Council of Governors' Meeting

A meeting of the Council of Governors will be held
at 10:00am on Wednesday 22nd November 2023,
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 20 September 2023	**Enclosure**
5	**Matters Arising/Action Log**	**Enclosure**

Trust Updates:

6	**Showcase presentations / Patient / Staff story:** Freedom to Speak Up	
7	**Gateshead Health Charity update**	**Presentation**
8	**Equality, Diversity and Inclusion Update**	**Enclosure**

Board and Committee Updates:

9	**Chief Executive's Update including** i) Performance Report including ICS / ICB update ii) Questions from Governors	**Enclosure** **Verbal**
10	**Board Committee Assurance Updates** i) Quality Governance ii) Finance and Performance	**Presentation** **Presentation**

Governance:

11	**Ratification of the Terms of Reference for the Governance and Development Committee**	**Enclosure**

Elections and Members:

12	**Elections Results Report**	**Enclosure**

Updates from Governor Committees and Groups:

13	**Governance and Development Committee Update**	**Enclosure**
14	**Membership Strategy Group Update**	**Verbal**

Items for Information:

15	**Council of Governors' Dates 2024/25**	**Enclosure**
16	**Cycle of Business 2023/24**	**Enclosure**
17	**Top 3 messages**	**Verbal**
18	**Any Other Business:**	
19	**Review of the Meeting**	**Verbal**

20   **Date & Time of the next Meeting**
The next meeting of the Council of Governors will be held at Wednesday 14th February 2024 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 20th September 2023,
in Rooms 9&10 and Microsoft Teams

Present:	
Mrs A Marshall	Chair
Ms H Adams	Staff Governor
Mr L Brown	Public Governor - Western
Mr S Connolly	Public Governor – Central
Mrs L Curry	Staff Governor
Mr R Dennis	Public Governor – Western
Mr D Hunter	Appointed Governor
Mrs H Jones	Public Governor – Central
Dr A Lowes	Staff Governor
Mr G Main	Public Governor – Western
Mr G Quinn	Public Governor – Western
Mr A Rabin	Public Governor – Central
Mr G Riddell	Public Governor – Western
Mr A Sandler	Appointed Governor
Dr G F Spiers	Appointed Governor
Mrs K Tanriverdi	Public Governor – Central
Mr C Toon	Appointed Governor
In Attendance:	
Mr A Beeby	Medical Director
Mrs J Boyle	Company Secretary
Ms N Bruce	Director of Strategy, Planning & Partnerships (G/23/52)
Dr G Findley	Chief Nurse
Mrs J Halliwell	Interim Chief Operating Officer
Mr S Harrison	Interim Managing Director for QE Facilities
Mr M Hedley	Non-Executive Director
Mrs K Mackenzie	Group Director of Finance & Digital
Mr A Moffat	Non-Executive Director
Mr M Robson	Non-Executive Director
Mrs G Rutherford	Interim Deputy Director of People & Organisational Development
Ms K Sprudd	Associate Director of Place for Gateshead (G/23/51)
Ms D Waites	Corporate Services Assistant
Apologies:	
Mr J Bedlington	Public Governor – Central
Mr A Crampsie	Non-Executive Director
Mrs T Davies	Chief Executive
Mr N Halford	Medical Director of Operations
Mr M Learmouth	Public Governor – Central
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Prof D Porteous	Appointed Governor
Mrs A Stabler	Non-Executive Director
Mrs A Venner	Deputy Director of People & Organisational Development

Agenda Item	Discussion and Action Points	Action By
G/23/47	**CHAIR'S BUSINESS:** Mrs Marshall opened the meeting and welcomed the Governors including Dr Gemma Frances Spiers and Mr Douglas Hunter who have recently joined the Council as Appointed Governors. Mrs Marshall wished to publicly offer the Trust's condolences to those affected by the Lucy Letby crimes and reported that the Board produced an immediate response to colleagues, providing assurance and encouragement that the Trust will always listen to concerns, anxieties and worries.	
G/23/48	**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.	
G/23/49	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the previous meeting held on Wednesday 17th May 2023, were approved as a correct record.	
G/23/50	**MATTERS ARISING/ACTION LOG:** The Council of Governors' Action Log was updated accordingly to reflect matters arising from the minutes and discussions took place below: • Action G/22/42 re. vending machines. Dr Lowes confirmed that vending machines were now available in theatres therefore it was agreed to close this action. • Action G/22/58 re. NIV services. Dr Findley reported that options around delivering the service in an alternative way are being considered however there is still some work to do around this therefore the action will remain open until resolved. • Action G/23/31 re. provision of parking permit applications for junior doctors. Mr Harrison confirmed that a process was now in place in relation to junior doctor induction and a wider piece of work was taking place around the allocation of permits across the organisation. Dr Lowes felt that there were still some concerns around the allocation process and suggested better communications around this. It was agreed to close this action in relation to the junior doctors however	

Agenda Item	Discussion and Action Points	Action By
	a new action will be added in relation to the wider review to ensure an update is provided at the next meeting. Mrs Marshall explained that actions closed from the last meeting have also been highlighted to ensure the Council has agreed that these have been resolved and therefore will be removed from the log at the next meeting.	
G/23/51	**SHOWCASE PRESENTATIONS** **Kirsty Sprudd, Associate Director of Place for Gateshead:** Ms Sprudd provided a presentation in relation to the Director of Place role and ways of working across Gateshead. She reported that the North East and North Cumbria Integrated Care Partnership (NENC ICP) is still being embedding and an Oversight Framework is being developed to ensure standards are being met. She drew attention to the role of the ICB Place Sub Committee and highlighted that this is co-chaired by Mr A Beeby, Medical Director, and Mr Levi Buckley, NENC ICB Executive Area Director. The role of the Committee is to agree an ideal future state in relation to local priorities and integrated working to support the development of joint programmes across all key partners to develop Place capabilities and capacity in line with the NENC Joint Forward Plan. The Gateshead Plan is based around the four key goals of the NENC Integrated Care Strategy and will be published on an annual basis. This will continue to be developed as further learning and solid priorities are agreed by the Integrated Care System. Dr G Findley, Deputy Chief Executive and Chief Nurse, thanked Ms Sprudd for providing the presentation and queried whether any changes were expected due to proposed savings across the Integrated Care Board. Ms Sprudd reported that a one year consultation period is currently taking place to review the structure and an outcome is expected in November 2023. This will provide new opportunities and learning whilst continuing to build on current relationships. Mr L Brown felt that it was important for Governors to continue to receive updates and Ms Sprudd reported that the Place Sub Committee would continue to develop a clear vision however there may be the potential for some reconfiguration of services however as the plan develops, clearer timelines and processes will be put into place. Dr Findley highlighted that the role of the Governors would not change however the Council will continue to receive updates via the Chief Executive updates.	

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	Following a query from Dr A Lowes in relation to distribution of funding, Mrs K Mackenzie reported that internal funding limits are provided by the Department of Health however Ms Sprudd explained that plans would need to be developed but assured that there was a greater focus on maximising Gateshead Place across the system. Mrs Marshall thanked Ms Sprudd for attending the meeting and confirmed that Governors will continue to receive regular updates. Ms Sprudd left the meeting.	
G/23/52	**NORTH EAST AND NORTH CUMBRIA JOINT FORWARD PLAN – OUR RESPONSE:** Ms N Bruce, Director of Strategy, Planning and Partnerships, provided a presentation to demonstrate the Trust's response to the NENC Joint Forward Plan. She reported that NHS England requires all Integrated Care Boards and their partner NHS trusts to publish a five-year Joint Forward Plan which is aligned to the integrated care partnership strategy and should reflect partnership working. The ICB Forward Plan was shared with stakeholders in July 2023 and sought the views of partner organisations and stakeholders during July and August. This was to understand whether the plan was consistent with key priorities at Place, NHS trusts, local authority and voluntary, community and social enterprise partner organisations. Ms Bruce reported that a detailed response was submitted on 31st August 2023 following stakeholder engagement and consideration around how this aligned to the Trust's Strategy and strategic intent. She drew attention to some of the main comments which included the need for clearer proposals around resources and investment to support the plan, and the inclusion of some of the Trust's plans around the Centre of Excellence for Women's Health and diagnostics. It was also identified that further recognition of the size and population of the Integrated Care Partnerships should be considered in relation to the national allocations of funding. Ms Bruce reported that a response from NHS England has not yet been received however a refresh of the plan is expected every six months. Mr A Rabin felt that it would have been beneficial to involve the Governors in future stakeholder engagement plans to provide a community voice and Mrs Marshall agreed that this	

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	will be looked at and may include a further session with the Place Directors. Ms N Bruce left the meeting.	AM/JB
G/23/53	**MASK MAKING PROJECT UPDATE:** Mr S Harrison, Interim Managing Director for QE Facilities, provided a summary of the status of the Mask Production Project following the decision to exit the project. Mr Harrison explained that the project was initiated in 2020 during the pandemic due to supply issues and proposed to create a manufacturing vehicle for the production and supply of personal FFP2 & FFP3 face masks to both the Trust and other healthcare providers throughout the region and beyond. It was felt that this would resolve the supply issues within the NHS, and Gateshead Health in particular, and it was also anticipated that profits generated from this project would then flow back to the Trust. The case set out a plan for an initial, year one investment of £1.5m which included capital expenditure relating to equipment acquisition and operational costs (wages, utilities, materials etc). Mr Harrison reported that extensive work was undertaken by QE Facilities to attempt to secure the necessary resources, accreditations and rights over the ensuing months however significant changes in market conditions arose following this and in February 2023, both the QE Facilities' Board and Trust Board took the decision to exit from the mask production project and provide no further investment. A decommissioning plan was subsequently established, and Mr Harrison highlighted that the actions associated with exiting from the project are now virtually complete. Following a query from Mr A Sandler in relation to the building lease, Mr Harrison explained that this is due to be terminated in the next month and all stock and equipment has also now been written off and either disposed of or is in the process of being sold on. Mrs Marshall highlighted that a review will be taking place to consider learnings around governance issues and processes, and following a request for further information around this by Mrs H Jones, Mrs Marshall explained that this will include a greater understanding around project exit plans and joint work is already underway with the Trust and QE Facilities to review a number of streams of work which will also include aspects from the Thematic review.	

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	Mrs Jones queried whether the decision to proceed with the project was regrettable, Mrs Marshall felt that it was the right decision to make at the time due to the challenging situation during the pandemic however the difficulties around production were not anticipated and a greater subject matter expert knowledge around this would have been beneficial. Dr G Findley, Deputy Chief Executive and Chief Nurse, felt that it had been important at the time to explore and investigate opportunities and Mrs Marshall confirmed that learnings from the process and governance issues will be addressed via the improvement work going forward. After discussion, it was: **RESOLVED:** to note the contents of the report.	
G/23/54	**CHIEF EXECUTIVE'S UPDATE:** Dr G Findley, Deputy Chief Executive/Chief Nurse, provided an update on current issues relating to the Trust within the organisational strategic aims. She drew attention to the following key points: **Strategic Aim 1: We will continuously improve the quality and safety of our services for our patients:** • Dr Findley explained that the Trust continues to develop our framework of a clinically-led and management supported approach to ensure the clinical voice is central to decision making. • The North East and Cumbria Learning Disability Network have been shortlisted for the Strengthening the Foundation award in the Patient Experience Network National Awards (PENNA) for the Learning Disability Diamond Acute Care Standards. The supporting evidence submitted by the network was provided by Amy Cole, our Lead Nurse for Learning Disabilities, who provided a case study about the use of the diamond standards at Gateshead. • Dr Findley drew attention to the Leading Indicator updates for July 2023 which demonstrates good progress in closing actions on the CQC action and monitoring plans. Progress is also being made in reducing C-difficile incidents and the Trust remains below the threshold of 23 actual incidents for 2023/24, **Strategic Aim 2: We will be a great organisation with a highly engaged workforce:** • Dr Findley shared with the Council that one of our colleagues, Rodica Raican, a healthcare support	

Agenda Item	Discussion and Action Points	Action By
	worker from ward 8, unexpectedly passed away and wished to express that our thoughts are with her beloved husband Mario, who is also a colleague on ward 9, her family, friends and colleagues. • Dr Findley provided further updates following the Lucy Letby case and highlighted that actions are being taken and Mrs T Davies, Chief Executive, and Mrs Marshall, Chair, attended a meeting in London for senior NHS leaders to discuss the issues. The Trust's full time Freedom to Speak Up Guardian, Tracy Healy, commences in post in October, and alongside the FTSU Champions will strengthen our Freedom to Speak Up structures and capacity. • Industrial action continued in respect of junior doctors and consultants including the first joint strike day on 20 September. • We welcomed our new doctors in training at the beginning of August. • The NHS staff survey will be launched on 2 October 2023. • Dr Findley drew attention to the Leading Indicator updates for July 2023 which demonstrates staff vacancy levels are 3.7% which is below the threshold of 5% set for the year and sickness absence remains slightly above threshold at 5.3% against a threshold of 5%. **Strategic Aim 3: We will enhance our productivity and efficiency to make the best use of resources:** • Dr Findley highlighted that under the NHS System Oversight Framework, NHS England has confirmed a change in the Trust's classification from segment two to segment three. This relates to our planned deficit position however significant work is being undertaken to review the position. • The "back to basics" programme has been launched across the Trust which aims to improve services for patients and staff by ensuring that we are getting the things right that make a difference. • Dr Findley drew attention to the Leading Indicator updates for July 2023 which includes length of stay and trolley waits. A risk has been identified in relation to achieving zero 52 week waits by March 2024 however improvement plans are being developed as well as ongoing waiting list validation work. **Strategic Aim 4: We will be an effective partner and be ambitious in our commitment to improving health outcomes:** • Dr Findley thanked Dr A Lowes for his work with local schools to encourage pupils to develop artwork to raise	

