Gateshead Health
NHS Foundation Trust

# Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 10:00am on Wednesday 15 May 2024, in Rooms 9&10, Education Centre, Queen Elizabeth Hospital / via Microsoft Teams

## AGENDA

| No | Start time | Item | Purpose | Lead | Paper / Verbal |
|---|---|---|---|---|---|
| 1. | 10:00 | Welcome and Chair's Business | Information | Chair | Verbal |
| 2. | 10:03 | Declarations of interest | Information | Chair | Verbal |
| 3. | 10:04 | Apologies for absence | Information | Chair | Verbal |
| 4. | 10:05 | Minutes of the last meeting held on 14 February 2024 | Decision | Chair | Paper |
| 5. | 10:06 | Action log and matters arising | Assurance / decision | Chair | Paper |
| ***TRUST UPDATES INCLUDING STRATEGY*** | | | | | |
| 6. | | Showcase presentations / patient / staff story: | | | |
| | 10:10 | Lipid Management Service – Jonathan Fenwick | Assurance | Pharmacy Team | Presentation |
| | 10:30 | Integrated Care Board – Dan Jackson | Assurance | ICB | Presentation |
| 7. | 10:50 | Annual Planning Update | Assurance | Interim Director of Strategy, Planning and Partnerships | Presentation |
| 8. | 11:00 | Developing the Quality Priorities | Decision | Chief Nurse | Paper |
| ***BOARD AND COMMITTEE UPDATES*** | | | | | |
| 9. | 11:10 | Chief Executive's update | | | |
| | | i) Performance Report | Assurance | Chief Executive | Paper |
| | | ii) Questions from Governors | Assurance | Chair | Verbal |
| 10. | 11:30 | Board Committee Assurance update: | | | |
| | | i) Digital Committee | Assurance | Chair of the Committee | Paper |
| | | ii) Charitable Funds Committee | Assurance | Chair of the Committee | Paper |
| **GOVERNANCE** | | | | | |
| 11. | 11:50 | Governor Standing Orders | Decision | Company Secretary | Paper |
| 12. | 12:00 | Lead Governor and Deputy Lead Governor Appointments | Decision | Company Secretary | Paper |
| 13. | 12:05 | Chair and Non-Executive Director Appraisal Process | Assurance | Company Secretary | Paper |
| **UPDATES FROM GOVERNOR COMMITTEES AND GROUPS** | | | | | |
| 14. | 12:15 | Governance and Development Committee update | Assurance | Chair of the Committee | Paper |
| 15. | 12:25 | Membership Strategy Group update | Assurance | Chair of the Committee | Paper |
| **ITEMS FOR INFORMATION / MEETING GOVERNANCE** | | | | | |
| 16. | 12:35 | Cycle of Business 2024/25 | Information | Company Secretary | Paper |

Gateshead Health
NHS Foundation Trust

| No | Start time | Item | Purpose | Lead | Paper / Verbal |
|---|---|---|---|---|---|
| 17. | 12:40 | Top 3 Messages | Discussion | Chair | Verbal |
| 18. | 12:50 | Any Other Business | Discussion | Chair | Verbal |
| 19. | 12:55 | Review of Meeting | Discussion | Chair | Verbal |
| 20. | 1:00 | Date and Time of Next Meeting – 10:00am on Wednesday 25 September 2024 | Information | Chair | Verbal |
| | | | | | |

# COUNCIL OF GOVERNORS'

Gateshead Health NHS Foundation Trust

Minutes of the Council of Governors' Meeting
held at 10.00am on Wednesday 14th February 2024,
in Rooms 9&10 and Microsoft Teams

| **Present:** | |
|---|---|
| Mrs A Marshall | Chair |
| Ms H Adams | Staff Governor |
| Mr J Bedlington | Public Governor – Central |
| Mr L Brown | Public Governor - Western |
| Mr S Connolly | Public Governor – Central |
| Mr R Dennis | Public Governor – Western |
| Mrs H Jones | Public Governor – Central |
| Mr M Loome | Public Governor – Central |
| Mr G Main | Public Governor – Western |
| Dr L Murthy | Public Governor – Western |
| 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 | Interim Director of Strategy, Planning and Partnerships |
| Mrs T Davies | Group Chief Executive |
| Dr G Findley | Chief Nurse and Deputy Chief Executive |
| Mrs J Halliwell | Group Chief Operating Officer |
| Mr S Harrison | Interim Managing Director for QE Facilities |
| Mr M Hedley | Non-Executive Director |
| Mr A Moffat | Non-Executive Director |
| Mrs M Pavlou | Non-Executive Director |
| Mrs A Stabler | Non-Executive Director |
| Mrs A Venner | Group Director of People & Organisational Development |
| Ms D Waites | Corporate Services Assistant |
| **Observers:** | |
| Mrs J Holmes | Corporate Governance Manager |
| Ms L Sore | Medical Education Manager |
| **Apologies:** | |
| Mr A Crampsie | Non-Executive Director |
| Mrs L Curry | Staff Governor |
| Mr N Halford | Medical Director of Operations |
| Mrs K Mackenzie | Group Director of Finance & Digital |
| Mrs H Parker | Non-Executive Director |
| Mr A Rabin | Public Governor – Central |
| Mr M Robson | Non-Executive Director |
| Dr K Singisetti | Staff Governor |
| Dr G F Spiers | Appointed Governor |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| G/24/01 | **CHAIR'S BUSINESS:** | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | Mrs Marshall opened the meeting and welcomed the Governors and observers. She informed the Governors that there are a number of governance documents on the agenda for approval and reflects the work completed by the Governor Committees. | |
| | | |
| G/24/02 | **DECLARATIONS OF INTEREST:**<br><br>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/24/03 | **MINUTES OF THE PREVIOUS MEETING:**<br><br>The minutes of the previous meeting held on Wednesday 22nd November 2023, were approved as a correct record. | |
| | | |
| G/24/04 | **MATTERS ARISING/ACTION LOG:**<br><br>The Council of Governors' Action Log was updated accordingly to reflect matters arising from the minutes and discussions took place below:<br><br>• Action G/22/58 re. Non-Invasive Ventilation (NIV) services. Dr G Findley, Chief Nurse and Deputy Chief Executive, reported that this service is included in the estates review work however critical services are currently being agreed with clinical teams and will be discussed in more detail at the Clinical Strategy Group in March 2024. It was therefore agreed to close this action and provide the Council with an update on the estates prioritisation work at a future meeting.<br>• Action 23/50 re. review of parking permits. Mr S Harrison, Interim QE Facilities Managing Director, reported that this piece of work has now transferred to the Trust's operational teams to ensure a fairer process is undertaken. Following a query from Mr L Brown in relation to allocation of permits for junior doctors, Mrs A Venner, Group Director of People and Organisational Development, reported that there is now a process in place via the medical education system. It was agreed to close this action.<br>• Action 23/52 re. future Integrated Care System (ICS) stakeholder engagement plans. Mrs J Boyle, Company Secretary, highlighted that updates on the ICS and Integrated Care Board (ICB) have been incorporated into the cycle of business via the Chief Executive's Report and there are ongoing discussions taking place | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | in relation to governor involvement. Following a query from Mrs H Jones, in relation to timescales around engagement, Mrs Marshall highlighted that feedback had been provided following Mr L Brown's attendance at the recent NHS Providers GovernWell session regarding ICB engagement with Governors and will also be followed up at the Chair's ICB meeting. It was therefore agreed that this action will be closed.<br><br>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/24/05 | **SHOWCASE PRESENTATIONS**<br><br>**Freedom to Speak Up:**<br>Unfortunately due to unforeseen circumstances, the presentation will be deferred until future meeting. | |
| | | |
| G/24/06 | **QE FACILITIES UPDATE:**<br><br>Mr S Harrison, Interim QE Facilities Managing Director, provided the Governors with a six-monthly review of services.<br><br>He drew attention to some of the key highlights which included providing a £2.5m profit which was delivered back into the Trust. There has been a significant amount of engagement work undertaken resulting in stronger working relationships between the Trust and QE Facilities. This also includes improved business controls and the completion of a governance review. Mr Harrison reported that Mrs Maggie Pavlou has recently been appointed as the new QE Facilities Board Chair and Mr Gavin Evans, previously from Newcastle Hospitals, will be taking up the position of QE Facilities Managing Director.<br><br>An update on some of the projects currently underway was provided including the work around the Community Diagnostic Centre and Mr Harrison reported that the Jubilee Garden is due to be completed by the end of March 2024. He drew attention to some future opportunities including the alliance work and improvement in internal services.<br><br>Following a query from Mr J Bedlington, in relation to leadership training and whether this would lead to additional qualifications, Mrs T Davies, Group Chief Executive, highlighted the work being undertaken around clinical and operational leadership via the Managing Well and Leading | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | Well training programmes and reported that there are also a number of national and local bespoke education packages. Mrs A Venner, Group Director of People and Organisational Development, explained that all members of staff have the opportunity to request further education via their appraisal meetings with line managers.<br><br>Dr L Murthy raised a query in relation to governance structures and Mr Harrison reported that a review of governance processes has recently taken place which will strengthen the link between the Trust and QE Facilities. Work is currently taking place to review QE Facilities' standing financial instructions and delegation of powers and will be presented to the Board at the next meeting. Following a further query in relation to accessibility to structures and utilisation of resources, Dr G Findley, Chief Nurse and Deputy Chief Executive, reported that benchmarking of management costs and overheads are undertaken via the Model Hospital and Mrs J Boyle, Company Secretary, indicated that further details on financial performance are included in the Group accounts and QE Facilities' own annual accounts. Mrs Marshall highlighted that monthly oversight meetings also take place with all business units to monitor key performance indicators.<br><br>Mr L Brown wished to thank Mr Harrison for his hard work whilst in post and felt that huge improvements have been made in relation to reporting and assurance mechanisms.<br><br>Mrs Marshall thanked Mr Harrison for his work and wished him well for the future.<br><br>Mr Harrison left the meeting. | |
| | | |
| G/24/07 | **ANNUAL PLANNING PROCESS UPDATE:**<br><br>Ms N Bruce, Interim Director of Strategy, Planning and Partnerships, provided an update on the annual planning process.<br><br>She reported that the guidance has not yet been released however the planning letter received on 22nd December 2023 indicated a focus on elective recovery and financial balance therefore teams are progressing with plans. Ms Bruce drew attention to the national NHS objectives for 2023/24 and highlighted that Mrs J Halliwell, Chief Operating Officer, is undertaking a piece of work in relation to performance ambitions to include in the Trust's draft priorities for 2024/25. A Board development session is planned at the end of the month to review efficiency and productivity and updates will continue to be presented to the Finance and Performance | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | Committee prior to Board sign off and a further update will come back to the Council of Governors meeting in May 2024.<br><br>Mrs Marshall reminded the Governors that discussions took place at the Governor workshop on 17 January 2024 to seek views on the draft objectives and priorities and queried whether there were any further comments. Mrs H Jones queried whether digital systems were being considered and Ms Bruce confirmed that digital systems will support efficiency and productivity plans,<br><br>After discussion, it was:<br><br>**RESOLVED:** to note the contents of the report. | Added to cycle of business |
| | | |
| G/24/08 | **CHIEF EXECUTIVE'S UPDATE:**<br><br>Mrs T Davies, Chief Executive, provided an update on current issues relating to the Trust within the organisational strategic aims. She drew attention to the following key points:<br><br>**Strategic Aim 1: We will continuously improve the quality and safety of our services for our patients:**<br>• The paediatric department has become the first in the region to be awarded the Gold Standard for Autism Acceptance from the North East Autism Society and Mrs Davies congratulated the team for their work to tailor care and experience for neurodivergent children.<br>• The Trust also received a National Joint Registry (NJR) Quality Data Provider certificate which recognises our successful completion of a national programme of local data audits. Following a query in relation to rank, Mr A Beeby, Medical Director, advised that this is not available however the Trust continues to use benchmarking information in relation to Getting It Right First Time (GIRFT) and Patient Reported Outcome Measures (PROMs).<br><br>**Strategic Aim 2: We will be a great organisation with a highly engaged workforce:**<br>• Mrs Davies highlighted that the Trust is continuing with the work with trade unions and colleagues on the implementation of the national Health Care Assistant regrading process<br>• The Trust has continued focus on developing a zero-tolerance culture and empowering colleagues to challenge inappropriate behaviour. Mrs Davies highlighted that she will be meeting with Staff Governors to discuss further. | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | • She drew attention to the retirement of Mr A Beeby, Medical Director after 38 years in the NHS and thanked him for this significant contribution and she joined the Governors in wishing Mr Beeby a very happy retirement. Mr Neil Halford will be covering as Interim Medical Director whilst the recruitment process takes place.<br><br>**Strategic Aim 3: We will enhance our productivity and efficiency to make the best use of resources:**<br>• Mrs Davies highlighted that a lot of focus has been undertaken this year on developing the Trust's strategic intent and embedding the clinically led and management supported methodology as well as enhancing governance and ensuring our culture is aligned to our values. A lot of positive work has been undertaken and improvements are being recognised within performance, quality, people and finance.<br><br>**Strategic Aim 4: We will be an effective partner and be ambitious in our commitment to improving health outcomes and Strategic Aim 5: We will develop and expand our services within and beyond Gateshead:**<br>• Mrs Davies reminded the Governors of the discussion that took place at the last workshop in relation to the alliance model of working with Newcastle, Northumbria and North Cumbria Trusts and work around this continues.<br>• She drew attention to some of the engagement events and visits including a visit from Alice Wiseman, Director of Public Health, around the Trust's women's health services.<br>• Progress is being made with the Community Diagnostic Centre at the Metro Centre in partnership with Newcastle Hospitals and plans are in place to welcome patients in October 2024. Mr S Connolly felt that it would be beneficial to arrange a visit for Governors and this will be looked at.<br><br>**Questions from Governors:**<br>Mrs Marshall highlighted that no questions were received from Governors in advance of the meeting however invited any comments or queries to be raised.<br><br>Mrs K Tanriverdi raised a query in relation to staff recruitment. Mrs Davies highlighted that the Trust is currently reporting a vacancy rate of 2.5% and there are no current nurse vacancies on our wards. She explained that there continues to be some challenges around posts that are difficult to recruit to however Mrs J Halliwell, Group Chief Operating Officer, explained that | JB |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | collaboration work continues with other Trusts and there are also opportunities around education and training.<br><br>Mr J Bedlington noted that the Trust had achieved Level 1 accreditation from the Improving Quality in Liver Services (IQILS) however Level 2 had been deferred and queried whether this was being progressed. Mr Beeby reported that some further work was required however the assessors were keen to approve accreditation therefore will revisit in six months' time.<br><br>Following a query in relation to the junior doctor strike, Mr Beeby confirmed that planning was being put in place however there were likely to be some elective work restrictions. Further information will be distributed soon.<br><br>After discussion, it was:<br><br>**RESOLVED:** to receive the updates for assurance and information. | |
| | | |
| G/24/09 | **BOARD COMMITTEE ASSURANCE UPDATES:**<br><br>**People and Organisational Development:**<br>Mrs M Pavlou, Non-Executive Director and Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee.<br><br>Mrs Pavlou drew attention to some of the main areas of discussion which included:<br><br>• The Committee continues to monitor the Culture Programme and retention initiatives.<br>• Mrs Pavlou drew attention to the case study which relates to reducing reliance on high cost agency staff and highlighted the focus on retention and actions being taken to address the gaps against the national retention programme framework<br>• The Committee is currently monitoring four risks on the Organisational Risk Register which includes the impact of industrial action and promoting an environment that encourages speaking out.<br>• Key priorities for assurance include the zero tolerance campaign and the work being completed in relation to the historic employment check standards.<br><br>Following a query from Mr L Brown in relation to assurances around international nurse recruitment and retention, Mrs Pavlou reported that a review is currently taking place and a report will be presented at the next Committee meeting. | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | Mrs H Jones requested further assurance in relation to racism issues and processes put in place and Mrs Pavlou reported that this was being addressed via the zero tolerance campaign and Mrs A Venner, Group Director of People and Organisational Development, confirmed that specific work is taking place around providing the necessary tools to support teams across the organisation.<br><br>**Group Audit Committee:**<br>Mr A Moffat, Non-Executive Director and Group Audit Committee Chair, provided an update on key issues and assurances, key risks and priorities for the Committee.<br><br>He drew attention to some of the main areas of discussion which included:<br><br>• The Committee has reviewed the annual accounts for the Trust, QE Facilities and Charitable Funds and made recommendations to the Board, QE Facilities Board and Charitable Trust Board to approve these.<br>• A review of the effectiveness of the Committee has taken place and the Terms of Reference have been provided for information following ratification at the Board in January 2024.<br>• Mr Moffat drew attention to the key escalations which included the delayed management responses to draft audit reports and following concerns raised at the Committee this was escalated to the Chief Executive. Mrs K Mackenzie, Group Director of Finance and Digital, highlighted that this issue was expected to be fully addressed prior to the next Committee meeting.<br>• Key risks include internal and external audit capacity to complete annual audits within timescales and key priorities over the next six months includes preparing for the review of year-end reporting.<br><br>After further discussion, it was:<br><br>**RESOLVED:** to receive the reports for assurance. | |
| | | |
| G/24/10 | **APPOINTMENT OF EXTERNAL AUDITORS:**<br><br>Mr A Moffat, Audit Committee Chair, presented the report around the extension of the external audit contract.<br><br>He reported that the current contract with Mazars is due to expire on 31st March 2024 and the paper recommends that the contract should be extended for a further 24 months. It is also recommended that a market test for external audit services be | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | undertaken during 2025/26 with a view to awarding a contract for the service to commence in March 2026.<br><br>After consideration, it was:<br><br>**RESOLVED:** i) to extend the external audit contract with Mazars for a further 24 months<br>ii) to market test the external audit service during 2025/26 with a view to awarding a contract for the service commencing March 2026 | |
| | | |
| G/24/11 | **COUNCIL OF GOVERNORS' REGISTER OF INTERESTS:**<br><br>Mrs J Boyle, Company Secretary, presented the Council of Governors' register of interests for 2024.<br><br>She reported that the Trust's constitution requires all Governors to declare interests which are material and relevant. It is therefore good practice to review the interests annually and be made available on request to any member who wishes to view the register. Mrs Boyle highlighted that some returns have not been received as highlighted on the attached register and requested Governor support in returning those forms currently outstanding.<br><br>Following consideration, it was:<br><br>**RESOLVED:** to note and record in the minutes, the declared interests of new and current Governors. | |
| | | |
| G/24/12 | **COUNCIL OF GOVERNORS' ANNUAL EFFECTIVE SURVEY RESULTS:**<br><br>Mrs J Boyle, Company Secretary, shared the results of the effectiveness survey and highlighted some themes, trends and actions.<br><br>She reported that overall the survey results have been positive and indicates a good alignment between the views of the Council and the views of the Board. No major issues have been identified however holding the Non-Executive Directors (NEDs) to account was an area of focus following last year's survey and the results demonstrate that developments around this area have been made however this area remains the biggest variation between responses.<br><br>Mrs Boyle explained that the results will be reviewed in detail by the Governance and Development committee and an action | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | plan will be developed which will be brought back to the Council for review.<br><br>Following discussion, it was:<br><br>**RESOLVED:** to review the results and note that the Governance and Development Committee will consider the results in more depth and agree any next steps for development. | JB |
| | | |
| G/24/13 | **LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR APPOINTMENTS:**<br><br>Mrs J Boyle, Company Secretary, presented the proposed approach for the appointment of the Lead Governor and Deputy Lead Governor.<br><br>Mrs Boyle reminded the Council that the appointments are Council decisions and highlighted that the terms for the Lead Governor and Deputy Lead Governor end on 18th May 2024. It is proposed that a consistent approach to the prior year is adopted in relation to the appointments and the process for the Lead Governor appointment will conclude prior to the Deputy Lead Governor nomination period commencing. There have been no changes made to the eligibility criteria or term lengths for either position.<br><br>The results for both appointments will be formally presented to the Council at the May meeting in preparation for the commencement of the new terms of office on 19th May 2024 (as outlined in the cycle of business).<br><br>After consideration, it was:<br><br>**RESOLVED:** to review and approve the planned approach for the election of the Lead Governor and Deputy Lead Governor positions. | |
| | | |
| G/24/14 | **GOVERNANCE AND DEVELOPMENT COMMITTEE UPDATE:**<br><br>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.<br><br>He drew attention to some of the key discussions from the last meeting in November 2023 which included the approval of a number of governance documents which are recommended | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | for ratification via Agenda Item 16. The Committee also reviewed and approved the question set for the Council of Governors Effectiveness survey and received the first iteration of the report to review the attendance rates for the Council of Governor meetings as highlighted in the updated Terms of Reference and cycle of business.<br><br>Mr Connolly highlighted that the expected attendance rate is 75% per annum and the report indicates that 7 Governors have not met the attendance standard. The Committee suggested that consideration should be made when formal apologies are received and whether there are reasonable reasons for non-attendance. This will therefore be incorporated into future reports.<br><br>After discussion, it was:<br><br>**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/24/15 | **ITEMS RECOMMENDED FOR RATIFICATION BY THE GOVERNANCE AND DEVELOPMENT COMMITTEE:**<br><br>The following governance documents were presented for ratification following approval at the Governance and Development Committee:<br><br>**Constitution Review – Appointed Governors:**<br>Mrs J Boyle, Company Secretary, presented the proposed change to the constitution in relation to the appointed Governor positions on the Council.<br><br>She reported that it is proposed to replace the Gateshead Diversity Forum with Healthwatch Gateshead and remove the Clinical Commissioning Group (CCG) seat from the composition of the Council. It was noted that no other trust in the region has replaced their CCG seat with a seat for the Integrated Care Board (ICB) and as the Trust has many contact points with the ICB, it was felt that this would not add anything additional to the representation and accountability structures already in place.<br><br>Mrs Boyle explained that she has contacted Healthwatch Gateshead to arrange a meeting to discuss the role in further detail. | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | Following a query from Mr J Bedlington in relation to representation at the Overview and Scrutiny Committee, Mrs T Davies, Group Chief Executive, highlighted that there is Trust representation at the meetings and there are also meetings in place with the Local Authority including meetings with the Local Authority Chief Executive and Leader of the Council. Mr A Beeby, Medical Director, also attends the Gateshead Integrated Care Partnership monthly meetings.<br><br>After consideration, it was:<br><br>**RESOLVED:** to approve the changes to the Constitution noting that it will then be presented to the next Board of Directors meeting in March 2024.<br><br>**Council of Governors Standing Orders**<br>Mrs Boyle presented the paper which proposes amendments to modernise the standing orders and ensure they support the Council to adhere to the highest standards of governance.<br><br>A full review of the Standing Orders has been undertaken the paper summarises the proposed changes for approval by the Council. These changes were reviewed and supported by the Governance and Development Committee, subject to additional options being provided to inform a decision over the future thresholds set for approving variations to the Standing Orders.<br><br>Mrs Boyle highlighted that there needs to be two-thirds of the Council present which would be 16 Governors to approve the revisions unfortunately there were only 9 Governors present at the meeting therefore the revisions were unable to be approved.<br><br>Discussion took place in relation to the number of Governors required to approve the changes and the best way to achieve this. It was felt that the proposed changes to the Standing Orders should be presented again at the next meeting in May 2024 however if there were not enough Governors present at this meeting then consideration would be made around arranging an extra-ordinary meeting or presenting them at the Annual General Meeting where more Governors are likely to attend.<br><br>Following discussion, it was:<br><br>**RESOLVED:** to note the proposed changes however approval will be sought at the next meeting with the relevant Governors present. | JB |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | **Code of Conduct:**<br>Mrs Boyle presented the revised Governor Code of Conduct following review and recommendation by the Governance and Development Committee.<br><br>She highlighted that it is proposed to separate the Governor Code of Conduct from the Constitution and some minor amendments have been made which includes making it explicit that the declaration applies for the duration of a Governor's terms of office. Following a query from Mr S Connolly in relation to non-compliance, Mrs Boyle highlighted that this will link with the standing orders however there are clear requirements in place.<br><br>A copy of the new code of conduct will be recirculated to all Governors and they will be requested to sign and return the new version.<br><br>After consideration, it was:<br><br>**RESOLVED:** to approve the reviewed Governor Code of Conduct and approve the formal separation of the Code from the Constitution.<br><br>**Governor Handbook**<br>Ms D Waites, Corporate Services Assistant, presented the new Governor Handbook following review by the Governance and Development Committee.<br><br>She highlighted that this is an important document for all Governors and is designed as a reference guide to support Governors in understanding more about the Trust and their role as Governor.<br><br>Following consideration, it was:<br><br>**RESOLVED:** to approve the new Governor Handbook following recommendation from the Governance and Development Committee. | All |
| | | |
| G/24/16 | **MEMBERSHIP STRATEGY GROUP UPDATE:**<br><br>Mr S Connolly, Deputy Lead Governor, provided the Council with a verbal update on the key messages from the recent Membership Strategy Group on 7th February 2024.<br><br>He drew attention to some of the key discussions which included the approval of the new Membership Strategy which is recommended for ratification via Agenda Item 18. The Committee also reviewed a draft plan of future events and Mr | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | Connolly highlighted that the next Medicine for Members event will take place on Monday 11th March 2024 focussing on our community services and the support available to keep people safe at home. The next draft Membership Newsletter was also reviewed and will be distributed electronically on this occasion. A new item was added to the agenda to capture any Governor activities and updates were provided on the PLACE visits and 15 steps. Mr Connolly encouraged all Governors to get involved.<br><br>Following consideration, it was:<br><br>**RESOLVED:** to receive the verbal update for assurance. | |
| | | |
| G/24/17 | **ITEMS RECOMMENDED FOR RATIFICATION BY THE MEMBERSHIP STRATEGY GROUP:**<br><br>The following governance documents were presented for ratification following approval at the Membership Strategy Group:<br><br>**Membership Strategy Group Review of Effectiveness and Terms of Reference:**<br>Mrs J Boyle, Company Secretary, presented the terms of reference alongside a summary of the review of effectiveness of the Group.<br><br>She reported that some minor amendments to the terms of reference were proposed by the Group in relation to all Governors being considered as members and the additional role of the group around seeking assurance over the effective running of the nomination and election processes.<br><br>Following consideration, it was:<br><br>**RESOLVED:** to review the summary of work undertaken by the Group and ratify the minor amendments proposed to the terms of reference.<br><br>**Governor Remuneration Committee Terms of Reference and Annual Review of Effectiveness**<br>Mrs J Boyle, Company Secretary, presented the terms of reference alongside a summary of the review of the effectiveness of the Committee.<br><br>She reported that good assurance is provided that in all material aspects, the Committee fulfilled its terms of reference. There has been an acknowledgement that the Chair and Non-Executive Director appraisal process and outcomes were presented and agreed directly with the Council of Governors | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | however going forwards it will be ensure that they are presented first to the Committee then make a recommendation to the Council. This will be included within the cycle of business.<br><br>There was one proposed amendment to the terms of reference to explicitly state that the Lead Governor must be one of the Public Governor members of the Committee.<br><br>Following consideration, it was:<br><br>**RESOLVED:** to ratify the terms of reference and be assured over the work of the Committee.<br><br>**Membership Strategy:**<br>Ms D Waites, Corporate Services Assistant, presented the updated Membership Strategy following review by the Membership Strategy Group.<br><br>She highlighted that the Strategy describes the Trust's aim to maintain and develop an active membership. The Strategy has been reviewed by the Group and is recommended for approval.<br><br>After consideration, it was:<br><br>**RESOLVED:** to approve the Trust's Membership Strategy for 2024-2027.<br><br>Mrs Marshall thanked the Governor Committees for their work in finalising the documents for ratification and thanked those for their attendance. | |
| | | |
| G/24/18 | **CYCLE OF BUSINESS 2024/25:**<br><br>Mrs J Boyle, Company Secretary, presented the cycle of business for the Council of Governors for 2024/25.<br><br>This provides the Council with a forward view of future meetings.<br><br>Following consideration, it was:<br><br>**RESOLVED:** to receive the cycle of business for information. | |
| | | |
| G/24/19 | **TOP 3 MESSAGES:**<br><br>This agenda item enables the Council to agree on the top three messages from the meeting which Governors can use to inform their discussions with members and the public. | |

