

Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 12:30pm on Wednesday 24 September 2025, in Rooms 9&10, Education Centre, Queen Elizabeth Hospital / via Microsoft Teams

AGENDA

No	Start time	Item	Purpose	Lead	Paper / Verbal
1.	12:30	Welcome and Chair's Business	Information	Chair	Verbal
2.	12:31	Declarations of interest	Information	Chair	Verbal
3.	12:32	Apologies for absence	Information	Chair	Verbal
4.	12:33	Minutes of the last meeting held on 14 May 2025	Decision	Chair	Paper
5.	12:34	Action log and matters arising	Assurance / decision	Chair	Paper
BOARD AND COMMITTEE UPDATES					
6.	12:35	Chief Executive's update			
		i) Performance Report	Assurance	Chief Executive	Paper
		ii) Finance Report	Assurance	Group Director of Finance	Paper
		iii) Governor Dashboard	Assurance	Company Secretary	Paper
		iv) Questions from Governors	Assurance	Chair	Verbal
		v) Discussion re. Ward 23 closure	Assurance	Director of Operations	Verbal
7.	13:00	Board Committee Assurance update:			
		i) People and Organisational Development Committee	Assurance	Chair of the Committee	Presentation
		ii) Finance and Performance Committee	Assurance	Chair of the Committee	Presentation
GOVERNANCE					
8.	13:20	Appointment to Board Committee Governor observer role	Decision	Company Secretary	Paper
ELECTIONS AND MEMBERS					
9.	13:25	Council of Governors' Elections update	Assurance	Company Secretary	Verbal
UPDATES FROM GOVERNOR COMMITTEES AND GROUPS					
10.	13:30	Membership, Governance and Development Committee Assurance Report	Assurance	Chair of the Committee	Paper
11.	13:35	Governor Remuneration Committee Assurance Report	Assurance	Chair of the Committee	Paper
ITEMS FOR INFORMATION / MEETING GOVERNANCE					
12.	13:40	Council of Governors' Dates 2026/27	Information	Company Secretary	Paper



No	Start time	Item	Purpose	Lead	Paper / Verbal
13.	13:45	Cycle of Business 2025/26	Information	Company Secretary	Paper
14.	13:50	Top 3 Messages	Discussion	Chair	Verbal
15.	13:55	Any Other Business	Discussion	Chair	Verbal
16.	14:00	Review of Meeting	Discussion	Chair	Verbal
17.	14:05	Date and Time of Next Meeting – 10:00am on Wednesday 19 November 2025	Information	Chair	Verbal

Council of Governors Part 1

Minutes of a meeting of the Council of Governors held at 10.00am on Wednesday 14th May 2025 in Rooms 9&10, Education Centre and MS Teams.

Name	Position
Members present	
Mrs A Marshall	Chair (Teams)
Mrs M Pavlou	Deputy Chair. <i>Note Mrs Pavlou chaired this meeting of the Council of Governors.</i>
Ms H Adams	Staff Governor
Mr L Brown	Public Governor – Western
Mr S Connolly	Public Governor – Central & Eastern
Mrs L Curry	Staff Governor
Mr R Dennis	Public Governor – Western
Mrs C Hindhaugh	Public Governor – Central & Eastern
Mr M Learmouth	Public Governor – Central & Eastern
Mr M Loomer	Public Governor – Central & Eastern
Dr L Murthy	Public Governor – Western
Mrs A Obiayo	Staff Governor
Mrs J Perry	Appointed Governor
Mr A Sandler	Appointed Governor
Dr G F Spiers	Appointed Governor
Mrs K Tanriverdi	Public Governor – Central & Eastern
Mrs J Thompson	Staff Governor
Mr C Toon	Appointed Governor
In Attendance	
Ms L Blackwell	Clinical Trials Officer (25/05/06)
Mrs J Boyle	Company Secretary
Ms N Bruce	Director of Strategy and Partnerships
Mr A Crampsie	Non-Executive Director
Mrs T Davies	Group Chief Executive
Dr G Findley	Chief Nurse and Deputy Chief Executive
Mr N Halford	Medical Director of Strategic Relations
Mrs A Harvey	Head of Research & Development (25/05/06)
Mr M Hedley	Non-Executive Director
Dr C Howey	Group Medical Director
Dr S Lowes	Consultant Breast Radiologist (25/05/06)
Mrs K Mackenzie	Group Director of Finance
Mr A Moffat	Non-Executive Director
Dr G Morrow	Non-Executive Director
Mrs H Parker	Non-Executive Director
Mr K Sohanpal	Equality, Diversity & Inclusion and Engagement Manager (25/05/06)
Mrs A Venner	Group Director of People & Organisational Development
Ms D Waites	Corporate Services Assistant
Apologies	
Dr J Atkinson	Appointed Governor

Mr M Brown	Appointed Governor
Cllr D Burnett	Appointed Governor
Mr G Evans	QE Facilities Managing Director
Mrs J Halliwell	Group Chief Operating Officer
Mrs H Jones	Public Governor – Central & Eastern
Dr A Lowes	Staff Governor
Mr M Robson	Non-Executive Director

Agenda Item No		Action Owner
25/05/01	Welcome and Chair's Business Mrs Pavlou opened the meeting and welcomed the Governors and Board members.	
25/05/02	Declarations of interest Mrs Pavlou requested that Governors report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.	
25/05/03	Apologies for absence: Apologies were received as per the attendance register.	
25/05/04	Minutes of the previous meeting: The minutes of the previous meeting held on 19 February 2025 were approved as a correct record.	
25/05/05	Action log and matters arising: The Council of Governors' Action Log was updated accordingly to reflect matters arising from the minutes and discussions took place below: <ul style="list-style-type: none"> Action 25/02/07 relating to arranging a further workshop to enable further discussion and engagement around the annual planning process and development of the Trust's strategy. This workshop took place on 6th March 2025 therefore action 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.	

Agenda Item No		Action Owner
25/05/06	<p>Showcase Presentations:</p> <p>Northern Centre for Breast Research The Council welcomed Dr Simon Lowes, Consultant Breast Radiologist and Vice Chair for the Research and Development Group, Mrs Alison Harvey, Head of Research and Development, and Ms Lucy Blackwell, Clinical Trials Officer, who shared their work around the Northern Centre for Breast Research and highlighted the importance of research delivery within the NHS, which leads to improved quality of patient care.</p> <p>Dr Lowes reported that the Research Centre will be run within the existing space within the breast unit and highlighted some of the aims and benefits including increased collaboration with partner organisations. Teams are currently working on branding and signage in advance of the launch which has been delayed to June 2025 to coincide with Red4Research week. Further opportunities to promote the new centre will also take place during Stand Up for Cancer week in September 2025.</p> <p>Following a query from Dr G F Spiers in relation to how the impact of this research will be measured on patient care and whether there are any metrics available. Dr Lowes responded following the meeting to highlight that a patient survey will be undertaken prior to launch and a few months after launch to see whether there are any differences to patient perception of research engagement and quality of care during this time. He also advised that work is being undertaken with Cumbria around how this is demonstrated with research active Trusts and other metrics will be tracked and monitored in relation to the number of patients recruited, number of independent studies, research income and publication outputs.</p> <p>Mrs Pavlou thanked Dr Lowes, Mrs Harvey and Ms Blackwell for sharing the development of the research centre and wished to express the thanks of the Council to the whole team.</p> <p>Dr Lowes, Mrs Harvey and Ms Blackwell left the meeting.</p> <p>Equality, Diversity and Inclusion update: Mr K Sohanpal, Equality, Diversity and Inclusion and Engagement Manager, provided an update on work taking place across the organisation in relation to equality, diversity and inclusion. This includes the EDI strategy, implementation of the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), and strategic objectives and associated milestones which continues to be monitored by the EDI Oversight Group.</p> <p>He also drew attention to the EDI dashboard and explained that this continues to be developed and is shared with regional and national teams on a quarterly basis. There is also an overarching action plan</p>	

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	<p>which covers all aspects of the EDI work and engagement continues with the Trust's networks and support to the Zero Tolerance project.</p> <p>Mrs Pavlou thanked Mr Sohanpal for the update and continued work around EDI values.</p> <p>Mr Sohanpal left the meeting.</p>	
25/05/07	<p>Trust Strategy Update:</p> <p>Ms N Bruce, Director of Strategy and Partnerships and Mr N Halford, Medical Director of Strategic Relations, provided an update on the Trust's Strategy.</p> <p>Ms Bruce reminded the Council that a workshop was held in March 2025 to gather feedback from Governors and other stakeholder engagement sessions have taken place, including the voluntary sector, and comments have been incorporated into this version. She drew attention to the strategic aims and areas of focus from the engagement work which will be developed into potential goals and objectives. This will bring together delivery plans into one single corporate strategy and will be brought back to Governors for further review and comments.</p> <p>Mrs Pavlou thanked Ms Bruce and Mr Halford for the work being undertaken to develop the strategy.</p> <p>Following further discussion, it was:</p> <p>RESOLVED: to receive the update on the Trust's Strategy.</p>	Cycle of business
25/05/09	<p>Great North Healthcare Alliance Update:</p> <p>Ms N Bruce, Director of Strategy and Partnerships, provided an update on the work undertaken and ongoing to form and develop the Great North Healthcare Alliance. She highlighted that similar papers are being presented to all Great North Healthcare Alliance Councils of Governors and a paper was presented to the public Board in March 2025.</p> <p>Ms Bruce reported that progress across the Alliance has been good during the first year and there continues to be enthusiasm for working together across the organisations and a number of tangible benefits have already been delivered with improved experiences and outcomes for patients and support for greater collaboration in the future. She explained that further work will be undertaken when the NHS 10 year plan is published however there is already an awareness of the proposed shift from hospital to community therefore continued learning from partners will be beneficial.</p>	

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	<p>A joint event for Governors from the organisations was held in April 2025 with around 60 Governors from across the four Alliance Trusts attending alongside Chairs and Chief Executives to build relationships between Trust Councils of Governors within the Alliance and it is expected that there will be further opportunities for joint events in the future. Mrs J Thompson commented that this had been well structured and informative with good involvement and discussion. She felt that it would be beneficial to share the progress and benefits to patient experience and outcomes with staff to provide feedback and positive messages.</p> <p>Mrs J Boyle, Company Secretary, highlighted that the recruitment process for the shared Chair is taking place next week and Governors from across the Alliance organisations have been invited to take part in the stakeholder event and places are still available for the Trust therefore would be beneficial to have a strong presence.</p> <p>Following further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance and note the progress made.</p> <p>Ms Bruce left the meeting.</p>	
25/05/08	<p>Annual Planning Update:</p> <p>Mrs T Davies, Group Chief Executive, provided an update on the work that is being undertaken around the Trust's annual planning process.</p> <p>Mrs Davies explained how this links in with the Trust strategy work and long-term plans around the NHS 10 year plan however will need to be reviewed once published prior to launch of the Trust's Strategy. The process which has taken place for 2025/26 is therefore a one year plan and demonstrates the current financial pressures within the NHS whilst ensuring positive patient experience and safety.</p> <p>Mrs K Mackenzie, Group Director of Finance, explained that the Trust has submitted a financial plan deficit of £8.7m with further efficiencies of £33m. She highlighted that NHS England will be undertaking a deep dive into the Trust's cost reduction plans to provide assurance that appropriate processes are in place. A planned visit will take place on Monday 2 June 2025 to review a number of sampled high risk schemes with the finance team and senior responsible officers which will also provide the opportunity to test the robustness of systems in place. A data request has also been received and all information provided has been received positively.</p> <p>Mrs A Venner, Group Director of People and Organisational Development, provided an update in relation to the workforce submission and highlighted the expectation to reduce corporate infrastructure growth</p>	

