Council of Governors' Meeting

A meeting of the Council of Governors will be held
at 10.00am on Wednesday 16th November 2022,
in Rooms 9&10 Education Centre & Microsoft Teams

NHS
Gateshead Health
NHS Foundation Trust

A G E N D A

1	**Apologies for Absence and Attendance Register**	
2	**Chair's Business**	
3	**Declarations of Interest**	
4	**Minutes of the Previous Meeting:** To approve the minutes of the previous meeting of the Council of Governors held on Wednesday 28 September 2022	**Enclosure**
5	**Matters Arising/Action Log**	**Enclosure**

Trust Updates:

6	**Showcase presentation: Professional Nurse Advocates**	**Presentation**

Board and Committee Updates:

7	**Chief Executive's Update including** i) Performance Report ii) Industrial Action **iii)** Questions from Governors	**Presentation** **Enclosure to follow** **Verbal**
8	**Board Committee Assurance Updates** i) Quality Governance Committee ii) Charitable Funds Committee	**Enclosure** **Enclosure**

Elections and Membership:

9	**Governance and Development Committee Update**	**Verbal**
10	**Elections and Membership Update**	**Enclosure**

Items for Information:

11	**Council of Governors' Dates 2023/24**	**Enclosure**
12	**Cycle of Business**	**Enclosure**
13	**Review of the Meeting**	**Verbal**
14	**Date & Time of the next Meeting** The next meeting of the Council of Governors will be held at Wednesday 15th February 2023 at 10.00am in Rooms 9&10, Education Centre.	

COUNCIL OF GOVERNORS'

Minutes of the Council of Governors' Meeting
held at 11.00am on Wednesday 28th September 2022,
in Rooms 9&10 and Microsoft Teams

Present:	
Mrs A Marshall	Chair
Ms H Adams	Staff Governor
Mr L Brown	Public Governor - Western
Mrs H Jones	Public Governor – Central
Mr M Lamport	Public Governor – Western
Mr R Morrell	Staff Governor
Prof D Porteous	Appointed Governor
Mr G Quinn	Public Governor – Western
Mr A Rabin	Public Governor – Central
Mr G Riddell	Public Governor – Western
Mrs K Tanriverdi	Public Governor – Central
Dr L Ternent	Appointed Governor
Mr C Toon	Appointed Governor
In Attendance:	
Mrs J Baxter	Chief Operating Officer
Mr A Beeby	Medical Director
Dr R Bonnington	Non-Executive Director
Mrs L Crichton-Jones	Director of People & OD
Cllr M Gannon	Non-Executive Director
Mrs K Mackenzie	Group Director of Finance & Digital
Mr A Moffat	Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs H Parker	Non-Executive Director
Mrs K Roberton	Deputy Director of Corporate Services & Transformation
Mr M Robson	Non-Executive Director
Mr K Sohanpal	EDI & Engagement Manager (22/47)
Mrs A Stabler	Non-Executive Director
Ms D Waites	Corporate Services Assistant
Apologies:	
Mr J Bedlington	Public Governor – Central
Miss J Boyle	Company Secretary
Mrs G Findley	Chief Nurse
Ms A Kanyangu	Patient/Out of Area Governor
Dr A Lowes	Staff Governor
Mrs M Pavlou	Non-Executive Director
Mr A Robson	Managing Director, QEF

Agenda Item	Discussion and Action Points	Action By
G/22/38	**CHAIR'S BUSINESS:** Mrs Marshall opened the meeting and welcomed the Governors and Board.	

Agenda Item	Discussion and Action Points	Action By
G/22/39	**DECLARATIONS OF INTEREST:** 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. Mrs H Jones reported an interest in relation to Agenda Item 8, Constitution Update.	
G/22/40	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the previous meeting held on Wednesday 11th May 2022, were approved as a correct record.	
G/22/41	**MATTERS ARISING/ACTION LOG:** The Council of Governors' Action Plan was updated accordingly to reflect matters arising from the minutes.	
G/22/42	**CHIEF EXECUTIVE'S UPDATE:** Mrs Y Ormston, Chief Executive, provided an update on current issues relating to the Trust. She drew attention to the presentation slides which are available via Convene and explained that the wider reports were presented at the public part of the Board. She highlighted the following key points: **Performance Report:** Performance pressures remain in all areas however the Trust has achieved combined activity of 97% in August which is below planned levels however has improved since last month. Daily bed occupancy remains high as well as increased lengths of stay. Mrs Ormston reported that there has been an increase in the completion of core skills training and she highlighted that the Leading Well and Managing Well courses have been well attended. Recruitment pressures remain however 60 nursing posts have recently been filled as a result of preceptorship training and international recruitment. Mrs Ormston gave an update on financial performance and highlighted some of the key developments since the last meeting including the opening of the Trust's new maternity theatre.	

Agenda Item	Discussion and Action Points	Action By
	Questions from Governors: Mrs Ormston provided some feedback from the Governor questions received in advance of the meeting, including: In response to a question received from Mrs Jones regarding the delays to the doctors' mess and hot food facilities being put in place, Mrs Ormston reported that this has been discussed at the Accommodation Group and the QE Facilities team are working closely with the Medical Education Lead. Mrs Tanriverdi raised a query in relation to bed capacity being reduced due to infection, prevention and control reasons, and Mr Beeby confirmed that this had been implemented during the pandemic however is required to be balanced with capacity and demand issues. Following a query from Mr Lamport relating to the vending machines in A&E, Mrs Baxter confirmed that a re-tendering exercise was currently taking place and new machines should be put in place in the near future however she will confirm this with Mr A Robson. Mr Lamport also raised an issue in relation to self-referrals to the Tyneside Integrated Musculoskeletal Services (TIMS) and Mrs Baxter explained that this service is delivered jointly between Newcastle and Gateshead and improvement work is already being addressed however will pick this up outside of the meeting. Following a query from Mr Rabin in relation to digital appointments and whether these included elderly or ethnic groups, Mrs Baxter reported that work is taking place within the Gateshead system around health inequalities and will ensure there is access available for all groups. Mr Rabin felt that it was important to remind Governors to remain comfortable in raising questions and issues now that meetings are beginning to take place face to face again following the pandemic. Mrs Marshall highlighted the Executive team and Governors are working together to re-engage and a number of events, visits, etc will be taking place in the near future. After consideration, it was: **RESOLVED:** to receive the updates for assurance and information.	JMB JMB

Agenda Item	Discussion and Action Points	Action By
G/22/43	**BOARD COMMITTEE ASSURANCE UPDATES:** **People & OD Committee:** Dr R Bonnington, People & OD Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. She drew attention to the case study on growing the workforce absence and supply metrics and highlighted that the People Data Analyst is now in post and forecasting data will be presented at the next Committee meeting. Dr Bonnington reported that the Committee is currently monitoring two risks which are included within the Organisational Risk Register which relates to workforce capacity and health and well-being. Key priorities for the Committee over the next six months include workforce supply including recruitment, retention and absence monitoring. Following a query, Mrs Ormston reported that the POD team are working with local schools and universities to promote vacancies and workforce opportunities. Dr Bonnington asked any Governor who wish to accept the offer to receive winter vaccinations to contact the Corporate Services office. **Audit Committee:** Mr A Moffat, Chair of the Audit Committee, provided an update on key issues and assurances, key risks and priorities for the Committee. Mr Moffat drew attention to some of the key issues and assurances received by the Committee since the last report and discussed the case study in relation to the Annual Accounts. Key risks include internal and external audit capacity and the implementation of recommended actions within agreed timelines. Key priorities for the Committee over the next six months include preparation for the review of year-end reporting, ensuring that regulatory deadlines are met and that continuous improvement is made in the quality of reporting. Following a query from Mr Lamport in relation to fraud investigations, Mr Moffat reported that the these are processed via the Counter Fraud team and reported via the Audit Committee. After further discussion, it was: **RESOLVED:** to receive the reports for assurance.	