| Agenda Item | Discussion and Action Points | Action By |
|---|---|---|
| | The Council agreed that this included:<br><br>• The attendance and promotion of the Medicine for Members event on Monday 11th March 2024<br>• The Trust has been ranked 5th in England for our maternity services in the national CQC maternity survey and will be featured on the local news channels.<br>• The approval of the Membership Strategy recognising the role and involvement of the Governors. | |
| | | |
| G/24/20 | **ANY OTHER BUSINESS:**<br><br>There was no other business raised. | |
| | | |
| G/24/21 | **REVIEW OF THE MEETING:**<br><br>The Council were invited to provide any areas of improvement or learning which can also be sent directly to Mrs Marshall and Mr Rabin. | |
| | | |
| G/24/22 | **DATE AND TIME OF NEXT MEETING:**<br><br>**RESOLVED:** that the next meeting of the Council of Governors will be held at 10.00am on Wednesday 15th May 2024. | |
| | | |

# Council of Governors' Action Log

Gateshead Health NHS Foundation Trust

| | |
|---|---|
| | 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 | Status |
|---|---|---|---|---|---|---|---|
| G/24/08 | 14.02.24 | Chief's Executive's Update | To arrange a visit to the Community Diagnostic Centre for Governors | 15.05.24 | JB | March 24 – Governors invited to join a tour on 1 March – 3 Governors attended. Once building work progresses further opportunities to visit will be provided. **Action recommended for closure on this basis.** | |
| G/24/12 | 14.02.24 | Council of Governors annual effectiveness survey results | Action plan to be developed via the Governance and Development Committee and brought back to the Council for review. | 15.05.24 | JB | March 24 – on agenda for the April Committee meeting.<br>May 24 – summary of actions forms part of the report from the Committee to the Council. **Action recommended for closure on this basis.** | |
| G/24/15 | 14.02.24 | Council of Governors Standing Orders | Two-thirds of the Council (16 Governors) need to present to approve the variations to the Standing Orders. To present again at May meeting otherwise consideration around arranging extra-ordinary meeting or Annual General Meeting in September. | 30.09.24 | JB | March 24 – on May Council agenda. | |

# Actions closed from last meeting

| 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<br>Sept 23 – action to remain open whilst work is completed<br>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. Agreed to remain open until work completed<br>Feb 24 – critical services currently being agreed with clinical teams via the Clinical Strategy Group. Action agreed for closure with update on stage 2 prioritisation work at future meeting. | |
| 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.<br>Nov 23 – to remain open until update provided from Mr Harrison.<br>**February 24** - the car parking panel are carrying out a full policy and car park management and charging mechanism | |

| Agenda Item Number | Date of Meeting | Agenda Item Name | Action | Deadline | Lead | Progress | RAG-rating |
|---|---|---|---|---|---|---|---|
| | | | | | | review for both patients and visits (blue badge holders are exempt from charges). This piece of work has transferred to operational teams to ensure fairer process. Action agreed for closure. | |
| G/23/52 | 20.09.2023 | NENC Joint Forward Plan | To include Governors in future stakeholder engagement plans to provide a community voice. This may include a further session with the Place Directors. | 22.11.2023 | AM/JB | To be incorporated into the cycle of business however to remain open until fully incorporated.<br>**February 24** – updates on the ICS and ICB incorporated into the cycle of business via the CEO report. We remain in contact with the ICB regarding opportunities for direct Governor engagement, including presentations to the Council from ICB representatives. **Action recommended for closure on this basis.** | |

NHS
Gateshead Health
NHS Foundation Trust

# Gateshead Secondary Prevention and Lipid Optimisation MDT:

*A Collaborative Working Project*

**Jonathan Fenwick**

15/05/24

# The ideal patient journey


Gateshead Health NHS Foundation Trust

Patient diagnosed with cardiovascular event (including MI, stroke, TIA, peripheral arterial disease)

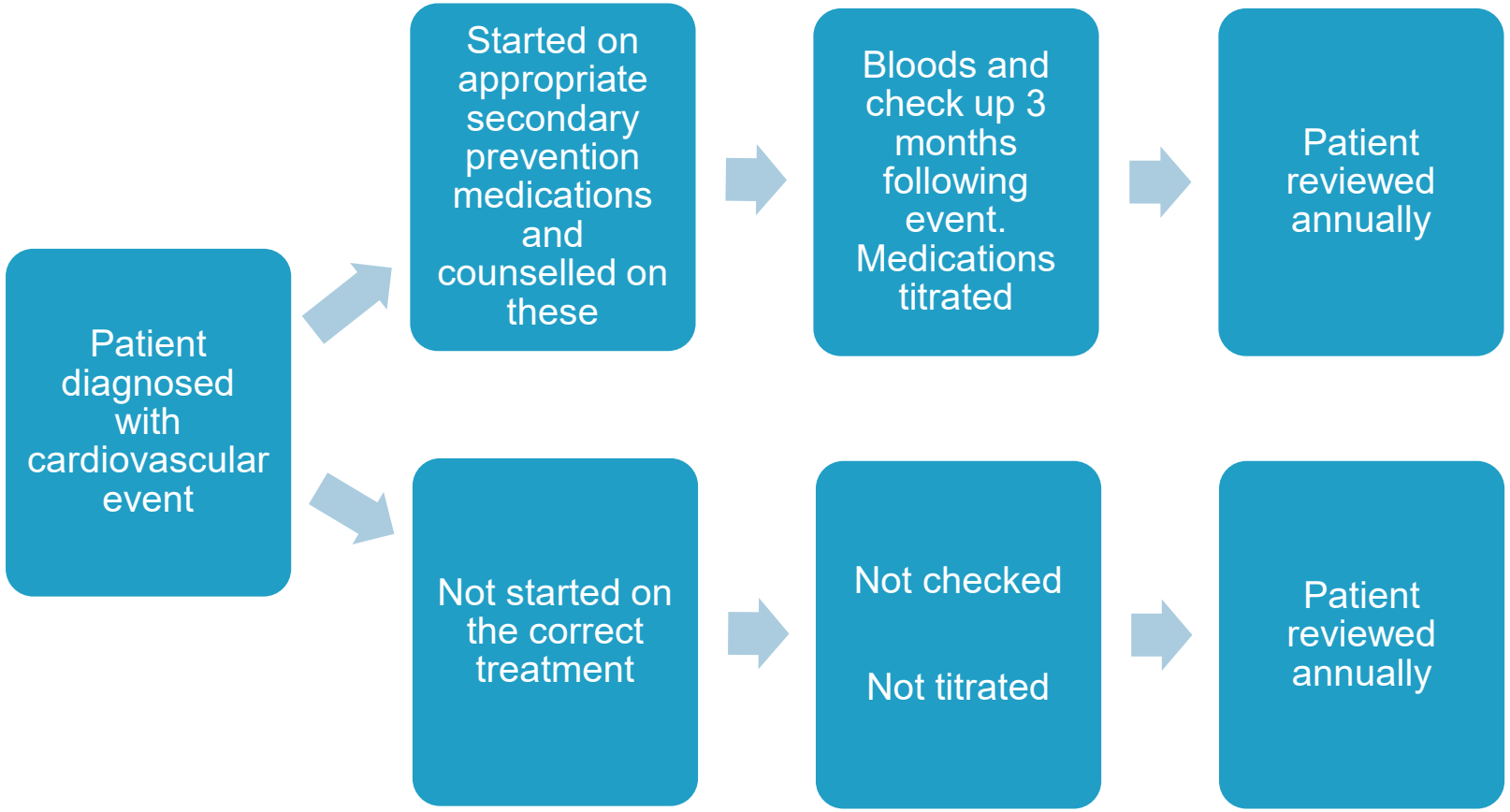
Started on appropriate secondary prevention medications and counselled on these

Bloods and check up 3 months following event. Medications titrated

Patient reviewed annually

Gateshead Health NHS Foundation Trust

# The Reality



# The Reality – Problems at every stage

**Patient cohort of January to March 2022**

- Total 284 patients diagnosed with an Acute coronary syndrome (ACS), stroke, or peripheral vascular disease

**The specialists in the hospital must get things right?**

- 161 (57%) patients were not prescribed recommended first line lipid lowering therapy on discharge after their event.
- 15 (5%)patients did not have a lipid profile checked at all during their admission or clinic visit
- Many patients not counselled or fully aware of their medications

**But surely primary care do their bit?**

- 262 (92%) patients did not have a lipid test done with the recommended time frame, or were not at target.
- This is not just limited to lipid management - 62 patients diagnosed with diabetes – only 19 had an optimised Hba1c

**Surely all they need is time?**

- 125 (44%) patients still not to cholesterol target on latest lipid check as of September 2023

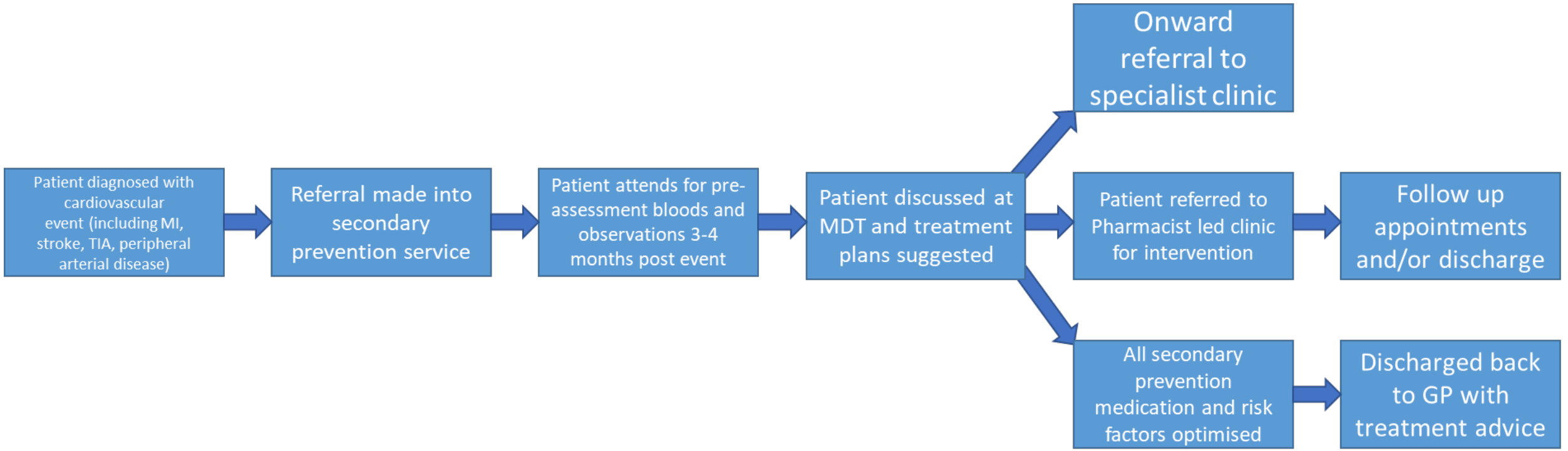
Gateshead Health
NHS Foundation Trust

# So how do we improve this?

# Gateshead Secondary Prevention MDT

- **Innovative** 'Secondary Prevention MDT'
  - Only secondary prevention MDT in the region (+/- nationally) involving:
    - Referrals from across **multiple** specialties supporting high risk ASCVD Patients
    - **Consultant-level input** from Cardiology, Stroke, Metabolic Medicine and Renal Medicine
- 1 hour every fortnight
- Consists of the following:
  - Consultant in Diabetes and Endocrinology
  - Consultant in Cardiology
  - Consultant in Stroke Medicine
  - Consultant in Renal Medicine (selected cases)
  - Clinical pharmacist
- Specialist nurses also invited to attend
- And the word is getting out.....

# The Gateshead Patient Journey

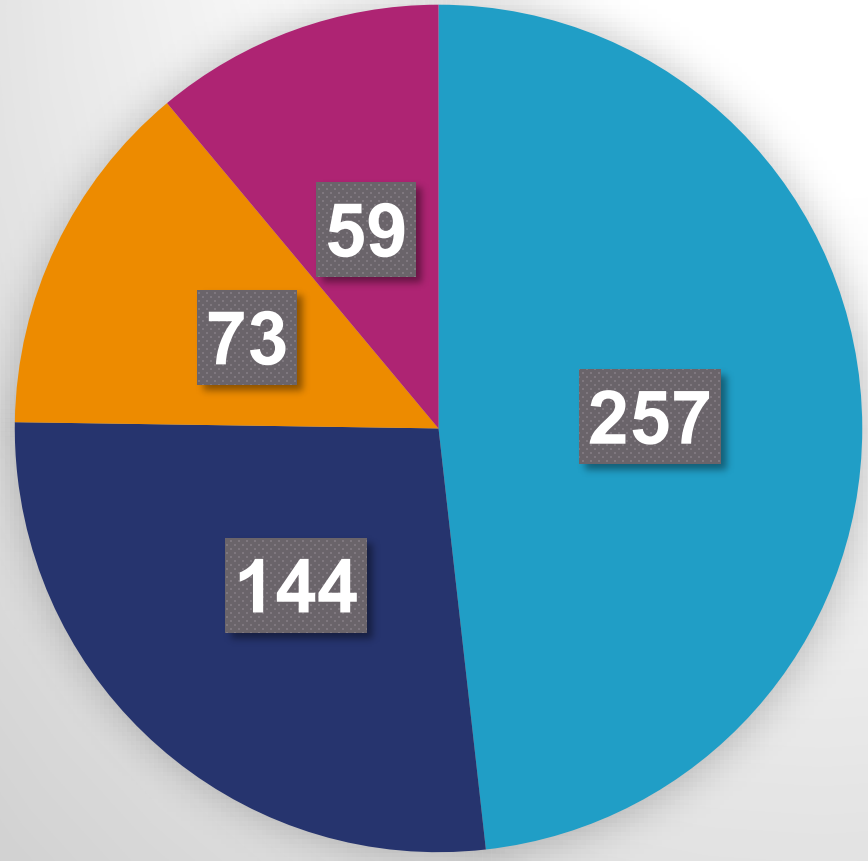


# Our progress so far

In post August 2023 → First MDT 12th of September → First Clinic 22nd of September

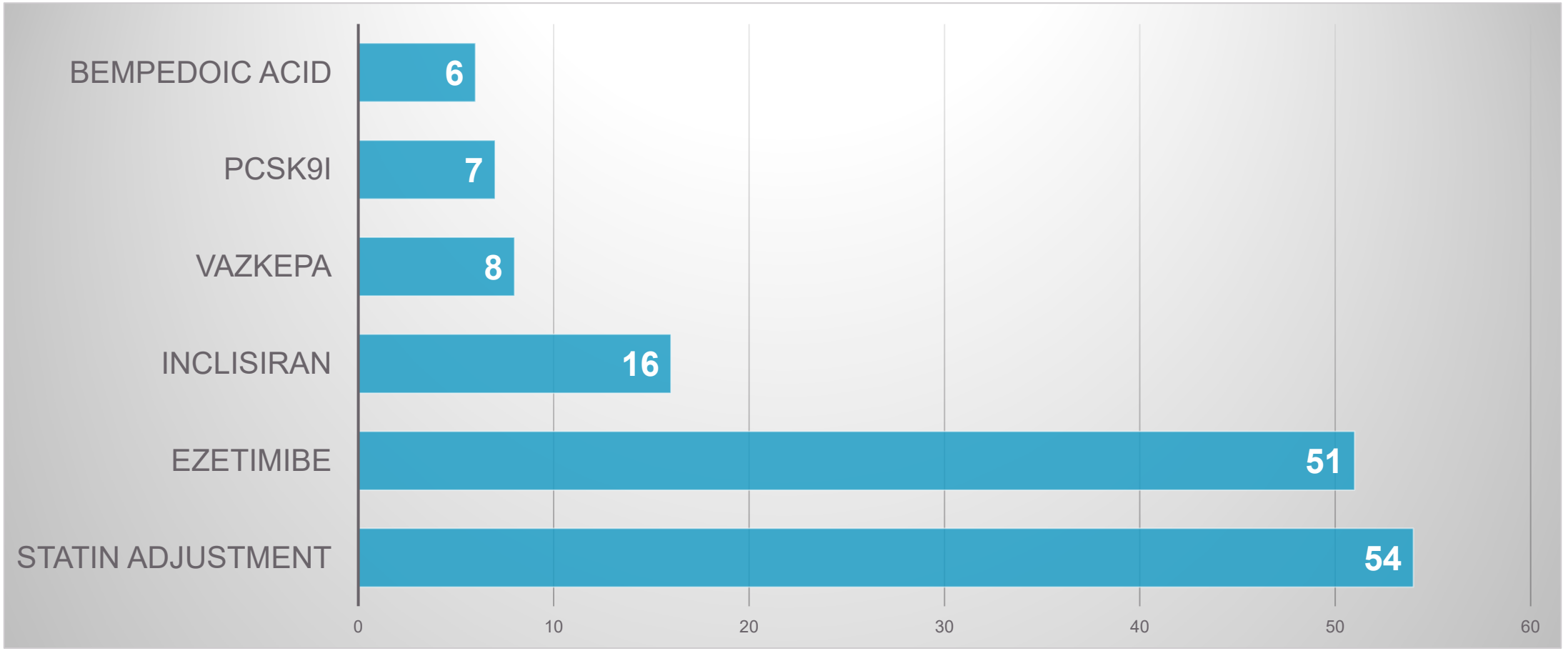
# 401 patients discussed in total

# Our progress so far – Patients seen



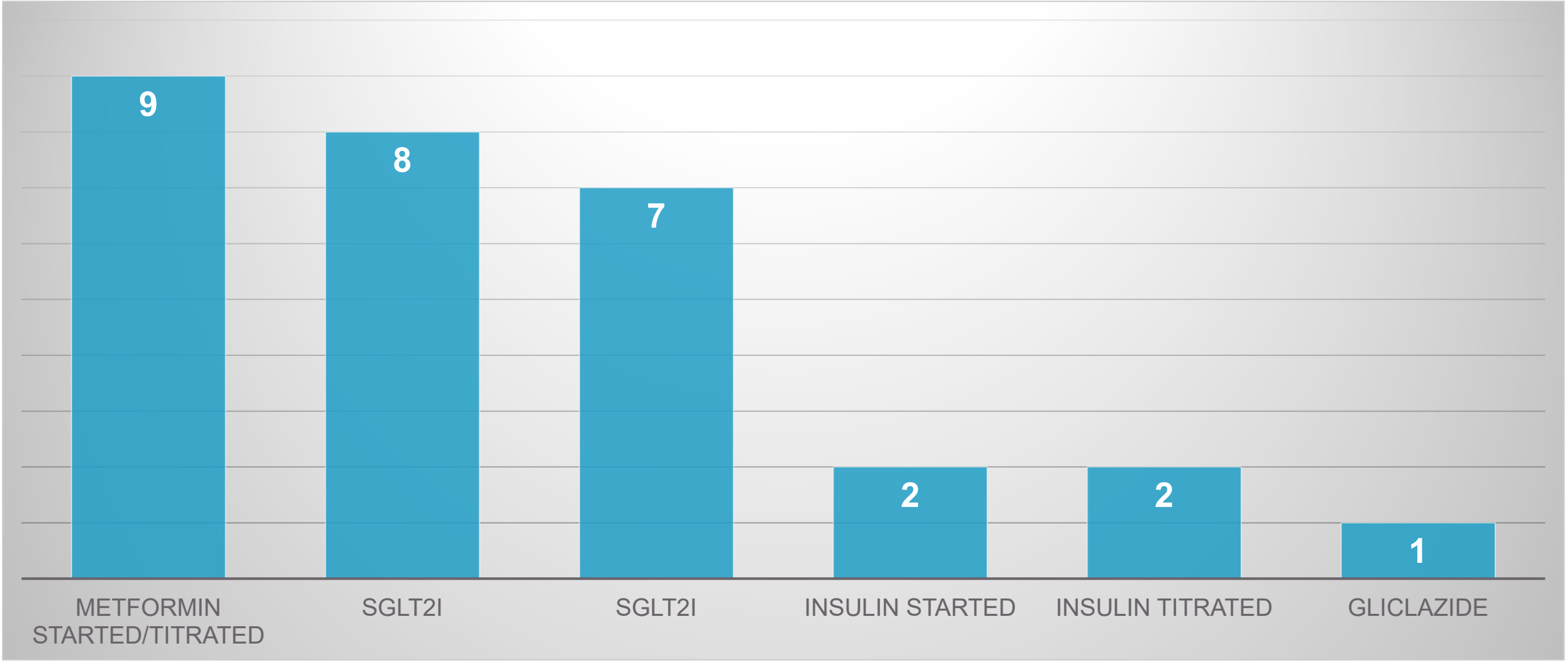

- Patients to be seen in secondary prevention clinic
- Patients for review in secondary prevention clinic
- Follow up lipid clinic patients
- New lipid clinic patients

# Our progress so far – Cholesterol management

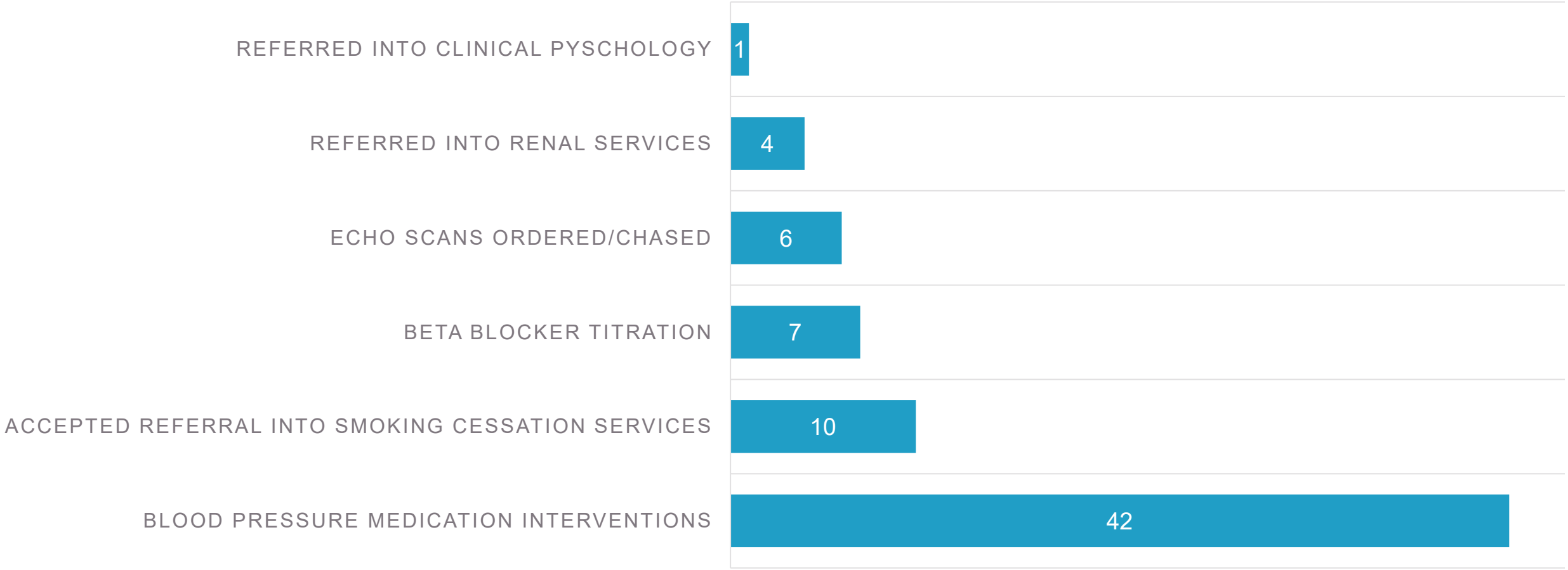


# Our progress so far – Diabetes Management

Gateshead Health NHS Foundation Trust



# Our progress so far – Other interventions



# Our progress so far – Patient feedback

- 23 feedback forms completed and returned
- All 23 patients reported feeling better supported and more confident with their medications and condition as a result of being seen in the clinic
- The service has been rated on average as 4.7/5
- The following comments have been made:
  - Great service was provided, with time to answer questions. Very grateful for the help and advice given. Thank you
  - Was seen on time. Pharmacist went through all my medications with me, answered all my queries. Pharmacist was very efficient. Happy Patient
  - The member of staff was very helpful, asked lots of questions, gave me very full advice. He made me fell important
  - All Staff were Excellent. Jonny Fenwick Pharmacist was very professional and very helpful. Excellent
  - Regarding the questions I feel very satisfied after the appointment. Well done to the pharmacist

# Patient cases 1 - MG

- 73 year old male
- Reviewed in stroke clinic following symptoms of loss of vision and visual disturbances
- Past medical history: **Myasthenia gravis,** Depression, Hayfever
- Diagnosed as right cortical stroke
- Started on antiplatelet therapy, and nothing further
- **Referred to as ‘statin intolerant’ and no treatment given**
- In clinic: Total Cholesterol: 5.2mmol/L, Non-HDL: 4.2mmol/L (target <2.5mmol/L)

# Patient cases 2 - Agoraphobia

- 77 year old female
- Diagnosed with NSTEMI
- Past medical history: **PTSD, Agoraphobia**, COPD, Emphysema, Hypertension
- Self-discharged and subsequently declined a secondary prevention clinic review likely due to Agoraphobia
- Has not ordered any medications from her GP
- Total Cholesterol: 7.5mmol/L, non-HDL: 5.1mmol/L

Gateshead Health NHS Foundation Trust

# Patient cases 3 – Holistic care

- 78 year old Female
- Coronary artery bypass graft
- Referred to lipid clinic by GP, but streamed into secondary prevention service
- Seen in clinic 10 days following referral
- Started on PCSK9 inhibitor as LDLc= 5.0mmol/L
- However – other interventions made:
  - Restarted candesartan as hypertensive
  - Bisoprolol increased as tachycardic
  - ECHO ordered and referred to cardiologist for review
  - Elevated Lipoprotein (a) result – testing offered to first degree relatives.