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	<p>therefore the Trust will be offering a Voluntary Severance Scheme (VSS) to staff to support the Trust to make savings and potential workforce changes and this is also taking place across other regional Trusts. Discussions have been taking place with relevant groups including the Gateshead Health Leadership Group and Clinical Strategy Group and the scheme is expected to be launched next week for a period of 10 days with required criteria. A separate scheme will take place for QE Facilities staff.</p> <p>Mrs Davies acknowledged that some of the information discussed had not been previously included within the report however explained that this had been shared to ensure openness and transparency, and engagement with staff continues to provide support during challenging times.</p> <p>Following a query from Mr Connolly in relation to the need to reduce the number of posts across corporate and clinical roles, Mrs Venner explained that the VSS scheme should help with this and provide some options for consideration. Mr Connolly asked about what further options would be available following VSS and Mrs Venner reported that usual change processes would be followed and a regional hub across the North East and North Cumbria Integrated Care System will be in place to consider possible redeployment options. Mrs Davies also highlighted that the Trust has currently been holding vacancies which could support redeployment to ensure jobs within the Trust are protected.</p> <p>Mr L Brown queried whether funding had been allocated to the VSS scheme and Mrs Venner reported that no additional funding had been provided however has been factored into the Trust's financial plan. Mrs L Curry felt that the timescales associated with the scheme may be challenging due to annual leave commitments. Mrs Venner explained that the timescales are felt appropriate on the whole but some exceptional circumstances will be acknowledged on an individual basis.</p> <p>After consideration, it was:</p> <p>RESOLVED: to receive the report for assurance.</p>	
25/05/10	<p>Council of Governors Quality Account Statement:</p> <p>Dr G Findley, Chief Nurse and Deputy Chief Executive, provided the formal response from the Council of Governors to the Trust's Quality Account 2024/25.</p> <p>She reported that the Council have had the opportunity to partake in a workshop on the development of the Quality Account and quality priorities in March 2025 and a draft report has been shared as part of the consultation process and comments were received to help prepare the response.</p>	

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	<p>After consideration, it was:</p> <p>RESOLVED: to approve the statement to be included in the Trust's Quality Account 2024/25.</p>	
25/05/11	<p>NHS Staff Survey Results:</p> <p>Mrs A Venner, Group Director of People and Organisational Development, presented the 2024 Annual Staff Survey results which also includes the National Quarterly People Pulse Update.</p> <p>Mrs Venner highlighted that the results show that there has been the highest ever completion rate which indicates a higher level of staff willingness to provide honest feedback. The results have been widely discussed and disseminated across the organisation, and she drew attention to the two broad recommendations and key messages around stopping incivility and promoting and taking positive action on engagement. It is planned that discussions will now take place with the divisional and corporate teams and action plans are being developed for monitoring via the People and Organisational Development Committee.</p> <p>Following a query from Mrs J Thompson in relation to the reduction in management and leadership training, Mrs Venner explained that training and development has currently been paused to acknowledge cost reduction plans however continuing professional development plans are being reviewed to address this.</p> <p>Following discussion, it was:</p> <p>RESOLVED: to receive the report for assurance.</p>	
25/05/12	<p>Chief Executive's Update:</p> <p>Mrs T Davies, Group Chief Executive, provided an update on current issues relating to the Trust within the organisational strategic aims.</p> <p>Mrs Davies began by drawing attention to some key points in relation to national policy, statistics and context and highlighted the announcement that all Integrated Care Systems have been asked to reduce costs and further detail is expected regarding which functions will remain with Integrated Care Boards and which may transfer to NHS England and Department of Health and Social Care or providers. In relation to national performance, Mrs Davies highlighted the national focus around delivery of services within financial constraints and access to urgent and emergency care due to increased demand. The performance dashboard and key operational performance headlines demonstrates challenges</p>	

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	<p>across the Trust however there have been no over 52 week waits reported within the period.</p> <p>In relation to the organisational strategic aims, Mrs Davies drew attention to the following key points:</p> <p>Strategic Aim 1: We will continuously improve the quality and safety of our services for our patients: The Trust is undertaking a review of its model of care with the aim of reducing long waits and improving patient flow. Mrs Davies also highlighted that the Trust reported 100% compliance with the recommendations from the Ockenden national maternity review and 100% compliance with the Maternity Incentive Scheme recommendations at year end. Dr C Howey, Group Medical Director, highlighted that work is ongoing to reduce factors in relation to the increased C.Difficile cases and this is reflective of community prevalence being at higher than normal levels.</p> <p>Strategic Aim 2: We will be a great organisation with a highly engaged workforce: Mrs Davies highlighted that engagement work has been taking place 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 includes the launch of the “it’s not okay” route map to support staff and a copy of this is included within the slides.</p> <p>Strategic Aim 3: We will enhance our productivity and efficiency to make the best use of resources: Mrs Davies reminded the Council that a critical incident was declared in April following significant disruption to the Picture Archiving Communication System (PACS) however wished to recognise the hard work undertaken by the digital team with support from Northumbria to restore the system.</p> <p>Strategic Aim 4: We will be an effective partner and be ambitious in our commitment to improving health outcomes: Mrs Davies wished to highlight that Pat Stephenson, one of the Trust’s most dedicated fundraisers featured in a recent news article and thanked her for her support. Discussions have also been taking place around increasing visibility of fundraising events and will be picked up via the Charitable Funds Committee.</p> <p>Strategic Aim 5: We will develop and expand our services within and beyond Gateshead: The Council will be aware that the recruitment process for the Shared Chair is progressing with the stakeholder event and interviews taking place next week. An extraordinary Council will be held to ratify the appointment on 22nd May 2025.</p>	

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	<p>Finance Report: Mrs K Mackenzie, Group Director of Finance, provided the Council with some key financial headlines and highlighted that the Trust has delivered a deficit of £2.15m at the end of March 2025 however this is unaudited until the external auditors have completed their review of the Trust's accounts for 2024/25. The position going into 2025/26 remains challenging however the financial plan has recently been approved by the Board and will be closely monitored to ensure that any further recurrent financial risk is mitigated.</p> <p>Questions from Governors: There were no additional questions received.</p> <p>After discussion, it was:</p> <p>RESOLVED: to receive the updates for assurance and information.</p>	
25/05/13	<p>Board Committee Assurance update:</p> <p>Quality Governance Committee: Mr A Crampsie, Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. He wished to welcome Mrs J Thompson as a new Governor observer to the Committee and drew attention to some of the main areas of discussion which included:</p> <ul style="list-style-type: none"> • Key risks were recognised particularly around health inequalities and the Committee felt that there was not sufficient evidence to mitigate the risk. A deep dive exercise was undertaken by the Group Medical Director and a report including a gap analysis was presented to the Committee and recommendations agreed. A follow up report was presented in March 2025 which provided good assurance and a consequence of this, the Board Assurance Framework risk score was reduced. • Key priorities for assurance over the next few months includes the review of equality and quality impact assessments and highlights the importance of these in relation to difficult decisions required around cost reduction plans. <p>Group Audit 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 have included:</p> <ul style="list-style-type: none"> • Key issues considered and assurances received relating to progress against 2023/24 and 2024/25 plans for external audit, internal audit and counter fraud. The Committee also receives 	

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	<p>update reports from the Executive Risk Management Group and Freedom to Speak Up Guardian.</p> <ul style="list-style-type: none"> • Key risks were identified in relation to the completion of the QE Facilities annual audit within timescales due to resourcing issues within external audit and Mr Moffat felt that this required further consideration going forward. • Key priorities for assurance over the next few months includes the preparation for review of the Group year-end reporting. Mr Moffat also highlighted that significant improvements have been made in relation to the internal audit recommendations and felt that it was important for this to be sustained. <p>Mrs Pavlou reminded the Council that this will be Mr Moffat's last meeting and Mr L Brown thanked him on behalf of the Council for his contributions during his time at the Trust.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance</p>	
25/05/14	<p>Lead Governor and Deputy Lead Governor Appointment:</p> <p>Mrs J Boyle, Company Secretary, presented the report to formally ratify the appointment of Steve Connolly as Lead Governor and Michael Loome as Deputy Lead Governor.</p> <p>She highlighted that the appointments were conducted in line with the process approved at the last Council meeting in February 2025 and will commence for one year from 19th May 2025 or until the end of office terms of the Lead Governor (January 2026)</p> <p>The Council congratulated Mr Connolly and Mr Loome on their appointments and after consideration, it was:</p> <p>RESOLVED: to formally ratify the appointment of the Lead Governor and Deputy Lead Governor for a term of one year or until the end of office terms, effective from 19th May 2025.</p>	
25/05/15	<p>Central and Eastern Constituency Election Results:</p> <p>Mrs J Boyle, Company Secretary, provided the Council with an update on the by-election results for the Central and Eastern Gateshead Constituency. Contested elections took place with four candidates for the three available seats and we look forward to welcoming three new public Governors with terms commencing on 1st June 2025.</p> <p>Mrs Boyle also informed the Council that Mr Abe Rabin has formally resigned from his Public Governor position after 8½ years and the</p>	

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	<p>Council wished to thank him for his contributions during this time. Mrs Boyle highlighted that due to the vacancy this leaves, the unsuccessful candidate from the recent by-election could be deemed elected under the election rules and is being contacted to confirm whether they would like to take up the position.</p> <p>Following discussion, it was:</p> <p>RESOLVED: to note the outcome of the elections and record congratulations to all successful candidates.</p>	
25/05/16	<p>Membership, Governance and Development Committee update:</p> <p>Mr S Connolly, Lead Governor, provided the Council with an update on the key messages from the recent Membership, Governance and Development Committee held on 9th April 2025.</p> <p>He reported that there were no issues identified as requiring escalation to the Council for further action however drew attention to some of the areas subject to ongoing monitoring which included:</p> <ul style="list-style-type: none"> • The Committee reviewed the Council of Governors' Effectiveness Survey Results, and it was noted that further engagement work is required however an engagement toolkit has been developed to assist with this which received positive feedback. A constituency engagement event was also suggested and should take place in June 2025. • It was felt that further role development would be useful particularly around the role of the Governor within the Great North Healthcare Alliance and it was noted that the recent Governor Alliance event had been very beneficial. • It was agreed that the format of the Governor pre-meetings will be reconsidered, and Governors were reminded of the templates available to support effective feedback. <p>After discussion, it was:</p> <p>RESOLVED: to note the update from the Membership, Governance and Development Committee</p>	
25/05/17	<p>Governor Remuneration Committee Assurance Report:</p> <p>Mr C Toon, Committee Chair, provided the Council with an update on the key messages from the recent Governor Remuneration Committee held on 7th April 2025.</p>	

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	<p>He reported that there were no issues identified as requiring escalation to the Council for further action however drew attention to some of the areas subject to ongoing monitoring which included:</p> <ul style="list-style-type: none"> • The Committee supported the proposed approach to recruiting to the two forthcoming Non-Executive Director vacancies and the Committee approved the timeline for recruitment. Three Governors from the Committee will be identified to act as the voting panel members. • The Committee reviewed the revised Chair and Non-Executive Director appraisal process and recommended this to the Council of Governors. <p>Following discussion, it was:</p> <p>RESOLVED: to note the update from the Governor Remuneration Committee and the appraisal process for the Chair and Non-Executive Directors.</p>	
25/05/18	<p>Cycle of Business 2025/26</p> <p>Mrs J Boyle, Company Secretary, presented the cycle of business for the Council of Governors for 2025/26.</p> <p>This provides the Council with a forward view of future meetings for the next financial year.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the cycle of business for information.</p>	
25/05/19	<p>Top 3 Messages:</p> <p>This agenda item enables the Council to agree on the top three messages from the meeting which Governors can use to inform their discussions with staff, members, and the public.</p> <p>The Council agreed that this included:</p> <ul style="list-style-type: none"> • To highlight the launch of the Northern Centre for Breast Research and the importance of research delivery within the NHS, which leads to improved quality of patient care. • To note the significant financial challenges within the organisation however acknowledge the importance being undertaken around quality and patient safety. Further assurances can be provided if any concerns are received. 	

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	<ul style="list-style-type: none"> To note the reported benefits and successes around the Great North Healthcare Alliance including Governor involvement and the recent engagement event. 	
25/05/20	Any Other Business: Mrs Boyle reminded the Council that the interview process for the shared Chair takes place next week and the position will need to be ratified by the Councils of Governors of all three organisations. An extraordinary Council will therefore be arranged for Thursday 22 nd May 2025 via Teams to enable greater attendance and Governors are asked to respond to the invite which will be distributed later today.	All
25/05/21	Review of Meeting: The Council were invited to share any areas of improvement or learning which can also be sent directly to Mrs Pavlou and Mr Connolly. Governors are invited to attend the visit to the Pharmacy robot following the meeting.	
25/05/22	Date and Time of Next Meeting: The next meeting of the Council of Governors will be held on Wednesday 24 th September 2025.	