Agenda Item	Discussion and Action Points	Action By
G/22/44	**CONSTITUTION UPDATE:** Mrs K Roberton, Deputy Director of Corporate Services and Transformation, provided an update on the proposed constitutional amendment to reclassify volunteers as public members with respect to Foundation Trust membership. The Council noted the declared interest from Mrs Jones. The paper outlines the options available and considers which approach would best protect and promote volunteering and maximise the opportunities for representation at the Council. Mrs Roberton highlighted that there would be an impact on existing Governors from both Option 1 and Option 2 and this options appraisal has been undertaken impartially based on an assessment of appropriate governance. It is recommended that Option 2 is approved to enact a constitutional change to recognise volunteers as public members and this option is also supported by the Board of Directors and Governor Governance and Development Committee. Mrs Marshall highlighted that herself and Miss Boyle, Company Secretary, have met with the affected Governors who agreed that it was important to take the most appropriate approach from a governance and representation perspective. Following consideration, it was: **RESOLVED:** i) to approve Option 2 to enact a constitutional change to recognise volunteers as public members ii) to note the recommendation of the Governor Governance and Development Committee that the Trust takes a wider look at the make-up of constituencies and Council composition next year to ensure that it remains fit for purpose and reflective of system-working requirements.	
G/22/45	**GOVERNOR COMMITTEES' TERMS OF REFERENCE:** Mrs K Roberton, Deputy Director of Corporate Services and Transformation, presented the Terms of Reference for the Membership Strategy Group and Governor Governance and Development Committee (GGDC), for ratification following a full review at the Committees. Mrs Roberton drew attention to an outstanding issue in relation to the name of the GGDC and Governors have been requested to provide suggestions. Discussion took place in relation to Governor contribution to the Committees and Mr Rabin	

Agenda Item	Discussion and Action Points	Action By
	reiterated that all Governors are invited to attend both meetings. Mrs Marshall highlighted that the Governor role is voluntary however felt that it was important to gain good attendance at meetings and it was suggested that it may be beneficial to re-introduce the monitoring of attendance via a register. Mrs Jones explained that information packs are provided to interested Governors during the election period and Mrs Roberton confirmed that awareness sessions will take place again this year. Mrs Marshall reported that a buddy system was also suggested however insufficient volunteers were received to enable this to take place effectively. Mr Rabin reminded the Council that an informal Governor session has been set up for Monday 24th October 2022 and a training session with NHS Providers is due to take place on Wednesday 9 November 2022. Following discussion, it was: **RESOLVED:** to approve Terms of Reference for the Membership Strategy Group and Governor Governance and Development Committee.	JBoy/DW
G/22/46	**GOVERNOR GOVERNANCE AND DEVELOPMENT COMMITTEE UPDATE:** Mr A Rabin, Lead Governor and Chair of the Governor Governance and Development Committee, provided an overview of the assurance, decisions and key issues discussed as part of the recent Governor Governance and Development Committee meetings. He reported that the Committee has met twice, including its inaugural meeting and an extraordinary meeting and has undertaken a detailed review of governance-related items on behalf of the Council. This has included reviewing core NHS England draft governance documentation, which was out for public consultation, as well as undertaking a detailed discussion on a potential constitutional amendment. Following consideration, it was: **RESOLVED:** to receive the report for information and assurance.	

Agenda Item	Discussion and Action Points	Action By
G/22/47	**EQUALITY, DIVERSITY AND INCLUSION (EDI) UPDATE:** Mr K Sohanpal, EDI & Engagement Manager, presented the EDI Annual Report for 2021/22 which contains information detailing the activity undertaken in respect of ED and includes data of current staff and staff appointed, broken down via protected characteristics. Mr Sohanpal highlighted that some of the information in the report is still being collated and will be updated in due course. He highlighted some of the workforce monitoring information and reported that further work around assessing and analysing data in respect of the Workforce Race Equality Standard (WRES) is required and a detailed action plan is in place to reflect this. The report identifies the need to improve Black and Minority Ethnic (BME) representation at the Board level of the organisation and Mrs Marshall confirmed that processes are in place to focus on this including recruitment panels. The Council also discussed whether a mandate should be included within the Trust's Constitution and it was agreed that further work needs to take place. Mrs Jones reminded the Council that this could be raised during a future visit from the Care Quality Commission and Mrs Marshall confirmed that there is commitment from the Board to ensure that actions are progressed. After further discussion, it was: **RESOLVED:** to receive the report for assurance and information.	
G/22/48	**MEMBERSHIP STRATEGY GROUP UPDATE:** Ms D Waites, Corporate Services Assistant, provided the Council with an overview of the assurance and issues discussed as part of the recent Membership Strategy Group meetings. She highlighted the key priority of the Group is to reset and lead in the restarting of membership engagement and recruitment initiatives. The Council acknowledged that further engagement work is required and it was agreed within the Strategy Group that seeking Governor views on preferred methods of engagement would be included in the next iteration of the Council of Governors effectiveness survey. In addition, Dr A Lowes, Staff Governor, has kindly offered to provide	

Agenda Item	Discussion and Action Points	Action By
	Governors with an opportunity to visit theatres and intensive care.	
	After discussion, it was:	
	RESOLVED: to receive the report for assurance and information.	
G/22/49	**ELECTIONS UPDATE:**	
	Ms D Waites, Corporate Services Assistant, provided the Council with the elections timetable.	
	She reported that the notice of election will be published on 26 October 2022, with the deadline for nominations on 10 November 2022.	
	There are 10 Governor positions available:	
	• 1 x Staff Governor • 4 x Public Governors for Central Gateshead • 3 x Public Governors for Western Gateshead • 2 x Eastern Governors for Eastern Gateshead	
	Current governors whose tenure ends on 4 January 2023 are reminded that they will automatically be sent a nomination pack, unless they have advised the Corporate Services Office of their intention not to stand for re-election.	
	Following consideration, it was:	
	RESOLVED: to note the key dates and receive the report for information	
G/22/50	**CYCLE OF BUSINESS:**	
	Ms D Waites, Corporate Services Assistant, 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.	
	Following consideration, it was:	
	RESOLVED: to receive the cycle of business for information.	

Agenda Item	Discussion and Action Points	Action By
G/22/51	**REVIEW OF THE MEETING:** Mrs Marshall invited reflections on the meeting however there were no updates or issues received.	
G/22/52	**DATE AND TIME OF NEXT MEETING:** **RESOLVED:** that the next meeting of the Council of Governors will be held at 10.00am on Wednesday 16th November 2022.	

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	28.09.2022	JeB	Cross-referral to Governance and Development Committee for training plan. Action suggested for closure from the Council.
G/22/08	16.02.2022	Council of Governor Annual Effectiveness Survey – governors to complete survey via Convene. To open on Friday 18th February 2022 and close on Friday 4th March.	28.09.2022	All	New Governor Governance and Development Committee to review results and make recommendations to the May Council. May 22 – to be re-run later in the year Nov 22 – this will be initiated following the November meeting.
G/22/42	28.09.2022	Governor questions – to confirm the plan to replace vending machines and pick up concerns in relation to the TIMS service	16.11.2022	JMB	Nov 22 – meeting with TIMS confirmed as being held
G/22/45	28.09.2022	Governance attendance – to consider the re-introduction of monitoring system ie. Register of attendance and review constitution	16.11.2022	JBoy/DW	Nov 22 – registers are maintained. Reporting to be discussed at next Governance and Development Committee.

Implementation of Professional Nurse Advocacy – Gateshead NHS Trust

Our story as PNA PIONEERS

Gill Findley*. Chief Nurse and Professional Lead for Midwifery and AHPs*

Janet Thompson. *Head of Nursing*
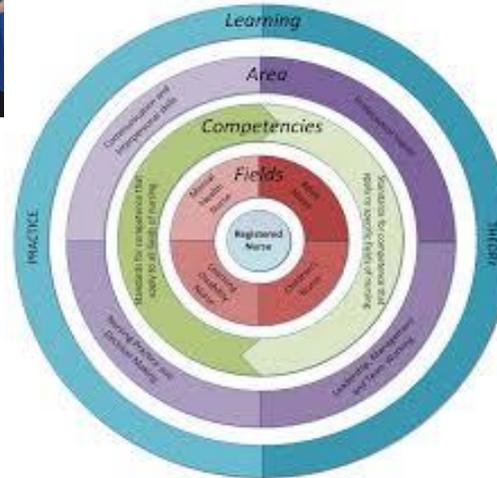
Stephen Williams – *Trust preceptorship lead*

Jo Ramshaw - *CCD Senior sister*

Debbie Heslop – *Matron Clinical support and Screening*

Jane Welsh – *Clinical lead: Community and Older persons*

Gateshead is a great place to work

NHS
Gateshead Health
NHS Foundation Trust

Quality and excellence in health

2 years on in Sept 2021

- Tired staff (covid) : we were needing to reframe and reenergise.

- Staff were experiencing " burnout" and looking for new opportunities.

- Showing low resilience, sickness rates over 10% in some areas.

- Expressing frustration that CPD had been "stood down" through the pandemic to support frontline pressures.

- Retiring … returning - but not necessarily to the frontline.

- Early leavers- leaving after 18 months in the profession to "do something else" seeking an alternative to the profession they came into.

Sounds familiar ????