# Patient cases 4 – More than just Physical Health

Gateshead Health NHS Foundation Trust

- 62 year old female
- NSTEMI 4 month ago
- To be seen in clinic for Lipoprotein (a) cascading, Hypertensive (Ramipril increased), and ECHO ordered
- Whilst in clinic, she broke down into tears
- Over the past year she has: Suffered a heart attack, Lost her husband, Brother and Mother.
- Experiencing depression and anxiety at home as a result – referred to clinical psychology for a review
- Also – suffering chest pain similar to heart attack. Full history taken. Counselled on GTN spray, referred to GP and safety netted.

# Patient cases 5 – Making use of the MDT

- 71 year old Male
- Bilateral Iliac disease
- Cholesterol
  - LDLc=3.6 (target <1.8)
  - Inclisiran started
- Diabetes
  - Hba1c = 59
  - Advice given regarding titration of biphasic insulin
- Blood Pressure
  - 166/79
  - Lisinopril increased
- Progressive CKD
  - Referred to renal services

Gateshead Health NHS Foundation Trust

# Case study 6

- 49 year old Female
- L PACS May 23
- PMH = anxiety
- Medication
  - Propranolol 40mg TDS PRN for anxiety (stopped and replaced with bisoprolol)
  - Elleste Duet Conti tablets (stopped due to stroke risk)
- Reviewed at secondary prevention clinic – Blood pressure, cholesterol, diabetes all to target
- However, increased alcohol intake, increased smoking, increase in anxiety levels
- Advised to speak to GP for alternative HRT, and anxiety review

# Conclusions

- Projected to review 831 patient cases (based on current numbers) across 1 year
- Lipid clinic waiting time dramatically decreased
- Improve secondary prevention outcomes and reduce subsequent admissions
- Minimise health inequalities
- Continue to educate and raise awareness on lipid optimisation

Gateshead Health
NHS Foundation Trust

# Thank you – Any Questions?

NHS
North East and North Cumbria

# ICB Overview

**Dan Jackson**
Director of Policy, Involvement and Stakeholder Affairs

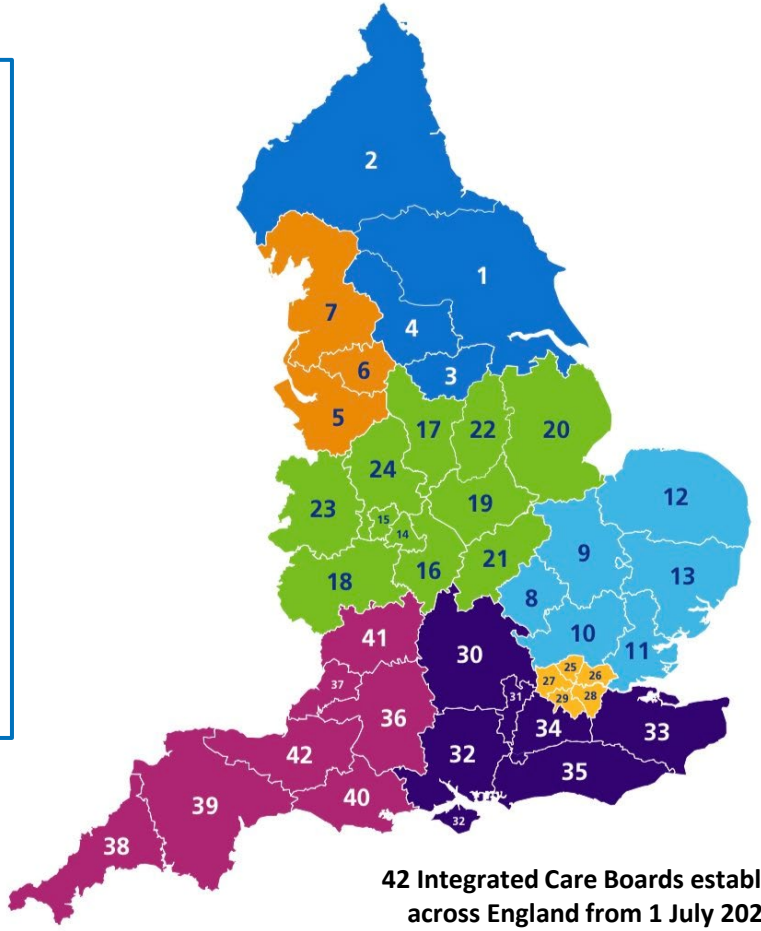
# What's the difference between an ICS, an ICB and an ICP?

NHS
North East and North Cumbria

**Integrated Care System (ICS)** – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

It is not an organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at 'place level' in each of the 14 local authority areas in our region.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 14 local authorities in the ICS area – plus other invited partners - responsible for developing an **integrated care strategy** for the ICS.




**42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs**

NHS
North East and North Cumbria

# Strategic aims of ICBs set by government

## 1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.

## 2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.

## 3 Enhance productivity and value for money

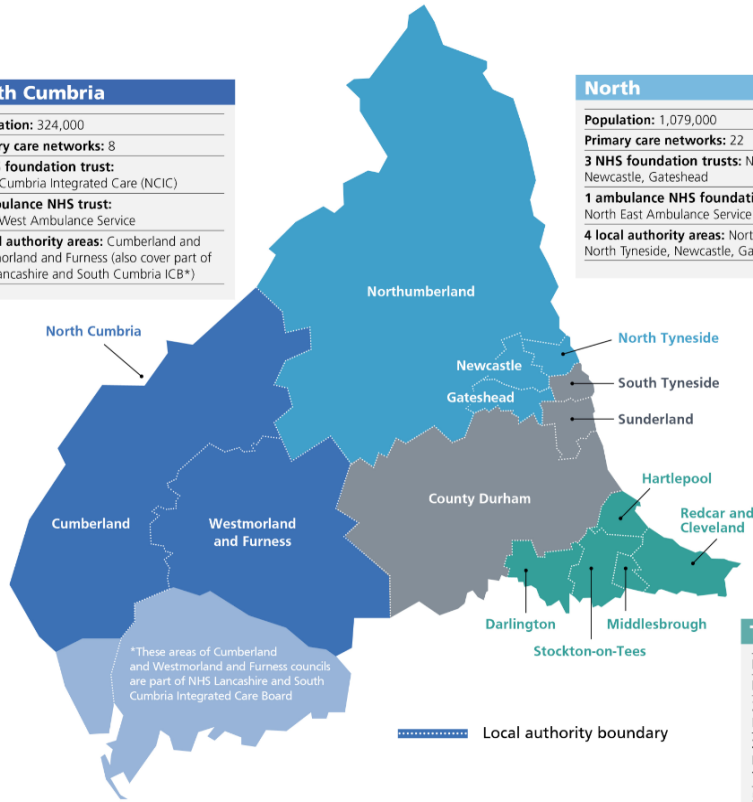
Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.

## 4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

# Our patch: the North East and North Cumbria

## SIZE & SCALE


### North Cumbria

**Population:** 324,000

**Primary care networks:** 8

**1 NHS foundation trust:**
North Cumbria Integrated Care (NCIC)

**1 ambulance NHS trust:**
North West Ambulance Service

**2 local authority areas:** Cumberland and Westmorland and Furness (also cover part of NHS Lancashire and South Cumbria ICB*)

### North

**Population:** 1,079,000

**Primary care networks:** 22

**3 NHS foundation trusts:** Northumbria, Newcastle, Gateshead

**1 ambulance NHS foundation trust:**
North East Ambulance Service

**4 local authority areas:** Northumberland, North Tyneside, Newcastle, Gateshead

### North East and North Cumbria

**2 mental health NHS foundation trusts:**
Cumbria, Northumberland, Tyne and Wear, Tees, Esk and Wear Valleys

### Central

**Population:** 997,000

**Primary care networks:** 22

**2 NHS foundation trusts:** South Tyneside and Sunderland, County Durham and Darlington

**1 ambulance NHS foundation trust:**
North East Ambulance Service

**3 local authority areas:** South Tyneside, Sunderland, County Durham

### Tees Valley

**Population:** 701,000

**Primary care networks:** 14

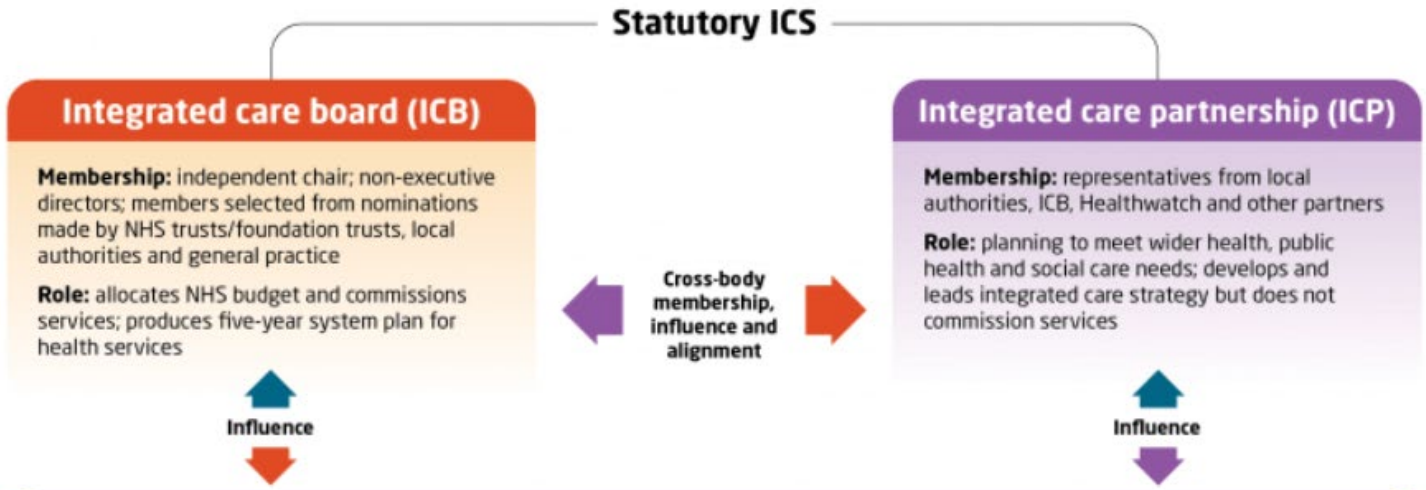
**3 NHS foundation trusts:** County Durham and Darlington, North Tees and Hartlepool, South Tees

**2 ambulance NHS trusts:**
North East Ambulance Service (FT)
Yorkshire Ambulance Service

**5 local authority areas:** Hartlepool, Stockton-on-Tees, Darlington, Middlesbrough, Redcar and Cleveland

# Integrated Care System architecture

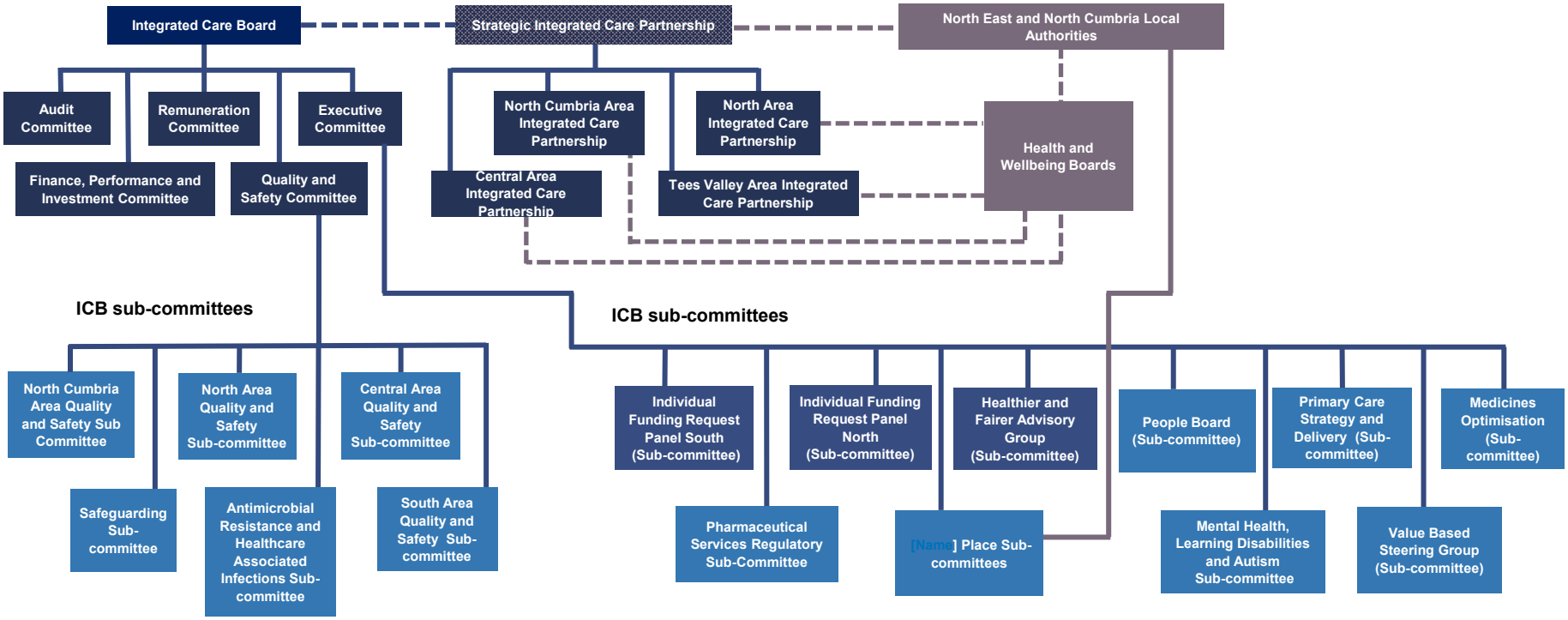
NHS
North East and North Cumbria




| Geographical footprint | Partnership and delivery structures: Name | Participating organisations |
|---|---|---|
| **System** Usually covers a population of 1-2 million | **Provider collaboratives** | NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level |
| **Place** Usually covers a population of 250-500,000 | **Health and wellbeing boards** | ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level |
| | **Place-based partnerships** | Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care |
| **Neighbourhood** Usually covers a population of 30-50,000 | **Primary care networks** | General practice, community pharmacy, dentistry, opticians |

NHS
North East and North Cumbria

# ICB Governance Framework




**Colour codes:**

| Formally established by the ICB | In development – not yet formally established by the ICB | Joint with local authorities | Local authority structures |
|---|---|---|---|

# Working at system level and at place-level with 14 local authorities

NHS North East and North Cumbria

Strategy ⟷ Delivery

| Local Authority 'Place' | Health and Wellbeing Board | Place-Based Partnership |
|---|---|---|
| Newcastle City Council | Newcastle Wellbeing for Life Board | Collaborative Newcastle |
| Gateshead Council | Gateshead HWB | Gateshead Care System Board |
| Northumberland County Council | Northumberland HWB | Northumberland System Transformation Board |
| North Tyneside Council | North Tyneside HWB | North Tyneside Future Care Board |
| Sunderland City Council | Sunderland HWB | All Together Better Partnership |
| South Tyneside Council | South Tyneside HWB | South Tyneside Alliance Board |
| Durham County Council | Durham HWB | County Durham Care Partnership |
| Middlesbrough Council | South Tees HWB | South Tees Joint Commissioning Board |
| Redcar & Cleveland Council | | |
| Hartlepool Council | Hartlepool HWB | Hartlepool BCF Partnership Board |
| Stockton-on-Tees Council | Stockton-on-Tees HWB | Stockton BCF Partnership Board |
| Darlington Council | Darlington HWB | Darlington BCF Partnership Board |
| Cumberland Council | Cumberland HWB | North Cumbria Place Based Partnership |
| Westmorland & Furness Council | Westmorland & Furness HWB | |

# Developing our Integrated Care Strategy

North East North Cumbria Health & Care Partnership

## Better health & wellbeing for all

**A plan to improve health and care in the North East and North Cumbria**

## We want...

**Longer and healthier lives**
Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.

**Fairer outcomes**
As we know not everyone has the same opportunities to be healthy because of where they live, their income, education and employment.

**Better health and care services**
Not just high-quality services but the same quality no-matter where you live and who you are.

**Giving our children the best start in life**
Enabling them to thrive, have great futures and improve lives for generations to come.

# And that's not all...

We will be working together to help people to stay healthy by addressing the causes of ill health and preventing diseases in the first place, and also to improve mental health and wellbeing, so that our communities live healthier and longer lives.

We have set clear goals to tackle the key causes of early death in our region - such as smoking, alcohol, obesity, heart disease, substance misuse and suicide.

## Our supporting goals by 2030 are to:

- reduce smoking from 13% of adults in 2020 to 5% or below
- reduce alcohol related admissions to hospital by 20%
- halve the difference in the suicide rate in our region compared to England
- reduce drug related deaths by at least 15% by 2030
- ensure 75% of cancers are diagnosed at an early stage so that more people who have cancer will live for at least five years after their diagnosis

## We also want to:

- reduce the number of children, young people and adults who are an unhealthy weight
- reduce social isolation, especially for older and vulnerable people
- reduce the gap in life expectancy for people in some of the most excluded groups within our communities, such as homeless people.

# The health of our region...

Across the North East and North Cumbria, we have made advances in health and social care. We have much to be proud of thanks to the strong partnerships and collaborative working which has been built on over many years. But despite this, we still have some of the poorest health outcomes in the country and there is more we can do to improve health and care services.

In nine of our 13 council areas, healthy life expectancy (meaning life without the burden of a chronic condition or disease), is less than 60 years. There are only four such council areas in the whole of the south of England. Other facts about the health and wellbeing of people in our region make for very uncomfortable reading:

**Highest rate of drug related deaths in England (North East)**

**Men spend almost a quarter of their lives in ill-health**

**2nd highest rates of heart disease in the country**

**Some of the highest rates of suicide in the country**

**Respiratory disease rates are much higher than the national average**

**28% of children live in low-income families – England average 19%**

**Rates of child poverty are double the England average In some areas**

**2nd highest rate of liver disease in the country**

Behind these numbers are individuals and communities. They are people who could be enjoying longer and healthier lives. They are children who could be thriving – not just surviving.

This is why we are so determined to work together across health and care to achieve better health and wellbeing for all.

# Significant change

- Merging 8 organisations into one – restructure at the time of formation
- Taking on additional responsibilities at the start (we didn't just create a large CCG)
- Further delegations – Pharmacy/Optometry and Dental – April 2023
- 30% running cost reductions
- All came within the first year….
- More delegations expected

# Executive team

NHS
North East and North Cumbria

- Directorate structure consulted on
- Outcome as follows;
  - Dr Neil O'Brien – Chief Medical Officer
  - David Purdue – Chief Nurse, AHP & People Officer
  - Jacqueline Myers – Chief Strategy Officer
  - Levi Buckley - Chief Delivery Officer
  - Claire Riley - Chief Corporate Services Officer
  - David Chandler - Chief Finance Officer
  - David Gallagher - Chief Procurement and Contracting Officer
  - Graham Evans - Chief Digital and Infrastructure Officer

# The NENC way

NHS
North East and North Cumbria

- We will be clinically led and managerially enabled
- We will operate across 8 directorates with 8 executive directors
- We will have enabling and delivery teams – focused on delivery the vision and constitutional standards
- We will have 6 delivery teams mapped to 14 LA partners
  - North Cumbria (2 LAs)
  - Northumberland and North Tyneside (2 LAs)
  - Newcastle and Gateshead (2 LAs)
  - South Tyneside and Sunderland (2 LAs)
  - Co Durham (1 LA)
  - Tees Valley (5 LAs)
- FT contracting to be handled centrally and not through the Local Delivery Teams
- Budgets for primary care and community will be devolved to local place committees

NHS
North East and North Cumbria

# Local Delivery Team Comparison

| | Tees Valley | Durham | Northumberland / N Tyneside | Newcastle / Gateshead | Sunderland / S Tyneside | Cumbria |
|---|---|---|---|---|---|---|
| **Population** | 723,084 | 563,640 | 560,347 | 522,899 | 448,563 | 331,470 |
| **PCN's** | 14 | 13 | 11 | 12 | 9 | 8 |
| **Practices** | 79 | 60 | 58 | 47 | 59 | 34 |
| **Local Authorities** | 5 | 1 | 2 | 2 | 2 | 2 |
| **Total Delivery team posts** | **29** | **22** | **21** | **21** | **21** | **16** |

No one directorate can deliver our strategy in isolation – the Strategy, Contracting and Delivery Directorates have been developed together to ensure they connect as this is key to our success.

