

Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 10:00am on Wednesday 19 February 2025, 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 20 November 2024	Decision	Chair	Paper
5.	10:06	Action log and matters arising	Assurance / decision	Chair	Paper
TRUST UPDATES INCLUDING STRATEGY					
6.	10:10	Showcase presentations / patient / staff story			
		i) Target Lung Health Check	Assurance	Clinical Lead	Presentation
	10:25	ii) Equality, Diversity and Inclusion update	Assurance	EDI & Engagement Manger	DEFERRED
7.	10:40	Annual Planning and Strategy Development Update	Assurance	Director of Strategy and Partnerships	Presentation
BOARD AND COMMITTEE UPDATES					
8.	10:50	Chief Executive's update			
		i) Performance Report	Assurance	Chief Executive	Paper
		ii) Finance Report	Assurance	Acting Group Director of Finance and Digital	Paper
		iii) Questions from Governors	Assurance	Chair	Verbal
9.	11:15	Board Committee Assurance update:			
		i) Digital Committee	Assurance	Chair of the Committee	Presentation
		ii) Charitable Funds Committee	Assurance	Chair of the Committee	Presentation
GOVERNANCE					
10.	11:35	Council of Governors' Register of Interests	Decision	Company Secretary	Paper
11.	11:40	Lead Governor and Deputy Lead Governor Appointment Process	Decision	Company Secretary	Paper
12.	11:45	Council of Governors' Annual Effectiveness Survey Results	Discussion	Company Secretary	Paper
UPDATES FROM GOVERNOR COMMITTEES AND GROUPS					
13.	11:55	Membership, Governance and Development Committee update	Assurance	Chair of the Committee	Paper

No	Start time	Item	Purpose	Lead	Paper / Verbal
ITEMS FOR INFORMATION / MEETING GOVERNANCE					
14.	12:05	Cycle of Business 2025/26	Information	Company Secretary	Paper
15.	12:10	Top 3 Messages	Discussion	Chair	Verbal
16.	12:15	Any Other Business	Discussion	Chair	Verbal
17.	12:20	Review of Meeting	Discussion	Chair	Verbal
18.	12:25	Date and Time of Next Meeting – 10:00am on Wednesday 14 May 2025	Information	Chair	Verbal

Council of Governors Part 1

Minutes of a meeting of the Council of Governors held at 10.00am on Wednesday 20th November 2024 in Rooms 9&10, Education Centre and MS Teams.

Name	Position
Members present	
Mrs A Marshall	Chair
Ms H Adams	Staff Governor
Dr J Atkinson	Appointed Governor
Mr J Bedlington	Public Governor – Central
Mr L Brown	Public Governor – Western
Cllr D Burnett	Appointed Governor
Mr S Connolly	Public Governor – Central
Mr R Dennis	Public Governor – Western
Mrs H Jones	Public Governor – Central
Mr M Looome	Public Governor – Central
Mr G Main	Public Governor – Western
Mrs A Obiayo	Staff Governor
Mrs J Perry	Appointed Governor
Mr A Sandler	Appointed Governor
Dr G F Spiers	Appointed Governor
Mrs K Tanriverdi	Public Governor – Central
Mr C Toon	Appointed Governor
Mrs B Webb	Public Governor – Central
In Attendance	
Mrs J Boyle	Company Secretary
Mrs K Clark	Interim Deputy Chief Nurse
Mr N Halford	Medical Director of Strategic Relations
Mrs J Halliwell	Group Chief Operating Officer
Ms T Healy	Freedom to Speak up Guardian (24/11/06)
Dr C Howey	Group Medical Director
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Mr M Robson	Non-Executive Director
Mrs A Venner	Group Director of People & Organisational Development
Ms D Waites	Corporate Services Assistant
Observers	
None	
Apologies	
Mr A Crampsie	Non-Executive Director
Mrs L Curry	Staff Governor
Mrs T Davies	Group Chief Executive
Mr G Evans	Managing Director for QE Facilities
Dr G Findley	Chief Nurse and Deputy Chief Executive
Mr M Hedley	Non-Executive Director
Ms A Kanyangu	Public Governor – Patient/Out of Area
Mrs K Mackenzie	Group Director of Finance and Digital

Mr A Moffat	Non-Executive Director
Mr G Quinn	Public Governor – Western
Mr A Rabin	Public Governor – Central

Agenda Item No		Action Owner
24/11/01	Welcome and Chair's Business Mrs Marshall opened the meeting and welcomed the Governors and Board members. Mrs Marshall explained that this will be the last meeting for John Bedlington and Brenda Webb and thanked them on behalf of the Council for their hard work and contributions to role of Governor.	
24/11/02	Declarations of interest Mrs Marshall requested that Governors report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.	
24/11/03	Apologies for absence: Apologies were received as per the attendance register.	
24/11/04	Minutes of the previous meeting: The minutes of the previous meeting held on 25 th September 2024 were approved as a correct record.	
24/11/05	Action log and matters arising: The Council of Governors' Action Log was updated accordingly to reflect matters arising from the minutes and discussions took place below: <ul style="list-style-type: none"> Action 24/09/06 re. arranging a Governor visit to Cragside and Sunnyside. This will be scheduled as the visit for the next Council meeting in February 2025 therefore action will remain open until completed. Action 24/09/06 re. consideration whether the Windy Nook reception role could be extended to Trust volunteers. This has been discussed with the Volunteer Manager and there are plans to have more volunteers in the entrance therefore this should improve going forward. Action agreed for closure. Action 24/09/07 – to share the review of effectiveness report for external audit. This has been shared with Governors therefore action agreed for closure. 	

Agenda Item No		Action Owner
	<ul style="list-style-type: none"> Action 24/09/12 re. proposal to merge the Central and Eastern Gateshead constituencies. A report is on this month's agenda for consideration therefore action agreed for closure. <p>The Council reviewed the actions closed at the last meeting which ensures actions have been closed in line with expectations and the agreements made at the previous Council meeting. No further requirements were highlighted.</p>	
24/11/06	<p>Showcase Presentation – Freedom to Speak Up:</p> <p>Ms T Healy, Freedom to Speak Up (FTSU) Guardian, provided an update on developments to the service which links to all of the Trust's values and highlighted some of the work that has taken place recently which has included the introduction of training relating to being comfortable to challenge, sexual safety, civility and respect, violence and aggression and zero tolerance. Future work includes areas of targeted training, In-Phase reporting and the launch of a full intranet page.</p> <p>Ms Healy explained that Mrs Hilary Parker is currently the Non-Executive Director FTSU Champion and there are now nearly 30 FTSU Champions across the Trust. Mrs Parker reported that she has recently made contact with Non-Executive Director colleagues at Newcastle and Northumbria and a meeting is being set up for January 2025.</p> <p>The Council acknowledged the huge progress that has been made in relation to the service and supporting staff to speak up. Following a query from Mrs K Tanriverdi, Ms Healy explained that positive feedback has been received from those that have used the service and demonstrates that open and honest discussions have taken place. Following a further query in relation to promotion of the service, Ms Healy highlighted that work continues around training and podcasts are also available.</p> <p>Mrs J Halliwell, Group Chief Operating Officer, thanked Ms Healy for her hard work in supporting the improvements and the impact this has had across the organisation. She felt that it was important to ensure that staff have a voice and issues are acted on accordingly. A review of the culture board programme is also being looked at and is due to be re-introduced. Ms Healy explained that further work will take place to introduce different messages and ensure that any reporting barriers are looked at and developed.</p> <p>Ms Healy left the meeting.</p>	
24/11/07	<p>Chief Executive's Update:</p> <p>Mrs J Halliwell, Group Chief Operating Officer, provided an update on current issues relating to the Trust within the organisational strategic aims.</p>	

Agenda Item No		Action Owner
	<p>Mrs Halliwell began by drawing attention to some key points in relation to national statistics and context which include the appointment of Sir Julian Hartley as Chief Executive at the Care Quality Commission and the pay disputes for junior doctors and consultants have also recently been resolved. In relation to national performance, Mrs Halliwell explained that a lot of the national trends and drivers are also being experienced across the organisation.</p> <p>Discussion took place around the national Change NHS consultation which has recently been launched to help build a health service fit for the future and invites the public, patients, carers and NHS workers to share experiences and suggestions for change. It was felt that it would be beneficial to submit the views of the Governors and Mrs J Boyle, Company Secretary, will run a separate survey based on the survey sent out to staff, to create a Council of Governors response prior to the closing date of 2nd December 2024.</p> <p>In relation to the organisational strategic aims, Mrs Halliwell drew attention to the following key points:</p> <p>Strategic Aim 1: We will continuously improve the quality and safety of our services for our patients:</p> <p>Work is being undertaken around winter planning and there is also a strong focus to ensure that colleagues take up the opportunity to be vaccinated against flu. Mrs Halliwell reminded the Council that due to significant demand in maternity services, demand is being managed and this is being actively reviewed with the support of our partners.</p> <p>Strategic Aim 2: We will be a great organisation with a highly engaged workforce:</p> <p>The Trust hosted the Annual Star Awards on 1st November 2024 which recognised the fantastic achievements of colleagues across the Trust and QE Facilities and Mrs Marshall noted a special congratulations to Mr S Connolly, Lead Governor, who won the award for the Volunteer of the Year.</p> <p>Strategic Aim 3: We will enhance our productivity and efficiency to make the best use of resources:</p> <p>Mrs Halliwell reported that there remains a significant focus on improving our financial position and a number of plans are being developed.</p> <p>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:</p> <p>The Trust has recently made a number of new consultant appointments including acute medicine and psychiatry and demonstrates that Gateshead is a high quality place to work. Mrs Halliwell highlighted that the Community Diagnostic Centre opened at the Metrocentre in October 2024 and welcomed its first patients.</p>	JB

Agenda Item No		Action Owner
	<p>Mrs Halliwell concluded by drawing attention to the performance information at the end of the report and demonstrates the national trends and drivers mentioned earlier in the meeting.</p> <p>Questions from Governors: There were no questions received in advanced and no further issues were raised.</p> <p>After discussion, it was:</p> <p>RESOLVED: to receive the updates for assurance and information.</p>	
24/11/08	<p>Board Committee Assurance update:</p> <p>People and Organisational Development Committee: Mrs M Pavlou, Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. She drew attention to some of the main areas of discussion which included:</p> <ul style="list-style-type: none"> • Issues considered in relation to workforce planning, growth and retention, absence management, and the Equality, Diversity and Inclusion (EDI) strategy, which reflects the work and ambition within the organisation. • A case study was provided to show how the Committee received assurance on the work being undertaken relating to caring for our people in order to reduce sickness absence and turnover. Mrs Pavlou explained that there is still a lot of work to do however the impact of these initiatives should in time provide a collective positive result. • A risk has been added to the Organisational Risk Register around appropriate support not being available to medical staff to enable good rota management and strategic medical workforce modelling and Mrs A Venner, Group Director of People and Organisational Development, explained that a role is now in place to support this and Dr C Howey, Group Medical Director, reported that work has been taking place to ensure that clearer structures are in place and next steps will include operationalising rota systems. This is being managed via the Clinical Strategy Group. • Key areas for assurance over the next few months includes monitoring delivery of the corporate objectives, people and EDI strategy, organisational risk and Board Assurance Framework. <p>Discussion took place around challenging behaviours and Mrs Pavlou explained that this relates to a number of different areas however it is important to ensure that staff are supported and treated with respect.</p> <p>Following a query from Mr C Toon in relation to the achievement of sickness absence targets, Mrs Venner highlighted that the Trust</p>	

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	<p>benchmarks well against other organisations however one of the themes around sickness relates to anxiety and depression which is not work related therefore this is difficult to control however is being looked at as an area of focus.</p> <p>Mrs Pavlou left the meeting.</p> <p>Finance and Performance Committee: Mr M Robson, Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. He drew attention to some of the main areas of discussion which included:</p> <ul style="list-style-type: none"> • Three new areas for consideration including the Community Diagnostic Centre, Great North Healthcare Alliance and Community Services contract and regular updates are being provided to the Committee to identify any challenges. • All Board Committees now provide a 3A (Alert, Advise, Assure) report to the Board and recent alerts have included the achievement of the Trust's financial plan and pressures around the delivery of cost reduction plans, medical staffing and establishment controls, which continue to be challenging. • Key risks also include the risk around the lack of support to medical staff to support good rota management and strategic medical workforce modelling and the financial impact around this. • Key priorities for assurance over the next 6 months includes the oversight of delivery of revenue and capital plans and the development and approval of the 2025/26 Annual Plan. <p>Mr L Brown noted that one of the current risks being monitored related to the potential failure of governance arrangements due to the transition to the new governance structure and Mr Robson explained that this relates to all Board Committees whilst the new arrangements were being developed around the level of detail the Committees receive however it is envisaged that this will be reduced as systems are embedded. Mrs J Halliwell, Group Chief Operating Officer, explained that all risks on the Organisational Risk Register are monitored via the monthly Executive Risk Management Group and it has been recommended that the risk is reduced due to confidence that the 3A reports are providing the required assurances to the Committees and Board.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance</p>	
24/11/09	<p>Proposed Constitutional Amendment:</p> <p>Mrs Boyle presented the paper which proposes a constitutional amendment to merge the Central and Eastern Gateshead public constituencies.</p>	

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	<p>She highlighted that discussions around the proposal have already taken place at the Membership, Governance and Development Committee and the current elections have again resulted in no Governor representation in the Eastern Gateshead constituency. The Committee also discussed the wider role of the Governor which is to consider the interests of the public at large and whether all constituencies should be merged however it was felt that Central and Eastern should be merged in the first instance which will enable an impact assessment to take place before taking further steps to adjust the Western Gateshead constituency.</p> <p>It is also therefore proposed that a by-election takes place following the merger to fill the vacant seats however Mrs Boyle highlighted that this will incur an additional cost from the election company however will support the ability of the Council to be quorate over the next year. This will also need to be approved by the Board therefore a by-election would be expected to take place in Quarter 4 2024/5 and be concluded by the end of March 2025.</p> <p>The Council agreed that merging the Central and Eastern Gateshead constituencies first was a sensible approach and welcomed consideration to merge all constituencies should there be no unintended consequences following the process.</p> <p>Mrs Boyle reported that this also led to discussions at the Committee around a membership database cleansing exercise which would likely result in a smaller cohort of members but provide better engagement and this will be discussed with the election company with the plan to bring back an options paper for discussion.</p> <p>The report also proposes an additional constitutional amendment in relation to the appointed Governor composition and Mrs Boyle reminded the Council that discussions have previously taken place around replacing the Gateshead Diversity Forum seat, which no longer exists, with Gateshead Healthwatch. This was agreed however the amendment was paused pending confirmation from Gateshead Healthwatch which has now been received.</p> <p>The Council confirmed that they were happy with the amendments and following consideration, it was:</p> <p>RESOLVED: i) to approve a constitutional amendment to merge the Central and Eastern Gateshead constituencies ii) to approve the change to the composition of the appointed Governors from Gateshead Diversity Forum to Gateshead Healthwatch.</p>	<p>JB</p> <p>JB</p>