The start of our journey

- Our starting point was a conversation between the Chief Nurse and Regional lead

- Then we had a " *Oh My Goodness Moment*......."

- Identified JT as a lead within the organisation and formed a plan together.

The Plan : Liase.. Identify.. Seek

(Emergency Medicine, Surgery, Critical Care , IPC, clinical support, community, corporate nursing and POD).

- <u>Liase</u> with the NHS England and NHS Improvement regional PNA advisor and group.

- <u>Identify</u> - key stakeholders across all areas of relevance to register their interest in training as a PNA this included areas of interest relevant to the programme including -

  <u>Seek</u> - interested parties of experienced Band 5, 6 or above.

Leading our HEE journey

- Created groups of cohorts through nominations and EOI to NHSi lead.

- Bombarded EOI s to aim for a 2 year plan (25-30 per year).

- Virtual and distance learning helped.

- Leads created a support network and buddy system.

- Discussed the programme at the leads meeting, warts and all.

- Recognised the programme came to Gateshead just at the right time

- Supported individuals expressing an interest in the programme.

- Started our PNA journey and implementation plan.

Quality and excellence in health

Presented our journey

- We are a regional leader in that we have a chief nurse who is a PNA

- We are on track for the 1: 20 trajectory

- Spoke at the NENY conference about our journey

- We share best practices with each other through our community of PNA practice and wider with other trusts

- PNA s have brought all four business units together in the true sense of collaboration.

- We need to celebrate what's great about nursing and focus on the profession.

- Support our staff to be the best they can be to provide the best possible patient care.

NHS
Gateshead Health
NHS Foundation Trust

Embedding Clinical Restorative Supervision through the role of the Professional Nurse Advocate

National & Local Drivers

- Responding to National Initiatives to support the Mental Health & wellbeing aspect of the NHS People Plan 20/21 and Long Term Plan
- Covid19 Reset and Recovery Plan with a focus on Clinical Leadership
- CPD for the Nursing Workforce
- Retention of current workforce aligned with recruitment in competitive

"The A-EQUIP model supports a continuous improvement process that aims to build personal and professional resilience of nurses, enhance quality of care for patients and support preparedness for appraisal and professional revalidation" (NHS England 2021)

PNA Team

- Develop Trust Strategy & Governance
- Communication and Engagement Strategy
- Ratio 1 PNA: 20 Nurses
- Protected time
- Group / Individual Sessions
- Initial Target – Band 5's
- Data Collection and feedback
- Internal and external stakeholder analysis

Linking the A-EQUIP Model with Trust ICORE Values

- Advocacy for patient, nurse and healthcare staff
- Encouraging and enabling innovation and to take personal action on Quality Improvement
- Providing a framework for clinical supervision using a restorative approach
- Promoting education & personal development.
- Opportunity for a safe space to be reflective, open and respectful

Expected Outcomes

- Feeling supported, valued and increase in confidence.
- Reduction in stress, burnout and sickness absence
- Personal and professional development
- Role modelling based on caring, compassion and respect
- Be less inclined to leave the profession
- Feel less isolated
- Improved clinical confidence and ability to identify and disseminate good practice
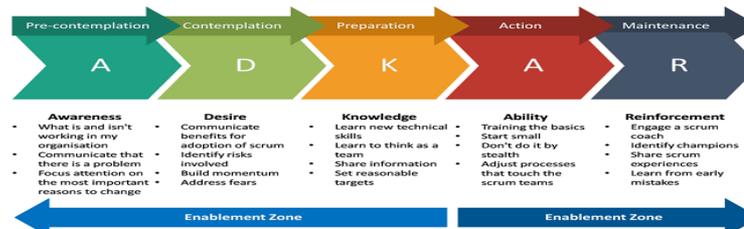
Challenges to Implementation

- Covid19
- Staffing pressures & competing demands
- Protected time to deliver seen as a priority
- Awareness to reach all nursing staff
- Initially targeting nurses – unhappiness from other disciplines
- Use of MS Teams / Technology.

PNA's ensure that

"Leadership is not about titles, positions, or flowcharts. It is about one life influencing another."
– John C. Maxwell

Leadership is encouraged at all levels

ADKAR CHANGE MODEL
ADKAR Change Management

Pre-contemplation	Contemplation	Preparation	Action	Maintenance
A	D	K	A	R
Awareness	**Desire**	**Knowledge**	**Ability**	**Reinforcement**
• What is and isn't working in my organisation • Communicate that there is a problem • Focus attention on the most important reasons to change	• Communicate benefits for adoption of scrum • Identify risks involved • Build momentum • Address fears	• Learn new technical skills • Learn to think as a team • Share information • Set reasonable targets	• Training the basics • Start small • Don't do it by stealth • Adjust processes that touch the scrum teams	• Engage a scrum coach • Identify champions • Share scrum experiences • Learn from early mistakes
Enablement Zone		Enablement Zone		

Remember the acronym ICORE
– Innovation, Care, Openness, Respect and Engagement

I INNOVATION	• Look for better ways to do things • Embrace new ways of working	• Continually develop ourselves • Uphold a service ethos
C CARE	• Put ourselves in other people's shoes • Be approachable	• Be sensitive and considerate • Listen, respond and support
O OPENNESS	• Be honest • Be courageous • Admit mistakes	• Share information • Do the right thing
R RESPECT	• Value the skill and contribution of others • Be polite and helpful	• Appreciate and embrace difference • Maintain dignity of others
E ENGAGEMENT	• Involve others • Listen	• Work together • Share information and resources

Quality and excellence in health

Creating a PNA council support network

"Opportunities"

- Opportunity to create a **Shared Decision Making Council** across a variety of areas including representatives of all business units.

- Opportunity - to share the **NEY PNA** discussions.

- Opportunity - to ensure there was **support** for PNA cohort 1 in training.

- **Live register** - of the PNAs employed in the trust to allow succession planning and maintenance of a 1:5 to 1:20 PNA-to-nurse ratio, dependent on setting.

- Opportunity to **co -design an implementation plan** with Gateshead nurses.

- **Comms**

(NHSi framework as a handbook)

Quality and excellence in health

Partantnerships examples:

- Groupwork - UNI poster presentation,

- Agreed the PNA structure fit for purpose.

- Developed a Communication strategy with the Comms team

- Presented our story informally to senior managers

- Partnership working with Nursing and POD team to support data, (returning the PWR).

- Good governance reporting to the Health and Well being board every 6 months.

Business management :
Register, database, PWR -
Partnership working with HEI, Nursing and POD

Where we are now -
Year 1 : 25 Professional Nurse Advocates
Year 2: further 15- 20 in training

G10

	A	B	C	D	E	F	G	H	I
1	Gateshead PNA Register								
2	Name	Job Title	Area/Dept	University	Module completion date	course submission	e mail confirmation from PMc NHSi	Date of badge ceremony	
3	Michelle Wales	Practitioner Rapid response	Community BU	TBC	May-21	completed	May	May 12th	
4	Catherine Mc Alpine	Deputy Sister band 6 CCD	Surgical BU	TBC		completed	May	May 12 th	
5	Jo Ramshaw	Deputy sister band 6	Surgical BU	TBC		completed		May-21 May 12th	
6	Janet Thompson	Head of Nursing	Corporate Services	Sheffield	Mar-22	May-22			
7	Jane Welsh	Clinical lead Nurse	Community BU	Sheffield	Mar-22	May-22			
8	Aileen Rooney	Chief Matron - Surgery	Surgical BU	Sheffield	Mar-22	May-22			left trus
9	Allison Grapes	Senior Nurse Lead -Workforce	Corporate Services	Sheffield	Mar-22	May-22			
10	Debbie Wright	Debbie Heslop	Clinical support	Sheffield	Mar-22	May-22			
11	Stephen Williams	Preceptorship Facilitator	Corporate Services	Sheffield	Mar-22	May-22			
12	Kate Clark	Clinical Business Manager - MH	Community BU	Sheffield	Mar-22	May-22			
13	Rebecca Horn	Deputy sister band 6	ED - Medical Service BU	Sheffield	Mar-22	May-22			
14	Una Jones	Practice Development Nurse	Corporate Services	Sheffield	Mar-22	May-22			
15	Judith Wilson	Matron -CCD	Surgical BU	Canterbury	Mar-22	Mar-22			
16	Gareth Johnson	CBU manager	Community BU	Canterbury	Mar-22	May-22			
17									
18									

Quality and excellence in health

Provider Workforce Information shared responsibility for Trust PNA lead and POD team.