Agenda Item	Discussion and Action Points	Action By
	awareness of organ donation which was recently displayed at the Trust. Governors and colleagues were invited to vote and the winning artwork will be displayed in the Trust. • The Governor elections are currently underway and the nomination period is due to close on 27th September 2023. **Strategic Aim 5: We will develop and expand our services within and beyond Gateshead:** • The Trust hosted its Open Day on 8th July 2023 and Dr Findley thanked Steve Connolly, Deputy Lead Governor, and Michael Loome, one of our volunteers and former public Governor who helped to support the Membership and Volunteer Recruitment stall. Dr Findley drew attention to the Trust's framework of delivery which aims to support the delivery our strategic aims and has been developed in line with the ICORE values. **Questions from Governors:** Mrs Marshall highlighted that the questions received from Governors in advance of the meeting have been addressed and responses distributed to the rest of the Governors. A query received from Mr S Connolly in relation to the Lucy Letby case has also addressed earlier in the meeting. A query was received from Mrs H Jones in relation to the implications of being placed within segment three of the NHS System Oversight Framework and Dr Findley highlighted that there will be financial implications however the Trust has been requested to provide clear recovery plans and Mrs K Mackenzie, Group Director of Finance and Digital, and the finance teams are looking at drivers behind the deficit. Mrs Mackenzie highlighted that NHS England have not set out any implications so far however it is important that all teams across the organisation are engaged and are aware that focussed work around recovery plans is taking place. Dr A Lowes, queried whether there were mitigation plans in place in relation to the impact of industrial action and Mrs Mackenzie confirmed that mitigation plans were in place in relation to reduced costs in some clinical areas however this has also resulted in some loss of income. Mrs Jones asked for further clarification in relation to the Lucy Letby case and queried whether there were further assurances that Governors should be requesting as part of their role. Dr Findley reported that further information around this is expected however an awareness of mortality rates would be beneficial and Boards could be challenged by	

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	Governors in ensuring that "the unthinkable" has been considered. Dr A Lowes queried whether the national staff survey will be similar to last year, as he felt that the national survey fails to pick up some of the important issues on the frontline. Mrs G Rutherford, Interim Deputy Director of People and OD, explained that some additional questions have been added which she can share however Dr Lowes felt that some local questions would be beneficial. Mrs Mackenzie reported that discussions have taken place with clinicians at the Clinical Strategy Group to highlight the top three urgent actions. It has also been suggested to set up a Gateshead ideas email inbox to capture staff suggestions. In terms of the survey results, action and delivery plans are in place for business units and will be used in conjunction with other plans to enable a better understanding of wider engagement needs. After discussion, it was: **RESOLVED:** to receive the updates for assurance and information.	
G/23/55	**BOARD COMMITTEE ASSURANCE UPDATES:** **Digital Committee:** Mr A Moffat, Non-Executive Director and Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. He drew attention to the main areas of discussion including strategy and planning reports and highlighted that the Digital Strategy was approved by the Board in January 2023. There have been some issues discussed in relation to the Electronic Patient Record (EPR) outline/full business case and a workshop is being arranged in December to re-evaluate options and update timelines. Mr Moffat reported that the key performance indicators (KPI) dashboard is reviewed at every meeting and has been approved by the Senior Management Team to ensure that the review of the KPIs is strengthened by providing a supporting process to increase assurance and better understanding of under performances. The Committee has also received internal and external audit reports and overdue and revised audit action delivery dates has been reviewed to ensure recommendations are implemented in a timely manner. Key priorities for the committee over the next six months include the delivery of the Digital Delivery Plan and the	

Agenda Item	Discussion and Action Points	Action By
	development and approval of the clinical systems full business case. **Charitable Funds Committee:** Mr M Robson, Non-Executive Director and Committee Chair, provided an update on key issues and assurances, key risks and priorities for the Committee. He drew attention to some of the main areas of discussion which included the approval of the new Charity policy by the Trustee Board which is now aligned to the strategic direction of the charity. A review has also taken place of each fund from departments and wards and spending plans have been introduced which will be reviewed on a six-monthly basis. Mr Robson highlighted that the NHS Charities Together development grant has been awarded to the Charity and will help to strengthen and focus on providing marketing support and enablerebranding work to take place. This will be considered and approved by the Trustee Board in November 2023. Key priorities for the Committee over the six months involve a review of expenditure proposals and include consideration of plans for a new cancer centre however approval of the overall Estates Strategy is required first. Following a query from Mr G Main in relation to suggestions around the rebranding, Mr Robson reported that a consultation period will take place and will come back to the Committee for further discussion. Mr Main suggested naming the charity as Gateshead Angels and Mr Robson will add this to the current suggestions. After further discussion, it was: **RESOLVED:** to receive the reports for assurance.	
G/23/56	**APPOINTMENT TO COMMITTEE ROLES:** Mrs J Boyle, Company Secretary, presented the report which outlines the proposed approach to Governor Committee membership. She reminded the Council that Governors were appointed to the observer roles for Board Committees for a period of 2 years commencing on 1 December 2021 therefore terms are due to come to an end on 30th November 2023. All Governors will be contacted by email and will be invited to express an interest in a Board Committee observer role.	

Agenda Item	Discussion and Action Points	Action By
	Mrs Boyle also reported that it is good practice to review the membership arrangements for the Governor Committees (Governor Remuneration Committee, Membership Strategy Group; and Governance and Development Committee) and it is recommended to retain the current arrangements for the Governance and Development Committee and Membership Strategy Group as this enables meetings to be quorate and more effective. In respect of the Governor Remuneration Committee, it is not proposed to commence a new process at this time due to some of the current members nearing the end of their terms therefore will be reviewed following the election if vacancies arise, however expressions of interest are welcomed to fill the current Staff Governor vacancy. Mrs Marshall explained that should expressions of interest be received over and above the available roles, she will work with Mr Rabin, Lead Governor, and Mr Connolly, Deputy Lead Governor, to ensure a transparent process is undertaken. After further discussion, it was: **RESOLVED:** i) to approve the process to maintain current membership and chair arrangements for the three Governor Committees ii) to express an interest to fulfil the vacancy on the Governor Remuneration Committee (staff governors only) iii) to note the plans to seek expressions of interest for the Board Committee observer roles	
G/23/57	**ELECTIONS UPDATE:** Ms D Waites, Corporate Services Assistant, provided key information and dates for the 2023 elections to the Council of Governors. She reported that the notice of election was published on 30th August 2023 with 10 Governor positions being available across all constituencies. The deadline for nominations is 5.00pm on Wednesday 27th September 2023. In the event of a poll being required, the declaration of results will be published on Tuesday 14th November 2023 and will be presented at the next Council of Governor meeting. After consideration, it was: **RESOLVED:** to note the key dates and receive the report for information.	

Agenda Item	Discussion and Action Points	Action By
G/23/58	**GOVERNANCE AND DEVELOPMENT COMMITTEE UPDATE:** Mr S Connolly, Deputy Lead Governor, provided the Council with an overview of the assurance, decisions and key issues discussed as part of recent Governance and Development Committee meetings. He reported that at the last meeting in May 2023, the Committee reviewed the progress made against the NHS Providers' action plan and commended discussions on reviewing the composition of the Appointed Governor component of the Council. Mr Connolly highlighted that the Committee felt that it would be important to retain the Gateshead Council seat and Mrs J Boyle, Company Secretary, will pursue this and utilise the feedback to progress with a draft plan which will require approval by both the Council and Board to proceed. The training plan for 2023/24 was also shared with the Committee for review and further suggestions and ideas for workshop sessions was requested form Governors. Following discussion, it was: **RESOLVED:** to note the update from the Governance and Development Committee and be assured that the Committee is supporting the Council through a detailed review of governance-related items that fall within its remit.	
G/23/59	**MEMBERSHIP STRATEGY GROUP UPDATE:** Mr S Connolly provided the Council with a verbal update on the key messages from the recent Membership Strategy Group on 13th September 2023. He reported that the Committee reviewed the Membership newsletter. Some amendments were suggested and the aim is to distribute this as soon as possible with the support of Civica who manages the Trust's membership database. The newsletter will be sent electronically to those with email addresses to reduce postage costs and within the newsletter, members are being asked to provide ideas and suggested topics for future Medicine for Members events. The Committee also suggested that it would be beneficial to arrange a discussion forum prior to the events to enable members to meet their local Governors.	

Agenda Item	Discussion and Action Points	Action By
	Other membership events discussed by the Committee included a stall or stand within the Surgery Centre and a request has been made to Governors for volunteers to provide cover over a variety of days and times. Mr Connolly reported that Mr Drew Raynor, Deputy Chief Nurse, attended the meeting and provided an update on the Fifteen Step Challenge which is due to relaunch towards the end of October. Governors will have received a background document and Mr Connolly highlighted that this will be a good opportunity for Governor visibility across the site and volunteers are requested. There are plans to reintroduce the buddying system for the new intake of Governors in January 2024 and volunteers have also been requested to provide support. Mr G Main put his name forward for support these events. Mrs Marshall thanked Mr Connolly and Mr Rabin for their work and commitment around supporting the engagement events. Following consideration, it was: **RESOLVED:** to receive the verbal update for assurance.	
G/23/60	**CYCLE OF BUSINESS:** Mrs J Boyle, Company Secretary, presented the cycle of business for the Council of Governors over the remainder of 2023/24. Following consideration, it was: **RESOLVED:** to receive the cycle of business for information.	
G/23/61	**ANY OTHER BUSINESS:** Mr G Quinn raised a query in relation to the follow up of issues and actions from the Place assessment visits which were previously reported via the Patient Experience Group and Dr G Findley, Deputy Chief Executive and Chief Nurse, agreed to follow this up to ensure the right people are included in this work. Mr L Brown queried whether the Council will receive future performance reports from Mrs J Halliwell, Interim Chief Operating Officer, however Mrs Marshall highlighted that finance and performance information is provided within the	GF

Agenda Item	Discussion and Action Points	Action By
	Chief Executive's report and Mrs Halliwell will be in attendance at the Council meetings to answer any queries. Mrs K Tanriverdi raised a specific query in relation to attendance at the Council of Governors and Mrs J Boyle, Company Secretary, agreed to follow this up out with the meeting.	JB (out-with the meeting)
G/23/62	**REVIEW OF THE MEETING:** The Council were invited to provide any areas of improvement or learning which can also be sent directly to Mrs Marshall and Mr Rabin. Mrs Marshall felt that there had been some good discussions during the meeting and Mr Rabin was pleased to see good attendance.	
G/23/63	**DATE AND TIME OF NEXT MEETING:** **RESOLVED:** that the next meeting of the Council of Governors will be held at 10.00am on Wednesday 22nd November 2023.	

Council of Governors' Action Log

	Not yet started
	Started and on track no risks to delivery
	Plan in place with some risks to delivery
	Off track, risks to delivery and or no plan/timescales and or objective not achievable
	Complete

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
G/22/58	16.11.2022	Governor Questions	NIV services – alternative models being considered and discussions to take place with team. To provide feedback	15.02.2023	~~GF~~ SH/NB	The provision of a non-invasive ventilation service has been included within the newly developed clinical strategy as a priority. The teams will be working up options for consideration and an update will be provided at the September meeting Sept 23 – action to remain open whilst work is completed Nov 23 - NIV service is being provided within ward 9. The service would like to explore options for a dedicated unit for NIV. This is included in the estates work led by Nicola Bruce and Steven Harrison. Recommend this is closed as it will be picked up in the estates work	
G/23/50	20.09.2023	Matters Arising	Update to be provided on the wider allocation review of parking permits.	22.11.2023	SH	Review of the car parking panel meetings has been carried out with the meetings now chaired by a Chief Matron in line with the wider clinically led ethos. The overarching methodology for application, allocation and charging will be reviewed as part of the renewed structure.	
G/23/52	20.09.2023	NENC Joint Forward Plan	To include Governors in future stakeholder engagement plans to	22.11.2023	AM/JB		

| Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
			provide a community voice. This may include a further session with the Place Directors.				
G/23/61	20.09.2023	Any Other Business	To ensure a process is in place to review issues and actions from the Place assessment visits	22.11.2023	GF	Meeting arranged with QEF and GF to agree how the PLACE programme can be extended	

Actions closed from last meeting

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
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 however will confirm whether this can be closed with Mr Lamport May 23 – all vending machines in ECC have been replaced and are card payment enabled. Action to remain open until machines in theatres have been replaced Sept 23 – vending machines in theatres are now operational. Action agreed as closed.	
G/23/31	17.05.2023	Chief Executive's Update	To follow up with the Interim Managing Director of QE Facilities on issues in relation to the provision of parking permit applications for junior doctors	20.09.2023	TD / SH	Sept 23 – parking information is presented at Junior Doctors Induction, Junior Doctor role requirements confirmed, all Junior Doctors are now issued with on-site parking upon receipt of a permit application. Parking dispensation can be arranged with Facilities Admin if necessary. It was agreed that this action should be closed in relation to the Junior Doctors however a new action to be added in relation to the wider allocation review.	