Agenda Item No		Action Owner
24/11/10	<p>Membership, Governance and Development Committee update:</p> <p>Mr S Connolly, Lead Governor provided the Council with an update on the key messages from the recent Membership, Governance and Development Committee held on 17th October 2024.</p> <p>He reported that there were no issues identified as requiring escalation to the Council for further action however drew attention to some of the areas subject to ongoing monitoring which included the discussions around the proposal to merge the Central and Eastern Gateshead constituencies and refining the membership database which have been discussed at the Council today.</p> <p>Positive assurance was provided in relation to the planning for the next Medicine for Members event which will focus on Living well and this will undertake a different format from previous events, allowing the public to be involved in different sessions.</p> <p>The new Terms of Reference for the newly merged Committee were presented to the Council for ratification and these were formally approved.</p> <p>After discussion, it was:</p> <p>RESOLVED: to note the update from the Membership, Governance and Development Committee and approve the new Terms of Reference.</p>	
24/11/11	<p>Governor Remuneration Committee update:</p> <p>Mr C Toon, Committee Chair, provided the Council with an update on the key messages from the recent Governor Remuneration Committee on 22nd October 2024.</p> <p>He reported that there were no issues identified as requiring escalation to the Council for further action however drew attention to some of the areas subject to ongoing monitoring which included the discussions around the recruitment process for the Clinical Non-Executive Director and some options were discussed on how to proceed with the Financial Non-Executive Director recruitment and a paper to agree recommendations will be discussed in more detail in Part 2 of the Council meeting.</p> <p>Positive assurance was provided in relation to the Non-Executive Director appraisals and the appraisal assurance report will also be presented in Part 2 of the meeting.</p> <p>Following consideration, it was:</p>	

Agenda Item No		Action Owner
	RESOLVED: to note the update from the Governor Remuneration Committee.	
24/11/12	<p>Governor Election Results:</p> <p>Ms D Waites, Corporate Services Assistant, provided an update on the Council of Governors election results.</p> <p>She reported that 3 new Governors were elected with 2 current Governors retaining their seats. This means that 2 of our public Governors for Central Gateshead, John Bedlington and Brenda Webb, will sadly be leaving the Council and the sincere thanks of the Council and Board was noted for all Governors who will be leaving the Council on 4th January 2025.</p> <p>Mr S Connolly also wished to thank those leaving us for their support and input and Mrs Marshall highlighted that plans for the by-election will be shared with those interested in the near future.</p> <p>After consideration, it was:</p> <p>RESOLVED: to note the outcome of the Council of Governors' elections for 2024.</p>	
24/11/13	<p>Council of Governors' Dates 2025/26:</p> <p>Ms D Waites, Corporate Services Assistant, presented the draft dates for the Council of Governor meetings and workshops for 2025/26.</p> <p>No comments were received therefore after consideration, it was:</p> <p>RESOLVED: to note the key dates and receive the report for information.</p>	
24/11/14	<p>Cycle of Business 2024/25</p> <p>Mrs J Boyle, Company Secretary, presented the cycle of business for the Council of Governors for 2024/25.</p> <p>This provides the Council with a forward view of future meetings.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the cycle of business for information.</p>	

Agenda Item No		Action Owner
24/11/15	<p>Top 3 Messages:</p> <p>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.</p> <p>The Council agreed that this included:</p> <ul style="list-style-type: none"> • The opportunity for the public, patients, carers and NHS workers to complete the Change NHS consultation survey to share experiences and suggestions for change • To highlight the plans for the next Medicine for Members event in December 2024 around living well • To promote the work around Freedom to Speak Up with staff, Governors and volunteers. 	
24/11/16	<p>Any Other Business:</p> <p>There was no other business to discuss.</p>	
24/11/17	<p>Review of Meeting:</p> <p>The Council were invited to share any areas of improvement or learning which can also be sent directly to Mrs Marshall and Mr Connolly.</p>	
24/11/18	<p>Date and Time of Next Meeting:</p> <p>The next meeting of the Council of Governors will be held on Wednesday 19th February 2025.</p>	

Council of Governors' Action Log

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

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	Status
24/09/06	25/09/24	Chief Executive's update	To consider future Governor visit to Cragside and Sunnyside	19/02/25	JB	Action not yet due – to be scheduled as the visit after the next Council in February 25. Feb 25 – visit arranged. Action recommended for closure.	
24/11/07	20/11/24	Chief Executive's update	To run a separate survey for the NHS Change consultation based on the survey sent to staff and create a Council response.	02/12/24	JB	Feb 25 - Survey completed by 4 Governors and response submitted to the NHS Change portal. Action recommended for closure.	
24/11/09	20/11/24	Proposed constitutional amendment	To arrange a by-election with the election company and will require Board approval.	31/01/25	JB	Feb 25 – by-election currently underway. Action recommended for closure.	
			To discuss the potential membership database cleansing exercise with the election company and bring back an options paper for discussion	19/02/25	JB	Feb 25 – as per email communications with the Council, the cleansing exercise for Central and Eastern has been brought forward to coincide with the election given it generates a saving overall. As such Western and the Out of Area constituency will be cleansed at the next elections for these areas. Action recommended for closure.	

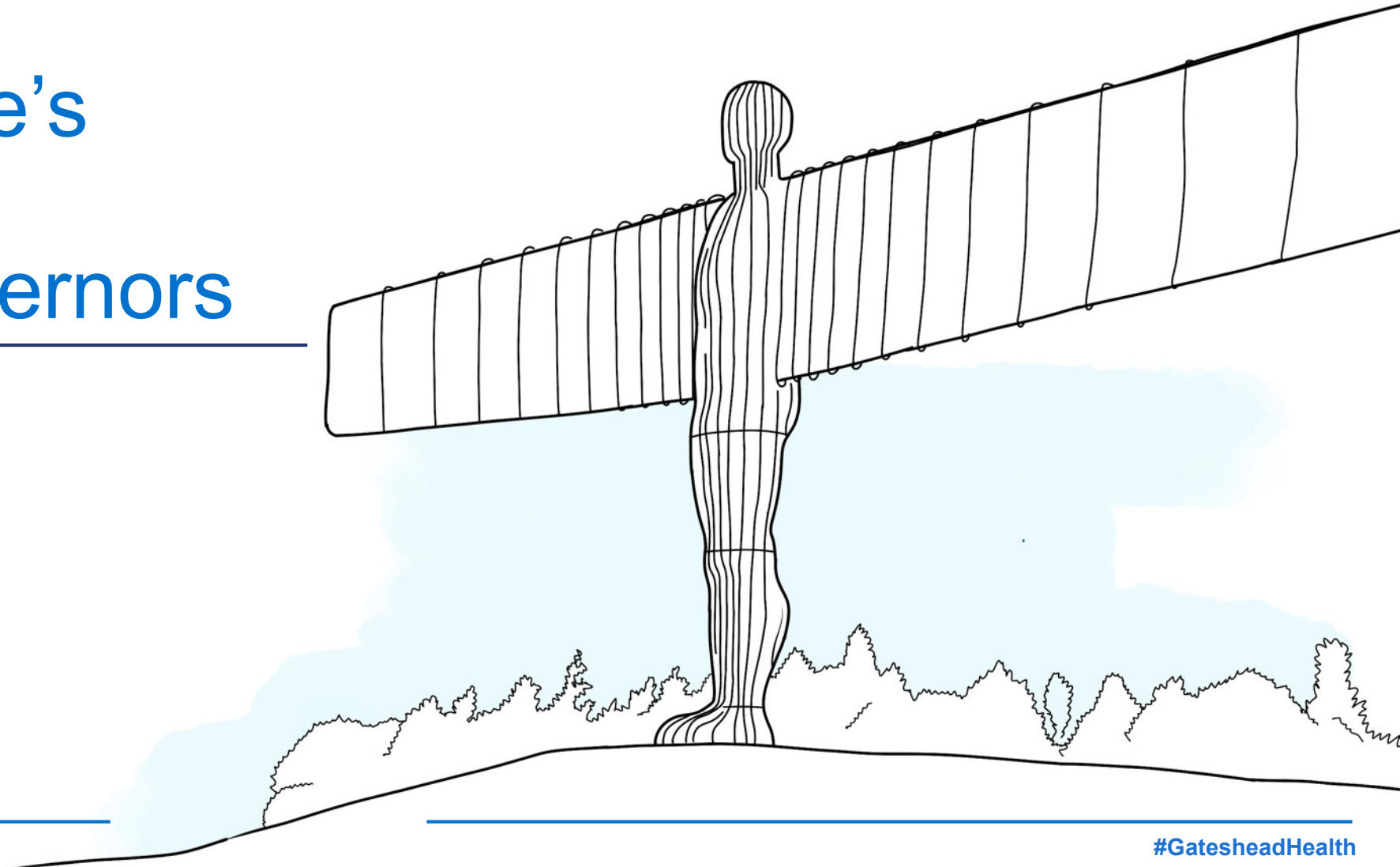
Actions closed from last meeting

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
24/09/07	25/09/24	Board Committee Assurance update	To share the review of effectiveness for external audit report to Governors	20/11/24	JB	Report shared with Governors 13/11/24. Action agreed for closure	
24/09/12	25/09/24	Membership Strategy Group 3A report	To undertake further work around the suggestion to merge the Central Gateshead and Eastern Gateshead constituencies noting that this will require a constitutional amendment	20/11/24	JB	Report on 20/11/24 agenda for consideration. Action agreed for closure.	
24/09/06	25/09/24	Chief Executive's update	To consider whether the Windy Nook Reception role could be extended to Trust volunteers	20/11/24	GF	Discussed with Volunteer Manager and plans to have more volunteers in the entrance therefore this should improve going forward. Action agreed for closure.	

Chief Executive's Update to the Council of Governors

Trudie Davies, Chief Executive

19 February 2025



National statistics and context

National policy, context and operating models

NHS England publishes *Reforming Elective Care for Patients* document – seeks to reform elective care by March 2029

Planning guidance published – focus on reducing waiting times, improving access to mental health services, increasing local flexibility on decision-making and living within our means

Clarified roles of NHS England, ICBs and providers – through revised Oversight and Assessment Framework, Strategic Commissioning Framework and updated NHS Operating Model

Secretary of State announced 'triple devolution' – power shifting out of the centre to ICBs, providers and patients

2025/26 capital allocation - £4.9bn for day to day operational investments & £4.1bn for other national capital programmes

National Improvement Board feeding into the 10-year plan – improvement to be seen as a lever / enabler for change

NHS England will develop a specific quality strategy to support the achievement of the 10-year plan ambitions

Continued focus on the development of the 10-year plan for the NHS centred around the three shifts – hospital to community, analogue to digital and sickness to prevention

National context – NHS England's planning guidance at a glance – what does this mean for the NHS?



NHS England Operational Guidance 2025/26: At a Glance

1

The intention for patients

- Improved access to care closer to home
- Shorter waiting times for elective care (65% within 18 weeks)
- Better access to GP and dental services
- More digital service options through the NHS App
- Increased focus on prevention and early intervention



2

What this means for the workforce

- Reduction in temporary staffing (30% agency, 10% bank)
- Review of non-clinical roles
- Implementation of People Promise initiatives
- Greater emphasis on productivity



3

What this means for commissioners (ICBs)

- Greater autonomy in decision-making
- Increased financial responsibility
- Need to deliver balanced budgets
- Responsibility for system transformation
- Requirement to reduce waste and improve efficiency

4

Clinical Focus

- Elective Recovery
- Urgent and emergency care
- Mental Health
- Prevention & Population Health
- Primary Care
- Community Care

6



What does this mean financially?

- 1% cost reduction & 4% productivity gain required
- 30% reduction in agency spending required
- 10% reduction in bank staff spending required
- Support functions to return to 2022 spending levels
- NHS budget must cover pay, NI and NICE treatments (but does this include general practice?)

5

What does this mean for system level working?

- More integrated team working
- Increased use of digital tools
- Focus on community-based care delivery
- Need to adapt to new service models
- Requirement to improve efficiency



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Gateshead Health
NHS Foundation Trust

National performance headlines

National performance

Urgent and emergency care, handover delays and hospital capacity are under significant pressure – driven by an unprecedented level of demand. Flu, norovirus and respiratory viruses have all had a significant impact

There were 2.35 million A&E attendances in December, an increase of 1.5% compared to the previous month. Demand is 7.6% greater than 2023 but similar to December 2019, before the pandemic

Performance against the A&E four-hour waiting time target slipped to 71.1%, down by 1 percentage point from last month, moving the wrong way from the recovery target of 78% by March 2025.

Staff absences have been increasing since Christmas with 54,900 staff absent each day in acute trusts - 12% higher than the same period in 2023/24

5.4% more diagnostic tests were carried out in November 2024 compared to the previous year

Acute sector productivity growth is up by 2.8% compared to 23/24.

Performance against the 28-day faster diagnosis target improved slightly in November, reaching 77.4%. This exceeds the existing standard of 75% and the new 24/25 target of 77%. The NHS has announced that this standard will increase to 80% by March 2026.

69.4% of patients began a first definitive treatment of cancer within 62 days of an urgent suspected cancer referral,. This is an improvement by 1.2 percentage points, getting closer to the 70% target for the 62-day standard by March 2025.

At Month 7 the aggregate system deficit was £851m.

Systems required to deliver £9.3bn in savings in 24/25.