- Ensured completion of the provider workforce return (PWR)

- That qualitative data from PNAs is reported monthly,

- To enable local, regional and national oversight

- Be able to evaluate implementation of the PNA role and A-EQUIP model

- Data collection on PWR started in May 2022 and initially this is manual through the PNA leads meeting reporting the PWR through our POD team.

- We are still hopeful to move to an electronic solution via health roster. Progress is slow …. We need the right support

Quality and excellence in health

Example of our focus:
e mail log after a leads meeting

NHS
Gateshead Health
NHS Foundation Trust

	Description	Action	Actioned by	Time scale
1	2 group sessions a week on a Wednesday "wellbeing Wednesday" morning session at QEH afternoon session at Bensham, alternating each week for flexibility	Organise rooms initially for the sessions at both venues	Jane Welsh	September 7th 2022
2	Launch date 7th September	Organise COMMS and PNA website prior	Jane Welsh	June 2022
3	Each PNA will secure x1 hour per week for individual sessions booked through the website	Link w/Ebony about using Eventbrite or a digital platform to organise sessions	Allison Grapes	End May 2022
4	TOR to be reviewed after 6 months	Link with Debbie Bell and Gareth Johnson who are the authors of the TOR	Allison Grapes	End May 2022
5	Network with other trusts for ideas	Attend regional conference in York on 14th June to undertake and feedback at next leads meeting.	PNAs attending the conference	June 2022
6	ALL agreed we need admin support as a point of contact to operationalise the sessions etc.	Discuss w/Janet Thompson	Allison Grapes	May 16th 2022
7	24/7 cover for the future to get process right first- individual sessions may fall on weekends and OOH depending on PNA availability	To be reviewed in 6 months	Alongside TOR	March 2023 (6 months from launch date)
8	Create one PNA policy	Link w/Debbie Bell to update Maternity PMA policy	Allison Grapes	July 2022
9				
10				
11				

Quality and excellence in health

Communicated Well - teamwork

- May – JW send **poster presentation** to Comms
- May – JW produce **fact sheet** for managers to use in meetings – PNA agenda item
- May / June – AG, SW, HF work towards setting up of **Eventbright** via new PNA page on **intranet**
- June – JW plan content for **screen saver** and **information leaflet**
- July – screen saver **live** throughout July and beginning of August
- August – post in **QE weekly** inc QR code to access PNA sessions
- August – **social media FB** - JW ask ? Michelle Wales or someone else to do a blog around their experience in preparing to be a PNA, the role and what it means to them – example of where PNA has been used positively
- Sept – **soft launch (drip feed)**

Quality and excellence in health

Challenges

- Translating theory into practice - confidence

    (the leads group has helped)

- Deciding on the approach and PNA structure of a group session.

- Making practice real and relevant to policy and not just a "ticky box" exercise.

"Nothing is ever perfect but that's okay - we're working on it……"

Proposed a Governance Structure

Quality and excellence in health

PNA Governance Structure

NHS
Gateshead Health
NHS Foundation Trust

Focus on PNA implementation plan to support registered nurse retention

providing assurance to Trust board

Health and well being Programme Board

6 monthly

(POD)

Report on progress against the plan, the PWR, are we on track to meet our trajectory of 1: 20 PNAs

Report and monitor themes, areas requesting advocacy safety and compliance at organisational level

Professional Nursing forum

Quarterly

(Nursing)

PNA project board

Support for leads, offer advocacy session

Discuss PNA structure, implementation plan and monitor PNA training/ progress.

PNA/PMA Leads meeting

Monthly
(Joined PNA and PMAs)

Our PNA strategy and plan is to equip and support our staff to retain our workforce.

Year 1: x 3 PNAs registered + 26 in training (x1 has left the Trust) = 28

Year 2: applications in progress of up to 30 in reserve.

Outcomes – too early

- Monitoring and Review of key performance indicators –

- Such as staff retention figures and evaluating Qualitative feedback from sessions.

- Creating a professional forum for staff nurses

Themes so far

One to one :

Teams experiencing change

Personal and professional

 Wellbeing, Career discussions

Return to work referrals (OH)

Groups :

Initially covid..

Now……

Implementation of change and the affect on teams

Areas supported do far

- Site resilience team
- Ward 26 and the surgical team
- Endoscopy
- Scheme 3 wards – general medicine

Feedback:

" wish we had access to a PNA a year ago"

"Its good to be able to talk to someone other than my manager about how I feel professionally and personally"

" I don't want to leave Gateshead I just want the right career opportunities and support to develop"

Good retention looks like this

Our staff said whats important to them:

Band 8,7,6,5 focus groups for registered nurses and they want –

- Professional leadership development days that support NMC practices

- Access to CPD (not stood down in Opel 3)

- Not being deployed frequently (or moved around to support staffing late shortfalls)

- Supportive and restorative supervision sessions that empower staff to develop and prioritise patient care.

- Being able to reflect on practice

- Teamwork creating Joy at work

Quality and excellence in health

They also said

- Feeling heard is important

- Working through solutions and not just being told what to do

- having personal development plans that mean something to their professional development.

- being recognised and seen as a trusted profession

- good leadership – key

- Succession planning is important

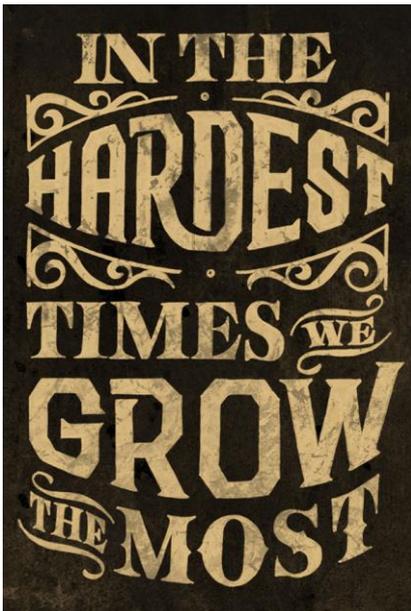- having a HWB plan for teams to keep teams together, at work and motivated is hard but key.

In summary at year 1 the PNA plan is on track
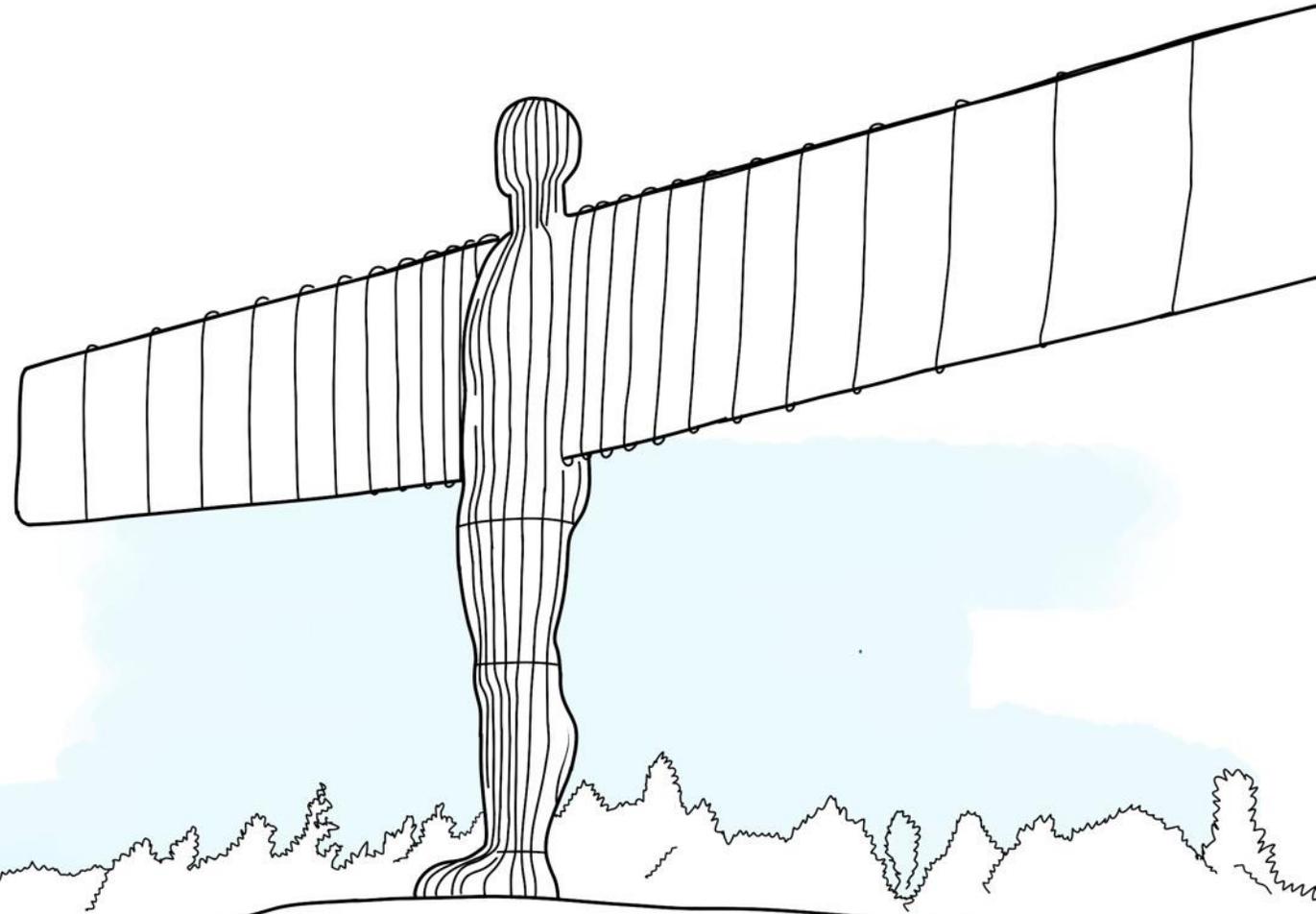
Key issues and updates

