

Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 10:00am on Wednesday 18 February 2026, 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 19 November 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) Breast services visit / children's books	Assurance	Lead Governor/ Deputy Lead Governor / Service Leads	Presentation
BOARD AND COMMITTEE UPDATES					
7.	10:25	Acting Chief Executive's update			
		i) Strategic Report	Assurance	Acting Chief Executive	Paper
		ii) Finance Report	Assurance	Acting Chief Executive	Paper
		iii) Governor Dashboard	Assurance	Acting Chief Executive	Paper
		iv) Planning update	Assurance	Acting Chief Executive	Paper
		v) Questions from Governors	Assurance	Chair	Verbal
8.	10:50	Board Committee Assurance update:			
		i) Quality Governance Committee	Assurance	Chair of the Committee	Presentation
		ii) Finance and Performance Committee	Assurance	Chair of the Committee	Presentation
GOVERNANCE					
9.	11:10	Council of Governors' Register of Interests	Decision	Company Secretary	Paper
10.	11:15	Governor Committee Terms of Reference	Decision	Company Secretary	Paper
11.	11:20	Lead Governor and Deputy Lead Governor Appointment Process	Decision	Company Secretary	Paper



No	Start time	Item	Purpose	Lead	Paper / Verbal
12.	11:25	Council of Governors' Annual Effectiveness Survey - Results	Discussion	Company Secretary	Paper
UPDATES FROM GOVERNOR COMMITTEES AND GROUPS					
13.	11:35	Membership, Governance and Development Committee Assurance Report	Assurance	Chair of the Committee	Paper
14.	11:40	Governor Remuneration Committee Assurance Report	Assurance	Chair of the Committee	Paper
ITEMS FOR INFORMATION / MEETING GOVERNANCE					
15.	11:45	Cycle of Business 2026/27	Information	Company Secretary	Paper
16.	11:47	Top 3 Messages	Discussion	Chair	Verbal
17.	11:50	Any Other Business	Discussion	Chair	Verbal
18.	11:55	Review of Meeting	Discussion	Chair	Verbal
19.	12:00	Date and Time of Next Meeting – 10:00am on Wednesday 20 May 2026	Information	Chair	Verbal

1. Welcome and Chair's business

2. Declarations of interest

3. Apologies for absence

4. Minutes of the previous meeting held
on 19 November 2025

Council of Governors Part 1

Minutes of a meeting of the Council of Governors held at 10.00am on Wednesday 19th November 2025 in Rooms 9&10, Education Centre and MS Teams.

Name	Position
Members present	
Sir Paul Ennals	Chair
Ms H Adams	Staff Governor
Mr J Bedlington	Public Governor – Central & Eastern
Mr L Brown	Public Governor – Western
Mr S Connolly	Public Governor – Central & Eastern
Mrs L Curry	Staff Governor
Mr R Dennis	Public Governor – Western
Mrs C Hindhaugh	Public Governor – Central & Eastern
Mr P Johnson	Public Governor – Central & Eastern
Mrs H Jones	Public Governor – Central & Eastern
Mr M Loomes	Public Governor – Central & Eastern
Dr A Lowes	Staff Governor
Mrs A Obiayo	Staff Governor
Mr A Sandler	Appointed Governor
Dr G F Spiers	Appointed Governor
Mrs S Sykes	Public Governor – Central & Eastern
Mrs K Tanriverdi	Public Governor – Central & Eastern
Mrs J Thompson	Staff Governor
Mr C Toon	Appointed Governor
Mrs B Webb	Public Governor – Central & Eastern
In Attendance	
Mrs J Boyle	Company Secretary
Mr A Besford	Non-Executive Director
Ms N Bruce	Director of Strategy and Partnerships
Mr G Evans	QE Facilities Managing Director
Mr N Halford	Medical Director of Strategic Relations
Mrs J Halliwell	Group Chief Operating Officer
Dr C Howey	Group Medical Director
Mr A Lamb	Freedom to Speak Up Guardian (25/11/06)
Mrs K Mackenzie	Group Director of Finance
Dr G Morrow	Vice Chair
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Mr A Rayner	Deputy Chief Nurse
Mrs A Venner	Group Director of People & Organisational Development
Ms D Waites	Corporate Services Assistant
Apologies	
Mr M Brown	Appointed Governor
Cllr D Burnett	Appointed Governor
Mr A Crampsie	Non-Executive Director
Dr S Fenwick	Acting Chief Executive



Mr M Hedley	Non-Executive Director
Professor B Hill	Appointed Governor
Mr R Hughes	Non-Executive Director
Mrs J Perry	Appointed Governor
Mrs B Swanson	Interim Chief Nurse

Agenda Item No		Action Owner
25/11/01	<p>Welcome and Chair's Business</p> <p>Sir Paul Ennals, Chair, opened the meeting and welcomed the Governors and Board Members. He highlighted that this is his first meeting as Chair and encouraged members to receive papers as read. Some questions have been received in advance and will be covered within the meeting.</p> <p>There were no other items of business to be made aware of.</p>	
25/11/02	<p>Declarations of interest</p> <p>There were no declarations of interest.</p>	
25/11/03	<p>Apologies for absence:</p> <p>Apologies were received as per the attendance register.</p>	
25/11/04	<p>Minutes of the previous meeting:</p> <p>The minutes of the previous meeting held on 24 September 2025 were approved as a correct record.</p>	
25/11/05	<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 25/09/06 relating to reviewing information provided within the Governor Dashboard with regards to complaints re. outcomes and learning. It was reported that additional information has now been included in the dashboard on complaint outcomes and will be kept under review and feedback continually sought. On this basis, the action was agreed for closure. • Action 25/09/06 relating to sharing further information for staff retention once focus work has been completed. This is ongoing therefore action to remain open until completed. • Action 25/09/06 relating to the Speech and Language Therapy Rapid Response service. It was reported that this is being 	

Agenda Item No		Action Owner
	<p>reviewed by Lorna Dace, Allied Health Professional Lead, and a clear resolution is expected. Action agreed for closure.</p> <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>	
25/11/06	<p>Showcase Presentations:</p> <p>Freedom to Speak Up (FTSU) Guardian: The Council welcomed Mr Andrew Lamb who introduced himself to the Council as the new interim Freedom to Speak Up Guardian. He shared some of the progress which has taken place over the last year which includes increased communications and the introduction of a route map which provides a clear guide of resources available to staff. It highlights the importance of creating a culture where speaking up should be a routine part of organisational life and Mr Lamb explained that updates have also been made to the FTSU information on Staff Zone as well as the FTSU policy.</p> <p>Mrs J Thompson welcomed the work that is being done around FTSU however raised some concerns in relation to accessing services for staff following the removal of the staff listening space. Mrs A Venner, Group Director of People and Organisational Development, explained that the space was not being utilised, but detailed work continues to take place around strengthening resources and this will be looked at in more detail via the People and Organisational Development Committee. It was agreed that the Committee would seek assurance regarding the provision of alternative spaces for staff to hold confidential discussions.</p> <p>Mr S Connolly raised a query in advance of the meeting in relation to the culture risk being removed from the Organisational Risk Register. Mrs M Pavlou, Non-Executive Director, explained that the risk remains on the register however is no longer a Top 3 risk and demonstrates the work that is taking place including staff being more comfortable to speak up via line managers and People teams. A query was raised regarding how the effectiveness of mechanisms to support colleagues to raise concerns and have these resolved before utilising FTSU is measured. The Chair requested that the People and Organisational Development Committee seek assurance over measurement of pre-FTSU triggers as part of its assurance work.</p> <p>Mr P Johnson requested some assurance around the protection provided to individuals raising concerns and Mrs Venner explained that robust systems are in place to provide a consistent approach and ensure that a fair and supportive process is maintained. Mr Lamb highlighted that</p>	<p>PODC</p> <p>PODC</p>

Agenda Item No		Action Owner
	<p>contact is also maintained with those raising concerns and is part of the requirements in place from the National Audit Office.</p> <p>The Chair thanked Mr Lamb for providing an update to the Council.</p> <p>QE Facilities: Mr G Evans, QE Facilities Managing Director, and Mrs M Pavlou, Chair of QE Facilities, provided an update on the work being undertaken through the Trust's subsidiary company, QE Facilities. He highlighted the services provided both regionally and nationally and strong performance has continued with efficiency targets being achieved. The Board recently approved its Corporate Strategy which supports the Trust's strategy and strategic ambitions within business development.</p> <p>Mr P Johnson queried whether the company had its own Governors however the Chair explained that this is subsidiary company and is therefore accountable to the Trust Board. Governors seek assurance over QE Facilities via the Trust's Board and its Non-Executive Directors, with the annual QE Facilities presentation to the Council offering a further insight into the company.</p> <p>Mrs J Thompson was pleased to see that domestic colleagues were recently recognised at the Staff Awards and demonstrated that good support mechanisms were in place.</p>	
25/11/07	<p>Great North Healthcare Alliance Update:</p> <p>Ms N Bruce, Director of Strategy and Partnerships, shared the vision, milestones, goals and workplan for the Alliance following discussions at the recent Governor Alliance event and reminded the Governors of the strategic priorities which includes the shift towards community and out of hospital care, and improving digital services.</p> <p>Ms Bruce highlighted some of the progress that is taking place including research and development, reducing health inequalities and bilateral arrangements which focus on strengthening patient pathways and workforce resilience.</p> <p>Following a query from Mrs C Hindhaugh in relation to supporting services, Ms Bruce explained that there are good relationships across the Alliance and discussions have been taking place around how patient pathways can be improved.</p> <p>Mr L Brown felt that further work may be required in relation to the alignment of Alliance trusts particularly around public perceptions and Ms Bruce explained that communication teams work closely together therefore are in a stronger position to manage this. Mrs J Thompson felt that it would be useful to share more around the Alliance work with staff particularly around the benefits. Dr G Morrow, Vice Chair, suggested that</p>	

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	<p>it might be useful to share some staff or patient stories around some of the themes of improvement across the Alliance and Ms Bruce will feed this back to the Alliance Formation Team.</p> <p>Following further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance and note the progress made.</p>	NB
25/11/08	<p>Acting Chief Executive's Update:</p> <p>Mrs J Halliwell, Group Chief Operating Officer, (on behalf of the Acting Chief Executive) provided an update on current issues relating to the Trust within the organisational strategic aims.</p> <p>Mrs Halliwell began by drawing attention to some key points in relation to national policy, statistics and context and highlighted that there were a number of key documents recently published including the Medium Term Planning Framework for 2026-2029 which is currently been worked through and is required to be submitted by 18th December 2025. The draft Advanced Foundation Trust Framework has also recently been published which provides details around the Trust provider role and the assessment process around the integrated health organisation contract. Mrs Halliwell also highlighted that the resident doctor strike has now come to an end and was pleased to report that this had had a minimal impact on patient services. The Chair thanked teams for their support around this.</p> <p>Mrs Halliwell drew attention to some of the national performance headlines and the detailed slide around the Trust's key operational performance headlines which demonstrates the Trust's position against national and peer benchmarking. Further details have been provided around the work being undertaken around winter plans and demonstrates some of the collective challenges particularly around the early peak of flu cases and impacts on patient flow.</p> <p>In relation to updates on the Trust's strategic aims, Mrs Halliwell highlighted that Beth Swanson has joined the Trust as interim Chief Nurse and following the recommendations of NHS England's 10 Point Plan to improve the working lives of our resident doctors, Dr Carmen Howey, Group Medical Director, has been appointed as the named lead for resident doctor issues and Dr Ruby Hodges as our resident doctor peer representative.</p> <p>Finance Report:</p> <p>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 £6.6m at the end of September 2025 (Quarter 2) which is marginally ahead of plan. Some challenges remain in relation to the cash</p>	

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	<p>balance however this continues to be closely monitored. Cost reduction plan savings are at £14.063m and are on plan, of which £10.148m has been achieved on a recurrent basis.</p> <p>The Chair highlighted that the Trust has a good grip on cost reduction plans and as a result has been asked to provide advice to other Trusts.</p> <p>Governor Dashboard: Mrs Halliwell shared the Governor dashboard which was introduced at the last meeting following best practice feedback. Mrs J Boyle, Company Secretary, highlighted that additional information has now been included in the dashboard on complaint outcomes following discussion with Mrs S Sykes and operational performance information has been moved into the Acting Chief Executive's strategic report. The dashboard will continue to be kept under review and feedback continually sought.</p> <p>Mrs C Hindhaugh queried whether information around Patient-Led Assessments of the Care Environment (PLACE), 15 steps and Non-Executive Director visits could be included, and Mrs Boyle will look into this with the suggestion that this information is provided on a bi-annual basis.</p> <p>Mrs H Jones raised some difficulties she had experienced whilst attempting to submit a compliment online and felt that this could be improved. Mrs Boyle will look into this and provide a response.</p> <p>Questions from Governors: The Chair informed the Council that some questions had been received in advance of the meeting and responses will be provided by the relevant Non-Executive Director. These will be shared with Governors following the meeting.</p> <p>A question was received from Mr S Connolly in relation to the People metrics highlighted within the Governor Dashboard relating to 37.2% of days being lost to staff sickness being attributable to anxiety, stress and depression and how this was being addressed by the Trust. Mrs M Pavlou explained that sickness is now at 5.5% which is as expected and of this, just over a third is cited as anxiety, stress and depression. She reported that there are many factors involved however there is a growing number which is not work related and each situation is being managed accordingly. An updated policy and training are in place for managers and an absence task force is working in areas of high sickness to provide support and guidance.</p> <p>After discussion, it was:</p> <p>RESOLVED: to receive the updates for assurance and information.</p>	<p>JB</p> <p>JB / DW</p>

Agenda Item No		Action Owner
25/11/09	<p>Board Committee Assurance update:</p> <p>Digital Committee: Mr A Besford, Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee.</p> <p>This is Mr Besford's first time presenting to the Council as Committee Chair and he reminded the Council that David Elliott has been appointed as Chief Digital Officer across the Alliance and David Thompson is the Trust's local lead. He drew attention to some of the main areas of discussion which included:</p> <ul style="list-style-type: none"> • Priority assurance themes for the Committee including delivery of projects, business continuity, governance (which includes work around the key performance indicators), and data submission to provide real time observations. • The Committee is currently monitoring one of the top 3 risks on the Organisational Risk Register around the 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. Mr Besford explained that this is an increasing challenge however work is in progress and the Committee will be reviewing the Digital Records Programme at its next meeting which will provide a breakdown of themes and support the Trust's key strategic aims. <p>Following a query from Mr J Bedlington around multiple systems and the potential use of Artificial Intelligence, Mr Besford explained that good processes are in place however acknowledged that it is important that a consistent approach is developed across organisations. Mrs J Halliwell, Group Chief Operating Officer, reported that the alignment and connectivity of operational and clinical systems is being developed.</p> <p>Charitable Funds Committee: Mrs H Parker, Committee Chair, and Mrs K Mackenzie, Group Director of Finance, provided an update on key issues and assurances, key risks and priorities from the Committee. They drew attention to some of the main areas of discussion which have included:</p> <ul style="list-style-type: none"> • Key issues considered include a focus on fund management due to increased fundraising and how these funds are best used. Two new posts have been created (Head of Charity and Marketing Officer) which will strengthen capacity and income growth. • The charity has supported 193 projects over the last 18 months with over half providing vital equipment to improve patient care and outcomes. • Key priorities over the next 6 months includes the implementation of legacy spending plans and work to agree the charity's long term direction and alignment to the Trust's Corporate Strategy. 	