Agency spending is at its lowest since 2017

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



- At the end of November 2024 we were named as the **top provider of maternity care in England according to the 2024 Care Quality Commission (CQC) patient survey**. This is a significant achievement that reflects the dedication and hard work of our maternity colleagues.
- We were delighted to receive the **Gold National Joint Registry (NJR) Quality Data Provider Award for 2024**. The scheme recognises providers that excel in promoting patient safety standards through their compliance with the mandatory NJR data submission quality audit. The NJR collects data on hip, knee, ankle, elbow, and shoulder joint replacement surgery and monitors the performance of joint replacement implants.
- We were delighted that Dr Su Ann Tee and the Secondary Prevention Service won the **Outstanding NHS Industry Collaboration award** at the Bright Ideas in Health Awards. The project provided personalised care for patients to help identify and review risk factors contributing to their condition, shortly after an adverse event. The work supports people in achieving cholesterol, diabetes, and blood pressure targets and stopping smoking using approved medical therapies.
- Our **new pharmacy robot** has been installed in the Pharmacy department. The department has used robotic systems for over 20 years but the new robot revolutionises medicine dispensing, supporting faster, safer and more efficient dispensing processes. It enables pharmacy and clinical colleagues to dedicate more time to patient-facing activities.

Engagement, involvement and visits:

- Visits across the hospital site including SDEC, PeaPod, St Bede's, Maternity, Pharmacy and Ward 22.
- Team Brief
- Clinical Strategy Group
- CEO Roadshows



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



- We recognise that the current challenging operating environment is very difficult for colleagues. We are continuing to focus on our **health and wellbeing resources**, ensuring that they are accessible to staff. This has included changing our counselling service to be available for members of staff with work-related issues. Referrals for all other reasons will now be signposted to alternative and more specialised services. This should support us to be able to provide staff with more responsive and appropriate access to our counselling service, reducing waiting times.
- With regards to staffing levels, we remain overstaffed on registered nurses. We are currently in the process of recruiting Healthcare Assistants to maintain patient safety. Our sickness absence rates have increased slightly to 5.7% which continues to be above target levels of 4.9%.
- As CEO for Gateshead Health I am the regional and collaborative lead for workforce, both in terms of workforce development and the medium term financial plan. This brings early insight for the Trust and we note the importance of working in collaboration with our partners on the workforce agenda.
- We have continued our focus on **leadership and culture**, committing to create an inclusive, open, honest and transparent culture. A Board development session was held on equality, diversity and inclusion. This included time for our Global Ethnic Majority (GEM) Network members to share how it feels to work here, enabling us to develop a deeper understanding of issues and a meaningful plan on how to address them.
- We were recently awarded the **Better Health at Work: Continuing Excellence Award**. This reflects the ways in which we listen to colleagues through various feedback channels and the range of health and wellbeing resources which are offered. Next year we will be seeking to achieve the next level – Maintaining Excellence Award.
- Gateshead Health's Advanced Clinical Practitioner (ACP) in Emergency Medicine, Andrea Swingler has worked in the Trust for nearly four years and has recently achieved the **RCEM Advanced Clinical Practitioner credential** from the Royal College of Emergency Medicine (RCEM). She is the first qualified RCEM at Gateshead Health and this is a fantastic achievement. As we train more ACPs, they will follow the RCEM process to demonstrate they can look after patients with minor or major injuries, life threatening illness and injuries. This sets a high bar for advanced practice and emergency medicine, ensuring the team is providing high-quality care for our patients.



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



- Colleagues have been working in challenging circumstances over December and January, with **extremely high demand** coupled with **high levels of flu and norovirus**. Patient and staff safety have remained our top priority. A key concern for us all has been long waits in A&E or long waits in unsuitable accommodation. Our clinical leaders also raised these concerns and we took a number of steps to respond quickly to these concerns.
- The processes and systems we have put in place seek to avoid these waits as much as possible. This includes ensuring the longest wait time of patients is fully described in each bed meeting, ensuring that patients waiting in ambulances remains a red line for us and ensuring that our senior leadership team attends and supports extraordinary patient flow meetings during times of pressure.
- On New Year's Eve some new processes were introduced and we were able to discharge 171 patients in 48 hours – an achievement which attracted national attention.
- There have been some excellent examples of our teams working effectively together to prioritise patient safety and patient flow during these challenging times. This has included our pharmacy team who have been working hard to proactively write discharge prescriptions to maintain patient flow and timely discharge. Effective team work enabled us to reduce bed numbers on our winter escalation ward (ward 11) and protect Same Day Emergency Care (SDEC) for its intended use rather than utilising this as a facility to bed patients overnight. Ward 11 has been open during the period of pressure (although our aim is always to keep it closed whenever possible) and we would like to record our thanks to colleagues for covering this.
- The situation remains pressured, although we are seeing improvements for our patients and colleagues and we continue to engage with clinical colleagues to seek feedback and implement actions, such as developing an area outside of the A&E to support people who do not require admission but who cannot return to their place of residence.
- Further information on our performance is included within the Strategic Objectives and Constitutional Standards Oversight report.
- The **annual planning process** is commencing, with the full national guidance now published. We know that the financial settlement in particular will be challenging and there will be a significant emphasis on efficiency and productivity. We have already been asked to consider what difficult decisions on service provision may need to be made in order to achieve financial balance.
- We will be working closely with Great North Healthcare Alliance (GNHA) partners to ensure that collectively we develop plans that enable us to deliver safe and equitable services for our patients.

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

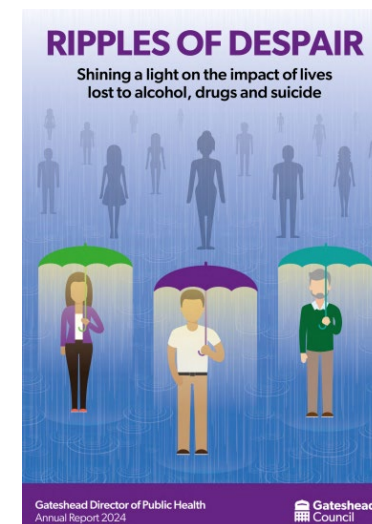


NHS
Gateshead Health
NHS Foundation Trust

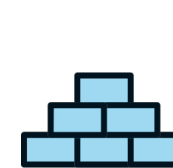
- In December we worked with local partners to bring a **mobile women's health service** to various locations across the Gateshead area. The service is being developed as part of the Gateshead Women's Health Hub with the bus provided by Newcastle GP Services. The bus provides a number of services to women and girls such as menopause support, cervical screening, gynaecological care and contraception. A series of **family hub days** have been announced for February and March at locations across Gateshead to provide women and girls with access to care in the heart of their local communities.
- Our **Homelessness Nurse Practitioner**, Angela Weeks, was given the prestigious title of Queen's Nurse (QN) by community nursing charity The Queen's Nursing Institute. This demonstrates Angela's commitment to high standards of patient care, learning and leadership, as well as a real focus on addressing health inequalities in our local community.
- Gateshead Council's Director of Public Health, Alice Wiseman, has published her annual report which this year focusses on how the health and lives of the people of Gateshead are affected by alcohol, drugs and suicide in our community. The report seeks to raise awareness of the issues and ultimately aims to help reduce health inequalities and support people to live longer, healthier lives in Gateshead. You can read a copy of the report [here](#).

Engagement, involvement and visits:

- Provider Collaborative workforce meetings
- Great North Healthcare Alliance meetings ICS Chair and CEO workshop
- Place-based meetings



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



- The **Great North Healthcare Alliance (GNHA)** partners have continued to meet since the last Chief Executive's report. We moving towards a **shared Chair** across Gateshead, Newcastle and Northumbria in line with previous Governor discussions and approvals. This is an excellent opportunity to work more closely in the future and benefit from our collective expertise and influence.
- The process of designing the mechanism to appoint and secure a shared Chair commenced in December with Governors from all three Trusts meeting together for the first time. The appointment of the shared Chair will be a Governor appointment, in line with the Provider Code of Governance.
- The recruitment process is being led by a Joint Nominations Committee which comprises of 3 Governors from each Trust and the 3 Senior Independent Directors, with support from the Company Secretaries.
- Work is commencing on the **development of our 5-year strategy**. Our Medical Director for Strategic Relations and Director of Strategy and Partnerships will be leading on this work, and an outline plan for the development of the strategy has been created and shared with our clinical colleagues. This is part of our commitment to be clinically-led and management-supported.

Finance Update

Council of Governors





February 2025

2024/25 Background

The Trust approved its financial plan and submitted to NHS England on 10th June 2024. The plan included:

- A £12.41m revenue deficit after allowing for donated asset depreciation; revised to £7.09m following £5.32m system support allocation in September;
- A Cost Reduction Plan (CRP) totaling £22.80m;
- A in year £16.55m capital plan, £6.737m funded by public dividend capital allocation; and
- A cash plan that does not drop below £5m at any point in the financial year.

2024/25 Background

-  **Revenue** financial performance at 31st December 2024 is a deficit of £6.53m, which is marginally ahead (£0.10m) of the Trust's plan YTD.
-  **CRP** savings are forecast to be £9.59m less than plan by the financial year-end; with 36% of savings being identified on a recurrent basis.
-  **Capital** performance at 31st December 2024 was £3.22m below allocation and capital plan. Backlog maintenance schemes being the largest area behind plan. The Trust is forecasting to be in line with plan at the financial year-end.
-  **Cash** balances were £26.40m at 31st December 2024; which is £16.83m more than plan largely due to delayed capital spend, improved planned deficit, higher than planned trade and capital creditors, provisions and deferred income.

Key issue: Revenue

Net revenue expenditure is £0.10m better than plan.

The Trust is starting to see reduced net run rates in recent months because of financial recovery and grip and control actions.

However, the position remains challenging as expenditure is exceeding budget in order to support operational pressures and achievement of performance targets. The main areas driving this position include SDEC overnight boarders, consistent use of escalation beds, junior medical staff pressures, the cost of sickness, drug and device pressures and the shortfall against the cost reduction plan.

To respond to the challenge the Trust has an established Financial Sustainability Group and Cost Reduction Planning Steering Group that supports and monitors work streams focused on tackling underlying deficits and target medium term savings. In addition, the Financial Accountability Framework requires overspending business units to develop financial recovery plans.

ERF activity above baseline is supported with non-recurrent income through temporary national financial arrangements.

Since 2019-2020, the workforce has grown by over 600 posts. Whilst recruiting permanently without already having secured funding has contributed to this position, the Trust is exploring options to provide services within total resources whilst maintaining the quality and consistency of the services we provide.

The Board, EMT and Finance and Performance Committee will monitor this plan closely to ensure that any further recurrent financial risk is mitigated.

Key issue: Capital

Capital expenditure is £3.22m behind plan.

The main reasons for the variations are:

- Delays in the backlog maintenance and equipment replacement programmes

The Board's Finance and Performance Committee and Capital Steering Group monitor progress against the capital plan.

The Trust forecasts to deliver its capital programme in line with plan at the financial year-end, both for internally funded and PDC funded schemes.

Key issue: Cash

On the basis that the Trust is forecasting to deliver its revenue and capital plan it does not anticipate cash to fall below £5m at any point during 2024/25 financial year.

Key issue: CRP Delivery

Work is continuing to identify schemes to ensure delivery of CRP requirements in 2024-25.

As part of its financial sustainability work the Board aims to ensure that the programme is based on recurrent, sustainable schemes. Key steps to date include the establishment of a CRP steering group focused on working at pace with business units to develop ideas into fully worked up schemes, a baseline financial assessment of opportunities via our internal and Great North Healthcare Alliance costing data as well as Model Hospital and corporate benchmarking tools.

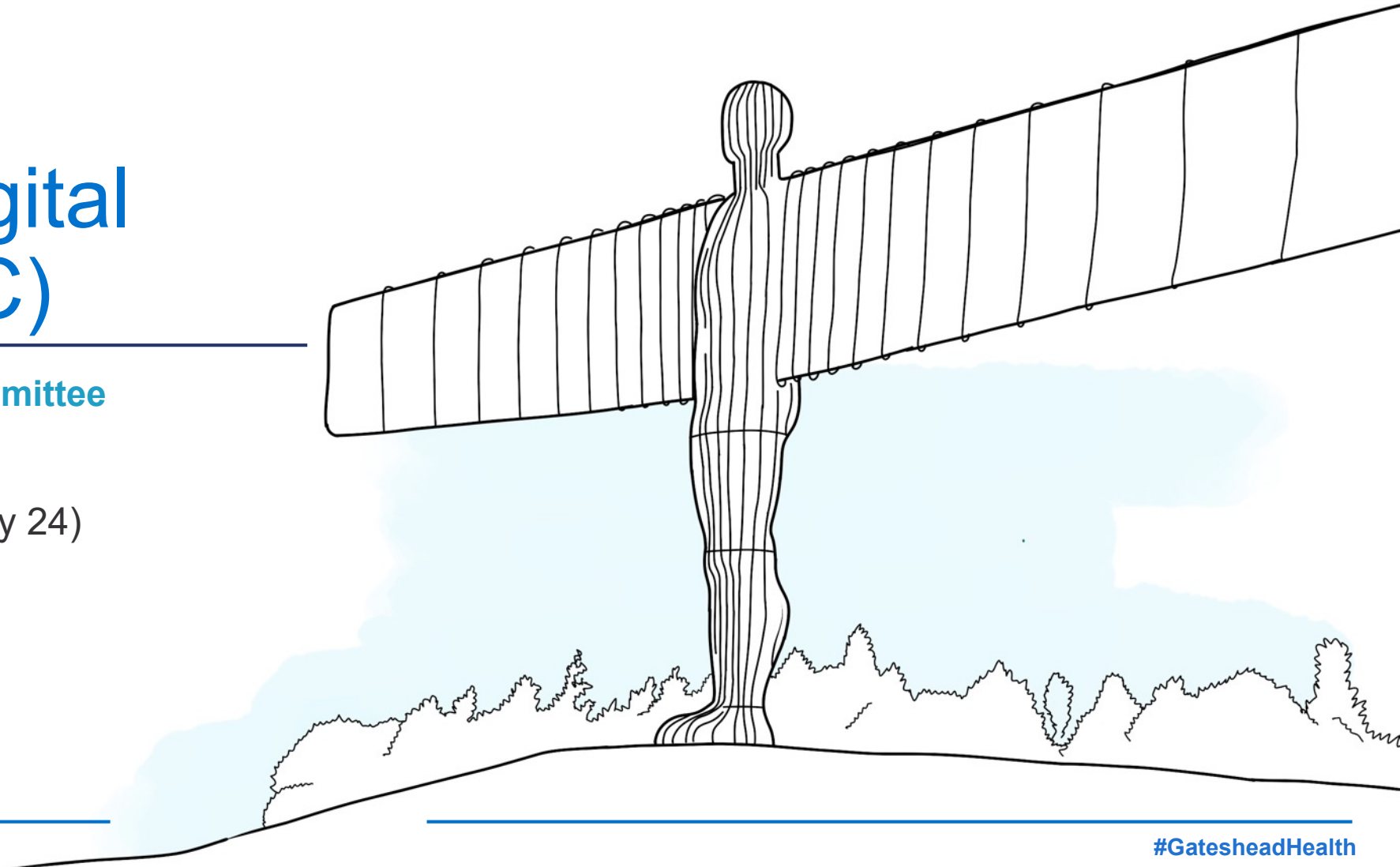
This position will be further considered as part of the development of the Trust Business and Financial Planning Framework, which will involve discussions with the Council of Governors.

