Council meeting agendas include all the important topics for discussion	<input type="checkbox"/>					
8	The Council meetings are well managed in accordance with the agenda	<input type="checkbox"/>					
9	There is sufficient time for discussion and for Governors to contribute their view at Council meetings	<input type="checkbox"/>					
10	Information provided for Council meetings is appropriate and timely	<input type="checkbox"/>					

		Strongly agree	Agree	Disagree	Strongly disagree	Cannot say	Comments
Communications, relationships and support							
11	The Council receive effective support from the Corporate Services Team	<input type="checkbox"/>					
12	The interaction and relationship between the Board of Directors and the Council of Governors is appropriate and effective	<input type="checkbox"/>					
13	Communications between the Trust and the Council of Governors are effective	<input type="checkbox"/>					
Holding Non-Executive Directors to Account							
14	I am confident that I am able to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors	<input type="checkbox"/>					
15	I am able to question the Non-Executive Directors about the assurances that they have received at the Board of Directors and Board committees.	<input type="checkbox"/>					
16	As a Governor I am provided with sufficient information to enable me to ask relevant questions regarding performance reports	<input type="checkbox"/>					
17	The Council has access to the Chair, the Board and the Senior Independent Director	<input type="checkbox"/>					
Processes and information							
18	I am able to understand the key points in the Trust's Annual Report and Accounts	<input type="checkbox"/>					
19	I am consulted on the development of forward plans for the Trust and any significant changes to the delivery of the	<input type="checkbox"/>					

		Strongly agree	Agree	Disagree	Strongly disagree	Cannot say	Comments
	Trust's business plan						
20	I understand my role in the appointment and removal of the Chair and Non-Executive Directors.	<input type="checkbox"/>					
21	I receive sufficient meaningful information to enable me to effectively discharge my duties in relation to the Non-Executive Director / Chairman appointment process.	<input type="checkbox"/>					

Appendix 2 – Questions for Board Members

		Strongly agree	Agree	Disagree	Strongly disagree	Cannot say	Comments
Council of Governors							
1	The Council of Governors meets sufficiently regularly to discharge its duties	<input type="checkbox"/>					
2	The Council meeting agendas include all the important topics for discussion	<input type="checkbox"/>					
3	The Council meetings are well managed in accordance with the agenda	<input type="checkbox"/>					
4	There is sufficient time for discussion and for Governors to contribute their view at Council meetings	<input type="checkbox"/>					
5	Information provided for Council meetings is appropriate and timely	<input type="checkbox"/>					
6	The interaction and relationship between the Board of Directors and the Council of Governors is appropriate and effective	<input type="checkbox"/>					
7	Communications between the Trust and the Council of Governors are effective	<input type="checkbox"/>					
Holding Non-Executive Directors to Account							
8	Governors ask relevant questions of the Non-Executive Directors about challenge and assurance	<input type="checkbox"/>					

Report Cover Sheet

Agenda Item: 10

Report Title:	Consideration of Governor Elements of the Trust's Self-Certifications			
Name of Meeting:	Council of Governors			
Date of Meeting:	16 February 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair of the Board and Council			
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 type="checkbox"/>	Discussion: <input checked="" type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	To share a draft proposed response to the Governor training element of Foundation Trust Condition 4.			
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>	-			
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"> • It is proposed that the Board confirms that Governors have been provided with the appropriate training to undertake their role. • This 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. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council is requested 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 within this paper.			
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 objective, but ensuring the Council has the appropriate training to discharge its role will seek to ensure that there is appropriate accountability in respect of the achievement of the strategy and objectives.				
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 direct link 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"/>		

Consideration of Governor Elements of the Trust's Self-Certifications

1. Executive Summary

- 1.1. 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).
- 1.2. It is proposed that the Board confirms compliance with this statement on the basis that Governors have had access to the following: a revised induction pack for 2021/22; internal workshops; access to a library of reference material on Convene; access to Governwell courses and NHS Providers events; inductions to Board committee observer roles; and a new format Council meeting which aims to make it easier for Governors to discharge their duties.
- 1.3. The commitment to Governor training and development is also evidenced through the planned establishment of the Governor Governance and Development Committee; quarterly Governor development sessions; and the new annual effectiveness survey for the Council of Governors.
- 1.4. The Council is requested to share a view on the planned response, taking into account the supporting evidence provided within this paper.

