

Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 10:00am on Wednesday 19 November 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.	10:01	Declarations of interest	Information	Chair	Verbal
3.	10:02	Apologies for absence	Information	Chair	Verbal
4.	10:03	Minutes of the last meeting held on 24 September 2025	Decision	Chair	Paper
5.	10:04	Action log and matters arising	Assurance / decision	Chair	Paper
TRUST UPDATES INCLUDING STRATEGY					
6.	10:05	Showcase presentations / patient / staff story			
		i) Freedom to Speak Up Guardian	Assurance	FTSU Guardian	Presentation
		ii) QE Facilities	Assurance	QE Facilities Managing Director	Presentation
7.	10:25	Great North Healthcare Alliance Update	Assurance	Director of Strategy and Partnerships	Presentation
BOARD AND COMMITTEE UPDATES					
8.	10:35	Acting Chief Executive's update			
		i) Strategic Report	Assurance	Chief Operating Officer (on behalf of the Acting CEO)	Paper
		ii) Finance Report	Assurance	Group Director of Finance	Paper
		iii) Governor Dashboard	Assurance	Chief Operating Officer (on behalf of the Acting CEO)	Paper
		iv) Questions from Governors	Assurance	Chair	Verbal
9.	11:00	Board Committee Assurance update:			
		i) Digital Committee	Assurance	Chair of the Committee	Presentation
		ii) Charitable Funds Committee	Assurance	Chair of the Committee	Presentation
GOVERNANCE					
10.	11:20	Governor Observers on Board Committees	Decision	Company Secretary	Paper
11.	11:25	Governor Handbook	Decision	Company Secretary	Paper
12.	11:30	Appointment of External Auditors	Decision	Group Director of Finance	Paper

No	Start time	Item	Purpose	Lead	Paper / Verbal
ELECTIONS AND MEMBERS					
13.	11:40	Council of Governors Election Results	Assurance	Company Secretary	Verbal
UPDATES FROM GOVERNOR COMMITTEES AND GROUPS					
14.	11:45	Membership, Governance and Development Committee Assurance Report	Assurance	Chair of the Committee	Paper
15.	11:50	Governor Remuneration Committee Assurance Report	Assurance	Chair of the Committee	Paper
ITEMS FOR INFORMATION / MEETING GOVERNANCE					
16.	11:55	Cycle of Business 2025/26	Information	Company Secretary	Paper
17.	12:00	Top 3 Messages	Discussion	Chair	Verbal
18.	12:05	Any Other Business	Discussion	Chair	Verbal
19.	12:10	Review of Meeting	Discussion	Chair	Verbal
20.	12:15	Date and Time of Next Meeting – 10:00am on Wednesday 18 February 2026	Information	Chair	Verbal

Council of Governors Part 1

Minutes of a meeting of the Council of Governors held at 12.30pm on Wednesday 24th September 2025 in Rooms 9&10, Education Centre and MS Teams.

Name	Position
Members present	
Mrs A Marshall	Chair
Mr L Brown	Public Governor – Western
Mr S Connolly	Public Governor – Central & Eastern
Mrs L Curry	Staff Governor
Mr R Dennis	Public Governor – Western
Professor B Hill	Appointed Governor
Mrs C Hindhaugh	Public Governor – Central & Eastern
Mr P Johnson	Public Governor – Central & Eastern
Mrs H Jones	Public Governor – Central & Eastern
Mr M Loomer	Public Governor – Central & Eastern
Dr G F Spiers	Appointed Governor
Mrs S Sykes	Public Governor – Central & Eastern
Mrs K Tanriverdi	Public Governor – Central & Eastern
In Attendance	
Mr A Besford	Non-Executive Director
Mrs J Boyle	Company Secretary
Ms N Bruce	Director of Strategy and Partnerships
Mrs J Clark	Director of Operations, Medicine, Community and Older Person's Mental Health (25/09/06)
Mr G Evans	QE Facilities Managing Director
Dr S Fenwick	Acting Chief Executive
Dr G Findley	Chief Nurse and Deputy Chief Executive
Mr N Halford	Medical Director of Strategic Relations
Mr M Hedley	Non-Executive Director
Dr C Howey	Group Medical Director
Mr R Hughes	Non-Executive Director
Mrs K Mackenzie	Group Director of Finance
Dr G Morrow	Non-Executive Director
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Vice Chair
Ms D Waites	Corporate Services Assistant
Apologies	
Ms H Adams	Staff Governor
Mr J Bedlington	Public Governor – Central & Eastern
Mr A Crampsie	Non-Executive Director
Mr M Brown	Appointed Governor
Cllr D Burnett	Appointed Governor
Mrs J Halliwell	Group Chief Operating Officer
Mr M Learmouth	Public Governor – Central & Eastern
Mrs J Perry	Appointed Governor
Mr A Sandler	Appointed Governor

Mrs J Thompson	Staff Governor
Mr C Toon	Appointed Governor
Mrs A Venner	Group Director of People & Organisational Development
Mrs B Webb	Public Governor – Central & Eastern

Agenda Item No		Action Owner
25/09/01	<p>Welcome and Chair's Business</p> <p>Mrs Marshall opened the meeting and welcomed the Governors, including new Governors present, Professor Barry Hill, Paul Johnson and Sheena Sykes, and Board members, including the new Non-Executive Directors, Andrew Besford and Rob Hughes and the new Acting Chief Executive, Sean Fenwick.</p>	
25/09/02	<p>Declarations of interest</p> <p>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.</p>	
25/09/03	<p>Apologies for absence:</p> <p>Apologies were received as per the attendance register.</p>	
25/09/04	<p>Minutes of the previous meeting:</p> <p>The minutes of the previous meeting held on 14 May 2025 were approved as a correct record.</p>	
25/09/05	<p>Action log and matters arising:</p> <p>The Council of Governors' Action Log was updated accordingly to reflect matters arising from the minutes and discussions took place below:</p> <ul style="list-style-type: none"> • Action 25/05/20 relating to the need to arrange an extraordinary council to approve the Shared Chair position. This took place on 22nd May 2025 therefore action agreed for closure. <p>The Council reviewed the actions closed at the last meeting which ensures actions have been closed in line with expectations and the agreements made at the previous Council meeting. No further requirements were highlighted.</p>	
25/09/06	<p>Acting Chief Executive's Update:</p> <p>Dr S Fenwick, Acting Chief Executive, provided an update on current issues relating to the Trust within the organisational strategic aims.</p>	

Agenda Item No		Action Owner
	<p>Dr Fenwick began by drawing attention to some key points in relation to national policy, statistics and context and reminded the Council that the Trust's Corporate Strategy has been aligned with the NHS 10 year plan which has now been officially launched. The NHS Oversight Framework segments have also been published and Dr Fenwick highlighted that the Trust has been placed in Segment 3 which means the Trust may receive targeted support and some additional oversight, particularly around finance but he explained that no Trusts with a planned deficit can be placed in a higher segment. Dr Fenwick reported that the Trust has been ranked as 83rd out of 134 acute / specialist trusts which indicates that there are some improvements to make, although there have been no external flags to suggest that there is significant concern over Trust performance. Mrs Helen Jones felt that it was reassuring that there was evidence that the Trust was meeting performance targets however queried whether there was a chance of slipping into Segment 4. Dr Fenwick reported that the Trust has good operational plans in place and is also supporting the wider system but explained that the metrics used are quite volatile therefore measurements may change in the future. Every effort is being made to ensure that the Trust delivers against core metrics and does not risk slipping into Segment 4.</p> <p>He drew attention to the Trust's key operational performance headlines and reported that the Trust continues to be ahead of the national target in relation to A&E 4 hour performance and the Trust is also above the threshold for length of stay and demonstrates the work being undertaken by the discharge liaison team with support from the local authority.</p> <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 £4.16m at the end of June 2025 (Quarter 1) which is as expected. Some challenges remain in relation to the cash balance however modelling work and stress testing exercises are taking place and will be closely monitored. Cost reduction plan savings are projected to deliver £18m recurrent savings at the end of Month 5 which is a significant achievement however some non-recurrent savings may be required to close the gap and alternative plans are being considered.</p> <p>Following a query from Mr Les Brown in relation to potential risks for delivery, Mrs Mackenzie highlighted that some emerging risks have been identified in relation to the national pay award as this is nationally mandated but is not fully funded therefore additional savings will be required to mitigate this.</p> <p>Governor Dashboard: Mrs J Boyle, Company Secretary, shared the first iteration of the Governor dashboard which was introduced following discussions at the Membership, Governance and Development Committee following</p>	

Agenda Item No		Action Owner
	<p>feedback from Mrs Carol Hindhaugh who attended the recent NHS Providers Governor Focus Conference and was shared as good practice.</p> <p>Mrs Boyle explained that the aim of the dashboard is designed to utilise information already available within the organisation and which supports Governors to enact their role. The dashboard will also supplement and support information provided within the Chief Executive's update.</p> <p>Mrs Hindhaugh felt that this was a useful addition to the Council and feedback is welcomed. Mrs Sheena Sykes felt that the information provided around complaints was useful although could be further enhanced by providing outcomes and learnings. Mrs Boyle agreed to look into this further and Dr G Findley, Chief Nurse and Deputy Chief Executive highlighted that this information was presented to the Quality Governance Committee.</p> <p>Questions from Governors:</p> <p>A question was received from Mrs Helen Jones in advance of the meeting and requested updated information on staff retention. Mrs M Pavlou, Chair of the People and Organisational Development Committee, explained that metrics are reviewed by the Committee and Dr Fenwick highlighted that exit interviews continue to take place and focussed work is being undertaken to review high turnover within certain areas therefore will share further information once this has been completed. Mr Michael Loomer queried whether there were any areas of concern and Dr Fenwick explained that workforce gaps are recognised and will be incorporated into Trust workforce plans.</p> <p>Mrs Jones raised a further query around increases in waiting lists within Women's Health Services and Dr Fenwick explained that the timeline for specialty waiting lists may differ but there are challenges recognised nationally in relation to gynaecology services.</p> <p>Mr Ray Dennis raised a query in advance relating to the Speech and Language Therapy (SALT) Rapid Response Trial and whether the Trust were intending to continue with the service. A response from Mrs Joanna Clark, Director of Operations, Medicine, Community and Older Person's Mental Health, was shared with Mr Dennis which highlighted that the pilot had evaluated well and the Trust was looking into ways in which the benefits from the pilot could be taken forward. Dr Fenwick agreed to look into this further and will provide a response in due course.</p> <p>Ward 23 Closure:</p> <p>Mrs Marshall explained that initial concerns were raised by Cllr Dot Burnett in relation to the closure and a subsequent meeting was held with Dr Findley, Rachel Thompson, Chief Matron for Medicine and Community and Joanna Clark, Director of Operations for Medicine and Community, along with Mr Connolly and Mr Loomer. It was felt that further discussion would be beneficial at the Council meeting and Mrs Clark provided a presentation.</p>	<p>JB</p> <p>SF/ AV</p> <p>SF</p>

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	<p>Mrs Clark explained that previous discussions have taken place with the Governors in relation to potential difficult decisions where Mrs T Davies highlighted that this may include bed closures. Mrs Clark reminded the Council of the three key actions from the NHS 10 year plan which also identified older people aged over 65 as a key priority to keep well and out of hospital as this could be detrimental to them and more likely to end up in long term care. The Trust undertook a bed modelling review in February 2025 with the aim to reduce harm caused to patients by extended waits in the Emergency Department and it was identified that a reduced average length of stay could be achieved with a focus on providing care closer to home. Mrs Clark drew attention to the benefits to patients in providing care closer to home and explained that processes were reviewed alongside clinicians to support discharge planning on admission including the development of virtual wards, use of community services and social care. She concluded that the decision to close ward 23 was a clinically led discussion and identified as the most suitable area to close based on its location, capacity and estate footprint however the valued work of the ward has been recognised.</p> <p>Following a query from Mr Connolly in relation to the involvement of the Care of the Elderly clinicians, Dr C Howey, Group Medical Director, reported that direct discussions took place with clinical and nursing staff and they were supportive of the decision and benefits to patients in providing alternative care pathways.</p> <p>Dr G F Spiers queried whether an impact assessment had been undertaken particularly around unpaid family carers and Dr Findley explained that equality and quality impact assessments (EQIA) are undertaken for all potential schemes and are signed off by the Chief Nurse and Group Medical Director. The team were also asked to provide evidence of this to the Overview and Scrutiny Committee. Mr L Brown felt that it would be beneficial to provide a post-implementation evaluation including the impact on social and community services and Mrs K Mackenzie, Group Director of Finance, highlighted that this process is undertaken as part of the cost reduction plan process to ensure that the full impact is captured. Mrs Clark highlighted that there has been some slight increase in intermediate care services and social care however this is being closely managed and Trust community teams continue to monitor this including enhanced levels of prevention.</p> <p>Mrs H Jones thanked Mrs Clark for the information however highlighted that the media interest was focussed on the cost saving element and felt that sharing the important clinical rationale would have been beneficial. Mr Connolly highlighted that it was suggested that some of the local Councillors were not aware of the closure and had raised concerns. Dr Findley reported that she attended the recent Overview and Scrutiny Committee and concerns around engagement and consultation had been raised therefore this will be considered going forward. Dr Fenwick explained that the decision would provide better outcomes for patients</p>	

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	<p>however accepted that communications could have been managed better and future support from Healthwatch may be beneficial.</p> <p>After discussion, it was:</p> <p>RESOLVED: to receive the updates for assurance and information.</p> <p>Mrs Clark left the meeting.</p>	
25/09/07	<p>Board Committee Assurance update:</p> <p>People and Organisational Development Committee: Mrs M Pavlou, Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. She drew attention to some of the main areas of discussion which included:</p> <ul style="list-style-type: none"> • Key risks were recognised particularly around increased reports of bad behaviour and the risk of harm to staff (psychological and physical) due to exposure to violence and aggression from patients and visitors. Mrs Pavlou explained that the Trust operates a Zero Tolerance campaign, and clear processes are in place. • The report highlights some key performance outcomes including a reduction in the sickness absence target and Mrs K Mackenzie, Group Director of Finance, highlighted that this was 4.7% for August which is below the Trust's threshold of 4.9% and it was acknowledged that this was a significant achievement and demonstrates the hard work taking place within the operational teams. Mrs Mackenzie also highlighted that there has been a slight increase in the vacancy rate which is mainly due to increased scrutiny of vacancy control processes via the Executive Management Team. • Key priorities for assurance over the next few months includes work around "being an employer and training provider of choice" and this will be reviewed by the Committee. <p>Finance and Performance Committee: Mr M Hedley, 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 financial gaps and risks and Mr Hedley drew attention to the areas that have been raised within the assurance reports particularly around eliminating the underlying deficit within two years and the achievement of the cost reduction plan. • Discussions have taken place at the Committee around supporting the NHS 10 Year Plan and Mr Hedley drew attention to the strategic headlines which has resulted in a shift in focus 	

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	<p>which will be demonstrated in future reports and provide examples of progress.</p> <ul style="list-style-type: none"> • The Committee has reviewed a number of key financial risks however Mr Hedley assured the Council that there are good risk management processes in place. • Key priorities for assurance over the next few months includes delivery of financial plans as well as reviewing cross-Trust opportunities within the Alliance and maximising existing investments in digital and facilities included the Community Diagnostic Centre. <p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance</p> <p>Dr G Morrow left the meeting.</p>	
25/09/08	<p>Appointment to Board Committee Governor observer role:</p> <p>Mrs J Boyle, Company Secretary, presented the proposed process regarding the refresh of the Board Committee observer roles.</p> <p>She reported that the observer roles are voluntary and interested Governors are invited to self-nominate for the two-year term starting on 1st January 2026 (noting that should a Governor leave the Council prior to 31st December 2027, then an alternative observer will be sought to fill the remainder of the term). Applications will open via email in October 2025 with supporting information provided including Committee terms of reference and meeting dates.</p> <p>Mrs Boyle explained that if more than two Governors apply per Committee, the Chair, Lead and Deputy Lead Governors will select appointees with the results being announced in November 2025.</p> <p>After consideration, it was:</p> <p>RESOLVED: to approve the proposed process for the self-nomination and appointment of Governors to the Board Committee observer roles.</p>	Cycle of business
25/09/09	<p>Council of Governors Election Update:</p> <p>Mrs J Boyle, Company Secretary, provided the Council with a brief verbal update on the Council of Governors elections.</p> <p>The 2025 election process is currently underway and consists of 10 available seats:</p>	

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	<ul style="list-style-type: none"> • 1 x Staff Governor • 3 x Public Governors for Central and Eastern Gateshead • 5 x Public Governors for Western Gateshead • 1 x Public Governor for Patient / Out of Area <p>The nomination period closes at 5.00pm tomorrow (Thursday 25th September 2025) and voting will commence on Friday 17th October 2025 if required. The results will be provided at the next Council meeting in November 2025.</p> <p>Following discussion, it was:</p> <p>RESOLVED: to note the update for information and assurance.</p>	Cycle of business
25/09/10	<p>Membership, Governance and Development Committee update:</p> <p>Mr S Connolly, Lead Governor, provided the Council with an update on the key messages from the recent Membership, Governance and Development Committee held on 16th July 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 received an update on the progress of the cost reduction programme which provided assurance that robust processes are in place. • Discussion took place around membership engagement and previously suggested community venues. Dates to be confirmed. • 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. A follow up event has been arranged in October 2025 at Hexham General Hospital to provide a central location for all Governors. <p>After discussion, it was:</p> <p>RESOLVED: to note the update from the Membership, Governance and Development Committee</p>	
25/09/11	<p>Governor Remuneration Committee Assurance Report:</p> <p>Mrs J Boyle, Company Secretary, provided the Council with an update on the key messages from the recent Governor Remuneration Committee held on 8th July 2025, on behalf of the Committee Chair.</p>	

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	<p>There were no issues identified as requiring escalation to the Council for further action and the Committee approved the new role description for the Vice Chair and interviews took place on 31st July 2025 with Dr G Morrow being appointed to the role.</p> <p>The Committee also received assurance that due process has been followed in respect of the Chair's appraisal and an additional meeting was held on 19th September 2025 to provide assurance of the process for the appraisal of the Non-Executive Directors and the outcome for both will be reviewed in Part 2 of the meeting.</p> <p>Following discussion, it was:</p> <p>RESOLVED: to note the update from the Governor Remuneration Committee.</p>	
25/09/12	<p>Council of Governors' Dates for 2026/27:</p> <p>Mrs J Boyle, Company Secretary, provided the draft dates for the Council of Governors' meetings and workshops.</p> <p>No comments were received therefore the meeting invites will be sent out accordingly. After consideration, it was:</p> <p>RESOLVED: to note the key dates for information.</p>	
25/09/13	<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 rest of the financial year.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the cycle of business for information.</p>	
25/09/14	<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>	

Agenda Item No		Action Owner
	<ul style="list-style-type: none"> • To share the story of the launch of the Northern Centre for Breast Research – this marks a significant step in the Trust’s ambition to become the Northern Centre of Excellence for Women’s Health. • Following the preview video shared at the Annual General Meeting and the formal approval at the Board meeting last week, the Trust has now launched the new Corporate Strategy for 2025-2030. It sets out the framework for our continued success against four focus areas: excellent patient care, a great place to work, working together for healthier communities and being fit for the future. • The Council received the first edition of the Governor Dashboard following discussion at the last Membership, Governance and Development Committee, where learnings were shared from the recent Governor Focus Conference. This supports Governors to discharge their roles and is designed to utilise information already available. Positive feedback was received and some suggestions relating to further information around learnings and outcomes from complaints will be looked at for the next iteration. Governors are encouraged to share any additional feedback in advance of the next meeting. 	
25/09/15	<p>Any Other Business:</p> <p>There was no other business to discuss.</p>	
25/09/16	<p>Review of Meeting:</p> <p>The Council were invited to share any areas of improvement or learning which can also be sent directly to Mrs Boyle and Mr Connolly.</p> <p>Mrs Marshall ended the meeting by wishing the Governors well in the future and shared that it has been a pleasure working for the Trust during her term as Chair. Mr Connolly thanked Mrs Marshall, on behalf of the Council, for her outstanding leadership and commitment to the Trust.</p>	
25/09/17	<p>Date and Time of Next Meeting:</p> <p>The next meeting of the Council of Governors will be held on Wednesday 19th November 2025.</p>	

Council of Governors' Action Log

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

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	Status
25/09/06	24/09/25	Acting Chief Executive's Update – Governor dashboard	To review information provided in relation to complaints re. outcomes and learning.	19/11/25	JB	Nov 25 – additional information has now been included in the Governor dashboard on complaint outcomes. The dashboard will be kept under review and feedback continually sought – on this basis action recommended for closure.	
		Acting Chief Executive's update – questions from Governors	To share further information in relation to staff retention once focus work has been completed	19/11/25	SF/AV		
			To review query raised in relation to Speech and Language Therapy Rapid Response and provide response	19/11/25	SF		