Work of the Digital Committee (DC)

Andrew Moffat, Chair of the Committee

19th February 2024

(last update presented to CoG May 24)



Regular reports received, issues considered and assurances received

Strategy and Planning

Organisational strategic objectives
Digital Strategy
Digital Delivery Plan
EPR Strategy and Procurement Options
Annual Business Plan

Digital Service KPIs

Service effectiveness (challenge)
Clinical coding
IT & Cyber security
Records management

Digital Trust KPIs

Freedom of Information (FoI) Compliance (challenge)
Subject Access Requests (SARs) Compliance (challenge)
Information Risk Management Compliance
Data Quality Indicators
Information Governance Incidents

Regulatory and Governance

Internal audits and external reviews
Internal Audit Plan
Data Security and Protection Toolkit (DSPT) v6 and v7 (incl. Cyber Assurance Framework)

Organisational Awareness

3A Digital Committee Report to Board

Digital, Data and Technology (DDaT) Governance Restructure - DC sub committee 3A Report from DDaT Steering Group

Risk

Board Assurance Framework
Organisational Risk Register

'Focus On' Section of the meeting – detailed updates received regarding the following areas

Information
Governance and
Security:
Work Programme
Priorities (Jul 24)

EPR Programme:
Procurement Options
and Outline Business
Case (Oct 24)

DC Workshop:
EPR Programme,
OBC Development
(Nov 24)

Artificial Intelligence:
Current trials and
future plans (Dec 25)

PACS Incident
Debrief, led by EPRR
team (Feb 25)

Key risks

- The Committee is currently monitoring 5 risks on the Organisational Risk Register; there are a number of serviced managed risks which are actively managed by the digital team.

4402 – Breaching ICO Legislative Requirements

- Risk of breaching ICO legislative requirements due to lack of long term strategic approach to the management and storage of health records [both digital and paper]. EPR implementation will largely mitigate this risk.
- (Initial Risk Rating 20, Current Risk Rating 16, Target Risk Rating 8)

4554 – 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.
- (Initial Risk Rating 25, Current Risk Rating 10, Target Risk Rating 5)

Key risks

4575 – Freedom of Information (Fol) Compliance

- Continuing to breach externally mandated timescales (20 working days) for responding to Fol requests could result it the trust being subject to financial penalties from the ICO. This is monitored as a KPI by committee and performance escalation taken to the trust's Leadership Group. Non-compliance since KPIs introduced in c2022.
- (Initial Risk Rating 20, Current Risk Rating 12, Target Risk Rating 4)

4576 – Subject Access Requests (SARs) Compliance

- Continuing to breach externally mandated timescales (calendar month) for responding to SAR requests could result it the trust being subject to financial penalties from the ICO. This is monitored as a KPI by committee and performance escalation taken to the trust's Leadership Group. Whilst last compliant March 2024, improving trend.
- (Draft Risk Rating 20, Current Risk Rating 12, Target Risk Rating 4)

4405 – Effective Data Management

- Poor management of data may lead to inappropriate access, misuse or disclosures resulting in patient/staff harm and failure to comply with legislation. Recent improvements in Information Asset Management and Local Records Management Procedures has significantly reduced the Current Risk Rating.
- (Draft Risk Rating 20, Current Risk Rating 8, Target Risk Rating 4)

Key priorities for assurance over the next 6 months

Electronic Patient Record (EPR) – develop and agree Procurement / Implementation Plan

Further Develop Digital Performance Indicators (KPIs) – do we really understand digital systems performance ?

Improve Trust Performance / Compliance with agreed digital KPIs

Great North Healthcare Alliance – Alliance Digital Strategy Development

Digital Strategy delivery via the implementation of the Digital Programme

Trust Strategy Development
- Digital as a Golden Thread

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

Any
questions?

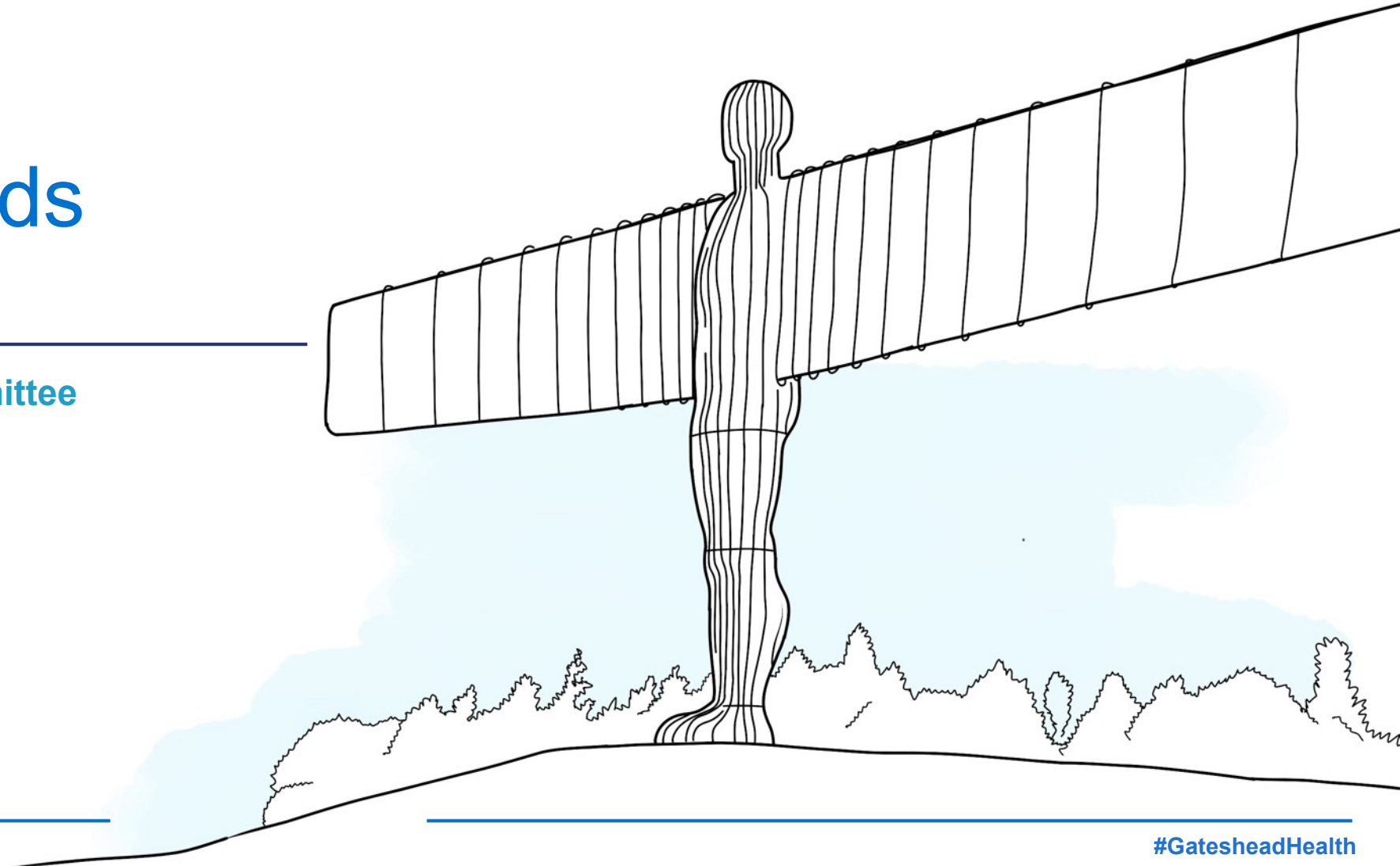




Work of the Charitable Funds Committee

Hilary Parker, Chair of the Committee

19 February 2025



Examples of issues considered and assurances received

Delivered Light up a Life Remembrance Event and raised £16,029.12 (with £15.5k “gifts in kind”)

Highest-ever fundraising to date with over £40,000 raised so far this year

Charity has secured further corporate partners – Blue Line Taxis and QE Facilities

Refreshed the terms of reference for the Charity Operational Group and extended the membership across the organisation

Supported and approved key charitable projects eg funding for scalp coolers, memorial garden and the festive gift voucher for staff

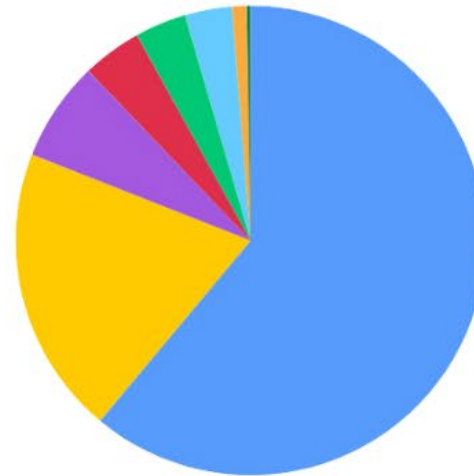
Reviewed all the development plans for over 50 departmental/ward funds

Overview of charity activity:

1 APRIL TO 30 DECEMBER

TOTAL AMOUNT AWARDED

£296,973.29



- **CUTTING EDGE EQUIPMENT – 61.1%**
- **STAFF HEALTH AND WELLBEING – 19.9%**
- **STAFF TRAINING – 6.9%**
- **PATIENT CARE – 4.1%**
- **PROJECT TO IMPROVE ENVIRONMENT – 3.5%**
- **PROMOTIONAL MATERIAL – 3.2%**
- **IT EQUIPMENT – 1.0%**
- **GIFTS FOR PATIENTS – 0.3%**

112

**PROJECTS
SUPPORTED**

80

FUNDRAISERS

5,578

**PEOPLE
SUPPORTED**



**CORPORATE
PARTNERSHIPS**

QE Facilities
Professional, Proud and Passionate



Funeralcare



Key priorities for assurance over the next 6 months

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

Finalise the charity strategy in line with the Trust strategy

Focus on Corporate Partnerships and reviewing approach to legacies

Annual reviews for each fund and continue to review expenditure over £10,000

Events for 2025 developed with a focus on the Great North Run series

Approve and monitor progress in how the charity develops

Project highlights: Garden of Hope (Jubilee Garden)

- The outdoor sanctuary for patients was opened on Thursday 12 September, by the Lord-Lieutenant of Tyne and Wear, Ms Lucy Winskell, OBE. A plaque was unveiled to mark the occasion.
- The garden was designed to provide a calming, therapeutic space for patients unable to access other areas of the hospital, supporting rehabilitation for critical care, stroke, and dementia patients.
- Ms Winskell described the Jubilee Courtyard Garden as “a testament to community and compassion,” offering a tranquil space for patients, staff, and visitors and reflecting the dedication of all involved in its creation.

Charity funding:
£70,000



Project highlights: ambulatory heart failure unit – official opening

- The Ambulatory Heart Failure Unit officially opened on 22 November 2024 at the QE Hospital.
- The unit has already supported 382 heart failure patients through multiple visits, preventing direct admissions in 127 'see on symptoms' cases, conducting 80 timely post-discharge reviews to reduce readmissions and mortality, and facilitating the transition of 35 patients from SDEC without requiring admission.
- Supported by two legacies, the unit demonstrates the charity's commitment to delivering innovative, high-quality patient care for heart failure management.

Charity funding:
£9,000



Planned events for 2025

Cardiology Cycle Event
– May 2025

St Bede's Mountain Walk
– June 2025

Were a Knockout
- July 2025

Mini / Junior
Great North Run
- 6 September 2025

Adult
Great North Run
- 7 September 2025

Light Up a Life
– December 2025

Any questions



Report Cover Sheet

Agenda Item: 10

Report Title:	Declaration of Governors' Interests			
Name of Meeting:	Council of Governors			
Date of Meeting:	19 February 2025			
Author:	Diane Waites, Corporate Assistant			
Executive Sponsor:	Jennifer Boyle, Company Secretary Alison Marshall, Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input checked="" type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	The Constitution of Gateshead Health NHS Foundation Trust requires all Governors to declare interests which are material and relevant to the Council of Governors.			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input checked="" type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	-			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<p>Following the recent elections, Mrs C Hindhaugh and Mr M Learthmouth, newly elected Public Governors, and Mrs J Thompson, newly elected Staff Governor, have declared their interests.</p> <p>It is also good practice to review the interests of Governors annually, recorded in the minutes of the Council of Governors meeting and be made available on request to any member who wishes to view the register of interests.</p>			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council of Governors is asked to note and record in the minutes the declared interests of new and current Governors			

Trust Strategic Aims that the report relates to:	Aim 1 <input type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Not directly linked to a specific objective or aim, but ensuring the Council has declared relevant interests will seek to ensure that there is appropriate accountability in respect of any conflicts of interest which may present on discussions on the strategy and objectives.				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):	No direct links				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Not applicable <input checked="" type="checkbox"/>	

Register of Governors' Interests 2025

Forename	Surname	Constituency	Interest	From	To	Comments
Les	Brown	Western	None			
Ray	Dennis	Western	None			
Lakkur	Murthy	Western	Vice Chair - HealthWatch County Durham			voluntary
			Medical Liaison Officer - Royal Medical Benevolent Fund			voluntary
Vacancy		Western				
Vacancy		Western				
Vacancy		Western				
Steve	Connolly	Central & Eastern	None			
Carol	Hindhaugh	Central & Eastern	Family member (daughter-in-law) works as Head of Implementation at Ways to Wellness	01/11/2021	present	Voluntary organisation which manages health innovation projects in primary and secondary care and public health
Helen	Jones	Central & Eastern	Trustee - St Chad's Project, Bensham	2015	present	
Mark	Learmouth	Central & Eastern	Spouse - Director of Saher Tariq Ltd	05/01/2025		Company to buy to let properties
Michael	Loome	Central & Eastern	None			
Abe	Rabin	Central & Eastern	Director of Ace Windows NE Ltd, Zero Limits WAP, ECO Green Estates, AMR Holdings Ltd,			
			Parkslea Properties Ltd, ABR Holdings Ltd, AMD Estates Ltd			
			Trustee of Zero Limits and the DR Adler Support and Help Group			
			Spouse - AMR Holdings Ltd, ADS Windows Ltd, AMD Estates Ltd			
			<i>No return received for 2024/25</i>			
Karen	Tanriverdi	Central & Eastern	None			
Vacancy		Central & Eastern				
Vacancy		Central & Eastern				
Vacancy		Central & Eastern				
Vacancy		Out of Area				
Helen	Adams	Staff	None			