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	<ul style="list-style-type: none"> Mrs Mackenzie highlighted the success of this year's Great North Run in which £17k was raised and planning is underway for next year's run with even more people signing up to take part. <p>Mr P Johnson raised a query in relation to the approval of charitable fund spending and Mrs Mackenzie explained that governance processes are in place around delegated authority which is approved by the Charitable Trust Board.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance.</p>	
25/11/10	<p>Governor Observers on Board Committees:</p> <p>Mrs J Boyle, Company Secretary, presented the report for approval to the Board Committee Governor observer roles.</p> <p>She reminded the Council that the process for the self-nomination and appointment of Governors to the Board Committee observer roles was approved at the last meeting. A number of Governors expressed an interest in the observation roles, and the outcome is highlighted within the report. 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).</p> <p>It was noted that a vacancy remains for Digital Committee and Governors were asked to contact Mrs Boyle should they be interested.</p> <p>After consideration, it was:</p> <p>RESOLVED: 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).</p>	
25/11/11	<p>Governor Handbook:</p> <p>Mrs J Boyle, Company Secretary, presented the revised Governor Handbook which ensures that the information for Governors is current and up to date.</p> <p>She reported that the handbook has been reviewed by the Membership, Governance and Development Committee and minor amendments were made in relation to the change of Chair, launch of the new Trust Corporate Strategy and significant transaction definition added.</p> <p>Following consideration, it was:</p>	

Agenda Item No		Action Owner
	<p>RESOLVED: to approve the revised handbook following the recommendation from the Membership, Governance and Development Committee.</p>	
25/11/12	<p>Appointment of External Auditors:</p> <p>Mrs K Mackenzie, Group Director of Finance, presented the proposed process timetable in relation to the external audit tender process.</p> <p>Mrs Mackenzie reminded the Council that the appointment of the Trust's (including its subsidiary) external auditors is reserved for the full Council of Governors therefore to enable Governors to effectively discharge this duty, it is recommended that three Governor representatives volunteer to evaluate the bids as part of the appointment panel and make recommendations to the Council of Governors to appoint and if appropriate remove the external auditors to the Trust.</p> <p>Mrs Mackenzie explained that the panel will also consist of the Chair of the Group Audit Committee and the Group Director of Finance, with support from other finance and procurement colleagues where required. All Governors are invited to express an interest however it is recommended that one of the Governor representatives has some financial / commercial / audit experience although this is not essential.</p> <p>Expressions of interest are asked to be submitted to Mrs J Boyle, Company Secretary, by Wednesday 26th November 2025.</p> <p>After discussion, it was:</p> <p>RESOLVED: i) to approve the proposed timetable for the External Audit Tender Process ii) to approve the proposed approach and planned appointment panel composition.</p>	
25/11/13	<p>Election Results:</p> <p>Mrs J Boyle, Company Secretary, provided the Council with an update on the Council of Governors' election results.</p> <p>Mrs Boyle reported that the 2025 election process is now complete with seats filled through uncontested elections in the Central and Eastern Gateshead and Western Gateshead constituencies. One vacancy remains within the Western Gateshead constituency, and one vacancy remains within the Patient / Out of Area constituency. Contested elections took place within the Staff constituency with the results being communicated on Wednesday 12th November 2025.</p>	



Agenda Item No		Action Owner
	<p>The Trust will be welcoming 5 new public Governors (subject to relevant volunteer checks), 3 returning public Governors (Steve Connolly, Brenda Webb and Ray Dennis) and one returning staff Governor (Dr Kiran Singiseti). All new terms will commence on 5th January 2026.</p> <p>Mrs Boyle reported that two of our public Governors will sadly be leaving the Council of Governors on 4th January 2026 – Les Brown and Helen Jones and the Council recorded their sincere thanks and appreciation to these Governors for their commitment and contributions to the Council and Trust.</p> <p>Following discussion, it was:</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i) to note the outcome of the elections ii) to record congratulations to all successful candidates iii) to record a formal thank you to all outgoing Governors for their contributions and commitment iv) to be assured that incoming Governors will be provided with a comprehensive induction and training. 	
25/11/14	<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 8th October 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 discussed the Governor Alliance Event which took place on 24th October 2025 and provided some suggestions to include in the Lead Governor update. Mr Connolly reported that feedback from the event had been very positive and received positive interest in the Trust’s Governor Dashboard. • The Committee received feedback from Mr P Johnson around some recent engagement activities and discussed the benefits of active engagement within their communities. It has since been arranged to set up a stall prior to the Light up a Life event to promote membership and provide an opportunity to meet Governors and Governors are asked to support this. • 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 has been actioned and will be noted later in the meeting. 	

Agenda Item No		Action Owner
	<p>After discussion, it was:</p> <p>RESOLVED: to note the update from the Membership, Governance and Development Committee</p>	
25/11/15	<p>Governor Remuneration Committee Assurance Report:</p> <p>Mr C Toon, Committee Chair, provided the Council with an update on the key messages from the recent Governor Remuneration Committee meetings held on 19th September and 13th October 2025.</p> <p>He reported that there were no issues identified as requiring escalation to the Council for further action and discussion around the recruitment of a qualified lawyer (with communication skills/experience as a desirable criteria) will take place within part 2 of the meeting.</p> <p>Following discussion, it was:</p> <p>RESOLVED: to note the update from the Governor Remuneration Committee.</p>	
25/11/16	<p>Cycle of Business 2025/26</p> <p>Mrs J Boyle, Company Secretary, presented the cycle of business for the Council of Governors for 2025/26.</p> <p>This provides the Council with a forward view of future meetings for the next financial year.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the cycle of business for information.</p>	
25/11/17	<p>Top 3 Messages:</p> <p>This agenda item enables the Council to agree on the top three messages from the meeting which Governors can use to inform their discussions with staff, members, and the public.</p> <p>The Council agreed that this included:</p> <ul style="list-style-type: none"> To share the message to use NHS services wisely over winter due to challenges discussed earlier in the meeting particularly around the early peak of flu cases therefore encouraging eligible people to take up the opportunity of receiving a free flu vaccine to protect themselves and their families. 	

Agenda Item No		Action Owner
	<ul style="list-style-type: none"> To promote our Gateshead Health Charity on the fantastic work it has achieved in the last 18 months and the difference that this has made to our colleagues and patients. Also by highlighting how people can get involved in fundraising and events, including the Light Up A Life Event on 4th December 2025. By highlighting the first anniversary of the opening of the Community Diagnostic Centre at the Metrocentre in partnership with Newcastle Hospitals. This reduces the pressure on our main hospital sites and brings care into the community in a location that benefits from excellent transport links. <p>In line with normal practice Mrs J Boyle, Company Secretary, will share these in more detail within the Governor update email along with details on the Great North Healthcare Alliance Christmas Carol Concert.</p>	
25/11/18	<p>Any Other Business:</p> <p>Following discussion at the last Membership, Governance and Development Committee, it was recommended to provide a certificate to departing Governors and Non-Executive Directors to demonstrate the Council's appreciation for their time and commitment.</p> <p>Certificates were distributed to Helen Jones, Les Brown and Hilary Parker in recognition of their contributions and formal thanks was recorded on behalf of the Council and Board.</p>	
25/11/19	<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>	
25/11/20	<p>Date and Time of Next Meeting:</p> <p>The next meeting of the Council of Governors will be held on Wednesday 18th February 2026.</p>	

5. Action log and matters arising

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 – questions from Governors	To share further information in relation to staff retention once focus work has been completed	19/11/25	SF/AV	November 25 – ongoing. Update to be provided once work completed.	
25/11/06	19/11/25	Freedom to Speak Up (FTSU)	People and Organisational Development Committee (PODC) to: <ol style="list-style-type: none"> 1. Seek assurance regarding the provision of confidential spaces for colleagues to use following the removal of the staff listening space 2. Seek assurance over the effectiveness of the mechanisms in place to support colleagues raising and resolving concerns prior to the FTSU stage. 	18/02/25	MP / AV (via PODC)	With regards to action 1 a full list of the spaces that colleagues can use for confidential discussions was collated and communicated to all colleagues in the Trust. This was a valuable exercise and came as a direct result of the query raised by Governors.	
25/11/06	19/11/25	Great North Healthcare Alliance Update	To explore the possibility of sharing staff or patient stories around themes of improvement from Alliance workstreams – to discuss with the Alliance Formation Team	18/02/25	NB		

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	Status
25/11/08	19/11/25	Governor Dashboard	To provide a response in relation to difficulties experienced submitting a compliment online	30/11/25	JB	Changes have been proposed to the website to clarify that the relevant webpages can be used for both the submission of compliments as well as complaints (Share your experience - Gateshead Health page, the Send us your feedback - Gateshead Health and Patient Advice and Liaison Service (PALS) - Gateshead Health pages)	
		Questions from Governors	To distribute full list of questions and responses to rest of Council	30/11/25	JB / DW		

Actions closed from last meeting

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
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 agreed for closure.	
			To review query raised in relation to Speech and Language Therapy Rapid Response and provide response	19/11/25	SF	Nov 25 - It was reported that this is being reviewed by Lorna Dace, Allied Health Professional Lead, and a clear resolution is expected. Action agreed for closure.	

TRUST UPDATES INCLUDING STRATEGY

6. Showcase presentations / patient / staff story

i) Breast Services visit / children's books

Children's Books

Kathryn Jobes – Womens Cancer
Detection Society Charity
Manager

Rachel Lockerbie –Specialist
Breast Care Nurse

Emily Turnbull – Specialist Breast
Care Nurse







**WOMEN'S
CANCER
DETECTION
SOCIETY**

GATESHEAD



books in
fish box
I write

acc
e plest

Mummy had to go
to the doctor
as she had bad
cells in her body



Can you think of anything else that the doctor would use to help a patient?



What are the different ways that a patient can get a picture of their body? How can we use different kinds of pictures that might be used in the hospital?



Page 12 Keep the same (Ring the bell)

Surgery book

Idea

include nurses and doctors maybe make Doc a superhero

Mum getting visitors receiving flowers

Are we mentioning Breast Cancer in the books?

Can we do pictures of beds?

image in hospital bed

18/01/2025

team valley
primary

Re Surgery

Multiples
of 4

Mummy had to go
to the doctor
as she had bad
cells in her body

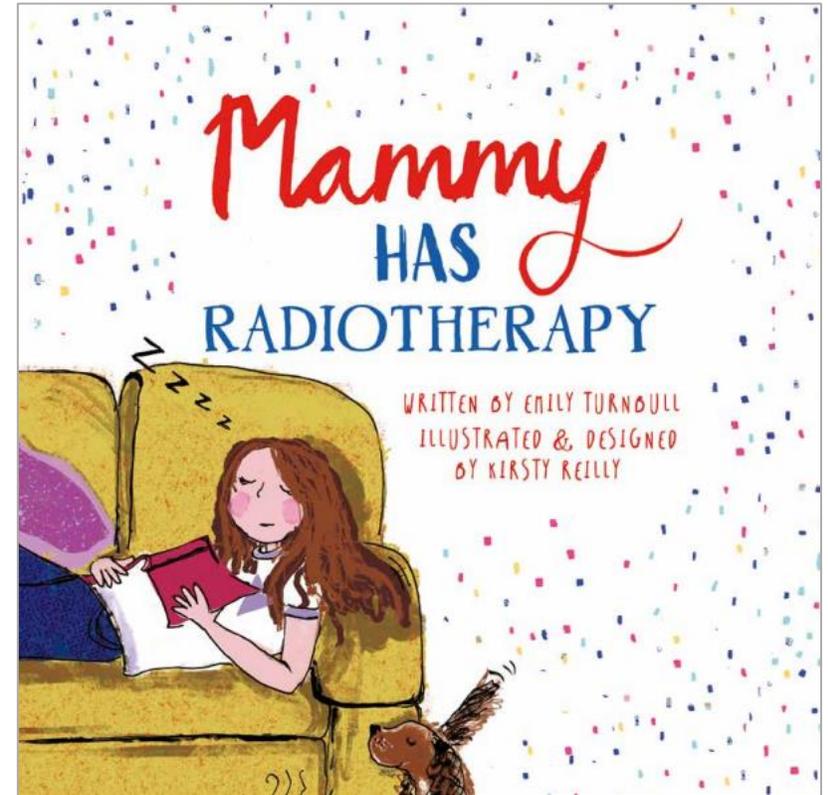
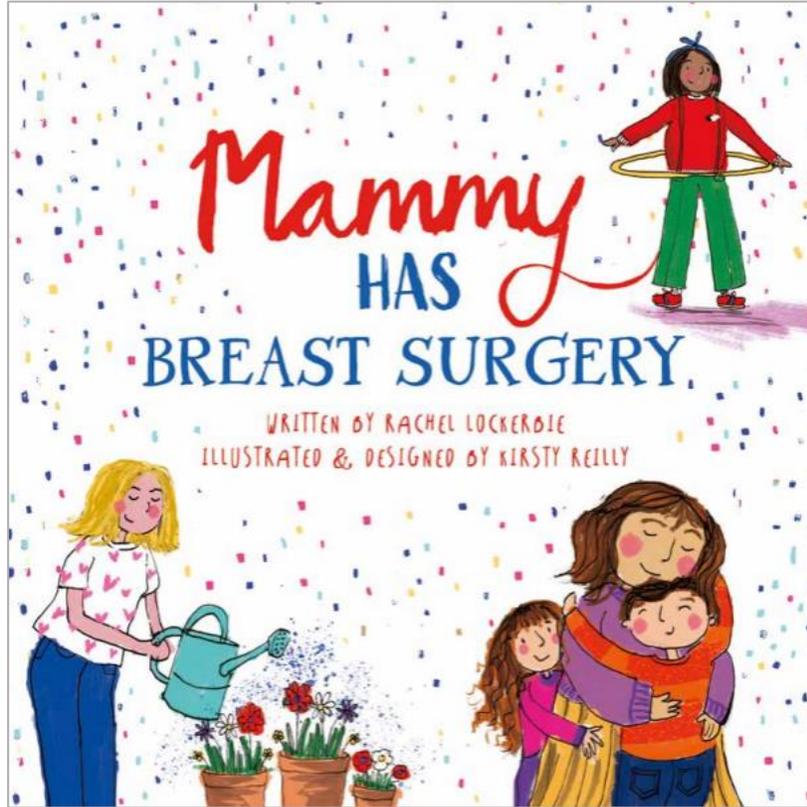
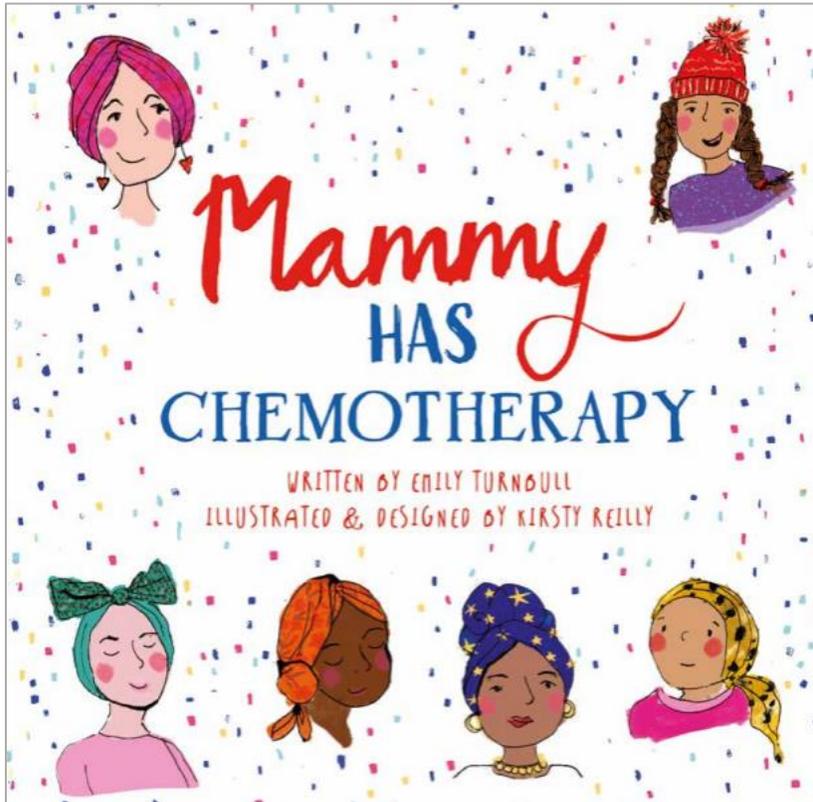


The doctor
said she needs
special medicine
called
chemotherapy.



CHILDRENS BOOK
Illustration ideas





It was lovely to meet you on Tuesday. We had a read through the books when we got home and they're amazing! We're planning to go through them with both kids this weekend.

These books are fantastic thank you ladies. I received mine this morning and I have already sat down with my 10 year old autistic daughter to read them and it's helping massively and has opened up conversations with her. Well done x

I think this will help children understand so much better about the process of treatments.

Sorry I just had to share with you as I think they are brilliant 🙌 and get the thumbs up off. [REDACTED]



Hi, I've just seen an article about you guys creating a breast cancer book for children. This has brought me to tears, I was diagnosed with breast cancer in august, had a mastectomy and I've just started chemotherapy last week. I've searched for books for my children to explain this but not found anything.

My children are 2 & 4 years old and I just struggle to explain what I'm going through with them, so thank you so much for making

a book like this to help women like me living through this difficult time in our lives. I would love love love to purchase one please,

am I able to buy one? I live in Manchester and having treatment at the Christie. Thanks again,

Dear Emily
 Just a brief note to say a most sincere thank you for including me in your wonderful celebration + book launch. It was lovely to meet your family + your gorgeous daughter + you should be so proud of your achievements.