- Strike action
  - Royal College of Nursing - ballot at Gateshead met the legal turnout threshold – strike action to take place until early May 2023
  - Awaiting outcome of other ballots
  - Trust planning group in place to prepare, respond and recover.
  - More details in separate paper.

- Integrated Care Partnership:
  - Currently consulting on the draft Integrated Care Strategy for the North East and North Cumbria.
  - The draft can be found here:
    - icp-integrated-care-strategy-draft-20221021-003.pdf (northeastnorthcumbria.nhs.uk)

Operational performance

Activity

- Trusts should deliver an activity plan to the value of 104% of pre-Covid income generated from elective activity.
- The Trust achieved combined activity of 95% in September which is below planned levels however remains higher than the lowest month of July
- The Trust is required to conduct 25% of outpatient appointments virtually and is in line with expectation
- 2.34% of all out-patients recorded as patient initiated follow-up which is below planned levels of 2.6%

Elective Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Monthly Trend
Total - Comined Elective Activity	93%	98%	102%	88%	101%	95%	
Daycase	90%	103%	113%	85%	105%	102%	
Elective Overnights	71%	71%	78%	68%	76%	85%	
Outpatient - New	92%	107%	103%	90%	106%	100%	
Outpatient - Followup	94%	96%	100%	88%	99%	92%	
Total Outpatient	93%	98%	101%	89%	101%	94%	

Indicative

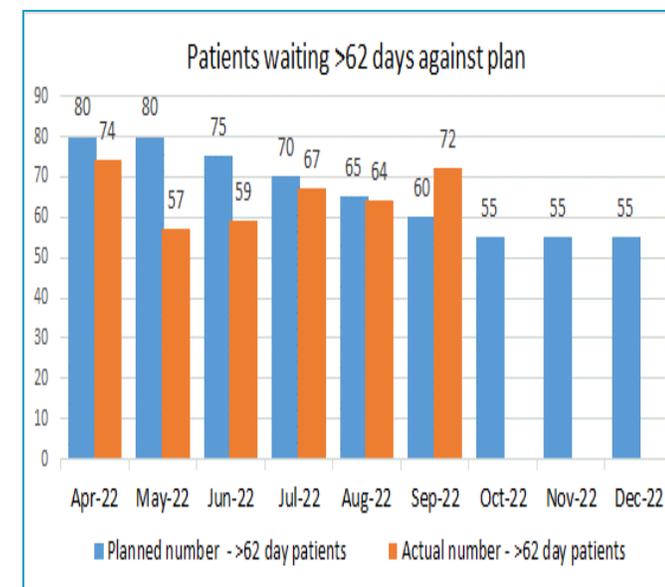| Diagnostic Activity Delivered	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Monthly Trend
Total - Total (100%)	100%	112%	110%	102%	111%	115%	
MRI (120%)	91%	101%	100%	103%	105%	105%	
CT (120%)	122%	122%	131%	121%	127%	136%	
Colonoscopy (100%)	92%	106%	130%	90%	116%	120%	
Non Obs Ultrasound (100%)	85%	100%	96%	83%	88%	93%	
Flexi Sigmoidoscopy (100%)	66%	86%	73%	82%	124%	109%	
Gastroscopy (100%)	86%	108%	109%	81%	125%	98%	
Echo (100%)	73%	83%	76%	96%	90%	103%	
Endoscopy (100%)	98%	127%	129%	105%	145%	128%	

Diagnostics

- The expectation is to deliver 120% ICS diagnostic activity across the ICS. Trusts are expected to deliver as much as they can to support elective recovery. Overall September activity levels are at **115%** of activity in same period 19/20.
- Previously endoscopy and echocardiography were highlighted to the Council as challenging areas, but September has shown an improvement in both, although echocardiography remains the modality at most risk.
- When community diagnostic activity is added to MRI and CT activity (figures only show QEH activity), percentages are increased in excess of the required 120% activity levels.

Operational performance

Key headlines

- September was particularly challenging for **ED performance** with 4 hour performance at 72.4% with an increase in 12 hour waits. There were significant pressures across the whole ICS.

- There was an increase in **ambulance handover** delays, although the Trust was the second best performer in the ICS and North Yorkshire for delays between 30-60 minutes.

- **Bed occupancy levels** increased from 96% in August to 96.9% in September, peaking at 99.3% on days in September

- 74.4% of our patients were waiting less than **18 weeks** at the end of September, a reduction from 75.1% in August. At 74.4% Trust performance was above latest national average 61.0% and ICB average of 72.8%.

- Cancer performance continues to focus on clinical prioritisation and increasing capacity to reduce patient backlogs and waiting times.

- Performance against **62-day cancer treatment** target improved from 56.7% in August to 67.0% in September with performance risks across most specialties to achieve 85%.

- In September performance against the **2week standard** of 93% has fallen to 79.7%.

- In September the Trust achieved the **faster diagnostic standard** for cancer, performing at 76.3% against a target of 75%.

A&E Indicators	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Monthly Trend
Attendances: Type 1	5431	6091	6090	6020	5686	5583	
Attendances: Type 3	3323	3625	3569	3387	3319	3428	
Total Attendances	8754	9716	9659	9407	9005	9011	
Total Breaches	2164	2148	2212	2116	2292	2484	
Trust Total - % seen in 4 hours	75.3%	77.9%	77.1%	77.5%	74.5%	72.4%	
National Rank (Acute trusts - Lower is better)	23	20	19	16	29	33	
12 hour trolley waits (DTA breaches)	71	4	11	18	32	164	
Volumne in department > 12hours	252	108	193	213	318	703	
A&E >12hour waits (target <2%)	2.88%	1.11%	2.00%	2.26%	3.53%	7.80%	
Average bed occupancy	94.3%	92.7%	94.4%	95.0%	96.0%	96.9%	

Patients waiting >62 days against plan

Planned number - >62 day patients
Actual number - >62 day patients

Performance benchmarking

	GHFT Benchmarking Figure						GHFT Benchmarking Position									
	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Oct IOR	Rank out of:	Rank is better if:	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Oct IOR	Trajectory (May to Oct)
A&E 4 hour waiting time target	75.3%	77.9%	77.1%	77.5%	74.5%	72.5%	139 - All Type 1 NHS Providers	Lower	23	20	19	16	29	33	Worsened
Latest weekly PTL: patients waiting > 104 weeks	0	0	0	0	0	0	8 Providers in ICS	Lower	1	1	1	1	1	1	No change
Latest weekly PTL: patients waiting > 52 weeks	50	60	73	75	58	91	8 Providers in ICS	Lower	2	2	3	3	2	3	Worsened
Latest weekly PTL: patients waiting > 62 days for cancer treatment	63	65	57	68	64	63	8 Providers in ICS	Lower	1	1	1	1	1	1	No change
62 day backlog as % of waiting list	8.7%	9.1%	9.3%	10.2%	8.3%	6.7%	139 - top 20 under NHSE/I scrutiny	Higher	73	75	69	59	83	106	Improved

The table shows the Trust remains in a relatively strong position against available benchmarking data. In 3 of the 5 metrics, we have either improved, or there is no change (in both metrics the Trust is ranking in the top position).