Council of Governors' Action Log

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

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	Status
25/05/20	14/05/25	Any other business – shared Chair recruitment	Extraordinary council to be arranged for 22 nd May 2025 and Governors are asked to respond to the invite to confirm attendance.	22/05/25	JB/DW	Invite sent out and meeting has taken place. Action recommended for closure.	

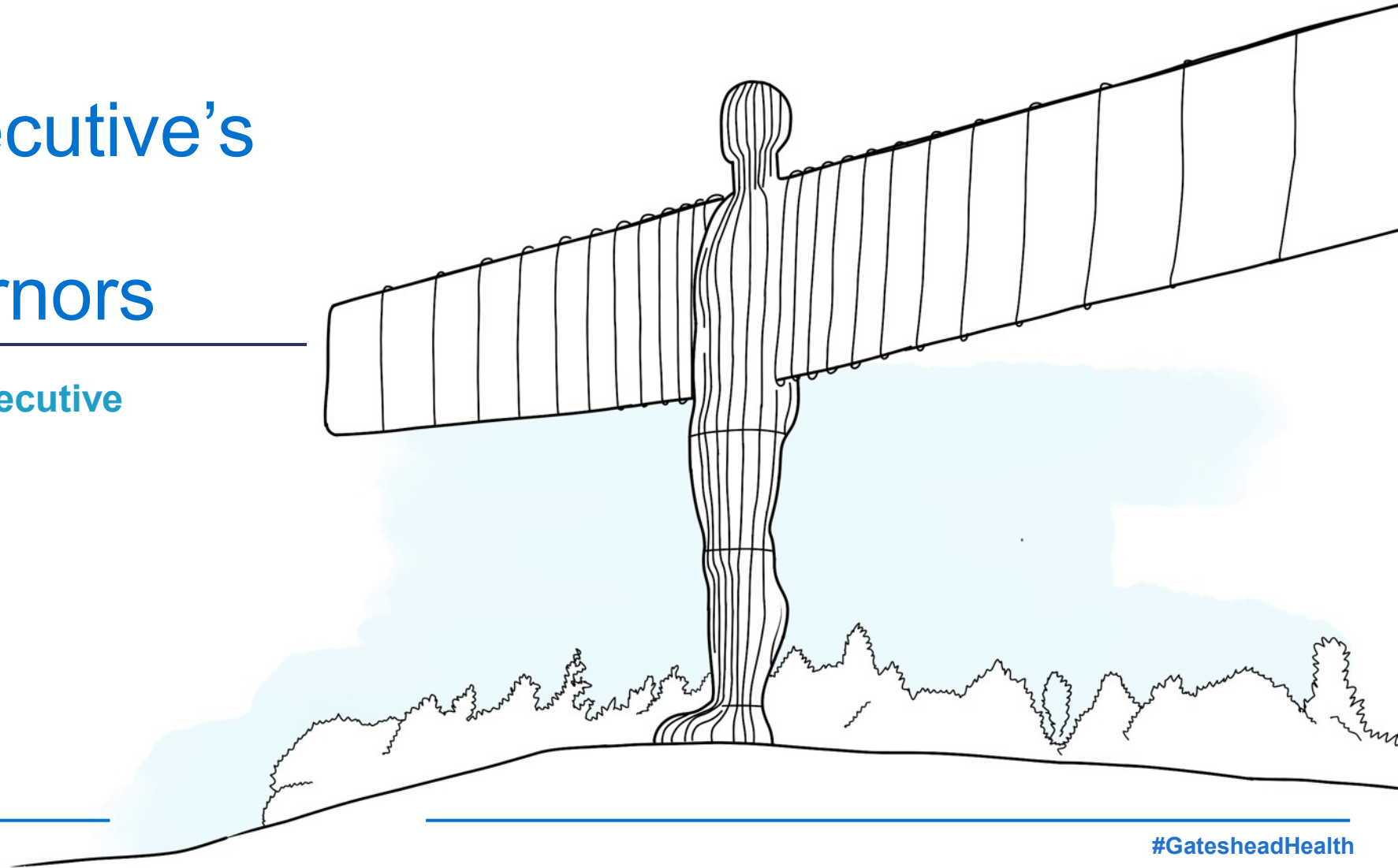
Actions closed from last meeting

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
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 agreed for closure.	

Acting Chief Executive's Update to the Council of Governors

Sean Fenwick, Acting Chief Executive

24 September 2025



National statistics and context

National policy, context and operating models

Publication of the NHS 10 Year Plan

Publication of the NHS Oversight Framework segments and 'league tables'

Resident doctors strike nationally

NHS England launch 10 Point Plan – a national programme to improve resident doctors' working lives

Assessing Provider Capability – new guidance for Boards with self-assessment required

National flu vaccination campaign commences

Work continues nationally and regionally to reduce the running costs of Integrated Care Boards (ICBs) – some new ICB footprints come into effect from 1 April 2026 – no North East and North Cumbria impact

Announcement that 14 trusts will be investigated as part of a rapid review of maternity care. This doesn't include any trusts in the North East and North Cumbria

National performance headlines

National performance – July & August 2025

The number of 12-hour waits rose in August and is nearly 100 times higher than pre-pandemic levels.

Performance against the four-hour target stood at 75.9% in August, lower than last year.

The size of the elective waiting list increased slightly for the second month in a row to 7.4 million cases in July. The number of cases waiting more than 52 weeks for treatment are down by 34% compared to last year.

A record high 2.61 million diagnostic tests were carried out in July. Despite this, the size of the waiting list remains elevated and is now over 60% larger than in 2019.

The community health services waiting list increased by 9% from last year to a record high 1.2 million in July 2025. Long waits of over 52 weeks for children and young people's community services are now 86% higher than a year ago.

Monthly number of patients recorded across all three cancer pathways (28-day, 31-day and 62-day) as meeting their respective standards were the highest on record in July.

Demand continues to rise, with new referrals to mental health services the highest on record (499,830) and open referrals to adult services at an all-time high.

League tables show that 75% of trusts are in deficit

Our key operational performance headlines

- **A&E 4 hour performance** for August 2025 was 82.3%, ahead of the national target for 78% and our planned performance of 81%.
- The total Type 1 A&E attendances spending **greater than 12 hours in the department** in August was 0.23% (an improved position), which was below the national threshold of 2% and above our plan of 0.2%. Additionally, there were no 12 hour trolley waits during the month.
- The Trust remains a top performer in **ambulance handover** times with average hand-over time of 13 minutes 29 seconds in August against the national standard of <15 minutes. One handover in August exceeded 30 minutes but was not more than 45 minutes.
- The number of patients waiting over **52 weeks** increased in August (from 35 in the previous month to 55). This relates to capacity challenges in trauma and orthopaedic services. Actions are in progress to address this including the appointment of a locum, insourcing and mutual aid from neighbouring trusts.
- The average **length of stay** for non-elective patients remained consistent with the previous month at 7.66 days. This is above our threshold of 4 days. The discharge liaison nurses continue to support educational work around discharge processes, including discharge workshops. The criteria led discharge pilot is awaiting evaluation. Further work is ongoing around supporting clinicians out of hours with discharge, as well as escalation processes for delayed discharges relating to social care.
- The Trust continues to benchmark well across the region against key **cancer** measures, although the increase in volumes of referrals for urgent suspected cancer in breast continues to affect performance.
- In respect of diagnostics the **waiting list** at the end of August reduced to 6,244 – this represents a decrease of 502 waiters.
- The Trust reported zero cases of **C. difficile** in August. The Trust's annual threshold has been set at 36 and year-to-date cases stand at 13.
- Further information on performance metrics can be found within the *Governor Dashboard* agenda item.

Excellent patient care



- Following the **Surgical Site Infections (SSIs)** relating to patients who have received trauma and orthopaedic surgery at Gateshead we have developed a comprehensive action plan to minimise risk and address potential contributory factors.
- Our Children's Bladder and Bowel department have been awarded the '**Gold Standard for Autism Acceptance**' from the North East Autism Society. Over the past year, the team has worked closely with NE Autism Society to enhance their environment, communication approaches, and care pathways to better support neurodivergent children and their families.
- Our cancer care has been highly praised by patients in the **National Cancer Patient Experience Survey**. Patients gave the Trust a rating of 9.2 out of 10, above the national average of 8.9. We achieved above average scores across all areas, reflecting our commitment to delivering exceptional and compassionate care to our patients.
- We have also performed well in the **Adult Inpatient Survey**, which is conducted by Picker on behalf of 61 trusts. The survey captures feedback from patients who stayed overnight in our hospitals between January and April 2025. Overall we were ranked 12th out of 61 organisations. 98% of patients felt treated with respect and dignity and 98% had confidence and trust in our doctors. We improved our scores in areas such as helping patients eat meals and identified some areas for further focus, such as ensuring that colleagues explain the reasons for ward changes at night to our patients.



Great place to work

- We have relaunched our **leadership and management programme**, Leading Forward. Many colleagues have asked for opportunities to grow their leadership skills and this programme has been designed to support this.
- The **voluntary severance scheme** (VSS) that was launched earlier in the summer has now concluded. Managers are working closely with colleagues who have chosen to voluntarily leave the Trust to support them and their teams through the transition. This forms part of our Securing Our Sustainable Future work – our commitment to restore financial balance whilst safeguarding high quality care and reducing waiting times for patients.
- Two members of our maternity support team have received the **Chief Nursing Officer Award** in recognition of their exceptional contribution to maternity care. Jane Puntin, Maternity Support Worker and Sheila Hayes, Diabetes Healthcare Assistant, have been recognised for their dedication, and unwavering commitment to providing high quality care to our patients and their families.
- Our **Occupational Health** service has received SEQOHS accreditation – the nationally recognised benchmark for a Safe, Effective, Quality Occupational Health Service (SEQOHS). This reflects the team's commitment to delivering outstanding care, maintaining high standards and continuously improving the health and wellbeing support provided to our people.



Working together for healthier communities

- 56 runners took part in the Great North Run and Junior and Mini Great North Runs, raising £17,792 for the **Gateshead Health Charity**. Thank you to all participants – we are very proud of you!
- The NHS is about to commence its annual **flu vaccination** programme. Governors can help us by encouraging friends and family who are eligible for the free flu vaccinations to take up the opportunity. From 1 October free vaccines are available for:
 - Over 65s
 - People aged 18-64 in clinical risk groups
 - Long-stay care home residents and staff
 - Carers and close contacts of high risk individuals
- Work is underway to deliver improved facilities to enhance care for women, children and young people across the region. QE Facilities is managing the delivery of the project to redevelop wards 3 and 4 which will soon become the **new colposcopy department and children and young people's unit**. The facilities will open this autumn and will provide modern, welcoming spaces designed around the needs of patients and families. The project also includes strong social value commitments. All contractors were required to demonstrate support for local employment, skills development, community engagement and sustainability.



Fit for the future

- As Governors have been advised we have been placed in **Segment 3 of the NHS Oversight Framework** (where Segment 1 is the best performing and Segment 5 is the most challenged). Being in Segment 3 means we may receive targeted support and some additional oversight, particularly around finance. We were ranked as 83rd out of 134 acute / specialist trusts in the national league tables. No trusts with a planned deficit can be placed in Segment 1 or 2. We are committed to reviewing our performance against all the metrics measured within the Oversight Framework to understand where we can strive to continue to improve our service delivery for our patients.
- Work has continued on the development of the detailed chapters behind the **5 year strategy**, following approval of the outline at the Board earlier in the summer. This will be publicly launched in the autumn. Thank you to all Governors who contributed to the development of the strategy through workshops and Council meetings.
- We are working hard to ensure that we have robust **winter plans** in place to protect our patients and our people over what we know can be one of the most difficult times of the year. This includes testing our escalation plans and confirming clear leadership and staffing models are in place to support colleagues.
- This month we are undertaking targeted work on reducing our waiting lists and meeting key performance targets. '**Super September**' is about providing better care for our patients, especially those who have been waiting the longest. We are reviewing waiting lists, adapting appointments and testing new ways of working, with the aim to reduce backlogs and help patients to be seen more quickly.
- We have been selected as one of 30 trusts nationally to join the **Getting It Right First Time (GIRFT) Further Faster** programme. This focuses on 4 key areas: ambulance handovers, the 4-hour target, 12 hour stays in the department and length of stay. Our teams are working with the national GIRFT teams and building on improvements we have already made.
- Our new **Green Plan** has been developed and will be presented to the Board for approval this month. This outlines the priorities of the Group for reducing environmental impact. The Plan includes initiatives on biodiversity and further electrification of the fleet.