- Strategy Directorate = 96 posts
- Contracting and Procurement Directorate = 81 posts
- Delivery Directorate = 130 posts

# Our first year

**On 1 July 2022, we brought eight clinical commissioning groups (CCGs) together to form our new North East and North Cumbria Integrated Care Board (ICB). Take a look at what we have achieved, in partnership with others, across our region in a busy first year.**

**3,200,000 people to care for**

**BUDGET £7B**

**3 year plan**

**Better health and wellbeing for all**

**North East North Cumbria Health & Care Partnership**

Developed a new region-wide partnership

Made plans to invest **£35M** over three years, to improve the health of some of our most deprived communities across the North East and North Cumbria

Delivered our biggest flu and COVID-19 vaccination programmes with 2.3 million jabs

16,000 women treated for uncomplicated urinary tract infections in local pharmacies - resulting in improved access and **47%** reduction in antibiotic prescribing

**Worked across the region to improve the transfer of care for patients**

£29m additional government funding to start this process of change in health and care organisations across the region

**Improved access to primary care services:**

**1.5 million** appointments every month and an increase in the number of evening and weekend slots

**Worked collectively to tackle waiting times and recovery from the pandemic**

**Reduced waits for hospital treatment**

**Increased diagnostic capacity**

New community diagnostic centres for north Cumbria, Gateshead, and Stockton-on-Tees

Agreed **59min** limit on ambulance handovers which has saved lives

**New technology to improve GP telephone systems and triage**

**Continued to work with our Provider Collaborative which includes our 11 NHS foundation trusts and ambulance services**

## 4 KEY GOALS

- Longer and healthier lives for all of our communities
- Fairer outcomes for all
- Better health and care services
- Giving children and young people the best start in life

**75%** of primary care appointments were face to face against a national target of 70%

## We have continued to innovate and do things differently...

Matched the funding of our 12 councils to support quit smoking projects and programmes

**A new health and life science pledge** and plan to create a 'northern diamond' of innovation and research in partnership with our Academic Health Science Network (AHSN) - more than 70 organisations have signed up to this pledge

**New involvement and engagement strategy ensuring community voices are heard**

**Launched plan to become England's greenest region by 2030**

New learning and improvement community, securing **£250,000** from The Health Foundation to be **the best at getting better**

**Playing our part to get more resources for our region, for health and care and wider economic & social development**

Extra support for clinically and socially vulnerable people waiting for surgery, so they have the best chance of a good outcome from their treatment

# Questions and Feedback

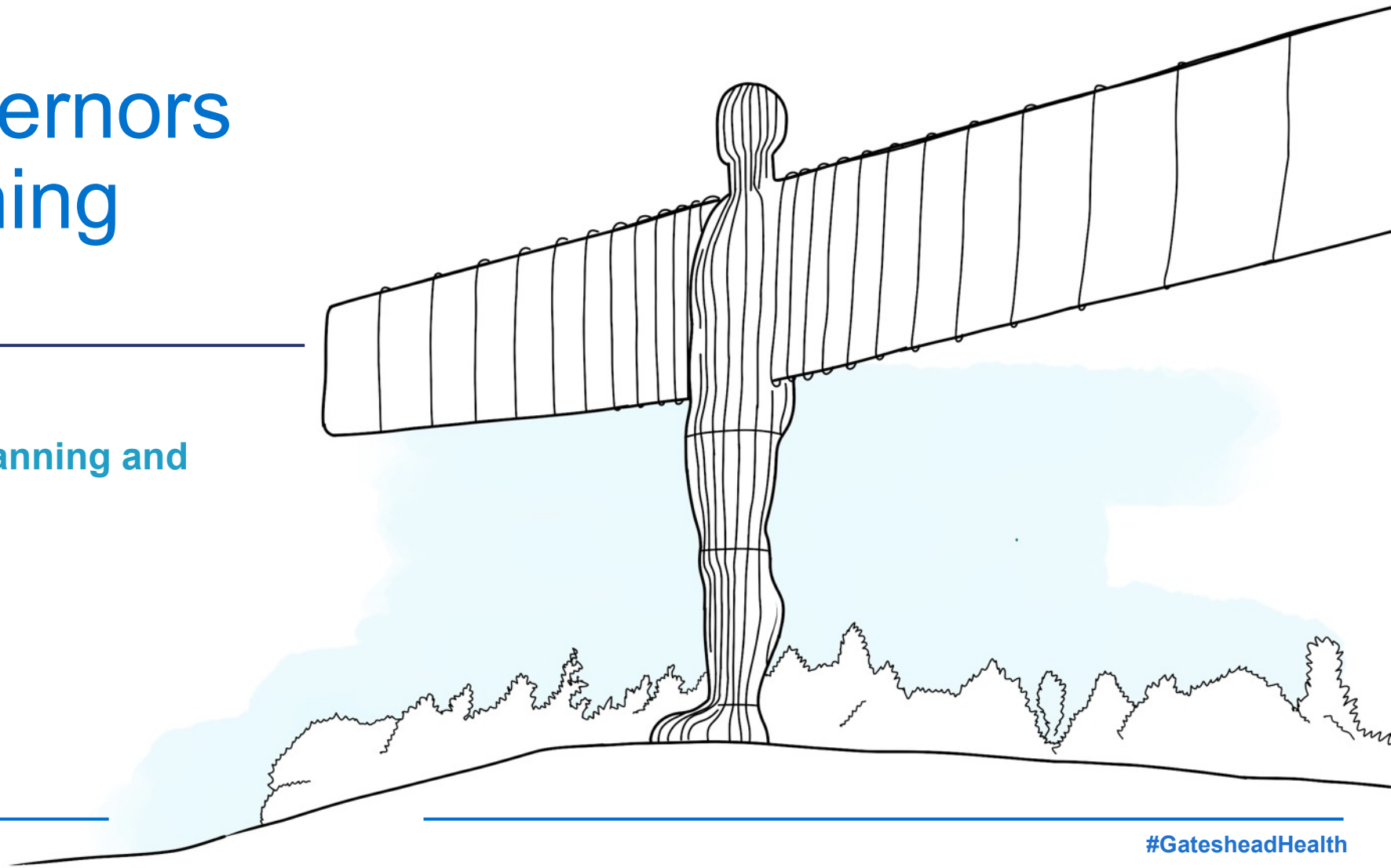
NHS
Gateshead Health
NHS Foundation Trust

# Council of Governors – Annual Planning 2024/25

**Nicola Bruce**

**Interim Director of Strategy, Planning and Partnerships**

15th May 2024



# NHS Planning inc. key dates

Gateshead Health NHS Foundation Trust

- Annual process (looking to move to 3 – 5 year planning)
- Guidance normally published by NHS England in December with returns in Q4 (Jan – March)
- Focus on
  - Finance
  - Workforce
  - Activity
  - Performance
- 2024/25 guidance published 27th March 2024
- Series of draft submissions between February and April 2024
- ICB peer review meeting 11th April 2024
  - Commended on our performance improvement
  - Level of efficiency target noted
  - Commended on approach to planning – a tough but ambitious plan
- Final detailed submissions submitted to NHSE 2nd May 2024

# Our priorities for 2024/25

Gateshead Health NHS Foundation Trust

- Focus on sustainability including financial breakeven by April 2025
  - Waste reduction, reducing unwarranted variation, maximising productivity and efficiency and focus on transformation
- Delivery of our strategy and strategic intent
  - Centre of Excellence for Women's Health, Outstanding DGH, Diagnostic provider of choice
- Delivering our core standards and leading indicators
- Delivering our activity
- Maximising our estate, facilities and assets inc. theatres, outpatients, therapy services etc
- Understanding our priorities
  - Workforce
  - Digital
  - Transformation
- Actions to address health inequalities

Gateshead Health
NHS Foundation Trust

# Strategic Objectives 2024-25

# Gateshead Health

NHS
Gateshead Health
NHS Foundation Trust

## Our patients Our people Our partners

Our vision captures what matters to us – delivering outstanding compassionate care.

Our five values can easily be remembered by the simple acronym ICORE

**Innovation**
We look for new ways to improve what we do and recognise that we all have a role to play in our continuous improvement.

**Care**
We care for our patients, communities, each other and ourselves with kindness and compassion.

**Openness**
We always act with integrity and transparency and are open and honest with ourselves and each other.

**Respect**
We treat everyone with respect and dignity, creating a sense of belonging and inclusion.

**Engagement**
We are inclusive and collaborative in our approach, working as a team and with our partners to deliver the best care possible.


Our Strategic aims:

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

**Our strategic intent:**

- Northern Centre of Excellence for Women's Health
- Diagnostic centre of choice
- Outstanding District General Hospital

# 2024/25 Strategic objectives (1/5)

Gateshead Health NHS Foundation Trust

**1) We will continuously improve the quality and safety of our services for our patients**

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Evidence full compliance with the Maternity Incentive Scheme (MIS) and the Ockenden actions | Gill Findley | Quality Governance Committee |
| Full delivery of the actions within the Quality Improvement Plan leading to improved outcomes and patient experience with particular focus on improvements relating to mental health, learning disabilities and cancer. | Gill Findley | Quality Governance Committee |
| Evidence an agreed strategic approach to the development of an EPR supported by a documented and timed implementation plan. | Kris McKenzie | Digital Committee |
| Development and implementation of an Estates strategy that provides a 3 year capital plan to address the key critical infrastructure and estates functional risks across the organisation by March 2025 | Gavin Evans | Finance and Performance Committee |

# 2024/25 Strategic objectives (2/5)

Gateshead Health NHS Foundation Trust

**2) We will be a great organisation with a highly engaged workforce**

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Caring for our people in order to achieve the sickness absence and turnover standards by March 2025 | Amanda Venner | People and Organisational Development Committee |
| Growing and developing our people in order to improve patient outcomes, reduce reliance on temporary staff and deliver the 24-25 workforce plan | Amanda Venner | People and Organisational Development Committee |
| Evidence an improvement in the staff survey outcomes and increase staff engagement score to 7.3 in the 2025 survey | Amanda Venner | People and Organisational Development Committee |

# 2024/25 Strategic objectives (3/5)

Gateshead Health NHS Foundation Trust

**3) We will enhance our productivity and efficiency to make the best use of resources**

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Improve the quality of care delivery and accessibility for patients by meeting the locally agreed stretch standards by March 2025. | Jo Halliwell | Finance and Performance Committee |
| Evidence of reduction in cost base and an increase in patient care related income by the end of March 2025 leading to a balanced financial plan for 2025-26. | Kris McKenzie | Finance and Performance Committee |
| Review and revise the 22-25 Green Plan and align with the group structure by the end of Q2 | Gavin Evans | Finance and Performance Committee |

# 2024/25 Strategic objectives (4/5)

Gateshead Health NHS Foundation Trust

**4) We will be an effective partner and be ambitious in our commitment to improving health outcomes**

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Work at place with public health, place partners and other providers to ensure that reductions in health inequalities are evidenced with a focus on women's health | Jo Halliwell | Quality Governance Committee |
| Work collaboratively as part of the Gateshead system to improve health and care outcomes to the Gateshead population | Neil Halford | Quality Governance Committee |
| Work collaboratively with partners in the Great North Healthcare Alliance to evidence an improvement in quality and access domains leading to an improvement in healthcare outcomes demonstrating 'better together' | Trudie Davies | Trust Board |

# 2024/25 Strategic objectives (5/5)

Gateshead Health NHS Foundation Trust

**5) We will look to utilise our skills and expertise beyond Gateshead**

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Contribute effectively as part of the Great North Healthcare Alliance to maximise the opportunities presented through the regional workforce programme | Amanda Venner | People and Organisational Development Committee |
| Evidenced business growth by March 2025 with a specific focus on Diagnostics, Women's health and commercial opportunities | Jo Halliwell<br>Diagnostics and Women's Health<br>Gavin Evans<br>Commercial Opportunities | Finance and Performance Committee |

# 2024/25 Leading indicators

Gateshead Health NHS Foundation Trust

| Strategic Aim | Lead Indicators | Breakthrough Indicators |
|---|---|---|
| We will continuously improve the quality and safety of our services for our patients | • Reduction in patient safety incidents linked to estate issues<br>• Compliance with the Ockenden recommendations and Midwifery Incentive Scheme<br>• Compliance with the quality improvement plan indicated by the % of actions on track | • *To be determined from the 12 patient safety indicators and 6 PSIRF strategic themes with a focus on Mental Health, Cancer and Learning Disabilities*<br>• 25% reduction in critical infrastructure risk score<br>• Achievement of a combined organisation PLACE score >95% |
| We will be a great organisation with a highly engaged workforce | • Improve the staff engagement score to 7.3<br>• Maintain the vacancy rate at <=2.5% | • Achievement of the internal turnover standard of 9.7%<br>• Achievement of the internal sickness absence standard of 4.9%<br>• Reduction in temporary staffing spend evidenced month on month |
| We will enhance our productivity and efficiency to make the best use of our resources | • Non elective length of stay <4 days<br>• Achievement of the four hour trajectory to 78% by March 2025<br>• Achievement of the 0 x 52 week standard by end Q1 and delivery of the trajectory for 40 weeks by March 2025<br>• Evidence achievement of the 24-25 financial plan | • Achievement of the trajectory to reduce >12 hour total time in department<br>• Achievement of the trajectory to achieve RTA to bed within 1 hour<br>• Increase the proportion of new and follow up with procedure appointments from 28.5% to 33%<br>• Reduce the number of patients with no criteria to reside to <10 (P2&3)<br>• Forecast Outturn achievement of £12.647m<br>• Reduction in run rate evidenced month on month<br>• Recurrent CRP delivery forecast at minimum 60%<br>• No less than £5m cash as per forecast at March 2025 |

# 2024/25 Leading indicators (cont'd)

| Strategic Aim | Lead Indicators | Breakthrough Indicators |
|---|---|---|
| We will be an effective partner and be ambitious in our commitment to improving health outcomes | • Evidence a reduction in the number of 'fragile' and 'vulnerable' services as a direct outcome of Alliance working<br>• Evidence in an improvement in health inequalities in the key focus areas linked to the determinants of Health for Gateshead | • Smoking status to be recorded in the clinical record at the immediate time of admission in 98% of all inpatients by March 2025<br>• Reduction in the waiting times for paediatric autism pathway referrals from over 52 weeks to <30 by March 2025<br>• Reduction in the wait for gynaecology outpatients to no more than 26 weeks<br>• Provide a minimum of 300 digital devices repurposed to the local community in 2024-25 |
| We will develop and expand our services within and beyond Gateshead | • 0.5% increase in QEF externally generated turnover as a proportion of the turnover of QEF | |

# Activity and Performance Trajectories

| Standard | National Requirement |
|---|---|
| **Unscheduled Care** | |
| 12 Hr National Declarable Breaches | Zero |
| 4 Hr ED Standard | 78% |
| Ambulance Handovers | Take place = <15 mins; Zero > 30 mins. |
| > 12 Hrs total time in Department | N/A |
| RTA to Base ward placement | N/A |
| Length of Stay | N/A |
| SDEC Type 5 | Capture Q2 |
| Patients with No criteria to Reside | N/A |
| G&A Bed Occupancy | 92% or Lower |

| Standard | National Requirement |
|---|---|
| **Planned Care** | |
| Cancer: 28 Day Faster Diagnosis | 77% |
| Cancer: 31 Day Treatments | 96% |
| Cancer: 62 Day Treatments | 70% |
| RTT - Elective Recovery 65 Week Waiters | Reduce by end Q2 |
| RTT - 52 Week Waiters | Reduce |
| Validation | N/A |
| DNA Rates | N/A |
| RTT: Waits within in 18 weeks | 92% |
| DM01: Diagnostic Modalites | 95% |
| Wait for First Outpatient Appoitments | N/A |
| Increase Proportion of Outpatients with Procedures | 46% (Local 33%) |
| PIFU | 5% |
| Waiting List Size | Reduction |

| Standard | National Requirement |
|---|---|
| **Community Care** | |
| 2Hr UCR Response Time | 70% |
| Community Waiting Times | Reduce |

- Our plan is to achieve (or better) the national performance requirements
- Exception is General and Acute bed occupancy
- Our Plan is to increase our activity levels and thus deliver our performance trajectories
- Our workforce modelling supports the delivery of our finance and performance plans
  - Focus on reducing sickness absence rate
  - Focus on reducing our turnover rate

# Submitted Financial Plan 2024/25

Gateshead Health NHS Foundation Trust

## Income & Expenditure

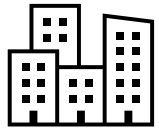
Imbalance of £13m

| | 2023/24 Plan £m | 2024/25 Plan £m |
|---|---|---|
| Income | 361 | 381 |
| Expenditure | 374 | 394 |
| Deficit | 13 | 13 |

## Efficiencies

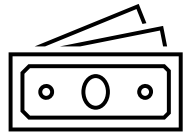
Savings of £23m

| | 2023/24 Plan £m | 2024/25 Plan £m |
|---|---|---|
| Efficiency | 16 | 23 |



## Capital

£17m programme



## Cash

From £30m to £6m

# Focus on sustainability

# Any questions?

Gateshead Health NHS Foundation Trust

# Report Cover Sheet Agenda Item: 8

| | | | | |
|---|---|---|---|---|
| **Report Title:** | **Quality Account Council of Governors Statement 2023/24** | | | |
| **Name of Meeting:** | Council of Governors | | | |
| **Date of Meeting:** | 15 May 2024 | | | |
| **Author:** | Wendy McFadden, Strategic Lead Clinical Effectiveness | | | |
| **Executive Sponsor:** | Gill Findley, Chief Nurse | | | |
| **Report presented by:** | Wendy McFadden, Strategic Lead Clinical Effectiveness | | | |
| **Purpose of Report**<br>*Briefly describe why this report is being presented at this meeting* | **Decision:** ☒ | **Discussion:** ☐ | **Assurance:** ☒ | **Information:** ☐ |
| | As in previous years, the Council of Governors is required to provide a formal response to the Trust's Quality Account. | | | |
| **Proposed level of assurance – <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:**<br>*State where this paper (or a version of it) has been considered prior to this point if applicable* | The Council were provided with a copy of the draft Quality Account 2023/24 on 2nd May 2024 and asked to forward any comments on the document to prepare the response. | | | |
| **Key issues:**<br>*Briefly outline what the top 3-5 key points are from the paper in bullet point format*<br><br>*Consider key implications e.g.*<br>• *Finance*<br>• *Patient outcomes / experience*<br>• *Quality and safety*<br>• *People and organisational development*<br>• *Governance and legal*<br>• *Equality, diversity and inclusion* | | | | |
| **Recommended actions for this meeting:**<br>*Outline what the meeting is expected to do with this paper* | The Council of Governors is requested to approve the statement to be included in the Trust's Quality Account 2023/24. | | | |

| | | | | | |
|---|---|---|---|---|---|
| **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:** | | | | | |
| **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 feedback on the Quality Account 2023/24

The Council of Governors had the opportunity to partake in two dedicated workshops on the development of the Quality Account and quality priorities on 20th March 2024 and 18th April 2024. In addition, the completed draft of the Quality Account was shared with all Governors as part of the consultation process. We have used our knowledge of the Trust gained through attendance at meetings and other engagement opportunities during 2023/24 to determine whether the content of the document presents a fair reflection of the achievements, challenges, risks and opportunities experienced during the year, as well as whether the quality priorities for 2024/25 are focussed on what we feel are the key areas.

In general, we believe the document is well presented, concise, comprehensive and informative. However, we do feel that it is difficult to provide full comprehensive feedback on the draft document as there is some data missing particularly within the priorities for 2024/25.

We also shared a number of specific points for consideration:

- Inclusion of the Council of Governors and their role within the organisation would be welcomed; we understand this has subsequently been added to the Glossary of Terms.

- Volunteers Service development is positive, however would like to see further roles developed as many areas of the hospital would benefit from the support of volunteers;

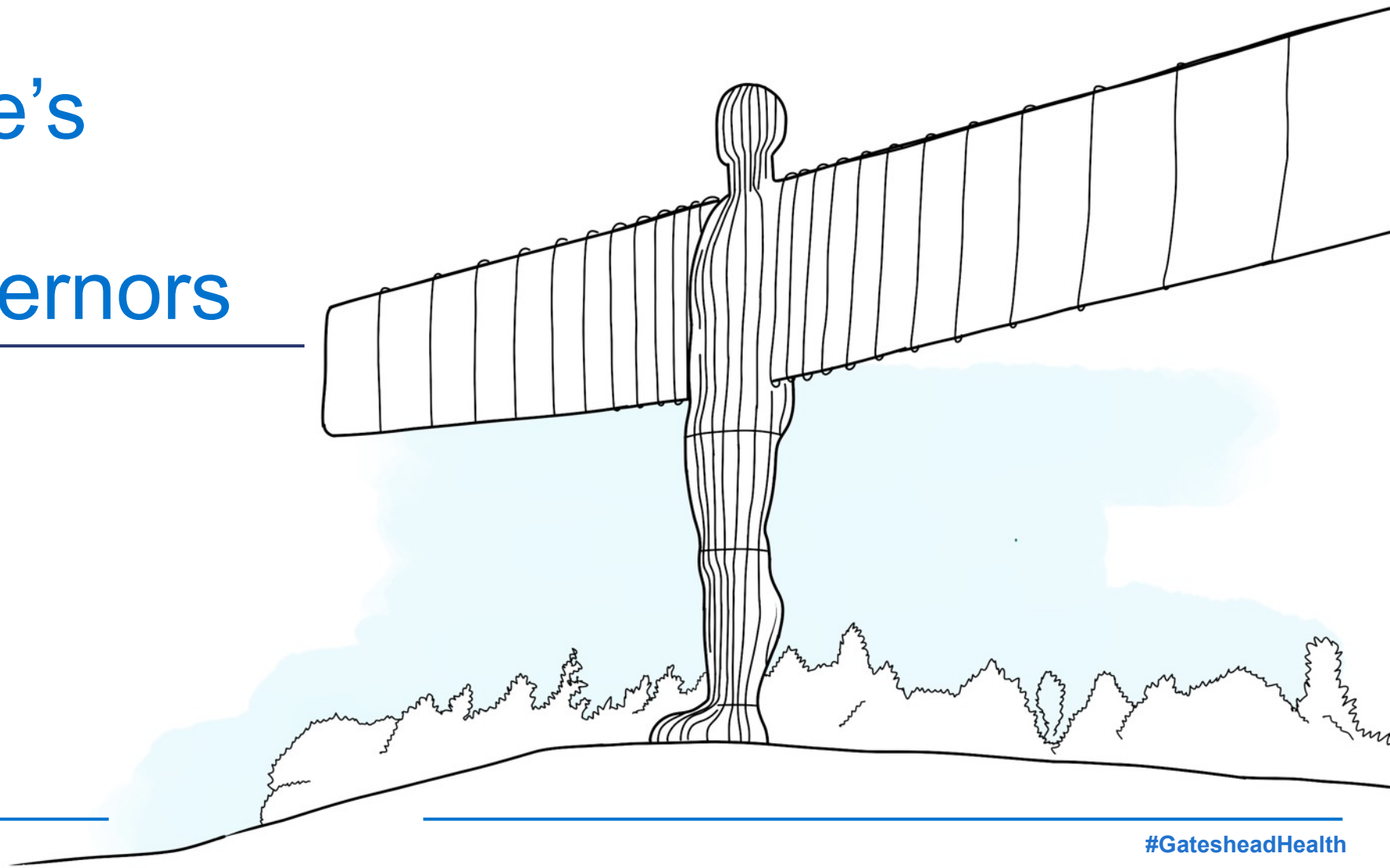
- A number of last's year priorities are still ongoing, with the addition of the new priorities, concerned whether all of these are achievable;

- Addition of further positive initiatives that have taken place throughout the year e.g. Improvement Quality in Liver Services 'deferred' status and engagement with local schools in the promotion of Organ Donation would be welcomed.

We also expressed concern around the tight deadline that was given to provide feedback on such a comprehensive document.

NHS
Gateshead Health
NHS Foundation Trust

# Chief Executive's Update to the Council of Governors



**Trudie Davies, Chief Executive**

15 May 2024

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

NHS Gateshead Health NHS Foundation Trust

- We took part in a **well-being event** in partnership with Future Dreams, a nationwide breast cancer charity. 50 local women came together to share their experiences of going through breast cancer treatment. The event empowered patients to focus on their physical and emotional well-being, as well as share their experiences with each other.
- The new **Sister Winifred Laver Centre** opened in March. The 60-bed centre in Felling offers short-term care for adults to help them regain the skills and confidence they need to go back to living their lives independently in their own homes. Colleagues can refer patients directly to the local authority so that the Centre Manager can consider our patients for admission.
- **C. Difficile** cases for the year totalled 37, which is above our nationally-set allowance of 23 cases. Our Infection, Prevention and Control team report that regional levels are high and most trusts are seeing similar trajectories. We have developed a 10-point action plan with a new assistant auditor in place to help us to deliver focussed improvements.
- Our **readmission rates** have continued to reduce over the last four months, with an overall downward improvement trend since April 2023.
- **Harm rates from falls** has reduced for the third consecutive month to 2.64 per 1,000 bed days. Falls continue to be reviewed at ward level in line with the Patient Safety Incident Response Framework (PSIRF) to focus on prevent and quality improvement work.
- A sincere thank you to our team on ward 14a who fulfilled a patient's last wish and organised a wedding. Heather and her partner of 40 years, Paul, were able to get married with the support of our colleagues.

***Engagement, involvement and visits:***

- Visit to theatres
- Visit to the discharge liaison team



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

Gateshead Health NHS Foundation Trust

- We shared our latest **NHS Staff Survey** results. We scored better than the national average in a number of areas, including care of patients being our top priority (79%), recommending the Trust as a place to work (68%) and colleagues being happy for a friend or relative to receive care at our Trust (75%). We are not complacent and will use the survey results to help inform future improvements. A full overview of the NHS Staff Survey results was shared with Governors at the recent workshop.
- We have welcomed **Gavin Evans** as our new Managing Director for QE Facilities, our subsidiary company. Gavin brings a wealth of experience and we look forward to working with him and our colleagues in QEF.
- Around 300 colleagues took part in external **Show Racism the Red Card** training, showing a real commitment to the Trust being an inclusive, diverse and welcoming community. A number of colleagues are now being trained to be able to deliver this excellent session to other colleagues across the Trust to continue our learning and embed the values even further.
- We have seen continued **improvement in our sickness absence rates**, reducing to 5.2% at the end of the year. This is still higher than we would like to see, narrowly missing our target of less than 5%.
- We have successfully recruited to a number of **consultant posts** including paediatrics, histopathology, cardiology and radiology. This is great news for us and for our patients.
- Our **vacancy rates** remain within the target of less than 5%. The rate at end of the March 2024 was 2.4%.