FTSUG Council of Governors Meeting

Tracy Healy

22nd November 2023

#GatesheadHealth
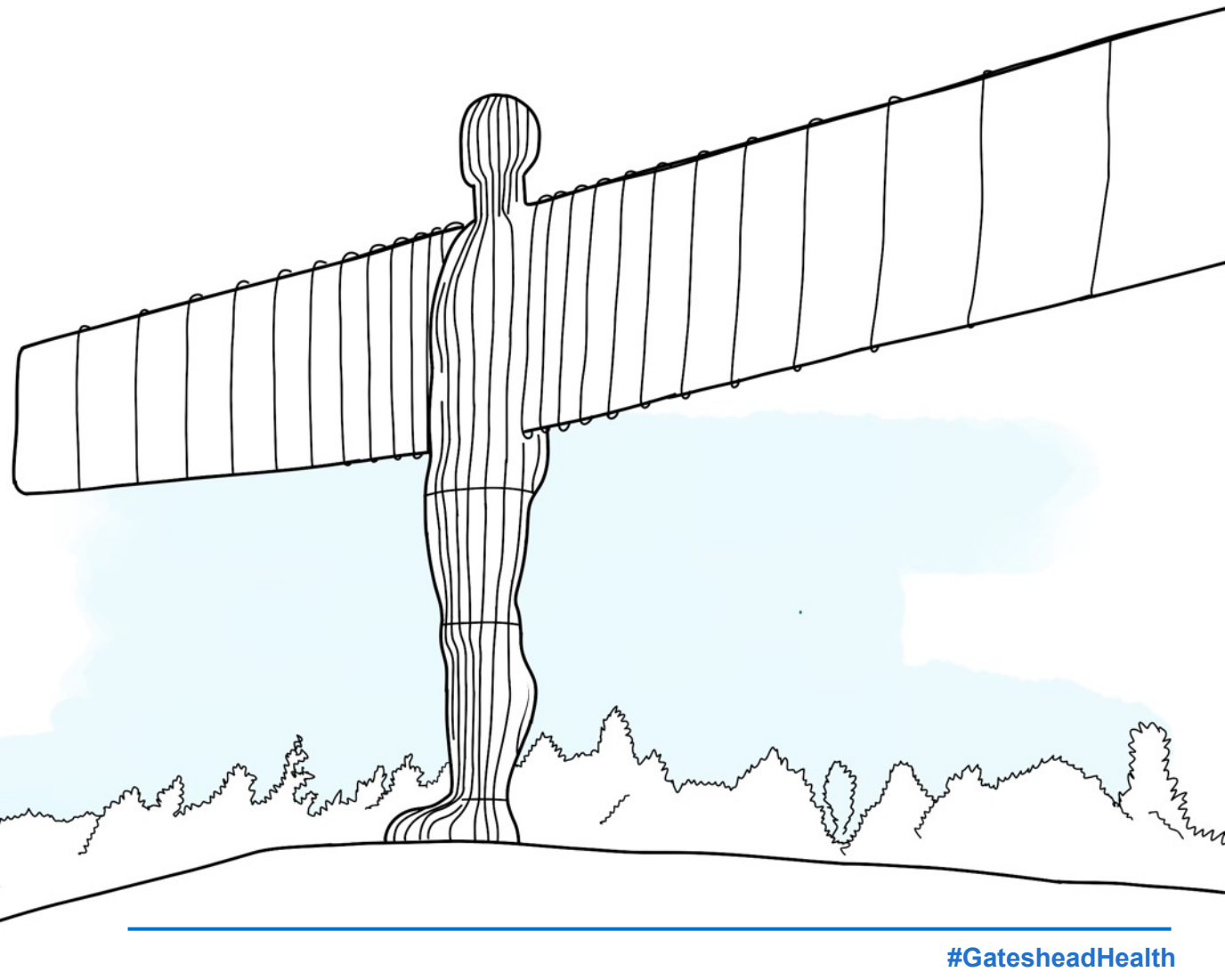
Aims of presentation:

To give a brief introduction of myself:
- Background
- Why I applied for role
-Why I feel the role is vital for the Trust.

To give an overview of work to be undertaken in my first quarter in post.
- Speak up – Insights
- Listen up – Involvement
- Follow up – Improvement

Overview for future work.

Introduction FTSUG role

Freedom to Speak Up Guardian

NHS Gateshead Health NHS Foundation Trust

nmc

Freedom to Speak Up / organisational culture

Themes
- Scope to increase visibility and understanding of Freedom to Speak Up (FTSU) as well as the confidence to speak up
- Friendly culture with compassionate and loyal staff.
- Clarify accountability structures
- Improvement methodology in place with scope to enhance this.
- Increase understanding of risk management and mitigation throughout the Trust
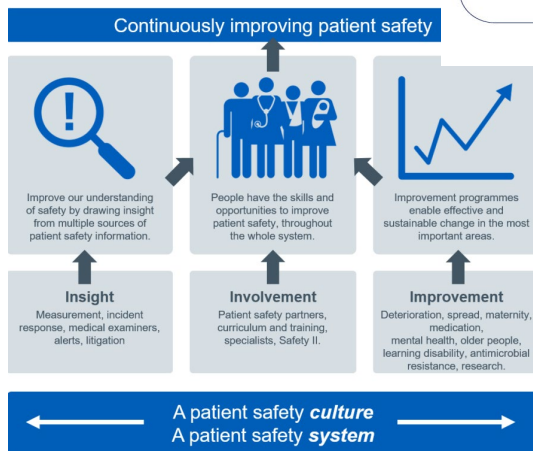- A need to reflect on achievements and what is working well.

#GatesheadHealth, proud to deliver outstanding and compassionate care to our patients and communities.

ICORE #GatesheadHealth

Mid Staffordshire NHS Foundation Trust
Stafford Hospital

Continuously improving patient safety

Improve our understanding of safety by drawing insight from multiple sources of patient safety information.

People have the skills and opportunities to improve patient safety, throughout the whole system.

Improvement programmes enable effective and sustainable change in the most important areas.

Insight — Measurement, incident response, medical examiners, alerts, litigation

Involvement — Patient safety partners, curriculum and training, specialists, Safety II.

Improvement — Deterioration, spread, maternity, medication, mental health, older people, learning disability, antimicrobial resistance, research.

A patient safety *culture*
A patient safety *system*

Welcome to Queen Elizabeth The Queen Mother Hospital

The Shrewsbury and Telford Hospital
Welcome to Royal Shrewsbury Hospital

CIVILITY SAVES LIVES

Corporate manslaughter probe following Lucy Letby murder convictions

Countess of Chester Hospital

News ▸ North East News ▸ North East Ambulance Service

## Why families are calling for a public inquiry into the North East Ambulance Service

Two families are demanding an independent judicial-led inquiry into failings at North East Ambulance Service

People
The people at Gateshead Health are our greatest asset

West Park Hospital

Queen's Medical Centre University Hospital
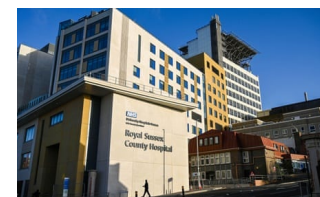
Speak up - Insights.

Insights /Speak up:
Improve our understanding of FTSU concerns from multiple sources of staff voices
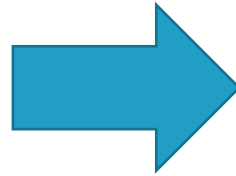
- Data review – themes and trends (G) NHSE check / action plan
- Barriers "the missing voices"
- Reports (G)
- Systems & Process (G & TB)
- Questionnaire (G & TB)
- Roadshow (G & TB)
- Q&A (G &TB)
- Listening Events (G)
- Research (G)
- Forums (G)
- Champions (G)

Speak Up Insights: QE Roadshow Results Barriers to Speaking Up.

NHS
Gateshead Health
NHS Foundation Trust

1. If you had a concern, would you feel you could raise it?

More Details

- Yes   28
- No   5
- Maybe   8
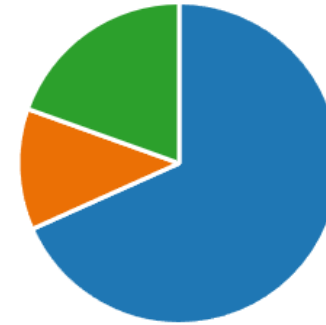
2. What are the barriers that may stop you from raising a concern?

7 respondents (**18%**) answered **Fear** for this question.

Worried about the concern — peer pressure — senior member — life more difficult — case — fear of consequences — Fear and anxiety — Senior staff — **Fear** — **concern** — job — senior nurse — effects — **senior** — Fear of backlash — Work relationships — role — concerns about someone senior — fear of being wrong — treated professionally
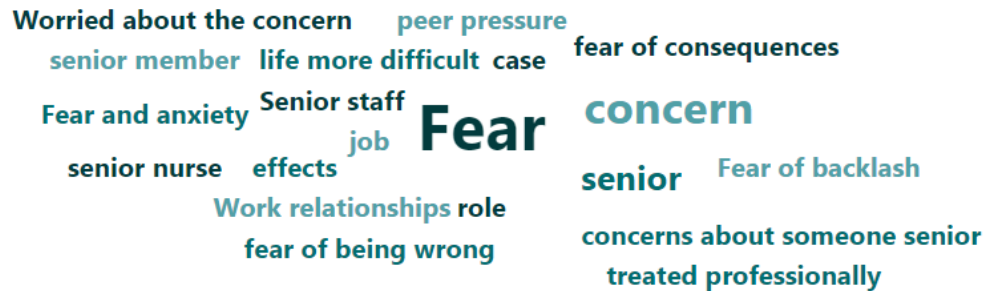
3. How can the Trust support staff to speak up?

10 respondents (**26%**) answered **staff** for this question.

followed correctly — Support the staff — Anonymous boxes — staff turnover — culture — things — **staff** — **concerns** — right thing — open — action — honest — Anonymous — high staff — Clarity on support — sure — pointing — confidentiality — raised accordingly — signposting for staff

Listen Up – Involvement

NHS
Gateshead Health
NHS Foundation Trust

Involvement / speak up / listen up:
People have the skills and opportunities to improve FTSU / patient and staff safety and wellbeing, throughout the whole system
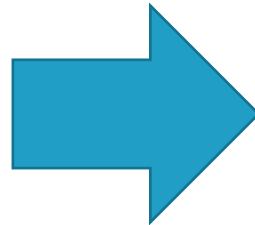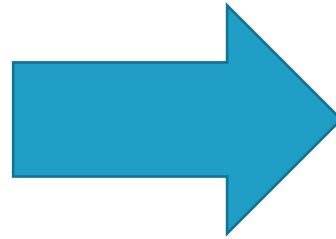
- Comms
- Education and training
- Forums
- Champions
- Staff Stories "lived experience"
- Trust Board
- POD / QGC
- Managers
- Staff Leads/ Clinical Leads

Follow up – Improvement

Improvement / Follow up:
Improvement programs enable effective and sustainable change in the most important areas

- Reporting / recording system - scoping
- Culture Program
- Zero Tolerance
- Tool Kit
- Internal Training Program
- Webpage
- Increased Reporting rates
- Improved outcomes
- Increased accessibility
- Improved reporting and learning culture
- Comfortable with the uncomfortable
- Speaking up support scheme NHSE

Future Planning
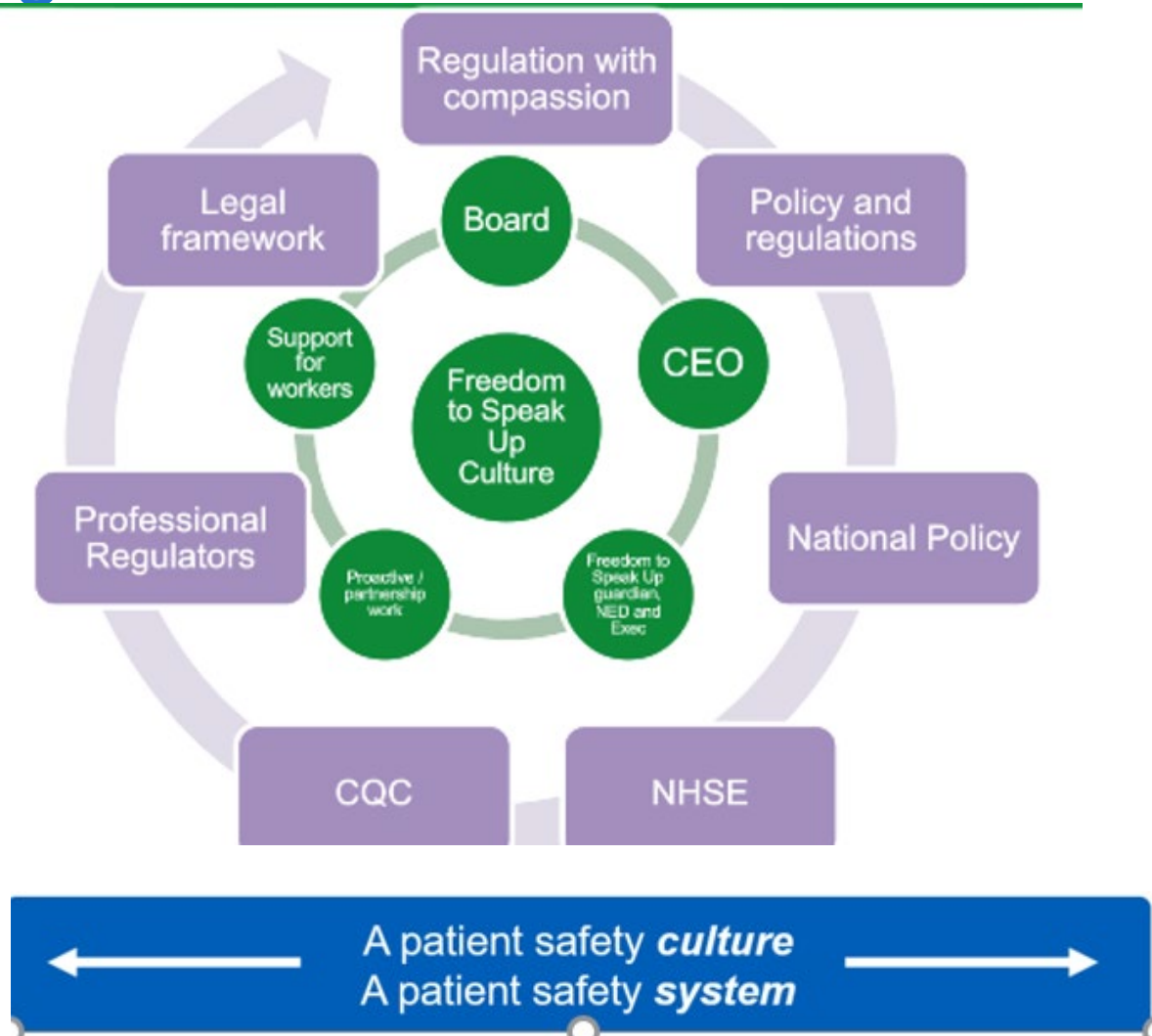
Speak Up
Listen Up
Follow Up

Building a Culture Together

"The standard you walk past is the standard you accept."

Chief of the Army, Lieutenant-General David Morrison

A speaking up culture is more than having a Freedom to Speak Up Guardian

Pledges

NHS
Gateshead Health
NHS Foundation Trust

I pledge to …

Mike Robson Non –Executive Director:

"Listen without judgement and encourage our staff to fearlessly report and encourage others

#SpeakUpPledge

I pledge to …

Adam Crampsie Non Executive Director:

Always take the time to listen to people and act on their concerns so we can improve Patient Safety together. I will always be open and available to people.

#SpeakUpPledge

I pledge to …

Gill Findley Chief Nurse, Professional Lead for Midwifery & AHP's, Deputy CEO:

Make myself available for people who are trying to raise their concerns and to listen to the message however

uncomfortable the words may be.