Finance Update Q1 2025-26

Council of Governors


Sept 2025


2025/26 Background


The Trust approved its financial plan and submitted to NHS England in March 2025. The plan included:


- A £8.621m revenue deficit after allowing for donated asset depreciation
- A Cost Reduction Plan (CRP) totaling £32.872m;
- An in year £20.076m capital plan, of which £9.008m funded by public dividend capital (PDC) allocation.
- A cash plan that reduces to £2.789m by March 2026.

2025/26 Q1 Performance (April 25 to June 25)

 **Revenue** financial performance at 30th June 2025 was a deficit of £4.16m, which is marginally behind plan by £0.260m ahead (£0.04m) of the Trust's plan in part due to the costs associated with the PACS digital system failings recovery which has estimated costs YTD of £0.33m.

 **CRP** savings at 30th June 2025 were £6.56m and on plan, of which £3.82m identified on a recurrent basis.

 **Capital** performance at 30th June 2025 was £2.22m below plan, and is expected to catch up in the remainder of the financial year.

 **Cash** balances were £15.660m at 30th June 2025, which was £3.91m more than plan largely due to slippage on the capital programme and higher than planned creditors.

Key issue: Revenue

Net revenue expenditure is £0.260m worse than plan.

The Trust actual spending is broadly aligned with its financial plan, except for costs associated with PACS recovery, which the Trust did not plan to incur.

However, the position for 2025-26 remains challenging as evidenced by the required cost improvement target of £32.8m. 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.

Key issue: Capital

Capital expenditure was below plan by £2.22m

Due to the early stage in the financial year and an outstanding decision on Community Diagnostic Centre Phase 2, slippage on the capital programme has been reported at the end of Q1. The Finance and Performance Committee and Capital Oversight Group monitor progress against the capital plan, with a business case due to be presented to Trust Board on options to progress the Community Diagnostic Centre Phase 2.

Key issue: Cash

The closing cash balance at the end of June was £15.660m and is above plan. However, due to the Trust operating with an underlying deficit, cash is planned to decrease over the remainder of the financial year. Whilst strategies are in place to maximise cash balances by effective working capital management it is recognised the Trust may require revenue cash support in 2026-27. All proposals to access such support will be overseen by Finance & Performance Committee and approved by Trust Board.

Key issue: CRP Delivery

CRP requirements in 2025-26 is to achieve a £32.8m target on a recurring basis to improve the Trusts underlying deficit.

To date the Trust has made good progress in transacting £3.82m CRP schemes on a recurring basis, with more planned over the remainder of the financial year.

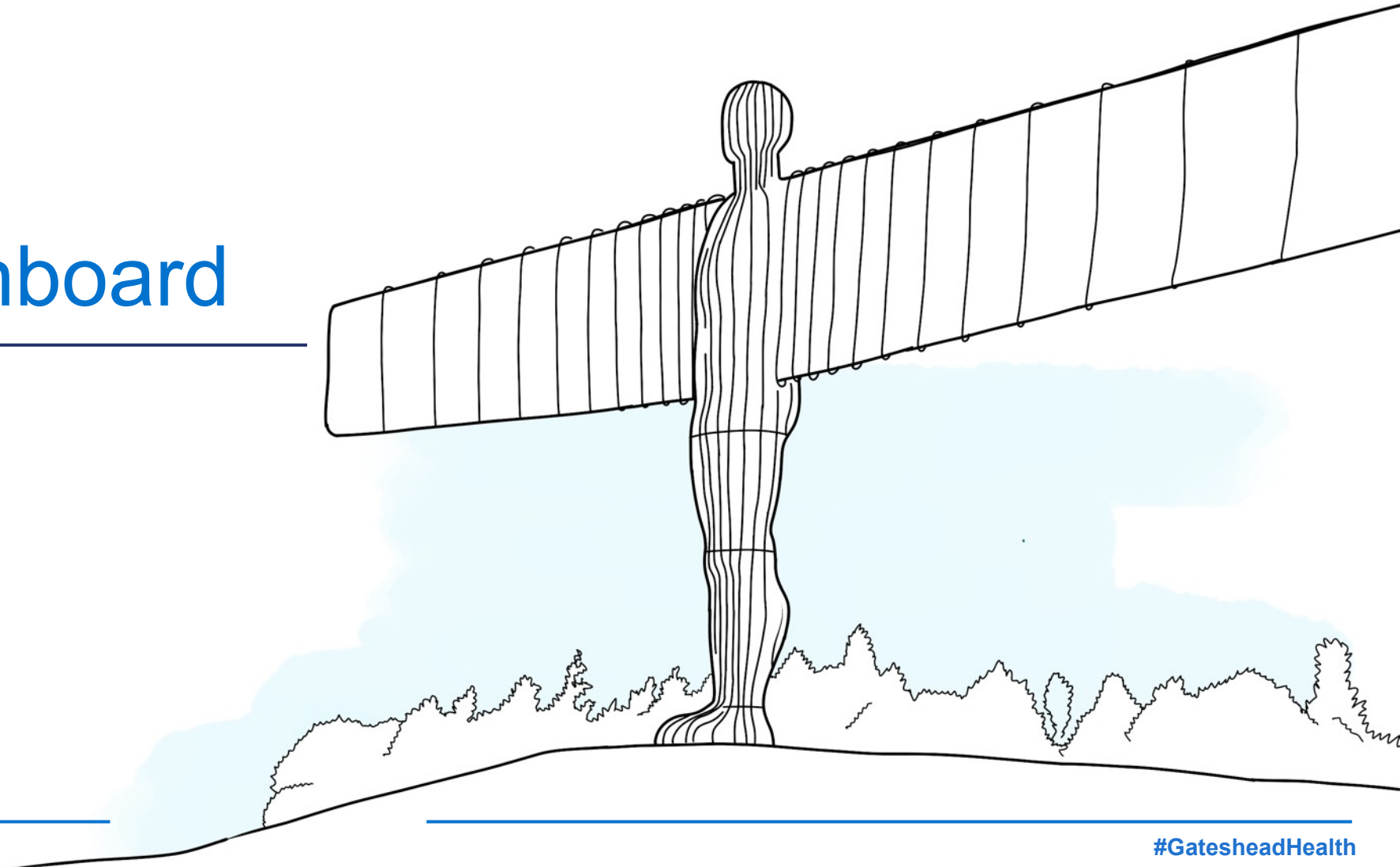
As part of its financial sustainability, work the Board aims to ensure that the future programme identifies a higher proportion of recurrent, sustainable schemes. Key steps to date include the establishment of a CRP Steering Group focused on working at pace with business units to develop ideas into fully 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.

Governor Dashboard

Key Messages

September 2025



























Top Organisational Risks – September 2025

Top 3 Organisational Risks:

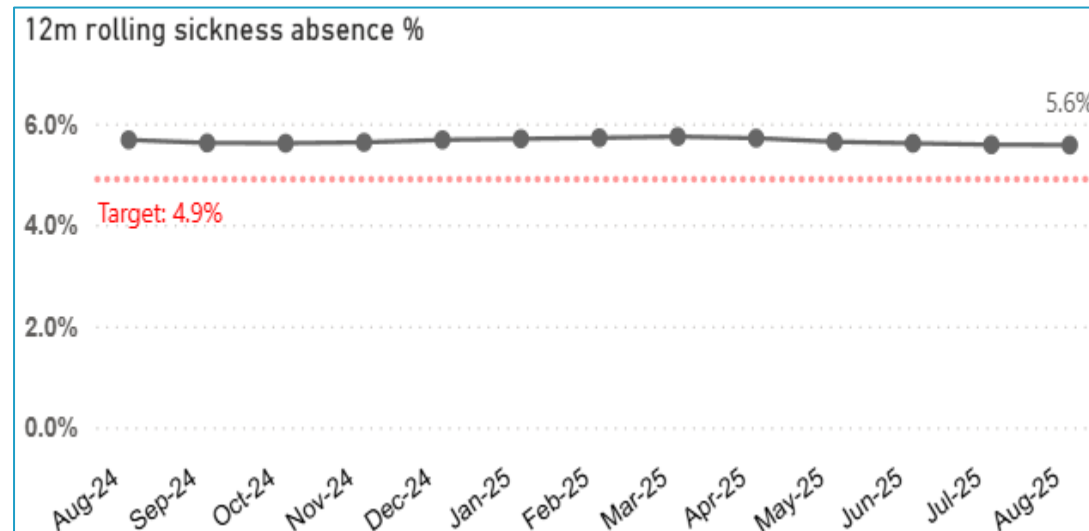
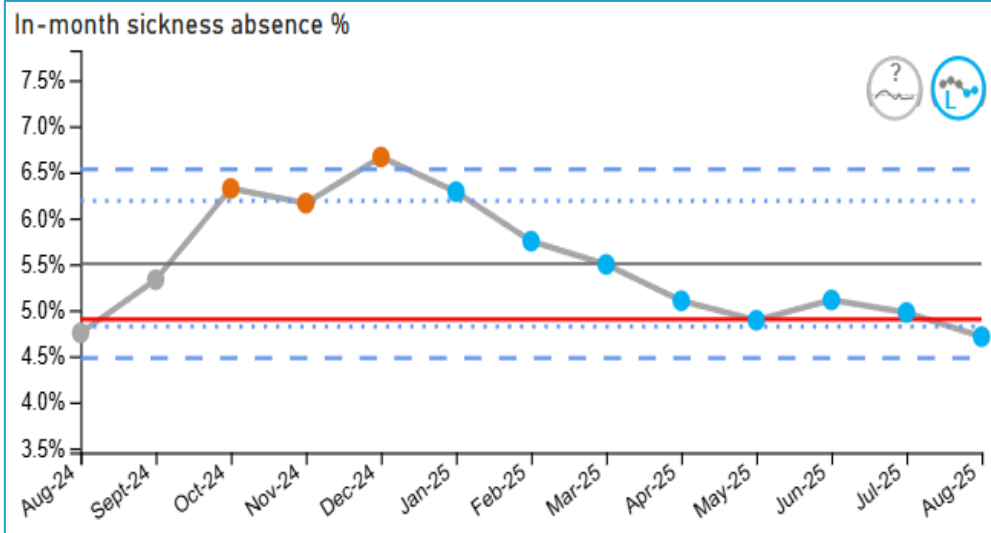
Risk Id	Division	Description	Initial Risk Grade	Grade▼	Target Grade
4694	Finance	Risk that the Trust will not achieve its revenue plan for 2025-26 and a deterioration from the 2024-25 planned deficit, resulting in a deterioration to Trusts NHS Oversight Framework rating.	25	20	10
4704	Digital	Risk of failure to review appropriate clinical information due to multiple sources and lack of interoperability of data stored across a variety of digital systems and in paper format. This could result in patient harm or sub optimal care.	20	16	8
4417	People & OD	There is a risk that promoting an environment that encourages speaking out and creating a psychologically safe culture has led to increased reports of poor behaviour. This could have a negative impact on staff and require additional time and capacity to appropriately address the concerns. This could result in further health and well being concerns and staff absence.	15	15	6