***Engagement, involvement and visits:***

- Consultant interviews
- Health and wellbeing event in the Hub
- Executive Director development day

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

NHS Gateshead Health NHS Foundation Trust

- We submitted our **annual plan** in early May following engagement with the Council of Governors and final approval by the Board of Directors. We received positive feedback from NHS England, the ICB and peers on the consistency of our draft plan – namely that the financial, performance and workforce elements all clearly interlink with each other. The annual plan is covered separately on the agenda.
- Our **draft accounts** were submitted on time to NHS England on 24 April. The external audit is now underway ahead of the deadline for the submission of final audited accounts on 28 June.
- The Board approved our **strategic objectives** for 2024/25 – they are included at Appendix 1 for Governor information.
- Our draft accounts report an **unaudited deficit of £7.889m**, which is an improvement of £0.063m against our planned position. We delivered £13.238m of cost savings, which was 83% of our cost reduction programme target, although most of this was non-recurrently, with 15% of these savings being recurrent. A key priority for 2024/25 will be **sustainability and efficiency**, including the identification of recurrent cost savings to support the achievement of financial breakeven by 2025/26.
- We spent £24.008m on **capital** (unaudited draft figure), an under-spend of £2.673m against our plan.
- During the 23/24 financial year we saw a **significant improvement in 12 hour trolley waits**. The last 12 hour delay occurred on 6th January, with a total of 98 for the full year compared to 1,582 in the previous year.
- **Ambulance handovers** continued to improve steadily with 59.2% of conveyances handed over within 15 mins in March 24.
- Our **Referral to Treatment (RTT) 52 week wait** position is improving steadily. There were 76 over 52 week waits at year-end, a reduction of 32% from February. By the end of Quarter 2 we aim to have 0 52 week waits. We had **no patients waiting over 65 weeks** at the year end.
- We reduced our **outpatient waiters** throughout the year, with 13% less patients waiting at the end of the year compared to the start of the year.
- In relation to our **cancer standards** we achieved all three core standards in March 2024 (faster diagnosis, 31 day treatment standard and the 62 day cancer standard).
- **Key areas of focus** where we are not achieving our metrics and seeing a deteriorating position are:
  - diagnostic testing (the % of patients waiting less than 6 weeks for a diagnostic test). There are particular challenges around audiology and MRI scanning.
  - Planned care outpatient first and follow-up appointments – new outpatient and follow-up outpatient activity was significantly below planned levels.

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

- We have continued to work with colleagues at place, ICB level and also within the Great North Healthcare Alliance as this begins to develop further.
- Our charity, **Gateshead Health Charity**, launched its first corporate partnership with Radio Tyneside. Radio Tyneside will help to promote the work of the charity, contribute to events and help us to spread the reach of the charity.
- The first collaborative event for the Great North Healthcare Alliance, an **urgent and emergency care conference**, was held on 22 March. This was an excellent event to learn and share experiences and improvements together across urgent and emergency care teams from the four Alliance members alongside colleagues from the North East Ambulance Service.


***Engagement, involvement and visits:***

- Provider Collaborative workforce meetings
- Great North Healthcare Alliance meetings and conference
- ICS Chair and CEO workshop
- Place-based meetings
- Meetings with MPs
- Urology collaboration event
- Meeting with the Leader and CEO of Gateshead Council

# Strategic Aim 5: We will develop and expand our services within and beyond Gateshead

Gateshead Health NHS Foundation Trust

- Building work is underway for the new MetroCentre **Community Diagnostic Centre (CDC)** in partnership with Newcastle Hospitals. The CDC will provide imaging, respiratory investigations and cardiac investigations with the centre designed to create capacity for these services that are seeing increased referrals. Faster access to crucial diagnostic tests like MRIs, ultrasounds, and heart function tests will have a really positive impact on patients from both Trusts.  The CDC will offer 145,000 appointments per year and create 134 jobs when it opens in October 2024.
- Some Governor colleagues have already had an opportunity to visit the CDC and there will be further opportunities in the coming months as the building work progresses.
- Our subsidiary company, **QE Facilities Ltd**, celebrated its 10th anniversary on 30 April. This is a significant milestone and speaks volumes about the dedication, expertise and support provided by QE Facilities.


# Appendix 1: 2024/25 Strategic Objectives

Gateshead Health NHS Foundation Trust

**1) We will continuously improve the quality and safety of our services for our patients**

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Evidence full compliance with the Maternity Incentive Scheme (MIS) and the Ockenden actions | Gill Findley | Quality Governance Committee |
| Full delivery of the actions within the Quality Improvement Plan leading to improved outcomes and patient experience with particular focus on improvements relating to mental health, learning disabilities and cancer. | Gill Findley | Quality Governance Committee |
| Evidence an agreed strategic approach to the development of an EPR supported by a documented and timed implementation plan. | Kris Mackenzie | Digital Committee |
| Development and implementation of an Estates strategy that provides a 3 year capital plan to address the key critical infrastructure and estates functional risks across the organisation by March 2025 | Gavin Evans | Finance and Performance Committee |

# 2024/25 Strategic Objectives

Gateshead Health NHS Foundation Trust

## 2) We will be a great organisation with a highly engaged workforce

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Caring for our people in order to achieve the sickness absence and turnover standards by March 2025 | Amanda Venner | People and Organisational Development Committee |
| Growing and developing our people in order to improve patient outcomes, reduce reliance on temporary staff and deliver the 24-25 workforce plan | Amanda Venner | People and Organisational Development Committee |
| Evidence an improvement in the staff survey outcomes and increase staff engagement score to 7.3 in the 2025 survey | Amanda Venner | People and Organisational Development Committee |

## 3) We will enhance our productivity and efficiency to make the best use of resources

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Improve the quality of care delivery and accessibility for patients by meeting the locally agreed stretch standards by March 2025. | Jo Halliwell | Finance and Performance Committee |
| Evidence of reduction in cost base and an increase in patient care related income by the end of March 2025 leading to a balanced financial plan for 2025-26. | Kris Mackenzie | Finance and Performance Committee |
| Review and revise the 22-25 Green Plan and align with the group structure by the end of Q2 | Gavin Evans | Finance and Performance Committee |

# 2024/25 Strategic Objectives

Gateshead Health NHS Foundation Trust

## 4) We will be an effective partner and be ambitious in our commitment to improving health outcomes

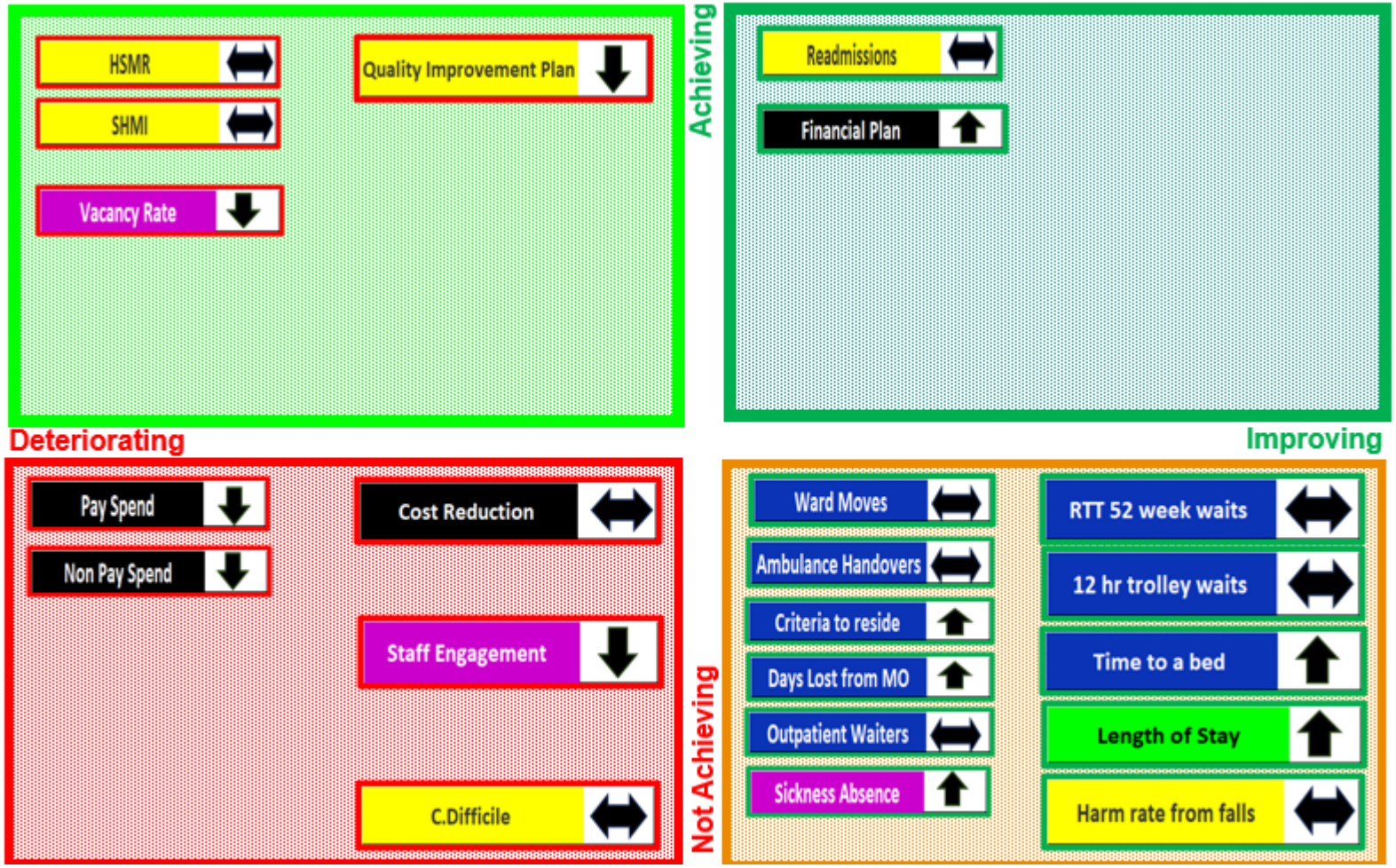
| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Work at place with public health, place partners and other providers to ensure that reductions in health inequalities are evidenced with a focus on women's health | Jo Halliwell | Quality Governance Committee |
| Work collaboratively as part of the Gateshead system to improve health and care outcomes to the Gateshead population | Neil Halford | Quality Governance Committee |
| Work collaboratively with partners in the Great North Healthcare Alliance to evidence an improvement in quality and access domains leading to an improvement in healthcare outcomes demonstrating 'better together' | Trudie Davies | Trust Board |

## 5) We will look to utilise our skills and expertise beyond Gateshead

| Objectives 24-25 | Executive Lead | Tier 1 Committee |
|---|---|---|
| Contribute effectively as part of the Great North Healthcare Alliance to maximise the opportunities presented through the regional workforce programme | Amanda Venner | People and Organisational Development Committee |
| Evidenced business growth by March 2025 with a specific focus on Diagnostics, Women's health and commercial opportunities | Jo Halliwell<br>Diagnostics and Women's Health<br>Gavin Evans<br>Commercial Opportunities | Finance and Performance Committee |

# Appendix 2: Leading Indicators Heatmap March 2024

Gateshead Health NHS Foundation Trust




**Domains linked to indicators**

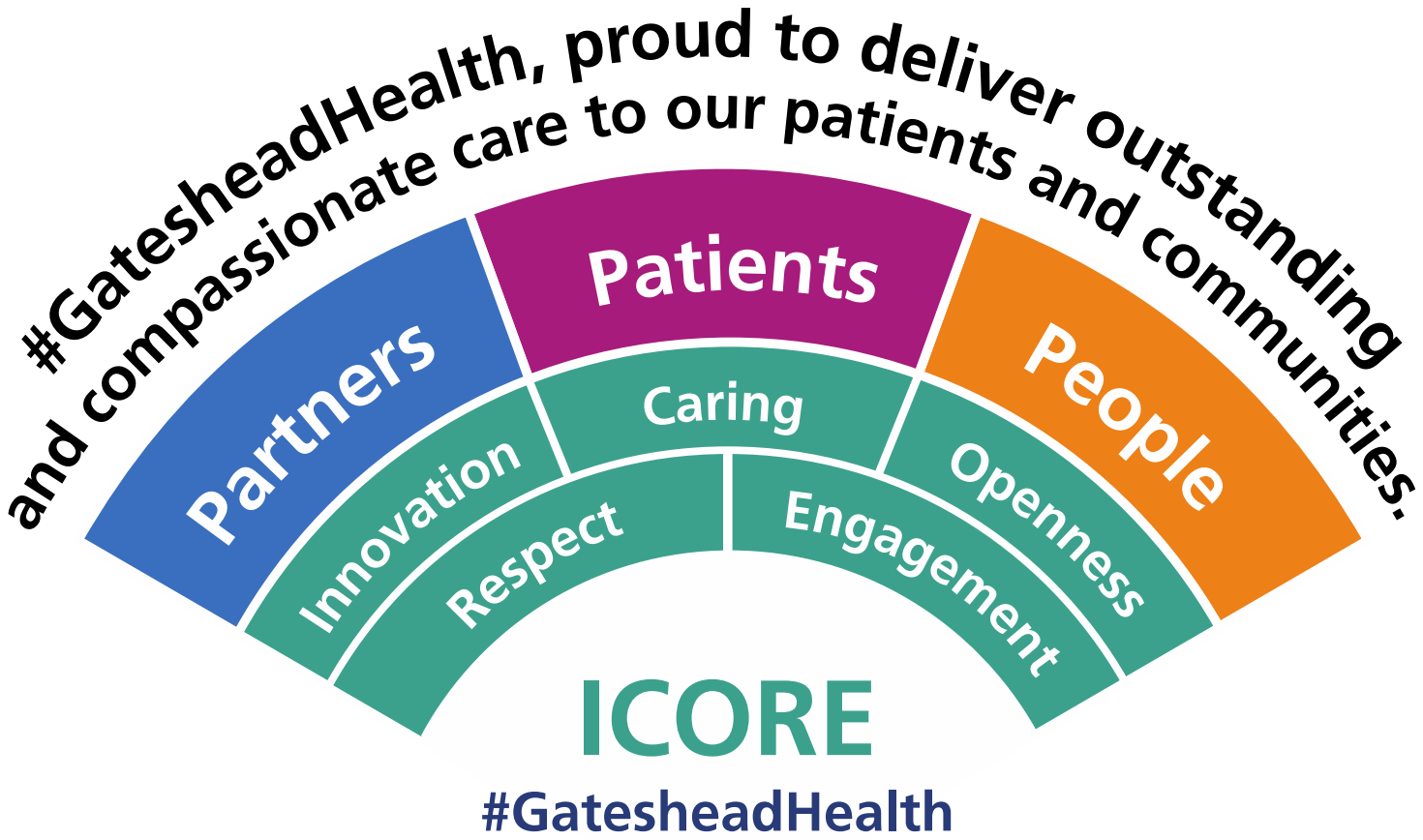
- Safety
- Provision of Care
- Effective & Responsive
- Workforce
- Finance

Arrows signify movement from quadrant to quadrant in month

**Heatmap Key**

| | |
|---|---|
| Achieving plan, Trajectory, and target, although demonstrating a deteriorating position **Standards to watch and intervene** | Achieving plan and maintaining or improving performance **Standards to maintain** |
| Not achieving plan, trajectory, Target - deteriorating position **Standards to prioritise and focus on** | Not achieving plan, trajectory or target but demonstrating an improving position **Standards to support** |

Gateshead Health
NHS Foundation Trust



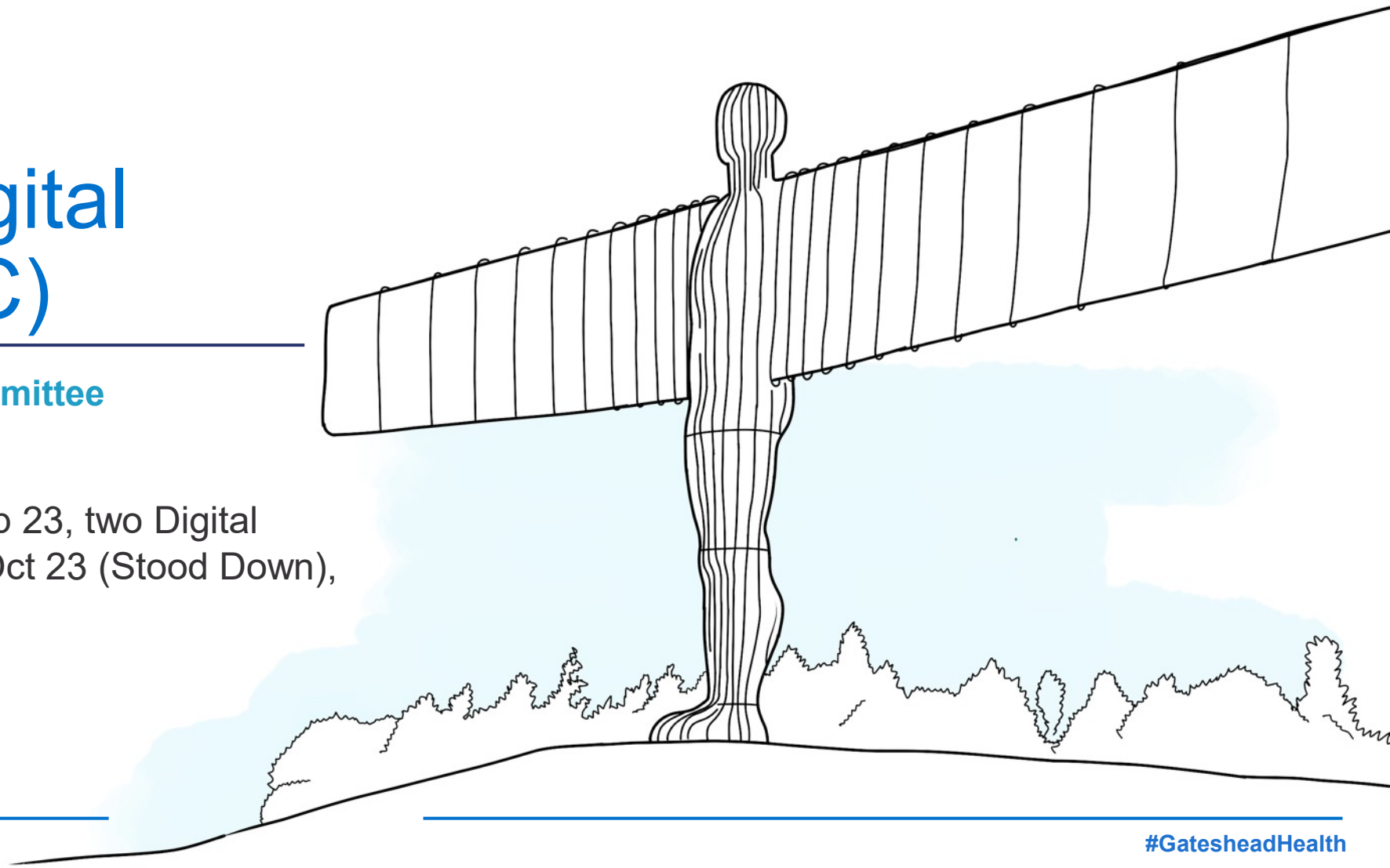
NHS
Gateshead Health
NHS Foundation Trust

# Work of the Digital Committee (DC)

**Andrew Moffat, Chair of the Committee**

15th May 2024

(last update presented to CoG Sep 23, two Digital Committee meetings since then: Oct 23 (Stood Down), Dec 23, Feb 24)



# Regular reports received, issues considered and assurances received

Gateshead Health NHS Foundation Trust

## Strategy and Planning

Organisational strategic objectives

Digital Strategy

Digital Delivery Plan

EPR Strategy and Procurement Options

## Operational Service Delivery

Service effectiveness

Clinical coding

Cyber security

Information Risk Management

Information Governance

Records management

## Regulatory and Governance

Internal audits and external reviews

Internal Audit plan

## Risk

Board Assurance Framework

Organisational Risk Register

## Organisational Awareness

DC sub committees:

Digital Transformation Group (DTG)

Digital Assurance Group (DAG)

# New ‘Focus On’ Section of the meeting – detailed updates received regarding the following areas

Gateshead Health NHS Foundation Trust

## Patient Engagement Platform

Patient Facing Portal

Access to and management of appointments

Access to Supporting Documentation

eMeet and Greet – referral acknowledgement

## Digital Inclusion

- Digital Inclusion Strategy Development
- Mambership of Networks at place and ICB level to improve Digital Inclusion
- Update on local initiatives to support skills development and accessibility
- Leading on project focused on repurposing of devices within community

## Board Development Session

Information Risk and Cyber Security

# Strategy and Planning – every meeting

NHS Gateshead Health

| | |
|---|---|
| Reports received | • Delivery of Strategic Objectives – Progress Tracker updating on the delivery of the Organisation's strategic objectives allocated to DC (every meeting)<br>• Digital delivery plan – tracking projects supporting the delivery of the Organisation's strategic objectives allocated to DC (every meeting)<br>• Digital Maturity Assessment – Outcome and Position Statement, gap analysis (Dec 23) |
| | |
| Issues considered | • Prioritisation of projects within digital delivery plan<br>• Delivery and monitoring of 2023/24 strategic objectives and projects<br>• EPR strategy – market engagement, options available, financial constraints and procurement requirements |
| | |
| Assurances received | • Programme Delivery status updates, monitored through the Digital Transformation Programme Board and reported through Digital Transformation Group and SMT<br>• Prioritised delivery plan reviewed monthly by Digital Transformation Group (DTG)<br>• EPR outline business case reviewed / endorsed by DTG, Clinical Strategy Group, and Exec Mgt Team. |

# Operational Service Delivery (KPIs) – every meeting

Gateshead Health NHS Foundation Trust

| | |
|---|---|
| Reports received | • KPI dashboard (every meeting) - service effectiveness, clinical coding, cyber security, information risk management, information governance, records management, Data Quality<br>• Remedial action on underperforming KPIs<br>• Progress against action plans |
| | |
| Issues considered | • Areas of underperformance Trust-Wide (e.g. Information Risk Management, Local Records Management, Systems Data Quality)<br>• Areas of underperformance Digital (e.g. Service Desk Call Resolution)<br>• KPI tolerance target setting, ownership outside of digital, RAG rating and escalation process, externally reported data points<br>• Capacity to support improvements |
| | |
| Assurances received | • Detailed review by Digital Assurance Group (DAG) reporting upwards to SMT<br>• Approval of digital KPIs by SMT and change management process in place<br>• Review and strengthening of KPIs utilised and supporting process to increase assurance currently underway |

# Regulatory and Governance – Internal / External Audits (every meeting)

| | |
|---|---|
| Reports received | • Internal audit reports – Digital (incl Pathology IT)<br>• Open audit actions – Digital (incl Pathology IT)<br>• Annual digital audit plan, input and progress<br>• External audits and reviews, including Data Security and Protection Toolkit (DSPT), penetration testing, cyber security and phishing report |
| | |
| Issues considered | • Overdue and revised audit action delivery dates<br>• Internal and external audits assurance levels<br>• Management of actions where ownership sits outside of Digital |
| | |
| Assurances received | • Implementation of audit action recommendations<br>• Ongoing management of open actions<br>• Planning of forward audit plan and schedule |

Gateshead Health NHS Foundation Trust

# Key risks

- The Committee is currently monitoring 2 risks on the Organisational Risk Register; there are a number of serviced managed risks which are actively managed by the digital team.