#SpeakUpPledge

I pledge to …

Trudie Davies CEO:

Listen & Learn in order to

Lead with humility

#SpeakUpPledge

I pledge to …

Anna Stabler Non Executive Director:

Support Staff to feel safe to speak up & be heard. To really listen & act on what I hear

#SpeakUpPledge

I pledge to …

Andy Beeby Medical Director:

Promote Speaking up from the Medical Director Office.

#SpeakUpPledge

I pledge to …

Amanda Venner

Interim Executive Director of People &OD:

Speak up, Listen up, Follow up.

Listen and Hear the missing voices.

#SpeakUpPledge

I pledge to …

Steven Harrison Managing Director QEF:

Seek, Listen, Act!

#SpeakUpPledge

I pledge to …

Kris MacKenzie Group Director of Finance & Digital:

Listen without judgement.

Raise awareness of FTSU across the organisation.

#SpeakUpPledge

#GatesheadHealth

Summary:

- Who I am and why I applied to FTSUG
- Plans for first 3 months in post.
- Reviewed initial Barriers from Roadshow
- Discussed the framework and strategy
- Discussed some of the future plans.
- Pledges from Board Members
- Ask for Pledges from Governors .

References

- The NHS Patient Safety Strategy Safer culture, safer systems, safer patients July 2019 NHS England and NHS Improvement.
- The National Guardian's Office – https://nationalguardian.org.uk
- Gateshead NHS Foundation Trust – https://www.gatesheadhealth.nhs.uk
- WE ARE THE NHS: People Plan 2020/21 - action for us all. NHS England and NHS Improvement.

Any Questions / Comments

Gateshead Health charity update

Helen Fox, Head of Communications and Engagement

Clare Drummond, Charitable Funds Manager

22 November 2023
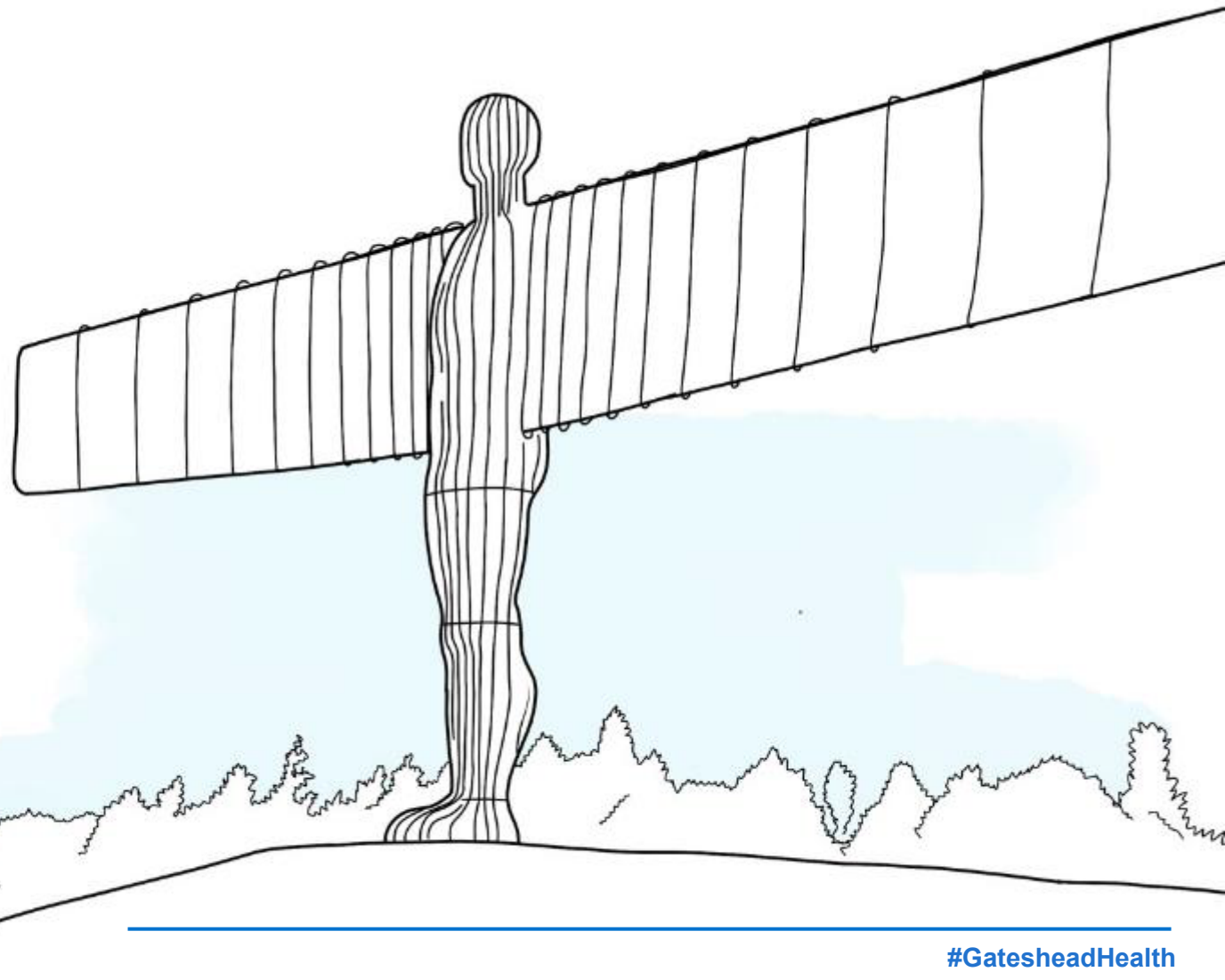
Summary of activity from September 2023

Mini / Junior Great North Run 2023

- Our 2023 Mini and Junior GNR superstar runners collectively raised an amazing £1,455.60 in support of QE Charitable Funds.

- The funds which will benefit from the children's support are:
  - Harper – St Bedes Fund
  - Leo – Chemo Day Unit Fund
  - Olivia – SCBU Fund
  - Oliver – Paediatrics Fund
  - Zach – General Fund
  - Rosie – Cancer Services Fund

Adult Great North Run

- Our truly inspirational 2023 GNR runners collectively raised an amazing £5,890.27 so far in support of QE Charitable Funds.
- Funds which will benefit from their support are:
  - Michael, James, Alan & Supriya – General Fund
  - Ashleigh – Woodside Fund
  - Kay & Stephen – SCBU Fund
  - Inga & Sarah – Cancer Services Fund
  - Geoff – Diabetes Fund
  - Peter – Older Persons Fund
  - Fior – Staff HWB Fund
  - Ami – Research & Development Fund
  - Hayley – Rheumatology Fund
  - Tiffany – Therapy Services Fund
  - Alex – Chemo Day Unit Fund
  - Craig – Critical Care Fund
  - Simon & Gee – St Bedes Fund
  - Lynsey – Paediatrics Fund

Fundraising wing walk

- Brenda Stobbart wing walked at Leeds Airport in support of our Breast Services Fund.

- Brenda and her best friend of over 40 years, Ann-Marie Fenwick, love to tap dance every week and used to enjoy rock'n'roll and disco dancing however sadly Ann-Marie was diagnosed with breast cancer.

- Brenda explained how she was not scared in the slightest and loved the experience which saw her raise an amazing £450.00.

Sunderland Classic Cars

- Sunderland District Classic Vehicle Society raised a £1,340.00 in support of our Surgical Breast Care unit by hosting a charity night with one of their very own members, John Foxton, singing Rock'n'Roll classics following the fantastic care which was given to his wife, Jacqui Foxton.

- Jacqui has been determined in her fight against breast cancer as her best friend Freda, who was diagnosed with breast cancer at the same time as Jacqui, sadly lost her fight against cancer.

- Jacqui wanted to thank the Breast Services Team for the amazing care and support she received.

Communications and marketing update

- Overview over the past 2 months

- Most successful posts:

➤ #ThankyouThursday have been the top posts for engagement

➤ Followed by #MemoryMonday posts

➤ Then news article promotion posts – Resulting in more traffic going to the website for the articles

Post Link Clicks

74 ↗ 236.4%

Profile	Audience	Net Audience Growth	Published Posts	Impressions	Engagements	Engagement Rate (per Impression)	Video Views
Reporting Period	2,337	18	80	18,043	3,685	20.4%	8
Sep 1, 2023 – Oct 25, 2023	↗ 0.8%	↗ 38.5%	↗ 788.9%	↗ 211.3%	↗ 169%	↘ 13.6%	→ 0%
Compare to	2,319	13	9	5,796	1,370	23.6%	8
Jul 8, 2023 – Aug 31, 2023							
🐦 @QECharity	147	5	39	1,168	32	2.7%	0
ⓕ QE Gateshead Charit...	2,190	13	41	16,875	3,653	21.6%	8

Sending more thanks this #ThankyouThursday to the Jubilee Acute Stroke Rehabilitation Unit...

Total Engagements 2,057

It's that time again #ThankyouThursday this week recognises Fior Sayer who has made such an impact organising event...

Total Engagements 56

For #ThankyouThursday this week, we would like to thank the Breast Screening Team for providing exceptional care an...

Total Engagements 43

Future work for the charity

Charity rebrand

Current

Proposed design

Note, this will need to go to the Trustee board for final approval in November.

There will then be an implementation plan developed with a launch planned from 15 January.

Pet calendar update

- Facebook survey – 200+ interested in purchasing
- 100 submissions of photos received
- Working with EDI Manager re awareness days
- Will start work with Penny Print, Gateshead re design within next 1-2 weeks
- Penny Print will print calendars:
  - Costs: 100x calendars = £278.00+VAT
  - Includes multiple images / awareness days
  - 2 week lead time

"Light Up A Life" Remembrance Event

Memory Christmas Tree

- Donation from the Rotary Clubs of Chester Le Street and Birtley of £937.07 for the lights to decorate the tree and the foliage around it – donation shared equally between the two clubs
- Choir will attend
- Chaplaincy team to attend
- Working with hub re hot-chocolate
- Working with the Cake Box, Low Fell, re donation
- Photo exhibition by Gateshead Camera Club
- Identified wooden stars (Tiny Acorn)
  - ➤ Costs: 100 x stars = approx. £30.00
  - ➤ Personalisation free (donation)
  - ➤ 3 week lead time

Christmas fayre

- Pat Stephenson hosting Christmas fare supporting those affected by cancer

Will include:

- Café
- Santa
- Raffle – winner gets a two night's stay for two people at Layside with evening meal and breakfast
- Tombola
- Food and drink stalls
- Activity stalls
- Second-hand items
- Pet treats

Charity events

Evening Zipline Event – Date TBC

Jump Out to Help Out - various dates (3 sign ups)

Planning for 2024 charity events ongoing

How can you support?

NHS
Gateshead Health
NHS Foundation Trust

Report Cover Sheet   Agenda Item: 8

Report Title:	**Equality, Diversity and Inclusion: 6 Monthly Update**
Name of Meeting:	**Council of Governors**
Date of Meeting:	22nd November 2023
Author:	Kuldip Sohanpal, EDI and Engagement Manager
Executive Sponsor:	Amanda Venner, Interim Executive Director of People and OD
Report presented by:	Kuldip Sohanpal

Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☒
	To provide the board assurance of the progress undertaken in 2022/23 relating to equality, diversity and inclusion.			

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*	Update on EDI work to date
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format*	Equality, diversity and inclusion (EDI) is essential for the Trust to have a culture that is diverse, inclusive, and engaged. All members of staff have a responsibility to ensure that EDI is integrated into all aspects of the organisations and individuals working areas. Aspects pertaining to ensuring equity should be the ultimate goal be the foundation and guiding principle of all activities, going beyond mandatory and statutory reporting. The update provides an overview of the advancements achieved towards the goals related to equality, diversity, and inclusion that were established in 2021. The mandatory reporting for equality diversity and inclusion includes the 　- Workforce Race Equality Standard (WRES), 　- Workforce Disability Equality Standard, 　- Equality Delivery System (EDS2) and 　- Gender pay gap report.

	Whilst all of the data has been captured and is being assessed in respect of how this data feeds into our action plans for the next year, our focus in 2023/24 will be the delivery of the EDI strategy. Recommendations from all mandatory reporting will be incorporated into the EDI action plan
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	For Governors to note 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: Protect and understand the health and wellbeing of our staff by looking after our workforce SA2.2: Growing and developing our workforce			
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)	N/A		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

1. Introduction

Equality, diversity and inclusion (EDI) is paramount in ensuring that the Trust has a diverse, inclusive and engaged culture is everyone's responsibility, to deliver beyond the mandatory and statutory reporting. It should be the golden thread in all that this Gateshead Health does.

As part of the EDI strategy, we have set out Gateshead Health's pledge which covers:

- We are committed to being an inclusive healthcare provider and employer. This commitment is central to achieving our ICORE ambitions and is at the heart of NHS and Trust values.

- Inclusion and equality is not about treating everyone the same, but recognising that everyone is different and that people's needs, whether they be patients, people or the public are met in appropriate ways.

- We recognise that we need to improve if we are to achieve our ambitions and become a Trust where diversity is valued and celebrate. To ensure this vision becomes real, we have to take the stance that everyone is treated with dignity and respect and discrimination and inequalities are prevented and eradicated from all our services and functions.

- The Board of Directors are committed to inclusion, delivering on the standards in Workforce Race Equality and Disability Standards (WRES and WDES), the Equality Delivery System 2 (EDS2) and ensuring diversity is valued, NOT in order to comply with regulations, but because it is the right thing to do for patient care, our People and our local population.

In 2023/24, the area of focus will be the delivery of the EDI strategy. Recommendations from all mandatory reporting will be incorporated into the EDI action plan and this work will be led by the Human Rights Equality, Diversity and Inclusion Board, which reports into the People and Organisational Development Committee.

This report provides an update on the achievements made during the 2022/23 period and evaluates the Trust's compliance with the compulsory EDI requirements.

2. Progress report

The summary below highlights the progress that has been made against the equality, diversity and inclusion objectives.

2.1. Ensure EDI strategy, principles and practice are embedded into Trust governance and assurance arrangements at every level in the Trust

- The EDI strategy has been developed and signed and published as part of the Trust's enabling strategies.