Constitutional Standards – August 2025 data

Constitutional Standards			Metrics											<div><div>NHS</div><div>Gateshead Health</div><div>NHS Foundation Trust</div></div>			
Metric	Target	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Ass/Var	
Achievement of the A&E 4 hour standard	>78%	71.0%	72.2%	71.4%	67.8%	73.0%	65.6%	71.2%	73.6%	74.5%	72.5%	79.0%	76.7%	82.2%	82.3%	 	
12 hour trolley waits (DTA to left department)	0	3	0	0	3	1	30	0	0	2	0	1	2	1	0	 	
% of ED attendances > 12 hours in department (Type 1) <small>Reset April 2025 to align with 2025/26 operational guidance definitions</small>	0.2%	5.4%	4.4%	4.4%	7.6%	5.1%	10.5%	5.2%	2.5%	0.7%	0.88%	0.52%	0.77%	0.25%	0.23%	 	
Ambulance handover delays 30-60 minutes	0	10	4	3	3	10	43	21	4	6	11	4	16	5	1	 	
Ambulance handover delays over 45 minutes	0										3	1	5	0	0	 	
Ambulance handover delays 60 minutes +	0	13	0	0	0	1	51	14	0	7	1	0	0	0	0	 	
Achievement of the RTT 18 week standard	>92%	70.3%	69.2%	68.6%	68.5%	69.2%	69.8%	70.6%	71.3%	71.0%	69.4%	68.5%	68.3%	68.6%	67.4%	 	
Achievement of the 52 week RTT standard	0	81	108	123	106	111	102	83	66	0	16	1	18	35	55	 	
Achievement of the 6 week diagnostic standard	>95%	84.7%	84.3%	86.4%	88.3%	86.8%	83.3%	81.4%	86.4%	82.6%	77.1%	74.0%	77.1%	74.6%		 	
Achievement of the Cancer 28 day standard <small>Reset April 2025 to align with 2025/26 operational guidance standard</small>	>80%	80.5%	79.7%	77.7%	82.0%	83.2%	84.1%	77.0%	80.7%	80.5%	70.1%	69.9%	77.2%	76.0%	77.0%	 	
Achievement of the Cancer 31 day standard	>96%	98.9%	99.8%	100.0%	99.1%	98.5%	98.9%	99.4%	100.0%	100.0%	99.5%	99.5%	97.9%	100.0%		 	
Achievement of the Cancer 62 day standard <small>Reset April 2025 to align with 2025/26 operational guidance standard</small>	>75%	69.8%	74.7%	66.8%	81.0%	74.8%	75.6%	80.2%	81.0%	82.1%	73.7%	67.7%	72.7%	75.3%		 	

Validated data unavailable at time of report

People metrics

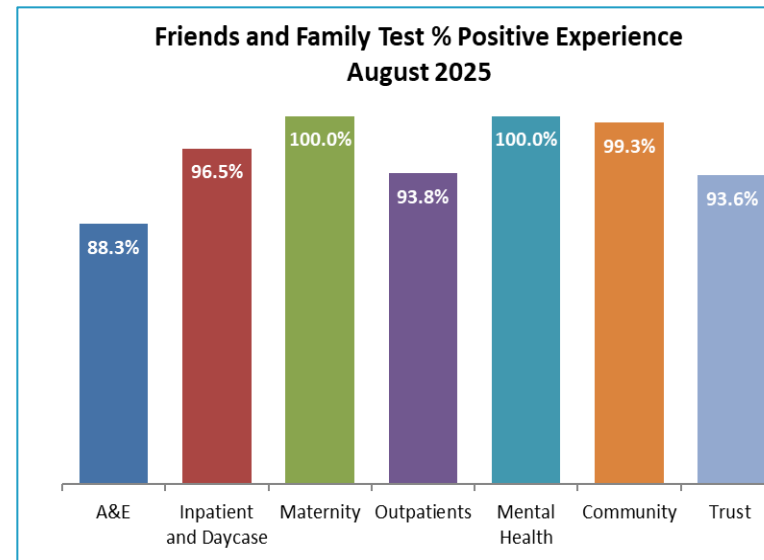
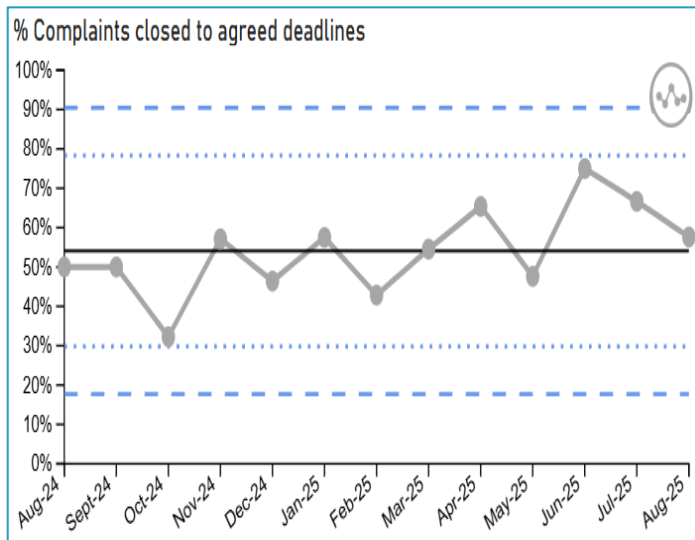
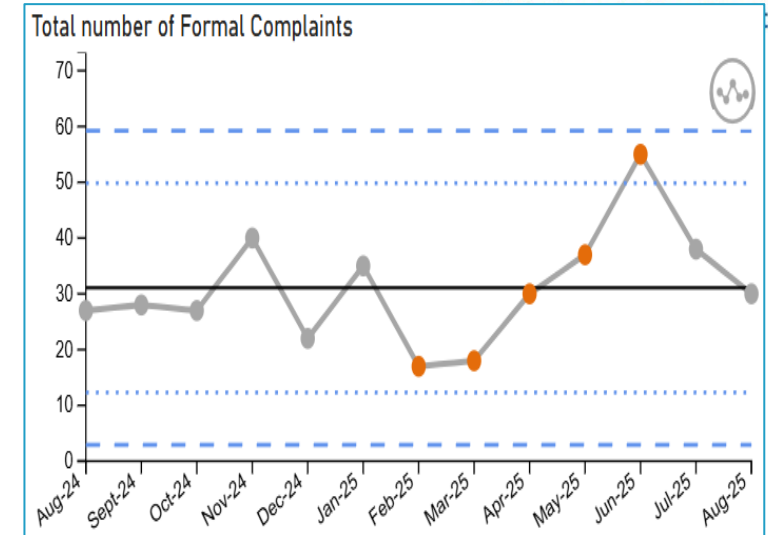
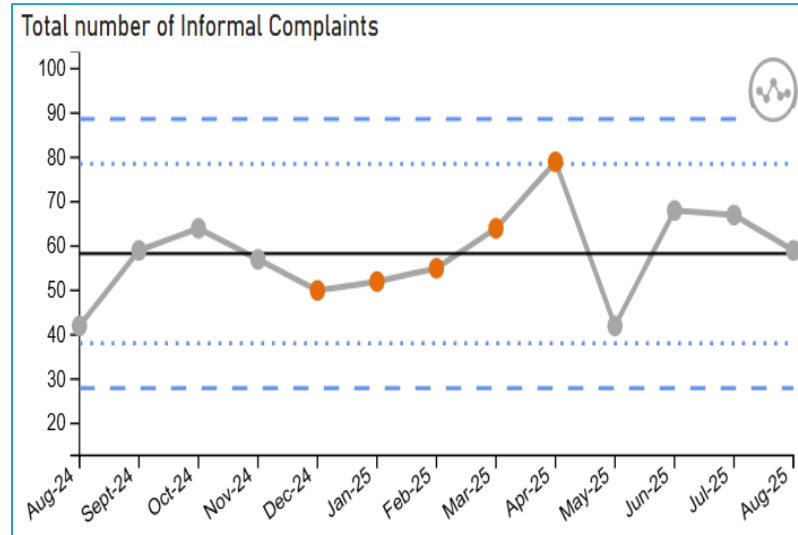
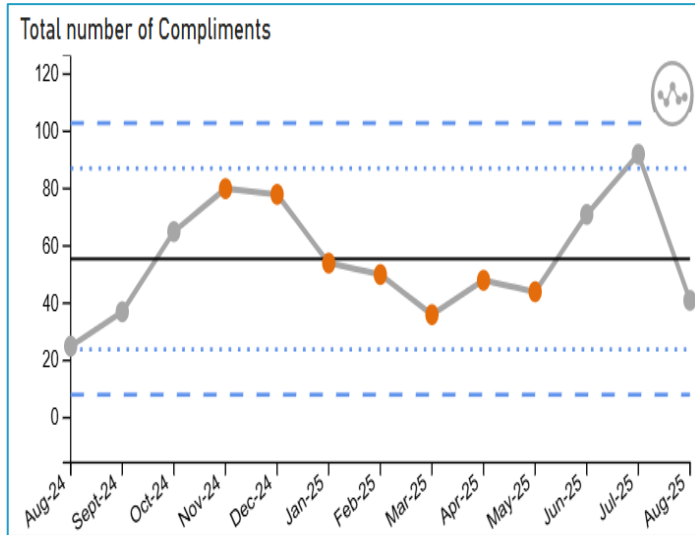


What is the data telling us?

August 2025

- Sickness remained the same at 5.58% for a rolling 12 months in Aug 2025, showing a decreasing trend month on month since April 2025. In-month long term sickness absence has shown largely decreasing trend since December 2024, in-month short-term sickness has decreased slightly going from 1.3% in July to 1.2% in August.
- Divisions provided with monthly short term absence reports highlighting all employees who have triggered short term absence procedure.
- Ongoing training and development on the new absence management policy. An absence task force has been mobilised with the objective of reducing sickness absence across the organisation.

Patient experience



What is the data telling us?

August 2025

Following a recent upward trend, the number of formal complaints received reduced to 30 in August.