I brought 2 boxes of books home + both are now with SEND teachers who think they are a fantastic resource for their schools. I'm enclosing £20 from another teacher who would like a set of 20 books too if that's possible please (the box is necessary - just as boxes!). I can collect them from Gtindera sometime if that's easier than posting them.

I hope you have had a restful weekend + are fully recovered from your launch. I may even try and find the news interview I missed before it disappears.

Emily
 Congratulations to you and your colleagues. Your book is inspirational.
 Happy Christmas to everyone in the department.
 Kind Regards.
 [Redacted Signature]



- Patients and health care professionals across UK contacted about books.
- The books are currently in Birtley, Gateshead and Whickham library
- Presentations in schools across Gateshead and Birtley.
- Macmillan are currently arranging funds so they can purchase the books in bulk.



NEWS

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Books help explain cancer to patients' families



The books detail treatments such as surgery and chemotherapy



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Sounds

Bitesize

SOUNDS

Home

Music

Podcasts

My Sounds



Radio Newcastle · 8 mins

Gateshead cancer charity launches book to help children

Matt Bailey >

▶ Play

+ Bookmark

🔔 Subscribe

Available for over a year

They aim to make it easier for them to talk about the illness with their Mam

Programme Website [🔗](#)



Any Questions?



BOARD AND COMMITTEE UPDATES

7. Acting Chief Executive's update

i) Strategic report

ii) Finance Report

iii) Governor Dashboard

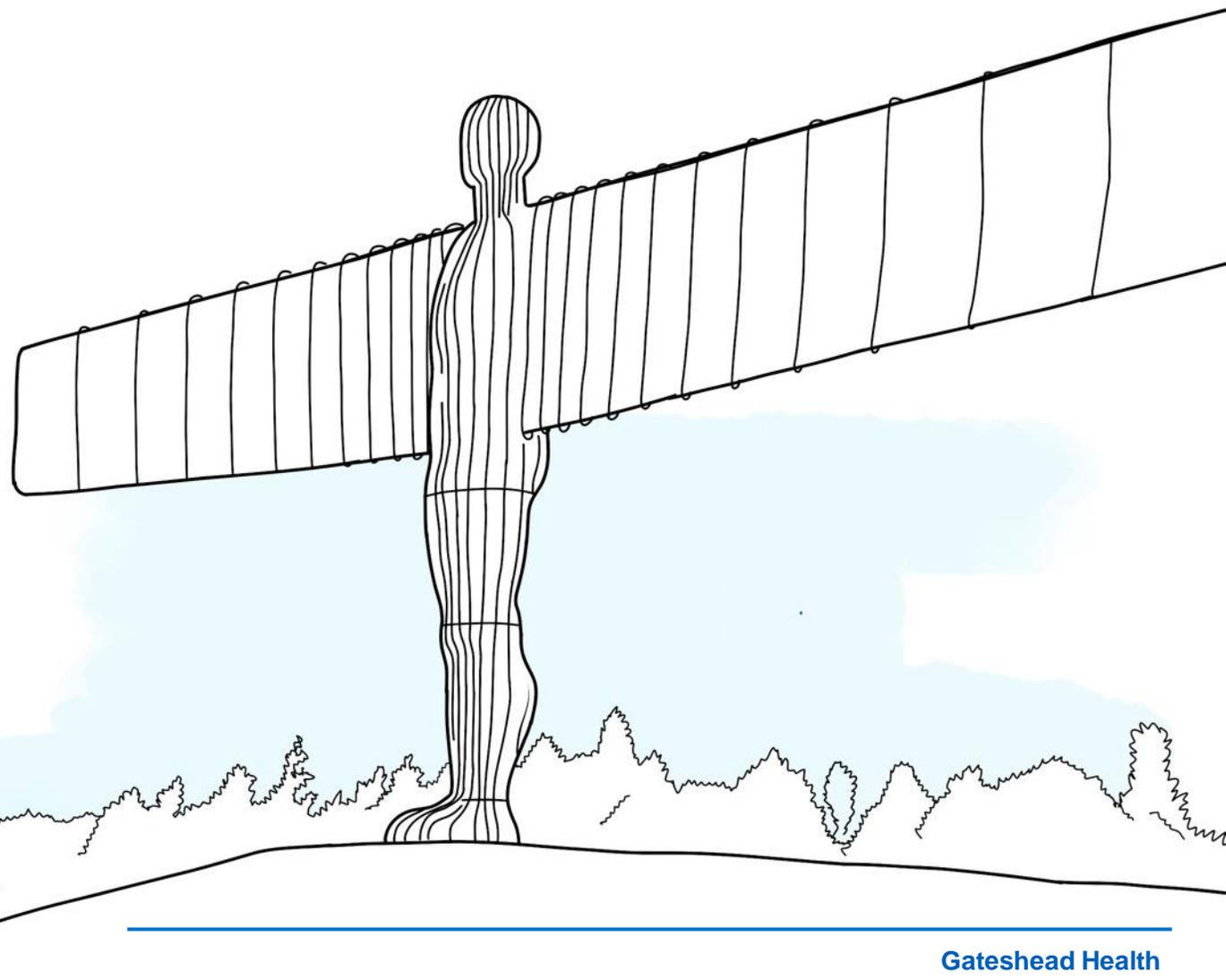
iv) Planning update

iv) Questions received in advance from
Governors

Acting Chief Executive's Strategic Report to the Council of Governors

Dr Sean Fenwick, Acting Chief Executive

18 February 2026



National statistics and context

National policy, context and operating models

Medium Term Planning has been underway nationally ahead of the full plan submissions on 12 February

NHS England and ICB holding check and challenge meetings with providers

NHS Oversight Framework Quarter 2 2025/26 ratings published in December 2025 – Gateshead ranked 62, an improvement on the previous quarter (83)

Merger of NHS Providers and NHS Confederation to form a new membership organisation

NHS Providers undertaking engagement work to gather views on the potential future changes in Foundation Trust governance (the removal of the requirement to have Councils of Governors)

Resident doctors voted in favour of more industrial action

Publication of the National Cancer Plan – 75% of patients diagnosed with cancer from 2035 will be cancer-free or living well after 5 years; and NHS to meet all cancer waiting time by 2029

National performance headlines

National performance – November and December 2025

At the start of winter flu was at record levels, but from 15 December onwards flu-related beds have been lower than in the past 2 years.

On average 58.1% of patients who no longer met the criteria to reside remained in hospital compared to 56.4% in December 2024.

73.8% of patients in A&E seen within 4 hours (Dec), an improvement on last year (71.1%), but below the 78% aim. For types 1 and 2 only 4 hour performance was 60.3%

10.5% of patients spent more than 12 hours in A&E in December, above the threshold of 10%

70.2% of referrals met the 62-day cancer standard in November, a slight improvement on last year.

In November 76.5% 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 (77.3%) and below the target of 80%.

In November 78.3% of patients were seen within 6 weeks for diagnostic tests, which is a slight deterioration from the previous month (78.7%), but far from the 99% constitutional standard

Waits over 18 weeks are equivalent to 61.8% of all waits (Nov), 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	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Ass/Var
Achievement of the A&E 4 hour standard	>78%	73.0%	65.6%	71.2%	73.6%	74.5%	72.5%	79.0%	76.7%	82.2%	82.3%	77.4%	73.7%	77.6%	73.0%	 
12 hour trolley waits (DTA to left department)	0	1	30	0	0	2	0	1	2	1	0	2	21	6	2	 
% of ED attendances > 12 hours in department (Type 1) <i>Reset April 2025 to align with 2025/26 operational guidance definitions</i>	0.2%	5.1%	10.5%	5.2%	2.5%	0.7%	0.88%	0.52%	0.77%	0.25%	0.23%	1.19%	5.68%	1.61%	3.85%	 
Ambulance handover delays 30-60 minutes	0	10	43	21	4	6	11	4	16	5	1	8	21	7	23	 
Ambulance handover delays over 45 minutes	0						3	1	5	0	0	0	8	1	15	
Ambulance handover delays 60 minutes +	0	1	51	14	0	7	1	0	0	0	0	0	3	0	9	 
Achievement of the RTT 18 week standard	>92%	69.2%	69.8%	70.6%	71.3%	71.0%	69.4%	68.5%	68.3%	68.6%	67.4%	68.3%	67.9%	69.5%	70.1%	 
Achievement of the 52 week RTT standard	0	111	102	83	66	0	16	1	18	35	55	52	41	33	25	 
Achievement of the 6 week diagnostic standard	>95%	86.8%	83.3%	81.4%	86.4%	82.6%	77.4%	74.2%	77.3%	74.8%	71.1%	81.6%	86.3%	96.6%	95.9%	 
Achievement of the Cancer 28 day standard <i>Reset April 2025 to align with 2025/26 operational guidance standard</i>	>80%	83.2%	84.1%	77.0%	80.7%	80.5%	70.1%	69.9%	77.2%	76.0%	75.6%	64.9%	74.7%	80.3%	73.3%	 
Achievement of the Cancer 31 day standard	>96%	98.5%	98.9%	99.4%	100.0%	100.0%	99.5%	99.5%	97.9%	100.0%	97.9%	96.7%	100.0%	97.2%		 
Achievement of the Cancer 62 day standard <i>Reset April 2025 to align with 2025/26 operational guidance standard</i>	>75%	74.8%	75.6%	80.2%	81.0%	82.1%	73.7%	67.7%	72.7%	75.3%	70.8%	71.1%	72.7%	69.3%		 

Our key operational performance headlines

- In December performance against our A&E targets was more challenging than in the previous month. **A&E 4 hour performance** for December 2025 was 73% (broadly comparable to the national performance of 73.8%), below the national target for 78% and below our planned performance of 81%. December attendances peaked at 10,468, which is the highest number since the pandemic. A number of days saw attendance of over 400 people, higher than at any time in the last five years.
- The total Type 1 A&E attendances spending **greater than 12 hours in the department** in December was 3.85%, which is above our plan of 0.2%. Additionally, there were two 12 hour trolley waits during the month, which was an improvement on the last 2 months.
- The Trust remains a top performer in **ambulance handover** times with average hand-over time of 14 minutes 51 seconds in December against the national standard of <15 minutes. 32 handovers in December exceeded 30 minutes 15 were more than 45 minutes and 9 over 60 minutes..
- The number of patients waiting **over 52 weeks** has reduced each month since August 2025, with 25 52+ week waiters at the end of December. All 52+ week waiters are in Trauma and Orthopaedics (T&O) and Urology. T&O waiters are reducing month on month and we are working with Newcastle colleagues on a series of mitigating actions in relation to Urology.
- The average **length of stay** for non-elective patients increased slightly in December to 7.59. This is above our threshold of 4 days and reflects challenges for patients who require suitable out of hospital patients. We are participating in the NHS England 'sprint' for patients who are able to return to their usual place of residence.
- 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).

- 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.
- February 2026 update:
 - Flu levels have continued to reduce.
 - A number of norovirus outbreaks have occurred.
 - Infection control has resulted in some temporary bed escalation and decant areas being used to support patient safety.

Winter Oversight Group
Internal & System

Board-approved Winter Plan

Clinically-led tactical plan

Ward 11 escalation area

Vaccinations

Information and adaptation

Excellent patient care

Great place to work

- [Our maternity services have been ranked in the top five of all Trusts nationally](#) in the Care Quality Commission's (CQC) 2025 National Maternity Survey, receiving an overall positive score of 92.5%. This is fantastic news for our patients and local community and testament to our colleagues' commitment to the delivery of high-quality compassionate care.
- **Our Breast Service has launched a unique set of children's books**, written by specialist breast care nurses Emily Turnbull and Rachel Lockerbie with illustrations from Kirsty Reilly. The books are designed to help explain cancer treatment to children whose parents have been diagnosed with breast cancer. The project was funded by the Women's Cancer Detection Society (WCDS) and has attracted media attention. The books are given to patients free of charge.



Working together for healthier communities

- Last month we welcomed Karin Smyth, Minister of State for Health, to the Community Diagnostic Centre (CDC) at the Metrocentre. During the visit the Minister met front line staff, toured the Centre and discussed how the CDC is supporting faster access to tests, easing pressure on acute hospital sites and contributing to the shift of care from hospital to community setting.
- Since opening in October 2024 the CDC has seen more than 75,000 patients and has the capacity to deliver up to 145,000 appointments each year.



- There has been a significant focus on the **development of the medium term plan** over the last few months, as detailed in the supporting paper.
- Recent discussions with NHS England about **elective care performance** have been positive. Our recovery plans have been well received and have provided assurance that the right actions are in place to improve performance.
- In January 2026 the [BBC](#) cited the Trust as an example of good practice with regards to the **discharge liaison hub**. The article highlighted the cross-working between Trust colleagues in the hub, social workers and the local authority housing service in supporting planning and timely discharges.
- In December 2025 the North East and North Cumbria Pathology Network hosted a **visit to our pathology centre** by the Provider Collaborative and Lord Carter. The visit included an overview of the network and a tour of the centre. The critical role of data was recognised and the need to ensure that this is collected and used across providers in the most effective way. The pathology model is a powerful example of the value of working together at scale.





Report Cover Sheet

Agenda Item: 7(ii)

Report Title:	Finance Report Q3			
Name of Meeting:	Council of Governors			
Date of Meeting:	18/02/2026			
Author:	Ms Jane Fay, Deputy Director of Finance			
Executive Sponsor:	Ms Kris Mackenzie, Group Director of Finance			
Report presented by:	Ms Kris Mackenzie, Group Director of Finance			
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"/>
	Enter purpose here			
Proposed level of assurance <i>– to be completed by paper sponsor:</i>	Fully assured <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input checked="" 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 has an approved 2025-26 planned deficit of £8.621m before adjustments for donated asset depreciation, and £8.381m after.			
	As of December 2025, the Trust has reported an actual deficit of £8.175m after adjustments for donated asset depreciation. This is a favourable variance of £0.007m from the year-to-date.			
The Trusts 2025-26 capital plan totals £20.076m, including £9.008m PDC supported. As of December 2025, the Trust has capital spend on schemes totalling £9.537m.				
Cash balances are £19.826m at 31st December 2025 and £15.326m above planned levels.				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The recommendation to the Council of Governors is to receive the report, and record partial assurance for the achievement of its 2025-26 planned financial targets.			



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):	We will ensure efficient and effective use of our resources, identifying opportunities to improve productivity and ensure 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):					
Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

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 Q3 Performance (April 25 to December 25)

↑ Revenue financial performance at 31st December 2025 was a deficit of £8.175m, which is marginally better than plan by £0.007m; this is mainly due to underspends on pay across most staff groups. This underspend has enabled the Trust to offset unplanned cost pressures including costs associated with industrial action, unfunded pay pressures and the cost of unfunded insulin pumps.

↑ CRP savings at 31st December 2025 were £22.582m and on plan, of which £10.440m has been achieved on a recurrent basis.

↑ Capital performance at 31st December was £9.537m, which equates to 60% of its revised plan for the year.

↑ Cash balances were £19.826m at 31st December 2025, which was £15.326m more than plan largely due to an increase in trade and other payables as well as slippage against the capital programme.

Key issue: Revenue

Net revenue expenditure is £0.007m 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 the impact of industrial action.

Expenditure on bank and agency staffing is above plan at December due to the impact of site pressures and the opening of ward 11, industrial action and staff sickness; however, underspends against substantive posts is currently offsetting this.

The position for 2025-26 remains challenging as evidenced by the required cost improvement target of £32.871m. To respond to the challenge the Trust has an established 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 the original plan by £6.521m

Capital spend for the year to date was £9.537m mainly against the Coloscopy and Paediatrics Schemes, IT hardware and Backlog Maintenance. This represents slippage of £6.521m against the original capital plan. However, there have been delays with the CDC Phase 2 business case and so the in-year plan has been revised down by £4.500m to reflect this. Expenditure year to date is therefore at 60% of the revised plan.

Key issue: Cash

The closing cash balance at the end of December was £19.826m and is above plan by £15.326m. However, due to the Trust operating with an underlying deficit, cash is planned to decrease over the remainder of the financial year. It is forecast that cash balances will reduce to £2.667m by the end of the year which is broadly in line with the planned target.

Key issue: CRP Delivery

CRP requirements in 2025-26 is to achieve a £32.871m target on a recurring basis to improve the Trusts underlying deficit.

To date the Trust has transacted £10.440m CRP schemes on a recurring basis which represents 32% of the target.