- The Human Rights, Equality Diversity and Inclusion (HREDI) Programme Board has focused on the actions and recommendations set out in the strategic action plan

- Within the Managing Well training programme, EDI continues to be the golden thread throughout the programme.

- Addressing conscious and unconscious bias within the recruitment and selection process has been added into the existing bite sized recruitment and selection training and is also picked up within the Managing Well programme.

- An improvement tool for patients, staff and leaders of the NHS called the EDS2 – a mandatory improvement model supports NHS organisations in England to review and develop an approach in addressing inequalities in health access, experiences, impact and outcomes through three domains: Services, Workforce Health and Wellbeing and Leadership. Work around our submissions for the 2024 submission is underway.

2.2. Continued improvement of service provision and patient care

- The main focus in this area is on health inequalities, which is in its infancy and ensuring the completion of the Equality Impact Assessment for all service changes to assess and understand the impact.

- The Chapel and Faith room is open to all faith groups, with updated literature available in the prayer rooms. Both spaces are being assessed for better usage, as Muslim members of staff have expressed a need for more room.

- The Trust engaged the services of an external company to provide Cultural Competency training, which evaluated well. Whilst potential dates into the next year have been identified, there is a pause on the delivery, as a Cultural Competency Model is being assessed that can be rolled out across the region.

- A session around culture and faith and how this impacts on patient care has been developed, we will be rolling this out in Jan 2024. Key community and faith leads have been approached to assess the best way the sessions can be delivered through the EDI lens.

- Inclusive leadership is now a key focus, with detailed actions around Recruitment and Selection.

- As part of raising the profile of the Trust, engaging with the community and celebrating the 75th Birthday of the NHS an open day was held on Saturday 8th of July. We welcomed over 180 staff and members of the public, giving them an insight to the life of an NHS hospital. Our staff held information stall and demonstrations for colleagues and the public to learn about the fantastic work that goes on behind the scenes at the hospital. The stalls were run by various departments including maternity, critical care, community services, breast screening, corporate services, staff networks and many more. This was a very successful event and we hope to build on this event over the coming years.

2.3. Improved Equality and Diversity data collection and information

- An EDI KPI metrics dashboard has been developed and the data collected is reviewed quarterly by the HREDI Programme Board. This information will also feed into the equalities action plan.

- The metrics capture the detailed recruitment data as well as the data that is required for the WRES and WDES submissions. This information also forms part of any mandatory submissions around EDI and an overview of the mandatory requirements for EDI is within 3.1 of this report.

2.4. Ensure the Trust meets statutory compliance and promotes workforce and E&D matters

- The Trust has started to assess how we can have a Zero-tolerance approach to Bullying and Harassment. This is underpinned by Trust having signed up to Anti-Racism Charter earlier in the year. A task and finish group has been set up to assess how we currently report and address Bullying and Harassment behaviours and agree a process and procedure that the Trust will adopt in not tolerating any verbal and physical abuse towards staff and will also take appropriate action against staff who abuse, harass or bully other members of staff.

- We also take action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience.

- Bullying and Harassment cases continue to be are reviewed on a monthly basis by the Head of People Services as part of the Employee Relations Case Reviews.

- A variety of support channels are in place for staff with a concern around abuse, harassment, bullying and physical intimidation in the workplace. Amongst these include our Freedom to Speak Up Lead and Champion an on-site Security team, a mediation service, grievance procedures and more.

- We have appointed a Freedom to Speak Up Guardian role and are assessing how more members of staff can be trained as Champions and empower them and colleagues to raise any concerns. The role will also aid our staff networks which are staff-led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.

- Collaboration has taken place with Network Chairs to identify experiences of our networks, barriers to their progression, and gather feedback on the disciplinary policy. Work has started around supporting our networks to thrive and will also feed into the Zero Tolerance campaign.

- Strengthening partnerships and regional cross-working from other Trusts

- All cultural ambassadors have undertaken recruitment and selection training as well as EDI training.

2.5. CORE and Essential Training

- E-learning and face-to-face training for Equality and Diversity (EDI) have been evaluated and the delivery of the cultural competency programme will be key

- Current EDI objectives and EDI principles are incorporated into corporate induction and address how the principles around EDI are incorporated within the ICORE values

- A one and half hour session in respect of EDI principles are part of the Managing Well Programme and have evaluated well with a number of participants contacting the EDI manager for further advice and information pertinent to their individual roles and services

- Senior members of staff undertaking any disciplinary investigations have undertaken EDI E-Learning and some have been on the Managing well program.

- EDI training is offered to all International Students as part of their corporate induction.

- A number of sessions have been delivered around Neuro divergent and further training sessions and dates are being assessed.

3. Mandatory reporting

3.1 Mandatory reporting for equality diversity and inclusion includes the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard, the Equality Delivery System (EDS2) and the gender pay gap report.

4.1 shows a summary of the key highlights for each of the four areas indicated.

3.2. Ratings on the mandatory requirements for EDI

The ratings for each of the areas are:

EDS
- The Equality Delivery System self-assessment score across the three domains (commissioned or provided services, workforce health and wellbeing and inclusive leadership) is 23, which equates to Achieving.

Gender Pay Gap

- In terms of the Gender Pay Gap, the proportion of male and female full-pay relevant employees in the Upper, Upper Middle, Lower Middle, Lower quartile pay bands for 2022 is as follows:

Quartile	2022 Female	2021 Female	2020 Female	2019 Female	2022 Male	2021 Male	2020 Male	2019 Male
Upper	73.84%	73.98%	74.75%	70.55%	26.16%	26.02%	25.25%	29.45%
Upper Middle	83.13%	84.96%	83.27%	84.7%	16.87%	15.04%	16.73%	15.3%
Lower Middle	81.57%	86.31%	85.84%	85.84%	18.43%	13.69%	14.16%	14.16%
Lower	73.84%	86.19%	87.22%	88.0%	26.16%	13.81%	12.78%	12.0%

There has been little change in comparison with the snapshot dates across the last 3 years. Across all Quartiles, the female representation has decreased. Although the figures for the Upper Quartiles show very insignificant change there are significant changes in the Upper Middle, Lower Middle and Lower Quartiles (0.14, 1.77%, 4.74%, 12.35% respectively).

Our Male counterparts show an increase across all of the Quartiles. Statistically across all Quartiles, the percentage change is virtually the same. A specific action plan has been developed to address the Gender Pay Gap.

4. Key Highlights

4.1. Summary of the key highlights for the mandatory reporting and ongoing EDI work

Mandatory reporting area	Highlights
Equality Delivery System 2 *As captured for our last submission*	• Domain one (commissioned or provided services) focused on learning disabilities within the trust. Acute care pathways for individuals with learning disabilities have been established to ensure equal access to healthcare. A holistic assessment is conducted and specialists work together. Training focuses on adjusting care for this group, resulting in a 76% satisfaction rate among patients with learning disabilities. • Domain two focuses on the workforce's health and wellbeing. A health and wellbeing website was launched to promote long-term support groups and targeted support for conditions like obesity and mental health. Managers conduct stress risk assessments and use staff survey results to provide more targeted support. The Trust has increased its counselling service and uses sickness and absence data to support staff. Work-life balance and healthy lifestyle initiatives are also provided. • Domain three (inclusive leadership). The Board prioritises EDI and health inequalities in its annual development program. Board members have participated in mentoring (which is being reassessed) and engage with staff networks. A Health Inequalities Board is chaired by the Medical Director and includes the Director of Public Health for Gateshead. Board papers require confirmation of completed EQIAs and all policies require an EQIA. The HREDI Programme Board reports to the People and OD Committee demonstrating that the governance is in place. The Board monitors progress on WRES and WDES. • The Equality Delivery System self-assessment score across the three domains is 23, which equates to Achieving.
Gender pay gap	• 77.6% of our workforce is female • In 2022 there has been a significant decrease in the percentage of female staff (from 86.19% down to 73.8%) in the lower quartile and an increase in percentage in our male workforce (up from13.8% 26.16%) within the lower quartile. This changing profile is not reflected across all Quartile pay bands. • The only element classed as bonus for the purposes of this report is the Clinical Excellence Award Scheme (CEA) and the one off payment bonus payment to Staff. • For ordinary pay, the gender pay median is 12.73% (last year it was 12.7%) and 0% in the bonus (last year it was 69.37%) • This report has been published online.
Workforce Race Equality Standard from 2021/22	Areas identified for further work has been highlighted to address bullying and harassment, specifically around: • The percentage of BAME staff experiencing harassment, bullying or abuse • The percentage of BAME staff compared to white staff reporting harassment, bullying or abuse at work • Percentage of staff experiencing harassment, bullying or abuse from patients / service users, Mangers and Colleagues

|	
	Data collected show's that in some of the KPIs, there has been a decrease in incidents, this however may be due to the numbers of BAME staff reporting being proportionally very small. Work has started to formulate a Z tolerance protocol / Policy across the Trust (impacting on both Patients and Staff) Other key significant areas identified are: • Staff views on whether the organisation provides equal opportunities for career progression / promotion have been consistent by ethnicity (44% mark). There is however a widening gap between the BAME and White category (60% mark). • The Trust rolled out Reverse / reciprocal mentoring, however due to lack of numbers accessing this, the programme is being reassessed to be rolled out in the New Year • The Trust is assessing the best way to incorporate the Cultural Ambassador role into our disciplinary and grievance processes.
Workforce Disability Equality Standard from 2021/22	Similarly, to the WRES, further work is required in respect of bullying and harassment, specifically around: • The percentage of disabled staff experiencing harassment, bullying or abuse from members of the public • The percentage of disabled staff compared to non-disabled staff reporting harassment, bullying or abuse at work • Percentage of staff experiencing harassment, bullying or abuse from patients / service users, Mangers and Colleagues Data collected show's an increase in the figures for harassment / abuse from patients and service users for disabled staff (up from 26% to 31%). Whilst the figures for the other KPIs is low, it is still worrying in respect of the figures. A zero-tolerance approach is being assessed to be implemented. Other key significant areas identified are: • Declaration rates around disability are also low and we need to continue to promote staff to declare their disability status to improve the reliability of equalities monitoring. • Recruitment processes will also be examined to assess why disabled applicants are shortlisted but are unsuccessful at interview. The Trust's status has moved from a Disability Confident employer to Disability Confident Leader. We will start assessing what extra work is required to achieve the next level.

5.   Recommendation

5.1   Governors are asked to note the content of this report.

Chief Executive's Update to the Council of Governors

Trudie Davies, Chief Executive

22 November 2023
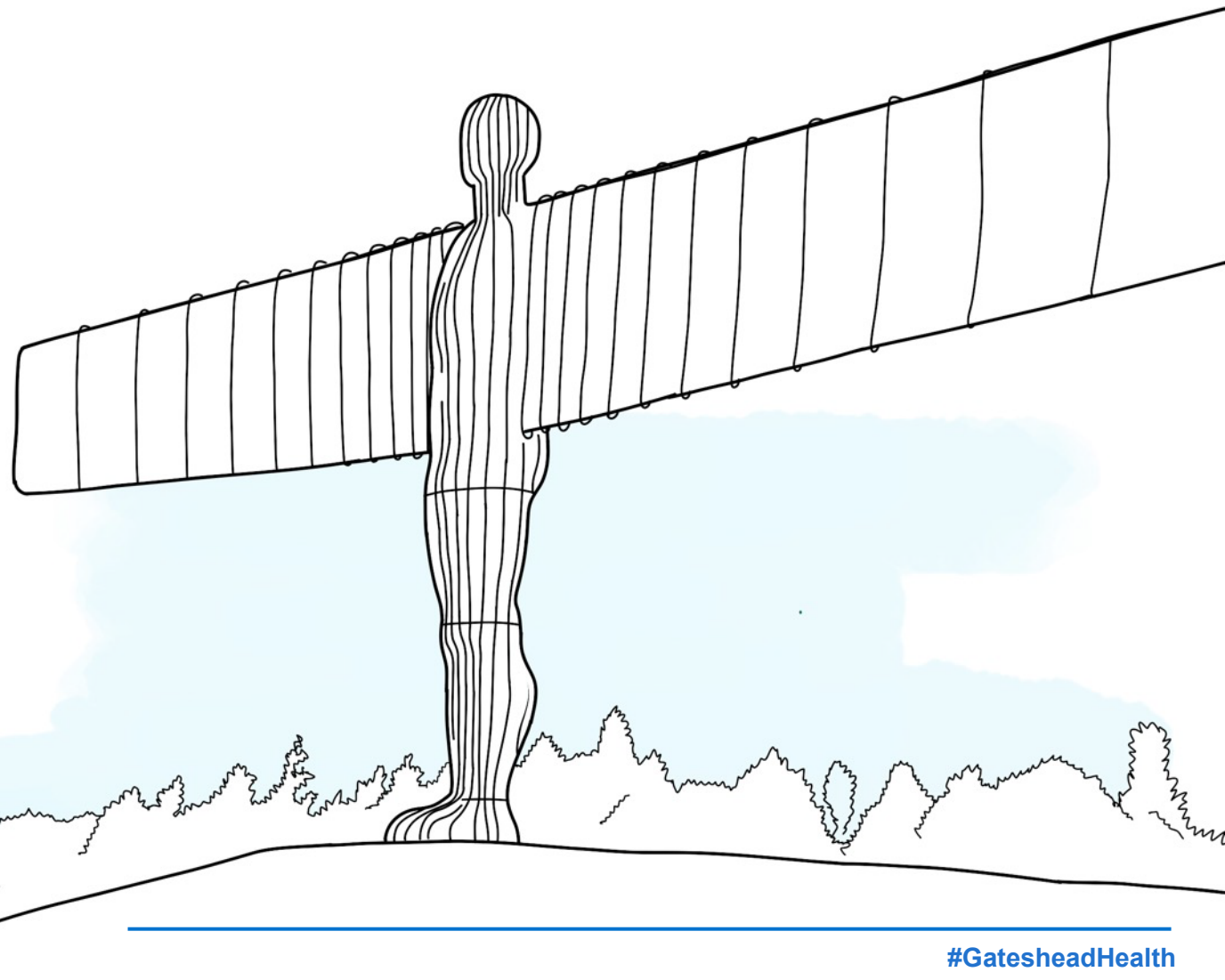
#GatesheadHealth

Strategic Aim 1: We will continuously improve the quality and safety of our services for our patients

Engagement, involvement and visits:
- Clinical Strategy Group
- Visits to services across the Trust

- Our **Gastro team** received some excellent feedback as part of a recent IQILS (Improving Quality in Liver Services) visit. The team demonstrated clinical and managerial commitment to improvement and innovation in care delivery.