Actions closed from last meeting

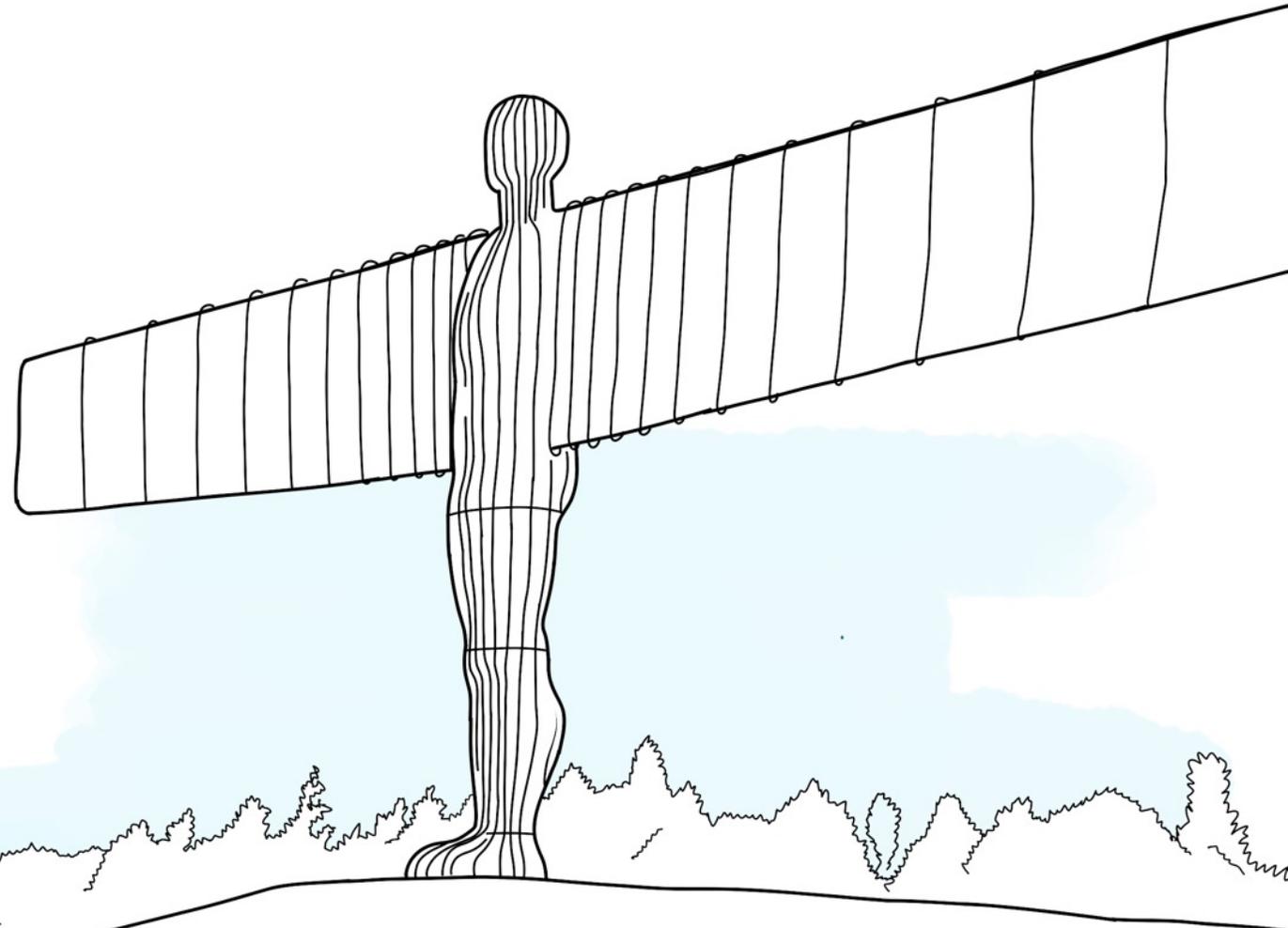
Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
25/05/20	14/05/25	Any other business – shared Chair recruitment	Extraordinary council to be arranged for 22 nd May 2025 and Governors are asked to respond to the invite to confirm attendance.	22/05/25	JB/DW	Invite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

Freedom to Speak Up Guardian Update

Andrew Lamb

Council of Governors

19th November 2025





- Clinical background (nursing)
- Further Education Sector
- Voluntary Sector

- Past 5 years worked in L&D team for Gateshead Health

Contact details:

- Email: andrew.lamb1@nhs.net or ghnt.fts@nhs.net
- Tel: 0191 445 8256
- InPhase: FTSU app

Speaking up Vs Whistleblowing

Speaking up is a common and often preferred term for whistleblowing, referring to the act of referring to the act of reporting concerns about wrongdoing, risks or malpractice within an organisation or for public good.

The term 'speak up' can have fewer negative connotations than 'whistleblowing' and encourages a culture where workers feel confident that their voices will be heard and acted upon



Freedom to Speak up Policy

We no longer have a whistleblowing policy as this is covered in the FTSU policy.

The Gateshead policy is based on a national policy that is consistent across a large number of NHS organisations

How it works today

- FTSU Guardians support workers to raise concerns about patient safety, staff well-being and other issues.
- FTSU Guardians provide a confidential resource for staff to speak up without fear of any retribution.
- FTSU Guardians work with their organisations to identify and remove barriers to speaking up.
- FTSU Guardians ensure that issues raised are used for learning and staff receive feedback on the actions taken.

Staff Survey

Freedom to Speak Up and acting on feedback.

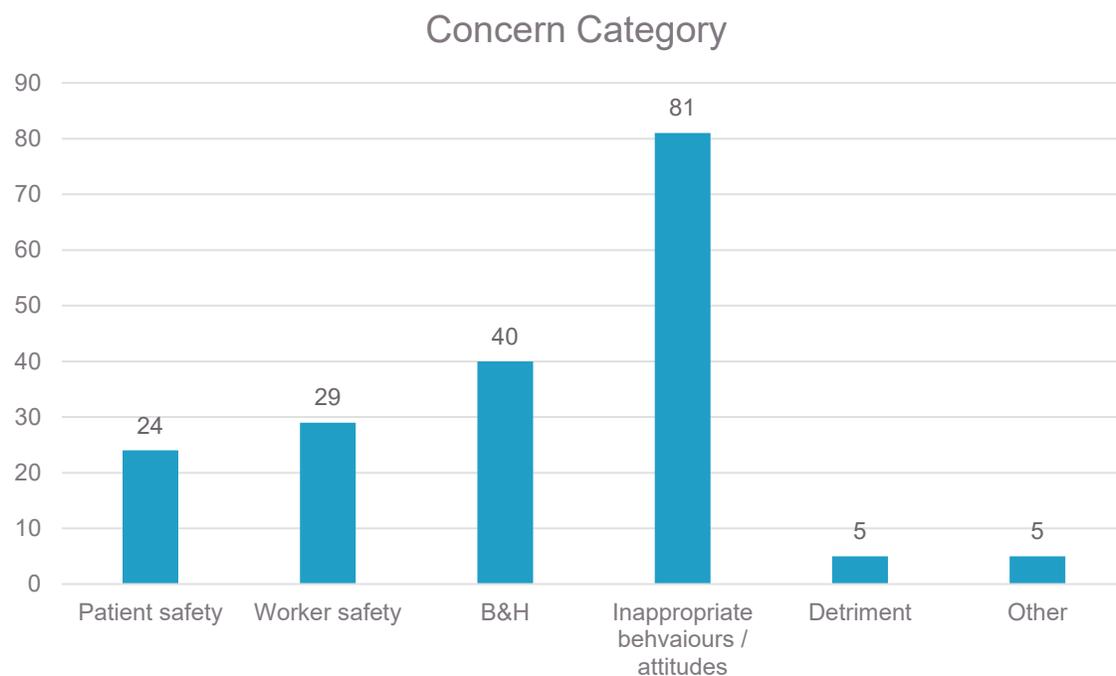
Our results 2021-2024 had declined **but was still higher than the sector average.**

Section & Question	Organisation 2021	Organisation 2022	Organisation 2023	Organisation 2024	Picker Average 2024
Would feel confident that organisation would address concerns about unsafe clinical practice	66.6%	62.2%	61.3%	58.6%	55.1%
Would feel secure raising concerns about unsafe clinical practice	79.7%	75.6%	76.3%	74.3%	70.0%

Section & Question	Organisation 2021	Organisation 2022	Organisation 2023	Organisation 2024	Picker Average 2024
Feel organisation would address any concerns I raised	54.5%	54.9%	54.9%	52.7%	48.0%
Feel safe to speak up about anything that concerns me in this organisation	67.2%	67.1%	67.5%	65.5%	60.5%

Trust Freedom to Speak Up concerns

April 2024 – March 2025



Challenges:

- Fear of detriment or a belief that speaking up will not make a difference remains a key barrier
- Prolonged investigations and rigid HR processes contribute to anxiety and negatively impact the well-being of those raising concerns.
- A lack of outcomes, delayed feedback, and breakdowns in communication weaken trust between workers and organisations
- A perceived lack of compassionate responses from line managers and senior leaders when concerns are raised reinforces the belief “nothing will change”

What we are doing:

Creating a culture where speaking up is a routine part of organisational life requires deliberate and timely action:

Line managers:

- Prioritise compassionate leadership by developing the skills to listen, support and act
- Create safe spaces for informal resolution and early intervention
- Engage in training to understand your role in fostering a culture of trust.

For senior leaders:

- Champion psychological safety, by modelling openness, transparency and responsiveness
- Act on feedback by closing the loop with workers and demonstrating visible change

Organisation:

- Embed speaking up into strategy priorities, aligning it with patient safety workforce well-being and quality improvement
- Strengthen data use to inform proactive interventions
- Ensure accountability by monitoring resolution rates and follow through on concerns

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

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

The behaviour of others

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 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
<i>If not resolved:</i>	Report on <u>In Phase</u>	If required, refer to Occupational Health Services (Management referrals, Counselling, Health and Wellbeing team, Physiotherapy, Ergonomics)	Report on <u>In Phase</u>
If flexibility is required, refer to the <u>Flexible Working Policy</u> or use a <u>Passport</u> document to assist conversations with your manager, who will review the request in line with service requirements.	<i>If not resolved:</i> Inform your <u>Health & Safety</u> representative	<i>If not resolved:</i> Speak to a <u>Health and Wellbeing Ambassador</u> or a <u>Mental Health First Aider</u>	<i>If not resolved:</i> Speak to <u>Freedom to Speak up Guardian</u> and/or <u>Patient Safety Team</u> and/or <u>safeguarding team</u>
If you have concerns about policies or procedures, refer to the <u>Grievance Policy</u> or consult a staff-side representative.	Review <u>Risk Management Policies</u>	Review and investigate the incidents on <u>In Phase</u> in line with relevant <u>policies</u>	Review and investigate the incidents on <u>In Phase</u> in line with relevant <u>policies</u>
Raise <u>Development Needs</u> or discuss elements of your role with your line manager/clinical supervisor or lead	If required, escalate to appropriate lead for action	Review your <u>Wellbeing Plan</u> and the <u>Signposting Toolkit</u>	If required, escalate to appropriate lead for action
	Feedback learning to individual and update <u>In Phase</u> to inform organisational learning	Discuss a <u>Health passport</u> and the resources and support available on the <u>Wellbeing Website</u>	Feedback learning to individual and update <u>In Phase</u> to inform organisational learning

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

- 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: ghnt.fts@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





Thank you for
listening



Any Questions?

Supporting excellent
patient care



Progress Update Report

Council of Governors

November 2025



Supporting excellent patient care



About us

QE Facilities Ltd, established in 2014, is a wholly owned subsidiary company of **Gateshead Health Foundation Trust (GHFT)**.

With over **900 staff** and a turnover of **c£80m** we provide **18 distinct services** to **7 different partner organisations** both regionally and nationally.

Portering



Domestic Services



Security



Inpatient & Retail Catering



Estates Maintenance



Decontamination & Sterile Services



Outpatient Pharmacy



Homecare Services



Smoking Cessation



Courier Service



Patient Transport



PMVA



Medical Devices Management



Medical Devices Training



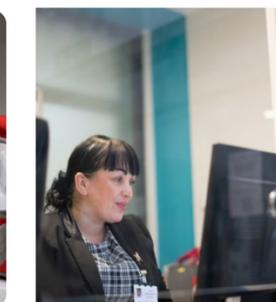
Warehousing



Wholesale Pharmacy



VAT advisory



Procurement and frameworks

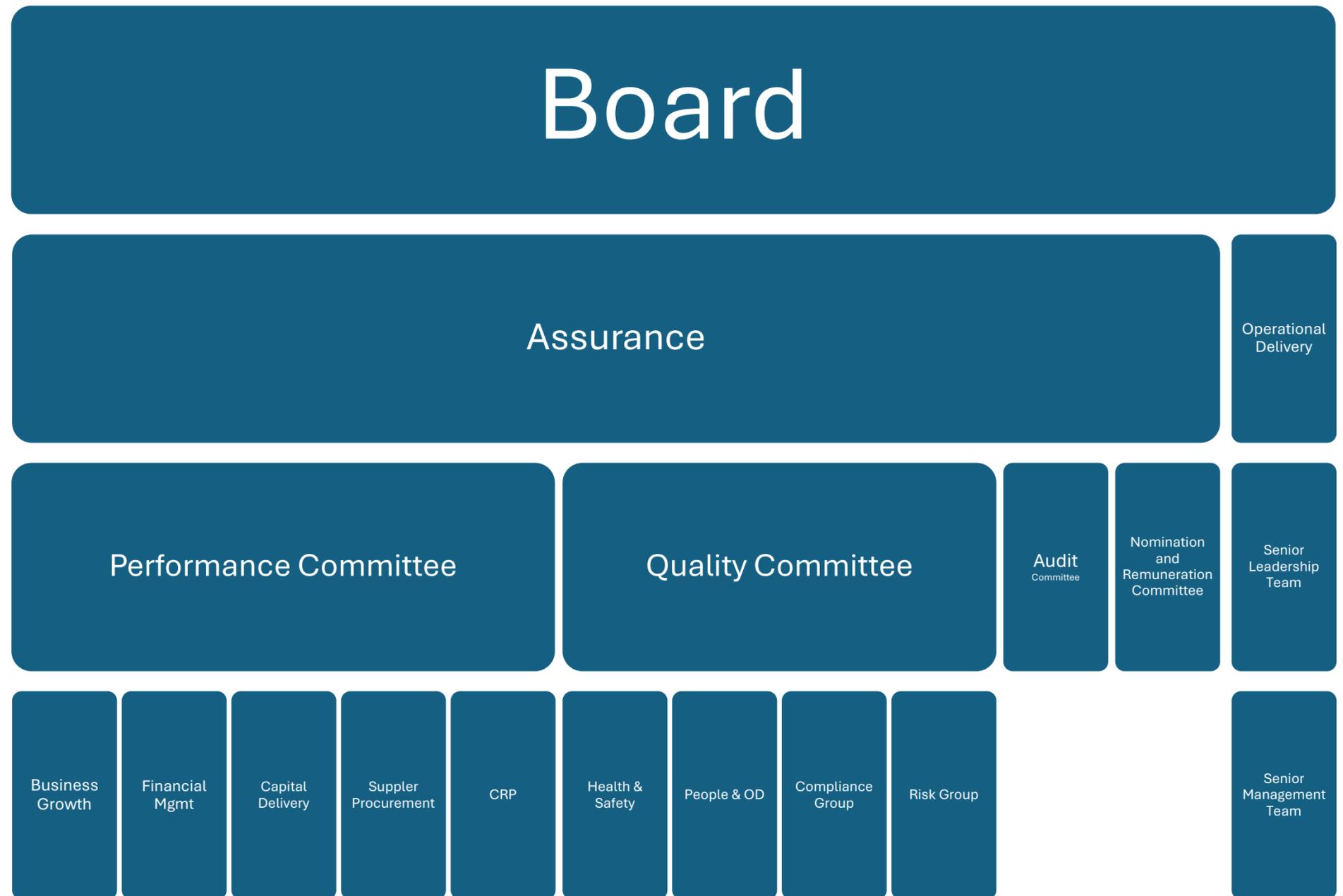


Our Governance

Revised Governance Framework Introduced in April 2025.

Committee Structure Refreshed to Strengthen Assurance & Accountability.

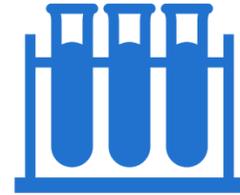
Group level reporting via Tier 1 Committees and Board to Board Relationship.



Our Year in Numbers (2024/25)



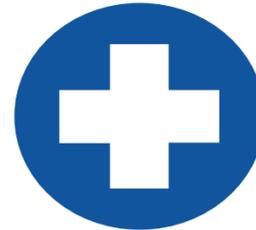
200+ vehicles
10% Electric



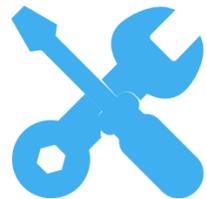
420,772
pathology
samples
collected in 2024



Serving the patients of **6 NHS Trusts** across Gateshead, Newcastle, Northumberland, Coventry & Warwickshire and Cumbria



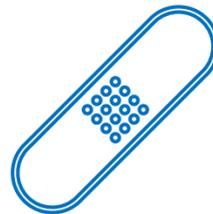
Over **100,000** pharmacy items handled each year



Over **40,000** planned and reactive jobs at maintained sites



VAT advisory delivered 158% of budget income



1,572 Homecare pharmacy patients active across **three** Trusts and **20** therapy lines



Delivered PMVA training to **662** people



Over **2.4 million** miles travelled and more than **320,000** stops in 2024



Financial Performance

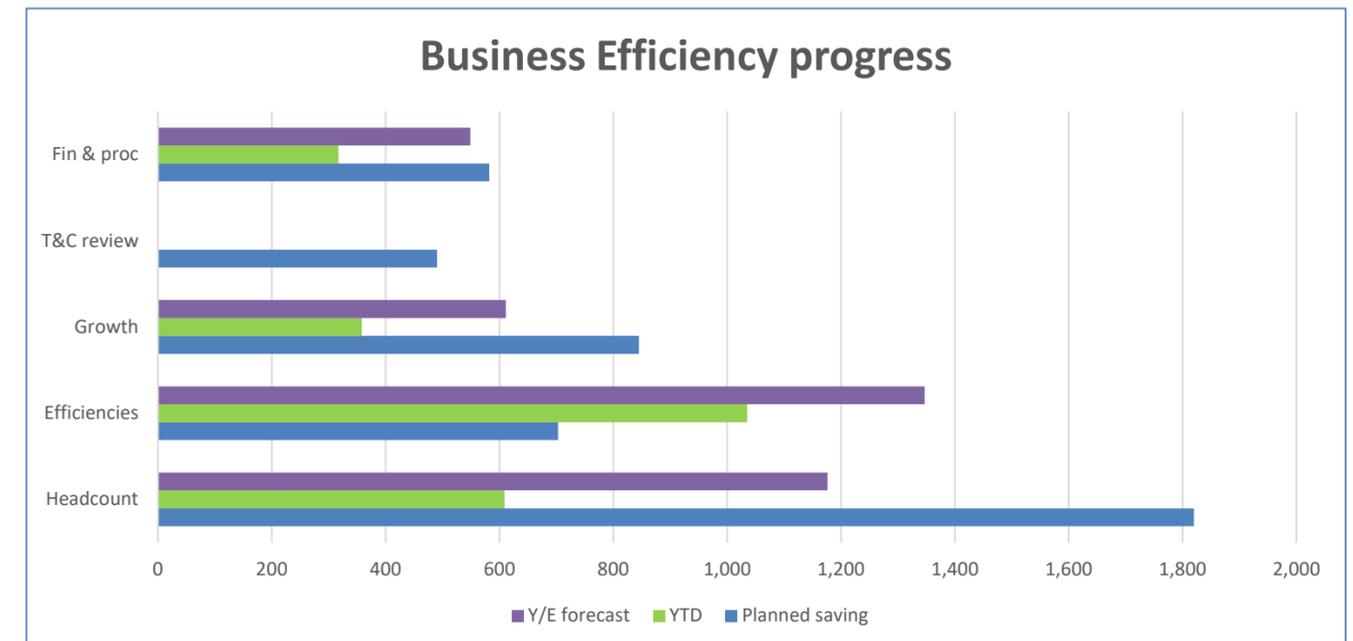
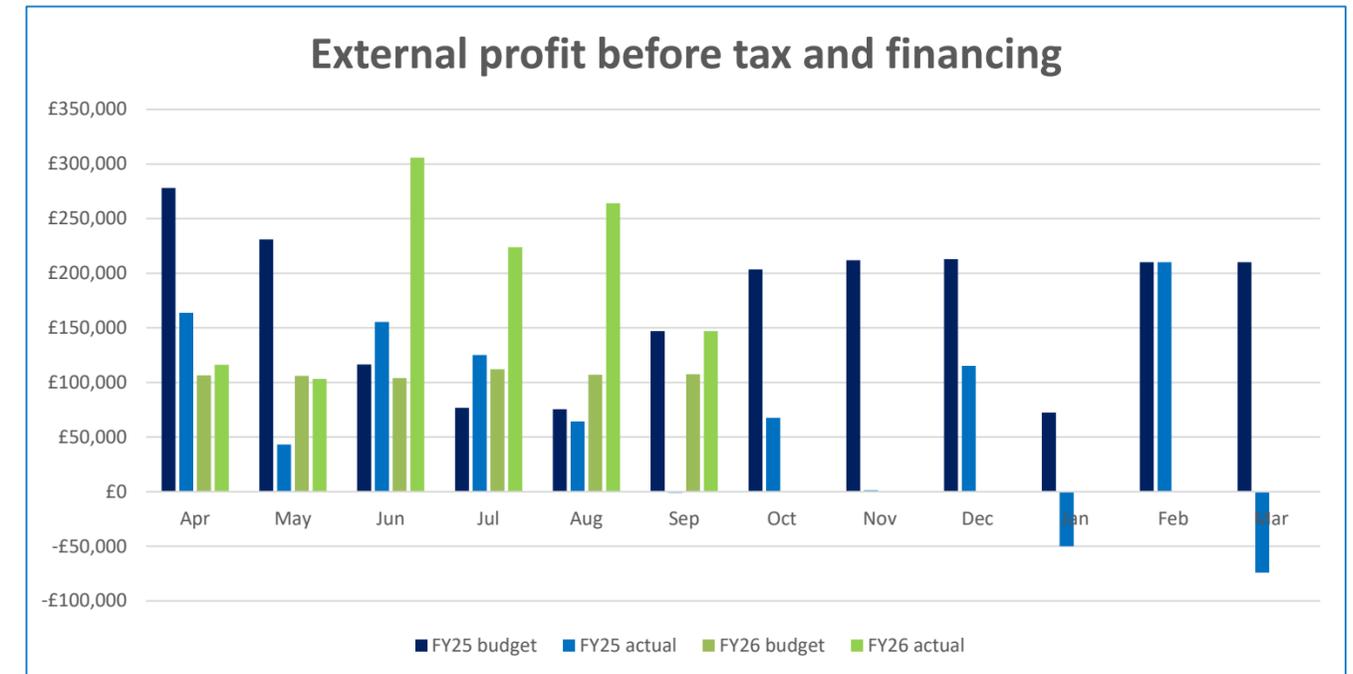
Continued strong performance with profit at **£2.294m** YTD.