2. Introduction

- 2.1. The Trust is required to make a number of self-certifications each year to assess compliance with its Foundation Trust license.
- 2.2. The Board will be required to consider and sign-off the certifications as part of the year-end meeting to approve the annual accounts and annual report, following initial review at the Audit Committee.
- 2.3. A number of these certifications require the Board to have due regard to the views of Governors. An example of this is the Corporate Governance Statement, a forward-looking statement where the Board must consider whether appropriate governance structures and processes are in place for the new financial year. Such submissions will be shared with the Council during the May 2022 meeting prior to formal Board sign-off.
- 2.4. One self-certification directly addresses the support provided by the Trust to Governors in relation to training. This draft certification is therefore shared with the Council earlier than the others to enable due consideration to be made.

3. Key issues / findings

- 3.1. As part of Foundation Trust Condition 4 the Board is required to confirm or not confirm compliance with the following statement:

Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

- 3.2. The proposed response is to confirm compliance with the above statement. This is based on the provision of the following training and development during 2021/22:
- Provision of a **dedicated area on Convene for useful reference documents** for Governors to support continuous learning and development;
 - Fully revised **induction for new Governors** which is compliant with the best practice model issued by NHS Providers' Governwell service;
 - Opportunities to **attend Governwell courses** on topics including Effective Questioning and Challenge, NHS Finance and Business Skills, Accountability and Core Skills. These opportunities were taken up by a number of Governors during this financial year. In addition Governors have also attended NHS Providers' Governor-related online conferences / events during the year;
 - **Internal workshop** held in September 2021 on the role of Governors. This included a detailed section on holding Non-Executive Directors to account, including hints and tips on how to enact this role;
 - Workshop with the Council on the development of the Trust's new **strategy** in December 2021;
 - A revised process for appointing **Board Committee observers**, with an induction session held between each Committee Chair, the Company Secretary and the Governor observers. This new process includes more formalised feedback loops so all Governors can benefit from the insights of the Governors holding these roles; and
 - Revisions to the **format and structure of the Council of Governors** to support Governors in holding Non-Executive Directors to account – for example this now includes presentations from Board Committee Chairs.
- 3.3. In addition, the following areas are being progressed over the coming months and demonstrate the commitment to Governor training and development:
- In November 2021 the Council approved the **establishment of the Governor Governance and Development Committee** which will take a leading role in working alongside the Company Secretary to ensure that Governor training and development meets the needs of the Council. Due to the latest NHS England and Improvement guidance on maximising capacity, the Committee has not yet been set up but it is anticipated this will take place in the coming weeks;
 - A commitment has been made to hold **quarterly Governor development sessions** and dates are secured in the diaries through to the end of 2022/23. The Governor Governance and Development Committee will take a lead role in helping to shape the cycle of business. Non-Executive Directors are invited to attend these sessions to help to build relationships and opportunities for interaction and questions; and
 - As outlined in a previous agenda item there is an intention to run an **effectiveness survey** for the Council on an annual basis. This will provide greater insight into any areas where the Council feels it would benefit from further training and development. It demonstrates a commitment to continuous learning and improvement.

4. Solutions / recommendations

- 4.1. The Council is requested 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 within this paper.

Report Cover Sheet

Agenda Item: 11

Report Title:	Process for appointing the Lead and Deputy Lead Governors			
Name of Meeting:	Council of Governors			
Date of Meeting:	16 February 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair of the Board and Council			
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 type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input checked="" type="checkbox"/>	Information: <input type="checkbox"/>
	To present the proposed approach for the appointment of the Lead and Deputy 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>	-			
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 Lead Governor position is a mandated position which is required by the regulator. The Deputy Lead Governor position was introduced in 2021 to provide support and resilience. • The process and eligibility criteria remain unchanged from the previous year. 			
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 review and approve the planned approach for the election of the Lead and Deputy Lead Governor positions.			
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 both positions play 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"/>		

Process for Appointing the Lead and Deputy Lead Governors

1. Executive Summary

- 1.1. It is proposed that a consistent approach to the prior year is adopted in relation to the appointments of the Lead and Deputy Lead Governor positions. The process for the Lead Governor appointment will conclude prior to the Deputy Lead Governor nomination period commencing.
- 1.2. No changes have been made to the eligibility criteria or term lengths for either position.
- 1.3. As the appointments of the Lead and Deputy Lead Governors are Council decisions, the planned process is shared for approval.