## 3313 – Breaching Legislative Requirements

- Risk of breaching legislative requirements due to lack of long term strategic approach to the management and storage of health records [both digital and paper]. This could lead to regulatory and reputational harm.
- (Initial Risk Rating 20, Current Risk Rating 16, Target Risk Rating 8)

## 3310 – Data Management

- Risk of data mismanagement, leading to inappropriate access, misuse or inappropriate disclosures. Due to failure to incorporate best practices in the management of information across the organisation. Resulting in patient harm and/or failure to comply with UK law, national standards and contractual requirements.
- (Initial Risk Rating 20, Current Risk Rating 16, Target Risk Rating 4)

## TBC - Management of Cyber Vulnerabilities

- This is a generic risk summarising the assurances that are in place to protect the trust against cyber threats and ensure business continuity, the risk is currently in draft awaiting to be published.
- (Draft Risk Rating 25, Current Risk Rating 10, Target Risk Rating 5)

# Key priorities for assurance over the next 6 months

Gateshead Health NHS Foundation Trust

Progress against development of EPR Procurement/Implementation Plan

Operational Performance (KPIs)

Enhanced role of SIRO within the organisation

Ongoing Delivery of the Digital Strategy – Underpinned by developing supporting, time limited plans

Establishment of Information Risk Management Roles within the Organisation and associate governance

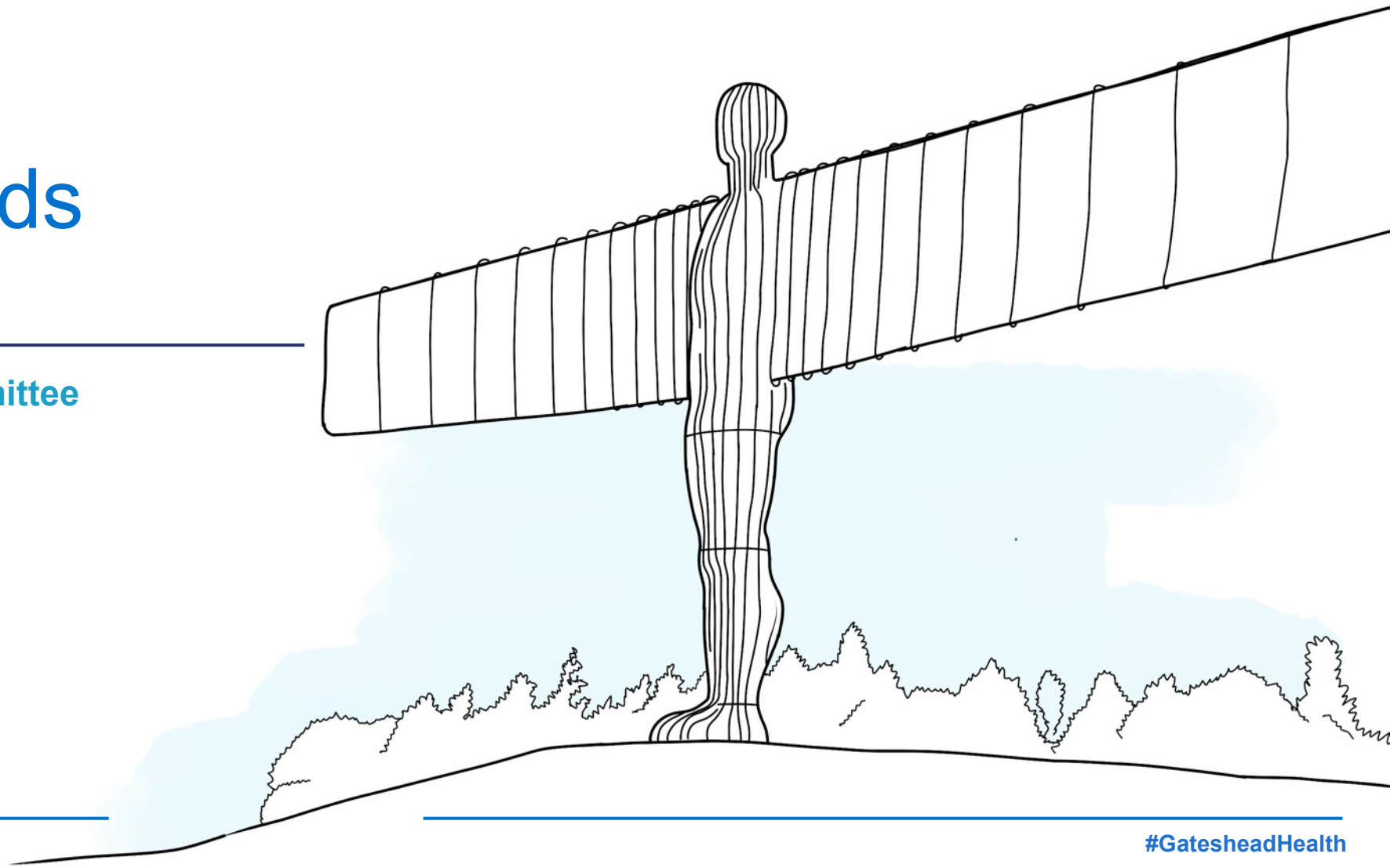
Delivery of Corporate Objectives (allocated to Digital Committee), Organisational Risks and Board Assurance Framework

NHS
Gateshead Health
NHS Foundation Trust

# Any questions?

# Work of the Charitable Funds Committee

**Mike Robson, Chair of the Committee**



# Examples of issues considered and assurances received

Gateshead Health NHS Foundation Trust

Delivered Light up a Life Remembrance Event

Monitored deliver of NHS Charities Together grant funding that has introduced the new brand, a new CRM system and increased the marketing of the charity

Fundraising activity remains strong – eg developing the pet calendar and people running the Great North Run raised £6k

Charity has secured another corporate partner – Radio Tyneside and Co-op Funeral Care

Board of Trustees approved new working name of the charity – Gateshead Health Charity with a brand re-launch in January

Supported and approved key charitable projects eg New ultrasound Sherlock machine, St Bedes Garden project, scalp coolers for chemo day unit and new play equipment for paediatrics

Reviewed all the development plans for over 50 departmental/ward funds

GATESHEAD HEALTH CHARITY

# Key priorities for assurance over the next 6 months

Gateshead Health NHS Foundation Trust

Focus on evaluating charity projects and how the charity is benefiting the community and patients

Finalise the charity strategy

Corporate Partnership Scheme to continue

Continue to review expenditure over £10,000

Approve and monitor progress in how the charity develops (which will be highlighted as part of the strategy)

GATESHEAD HEALTH CHARITY

# Development of charity strategy

## Outline strategy with four pillars:

- Continue to generate general awareness of the charity
- Support fundraising linked to our charitable aims and income generation
- Aim to secure legacies
- Alignment to the Trust's strategic intent

## Minimal focus on grants

## Strengthening the evaluation

## Continuing to improve how the charity operates

# Emerging themes from the ongoing strategy engagement

Gateshead Health NHS Foundation Trust

- Agreement with the four charity pillars, but should also incorporate:
  - More staff engagement
  - Signage on wards and in departments
  - Look at interconnectivity of the pillars
- Recognition that everyone involved in the charity need to strengthen the evaluation
- Alignment with Trust and community, in particular to focus on:
  - Regular alignment with Trust strategy and linking the charity strategy to this
  - Increasing community engagement
  - Feedback and evaluation of charity fund distribution
  - Personalised communication with donors
  - Charity needs to be included in strategic discussions and standard item on agendas
  - Include patient voice in charity decision making
- Additional insights and feedback
  - Regular re-examination of fundraising strategies
  - Evaluation of impact on patient outcomes
  - Clear feedback loop with Business Units for improvement
  - Looking at success stories and how the charity is promoted

**Have your say:**


GATESHEAD HEALTH CHARITY

# Fundraising events for 2024

Gateshead Health NHS Foundation Trust

**SKYDIVE**

APRIL TO OCTOBER

**SCAFELL BY SUNRISE**

01 JUNE

**NATIONAL 3 PEAKS**

22 JUNE

**WE'RE A KNOCKOUT**

15 JUNE

**GOLF GRAND SLAM**

28 JUNE

**HADRIAN'S WALL TREK**

06 JULY

**MINI GREAT NORTH RUN**

07 SEPTEMBER

**GREAT NORTH RUN**

08 SEPTEMBER

GATESHEAD HEALTH CHARITY

# Any questions

# Progress on Jubilee Garden

Gateshead Health NHS Foundation Trust

# Report Cover Sheet Agenda Item: 11

| | | | | |
|---|---|---|---|---|
| **Report Title:** | **Council of Governors Standing Orders** | | | |
| **Name of Meeting:** | Council of Governors | | | |
| **Date of Meeting:** | 15 May 2024 | | | |
| **Author:** | Jennifer Boyle, Company Secretary | | | |
| **Executive Sponsor:** | Alison Marshall, Chair | | | |
| **Report presented by:** | Jennifer Boyle, Company Secretary | | | |
| **Purpose of Report**<br>*Briefly describe why this report is being presented at this meeting* | **Decision:** ☒ | **Discussion:** ☐ | **Assurance:** ☐ | **Information:** ☐ |
| | To seek approval to amended the Council of Governors' Standing Orders following a full review. | | | |
| **Proposed level of assurance**<br>*– to be completed by paper sponsor:* | **Fully assured** ☐<br>*No gaps in assurance* | **Partially assured** ☐<br>*Some gaps identified* | **Not assured** ☐<br>*Significant assurance gaps* | **Not applicable** ☒ |
| **Paper previously considered by:**<br>*State where this paper (or a version of it) has been considered prior to this point if applicable* | Governance and Development Committee – 11 January 2024<br>Council of Governors – February 2024 (insufficient Governors present to be able to approve the changes) | | | |
| **Key issues:**<br>*Briefly outline what the top 3-5 key points are from the paper in bullet point format*<br><br>*Consider key implications e.g.*<br>• *Finance*<br>• *Patient outcomes / experience*<br>• *Quality and safety*<br>• *People and organisational development*<br>• *Governance and legal*<br>• *Equality, diversity and inclusion* | • The paper proposes amendments to modernise the Council of Governors' Standing Orders and ensure that they support the Council to adhere to the highest standards of governance.<br><br>• The main changes, additions and deletions are outlined in this supporting report with material changes clearly marked on the document.<br><br>• The Governance and Development Committee reviewed the changes and recommend the revised Standing Orders to the Council, subject to some additional discussion on the options for future variation, as outlined in this paper. | | | |
| **Recommended actions for this meeting:**<br>*Outline what the meeting is expected to do with this paper* | The Council is requested to review and approve the proposed changes to the Council of Governors' Standing Orders, including agreement on the mechanics of variation based on the options provided.<br><br>The Council is requested to be assured that the | | | |

| | | | | | |
|---|---|---|---|---|---|
| | Governance and Development Committee has reviewed the changes in detail and recommends the revisions to the Council for approval. | | | | |
| **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 strategic objectives that the report relates to:** | Indirectly supports objective achievement through the setting of a strong governance environment. | | | | |
| **Links to CQC Key Lines of Enquiry (KLOE):** | Caring ☐ | Responsive ☐ | Well-led ☒ | Effective ☐ | Safe ☐ |
| **Risks / implications from this report (positive or negative):** | | | | | |
| **Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):** | - | | | | |
| **Has a Quality and Equality Impact Assessment (QEIA) been completed?** | **Yes** ☐ | **No** ☐ | **Not applicable** ☒ | | |

# Council of Governors' Standing Orders

## 1. Introduction

1.1. It is good practice to review the Council of Governors' Standing Orders periodically to ensure that they remain fit for purpose and support the Council in applying the highest standards of governance.

1.2. A full review of the Standing Orders has not been undertaken for a number of years and therefore this review proposes a number of changes and updates to modernise the document.

1.3. This supporting paper summarises the proposed changes for approval by the Council. These changes were reviewed and supported by the Governance and Development Committee, subject to additional options being provided to inform a decision over the future thresholds set for approving variations to the Standing Orders.

## 2. Key issues / findings

2.1. The Standing Orders have been transferred into the Trust's branded report template, which provides a more modern look to the document. The new proposed Standing Orders are included at Appendix 1.

2.2. As the changes made include the addition of some new sections it is not possible to easily map the changes through as the paragraph references have been altered. New clauses are shown in blue text, with any major amendments shown in purple.

2.3. Other minor amendments have been made to update job titles, remove gender pronouns and update the references to regulators and legislation. These changes are not individually highlighted in Appendix 1.

2.4. The Standing Orders currently sit as an appendix to the Constitution. It is proposed that they become a standalone document, particularly given that they have their own process for amendment, which differs from that of the Constitution itself.

2.5. The changes are summarised by section in the below table and a copy of the current Standing Orders are included at Appendix 2 for reference.

| Section | Changes Proposed |
|---|---|
| Purpose | This is a new section to provide a clear explanation as to the importance of the Standing Orders. This was not previously described anywhere. |
| Composition and Role of the Council of Governors | New section to cross-reference readers to the Constitution. This helps the Standing Orders to sit as a standalone document with a logical order. |
| Calling Meetings of the Council of Governors | Previously there was a separate section on the AGM, which referred to regulations on public meetings dated from 1991. A new AGM paragraph is now included in this section (3.2) and references |

| Section | Changes Proposed |
|---|---|
| | the latest regulations which must be followed. |
| Notice of Meetings | References to the need for the Chair to physically sign a notice of the meeting has been removed. |
| Virtual Meetings | This new section has been added to formally document that virtual meetings are permitted and operate under the same rules as in-person meetings. |
| Setting the Agenda | Adjusted paragraph 6.2 which referred to timescales of 10 and 5 days for inclusion of a Governor requested item on the agenda. This has been clarified as 10 days to remove the discrepancy (as papers would have been issued 5 days before the meeting). |
| Chair of the Meeting | This previously stated that a Non-Executive Director would chair the meeting in the absence of the Chair. This has been updated to state that the Deputy Chair would undertake this role. |
| Minutes | Reference to the need for the Chair to sign the minutes has been removed (para 12.1).<br><br>A new paragraph (12.4) is included to state that the minutes will formally record attendance and set the expectation that Governors should strive to attend meetings of the Council. |
| Committees | References to Monitor and the Secretary of State have been removed from this section (para 13.1).<br><br>Para 13.2 has been adjusted to clarify that only Governors are voting members of Governor committees.<br><br>A new paragraph has been added to clarify that committees are not required to be held in public (13.6). |
| Declarations of Interest | Para 15.1 has been adjusted to make reference to the need to comply with the Trust's Managing Conflicts of Interest policy.<br><br>Some new examples of interests are included to support Governors in understanding what is declarable.<br><br>An additional paragraph has been added (15.6) to clarify that the interests of spouses and co-habiting partners should also be disclosed where relevant. |
| Resolution of Disputes with the Board of Directors | This is a new section that has been added for completeness and cross-references back to the dispute resolution process in the Constitution. |
| Variation and Amendment of the Standing Orders | The Standing Orders can currently only be amended if two thirds of the Council are present. The wording has been clarified to state this refers to those currently in post (i.e. discounting the |

| Section | Changes Proposed |
|---|---|
| | vacant seats).<br><br>There is also a proposed new paragraph (19.2) which provides a pragmatic approach to amending the Standing Orders should the two thirds threshold not be achieved on two consecutive occasions. Please see separate section below. |

2.6. Note the section entitled 'Disability of Governors in Proceedings on Account of Pecuniary Interest' has been removed in its entirety as the key principles are already covered within the Declaration of Interest section.

## 3. Variation and Amendment of the Standing Orders

3.1. The draft copy of the Standing Orders reviewed by the Governance and Development Committee included a proposed new paragraph to provide a more pragmatic approach to reaching sufficient numbers of Governors present in a meeting to be able to approve an amendment to the Standing Orders.

3.2. The current requirement is that two thirds of Governors must be present, with no fewer than half of the public Governors voting in favour of amendment.

3.3. Given historic challenges in achieving two thirds of the Council being present at meetings, it is likely that the Council may end up in a position where the Standing Orders are unable to be amended for a significant period of time. This is a scenario which has happened in other local trusts in recent years.

3.4. To be pragmatic it was proposed in the draft reviewed at the Committee to lower the two-thirds threshold to half of the sitting Council if the threshold was not able to be achieved for two consecutive meetings.

3.5. Members of the Governance and Development Committee discussed this proposal and whilst supporting the need to be pragmatic queried whether there were different options available which may enable more timely decision-making in this regard. The Company Secretary committed to undertake some benchmarking and include an options appraisal within the paper to the Council of Governors.

3.6. In addition Committee members raised a query on whether the wording should stipulate a majority vote, as it is currently unclear what the voting threshold is (except for public Governors). This is a helpful suggestion and it is recommended that those voting in favour should be a majority.

3.7. A sample of 15 trusts with publicly accessible Council of Governors' Standing Orders were reviewed, with the following trends noted:

- 6 trusts had retained the two-thirds threshold (with some stipulating that this should include one Public Governor / Staff Governor / Nominated Governor, with most then requiring half of those present to vote in favour. For most there is no requirement for the majority of those present to be Public Governors.

- 2 trusts required half the Council to be present and of those present half to vote in favour of amendment. The composition of those Governors present and voting is not referenced.
- 4 trusts stipulated no minimum attendance requirement, and therefore it is assumed it would be in line with the normal quorum requirements for the Council (which is most commonly one third). 2 of these trusts then require half to vote in favour, 1 requires two-thirds and 1 requires three-quarters.
- 3 trusts required some form of Board approval for changes to the Council of Governors Standing Orders, with 2 following the normal constitutional amendment process and 1 requiring Board approval and only consultation with the Council.

3.8. This benchmarking exercise provides a number of different options for consideration by the Council:

a) Maintaining the two-thirds threshold and permitting a reduction to half of the sitting Council after two unsuccessful attempts to reach two-thirds. It is recommended that a majority vote (i.e. more than half in attendance) would be required to pass an amendment (noting that the majority of members in attendance must be Public Governors).
b) Removing the two-thirds threshold entirely and replacing this with half the sitting Council being required to attend, with more than half in attendance being required to vote in favour in order for an amendment to be passed (noting that the majority of members in attendance must be Public Governors).
c) Aligning the threshold to our quorum requirements (one third of Governors in office are present, the majority of which must be Public Governors) and then setting a higher bar than 51%, for example that two-thirds of those present must vote in favour (noting that the majority of members in attendance must be Public Governors)..

3.9. It is recommended that the approval of variations remains a Council decision, rather than a Board decision.

3.10. To support timely decision-making, whilst recognising the importance of robust decision-making in respect of changes to key governance documents, it is recommended that Option b) is approved by the Council.

3.11. All options retain the link back to public accountability by requiring more than half of those in attendance to be Public Governors. It does remove the former requirement of more than half of all Public Governors needing to be present and for at least half of all Public Governors to vote for an amendment. This added an additional layer of complexity and implied that a change could in theory be approved or rejected based on the votes of Public Governors only including in scenarios where less than half of Governors present supported a particular proposal.

## 4. Solutions / recommendations

4.1. The Council is requested to review and approve the proposed changes to the Council of Governors' Standing Orders, including agreement on the mechanics of variation based on the options provided.

4.2. The Council is requested to be assured that the Governance and Development Committee has reviewed the changes in detail and recommends the revisions to the Council for approval.

4.3. It is noted that there will need to be two-thirds of the Council present, i.e. 16 Governors (two thirds of the current seated Council of 24 Governors, rounded up), including at least half of the public Governors. The amendment can only be passed if at least half of the public Governors vote in favour. In summary there needs to be 16 Governors present, of which there should be at least 7 public Governors. At least 7 public Governors must vote in favour for the amendment to be passed.

Gateshead Health
NHS Foundation Trust

# Council of Governors' Standing Orders

**February 2024**

**Corporate Services**
**Published: TBC**
Review date: 2027

Gateshead Health
NHS Foundation Trust

## Change Control

| Version | Date | Main changes |
|---|---|---|
| 1.0 | January 2024 - draft | • Previously an appendix to the Constitution so this is V1 as a separate document.<br>• Full review with modernisation of terminology and new sections added: Purpose, Composition of the Council, Virtual Meetings, Resolution of Disputes.<br>• A number of other adjustments made, for example to provide greater clarity around the declaration of interests. |

## 1. Purpose

1.1. The purpose of the Council of Governors' Standing Orders is to ensure that the highest standard of corporate governance and conduct are applied to all Council meetings and associated deliberations. The Council shall at all times seek to comply with the Code of Governance for NHS Provider Trusts.

## 2. Composition and Role of the Council of Governors

2.1. The composition and role of the Council of Governors is set out within Section 6 of the Constitution.

## 3. Calling Meetings of the Council of Governors

3.1. Meetings of the Council of Governors shall be held at least four times each year, inclusive of an Annual General Meeting, at times and places that the Council of Governors may determine. Ordinary meetings of the Council of Governors shall be held at such times and places as the Council may determine.

3.2. The Trust will publicise and hold an Annual General Meeting of the Council of Governors where the annual report and accounts and the auditor's report on the accounts must be presented (in accordance with paragraph 28, Schedule 7 of the NHS Act 2006). This meeting will be convened within a reasonable timescale after the end of the financial year but must not be before the annual report and accounts have been laid before Parliament.

3.3. The Chair may call a meeting of the Council of Governors at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Governors, has been presented to them, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented to them, the Governors who signed the request may convene a meeting of the Council of Governors in default of the Chair.

3.4. It is proposed that all meetings will be held in public unless the Council of Governors decides otherwise in relation to part of a meeting for reasons of confidentiality. The Chair may exclude any member of the public from a meeting if they are interfering with or preventing the proper conduct of the meeting.

3.5. The Chair shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted.

3.6. Nothing in these Standing Orders shall require the Council of Governors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Council of Governors.

## 4. Notice of Meetings

4.1. Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted shall be delivered to every Governor (electronically), in order to be available to them at least five clear days before the meeting. Lack of service of the notice on any Governor shall not affect the validity of a meeting.

4.2. In the case of a meeting called by Governors in default of the Chair, the notice shall be signed by those Governors and no business shall be transacted at the meeting other than that specified in the notice. Failure to serve such a notice on more than three Governors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

4.3. Before each meeting of the Council of Governors, a public notice of the time and place of the meeting, and the public part of the agenda, will be displayed on the Trust's website.

## 5. Virtual Meetings

5.1. The Council of Governors reserves the right to conduct its meetings using virtual technology, enabling members to attend meetings using virtual platforms (via video or teleconference). This extends to all groups within the Council's governance structure. The same principles regarding voting rights and quorum will apply to virtual meetings.

## 6. Setting the Agenda

6.1. The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted.

6.2. A Governor desiring a matter to be included on an agenda shall make his request in writing to the Chair at least ten clear working days before the meeting. Requests made less than ten clear days before a meeting may be included on the agenda at the discretion of the Chair. The matter shall be included in the agenda for the next meeting of the Council unless otherwise stated in the request.

## 7. Chair of the Meeting

7.1. At any meeting of the Council of Governors, the Chair, shall preside. If the Chair is absent from the meeting (including absence due to a declared conflict of interest), the Deputy Chair shall preside. Otherwise, the Council will select a member of the Council to preside.

## 8. Notices and Motions

8.1. A Governor of the Trust desiring to move or amend a motion shall send a written notice thereof at least ten clear days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to Section 4 of these Standing Orders.

8.2. A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

8.3. Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Governor who gives it and also the signature of three other Governors. When any such motion has been disposed of by the Trust, it shall not be competent for any Governor other than the Chair to propose a motion to the same effect within three months; however the Chair may do so they consider it appropriate.

8.4. The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

8.5. When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:

- an amendment to the motion
- the adjournment of the discussion or the meeting
- that the meeting proceed to the next business (*)
- the appointment of an ad hoc committee to deal with a specific item of business
- that the motion be now put (*)
- in the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Governor who has not previously taken part in the debate

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

## 9. Chair's Ruling

9.1. Statements of Governors made at meetings of the Trust shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevance, regularity and any other matters shall be observed at the meeting.

## 10. Quorum

10.1. No business shall be transacted at a meeting of the Council of Governors unless one third of the Governors in office (ie not counting vacant posts) are present and entitled to vote, the majority of which must be Public Governors.

10.2. If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting and the decision to that effect shall be recorded.

## 11. Voting

11.1. Save where all public Governors present are unanimous in opposing a motion, every question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote. In the event that a motion is opposed by all public Governors present, that motion shall not be passed.

11.2. All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.

11.3. If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

11.4. If a Governor so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

11.5. In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

## 12. Minutes

12.1. The Chair will ensure that all matters of significance in the meeting are recorded and maintained as a public record. They will be submitted for agreement at the next meeting.

12.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

12.3. The minutes of the meeting shall be made available to the public except for minutes relating to business conducted when members of the public are excluded in accordance with section 3 of these Standing Orders.

12.4. The names of the members of the Council of Governors present at the meeting shall be recorded in the minutes. Governors should make every effort to attend meetings of the Council where appropriate and practicable.

## 13. Committees

13.1. The Council of Governors may agree, from time to time, to ask its committees, sub-committees or joint committees which it has formally constituted in accordance with the Constitution, terms of the Licence issued by the regulator and statutory provisions, and individual Governors, to support the Council of Governors by undertaking tasks to assist the Council in performing its statutory role. Committees of the Council may make recommendations to the Council but there is no provision for the delegation of decision-making.

13.2. Save as stipulated in this Constitution, terms of the Licence or statutory provisions, the Council of Governors may and, if directed, shall appoint committees of the Council, consisting wholly of persons who are members of the Council of Governors. Non-members of the Council of Governors may attend such committees if appropriate under the committee's Terms of Reference but they shall have no vote.

13.3. The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committee established by the Council of Governors.

13.4. Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Council of Governors), as the Council of Governors shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.

13.5. Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Council of Governors.

13.6. There is no requirement to hold meetings of committees established by the Council of Governors in public.

## 14. Confidentiality

14.1. A member of the Council of Governors or an attendee on a committee of the Council shall not disclose a matter dealt with by, or brought before the committee, without its permission or until the committee shall have reported to the Council or shall otherwise have concluded the matter.

14.2. A member of the Council of Governors or a non-member of the Council of Governors, in attendance at a committee shall not disclose any matter dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee resolves that it is confidential.

## 15. Declarations of Interest

15.1. Members of the Council of Governors are required to comply with the Trust's Managing Conflicts of Interest Policy and to declare interests that are relevant and material to the Council. All members of the Council of Governors should declare such interests on appointment and annually thereafter and on any subsequent occasion when a conflict arises.

15.2. For the avoidance of doubt, interests that should be disclosed include, but are not limited to:

- Directorships, including Non-Executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
- A position of authority in a charity or voluntary organisation in the field of health and social care.
- Any connection with a voluntary or other organisation contracting for NHS services.
- Any other commercial interest in an issue raised in a meeting.
- Ministerial appointments made by or on behalf of Ministers.
- Positions in elected public office, for example as a District or County Councillor or MP.
- Public appointments, for example as a Non-Executive Director of a Police Authority.
- to the extent not covered above, any connections with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.

15.3. If Governors have any doubt about the relevance of an interest, this should be discussed with the Chair or Company Secretary.