External Pre-Tax Profit of **£1.161m** YTD (17% Margin)

- NuTH Transport Contract (£0.163m YTD)
- VAT (£0.118m YTD)
- Strategic Consultancy (£0.040m YTD)

Business Efficiency Target **£4.440m**

Delivered **£2.319m** v Target YTD **£2.220m**



QE Facilities Corporate Strategy 2025 - 2030

Supporting excellent patient care

Vision: To facilitate the delivery of exceptional healthcare through our commitment to quality and innovation in everything we do

Supporting excellent patient care

Our Corporate Strategy sets out how we will continue to grow and improve, guided by three clear goals: **Champion Our People, Quality Focused, and Fit for the Future**. Together, these ensure QEF remains a trusted partner, a supportive employer, and an organisation ready to meet the challenges of tomorrow.



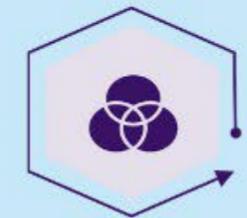
Champion our People
Making QEF an inclusive and engaging place to work

- Improve the experience of our people**
We will engage and listen to our teams and ensure everyone is treated with kindness and respect
- Support and develop our teams**
We will provide equitable access to training and opportunities so that everyone can flourish in their role
- Enhance ways of working**
We will improve the way we plan, recruit, and retain our workforce to support delivery of high-quality services



Quality Focused
Supporting outstanding care in all that we do

- Embed a consistent approach to quality**
We will work to consistently high standards in the design and delivery of our services
- Customer and outcome focused**
We will listen and respond our customers and focus on the impact our services provide
- Learn, improve, innovate**
We will focus on continually reviewing and improving our services and embracing new technology



Fit for the Future
Growing our business in a collaborative and sustainable way

- Live within our means**
We will constantly strive to deliver services in the most efficient, productive and sustainable way
- Insight driven**
We will develop and expand our services by making proactive and deliberate choices around where to invest and grow
- Collaborate for impact**
We will proactively collaborate with partners, working together to develop our services and to create opportunities to improve patient care

QE Facilities Corporate Strategy 2025 - 2030

Strategic goals

Bringing our Strategy to life

The “Champion our people” strategic goal is helping QEF:

- Improve the experience of our people
- Enhance ways of working
- Support and develop our teams



- Pharmacy colleagues successfully completed their Pharmacy Technicians training.
- QEF Estates team, have been recognised with a Mentor Award from NHS England Choices College – Gateshead.

The “Quality focused” strategic goal is helping QEF:

- Embed a consistent approach to quality
- Be customer and outcome focused
- Learn, improve, innovate



- Latest PLACE report published by NHS England in February, named Gateshead Health among the top five acute NHS trusts for food quality, with an impressive 99% score.
- Our Endoscopy Decontamination Unit recently achieved the highest level of assurance in its annual IHEEM audit.
- The logistics team has extended its Quality Management System to include activities for NuTH & QEF Pharmacies, with most processes managed through Q-Pulse.

The “Fit for future” strategic goal is helping QEF:

- Live within our means
- Be insight driven
- Collaborate for impact



- The logistics team is supporting the Fit for the Future goal by providing compliant wholesale distribution, strengthening supply resilience, and supporting quality patient care.
- Providing consultancy services to NHS and public sector organisations.

Business Development

Our strategy focuses on developing those areas that align 3 key factors:

1. Demonstrated operational success and scalability.
2. Established infrastructure and workforce expertise.
3. Further Gateshead's Health strategic ambitions.

Potential Pipeline Value: **£2.273m**



Questions?



Great North Healthcare Alliance



**Great North
Healthcare Alliance**

Gateshead | Newcastle | North Cumbria | Northumbria

**A reminder of the Vision, milestones, goals and
workplan previously shared with Governors**

Great North Healthcare Alliance

Working together to deliver excellence in healthcare

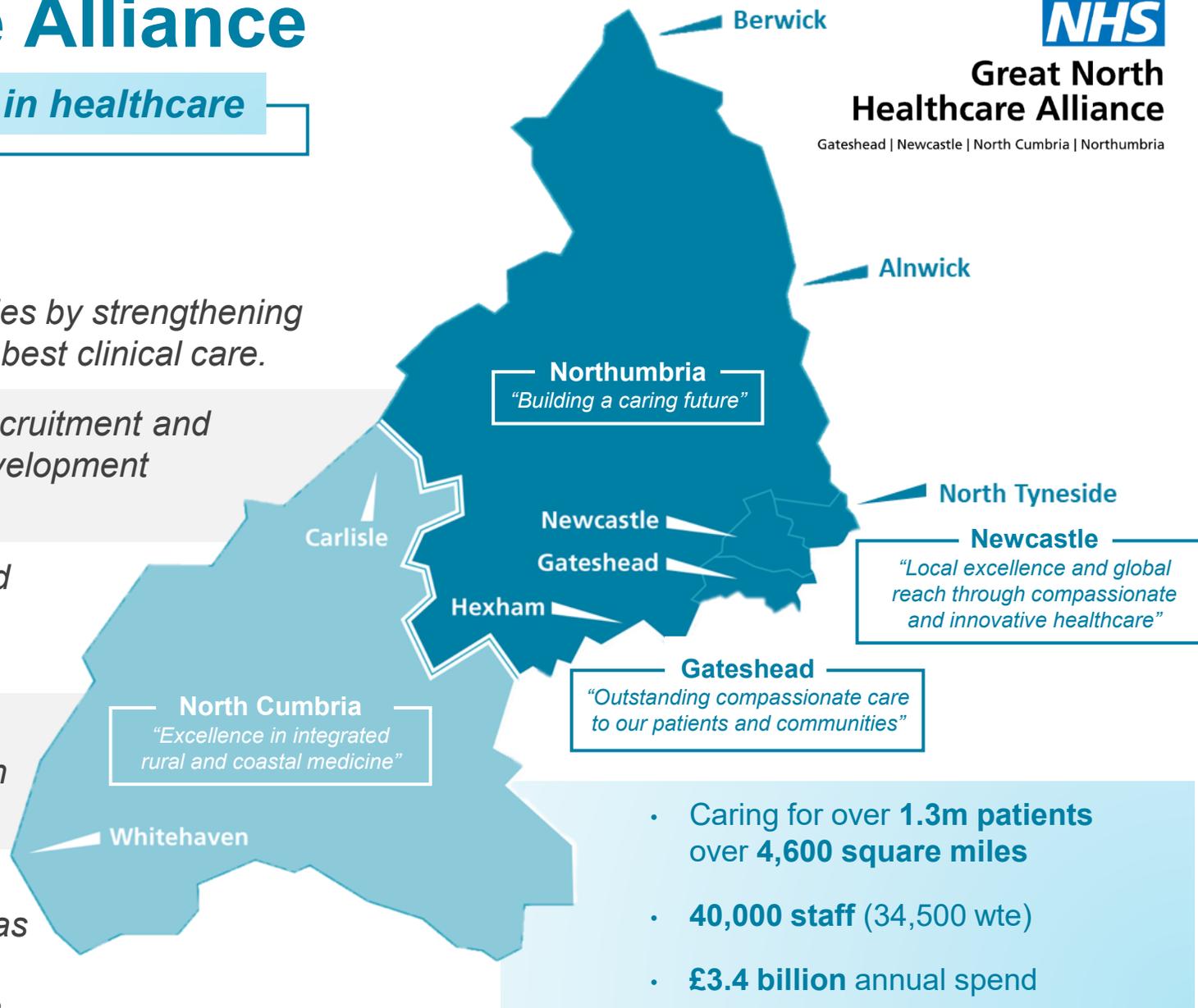


Great North Healthcare Alliance

Gateshead | Newcastle | North Cumbria | Northumbria

By working together we will:

- *Improve patient outcomes and reduce inequalities by strengthening our services and making it easier to access the best clinical care.*
- *Create great places to work by joining up our recruitment and staff experience offer and by sharing career development opportunities.*
- *Pioneer innovation, transformation, research and development, making the most of our academic and commercial opportunities.*
- *Reduce health inequalities and do more for our economy, environment and communities through local and national partnerships.*
- *Create a financially sustainable value for money health economy that raises revenue by treating as many patients as possible within the resources available, commercial activity and cost reduction.*



Our vision

How we will work



Great North
Healthcare Alliance

Gateshead | Newcastle | North Cumbria | Northumbria

--- The foundations ---

<p>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.</p>	<p>Our patients are at the centre of our decision making but our staff are key to success</p>	<p>Our Alliance is based upon creating energy, engagement and innovation within our workforce, to enable them to deliver what we aspire to</p>	<p>We believe that working together at scale across our different leadership domains will breed cultural and clinical change</p>
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----- Principles for how we will work -----

Acting together	Subsidiarity	Effective planning	Accountability and engagement
<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ➢ 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

Our vision

What we will deliver in the next five years



**Great North
Healthcare Alliance**

Gateshead | Newcastle | North Cumbria | Northumbria

Clinical pathways	People and processes	Physical assets
<ul style="list-style-type: none"> • 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 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 PCNs, 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 	<ul style="list-style-type: none"> • 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 ICB, LAs / NECA, Universities, PCNs. • 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. • NHSE SOF2 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. 	<ul style="list-style-type: none"> • Coordinated estates strategy 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: <ul style="list-style-type: none"> ➢ 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.

25/26 strategic priorities



**Great North
Healthcare Alliance**

Gateshead | Newcastle | North Cumbria | Northumbria

- To have addressed known weaknesses in services across neighbouring trusts by working together as good bilateral partners
- To have improved productivity and efficiency and reduced unwarranted variation in clinical and high-quality services to become financially sustainable
- To have shifted towards community and out of hospital care and have secured support for our plan to transform care AND have fit for purpose buildings that enable us to deliver efficient high-quality care
- To have improved our digital services so that staff find it easier to do their work and we have released back-office costs to reinvest in improving our services
- To have deepened our collaboration as the NHS moves to a more decentralised model based on local leadership

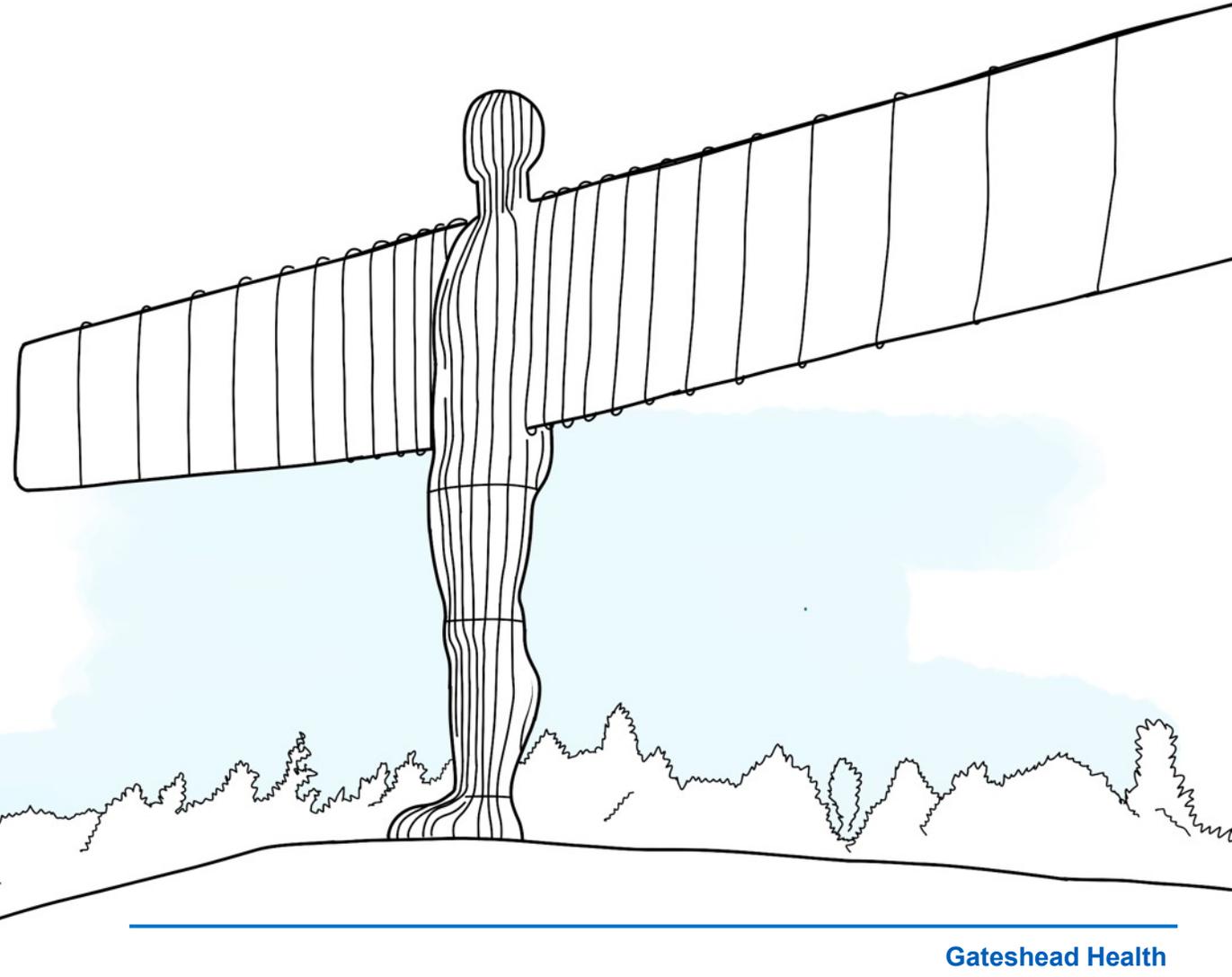
Progress so far

- **Gateshead and North Cumbria Community Diagnostic Centres (CDC)** opened
- **Paediatrics** – improved recruitment and opened additional capacity
- **Digital** – Joint Chief Information Officer across 3 east coast trusts
- **Audiology** – very significant reduction in over 6 week waits and on track to deliver standard
- **Interstitial lung disease** – changed pathways to transfer to local provision in Northumbria
- **Cardiology** – 30% reduction in Acute Coronary Syndrome waiting times in Northumbria and Newcastle
- **Urology** – although challenges remain, improved relationships looking to improve pathways of care
- **Financial planning** – managing 25/26 contracting round jointly across 3 east coast trusts
- **Estates planning** – shared business case looking at long term opportunities across all 4 trusts
- **Bilateral arrangements** – including Newcastle and North Cumbria focus to strengthen patient pathways and workforce resilience
- **Governance** based on strong relationships and trust, learning from other provider collaborations
- **‘4-3-2 model’** – Committees in Common, Joint Committee, 3 way shared chair recruitment
- **ICB and regional team** supportive, and good pace of change

Acting Chief Executive's Strategic Report

Presented by Joanne Halliwell, Chief Operating Officer

19 November 2025



National statistics and context

National policy, context and operating models

Publication of the Medium Term Planning Framework 2026-29

Publication of the Strategic Commissioning Framework to support Integrated Care Boards (ICBs) in meeting the ambitions for the future of strategic commissioning

Resident doctors to strike for 5 days starting on Friday 14 November

Due in November – publication of the NHS England Management and Leadership Framework

Due in November – Draft Foundation Trust Framework is due to be published for consultation

Due in November – Neighbourhood Health Planning Framework and Model Neighbourhood Framework

National performance headlines

National performance – August and September 2025

Flu wave has hit the NHS earlier than usual – as at 6 November flu cases were triple what they were at this time last year

NHS productivity has grown by 2.4% between April and July 2025, ahead of the NHS 10 Year Plan target of 2%

75% of patients in A&E seen within 4 hours (Sept), an improvement on last year (74.2%), but below the 78% aim.

9.8% of patients spent more than 12 hours in A&E, above the threshold of 10%. It is expected to rise further over winter

69.1% of referrals met the 62-day cancer standard in August, slightly lower than last year (69.2%)

In August 74.6% of patients with an urgent referral were told they have cancer, or it was excluded within 28 days. This is down slightly from last year (75.5%)

In August 76% of patients were seen within 6 weeks for diagnostic tests, which is the weakest performance in 19 months

Waits over 18 weeks are equivalent to 61% of all waits, with progress needed to meet the aim for 65% of treatments to be waiting no longer than 18 weeks by March 2026

Our performance



Metric	Target	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	Sep 25	Ass/Var
Achievement of the A&E 4 hour standard	>78%	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%	77.4%	
12 hour trolley waits (DTA to left department)	0	0	0	3	1	30	0	0	2	0	1	2	1	0	2	
% of ED attendances > 12 hours in department (Type 1) <small>Reset April 2025 to align with 2025/26 operational guidance definitions</small>	0.2%	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%	1.19%	
Ambulance handover delays 30-60 minutes	0	4	3	3	10	43	21	4	6	11	4	16	5	1	8	
Ambulance handover delays over 45 minutes	0									3	1	5	0	0	0	
Ambulance handover delays 60 minutes +	0	0	0	0	1	51	14	0	7	1	0	0	0	0	0	
Achievement of the RTT 18 week standard	>92%	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%	68.3%	
Achievement of the 52 week RTT standard	0	108	123	106	111	102	83	66	0	16	1	18	35	55	52	
Achievement of the 6 week diagnostic standard	>95%	84.3%	86.4%	88.3%	86.8%	83.3%	81.4%	86.4%	82.6%	77.4%	74.2%	77.3%	74.8%	71.1%	81.6%	
Achievement of the Cancer 28 day standard <small>Reset April 2025 to align with 2025/26 operational guidance standard</small>	>80%	79.7%	77.7%	82.0%	83.2%	84.1%	77.0%	80.7%	80.5%	70.1%	69.9%	77.2%	76.0%	75.6%	65.4%	
Achievement of the Cancer 31 day standard	>96%	99.8%	100.0%	99.1%	98.5%	98.9%	99.4%	100.0%	100.0%	99.5%	99.5%	97.9%	100.0%	97.9%		
Achievement of the Cancer 62 day standard <small>Reset April 2025 to align with 2025/26 operational guidance standard</small>	>75%	74.7%	66.8%	81.0%	74.8%	75.6%	80.2%	81.0%	82.1%	73.7%	67.7%	72.7%	75.3%	70.8%		

Our key operational performance headlines

- In September performance against our A&E targets was more challenging than in the previous month, although we continue to benchmark well against the national position. **A&E 4 hour performance** for September 2025 was 77.4%, just below the national target for 78% and below our planned performance of 81%.
- The total Type 1 A&E attendances spending **greater than 12 hours in the department** in September was 1.19%, which was below the national threshold of 2% and above our plan of 0.2%. Additionally, there were two 12 hour trolley waits during the month.
- The Trust remains a top performer in **ambulance handover** times with average hand-over time of 14 minutes 04 seconds in September against the national standard of <15 minutes. 8 handovers in September exceeded 30 minutes but was not more than 45 minutes.
- The number of patients waiting **over 52 weeks** remained at a similar level to August. This continues to be driven by capacity challenges within the Lower Limb Trauma & Orthopaedic service. There are currently 2 consultants currently not operating (25% of the workforce), with a further sickness due to impact from October. A number of actions are in progress: a locum commenced mid Sept 25 and is focusing on long waiters; an insourcing option has been approved and will commence in October; mutual aid is being sourced from neighbouring trusts where possible; and we are maximising all available capacity within the current team.
- The average **length of stay** for non-elective patients increased slightly to 7.75 days (7.66 days in August). This is above our threshold of 4 days. The discharge liaison nurses continue to support educational work around discharge processes, including discharge workshops.
- The Trust's **cancer standards** have been affected by the increase in referrals for urgent suspected cancer within our breast service due to pressures elsewhere in the region. The downtime earlier in the year relating to the Picture Archiving and Communication System (PACS) is also a contributory factor.
- Further information on quality and people performance metrics can be found within the *Governor Dashboard* agenda item.
- In addition Governors can refer to the Board's performance report for more detailed information on all aspects of performance (this is sent to Governors as part of the Board papers).