- Our **flu and Covid vaccination programmes** are in full swing and we are encouraging all colleagues to be vaccinated to protect themselves, their loved ones and our patients.

- The number of **overdue complaints continued to fall**, demonstrating significant improvement from the previous year. Being more responsive helps us to learn and improve our services to patients.

- The **Endoscopy** unit has once again been JAG-accredited for the next 5 years. This means the service is meeting best practice quality standards and is a fantastic achievement for the team and for our patients.

- Our **Enabling Effective Learning Environments (EELE)** team won the Nursing in Primary Care award at the Nursing Times Awards for their work with the Newcastle GP service. The team has been hosted by Gateshead Health since June 2020 and has developed a scheme to support student nurse training and improve care in GP surgeries.

- The **Thirlwall Public Enquiry**, which was commissioned following the conviction of Lucy Letby, has published its terms of reference. We have received notification that all trusts with neonatal units will receive requests for evidence.

- **Leading indicators** (September 2023):
  - We are reporting positive progress in respect of the proportion of closed actions on our **CQC action plan**.
  - Our year-to-date **healthcare associated C-Diff infection numbers** increased to 14 against a threshold of 23, slightly above the trajectory for this point in the year. A ten point action plan has been developed by the Infection, Prevention and Control team

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Strategic Aim 2: We will be a great organisation with a highly engaged workforce

NHS
Gateshead Health
NHS Foundation Trust

- Significant focus on our **culture** as an organisation – listening to those who have spoken up to tell us when things aren't right. We need to hear these messages in order to help us to act and make Gateshead a great place to work and be cared for in the NHS. We are committed to a **zero-tolerance approach** to discrimination for our colleagues and our patients and there is a focussed piece of work ongoing to embed this within the Group.

- We celebrated signing our **anti-racism charter with Unison colleagues,** which is really important in signalling our commitment to abolishing discriminatory behaviours.

- Our new full-time **Freedom to Speak Up Guardian, Tracy Healy**, delivered a presentation to our Board, with each Board Member making a pledge as part of Freedom to Speak Up Month.

- We celebrated **Black History Month** during October, culminating in an excellent webinar which we held in conjunction with the Integrated Care Board which highlighted the role that black women have played in shaping history, inspiring change and building communities.

- Our **catering team** have achieved a five star hygiene rating in a recent Food Standards Agency inspection. This is an outstanding accomplishment recognising the achievement of the highest standards for cleanliness, safety and hygiene.

- **Leading indicators**: the Trust has scored below the target engagement score of 6.9 in the latest quarterly Pulse staff survey scores. The NHS staff survey is currently underway and plans are in place to encourage engagement and diversify engagement measure tools.

Engagement, involvement and visits:
- LGBTQ+ network
- FTSU stall
- Star Awards
- Black History Month webinar
- Facebook Live events for colleagues

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Strategic Aim 3: We will enhance our productivity and efficiency to make the best use of resources

- Significant focus on productivity with the aim of treating as many patients as we can as safely as we can and to the highest standards.

- There were significant front-of-house pressures in September, with a year-on-year increase of 4.4% in A&E attendances. Significant ambulance handover pressures were felt in September. We continue to benchmark well for 30-60 minute handovers, but were second highest in the region for 60+ minute handover delays.

- Our financial position remains challenging and we continue to be in Single Oversight Framework segment 3. This can be seen in the table below. The Trust's Delivery Oversight Group is focussing on efficiency and productivity and seeking to improve our position.

- **Leading indicators** (September 2023 data):

  - The target of 60% of patients being admitted to a bed in 1 hour of decision to admit is not being met (9.51% in September). A formal review of patient flow is underway.

  - The target of zero 12-hour decision to admit breaches has not been met with 66 recorded between April and the end of September, of which 50 (76%) were in the latest month of September. We are reviewing our internal escalation processes and patient flow.

  - We are aiming to reduce our overall length of stay to less than 4 days. Whilst there have been some improvements, the September figure was 4.73. We are reviewing our clinical pathways, developing our front of house frailty model to prevent avoidable admissions, as well as working across the system to seek system-wide solutions.

  - We are aiming to reduce to zero the number of 52-week waiters by the year end. At the end of September the Trust had 237 patients who had been waiting more than 52 weeks. The largest pressure specialities are Paediatrics, Pain, Trauma and Orthopaedics and General Surgery. Recovery plans and waiting list validation exercises are in place.

Finance KPIs – September 2023	YTD Plan £000s	YTD Actual £000s	Difference £000s
Performance against NHSE plan after donated asset adjustment (deficit position)	7,833	9,538	1,705
Performance against cost reduction target	5,376	5,214	162
Capital spend	11,037	3,875	7,162
Cash position	45,177	38,118	7,059

Strategic Aim 4: We will be an effective partner and be ambitious in our commitment to improving health outcomes

- Our **diabetes team** won an award for their innovative work in a joint project to support children and young people to access new diabetes technologies. The project seeks to support children from low-income families maximise their diabetes management. The project involves working in collaboration with the North East and North Cumbria Children and Young Persons' Diabetes Network.

- The Trust donated mobile phones and laptops, that had come to the end of their life within the NHS, to be repurposed for use by children and young people living with Type 1 Diabetes in the NENC region. As of August 2023, six months into the project, 160 families had been provided with a suitable device, with 70% of these families living in areas that are ranked as being in the top 30% of the most deprived areas in the country. Feedback on the scheme has been overwhelmingly positive and it has been recognised by NHS Providers as a best practice case study for addressing health inequalities.

- The **maternity team** were commended by the Director for Public Health in Gateshead for their continued work to reduce smoking at the time of delivery. There has been a reduction across the North East and North Cumbria, with Newcastle and Gateshead reporting to be at 9.7%, which is below the regional average.

- **Dr Karen Franks**, Clinical lead for Older People's Mental Health and Dementia has been commended for her contributions to the NHS England regional clinical network for mental health. The clinical network held a celebration event prior to be subsumed into a wider regional function in November. This demonstrated the value of working outside of organisational boundaries to deliver better outcomes for people.

Engagement, involvement and visits:
- North East Women's Health Conference
- Meeting with the Gateshead Council Leader and Chief Executive.
- Meeting with local MPs.
- Provider Collaborative meetings.
- Pathology Board meetings.

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Strategic Aim 5: We will develop and expand our services within and beyond Gateshead
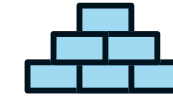
- We continue to share our strategy and strategic intent around being a **Centre of Excellence for Women's Health.** We attended the first North East Women's Health Conference with our place partners in the local authority and primary care. Our IVF team provided one of the showcase presentations for the day, outlining how they have improved accessibility and engagement with different groups across our community.

- We will be holding a Gateshead-based Women's Health Conference in the future as part of our intent to become a Northern Centre of Excellence for Women's Health.
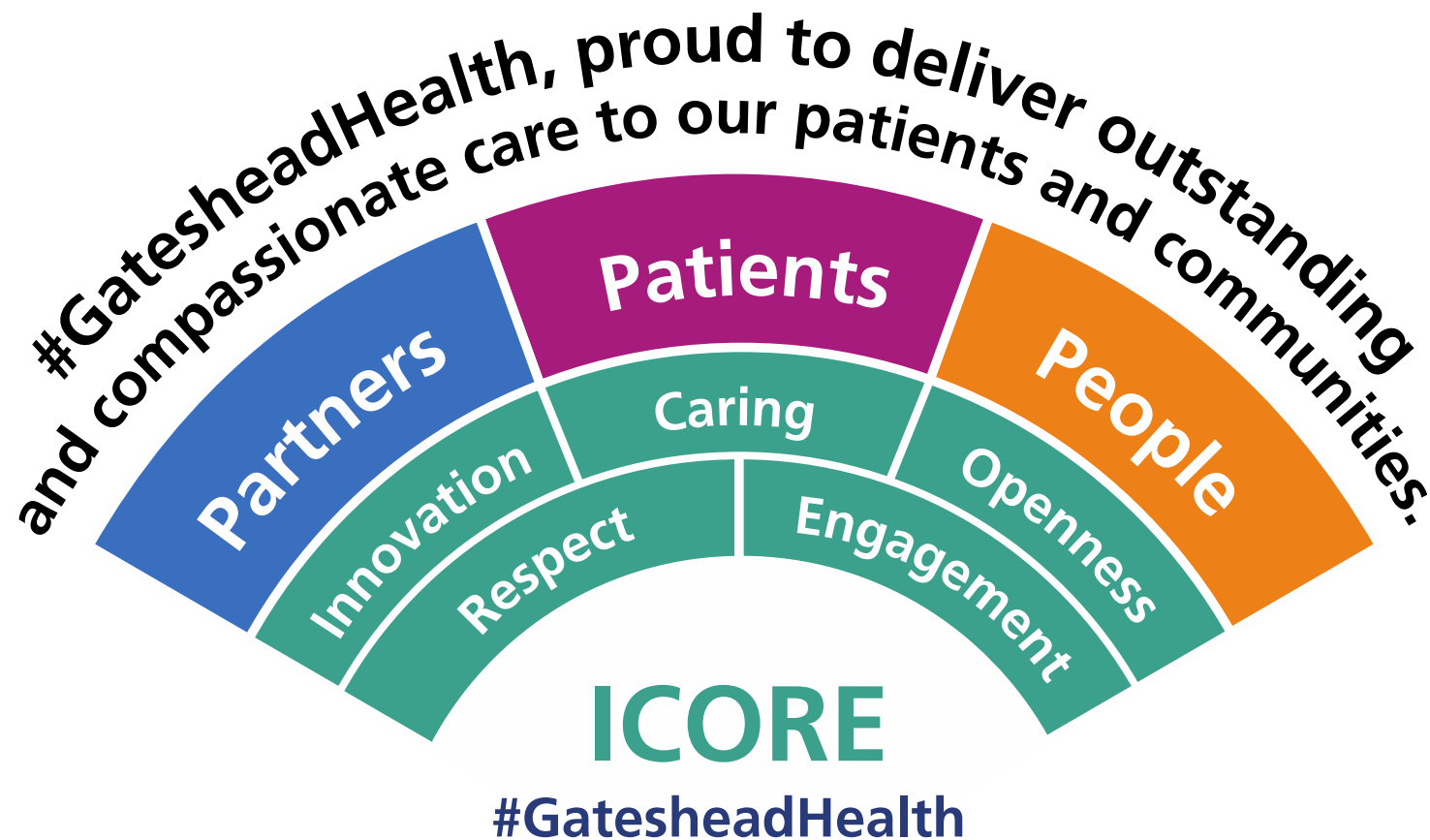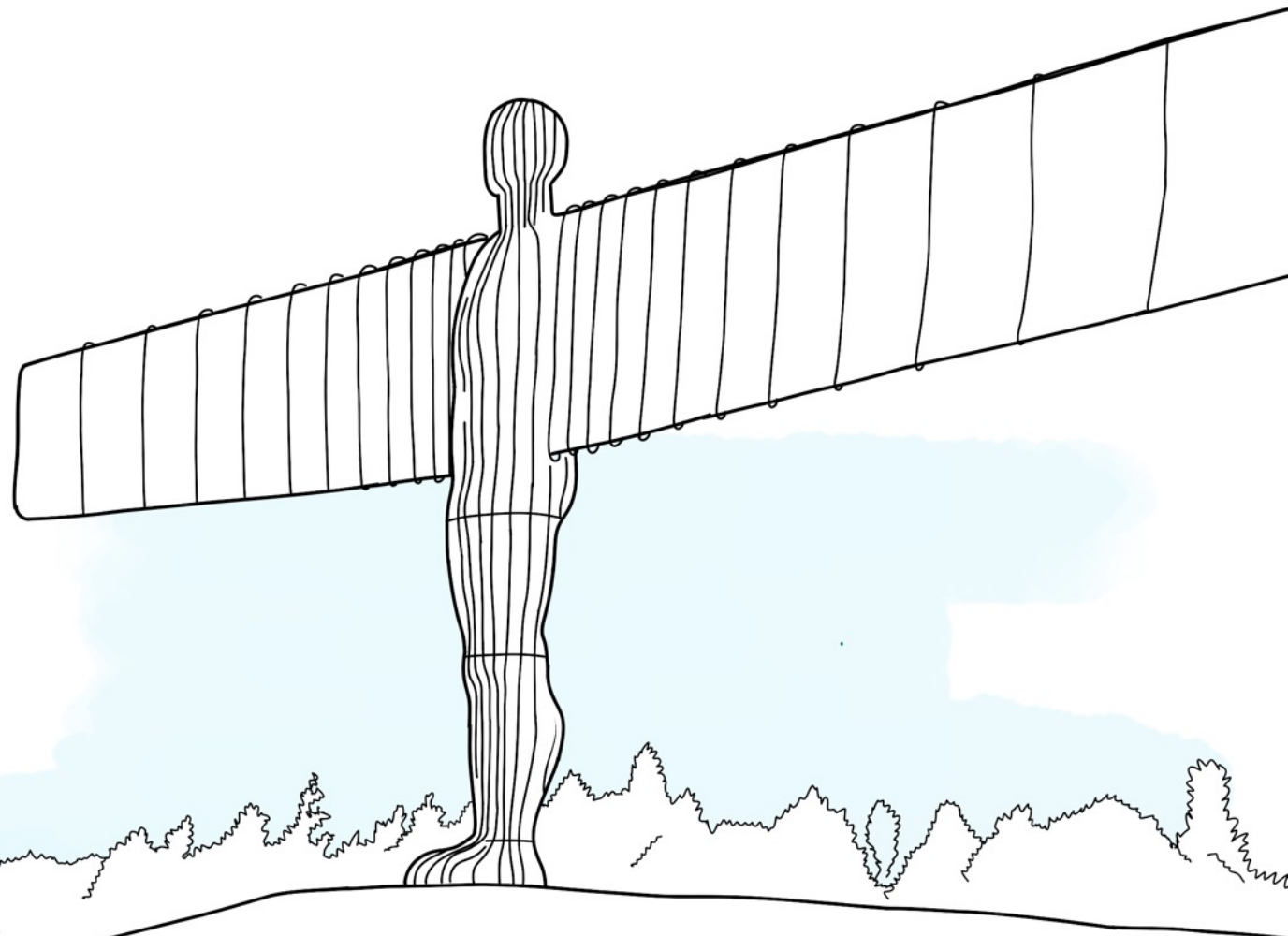
Work of the Quality Governance Committee

Anna Stabler, Chair of the Committee

Examples of issues considered

Safe Staffing

(Every meeting)

Integrated Oversight Report

(Every meeting reviewing Safe/effective/ responsive sections)

MHA Compliance Group Minutes

(Every Meeting)

Assurances from Strategic Safe Care & Risk

(Every Meeting)

Maternity Oversight Report

(Every meeting)

Case study

NHS
Gateshead Health
NHS Foundation Trust

Feb 23 – report presented giving clear picture of complaints received / month and the number closed / month by BU.