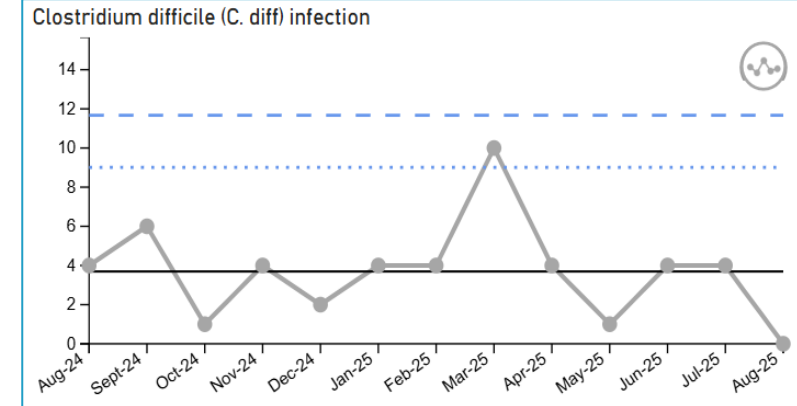
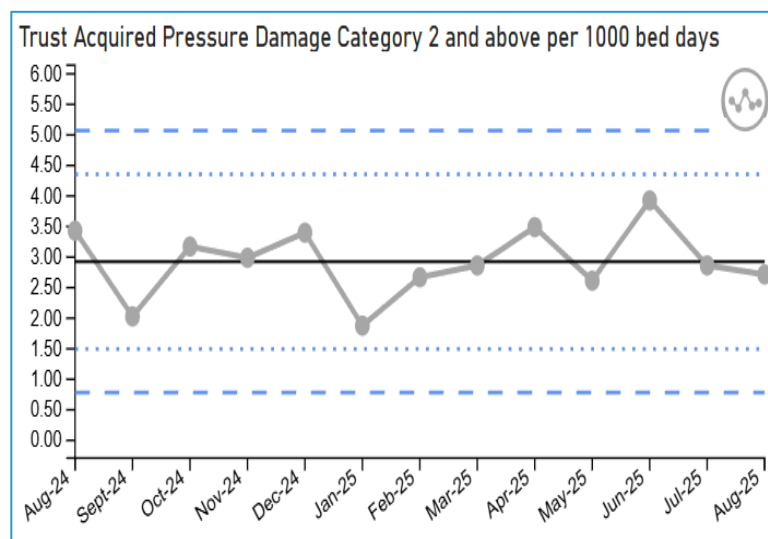
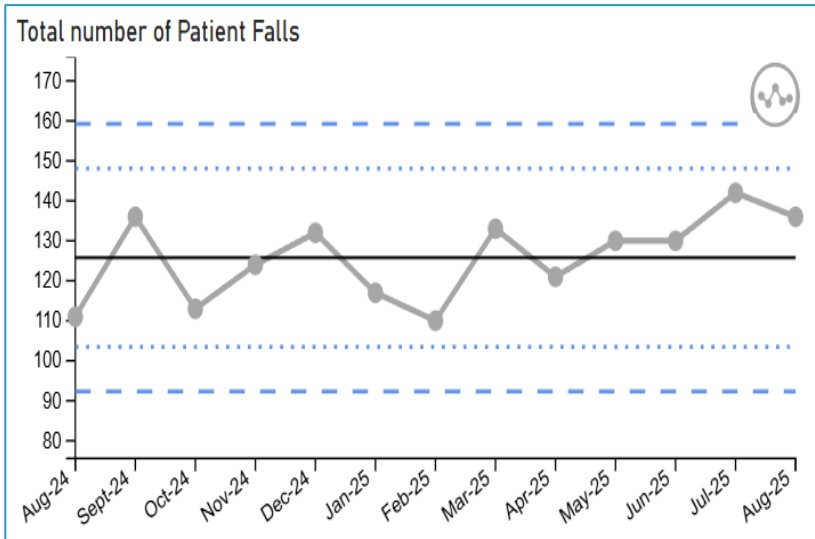
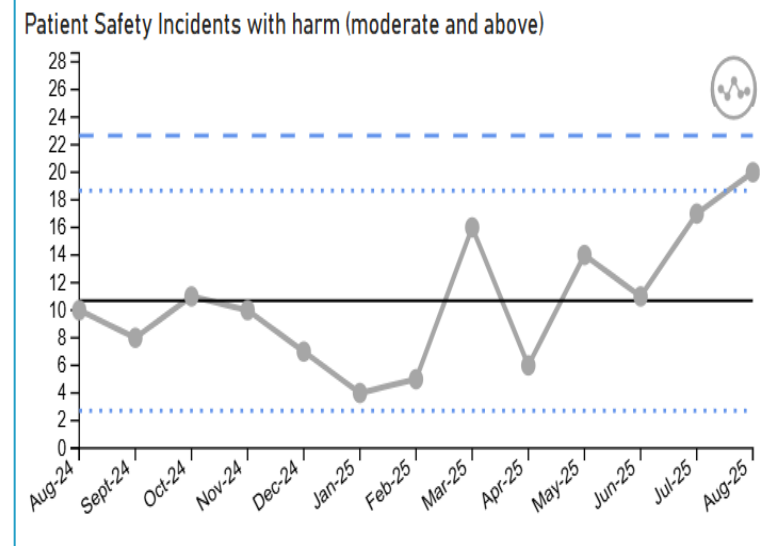
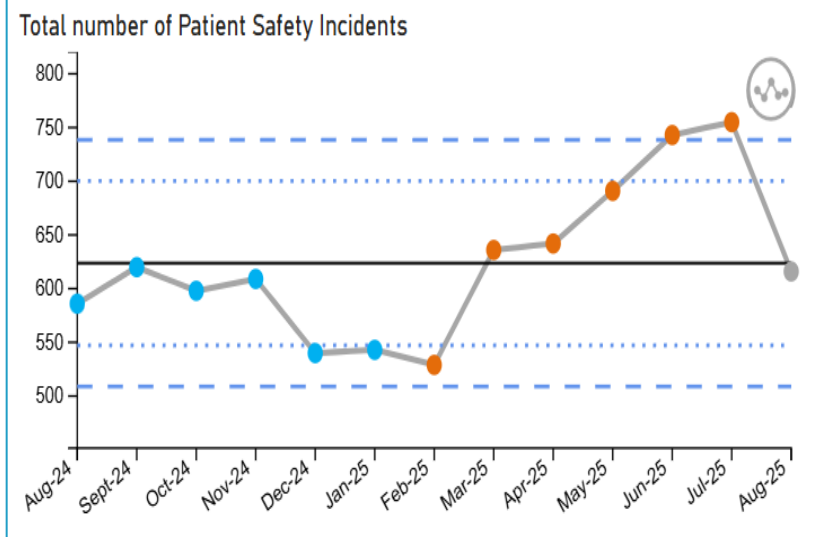
Key complaint subjects: implementation of care (16); communication, confidentiality and consent (7); clinical assessment (4); access, admission and discharge (2); and car parking (1)

Compliments: 41 compliments received in August.

Informal complaints: 59 informal complaints received in August.

The % of complaints closed to deadline is showing a general upward trend.

Patient safety incidents



What is the data telling us? August 2025

Patient Safety Incidents reported returned to cause variation in August 2025. A reduction in incidents reported is observed on the previous month, to 605 from 753; a reduction in the rate per 1000 bed days to 44.4 from 52.6.

Violence, abuse, and harassment incidents continues to triggering special cause variation for concern in August 2025, however the number of incidents has reduced in August for two consecutive months; from a high of 83 in July to 42 in August. The increased incidents were mainly reported on the Older Persons Mental Health wards – a significant number related to one patient.

Patient Falls. A decrease in patient falls is observed from July to August. Common cause variation is observed over the 18 month period.

Pressure damage. Common cause variation continues to be observed.

Membership profile

- As of 1st September 2025, the total number of public members was 5,523.
- Following the database streamlining/cleanse during the by-election for the recently merged Central and Eastern Gateshead constituency, we have 1,721 members who will receive email correspondence and 120 members who wish to remain postal members.
- As part of the current election process, we are undertaking a similar exercise within the Western Gateshead and Out of Area constituencies therefore results will be shared in due course.

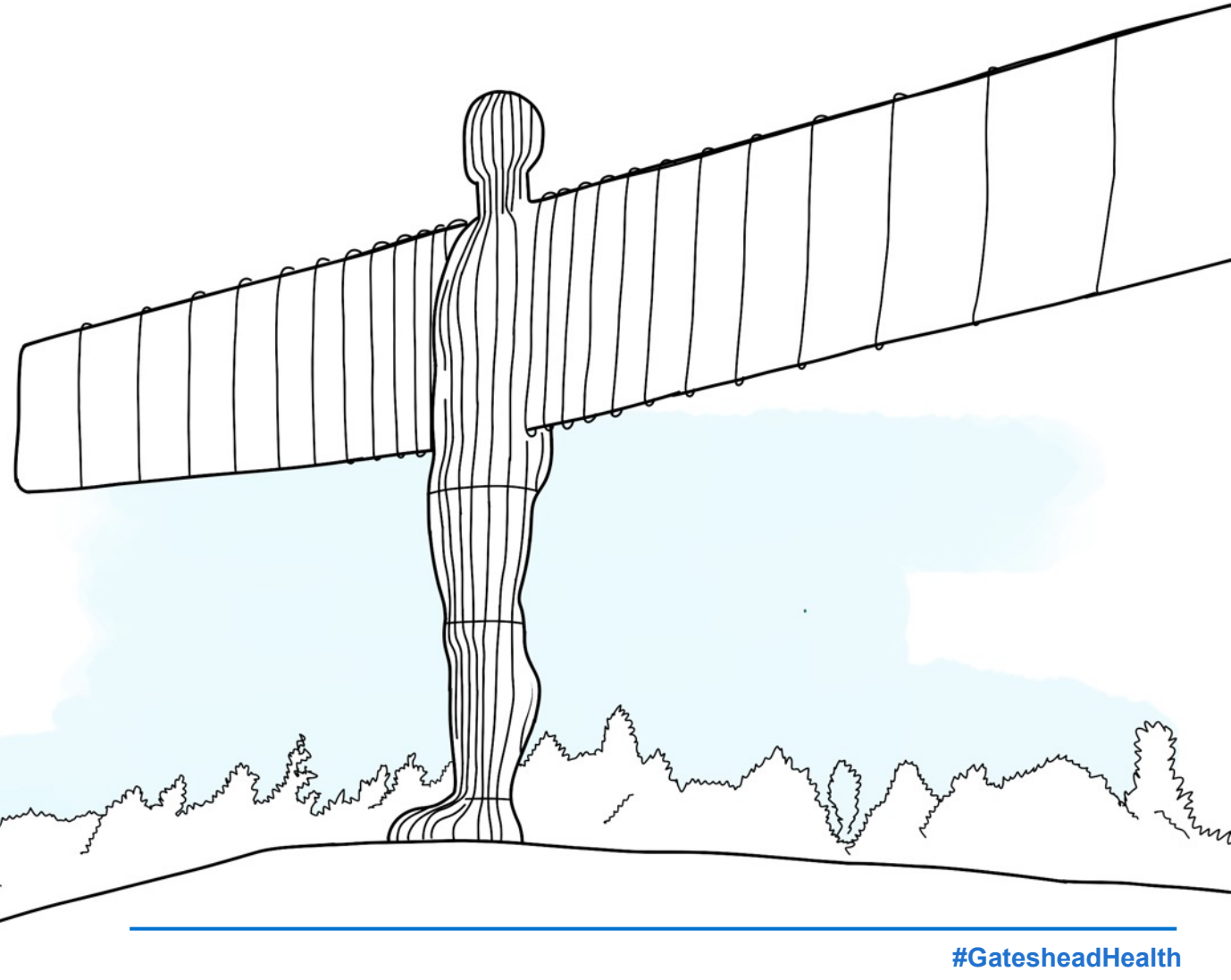
Population/Public Membership Ratio at 1 September 2025			
	Western	Central & Eastern	Out of Area
Population (estimate)	77,471	134,443	Unknown
Membership	3,151	1,844	499
%	4.1	1.4	Unknown

Membership base for Central and Eastern Gateshead			
	Central	Eastern	Total
Membership prior to cleanse	6,501	2,134	8,635
Membership following cleanse	1,413	431	1,844
Decrease %	78%	80%	79%

Work of the People and OD Committee

Maggie Pavlou, Chair of the Committee

December 2024 – August 2025



Examples of issues considered, and assurances received

PODC have met 4 times since December 2024

Strategic
Objectives

People Strategy

Equality, Diversity
& Inclusion

Absence
Management

Reflective review
of lessons learnt
inc. MHPS and
D&G timescales

Cultural Reviews
& Action Plans

National Job
Profiles –
Nursing &
Midwifery

Organisational
Change inc. Core
Future POD
Services

Staff Survey &
Pulse Survey

Workforce
Planning

Reports

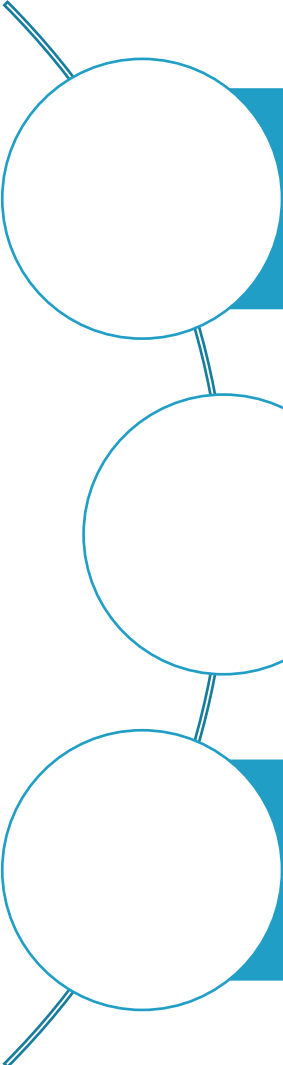
POD Steering Group Assurance Reports / Corporate Objective Update /
Guardian of Safeworking / Freedom to Speak Up / ADQM / GMC Survey Action
Plan / Gender Pay Gap / Internal Audit

Key Risks

The Committee is currently monitoring 3 risks on the Organisational Risk Register



Gateshead Health
NHS Foundation Trust



There is a risk of **harm to staff** (psychological and physical) due to exposure to violence and aggression from patients and visitors who exhibit challenging behaviours. This could result in injury, increased absence from work, staff morale and confidence and potentially effect recruitment and retention.

There is a risk that promoting an environment that encourages speaking out may lead to **increased reports of poor behaviour**. This could have a negative impact on staff and require additional time and capacity to appropriately address the concerns. This could result in further health and well-being concerns and staff absence.