2. Introduction

- 2.1. 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 2021 following the completion of her term. The Deputy Lead Governor, Abe Rabin, has been covering the duties of the Lead Governor since this time.
- 2.2. All Foundation Trusts are required to have a Lead Governor in place. The Lead Governor acts as a direct point of contact between the regulator, NHS England and Improvement (referred to by the former title of Monitor in extracts from publications within this paper) in a limited number of circumstances where it may not be appropriate to communicate through normal channels.
- 2.3. In 2021 the Council of Governors agreed to appoint a Deputy Lead Governor to support the role of the Lead Governor within the Trust. The value of this additional appointment has been demonstrated, providing support to the former Lead Governor and continuity and resilience in the period since the Lead Governor did not stand for re-election.
- 2.4. It is noted that the appointment of the Lead and Deputy Lead Governors is a matter for the Council rather than the Trust. This paper sets out a proposed approach to the forthcoming appointments for review and approval by the Council.

3. Appointment process

- 3.1. The job description and person specification for the Lead Governor is included within Appendix 1. This is consistent with the information shared with the Council in previous years and no changes have been proposed. Similarly the job description and person specification for the Deputy Lead Governor is included at Appendix 2.
- 3.2. Both the Lead and Deputy Lead Governors will meet with the Chair and Company Secretary on a monthly basis as part of their role, acting as an informal conduit between the Council and the Trust where required and appropriate.
- 3.3. The proposed process for the appointment of the Lead Governor would be:
 - Expressions of interest invited to be submitted to the Company Secretary during the period 18 February to 4 March (should the proposed approach outlined in

this paper be approved at the Council meeting on 16 February). This will consist of a short statement of no more than 200 words on why the nominee wishes to be Lead Governor.

- If there is a single nomination, Governors will be asked to endorse (or not) that nomination by voting for that person or abstaining. If there is more than one nomination the Company Secretary shall circulate all statements to members of the Council of Governors (except those who have self-nominated as Lead Governor) together with a ballot nomination paper bearing the names of all candidates which is to be completed electronically and returned to the Corporate Services Assistant by the date set out on the ballot paper (anticipated to be 18 March).
- The results will be counted and the appointment announced via email, which will then enable the process for the appointment of the Deputy Lead Governor to commence.

3.4. The Deputy Lead Governor appointment process will follow immediately after the announcement of the Lead Governor and adopt the same approach. The nomination period will last 2 weeks, with a further 2 weeks for return of ballot papers. This means the appointment will be confirmed by the end of April.

3.5. The results will be 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.

4. Solutions / recommendations

4.1. The Council of Governors is requested to review and approve the planned approach for the election of the Lead and Deputy Lead Governor positions.

Appendix 1 – Lead Governor

Job Description – Lead Governor

Background

Your Statutory Duty, NHSI’s reference guide for the NHS Foundation Trust Governors sets out the role of the Lead Governor as follows:

‘Monitor has asked all NHS Foundation Trusts to nominate a “lead governor”. This individual will liaise between Monitor and the Council of Governors where, for example, we have concerns about the leadership provided to an NHS Foundation Trust or in circumstances where it would be inappropriate for the chair to contact us, or vice versa (for example, regarding concerns about the appointment or removal of the chair).

However, the term “lead governor” has created some confusion. Monitor did not intend the person holding this role to “lead” the Council of Governors or assume greater power or responsibility than other Governors. We recognise that many NHS Foundation Trusts have broadened the original intention of this role and given greater responsibility or power to their Lead Governor. Every Trust can decide how best to structure its own Council; we continue to require only that the lead governor acts as a point of contact between Monitor and the Council of Governors when needed. Directors and Governors alike should always remember that the Council of Governors as a whole has the responsibilities and powers in statute, and not individual Governors.