Winter



Gateshead Health
NHS Foundation Trust

- Supporting patients to access the care they need quickly and in the most appropriate place is key to ensuring that we maintain safe services over Winter
- To support this ensuring how patients move through the hospital safely and efficiently is one of the biggest factors in how we manage winter pressures.
- We are carefully balancing emergency and elective care.
- The Internal Winter Oversight Group meets regularly to monitor pressures, share learning, and coordinate responses across wards and departments. Everyone's role contributes to safe patient care - whether that's supporting discharge, maintaining infection control standards, or helping ensure flow across the hospital.
- Current position – challenging. Why?
 - Flu is earlier and more impactful than predicted
 - More Children and Young People affected
 - Early challenges with Norovirus and associated impact on flows
 - Higher than average numbers of patients experiencing a delayed discharge (OOA)

Winter Oversight
Group
Internal & System

Board-approved
Winter Plan

Clinically-led
tactical plan

Ward 11
escalation area

Vaccinations

Information and
adaptation

Excellent patient care



- Our teams have been planning for the new period of **industrial action** from resident doctors, which is set to run from 7am on 14 November to 7am on 19 November. Our primary goal is to keep our patient safe, maintaining our inpatient services and elective activity wherever possible without impacting on patient care. A verbal update will be provided in the meeting on how the period of industrial action has been managed (given it is due to end on the morning of the Council meeting).
- We are encouraging all of our colleagues and anyone eligible for the **flu jab** to take up the opportunity of receiving the vaccine to protect themselves, their families and friends and our patients. Governors can help us by encouraging colleagues and contacts to get the flu vaccine. We know that flu is hitting earlier this year – getting the flu jab early in the flu season can help to stamp out the early wave of flu.
- We are delighted to welcome **Beth Swanson as our Interim Chief Nurse** and Professional Lead for Midwifery and Allied Health Professionals. We would like to record our sincere thanks to Dr Gill Findley for her dedication and wish her well in her new post at North Cumbria Integrated Care NHS Foundation Trust.
- Our **pharmacy team** were recently inspected by the General Pharmaceutical Council. The Council confirmed that all standards were being met. This is a great achievement which evidences the team's dedication to safe, high-quality care.



Be Wise. Immunise
against Flu this winter.



Great place to work



Gateshead Health
NHS Foundation Trust

- We are encouraging our colleagues to complete this year's **NHS Staff Survey** to help the Board understand what is working well and what could be better. It is a vital tool which provides rich intelligence to support us to make improvements for our colleagues, which ultimately impacts on the care and experience of our patients. The outcome of the survey will be shared with Governors when it is released in 2026.
- We are committed to acting upon **NHS England's 10 Point Plan to improve the working lives of our resident doctors**. In line with the Plan we have appointed the 2 named leads for ensuring the resident doctor issues have appropriate visibility at Board. Dr Carmen Howey, Medical Director, is the named lead for resident doctor issues and we are delighted to welcome Dr Ruby Hodges as our resident doctor peer representative.
- The **2025 Star Awards** took place on 7 November. The evening recognised staff achievements in care, innovation, teamwork and patient experience across 10 different awards. Congratulations to all the winners and nominees!



Working together for healthier communities

- 24 October 2025 marked the first anniversary of the **Community Diagnostic Centre**, in partnership with The Newcastle-upon-Tyne Hospitals NHS Foundation Trust.
- In just one year, more than 55,000 people have accessed vital tests quickly and locally. That not only improves outcomes but also reduces demand on hospital sites.
- The CDC is a great example of the NHS 10-Year Plan in action, by improving access to care, supporting earlier diagnosis and delivering services closer to home.

Gareth Davies, CDC Clinical Manager of Gateshead Health said: “Being part of the team here has been incredibly rewarding. We know how important early diagnosis is, and being able to offer patients quick, local access to tests is making a real difference. We aim to deliver the best diagnostic service we can for Gateshead and Newcastle. All future additional diagnostics to the CDC will allow us to support even more patients with faster, more accessible care.”



Margaret Wilson, 65, from Gateshead said: “I have been coming to the CDC for 6 months for regular blood tests. It is easy to get to, and if I am early, I get seen straight away, no waiting around. It’s a great place, and I grab a coffee when I’m done and have a look around the shops”

Fit for the future

Our vision is to be recognised as a provider of safe, high quality integrated health services, diagnostics, and a centre of excellence for women's health.

Our purpose is to deliver excellent healthcare and play our part in improving population health by being a good partner and a great employer.

We will achieve this by focusing on:



Our ICORE values:



Innovation



Caring



Openness



Respect



Engagement

- The Trust's **new Corporate Strategy 2025-2030** was formally approved at the Board of Directors in September 2025 following extensive consultation and engagement with key partners and colleagues, including the Council of Governors.
- We are working through the **Medium Term Planning Framework** and preparing for the initial submission of the plan in December 2025. The detailed supporting guidance documents are currently awaited, but in summary we are required to develop the following for the first submission:
 - 3-year revenue and 4-year capital plan return
 - 3-year workforce return
 - 3-year operational performance and activity return
 - Integrated planning template showing triangulation and alignment of plans
 - Board assurance statements confirming oversight of process.

Finance Update Period April 25 to September 25

Council of Governors

November 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 Sept 25)

 **Revenue** financial performance at 30th September 2025 was a deficit of £6.620m, which is marginally better than plan by £0.175m; this is mainly due to underspends on pay across most staff groups. This underspend has enabled the Trust to offset unplanned non pay costs pressures including costs associated with the PACS digital system failings recovery which has estimated costs YTD of £0.33m and industrial action costs.

 **CRP** savings at 30th September 2025 were £14.063m and on plan, of which £10.148m has been achieved on a recurrent basis.

 **Capital** performance at 30th September 2025 was £4.855m below plan, of which £2.7m relates to Community Diagnostic Centre Phase 2, with the remainder of the capital programme expecting to catch up in the remainder of the financial year.

 **Cash** balances were £21.574m at 30th September 2025, which was £15.6m more than plan largely due to slippage on the capital programme and higher than planned creditors.

Key issue: Revenue

Net revenue expenditure is £0.175m better than plan.

The Trust actual spending overall is broadly on plan, however is less than plan for pay costs and more for non-pay costs. The year to date underspend on pay has enabled the Trust to offset unplanned cost pressures relating to PACS recovery and industrial action.

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 £4.855m

Due to the relatively 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 Q2. 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. The remainder of the capital programme excluding the Community Diagnostic Centre Phase 2 is expected to deliver by March 2026.

Key issue: Cash

The closing cash balance at the end of September was £21.574m 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 will 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 £10.15m CRP schemes on a recurring basis, with more planned over the remainder of the financial year.

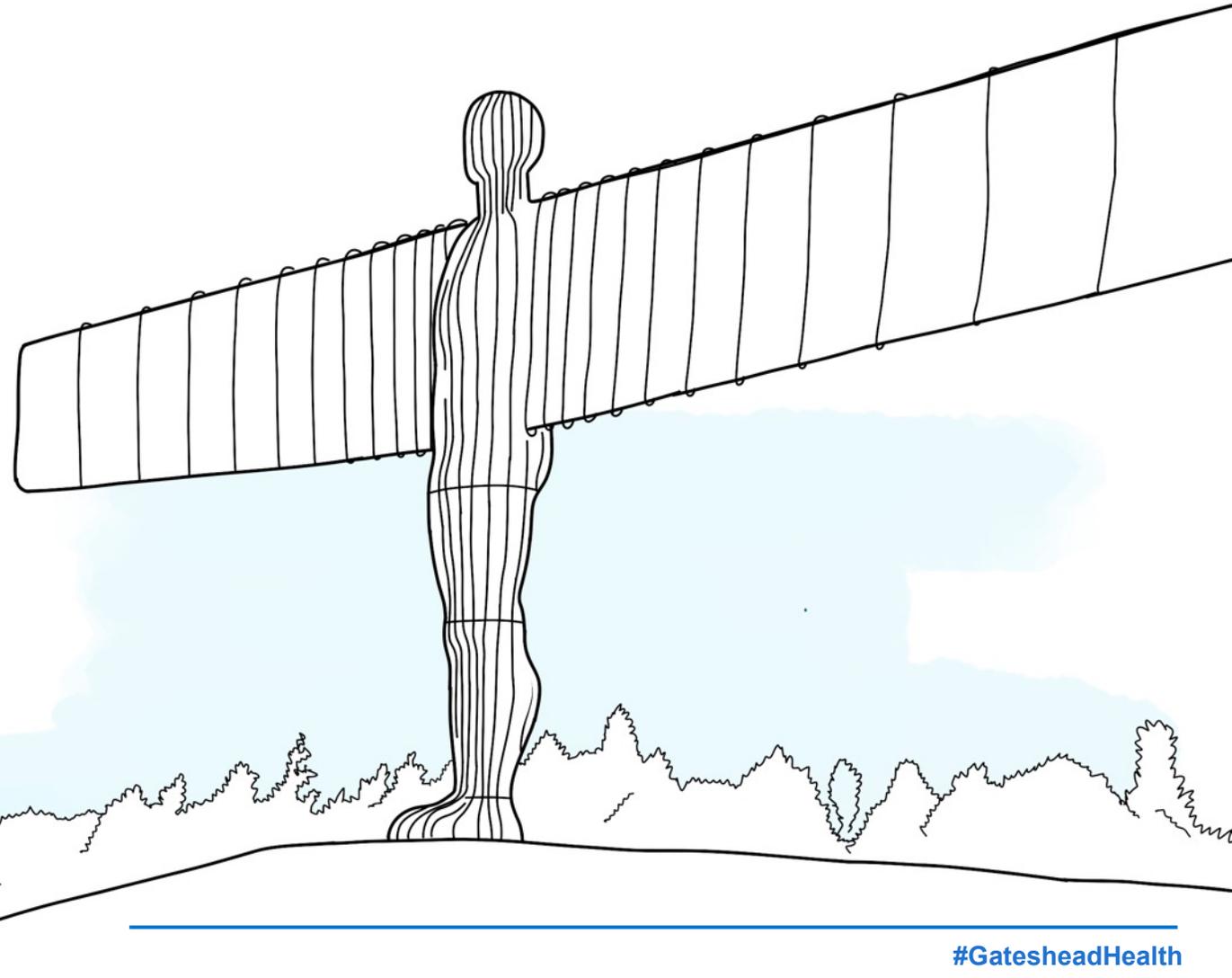
As part of its financial sustainability, work the Board aims to ensure that the future programme identifies a higher proportion of recurrent, sustainable schemes. Key steps to date include the establishment of a CRP Steering Group focused on working at pace with business units to develop ideas into fully 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 a medium term financial plan spanning multiple years; which will involve discussions with the Council of Governors.

Governor Dashboard

Key Messages

November 2025

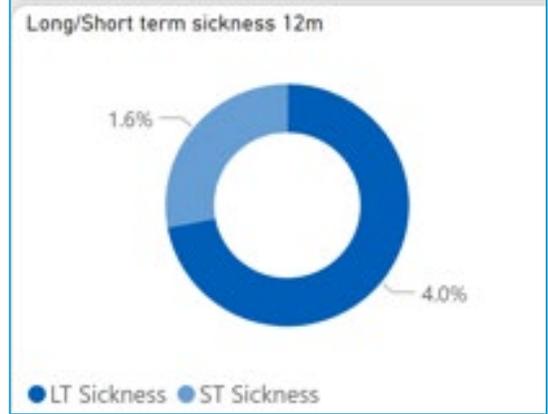
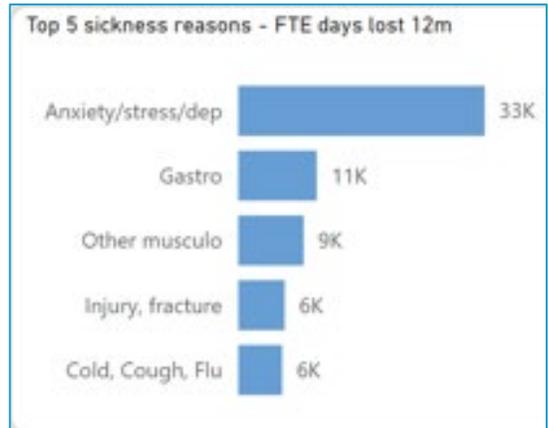
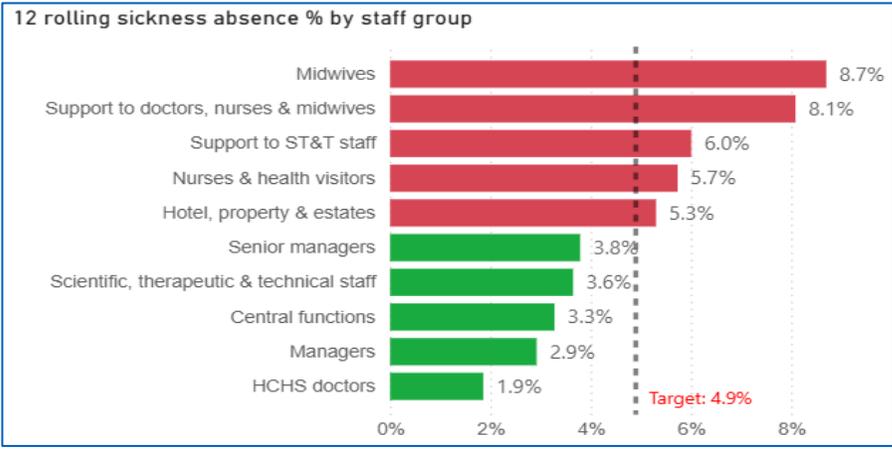
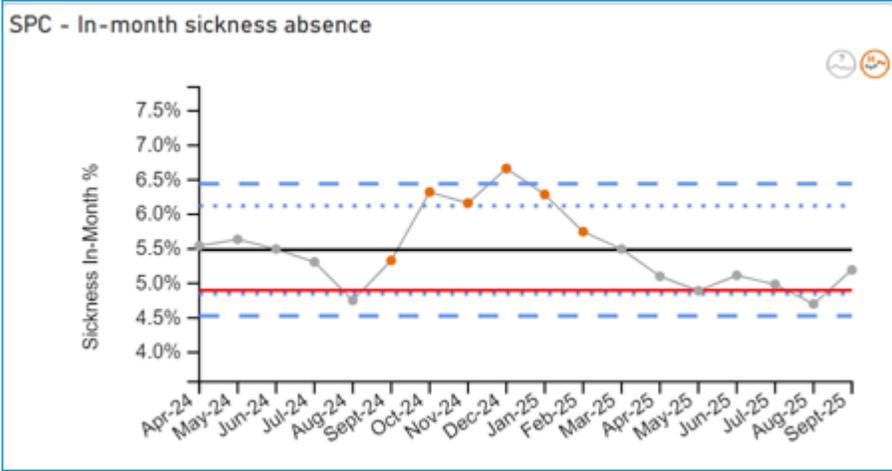


Top Organisational Risks – November 2025

Risk category	Risk description	Current score	Target score (i.e. the level of risk the Board would be satisfied to tolerate)	Key actions identified to reduce the risk
Finance	There is a risk that the Trust does not achieve its revenue plan for 2025/26, with a deterioration from the 2024/25 planned deficit, resulting in a deterioration to the Trust's NHS Oversight Framework (NOF) rating	20	10	<ul style="list-style-type: none"> • Cost reduction plan (CRP) in place with oversight by CRP Steering Group. • Delivery of the Securing our Sustainable Future work programme. • Vacancy controls and discretionary spend controls in place.
Digital	There is a 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	16	8	<ul style="list-style-type: none"> • Standard operating procedures in place for each system and to support colleagues in using multiple systems. • Digital records programme workstream in place to look at the management of historic records, consolidation of current records in digital and paper and the future strategy of creating all records in a digital solution.

See Appendix 1 for risk score matrix

People metrics



What is the data telling us?
September 2025

- Sickness remained at 5.6% for a rolling 12 months in September 2025 (against a threshold of 4.9%), a moderately decreasing trend remains however short term sickness increased quite considerably in September. Cold, Cough, Flu absence reasons made up 5.3 % of FTE days lost in September vs 3.3% of days lost in August. Anxiety/stress/depression remains the top reason for absence at 37.2% of FTE days lost in September, nationally this absence reason accounts for 28.6% of FTE days lost
- 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.

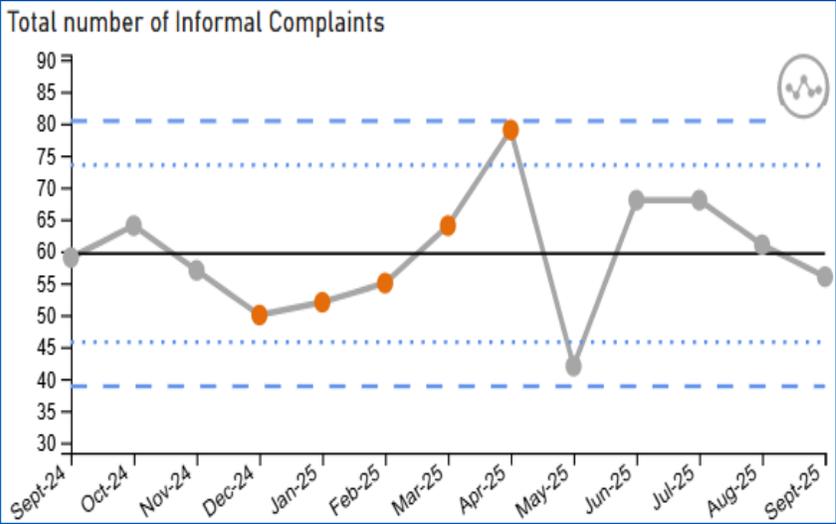
Patient experience



Gateshead Health
NHS Foundation Trust

Complaints and Informal complaints closed

29 formal complaints and 56 informal complaints / PALS were closed in September 2025



Formal complaints

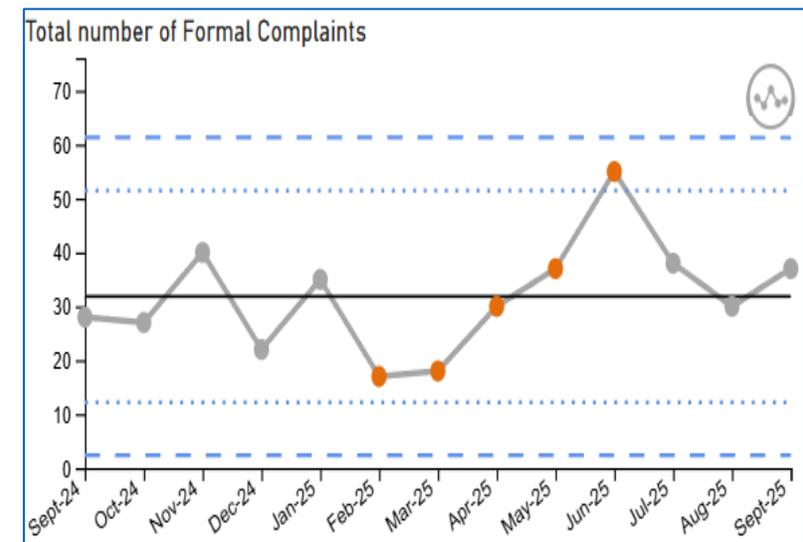
29 formal complaints closed in September 2025

- 8 Upheld by the Chief Nurse and /or Medical Director.
- 16 Partially upheld.
- 3 Not upheld.
- 2 Withdrawn.
- 100% of complaints acknowledged within 3 days.
- 17 complaints closed were responded to within the agreed timescale.
- 17 Complaints overdue at the month end.
 - Medicine: 5
 - Surgery: 8
 - Clinical Support and Screening: 3
 - Community: 1

Informal complaints / PALS

56 Informal complaints closed in August 2025

- 28 were closed within 5 days.
- 16 overdue concerns
 - Medicine: 4
 - Surgery: 6
 - Clinical Support and Screening: 6
 - Community: 0



Complaints breakdown

Implementation of Care (17)

- Quality of Care (16)
- Complication of Treatment (1)

Communication, confidentiality and consent (9)

- Written (4)
- Verbal (3)
- Staff Attitude (2)

Access, admission and discharge (9)

- Delays in appointments (5)
- Premature/Inappropriate discharges (3)
- Booking Issue (1)