Forename	Surname	Constituency	Interest	From	To	Comments
Lynsey	Curry	Staff	None			
Andrew	Lowes	Staff	None			
Adaeze	Obiayo	Staff	None			
Kiran	Singiseti	Staff	Director of Rubyani Ltd			Specialist medical practice activities
			Fellowship of Royal College of Surgeons			
			Panel Member of Examiners for Trauma and Orthopaedics			
			Nuffield Newcastle and Spire Washington Hospitals			Practicing privileges
			Cambridge Press			Editor role
			<i>No return received for 2024/25</i>			
Janet	Thompson	Staff	None	05/01/2025		
Joanne	Atkinson	Appointed	Trustee - My New Hair (cancer charity)	2015	present	
Michael	Brown	Appointed	Trustee - Healthwatch Gateshead	2017	present	
Dorothy	Burnett	Appointed	None			
Julia	Perry	Appointed	VCSE Health Alliance	28/08/2024	ongoing	includes submission of joint funding applications
Aron	Sandler	Appointed	Northern Property Management Ltd, Eco Tyre Disposals Ltd, Newford Estates Ltd,			
			Blackfriars Property Developments Ltd, Nominee Blackfriars Ltd, Solid Tyre Disposals Ltd, The Dash Group			
			Spouse - Wellspring Developments Ltd, Whitley Bay Properties Ltd			
			<i>No return received for 2024/25</i>			
Gemma Frances	Spiers	Appointed	None			
Chris	Toon	Appointed	Education Services			
			Trustee - Carers Trust, Tyne and Wear			
			<i>No return received for 2024/25</i>			

Report Cover Sheet

Agenda Item: 11

Report Title:	Process for Appointing the Lead and Deputy Lead Governors			
Name of Meeting:	Council of Governors			
Date of Meeting:	19 February 2025			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair of the Board and Council			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input checked="" type="checkbox"/>	Information: <input type="checkbox"/>
	To present the proposed approach for the appointment of the Lead and Deputy Lead Governor.			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	-			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • The Lead Governor position is a mandated position which is required by the regulator. The Deputy Lead Governor position was introduced in 2021 to provide support and resilience. • The process and eligibility criteria remain unchanged from the previous year. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council of Governors is requested to review and approve the minor revisions to the role descriptions and the planned approach for the election of the Lead and Deputy Lead Governor positions.			
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients		

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

Process for Appointing the Lead and Deputy Lead Governors

1. Executive Summary

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

2. Introduction

- 2.1. The terms for the Lead Governor and Deputy Lead Governor end on 18th May 2025.
- 2.2. All Foundation Trusts are required to have a Lead Governor in place. The Lead Governor acts as a direct point of contact between the regulator, NHS England, and the Trust in a limited number of circumstances where it may not be appropriate to communicate through normal channels.
- 2.3. In 2021 the Council of Governors agreed to appoint a Deputy Lead Governor to support the role of the Lead Governor within the Trust. This role provides support, resilience and cover to the Lead Governor.
- 2.4. It is noted that the appointment of the Lead and Deputy Lead Governors is a matter for the Council rather than the Trust. This paper sets out a proposed approach to the forthcoming appointments for review and approval by the Council.

3. Appointment process

- 3.1. The role descriptions for the Lead Governor and Deputy Lead Governor are included at Appendix 1.
- 3.2. The Lead Governor and Deputy Lead Governor role descriptions were fully updated in the prior year. One minor change is proposed in relation to supporting the Council in engaging with Council of Governors' counterparts across the Great North Healthcare Alliance. This element of the roles has evolved over the last 12 months and will continue to do so as Alliance arrangements embed, particularly once the Shared Chair appointment has been made. In addition the name of the Governance and Development Committee has been updated to its new title of Membership, Governance and Development Committee.
- 3.3. Both the Lead and Deputy Lead Governors meet with the Chair and Company Secretary on a monthly basis as part of their role, acting as an informal conduit between the Council and the Trust where required and appropriate.
- 3.4. The proposed process for the appointment of the Lead Governor would be:

- Expressions of interest invited to be submitted to the Company Secretary during the period 21 February to 7 March (should the proposed approach outlined in this paper be approved at the Council meeting on 19 February). This will consist of a short statement of no more than 200 words on why the nominee wishes to be Lead Governor.
 - If there is a single nomination, Governors will be asked to endorse (or not) that nomination by voting for that person or abstaining. If there is more than one nomination the Company Secretary shall circulate all statements to members of the Council of Governors (except those who have self-nominated as Lead Governor) together with a ballot nomination paper bearing the names of all candidates which is to be completed electronically and returned to the Corporate Services Assistant by the date set out on the ballot paper (anticipated to be 21 March).
 - The results will be counted and the appointment announced via email, which will then enable the process for the appointment of the Deputy Lead Governor to commence.
- 3.5. The Deputy Lead Governor appointment process will follow immediately after the announcement of the Lead Governor and adopt the same approach. The nomination period will last 2 weeks, with a further 2 weeks for return of ballot papers. This means the appointment will be confirmed by mid to late April.
- 3.6. The results will be formally presented to the Council of Governors at its meeting on 14 May in preparation for the commencement of the new terms of office on 19 May 2025.

4. Solutions / recommendations

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

Lead Governor – Role Description

Background

Appendix B Section 4 of the *Code of Governance for NHS Provider Trusts* includes a full section on the role of the nominated Lead Governor.

This has been replicated here to outline the formal role the Lead Governor is expected to play in respect of the regulator, NHS England.

- 4.1 *The lead governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chair or the trust secretary, if one is appointed.*
- 4.2 *It is not anticipated that there will be regular direct contact between NHS England and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to NHS England, and then updated as required. Any of the governors may be the lead governor.*
- 4.3 *The main circumstances where NHS England will contact a lead governor are where we have concerns about the board leadership provided to an NHS foundation trust, and those concerns may in time lead to our use of our formal powers to remove the chair or non-executive directors. The council of governors appoints the chair and non-executive directors, and it will usually be the case that we will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand our concerns.*
- 4.4 *NHS England does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, we will often wish to have direct contact with the NHS foundation trust's governors, but quickly and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand our role, the available guidance and the basis on which we may take regulatory action. The lead governor will then be able to communicate more widely with other governors. Similarly, where individual governors wish to contact us, this would be expected to be through the lead governor.*
- 4.5 *The other circumstance where NHS England may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chair or other members of the board, or elections for governors or*

other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, while complying with the trust's constitution, may be inappropriate. In such circumstances, where the chair, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide us with a point of contact.

NHS England recognise that in practice many trusts choose to broaden the Lead Governor's role. In the *Your Statutory Duty* reference guide NHS England recommend that Directors and the Council of Governors should agree what it should and should not include. The guide also notes that this should be a Council of Governors appointment and Directors should not be involved in the process.

Eligibility and Appointment

The following eligibility and appointment criteria are outlined in the Trust's Constitution:

- They will be appointed from those in the **public, patient or out of area membership category, with at least one years' experience as a Governor.**
- The Lead Governor will be appointed by the Council of Governors for a period of **one year** but **may be re-appointed annually up to a maximum of three years.**
- The Lead Governor will, via the Company Secretary, pass on to Governors within five days any communication received directly from NHS England and, where the Chair of the Board of Directors / Council of Governors is conflicted, shall via the Deputy Chair, convene a meeting of the Council of Governors at the earliest opportunity – but only in respect of communications received from NHS England.
- Where any Governor – including the Lead Governor – wishes to contact NHS England, they will first discuss this with the Senior Independent Director (SID). Contact thereafter with NHS England, will be via the Lead Governor. This presupposes that matters have not been resolved locally, either through the Chair or the Council of Governors.
- Removal of the Lead Governor will require the approval of three-quarters of the members of the whole membership of the Council of Governors

Additional Duties of the Lead Governor

At Gateshead Health NHS Foundation Trust the Lead Governor will:

- Meet with the Chair and Company Secretary on a regular basis (usually monthly);
- Chair the Membership, Governance and Development Committee, a Governor sub-committee which meets quarterly and reports to the Council of Governors;

- Be a member of the Governor Remuneration Committee;
- Chair any pre-meetings held between Governors prior to the Council of Governors;
- Support communications and the development of relationships between the Councils of Governors of other Trusts within the Great North Healthcare Alliance.

Person specification

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

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

Deputy Lead Governor – Role Description

Eligibility and Appointment

The eligibility and appointment criteria for the Deputy Lead Governor are aligned with those in place for the Lead Governor:

- As it is intended that the Deputy Lead Governor will be a form of support to and potentially succession planning for the Lead Governor, they will be appointed from those in the **public, patient or out of area membership category, with at least one years' experience as a Governor.**
- The Deputy Lead Governor will be appointed by the Council of Governors for a period of **one year, but may be re-appointed annually up to a maximum of three years.**
- Where any Governor – including the Lead Governor and Deputy Lead Governor – wishes to contact NHS England, he/she will first discuss this with the Senior Independent Director (SID). Contact thereafter with NHS England, will be via the Lead Governor or the Deputy Lead Governor if the Lead Governor is not available. This presupposes that matters have not been resolved locally, either through the Chair or the Council of Governors.
- The Deputy Lead Governor will not have an automatic right to succeed to the role of the Lead Governor. If the Deputy Lead Governor does wish to apply for the Lead Governor Role then he/she will need to apply during the usual Lead Governor appointment process.

Duties of the Deputy Lead Governor

The Deputy Lead Governor will:

- Deputise for the Lead Governor when they are unavailable, including: facilitating communications with NHS England if required; chairing the Membership, Governance and Development Committee; attending the Governor Remuneration Committee; chairing pre-meetings; communicating with counterparts within the Great North Healthcare Alliance; and
- Accompany the Lead Governor to regular meetings with the Chair and Company Secretary.

Person specification

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

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

Report Cover Sheet

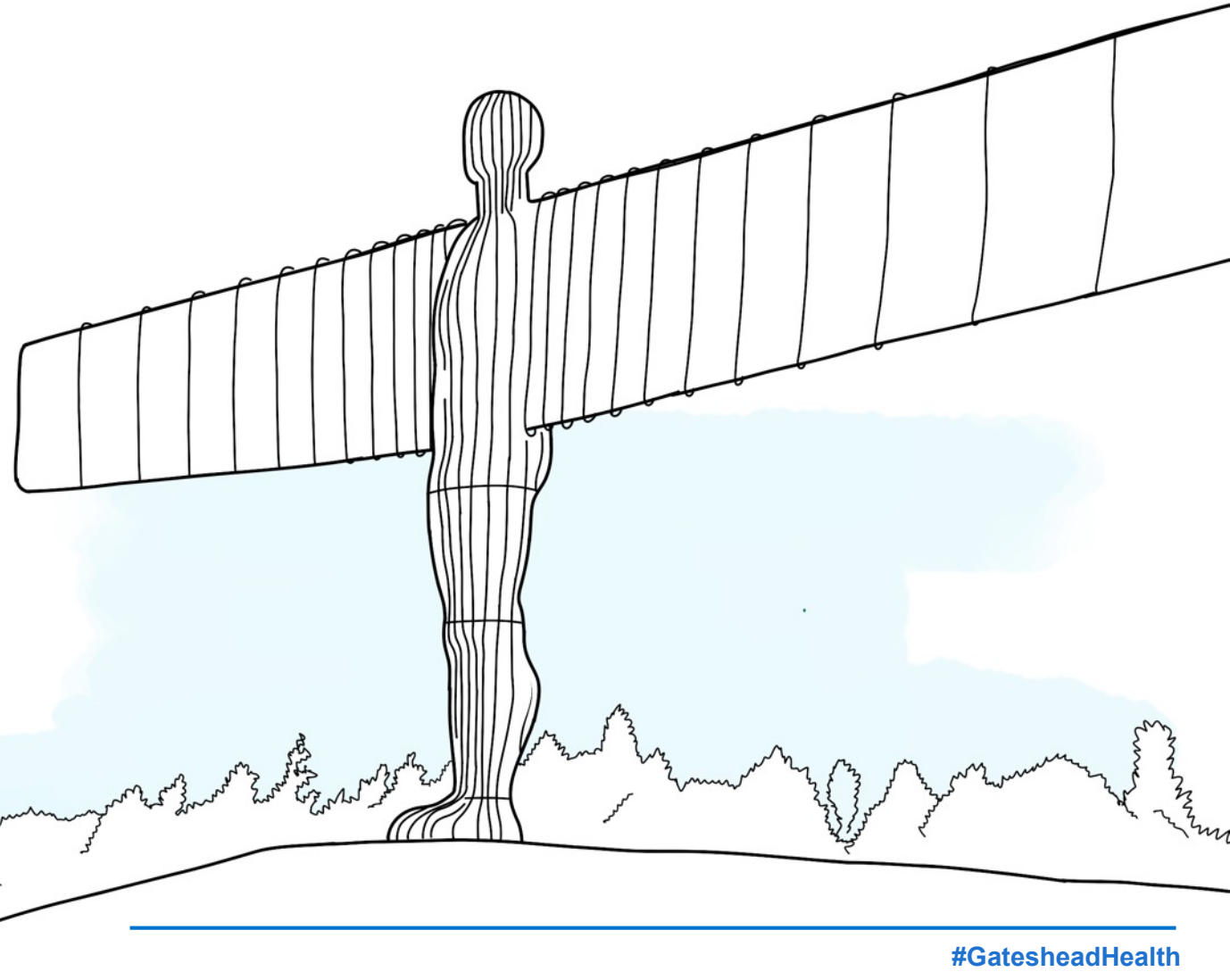
Agenda Item: 12

Report Title:	Council of Governors' Effectiveness Survey Results 2024/25			
Name of Meeting:	Council of Governors			
Date of Meeting:	19 February 2025			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Alison Marshall, Chair of the Board and Council			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input type="checkbox"/>	Discussion: <input checked="" type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	To share the results of the effectiveness survey and identify any themes, trends and actions.			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input checked="" type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	-			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • Overall the survey results are positive and there is a good alignment between the views of the Council and the views of the Board. This provides assurance over the direction of travel and the relationship between the Board and the Council. • The survey results are compared to the previous year, which were also positive on the whole. There is not a significant difference between 2023/24 and 2024/25, with most responses being either 'strongly agree' or 'agree'. • Some new questions relating to membership, representation, and system working were included in this year's survey. • Holding 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 and interaction between the Board of Directors and 			

