Gateshead Health
NHS Foundation Trust

Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 10:00am on Wednesday 14 May 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 19 February 2025	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) Northern Centre for Breast Research	Assurance	Research Team	Presentation
		ii) Equality, Diversity and Inclusion update	Assurance	EDI & Engagement Manager	Presentation
7.	10:40	Trust Strategy Update	Assurance	Director of Strategy and Partnerships	Presentation
8.	10:50	Annual Planning Update	Assurance	Director of Strategy and Partnerships	Presentation
9.	11:00	Great North Healthcare Alliance Update	Assurance	Director of Strategy and Partnerships	Paper
10.	11:10	Developing the Quality Priorities	Decision	Chief Nurse	Paper
11.	11:20	NHS Staff Survey Results	Assurance	Group Director of People and Organisational Development	Presentation
BOARD AND COMMITTEE UPDATES					
12.	11:35	Chief Executive's update			
		i) Performance Report	Assurance	Chief Executive	Paper
		ii) Finance Report	Assurance	Group Director of Finance	Paper
		iii) Questions from Governors	Assurance	Chair	Verbal
13.	11:55	Board Committee Assurance update:			
		i) Quality Governance Committee	Assurance	Chair of the Committee	Presentation
		ii) Audit Committee	Assurance	Chair of the Committee	Presentation

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No	Start time	Item	Purpose	Lead	Paper / Verbal
GOVERNANCE					
14.	12:15	Lead Governor and Deputy Lead Governor Appointments	Decision	Company Secretary	Paper
ELECTIONS AND MEMBERS					
15.	12:20	Central and Eastern constituency Election results	Assurance	Chair	Paper
UPDATES FROM GOVERNOR COMMITTEES AND GROUPS					
16.	12:25	Membership, Governance and Development Committee Assurance Report	Assurance	Chair of the Committee	Paper
17.	12:30	Governor Remuneration Committee Assurance Report	Assurance	Chair of the Committee	Paper
ITEMS FOR INFORMATION / MEETING GOVERNANCE					
18.	12:35	Cycle of Business 2025/26	Information	Company Secretary	Paper
19.	12:40	Top 3 Messages	Discussion	Chair	Verbal
20.	12:45	Any Other Business	Discussion	Chair	Verbal
21.	12:50	Review of Meeting	Discussion	Chair	Verbal
22.	12:55	Date and Time of Next Meeting – 12:30pm on Wednesday 24 September 2025	Information	Chair	Verbal

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Council of Governors Part 1

Minutes of a meeting of the Council of Governors held at 10.00am on Wednesday 19th February 2025 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 L Brown	Public Governor – Western
Mr M Brown	Appointed Governor
Mr S Connolly	Public Governor – Central
Mrs L Curry	Staff Governor
Mr R Dennis	Public Governor – Western
Mrs C Hindhaugh	Public Governor – Central
Mrs H Jones	Public Governor – Central
Mr M Learmouth	Public Governor – Central
Mr M Loome	Public Governor – Central
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
Mrs J Thompson	Staff Governor
Mr C Toon	Appointed Governor
In Attendance	
Mrs J Boyle	Company Secretary
Ms N Bruce	Director of Strategy and Partnerships
Mrs T Davies	Group Chief Executive
Mr G Evans	Managing Director for QE Facilities
Mrs J Fay	Acting Group Director of Finance
Mr N Halford	Medical Director of Strategic Relations
Mrs J Halliwell	Group Chief Operating Officer
Dr C Howey	Group Medical Director
Mr A Moffat	Non-Executive Director
Dr G Morrow	Non-Executive Director
Mr M Robson	Non-Executive Director
Ms C Robinson	Health Inequalities Programme Lead (25/02/06)
Dr R Sharrock	Consultant Respiratory Physician (25/02/06)
Ms D Waites	Corporate Services Assistant
Observers	
One member of the public	
Apologies	
Cllr D Burnett	Appointed Governor
Mr A Crampsie	Non-Executive Director
Dr G Findley	Chief Nurse and Deputy Chief Executive
Mr M Hedley	Non-Executive Director

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Dr A Lowes	Staff Governor
Mrs K Mackenzie	Group Director of Finance and Digital
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Mr A Rabin	Public Governor – Central
Dr K Singisetti	Staff Governor
Mrs A Venner	Group Director of People & Organisational Development

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25/02/01	**Welcome and Chair's Business** Mrs Marshall opened the meeting and welcomed the new Governors including Michael Brown, Carol Hindhaugh, Mark Learmouth and Janet Thompson. She reminded the Council of the current challenges throughout the NHS and the importance of working together which should be taken into consideration whilst moving through the agenda.	
25/02/02	**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.	
25/02/03	**Apologies for absence:** Apologies were received as per the attendance register.	
25/02/04	**Minutes of the previous meeting:** The minutes of the previous meeting held on 20th November 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: • Action 24/09/06 re. arranging a Governor visit to Cragside and Sunniside. This is scheduled to take place following today's meeting therefore action agreed for closure. • Action 24/11/07 relating to running a separate survey for the NHS Change consultation based on the survey sent to staff and creating a Council response. This has been completed and	

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	response submitted to the NHS Change portal. Action therefore agreed for closure. • Action 24/11/09 relating to arranging a by-election for the newly merged Central and Eastern constituency with the election company. This is currently underway with the nomination period due to end on 6th March 2025. Action agreed for closure. • Action 24/11/09 relating to a potential membership database cleansing exercise. This was discussed with the election company and the cleansing exercise for Central and Eastern was brought forward to coincide with the election as this generated a saving overall. The Western and the Out of Area constituency will be cleansed at the next elections for these areas. Action therefore agreed for closure. 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.	
25/02/06	**Showcase Presentation – Targeted Lung Health Check:** Dr Ruth Sharrock, Respiratory Consultant/Lung Cancer and HIVE Lead, provided a presentation on the targeted lung health checks which is a lung cancer screening programme taking place at the Trust. Dr Sharrock highlighted that all places within the North East and North Cumbria area have a higher age standardised incidence for lung cancers than England and incidence rates also increase strongly with deprivation. Newcastle and Gateshead are one of 10 pilot sites for the screening programme which includes anyone who has smoked between the ages of 55-74. As a result of the screening programme, an increased number of early stage cancers have been detected which results in better outcomes for patients. Dr Sharrock explained that this does have an impact on increased patients requiring services and it is therefore important to consider the wider transition from treatment to prevention and opportunities for improvements around symptomatic presentation routes and further targeted engagement. Following a query from Mr A Moffat, Non-Executive Director, in relation to the impact on hospital performance, Dr Sharrock explained that this would require further resource to ensure it is managed as efficiently as possible and Mrs J Halliwell, Group Chief Operating Officer, explained that this demonstrates that models of care delivery are changing therefore it is important that this involves community services.	

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	Mrs K Tanriverdi queried whether GP practices were involved and Dr Sharrock explained that primary care are supporting with this work to ensure that patients' smoking statuses are updated and teams are working closely with the Northern Cancer Alliance. Mrs Marshall thanked Dr Sharrock and the team for the work being undertaken and improved patient outcomes. Dr Sharrock left the meeting.	
25/02/07	**Annual Planning and Strategy Development update:** Ms N Bruce, Director of Strategy and Partnerships and Mr N Halford, Medical Director of Strategic Relations, provided an update on the Trust's annual planning and strategy development. **Annual Planning 2025/26** Ms Bruce reported that the annual planning guidance was published by NHS England on 30th January 2025 following a delay however there will be no change to the required submission dates. This remains an annual process however there are indications that this will move to longer term planning whilst the 10 year NHS plan is developed. The Trust's planning process commenced whilst the guidance was awaited and a workshop was held in December 2024 with representatives from each of the three clinical divisions where headlines were shared from their submitted plans including how they intend to deliver the priorities needed. Ms Bruce drew attention to the planning headlines including the "3 shifts" which were highlighted within the Lord Darzi review and explained that there was a focus on reducing cost base and improving productivity, reducing waste and tackling unwarranted variation. There has been a national acknowledgment that there may need to be some difficult decisions however prioritisation of frontline care remains. Organisational plans continue to be developed, and a workshop will be arranged with Governors in March 2025 to discuss further. **Trust Strategy** Mr Halford reported that the Trust's Strategy is currently being updated to ensure that this continues to align to the Trust's ambitions and delivery of strategic intent. There remains a continued focus on performance and quality as well as health inequalities and sustainability which will be considered via our partnership working as part of the Great North Healthcare Alliance. He reminded the Council of earlier discussions following Dr Sharrock's presentation around how services and clinical pathways may need to be reviewed in line with current developments within the health service and drew attention to the outline Corporate Strategy and the strategies that	

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	will sit underneath around development and transformation, people and quality and subsequent chapters that will feed into the work across the organisation. A similar exercise is being undertaken by QE Facilities. The Council reviewed the timeline and significant milestones which will include the opportunity for further discussion to take place with Governors via the workshop which will be taking place in March 2025. Following a query from Mrs J Thompson around opportunities for patient involvement, Mr Halford highlighted that sessions have already been taking place including some existing work with the Patient Experience Team. Mrs T Davies, Group Chief Executive, explained that the strategy work will take place alongside annual planning processes whilst considering that some difficult decisions may be required around services therefore patient involvement and engagement is essential. Mr A Moffat, Non-Executive Director, requested further information around the progression of the NHS 10 year plan and Mrs Davies explained that a consultation process has been undertaken, and a response has been submitted on behalf of the Board and Alliance. She reminded the Council of the "3 shifts" highlighted in the Lord Darzi report and explained that the Trust will continue to work towards this vision however consideration is required around the current pressures on finance and service delivery. Mr M Brown felt that it would be beneficial to ensure engagement was consistent using simple language and suggested that a plan on a page may be useful to enable the public to see how this links together. Mr Halford reported that stakeholder and service user sessions will continue to take place to develop the strategy however highlighted that this will continue to evolve and adapt as discussions take place. Mrs Marshall thanked Ms Bruce and Mr Halford for the update and highlighted that a workshop will be arranged with Governors to enable further discussion and engagement around the annual planning process and development of the Trust's strategy. Following further discussion, it was: **RESOLVED:** to receive the update on the Trust's annual planning and strategy development.	JB/DW
25/02/08	**Chief Executive's Update:** Mrs T Davies, Group Chief Executive, provided an update on current issues relating to the Trust within the organisational strategic aims. Mrs Davies began by drawing attention to some key points in relation to national policy, statistics and context and highlighted NHS England's planning guidance at a glance which provides some key headlines. This	

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	includes the intention to improve access to care closer to home, increased focus on prevention and early intervention as well as having more digital service options. In relation to workforce, there is an expectation to reduce temporary staffing and Mrs Davies highlighted that the Trust has successfully eliminated agency staff and significantly reduced the use of bank staff. Further work is also taking place around reviewing non-clinical roles. She also drew attention to the financial headlines and reminded the Council of the current pressures to deliver services within the financial envelope therefore difficult decisions will be required. The Council reviewed the national performance headlines and Mrs J Halliwell, Group Chief Operating Officer, reported on some of the deteriorations during December 2024 due to high demand and increased cases of flu and norovirus. It was highlighted that there have been significant improvements during January 2025. Work has begun with clinical colleagues around delivery and models of care particularly around urgent and emergency care and teams are working hard to ensure that improvements are achieved. Mrs Davies reminded the Council of the financial restraints within the system therefore it is important to continue to provide open and honest discussion and engagement. In relation to the organisational strategic aims, Mrs Davies drew attention to the following key points: **Strategic Aim 1: We will continuously improve the quality and safety of our services for our patients:** The Trust was named as the top provider of maternity care in England according to the 2024 Care Quality Commission (CQC) patient survey which is a significant achievement and reflects the dedication and hard work of our maternity colleagues. A new pharmacy robot has been installed in the Pharmacy department which enables pharmacy and clinical colleagues to dedicate more time to patient-facing activities. **Strategic Aim 2: We will be a great organisation with a highly engaged workforce:** It is recognised that the current challenging operating environment is very difficult for colleagues therefore there is a continued focus on health and wellbeing resources to ensure staff are supported. Mrs Davies highlighted that she is the regional and collaborative lead for workforce, which provides early insight for the Trust and demonstrates the importance of working in collaboration with our partners on the workforce agenda. **Strategic Aim 3: We will enhance our productivity and efficiency to make the best use of resources:** The Trust was able to discharge 171 patients in 48 hours recently due to introducing some new processes which attracted national attention	

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	however Mrs Davies highlighted that this demonstrates the pressures on our Emergency Department. **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:** The Trust has been working with local partners to bring a mobile women's health service to various locations across the Gateshead area and has been developed as part of the Gateshead Women's Health Hub with the bus provided by Newcastle GP Services. Mrs Davies drew attention to some of the work with the Alliance and discussions will take place later in the meeting around the Shared Chair appointment process. Following a query from Mrs K Tanriverdi in relation to dentistry, Mrs Davies explained that plans have not been developed around this however work is taking place in primary care to develop transformation plans and Mr N Halford, Medical Director for Strategic Relations, highlighted that GPs are keen to work with hospital clinicians to ensure that patients can be seen by the right person at the right time to improve pathways and remove duplication and a joint session is being planned. **Finance Report:** Mrs J Fay, Acting Group Director of Finance, provided the Council with some key financial headlines and highlighted some of the challenges however explained that the Trust has an established Financial Sustainability Group and Cost Reduction Planning (CRP) Steering Group that supports and monitors work streams focused on tackling underlying deficits and targeting medium term savings. She reported that work is continuing to identify schemes to ensure delivery of CRP requirements for 2025/26 noting that challenges remain around achieving savings on a recurrent basis. Following a query from Mrs H Jones in relation to how the Trust compares to other trusts, Mrs Fay explained that there are challenges across the system however the Trust has strong relationships with other providers as well as the Integrated Care Board and Alliance colleagues to ensure that safe and quality care is provided across the local population as well as sharing tools and techniques. Following a further query from Mrs Jones on potential consequences should financial pressures continue, Mrs Fay explained that recurrent cost reduction savings are required which will involve transformation of services and is linked to the annual planning processes. There is a risk that the Trust will fall into a NHS Oversight Framework (NOF) 4 rating which would result in the Trust requiring intensive support from NHS England and it is important to ensure that plans are achieved. Mrs J Thompson suggested that it may be beneficial to consider change champions to encourage support and engagement of staff across the organisation. Mrs Davies agreed that it was important that information	

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	was visible within teams therefore the development of communications was required and roadshows are currently taking place. **Questions from Governors:** Mr L Brown raised a query in advance of the meeting around providing assurance in relation to the preparedness for a further pandemic. Mrs J Halliwell, Group Chief Operating Officer, explained that this is already being reported on via the Emergency Preparedness, Resilience and Response (EPRR) return however a new plan is being developed around national guidance and best practice and a national planning exercise is being arranged to test this. Mrs Halliwell also suggested that a more detailed discussion could take place outside of the meeting with Mr Brown to share more detail on the plans in place. After discussion, it was: **RESOLVED:** to receive the updates for assurance and information.	
25/02/09	**Board Committee Assurance update:** **Digital Committee:** Mr A Moffat, 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: • Reports received in relation to Digital Service and Trust key performance indicators which have highlighted challenges in a number of areas including Freedom of Information and Subject Access Requests compliance. Following a query from Mrs H Jones in relation to the reasons behind this, Mr Moffat explained that this had been due to the complexity of issues and resourcing within the team however Mrs Davies, Group Chief Executive, highlighted that this is being addressed, and improvements have been made. • The Committee has added a “focus on” section to the agenda to provide a better understanding of any issues taking place across the organisation and this has included the Committee receiving a detailed debrief in relation to the Picture Archiving and Communication System (PACS) incident and the need for an early warning system and this will be considered as part of the development of the key performance indicators. • Key risks include the management of cyber vulnerabilities and the implementation of the electronic patient record (EPR) however these are being monitored via the Organisational Risk Register.	

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	• Key priorities for assurance over the next few months includes the development of the EPR implementation plan and Trust Strategy which will also link with the Digital Strategy across the Alliance. Mr C Toon observes the Digital Committee and queried whether there were any potential investment opportunities to support digital system efficiencies particularly around the PACS issues and Mrs Davies explained that processes were being reviewed as part of the debrief. Dr C Howey, Group Medical Director, highlighted that plans were in place around increased clinical leadership and further consideration may be required around the suggestion of change champions via the Gateshead Health Leadership Group. **Charitable Funds Committee:** Mr M Robson, Non-Executive Director, provided an update on key issues and assurances, key risks and priorities from the Committee on behalf of Mrs H Parker who has recently taken over as Committee Chair. He reminded the Council that the Charitable Funds Committee is slightly different to the other Board Committees and has delegated authority from the Charitable Trustees' Board to carry out the assurance functions of the Charity. He drew attention to some of the main areas of discussion which have included: • A focus on rebranding the Charity including a review of departmental funds and the introduction of a management system which provides outputs reported via the Committee. There has also been an increase in fundraising with over £40k being raised so far this year • An overview of charity activity was provided which indicates that 112 projects have been supported and these will be reviewed by the Committee to ensure that they are evaluated and targets achieved. Some of the projects highlighted included the Garden of Hope and the opening of the Ambulatory Heart Failure Unit. • Key priorities for assurance over the next 6 months includes finalising the charity strategy in line with the Trust strategy, focussing on Corporate Partnerships and reviewing the approach to legacies. Following discussions at Board a review on spend will also take place. • Mr Robson highlighted some of the planned events for 2025 and a regular newsletter is also available. Following a query from Mrs J Thompson in relation to the development and alignment of strategy proposals and whether some services will be prioritised to receive support, Mr Robson explained that this will be a focus for the Committee to support the function of the Trust however charity funding should not replace state funding. Mrs Thompson also felt that it was important to consider staff ideas and Mr Robson highlighted	

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	that there are opportunities for discussions to take place with departmental fund managers. After further discussion, it was: **RESOLVED:** to receive the reports for assurance	
25/02/10	**Council of Governors Register of Interests:** Mrs J Boyle, Company Secretary, presented the Council of Governors' register of interests for 2025. She reported that the Trust's constitution requires all Governors to declare interests which are material and relevant. It is therefore good practice to review the interests annually and be made available on request to any member who wishes to view the register. Mrs Boyle highlighted that some returns have not been received as highlighted on the attached register and requested Governor support in returning those forms currently outstanding. Following consideration, it was: **RESOLVED:** to note and record in the minutes, the declared interests of new and current Governors.	
25/02/11	**Lead Governor and Deputy Lead Governor Appointment Process:** Mrs J Boyle, Company Secretary, presented the proposed approach for the appointment of the Lead Governor and Deputy Lead Governor. Mrs Boyle reminded the Council that the appointments are Council decisions and highlighted that the terms for the Lead Governor and Deputy Lead Governor end on 18th May 2025. It is proposed that a consistent approach to the prior year is adopted in relation to the appointments and the process for the Lead Governor appointment will conclude prior to the Deputy Lead Governor nomination period commencing. There have been no changes made to the eligibility criteria or term lengths for either position. There have been two minor amendments to the role descriptions in relation to supporting the Council in engaging with Council of Governors' counterparts across the Great North Healthcare Alliance and the name of the Governance and Development Committee has been updated to its new title of Membership, Governance and Development Committee. The results for both appointments will be formally presented to the Council at the May meeting in preparation for the commencement of the	

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	new terms of office on 19th May 2025 (as outlined in the cycle of business). After consideration, it was: **RESOLVED:** to review and approve the minor revisions to the role descriptions and the planned approach for the election of the Lead Governor and Deputy Lead Governor positions.	
25/02/12	**Council of Governors Annual Effectiveness Survey Results:** Mrs J Boyle, Company Secretary, shared the results of the effectiveness survey and highlighted some themes, trends and actions. She reported that overall the survey results have been positive and indicates good alignment between the views of the Council and the views of the Board which provides assurance over the direction of travel and the relationship between the Board and the Council. There is no significant difference between 2023/24 and 2024/25, with most responses being either 'strongly agree' or 'agree' however holding the Non-Executive Directors (NEDs) to account was an area of focus following last year's survey and the results demonstrate that developments around this area have been made and interaction between the Board of Directors and Governors has improved. This remains the area of biggest variation between the responses of the Council and the Board Members and it is proposed that further discussion will take place at the next Membership, Governance and Development Committee to determine whether any additional actions are needed to support Governors. Mrs Boyle also highlighted that some new questions relating to membership, representation, and system working were included in this year's survey and the results show the greatest range of Governor responses although are still largely positive. This will also be discussed further at the Membership, Governance and Development Committee and a summary of any agreed actions will be brought back to the Council for review via the committee assurance reporting process. Following discussion, it was: **RESOLVED:** 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.	

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25/02/13	**Membership, Governance and Development Committee update:** 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 9th January 2025. 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: • It was noted that some Governors have not met the 75% attendance standard for the Council meetings however it was agreed to reflect further on this at the year end to agree whether any further action was required. • Discussion around the Governor training plan for 2025/26 took place and it was felt that some further support would be beneficial 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. • The proposals around the by-election for the newly merged Central and Eastern constituency was discussed as well as refining the membership database and as highlighted earlier in the meeting, the process is currently underway. Positive assurance was provided in relation to the Governor Handbook and positive feedback was received following the last Medicine for Members event. Discussion took place at the meeting around whether the events should be renamed as this could be causing confusion to members. One suggestion was to rename the events to Members Forum and Mr Connolly felt that it would be beneficial to seek the wider views of the Council however it was suggested that it would be useful to discuss with constituency members and ideas to be brought back to the Committee for consideration. After discussion, it was: **RESOLVED:** to note the update from the Membership, Governance and Development Committee	
25/02/14	**Cycle of Business 2025/26** Mrs J Boyle, Company Secretary, presented the cycle of business for the Council of Governors for 2025/26. This provides the Council with a forward view of future meetings for the next financial year. Following consideration, it was:	

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	RESOLVED: to receive the cycle of business for information.	
25/02/15	**Top 3 Messages:** 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. The Council agreed that this included: • To highlight the Targeted Lung Health Checks and opportunities to take part in the screening programme to increase take up rates. • To note that a Governor workshop will be arranged in the near future around the annual planning process and development of the Trust Strategy and the value of Governor input • To note the significant financial challenges within the organisation and potential difficult decisions that may be required.	
25/02/16	**Any Other Business:** There was no other business to discuss.	
25/02/17	**Review of Meeting:** The Council were invited to share any areas of improvement or learning which can also be sent directly to Mrs Marshall and Mr Connolly.	
25/02/18	**Date and Time of Next Meeting:** The next meeting of the Council of Governors will be held on Wednesday 14th May 2025.	

Council of Governors' Action Log

Gateshead Health NHS Foundation Trust

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

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	Status
25/02/07	19/02/25	Annual planning and Strategy Development update	Governor workshop to be arranged to enable further discussion and engagement around the annual planning process and development of the Trust's strategy.	07/03/25	JB/DW	Workshop scheduled to take place 06/03/2025. March 25 – confirmed that workshop took place on 6 March – **action recommended for closure.**	

Actions closed from last meeting

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
24/09/06	25/09/24	Chief Executive's update	To consider future Governor visit to Cragside and Sunniside	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 agreed 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 agreed 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 agreed 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 agreed for closure.**	

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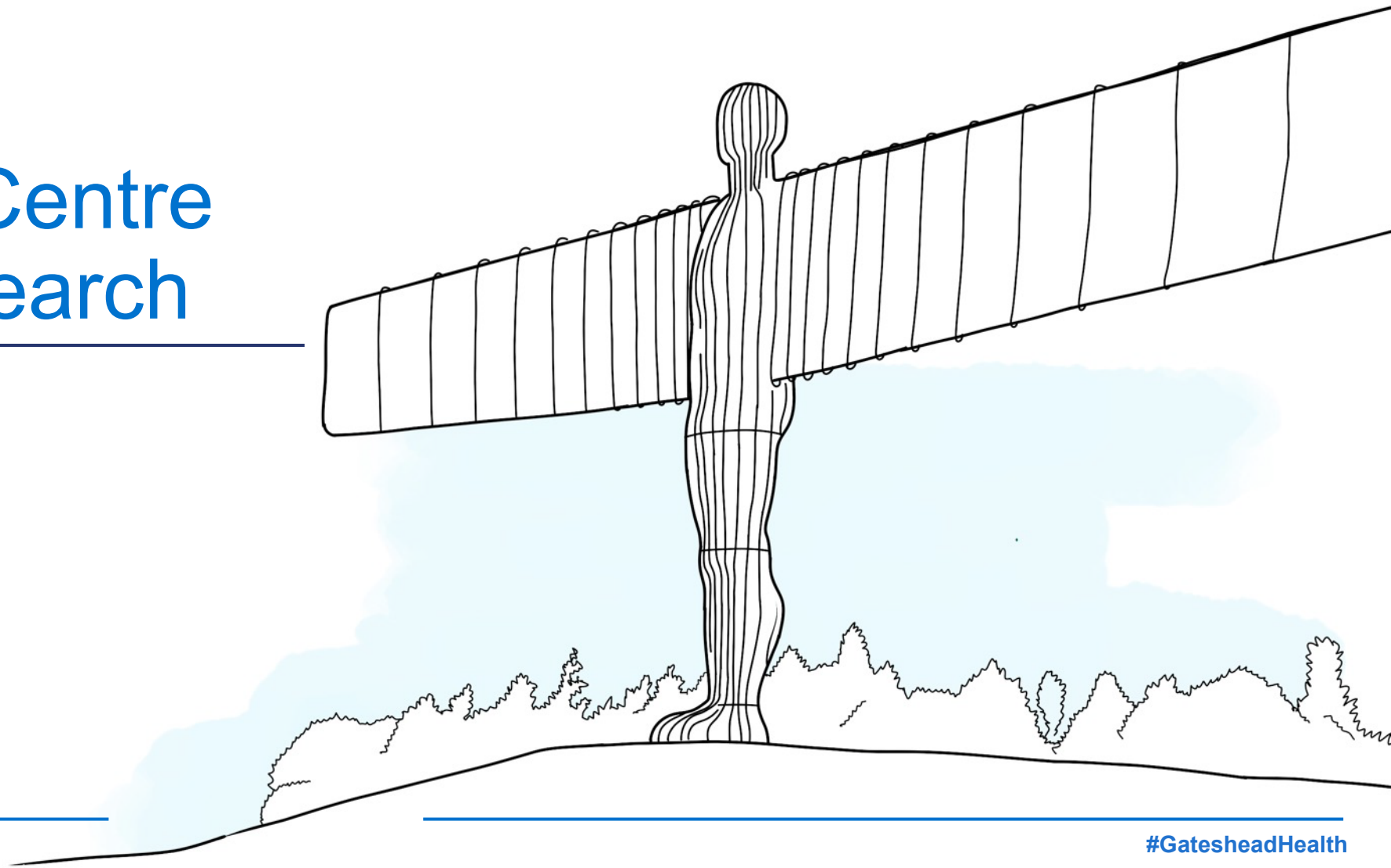
The Northern Centre for Breast Research

Dr Simon Lowes

14th May 2025



Gateshead Health NHS Foundation Trust

Why is research important in the NHS?