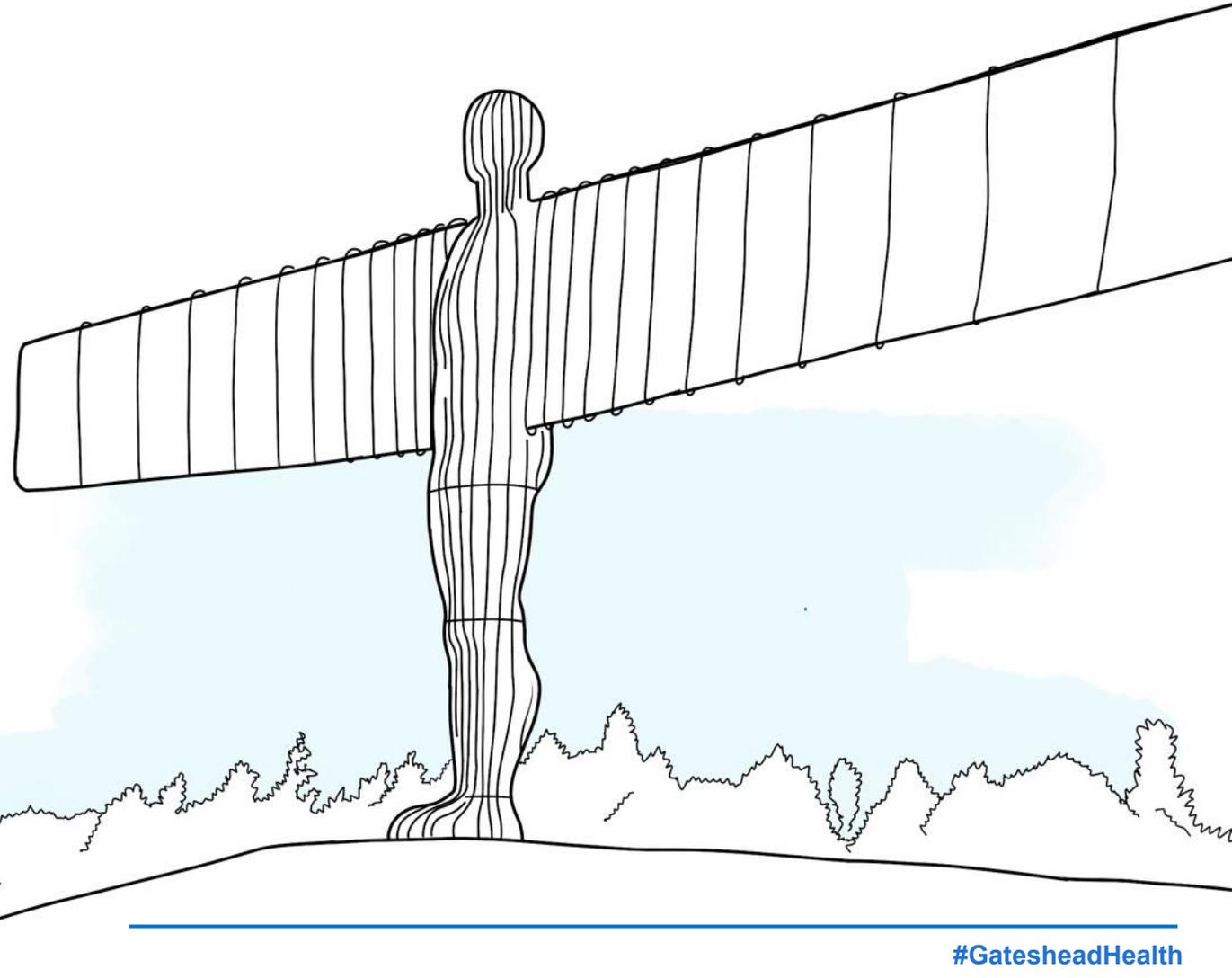
The Trust is forecasting delivery of £32.124m in 2025-26, which is £0.747m under the annual target. It is expected further mitigations or windfall income will be secured between now and year end to bridge this gap. On a recurring full year effect basis £14.744m is forecast, carrying forward a shortfall of £18.127m against the £32.871m target which represents a risk to achieving the financial plan for 2026-27 financial year and the overall trust's financial sustainability.

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.

Governor Dashboard

Key Messages

February 2026



Top Organisational Risks

Financial Sustainability

Risk of inability to invest in staff and clinical services, including supporting financial collaboration with partners.

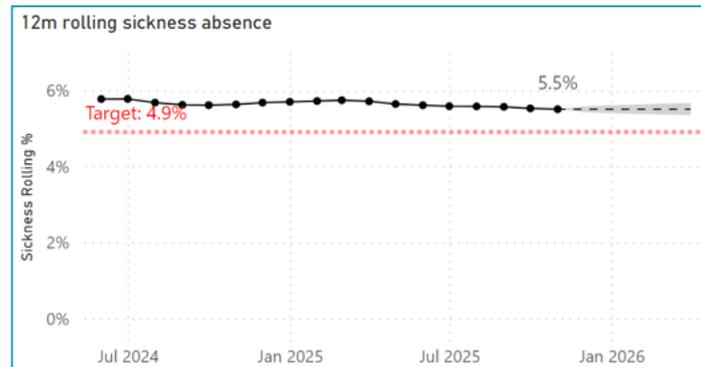
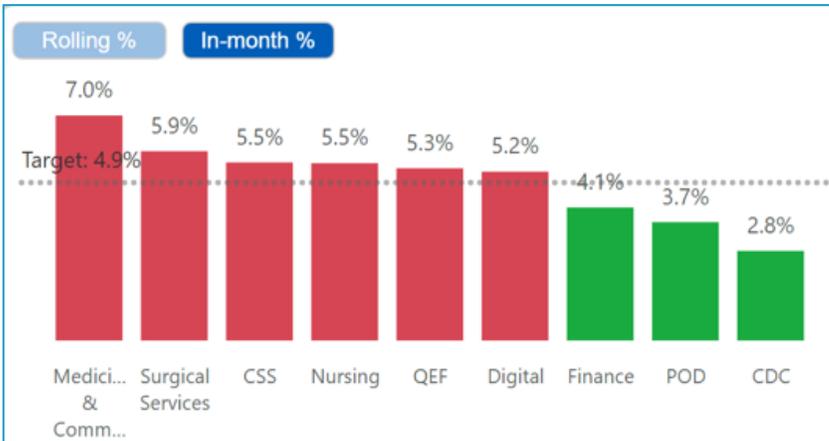
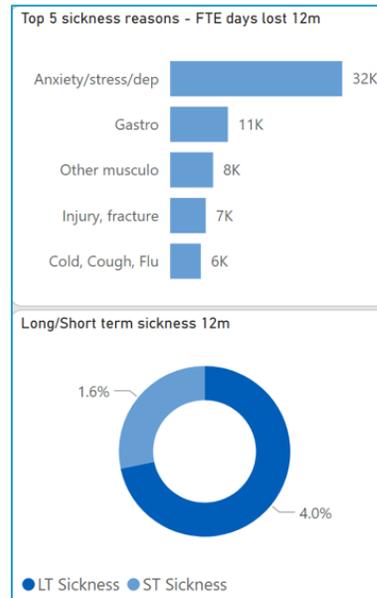
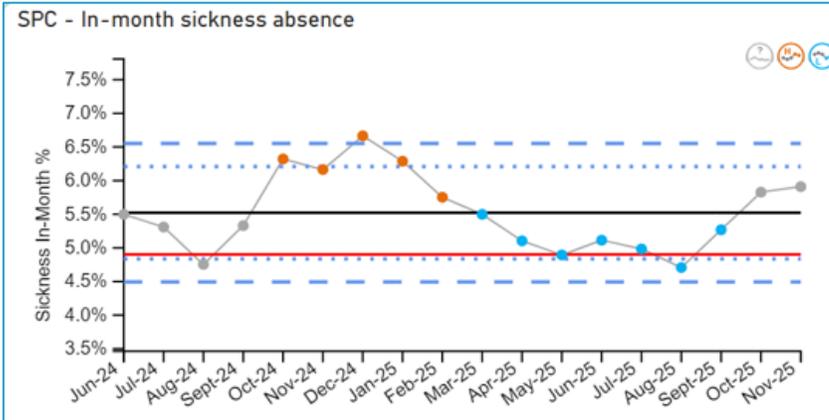
Estates

Risk to sustainability of core infrastructure and to invest in clinical advances and the working environment for our staff.

Digital

Risk of an inability to sustain and advance our digital offer impacting on the delivery of optimal clinical care, staff engagement and experience and our ability to deliver transformation.

People metrics – sickness absence (Nov 25 – as reported to the People and OD Committee)

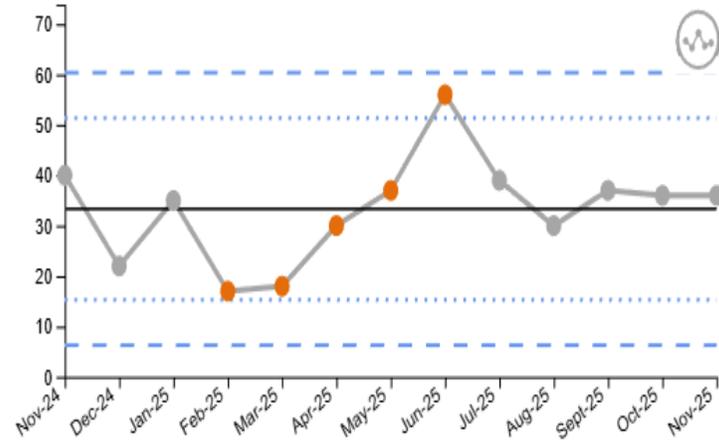


What does this data tell us?

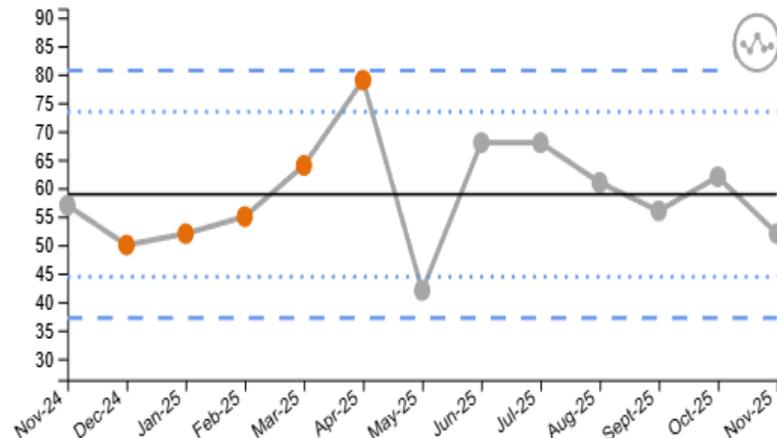
- **Positive change**
- The rolling 12-month figure as of November has reduced slightly to 5.5% from the last reported position of 5.6% at September's People and OD Committee.
- Proactive work continues to implement and embed the Managing Absence policy by both POD Advisory Team and Operational Teams with ongoing progress needed to achieve the target figure of 4.9%.
- Estimated cost of sickness has risen to £10m over the past 12 months.
- Medicine & Community have the highest in month rates at 7.0% followed by Surgery at 5.9% and Clinical Support and Screening at 5.5%. Corporate Nursing, QEF and Digital are also above target 4.9%.
- Anxiety, stress and depression continues to be the top reason for absence.
- There remains no wait time to access the staff counselling service and staff are also being signposted to the ICB Wellbeing Hub as part of an early intervention approach and/or through Occupational Health.
- Long term absence continues to make up 4% of the absence in the past 12 months in comparison to 1.6% short term absence.

Patient experience – Nov 25 data (reported to Quality Governance Committee)

Total number of Formal Complaints



Total number of Informal Complaints



Complaints breakdown

Implementation of Care (19)

- Quality of care (18)
- Complication of treatment (1)
- **Communication, Confidentiality and Consent (10)**
- Verbal (7)
- Written (1)
- Consent issues (1)
- Staff attitude (1)

Clinical Assessment (4)

- Diagnosis delay (2)
- Scan / x-ray / specimen issue (1)
- Diagnosis incorrect (1)

Access, Admission and Discharge (2)

- Premature / inappropriate discharges (2)

Security (1)

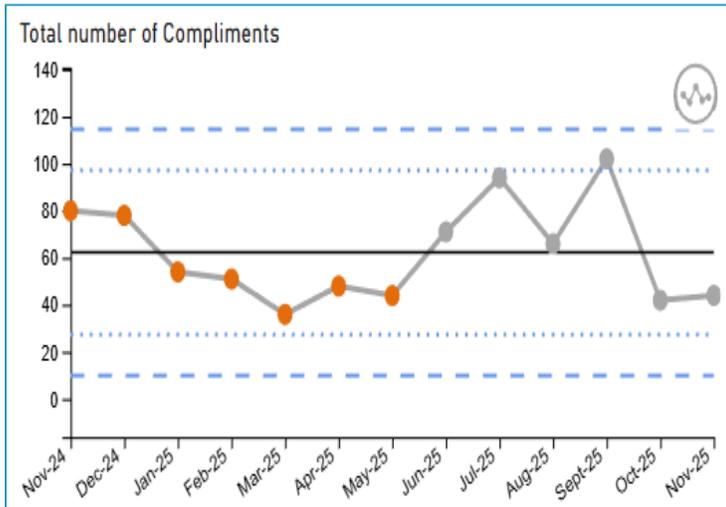
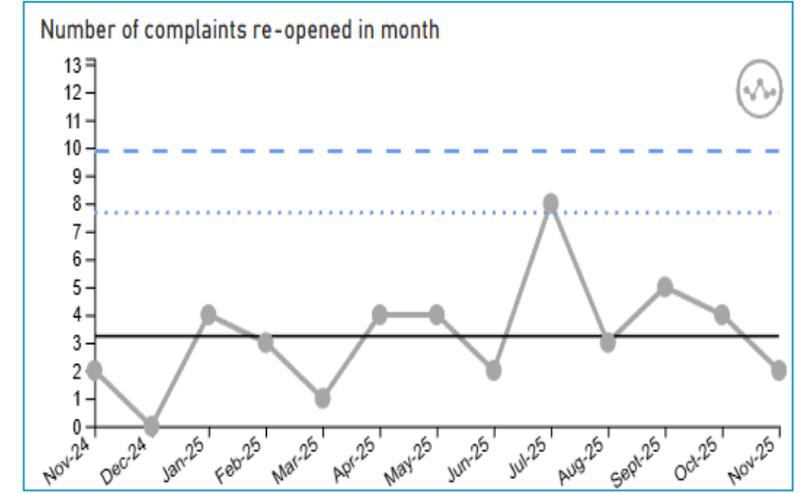
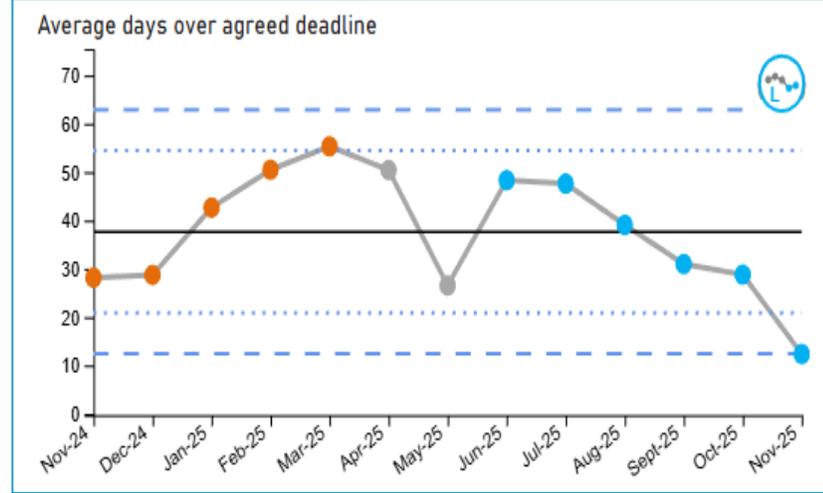
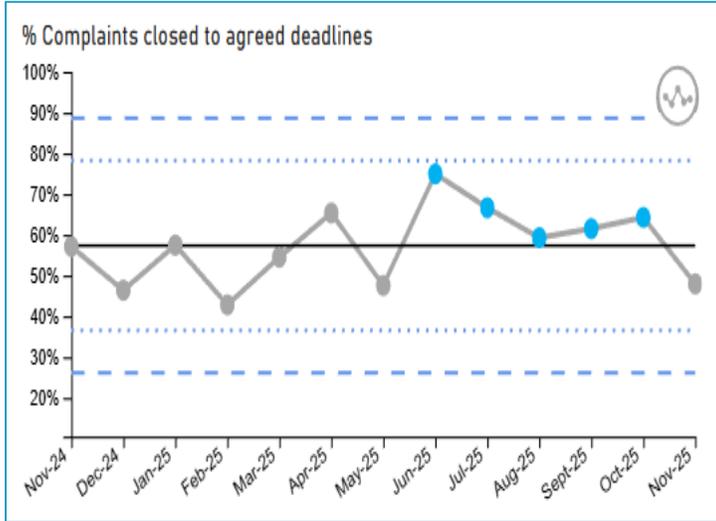
- Damage to property (1)

Themes remain broadly consistent with previous months, with implementation of care and communication continuing to be the most prominent drivers. No themes indicate significant or irreversible harm, but they highlight ongoing opportunities to strengthen reliability, communication quality and diagnostic pathways through established governance routes.