68 Overdue complaints

June 23 – Update paper new style that detailed informal / formal complaint numbers by BU also compliments.
26 Overdue complaints.
Internal stretch target of ZERO by end of June noted.

April 23 - update paper received that articulated actions taken. Deep dive into themes undertaken.

August 23 Update report -
8 Overdue Complaints all made within 2023

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 order to improve performance against key indicators and ensure improved patient outcomes by March 2024

Develop and Implement a continuous Quality Improvement plan that enables the delivery of improved performance against key indicators by March 2024

Identify key local health inequalities challenges and ensure improvemnt plans are in place by March 2024

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

Key priorities for assurance over the next 6 months

NHS
Gateshead Health
NHS Foundation Trust

Safe Staffing

Maternity Services

Patient experience

Compliance

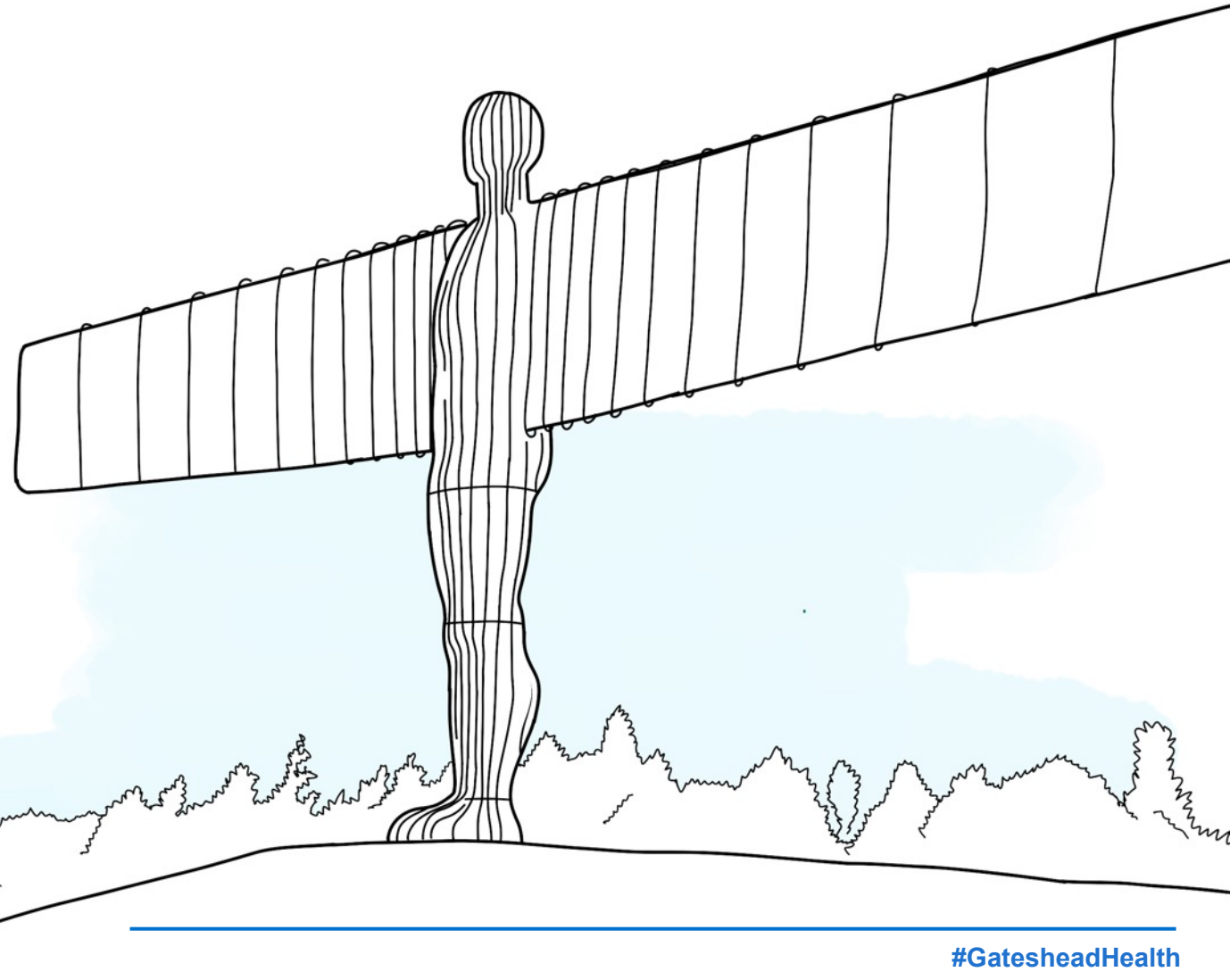**Complaints**

Implementation of PSIRF

Any questions?

Work of the Finance and Performance Committee

Mike Robson, Chair of the Committee

22 November 2023

Examples of issues considered and assurances received

Planning
(Finance and Activity)

Leading Indicators
(Supported by the IOR)

Finance Reports
(Revenue and Capital)

Supply and
Procurement Update

Capital Steering Group
Update

QE Facilities

Transformation Board

Delivery Oversight
Group

Internal Audit and
HFMA programme of
work

Delivery of Corporate
Objectives

Risk Register

Board Assurance
Framework

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Case study *Leading Indicators*

NHS
Gateshead Health
NHS Foundation Trust

IOR

Evolved over time.

Wealth of information vs lots of detail.

Kirkup review.

Trial

Developed and considered alongside IOR

Consultation

Organisational wide consultation to inform those areas of focus

Led by clinicians supported by management

High levels of engagement

Leading Indicators

Rolled out and replacing IOR

Enables clear identification of those areas which require concentrated effort and attention

Key risks

- The Committee is currently monitoring 7 risks on the Organisational Risk Register

3261 – non achievement of zero > 52 week wait

3127 – non achievement of financial plan

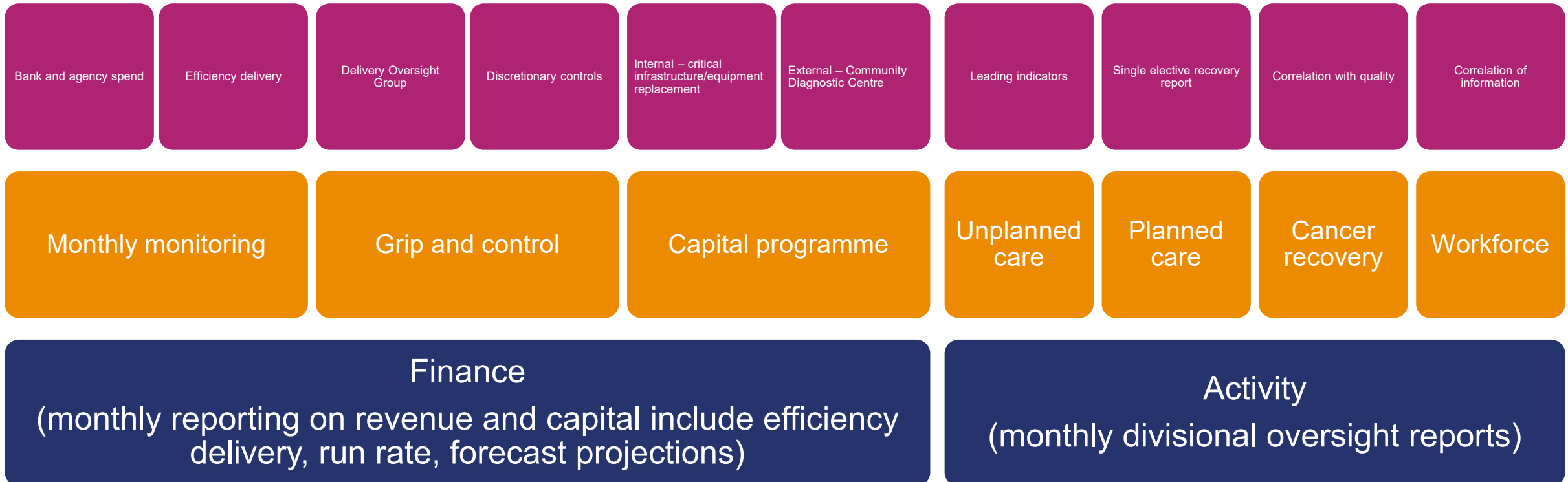3128 – rising capital cost of delivering the NOM

2982 – delayed transfers to community care

3102 – activity not delivered in line with plan

3103 – non achievement of required efficiencies

3186 – impact of estates infrastructure on service delivery

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Key areas of assurance

| Bank and agency spend | Efficiency delivery | Delivery Oversight Group | Discretionary controls | Internal – critical infrastructure/equipment replacement | External – Community Diagnostic Centre | Leading indicators | Single elective recovery report | Correlation with quality | Correlation of information |

| Monthly monitoring | Grip and control | Capital programme | Unplanned care | Planned care | Cancer recovery | Workforce |

Finance
(monthly reporting on revenue and capital include efficiency delivery, run rate, forecast projections)

Activity
(monthly divisional oversight reports)

Delivery of the planned financial and activity trajectories

Key priorities for assurance over the next 6 months

NHS
Gateshead Health
NHS Foundation Trust

Oversight of delivery of revenue and capital plans

Oversight of operational performance

Development and approval of the 2024/25 Annual Plan

Implementation of strengthened internal governance arrangements

Monitoring Delivery of the Corporate Objectives, Organisational Risks and Board Assurance Framework

Any questions?

NHS
Gateshead Health
NHS Foundation Trust

Report Cover Sheet   Agenda Item: 11

Report Title:	**Governance and Development Committee Terms of Reference and Annual Review of Effectiveness**
Name of Meeting:	Governance and Development Committee
Date of Meeting:	22 November 2023
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:** ☐
	The terms of reference are presented for ratification alongside with a summary of the review of effectiveness of the Committee.			

Proposed level of assurance – to be completed by paper sponsor:	**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*	Governance and Development Committee – 11 October 2023
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*	• It is good practice to review the terms of reference and functioning of the Committee on an annual basis. • This paper reflects on the work of the Committee since its inception in June 2022 and proposes some minor amendments to the terms of reference. • Good assurance is provided that in all material respects the Committee has fulfilled its terms of reference. • The Governance and Development Committee concurred with the conclusions drawn and the recommended changes.
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Council is requested to review the summary of work undertaken by the Committee since its inception and ratify the minor amendments proposed to the terms of reference.

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:	Ensuring that the Governor committees have clear roles and responsibilities will contribute towards the ability of the Board to deliver the Trust's strategy.	

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)	No risks directly linked to this paper, although effective committees with robust terms of reference should support the timely identification and management of risks.		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Review of Effectiveness and Terms of Reference

1. Executive Summary

1.1. The Governance and Development Committee was a new Governor committee which met for the first time in June 2022. In line with good governance the work of the Committee has been reviewed to ensure that it has met its terms of reference and operated effectively.

1.2. The effectiveness review report was presented to the Governance and Development Committee in October 2023. The review provides assurance that the Committee fulfilled its core duties.

1.3. A discussion was held regarding the role of the Committee in monitoring Governor attendance and it was agreed a regular report would be presented to monitor the Council of Governors' attendance throughout the year. This has now been incorporated into the Committee's cycle of business.

1.4. The Committee reviewed the terms of reference and approved the minor changes proposed, which clarify the agreed membership and the wider approach to Committee allocation.

1.5. A further change was suggested in respect of removing the expected attendance rate from the Committee's terms of reference. This is in line with the discussion held regarding focussing attendance monitoring on the Council only, given that this is the core meeting for Governors.

1.6. The review provides the Council with assurance over the work of the Committee and the Committee recommends to the Council the ratification of the terms of reference.

2. Introduction

2.1. It is good practice for formal groups and committees to review their effectiveness on an annual basis to ensure that terms of reference are being met and any adjustments to scope or operating practice can be enacted on a timely basis.

2.2. The Governance and Development Committee held its first meeting in June 2022. The Committee was developed to support the Council of Governors in reviewing and making recommendations on a range of governance matters, freeing up time at the Council of Governors.

2.3. This paper provides an overview of the work of the Committee since its inception and proposes some minor amendments to the terms of reference of the Committee.

3. Attendance

3.1.   The Committee is chaired by the Lead Governor, with the Deputy Lead Governor acting as Vice Chair since the postholder commenced in role in May 2023. Prior to the appointment of the Deputy Lead Governor, the meeting was on occasion pragmatically chaired by the Chair of the Board and Council of Governors in the absence of the Lead Governor. As the Committee is a Governor-led Committee, the appointment of the Deputy Lead Governor strengths the contingency arrangements in place here.

3.2.   All Governors are invited to attend the Committee (so effectively all Governors are members) and a minimum of 5 Governors must be present to be quorate.

3.3.   The Committee has met 7 times since its inception. On all occasions the meeting has been quorate with the number of members attending ranging between 5 and 10.