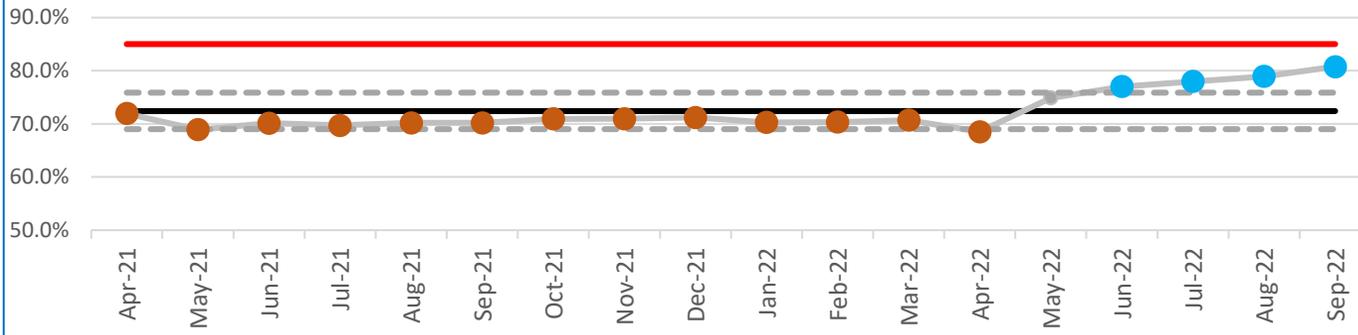# Quality, safety and patient experience

- The Trust's **Hospital Standardised Mortality Ratio (HSMR)** has returned to within the expected range.

- There were 12 **Serious Incidents** (SIs) reported in September, an increase from 6 in August Themes include discharge, failures in reviewing and reporting tests and delays in diagnostics, and readmission following surgery.

- There was a small improvement in the average number of long stay patients (LOS 21+) from 88.5 in August to 84.5 in September.

- The Trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and no further Community cases since December 2021. The Trust has reported 14 Healthcare associated C-Difficile cases since April 2022 against the CDI threshold for 2022/23 of 32 All Healthcare associated COVID cases are reported and investigated through the DATIX system and the incidence of nosocomial cases in August reflects national reduction in prevalence.

- Duty of Candour compliance still demonstrating concern, with September compliance reduced to 77.2% from 89.2% in August 2022
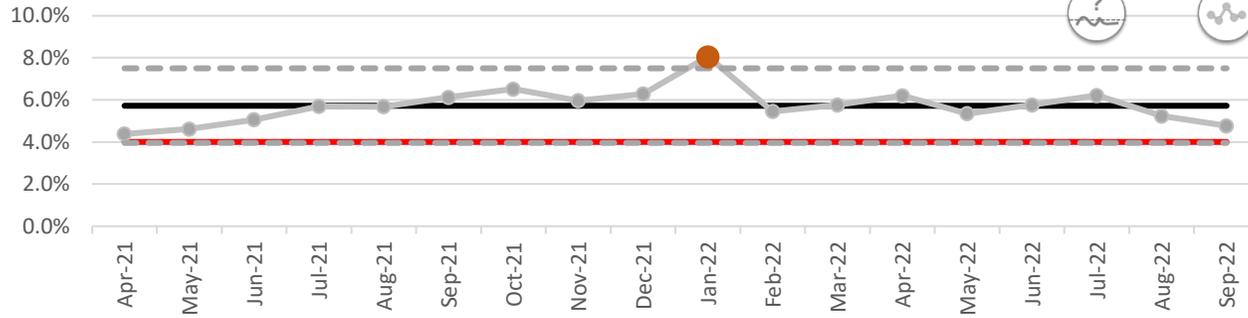

Nosocomial COVID-19

Legend:
- Hospital-Onset Indeterminate Healthcare-Associated
- Hospital-Onset Probable Healthcare-Associated
- Hospital-Onset Definite Healthcare-Associated
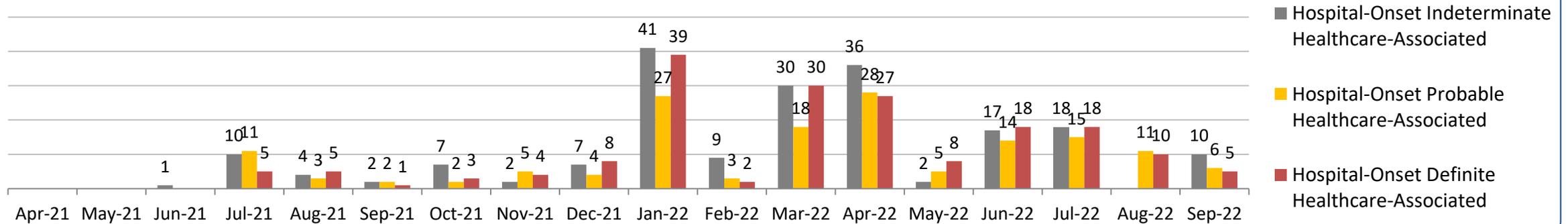
# Our People

Core Training - Total Trust

Sickness % - Trust

Key headlines

- There is significant activity in relation to supply, recruitment and retention, including reducing agency spend.
- Sustained improvement in core training compliance.
- Appraisals compliance remains a challenge – 65.2% against 85% target. People and OD team are supporting managers.
- Sickness absence levels are reducing.

Plan vs Actual - Staff in Post
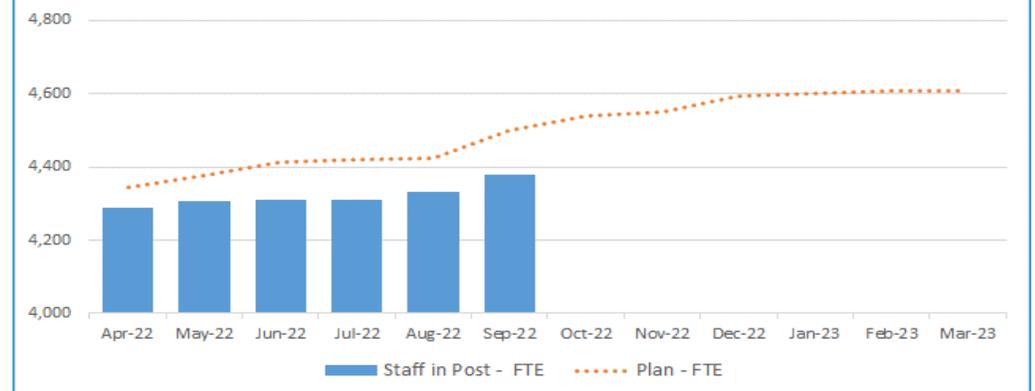
Financial performance

Actual deficit position at September 22	Planned surplus position for September 22
£2.224m	£1.424m

CRP schemes achieved	CRP target
£2.178m	£10.939m

Cash in the bank	Opening position 01/04/22
£53.708m	£55.586m

Capital spend - Trust	Available capital funding - Trust
£2.616m	£8.419m

Other key developments

Report Cover Sheet   Agenda Item: 7ii

Report Title:	**Potential Industrial Action – update on planning**
Name of Meeting:	Council of Governors
Date of Meeting:	16 November 2022
Authors:	David Patterson, Emergency Preparedness, Resilience and Response and Business Continuity Manager & Amanda Venner, Deputy Director of People & OD
Executive Sponsor:	Lisa Crichton-Jones, Executive Director of People & OD
Report presented by:	Lisa Crichton-Jones, Executive Director of People & OD

Purpose of Report	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☐
	The purpose of this report seeks to provide an update on Trust planning for potential Industrial Action across a number of different sectors			

Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by:	The information contained within this report has been discussed at the internal Planning Group.			
Key issues:	The Council of Governors are asked to discuss and note the following update: **Current position** • A number of Trade Unions are currently balloting their members with regards to future industrial action. This includes the Royal College of Nursing (RCN); the Chartered Society of Physiotherapy; Royal College of Midwifes; GMB in all ambulance trusts and selected Trusts and NHS Blood and Transplant services; Unite and Unison • Locally and nationally the potential for industrial action is being discussed in a number of other sectors including education, transport and Local Authority which could all impact on our services. • All unions are at different stages of balloting. However, on 9 November 2022, <u>the RCN returned a positive ballot for industrial action</u> to take place at selected trusts nationwide including Gateshead. At this time of writing			

further information is still awaited on the confirmed periods of industrial action.