Research-active Trusts lead to improved quality of patient care

Engagement in interventional research is associated with higher CQC ratings

Patients report greater satisfaction with their care in research-active Trusts

Research is part of the NHS constitution

Gateshead Health NHS Foundation Trust

Research in the Breast Unit

We currently participate in a wide variety of research

- Clinical
- Laboratory-based

Many staff members play significant lead roles in a variety of regional and national organisations, including contributing to national guidelines and national research studies

Gateshead Health NHS Foundation Trust

This is under-recognised by patients and staff

We are also well below our potential capability

By formally bringing this work together we can:

- Ensure it is appropriately recognised
- Increase and strengthen our involvement in research in a way that benefits:
  - the Trust
  - the patients it serves
  - the wider community – regionally, nationally, and beyond

Current Research Studies within the Breast Unit

Gateshead Health NHS Foundation Trust

Active Clinical Research Studies

SMALL

ATNEC BREAST CANCER STUDY

SWEET

Mammo-50

PICASSO

optima personalised treatment of breast cancer

Teesside University

Upcoming Clinical Research Studies

CeSar Optimising Imaging for Breast Cancer Treatment

The TADPOLE Study

MAMMA VAD

Other Active Research Studies

Newcastle University

WCDS WOMEN'S CANCER DETECTION SOCIETY GATESHEAD

NATIONAL BREAST IMAGING ACADEMY

The Royal College of Radiologists

NORTHERN RADIOLOGY ASM

Newcastle University

NHS
Gateshead Health
NHS Foundation Trust
Trust R&D Council

Royal College of Surgeons of England

NIHR | National Institute for Health Research

NHS
Health Education England
SCHOOL OF RADIOLOGY

British Society of Breast Radiology

Clinical Radiology

NICE
National Institute for Health and Care Excellence

iBRA NET

NATIONAL BREAST IMAGING ACADEMY

ABS
ASSOCIATION OF BREAST SURGERY

WCDS
WOMEN'S CANCER DETECTION SOCIETY
GATESHEAD

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Clinical Radiology
The Royal College of Radiologists

Guidance on screening and symptomatic breast imaging
Fourth edition

Clinical Radiology 74 (2019) 676–681

Contents lists available at ScienceDirect

Clinical Radiology

journal homepage: www.clinicalradiologyonline.net

Evidence for avoiding the biopsy of typical fibroadenomas in women aged 25–29 years

K. Taylor [a,*], S. Lowes [b], E. Stanley [c], P. Hamilton [b], A. Redman [b], A. Leaver [b], C. Smith [c], R. Lakshman [a], H. Vandersluis [a], M.G. Wallis [a]

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rad review of women's health

Wire-free localisation techniques for impalpable breast lesions

RAD Magazine, 50, 584, 11-12

Dr Simon Lowes
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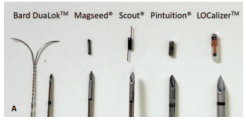
The mainstay of treatment for most breast cancers is breast conserving surgery. Impalpable breast lesions usually require image-guided localisation in advance of surgery, which facilitates the surgeon in identifying the target intra-operatively, allowing the area of disease to be excised with clear margins, while also ensuring that excess normal tissue is not removed.

In this regard, breast imaging teams have significant responsibility in ensuring that localisations are done accurately and in a way that is as helpful to the surgeon as possible. There are a variety of different types of breast lesions that require localising, including invasive tumours, lesions of uncertain malignant potential (B3), and areas of malignant calcification, as well as lymph nodes in the axilla.

For decades, the standard localisation technique has been guidewires, which are inserted on the morning of surgery using either ultrasound or stereotactic guidance (**figure 1**). Guidewires work well in that they are cheap, readily available and relatively easy to insert. On the downside, they need to be inserted on the morning of surgery, which can operation, plus the patient is left with a guidewire protruding from their skin, which can become dislodged if snagged.

In recent years, a number of wire-free implantable localisation devices have been developed, helping to mitigate some of the drawbacks associated with guidewires. There are currently five main devices in use in the UK, all of which have their own advantages and disadvantages over guidewires and relative to one other. These are radioactive iodine seeds, paramagnetic seeds (Magseed, Endomag, Cambridge), radiofrequency identification (RFID) tags (LOCalizer, Hologic, Marlborough, Massachusetts), radar reflector (Scout, Merit Medical, Aliso Viejo, California), and magnetic seeds (Pintuition, Sirius Medical, Eindhoven, the Netherlands) (**figure 2**). All five are similar in principle in that they are small, cylinder-like devices pre-loaded into an introducer needle, allowing deployment under image-guidance into the target lesion. The key advantage that all five devices offer over guidewires is that they can be inserted



Clinical Radiology 77 (2022) 749–758

Contents lists available at ScienceDirect

Clinical Radiology

journal homepage: www.clinicalradiologyonline.net

A national survey investigating the impact of the COVID-19 pandemic on core and higher breast radiology training in the UK

S. Carpenter [a], Y. Graham [b], T. Kulkarni [c], I. Lyburn [d,e,f], S. Vinnicombe [d], S. Sharma [g], N. Sharma [b], S. Lowes [a,i,*]

NICE National Institute for Health and Care Excellence

iRefer Making the best use of clinical radiology

Clinical Radiology 75 (2020) 942–949

Contents lists available at ScienceDirect

Clinical Radiology

journal homepage: www.clinicalradiologyonline.net

Use of Hologic LOCalizer radiofrequency identification (RFID) tags to localise impalpable breast lesions and axillary nodes: experience of the first 150 cases in a UK breast unit

S. Lowes [a,b,*], A. Bell [c], R. Milligan [c], S. Amonkar [c], A. Leaver [a]

[a] Breast Screening and Assessment Unit, Queen Elizabeth Hospital, Gateshead, NE9 6SX, UK
[b] Translational and Clinical Research Institute, Newcastle University, NE2 4HH, UK
[c] Department of Surgery, Queen Elizabeth Hospital, Gateshead, NE9 6SX, UK

Clinical Radiology 79 (2024) e1288–e1295

Contents lists available at ScienceDirect

Clinical Radiology

journal homepage: www.clinicalradiologyonline.net

Results of shared learning of a new radiofrequency identification localization device—a UK iBRA-NET breast cancer localisation study

Jenna L. Morgan [a,b], James Harvey [c,d], Simon Lowes [e,f], Robert Milligan [e], Suzanne Krizak [c], Yazan Masannat [g,h], Amtul Carmichael [i], Suzanne Elgammal [j], Mina Youssef [k], Gloria Petralia [l], Rajiv V. Dave [c,d,*] on behalf of the iBRA-NET Localisation Study Group

Clinical Radiology 72 (2017) 991.e1–991.e13

Contents lists available at ScienceDirect

Clinical Radiology

journal homepage: www.clinicalradiologyonline.net

A national survey exploring UK trainees' perceptions, core training experience, and decisions to pursue advanced training in breast radiology

S. Lowes [a,*], M. Bydder [b], R. Sinnatamby [c]

[a] Department of Radiology, Queen Elizabeth Hospital, Gateshead, UK
[b] Department of Radiology, Nightingale Centre & Genesis Prevention Centre, University Hospital of South Manchester, Manchester, UK
[c] Department of Radiology, Cambridge Breast Unit, Cambridge University Hospitals, Cambridge, UK

NICE National Institute for Health and Care Excellence

NICE advice

Contrast-enhanced spectral mammography for breast cancer

Medtech innovation briefing
Published: 30 August 2022
www.nice.org.uk/guidance/mib304

Clinical Radiology 78 (2023) e668–e675

Contents lists available at ScienceDirect

Clinical Radiology

journal homepage: www.clinicalradiologyonline.net

Pre-operative localisation of axillary lymph nodes using radiofrequency identification (RFID) tags: a feasibility assessment in 75 cases

S. Lowes [a,b,*], S. El Tahir [a], S. Koo [a], S. Amonkar [c], A. Leaver [a], R. Milligan [c]

[a] Breast Screening and Assessment Unit, Queen Elizabeth Hospital, Gateshead, NE9 6SX, UK
[b] Translational and Clinical Research Institute, Newcastle University, NE2 4HH, UK
[c] Department of Surgery, Queen Elizabeth Hospital, Gateshead, NE9 6SX, UK

Cancer and Metastasis Reviews
https://doi.org/10.1007/s10555-020-09879-6

NON-THEMATIC REVIEW

Solute transporters and malignancy: establishing the role of uptake transporters in breast cancer and breast cancer metastasis

Rachel Sutherland [1,2] · Annette Meeson [1] · Simon Lowes [2,3]

European Journal of Surgical Oncology 45 (2019) 519–527

Contents lists available at ScienceDirect

European Journal of Surgical Oncology

journal homepage: www.ejso.com

High risk (B3) breast lesions: What is the incidence of malignancy for individual lesion subtypes? A systematic review and meta-analysis

Nerys Dawn Forester [a,*], Simon Lowes [b], Elizabeth Mitchell [c], Maureen Twiddy [c]

[a] Breast Screening and Assessment Unit, Royal Victoria Infirmary, Queen Victoria Road, Newcastle, NE1 4LP, UK
[b] Breast Screening and Assessment Unit, Queen Elizabeth Hospital, Gateshead, NE9 6SX, UK
[c] Hull York Medical School, Institute of Clinical and Applied Health Research, The Allam Medical Building, University of Hull, Hull, HU6 7RX, UK

Journal of Plastic, Reconstructive & Aesthetic Surgery (2018) 71, 1521–1531

ELSEVIER

BAPRAS British Association of Plastic Reconstructive and Aesthetic Surgeons

JPRAS An International Journal of Surgical Reconstruction www.JPRASurg.com

Review

Breast imaging for aesthetic surgery: British Society of Breast Radiology (BSBR), Association of Breast Surgery Great Britain & Ireland (ABS), British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)

Simon Lowes [a,*], Fiona MacNeill [b], Lee Martin [c,1], Joe M. O'Donoghue [d,2], Mandana O. Pennick [e], Alan Redman [a], Robin Wilson [f,3]

OXFORD Collaborative Research

BJS, 2024, znae007
https://doi.org/10.1093/bjs/znae007
Collaborative Research Proceedings

Wire- and radiofrequency identification tag-guided localization of impalpable breast lesions: iBRA-NET localization study

James Harvey [1,2], Jenna Morgan [3,4], Simon Lowes [5,6], Robert Milligan [5], Emma Barrett [7], Amtul Carmichael [8], Suzanne Elgammal [9], Tahir Masudi [10], Chris Holcombe [11], Yazan Masannat [12], Shelley Potter [13,14], Rajiv V. Dave [1,2,*] and the iBRA-Net Localization Study Collaborative

[1]The Nightingale Breast Cancer Centre, Wythenshawe Hospital, Manchester University NHS Foundation Trust, Manchester, UK
[2]Division of Cancer Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester, UK
[3]Department of Oncology and Metabolism, University of Sheffield Medical School, Sheffield, UK
[4]Jasmine Centre, Doncaster and Bassetlaw Teaching Hospitals NHS Trust, Doncaster, UK
[5]Breast Unit, Gateshead Health NHS Foundation Trust, Gateshead, UK
[6]Translational and Clinical Research Institute, Newcastle University, Newcastle upon Tyne, UK
[7]Department of Medical Statistics, Wythenshawe Hospital, Manchester University NHS Foundation Trust, Manchester, UK
[8]University Hospital of Derby and Burton NHS Foundation Trust, Queens Hospital, Burton upon Trent, UK
[9]Breast Unit, University Hospital Crosshouse, NHS Ayrshire and Arran, Crosshouse, Kilmarnock, UK
[10]Breast Unit, Rotherham NHS Foundation Trust, Rotherham, UK
[11]Breast Unit, Royal Liverpool University Hospital, Liverpool, UK
[12]Breast Unit, Aberdeen Royal Infirmary, Aberdeen, UK
[13]National Institute for Health Research Bristol Biomedical Research Centre, University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, UK
[14]Bristol Breast Care Centre, North Bristol NHS Trust, Bristol, UK

*Correspondence to: Rajiv V. Dave, The Nightingale Breast Cancer Centre, Wythenshawe Hospital, Manchester University NHS Foundation Trust, Southmoor Road, Manchester, M23 9LT, UK (e-mail: localisationstudy@gmail.com)

Members of the iBRA-NET Localization Study Collaborative are co-authors of this study and are listed under the heading Collaborators.

Clinical Radiology 76 (2021) 239–240

Contents lists available at ScienceDirect

Clinical Radiology

journal homepage: www.clinicalradiologyonline.net

Editorial

Virtual special issue on breast MRI

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[b] Translational and Clinical Research Institute, Newcastle University, NE2 4HH, UK
E-mail address: simon.lowes@nhs.net

BREAST

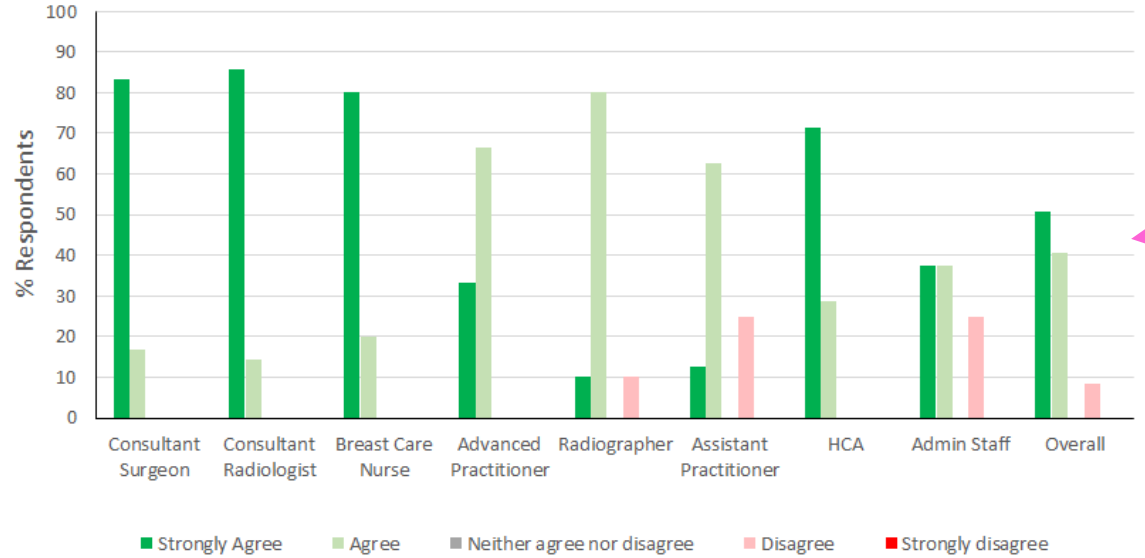
Diagnostic and interventional imaging techniques in breast cancer

Simon Lowes
Alice Leaver
Alan Redman

any significant abnormality will be biopsied under image guidance to allow tissue diagnosis. Patients may then have staging using cross-sectional imaging modalities, and MRI can be used to monitor response to neoadjuvant chemotherapy or to aid surgical planning. Prior to surgical excision of breast cancers, radiologists may be required to localize the lesion using ultrasound or stereotactic (mammographic) guidance to assist the surgeon in accurate tumour removal with satisfactory margins. Imaging is also key in follow-up assessment and detecting recurrence.

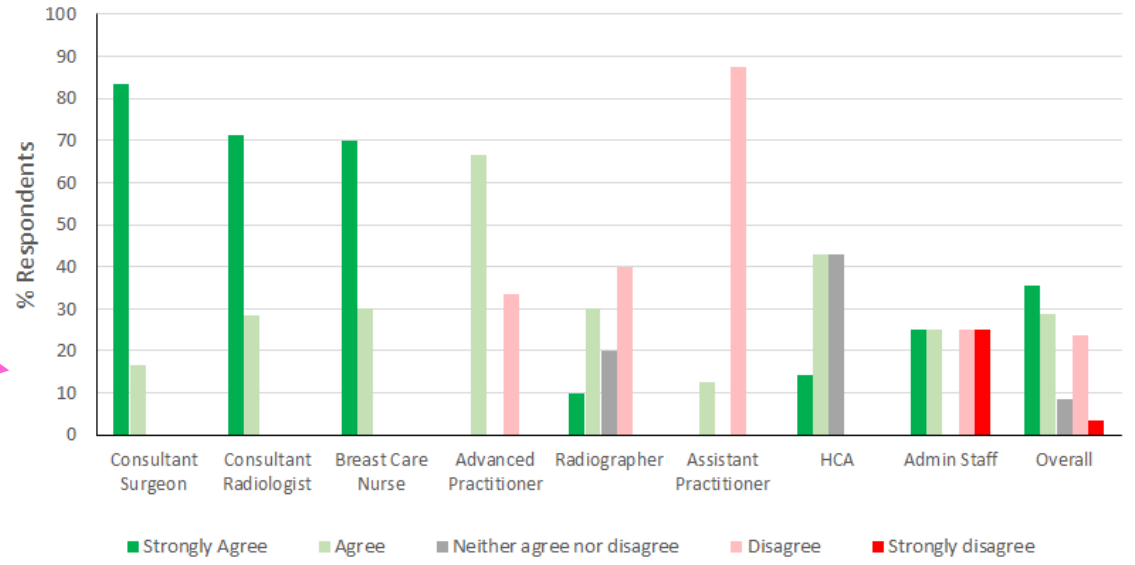
These established diagnostic and interventional imaging techniques continue to evolve, and there is a constant drive to develop new approaches to help achieve the best possible outcomes for the patient. Some of the more promising new developments are discussed below.

Gateshead Health NHS Foundation Trust



"I am aware that this breast unit is actively involved in research studies"

"If asked, I could name or describe at least one research study that this unit is currently involved in"



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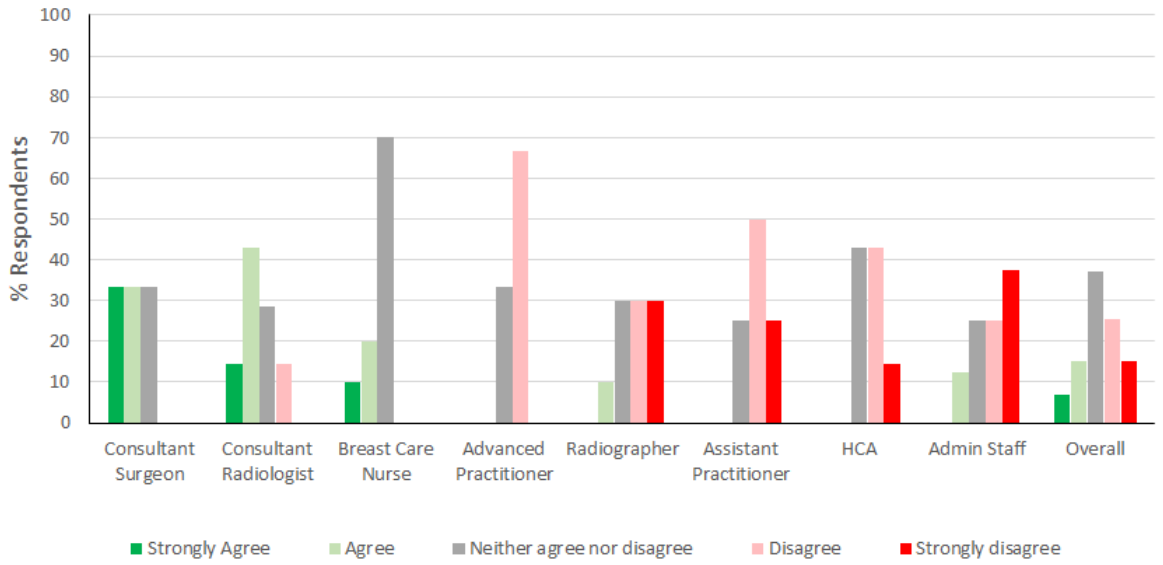
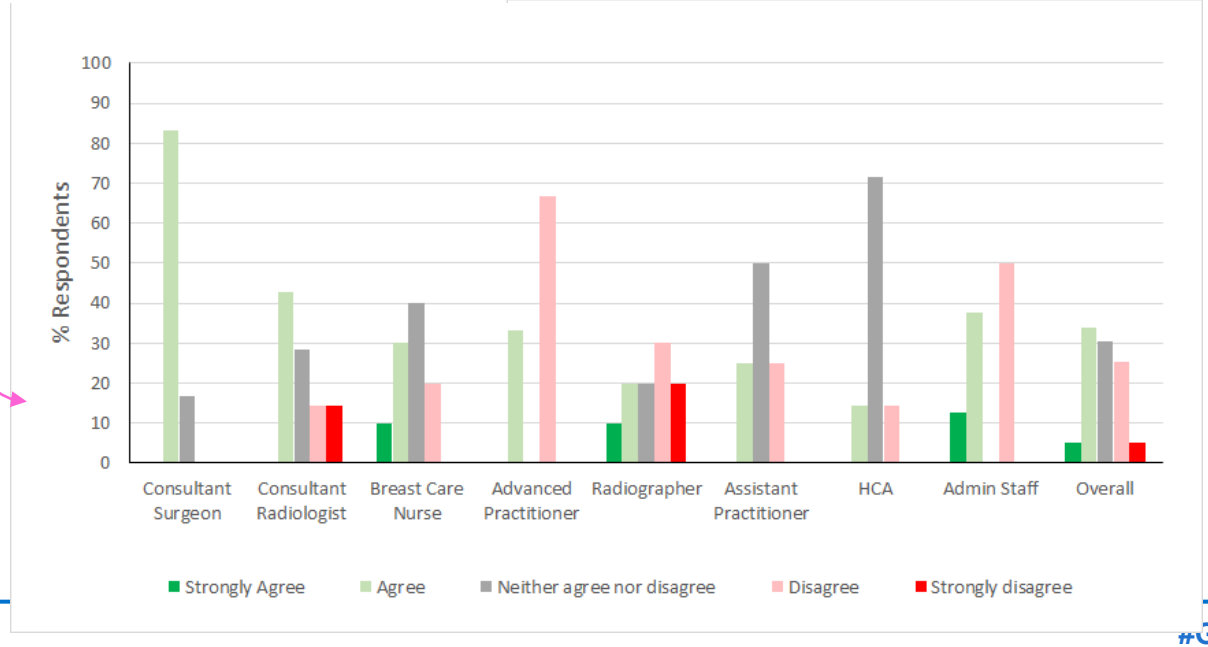
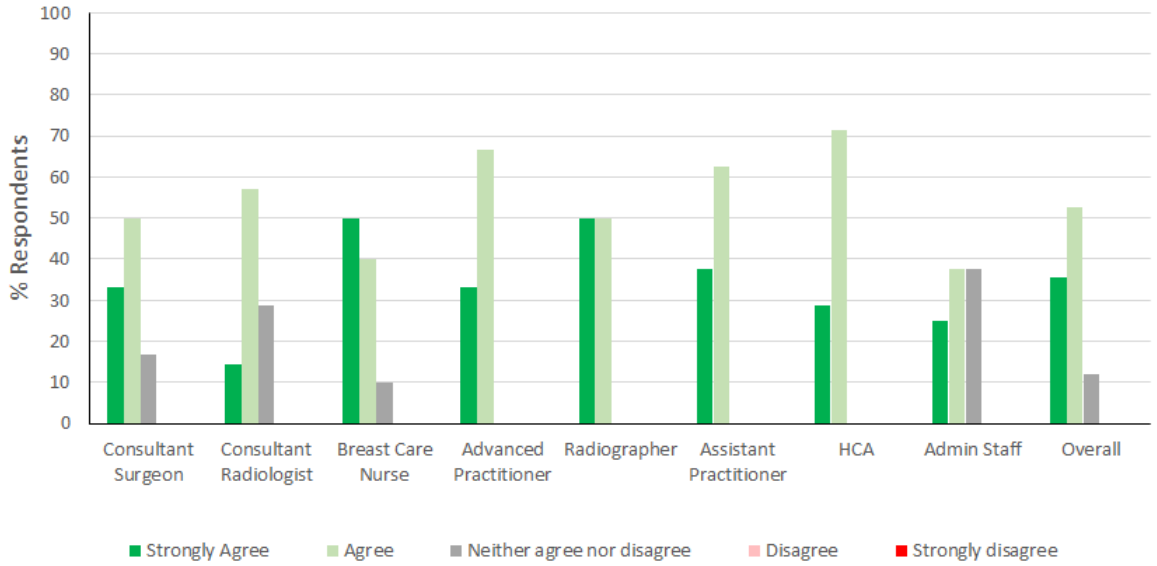
"I feel I am actively involved with research within the unit"