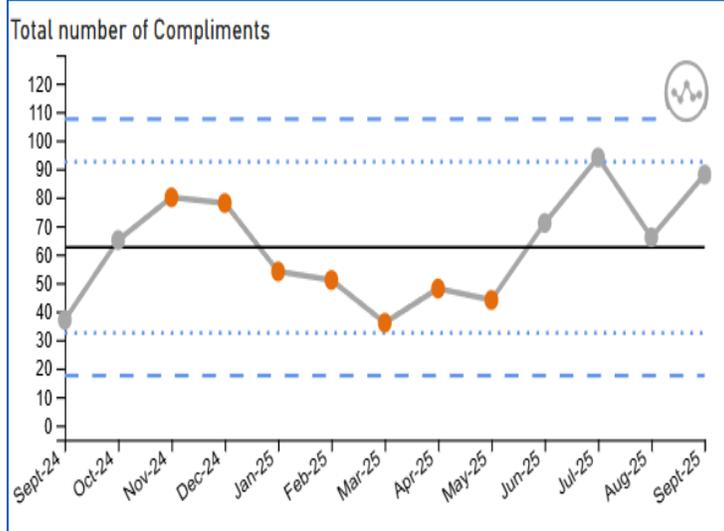
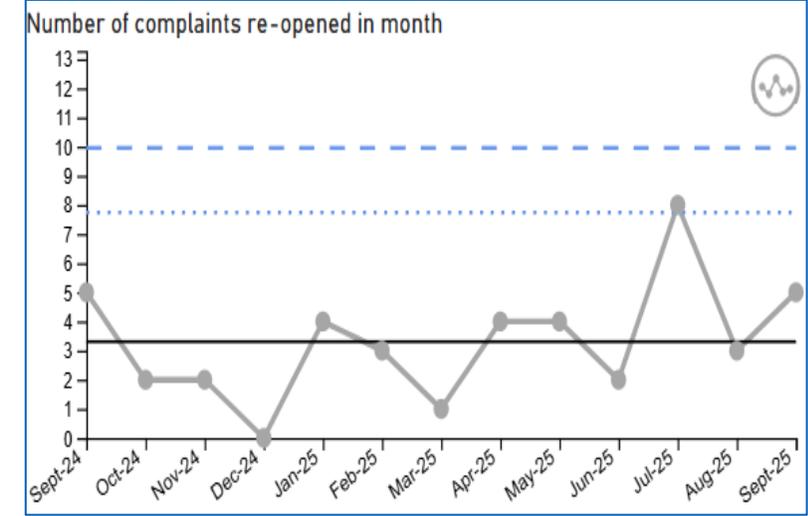
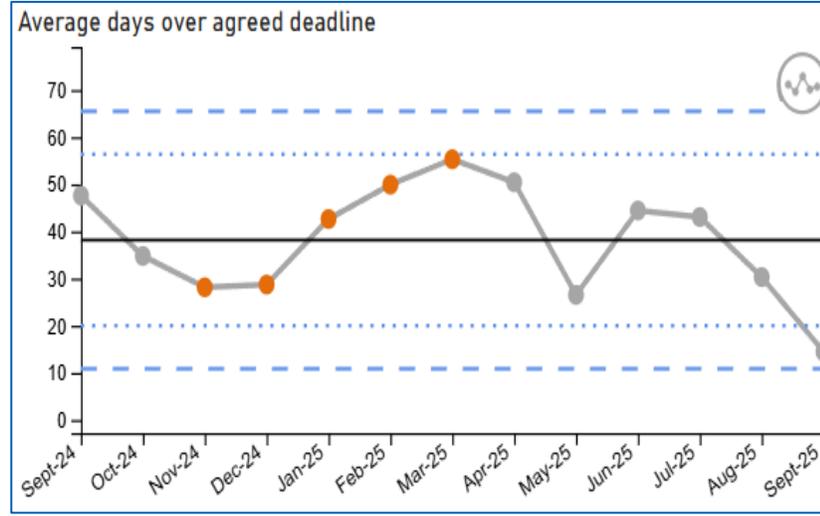
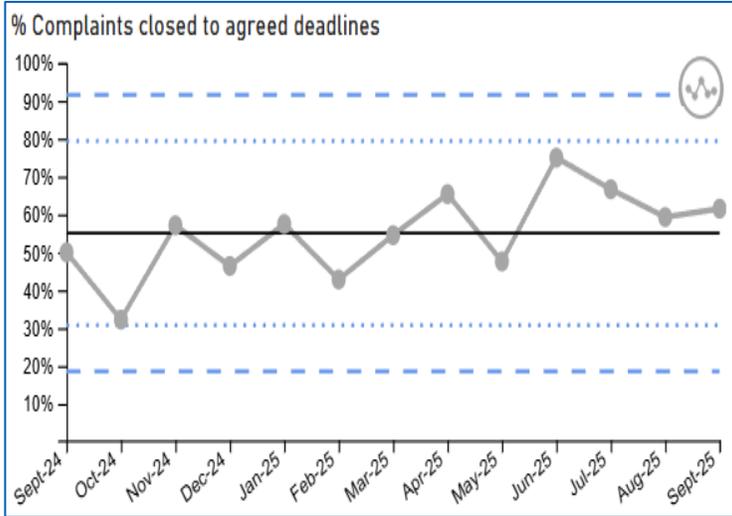
Clinical Assessment (2)

- Diagnosis Delay (2)

Patient experience

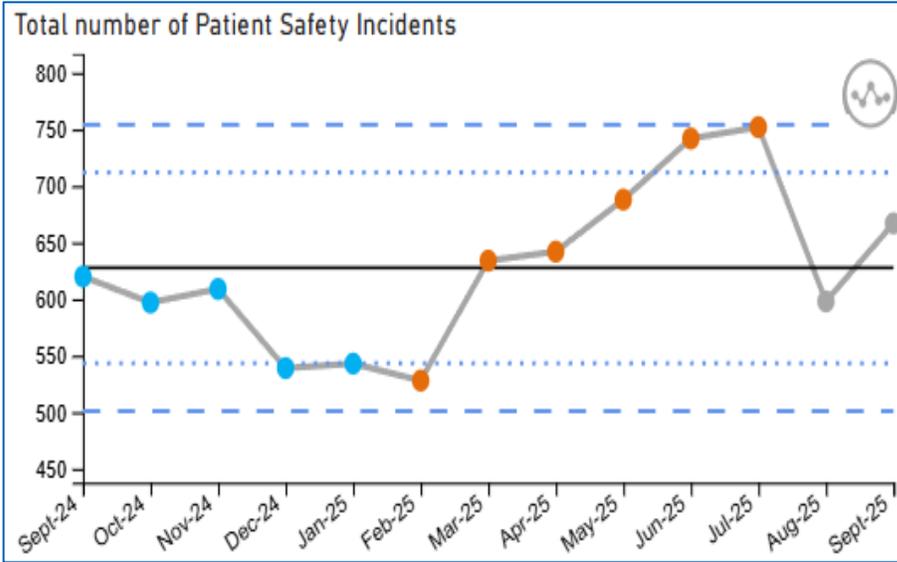


Gateshead Health
NHS Foundation Trust

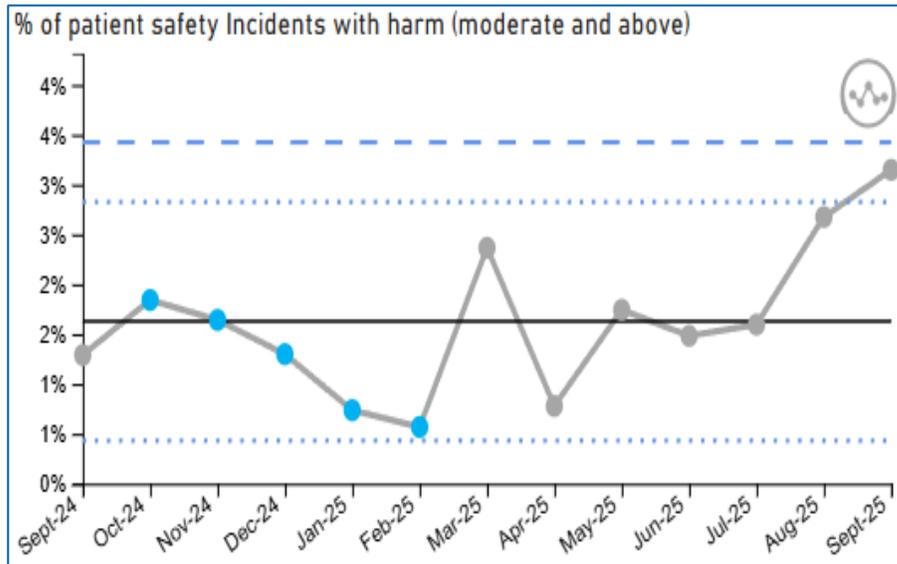


- Patient experience indicators for September 2025 demonstrate sustained high levels of satisfaction and improving responsiveness in complaint management. While the volume of formal and informal complaints (37 and 56 respectively) remains steady, the number of overdue cases and more notably, the average time they remain overdue, has decreased, signalling greater efficiency and ownership in our complaints resolution processes.
- Friends and Family Test performance remains strong at 92.3%, with consistently positive feedback across most services and encouraging engagement levels (1,927 responses). Variation across specialties can inform targeted improvement work at Divisional level, but overall, the data reflects a culture of listening, learning and responsiveness, reinforcing patient confidence in the Trust’s commitment to quality and compassionate care.

Patient safety incidents



- In September 2025 there was an increase in the patient safety incidents reported compared to the previous month - 810 from 763; an increase in the rate per 1000 bed days to 50.0 from 43.9.

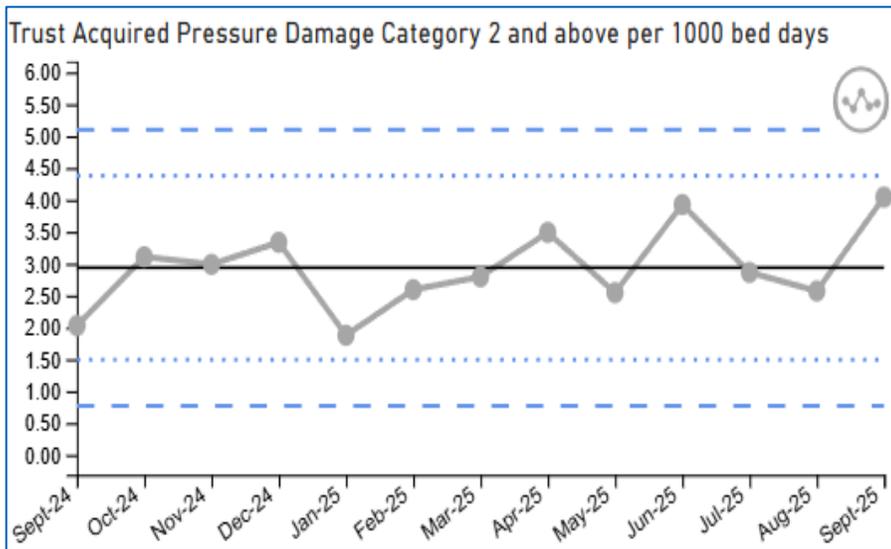
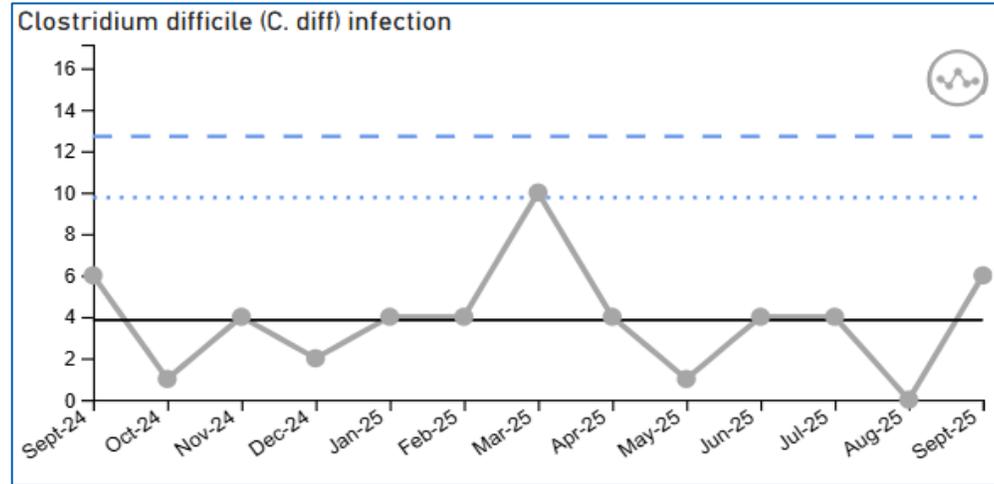
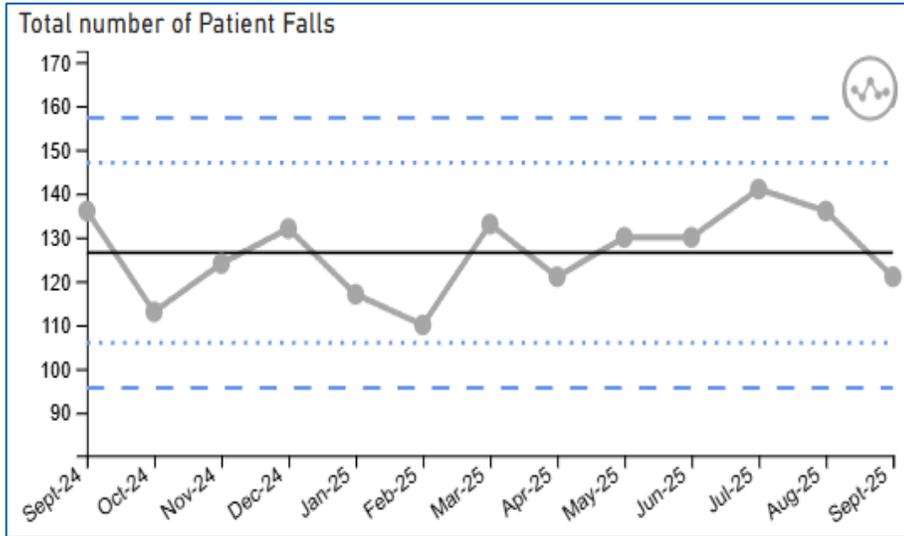


- Emerging themes reflect a reduction in the number of incidents related to violence and aggression incidents, in particular within Older People's Mental Health compared to the peak in July 2025, reflecting both the inherent challenges of patient behaviour and positive reporting culture.

Patient safety incidents



Gateshead Health
NHS Foundation Trust



A decrease in patient falls is observed from August to September with 13 fewer falls reported. Common cause variation is observed over the 18 month period – i.e. no significant change in historic trends.

Pressure damage - common cause variation continues to be observed – i.e. no significant change in historic trends.

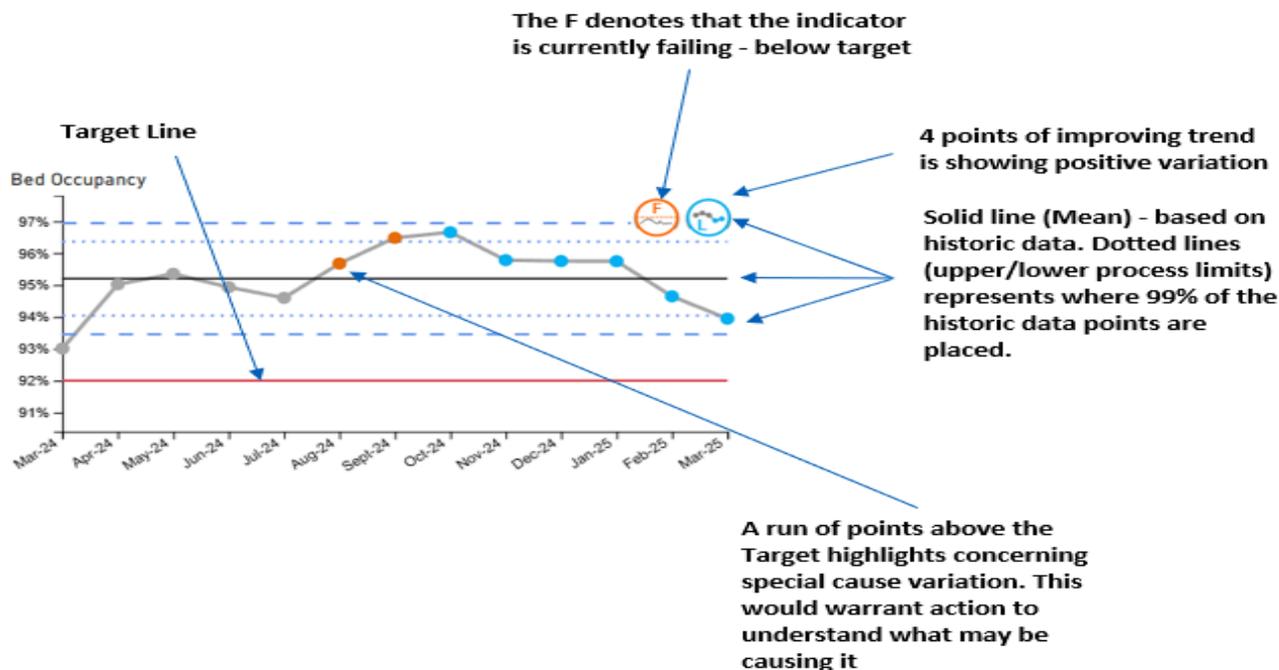
C Difficile – there were 6 infections in September, but this remained within expected levels based on historic trends.

Appendix 1 – risk score matrix



Risk Grading MATRIX			Consequence (impact)				
			Negligible	Minor	Moderate	Major	Catastrophic
			1	2	3	4	5
Likelihood	Almost certain	Will undoubtedly happen/recur, possibly frequently 5	5	10	15	20	25
	Likely	Will probably happen/recur but it is not a persisting issue. 4	4	8	12	16	20
	Possible	Might happen or recur occasionally. 3	3	6	9	12	15
	Unlikely	Do not expect it to happen/recur but it is possible it may do so. 2	2	4	6	8	10
	Rare	This will probably never happen/recur 1	1	2	3	4	5
Total Risk Score =			1 - 3 Very Low	4 - 6 Low	8 - 12 Medium	15 - 25 High	

Appendix 2 – Interpreting Statistical Process Control Charts



Assurance	Variation	Icon Colours Explained
Variation indicates inconsistency hitting, passing and falling short of the target.	Common cause - no significant change.	Variation icons: Orange indicates concerning special cause variation requiring action. Blue indicates where improvement appears to lie, and Grey indicates no significant change (common cause variation). Assurance icons: Blue indicates that you would consistently expect to achieve a target. Orange indicators that you would consistently expect to miss the target. A Grey icon tells you that sometimes the target will be met and sometimes missed due to random variation - in a RAG report this indicator would flip between red and green.
Variation indicates consistency (P)assing the target.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	
Variation indicates consistency (F)alling short of the target.	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.	

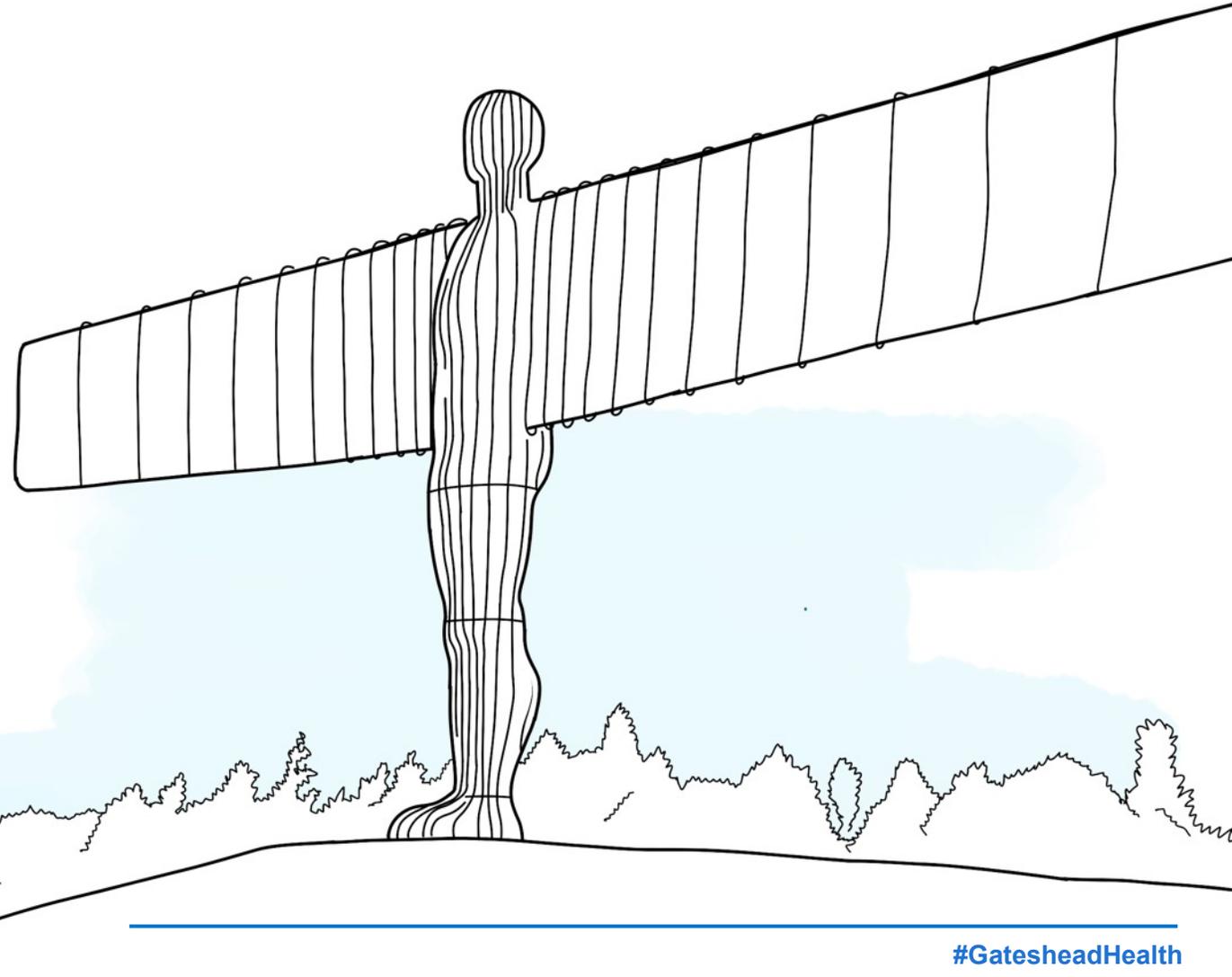
Appendix 2 – Metrics definitions

- **Formal complaints** to be acknowledged in 3 working days.
- **Timeframes for response** are agreed with the complainant – usually not more than 40 working days (dependent on the content, complexity and work to be involved).
- For complex cases a request can be made in writing for an extension to increase the time for response to 60 working days.
- **Informal complaints** are defined as concerns received and resolved via PALS (Patient Advice and Liaison Service).
- **Patient safety incidents** are graded for physical and psychological harm as follows: no, low, moderate, severe and fatal (physical harm only).
- Moderate physical harm includes needing additional healthcare of less than 2 weeks inpatient care and/or less than 6 months of further treatment; limiting independence for less than 6 months; or affecting the success of treatment but without reducing life expectancy or accelerating a disability.
- **Pressure ulcers** are graded 1 to 4, with 1 being the least severe.