Internal planning
- A multi-disciplinary internal trust planning group led by Lisa Crichton-Jones as the Senior Responsible Officer (SRO), was established in the middle of September to ensure that the trust has undertaken the necessary planning with regards to potential industrial action across a range of sectors that may impact trust operations
- Focussed planning sessions have taken place to explore the planning, response and recovery elements of industrial action with reasonable worse case scenarios considered
- Trust business-critical services have been prepared before formal discussions on agreeing local derogations will take place with trade unions
- A work plan has been produced with a number of actions, lead officers and timescales
- An operational plan is being drafted, incorporating learning from the covid response, as to how operational the trust will run on periods of industrial actions period in command, control, coordination and communication (C4 structure)
- Our biggest risk is concurrent periods of industrial action across different sectors taking place and how as a trust there is minimal disruption to patient care and emergency services can continue to operate as normal.

National direction
The first formal communication from NHSE was received by the trust on 1 November 2022

https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/

This includes guidance on:

- Supporting trusts to be prepared – a Self-Assessment Checklist has been developed to support trust preparations. If industrial action is confirmed, assurance will be undertaken against this checklist. At that stage, the trust will be asked to complete the checklist and ICBs will be asked to consolidate returns.
- Ensuring information on confirmed industrial action, including information on derogations, is shared appropriately across systems
- Testing preparedness as systems will be co-ordinated with wider winter planning and will seek to explore the health and social care response to multiple, concurrent operational and winter pressures, and the interdependencies with Local Resilience Forum (LRF) partners in responding to these pressures.

	- Communications – internally with engagement and externally with the public - Supporting system leaders (including Chief Nurses) with guidance and support for decision making around operational activity and engagement with staff taking industrial action - Minimising the reporting burden – reporting once a day and using existing collections where possible. In summary, at this time of writing, there are still a lot of unknowns but there is assurance that our planning continues in a collaborative and multi-disciplinary approach to ensure that the trust is adequately prepared when industrial action takes place.
Recommended actions for this meeting:	Council of Governors are asked to consider the key issues in this paper

Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead

Trust corporate objectives that the report relates to:	*List corporate objective reference and headline – e.g. 1.4 Maximise the use of Nervecentre to improve patient care*

Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒

Risks / implications from this report (positive or negative):			
Links to risks (identify significant risks and DATIX reference)	There are a number of risks related to industrial action, ranging from dealing with isolated strikes, to concurrent strikes over a period of time, more than one unions taking strike action on the same day(s), with the worst case of concurrent periods of industrial action across different sectors taking place. As a trust we must mitigate these to ensure there is minimal disruption to patient care and emergency services can continue to operate as normal. The risk is compounded by the pressures the trust experience in terms of winter pressures at this time of year, has been added to the risk register.		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☐

Work of the Quality Governance Committee

Anna Stabler, Chair of the Committee

Presented by Maggie Pavlou, Non-Executive Director and member of the Committee
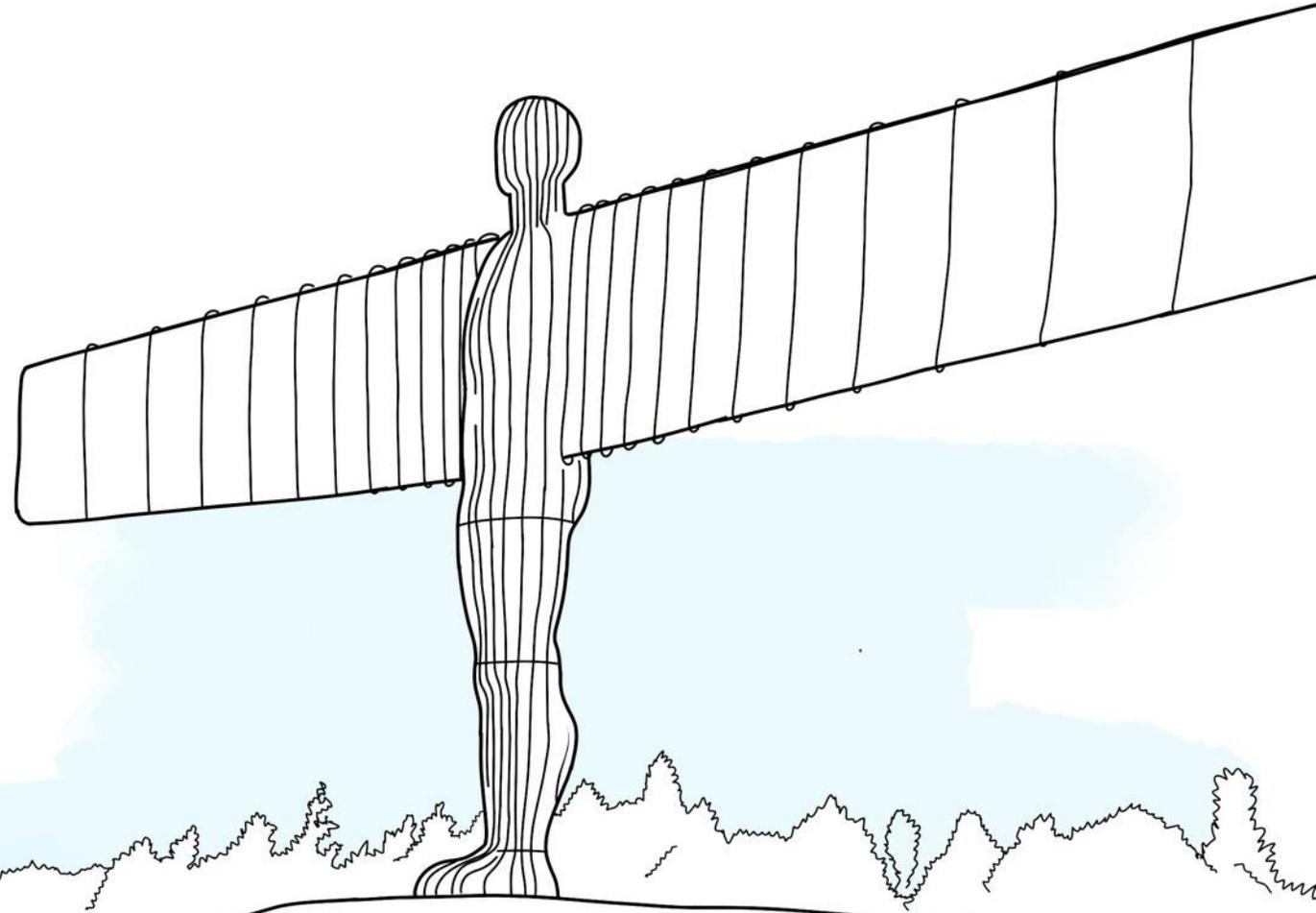
Examples of issues considered and assurances received

Safe Staffing

(Every meeting)

Limited Assurance

Integrated Oversight Report

(Every meeting reviewing Safe/effective/ responsive sections)

Limited Assurance

Mortality

(6 monthly)

Fully Assured

Pharmacy and Medicines

(Quarterly review)

Full assurance

Maternity

(Every meeting)

Full assurance

Case study

Aug - Deep dive into complaints: Number of complaints being reopened noted to be high and response time noted to be 4.5 months.

Further update to be received at Dec meeting following a review of the complaints process by COO and Patient experience lead with consideration being given to Board escalation

Oct - update paper received that articulated where are hot spot areas were and proposed solutions.

Key risks

- The Committee is currently monitoring the following risks linked to the Baf on the Organisational Risk Register

Continue to improve our maternity services in line with wider learning from the Ockenden review.

Continuous Improvement plan

Tackle our Health Inequlities

Work collaboratively as part of the Gateshead Cares system to improve health and care outcomes in the Gateshead population.

Any questions?

Examples of issues considered and assurances received

New Strategic Direction
(Approved by the Charitable Trust on 23, February 2022)

Corporate Partnership Scheme

Fundraising activity including events and legacies

NHS Charities Together Development Grant

Major Expenditure Proposals, e.g.
- Cancer Centre
- Jubilee Garden
- Diabetes Research
- Video Laryngoscope

Performance, including
- Finance
- Individual Funds
- Investments

New Strategic Direction

Progress to date

Feb 22	Approval of new strategic direction of charity by Corporate Trustees
June 22	New charity website https://qegateshead.nhs.uk/charity
July 22	Administrator in post
March – July 22	Development & approval of Corporate Partnership Scheme
September 22	Engagement survey & Development Grant Application
July 22 onwards	Fund level development / expenditure plan reviews
Sept 22	Milestone review carried out by Committee

NHS Charities Together Development Grant

- Engagement – Main Themes

Establishing the 'charity brand', marketing and increasing visibility
Getting basics right, good governance, spending plans
Resourcing
Improved use of technology

- Grant Support of £30k (if bid successful), will be used to:

Appoint part time marketing officer
Charity Rebrand
Relationship Management Software
Improvements to Charity publicity, materials etc

Key priorities for assurance over the next 6 months

NHS Gateshead Health **NHS Foundation Trust**

Corporate Partnership Scheme

Major Expenditure proposals incl. Cancer Centre & Jubilee Garden

Agree 2023/24 Plans incl Fundraising & Expenditure Targets

Reform & Refocus Operational Group

Review & Approve Individual Funds' Development / Expenditure Plans

Implementation of Strategic Direction incl obtaining and implementing the Development Grant from NHS Charities Together

QE Charitable Funds GATESHEAD

Any questions?