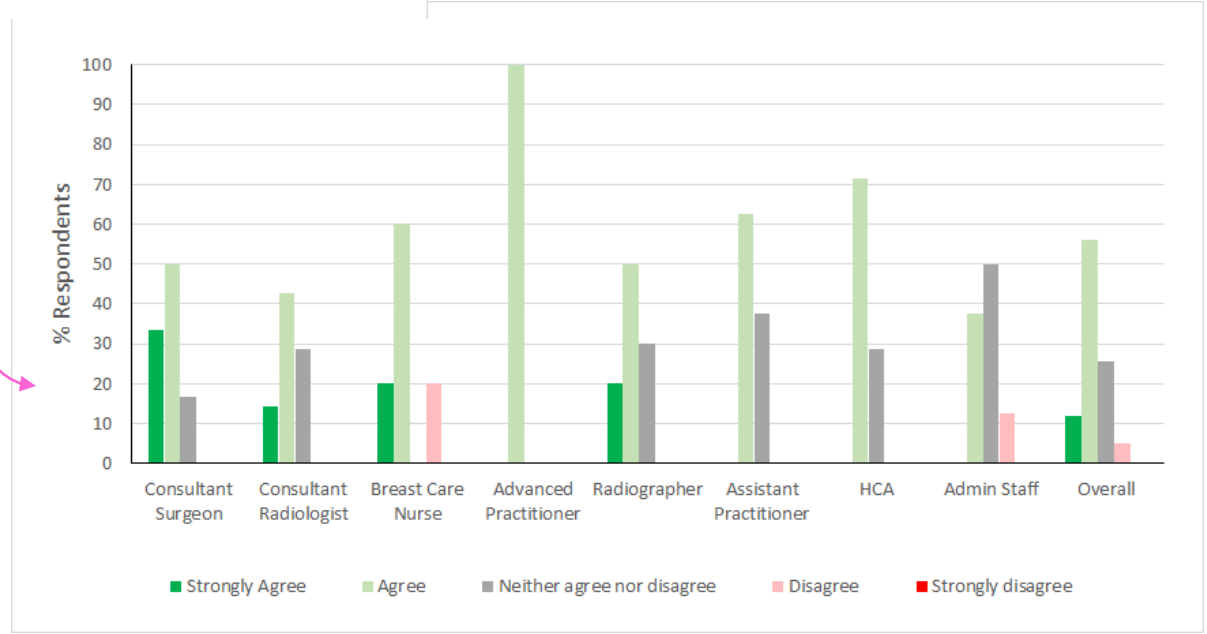
"I am happy with my current level of involvement with research in the department"

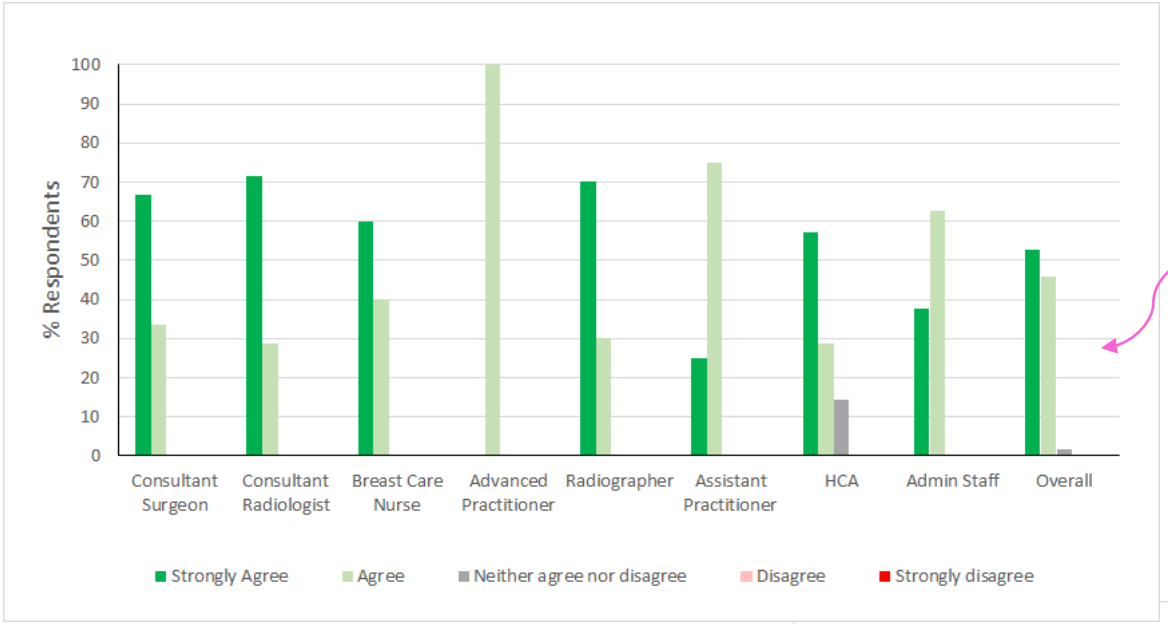




"I would like to be made more aware of the research activity within the unit"

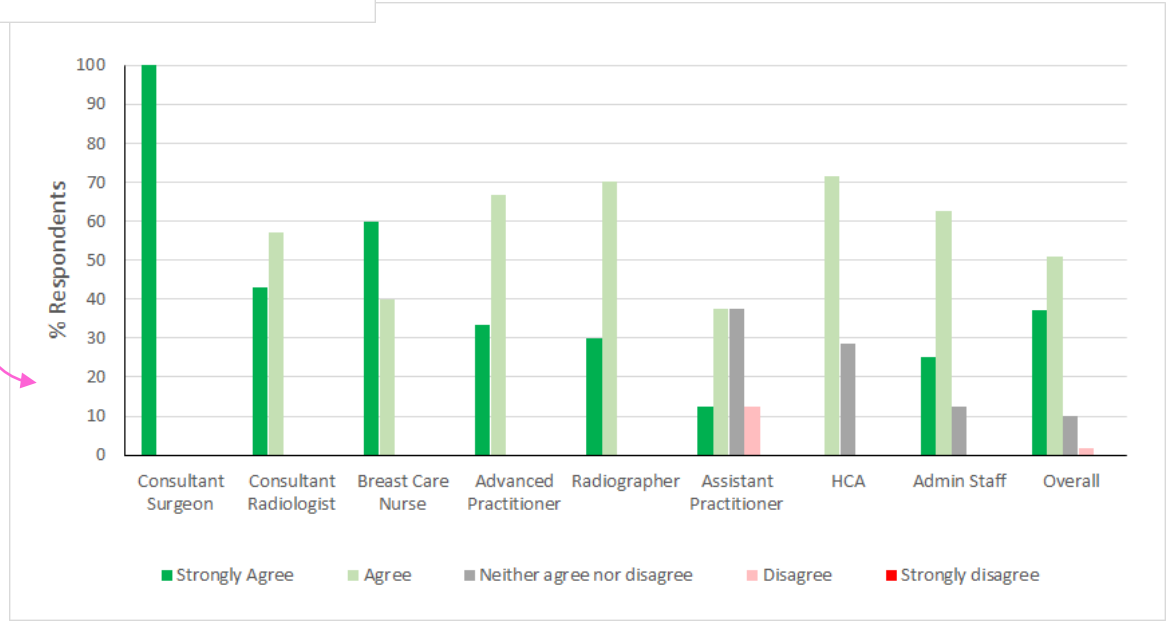
"Given the opportunity I would like to become involved with research within the unit"



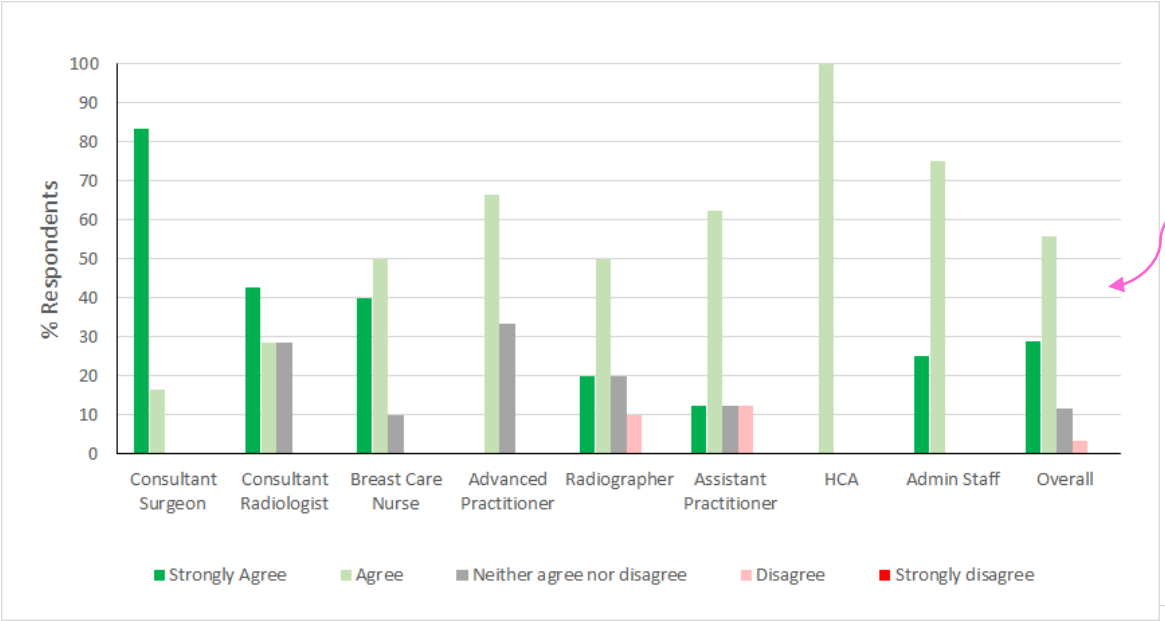


"Overall I feel that participating in research is important for improving patient care"

"Specifically I feel that research-active departments can provide better care for patients"

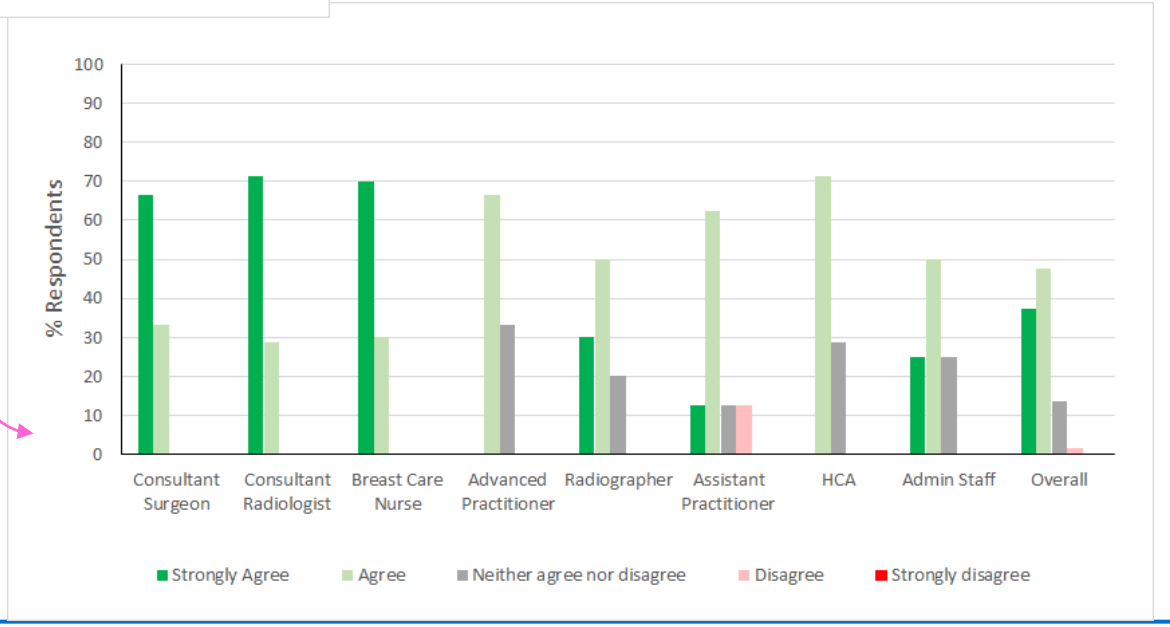


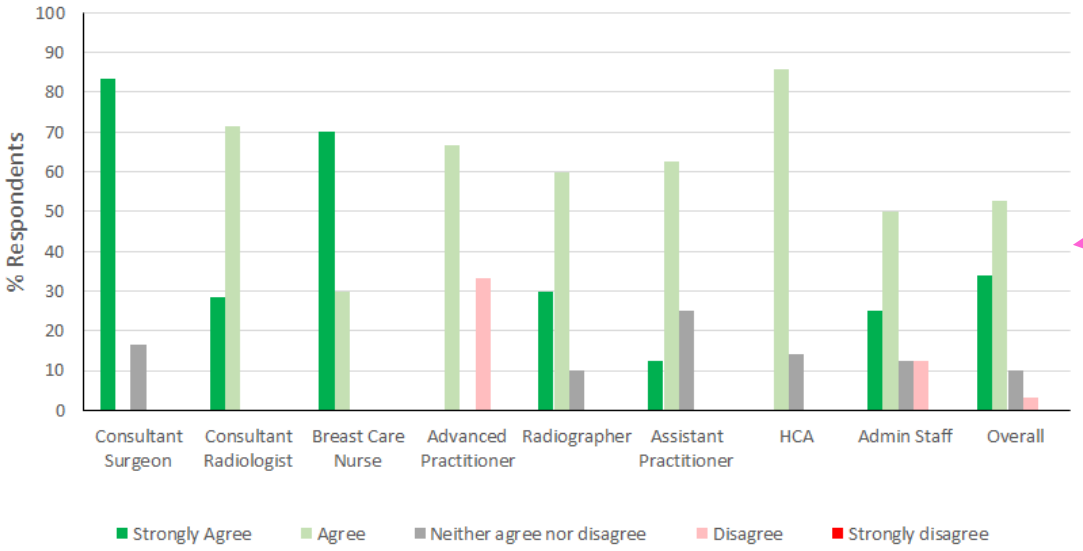
Gateshead Health NHS Foundation Trust



"I feel that patients are more likely to have confidence in a department that is actively involved in clinical research"

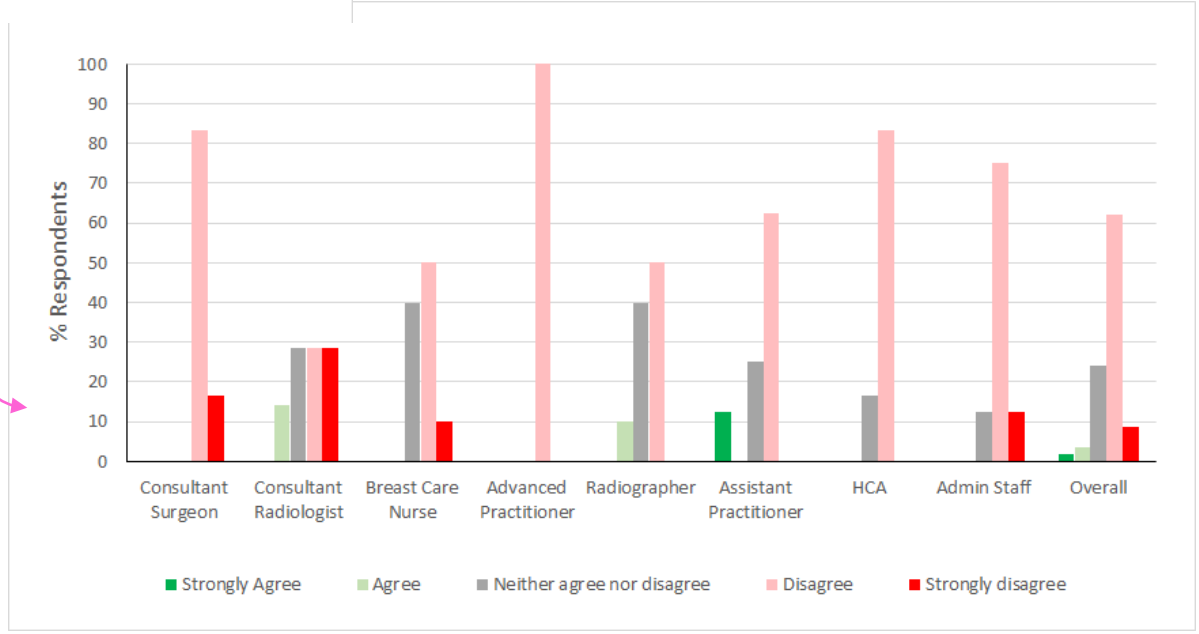
"I feel that research-active departments overall have a better reputation than departments that do not participate in research"





"Overall I would feel better about the department I worked in if I knew it was contributing to its field at a national or international level, such as contributing to national guidance or national/international research"

"As things stand at the moment I think the unit should concentrate less on its research and more on patient care"



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Survey findings

- Overall staff in all groups recognise the importance of participating in research for the benefit of patient care
- Most respondents agree that patients will have more confidence in a unit that is research-active
- Most staff felt that research active departments have a better reputation
- Staff would feel better about the department they worked in if they knew it was contributing to research and national guidance
- Not all staffing groups are aware of the type and extent of research that is done within the breast unit
- The responses suggest there is appetite across all staff groups to have greater awareness of, and involvement in, the research that is being conducted in the unit.

Gateshead Health
NHS Foundation Trust

Gateshead Health NHS Foundation Trust

Purpose

Our aim is to establish a Research Centre affiliated with the clinical Breast Unit and the Trust's R&D Department that allows all breast-related research to be brought together irrespective of discipline/specialty

Gateshead Health NHS Foundation Trust

Our Mission Statement

"To engage in multidisciplinary, high quality breast care research to make a positive difference to patient care."

Simon Lowes
Rob Milligan
Lucy Blackwell

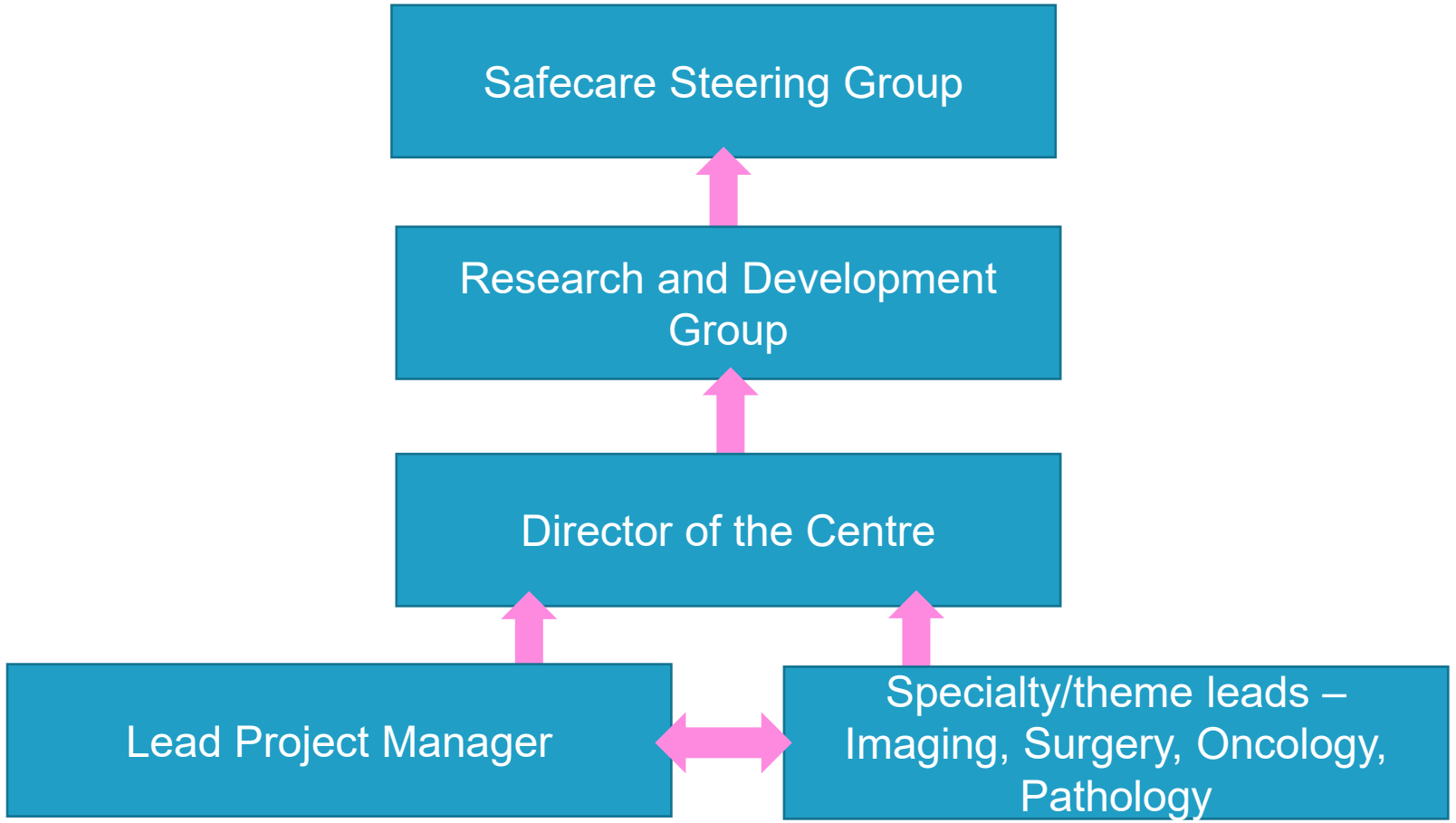
Gateshead Health NHS Foundation Trust

What will the Research Centre look like?

- It will be run within the existing space of the breast unit
- The term ‘Centre’ makes reference to the bringing together of staff participating in breast research to form a cohesive unit
- Administrative and financial structure
- It will benefit from appropriate branding to give it internal and external identity
- The concept is to use existing resources wherever possible to establish a foundation on which to build for the future

NHS
Gateshead Health
NHS Foundation Trust

Gateshead Health NHS Foundation Trust



Aims and benefits

Gateshead Health NHS Foundation Trust

Patient benefits

Improve patient experience

Improve quality of care

Increase confidence in our breast services

Increase treatment options for patients

Staff benefits

Increase confidence in their workplace

Improve staff morale

Provide an environment to support more staff in becoming research-active

Benefits to the Trust

Raise profile

Boost reputation

Benefits to the Breast Unit

Foster a culture of learning and evidence-based practice

Increase patient recruitment to clinical studies

Wider benefits

Help train researchers of the future

Increase research delivery

Increase collaboration with partner organisations such as NIHR/RDN, universities, industry

Increase our own de novo research

Gateshead Health NHS Foundation Trust

Next steps

- Branding

- Signage

- Launch initially planned for 21st May 2025 to coincide with the week of International Clinical Trials Day; delayed to June 2025 to coincide with Red4Research week (awaiting branding)

Gateshead Health
NHS Foundation Trust

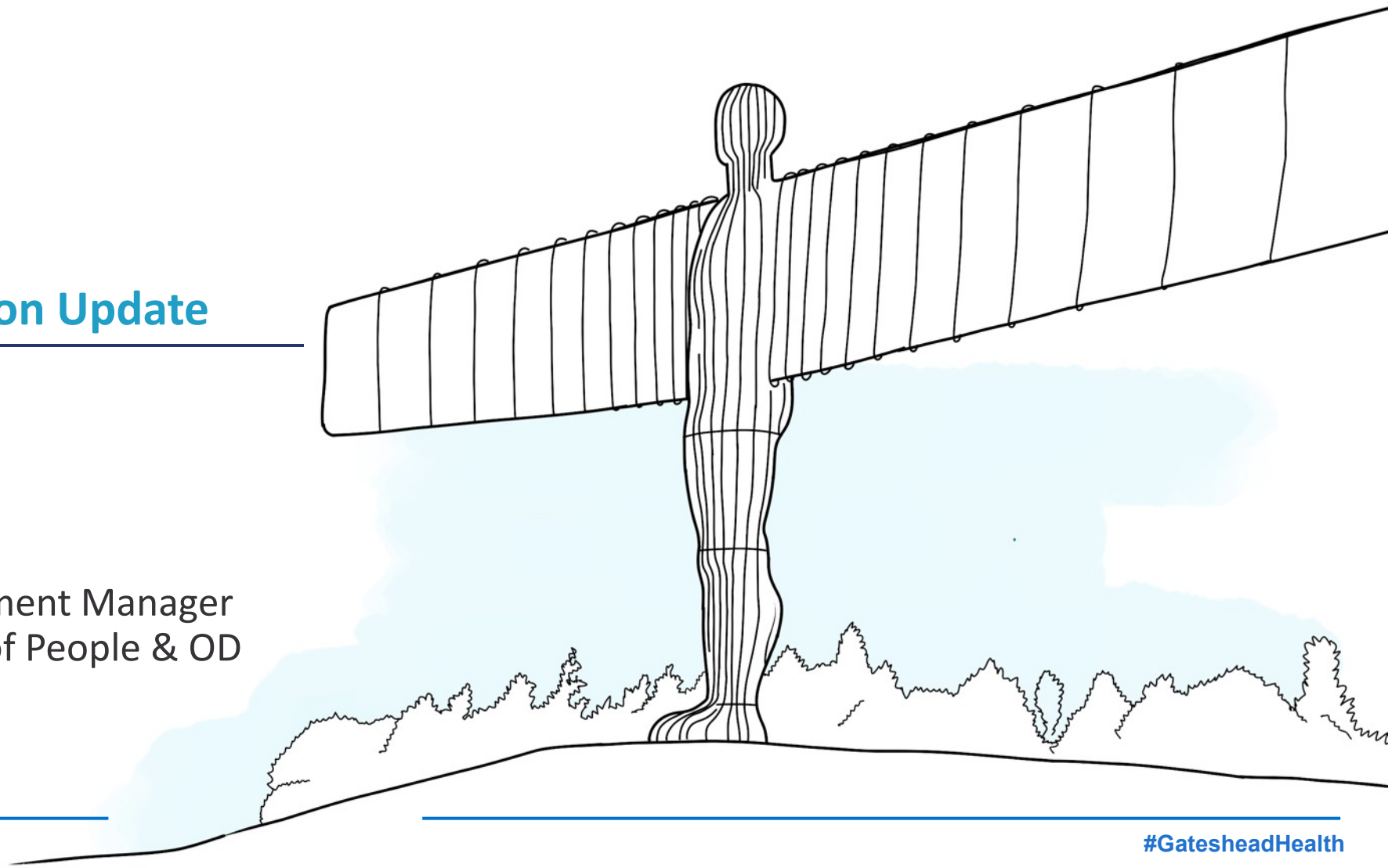
Thank you

Gateshead Health
NHS Foundation Trust

Equality, Diversity & Inclusion Update

Council of Governors
14th May 2025

Kuldip Sohanpal, EDI and Engagement Manager
Amanda Venner, Group Director of People & OD



Why?