Formal complaints

- 21 formal complaints closed in November 2025
- 3 upheld by the Interim Chief Nurse and / or Medical Director
- 8 partially upheld
- 6 not upheld
- 2 withdrawn
- 100% of complaints acknowledged in 3 days
- 15 complaints closed were responded to within the agreed timescale
- The average number of overdue days reduced to 12.4 days, continuing the downward trend in delay severity.
- 8 complaints were overdue at the month end:
 - Medicine 3
 - Surgery 3
 - Clinical Support and Screening 1
 - Community 1
- The written complaints rate was 7.3 per 1,000 Whole Time Equivalents (WTEs), aligning with historical trends.

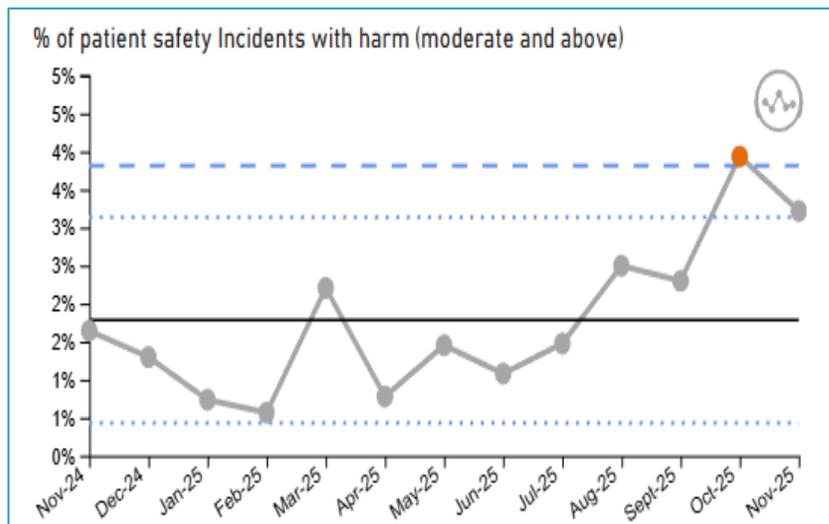
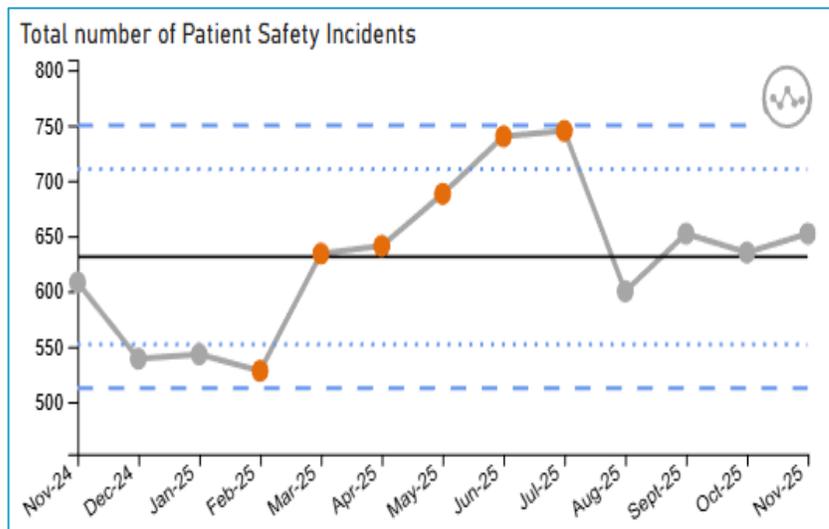
Patient experience – Nov 25 data (reported to Quality Governance Committee)



- The Trust received 44 compliments in November 2025, maintaining a strong and stable level of positive feedback. Compliments continue to highlight staff kindness, professionalism and supportive behaviours.
- Friends and Family Test (FFT) performance remains strong, with an overall Trust score of 92.3% from 1,502 responses.
 - A&E: 85.7%
 - Inpatients & Day Cases: 95.8%
 - Outpatients: 94.0%
 - Maternity: 100%
 - Community: 100%
 - Mental Health: 100%
- November data demonstrates continued stability in patient experience performance. Complaint volumes and themes remain consistent with common-cause variation, acknowledgements are reliably timely, and the severity of overdue responses continues to reduce. Strong FFT and compliments data provide ongoing assurance regarding compassionate care delivery, while identified themes offer clear and actionable lines of sight for improvement through existing governance and oversight arrangements.

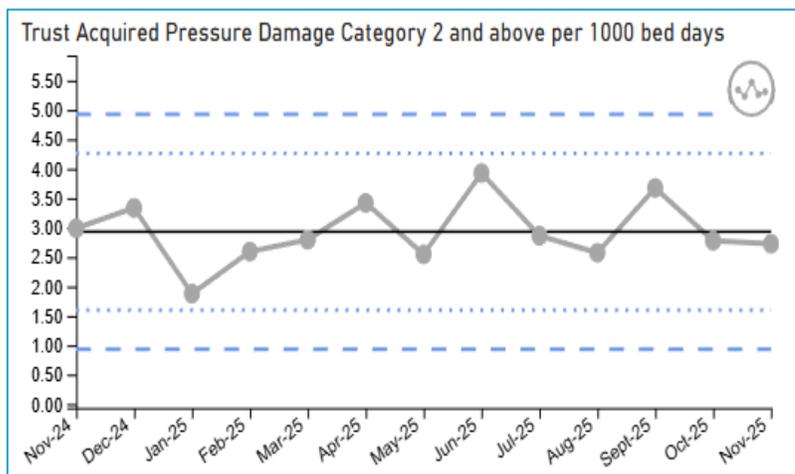
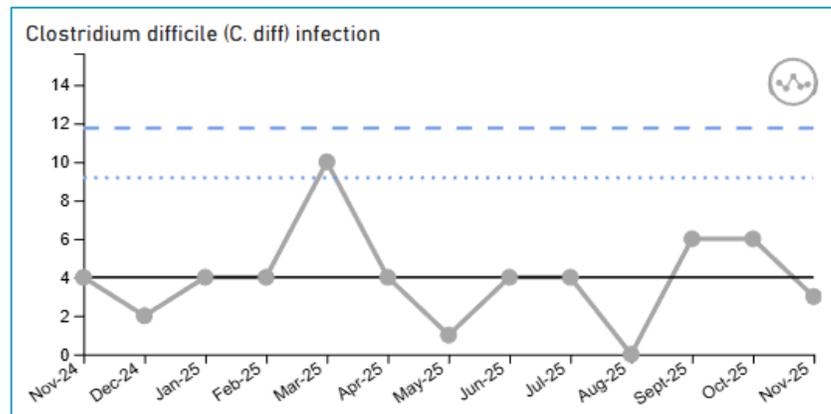
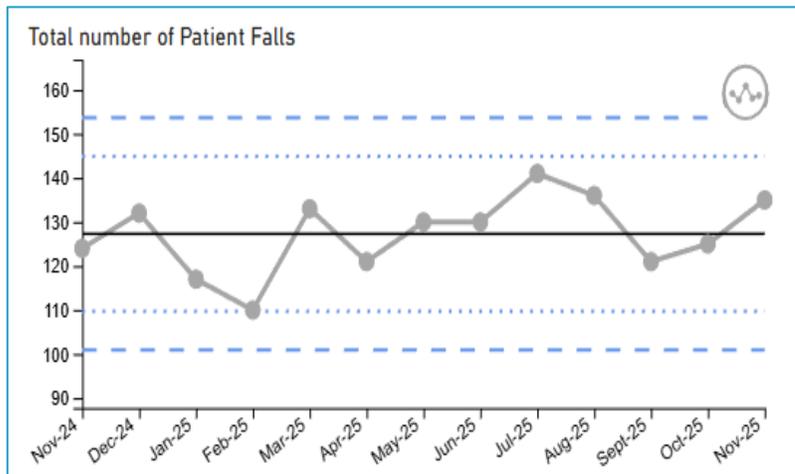


Patient safety incidents – Nov 25 data (reported to Quality Governance Committee)



- Patient Safety Incidents continue to display common cause variation in November 2025 (i.e. no significant change in historical trends). A slight increase in the incidents reported is observed on the previous month, to 652 from 635; an increase in the rate per 1000 bed days to 46.8 from 44.1.
- Patient Safety Incidents of Moderate Harm and above returned to common cause variation following a recent increasing trend. Of the 21 incidents in November the main contributing categories appear to be delay / failure to treat / monitor (5), patient falls (3) pressure damage (2) and results/investigations issues (e.g. scans/specimens/X-rays) (2).
- Incidents of violence and aggression have continued to fall from the peak observed in July, with notable improvements seen across Older People’s Mental Health. This progress is linked to more personalised care plans and sustained reporting by staff.
- A new Incident Learning and Oversight Meeting (iLOM) has been established as part of our Patient Safety Incident Reporting Learning Framework (PSIRF) learning approach.
- iLOM provides a structured space for challenge around timeliness, escalation and quality of learning responses. It also acts as a parallel oversight mechanism for coronial and regulatory cases, ensuring patient and family involvement is considered at every stage, including early allocation of Family Liaison Officer support.

Patient safety incidents – Nov 25 data (reported to Quality Governance Committee)



- Common cause variation continues to be observed in respect of falls, pressure damage and C.Difficile – i.e. no significant change in historic trends.
- The Falls Prevention Group is now fully established under the leadership of the Strategic Falls Lead and is progressing into a more mature phase of work. The group has begun detailed review of falls-related safety events, with structured discussion of contributory factors and learning outputs in line with PSIRF principles.
- A comprehensive short, medium and long-term education plan is in place. New falls e-learning modules – with associated competency assessments – are now live for all staff groups. In parallel, work with Teesside University has produced a new educational webinar available Trust-wide, and face-to-face training is scheduled for April and May next year.

PLACE visits (as reported to the Patient Experience Group – January 2026)

PLACE assesses how the environment supports the provision of clinical care – it includes aspects such as privacy and dignity, food, cleanliness and general building maintenance.

PLACE visits occur each week and there is a national PLACE audit annually – results of the 2025 PLACE audit are awaited.

Governors are welcome to join the PLACE visits – current Governor volunteers provide valuable input to the assessments.

Patient-Led Assessments of the Care Environment (PLACE)

In December 2025 PLACE visits took place to: medical physics, St Bede’s, the new paediatrics department.

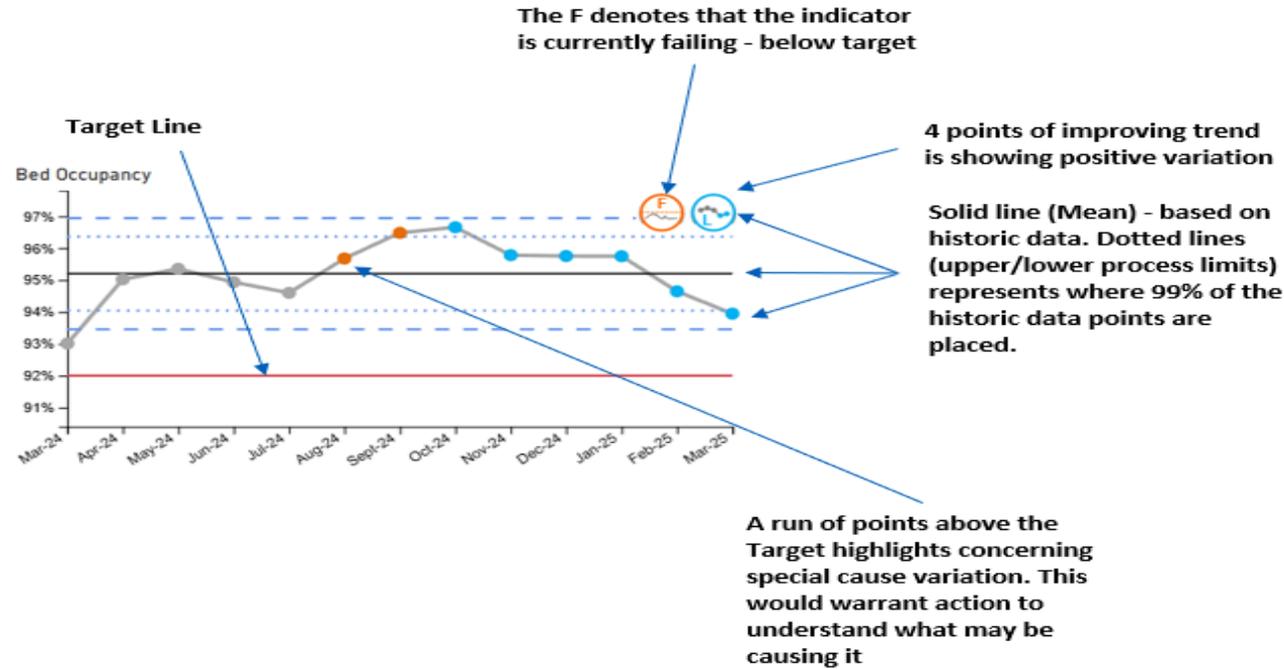
Summary of feedback from reports:

Medical physics – lovely area, welcoming, department well looked after. Some suggestions of making the main corridor more engaging with simple changes such as artwork and colour.

Paediatrics – new environment highly praised for décor and layout. Staff were very welcoming. Small suggestions raised with estates re: snagging.

St Bede’s – welcoming with positive experiences shared by patients and their families.

Appendix 1 – 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.



Report Cover Sheet

Agenda Item: 7iv

Report Title:	Medium Term Planning			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 th February 2026			
Author:	Kris Mackenzie, Group Director of Finance			
Executive Sponsor:	Kris Mackenzie, Group Director of Finance			
Report presented by:				
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 checked="" type="checkbox"/>
	To provide an update on the submission of the Medium Term Plan as articulated in the paper			
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>	The Medium Term Planning Submission was formally approved by Trust Board on the 9 th February 2026, and submitted to NHSE in line with the timetabled requirement of noon on 12 th February 2026.			
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 	Operational and Workforce Pressures: The planning cycle for 2026/27 and beyond is set against significant operational, workforce, clinical, and system pressures across the NHS.			
	<p>Activity and Performance Plan: Focuses on elective recovery, urgent and emergency care flow, diagnostic productivity, community activity, and outpatient transformation.</p> <p>Workforce Plan: Addresses recruitment challenges, skill-mix, rostering improvements, and safe staffing requirements. It includes a proposed reduction in staff numbers by 124 WTE due to financial recovery and transformation programmes.</p> <p>Financial Plan: Projects a break even position for all years with a Cost Reduction Programme (CRP) target of</p>			

	<p>£27.6m in 2026/27. Key risks include nationally driven contract rebasing work and assumptions around non-recurrent vacancies and CDC funding.</p> <p>Capital and Cash Plan: Outlines the Trust's commitment to remaining within the Capital Departmental Expenditure Limit (CDEL) and identifies the need for cash support in quarter two of 2026/27</p>				
<p>Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i></p>	To receive for information and assurance				
<p>Trust strategic priorities that the report relates to:</p>	<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			
<p>Trust strategic objectives that the report relates to (2025 to 2030 strategy):</p>	List strategic objective here				
<p>Links to CQC Key Lines of Enquiry (KLOE):</p>	<p>Caring</p> <input checked="" type="checkbox"/>	<p>Responsive</p> <input checked="" type="checkbox"/>	<p>Well-led</p> <input checked="" type="checkbox"/>	<p>Effective</p> <input checked="" type="checkbox"/>	<p>Safe</p> <input checked="" type="checkbox"/>
<p>Risks / implications from this report (positive or negative):</p>					
<p>Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):</p>					
<p>Has an Equality and Quality Impact Assessment (EQIA) been completed?</p>	<p>Yes</p> <input checked="" type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>Not applicable</p> <input type="checkbox"/>		

1 Planning Summary

- 1.1 The planning submission approved by Trust Board is a comprehensive three-year plan covering activity and performance, workforce, finance, and capital. The plan was developed in alignment with national planning guidance and reflects the Trust's commitment to delivering integrated, patient-centred care.
- 1.2 The planning cycle for 2026/27 and beyond takes place against a backdrop of significant operational, workforce, clinical, and system pressures across the NHS. National planning guidance emphasizes the need for integrated plans that bring together activity, quality, workforce, digital, and financial requirements into a single coherent submission. The Trust has worked closely with divisional teams, clinical leaders, corporate functions, and system partners to ensure the plan reflects both local priorities and the expectations of the North East and North Cumbria Integrated Care Board (ICB).
- 1.3 The activity and performance plan focusses on elective recovery, urgent and emergency care flow, diagnostic productivity, community activity, and outpatient transformation. Areas of non-compliance include the 62-day cancer standard and the 6-week diagnostic standard and the detailed plan includes reference to the need for specific actions to improve performance in these areas. The figures are for planning purposes and do not signal the internal ambition to improve further against these submissions.