	<p>Governors has improved. That said, this remains the area of biggest variation between the responses of the Council and the Board Members and is worthy of further discussion at the next Membership, Governance and Development Committee to determine whether any additional actions are needed to support Governors.</p> <ul style="list-style-type: none"> The results show that the area with the greatest range of Governor responses is in relation to membership engagement and representation (although results are still largely positive). There is no prior year comparators as these questions are new for 2024/25. This will be an area for discussion at the Membership, Governance and Development Committee. 				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council is requested to review the results and note that the Membership, Governance and Development Committee will consider the results in more depth and agree any next steps for development.				
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust strategic objectives that the report relates to:	SA2.1 – delivery of a continuous quality improvement plan SA2.1 – protect the health and wellbeing of our staff				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):	None identified				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Not applicable <input checked="" type="checkbox"/>	

Council of Governors' Effectiveness Survey 2024/25

Survey conducted in January 2025



Response rates

Council of Governors

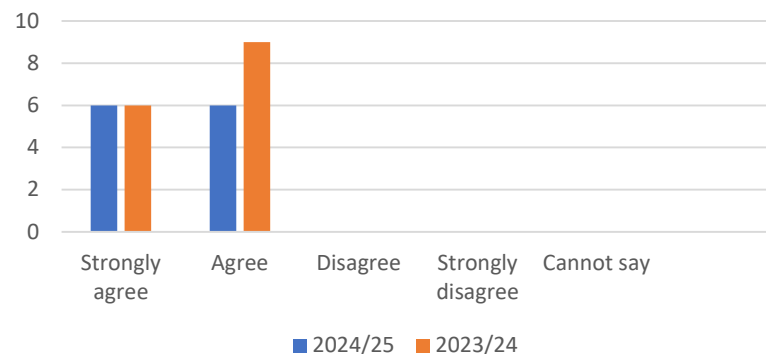
- 21 Governors in post and eligible to respond
- 12 responses
- 57% response rate
- Governor survey responses are shown in dark blue (24/25) and orange (23/24)

Board of Directors

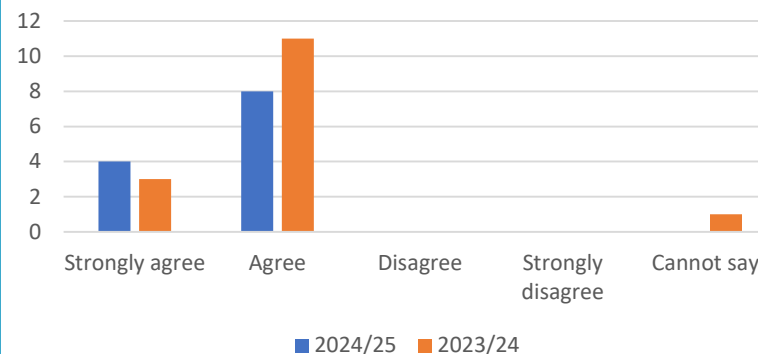
- 14 Board Members in post and eligible to respond
- 9 responses
- 64% response rate
- Board survey responses are shown in green (24/25) and light blue (23/24) with the question number prefixed with B.

Induction, training and development

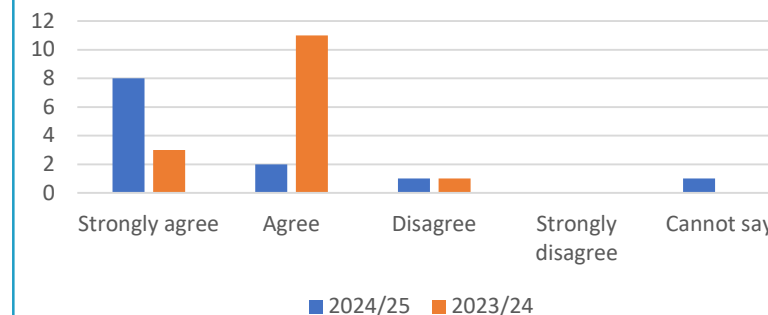
1) I understand my role and responsibilities as a Governor



2) I believe that the Council of Governors possesses the necessary skills to fulfil its duties



3) The Trust provides the necessary training and resources for developing and updating Governors' knowledge and capabilities

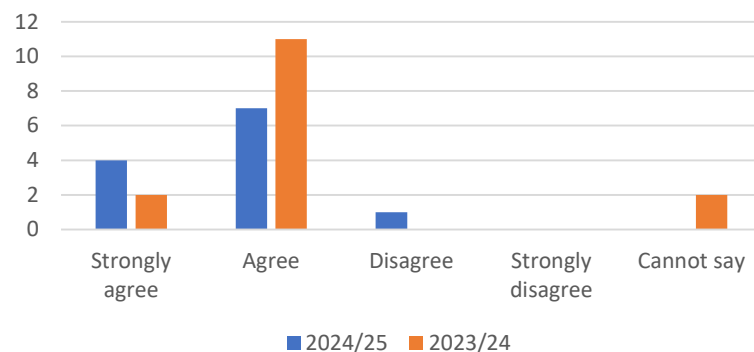


Governor comments:

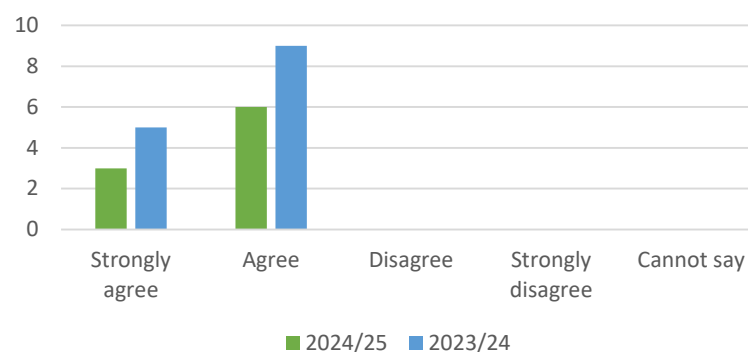
- Positive comments received in relation to workshops and training being available as requested and required by Governors on subjects that they feel they need more information and clarity on.
- It was noted that during the last two years, training and engagement with Non-Executive Directors and good communication of key issues has been strongly developed. These activities have provided Governors with many opportunities to understand their roles, gather information outside of the formal Council meetings and ask questions without reticence.
- The induction training provided the knowledge and information to understand the Governor role and is helped by regular updates being sent between meetings.

Council of Governors' meetings

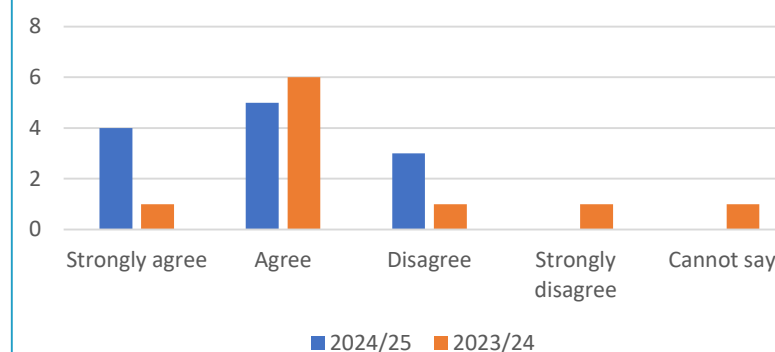
4) The Council of Governors meets sufficiently regularly to discharge its duties



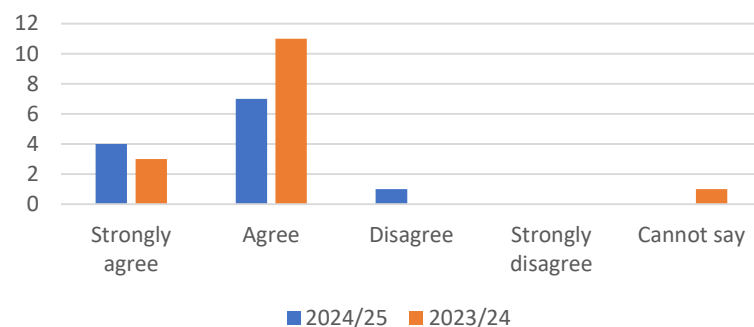
B1) The Council of Governors meets sufficiently regularly to discharge its duties



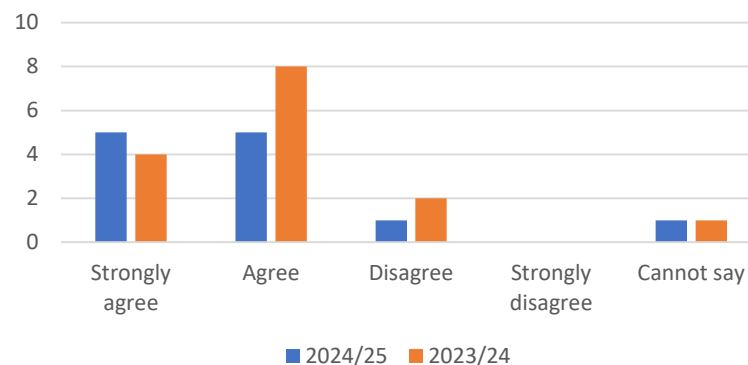
5) The Council of Governors meets at the most appropriate time for me



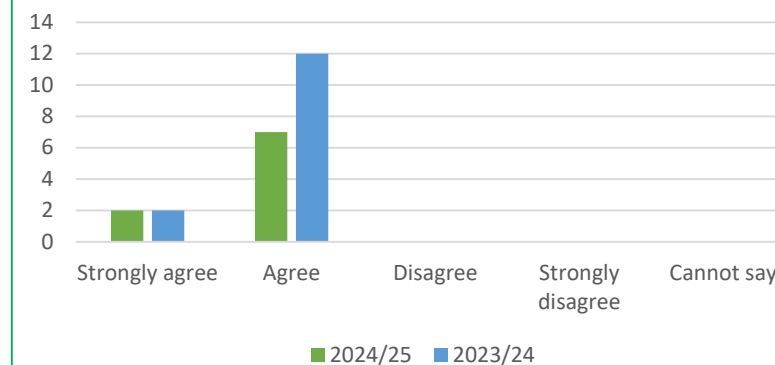
6) I am confident that I have opportunities to influence items on the cycle of business (and therefore future Council agendas)



7) The Council meeting agendas include all the important topics for discussion

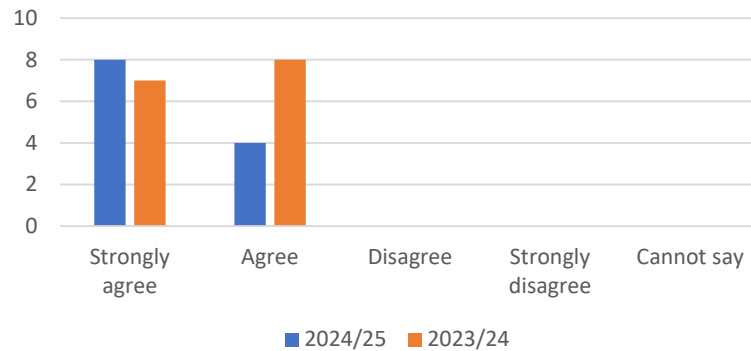


B2) The Council meeting agendas include all the important topics for discussion

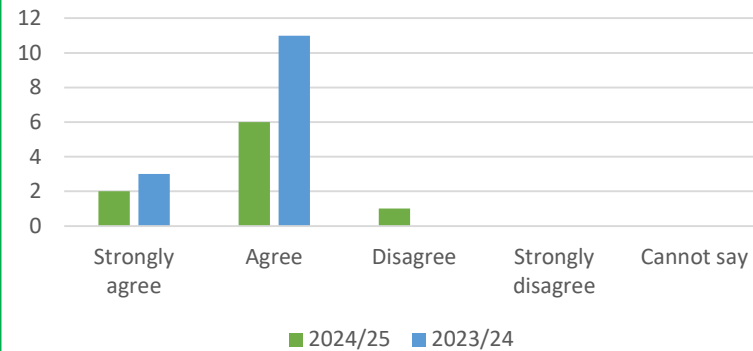


Council of Governors' meetings

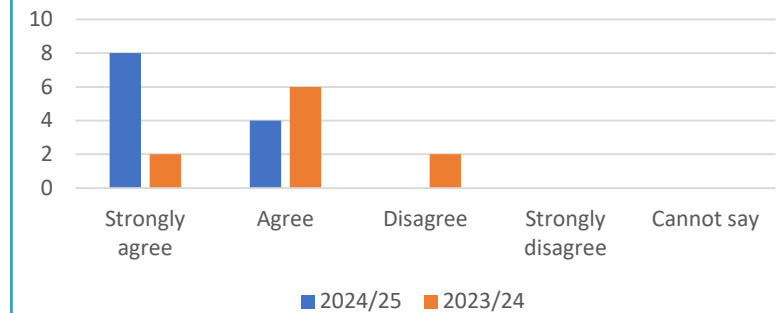
8) The Council meetings are well managed in accordance with the agenda



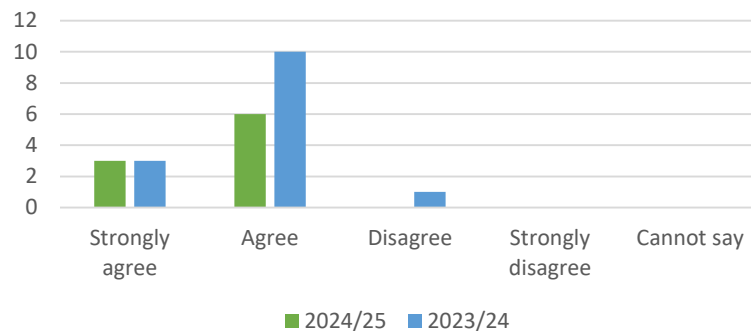
B3) The Council meetings are well managed in accordance with the agenda