- Statutory
- Regulatory
- We know there are issues at Gateshead

We have been told about numerous instances of discriminatory behaviour

We have seen discriminatory behaviour

We have not tolerated discriminatory behaviour

We have been open about this in our communications

People are telling us more, and we need to continue to take action

Our EDI Strategy

Gateshead Health NHS Foundation Trust

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

- A commitment to being an inclusive healthcare provider and employer.
- We recognise and acknowledge that everyone is different and that people's needs, whether they be patients, people or the public are met in appropriate ways.
- We recognise that we need to improve to achieve our ambitions and become a Trust where diversity is valued and celebrate.
- We will take the stance that everyone is treated with dignity and respect and discrimination and inequalities are prevented and eradicated from all our services and functions
- The Board of Directors are committed to inclusion, delivering on the standards in the WRES and WDES, the Equality Delivery System 2 (EDS2) and ensuring diversity is valued, NOT in order to comply with regulations, but because it is the right thing to do for patient care, our People and our local population.

Gateshead Health NHS Foundation Trust

WRES / WDES 2025

- Implementing the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) is a requirement for NHS healthcare providers mandated through the NHS standard contract

- In 2014 the NHS Equality and Diversity Council agreed actions to ensure that Black and Minority members of staff have equal access to career opportunities and receive fair treatment in the workplace. The WRES KPI's aims to inform year on year improvements in reducing those barriers that impact most on our Black and Asian Minority members of staff.

- The WDES followed the same lines as the WRES - developed to help NHS organisations make a positive impact for all disabled staff working in the NHS.

- NHS providers are expected to show progress against several indicators of workforce equality, including a specific indicators to address the low numbers of both BME and Disabled Board members across the organisation.

Ensuring a diverse, inclusive and engaged culture

Gateshead Health NHS Foundation Trust

We believe the diversity of our people and the different perspectives we have at Gateshead Health helps us to achieve great outcomes for the patient communities that we serve.

Ensuring everyone is represented, recognised, and heard is a key part of achieving our strategic aim of being a great organisation with a highly engaged workforce.

We will do this by:

- Empowering our People in investing time in engaging with one another through inclusive networks, communities and forums
- Holding one another to account in living our values, by incorporating EDI into our core values, challenging unconscious bias and fostering diverse thinking
- Fostering an inclusive culture of belonging where everyone is seen, supported, respected and valued for their unique contributions
- Increasing opportunities for our people to have their voices heard.

Our aim is to build a culture, built on civility and respect, where everyone's voice is heard and our people feel proud to be part of the Gateshead Health team

Gateshead Health NHS Foundation Trust

1. Empowering our People in investing time in engaging with one another through inclusive networks, communities and forums

WHAT

1. Ensuring we understand the barriers to entry into the NHS/ GHFT
2. Ensure positive action initiatives
3. Agree mentors and mentees for the GEM Network

How

1. Recruitment literature includes a positive message around inclusive recruitment for communities served.
2. Managers / supervisors can demonstrate that they understand how there can be a greater engagement with communities in the take up of non -traditional jobs.
3. Our workforce is representative of the communities served.
4. Project Choice / Apprentices models of engagement are applied across the Trust
5. Policies and procedures support education for all (internal)
6. Quarterly dashboard shows a take up of numbers across the Trust by Bands and Service areas

2. Holding one another in living our values, by incorporating EDI into our core values, challenging unconscious bias and fostering diverse thinking

WHAT

1. Process and policies are impact assessed
2. Workplace models reflect care and service needs
3. Transformational workforce practices support supply and ways of working
4. Foster an environment where culture is valued, where achievements are celebrated and rewarded, and results in retaining, motivating and engaging our workforce
5. Raising awareness and calling out poor behaviour seen as a positive outcome

How

1. Our values are embedded by all staff from entry to exit through recruitment, education and training
2. All staff receive comprehensive induction (corporate as well as local)
3. All staff report feeling listened to and receive regular feedback .
4. Workforce retention is increased with attractive reward packages in place .
5. Vacancies are reduced by timely recruitment.
6. Staff from minority communities report improved experience at work as measured by the national staff survey results
7. Quarterly and quantitative summary at the HREDI group from stakeholders, such as the FTSU, Advisory Team, Staff side will show a culture change.

Diversity enriches, inclusion empowers, united we are Gateshead Health

Our aim is to build a culture, built on civility and respect, where everyone's voice is heard and our people feel proud to be part of the Gateshead Health team

NHS Gateshead Health NHS Foundation Trust

3. Fostering an inclusive culture of belonging where everyone is seen, supported, respected and valued for their unique contributions

WHAT

1. Ensure that there is involvement with all allies
2. Ensure that our staff understand the difference between banter and bullying.
3. Managers who have attended the Managing well programme utilise their skills in EDI discussions
4. International Educated Nurses should be more involved in the overall inclusive agenda, and there is an increased visibility linked to the purpose of networks across all service areas across the Trust.
5. Formal reporting of LGBTQ+ issues reported into the FTSU Guardian and the EDI manager to highlight and inform HREDIG programme Board
6. Increased EDI nominations for Star awards
7. Address workforce challenges including ensuring equity in recruitment and selection and fostering a culture where achievements are celebrated and rewarded so that we attract, retain, motivate and engage our workforce

How

1. All colleagues should be able to articulate what an inclusive approach to EDI would look like, including the EDI vision and S trapline.
2. Staff from minority groups report an improved experience at work as measured by the National Staff Survey.
3. Differences between behaviours is challenged and staff feel more engaged in reporting behaviours around bullying.
4. Line managers / Service areas are aware of colleagues and their affiliation with Networks as well being more aware of their i nfluence and behaviour with teams . Availability of cultural ambassadors
5. Colleagues utilise the lived experience of others in decision making as well as reflecting on their own practices.
6. Increased diversity for team of the week/you're a star and a visual representation of diversity.
7. Workforce retention is increased with attractive reward packages in place.
8. Improved survey responses in relation to education and training and equity in representation in take up of management courses.

4. Increasing opportunities for our people to have their voices heard.

WHAT

1. Triangulation of data from all colleagues who have incidences reported cross referenced by reports to the FTSU Guardian and the EDI manager to highlight and inform HREDIG programme Board
2. More discussions around the formal / informal behavior around banter / bullying
3. Increased profile of the EDI role and individual
4. Zero Tolerance and 'Its not OK campaign' to be integrated and mainstreamed

How

1. Clarity around reporting routes and recording. Data collected shows an increase / decrease in incidences and successful around outcomes.
2. Inappropriate behaviour is reported on, continually challenged and addressed. Staff feel empowered to challenge inappropriate behaviour.
3. Triangulation of data shows that the EDI manager is in the loop
4. More visibility around the Trust on the campaigns of Z tolerance, Civility saves lives. Information captured shows an increased awareness of the campaigns and how this awareness has been applied across service areas.

Diversity enriches, inclusion empowers, united we are Gateshead Health

EDI Dashboard

Q4 24/25

NHS Gateshead Health NHS Foundation Trust

1. Empowering our People in investing time in engaging with one another through inclusive networks, communities and forums.

1.1 Population comparison

	Disability		Ethnicity		Gender		Sexual Orientation	
	Y	N	BME	White	F	M	H'sexual	LGBTQIA+
GHFT Group	5%	84%	11%	87%	77%	23%	85%	4%
Gateshead	21%	79%	5%	94%	51%	49%	91%	3%
North East	21%	79%	6%	93%	51%	49%	91%	3%
National	18%	82%	17%	82%	51%	49%	89%	3%

Where totals do not equal 100%, characteristic information is not stated or not recorded.

1.2 Likelihood of appointment from shortlisting Q4 24/25

	Disability		Ethnicity		Gender		Sexual Orientation	
	Y	N	BME	White	F	M	H'sexual	LGBTQIA+
Interviews	28	443	186	285	272	202	437	26
Hires	5	93	12	89	73	31	93	5
Ratio	0.18	0.21	0.06	0.31	0.27	0.15	0.21	0.19
Disparity	**1.18**		**4.84**		**0.57**		**0.90**	

Relative likelihood in Q4 24/25 of White staff being appointed from shortlisting compared to BME staff is 4.84 times greater.

Total 475 interviews & 104 hires in the period - those not included in the above are not stated or unknown.

2. Holding one another in living our values, by incorporating EDI into our core values, challenging unconscious bias and fostering diverse thinking.

2.1 Staff Survey 2024 - % of positive scores

>3% or 0.3ppt Below Trust Score

	Trust	Disability		Ethnicity		Gender		Sexual Orientation	
		Y	N	BME	White	F	M	H'sexual	LGBTQIA+
Values	57.0%	50.8%	59.4%	67.6%	55.9%	58.3%	56.4%	57.8%	59.4%
Engagement	6.8	6.5	7.0	7.3	6.8	6.9	6.8	6.9	6.7
Feedback	64.4%	57.9%	66.9%	68.3%	64.2%	65.3%	64.8%	65.3%	62.4%

- Employees with disabilities consistently score lower than the organisation average across all categories, with the largest gap in Feedback (6.5% lower).
- BME employees generally score higher than the organisation average, particularly in Engagement (0.5 higher).
- LGBT employees score 2% lower in Feedback and 0.1 lower score in Engagement, however score 1.8% higher than trust average in Values.

3. Fostering an inclusive culture of belonging where everyone is seen, supported, respected and valued for their unique contributions.

3.1 Star Award Nominations 2024

Where totals do not equal 100%, characteristic information is not stated or not recorded.

	Disability		Ethnicity		Gender		Sexual Orientation	
	Y	N	BME	White	F	M	H'sexual	LGBTQIA+
Group Headcount	5%	87%	10%	88%	78%	22%	85%	4%
Star award nominations	5%	87%	5%	92%	81%	19%	84%	1%

- BME Ethnicity: Underrepresented by 53.3%
- Disabled Staff: Underrepresented by 14.4%
- Male Staff: Underrepresented by 12.0%
- LGBTQIA+ Staff: Underrepresented by 62.8%

3.2 You're a star awards - 16 awards to date

- Gender: 81% of award winners are Female.
- Disability: None of the award winners have a reported disability.
- Ethnic Group: All award winners are identified as White.
- Sexual Orientation: 94% of award winners are heterosexual.

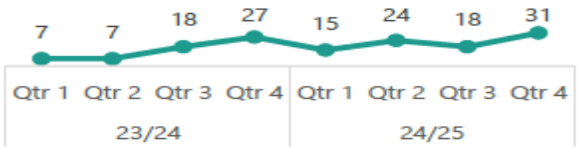
3.3 - Employees Accessing Non-Mandatory Training (WRES) Q4 24/25

- Likelihood of white staff accessing non-mandatory training and CPD is 0.20
- Likelihood of BME staff accessing non-mandatory training and CPD is 0.20
- Relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff is equal.

4. Increasing opportunities for our people to have their voices heard.

4.1 FTSU Q4 23/24

	Disability	Ethnicity	Religion	Sexual Orientation
Proportion of cases by PC	50.0%	37.5%	12.5%	0.0%



Cases by Business Unit/Org:			
	Surgery	6	20%
	Medicine	7	23%
	QEF	7	23%
	CSS	3	10%
	COO	3	10%
	POD	3	10%
	Community	1	3%

Recommendations – Overall

Gateshead Health NHS Foundation Trust

- Ongoing analysis of dashboard data to answer the ‘so what’ question between the different measures
- EDI Oversight group to focus on 2 strategic objectives and associated milestones in each meeting to enable focused and deeper conversations on actions and any barriers
- Overarching action plan actions to be continuously updated
- Engage with the networks on the issues specific to their members and ensure Networks are more involved in the action plan reviews
- Continue to support the Zero Tolerance project
- Agree and communicate the EDI ‘offer’ for the Trust

Conclusion and Recommendations – WRES and WDES specific

Gateshead Health NHS Foundation Trust

WRES

Further work required in respect of Bullying and harassment, specifically around:

- The percentage of BME staff experiencing harassment, bullying or abuse from patients' relatives or public
- The percentage of BME staff compared to White staff reporting harassment, bullying or abuse from staff
- Percentage of staff experiencing harassment, bullying or abuse from a Manger / Team Leader or other Colleagues
- Ongoing work around staff views on the organisation providing equal opportunities for career progression / promotion across protected characteristics
- Revise the offer around Reverse / reciprocal mentoring
- Delivery around Cultural Diversity / Identity
- Ensure offer around Cultural Ambassador form part of the disciplinary and grievance processes

Conclusion and Recommendations – WRES and WDES specific

Gateshead Health NHS Foundation Trust

WDES

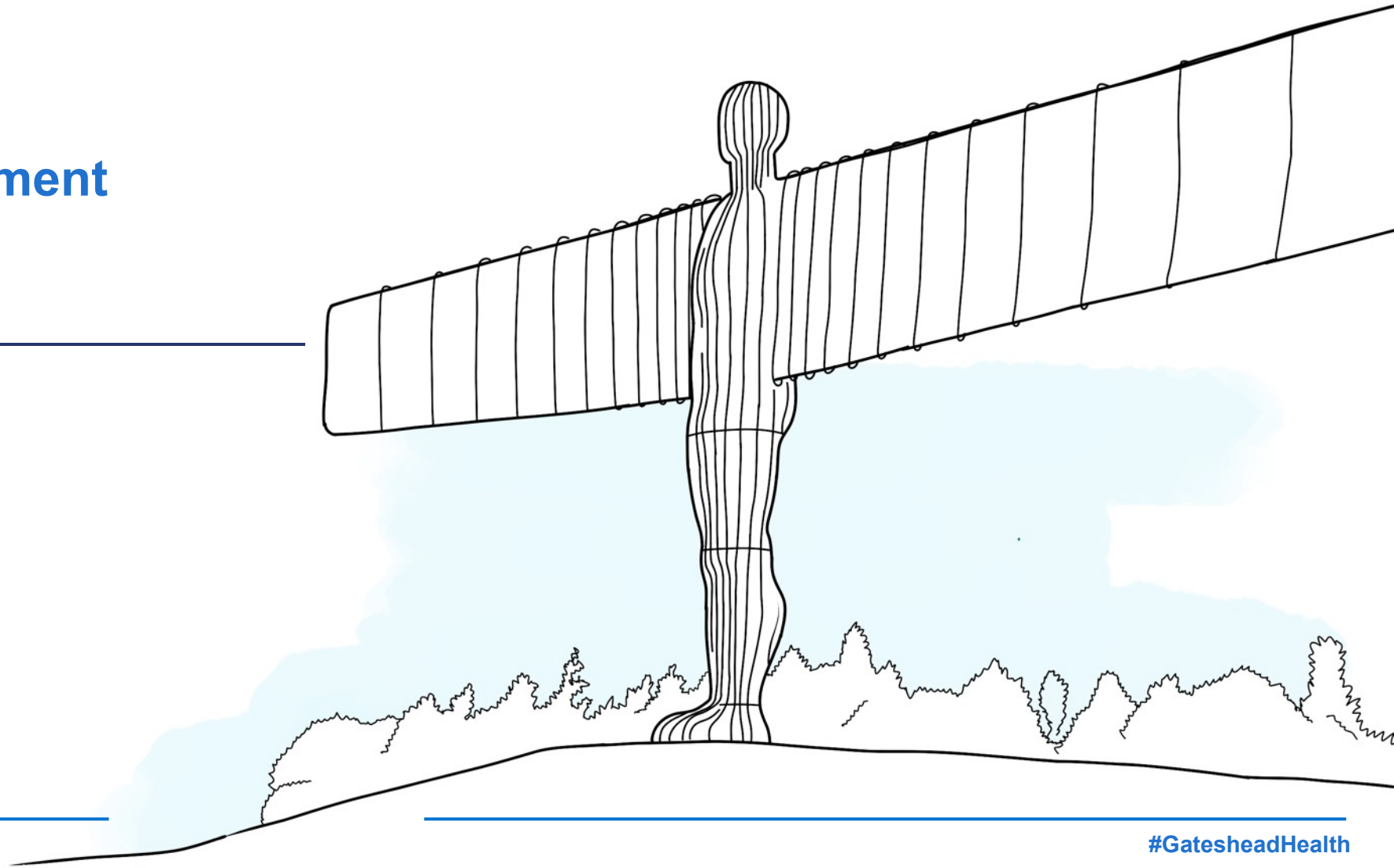
Further work required in respect of Bullying and harassment metrics around:

- Percentage of staff experiencing harassment, bullying or abuse from patients / service users, their relatives or members of the public, managers from colleagues
- The percentage of disabled staff compared to non-disabled staff reporting harassment, bullying or abuse they or their colleagues reported it
- Ensuring there is equity for career progression and pressure to come to work despite not feeling well
- Promoting a culture so that staff can declare their disability status to improve the reliability of equalities monitorin
- Undertake a deep dive into our recruitment processes to examine the discrepancies between shortlisting and hiring individuals who are disabled
- Maintaining the Trusts status as Disability Confident Leader and working towards the next level

Gateshead Health
NHS Foundation Trust

Council of Governors:

Trust Strategy development update



Nicola Bruce
Director of Strategy and Partnerships

Neil Halford
Medical Director for Strategic Relations

Jane Taylor
Strategy Director for QE Facilities

14th May 2025

The context

Gateshead Health NHS Foundation Trust

10 Year

- NHS 10 Year Plan
- 3 shifts
  - Hospital to community
  - Analogue to digital
  - Treatment to prevention

5 Years (2025 – 2030)

- 2024/25 was the last year of our current corporate strategy
- Several things have changed within the Trust and around us – how we respond to these
- Top priority to update (and consolidate) our strategy to aid decision making
- Defining our ambition, priorities and key deliverables
- Ensuring the decisions we make in Year 1 contribute to the longer term and align

One year (2025/26)

- 1 Year operational plans – focus on securing sustainability
- Activity, workforce, finance and performance
- Key messages around living within our means – focus on efficiency and productivity
- Difficult decisions
- Key actions for delivery

Engagement

Gateshead Health NHS Foundation Trust

Summary of engagement activities to date

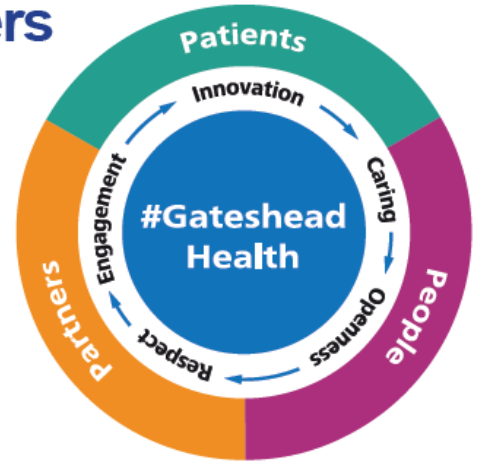
- 5th March – Board Development – taking a lead in relation to setting the strategy
- 6th March – Governor workshop
- 12th March – Clinical Strategy Group Awayday discussion
- 18th March Team Brief – introducing the strategy update and the work you had tasked us to do (121 attendees)
- 19th – 28th March strategy engagement sessions (mix of online and F2F) (66 attendees)
- Offers to attend individual team meetings
- Online survey for staff (27 responses)
- Voluntary Sector Health and Wellbeing event
- Gateshead Health and Wellbeing Board
- Themes from annual staff survey, patient experience reports inc. Picker surveys, complaints, PALS, GNHA stakeholder work
- Listening to feedback
- 23rd April – Board Development – sharing the feedback and taking direction

Feedback on our current strategy

Gateshead Health NHS Foundation Trust

Our patients Our people Our partners

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



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

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

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

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

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

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

Our Strategic aims:

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

Vision statement:

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

Strategic intent

- Outstanding district general hospital
- Centre of excellence for women's health
- Diagnostic centre of choice

What we are aiming for

Gateshead Health NHS Foundation Trust

Our vision

Our purpose

Strategic intent | Strategic intent | Strategic intent

Our strategic aims

xxxxx | xxxxx | xxxxx | xxxxx | xxxxx

Our underpinning objectives

Our values

Strategic aims and areas of focus from engagement work

Gateshead Health NHS Foundation Trust

Quality improvement and innovation	Developing a workforce of the future	Best use of our resources	Improving the health of our population	Excelling in our core business
Patient experience – communication / learning from complaints	Supporting workforce: H&WB / resilience	Living within our means - initial focus on tackling deficit	Addressing health inequalities – deprivation & prevention agenda	Greater care in community setting
Learning - timeliness & sharing across teams and partners	Workforce planning / alternative roles / adapting for the future	Efficiency & productivity – focus on best outcome with available resource	Role in facilitating seamless care across providers	Utilising our assets – e.g. diagnostics
Patient / service user / carer participation	Anchor organisation, alternative routes to employment	Innovation in how we deliver – creating a 'how can we' culture	Collaboration and partnership working at Alliance and Place	Centre of excellence for women's health
Quality improvement activity	Safe & inclusive environment – values & behaviours	Utilising data to drive decisions and understand our services	Commissioning of activities	Minimising duplication across the region - fragile service
Research, development and innovation	Diversity and inclusion	Adapting the estate / environment / digital infrastructure	Community hubs – making every contact count	Digital – virtual first (also recognising digital exclusion)

From 30+ strategies to one

Gateshead Health NHS Foundation Trust

Corporate Strategy

Quality improvement and innovation	Developing a workforce of the future	Best use of our resources	Improving the health of our population	Excelling in our core business
Chapter examples	Chapter examples	Chapter examples	Chapter examples	Chapter examples
Patient safety	Culture and engagement	Sustainability	Prevention	Women's health
Patient experience	Inclusion and diversity	Digital	Partnership working	Diagnostics
Research & innovation	Medical workforce	Estates	Making every contact count	Cancer
QI	Nursing, Midwifery, AHPs	Environment	Pathways of care	Palliative care

Gateshead Health
NHS Foundation Trust

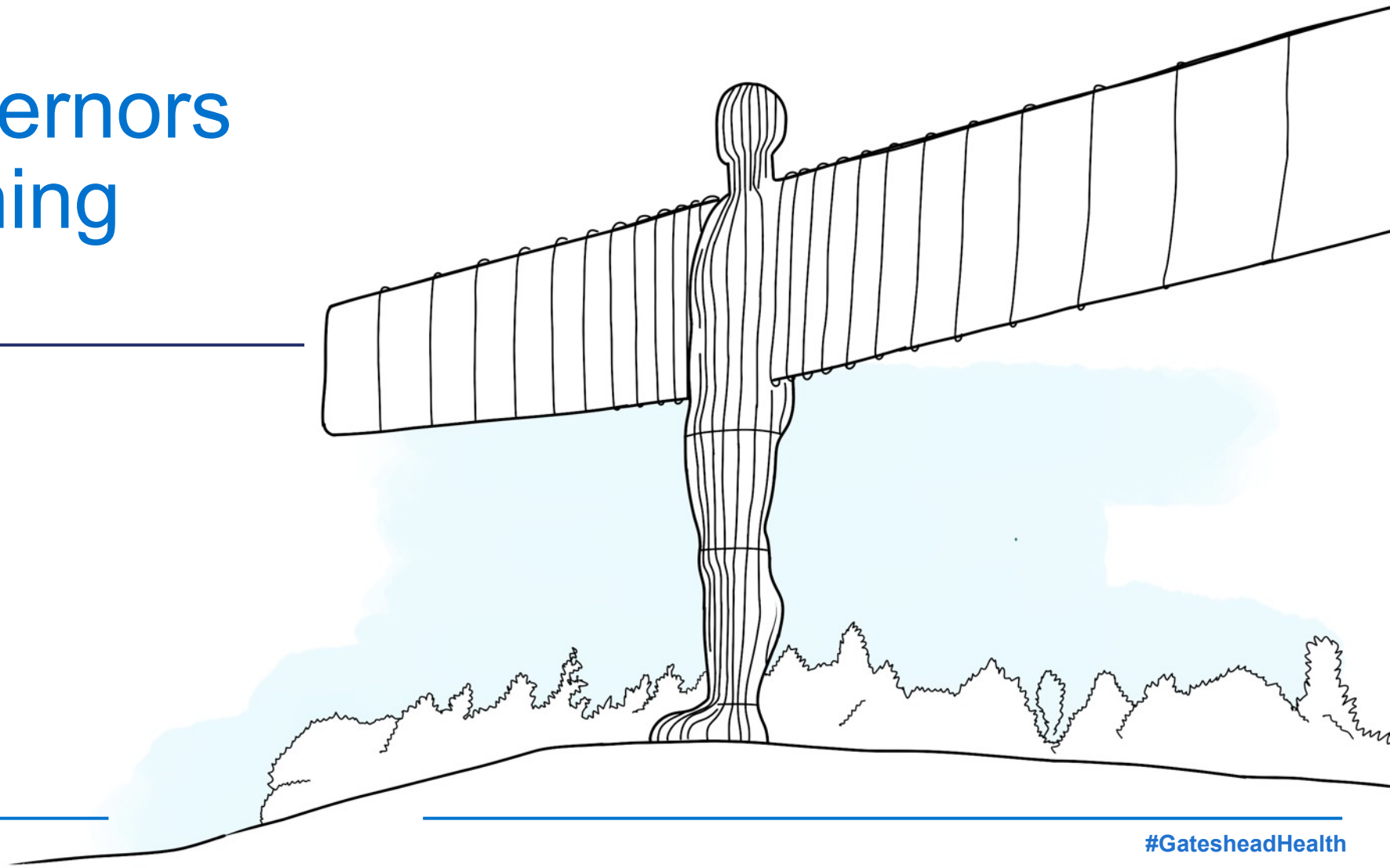
Any questions

NHS
Gateshead Health
NHS Foundation Trust

Council of Governors – Annual Planning 2025/26

Trudie Davies

Group Chief Executive Officer



14th May 2025

The context within which we are working

Gateshead Health NHS Foundation Trust

10 Year

- NHS 10 Year Plan
- 3 shifts
  - Hospital to community
  - Analogue to digital
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One year (2025/26)

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- Difficult decisions
- Key actions for delivery