Statement in guidance	Planning Metric	2026/27 Target	2027/28 Target	2028/29 Target
Improve the percentage of patients waiting no longer than 18 weeks for treatment	Percentage of RTT waiting list within 18 weeks	75% +7% = 82% by March 27		92% at March 29
		82.0%	87.0%	92.0%
Improve performance against cancer constitutional standards	28-day cancer Faster Diagnosis Standard	80% average across 2026/27	80% average across 2027/28	80% average across 2028/29
	Percentage of patients receiving a first definitive treatment for cancer within 62 days	80% by March 27	82.5% at March 28	85% at March 29
		74.5%	77.2%	83.3%
	Percentage of people treated beginning first or subsequent treatment of cancer within 31 days	94% by March 27	96% at March 28	96% average across 2028/29
		96.2%	96.2%	96.1%
Improve performance against the DM01 diagnostics 6-week wait standard	Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over	March 27 ICB target		1% at March 29
		9.9%	8.0%	5.0%
4-hour A&E performance	4-hour A&E performance - March position	82% by March 27	83% average across 2027/28	85% average across 2028/29
		82.0%	83.0%	85.0%
12-hour A&E performance	12-hour breaches	2026/27 Annual Total		
		2,789	2,365	1,955

Statement in guidance	Planning Metric	2026/27 Target	2027/28 Target	2028/29 Target
Reduce in waiting list sizes will be expected at all trusts	Total Waiting List	Year on year reduction		
		11,028	10,578	10,128
Plan ambulance services in accordance with the published ambulance service specification, reducing ambulance handover times toward the 15-minute standard	Average handover time (Total Handover time (ED and non ED)/No of handovers (ED and non-ED))	Year on year improvement		
		15:00	15:00	15:00
	Percentage of Handovers over 45 Minutes	0 - Average across 2026/27		
		0	0	0
Improve emergency department paediatric performance, with the expectation of returning to 95% over the coming months	Percentage of Handovers over 15 Minutes	0 by March 28		0 - average across 2028/29
		38.8%	39.0%	39.0%
Improve emergency department paediatric performance, with the expectation of returning to 95% over the coming months	Percentage of attendances at all type A&E departments where the patient spent less than 4 hours from time of arrival to admission / discharge / transfer for Children	95% at September 2026	95% average across 2027/28	95% - average across 2028/29
		95.0%	95.0%	95.0%

1.4 The workforce plan addresses recruitment challenges, skill-mix, rostering improvements, safe staffing requirements, and the capacity needed to deliver activity, digital transformation, and quality improvements. The plan includes a proposed reduction in staff numbers by 124 WTE due to financial recovery and transformation programmes, with strategies to manage these reductions without compromising service delivery required.

	WTE
Opening established wte	5,138.28
Changes in:	
Substantive wte	(78.77)
Bank wte	(40.84)
Agency wte	(4.33)
	5,014.34



- 1.5 The financial plan for the Trust outlines a projected breakeven position for all three years, with an inherent Cost Reduction Programme (CRP) target of £27.6m for 2026/27, equating to 6.3%. This plan reflects a significant improvement from the current year's forecasted deficit of £12.4m (excluding deficit support funding). The Trust has identified transformation schemes valued at £27.2m, though not yet fully identified, assurance is provided that Executive Committee are committed to identification of deliverable schemes. Key risks include the nationally driven contract rebasing work, which may result in funding reallocation, and assumptions around non-recurrent vacancies and CDC funding.

2026/27 Financial Plan	£000
2025-26 Financial Plan (deficit)	7,997
Non-recurrent CRP	18,115
Non-recurrent deficit support	3,633
Non-recurrent ICB support	10,667
CDC Rebasing	5,409
Other	2,268
2026/27 opening underlying deficit	48,089
26-27 Inflation/gap pressure	1,831
Depreciation	959
26-27 efficiency	6,819
Contract contract growth net of reduced costs	(7,865)
Emerging pressure reserve	1,000
2026/27 underlying deficit	50,833
CRP @ 6.3%	(27,670)
2026/27 in year deficit	23,163
Non-recurrent funding	(20,209)
Deficit support funding	(2,954)
2026/27 break even plan	0



- 1.6 The capital plan outlines the Trust's commitment to remaining within the Capital Departmental Expenditure Limit (CDEL) and known additional funding sources. The plan includes a clinically prioritised capital programme, with revenue and cash consequences modelled within the income and expenditure position and cash scenarios.
- 1.7 The cash plan identifies the need for cash support during 2026/27 and outlines total assumed borrowing over the period 2026/27-2028/29. The plan emphasises the importance of appropriate cash management to maintain cash balances against borrowing to finance internally generated, non-cash backed capital expenditure.
- 1.8 The planning submission has been developed through a structured internal assurance process, with oversight provided by the Strategic Planning Group. The process included validation of activity, workforce, financial, and performance baselines, and iterative review and preparation of the Board Assurance Declaration. Regular Board engagement and challenge have ensured the credibility and deliverability of the final plan.
- 1.9 The plan identifies key risks, including the delivery risk of the Cost Reduction Programme (CRP), system-level dependencies, service risks, and changes in key assumptions. The Trust will implement robust risk mitigation strategies, including enhanced monitoring and reporting frameworks, resource allocation, stakeholder engagement, scenario planning, and continuous quality improvement initiatives.

2 Planning Narrative

- 2.1 The Medium-Term Plan aligns directly with the Trust's strategic ambitions around patients, people, partners and sustainability, and the developing clinical strategy. It operationalises the three system wide shifts set out in the NHS 10 Year Plan:
 - Hospital to community
 - Treatment to prevention
 - Analogue to digital
- 2.2 There is a focus on quality, safety and equitable outcomes with quality improvement being embedded through strengthened governance, PSIRF, LFPSE, EQIA and learning systems.
 - There is a strong commitment to reducing health inequalities, with targeted work on women's health, children with SEND/neurodiversity, long-term conditions, frailty and respiratory care.
 - Patient experience will be strengthened through real-time patient feedback, waiting-list surveys and more systematic involvement of lived experience.

- 2.3 There is a realistic but ambitious programme of operational recovery:
- The plan is intentionally realistic about current performance challenges (RTT, cancer, diagnostics in some shared pathways), avoiding overstated trajectories.
 - The ambition is multi-year improvement, achieved through structural change rather than short-term mitigation.
 - Elective and outpatient recovery, cancer pathway improvements and diagnostic optimisation are central to delivery.
- 2.4 There is a system-aligned approach with strong partnership working:
- The Trust will deepen collaboration with the Great North Healthcare Alliance, PCNs, Local Authority, VCSE partners and the Cancer Alliance.
 - Priority partnerships include diagnostics (CDC), shared cancer/urology/breast pathways, respiratory and frailty neighbourhood models, and primary care interface transformation.
 - System reliance is acknowledged honestly, especially for 62-day cancer and DM01 cystoscopy pathways.
- 2.5 There is a shift to integrated neighbourhood health models:
- Expansion of community-based services and prevention-oriented models (frailty, respiratory, women's health gateway, SEND/children's services).
 - "Health on the high street" through the Metrocentre CDC Phase 2 reflects the Trust's commitment to accessible, localised care.
 - The Trust positions itself as a key partner in designing future neighbourhood health arrangements.
- 2.6 Workforce is seen as a key strategic enabler:
- A long-term workforce vision focused on culture, civility, inclusion, wellbeing, sickness reduction and modern workforce design.
 - Ambitions include:
 - reducing sickness to national benchmarks
 - reducing bank/agency (zero agency by 2029/30)
 - implementing e-job planning and e-rostering for productivity
 - expanding apprenticeships, training pipelines and local recruitment
 - Workforce planning integrates CRP, productivity expectations and the three shifts.
- 2.7 The plan is financially disciplined, credible and sustainable:
- The plan charts a multi-year trajectory to recurrent financial sustainability, with:
 - strengthened financial governance
 - improved controls and rigour
 - linking activity, workforce, productivity and financial modelling
 - The Cost Reduction Programme (CRP) and the Productivity Programme are positioned as central to sustainability, supported by a maturing PMO.



- The financial strategy focuses on structural transformation, not non-recurrent fixes.
- 2.8 There is a transformation framework with four core Trust-wide delivery groups with clear executive and clinical leadership providing discipline, alignment, visibility and measurable impact over the five-year horizon.
- Elective Care Transformation
 - UEC Transformation
 - Cancer Pathway Transformation
 - Community Transformation.
- 2.9 Digital is a critical enabler of clinical and operational change with a clear ambition to shift decisively from analogue to digital. This capability should unlock new models of care, improve productivity and support workforce optimisation:
- Full EPR journey
 - AI-enabled pathways
 - Interoperability / NHS App integration
 - PEP expansion
 - FDP adoption

3 Summary

- 3.1 The plan is underpinned by comprehensive, evidence-based modelling with a risk assessed approach across activity, workforce, finance and pathway delivery. Scenario modelling, whole-pathway analysis and inequality-focused assessments strengthen the credibility of the plan. With all changes undergoing EQIA and risk management embedded as part of the assurance process.
- 3.2 The Board is supported by a transparent assurance process, executive led structures and clear escalation routes. The delivery of the plan itself will be monitored through transformation groups, CRP governance, performance review meetings and Board Committee oversight.

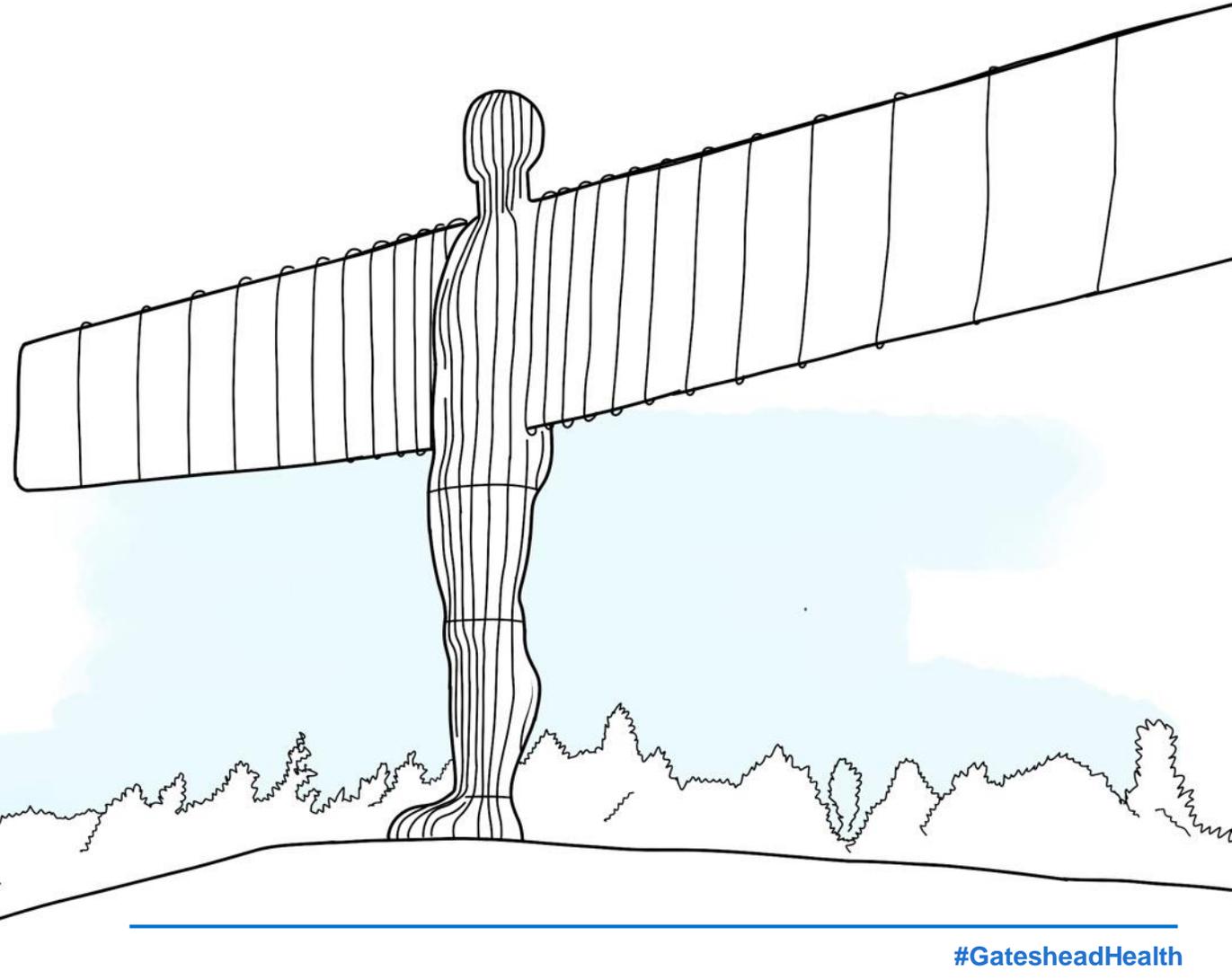
8. Board Committee assurance updates

i) Quality Governance Committee - Adam Crampsie, Committee Chair

ii) Finance and Performance Committee - Martin Hedley, Committee Chair

Work of the Quality Governance Committee

Adam Crampsie, Chair of the Committee



Examples of issues considered

Patient
Experience

Serious
Incidents

Freedom to
Speak Up

Maternity
Oversight

Regulatory
compliance

Patient
Safety &
Learning

Key risks

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

Strategic aim 1: We will be a clinically-led organisation organisationally focussed on delivering safe, high-quality care and improving health outcomes from our patients

Target
8

Current
16

Strategic aim 2: We will ensure our patients experience the best possible compassionate care and make every contact count

Target
6

Current
12

Strategic aim 3: We will continually improve our services creating a restorative culture where learning, innovation, and research can flourish.

Target
8

Current
12

Case study – Increased surgical site infections for orthopaedic joint replacements

Oct 24 – Apr 25 – Committee noted a concerning increase in the number of patients developing deep surgical site infections following elective lower limb joint replacements (6 patients). Alert to board through the AAA reporting system.

June/July 2025 – Update given to Quality Governance Committee on the progress against actions in the AAR action plan. Committee did not take full assurance over the pace of changes. NED spent the afternoon on a full walk about of theatres with Deputy Chief Nurse to seek independent assurance. Several areas of improvement were highlighted to the head of service. Action plans updated accordingly.

Apr 25 – Retrospective review conducted (Apr 24 – Mar 25) to identify any other cases. One further case identified in the retrospective review. Initial after-action review presented to Quality Governance Committee for assurance. Challenges raised over the quality of action plans and assurance flows to board.

Nov 2025 – Theatres leadership team attended QGC to deliver full presentation on improvements and progress against plans. Good assurance taken by the committee on the improvement journey and the overall improvement in patient pathway pre to post hospital. Zero surgical site infections have been reported since the initial cluster. Normal assurance reporting now in place through routine infection prevention control (IPC) committee reporting.