There is a risk that the **lack of a strategic workforce plan** that delivers our specific future priorities (women's health, diagnostics, etc) leads to a lack of appropriate skilled staff and negative impacts on service delivery, patient safety and staff engagement and an increase in costs for temporary staffing.

Case study

SA2.2 Growing and developing our people to improve patient outcomes, reduce reliance on temporary staff and deliver the 24-25 workforce plan.



Gateshead Health
NHS Foundation Trust

March 2025 GMC Survey Action Plan Updates

Update on the risks and actions following the GMC survey results. Areas of progress noted, acknowledgement of the need to consider rotas in a different ways.

March 2025 Workforce Planning

Considered the report which provided an update on the work undertaken to date, demonstrating a clear plan and the alignment between activity, performance, finance and workforce.

May 2025 WRES and WDES Data

Considered the report which provided an overview of the data the Trust was due to submit the end of May 2025. Agreement for a re-review of the data.

July 2025 Core Future People & OD Services

Considered the report which provided an update on the vision for core future POD services within the Trust. An acknowledgement that the risk of introducing a new target operating model and/or removing posts was being worked through.

March 2025 ADQM Submission

Assurance provided that the submission had been made at the end of February 2025. It was noted that all areas meet expectations, with some minor exceptions in areas due to challenging staffing issues.

March & May 2025 National Job Profiles – Nursing & Midwifery

Considered the report which provided assurance on the review of Job Profiles and outlining the associated organisational and financial risks. Acknowledgement of risk re timescales and capacity.

July 2025 Organisational Change Plans

Considered the report which provided an update on current and planned organisational change, including the number of affected staff, timescales and redeployment opportunities. Acknowledgement that organisational change in line with CRP requirements are being overseen by the CRP Steering Group.

Case study

Strengthening Voice and Inclusion – Freedom To Speak Up and Equality, Diversity and Inclusion

Freedom to Speak Up

- 100 concerns raised in 2024/25 (69% increase).
- 72% of concerns focused on bullying, harassment and inappropriate behaviours and attitudes.
- Raising concerns route map launched, increased network of FTSU champions, all Board members completed training, FTSU reflection tool and 2 yearly action plans review by EMT.
- May 2025 audit confirmed strong governance and provided a **good** level of assurance; but gaps in SOPs, confidentiality agreements and communication plan monitoring.

Equality, Diversity and Inclusion

- EDI Strategy in place and KPI dashboard developed aligned to four strategic pillars.
- Positive representation of BME staff but concerns over recruitment fairness (white staff more likely to be appointed) and likelihood of entering a formal disciplinary process (BME staff more likely to enter a formal process)
- FTSU usage higher among GEM colleagues.
- Recruitment training refreshed and cultural ambassadors considered for panels.

Assurance and Impact

- **FTSU:** Increased reporting seen as a positive; however, recognition that some audit actions that need to be completed to strengthen aspects of the process.
- **EDI:** Confirmed national reporting deadlines are being met. Dashboard improvements welcomed, but trend data and clearer impact analysis needed.

Learning and Next Steps

- **FTSU:** Strengthening SOP's monitoring communication plans and ensuring confidentiality agreements are completed in line with audit actions.
- **EDI:** Expand use of cultural ambassadors and review recruitment practices. Consider EDI monitoring in CRP schemes and a recognition that EDI ownerships sits throughout the organisation within all operational teams. Explore comparator Trusts for benchmarking and good practice.

Is this work making a difference?

- **Vacancy rate: Target is $\leq 2.5\%$, at the end of July 6.6% .**

Vacancy rate stands at 6.6% in July 2025, a 0.7% increase compared to June 25. Budget WTE increased between June and July 2025 whereas contracted WTE decreased resulting in a vacancy rate increase. Greater scrutiny around our vacancy control process could be a contributing factor.

- **Staff Engagement Score: Target is ≥ 7.3 . July 2025 Pulse Survey was 5.63 .**

The quarterly pulse survey result for July 25 was 5.63 with a 11.0% completion rate. The engagement score has decreased since it was last reported at 6.17 in April 25, with a 2% increase in completion rates from 9% completion rate for the Group.

- **Sickness Absence: Target is $\leq 4.9\%$, at the end of July 5.58% (Rolling average figure).**

Sickness decreased to 5.58% for a rolling 12 months in July 2025, showing a decreasing trend month on month since April 2025. In-month long term sickness absence has shown largely decreasing trend since December 2024, in-month short term sickness had a similar trend until June and July when short term sickness increased from 1.1% in May to 1.4% in July.

- **Agency Staffing Spend: Target is $< 2.3\%$ of paybill, at the end of July 0.5% .**

Agency spend remains under target at 0.5% and has been consistently over the last 12 months.

Key Priorities for Assurance: September 2025 – February 2026

Monitoring delivery of the corporate objectives, People and EDI Strategy, organisational risk and board assurance framework

Caring for our people

Growing and developing our people

Being an employer and training provider of choice

Guardian of Safeworking

Vaccination Programme

Absence Management

Reflective review of lessons learnt

GMC Survey

ADQM

WRES & WDES Updates

Workforce Planning

Gender Pay Gap Report

Staff & Pulse Survey

Annual Revalidation

Medical Establishments

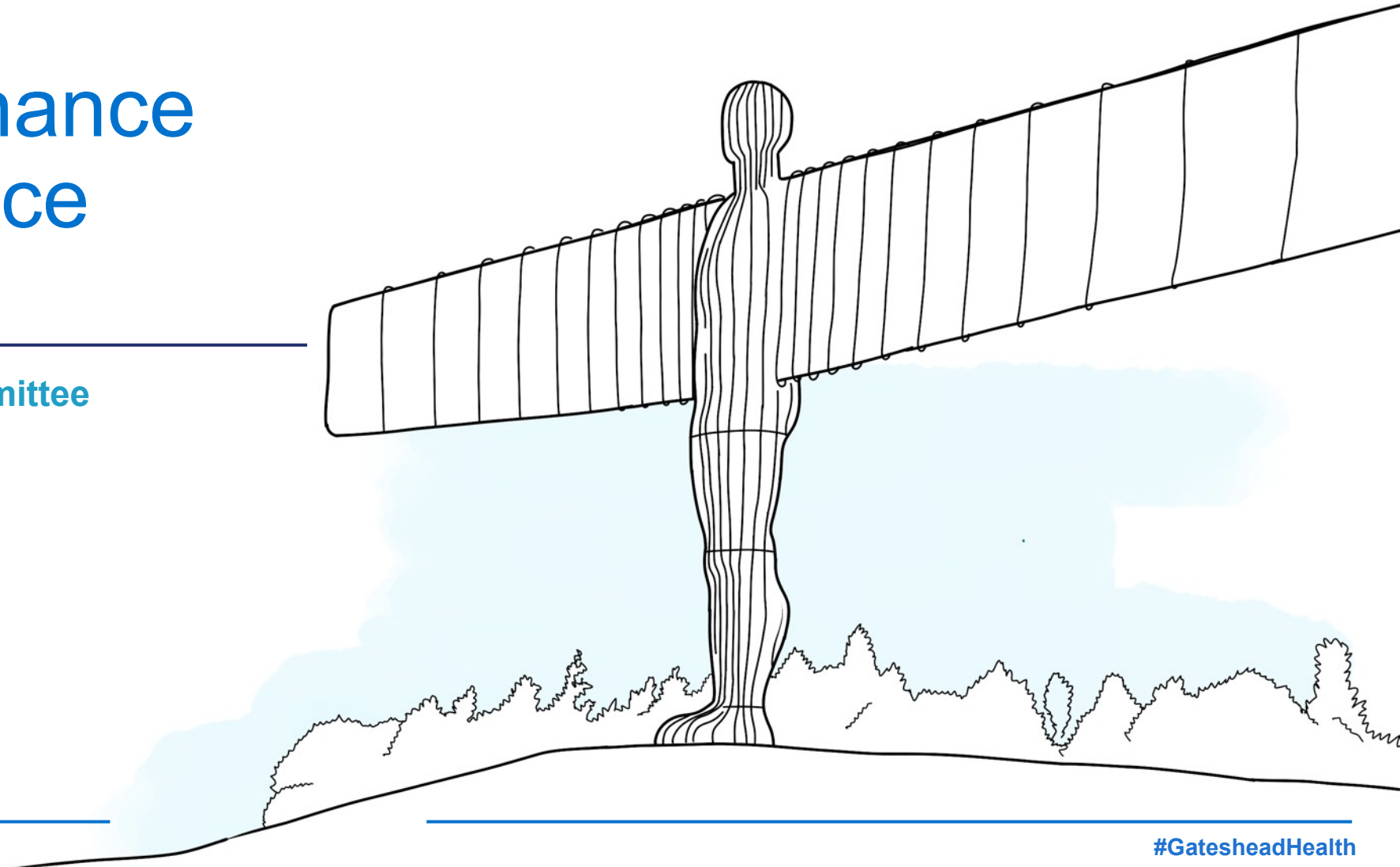
Any
questions?



Work of the Finance and Performance Committee

Martin Hedley, Chair of the Committee

23 September 2025



Examples of issues considered and assurances received

Financial
Gaps

Cash &
Liquidity

Workforce
Cost and
Efficiency

Major
Business
Cases

Financial
Risks

Operations &
Workforce

Governance
& Strategy

Community
Diagnostic
Centre

Acceptable
Internal
Audits

Improving
Performance

Alert, Advise, Assure



Financial Plan & Performance

- Eliminating the underlying deficit in two years (£60m)
- Continuing to support a digital estate that's fit for purpose
- Essential achievement of our CRP plan (recurring cost savings)
- Alliance relationships strengthening, will need to rely on them



Leading Indicators & Breakthrough Objectives

- Improved grip on the overall performance and finance
- Strong triangulation with other committees of the Board
- Emerging relationships within the Alliance
- Initial look at harmonising F&P approaches across the Alliance

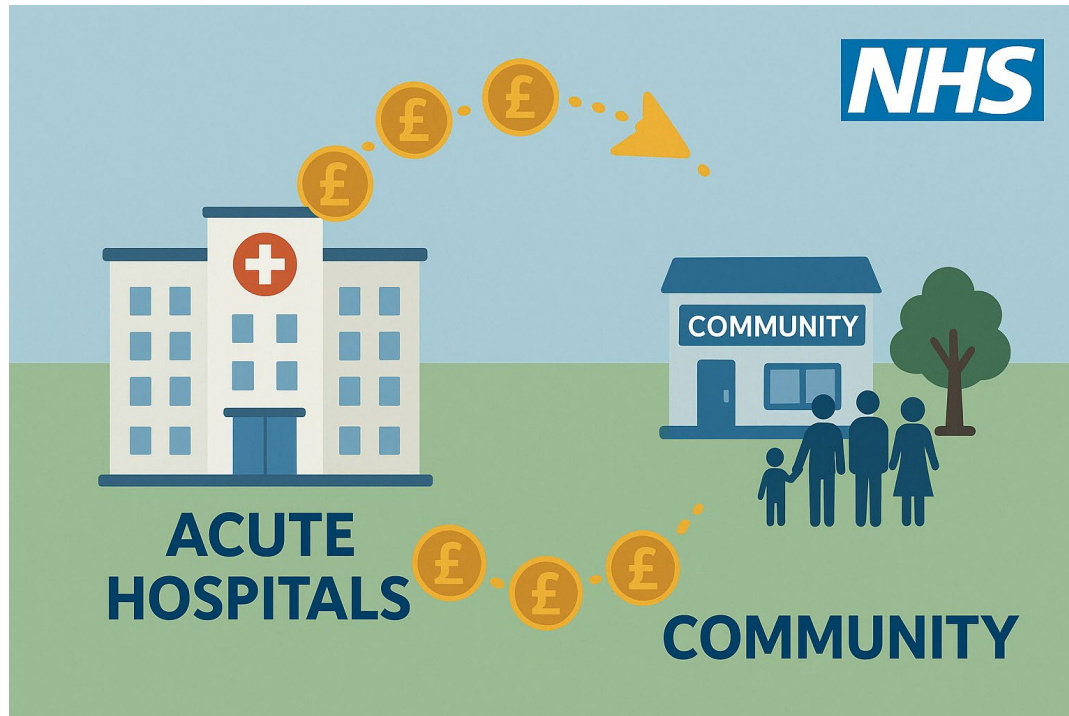
Key risks

- The Committee is currently monitoring 9 risks on the Organisational Risk Register