NHS Planning

Gateshead Health NHS Foundation Trust

- Annual process (looking to move to longer term planning). 25/26 one-year Plan
- Guidance normally published by NHS England in December with returns in Q4 (Jan – March)
- Focus on
  - Finance
  - Workforce
  - Activity
  - Performance
- CEOs got an early heads up on what to expect before Christmas
- 2025/26 guidance published 30th January 2025 https://www.england.nhs.uk/publication/2025-26-priorities-and-operational-planning-guidance/
- Challenging financial settlement for the NHS
- Submission deadlines from December 2024 to end March 2025
- Trust started internal weekly planning meetings in the summer
- A series of workshops were held with clinical and corporate teams in September to set the scene for what was required in 2025/26
- Planning templates were pre-populated and issued to clinical divisions in quarter 4 for return in early December
- A workshop was held on 18th December when representatives from each of the three clinical divisions shared headlines from their submitted plans including how they intent to deliver the priorities needed
- All national planning deadline submissions were made on time

Intention for Patients (3 shifts)

Hospital to Community

- Care closer to home
- Easier access to GP and Dentistry

Treatment to Prevention

- Shorter waiting times for elective care
- Prevention and population health focus

Analogue to Digital

- Increased delivery through NHS App
- Use of digital tools to facilitate care

The planning headlines

Gateshead Health NHS Foundation Trust

- Live within the money we are given. Focus on reduced cost base and improved productivity, reduce waste and tackle unwarranted variation.
- An acknowledgment nationally that there may need to be some difficult decisions. Prioritise and protect quality and safety of frontline care.
- Improve urgent and emergency care performance
- Progress towards RTT delivery in in line with the constitutional standards with a min. improvement of 5% by individual Trusts
- Improve mental health inc. supporting urgent and emergency care
- Improve access and experience in primary care
- These messages have continued under the new NHS leadership

NHS England priorities and operational guidance 2025/26

Financial flexibility and funding plans

- Under the 2025/26 Planning Guidance, NHS England has reduced the number of national priorities, giving local systems greater financial flexibility in how funding is deployed
- The additional funding provided in the October budget must cover pay settlements, increased employer national insurance contributions, faster improvement on the elective waiting list, and new treatments mandated by NICE
- NHS organisations need to reduce their cost base by at least 1% and achieve a 4% improvement in productivity to manage demand growth as well as addressing new local cost pressures and 2024/25 non recurrent savings
- NHS England will move towards a devolved system and increase local autonomy by transferring a higher proportion of funding directly to local systems and minimising funding ring fences

National priorities for 2025/26

Reduce the time people wait for elective care

- **Improve the percentage of patients waiting <18 weeks for treatment to 65%** and for **first appointment to 72% nationally**, with every trust delivering a minimum 5% point improvement
- **Reduce the proportion of people waiting >52 weeks for treatment to less than 1%** of the total waiting list
- **Improve performance against 62-day cancer standard to 75% and 28-day faster access standard to 80%**

Improve A&E waiting times and ambulance response times

- Reach **minimum of 78% patients admitted, discharged and transferred from ED within 4 hours**
- Improve **Category 2 ambulance response times to an average of 30 minutes** across 2025/26
- Reduce avoidable ambulance conveyances and handover delays by **delivering hospital handovers within 15 minutes** and improving access to **urgent care services at home or in the community**
- Improve and standardise urgent care by using the principles of **same day emergency care (SDEC)**

Improve patients' access to general practice (GPs) and urgent dental care

- **Improve patient experience of access to GPs** as measured by the ONS Health Insights survey
- Improve access to urgent dental care, **providing 700,000 additional urgent dental appointments**
- Put in place action plans by June 2025 to **improve contract oversight, commissioning and transformation for GPs to tackle unwarranted variation**

Improve mental health and learning disability care

- **Improve patient flow through mental health crisis and acute pathways**, reducing average length of stay in adult acute mental health beds
- **Improve access to children and young people's (CYP) mental health services** to achieve the national ambition of 345,000 additional CYP aged 0-25 receiving support compared to 2019
- **Reduce reliance on mental health inpatient care** for people with learning disabilities and autism, delivering a minimum 10% reduction

NHS England priorities and operational guidance 2025/26 – key actions for delivery

Gateshead Health NHS Foundation Trust

Key actions for delivery

Live within our means

- **Deliver a balanced system financial position**
- **Reduce spend on temporary staffing and support functions** (incl. 30% reduction on agency; 10% reduction on bank spend)
- Improve **procurement, contract management and prescribing**
- Drive improvements in **operational and clinical productivity**, including stopping lower-value activity

Digital transformation

- Make **full use of digital tools to drive the shift from analogue to digital**
- Providers proactively offering **NHS App-first communications** to patients
- GPs enabling all core NHS App capabilities
- Systems adhering to the **'Federated Data Platform (FDP) First' policy**
- Systems completing planned **EPR system procurements and upgrades**

Focus on prevention and address inequalities

- Set foundations for **the neighbourhood health model**, taking a **population health management approach**
- **Address leading causes of morbidity and mortality** (e.g. prevent cardiovascular events by targeting blood pressure and lipid levels)
- **Reduce inequalities in line with the Core20PLUS5** approach for adults and CYP

Quality and safety

- Maintain **focus on the overall quality and safety of services**
- **Focus on challenged and fragile services**, including maternity and neonatal services
- **Deliver the key actions of 'Three year delivery plan'** and continue to address variation in access, experience and outcomes

2025-26 Annual Plan Timeline

Gateshead Health NHS Foundation Trust

30th January	Planning guidance published
Noon Fri 21 Feb (noon) Confirmed	**Local Headline plan submission - All submission requirements in (activity & performance, and workforce, finance tbc)**
Mon 24 Feb (COP)	ICB/ICS consolidation of Headline Submission Template and Checklist Templates
Wed 26 Feb (noon) *	ICB Submission to NHS NEY of consolidated NENC Headline submission templates
Thurs 27 Feb (noon)	**National Headline plan** submission by NEY to National planning mailboxes by 12 noon
12 Mar	Plan review meetings with system leaders
17 – 24 Mar	Boards sign off plans and board assurance statements ahead of submission to NHS England
Fri 21 Mar (noon) **Confirmed**	**Local Full plan submission** - All submission requirements in (finance, activity & performance, and workforce) - *submission requirements TBC*
Thurs 27 Mar (noon)	**National Full plan** submission
Thurs 24 Apr	Deadline for agreed plan updates (by exception only)
Fri 9 May	Compacts between systems and NHS England agreed and signed
Fri 30 May	Deadline for agreement and signing of contracts

Our headline submission

Gateshead Health NHS Foundation Trust

Priority	Success measure	NENC 25/26 Draft Plan		Gateshead
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement	✓	75.3% Planned (Mar-26)	✓
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement	✓	80.4% Planned (Mar-26)	✓
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026	✓	0.5% Planned (Mar-26)	✓
	Improve performance against the headline 62-day cancer standard to 75% by March 2026	✓	77.2% Planned (Mar-26)	✓
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026	✓	80.9% Planned (Mar-26)	✓

Priority	Success measure	NENC 25/26 Draft Plan		Gateshead
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25	✓	82.7% Planned (Mar-26)	✓

Workforce Submission – Reform

Gateshead Health NHS Foundation Trust

We Have:

- had significant investment in our workforce over the last 5 years
- Reduced vacancies to some of the lowest in region given they were at circa 10%
- put in place strict vacancy controls to ensure Executive level oversight and monitoring
- driven down agency usage and more targeted bank usage where needed

We Need to:

- reduce the number of posts across corporate and clinical roles
  - Despite increases in the CDC and QEF income generating services we have seen a reduction already of 100 posts since 2024
- focus on retention as we identify workforce gaps and develop skills, expertise and talent in the organisation
- ensure that people are using their skills and working at the top of their practice, reducing duplication, automating where possible and scaling up where there are opportunities.
- develop and train those in Management and Leadership roles to not only drive innovation but support colleagues going through change and uncertainty.
- support staff the best we can through a period of significant change

We Will:

- work in partnership with Staff Side colleagues to ensure that our Staff have a strong voice as part of any decision-making process.
- ensure robust engagement where the clinical voice is heard and is guiding our approaches
- continue to promote a culture of speaking up and zero tolerance of discrimination an incivility
- Ensure support is in place to aid the health and wellbeing of our staff.

Financial Plan 2025/26

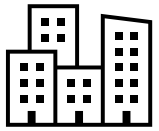
Gateshead Health NHS Foundation Trust

Income & Expenditure

£8.7m Deficit

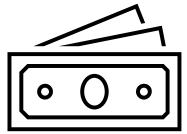
Efficiencies

£33m – 8%



Capital

£20m



Cash

Challenging cash position

Focus on CRP and sustainability

Gateshead Health NHS Foundation Trust

Any questions?

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 9

Report Title:	**Great North Healthcare Alliance**			
Name of Meeting:	Council of Governors			
Date of Meeting:	14th May 2025			
Author:	Nicola Bruce, Director of Strategy and Partnerships and Alliance Formation Team			
Executive Sponsor:	Trudie Davies, Chief Executive Alison Marshall, Chair			
Report presented by:	Nicola Bruce, Director of Strategy and Partnerships Trudie Davies, Chief Executive Alison Marshall, Chair			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☒
	To provide an update on the work undertaken and ongoing to form and develop the Great North Healthcare Alliance.			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☒
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	New report, with similar papers being presented to all Great North Healthcare Alliance Councils of Governors			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development*	This paper provides an update on the work undertaken and ongoing to form and develop the Great North Healthcare Alliance, which brings together: • Gateshead Health NHS Foundation Trust; • North Cumbria Integrated Care NHS Foundation Trust; • Northumbria Healthcare NHS Foundation Trust; and			

<table>
<tr><td>

- *Governance and legal*
- *Equality, diversity and inclusion*

</td><td colspan="2">

- The Newcastle upon Tyne Hospitals NHS Foundation Trust.

There are clear opportunities and benefits for patients from closer working, whilst recognising there are also benefits that come from each individual Trust's identities and integrity as separate organisations. Specific deliverables from the Alliance work plan have begun to demonstrate these benefits, and the improved experiences and outcomes for patients.

We have established the Alliance with a Collaboration Agreement signed by each of the four organisations. This agreement underpins meetings of Trust Board Committees in Common to steer and govern the Alliance work plan, as well as a Joint Committee between three of the trusts to focus work in certain areas, and bilateral discussions between trusts.

This paper was presented to Trust Boards held in Public in March.

</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="2">The Council of Governors are asked to note the progress made.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td>We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td>We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td>We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td>We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☒</td><td>We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust strategic objectives that the report relates to:</td><td colspan="2">The Alliance will support the delivery of 2024/25 strategic objectives (carried forward to Q1 of 25/26) including:

- SA1.2 Full delivery of the actions within the Quality Improvement Plan leading to improved outcomes and patient experience with particular focus on improvements relating to mental health, learning disabilities and cancer.

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	• SA1.3 Evidence an agreed strategic approach to the development of an EPR supported by a documented and timed implementation plan. • SA2.2 Growing and developing our people in order to improve patient outcomes, reduce reliance on temporary staff and deliver the 24-25 workforce plan. • SA3.1 Improve the quality of care delivery and accessibility for patients by meeting the locally agreed stretch standards by March 2025. • SA3.2 Evidence of reduction in cost base and an increase in patient care related income by the end of March 2025 leading to a balanced financial plan for 2025-26. • SA4.3 Work collaboratively with partners in the Great North Healthcare Alliance to evidence an improvement in quality and access domains leading to an improvement in healthcare outcomes demonstrating 'better together'. • SA5.1 Contribute effectively as part of the Great North Healthcare Alliance to maximise the opportunities presented through the regional workforce programme. • SA5.2 Evidenced business growth by March 2025 with a specific focus on Diagnostics, Women's health and commercial opportunities.

Links to CQC Key Lines of Enquiry (KLOE):	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):	NMQ 3089 - Quality - Risk of quality failures in patient care due to external causes such as delayed discharges and external pressures. (12) FIN 3102 - Activity is not delivered in line with planned trajectories, leading to reduction in income (16) FIN 3103 - Risk that efficiency requirements are not met. (16)				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

NHS
Great North
Healthcare Alliance
Gateshead | Newcastle | North Cumbria | Northumbria

Great North Healthcare Alliance – Update for Governors

Overview and vision:

1. The Newcastle upon Tyne Hospitals NHS Foundation Trust, Gateshead Health NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and North Cumbria Integrated Care NHS FT have been working together as the Great North Healthcare Alliance since January 2024.

2. An overview of the Alliance and our guiding objectives are as follows:

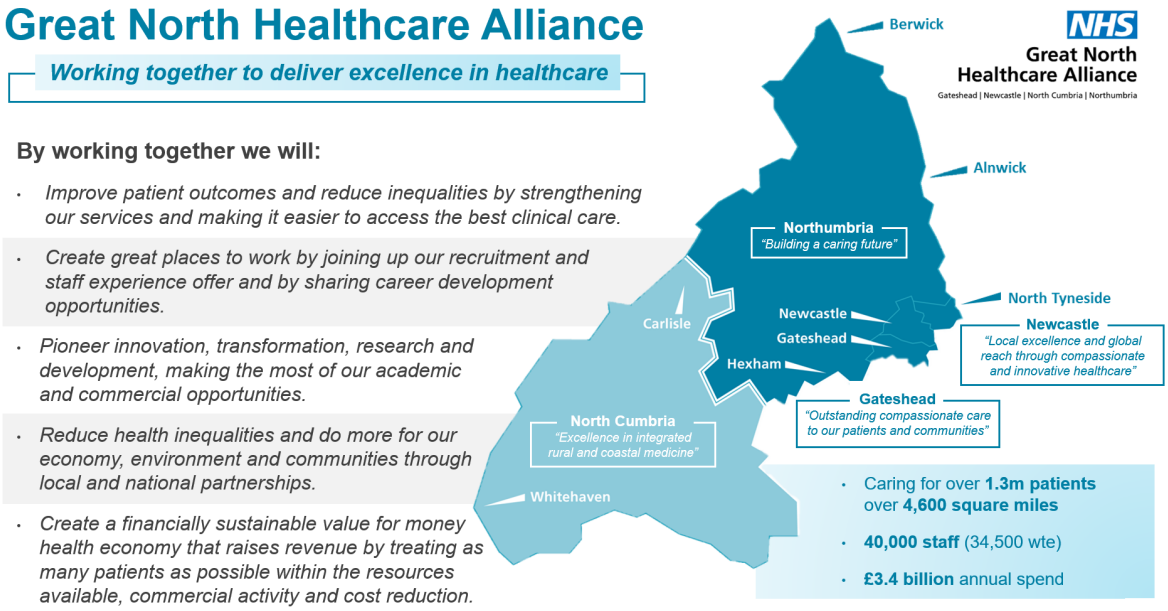


Figure 1 – Alliance overview

3. The Alliance is intended in large part to change ways of working across the four trusts, supplementing existing practice and working more closely in partnership with neighbouring organisations to drive better decision making for the benefit of patients, staff and external partners.

4. Our Alliance vision is therefore based on *how* we should work – both individually and together – and *what* we will aim to achieve. This vision has been developed and approved by each of the Alliance Trust Boards and there has been positive engagement and feedback on it from partners including the Integrated Care Board, local authorities, and NHS and University partners.

NHS
Great North Healthcare Alliance
Gateshead | Newcastle | North Cumbria | Northumbria

5. How we will work – our foundations:

Our purpose is to deliver high quality, safe and reliable care to our population, with fairer outcomes for all and equal access regardless of geography.	**Our patients are at the centre of our decision making but our staff are key to success.**
Our Alliance is based upon creating energy, engagement and innovation within our workforce, to enable them to deliver what we aspire to.	**We believe that working together at scale across our different leadership domains will breed cultural and clinical change.**

6. How we will work – our principles:

Acting together	• **Patients see us as 'one NHS'**, so we must work and design our services to meet this. • We will speak with **one voice to influence collectively** and ensure our communities get the investment and support we deserve • We will keep focused on the fact that we are **first and foremost healthcare delivery organisations** ➢ we exist to serve patients with rapid access to care, positive experiences, the best possible outcomes, and preventing illness in the first place • **Excellence** – our ambition is to achieve the highest possible standards in healthcare, national and global leaders, supported by technology, commercial, innovation, education, research and development.

Subsidiarity	• We understand the value in care being delivered locally – we will take every opportunity to **provide the widest range of services in local settings**, whilst recognising that services need the appropriate infrastructure to be safe. • The **identities** of and sense of belonging in our individual organisations must be retained and built on – no Trust wants to lose what is special about them, and what is good for one Trust is good for all. • We will **leverage the best of each organisation for the benefit of all**, building on the distinct strengths of each organisation. • We will **trust, empower and give permission to all leaders** to work across the Alliance to co-design services, feeling both accountable for and supported to deliver, under pinned by our ICB-wide leadership compact.
Effective planning	• Our Alliance activities will be made **where opportunities to do so arise, and to an agreed plan**. We will plan and deliver jointly where possible and desirable, and work with commissioners jointly. • We want to **grow the support and opportunities our teams have**, and our work plan will have this at its heart. • We want to **put as much money as possible into frontline care treating and preventing** illness, which is why our planning will seek to maximise value for the Alliance £ ensuring affordability, productivity, minimal waste and duplication, and maximising external investment. • Our collective planning and decision making will be supported by **strong governance processes** that are shared where desirable and possible.

Accountability and engagement	• In delivering our work plan and ways of working we want to **maintain and increase our lines of local accountability**, to our staff, communities and our local partners. • We will retain **accountability within our individual places** and the visibility of local leaders in local places. Alongside this, we want to improve the accountability that local places have over issues that are greater, multi-place scale. • Our principles of partnership working and behaviours will be led by our ICB-wide **leadership compact.** • We want **genuine and honest engagement** with partners both within our organisations and externally. • Local partners will **have a say in the decisions** that affect them, and we will continue to develop our Alliance work plan and vision with their input.

7. What we aim to deliver in the next five years:

Clinical pathways	• CQC 'good' or above rating in each organisation, exceeding the constitutional standards, simplified patient flow using all available resources, and a reputation for being best in the country once again • Improved and sustainable footing for fragile and vulnerable services, starting with urology, oral and maxillofacial surgery, urgent and emergency care, cancer, and women's services. • Brought together clinical teams from across the Trusts to jointly review each clinical specialty and to prioritise a programme of clinical pathway redesigns to improve services for patients. This will be informed by rich access, experience and outcomes insights and data, demographic pressures that we know are coming, and the views of patients, staff and partners • Improved local access to all constituent parts of specialised service pathways and clinical research – from tertiary settings, to acute and community, so that more patients can benefit. • Boosted and prioritised primary and community care, we will work closely with primary care networks, and provide a strong, dedicated strategic leadership with supporting corporate

	infrastructure to deliver integration with community and secondary care • Made a positive step change in tackling health inequalities - including in reducing poverty by helping local people not at work due to sickness to get healthcare support to get back to work as fast as possible. • Ensure individuals are treated in the right place at the right time by working with social care partners in local government and private providers to maximise our delivery of social care integration and respond to national policy.
People and processes	• Remove the barriers and annoyances for our people that stop them from making full use of their professional skills, creating new opportunities, delegating power and responsibility so they work to their potential level. • Opportunities for joined up recruitment, brand and workforce development programmes that supports local people into stretching careers, with succession and that recognises specific fragile staffing areas. • Community promise that supports local growth - including promotion of health careers, social value, and a healthy green environment. • Single point of contact for local and regional partners to raise and discuss issues and opportunities – including the Integrated Care Board, Local Government, Universities and Primary Care Networks. • Innovation, research and development that helps design and deliver improvements to patients and local services, reaches its commercial potential, is led by our centres of excellence, and is internationally recognised. • NHS England Oversight Framework segment 2 or better positions for each organisation, with financial sustainability across the Alliance. • Explore joined up corporate services to support value for money and reduce outliers – for instance, coordinated procurement • Commercial strategy delivery that takes rapid decisions, moves first, and is based on our combined assets. • Single, unified governance structure for decision-making across the Alliance, supported by a collaboration model that is in itself, innovative.

Physical assets	• Coordinated estates strategies and decisions with 'big build' developments in each Alliance trust that is supported by external investment • Because 20% of our patients already flow between our hospitals, deliver: ➢ digital interoperability across the Alliance trusts, ➢ seamless service pathways, whilst not risking system resilience, ➢ a clear & accessible interface for patients that supports patient choice. • Prioritise money for patient care by ensuring organisations maximise the benefits from subsidiaries.

8. Taking together the foundations and principles for *how* we will work, and the ambitions of *what* we will do provides a clear framework for delivering the objectives set out in figure 1 and the benefits that comes from these.

Progress to date:

9. Since the previous update, we have had a number of notable successes that demonstrate progress against the objectives and vision outlined above. A few highlights include:

   i. **Community Diagnostic Centre (CDC)** – the Metro Centre CDC opened in October 2024, and at the time the report was written the centre had enabled over 16,000 people, mostly from Newcastle and Gateshead, to have a diagnostic test more quickly and/or more closer to home. Another CDC will be opened in Workington, North Cumbria in the coming months.

   ii. **Cardiology** – positive engagement between clinical teams has supported a 30% reduction in the waiting time for patients with Acute Coronary Syndromes (ACS) to be transferred between the Royal Victoria Infirmary, and Queen Elizabeth Hospital and Northumbria Specialist Emergency Care Hospital for revascularisation. This has also reduced occupied hospital bed days for patients.

   iii. **Audiology** – improvements in the service provided by Newcastle Hospitals means many more patients are now having their hearing assessments done within the 6 week national waiting time standard.

This is creating resource to improve local provision across Northumberland and North Tyneside, with further improvements expected in the coming months.

iv. **Paediatrics** – this joint workstream has built positive relationships between the four Trust teams, leading to increased hospital capacity being opened compared to the past ten years and better sharing of best practice. Issues that affect patient services are being tackled together.

v. **Urology** – honest and positive discussions between the trusts has agreed joint solutions to issues in these patient services. Although performance is still not where any trust would want it to be, positive progress has been seen for instance the elimination of >52 week waits for Gateshead. We expect substantive improvements to be increasingly demonstrated over the coming year.

vi. **Interstitial Lung Disease (ILD)** – changing pathways for patients with ILD to transfer to more local provision for them in Northumbria. Part of these changes include Northumbria clinicians being able to prescribe key drugs for patients in a more timely manner than previously. Around 120 patients are being offered the opportunity to transfer their care.

vii. **Hepato-pancreato-biliary (HPB)** – Northumbria taking on appropriate patients to share capacity more evenly, and Northumbria surgeons looking to use the Freeman Hospital Day Treatment Centre to increase capacity.

viii. **Community outpatients** – supporting local services provided by Newcastle to move to a local, newly refurbished site alongside Northumbria services – providing services from neighbouring organisations in a ‘one NHS’ site.

ix. **Digital** – Agreeing a longer-term plan to deliver an interoperable set of digital services to enable information and data to exchange across the Alliance to effectively support patients and frontline services. We have appointed a lead Chief Information Officer to coordinate this work across Newcastle, Gateshead and Northumbria, working closely with North Cumbria. This work, which will increase in pace, has led to some early quick wins from projects including shared WiFi, use of cloud services, and joint procurement opportunities for certain core services.

x. **Research and Innovation** – hosting an Alliance-wide session to agree priority areas for our combined research and innovation experience, expertise and assets to work together for the benefit of the Alliance.

xi. **Estates planning** – a shared business case looking at long-term estates opportunities across the four trusts has been developed, for discussion on possible investment sources to deliver this.

xii. **Financial planning** – open engagement between Finance Directors to support short and medium-term financial planning in particular, in order to plan a path for the Alliance trusts to return to a balanced financial position, and for this to be sustainable.

Governance arrangements:

10. Relationships across the four organisations have developed at pace to support joint working on Alliance priorities. The Alliance Steering Group of the Chairs and CEOs from the four organisations meets monthly as Committees in Common. Since our previous update to Public Boards, these arrangements have been strengthened through a Joint Committee and three sets of bilateral arrangements.

    i. Joint Committee: a tighter form of governance, with delegations from Trust Boards, has been established between Newcastle Hospitals, Northumbria Healthcare and Gateshead Health as members, and with North Cumbria colleagues attending. The Joint Committee has a specific focus initially on certain financial planning for 2025/26, digital interoperability, and research and innovation.

    ii. Bilateral arrangements: in order to progress work bilaterally between organisations, more formal arrangements have been put in place between Newcastle Hospitals and North Cumbria. Sub-Committees in Common will drive progress on ensuring high quality tertiary service provision across North Cumbria alongside other clinical and corporate workstreams. Other bilateral arrangements have also been established between other organisations, for instance Newcastle and Northumbria who meet regularly to work through shared clinical service issues and improve service delivery for patients. A similar Newcastle and Gateshead bilateral group is about to be set up.

Developing and delivering the work plan in collaboration:

11. We have sought to develop the work plan – be it clinical services, corporate approaches and Alliance governance – in collaboration with Trust Boards and Governing Bodies across the trusts, as well as external partners where appropriate.

12. The members of the four Trust Boards have met together twice for half day workshops looking at progress made and future opportunities – positive feedback overall was received for both events. A joint event for Governors from the organisations was held in April to supplement the invaluable input that have been made through the respective Councils of Governor meetings.

13. The Governor event mentioned above was held on 8 April. Around 60 Governors from across the four Alliance Trusts attended in total alongside Chairs and Chief Executives to build relationships between Trust Councils of Governors within the Alliance and to discuss how best to work together going forward.

14. Part of the agenda included feedback from a survey sent to all Governors prior to the event. The slides presented at the event which detail this feedback are annexed to this report for information.

15. The main themes from the discussions included:

    i. Improved understanding of other trusts – responding to the survey feedback, what opportunities are there to improve the level of understanding Governors have of Alliance trust partners alongside their own organisations.

    ii. Working together and building relationships – suggestions for how formal and informal routes, meetings, or groups of Governors, for instance, could support this.

    iii. Consistency of updates and reporting to Councils of Governors – how we can ensure that Governors collectively across the Alliance are kept informed of Alliance working, and the relevant details of workstreams that are ongoing.

16. At present, Company Secretaries and the Alliance Formation Team are working through the feedback provided at the event to determine options to respond to these themes. These will be discussed with Chairs and Lead Governors in the coming weeks and fed back to Councils of Governors in due course.