Key priorities for assurance over the next 6 months

Health
Inequalities

Maternity
Services

Patient
experience

Regulatory Compliance

Complaints

Assuring the quality impact & mitigations of cost improvement programmes

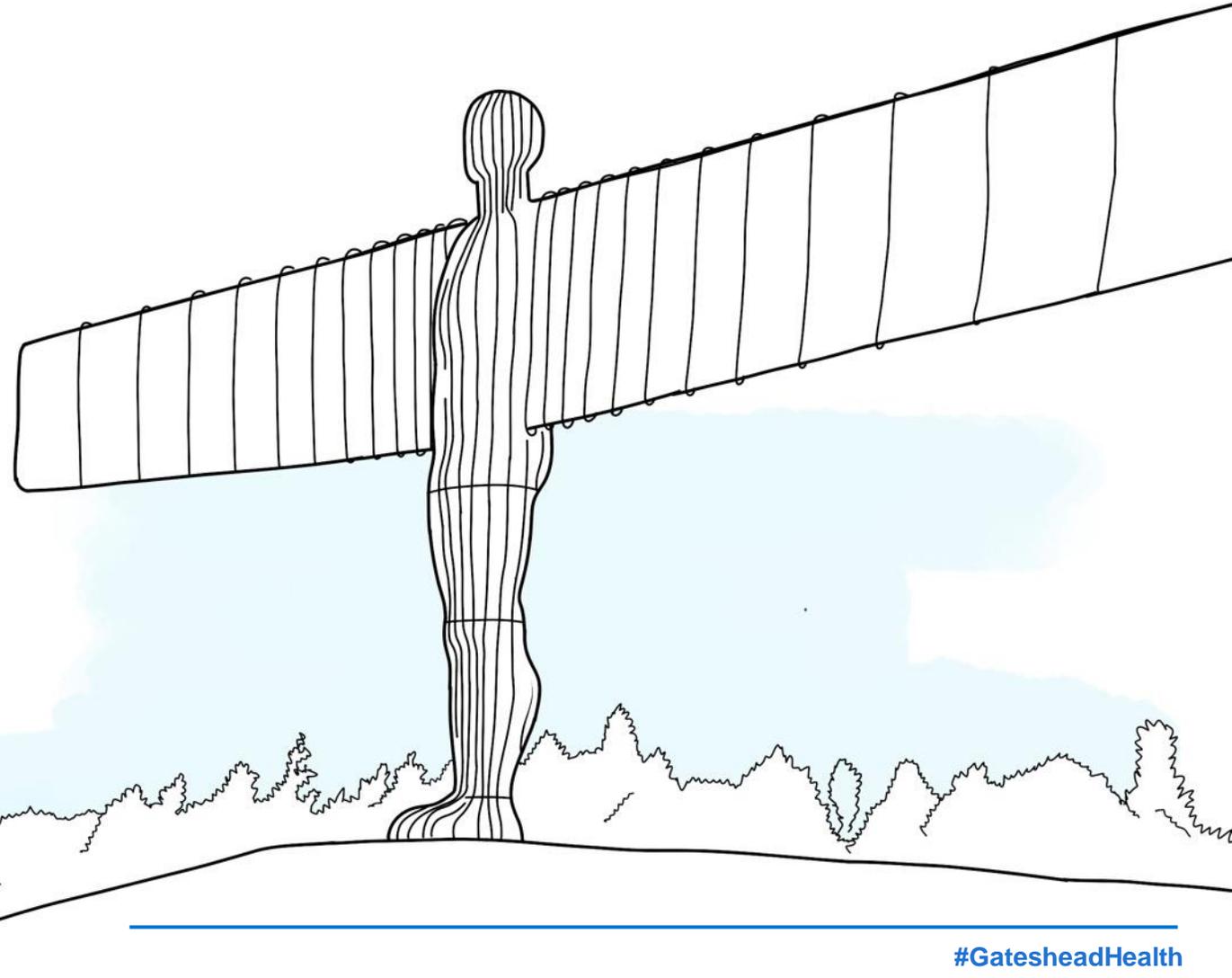
Any
questions?



Work of the Finance and Performance Committee

Martin Hedley, Chair of the Committee

18th February 2026



Examples of issues considered and assurances received

Medium
Term
Planning

Cash and
liquidity

Workforce
cost and
efficiency

Major
business
cases

Financial
risks

Community
diagnostic
centre

Improving
performance

Elective
care
recovery

Urgent and
emergency
care

Key risks

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

4839 (QEF) – Risk of non-compliance with Statutory Fire Safety Legislation (20)

4768 (COO) – Risk of demand overwhelming organisational capacity over the 25-26 Winter period (16)

4734 (Medicine) – Risk of patient harm due to extended lengths of stay within the emergency department resulting in poor patient outcomes and an increase in clinical risk (12)

4702 (Finance) – The Groups cash balance is reducing due to the organisation operating with an underlying deficit. Reducing cash balance increases the risk of the group having to access cash support during 2025-26 (16)

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 the Trusts NHS Oversight Framework rating (15)

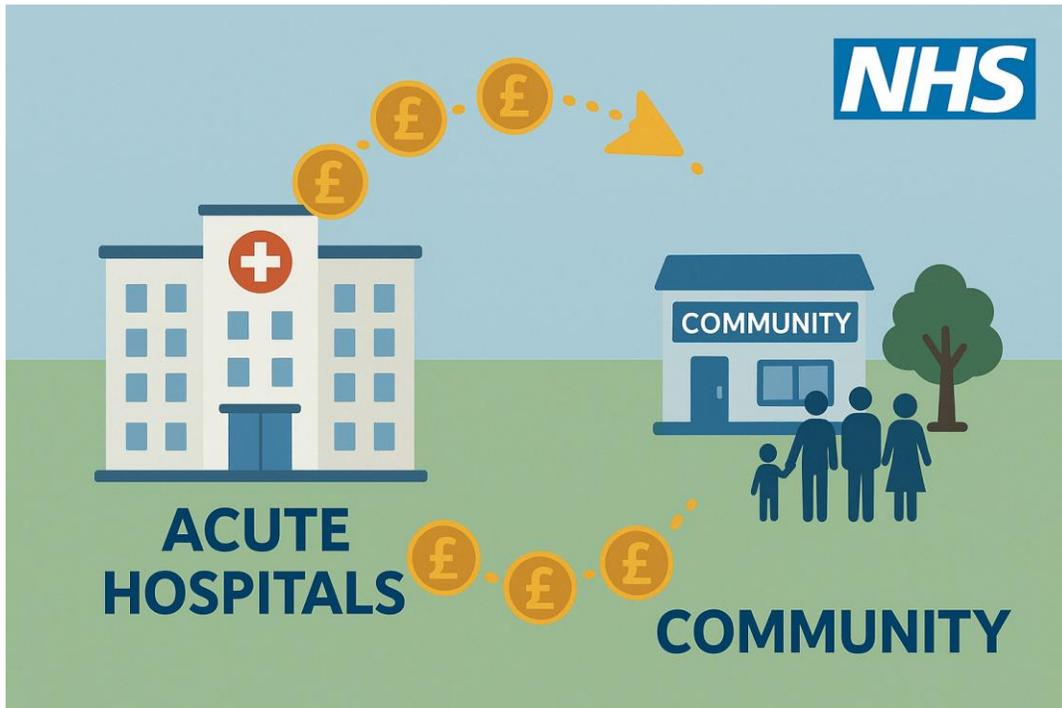
2984 (Surgery) - There is a risk to our ability to continue to run maternity services from the designated building due to a catastrophic failure of the steam supply, resulting in enactment of a business continuity plan (20)

2341 (QEF) - Risk to business continuity due to estate infrastructure. condition (16)

4713 (Finance) Risk of not achieving £33m in cost reductions in 25-26 to reduce our underlying deficit (16)

Supporting the NHS 10-Year Plan

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



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

Key priorities for assurance over the next 6 months

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

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

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

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

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

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

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

Any
questions?



GOVERNANCE

9. Council of Governors Register of Interests

To be presented by Jennifer Boyle,
Company Secretary

Report Cover Sheet

Agenda Item: 9

Report Title:	Council of Governors Register of Interests			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 February 2026			
Author:	Diane Waites, Corporate Services Assistant			
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"/>
	The Constitution of Gateshead Health NHS Foundation Trust requires all Governors to declare interests which are material and relevant to the Council of Governors.			
Proposed level of assurance <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>				
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<p>Following the recent elections, Sarah Craig, Moria Ledger, Jon Twelves and Susan McKenna, newly elected Public Governors, have declared their interests.</p> <p>It is also good practice to review the interests of Governors annually, recorded in the minutes of the Council of Governors meeting and be made available on request to any member who wishes to view the register of interests.</p>			
Recommended actions for this meeting:	The Council of Governors is asked to note and record in the minutes the declared interests of new and current Governors			

<i>Outline what the meeting is expected to do with this paper</i>						
Trust strategic priorities that the report relates to:	<input type="checkbox"/>	Excellent patient care				
	<input checked="" type="checkbox"/>	Great place to work				
	<input type="checkbox"/>	Working together for healthier communities				
	<input checked="" type="checkbox"/>	Fit for the future				
Trust <u>strategic objectives</u> that the report relates to (2025 to 2030 strategy):	Not directly linked to a specific objective or aim, but ensuring the Council has declared relevant interests will seek to ensure that there is appropriate accountability in respect of any conflicts of interest which may present on discussions on the strategy and objectives.					
Links to CQC 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):	No direct links					
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' Register of Interests 2026

Forename	Surname	Constituency	Interest	From	To	Comments
Sarah	Craig	Western	Currently employed as Executive Assistant at Cumbria, Northumberland, Tyne and Wear NHSFT	2023	present	
			Partner works as Junior Procurement Specialist for QE Facilities	2021	present	
Ray	Dennis	Western	Volunteer - Parkinsons UK	2024	present	
			Committee member - Northumberland Tyne and Wear Active Persons Branch of Parkinsons UK	2024	present	
Moria	Ledger	Western	Governor for School Improvement Board at Grace College	2022	June 26	
			Public contributor to Health Determinants Research Collaboration with Gateshead Council and Newcastle University	2024	present	voluntary
			Exam invigilator for Whickham School and Sports College	2024	present	
Lakkur	Murthy	Western	Vice Chair - HealthWatch County Durham	2021	present	voluntary
			Appointed Governor - County Durham and Darlington NHS Foundation Trust	2024	present	
			Volunteer/Life member - Royal Medical Benevolent Fund	2008	present	voluntary
Jon	Twelves	Western	Chief Executive of Sunderland GP Alliance	2015	present	
			Chair of North East and North Cumbria GP Federation Collaborative	2022	present	
			GP Federation representative for North East and North Cumbria Primary Care Collaborative	2023	present	
<i>Vacancy</i>		<i>Western</i>				
John	Bedlington	Central & Eastern	Chair of LIVErNORTH charity organisation	1996	present	

Forename	Surname	Constituency	Interest	From	To	Comments
			Member of Public Partnership Steering Group (Newcastle Hospitals NHSFT)	2000	present	
			Member of the National Institute for Health and Care Research Insight Panel	2000	present	
Steve	Connolly	Central & Eastern	None			
Carol	Hindhaugh	Central & Eastern	Family member (daughter-in-law) works as Public Health Research Manager (NIHR Specialist Centre for Public Health - hosted by Newcastle University)	2026	present	
Paul	Johnson	Central & Eastern	None			
Michael	Loome	Central & Eastern	None			
Susan	McKenna	Central & Eastern	Clinical private practice (physiotherapy)	2019	present	
Sheena	Sykes	Central & Eastern	None			
Karen	Tanriverdi	Central & Eastern	None			
Brenda	Webb	Central & Eastern	None			
<i>Vacancy</i>		<i>Central & Eastern</i>				
<i>Vacancy</i>		<i>Out of Area</i>				
Helen	Adams	Staff	None			
Lynsey	Curry	Staff	None			
Andrew	Lowes	Staff	None			
Adaeze	Obiayo	Staff	None			
Kiran	Singiseti	Staff	Director of Rubyani Ltd			Specialist medical practice activities
			Fellowship of Royal College of Surgeons			
			Panel Member of Examiners for Trauma and Orthopaedics			
			Nuffield Newcastle and Spire Washington Hospitals			Practicing privileges

Forename	Surname	Constituency	Interest	From	To	Comments
			Cambridge Press			Editor role
Janet	Thompson	Staff	None	05/01/2025		
Michael	Brown	Appointed Governor	Trustee - Healthwatch Gateshead	2017	present	
Dorothy	Burnett	Appointed Governor	None			
Barry	Hill	Appointed Governor	None			
Julia	Perry	Appointed Governor	VCSE Health Alliance	28/08/2024	ongoing	includes submission of joint funding applications
Aron	Sandler	Appointed Governor	Northern Property Management Ltd, Eco Tyre Disposals Ltd, Newford Estates Ltd,			
			Blackfriars Property Developments Ltd, Nominee Blackfriars Ltd, Solid Tyre Disposals Ltd, The Dash Group			
			Spouse - Wellspring Developments Ltd, Whitley Bay Properties Ltd			
Gemma Frances	Spiers	Appointed Governor	Principal Research Associate	01/01/2020	present	
Chris	Toon	Appointed Governor	Deputy Principal	01/09/2014	present	
			Trustee - Carers Trust, Tyne and Wear	22/11/2022	present	

10. Governor Committee Terms of Reference

To be presented by Jennifer Boyle,
Company Secretary



Report Cover Sheet

Agenda Item: 10

Report Title:	Governor Committee Terms of Reference			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 February 2026			
Author:	Diane Waites, Corporate Services Assistant			
Sponsor:	Chairs for the Governor Committees			
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 ratify the terms of reference for the Membership, Governance and Development Committee and Governor Remuneration Committee.			
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 – January 2026 Governor Remuneration Committee – January 2026			
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 	<u>Membership, Governance and Development Committee</u> The Membership, Governance and Development Committee reviewed its terms of reference as part of its annual effectiveness review in January 2026. No changes were proposed and the Committee approved the terms of reference. The Committee recommends the terms of reference for ratification by the Council of Governors (Appendix 1). <u>Governor Remuneration Committee</u> The Governor Remuneration Committee reviewed its terms of reference in January 2026. No changes were proposed and the Committee approved the terms of reference. The Committee recommends the terms of			



	reference for ratification by the Council of Governors (Appendix 2).				
	It is noted that there is one vacancy for a public Governor on the Governor Remuneration Committee and interested Governors are invited to express an interest.				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council of Governors are recommended to ratify the terms of reference for the Membership, Governance and Development Committee and Governor Remuneration Committee.				
Trust strategic priorities that the report relates to:	<input type="checkbox"/>	Excellent patient care			
	<input checked="" type="checkbox"/>	Great place to work			
	<input type="checkbox"/>	Working together for healthier communities			
	<input checked="" type="checkbox"/>	Fit for the future			
Trust <u>strategic objectives</u> that the report relates to (2025 to 2030 strategy):	Ensuring that the Governor committees have clear roles and responsibilities will contribute towards the ability of the Board to deliver the Trust's 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):	No risks directly linked to this paper, although effective committees with robust terms of reference should support the timely identification and management of risks.				
Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Not applicable <input checked="" type="checkbox"/>	

APPENDIX 1

<h1 style="margin: 0;">Governor Committees</h1> <h2 style="margin: 0;">Terms of Reference</h2>	 <p>Gateshead Health NHS Foundation Trust</p>
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Membership, Governance and Development Committee

Constitution and Purpose – The Membership, Governance and Development Committee is a formal group with delegated responsibility from the Council of Governors to review a range of governance matters and lead on membership engagement and recruitment on its behalf.

The Committee is authorised by the Council of Governors to investigate any activity within its Terms of Reference. Any decisions of the Committee shall be taken on a majority basis. All members of the Group have an equal vote. In the event of a tied vote, the Chair of the meeting will hold the casting vote.