4. Work of the Committee

4.1.   In accordance with the terms of reference the work of the Committee can be divided into five key themes. A summary of the work undertaken is mapped against each theme below:

Theme	Work undertaken
Governor training and development	• Review and contribution to the quarterly Governor workshop plans for the year at every meeting.
Trust governance documents	• Review of constitutional amendment proposed in relation to the classification of volunteers. • Review of constitutional requirements relating to appointed Governors and commencement of discussions to refresh this element of the Constitution.
Governor policies and procedures	• Review of suite of templates developed to support Governor pre-meetings and feedback from engagement events and visits
Reviewing the effectiveness of the Council of Governors	• Review of the draft question set for the Council of Governors' effectiveness survey • Review of the results of the effectiveness survey resulting in recommendations to the Council
Other governance issues / requirements	• Review of NHS England draft

Theme	Work undertaken
	governance documents to contribute towards the Trust's response to the consultation (Code of Governance, Addendum to the Guide for Governor Duties and Guidance on Good Governance and Collaboration) • Review of progress made against the action plan developed in response to the NHS Providers' training day in November 2022.

4.2.   This demonstrates good coverage of the core items contained within the terms of reference. There are a number of areas which haven't been directly covered through dedicated agenda items, although some discussions have been held:

- **Review of Governor conduct and attendance rates** – attendance has been discussed regularly as part of wider Committee discussions and the Governor code of conduct was on the agenda of the October meeting for discussion. Committee members have now agreed that a more formal review of Council of Governors' attendance rates would be beneficial to include on the cycle of business; and
- **Overseeing the process for the allocation of Governor groups / committees every two years** – as agreed at the September 2023 Council meeting, there are no proposed changes to the current approach to classify all Governors as members of the Governance and Development Committee and Membership Strategy Group. In terms of the Governor Remuneration Committee, the Council agreed to retain the current membership unless vacancies arise post-election. As such there has been no allocation process for the Committee to oversee.

5. Terms of reference

5.1.   The terms of reference are included within this report. Only minor amendments are proposed, namely:

- Explicitly stating that all Governors are considered to be members of the Committee. This was enacted in practice, but the terms of reference still referred to the Committee consisting of 6-10 Governors;
- To add in the wording '*where applicable*' to the duty regarding overseeing the allocation of Governors to Governor committees, reflecting that an allocation process may not be required (as per para 3.2); and
- Removal of the 75% expected attendance rate given that all Governors are considered to be members of the Committee and are therefore not expected to attend all meetings. This was a legacy item in the terms of

reference which should have been removed when the membership changed – the Committee highlighted this anomaly.

6. Conclusions and recommendations

6.1.   Members are recommended to be assured that the Governance and Development Committee has undertaken its core duties during its first eighteen months of operation.

6.2.   The Committee has been quorate on each occasion and the appointment of the Deputy Lead Governor provides additional resilience by enabling each meeting to be chaired by Governor.

6.3.   The Council is requested to review and ratify the minor wording changes to the terms of reference outlined in paragraph 5.1, on the recommendation of the Governance and Development Committee.

Governor Committees Terms of Reference	NHS Gateshead Health NHS Foundation Trust

Governance and Development Committee

Constitution and Purpose – The Governance and Development Committee is a formal group with delegated responsibility from the Council of Governors to review a range of governance matters on its behalf.

The Committee is authorised by the Council of Governors to investigate any activity within its Terms of Reference. Any decisions of the Committee shall be taken on a majority basis. All members of the Group have an equal vote. In the event of a tied vote, the Chair of the meeting will hold the casting vote.

Date Adopted / Reviewed	November 2023
Review Frequency	Annually
Review and approval	Governance and Development Committee – October 2023
Adoption and ratification	Council of Governors – November 2023

Membership	The Group shall consist of: • Lead or Deputy Lead Governor (Chair of the Committee) • All Governors
Attendance	The following will be expected to attend the Group on a routine basis to provide advice, support and administration: • Company Secretary • Corporate Services Assistant
Meeting frequency and quorum	Meetings shall be held quarterly and as required by any relevant regulatory requirements. To be quorate there should be at **least 5 Governors** present at the meeting**.** Members and regular attendees are expected to achieve **75% attendance annually.**
Meeting organisation	The Group shall be supported administratively by the Trust's Corporate Services team. In accordance with the Trust's Standing Orders, **papers will be circulated to members and attendees six days before the meeting** wherever

	possible, and no later than three clear days before the meeting, save in emergency. Minutes of the meetings are circulated (alongside the agenda for the following meeting), to members and attendees.

Duties and responsibilities	
Governor training and development	To review the induction and training arrangements for Governors, including working with the Company Secretary to identify appropriate topics for training and development. To develop an annual cycle of business for quarterly development sessions for approval by the Council of Governors.
Trust Governance Documents	To review proposed changes to the following key governance documents and make recommendations to the Council of Governors (which must formally vote on proposed changes): • Trust's Constitution • Council of Governors' Standing Orders
Governor Policies and Procedures	To review key policies and documents relating to Governors. The Committee will make recommendations to the Trust's Policy Review Group and the Council of Governors in respect of these policies where appropriate. To monitor compliance with these policies in line with the monitoring arrangements articulated within the policies themselves.
Reviewing the Effectiveness of Council Governance	To review Governor conduct and attendance, including attendance rates for Council meetings, committees and training events. The Committee will also oversee the process for the allocation of Governor group / committee members every two years (where applicable). To review the outcomes of the Council's annual effectiveness review and oversee the implementation of any resulting actions.
Other Governance Issues / Requirements	To review and understand key principles of the regulatory framework and requirements, particularly where this impacts on the role of the Council of Governors. To be the first point of contact for the discussion of significant transactions and / or service changes where consultation and / or approval by the Council of Governors may be beneficial. To review other key governance-related requirements or requests as and when they arise.

Reporting and monitoring	
Reporting	An assurance report from this Committee will be presented by the Chair to the next meeting of the Council of Governors.
Monitoring	Compliance with the terms of reference will be reviewed via an annual self-assessment. This will inform any proposed revisions to the terms of reference and the cycle of business. The outcome of the effectiveness and terms of reference review is presented to Council of Governors following consideration by this Committee.

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Report Cover Sheet   Agenda Item: 12

Report Title:	Governor Election Results
Name of Meeting:	Council of Governors
Date of Meeting:	22nd November 2023
Author:	Diane Waites, Corporate Services Assistant
Executive Sponsor:	Alison Marshall, Chair
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: ☒
	This paper provides the Council of Governors with an update on the election results			

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	n/a
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* | • Four new Governors were elected in the 2023/24 elections, with four Governors retaining their seats.

• Two vacancies remain in respect of public Governor seats. |
| Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper | • Note the outcome of the elections;
• Record a formal thank you to all outgoing Governors for their contributions and commitment; and
• Be assured that incoming Governors will be provided with a comprehensive induction and training |

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:	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 ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
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 ☐		No ☐		Not applicable ☒

Election Results

1. Executive Summary

1.1. The 2023 election process is now complete with seats filled through uncontested elections in the Central and Staff constituencies. Five Governors were elected unopposed, with two vacancies remaining in Eastern which will be carried forward to next year.

1.2. Elections took place in the Western and Patient/Out of Area constituencies, with the results being published on Tuesday 14th November 2023. All three seats were filled.

1.3. We have four new Governors in total and would like to welcome Michael Loome as Public Governor in the Central Gateshead constituency; Adaeze Okereke as Staff Governor; and John Bewley and Dr Lakkur Murthy as Public Governors in the Western Gateshead constituency.

2. Introduction

2.1. The 2023 elections consisted of 10 available seats:
   - 3 x Staff Governor
   - 2 x Public Governors for Central Gateshead
   - 2 x Public Governors for Western Gateshead
   - 2 x Public Governors for Eastern Gateshead
   - 1 x Public Governor for Patient/Out of Area

2.2. Eight of the available seats were filled with two vacancies remaining in the Eastern 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 2024.

Constituency	Elected candidates
Public: Central	Michael Loome – elected to first term of office (5 Jan 2024 to 4 Jan 2027)
Public: Central	Karen Tanriverdi – re-elected to third term of office (5 Jan 2024 to 4 Jan 2027)
Staff	Helen Adams – re-elected to second term of office (5 Jan 2024 – 4 Jan 2027)
Staff	Lynsey Curry – re-elected to second term of office (5 Jan 2024 – 4 Jan 2027)
Staff	Adaeze Okereke – elected to first term of office (5 Jan 2024 – 4 Jan 2027)

3.2. Elections took place for Public: Western and Patient/Out of Area constituencies. The following candidates were elected, with terms commencing on 5th January 2024:

Constituency	Elected Candidates
Public: Western	John Bewley – elected to first term of office (5 Jan 2024 – 4 Jan 2027)
Public: Western	Dr Lakkur Murthy – elected to first term of office (5 Jan 2024 – 4 Jan 2027)
Public: Patient / Out of Area	Agatha Kanyangu – re-elected to second term of office (5 Jan 2024 – 4 Jan 2027)

3.3.   An induction session will take place with the Chair and Corporate Services Team on Thursday 7th December 2023.

3.4.   A number of current Governors will be leaving the Council on 4th January 2024:

- Marceline Ndam, Staff Governor
- Mick Lamport, Public Governor, Western Gateshead
- Geoffrey Riddell, Public Governor, Western Gateshead
- Mark Learmouth, Public Governor, Central Gateshead

3.5.   As this is the last Council meeting before the end of their tenure, we would like to record our sincere thanks and appreciation to these Governors for their commitment and contributions to the Council and Trust.

4. Recommendations

4.1.   The Council is requested to:
- Note the outcome of the elections;
- Record a formal thank you to all outgoing Governors for their contributions and commitment; and
- Be assured that incoming Governors will be provided with a comprehensive induction and training.

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Report Cover Sheet   Agenda Item: 13

Report Title:	**Governance and Development Committee Update**
Name of Meeting:	Council of Governors
Date of Meeting:	22nd November 2023
Author:	Diane Waites, Corporate Services Assistant
Sponsor:	Steve Connolly, Deputy Lead Governor and Vice Chair of the Committee
Report presented by:	Steve Connolly, Deputy Lead Governor and Vice Chair of the Committee

Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide the Council with an overview of the assurance, decisions and key issues discussed as part of recent Governance and Development Committee meetings.			

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*
	• The Committee has met once since the last Council of Governors' meeting in September 2023.
	 • The Committee's role is to undertake a detailed review of governance-related items on behalf of the Council.
	 • At the last meeting in October 2023 the Committee
	   ◦ Reviewed the terms of reference alongside a summary of the review of effectiveness of the Committee;
	   ◦ Commenced discussions on reviewing the Code of Conduct for Governors; and
	   ◦ Agreed to formally monitor Council of Governor attendance.

Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Council is requested to note the update from the Governance and Development Committee and be assured that the Committee is supporting the Council through a detailed review of governance-related items that fall within its remit.

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:		Not linked to a specific objective but ensuring effective governance is in place will in turn ensure appropriate controls and assurance processes are in place to support objective delivery.

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)	No direct link		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes ☐	No ☐	Not applicable ☒

<u>Governor Governance and Development Committee Report</u>

1. Introduction

1.1. This paper aims to provide assurance to the wider Council over the work of the Governance and Development Committee by outlining the key discussions from the last meeting held on 11 October 2023.

2. Key issues discussed

2.1. The following key issues were discussed at meeting in October 2023:

2.2. **Terms of Reference and Annual Review of Effectiveness** – it was noted that it is good practice to review the terms of reference and functioning of the Committee on an annual basis to ensure that terms of reference are being met and any adjustments to scope or operating practice can be enacted on a timely basis.

2.3. The Committee were assured that the Committee has fulfilled its terms of reference in all material respects and approved the recommended amendments.

2.4. The Terms of Reference and Annual Review of Effectiveness for the Committee are presented to the Council of Governors for approval as Agenda Item 11 – Ratification of the Terms of Reference for Governor Committees. This provides further detail on the proposed amendments to the terms of reference.

2.5. **Review of Code of Conduct for Governors** – It was noted that the code of conduct has not been reviewed for a number of years and it was therefore presented to the Committee to gather feedback to inform a proposed update. The Committee reviewed examples from other trusts to share views and noted that regional discussions may take place in the future to develop some consistency across organisations.

2.6. The Company Secretary will develop a revised draft for discussion at the next meeting in January 2024.

2.7. **Governor attendance –** the Committee discussed Governor attendance at meetings, and it was noted that Council of Governor attendance is produced within the Trust's Annual Report however there is no formal monitoring mechanism in place during the year (although attendance and apologies are recorded in the minutes). It was therefore agreed that this will be formally monitored by the Committee going forward.

3. Solutions / recommendations

3.1. The Council is requested to note the update from the Committee and be assured that the Committee is supporting the Council through detailed review of governance-related items that fall within its remit.

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Report Cover Sheet   Agenda Item: 15

Report Title:	Council of Governors' Dates 2024/25			
Name of Meeting:	Council of Governors			
Date of Meeting:	22 November 2023			
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 – to be completed by paper sponsor:	**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 2024/25

	January 24	February	March	April	May	June	July	August	September	October	November	December	January 25	February	March
Council of Governors 10.00 am to 1.00 pm Rooms 9&10 Ed Centre/Teams		14			15				25		20			19	
Council of Governors Pre-Meets Rooms 9&10 Ed Centre/Teams		14			15				25		20			19	
Governance and Development Committee 10.00 am to 12.00 pm	11			10			11			17			9		
Membership Strategy Group 10.00 am to 11.30 am		7			2				5	6				6	
Workshops/Seminars for Governors	17			18		12				9			15		

Committee:	Council of Governors
Chair:	Alison Marshall
Financial year:	2023/24

Denotes an item for Part 2 of the meeting

	Lead	Purpose of item	Feb-23	May-23	Sep-23	Nov-23	Feb-24
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	√	√	√	√	√
ICS / ICB 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							
Patient / staff story (2023/24)	Various	For Assurance		√	√	√	√
QE Facilities	QEF Board Chair / QEF Managing Director	For Assurance				Deferred	√
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	Deferred	Deferred	
Non-Executive Director appointments	Chair	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 - Results	Company Secretary	For Discussion	√				√
Ratification of the terms of reference for Governor groups	Company Secretary	For Decision			defer to Nov 23	√	√
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				deferred	√
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							
Membership Strategy Group	Chair of the Group	For Assurance	√	√	√	√	√
Governor Governance and Development Committee	Chair of the Group	For Assurance	√	√	√	√	√