Work of the Digital Committee

Andrew Besford, Chair of the Committee

19 November 2025



Priority assurance themes for Digital Committee

Strategy and
Planning

Projects
(Delivery)

Operations
(Business
Continuity)

Cyber
Security

Governance

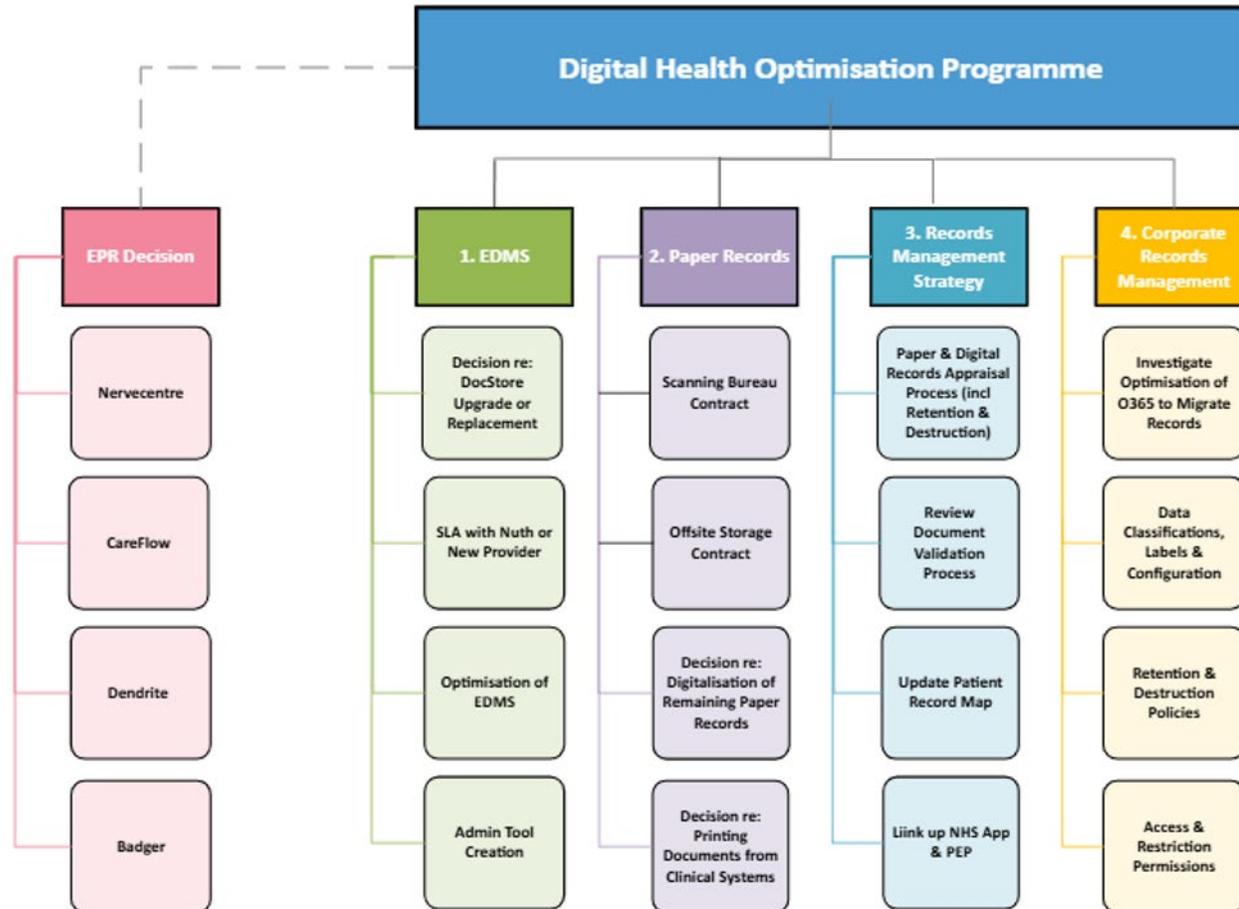
Data

Key risks

- The Committee is currently monitoring one of the top 3 risks on the Organisational Risk Register

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

Digital Records Programme



- Within the trust, documentation is created and accessed in a wide variety of systems along with the ongoing use and management of paper records
- Issues with fragmentation, duplication and versioning across the digital/paper landscape – this is reflected in the trust’s top two risks
- The Digital Committee will oversee a multifaceted programme, looking at the records as a whole with the management of historic records, consolidation of current records in digital and paper form and the future strategy of creating all records within a digital solution..
- Key initiatives include Acute Clinical EPR (business case in development), Electronic Document Management Solution strategy, digitisation of paper records, optimisation of corporate tools (Office 365)

Any
questions?

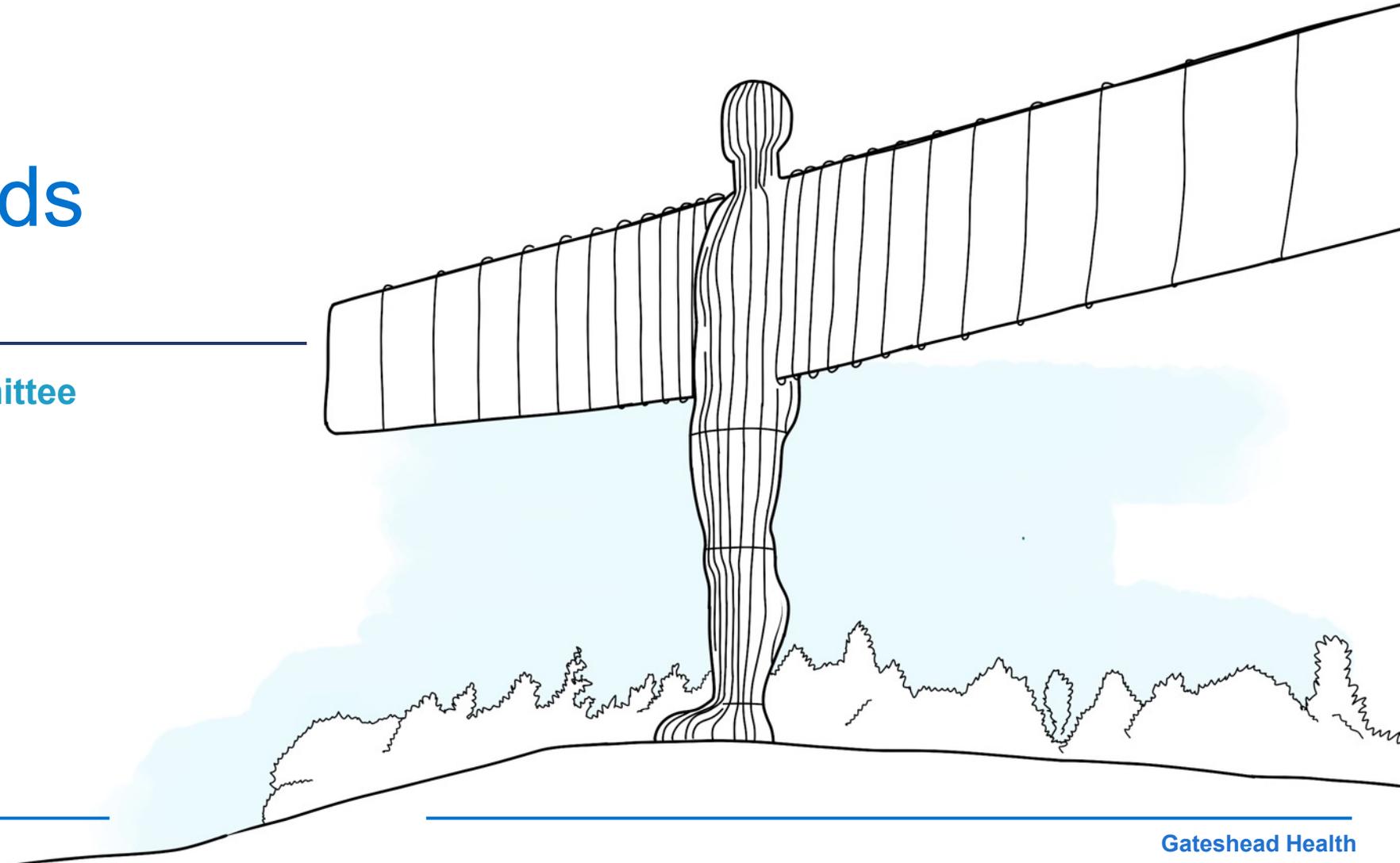




Work of the Charitable Funds Committee

Hilary Parker, Chair of the Committee

19 November 2025



Examples of issues considered and assurances received

Legacy funds and unspent monies: plans progressing to utilise £884k in legacy funds currently on hold, ensuring alignment with Trust strategy and priorities.

Funding for patient and staff project: approved key projects including the Community Link Worker (£15,800), Diagnostic Imaging equipment (£12,548) and Urology legacy training (£20,000).

Staff wellbeing initiative: approved £55,000 for festive meal vouchers for staff, volunteers and students to recognise contribution and morale.

Fund management and consolidation: agreed mergers of selected funds to streamline oversight and reduce duplication.

Spending and policy review: reviewed 2025/26 spending plans covering 178 projects and began phased review of the Charitable Funds Policy.

Investment and reserves assurance: reviewed CCLA performance and treasury management; confirmed reserves remain strong at £1.1m.

Charity structure and sustainability: approved creation of two new posts – Head of Charity and Marketing Officer – to strengthen capacity and income growth.

Governance and compliance: received assurance of 100% compliance with the Charitable Funds Policy and strengthened reporting through quarterly and annual updates.

Overview of charity activity:

CHARITY OVERVIEW:

1 APRIL 24 TO 01 OCT 25

TOTAL AMOUNT AWARDED

£532,235.59

193

PROJECTS SUPPORTED

118

FUNDRAISERS

5,598

PEOPLE SUPPORTED

4

CORPORATE PARTNERSHIPS

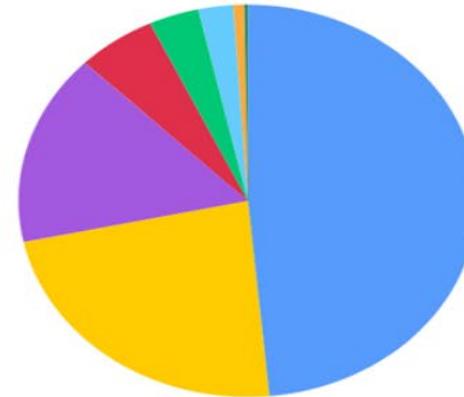
QE Facilities
Professional, Proud and Passionate

Radio Tyneside
ONLINE · DAB · 93.6

op

Funeralcare

Blueline Group



- CUTTING EDGE EQUIPMENT – 48.5%
- PROJECTS TO IMPROVE ENVIRONMENT – 23.1%
- STAFF HEALTH AND WELLBEING – 15.8%
- STAFF TRAINING – 5.6%
- PATIENT CARE – 3.5%
- PROMOTIONAL MATERIAL – 2.4%
- IT EQUIPMENT – 0.8%
- GIFTS FOR PATIENTS – 0.2%



Key priorities for assurance over the next 6 months



Gateshead Health
NHS Foundation Trust

Implement legacy spending plans: progress use of unspent legacy funds, including £884k held for future development, ensuring alignment with Trust strategy and priorities such as women's health and diagnostics.

Deliver the Charity Strategic Development Workshop: hold the planned workshop with Trustees and executives to agree the charity's long-term direction and align the 2025-2030 strategy with the Trust's priorities and goals.

Review investment and reserves policy: reassess investment strategy and reserve levels to maximise returns responsibly, maintaining compliance with Charity Commission guidance.

Embed the new charity structure: recruit and establish the new Head of Charity and Marketing Officer roles, setting clear outcomes and measuring impact after the first year.

Strengthen fund management and governance: continue fund consolidation, ensure each active fund has a current spending plan, and maintain full oversight through the Operational Group.

Enhance engagement and fundraising: develop new corporate partnerships, expand community fundraising, and deliver major events such as Light Up A Life 2025 and Great North Run 2026.

Fundraising highlight: Great North Run

- This year's Great North Run was our most successful yet, with 45 adult and 10 junior runners taking part for Gateshead Health Charity.
- Together, they raised over £17,000 - a record total that will fund a range of projects improving patient care and staff wellbeing.
- Staff, families and community members ran side by side, showing real pride in Gateshead Health and the difference the charity makes.
- Planning is already underway for next year's run, with even more people signing up to take part.

Amount raised:
over £17,000



Project highlight – PEApod Unit partnership with Gateshead Jobcentre

- Gateshead Jobcentre staff raised funds during Mental Health Awareness Week to support children using the PEApod Unit within our emergency department.
- Their donation paid for sensory and calming equipment that helps children and young people feel safe and supported during visits.
- When Jobcentre staff visited the unit, they saw first-hand how their efforts are helping families and making hospital experiences less stressful.
- This partnership is a great example of how local organisations and the charity can work together to improve care in our community.



Amount raised: £100
Community connections -
££££



Project highlight – Clinical Skills Education Centre refurbishment

- Thanks to funding from Gateshead Health Charity, the Trust's Clinical Skills Education Centre has been completely transformed.
- The new high-fidelity simulation suite and 60-seat lecture room are already being used by staff across the Trust to learn, train and develop their skills.
- By bringing Advanced Life Support training in-house, the charity has helped make vital education more accessible and cost-effective.
- The project also set a strong example for sustainability, with recycled materials and reused furniture helping to make charitable funds go further.
- Supporting over 1,000 staff members and counting

Charity support:
£80,000



Planned events for 2026

SkyDive:
Various dates

Mini / Junior Great
North Run:
September 2026

Adult Great North
Run: September
2026

Light Up a Life:
December 2026



Any questions



Report Cover Sheet

Agenda Item: 10

Report Title:	Governor Observers on Board Committees			
Name of Meeting:	Council of Governors			
Date of Meeting:	19 November 2025			
Author:	Diane Waites, Corporate Services Assistant			
Sponsor:	Sir Paul Ennals, 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:	Discussion:	Assurance:	Information:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To approve the Board committee observer roles.			
Proposed level of assurance <i>– to be completed by paper sponsor:</i>	Fully assured	Partially assured	Not assured	Not applicable
	<input type="checkbox"/> <i>No gaps in assurance</i>	<input type="checkbox"/> <i>Some gaps identified</i>	<input type="checkbox"/> <i>Significant assurance gaps</i>	<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>	Process for appointment approved at the Council of Governors meeting in September 2025			
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 support 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 were invited to self-nominate. • The new Governor observers for each Board Committee are highlighted within the report and the Council of Governors are asked to approve the appointments. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	Governors are requested to approve the appointments to the Board committee observer roles effective from 1 January 2026 to 31 December 2027 (or to the end of a Governor's tenure, whichever comes soonest).			

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. At the last meeting in September, the Council of Governors approved the process for the self-nomination and appointment of Governors to the Board Committee observer roles.
- 1.2. Nominations have been received and any over-subscriptions resolved in line with the agreed process.
- 1.3. The new observers for each Committee are highlighted within the report and the Council of Governors is requested to approve the appointments which will be effective from 1 January 2026 to 31 December 2027.

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. Observers will share feedback at Council pre-meetings, enhancing accountability and collective insight.
- 2.4. Governors were invited to apply for observer roles on Board committees and were provided with full supporting information, including the latest dates for the committees and an overview of the role of each committee.

3. Proposed observers

- 3.1. A number of Governors expressed an interest in the observation roles. Two committees were over-subscribed (Quality Governance Committee and the People and Organisational Development Committee). Two existing Governor observers applied for both committees, along with a new potential observer on each.
- 3.2. In line with the agreed process for over-subscriptions the Chair, Vice Chair and Lead Governor discussed this and recommended that the Governors who have not previously observed committees should be allocated a place on each committee. The current Governor observers pragmatically agreed between themselves who would observe the respective committees.

- 3.3. The following Governors are proposed to be appointed to the Board committee observer roles:

Board Committee	Governor Observers	
Quality Governance Committee	Helen Adams	Sheena Sykes
People and Organisational Development Committee	Lynsey Curry	Adaeze Obiayo
Digital Committee	Paul Johnson	<i>Vacancy remains</i>
Charitable Funds Committee	Carol Hindhaugh	Aron Sandler

- 3.4. The observer roles are for a two-year period commencing on 1st January 2026 to 31st December 2027 (or to the end of a Governor's tenure, whichever comes soonest).
- 3.5. Should vacancies arise during this two-year period they will be offered to the Council on an expression of interest basis for the remainder of the period (following the same process for over-subscriptions as used for the original appointment process).

4. Solutions / recommendations

- 4.1. Governors are requested to approve the appointments to the Board committee observer roles effective from 1 January 2026 to 31 December 2027 (or to the end of a Governor's tenure, whichever comes soonest).

Report Cover Sheet

Agenda Item: 11

Report Title:	Governor Handbook			
Name of Meeting:	Council of Governors			
Date of Meeting:	Wednesday 19 th November 2025			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Sir Paul Ennals, 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:	Discussion:	Assurance:	Information:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To approve the revised Governor Handbook to ensure that the information for Governors is current and up to date.			
Proposed level of assurance <i>– to be completed by paper sponsor:</i>	Fully assured	Partially assured	Not assured	Not applicable
	<input checked="" type="checkbox"/> <i>No gaps in assurance</i>	<input type="checkbox"/> <i>Some gaps identified</i>	<input type="checkbox"/> <i>Significant assurance gaps</i>	<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>	Membership, Governance and Development Committee 8 October 2025			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • The Governor Handbook has been reviewed by the Membership, Governance and Development Committee to ensure that all information for Governors is current and up-to-date. • Minor amendments have been made in relation to the change of Chair, launch of the new Trust Corporate Strategy and significant transaction definition added. 			
Recommended actions for this meeting:	The Membership Governance and Development Committee recommends that the Council approves the revised handbook.			

<i>Outline what the meeting is expected to do with this paper</i>					
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):					
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"/>		

GOVERNOR HANDBOOK

Information for Governors

November 2025

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Foreword from the Chair

Congratulations on your election / appointment to Gateshead Health NHS Foundation Trust's Council of Governors!

On behalf of the Board of Directors and your Governor colleagues I am delighted to welcome you to your new role.

The Council of Governors is a really important part of our governance, providing a great opportunity for the voice of the people we serve, our staff colleagues and valued partners to influence and shape the strategic direction of our Trust.

We are committed to supporting and developing you in your role, which in turn will help us to provide the best possible care to our patients and communities.

This handbook is designed as a reference guide to support you in understanding more about the Trust and your important role as a Governor. It should be used in conjunction with your induction material and other supporting documents referenced within this handbook.

We hope you find your term as a Governor to be rewarding and we look forward to working with you.



Sir Paul Ennals
Chair of the Board of Directors and Council of Governors

About us – our history, purpose and services

Gateshead Health NHS Foundation Trust was authorised as a Foundation Trust in January 2005. We provide secondary care, community services and older persons' mental health services to a local population of approximately 200,000. We also provide specialist screening services, gynaecology-oncology, pathology and breast services across a wider population, including other parts of the North East, Humberside, Cumbria and Lancashire.



Our services are primarily delivered from three locations in the Gateshead area – the Queen Elizabeth Hospital site, Bensham Hospital and Blaydon Urgent Treatment Centre. As a group we employ over 5,100 staff and are also supported by many valued volunteers from our local communities.