4763 (Medical) Risk of significant and cumulative impact of industrial action (12)	new
4772 (CEO) Risk of stability in the executive team and the Board with the loss of CEO on assignment (12)	new
4734 (Medicine) Risk of patient harm due to extended stay in the Emergency Department (12)	reduced
4694 (Finance) Risk to the revenue plan for 25-26 resulting in a deterioration in NHS oversight framework (20)	
2341 (QEF) Risk to business continuity due to estate infrastructure. condition (16)	
4713 (Finance) Risk of not achieving £33m in cost reductions in 25-26 to reduce our underlying deficit (16)	
4705 (Digital) Risk of clinical and operational impact due to failure of the PACS environment (16)	
4541 (NMQ) Risk of failure of governance arrangements as we transition into a new governance structure (12)	
4714 (Finance) Risk to the Trust income, which is based on performance delivery, requiring an on-plan delivery (12)	

Supporting the NHS 10-Year Plan

Where F&P's strategic focus is for 2025-26 and beyond:



1. Financial Sustainability and Control
2. Performance Against National Standards
3. Workforce Planning and Productivity
4. Integration and System Working
5. Digital, Data, and Transformation
6. Quality, Safety, and Patient Outcomes
7. Risk and Assurance

Key priorities for assurance over the next 6 months

Ensuring all divisions deliver against plan, and generate recovery activities where necessary

Supporting the ongoing efforts to use data to drive operational model changes and prove their worth

Triangulation with other Board committees to ensure workforce, quality and patient experience are improved upon

Challenge cross-Trust opportunities within the Alliance and maximise existing investments in digital and facility (eg CDC)

Critically review new national standards and scorecards to ensure performance and outcomes improve

Challenge cost reduction efforts to ensure GHNFT becomes a financially sustainable entity that plays a full part in the Alliance

Challenging delivery of the strategic objectives, organisational risks, and encouraging new operating models based on data-driven and clinical ideas.

Any
questions?



Report Cover Sheet

Agenda Item: 8

Report Title:	Appointment to Board Committee Observer Roles			
Name of Meeting:	Council of Governors			
Date of Meeting:	24 September 2025			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input checked="" type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	To approve the proposed process regarding the refresh of the Board committee observer roles.			
Proposed level of assurance <i>– to be completed by paper sponsor:</i>	Fully assured <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input checked="" type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	-			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • Governor observations of Board committees supports Governors to gain a deeper insight into the work of the Non-Executive Directors, which in turn assists in the discharging of duties to hold Non-Executive Directors to account. • Observer roles are voluntary and interested Governors are invited to self-nominate. • There are no other implications identified as part of this paper. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	Governors are requested to approve the proposed process for the self-nomination and appointment of Governors to the Board committee observer roles.			

Trust strategic priorities that the report relates to:	<input checked="" type="checkbox"/>	Excellent patient care			
	<input checked="" type="checkbox"/>	Great place to work			
	<input checked="" type="checkbox"/>	Working together for healthier communities			
	<input checked="" type="checkbox"/>	Fit for the future			
Trust strategic objectives that the report relates to (2025 to 2030 strategy):	Through the representation and holding to account roles of Governors there is indirect linkage to assurance over the delivery of all strategic objectives.				
Links to CQC Key Lines of Enquiry (KLOE):	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):	-				
Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Not applicable <input checked="" type="checkbox"/>

Appointment to Board Committee Observer Roles

1. Executive Summary

- 1.1. Governors are invited to apply for observer roles on Board committees for a two-year term starting 1 January 2026. Applications will open via email in October 2025, with supporting information provided.
- 1.2. Observers will share feedback at Council pre-meetings, enhancing accountability and collective insight.
- 1.3. If more than two Governors apply per committee, the Chair, Lead, and Deputy Lead Governors will select appointees, with results announced in November 2025.
- 1.4. Approval of this nomination and appointment process is requested.

2. Introduction

- 2.1. One of the key roles of Governors is to hold the Non-Executive Directors (NEDs) to account individually and collectively for the performance of the Board.
- 2.2. Observing a Board committee enables Governors to gain a deeper understanding of the work of the Non-Executive Directors and therefore supports the Governors in discharging this role.
- 2.3. Governors are appointed to the observer roles for a period of 2 years. The current term for observers ends on 31 December 2025.
- 2.4. This paper outlines a proposed process for the self-nomination and appointment of Governors to the observer roles for a two-year period to 31 December 2027.

3. The role

- 3.1. Nominated Governor observers should assess the quality of the debate, discussion and challenge as representatives of the Council of Governors. Feedback should then be shared with the wider Council as part of the informal Council of Governors' pre-meetings so that all Governors benefit from the committee observations.
- 3.2. Committee observations are just one of the ways in which Governors can gain information to assist in holding NEDs to account. Feedback from the observations should be considered in conjunction with:
 - Feedback from Board meeting observations;

- Contributions from NEDs at the Council of Governors, including the regular updates from Committee Chairs; and
 - Other opportunities to see the NEDs at work, such as at Governor development sessions.
- 3.3. Governor observers are invited to meet with the NED chair of each committee after the meeting to discuss any feedback or queries which they may have as a result of observing the debate and discussion.
- 3.4. A guide to committee observation and a feedback template are available to support Governors to undertake this role and to structure their feedback to Governor colleagues as part of the pre-meetings for the Council.
- 3.5. For each of the following Board committees we are seeking two Governor observers:

Committee	Chair	Frequency of meeting
Quality Governance Committee	Adam Crampsie	Every 2 months
People and Organisational Development Committee	Maggie Pavlou	Every 2 months
Digital Committee	Andrew Besford	Every 2 months
Charitable Funds Committee	Hilary Parker	Quarterly

- 1.1. Expressions of interest are sought for a two year period commencing on 1 January 2026 (noting that should a Governor leave the Council prior to 31 December 2027 then an alternative observer will be sought to fill the remainder of the term).
- 1.2. All Governors will be contacted by email in October 2025 and invited to express an interest in a Board committee observer role. Full supporting information will be provided, including the latest dates for the committees and an overview of the role of each committee.
- 1.3. Sharing the feedback from the observations with other Governor colleagues as part of the Council of Governor pre-meetings is a key part of the role and Governor colleagues will be asked to confirm that they are able to meet this requirement.
- 1.4. Should there be more than 2 Governors expressing an interest in the observer roles for each committee, then the Chair, Lead and Deputy Lead Governors will make the final decision and provide a full explanation for this to the Governors.
- 1.5. The outcome of the process will be formally presented to the Council of Governors in November 2025.

2. Solutions / recommendations

- 2.1. Governors are requested to approve the proposed process for the self-nomination and appointment of Governors to the Board committee observer roles.

Committee Escalation and Assurance Report

Name of Governor Committee	Membership, Governance and Development Committee
Date of Governor Committee:	16 July 2025
Chair of Governor Committee:	Steve Connolly (Lead Governor)

<p style="text-align: center;">Alert <i>(matters of significant concern requiring escalation to the Council for further action)</i></p>	
<ul style="list-style-type: none"> No issues of significant concern 	
<p style="text-align: center;">Advise <i>(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)</i></p>	
<ul style="list-style-type: none"> The Committee received an update on the progress of the cost reduction programme which provided assurance that robust processes are in place. It was noted that targets set for the first quarter have been achieved which demonstrates the achievements of teams. Governors will continue to receive updates via the Finance report at Council meetings. Discussion took place around membership engagement and previously suggested community venues. The Committee felt that it would be beneficial to arrange another stand in the Emergency Care Centre atrium and this will be picked up once dates are agreed. Carol Hindhaugh shared some learnings from the recent Governor Focus Conference particularly around a Governor Dashboard which supports Governors to discharge their roles and is designed utilising information already available. It was agreed that this will be developed for the September Council meeting to incorporate feedback received. 	
<p style="text-align: center;">Assure <i>(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)</i></p>	
<ul style="list-style-type: none"> The Committee received an update on the progress Trust Strategy which has incorporated feedback from Governors and other stakeholders following recent engagement sessions and is aligned to the NHS 10 year plan. The Committee reviewed the identified goals and ambitions, and it was noted that work will continue to take place on drafting the chapters and the final strategy is due to be presented to the Board in September 2025 	

- The Committee received feedback from the Great North Healthcare Alliance Governor event which took place on 8th April 2025 and it was acknowledged that this had been a useful exercise to share learning from other Alliance Trusts. It was noted that a follow up event is expected to take place soon and will likely be held at Hexham General Hospital to provide a central location for all Governors.

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

Committee Escalation and Assurance Report

Name of Governor Committee	Governor Remuneration Committee
Date of Governor Committee:	8 July 2025
Chair of Governor Committee:	Chris Toon, Appointed Governor for Gateshead College

<p style="text-align: center;">Alert <i>(matters of significant concern requiring escalation to the Council for further action)</i></p>	
<ul style="list-style-type: none"> No issues of significant concern to alert the Council to. 	
<p style="text-align: center;">Advise <i>(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)</i></p>	
<ul style="list-style-type: none"> The Governor Remuneration Committee approved the new role description for the Vice Chair including the revised enhancement of £13k per annum and time commitment of 2 days per week, noting that this will be effective from 1st October 2025. The Committee also approved the process and timetable for appointment which includes delegating authority to lead the process to two members of the Committee however this will be confirmed due to availability of members. The proposed interview date is 31st July 2025 and an Extraordinary Council of Governors meeting will be required following this to ratify the appointment. <i>Post-meeting note: the Council of Governors formally approved the appointment of Dr Gerry Morrow as Vice Chair, effective from 1 October 2025.</i> 	
<p style="text-align: center;">Assure <i>(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)</i></p>	
<ul style="list-style-type: none"> The Governor Remuneration Committee received assurance that due process has been followed in respect of the Chair's appraisal. There were no material issues brought to the attention of the Committee however it was noted that Mrs Marshall's term ends on 30th September 2025 therefore an objective to work closely with the new Chair to facilitate a smooth transition was acknowledged. The Governor Remuneration Committee will make a recommendation to the Council of Governors with regards to the appraisal process / outcome in Part 2 of the meeting. 	
<p style="text-align: center;">Risks (any new risks / proposed changes to risk scores)</p>	

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Report Cover Sheet

Agenda Item: 12

Report Title:	Council of Governors' Dates 2026/27			
Name of Meeting:	Council of Governors			
Date of Meeting:	24 September 2025			
Author:	Diane Waites, Corporate Services Assistant			
Sponsor:	Alison Marshall, Chair of the Board and Council of Governors			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input checked="" type="checkbox"/>
	To review the draft dates for key Governor meetings and provide feedback to the Company Secretary if required.			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>				
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • This paper provides draft dates for Council of Governor meetings and workshops. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	To note the key dates and receive the report for information.			

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

Council of Governors' Calendar of Events 2026/27

	January 26*	February*	March*	April	May	June	July	August	September	October	November	December	January 27	February	March
Council of Governors 10.00 am to 1.00 pm Rooms 9&10 Ed Centre/Teams		18			13				30		18			17	
Council of Governors Pre-Meets Rooms 9&10 Ed Centre/Teams		18			13				30		18			17	
Membership, Governance and Development Committee 10.00 am to 12.00 pm	7			8			15			7			6		
Workshops/Seminars for Governors	15			16		17				15			14		

**Shown for completeness only as these dates were approved by the Council in November 2024.*

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	✓	✓ no update	✓	✓
Governance						
Review of Constitution	Company Secretary	For Decision	✓			
Non-Executive Director appointments	Chair	For Decision		✓ not required	✓	
Performance appraisal and assessment outcomes - Chair and Non-Executive Directors	Chair (for NEDs) Senior Independent Director (For Chair)	For Assurance		✓	✓	
Council of Governors' Register of Interests	Company Secretary	For Decision				✓
Council of Governors' Annual Effectiveness Survey - Results	Company Secretary	For Discussion				✓
Ratification of the terms of reference for Governor groups	Company Secretary	For Decision		Defer	✓	
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		Defer	✓	
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	✓	✓	✓	✓