Report Cover Sheet   Agenda Item: 10

Report Title:	**Elections and Membership Update**
Name of Meeting:	Council of Governors
Date of Meeting:	16 November 2022
Author:	Jennifer Boyle, Company Secretary
Sponsor:	Alison Marshall, Chair of the Board and Council of Governors
Report presented by:	Jennifer Boyle, Company Secretary

Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
	To share the latest update regarding Governor elections.			

Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐

Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	There are 12 Governor positions available: • 2 x Staff Governor • 4 x Public Governors for Central Gateshead • 3 x Public Governors for Western Gateshead • 3 x Eastern Governors for Eastern Gateshead A number of activities have been undertaken to promote the opportunities to become a Governor. Nominations will be published on 11 November and an update provided at the Council meeting.
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Council of Governors is asked to note the progress made and be assured that the timetable for the election is being adhered to.

Trust Strategic Aims that the report relates to:	Aim 1 ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead

Trust corporate objectives that the report relates to:	SA2.1, SA2.2				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐

Risks / implications from this report (positive or negative):			
Links to risks (identify significant risks and DATIX reference)	-		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Election Update

1. Elections 2022

The process for the annual elections to the Council of Governors commenced in line with the timetable shared at the September Council meeting:

Proceeding	Date
Notice of election / nomination open	Wednesday 26 October 2022
Nominations Deadline	Thursday 10 November 2022
Summary of valid nominated candidates published	Friday 11 November 2022
Notice of Poll	Tuesday 29 November 2022
Voting packs despatched	Wednesday 30 November 2022
Close of Election	Tuesday 20 December 2022
Declaration of Results	Wednesday 21 December 2022

This paper was drafted just prior to the close of nominations and therefore seeks to update the Council on the progress made to-date.

2. Update

There are 12 positions available within this election round, an increase of two compared to the figures shared at September's Council meeting. This is due to the resignation of a staff Governor (in line with the change made to the Constitution) and the resignation of a Governor from Eastern Gateshead.

The 12 positions are as follows:

        2 x Staff Governor
- 4 x Public Governors for Central Gateshead
- 3 x Public Governors for Western Gateshead
- 3 x Eastern Governors for Eastern Gateshead

A postcard / email communication was sent to all public members at the start of the nomination period to notify members of the opportunity to become a Governor. An email was also sent to all staff as well as being publicised in the weekly staff newsletter. All the communications advertised two online information sessions for interested members to join to find out more about being a Governor and the election process. A stand at the recent open days also promoted both membership and the opportunity to become a Governor.

The information sessions were well attended, particularly by those interested in staff Governor positions.

A summary of nominated candidates will be published on Friday 11 November and therefore an update can be provided at the Council regarding whether seats are contested (i.e. require an election) or uncontested (candidates slot into vacant seats).

3. Membership

The recent open day on Saturday 29 October provided an opportunity to restart engagement with the general public and seek new members.

A stall was hosted by the Corporate Services team with support from 4 Governors to engage with visitors and raise awareness of Foundation Trust Membership and the Council of Governors.

The membership strategy and plan will be further developed by the Membership Strategy Group in the coming months.

On Tuesday 22 November at 2pm the Company Secretary and Corporate Services Assistant are delivering a short presentation to a local group at Felling Methodist Church on the role of the Governor. If any Governors would like to attend and provide a first-hand account of the role this would be greatly welcomed (please note Governors seeking re-election in Eastern Gateshead would not be able to attend at this time in order to ensure that we comply with the model election rules, which require the Trust to remain impartial and not be perceived to be endorsing individual candidates).

4. Recommendation

The Council of Governors is asked to note the progress made and be assured that the timetable for the election is being adhered to.

Report Cover Sheet   Agenda Item: 11

Report Title:	**Council of Governors' Dates 2023/24**
Name of Meeting:	Council of Governors
Date of Meeting:	16 November 2022
Author:	Diane Waites, Corporate Services Assistant
Sponsor:	Alison Marshall, Chair of the Board and Council of Governors
Report presented by:	Diane Waites, Corporate Services Assistant

Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☒
	To review the draft dates for key Governor meetings and provide feedback to the Company Secretary if required.			

Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐

Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• This paper provides draft dates for Council of Governor meetings and workshops.
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	To note the key dates and receive the report for information.

Trust Strategic Aims that the report relates to:	Aim 1 ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead

Trust corporate objectives that the report relates to:	SA2.1, SA2.2				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐

Risks / implications from this report (positive or negative):			
Links to risks (identify significant risks and DATIX reference)	-		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Council of Governors' Calendar of Events 2023/24

	January 23	February	March	April	May	June	July	August	September	October	November	December	January 24	February	March
Council of Governors 10.00 am to 1.00 pm Pre-Meet from 9.30 am		15			17				20		22			14	
Governor Governance and Development Committee 10.00 am to 12.00 pm	18			3			12			11			11		
Membership Strategy Group 10.00 am to 11.30 am		8			10				13		8			7	
Workshops/Seminars for Governors 10.00 am to 12.00 pm			8			7				4			10		

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

Denotes an item for Part 2 of the meeting

	Lead	Purpose of item	Sep-21	Nov-21	Feb-22	May-22	Sep-22	Nov-22	Feb-23
Standing Items									
Apologies	Chair	For Information	√	√	√	√	√	√	√
Declaration of interests	Chair	For Information	√	√	√	√	√	√	√
Chair's business	Chair	For Information	√	√	√	√	√	√	√
Minutes	Chair	For Decision	√	√	√	√	√	√	√
Action log & matters arising	Chair	For Assurance	√	√	√	√	√	√	√
Cycle of business	Chair	For Information	√	√	√	√	√	√	√
Meeting review / reflections	Chair	For Discussion	√	√	√	√	√	√	√
Board and Committee Updates									
Chief Executive's Update* including performance update	Chief Executive	For Assurance	√	√	√	√	√	√	√
People and OD Committee Report	Committee Chair	For Assurance		√			√		
Quality Governance Committee Report	Committee Chair	For Assurance			√			√	
Finance & Performance	Committee Chair	For Assurance	√			√		√	
Audit Co (including Audit Committee Annual Report and Terms of Reference)	Committee Chair	For Assurance		√			√		
Digital Committee	Committee Chair	For Assurance	√			√			√
Charitable Funds	Committee Chair	For Assurance			√			√	
Trust Updates Including Strategy									
QE Facilities	QEF Board Chair / QEF Managing Director	For Assurance		√					
NHS Staff Survey results	Director of People & OD / Chair of the HR Committee	For Assurance				√			
Developing the Quality Priorities	Chief Nurse	For Decision							
Annual planning update	Director of Finance plus input from other Directors on operational and people planning	For Assurance			√	√			
Showcase presentation	Will vary each meeting	For Information							
Equality, diversity and inclusion update	Deputy Director of Corporate Services and Transformation	For Assurance					√		
Governance									
Review of Constitution & CoG Standing Orders	Company Secretary	For Decision					deferred to November	deferred to Feb 23	√
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				√		deferred to Feb 23	√
Ratification of the terms of reference for Governor groups	Company Secretary	For Decision				√	√		
Lead Governor & Deputy Lead Governor Appointments (19 May 2022)	Company Secretary	For Decision			√	√			
Appointments to Governor committees (every two years)	Company Secretary	For Information	√	√					
Consideration of Governor elements of the Trust's self-certifications	Company Secretary	For Discussion			√				
Annual report, accounts and auditor's report. NOTE this is addressed via the AGM	*Executive Directors (co-ordinated by Company Secretary)*	*For Information*	√				√		
Appointment of external auditors (note not due to consider until Nov 23 in advance of initial 3 year term ending on 31 March 2024)		*For Decision*							
Elections and Members									
Election update	Company Secretary	For Information	√				√	√	
Election results / new Governor welcome	Chair	For Information			√				
Membership Update	Company Secretary	For Information		√		√		√	
Updates from Governor Committees and Groups									
Governor Remuneration Committee	Chair of the Committee	For Assurance							
Membership Strategy Group	Chair of the Group	For Assurance					√	no meeting held to report on	√
Governor Governance and Development Committee	Chair of the Group	For Assurance					√	√	√