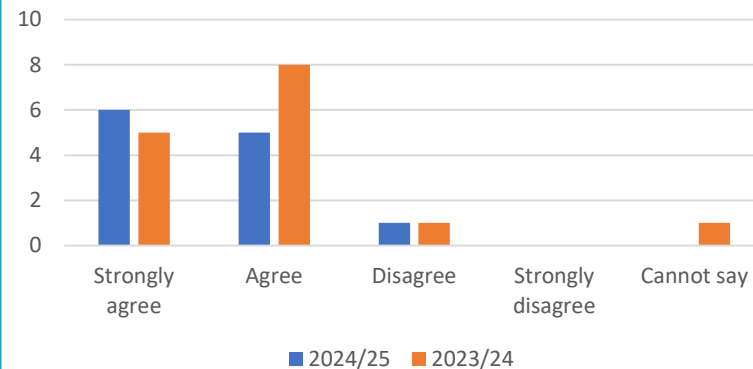
9) There is sufficient time for discussion and for Governors to contribute their view at Council meetings



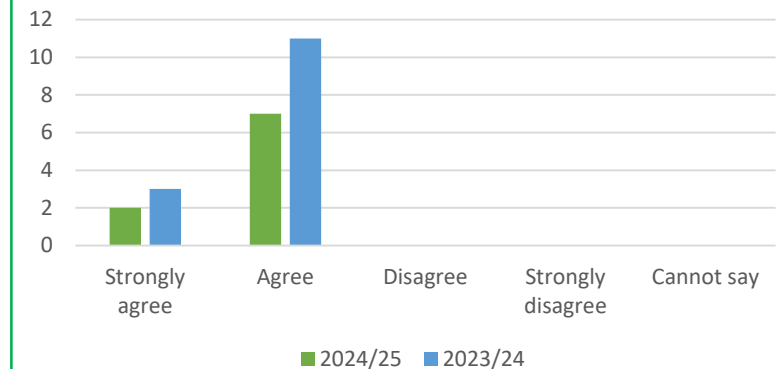
B4) There is sufficient time for discussion and for Governors to contribute their view at Council meetings



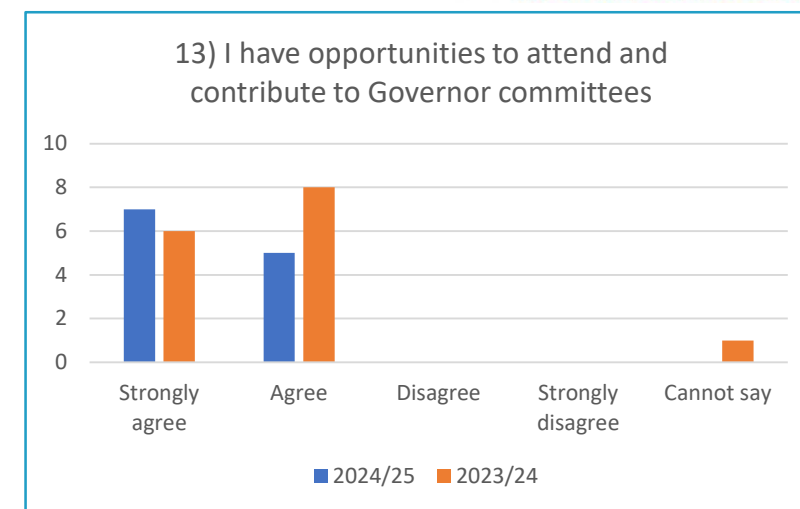
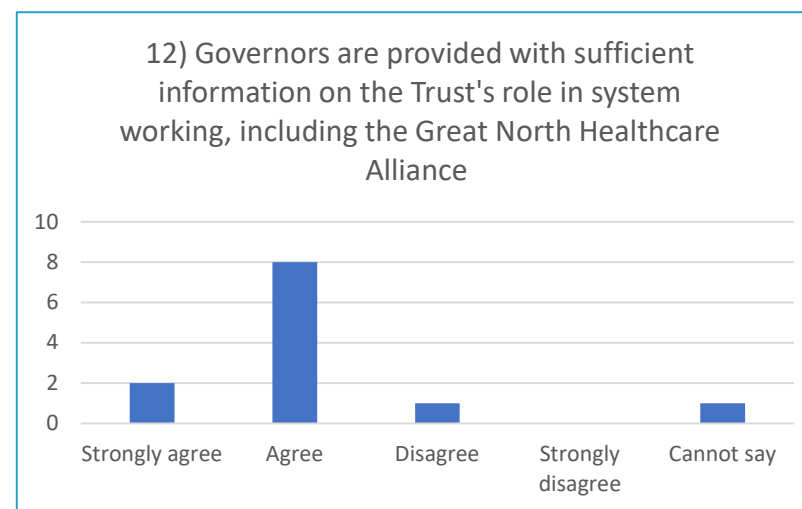
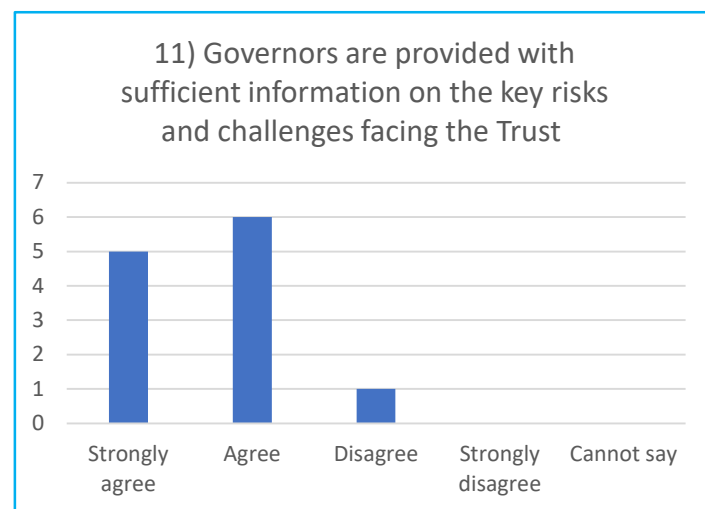
10) Information provided for Council meetings is appropriate and timely



B5) Information provided for Council meetings is appropriate and timely



Council of Governors' meetings



Governor comments

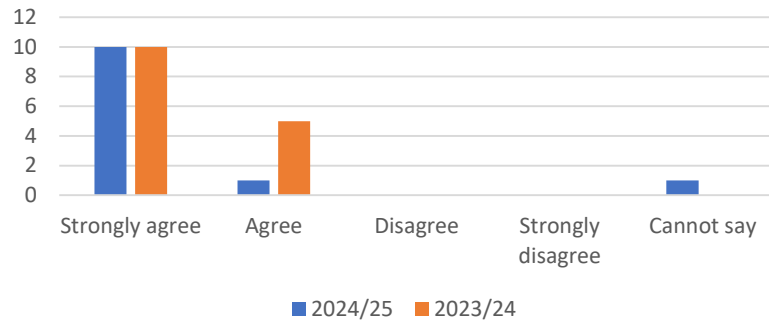
- One Governor commented that full papers are always provided with the relevant information and another commented that Governors always have the opportunity to ask for more and discuss with fellow Governors in advance.
- One Governor felt there had been a positive increase in Governors being informed proactively of issues and positive developments between Council meetings.
- It was suggested that having the pre-meet on the day of the Council limits the opportunity to co-ordinate queries however getting as many together as possible for a preliminary discussion is the priority.

Board Member comments:

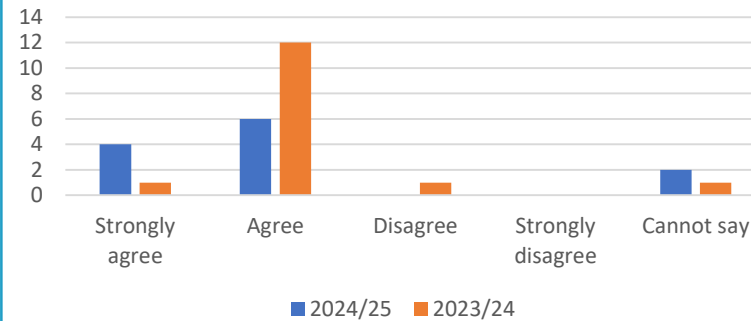
- Comments were made in relation to the questions received from Governors which were felt to be relevant and appropriate however as the Trust moves to the alliance model, it was felt both Non-Executive Directors and Governors will need to adjust thinking and questions and become more focused on benefits to the community rather than traditional review of business performance

Communications, relationships and support

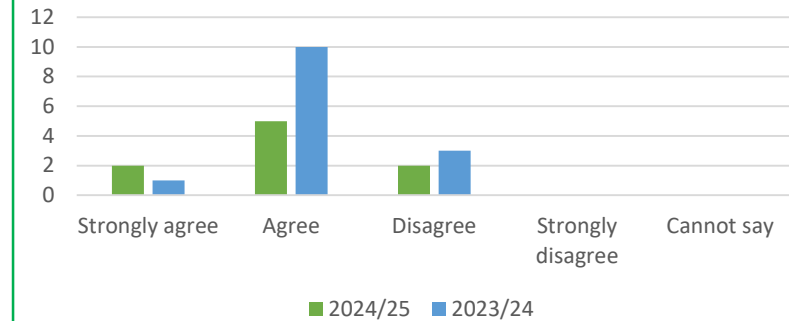
14) The Council receives effective support from the Company Secretary and Corporate Services Assistant



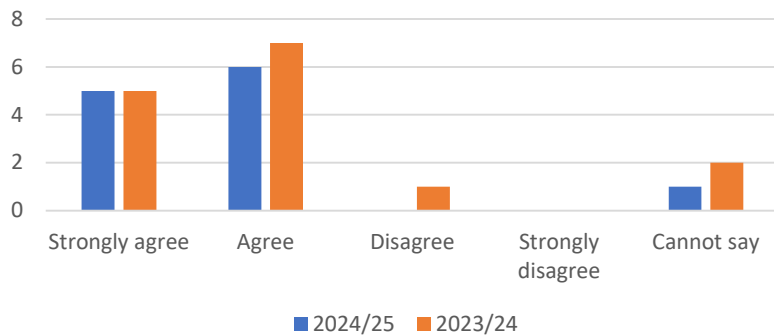
15) The interaction and relationship between the Board of Directors and the Council of Governors is appropriate and effective



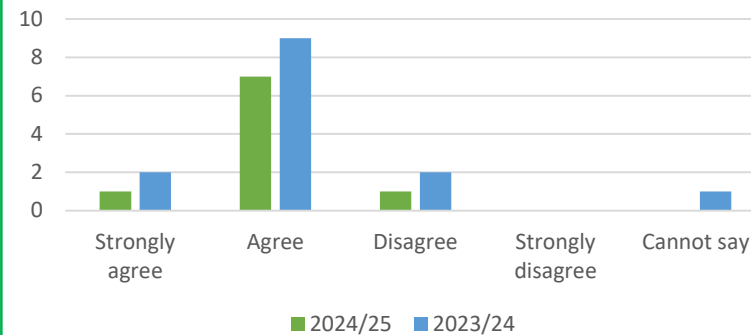
B6) The interaction and relationship between the Board of Directors and the Council of Governors is appropriate and effective



16) Communications between the Trust and the Council of Governors are effective



B7) Communications between the Trust and the Council of Governors are effective



Communications, relationships and support

Governor comments

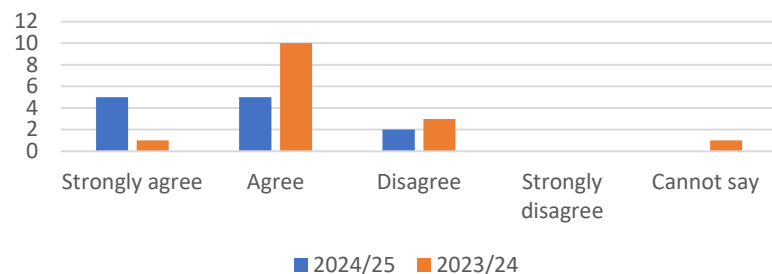
- Five Governors provided commentary on this section and there is consensus around the communications and support provided being sufficient.
- Two Governors commented that there had been an improvement in communications.

Board Members:

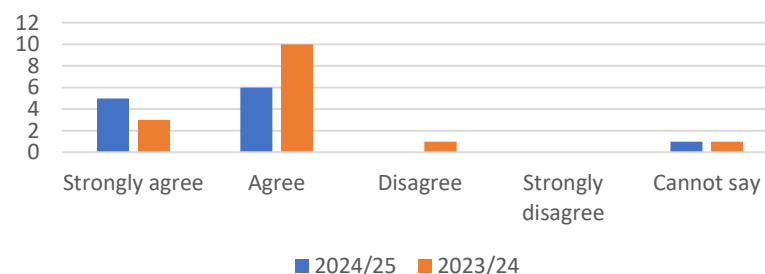
- One Board Member commented that there is a strong relationship between the Council of Governors and members of the Board which allows the Council to carry out its role effectively.
- Another Board Member commented that interaction and communication works well for the core of the Governors who regularly contribute however unfortunately there are a number of Governors who do not engage and therefore it is difficult to see how interaction and communication can be effective for these Governors.
- It was suggested that the Board and Council could work more closely together.
- One Board Member suggested that more informal events with Non-Executive Directors would be beneficial.

Holding Non-Executive Directors to Account

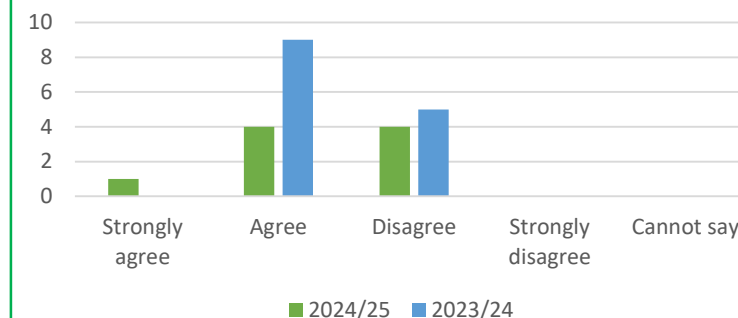
17) I am confident that I am able to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors



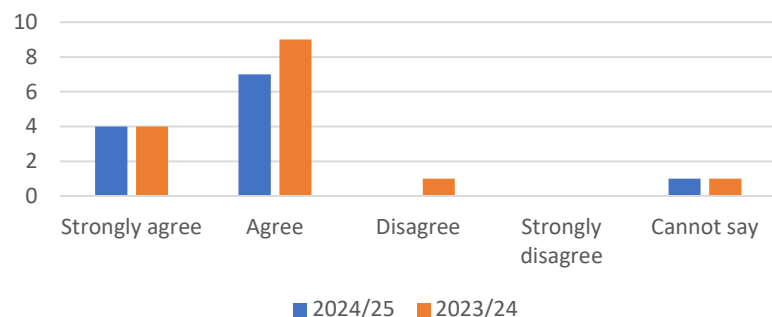
18) I am able to question the Non-Executive Directors about the assurances that they have received at the Board of Directors and Board committees.