15.4. At the time Governors' interests are declared, they should be recorded in the Council of Governors minutes of the relevant meeting and entered onto a Register of Interests for Governors. Any changes in interests should be declared at the next Council of Governors' meeting following the change occurring.

15.5. During the course of a Council of Governors' meeting, if a conflict of interest is established, the Governor concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

15.6. The interests of Governors' spouses and cohabiting partners should also be regarded as relevant and should also be disclosed in line with the Managing Conflicts of Interest policy.

## 16. Register of Interests

16.1. The Company Secretary will ensure that a Register of Interests is established to record formally declarations of interests of Governors. In particular the Register will include details of all directorships and other relevant and material interests which have been declared by Governors.

16.2. These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

16.3. The Register will be available to the public and the Company Secretary will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

## 17. Resolution of Disputes with the Board of Directors

17.1. The Council of Governors and the Board of Directors must be committed to develop and maintain a constructive and positive relationship. The aim at all times should be to resolve any potential or actual differences of opinion quickly, through discussion and negotiation.

17.2. If, through informal efforts, the Chair cannot achieve resolution of a disagreement or conflict, the Chair will follow the dispute resolution procedure described the Constitution. The aim is to resolve the matter at the first available opportunity and only to follow this procedure if initial action fails to achieve resolution.

## 18. Suspension of the Standing Orders

18.1. Except where this would contravene any statutory provision or any direction made by the regulator, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Council of Governors are present, including one staff Governor and one public Governor, and that a majority of those present vote in favour of suspension.

18.2. A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

18.3. A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Governors.

18.4. No formal business may be transacted while Standing Orders are suspended.

18.5. The Audit Committee shall review every decision to suspend Standing Orders.

## 19. Variation and Amendment of the Standing Orders

19.1. These Standing Orders shall be amended only if:

- a notice of motion has been given;
- at least two-thirds of the Governors currently in post are present, the majority of which must be Public Governors;
- the variation is approved by over half of the Governors present; and
- the variation proposed does not contravene a statutory provision or direction made by the Secretary of State.

19.2. Should the Council be unable to achieve an attendance of two-thirds of the Governors being present on two consecutive occasions (and hence unable to consider the proposed amendments), at the discretion of the Chair the attendance requirements should be lowered to half the sitting Council being present on the third occasion.

**COUNCIL OF GOVERNORS' STANDING ORDERS**

1. **Meetings of the Council of Governors**

1.1 **Admission of the Public and the Press**:

It is proposed that all meetings will be held in public unless the Council of Governors decides otherwise in relation to part of a meeting for reasons of confidentiality. The Chair may exclude any member of the public from a meeting if they are interfering with or preventing the proper conduct of the meeting.

The Chair shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted.

1.2 Nothing in these Standing Orders shall require the Council of Governors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Council of Governors.

1.3 **Calling meetings**:

Meetings of the Council of Governors shall be held at least four times each year, inclusive of an Annual General Meeting, at times and places that the Council of Governors may determine.

Ordinary meetings of the Council of Governors shall be held at such times and places as the Council may determine.

1.4 The Chair may call a meeting of the Council of Governors at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Governors, has been presented to them, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented to him, at the Trust's Headquarters, such one third or more Governors may forthwith call a meeting.

1.5 **Notice of meetings:**

Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair or by an officer of the Trust authorised by the Chair to sign on their behalf shall be issued to every Governor, or sent by post to the usual place of residence of such Governor, so as to be available to him at least five clear working days before the meeting.

1.6 Lack of service of the notice on any Governor shall not affect the validity of a meeting.

1.7 In the case of a meeting called by Governors in default of the Chair, the notice shall be signed by those Governors and no business shall be transacted at the meeting other than that specified in the notice.

1.8 Failure to serve such a notice on more than three Governors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

1.9 **Setting the agenda:**

The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted. (Such matters may be identified within these Standing Orders or following subsequent resolution shall be listed in an Appendix to the Standing Orders).

1.10 A Governor desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least ten clear days before the meeting, subject to Standing Order 1.5. Requests made less than five days before a meeting may be included on the agenda at the discretion of the Chair.

1.11 **Chair of meeting**:

At any meeting of the Trust, the Chair, if present, shall preside. If the Chair is absent from the meeting either in whole or temporarily on the grounds of a declared conflict of interest, the Non-Executive Director, shall preside

1.12 **Annual public meeting**:

The Trust will publicise and hold an annual public meeting in accordance with the NHS Trusts (Public Meetings) Regulations 1991 (SI(1991)482).

1.13 **Notices of motion**:

A Governor of the Trust desiring to move or amend a motion shall send a written notice thereof at least ten clear days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to Standing Order 1.7.

1.14 **Withdrawal of motion or amendments**:

A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

1.15 **Motion to rescind a resolution**:

Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Governors who gives it and also the signature of three other Governors. When any such motion has been disposed of by the Trust, it shall not be competent for any Governor other than the Chair to propose a motion to the same

effect within three months; however the Chair may do so if he/she considers it appropriate.

1.16 **Motions:**

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

1.17 When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:

- an amendment to the motion
- the adjournment of the discussion or the meeting
- that the meeting proceed to the next business (*)
- the appointment of an ad hoc committee to deal with a specific item of business
- that the motion be now put (*)
- in the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Governor who has not previously taken part in the debate

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

1.18 **Chair's ruling**:

Statements of Governors made at meetings of the Trust shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevance, regularity and any other matters shall be observed at the meeting.

1.19 **Voting**:

Save where all public Governors present are unanimous in opposing a motion, every question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote. In the event that a motion is opposed by all public Governors present, that motion shall not be passed.

1.20 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.

1.21 If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

1.22 If a Governor so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

1.23 In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

1.24 **Minutes**:

The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

1.25 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

1.26 Minutes shall be circulated in accordance with Governors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public (required by the Code of Practice on Openness in the NHS).

1.27 **Suspension of Standing Orders**:

Except where this would contravene any statutory provision or any direction made by the Secretary of State and/or Monitor, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Council of Governors are present, including one staff Governor and one public Governor, and that a majority of those present vote in favour of suspension.

1.28 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

1.29 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Governors.

1.30 No formal business may be transacted while Standing Orders are suspended.

1.31 The Audit Committee shall review every decision to suspend Standing Orders.

1.32 **Variation and amendment of Standing Orders**:

These Standing Orders shall be amended only if:

- a notice of motion under Standing Order 1.14 has been given; and
- no fewer than half the total of the Trust's public Governors vote in favour of amendment; and
- at least two-thirds of the Governors are present; and
- the variation proposed does not contravene a statutory provision or direction made by the Secretary of State.

1.33 **Record of attendance**:

The names of the Governors present at the meeting shall be recorded in the minutes.

1.34 **Quorum**:

No business shall be transacted at a meeting of the Council of Governors unless one third of the Governors in office (ie not counting vacant posts) are present and entitled to vote, the majority of which must be Public Governors.

1.35 If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting and the decision to that effect shall be recorded.

2. **Committees**

2.1 **Appointment of committees**:

Subject to such directions as may be given by the Secretary of State and/or any requirements of Monitor, the Council of Governors may and, if directed by them, shall appoint committees of the Council of Governors, consisting wholly or partly of Governors.

2.2 A committee appointed may, subject to such directions as may be given by the Secretary of State or the Council of Governors appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include Governors).

2.3 The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committee established by the Council of Governors.

2.4 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Council of Governors), as the Council of Governors shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.

2.5 Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Council of Governors.

2.6 **Confidentiality**:

A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Council of Governors or shall otherwise have concluded on that matter.

2.7 A Governor or a member of a committee shall not disclose any matter reported to the Council of Governors or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee shall resolve that it is confidential.

3. **Declarations of interests and register of interests**

3.1 **Declaration of interests**:

The Trust's constitution requires Governors to declare interests which are relevant and material to the Council of Governors of which they are a member. All existing Governors should declare such interests. Any Governors appointed subsequently should do so on appointment.

3.2 For avoidance of doubt, interests that should be disclosed include, but are not limited to are:

a) Directorships, including Non-Executive directorships held in private companies or PLCs (with the exception of those of dormant companies).

b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.

c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.

d) A position of authority in a charity or voluntary organisation in the field of health and social care.

e) Any connection with a voluntary or other organisation contracting for NHS services.

f) to the extent not covered above, any connections with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.

3.3 If Governors have any doubt about the relevance of an interest, this should be discussed with the Chair.

3.4 At the time Governors' interests are declared, they should be recorded in the Council of Governors minutes of the relevant meeting. Any changes in interests should be declared at the next Council of Governors' meeting following the change occurring.

3.5 Governors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Council of Governors' annual report. The information should be kept up to date for inclusion in succeeding annual reports.

3.6 During the course of a Council of Governors' meeting, if a conflict of interest is established, the Governor concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

3.7 **Register of interests**:

The Trust Secretary will ensure that a Register of Interests is established to record formally declarations of interests of Governors. In particular the Register will include details of all directorships and other relevant and material interests which have been declared by Governors.

3.8 These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

3.9 The Register will be available to the public and the Trust Secretary will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

4. **Disability of Governors in proceedings on account of pecuniary interest**

4.1 Subject to the following provisions of this Standing Order, if a Governor has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Council of Governors at which the contract or other matter is the subject of consideration, he/ she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

4.2 Monitor may, subject to such conditions as that organisation may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to Monitor in the interests of the National Health Service that the disability shall be removed.

4.3 The Council of Governors shall exclude a Governor from a meeting of the Trust while any contract, proposed contract or other matter in which he/she has a pecuniary interest, is under consideration.

4.4 Any expenses payable to a Governor shall not be treated as a pecuniary interest for the purpose of this Standing Order.

4.5 For the purpose of this Standing Order the Chair or a Governor shall be treated, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

(a) he/she, or a nominee of his/her, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or

(b) he/she is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration;

and in the case of married persons living together the interest of one spouse shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

4.6 A Governor shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

(a) of his membership of a company or other body, if he/she has no beneficial interest in any securities of that company or other body;

(b) of an interest in any company, body or person with which he/she is connected which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Governor in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

4.7 Where a Governor:

(a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and

(b) the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less; and

(c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class;

this Standing Order shall not prohibit them from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it without prejudice however to his/her duty to disclose his/her interest.

Gateshead Health NHS Foundation Trust

# Report Cover Sheet Agenda Item: 12

| | | | | |
|---|---|---|---|---|
| **Report Title:** | **Lead Governor and Deputy Lead Governor Appointment** | | | |
| **Name of Meeting:** | Council of Governors | | | |
| **Date of Meeting:** | 15 May 2024 | | | |
| **Author:** | Jennifer Boyle, Company Secretary | | | |
| **Executive Sponsor:** | Alison Marshall, Chair | | | |
| **Report presented by:** | Jennifer Boyle, Company Secretary | | | |
| **Purpose of Report**<br>*Briefly describe why this report is being presented at this meeting* | **Decision:** ☒ | **Discussion:** ☐ | **Assurance:** ☐ | **Information:** ☐ |
| | To ratify the appointment of Steve Connolly as Lead Governor and Michael Loome as Deputy Lead Governor. | | | |
| **Proposed level of assurance**<br>*– to be completed by paper sponsor:* | **Fully assured** ☒<br>*No gaps in assurance* | **Partially assured** ☐<br>*Some gaps identified* | **Not assured** ☐<br>*Significant assurance gaps* | **Not applicable** ☐ |
| **Paper previously considered by:**<br>*State where this paper (or a version of it) has been considered prior to this point if applicable* | The Council was engaged in the nomination and voting via online voting forms. | | | |
| **Key issues:**<br>*Briefly outline what the top 3-5 key points are from the paper in bullet point format*<br><br>*Consider key implications e.g.*<br>• *Finance*<br>• *Patient outcomes / experience*<br>• *Quality and safety*<br>• *People and organisational development*<br>• *Governance and legal*<br>• *Equality, diversity and inclusion* | • The appointments of the Lead and Deputy Lead Governor positions were conducted in line with the process approved at the last Council meeting in February 2024.<br><br>**Lead Governor:**<br>• Two nominations were received for the Lead Governor position and Governors were therefore asked to cast their votes for the position. The voting period closed on Friday 15 March.<br>• On 19 March Governors were informed that Steve Connolly, current Deputy Lead Governor and Public Governor for Central Gateshead, had been voted the new Lead Governor.<br><br>**Deputy Lead Governor:**<br>• The process for the Deputy Lead Governor commenced following this announcement.<br>• One nomination was received from Michael Loome, Public Governor for Central Gateshead. | | | |

<table>
<tr><td></td><td colspan="6">

- Governors were asked to vote on whether to endorse the nomination, with the voting period closing on Friday 19 April.
- On 23 April Governors were informed that Michael Loome was successfully appointed as Deputy Lead Governor following votes of endorsement from Governors.

**Next steps:**

- This paper seeks to formally ratify the appointments, which will commence for a one year period from 19 May.

- On behalf of the Council and Board, we wish to formally record our sincere thanks to Abe Rabin for his contribution and commitment to the Lead Governor role.
- Abe served 2 years as Lead Governor and previously served as Deputy Lead Governor.
- Abe has worked very closely with the Council as we have welcomed a significant number of new Governors and made a number of key changes to the governance and operation of the Council.

</td></tr>
<tr><td>Recommended actions for this meeting:<br>Outline what the meeting is expected to do with this paper</td><td colspan="6">The Council is requested to formally ratify the appointment of Steve Connolly as Lead Governor and Michael Loome as Deputy Lead Governor for a term of one year effective from 19 May 2024.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1<br>☐</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2<br>☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3<br>☐</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4<br>☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5<br>☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust strategic objectives that the report relates to:</td><td colspan="6">-</td></tr>
<tr><td>Links to CQC Key Lines of Enquiry (KLOE):</td><td>Caring<br>☐</td><td>Responsive<br>☐</td><td>Well-led<br>☒</td><td>Effective<br>☐</td><td colspan="2">Safe<br>☐</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks – new risks, or those already recognised</td><td colspan="6">-</td></tr>
</table>

| | | | |
|---|---|---|---|
| **on our risk management system with risk reference number):** | | | |
| **Has a Quality and Equality Impact Assessment (QEIA) been completed?** | **Yes** ☐ | **No** ☐ | **Not applicable** ☒ |

Gateshead Health NHS Foundation Trust

# Report Cover Sheet Agenda Item: 13

| | | | | |
|---|---|---|---|---|
| **Report Title:** | **Chair and Non-Executive Director Appraisal Process** | | | |
| **Name of Meeting:** | Council of Governors | | | |
| **Date of Meeting:** | 15 May 2024 | | | |
| **Author:** | Jennifer Boyle, Company Secretary | | | |
| **Sponsor:** | Alison Marshall, Chair<br>Mike Robson, Senior Independent Director | | | |
| **Report presented by:** | Alison Marshall, Chair | | | |
| **Purpose of Report**<br>*Briefly describe why this report is being presented at this meeting* | **Decision:** ☒ | **Discussion:** ☐ | **Assurance:** ☐ | **Information:** ☐ |
| | To seek approval to implement a revised process for the Chair and Non-Executive Director appraisals, in line with new NHS England requirements | | | |
| **Proposed level of assurance**<br>*– to be completed by paper sponsor:* | **Fully assured** ☐<br>*No gaps in assurance* | **Partially assured** ☐<br>*Some gaps identified* | **Not assured** ☐<br>*Significant assurance gaps* | **Not applicable** ☒ |
| **Paper previously considered by:**<br>*State where this paper (or a version of it) has been considered prior to this point if applicable* | Governor Remuneration Committee – April 2024 | | | |
| **Key issues:**<br>*Briefly outline what the top 3-5 key points are from the paper in bullet point format*<br><br>*Consider key implications e.g.*<br>• *Finance*<br>• *Patient outcomes / experience*<br>• *Quality and safety*<br>• *People and organisational development*<br>• *Governance and legal*<br>• *Equality, diversity and inclusion* | • Appraisals for the Chair and Non-Executive Directors must now encompass an assessment against the new NHS Leadership Competency Framework.<br>• A draft revised appraisal process for the Chair and Non-Executive Directors has been developed to meet this requirement, although this remains broadly aligned to the processes followed in previous years.<br>• It is the role of the Governor Remuneration Committee to agree the process for the Chair and Non-Executive Director appraisals and recommend this to the Council of Governors. The Committee considered this paper and recommends the proposed process to the Council. | | | |
| **Recommended actions for this meeting:**<br>*Outline what the meeting is expected to do with this paper* | On the recommendation of the Governor Remuneration Committee the Council is requested to review and approve the draft processes for the Chair and Non-Executive Director appraisals. Assurance is provided that | | | |

| | | | | | |
|---|---|---|---|---|---|
| | the proposed processes comply with the Leadership Competency Framework requirements and national timescales for appraisal completion. | | | | |
| **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 strategic objectives that the report relates to:** | All – ensuring that Board Members are operating effectively should support the delivery of the strategic aims and objectives. | | | | |
| **Links to CQC Key Lines of Enquiry (KLOE):** | Caring ☐ | Responsive ☐ | Well-led ☒ | Effective ☐ | Safe ☐ |
| **Risks / implications from this report (positive or negative):** | | | | | |
| **Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):** | - | | | | |
| **Has a Quality and Equality Impact Assessment (QEIA) been completed?** | **Yes** ☐ | **No** ☐ | **Not applicable** ☒ | | |

# Chair and Non-Executive Director Appraisals

## 1. Introduction

1.1. In February 2024 NHS England (NHSE) published the Leadership Competency Framework (LCF). The Framework is intended to provide a standardised and consistent approach to the recruitment, appraisal and development of Board Members nationally. A copy of the LCF is included in the meeting papers as a separate document (Appendix 1).

1.2. The origins of the Framework relate directly to the Kark review of fit and proper persons (FPP) and the new NHSE FPP Framework makes a number of references to the LCF.

1.3. Kark recommended the '*design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'*.

1.4. The LCF outlines six leadership competency domains:

1. Driving high quality and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Promoting equality and inclusion, and reducing health and workforce inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities.

1.5. These competencies are expected to apply to all Board Members and form a core part of appraisals and ongoing development. Section 5 of the LCF provides detailed competency statements ('I' statements) which underpin each of the six competency domains.

1.6. The publication of the LCF therefore means that the appraisal process for the Chair and Non-Executive Directors must therefore be adjusted to take into account the requirements of the LCF. This paper sets out a proposed approach which was approved by the Governor Remuneration Committee which now recommends this to the Council of Governors.

## 2. Appraisals and the LCF

2.1. It is expected that all Board Members should self-assess against the six competency domains as part of the preparation for the annual appraisal.

2.2. NHS England has produced a suggested self-assessment template to support this process. This includes assessing against all the competency statements which underpin the six domains.

2.3. An internal review of the statements has identified that the way in which the model statements are worded is more reflective of executive rather than non-executive responsibilities. Proposed adjustments have therefore been made to the wording for the Non-Executive Director and Chair self-assessments to ensure that they are appropriate. An example of this is amending:

*I contribute as a leader to improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care*

To:

*I contribute as a leader to improve population health outcomes and reduce health inequalities by* ***seeking assurance that we are*** *improving access, experience and the quality of care*

2.4. The form has also been adjusted to include the ability to add comments at the end of each domain. This allows individuals the option of adding an explanation to their responses on an exception basis (i.e. this would not be expected for each statement). A copy of amended self-assessment form is appended to this paper (Appendix 2).

2.5. It is not expected that individuals will be able demonstrate achievement against all competency areas. The competency statements and self-assessment will be used to inform personal development plans.

2.6. The LCF also makes it clear that individual, team and organisational objectives can also be developed to supplement the competency domains, as would have been the case under the previous appraisal processes.

2.7. A new Board Member appraisal framework will be released to support appraisals, but this will not be published until Autumn 2024. As such it is necessary to consider the supporting paperwork to be used to document the appraisals for 2023/24.

## 3. Appraisal of the Chair

3.1. NHS England first published a framework for conducting Chair appraisals in 2019 to standardise the approach used nationally. This included requirements to consult with the NHS England Regional Director, as well as conducting a multi-source assessment. All Governors, Board Members and key external stakeholders were invited to complete this assessment using themed competency statements and questions. Following the appraisal completion the paperwork was shared with the NHS England Regional Director in line with the national timetable of 30 June. The Trust has followed this process and it will be familiar to Committee members.

3.2. To coincide with the publication of the LCF, NHS England has updated the national paperwork for Chair appraisals.

3.3. The appraisal process and timescale remains broadly aligned to the previous NHS England process and is required to be completed by the end of June 2024.

3.4. This consists of the following stages:

1. **Appraisal preparation** – the Chair and the Senior Independent Director will meet to identify the contributors for the multi-source assessment and seek feedback from the NHS England Regional Director on any additional areas the appraisal should focus on.

2. **Multi-source assessment** (mid-late May) – seeking feedback from a range of stakeholders. This must include the ICB chair and Governors.

It is also proposed that for the 2023/24 appraisal this will include all other Board Members, as well as colleagues at place and across key providers. A multi-source assessment template is provided by NHS England. This includes assessing the Chair against each of the 'I statements' (the wording will be adjusted to be more relevant to the role, as per Appendix 2), as well as identifying other strengths and opportunities. An online survey will be set up for Board Members to replicate the multi-source assessment template.

It is recognised that other stakeholders may not be able to assess the Chair against the detailed statements and therefore the multi-source assessment form will be amended to seek high level feedback on the Chair across the domains, rather than on each individual statement.

For Governors it is proposed that the Lead Governor, supported by the Deputy Lead Governor, hosts a private meeting with the Council to seek feedback on each domain area. The Lead Governor will then be requested to share themes and trends with the Senior Independent Director.

At this stage the Chair will complete a self-assessment against the competency domains and statements.

3. **Evaluation** (early-mid June) – the SID will evaluate the collated assessments alongside the Chair's self-assessment.

4. **Appraisal output** (late June) – the appraisal will take place and the NHS England appraisal reporting template will be completed. This will be sent to NHS England's Senior Appointments and Assessment team (SAAT) to facilitate the review of the Regional Director. Assurance over the appraisal outcomes will be shared with the Governor Remuneration Committee in July 2024.

3.5. The Council is requested to consider the proposed approach outlined in paragraph 3.4, being assured that this is in line with the NHS England national requirements and will enable the national timescales to be met.

## 4. Appraisal of the Non-Executive Directors

4.1. It is proposed that the appraisal of the Non-Executive Directors by the Chair will follow much the same process. The appraisals must be completed by 30 September 2024. The process will therefore commence following the completion of the Chair's appraisal process.

4.2. It is proposed that the process would be:

1. **Self-assessment** (June) – Non-Executive Directors will be asked to complete a self-assessment against the competency domains and statements using the template provided (Appendix 2).

2. **Multi-source assessment** (early July) – all Board Members will be asked to complete an assessment for each Non-Executive Director using the competency domains and statements (as per Appendix 2).

For Governors it is proposed that the Lead Governor, supported by the Deputy Lead Governor, hosts a private meeting with the Council to seek feedback on each domain area. The Lead Governor will then be requested to share themes and trends with the Chair.

Note that it is proposed that this aspect is completed at the same time as Governors are asked for feedback on the Chair – this is more efficient as it means that Governors only need to meet once in relation to providing appraisal feedback.

3. **Evaluation** (late July through to mid-August) – the Chair will evaluate the collated assessment and self-assessments for each Board Member and prepare for the appraisals.

4. **Appraisal output** (mid-August to mid-September) – the appraisals will take place and confirmation of completion will be provided to NHS England ahead of the 30 September 2024 deadline. Assurance over the appraisal outcomes will be shared with the Governor Remuneration Committee in October 2024.

4.3. As the national form for Non-Executive Director appraisals will not be issued in time for the 2023/24 appraisal round, it is proposed to amend the NHS England Chair appraisal form to enable its structure and content to be utilised for Non-Executive Director appraisals. The draft appraisal form is included at Appendix 3.

4.4. The Council is requested to consider the proposed approach outlined in paragraph 4.2, being assured that this is in line with the NHS England national requirements and will enable the national timescales to be met.

## 5. Recommendations

5.1. On the recommendation of the Governor Remuneration Committee the Council is requested to review and approve the draft processes for the Chair and Non-Executive Director appraisals. Assurance is provided that the proposed processes comply with the Leadership Competency Framework requirements and national timescales for appraisal completion.