The Trust also wholly owns its subsidiary QE Facilities Limited (QEF), which was established in 2014. QEF provides estates, facilities, procurement, materials and supply chain management, equipment maintenance and transport services to the Trust. QEF also provides services to other NHS organisations as well as the private sector, with profits reinvested into patient care. QEF's vision is *'to work together with all of our partners to always provide the best non-clinical support services for the benefit of every patient across the NHS and within the communities we serve'*.

We are a member of the North East and North Cumbria Integrated Care System (NENC ICS). This is a partnership of organisations including local government, health, voluntary and community services that provide health and care across our region. We work collectively with our partners to deliver the best health and care for local communities across the North East and North Cumbria region.

The Trust recently introduced its new Corporate Strategy 2025-2030 which sets out a clear and ambitious vision for the future of healthcare in Gateshead. The strategy is well aligned with national priorities and ambitions set out in the NHS 10 Year Plan and was developed with significant internal and external engagement with stakeholders.

The Corporate Strategy sets out the framework for our continued success against four focus areas: excellent patient care, a great place to work, working together for healthier communities and being fit for the future.

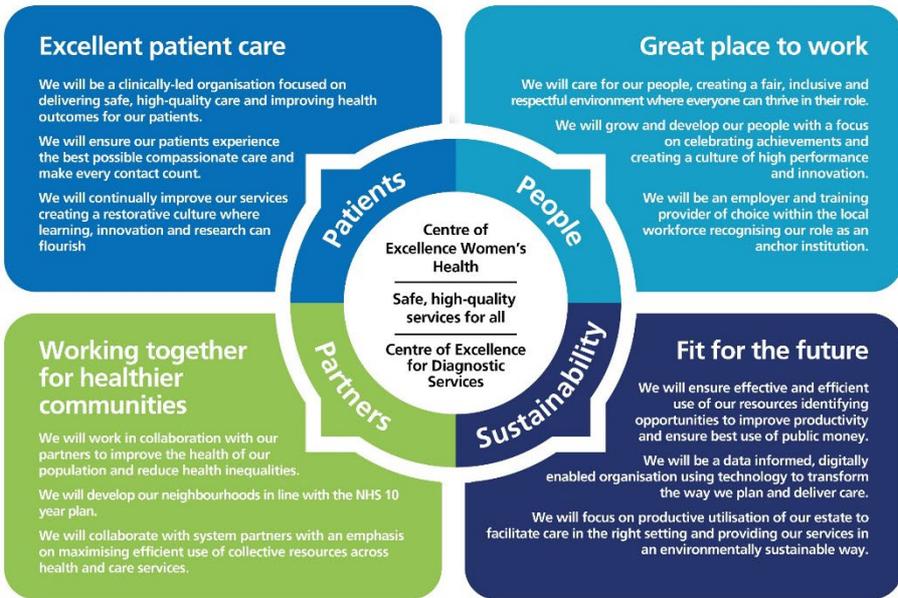
Our vision:

To be recognised as a provider of safe, high quality integrated health services, diagnostics, and a centre of excellence for women’s health.

Our purpose:

To deliver excellent healthcare and play our part in improving population health by being a good partner and a great employer.

Our strategic priorities:



You will see the strategic aims appearing frequently as part of the paperwork for formal meetings. They feature as part of the covering papers for our reports, as well as in the Chief Executive’s update to the Council of Governors.

Our values are the golden thread that runs through everything we do and we know through engagement with our people that they feel a strong sense of connection with these ICORE values, as outlined below.



The Governance of Foundation Trusts

NHS foundation trusts are different from NHS trusts - they have a unique legal form as 'public benefit corporations'.

NHS foundation trusts provide healthcare services for patients and service users in England. Compared with NHS trusts, they have greater freedoms to manage their own affairs and make their own decisions, although some of these differences have eroded over time.

They are accountable to NHS England, the regulator for foundation trusts, which has the role of protecting and promoting the interests of patients by ensuring that the health sector works for their benefit.

Through their Councils of Governors, they also have greater accountability to staff, patients and the wider public and key stakeholders.

Each NHS foundation trust sets out its governance structure in its Constitution. There are legislative requirements concerning the governance of all NHS foundation trusts. All NHS foundation trusts have:

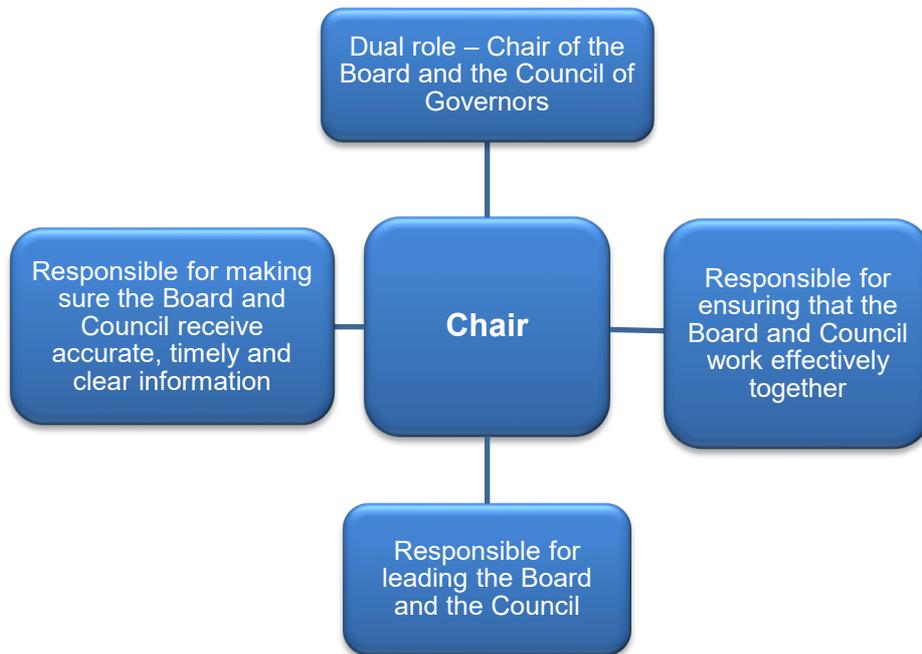
- A Board of Directors;
- A Council of Governors; and
- Foundation Trust Members.

The Board of Directors

The Board of Directors is comprised of Executive and Non-Executive Directors (NEDs). The Executive Directors, including the Chief Executive, are employees and are responsible for the day-to-day management of the Trust. The Executive Directors are appointed by the NEDs.

The NEDs are not employees. They bring an independent perspective to Board meetings and have a particular duty to scrutinise decisions and proposals made by the Executive Directors. NEDs are appointed by the Council of Governors.

The Board is led by a **Chair** who is also a Non-Executive Director. The Chair of the Board of Directors is also the chair of the Council of Governors and, in this respect, occupies a unique position. The dual role of the Chair enables clear communication between the Board and the Council of Governors.



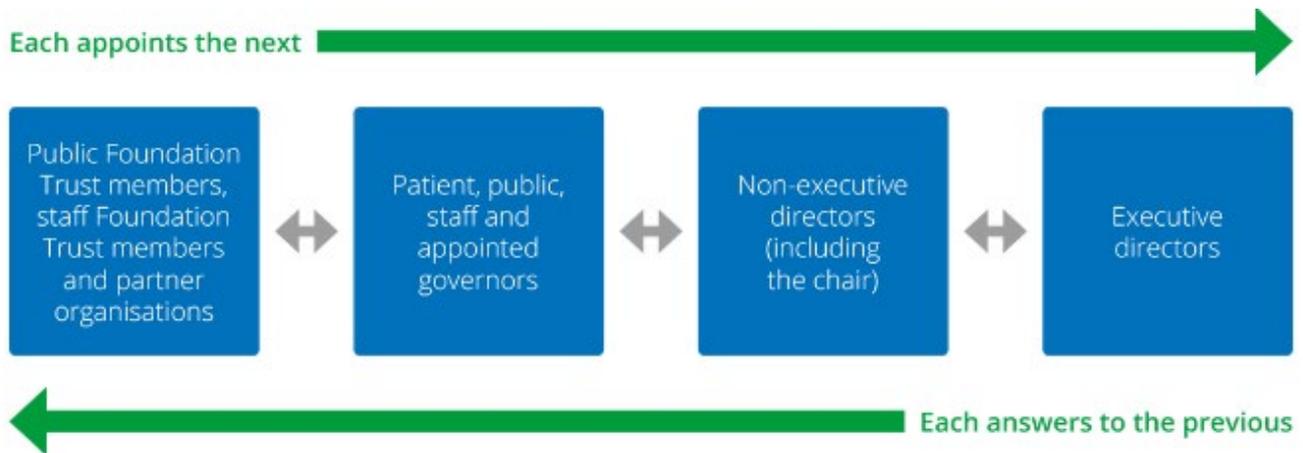
One of the Non-Executive Directors is appointed as the **Senior Independent Director (SID)** by the Board of Directors, in consultation with the Council of Governors.

The SID should function as the point of contact with the Board of Directors if Governors (individually or collectively) have concerns which approaches through normal channels have failed to resolve or for which such normal approaches are inappropriate.

The SID may also function as the point of contact with the Board of Directors for Governors when they discuss, for example the Chair’s performance appraisal and their remuneration and other allowances.

The Board of Directors is accountable for the running of the Trust. It is responsible for delivering the strategy, aims and objectives and for ensuring that management systems and staff are in place to achieve the Trust’s aims. The Council of Governors holds the NEDs to account individually and collectively for the performance of the Board of Directors.

NEDs scrutinise the work of the Executive Directors through the Trust’s Committee structure and should provide the Council of Governors with assurance that the Trust is making decisions based on the best information available and in the best interests of patients and the wider public. This structure is designed to ensure clear accountability between the Executive Directors of the Trust and the Trust’s key stakeholders.



You can find out more about the current composition of our Board on our website at this [link](#).

Governors and the Council of Governors

The Council of Governors is the accountability forum between the Board of Directors and the Trust’s stakeholders. It represents local interests and holds NEDs to account as well as exercising its statutory powers, as outlined in the Roles and Responsibilities section.

The Council is comprised of elected Governors and appointed Governors, who are all volunteers. Elected Governors (public and staff constituencies) may hold office for a period of up to three years, and may stand for re-election twice. After nine years in the role, elected Governors must leave the Council of Governors.

There are 31 members of the Council of Governors, plus the Chair. The composition of the Council is as follows:



The current composition of the Council of Governors can be seen on our website at the following [link](#).

Public Governors are elected by people who have registered as members of the Trust. Governors must be Foundation Trust Members and must stand for election in accordance with the constituency they live in. Further information on our constituencies can be found in the next section.

Staff Governors are elected by staff members to represent their collective views, themes and trends.

Appointed Governors are representatives of key partner organisations of the Trust, as defined in the Constitution (the core governance document of the Trust). They represent the views of these organisations at Council meetings.

The **Lead Governor** is an existing public Governor with at least one year's experience in the role who is appointed by the Council of Governors for a period of one year, but may be re-appointed annually up to a maximum of three years. All Foundation Trusts are required to have a Lead Governor. The Lead Governor acts as the liaison between the Council and NHS England (the regulator) in the rare circumstances where it would be inappropriate for NHS England to contact the Chair, or vice versa.

The Lead Governor is supported by a **Deputy Lead Governor**, using the same eligibility and appointment criteria. The Deputy Lead Governor supports the Lead Governor in their role and deputises for them when required.

At Gateshead Health and in most other trusts the role of the Lead Governor has expanded beyond the prescribed statutory role and the Lead Governor also:

- Acts as an alternative point of contact for Governors who wish to raise issues or queries;
- Alongside the Deputy Lead Governor, meets with the Chair and Company Secretary on a monthly basis. This provides an opportunity to discuss any concerns or issues raised by Governors;
- Chairs informal Governor-only meetings;
- Chairs the Membership, Governance and Development Committee; and
- Is a member of the Governor Remuneration Committee.

Governors can volunteer to observe the work of some of the Board committees, which supports the Governors in observing the input and scrutiny exercised by Non-Executive Directors in these meetings. This aligns to the role of Governors in holding Non-Executive Directors to account. There are two places for **Governor observers** at the following Board committees:

- Quality Governance Committee
- Digital Committee
- People and Organisational Development Committee
- Charitable Funds Committee

Governor observers are existing public, staff or appointed Governors and are appointed for terms of two years (or until the end of their term of office as a Governor, whichever is soonest).

Foundation Trust Members

Members of the public and staff who work at a NHS Foundation Trust can be members of the Trust.

Foundation Trust membership seeks to give local people and staff a greater influence on how our services are provided and developed.

There are several different constituencies to which our members belong. Those eligible to become public members are people over the age of 16 who live in Gateshead and the immediate surrounding area which is divided into two constituencies: Western and; Central and Eastern Gateshead.

We also have an Out-of-Area constituency, which is coterminous with the geographical boundaries of the North East and North Cumbria Integrated Care System (NENC ICS). Patient membership is available to individuals who live outside constituency areas but who have used any of the Trust's services within the seven years immediately preceding the date of their application for membership. Patient members are included in the Out of Area constituency.

People over 16 years of age, living in these areas who wish to become a public member of Gateshead Health NHS Foundation Trust, must complete and have accepted a membership application form.

The Council of Governors represents the views of members and helps to shape the way our services are delivered.

The Membership, Governance and Development Committee is a sub-committee of the Council of Governors which helps to ensure that our membership represents the communities we serve and that we seek and represent their views effectively through engagement programmes.

The Trust is committed to supporting communication between Foundation Trust Members and Governors. Any member can get in touch to share their views with any Governor through the Governor email address - ghnt.governors@nhs.net. The mailbox is managed by the Corporate Services team, who pass any incoming correspondence to the appropriate Governor.

Governors use a variety of ways to communicate with members, including quarterly newsletters, engagement events in the Trust and community and Medicine for Members events (where members can learn more about specific services of the Trust).

Governor Roles and Responsibilities

Governors have certain statutory duties that they are expected to perform as part of their role. The statutory responsibilities of the Council of Governors as a collective body, as defined by both the NHS Act 2006 and the Health and Social Care Act 2012, are:

- Appoint and, if necessary, remove the Chair and Non-Executive Directors;
- Set the pay levels and conditions of employment for the Chair and Non-Executive Directors;
- Approve the appointment of the Chief Executive (the Council does not appoint the Chief Executive);
- Receive the Trust's Annual Report and Accounts and the Auditor's Report;
- Appoint and, if appropriate, remove the Trust's Auditors;
- Governors must decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose, which is to provide goods and services for the health service in England, or performing the Trust's other functions;
- The Council of Governors must also approve any proposed increase in non-NHS income of 5% or more in any financial year;
- To hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors;
- To represent the interests of members of the Trust as a whole and the interests of the public;
- The Council of Governors may require one or more of the directors to attend a Governors' meeting to obtain information about the Trust's performance of its functions of the Directors' performance of their duties, and to help the Council of Governors to decide whether to propose a vote on the Trust's or director's performance;
- 'Significant transactions' must be approved by the Governors. The Trust has defined 'significant transactions' within its Constitution (please see Appendix 4 for full definition);

- The Council of Governors must also approve an application by the Trust to enter a merger, acquisition or dissolution; and
- Amendments to the Trust's Constitution must be approved by the Council of Governors and the Board of Directors.

When preparing the Trust's Business Plan that sets out our plans for the coming years, legislation states that the Trust's Board of Directors must have regard to the views of the Council of Governors. In practice, this means that the Council will have a role to play in influencing and shaping the development of the Business Plan.

Governors act as critical ambassadors to the Trust and in doing so represent the interests of stakeholders (public, patients, staff and organisations that work closely with or have an interest in the Trust). In addition to performing statutory duties, all Governors have advisory, guardianship and ambassadorial roles, these elements are set out below. It is the Trust's responsibility to ensure that Governors have the information, training and access to the Trust Board that they need to fulfil the role.

Guardianship	Ambassadorial	Advisory
<ul style="list-style-type: none"> • Holding the Non-Executive Directors to account for performance of the Board. • Ensuring the Trust speaks in a way that fits with statement of purpose. • Guarding the public interest through constructive challenge and acting as a critical friend. 	<ul style="list-style-type: none"> • Recruiting and engaging with members of the Trust. • Ensuring the Trust feeds back to members on its vision, strategy and plans. 	<ul style="list-style-type: none"> • Supporting the Board of Directors of terms of strategic guidance by giving feedback on: <ul style="list-style-type: none"> • corporate objectives • annual plan • quality report

Council of Governors Meetings

The Council of Governors meets at least four times each year.

To ensure accountability and discharge the Governor role, Governors are expected to attend meetings of the Council of Governors. The Council of Governors meets at least four times per year and Governors should make every possible effort to attend these meetings, with a minimum expected attendance of 75% each financial year. Where a Governor is unable to attend, apologies should be submitted in advance to the Company Secretary's team.

The Council of Governors is the core governance meeting for Governors, although Governors are actively encouraged to attend Governor committees, workshops and events where possible during the year to support them to discharge their duties.

Governor Committees

Governor committees support Governors to discharge their duties and provide appropriate assurance to the Council of Governors.

Governor Remuneration Committee

This Committee is responsible for making recommendations to the Council of Governors on the appointment of the Chair and Non-Executive Directors, having satisfied itself that its recommendations fulfil the Trust's needs in terms of skills and experience. It also sets the remuneration, allowances and terms of appointments of the Chair and Non-Executive Directors. The Committee works with the Senior Independent Director and the Chair to agree the process for the evaluation of the Chair and Non-Executive Directors and then subsequently reviews the outcomes of the performance appraisals, which inform remuneration and benefits decisions.

The Committee has a defined membership of 1 appointed Governor (who chairs the Committee), 3 public Governors and 2 staff Governors. The meetings are held at least annually and as required by the expiry of the terms of appointment of the Chair and Non-Executive Directors.

Membership , Governance and Development Committee

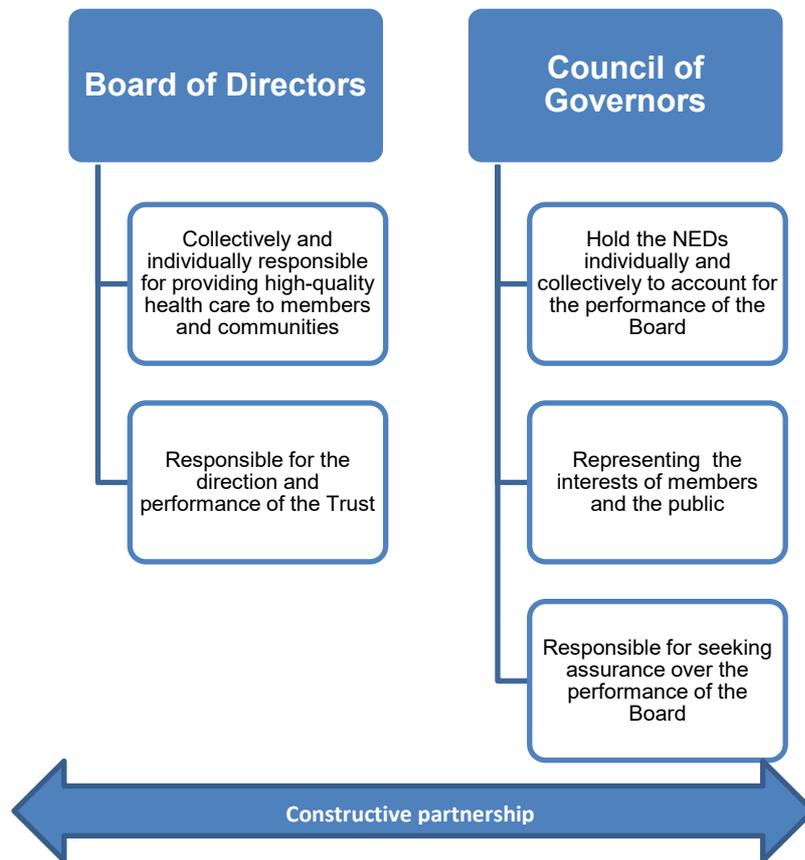
The Membership Strategy Group and Governance and Development Committee were merged to form the Membership, Governance and Development Committee following approval by the Council of Governors in September 2024.

The Committee is responsible for reviewing a range of key governance matters and leading on membership engagement and recruitment on behalf of the Council of Governors. This enables Governors to develop an understanding of governance arrangements specifically affecting the Council, as well as broader governance matters affecting the Trust. The Committee also enables Governors to work closely with the Company Secretary and Corporate Service Assistant to develop and membership engagement and recruitment strategies and plans.

The Group meets quarterly and all Governors are considered to be members and therefore receive invitations to attend. There is no obligation for Governors to attend all meetings of the Group, recognising the voluntary nature of the role.

The Relationship Between the Board of Directors and the Council of Governors

There are distinct differences between the role of the Board of Directors and the role of the Council of Governors, despite the dual role of the Chair. The Board of Directors is responsible and accountable for the strategic direction and performance of the Trust, whereas the Council of Governors is responsible for seeking assurance over the performance of the Board of Directors and representing the interests of members and the public.



Governor training and development

All Governors are expected to attend an induction programme which supports Governors in carrying out their roles. The induction programme includes:

- Governors' induction presentation (based on the national model induction);
- Disclosure and Barring Service (DBS) check and completion of mandatory paperwork; and
- Any specific training relevant to individual Governor needs, as appropriate.