Where NHS Foundation Trusts choose to broaden the lead governors’ role, Directors and the Council of Governors should agree what it should and should not include. The Council of Governors should vote on or otherwise decide who the lead governor will be; Directors (including the chair) should not be involved in this process.

Having a lead governor does not, in itself, prevent any other Governor from making contact with Monitor directly if they feel this is necessary.

Communication from Monitor to Governors will, as a matter of course, be disseminated by Trust Secretaries.’

Principal Responsibilities and Term of Office

The Lead Governor of Gateshead Health NHS Foundation Trust will be appointed to carry out the role described in Appendix B of Monitor’s FT Code of Governance 2014 (overleaf), or any subsequent amendments.

He/she will be appointed from those in the **public, patient or out of area membership category, with at least one years’ experience as a Governor.**

The Lead Governor will be appointed by the Council of Governors for a period of **one year, but may be re-appointed annually up to a maximum of three years.**

The Lead Governor will, via the Foundation Trust Secretary, pass on to Governors within five days any communication received directly from NHS England and Improvement and, where the Chairman of the Board of Directors / Council of Governors is conflicted, shall via the Vice-

Chairman, convene a meeting of the Board of Governors at the earliest opportunity – but only in respect of communications received from NHS England and Improvement.

Where any Governor – including the Lead Governor – wishes to contact NHS England and Improvement, he/she will first discuss this with the Senior Independent Director (SID). Contact thereafter with NHS England and Improvement, will be via the Lead Governor. This presupposes that matters have not been resolved locally, either through the Chairman or the Council of Governors.

Removal of the Lead Governor will require the approval of three-quarters of the members of the whole membership of the Council of Governors

Person specification

To be able to fulfil this role effectively the Lead Governor will:

- Have integrity in accordance with the Nolan Principles
- Work in the best interest of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors
- Have an understanding of the Trust's Constitution
- Be committed to the values of the Foundation Trust
- Be able to present well-reasoned argument
- Have the confidence of Governor colleagues and of members of the Board of Directors

Appendix 2 – Deputy Lead Governor

Principal Responsibilities and Term of Office

As it is intended that the Deputy Lead Governor will be a form of support to and potentially succession planning for the Lead Governor, He/she will be appointed from those in the **public, patient or out of area membership category, with at least one years' experience as a Governor.**

The Deputy Lead Governor will be appointed by the Council of Governors for a period of **one year, but may be re-appointed annually up to a maximum of three years.**

Where any Governor – including the Lead Governor and Deputy Lead Governor – wishes to contact NHSI, he/she will first discuss this with the Senior Independent Director (SID). Contact thereafter with NHSI, will be via the Lead Governor or the Deputy Lead Governor if the Lead Governor is not available. This presupposes that matters have not been resolved locally, either through the Chair or the Council of Governors.

The Deputy Lead Governor will not have an automatic right to succeed to the role of the Lead Governor. If the Deputy Lead Governor does wish to apply for the Lead Governor Role then he/she will need to apply during the usual Lead Governor appointment process.

Person specification

- To be able to fulfil this role effectively the Deputy Lead Governor will:
- Have integrity in accordance with the Nolan Principles
- Work in the best interest of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors
- Have an understanding of the Trust's Constitution
- Be committed to the values of the Foundation Trust
- Be able to present well-reasoned argument
- Have the confidence of Governor colleagues and of members of the Board of Directors

Report Cover Sheet

Agenda Item: 12

Report Title:	Election Results and new Governor welcome			
Name of Meeting:	Council of Governors			
Date of Meeting:	16 th February 2022			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Alison Marshall, Chair Yvonne Ormston, Chief Executive			
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 type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input checked="" type="checkbox"/>	Information: <input checked="" type="checkbox"/>
	<p>This paper provides the Council of Governors with an update on the election results and welcomes our new Governors.</p> <p>Eight new Governors were elected following the voting process and we welcome 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.</p>			
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 of Governors received an update on the uncontested election results in November 2021.			
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 	<ul style="list-style-type: none"> • 8 new Governors were elected in the 2021/22 elections, with 2 Governors retaining their seats. • A new induction pack was designed and used by the Chair, Chief Executive and Company Secretary to welcome Governors to the role and the Trust (for public Governors). • Only one vacancy remains in respect of public 			