**APPENDIX 2 – Non-Executive Director and Chair Self-Assessment Survey**

# Scoring guide for individual self-assessment against the competencies

## Domain 1: Driving high quality, sustainable outcomes

| | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
|---|---|---|---|---|---|---|
| **1** | **I contribute as a leader:** | | | | | |
| 1a | to seek assurance that my organisation delivers the best possible care for patients | | | | | |
| 1b | to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation | | | | | |
| **2** | **I assess and understand:** | | | | | |
| 2a | the performance of my organisation and seek assurance that, where required, actions are taken to improve | | | | | |
| 2b | the importance of efficient use of limited resources and seek assurance that we maximise:<br>i. productivity and value for money<br>**ii.** delivery of high quality and safe services at population level | | | | | |
| 2c | the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements | | | | | |
| **3** | **I recognise and champion the importance of:** | | | | | |
| 3a | attracting, developing and retaining an excellent and motivated workforce | | | | | |
| 3b | building diverse talent pipelines and seeking assurance that appropriate succession plans are in place for critical roles | | | | | |
| 3c | retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate | | | | | |
| **4** | **I personally:** | | | | | |
| 4a | seek out and act on performance feedback and review, and continually build my own skills and capability | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4b | model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training | | | | | |

| **Comments on Domain 1:** |
|---|
| |

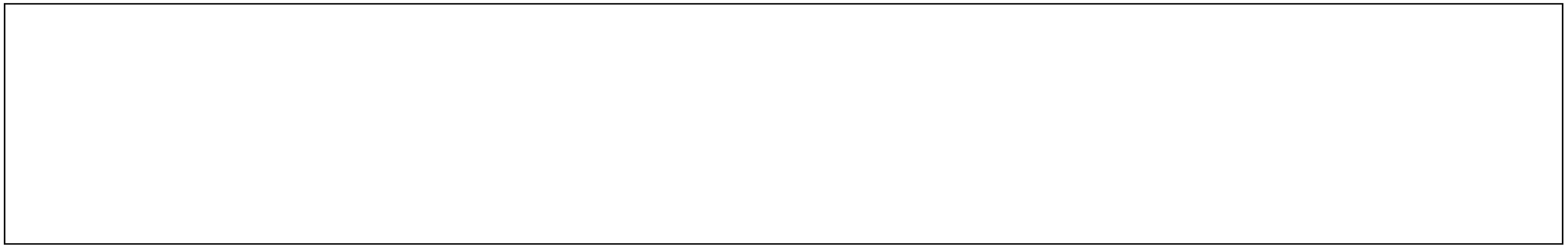
## Domain 2: Setting strategy and delivering long term transformation

| | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
|---|---|---|---|---|---|---|
| **1** | **I contribute as a leader to:** | | | | | |
| 1a | the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities | | | | | |
| 1b | ensure there is a long-term strategic focus while delivering short-term objectives | | | | | |
| 1c | ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates | | | | | |
| 1d | ensure effective prioritisation within the resources available when setting strategy and help others to do the same | | | | | |
| **2** | **I assess and understand:** | | | | | |
| 2a | the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments | | | | | |
| 2b | the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy | | | | | |
| 2c | clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans | | | | | |
| **3** | **I recognise and champion the importance of long-term transformation that:** | | | | | |
| 3a | benefits the whole system | | | | | |
| 3b | promotes workforce reform | | | | | |
| 3c | incorporates the adoption of proven improvement and safety approaches | | | | | |
| 3d | takes data and digital innovation and other technology developments into account | | | | | |
| **4** | **I personally:** | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4a | listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same | | | | | |
| 4b | seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies | | | | | |

**Comments on Domain 2:**

| Domain 3: Promoting equality and inclusion, and reducing health inequalities | | | | | | |
|---|---|---|---|---|---|---|
| | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader to:** | | | | | |
| 1a | improve population health outcomes and reduce health inequalities by seeking assurance that we are improving access, experience and the quality of care | | | | | |
| 1b | seek assurance that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes | | | | | |
| 1c | seek assurance that we are reducing workforce inequalities and promoting inclusive and compassionate leadership across all staff groups | | | | | |
| **2** | **I assess and understand:** | | | | | |
| 2a | the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6) | | | | | |
| **3** | **I recognise and champion:** | | | | | |
| 3a | the need for the board to consider population health risks as well as organisational and system risks | | | | | |
| **4** | **I personally:** | | | | | |
| 4a | demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds | | | | | |
| 4b | encourage challenge to the way I deliver my Non-Executive Director role and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities | | | | | |
| **Comments on Domain 3:** | | | | | | |



| Domain 4: Providing robust governance and assurance | | | | | | |
|---|---|---|---|---|---|---|
| | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader by:** | | | | | |
| 1a | Seeking assurance over collaborative working on the implementation of agreed strategies | | | | | |
| 1b | participating in robust and respectful debate and constructive challenge to other board members | | | | | |
| 1c | being bound by collective decisions based on objective evaluation of research, evidence, risks and options | | | | | |
| 1d | contributing to effective governance and risk management arrangements | | | | | |
| 1e | contributing to evaluation and development of board effectiveness | | | | | |
| **2** | **I understand board member responsibilities and my individual contribution in relation to:** | | | | | |
| 2a | financial performance | | | | | |
| 2b | establishing and maintaining arrangements to meet statutory duties, national and local system priorities | | | | | |
| 2c | delivery of high quality and safe care | | | | | |
| 2d | continuous, measurable improvement | | | | | |
| **3** | **I assess and understand:** | | | | | |
| 3a | the level and quality of assurance from the board's committees and other sources | | | | | |
| 3b | where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making | | | | | |
| 3c | how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements | | | | | |
| 3d | the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **4** | **I recognise and champion:** | | | | | |
| 4a | the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders | | | | | |
| 4b | working across systems, and an understanding of how this links with continuous quality improvement | | | | | |
| **5** | **I personally:** | | | | | |
| 5a | understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same | | | | | |
| **Comments on Domain 4:** | | | | | | |
| | | | | | | |

| Domain 5: Creating a compassionate, just and positive culture | | | | | | |
|---|---|---|---|---|---|---|
| | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader:** | | | | | |
| 1a | to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues | | | | | |
| 1b | to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement | | | | | |
| 1c | to improve staff engagement, experience and wellbeing in line with our NHS People Promise | | | | | |
| 1d | to ensure there is a safe culture of speaking up for our workforce | | | | | |
| **2** | **I assess and understand:** | | | | | |
| 2a | my role in championing the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture | | | | | |
| **3** | **I recognise and champion:** | | | | | |
| 3a | being respectful and I promote diversity and inclusion in my work | | | | | |
| 3b | the ability to respond effectively in times of crisis or uncertainty | | | | | |
| **4** | **I personally:** | | | | | |
| 4a | demonstrate visible, compassionate and inclusive leadership | | | | | |
| 4b | speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice | | | | | |
| 4c | challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4d | use data at board level to seek assurance over the impact of flexible working on staff wellbeing and retention | | | | | |

| **Comments on Domain 5:** |
|---|
| |

| Domain 6: Building trusted relationships with partners and communities | | | | | | |
|---|---|---|---|---|---|---|
| | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader by:** | | | | | |
| 1a | fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners | | | | | |
| 1b | championing and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest | | | | | |
| **2** | **I assess and understand:** | | | | | |
| 2a | the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems | | | | | |
| 2b | the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners | | | | | |
| **3** | **I recognise and champion:** | | | | | |
| 3a | management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues | | | | | |
| 3b | open and constructive communication with all system partners to share a common purpose, vision and strategy | | | | | |
| **Comments on Domain 6:** | | | | | | |
| | | | | | | |

## Appendix 3 – Non-Executive Director Appraisal Form

# Non-Executive Director Appraisal Report

This form should be used to formally record a summary of the key outcomes from the appraisal discussion between Non-Executive Directors and the Chair.

| | |
|---|---|
| **Name of Non-Executive Director:** | |
| **Appraiser (Chair):** | |
| **Appraisal period:** | |

## Part 1: Multisource stakeholder assessment outcomes (for completion by the Chair)

| **Summary of significant emergent themes from stakeholder assessments** |
|---|
| |

| **Highlighted areas of strength** |
|---|
| |

| Identified opportunities to increase impact and effectiveness |
|---|
| |

## Part 2: Self-reflection (for completion by the Non-Executive Director)

| Summary of self-reflection on multi-source stakeholder assessment outcomes |
|---|
| |

## Part 3: Reflection on the achievement of objectives set at the beginning of the year (for completion by the Non-Executive Director and the Chair)

| Objective | Summary of progress | Identified next steps (where relevant) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Part 4: Personal development and support (for completion by Non-Executive Director and the Chair)

| Personal development and/or support needs identified: | | | |
|---|---|---|---|
| Description | Proposed intervention | Indicative timescale | Anticipated benefit/ measure of success |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | | |

## Part 5: Principal objectives (for completion by the Non-Executive Director and Chair)

| **3 principal objectives identified for the next 12 months:** | | |
|---|---|---|
| Objective | Anticipated benefit / measure of success | Anticipated constraints / barriers to achievement |
| | | |
| | | |
| | | |

## Part 6: Fit and Proper Person

| **The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment. Regulation 5: Fit and proper persons: directors - Care Quality Commission (cqc.org.uk)** |
|---|
| **YES / NO** – if NO please provide details: |

## Part 7: Overall Assessment Rating and Confirmation

Assessment ratings:

1) **Satisfactory** (they are meeting their formal expectations)
2) **Cause for concern** (they are not meeting their formal expectations and will be formally logged and addressed)

| **Confirmation of overall assessment rating and confirmation of key outcomes (please circle and sign below)** | | |
|---|---|---|
| 1) Satisfactory | 2) Cause for concern | |
| Confirmed by | Signature | Date |
| Non-Executive Director | | |
| Chair | | |

Date published: 28 February, 2024
Date last updated: 28 February, 2024

# NHS leadership competency framework for board members

Publication (/publication)

## Content



## 1. Introduction

### 1.1 Context

Leaders in the NHS help deliver better health and care for patients by setting the tone for their organisation, team culture and performance.

We have worked with a wide range of leaders from across the NHS to help describe what we do when we operate at our best. We have engaged with stakeholders including NHS Providers, NHS Employers and NHS Confederation, and built in best practice from other industries. We have used the feedback to design the 6 competency domains in the Leadership Competency Framework (the framework) to support board members to perform at their best.

The competency domains reflect the NHS values (https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values) and the following diagram shows how they are aligned:

| **Working together for patients*** | **Compassion** |
|---|---|
| Building a trusted relationship with partners and communities | Creating a compassionate, just and positive culture |
| **Respect and dignity** | **Improving lives** |
| Promoting equality and inclusion and reducing health and workforce inequalities | Setting strategy and delivering long term transformation<br><br>Driving high quality sustainable outcomes |
| **Commitment to quality of care** | **Everyone counts** |
| Driving high quality and sustainable outcomes<br><br>Setting strategy and delivering long term transformation | Promoting equality and inclusion and reducing health and workforce inequalities<br><br>Creating a compassionate, just and positive culture |
| Providing robust governance and assurance | |

*Wherever the word “patient” is used in this document, this refers to patients, service users and carers.

The competency domains are aligned to Our NHS People Promise (https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/), Our Leadership Way

(https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/) and the Seven Principles of Public Life (https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2) (Nolan Principles). A high-level summary of the values and concepts from these documents is in Appendix 1.


(https://www.england.nhs.uk/wp-content/uploads/2024/02/leadership-competency-framework.png)

## 1.2 Background

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'. This framework responds to that recommendation and forms part of the NHS England Fit and Proper Person Test Framework (https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/) for board members (FPPT).

The framework takes account of other NHS England frameworks and strategies including:

- NHS England Operating Framework (https://www.england.nhs.uk/publication/operating-framework/)

- NHS National Patient Safety Strategy (https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/)
- NHS Long Term Workforce Plan (https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/)
- NHS Equality, Diversity and Inclusion Improvement Plan (https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#high-impact-action-1)
- National Quality Board Shared Commitment to Quality (https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/)
- NHS Well Led Framework (https://www.england.nhs.uk/well-led-framework/)
- The statutory framework of the Health and Care Act 2022 (https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)

## 1.3 Purpose

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all now and into the future.

This framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

People taking on first-time director roles, in particular, are unlikely to be able to demonstrate all the competency examples. However, this framework should provide a guide by which, over time, directors can measure themselves and develop proficiency in all areas. Where development areas are identified, commitment to working on these will be important.

As non-executive directors have different roles and responsibilities to those of executive directors, and there are differences between executive director roles, the framework supports the assessment of board members in their role as part of a unitary board. All six competency domains should be considered for all board members, taking account of any specific role related responsibilities and nuances.

Achievement against the competency domains supports the Fit and Proper Person assessment for individual board members.

## 2 The six leadership competency domains

### 2.1 Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

### 2.2 Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

### 2.3 Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

### 2.4 Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

### 2.5 Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

## 2.6 Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

## 3 Using the framework

## 3.1 Recruitment

The competency domains should be incorporated into all NHS board member* job/role descriptions and recruitment processes. They can be used to help evaluate applications and design questions to explore skills and behaviours in interviews, presentations and other aspects of the recruitment and assessment process.

* ‘Board member’ refers to all board members – executive and non-executive.

## 3.2 Appraisal

The competency domains in section 5 should form a core part of board member appraisals and the ongoing development of individuals and the board as a whole. The framework should be applied as follows – a new Board Member Appraisal Framework incorporating the competencies will be published to support this:

**Chairs should:**

- Carry out individual appraisals for the chief executive and non-executive directors, based on the framework and other objectives
- Assure themselves that individual board members can demonstrate broad competence across all 6 domains and that they have the requisite skills, knowledge and behaviours to undertake their roles
- Assure themselves there is strong, in-depth evidence of achievement against the competency domains collectively across the board, and ensure that appropriate development takes place where this is not the case
- Ensure the findings feed into the personal development plans of non-executive directors
- As and when required, include relevant information in the Board Member Reference (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F08%2FPRN00238-ii-appendix-2-the-

board-member-reference-template.docx&wdOrigin=BROWSELINK) when a board member leaves

**Chief executives should:**

- Carry out individual appraisals for the executive directors based on the framework and other objectives
- Ensure the findings feed into the personal development plans of the executive directors

**The senior independent director (or deputy chair) should:**

- Carry out the appraisal for the chair based on the framework and other objectives
- Ensure the findings feed into the personal development plan of the chair

**Board members should:**

- Self-assess against the six competency domains as preparation for annual appraisal
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles
- Review the self-assessment with their line manager and obtain feedback

All board members will have more detailed individual, team and organisational objectives. The 6 domains identify competency areas and provide examples of leadership practice and behaviours which will support delivery against objectives.

## 3.3 Development

Even the most talented and experienced individuals are unlikely to be able to demonstrate how they meet all the competencies in this framework all of the time. However, it should provide a means by which, over time, individuals can measure themselves and develop proficiency in all areas.

The competency domains will be built into national leadership programmes and support offers for board directors and aspiring board directors. All board members should actively engage in ongoing development to enable continued and greater achievement across the competency domains over time, and should be supported to do so.

Board members should refer to the directory of board level learning and development opportunities (https://www.england.nhs.uk/long-read/directory-of-board-level-learning-and-development-opportunities/) for existing development

offers.

### 3.4 Scoring guide

Appendix 2 is an optional scoring guide for individual board members to use when self-assessing against the competency domains.

## 4 Next steps

The Board Member Appraisal Framework will be published by autumn 2024. It will reflect the competency domains in this framework, as well as other performance objectives. It will also provide guidance on how to assess performance against the 6 competency domains, including for experienced board members and those who have been in post less than 12 months.

The LCF will continue to be kept under review, and may be updated periodically to reflect changes in the NHS operating environment, as well as feedback received from users. Feedback can be sent to england.karkimplementationteam@nhs.net (mailto:england.karkimplementationteam@nhs.net).

## 5 Detailed leadership competency domains

The individual competencies are expressed as ‘I’ statements. This is to indicate personal actions and behaviours that board members will demonstrate in undertaking their roles. However, it is recognised that, including in the context of a unitary board, high performance and delivery against objectives is also achieved through effective team working and collaboration.

### 1. Driving high-quality and sustainable outcomes

#### What does good look like?

I am a member of a unitary board which is committed to ensuring excellence in the delivery (and / or the commissioning) of high quality and safe care within our limited resources, including our workforce. I seek to ensure that my organisation* demonstrates continual improvement and that we strive to meet the standards expected by our patients and communities, as well as by our commissioners and regulators, by increasing productivity and bringing about better health and care outcomes with lasting change and improvement.

* All references to “organisation” also refer to systems for board members of integrated care boards.

## Competencies

### 1. I contribute as a leader:

a. to ensure that my organisation delivers the best possible care for patients

b. to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation

### 2. I assess and understand:

a. the performance of my organisation and ensure that, where required, actions are taken to improve
b. the importance of efficient use of limited resources and seek to maximise:

i. productivity and value for money

ii. delivery of high quality and safe services at population level

c. the need for a balanced and evidence-based approach in the context of the board’s risk appetite when considering innovative solutions and improvements

### 3. I recognise and champion the importance of:

a. attracting, developing and retaining an excellent and motivated workforce
b. building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles
c. retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate

### 4. I personally:

a. seek out and act on performance feedback and review, and continually build my own skills and capability
b. model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training

## 2. Setting strategy and delivering long-term transformation

## What does good look like?

I am a member of a unitary board leading the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities. We set strategies for long term transformation that benefits the whole system and reflects best practice, including maximising the opportunities offered by digital technology. We use relevant data and take quality, performance, finance, workforce intelligence and proven innovation and improvement processes into account when setting strategy.

## Competencies

### 1. I contribute as a leader to:

a. the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities
b. ensure there is a long-term strategic focus while delivering short-term objectives
c. ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates
d. ensure effective prioritisation within the resources available when setting strategy and help others to do the same

### 2. I assess and understand:

a. the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments
b. the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing

strategy
c. clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans

**3. I recognise and champion the importance of long-term transformation that:**

a. benefits the whole system
b. promotes workforce reform
c. incorporates the adoption of proven improvement and safety approaches
d. takes data and digital innovation and other technology developments into account

**4. I personally:**

a. listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same
b. seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies

## 3. Promoting equality and inclusion, and reducing health and workforce inequalities

### What does good look like?

I am a member of a unitary board which identifies, understands and addresses variation and inequalities in the quality of care and outcomes to ensure there are improved services and outcomes for all patients and communities, including our workforce, and continued improvements to health and workforce inequalities.

### Competencies

**1. I contribute as a leader to:**

a. improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care
b. ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes
c. reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups

**2. I assess and understand:**

a. the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)

**3. I recognise and champion:**

a. the need for the board to consider population health risks as well as organisational and system risks

**4. I personally:**

a. demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds
b. encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities.

## 4. Providing robust governance and assurance

## What does good look like?

I understand my responsibilities as a board member and how we work together as a unitary board to reach collective agreement on our approach and decisions. We use a variety of information sources and data to assure our financial performance, quality and safety frameworks, workforce arrangements and operational delivery. We are visible throughout the organisation and our leadership is underpinned by the organisation's behaviours, values and standards. We are seen as a Well Led organisation and we understand the vital importance of working collaboratively.

## Competencies

### 1. I contribute as a leader by:

a. working collaboratively on the implementation of agreed strategies
b. participating in robust and respectful debate and constructive challenge to other board members
c. being bound by collective decisions based on objective evaluation of research, evidence, risks and options
d. contributing to effective governance and risk management arrangements
e. contributing to evaluation and development of board effectiveness

### 2. I understand board member responsibilities and my individual contribution in relation to:

a. financial performance
b. establishing and maintaining arrangements to meet statutory duties, national and local system priorities
c. delivery of high quality and safe care
d. continuous, measurable improvement

### 3. I assess and understand:

a. the level and quality of assurance from the board's committees and other sources
b. where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making
c. how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements
d. the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks – including, for example, incident data; surveys; external reviews; regulatory intelligence; understanding variation and inequalities.

### 4. I recognise and champion:

a. the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders
b. working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement

**5. I personally:**

a. understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same

## 5. Creating a compassionate, just and positive culture

## What does good look like?

As a board member I contribute to the development and ongoing maintenance of a compassionate and just learning culture, where staff are empowered to be involved in decision making and work effectively for their patients, communities and colleagues. As a member of the board, we are each committed to continually improving our approach to quality improvement, including taking a proactive approach and culture.

## Competencies

**1. I contribute as a leader:**

a. to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
b. to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
c. to improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict)
d. to ensure there is a safe culture of speaking up for our workforce

**2. I assess and understand:**

a. my role in leading the organisation’s approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture

**3. I recognise and champion:**

a. being respectful and I promote diversity and inclusion in my work
b. the ability to respond effectively in times of crisis or uncertainty

**4. I personally:**

a. demonstrate visible, compassionate and inclusive leadership
b. speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice
c. challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly
d. promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention

## 6. Building trusted relationships with partners and communities

### What does good look like?

I am part of a board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce. We are seen as leading an organisation that proactively works to strengthen relationships and develop collaborative behaviours to support working together effectively in an integrated care environment.

### Competencies

**1. I contribute as a leader by:**

a. fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners

b. identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest

**2. I assess and understand:**

a. the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems
b. the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners

**3. I recognise and champion:**

a. management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues
b. open and constructive communication with all system partners to share a common purpose, vision and strategy

## Appendix 1: Values and concepts from key documents which form an anchor for this framework

### Our people promise

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

### NHS values

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

## Our leadership way

### We are compassionate

- We are inclusive, promote equality and diversity, and challenge discrimination
- We are kind and treat people with compassion, courtesy and respect.

### We are curious

- We aim for the highest standards and seek to continually improve, harnessing our ingenuity
- We can be trusted to do what we promise

### We are collaborative

- We collaborate, forming effective partnerships to achieve our common goals
- We celebrate success and support our people to be the best they can be

## Health and Care Act 2022

- Collaborate with partners to address our shared priorities and have the core aim and duty to improve the health and wellbeing of the people of England.
- Improve the quality, including safety, of services provided.
- Ensure the sustainable, efficient use of resources for the wider system and communities

## Seven principles of public life

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

## Appendix 2: Optional scoring guide for individual self-assessment against the competencies

Download a word copy of this scoring guide (https://www.england.nhs.uk/wp-content/uploads/2024/02/B0496i-app-2-optional-scoring-guide-for-individual-self-assessment-against-the-competencies.docx).

Publication reference: B0496i

Date published: 28 February, 2024
Date last updated: 28 February, 2024

▲Back to top

Gateshead Health
NHS Foundation Trust

# Committee Escalation and Assurance Report

| | |
|---|---|
| **Name of Governor Committee** | Governance and Development Committee |
| **Date of Governor Committee:** | 10 April 2024 |
| **Chair of Governor Committee:** | Steve Connolly (Deputy Lead Governor) |

| **Alert**<br>***(matters of significant concern requiring escalation to the Council for further action)*** |
|---|
| • No issues of signification concern |
| **Advise**<br>***(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)*** |
| • Governor attendance and engagement. The Committee has agreed that it would be beneficial to undertake a survey around preferred meeting times and an informal meeting will be arranged for Governors to discuss attendance (in a supportive manner), holding NEDs to account and building relationships. |
| **Assure**<br>***(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)*** |
| • The results of from the Council of Governors' Effectiveness Survey have been positive and actions identified above. |
| **Risks (any new risks / proposed changes to risk scores)** |
| • No new risks identified |

Gateshead Health
NHS Foundation Trust

# Committee Escalation and Assurance Report

| | |
|---|---|
| **Name of Governor Committee** | Membership Strategy Group |
| **Date of Governor Committee:** | 1st May 2024 |
| **Chair of Governor Committee:** | Steve Connolly, Deputy Lead Governor |

**Alert**
***(matters of significant concern requiring escalation to the Council for further action)***

- No issues of significant concern

**Advise**
***(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)***

- The Membership promotional material was approved to progress to printing stage. A suggestion to obtain drink coasters to promote becoming a member and how to contact Governors was discussed. These could be placed in the Hub, coffee shops, restaurants, home, etc. The views of the Council are sought.

**Assure**
***(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)***

- The draft Membership Newsletter for May 2024 was approved and inclusion of Governor profiles noted.
- Results from the feedback survey following the last Medicine for Members event focussing on Community Services were discussed and plans for the next event on 1st July 2024 focussing on Women's Health Services were shared.
- Discussion took place around planning for the Annual General Meeting/Annual Members meeting scheduled to take place on Wednesday 25th September 2024. This will coincide with the opening of the Community Diagnostic Centre in October 2024 therefore it was felt that it would be beneficial to arrange a marketplace style setting focussing on the services that will be available. This would require some consideration around timings of the event and further information will be distributed to the Council for comment.

**Risks (any new risks / proposed changes to risk scores)**

- No new risks identified.

| | |
|---|---|
| Committee: | Council of Governors |
| Chair: | Alison Marshall |
| Financial year: | 2024/25 |

Denotes an item for Part 2 of the meeting

| | Lead | Purpose of item | May-24 | Sep-24 | Nov-24 | Feb-25 |
|---|---|---|---|---|---|---|
| **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 ICS / ICB updates | 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 / service showcase | Various | For Assurance | √ | √ | √ | √ |
| QE Facilities | QEF Board Chair / QEF Managing Director | For Assurance | | √ | | √ |
| NHS Staff Survey results | Director of People & OD / Chair of the HR Committee | For Assurance | √ | | | |
| Developing the Quality Priorities | Chief Nurse | For Decision | √ | | | |
| Annual planning update | Interim Director of Strategy, Planning and Performance | For Assurance | √ | | | √ |
| Equality, diversity and inclusion update | Group Executive Director of People and OD | For Assurance | | | √ | |
| | | | | | | |
| **Governance** | | | | | | |
| Review of Constitution | Company Secretary | For Decision | 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 | | | | √ |
| Lead Governor & Deputy Lead Governor Appointments | Company Secretary | For Decision | √ | | | √ |
| Appointments to Governor committees (every two years) - not due in 2024/25 | Company Secretary | For Information | | | | |
| *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 2025/26)* | | *For Decision* | | | | |
| | | | | | | |
| **Elections and Members** | | | | | | |
| Election update | Company Secretary | For Information | | √ | | |
| Election results / new Governor welcome | Chair | 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 | √ | √ | √ | √ |