All Governors are expected to adhere to the Trust's policies and procedures and will be bound by the Trust's Code of Conduct for Governors. Specific issues relating to behaviour, conduct and confidentiality must be adhered to.

On appointment and re-appointment all Governors must complete a DBS check. Should a Governor decline to submit a DBS check then their tenure of office may be terminated in line with the Constitution.

On a quarterly basis the Trust holds workshops to support Governors to continue to develop in their role. This enables Governors to spend more time understanding and discussing particular topics or issues and develop their knowledge on aspects of their role. The topics for the workshops are developed in partnership with the Membership, Governance and Development Committee to ensure that they are relevant and meaningful for Governors.

Time Commitment

The minimum time commitment Governors are expected to make for the role is attending the Council of Governors meetings, with an expected minimum attendance rate of 75% per year. Any Governors who have volunteered as members of the Governor Remuneration Committee are also expected to attend 75% of these meetings.

We recognise the voluntary nature of the role and therefore appreciate that each Governor will have a different amount of time they can dedicate to the role.

Where Governors have more time to dedicate to the role they can undertake the following:

- Attendance at Governor committees, as outlined earlier;
- Volunteering for Governor observer roles at Board committees (if there are vacant positions at the time);
- Attending the quarterly Governor workshops, as outlined earlier;
- Observing the public Board meetings, which occur every two months. This is a good opportunity to see the scrutiny and debate at the Board, supporting Governors in the role of holding Non-Executive Directors to account;
- Participating in membership events, such as Medicine for Members sessions, open days and meetings in the community; and
- Participating in PLACE and 15 Steps visits in the Trust, as well as other organised site visits.

Payment and expenses

Governors of NHS Foundation Trusts are voluntary positions and cannot by law be remunerated for their input but they will however be eligible for out of pocket expenses such as travelling costs – this will be at the level incurred rather than by a schedule of standard expense payments. Please contact the Corporate Services office for more information.

Governor Code of Conduct and Eligibility

Governors must always act in the best interests of the Trust and adhere to the Council of Governors' Code of Conduct which helps to set out the standards and behaviours which Governors should abide by in their role.

Members of the Council of Governors are required to sign a declaration to confirm that they will comply with the Code of Conduct at the beginning of their term of office or upon re-appointment.

Please refer to the Code of Conduct for more detailed information.

Information on the eligibility criteria for Governors is contained with the Trust's Constitution. Governors should familiarise themselves with this information and inform the Company Secretary immediately of any changes which impact on their eligibility to remain as a Governor.

Help and Support

The Company Secretary and Corporate Services Assistant can provide advice and support in your role as a Governor. The contact details are set out below:

	Company Secretary	Corporate Services Assistant
Name:	Jennifer Boyle	Diane Waites
Email:	Jennifer.boyle4@nhs.net	diane.waites@nhs.net
Telephone:	0191 445 3712 / 07929725990	0191 445 6043

Appendix 1 – External Governance and the Local Health Economy

The Trust forms an integral part of the health service across the North East and North Cumbria and works closely with many partners to ensure services for patients are joined-up and as effective as possible.

The Secretary of State for Health

The Secretary of State for Health has ultimate responsibility for the provision of a comprehensive health service in England and ensuring the whole system works together to respond to the priorities of communities and meet the needs of patients.

The Department of Health and Social Care

The Department of Health and Social Care (DHSC) is responsible for strategic leadership and funding for both health and social care in England. The DHSC is a ministerial department, responsible for the provision of a comprehensive health service in England and ensuring the whole system works together to respond to the priorities of communities and meet the needs of patients.

Integrated Care System

There is one Integrated Care System (ICS) for the North East and North Cumbria (NENC). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Great North Healthcare Alliance

The Great North Healthcare Alliance brings together Gateshead Health NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Newcastle-upon-Tyne Hospitals NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust in a collaborative working relationship.

There are clear opportunities and benefits for patients from closer working, whilst recognising there are also benefits that come from each individual Trust's identity and integrity as a separate organisation.

Gateshead, Newcastle and Northumbria have entered into a shared Chair arrangement, with Sir Paul Ennals being the Chair of all three independent organisations, as well as chairing meetings of the Great North Healthcare Alliance.

Health and Wellbeing Boards

Most local authorities have established a health and wellbeing board to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards are intended to:

- Increase democratic input into strategic decisions about health and wellbeing services;
- Strengthen working relationships between health and social care; and
- Encourage integrated commissioning of health and social care services.

Health Overview and Scrutiny Committees

Each local council has a health overview and scrutiny committee dedicated to scrutinising local NHS policy, planning, and impact against local needs and inequalities. The health overview and scrutiny committee devises a work programme which may call for reports on any aspect of local NHS activity so that it can hold both commissioners and providers to account. The health overview and scrutiny committee also must be consulted on any proposed substantial service changes.

Healthwatch

The health and social care reforms of 2012 set a powerful ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body.

Local Healthwatch is commissioned by the council, and by statute is a full and equal member of the health and wellbeing board. The local Healthwatch representative will therefore be involved in all the board's processes: evidence for the joint strategic needs assessment, priorities for the health and wellbeing strategy, and ensuring that people's views on health and social care services are heard. The local Healthwatch can refer any issues of concern to the health overview and scrutiny committee and is then kept informed of progress and outcomes. The local Healthwatch may deal with complaints if commissioned to do so by the council.

NHS England

NHS England (NHSE) is the regulator for NHS provider health services in England. Its job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.

For example, NHSE aims to ensure that trusts running hospitals, ambulance trusts and mental health and community care services are well led and are run efficiently, so they can continue delivering good quality services for patients in the future. To do this, it works particularly closely with the Care Quality Commission (CQC), the quality and safety regulator. If the CQC establishes that an NHS foundation trust is failing to provide good quality care, NHSE take part in identifying action to ensure the problem is fixed.

Since July 2022, NHSE has held NHS organisations to account along with Integrated Care Systems and Integrated Care Boards.

Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

The CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and to publish what it finds, including performance ratings to help people choose care. The CQC will ask the following questions when it inspects services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs?

The CQC will regularly inspect services and organisations with the inspection reports and ratings being made publicly available.

When CQC inspect trusts they typically hold a focus group with Governors to seek views on the governance of the trust.

Appendix 2: List of Useful Contacts and Websites

NHS England

Website: <https://www.england.nhs.uk/>

North East and North Cumbria Integrated Care System (ICS)

Website: <https://northeastnorthcumbria.nhs.uk/>

North East and North Cumbria Integrated Care Board (ICB)

Website: <https://nenc-newcastlegateshead.icb.nhs.uk/>

Department of Health and Social Care (DHSC)

Website: <https://www.gov.uk/government/organisations/department-of-health-and-social-care>

Care Quality Commission (CQC)

Website: www.cqc.org.uk

NHS Providers (NHSP)

Website: www.nhsproviders.org

Appendix 3: Glossary and acronyms

Below are some key terms and definitions which you may hear during your time as a Governor.

Term	Definition
Acute services	The services we provide from our hospitals for people who are said to have an 'acute' illness. Most of the Trust's services are geared towards people with an acute illness, although screening and maternity services do not fall into this category.
Assets	General assets include land, buildings, equipment, cash and other property.
Benchmarking	A measure or standard to which an activity, performance, service or result can be compared. For example a comparison of our waiting times for treatment with those of other Trusts.
Board of Directors	The Board of Directors of the Trust. It is made up of executive and non-executive directors and its responsibilities include determining the Trust's strategy and managing the Trust on a day-to-day basis.
Care Quality Commission (CQC)	The independent regulator of all health and social-care services in England. The commission makes sure that the care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.
Clinical	Refers to any professional care of service provided by a healthcare professional including doctors, nurses, physiotherapists, pharmacists etc.
Council of Governors	Is made up of people elected by the Trust's members and appointed by its local partner organisations. Responsibilities include approving the Trust's business plan and key Board appointments.
DHSC	Department of Health and Social Care
Disclosure and Barring Service (DBS)	The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)
Elective Services	Planned services provided to patients at an agreed time and location, sometimes also called non-emergency services.
Emergency Services	Services provided to people who need immediate care and treatment. These can be in community or hospital settings.
Executive Directors	Senior employees of the NHS Foundation Trust who sit on the Board of Directors and include the Chief Executive and Finance Director. Executive Directors have decision-making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation.
FT	Foundation Trust
Governance	Means the systems and processes that are in place to run the hospital safely and effectively in line with legislative requirements.
Great North Healthcare Alliance (GNHCA)	A collaborative working arrangement with Newcastle upon Tyne NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust

ICORE	Innovation, Caring, Openness, Respect, Engagement (Trust values)
Integrated Care Board (ICB)	The Integrated Care System is led by the Integrated Care Board and is responsible for ensuring that high quality and safe health services are accessible to all communities. It has a wide range of functions including; promoting integration of health and care services, improving people's health and well-being and reducing health inequalities.
Integrated Care System (ICS)	There is one Integrated Care System for the North East and North Cumbria. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
Patient Advice and Liaison Service (PALS)	The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Member of the NHS Foundation Trust	A member of the public who may be a patient that has agreed to become a member of the Trust, or a member of staff, who is automatically a member of the Trust.
NENC ICS and ICB	North East and North Cumbria Integrated Care System and Integrated Care Board
NHSE	National Health Service England
NHSP	National Health Service Providers
Non-Executive Director (NEDs)	A director who does not hold executive office (i.e. is part time). Non-Executive Directors have decision making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation. They are members of the Trust Board of Directors.
QEF	QE Facilities Limited
Quorum	The number of members or officers of a body that when duly assembled is legally sufficient to transact business
Remuneration	The act of paying for goods or services or to recompense for loss.
SID	Senior Independent Director

Appendix 4: Definition of Significant Transaction (Trust Constitution Section 20)

20. Mergers etc and significant transactions

- 20.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.
- 20.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction
- 20.3 “Significant transaction” will be defined by the criteria set out by NHS England below:

Ratio	Description	Reporting requirements	
		Non-healthcare/ international	UK Healthcare
Assets	The gross assets* subject to the transaction, divided by the gross assets of the foundation trust	>5%	>10%
Income	The income attributable to the: <ul style="list-style-type: none"> • assets or • contract associated with the transaction, divided by the income of the foundation trust	>5%	>10%
Consideration to total foundation trust capital	The gross capital** or consideration associated with the transaction divided by the total capital*** of the foundation trust following completion or the effects on the total capital of the foundation trust resulting from a transaction	>5%	>10%

*Gross assets are the total of fixed assets and current assets.

** Gross capital equals the market value of the target’s shares and debt securities, plus the excess of current liabilities over current assets.

***Total capital of the foundation trust equals taxpayers’ equity.

Report Cover Sheet

Agenda Item: 12

Report Title:	External Audit Tender Process			
Name of Meeting:	Council of Governors			
Date of Meeting:	19 th November 2025			
Author:	Mr Michael Smith Assistant Director of Finance – Governance and Control			
Executive Sponsor:	Mrs Kris Mackenzie Group Director of Finance			
Report presented by:	Mrs Kris Mackenzie Group Director of Finance			
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 receive the timetable and terms of reference for the External Audit Working Group			
Proposed level of assurance <i>– to be completed by paper sponsor:</i>	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"/>
	N/A			
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	N/A			
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 	The Trust's current auditors Forvis Mazars LLP are entering the final year of their contract and this paper indicates the process timetable.			
	Appointment of the Trust's (including subsidiaries) External Auditors is reserved for the full Council of Governors. To enable the Governors to effectively discharge this duty it is recommended that an appointment panel is established. The panel will make recommendations to the Council of Governors to appoint and if appropriate remove the external auditors to the Trust.			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	It is recommended that the Council of Governors <ul style="list-style-type: none"> • approve the proposed timetable for the External Audit Tender Process; and 			

	<ul style="list-style-type: none"> approve the proposed approach and planned appointment panel composition. 				
Trust strategic priorities that the report relates to:	<input type="checkbox"/>	Excellent patient care			
	<input type="checkbox"/>	Great place to work			
	<input 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):	10. We will ensure effective and efficient use of our resources identifying opportunities to improve productivity and ensure the best use of public money				
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):	<input type="checkbox"/> None directly identified				
Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Not applicable <input checked="" type="checkbox"/>	

External Audit Tender Process Timetable

1. Executive Summary

- 1.1 The Trust's current external auditors Forvis Mazars LLP are entering the final year of their contract, and this paper indicates the proposed process timetable.
- 1.2 Appointment of the Trust's (including subsidiaries) external auditors is reserved for the full Council of Governors. To enable the Governors to effectively discharge this duty it is recommended that three Governor representatives volunteer to evaluate the bids and make recommendations to the Council of Governors to appoint and if appropriate remove the external auditors to the Trust.

2. External Audit Tender Proposed Timetable

Description	Date
Review and agree specification & award criteria	Week commencing 8 th December 2025
Issue further competition documents	Monday 15 th December 2025
Closing Date for responses	Friday 16 th January 2026
Evaluation of bidders responses	Week commencing 19 th January 2026
Council of Governors meeting to recommend and approve the appointment	Wednesday 18 th February 2026
References (If necessary)	Included in the above
Interview/Clarification meeting with bidders (If necessary)	Included in the above
Issue award and rejection letters	Immediately following internal approval and award

3. External Audit Tender Appointment Panel

- 3.1. An appointment panel will be established to lead on the tender and evaluation process.
- 3.2. It is recommended that this consists of three Governors, the Chair of the Group Audit Committee and the Group Director of Finance, with support from other finance and procurement colleagues where required. It is noted that only the Governor members of the panel hold a formal vote.
- 3.3. All Governors will be invited to express an interest. It would be helpful (but not essential) if one of the Governor representatives has some financial / commercial / audit experience. Expressions of interest should be submitted to the Company Secretary by Wednesday 26th November. Should there be an over-subscription then the final decision on representatives will be made by the Chair of the Council of Governors.
- 3.4. The aim of the panel is to lead the appointment process and to ensure that as part of the process the appointed auditors meet criteria included by the National Audit Office's 'Code of Audit Practice'.
- 3.5. The panel will meet as required to deliver the appointment process and make a final recommendation on appointment to the next Council of Governors meeting on 18th February 2025 (noting that the final decision must rest with the Council, as it has no powers of delegation).

4 Recommendation

- 4.1 It is recommended that the Council of Governors
 - approve the proposed timetable for the External Audit Tender Process; and
 - approve the proposed approach and planned appointment panel composition.

Report Cover Sheet

Agenda Item: 13

Report Title:	Council of Governors Election Results			
Name of Meeting:	Council of Governors			
Date of Meeting:	Wednesday 19 th November 2025			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Sir Paul Ennals, 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 checked="" type="checkbox"/>	Information: <input type="checkbox"/>
	This paper provides the Council with an update on the election results.			
Proposed level of assurance <i>– to be completed by paper sponsor:</i>	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>	n/a			
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"> • 5 new public Governors were elected uncontested in the 2025/26 elections, with 3 returning public Governors and one returning staff Governor. All new terms will commence on 5th January 2026. • Contested elections took place within the Staff constituency with the results being communicated on Wednesday 12th November 2025. • This means that 2 of our public Governors will sadly be leaving the Council of Governors on 4th January 2026 – Les Brown and Helen Jones. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Committee is requested to: <ul style="list-style-type: none"> • Note the outcome of the elections; • Record congratulations to all successful candidates; 			

	<ul style="list-style-type: none"> Record a formal thank you to all outgoing Governors for their contributions and commitment; and Be assured that incoming Governors will be provided with a comprehensive induction and training. 				
Trust strategic 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):	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 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"/>	

Council of Governors' Elections Update

1. Executive Summary

- 1.1. The 2025 election process is now complete with seats filled through uncontested elections in the Central and Eastern Gateshead and Western Gateshead constituencies.
- 1.2. One vacancy remains within the Western Gateshead constituency and one vacancy remains within the Patient / Out of Area constituency.
- 1.3. Contested elections took place within the Staff constituency with the results being communicated on Wednesday 12th November 2025.
- 1.4. We look forward to welcoming 5 new public Governors, 3 returning public Governors and one returning staff Governor. All new terms will commence on 5th January 2026.
- 1.5. Two of our public Governors will sadly be leaving the Council of Governors on 4 January 2026 – Les Brown and Helen Jones.

2. Introduction

- 2.1. The 2025 elections consisted of 10 available seats:
 - 1 x Staff Governor
 - 3 x Public Governors for Central and Eastern Gateshead
 - 5 x Public Governors for Western Gateshead
 - 1 x Public Governors for Patient / Out of Area
- 2.2. Following the resignation of Mark Learmouth, an additional seat within the Central and Eastern Gateshead Constituency became available for the remaining terms of office (2 years).

3. Governor changes

- 3.1. The following candidates were elected unopposed, with terms commencing on 5th January 2026.

Constituency	Elected candidates
Public: Central and Eastern	Steve Connolly – re-elected to third term of office (5 Jan 2026 – 4 Jan 2029)
Public: Central and Eastern	Brenda Webb – re-elected to third term of office (5 Jan 2026 – 4 Jan 2029)
Public: Central and Eastern	Susan McKenna – elected to first term of office (5 Jan 2026 – 4 Jan 2028)

Constituency	Elected candidates
Public: Central and Eastern	Ashley Rawlings – elected to first term of office (5 Jan 2026 – 4 Jan 2029)
Public: Western	Ray Dennis – re-elected to second term of office (5 Jan 2026 – 4 Jan 2028)
Public: Western	Sarah Craig – elected to first term of office (5 Jan 2026 – 4 Jan 2029)
Public: Western	Moira Ledger – elected to first term of office (5 Jan 2026 – 4 Jan 2028)
Public; Western	Jon Twelves – elected to first term of office (5 Jan 2026 – 4 Jan 2029)

- 3.2. Elections took place for the Staff constituency with three candidates for one seat. The following candidate was re-elected, with terms commencing on 5th January 2026.

Constituency	Elected candidates
Staff	Dr Kiran Singiseti – re-elected to second term of office (5 Jan 2026 – 4 Jan 2029)

- 3.3. An induction session will take place for all new Governors with the Chair, Vice Chair, Lead Governor and Corporate Services Team on 26th November 2025.

- 3.4. The Governors who will be leaving the Council on 4th January 2026 are:

- Les Brown, Public Governor for Western Gateshead, who has served as a Governor since January 2020;
- Helen Jones, Public Governor for Central and Eastern Gateshead, who has served as a Governor since January 2017

- 3.5. We would like to record our sincere thanks and appreciation to these Governors for their commitment and contributions to the Council and Trust.

4. Recommendations

- 4.1. The Committee is requested to:

- Note the outcome of the elections;
- Record congratulations to all successful candidates;
- Record a formal thank you to all outgoing Governors for their contributions and commitment; and
- Be assured that incoming Governors will be provided with a comprehensive induction and training.

Committee Escalation and Assurance Report

Name of Governor Committee	Membership, Governance and Development Committee
Date of Governor Committee:	8 October 2025
Chair of Governor Committee:	Steve Connolly (Lead Governor)

<p>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>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 plans for the Great North Healthcare Alliance Governor event on 24th October 2025. This will include an update from Lead Governors to provide their perspectives on priorities and issues faced by each Trust within the Alliance and the Committee were asked to provide some feedback on areas to include. Suggestions included the launch of the Trust's Corporate Strategy, the development of the Governor dashboard and the importance of networking and sharing information with other Governors within the Alliance Trusts. Paul Johnson provided some feedback on recent engagement activities he has undertaken to promote Trust membership. He highlighted some comments received in relation to patient communications and these will be taken forward. The Committee discussed the benefits of active engagement within their communities and this will be considered further as part of existing membership promotion and engagement activity.
<p>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 the updated Governor Handbook and it was noted that some minor amendments have been made in relation to the change of Chair and launch of the new Trust Corporate Strategy. It was suggested that it may also be useful to include a definition relating to significant transactions and this has been added. The Handbook will be presented to the Council of Governors at the November meeting and the Committee recommends that this is approved. Following the recommendation from one of the Governors, the Committee agreed that it would be beneficial to provide a certificate or letter of service to departing

Governors and Non-Executive Directors to demonstrate the Council's appreciation for their time and commitment. This will be developed and taken forward by the Committee.

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:	19 September and 13 October 2025
Chair of Governor Committee:	Chris Toon, Appointed Governor for Gateshead College

<p>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>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 recruitment of a qualified lawyer (with communication skills/experience as a desirable criteria) to commence on 1st January 2026. The Committee also approved the broad timeline for the recruitment and draft candidate pack which included the need to identify 3 Governors to act as the voting interview panel members and all members present (Chris Toon, Steve Connolly, Lynsey Curry and Michale Loome) agreed to be involved. The proposed date for the stakeholder event and interviews is Monday 17th November 2025 which will enable the position to be ratified at the Council of Governors planned for Wednesday 19th November 2025
<p>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 the appraisal process for the Non-Executive Directors has been successfully conducted for 2024/25 and that NHS England have been informed. It was noted that the performance of each Non-Executive Director continues to be effective and demonstrates strong commitment to the role.
<p>Risks (any new risks / proposed changes to risk scores)</p>

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	√	√	√	√
Governor Dashboard	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				√
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	√	√	√	√