17. In addition, we have ensured that the Integrated Care Board (ICB) for the North East and North Cumbria has been involved in informing the vision, work plan and governance arrangements for the Alliance. Most recently, a supportive session was held in December 2024 with the ICB Chair and Chief Executive – at this session the ICB provided an update on some stakeholder engagement work on the Alliance vision and work plan that they had supported with external partners. This included important and helpful feedback from local universities, primary care groups, and local authorities. This has informed the work plan workstreams and deliverables and is something that we will build on in the next 12 months.

18. In accordance with the principles for Alliance working set out earlier in this paper, the governance arrangements are intended to be as *de minimus* as possible and support collaborative working relationships across all levels of the Alliance partners, be it executives, non-executives, Governors, clinical leads, operational leads, and frontline staff. Equally, they have been established and agreed by Trust Boards in such a way to not change the independence of Trust Boards and Governing Bodies, or the delegations, powers and authorities that Chief Executive Officers already have.

Summary assessment:

19. Looking back over the first year of the Alliance, progress has been good. Enthusiasm for working together across organisations has been evident, a number of tangible benefits have already been delivered, and there is momentum in support of greater collaboration. Trust and relationships between the organisations have never been in such a positive position. Although there has been variation in progress between workstreams, we have learnt lessons from these instances to ensure that we are delivering benefits from Alliance working. Leadership and communication have been critical parts of our work at different levels throughout our organisations. We have also recognised that there is a strong need to measure and celebrate progress, and that project governance and management works best for the Alliance where it is kept as light touch as possible.

Recommendation

20. The Council of Governors is asked to:

    i. Note the progress made.

Great North Healthcare Alliance Formation Team
Martin Wilson, Newcastle; Nicola Bruce, Gateshead;
Stephen Park, North Cumbria; and Andrew Edmunds, Northumbria

April 2025

Annex – Governor Survey: feedback from 8 April event

Survey feedback

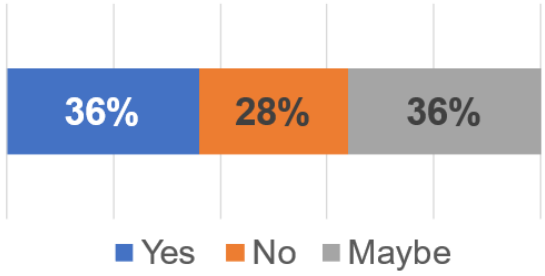
NHS
Great North Healthcare Alliance
Gateshead | Newcastle | North Cumbria | Northumbria

- Responses skewed more to east coast Trusts – 92% from Gateshead, Newcastle and Northumbria. Of these, they were broadly proportional to the size of Councils of Governors.
- Majority – 72% - of respondents were Public Governors.

How well informed do you feel around the Alliance aims, objectives and work plan?

Not well	Fairly	OK	Well	Extremely well
10%	26%	8%	38%	18%

Are you clear about your role as a Governor following the establishment of the Alliance?



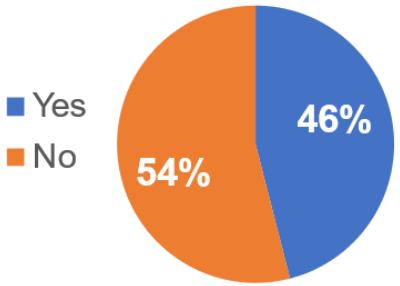
- *'No change – hold my organisation to account', 'Trust Governors keep / retain independence'*
- *'Uncertainty over how Governing bodies will relate', 'need wider context and more detailed discussions about the Alliance'*
- *'Still learning', 'want to find out today', 'aims and governance feels unclear / opaque', 'Alliance Chair stretches out governance'*

Annex – Governor Survey: feedback from 8 April event

Survey feedback (2)

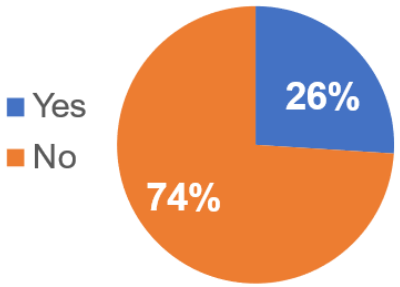
NHS
Great North Healthcare Alliance
Gateshead | Newcastle | North Cumbria | Northumbria

❑ Are you clear on the priorities for both your organisation and the Alliance?



- *'Patients first', 'Improve access', 'best services for patients by working together', 'sharing services / better network', 'well communicated', 'better relationships between trusts'*
- *'needs better articulation', 'needs to be reduced to a few sentences', 'not clear for other trusts', 'need regular updates', 'want to find out today', 'not doing well so far'.*

❑ Are you clear on the issues facing other Alliance organisations?



- *'All facing similar pressures', 'need to ensure NEDs and the Board are equipped in unsettling times'*
- *'Not able to answer / describe', 'how do other trust values and issues fit / link with ours?', 'want to find out today'*
- *'How Governors fit into the plan', 'further assurances on what happens next'*

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 10

Report Title:	**Quality Account Council of Governors Statement 2024/25**			
Name of Meeting:	Council of Governors			
Date of Meeting:	14th May 2025			
Author:	Wendy McFadden, Strategic Lead Clinical Effectiveness			
Executive Sponsor:	Gill Findley, Chief Nurse			
Report presented by:	Wendy McFadden, Strategic Lead Clinical Effectiveness			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	As in previous years, the Council of Governors is required to provide a formal response to the Trust's Quality Account.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	The Council were provided with a copy of the draft Quality Account 2024/25 on 30 April 2025 and asked to forward any comments on the document to prepare the response.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*				
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Council of Governors is requested to approve the statement to be included in the Trust's Quality Account 2024/25.			

Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:					
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)					
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐		**No** ☐	**Not applicable** ☒	

Council of Governors feedback on the Quality Account 2024/25

The Council of Governors had the opportunity to partake in a consultation workshop on the development of the Quality Account and quality priorities on 6th March 2025. In addition, the completed draft of the Quality Account was shared with all Governors as part of the consultation process. We have used our knowledge of the Trust gained through attendance at meetings and other engagement opportunities during 2024/25 to determine whether the content of the document presents a fair reflection of the achievements, challenges, risks and opportunities experienced during the year, as well as whether the quality priorities for 2025/26 are focussed on what we feel are the key areas.

Overall, we feel the draft Quality Report is concise and informative, and bears testament to the commitment of all staff at Gateshead Health, to provide excellent healthcare to the people of Gateshead and further afield who use our services. All staff also strive to enhance patient care despite the challenges of the future.

We like the introductory section at a glance and think it is interesting and helpful for those who don't read the whole document, and we feel the Chief Executive Statement is well balanced celebrating what has been achieved and recognising what is still to be done in a very difficult context.

We also shared a number of specific points for consideration:

- Inclusion of a detailed description of the Alliance;
- Inclusion of a brief description of the 15 Steps Challenge and PLACE. Readers and indeed staff may not be aware of what these two initiatives are;
- Consider the mentioning the Great North Health Care Alliance within the glossary section;
- Ensure the document is shared widely across the organisation particularly headline sections, the Chief Executive Statement as well as the agreed targets for next year.

NHS
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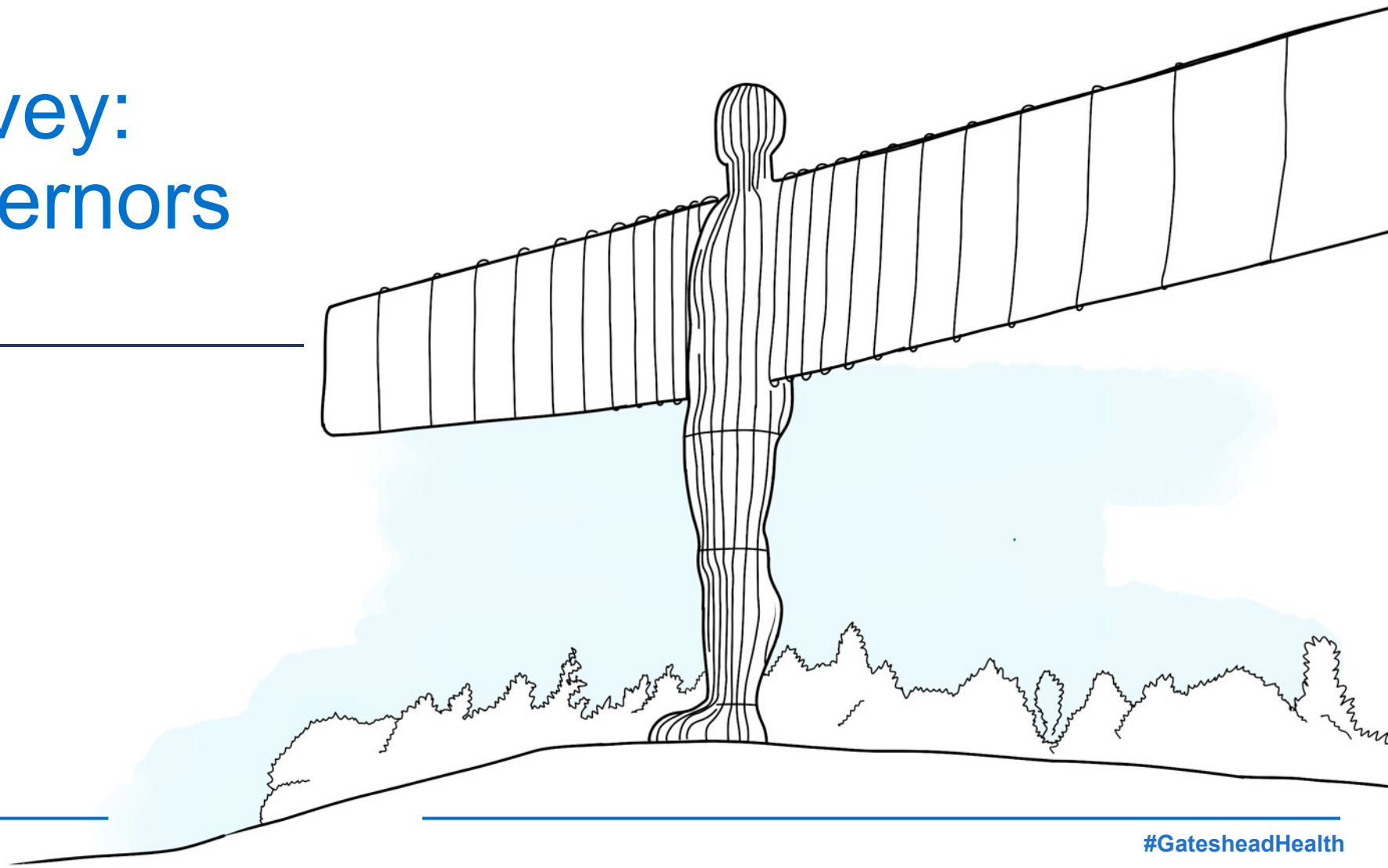
NHS Foundation Trust

2024 Staff Survey: Council of Governors Meeting

Amanda Venner

14th May 2025



Group Staff Survey Actions following last year's survey

Gateshead Health NHS Foundation Trust

It's not ok campaign strengthened our approach to address poor behaviours to eliminate issues such as racism, harassment and discrimination

Increased clinical input in decision making across the Trust.

Culture programme revised with key workstreams focused on enhancing the culture at Gateshead

More opportunities for colleagues to meet with the executive team in informal ways

Show racism the red card training and development of 'comfortable to challenge' support

Sexual safety charter and policy launched (along with Bullying & Harassment and Violence & Aggression policies)

Revision of estates and capital plan to prioritise key clinical areas – with detailed clinical engagement at CSG.

Enhancing the Freedom to Speak Up service to encourage a culture where everyone feels safe to speak up.

Introduction to 2023 Staff Survey

Gateshead Health NHS Foundation Trust

The 2024 survey approach remains consistent with the surveys from 2021, with the realignment to the NHS People Promise, allowing for a year-on-year comparison.

A total of 119 questions were asked in the 2024 survey, of these, 113 can be compared to 2023 and 101 can be positively scored. The results include every question where the group received at least 10 responses (the minimum required).

We remain one of the higher scoring Trusts for those using Picker and in a number of areas we score higher than peers

53% Group Completion Rate

53% Trust
54% QE Facilities
19% Bank

Executive summary 2024 - Trust

Gateshead Health NHS Foundation Trust

Top 5 scores vs Organisation Average	Org	Picker Avg
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	71%	61%
q15. Organisation acts fairly: career progression	64%	57%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	71%	64%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	81%	74%
q4c. Satisfied with level of pay	38%	32%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q13d. Last experience of physical violence reported	64%	71%
q2a. Often/always look forward to going to work	49%	54%
q8c. Colleagues are polite and treat each other with respect	67%	70%
q8d. Colleagues show appreciation to one another	63%	66%
q4b. Satisfied with extent organisation values my work	40%	43%

Most improved scores	Org 2024	Org 2023
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	71%	63%
q22. I can eat nutritious and affordable food at work	56%	53%
q14d. Last experience of harassment/bullying/abuse reported	50%	47%
q4c. Satisfied with level of pay	38%	35%
q12g. Never/rarely lack energy for family and friends	37%	36%

Most declined scores	Org 2024	Org 2023
q11a. Organisation takes positive action on health and well-being	56%	62%
q13d. Last experience of physical violence reported	64%	69%
q3e. Involved in deciding changes that affect work	50%	55%
q8d. Colleagues show appreciation to one another	63%	67%
q8c. Colleagues are polite and treat each other with respect	67%	71%

Tables are based on absolute % differences, not statistical significance

Executive summary 2024 - QEF

Gateshead Health NHS Foundation Trust

Top 5 scores vs Organisation Average	Org	Picker Avg
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	81%	53%
q23b. Appraisal helped me improve how I do my job	29%	23%
q11c. In last 12 months, have not felt unwell due to work related stress	71%	65%
q3g. Able to meet conflicting demands on my time at work	57%	51%
q26b. I am unlikely to look for a job at a new organisation in the next 12 months	57%	53%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q9d. Immediate manager takes a positive interest in my health & well-being	60%	75%
q9h. Immediate manager cares about my concerns	59%	74%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	61%	77%
q9a. Immediate manager encourages me at work	60%	75%
q9c. Immediate manager asks for my opinion before making decisions that affect my work	47%	62%

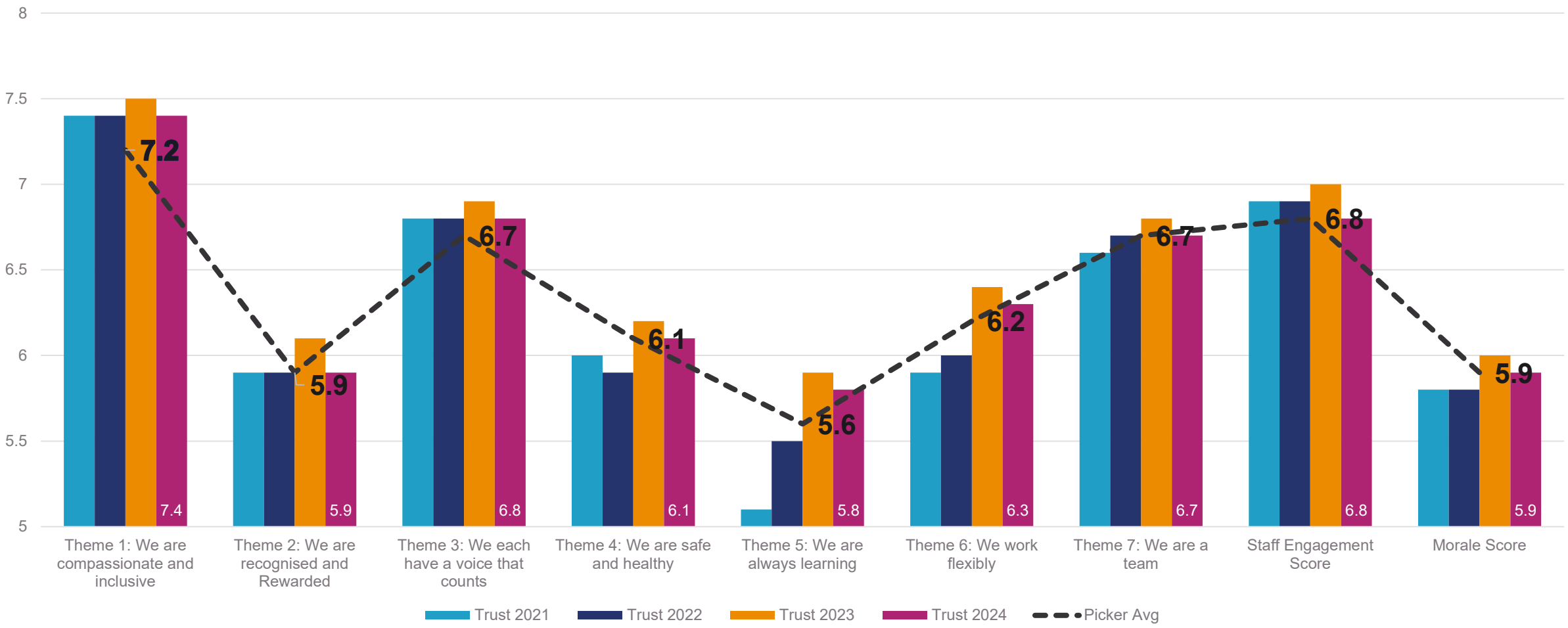
Most improved scores	Org 2024	Org 2023
q14d. Last experience of harassment/bullying/abuse reported	55%	43%
q11e. Not felt pressure from manager to come to work when not feeling well enough	75%	69%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	61%	56%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	81%	78%
q6a. Feel my role makes a difference to patients/service users	81%	79%

Most declined scores	Org 2024	Org 2023
q4a. Satisfied with recognition for good work	46%	60%
q19d. Feedback given on changes made following errors/near misses/incidents	49%	62%
q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	42%	55%
q9f. Immediate manager works with me to understand problems	60%	71%
q19a. Staff involved in an error/near miss/incident treated fairly	53%	64%

Tables are based on absolute % differences, not statistical significance

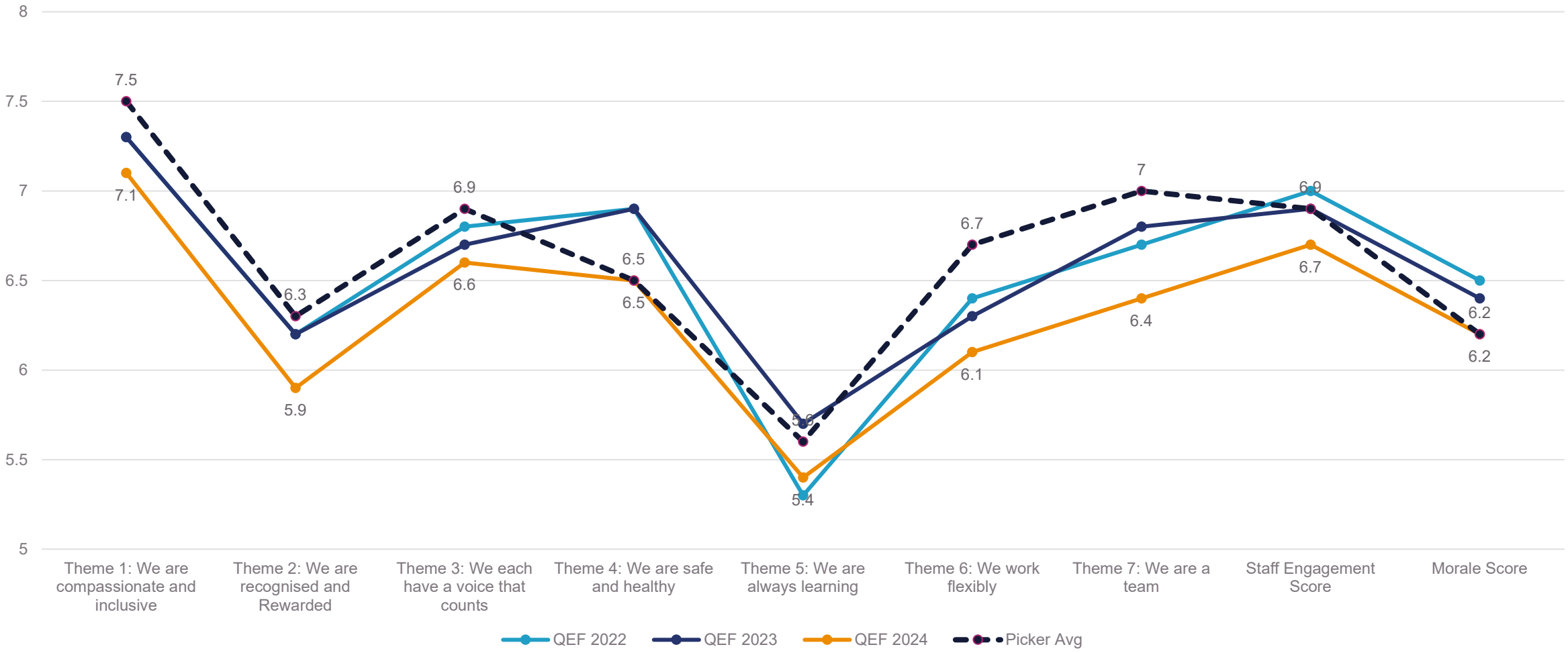
Gateshead Health NHS Foundation Trust

Trust: People Promise 4-year trend



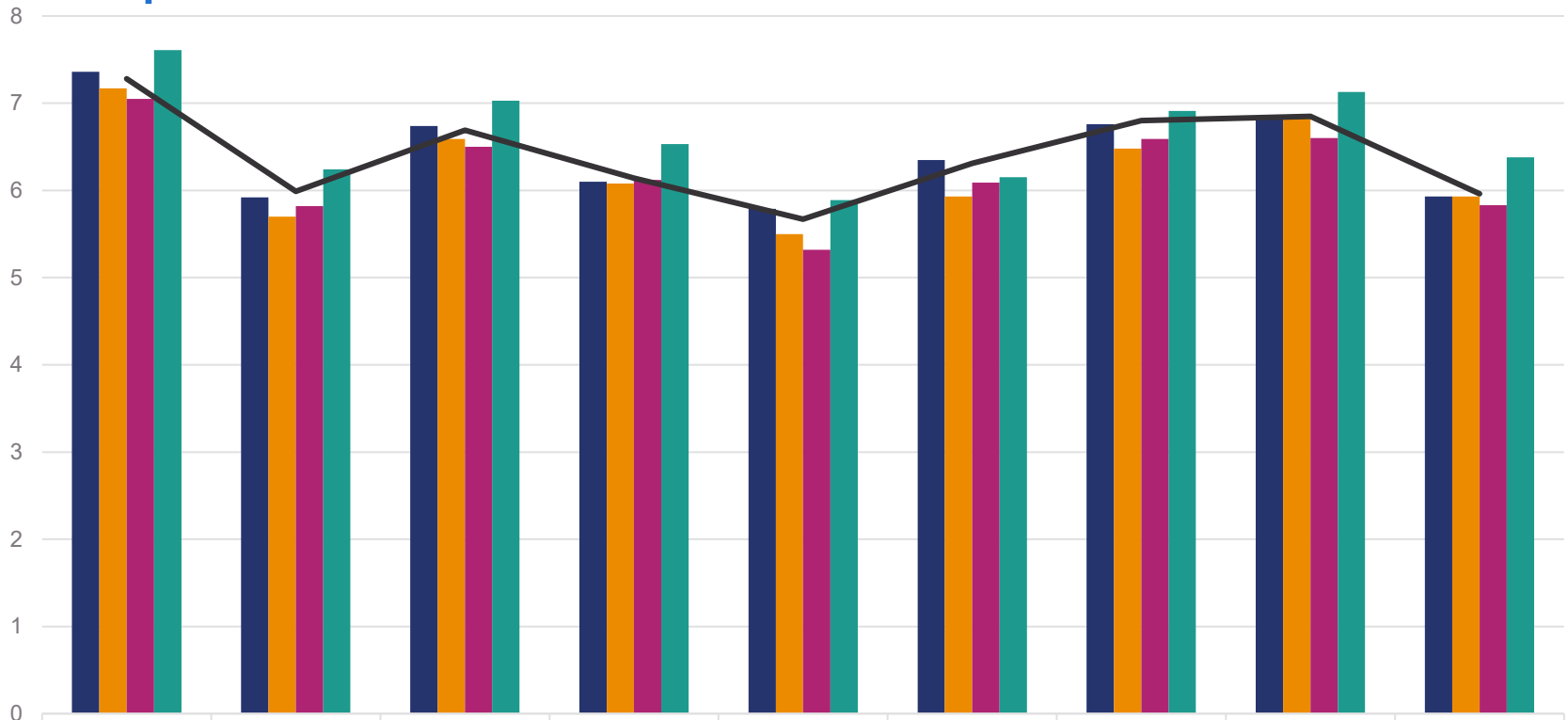
Gateshead Health NHS Foundation Trust

QEF: People Promise 3-year trend



Gateshead Health NHS Foundation Trust

2024 Alliance Group Comparison



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
Gateshead Health NHS Foundation Trust	7.36	5.92	6.74	6.1	5.79	6.35	6.76	6.84	5.93
The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.17	5.7	6.59	6.08	5.5	5.93	6.48	6.83	5.93
North Cumbria Integrated Care NHS Foundation Trust	7.05	5.82	6.5	6.12	5.32	6.09	6.59	6.6	5.83
Northumbria Healthcare NHS Foundation Trust	7.61	6.24	7.03	6.53	5.89	6.15	6.91	7.13	6.38
National Average	7.28	5.99	6.69	6.14	5.67	6.31	6.8	6.85	5.96

Overall positive score: Staff Networks Trust

D-ABILITY STAFF NETWORK

Yes (664)	No (1694)
58%	65%

Heterosexual / straight (2110)	Gay / lesbian, Bisexual, Other (135)	I would prefer not to say (128)
64%	61%	52%

GEM
Global Ethnic Majority

White (2099)	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic group (262)
63%	67%