<ul style="list-style-type: none"> Equality, diversity and inclusion 	Governor seats.				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	<ul style="list-style-type: none"> Note the outcome of the elections; Formally welcome our new Governors who commenced their terms of office on 5th January 2022; Be assured that incoming Governors will be provided with a comprehensive induction and training; and Consider whether experienced Governors wish to put themselves forward as buddies for new Governors. 				
Trust Strategic Aims that the report relates to:	Aim 1 <input 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 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 objective, but ensuring the Council has the appropriate induction and training to discharge its role will seek to ensure that there is appropriate accountability in respect of the achievement of the strategy and objectives.				
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 direct linkages				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

Election Results and New Governor Welcome

1. Executive Summary

- 1.1. 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.
- 1.2. Elections took place in the Western and Staff constituencies, with the results being published on 2nd December 2021. All five seats were filled.
- 1.3. We have eight new governors in total and would like to welcome 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.

2. Introduction

- 2.1. The 2021 elections consisted of 11 available seats:
 - 3 x Staff Governor
 - 3 x Public Governors for Central Gateshead
 - 2 x Public Governors for Western Gateshead
 - 2 x Eastern Governors for Eastern Gateshead
 - 1 x Patient and Out of Area Governor
- 2.2. Ten of the available seats were filled with one vacancy remaining in the Central constituency which will be carried forward to next year.
- 2.3. This paper updates Governors on the election results.

3. Governor changes

- 3.1. The following candidates were elected unopposed, with terms commencing on 5th January 2022.

Constituency	Elected candidates
Public: Central	John Bedlington – elected for a second term of office (5 Jan 2022 to 4 Jan 2025)
Public: Central	Brenda Margaret Webb – elected for first term (5 Jan 2022 to 4 Jan 2025)
Public: Eastern	Alan Dougall – elected for a second term of office (5 Jan 2022 to 4 Jan 2025)
Public Eastern	Barry Turnbull – elected for first term (5 Jan 2022 to 4 Jan 2025)
Public: Out of Area / Patient	Agatha Kanyangu – elected for first term (5 Jan 2022 to 4 Jan 2024)

- 3.2. Elections took place for Public: Western and Staff constituencies. The following candidates were elected, with terms commencing on 5th January 2022:

Constituency	Elected Candidates
Public: Western	Gill Alderson – elected for first term of office (5 Jan 2022 to 4 Jan 2025)
Public: Western	Ged Quinn – elected for first term of office (5 Jan 2022 to 4 Jan 2025)
Staff	Helen Adams – elected for first term (5 Jan 2022 to 4 Jan 2024)
Staff	Andrew Lowes – elected for first term (5 Jan 2022 to 4 Jan 2025)
Staff	Richard Morrell – elected for first term (5 Jan 2022 to 4 Jan 2025)

- 3.3. An induction session took place with the Chair, Chief Executive and Corporate Services Team on 6th January 2022 and a further session will take place on 10th February 2022 for those who were unable to attend the first session.
- 3.4. Further training opportunities are being considered and will include the opportunity to attend some of the NHS Providers GovernWell courses.
- 3.5. As discussed at the last meeting, it may be helpful for new Governors to be offered the opportunity to have a Governor buddy. Experienced Governors who would be interested in undertaking this role are kindly requested to let the Company Secretary know.

4. Recommendations

- 4.1. The Council is requested to:
- Note the outcome of the elections;
 - Formally welcome our new Governors who commenced their terms of office from 5th January 2022;
 - Be assured that incoming Governors will be provided with a comprehensive induction and training; and
 - Consider whether experienced Governors wish to put themselves forward as buddies for new Governors.

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

	Lead	Purpose of item	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 (timing TBC)	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 (timing TBC)	Chair of the Committee	For Assurance				
Membership Development Working Group (timing TBC)	Chair of the Group	For Assurance				