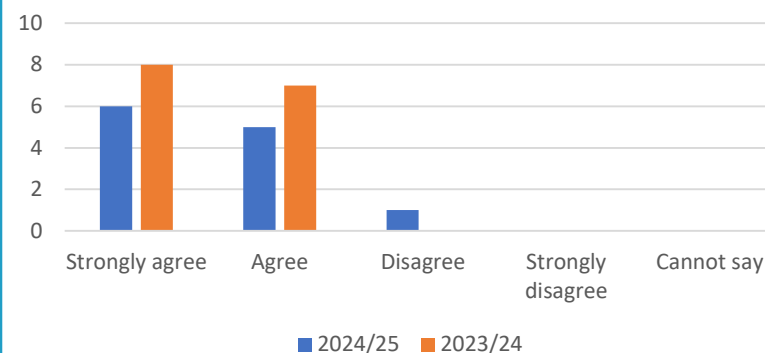
B8) Governors ask relevant questions of the Non-Executive Directors about challenge and assurance



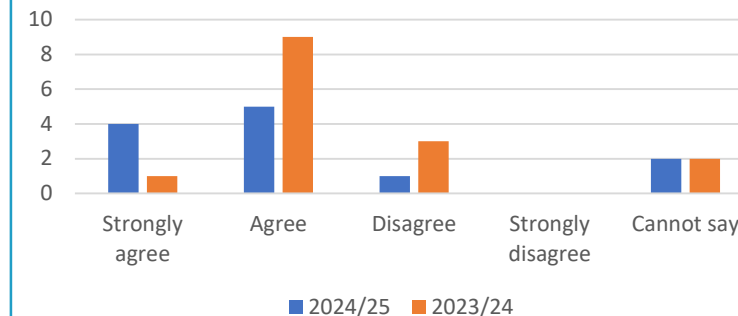
19) As a Governor I am provided with sufficient information to enable me to ask relevant questions regarding performance reports



20) The Council has access to the Chair, the Board and the Senior Independent Director



21) I receive useful feedback from the Board committee observations undertaken by my Governor colleagues



Holding Non-Executive Directors to account

Governor comments:

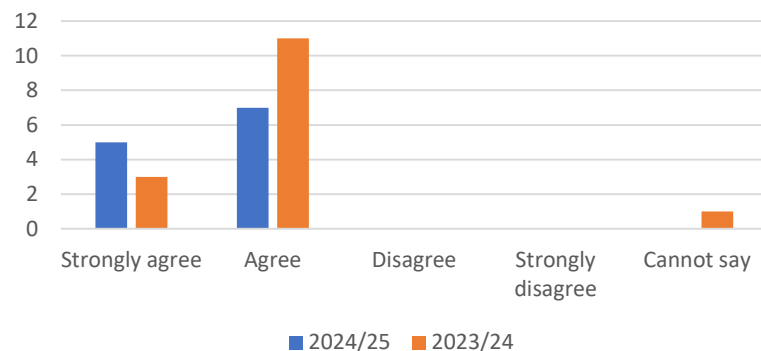
- One Governor commented that although there is a process to follow to provide Governor colleagues with feedback from Board committee observations, this is frequently not followed.
- Other Governors commented that the Non-Executive Directors are available as required and are happy with the relationship between the Governors and Non-Executive Directors

Board Member comments:

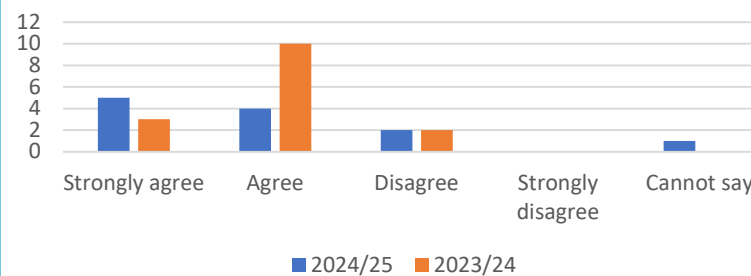
- One Board Member reflected that they would welcome more robust dialogue about key strategies and how they affect and/or meet the needs of our local populations. They felt that this would be helpful for both sides as it would validate actions being taken whilst providing greater assurance to the Governors that the Trust is delivering the best aligned healthcare model.
- Another Board member felt that questions are relevant and appropriate however as the Trust moves to an Alliance model, they felt that both Non-Executive Directors and Governors may need to adjust their thinking and questions to become more focussed on the benefit to the community of doing/not doing rather than the traditional review of business performance.
- One Board Member reflected on how challenging this aspect of the Governor role is and another felt that some Governors would benefit from some additional clarity on how to discharge this element of their duties.

Processes and information

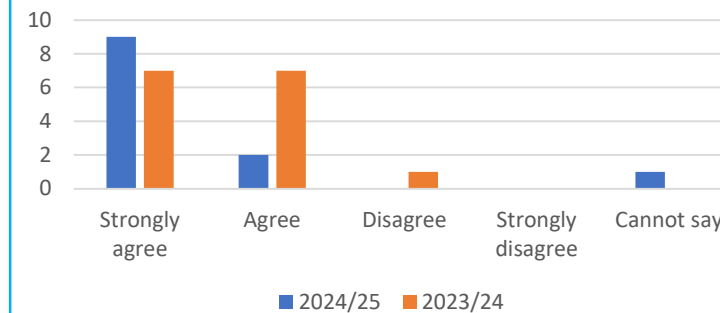
22) I am able to understand the key points in the Trust's Annual Report and Accounts



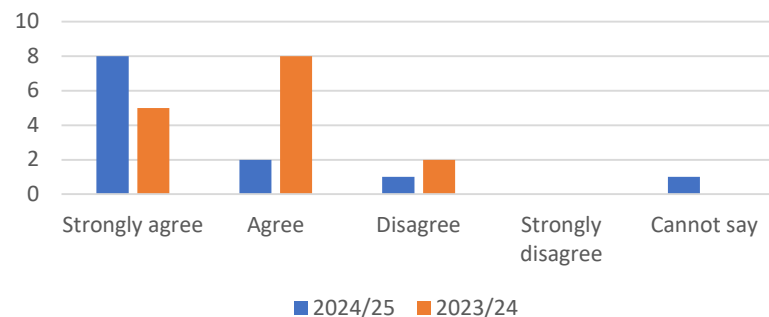
23) I am consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's business plan



24) I understand my role in the appointment and removal of the Chair and Non-Executive Directors.



25) I receive sufficient meaningful information to enable me to effectively discharge my duties in relation to the Non-Executive Director / Chairman appointment process.

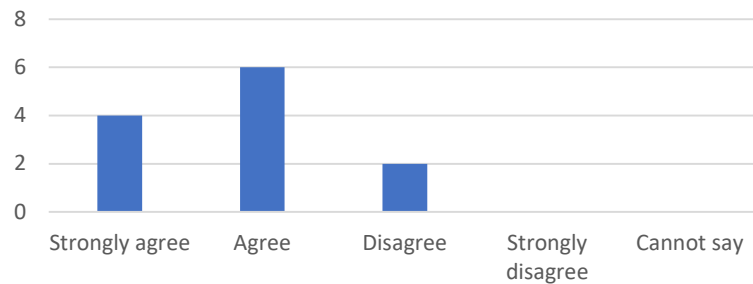


Governor comments:

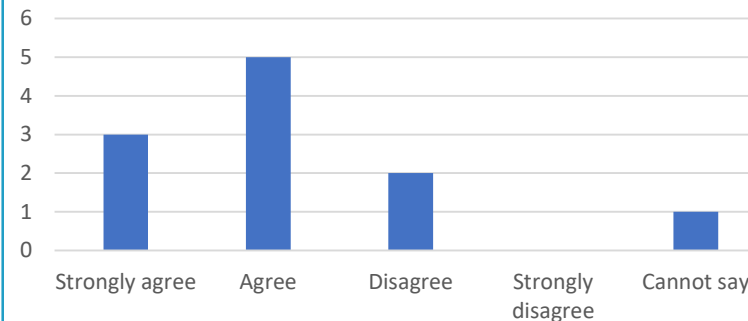
- One Governor commented that they understand the process and information and if needed, understand that they can contact the Company Secretary to provide answers to anything they require further clarification on.

Membership and Representation

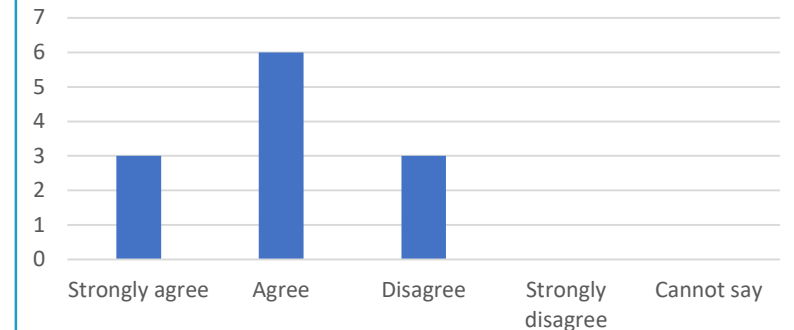
26) I feel confident that I am representing the interests of the people I have chosen to represent (ie. staff, members / the public or key stakeholders)



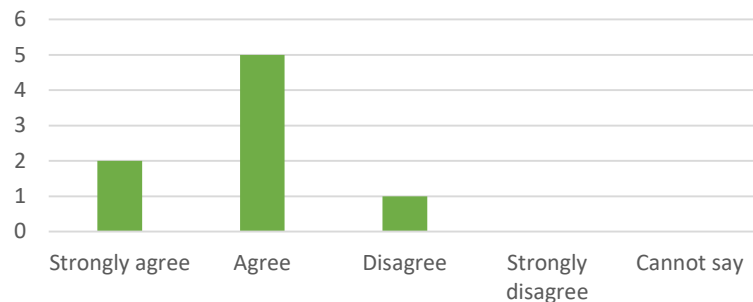
27) Arrangements are in place to support Governors to communicate and engage with members / the public



28) I feel confident that I am representing the interests of the public at large, including the population of the local system



B9) Governors represent the interests of the people they have been chose to represent (ie. staff, members / the public or key stakeholders)



Membership and Representation

Governor comments:

- It was generally noted that engagement work is being developed however it was felt that more face-to-face meetings with the public was required to raise awareness around what the Governors represent.
- One Governor felt that since the merger of the Central and Eastern constituency, further opportunities may be available to develop effectiveness with new Governors along with the recently Appointed Governors.
- Another Governor felt that it may be useful for some Governors who do not have a professional role that links them to the public, to have some further support in identifying potential opportunities in their everyday encounters.

Board Member comments:

- Some Board members felt that questions raised by the Governors often came from contact with those they represent and that topics raised were relevant to their constituency.
- One Board member felt that this is one of the more difficult elements of the Governors role as effective contact with public constituencies is particularly difficult. In addition, some staff governors are at risk of only representing their own professional group rather than the broader views of staff as a collective.
- There was some uncertainty that the constituent voice is always heard and one Board member queried whether we are able to be more explicit on the views being represented.

Committee Escalation and Assurance Report

Name of Governor Committee	Membership, Governance and Development Committee
Date of Governor Committee:	9 January 2025
Chair of Governor Committee:	Steve Connolly (Lead Governor)

Alert <i>(matters of significant concern requiring escalation to the Council for further action)</i>	
<ul style="list-style-type: none"> No issues of significant concern 	
Advise <i>(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)</i>	
<ul style="list-style-type: none"> The Committee reviewed the attendance rates for the Council of Governor meeting. It was noted that so far, for this financial year, there are Governors who have not met the 75% attendance standard however it was agreed to reflect further on this at the year end to agree whether any further action was required. The Governor training plan for 2025/26 was reviewed and identified areas discussed including a planned session to consult with Governors around the Trust's annual planning cycle. Discussion took place around providing some support around Governor engagement, communication and messaging including further details for the public and staff governor roles and it was proposed that a toolkit could be created. Mrs Boyle informed the Committee that following discussions at the last meeting around arranging a bi-election for the merged Central and Eastern constituency as well as further information in relation to refining the membership database, options are being developed by the election company and this will be shared once received. <i>Post meeting update – the election company have advised that it would be more efficient and cost effective to combine the exercise and cleanse the Central and Eastern constituency at the same time as running the election. The remaining constituencies would then be cleansed during the next elections. It is therefore proposed that communications will begin by the end of January 2025 with the expectation that the election will be fully concluded by the end of April 2025.</i> Discussion took place in relation to the title for the Medicine for Members events and it was felt that this may need to be changed as could cause confusion to members. One suggestion was to rename the events to Members Forum however the wider views of the Council are sought in the first instance. 	

Assure <i>(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)</i>
<ul style="list-style-type: none"> • Positive feedback was received in relation to the Governor Handbook which has been updated to include the new merged constituency and committee meeting as well as a paragraph being added to Appendix 1 - External Governance and the Local Health Economy in relation to the Great North Healthcare Alliance. The updated version will be added to the Governor document library on Convene. • Positive feedback was received in relation to the last Medicine for Members event and some reflections were made in relation to the format ie. group sessions rather than presentations. It was felt that the format of future events will be considered relating to the topic. Discussion also took place around the next event which is planned for March 2025 and it was agreed that this will relate to health and social care of long-term conditions ie. cardiology, respiratory, diabetes, etc and this will be explored. • Discussion took place around membership engagement and it was proposed to focus on previously suggested community venues (Springwell Village Hall, Church Group, Women's Group (via Embells) and Primary Care Network Patient Participation Group) with the agreement to develop a wider plan following this.
Risks (any new risks / proposed changes to risk scores)

Committee:	Council of Governors
Chair:	Alison Marshall
Financial year:	2025/26

Denotes an item for Part 2 of the meeting

	Lead	Purpose of item	May-25	Sep-25	Nov-25	Feb-26
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	✓	None due to AGM	✓	✓
ICS / ICB update presentation	ICB	For Discussion				✓
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			✓	
Great North Healthcare Alliance updates	Chair and CEO	For Assurance	✓	✓	✓	✓
Governance						
Review of Constitution	Company Secretary	For Decision	✓			
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)	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, Governance and Development Committee	Chair of the Group	For Assurance	✓	✓	✓	✓
Governor Remuneration Committee	Chair of the Group	For Assurance	✓	✓	✓	✓