Female (1868)	Males (410)	Prefer not to say (89)
63%	64%	47%

Overall positive score: Staff Networks QEF

D-ABILITY STAFF NETWORK

Yes (105)	No (297)
53%	63%

GHNFT LGBT+ Network @ghntlgbt

Heterosexual / straight (376)	Gay / lesbian, Bisexual, Other (12)	I would prefer not to say (17)
60%	69%	50%

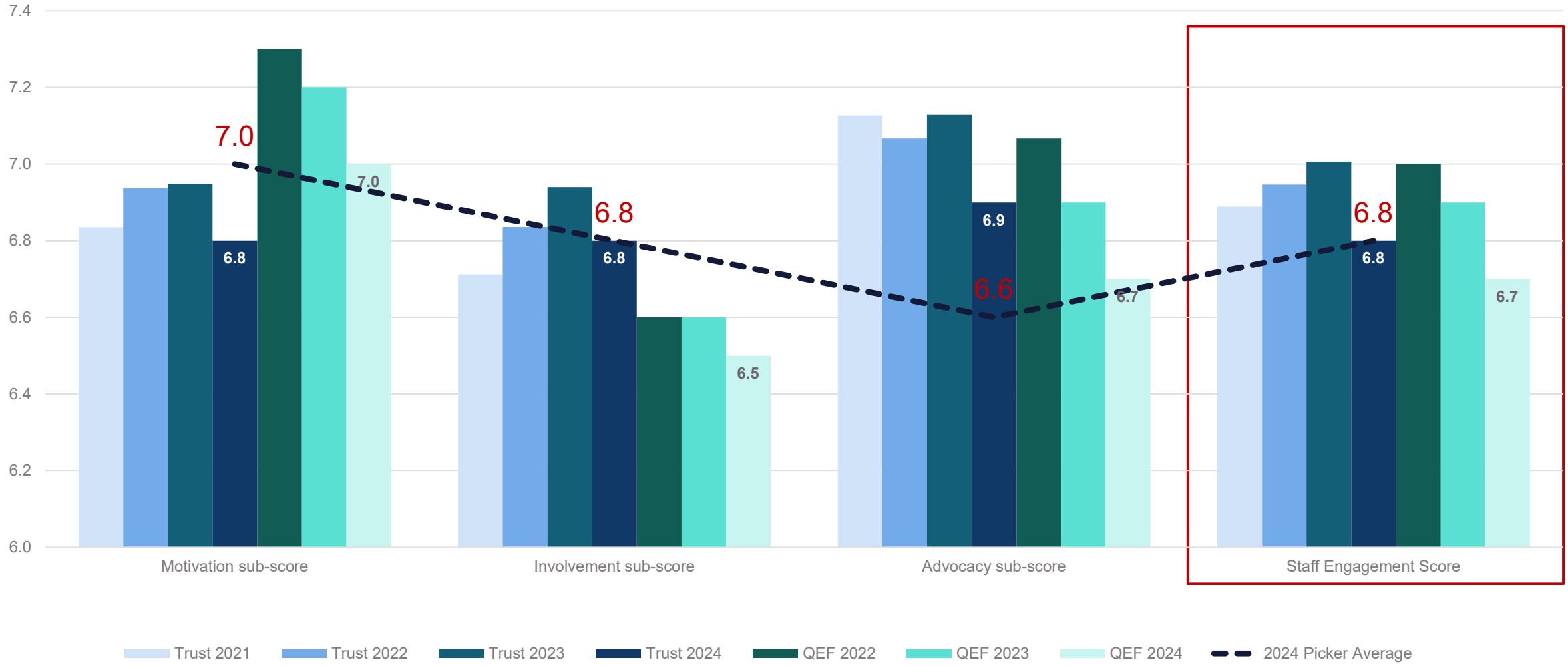
GEM Global Ethnic Majority

White (388)	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic group (17)
59%	79%

Female (210)	Males (180)	Prefer not to say (10)
59%	63%	50%

Group 2021 – 2024 engagement scores vs Picker average

Gateshead Health NHS Foundation Trust



Gateshead Health NHS Foundation Trust

Free Text Themes - Trust Level

There were a total of 884 free text comments. These can be categorised / themed as follows:

Theme	Responses	%
Management & Leadership	272	41.15%
Staffing & Workload	171	25.87%
Health & Wellbeing	149	22.54%
Work Environment & Resources	105	15.89%
Patient Care & Safety	86	13.01%
Career Development & Training	58	8.77%
Communication & Engagement	43	6.51%

Local Questions

- Clinical voices of all professions are involved in decision making within the Trust
- Clinical professionals and managers work in partnership to make decisions regarding their services
- The culture in my team aligns to the Trusts ICORE values
- Good behaviour that aligns with the Trusts ICORE values are demonstrated within my team
- Courteous and polite behaviour (i.e., civility) towards colleagues within the workplace is encouraged within Gateshead Health
- Rudeness/inappropriate behaviour (i.e., incivility) within the workplace is appropriately addressed within Gateshead Health

The questions that saw the greatest variance from 2023 were:

- Q06 When good behaviour that aligns with the ICORE values is demonstrated, it is recognised and rewarded
- Q09 How satisfied are you with the overall effectiveness of our corporate internal communication?

What next - Trust/Group Level

Gateshead Health NHS Foundation Trust

- We have agreed 2 broad recommendations/key messages to come back to throughout the year to build a consistent narrative….

- **Stop Incivility**
  - Be polite to *each other* and show respect and appreciation
  - Tackle bullying and harassment across all our staff groups, especially those who are under-represented (LGBT, GEM, D-ability)

- **Promote and take positive action on engagement**
  - Have wider visibility on our Health and Wellbeing offer – what's needed, what's already available, how do we access it
  - How can we support our own HWB, access support and stay well

Next Steps

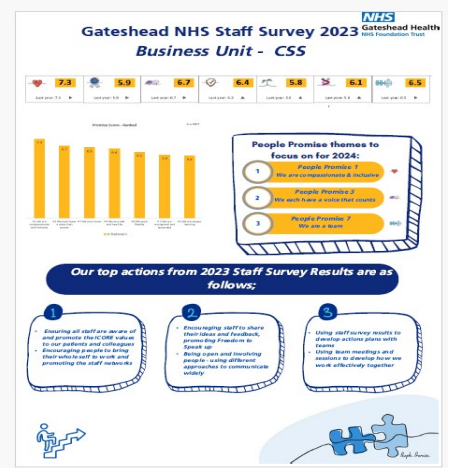
Teams have been asked to complete action posters: Managers have been asked to promote and share staff survey results with their teams.
Business units & departments will be asked to utilise the posters to ensure actions from the surveys are identified and addressed.

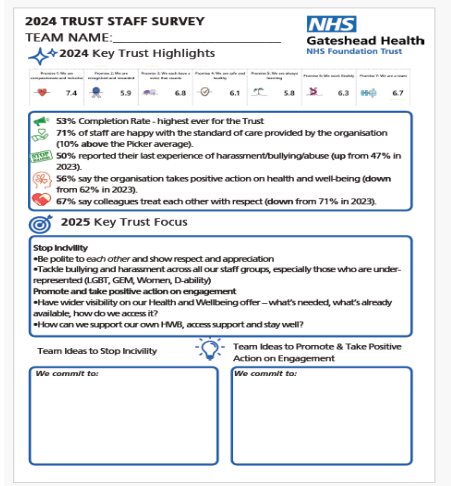
Work to continue:

- **Communicate group actions** taken since last survey, the impact, and what's next. Managers are asked to utilise posters to identify priorities and actions.

- **Zero-tolerance Working Group** will continue to raise awareness around bullying and harassment and enhance policies and procedures and working practices.

- **FTSU** - Tracy Healy will continue to build her profile within the Trust as FTSU guardian to ensure individuals feel safe to speak up and explore mechanisms to report.





What We Are Doing….Trust Focus

Tackle bullying and harassment across all our staff groups, especially those who are under-represented (LGBT, GEM, Women, D-ability)

- ✓Signed an anti-racism charter,
- ✓Reviewed the B&H policy and added behavioural framework,
- ✓Trained over 800 staff in show racism the red card.
- ✓Signed a sexual safety charter,
- ✓Introduction of a new sexual safety policy
- ✓Trained a number of facilitators to deliver sexual safety / active bystander training.

Be polite to *each other* and show respect and appreciation

- ✓Standardised 'Civility' session created:
  Pilot session developed and delivered to Pharmacy staff in June 24. Delivered to almost 300 staff to date
- ✓Civility Gateshead guide developed to signpost and provide information. Gateshead Civility Guide 2024
- ✓Civility saves lives information included into corporate induction.
- ✓Staff Survey have Local Questions on civility that are specific to the Trust. We now have data from 23 and 24 survey to compare and these questions are included in the National Quarterly Pulse Survey.

Have wider visibility on our Health and Wellbeing offer

- ✓Relaunched regular Wellbeing Ambassador Catch-Ups, created a new Teams resources area for Ambassadors and introduced regular surveying of Ambassadors and Mental Health First Aiders on wellbeing topics
- ✓Delivering targeted sessions to teams who have requested more information on the wellbeing offer or support with understanding how they can improve things within their team
- ✓Working with Learning & Development to educate managers around wellbeing and development opportunities during Learning at Work Week (May 2025)
- ✓Working with People Promise Manager to deliver staff experience workshops and drive improvements both within teams & across the organisation

Conclusion

Gateshead Health NHS Foundation Trust

What the Survey Told Us:

- **53%** of staff had their say – our highest response rate to date
- Slight dip in **People Promise** themes (mirroring national Picker trend)
- Need to better **demonstrate the impact** of staff feedback
- Notable **differences between Trust and QEF** responses

Our Two Priority Areas:

1.Stop Incivility:

Feedback shows that negative behaviours are still impacting staff experience. Tackling incivility is essential to creating a more respectful, inclusive culture.

2.Promote and Act on Engagement:

The survey highlights a need for stronger engagement. We're taking clear steps to promote open conversations and ensure staff feel heard and valued.

NHS
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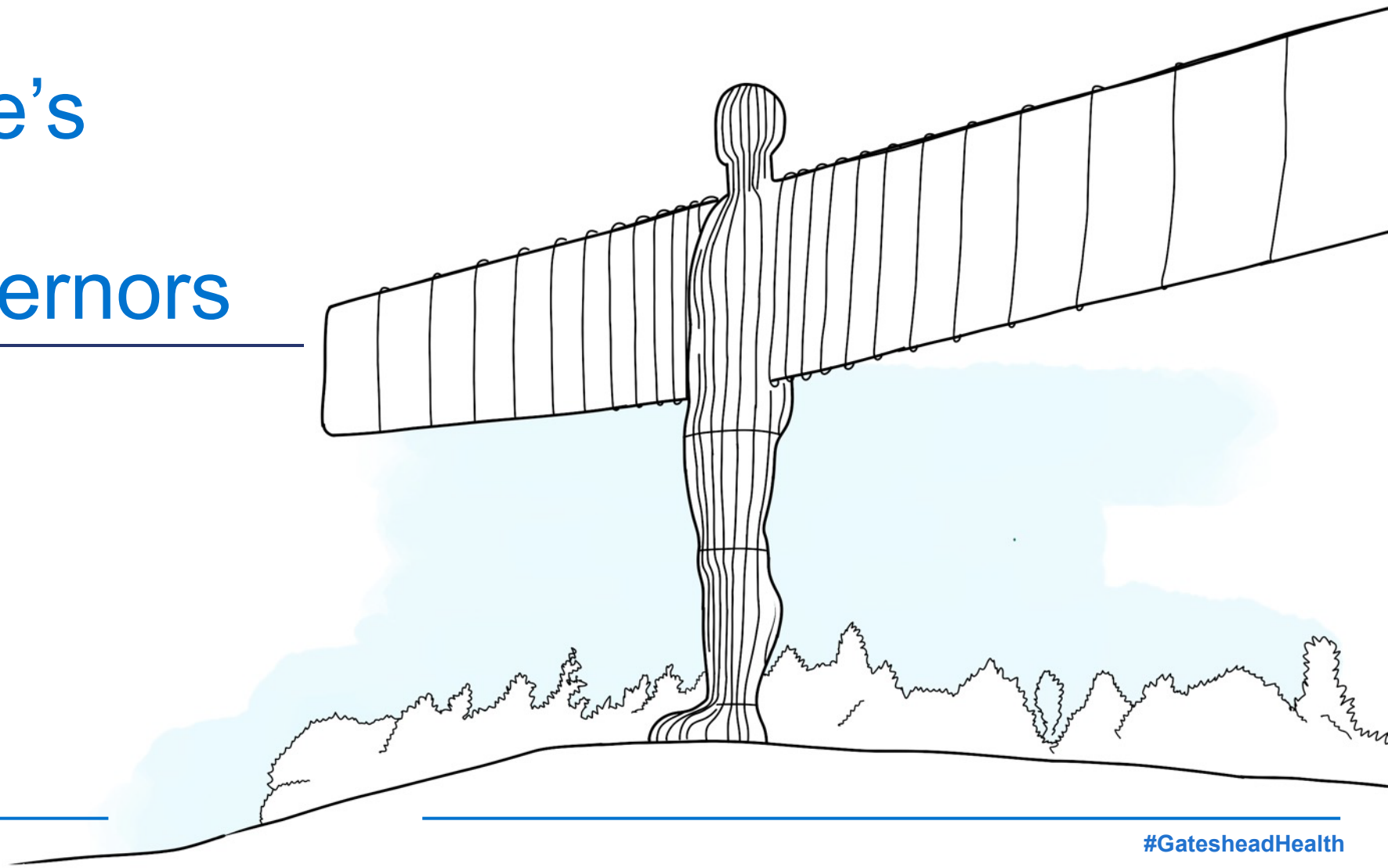
Chief Executive's Update to the Council of Governors

Trudie Davies, Chief Executive

14 May 2025



National statistics and context

Gateshead Health NHS Foundation Trust

National policy, context and operating models

Period of significant change in structure and form for the NHS with national, regional and local implications

Work is being undertaken on a high-level plan for merging NHS England (NHSE) into the Department of Health and Social Care (DHSC). The full details are yet to be published.

All 42 Integrated Care Systems (ICS) must reduce running costs by 50%. For the North East and North Cumbria ICS this equates to a reduction of £34.5m.

More detail will emerge in the coming weeks regarding which functions will remain with Integrated Care Boards (ICBs) and which functions may transfer to providers / NHSE / DHSC.

All NHS providers requested to reduce corporate cost growth by 50% during Quarter 3 2025/26.

Expectation that nationally there will be a requirement for Trusts to produce a three year financial plan later this year

National shift to more of a devolved, rules-based system built on strong Board accountability, greater openness and transparency

New NHS performance assessment framework to be launched by NHSE at the end of Q1. Metrics will be aligned to the planning guidance with additional measures e.g. collaboration. Any trust in deficit will be restricted to max segment 3

National performance headlines

Gateshead Health NHS Foundation Trust

National performance – February and March 2025

Record levels of activity were delivered by trusts in March, with improvements against performance targets

Demand remained high across urgent and emergency care with record A&E attendances in March and an increase in both category 1 and category 2 ambulance incidents.

In February record levels of diagnostic appointments were delivered compared to any other February

In February the elective waiting list fell for the sixth month running.

Signs of stretched capacity throughout hospitals continued, with discharge delays higher than last year and measures of patient flow, such as 12 hour waits related to A&E, remaining high

Measures of demand and activity have also been recorded at all-time highs across mental health and community services

There were ongoing pressures for children and young people's (CYP) services. The number of CYP waiting for first contact from community mental health services was at the highest levels. Waits for community services over 52 weeks for CYP also reached record highs.

The government announced that 80,000 patients have received a quicker diagnosis for ruling out of cancer in 28 days between July 2024 and January 2025 compared to the previous year.

Our performance against constitutional standards

Gateshead Health NHS Foundation Trust

Metric	Target	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Ass/Var
Achievement of the A&E 4 hour standard	>78%	69.0%	72.2%	71.8%	72.0%	76.3%	71.0%	72.2%	71.4%	67.8%	73.0%	65.6%	71.2%	73.6%	74.5%	
12 hour trolley waits (DTA to left department)	0	0	0	1	4	0	3	0	0	3	1	30	0	0	2	
% of ED attendances > 12 hours in department	<2%	4.9%	3.6%	3.8%	4.1%	2.3%	5.4%	4.4%	4.4%	7.6%	5.1%	10.5%	5.2%	2.5%	0.7%	
Ambulance handover delays 30-60 minutes	0	1	0	0	2	1	10	4	3	3	10	43	21	4	6	
Ambulance handover delays 60 minutes +	0	0	0	0	0	0	13	0	0	0	1	51	14	0	7	
Achievement of the RTT 18 week standard	>92%	67.8%	67.9%	68.9%	70.6%	70.6%	70.3%	69.2%	68.6%	68.5%	69.2%	69.8%	70.6%	71.3%	71.0%	
Achievement of the 52 week RTT standard	0	112	76	72	109	88	81	108	123	106	111	102	83	66	0	
Achievement of the 6 week diagnostic standard	>95%	92.1%	91.2%	88.8%	86.0%	83.8%	84.7%	84.3%	86.4%	88.3%	86.8%	83.3%	81.4%	86.4%	82.6%	
Achievement of the Cancer 28 day standard	>77%	83.0%	81.1%	79.7%	82.1%	80.7%	80.5%	79.7%	77.7%	82.0%	83.2%	84.1%	77.0%	80.7%	80.5%	
Achievement of the Cancer 31 day standard	>96%	100.0%	97.9%	99.1%	100.0%	100.0%	98.9%	99.8%	100.0%	99.1%	98.5%	98.9%	99.4%	100.0%		
Achievement of the Cancer 62 day standard	>70%	71.2%	73.9%	75.7%	67.6%	71.4%	69.8%	74.7%	66.8%	81.0%	74.8%	75.6%	80.2%	80.7%		

Key operational performance headlines

- Despite pressures across the Trust **urgent and emergency care improvements** have been maintained across Quarter 4.
  - An improvement in the Emergency Department 4 hour standard, with performance in March being 74.5% (against a target of 78%)
  - Time in department improved further with 0.7% of patients in the Emergency Department for over 12 hours against a threshold of 2%.
  - There were 2 reportable 12 hour delays for admission, both relating to mental health.
  - The Trust remains a top performer in ambulance handover times with an average handover time of 14:06 mins in March against the national standard of < 15mins. The regional average is 18:56.
- At the end of March 2025 there were **no patients waiting 52 weeks** for their referral to treatment.
- Achievement of the **18 week referral to treatment standard remains challenging** (71% against a target of 92%), although improvements could be seen in Quarter 4.
- The **28 day cancer faster diagnosis standard was achieved** for every month of the financial year.
- **Length of stay** decreased during March to 7.18 days, although this was above the threshold of 4 days. Ongoing work targeting those with no criteria to reside and ensuring they are discharged appropriately as well as focusing on those with a stay of 7, 14 or 21 days continues to be the focus of improvement work to further reduce this target.
- The average number of patients per day who **do not meet the criteria to reside** was 47 at the end of March. This number has increased in recent months despite work to reduce this. Availability of services in the Community to support patients who no longer need acute hospital care and ensuring that we are maximising our use of our own services is a key risk.
- We are undertaking work to **review our model of care**, which seeks to improve patient flow and address some of these operational performance challenges. This is detailed further on the next slide.

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

- A recent **inquest** into the sad death of a patient, Mr Johnson, from lung cancer in 2023 identified that an opportunity to review a suspicious legion on his chest x-ray in 2022 had been missed. The Coroner deemed there to have been a failing within his healthcare whilst under the Trust's care. The Trust has undertaken a full investigation and expressed sincere apologies to the family during the investigations and the coronial process. We have taken a number of actions to improve our systems and processes and make our systems as safe as possible, overseen by a dedicated task and finish group. This has included the immediate deployment of fail-safe mechanisms for communicating 'red flags' and new policies and procedures to govern the processes around test results.
- We are undertaking a **review of our model of care** with the aim of reducing long waits for our patients and improving patient flow through the hospital. We recognise that we need to work differently across the whole organisation to prevent our patients being cared for over long periods in our emergency department and ensure patients reach speciality teams quickly to receive their expert care. Joanne Halliwell and Mark Dale are leading this important piece of work which will involve significant collaboration with our clinical and non-clinical teams.
- We reported 100% compliance with the recommendations from the **Ockenden** national maternity review and 100% compliance with the **Maternity Incentive Scheme** recommendations at year-end. This provides good assurance regarding our maternity services.
- During 2024/25 there were 48 cases of **C-difficile** against our threshold of 37. A ten-point C-diff reduction plan is in place with a drive to 'back to basics' for clinical areas, particularly focussing on hand hygiene. Community prevalence is at higher than normal levels, reflecting national and local trends.
- **Falls** continues to be an area of focus with a slight increase in no / low harm falls with the harms falls rate per 1000 bed days at 4.82 compared to the threshold of 3.2. Operational challenges have restricted falls work progression although the falls prevention group is being re-established with a focus on prevention.
- Following a successful capital bid in 2024/25 we have been able to **upgrade our flagship laparoscopic theatres**. Theatres 7 and 8 are now fully upgraded with the latest equipment which allows laparoscopic surgery to be performed more efficiently. This type of surgery is minimally invasive and typically results in a shorter length of stay, ultimately leading to an improved patient experience.

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

NHS Gateshead Health NHS Foundation Trust

- Following announcements regarding the **level of change and challenge facing the NHS**, including NHS England and Integrated Care Boards, we have been engaging with our colleagues to provide support and share as much information as we have available to us. We recognise that this an unsettling time for people and that uncertainty and change brings anxiety. Workforce and corporate services in particular are areas that all NHS organisations are being asked to look at given the scale of the financial challenges ahead. We are holding corporate question and answer sessions and seeking to support colleagues during what we know is a particularly stressful and uncertain time for many.
- We are committed to **creating an environment where staff feel heard and supported**. Our executive team regularly visit departments to speak with colleagues, listen to feedback, answer questions and gain insights into the challenges and successes of each department. This includes the new Walkabout Wednesdays initiative with a commitment to use this time to visit teams. In recent weeks directors have visited the orthotics department and St Bedes.
- On 16 April the UK Supreme Court unanimously ruled that a woman is defined by biological sex under the **Equality Act 2010**. Like all other NHS trusts we are now waiting for the Equality and Human Rights Commission to provide further guidance on how any gender-related policies and practices within health and social care may be impacted. We recognise the impact of this ruling and the uncertainty it may have on our trans and non-binary colleagues, patients and carers whilst we await further guidance. We are proud of our diversity and maintain our zero tolerance approach to any form of discrimination.
- During May we will be undertaking a **number of staff celebrations**, including taking part in International Day of the Midwife and International Nurses Day.
- We have been engaging with colleagues in relation to the **staff survey results** with the aim of collaboratively developing actions to address the two key themes of stopping incivility and promoting and taking positive action on engagement. This has included the launch of our “it’s not okay” route map to support staff in understanding how, where and who to raise concerns to. A copy can be seen at the end of the slides. Our staff networks also hosted an event in the Hub to encourage colleagues to share their ideas and insights regarding the staff survey results.
- **Sickness absence** continues to be a challenging area with the rolling 12 month figure for March 2025 being 5.7% against a target of 4.9%. A Managing Absence and Wellbeing Taskforce was established at the beginning of April to target areas of high absence and ensure proactive support is in place.

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

- In April we declared a **critical incident** following significant disruption to our diagnostic imaging system, **PACS** (Picture Archiving Communication System). PACS is used throughout the Trust to review diagnostic images such as x-rays, CT scans and MRI scans. During the incident we made the difficult decision to pause breast screening services for some of our appointments. As part of the critical incident response we sought support from partners (particularly those in the Great North Healthcare Alliance) to seek to minimise the impact on patients. Teams worked tirelessly to restore the PACS system and the critical incident was stood down on 17 April. Work has continued since this time to improve PACS resilience and performance by conducting a period of system maintenance.
- Our **annual plan** was submitted in line with regional and national timescales. As previously communicated and illustrated through the national context slides we expect this to be a challenging year and we are focussing on the actions we need to take to deliver our financial plan, which will involve a series of difficult decisions. We have been provided with information on our corporate infrastructure costs and associated cost reduction expectations. We are working through this with our Gateshead Health Leadership Group colleagues to review corporate budgets, services and functions with a focus on being able to demonstrate effectiveness and efficiency. The next steps are meeting with corporate teams locally to discuss. As outlined under Strategic Aim 2 we are holding regular team briefings and Q&A sessions to ensure that we are transparent and open with colleagues and provide opportunities for questions and feedback.
- We have been reviewing **productivity metrics** through national benchmarking to identify where our greatest opportunities exist in relation to delivering efficient and responsive services for our people and patients. Our productivity and quality metrics improved during 2023/24 and into 2024/25 which provides a good indicator for the future. We are engaging with our clinical colleagues at Clinical Strategy Group to review the benchmarking and shape future plans.

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

- We were delighted that one of our most dedicated fundraisers, Pat Stephenson, was featured in a recent Chronicle article. Pat raised over £700 from her hospital bed, organising the fundraiser remotely from Ward 8. Pat wanted to thank Ward 8 staff for being able to spend Easter Sunday with her family. A huge thank you and well done to Pat for all her support!
- Our **paediatrics department** recently conducted a walk-through with patient Orin Milor and his mother, Jen. This exercise to look at a child's surgical journey through our hospital and provided us with valuable insights to help to ensure that young patients and their families have a positive hospital experience.
- Our **Abdominal Aortic Aneurysm (AAA) screening programme** team has produced a set of informative videos to raise awareness about AAA screening and its life saving benefits. The NHS offers screening to men aged 65, who are six times more likely to develop an AAA than women. The videos aim to help males 65 or older understand what AAA screening involves, why it is important, and how to access the service. The videos can be accessed here.

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

NHS Gateshead Health NHS Foundation Trust

- The recruitment to the **Shared Chair** position for Newcastle, Northumbria and Gateshead is progressing well. The Joint Nominations Committee completed the shortlisting process in early May and the interviews are scheduled for 20 May. An extraordinary Council of Governors meeting will be held to ratify the appointment (should a recommendation for appointment be made by the Joint Nominations Committee).
- As detailed in the separate Great North Healthcare Alliance update on the agenda, we were delighted to hold our **first Alliance event for Governors** of all 4 Alliance Trusts in April. This was an excellent opportunity to network, build connections and share thoughts and suggestions about the Alliance from a Governor perspective. We look forward to holding another event later in 2025.
- Work has continued on the development of our **5 year strategy**. A number of engagement events have taken place with colleagues from within and outwith the Trust, including at a recent Governor workshop. These engagement events will shape the first draft of the strategy which will be tested out with colleagues in the coming weeks prior to formally signing this off at Board in June 2025.
- On 8th May, our CEO joined other CEOs from provider organisations and Local Authorities in the North East to understand and work through the implications of the new “Model ICB” document. These are important conversations to help us to influence and understand how we might work better together in the future and avoid loss of key functions and skills amongst national changes taking place.

It's not okay - I want to raise a concern about...

Gateshead Health NHS Foundation Trust

Everyone's different. Adapt these steps to your situation (you don't need to go through them all), and remember to complete the InPhase reporting where it is indicated.

My role, my working environment/equipment, my health, or patient safety

My job	My working environment/equipment	My health	Patient safety (e.g. patient falls/unsafe staffing/safeguarding)
Have a conversation with your line manager/clinical supervisor or lead as soon as possible	Inform your line manager/clinical supervisor or lead	Discuss with your line manager/clinical supervisor or lead if you feel comfortable	Speak to your line manager or matron/clinical lead or manager's manager if appropriate
If not resolved:			
If flexibility is required, refer to the Flexible Working Policy or use a Passport document to assist conversations with your manager, who will review the request in line with service requirements.	Report on In Phase	If required, refer to Occupational Health Services (Management referrals, Counselling, Health and Wellbeing team, Physiotherapy, Ergonomics)	Report on In Phase
	If not resolved:		*If not resolved:*
If you have concerns about policies or procedures, refer to the Grievance Policy or consult a staff-side representative.	Inform your Health & Safety representative	Speak to a Health and Wellbeing Ambassador or a Mental Health First Aider	Speak to Freedom to Speak up Guardian and/or Patient Safety Team and/or safeguarding team
	Review Risk Management Policies		Review and investigate the incidents on In Phase in line with relevant policies
Raise Development Needs or discuss elements of your role with your line manager/clinical supervisor or lead	If required, escalate to appropriate lead for action	Review your Wellbeing Plan and the Signposting Toolkit	If required, escalate to appropriate lead for action
	Feedback learning to individual and update In Phase to inform organisational learning	Discuss a Health passport and the resources and support available on the Wellbeing Website	Feedback learning to individual and update In Phase to inform organisational learning

The behaviour of others

Incivility from a colleague or manager	Violence/discrimination/ harassment from a colleague or manager	Violence/discrimination/ harassment from a patient or visitor	Fraud
Speak with the person directly to resolve if you feel able to do so. If not, raise with your line manager/clinical supervisor/their manager. You may also wish to consider Mediation as an option to find resolution	Report the incident(s) to your line manager, clinical supervisor/lead or senior manager	Report the incident(s) to your line manager or senior manager. You may also wish to contact Security on Vocera or **0191 445 2039** if required	Make a record of the concerns and review the Fraud Intranet page
If not resolved:	*If not resolved:*		*If not resolved:*
Review Zero Tolerance Hub for guidance and support, you may prefer to report the incident to the Freedom to Speak Up Guardian, the EDI Manager, a People & OD colleague, a Staffside representative, or a professional lead	Review Zero Tolerance Hub for guidance and support, you may prefer to report the incident to the Freedom to Speak Up Guardian, the EDI Manager, a People & OD colleague, a Staffside representative, or a professional lead	Report on In Phase	Contact the Trust's Counter Fraud specialist: Fraud Hotline: 0191 441 5936 Email: **counterfraud@audit-one.co.uk**
		If not resolved:	
Attempt to resolve informally in line with Harassment and Bullying Policy	Seek advice from POD Advisory (**ghnt.podservicesadvice@nhs.net**) regarding appropriate next steps	Investigate In Phase Incident, if required, escalate to appropriate lead for action	You can also report suspicions of fraud to the Executive Director of Finance Kris.Mackenzie@nhs.net
Contact POD Advisory if unable to resolve informally to progress to formal stage. Ensure to feedback to the individual who raised concerns as appropriate	Review immediate support for individual raising concern, refer to OH if required	Review immediate support for individual raising concern, refer to OH if required	Alternatively, you can phone the National Fraud and Corruption reporting line: **0800 028 40 60** You can also report allegations of fraud online directly to the NHS Counter Fraud Authority at **https://cfa.nhs.uk/reportfraud**
	Proceed in accordance with Harassment and Bullying Policy. If applicable, review in line with Group Sexual Safety Policy. Keep individuals informed of progress	Feedback to individual. Learning to inform Trust's Violence Prevention and Reduction (VPR) Action Plan	

Key policies:

- Flexible Working Policy.docx
- Freedom To Speak Up Policy.docx
- Group Grievance Policy.docx
- Group Harassment and Bullying Policy.docx
- Group Investigation and Disciplinary Policy.docx
- Group Sexual Safety Policy.docx

Remember:

- FTSU Guardian: Tracy.Healy@nhs.net
- HR Advice: ghnt.PODServicesAdvice@nhs.net
- Trade Union Members: ghnt.staffside@nhs.net
- Staff Networks and EDI Manager: Kuldip.Sohanpal2@nhs.net
- Other Support: Cultural Ambassadors, Professional Nurse Advocates, Staff Governors, Professional Leads

Action to be taken by:

- Employee
- Manager

NHS Gateshead Health NHS Foundation Trust

#GatesheadHealth

Gateshead Health
NHS Foundation Trust

Finance Update

Council of Governors

May 2025

Finance Update
Published: February 2025

Gateshead Health
NHS Foundation Trust

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 £2.19m following £5.32m system support allocation in September, and a further £4.90m in January;
- A Cost Reduction Plan (CRP) totaling £22.80m;
- An in year £16.55m capital plan, and £7.781m funded by public dividend capital (PDC) allocation (an increase in March of £1.04m for digital schemes).
- A cash plan that does not drop below £5m at any point in the financial year.

2024/25 Performance

Revenue financial performance at 31st March 2025 was a deficit of £2.15m, which is marginally ahead (£0.04m) of the Trust's plan for the year, subject to external audit.

CRP savings at 31st March 2025 were £22.80m which was in line with plan; however, only 22% or £4.98m of savings identified were on a recurrent basis.

Capital performance at 31st March 2025 was £0.409m below allocation and capital plan. The underspend allocation was utilised within leased assets meaning the Trust met its overall capital plan at the financial year-end.

Cash balances were £25.83m at 31st March 2025; which was £19.36m more than plan largely due to the improved planned deficit, higher than planned trade and capital creditors, and deferred income.

Key issue: Revenue

Net revenue expenditure is £0.04m better than plan.

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

However, the position going into 2025-26 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 recurrent 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 targeting 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. Progress in this area is monitored via the CRP Steering Group and the Sustainability Group and underpinned with a robust quality impact assessment process.

The Board, EMT, and Finance and Performance Committee have approved the 2025-26 financial plan and will monitor this closely to ensure that any further recurrent financial risk is mitigated.

Key issue: Capital

Capital expenditure was in line with plan.

There were variations as follows:

- Favorable variance of (£0.41m) within system allocation largely relating to purchase of IT infrastructure assets;
- Offset by adverse £0.41m variance on leased assets equipment replacement programmes for diagnostics

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

Key issue: Cash

The closing cash balance at the financial year end was £25.83m and did not fall below £5m at any point during 2024/25 financial year. The increase was mainly due to the additional £3.5m and £4.9m system support funding

Key issue: CRP Delivery

CRP requirements in 2024-25 were delivered in full, with 21% delivered recurrently.

As part of its financial sustainability work the Board aims to ensure that the future programme identifies a higher proportion of 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, and a medium term financial plan spanning multiple years; which will involve discussions with the Council of Governors.

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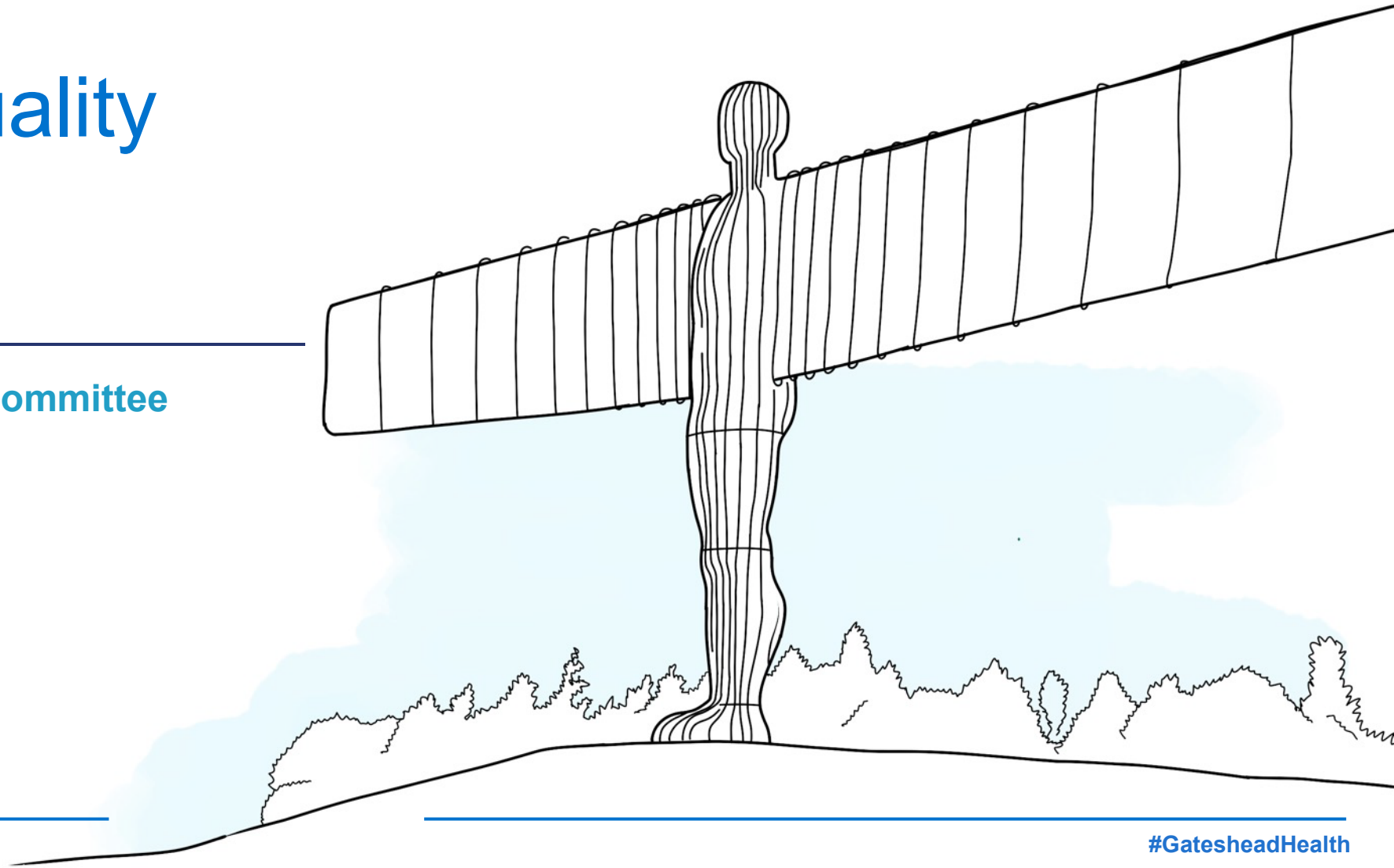
Work of the Quality Governance Committee

Adam Crampsie, Chair of the Committee



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Examples of issues considered

- Patient Experience
- Serious Incidents
- Freedom to Speak Up
- Maternity Oversight
- Regulatory compliance
- Patient Safety & Learning

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Key risks

The Committee is currently monitoring the following risks linked to the Board Assurance Framework (BAF) on the Organisational Risk Register

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

Evidence full compliance with the Maternity Incentive Scheme (MIS) and the Ockenden actions

Full delivery of the actions within the Quality Improvement Plan leading to improved outcomes and patient experience with particular focus on improvements relating to mental health, learning disabilities and cancer

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

Work at place with public health, place partners, and other providers to ensure that reductions in health inequalities are evidenced with a focus on women's health

Work collaboratively as a part of the Gateshead system to improve health and care outcomes to the Gateshead population

Case study – Health Inequalities

Q1 24/25 – Concerns raised by the Quality & Governance committee (QGC) that our health inequalities (HI) plans were unclear and not moving at any pace. Linked to the risk on the board assurance framework, there was not sufficient evidence to shift the risk. This was escalated to board using the committee assurance report.

Q2 24/25 – Group Medical Director conducted a deep dive into all work happening across the trust on HI (as there was a lot, but it was not formalised into one measurable plan) along with a full overview of the health needs of the populations of Gateshead and where there are the biggest inequalities

Q3 24/25 – Report presented to QGC on how our patients experience health inequalities along with baseline population health data. Gap analysis presented, along with recommendations to QCG on action plans and reporting metrics linked to our strategic objective and leading indicators. Very positive reception from the committee and agreement with recommendations.

Q1 25/26 – Update report presented to GQC that gave good assurance on the priorities, the plan, and how it will be measured and reported using the Trust's governance processes. Decision made in the committee to reduce the BAF risk score from 16 to the target risk of 12 due to the increased assurance and controls in place.

Key priorities for assurance over the next 6 months

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Health Inequalities

Maternity Services

Patient experience

Regulatory Compliance

Complaints

Equality and quality impact assessments

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Any questions?

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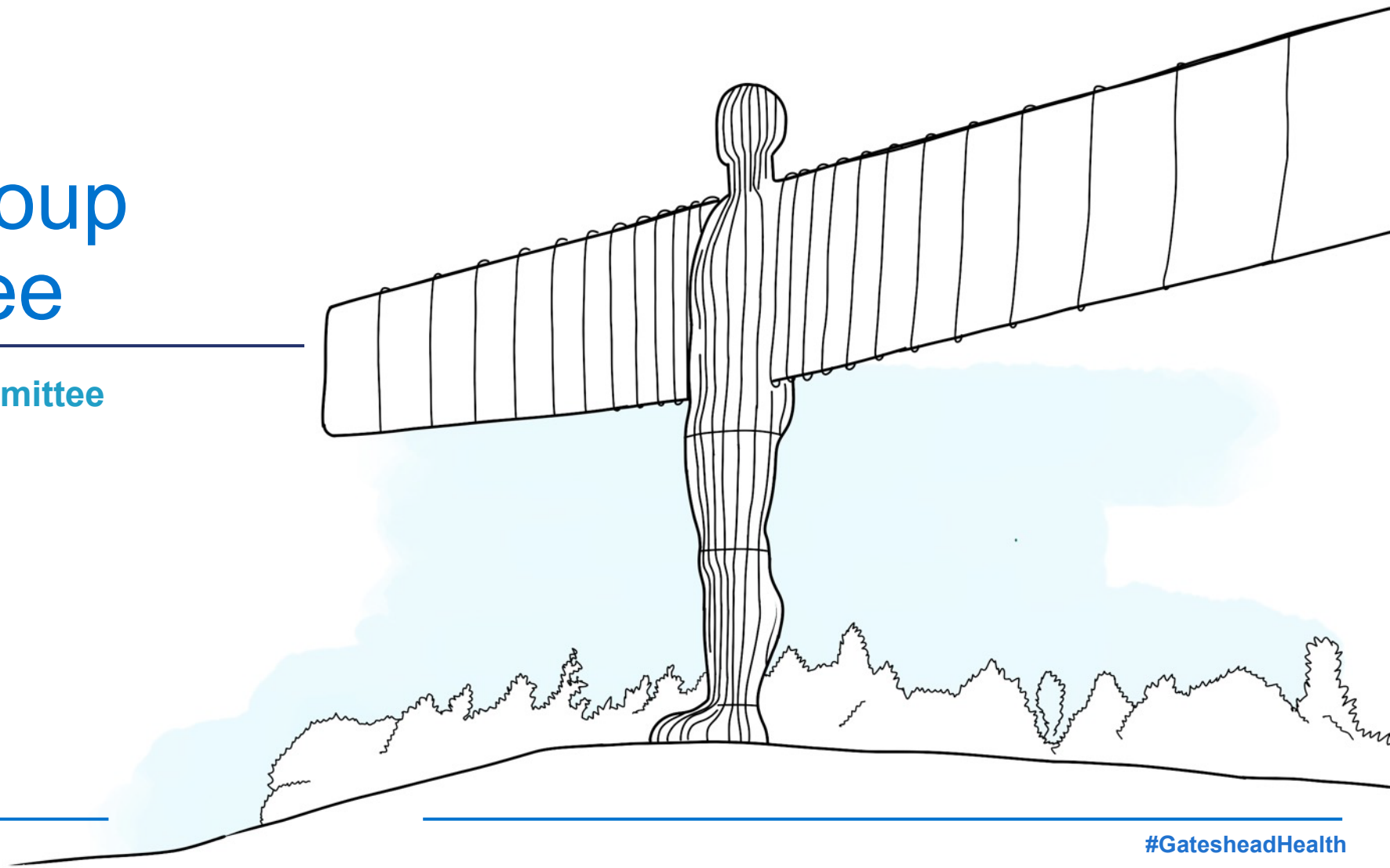
Work of the Group Audit Committee



Andrew Moffat, Chair of the Committee

14 May 2025

Some of the key issues considered and assurances received

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External Audit

- Regular receipt of progress made against recommendations in EA accounts closure report

Internal Audit

- Regular receipt of progress against 2024/25 plan, review of completed audits and monitoring the timeliness and implementation of recommendations
- Received 2025/26 plan for approval in April

Risk and Process Management

- Regular update reports received from Executive Risk Management Group
- Assurance report from FTSUG and Clinical Audit lead

Counter Fraud

- Regular receipt of progress against 2023/24 plan and 2024/25 plan, review of completed investigations and implementation of recommendations

Regulatory and Governance

- On behalf of the Board regular approval of losses and special payments report
- Reviewed the effectiveness of the Committee, internal audit, counter fraud and external audit.

Key risks

- Completion of QEF annual audit within timescales
- Internal and external capacity required to complete the audits included in the workplan

Key priorities for assurance over the next 6 months

Gateshead Health NHS Foundation Trust

Continued overview of progress against implementation of audit and counter-fraud recommendations

Continued overview of progress against agreed audit and counter-fraud workplans

Continued overview of progress against External Audit recommendations

Prepare for review of Group year-end reporting, ensuring that regulatory deadlines are met and that continuous improvement is made in the quality of reporting

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Any questions?

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Report Cover Sheet Agenda Item: 14

Report Title:	**Lead Governor and Deputy Lead Governor Appointment**			
Name of Meeting:	Council of Governors			
Date of Meeting:	14 May 2025			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Alison Marshall, Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐
	To ratify the appointment of Steve Connolly as Lead Governor and Michael Loome as Deputy Lead Governor.			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	The Council was engaged in the nomination and voting via online voting forms.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• The appointments of the Lead and Deputy Lead Governor positions were conducted in line with the process approved at the last Council meeting in February 2025. **Lead Governor:** • One nomination was received from Steve Connolly, Public Governor for Central and Eastern Gateshead, for the Lead Governor position • Governors were asked to vote on whether to endorse the nomination, with the voting period closing on Friday 21st March 2025. • On Monday 24th March 2025, Governors were informed that Steve Connolly, current Lead Governor and Public Governor for Central and Eastern Gateshead, was successfully appointed as Lead Governor following votes of endorsement from Governors. **Deputy Lead Governor:**			

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

- The process for the Deputy Lead Governor commenced following this announcement.
- One nomination was received from Michael Loome, Public Governor for Central and Eastern Gateshead.
- Governors were asked to vote on whether to endorse the nomination, with the voting period closing on Thursday 17th April 2025.
- On Monday 22nd April 2025, Governors were informed that Michael Loome was successfully appointed as Deputy Lead Governor following votes of endorsement from Governors.

Next steps:

- This paper seeks to formally ratify the appointments, which will commence for a one year period from 19th May 2025 (until the end of office terms of the Lead Governor – January 2026)

</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">The Council is requested to formally ratify the appointment of Steve Connolly as Lead Governor and Michael Loome as Deputy Lead Governor for a term of one year effective from 19 May 2025.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☐</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☐</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust strategic objectives that the report relates to:</td><td colspan="6">-</td></tr>
<tr><td>Links to CQC Key Lines of Enquiry (KLOE):</td><td>Caring
☐</td><td>Responsive
☐</td><td>Well-led
☒</td><td>Effective
☐</td><td colspan="2">Safe
☐</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):</td><td colspan="6">-</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td colspan="2">Not applicable
☒</td></tr>
</table>

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 15

Report Title:	**Governor By-Election Results (Central and Eastern Gateshead Constituency)**			
Name of Meeting:	Council of Governors			
Date of Meeting:	14th May 2025			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Alison Marshall, Chair			
Report presented by:	Diane Waites, Corporate Services Assistant			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
	This paper provides the Council of Governors with an update on the by-election results for the Central and Eastern Gateshead Constituency.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	n/a			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• Following the approval of a constitutional amendment to merge Central and Eastern Gateshead constituencies, a by-election process took place to fill the vacant seats • There were four candidates for the three available seats • 3 new Governors were elected (2 x terms for 2½ years and 1 x terms for 1½ years)			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	• Note the outcome of the elections; • Record congratulations to all successful candidates; • Be assured that incoming Governors will be provided with a comprehensive induction and training			

Trust Strategic Aims that the report relates to:	**Aim 1** ☐	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Not directly linked to a specific objective, but ensuring the Council has the appropriate induction and training to discharge its role will seek to ensure that there is appropriate accountability in respect of the achievement of the strategy and objectives.				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	No direct linkages				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

Election Results

1. Executive Summary

1.1. Following the approval of a constitutional amendment to merge Central and Eastern Gateshead constituencies, a by-election process took place to fill the three vacant seats.

1.2. There were four candidates for the vacant seats therefore contested elections took place with the results being announced on 25th April 2025.

1.3. We look forward to welcoming 3 new public Governors. All new terms will commence on 1st June 2025.

1.4. This paper updates Governors on the election results.

2. Election Results

2.1. Contested elections took place with four candidates for three seats. The following candidates were elected, with terms commencing on 1st June 2025 and we look forward to welcoming them to the Council:

Constituency	Elected Candidates
Public: Central & Eastern (2½ years)	Paul Johnson
Public: Central & Eastern (2½ years)	Sheena Sykes
Public: Central & Eastern (1½ years)	John Bedlington MBE *John was previously a public Governor until 4 January 2025.*

2.2. An induction session will take place for all new Governors with the Chair and Corporate Services Team prior to start date.

3. Recommendations

3.1. The Council is requested to:

- Note the outcome of the elections;
- Record congratulations to all successful candidates; and
- Be assured that incoming Governors will be provided with a comprehensive induction and training.

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Committee Escalation and Assurance Report

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

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

- No issues of significant concern

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

- The Committee reviewed the Council of Governors' Effectiveness Survey Results and noted that the results showed the area with the greatest range of Governor responses related to membership engagement and representation. It was noted that further engagement work is required however the Committee acknowledged that this has been difficult due to workloads. An engagement toolkit has been developed to assist with this which can be used in conjunction with existing resources. Governors will re-consider the previously suggested community venues (including the Community Diagnostic Centre) and it was agreed that it would be beneficial to arrange a collective constituency event.
- The results also showed that holding the Non-Executive Directors (NEDs) to account remained an area of focus including robust questioning and it was felt that further role development may be useful particularly around the role of Governor within the Great North Healthcare Alliance and wider NHS system. It was noted the recent Governor Alliance event was beneficial and further events are expected to take place in the future. The format of the Governor pre-meetings will be re-considered and Governors were reminded that there are templates available to support effective feedback.
- The Committee reviewed the attendance rates for the Council of Governor meetings for 2024/25. Attendance figures have improved however it was noted that for this financial year, there are Governors who have not met the 75% attendance standard. It was felt that no formal action was required however will continue to be monitored.

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

• Positive feedback was received in relation to the draft Engagement Toolkit which will support Governors when undertaking public engagement events. • The Committee received an update on the progress against the objectives within the Membership Strategy 2024-2027 as part of its annual review and it was noted that positive progress and achievements have been made during the first year.
Risks (any new risks / proposed changes to risk scores)

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Committee Escalation and Assurance Report

Name of Governor Committee	Governor Remuneration Committee
Date of Governor Committee:	7 April 2025
Chair of Governor Committee:	Chris Toon, Appointed Governor for Gateshead College

Alert ***(matters of significant concern requiring escalation to the Council for further action)***
• No issues of significant concern to alert the Council to.
Advise ***(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)***
• The Governor Remuneration Committee supported the proposed approach to recruiting to the two forthcoming Non-Executive Director (NED) vacancies which will focus on securing NEDs with the skills and experience to chair the Group Audit Committee and Digital Committee. It was also recommended that there should be a qualified accountant within the NED composition with relevant financial experience. The Committee approved the use of NHS Jobs to advertise and recruit to the vacancies and the timeline for recruitment was agreed as outlined in the recruitment pack. Three Governors from the Committee will be identified to act as the voting panel members. It was noted however that there was an element of risk to the process should the right candidates not be available.
Assure ***(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)***
• The revised Chair and Non-Executive Director appraisal process was reviewed which included specific processes to ensure national timescales for completion are met in line with NHS England guidance. The Committee recommends that the process is ratified by the Council of Governors. • The Committee welcomed Michael Loome and Helen Jones as new members following the resignation of Agatha Kanyangu. The Committee reviewed and approved the revised terms of reference which highlights the identification of an additional member to achieve quoracy and provide extra resilience to support decision-making in relation to Non-Executive Director recruitment and Shared Chair arrangements. The Committee recommends these for ratification at the Council of Governors however it should be noted that the position will be in place

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until the beginning of January 2026 (until the end of office terms of the additional Public Governor member).
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	√	√	√	√