Date Adopted / Reviewed	January 2026
Review Frequency	Annually
Review and approval	Membership, Governance and Development Committee
Adoption and ratification	Council of Governors – February 2026

Membership	<p>The Group shall consist of:</p> <ul style="list-style-type: none"> Lead or Deputy Lead Governor (Chair of the Committee) All Governors
Attendance	<p>The following will be expected to attend the Group on a routine basis to provide advice, support and administration:</p> <ul style="list-style-type: none"> Company Secretary Corporate Services Assistant <p>The Chair and Non-Executive Directors have an open invitation to attend the Committee.</p>



Meeting frequency and quorum	<p>Meetings shall be held quarterly and as required by any relevant regulatory requirements.</p> <p>To be quorate there should be at least 5 Governors present at the meeting.</p> <p>Members and regular attendees are expected to achieve 75% attendance annually.</p>
Meeting organisation	<p>The Group shall be supported administratively by the Trust's Corporate Services team.</p> <p>In accordance with the Trust's Standing Orders, papers will be circulated to members and attendees six days before the meeting wherever possible, and no later than three clear days before the meeting, save in emergency.</p> <p>Minutes of the meetings are circulated (alongside the agenda for the following meeting), to members and attendees.</p>

Duties and responsibilities – Governance	
Governor training and development	<p>To review the induction and training arrangements for Governors, including working with the Company Secretary to identify appropriate topics for training and development.</p> <p>To develop an annual cycle of business for quarterly development sessions for approval by the Council of Governors.</p>
Trust Governance Documents	<p>To review proposed changes to the following key governance documents and make recommendations to the Council of Governors (which must formally vote on proposed changes):</p> <ul style="list-style-type: none"> • Trust's Constitution • Council of Governors' Standing Orders
Governor Policies and Procedures	<p>To review key policies and documents relating to Governors.</p> <p>The Committee will make recommendations to the Trust's Policy Review Group and the Council of Governors in respect of these policies where appropriate.</p> <p>To monitor compliance with these policies in line with the monitoring arrangements articulated within the policies themselves.</p>

<p>Reviewing the Effectiveness of Council Governance</p>	<p>To review Governor conduct and attendance, including attendance rates for Council meetings, committees and training events.</p> <p>The Committee will also oversee the process for the allocation of Governor group / committee members every two years (where applicable).</p> <p>To review the outcomes of the Council’s annual effectiveness review and oversee the implementation of any resulting actions.</p>
<p>Other Governance Issues / Requirements</p>	<p>To review and understand key principles of the regulatory framework and requirements, particularly where this impacts on the role of the Council of Governors.</p> <p>To be the first point of contact for the discussion of significant transactions and / or service changes where consultation and / or approval by the Council of Governors may be beneficial.</p> <p>To review other key governance-related requirements or requests as and when they arise.</p>
<p>Duties and responsibilities – Membership and Engagement</p>	
<p>Membership Strategy</p>	<p>To work collaboratively with the Corporate Services team on the development of the Trust’s Membership and Engagement Strategy, making recommendations to the Council of Governors.</p> <p>To develop and monitor an action plan to support the delivery of the Membership and Engagement Strategy.</p>
<p>Membership / Public Engagement and Communication</p>	<p>To explore and propose methods to communicate with, engage and recruit members and the public at large in the activities of the Trust.</p> <p>To work with the Corporate Services team to develop plans for membership engagement activities and campaigns and actively support membership engagement and recruitment activities.</p> <p>Work in partnership with the Corporate Services team to develop communication methods that enable the views and opinions of members and the wider public to be heard and to communicate how such feedback has been used.</p> <p>Work in partnership with the Trust’s Corporate Services Team to ensure that the Trust’s members are kept informed and updated on developments within the Trust.</p>

	Work in partnership with the Trust's Corporate Services Team to inform the wider membership and public of how Governors have represented their views.
Membership Profile	To receive and discuss information on the Trust's membership profile to ensure that it is representative of the population served.
Elections	To receive information for assurance over the annual nomination and election process.

Reporting and monitoring	
Reporting	An assurance report from this Committee will be presented by the Chair to the next meeting of the Council of Governors.
Monitoring	<p>Compliance with the terms of reference will be reviewed via an annual self-assessment. This will inform any proposed revisions to the terms of reference and the cycle of business.</p> <p>The outcome of the effectiveness and terms of reference review is presented to Council of Governors following consideration by this Committee.</p>

APPENDIX 2

<h1 style="margin: 0;">Committee</h1> <h2 style="margin: 0;">Terms of Reference</h2>	 <p>Gateshead Health NHS Foundation Trust</p>
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Governor Remuneration Committee

Constitution and Purpose – The Governor Remuneration Committee is a formal committee of the Council of Governors with delegated responsibility to monitor, review and make recommendations to the Council of Governors with regards to the appointment and remuneration of the Chair and Non-Executive Directors.

The Committee is authorised by the Council of Governors to investigate any activity within its terms of reference. Any decisions of the Committee shall be taken on a majority basis.

The committee is authorised by the Council of Governors, subject to funding approval by the Trust, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

Date Adopted / Reviewed	January 2026
Review Frequency	Annually
Review and approval	Governor Remuneration Committee (January 2026)
Adoption and ratification	Council of Governors (February 2026)

Membership	<p>The Committee shall be appointed by the Council of Governors and shall consist of:</p> <ul style="list-style-type: none"> 1 Appointed Governor (who shall chair the Committee) 3 Public Governors (one of whom must be the Lead Governor) 2 Staff Governors
Attendance	<p>The Chair of the Council of Governors will be expected to be in attendance.</p> <p>The Senior Independent Director will also be expected to be in routine attendance and will present recommendations relating to the Chair’s appointment, remuneration and performance. The Senior</p>

	<p>Independent Director will leave the meeting when consideration is given to Non-Executive Director remuneration, appraisals or their own appointment.</p> <p>Other Trust staff may be invited to attend meetings depending upon the issues under discussion.</p> <p>Any Joint Nomination Committees formed between Alliance partners to appoint to shared Chair or Non-Executive Director positions shall be formed from the members and attendees of the Governor Remuneration Committee.</p>
<p>Meeting frequency and quorum</p>	<p>Meetings shall be held as required (for example in line with the expiry of terms for the Chair and Non-Executive Directors), but there will be at least one meeting annually. Meetings shall be held prior to the Council of Governors to support the timely flow of assurance and items for escalation.</p> <p>To be quorate there should be at least 3 members present.</p> <p>Members and regular attendees are expected to achieve 75% attendance annually.</p>
<p>Meeting organisation</p>	<p>The Committee shall be supported administratively by the Company Secretary.</p> <p>In accordance with the Trust’s Standing Orders, papers will be circulated to members and attendees six days before the meeting wherever possible, and no later than three clear days before the meeting, save in emergency.</p> <p>Minutes of the Committee’s meetings are held by the Company Secretary and are circulated (alongside the agenda for the following meeting), to members and attendees.</p>

<p>Committee duties and responsibilities</p>	
<p>Nomination role</p>	<ul style="list-style-type: none"> • Give consideration to succession planning for Non-Executive Directors and the Chair (including reviewing the balance of skills, knowledge, experience and diversity), taking into account the challenges and opportunities facing the Trust, and its plans to address them, and consulting with the Board of Directors as to the skills and expertise needed on the Board of Directors in the future. • Agree with the Council of Governors a clear process for the nomination of Non-Executive Directors and the Chair. • For each appointment:



	<ul style="list-style-type: none"> • Take account of the views of the Board on the qualifications, skills and experience required for each position; • Review the role description and expected time commitment; • Through a recruitment process identify suitable candidates to fill vacant posts and make recommendations to the Council of Governors on their appointment; • Seek assurance that proposed Non-Executive Directors / Chair are 'fit and proper'; and • Seek assurance that proposed appointees have disclosed significant commitments and potential conflicts of interest prior to appointment. • On behalf of the Council, review proposed re-appointments of Non-Executive Directors / the Chair and make a recommendation to the Council of Governors. • Advise the Council of Governors with regards to any matters relating to the removal from office of a Non-Executive Director.
<p>Remuneration</p>	<ul style="list-style-type: none"> • In accordance with all relevant laws and regulations, review the remuneration, allowances and other terms and conditions of office of the Non-Executive Directors and the Chair, making a recommendation on policy to the Council (taking into account the views of the Chair and Senior Independent Director except in respect of their own remuneration and terms of service). • Agree the process for and receive assurance over the outcome of the annual performance appraisals of the Chair and Non-Executive Directors. • In adhering to all relevant laws and regulations establish levels of remuneration which: <ul style="list-style-type: none"> • Are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, at a level that is proportionate and affordable for the Trust; • Reflect the time commitment and responsibilities of the roles; • Take into account appropriate benchmarking and market-testing; and • Are sensitive to pay and employment conditions elsewhere in the Trust.

	<ul style="list-style-type: none"> • Monitor procedures to ensure that existing directors remain fit and proper persons.
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Reporting and monitoring	
Reporting	<p>Joint Nomination Committees (for shared Chair or Non-Executive Director roles) between Alliance partners are accountable to the Council of Governors via the Governor Remuneration Committee.</p> <p>The Committee will report to the Council of Governors (in Part 2) and make recommendations with regards to appointment, re-appointment and remuneration of Non-Executive Directors and the Chair.</p>
Monitoring	<p>Compliance with the terms of reference will be reviewed via an annual self-assessment. This will inform any proposed revisions to the terms of reference and the cycle of business.</p> <p>The outcome of the effectiveness and terms of reference review is to be presented to the Council of Governors following consideration by the Committee.</p>

11. Lead Governor and Deputy Lead
Governor Appointment Process
To be presented by Jennifer Boyle,
Company Secretary

Report Cover Sheet

Agenda Item: 11

Report Title:	Lead Governor and Deputy Lead Governor Appointment Process			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 February 2026			
Author:	Jennifer Boyle, Company Secretary			
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 consider and make a decision on options relating to the appointment of the Lead and Deputy Lead Governor			
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>	-			
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 process for the appointment to these positions is considered annually by the Council. This year there is uncertainty regarding the future of the Council of Governors given the expected legislation. • This has led to the development of an alternative option to the usual appointment process for consideration by the Council. • There are no financial consequences associated with either option. • The process for the appointment of the Lead and Deputy Lead Governor positions is set by the Council of Governors and therefore not subject to any external governance / legal requirements. • Governors must be assured that the process is fair and equitable. 			

	<ul style="list-style-type: none"> Note that this is a Governor decision and not a decision for the Board or Trust management. 				
<p>Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i></p>	<p>Governors are requested to consider the two options for the appointment of the Lead and Deputy Lead Governor positions and decide on the preferred option, namely:</p> <ul style="list-style-type: none"> To run an open self-nomination and full election process for these two positions, with a view to confirming the appointees by late April to commence in post from 19 May 2026; or To extend the appointments of the current postholders to provide stability and continuity for the Council – this would retain Steve Connolly as Lead Governor and Michael Loomer as Deputy Lead Governor until the end of the Council of Governors, 18 May 2027 or the end of their terms as Governors, whichever comes soonest. 				
<p>Trust strategic priorities that the report relates to:</p>	<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			
<p>Trust strategic objectives that the report relates to (2025 to 2030 strategy):</p>	<p>Not directly linked to a specific strategic objective, but both positions play a vital role in our assurance and escalation processes.</p>				
<p>Links to CQC Key Lines of Enquiry (KLOE):</p>	<p>Caring <input type="checkbox"/></p>	<p>Responsive <input type="checkbox"/></p>	<p>Well-led <input checked="" type="checkbox"/></p>	<p>Effective <input type="checkbox"/></p>	<p>Safe <input type="checkbox"/></p>
<p>Risks / implications from this report (positive or negative):</p>					
<p>Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):</p>	<p>None identified</p>				
<p>Has an Equality and Quality Impact Assessment (EQIA) been completed?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Not applicable <input checked="" type="checkbox"/></p>		

Lead and Deputy Lead Governor Appointments

1. Executive Summary

- 1.1. The report outlines options for the process of appointing the Lead and Deputy Lead Governors, considering the upcoming legislative changes that may abolish Councils of Governors by April 2027. It presents two options for appointments to ensure stability or allow open elections amid this uncertainty.
- 1.2. The Lead and Deputy Lead Governors serve one-year terms with eligibility limited to public Governors with at least one year's experience, and may be re-appointed annually up to three years. These roles are appointed by the Council of Governors, not the Trust management.
- 1.3. Normally, public Governors self-nominate for Lead Governor in February, followed by an endorsement or election process concluding by April, with terms starting in May. The Deputy Lead Governor appointment follows similarly.
- 1.4. An alternative option due to legislation is proposed - to maintain continuity, the Council may extend current appointments of Steve Connolly and Michael Loome until the Council ceases to exist, until 18 May 2027 or until their Governor terms expire, whichever is sooner.
- 1.5. Extending terms offers stability and preserves established relationships and communication channels but limits opportunities for other eligible Governors to stand for these roles.
- 1.6. Governors must choose between running open elections for the positions starting May 2026 or extending current appointments for continuity until Council dissolution or term expiry. The Lead and Deputy Lead Governors will recuse themselves from the meeting for this item to allow impartial discussion.

2. Introduction

- 2.1. The terms for the Lead Governor and Deputy Lead Governor end on 18th May 2026. All Foundation Trusts are required to have a Lead Governor in place and the Council agreed to introduce the role of the Deputy Lead Governor in 2021 to provide support, resilience and cover to the Lead Governor.
- 2.2. At Gateshead the Lead and Deputy Lead Governor appointment terms are for one year with the option of re-appointment annually up to a maximum of three years. Only public Governors are eligible for these positions and they must have at least one year's experience as a Governor. The full role descriptions are appended to this paper.
- 2.3. It is noted that the appointment of the Lead and Deputy Lead Governors is a matter for the Council rather than the Trust. This paper sets out a proposed approach to the forthcoming appointments for consideration by the Council.

- 2.4. The paper sets out options for the appointments, recognising planned legislation changes would result in Councils of Governors ceasing to exist from April 2027 if the legislation is passed in its planned form and timescale.

3. Key issues / findings

- 3.1. As Governors will be aware the NHS 10 Year Plan set out a number of major reforms. The Plan confirms that Foundation Trusts will no longer be required to have Governors, with public and staff views instead being gathered through alternative engagement methods. Whilst it was initially interpreted that this would apply to those Foundation Trusts progressing to Advanced Foundation Trust status, it has become clear that the intention is for this to apply to all Foundation Trusts.
- 3.2. Whilst the draft bill has yet to be published, we understand from engagement in NHS Providers' workshops and briefings that the expectation is that this would require all Foundation Trusts to abolish their Council of Governors once the legislation is passed. We understand that the government is working to a timescale of April 2027 for this.
- 3.3. Should the legislation be passed as the government intends and within the planned timescales, it would mean that the Council of Governors would no longer exist from April 2027 onwards.
- 3.4. The usual process for the appointment of the Lead and Deputy Lead Governor is as follows:
- In respect of the Lead Governor position eligible public Governors are invited to submit an expression of interest to the Company Secretary in late February (usually a short statement of no more than 200 words on why the nominee wishes to be Lead Governor).
 - If there is a single nomination, Governors are asked to endorse (or not) that nomination by voting for that person or abstaining. If there is more than one nomination the Company Secretary circulates all statements to members of the Council of Governors (except those who have self-nominated as Lead Governor) together with a ballot nomination paper bearing the names of all candidates which is to be completed electronically. This process is usually concluded in late March.
 - The results are counted and the appointment announced by email.
 - The same process is then repeated for the position of Lead Governor, concluding by mid to late April.
 - The results are formally presented to the Council of Governors at the May meeting, with new terms commencing on 19 May (which given the change of the Council date this year to 20 May would actually be one day prior to the Council meeting).
- 3.5. Trusts are at present planning for the likely change from April 2027 (whilst being mindful that this will be dependent on the legislation being passed). Should the legislation be passed as the government intends, then we are about to enter

potentially the last year of the Council of Governors and new terms for these positions would last for less than a one year period.

- 3.6. As such, there is an alternative option to the appointment of the Lead and Deputy Lead Governors, namely to extend the appointments of Steve Connolly as Lead Governor and Michael Loome as Deputy Lead Governor until the end of the Council of Governors, 18 May 2027 or the end of their terms as Governors, whichever comes soonest (Michael Loome's term is due to end in January 2027).
- 3.7. The benefits of this are:
- It provides continuity and stability for the Council in this uncertain period – Governors have developed relationships with the postholders and the postholders have established communication channels between the Governors and the Chair / Vice Chair / Company Secretary. Postholders have also worked effectively together to provide cross-cover;
 - The Lead Governor in particular has established strong links with counterparts across the Alliance and regularly meets the Lead Governors of the other 3 Trusts (with the Deputy Lead Governor covering where needed). These relationships are important given the goal to develop some common principles for engagement models across the Alliance post-Councils of Governors.
- 3.8. The disadvantage of extending the current terms is it that it doesn't provide other public Governors with more than one year's experience as a Governor with an opportunity to put themselves forward for the roles.
- 3.9. It is therefore important for Governors to carefully consider both options and the Lead and Deputy Lead Governors will excuse themselves from the meeting to enable a free and frank discussion to take place on the preferred option.
- 3.10. Whilst consistent leadership, stability and trusted communications are all key principles of managing periods of change effectively it is also important for Governors to feel that processes are fair, transparent and democratic.

4. Solutions / recommendations

- 4.1. Governors are requested to consider the two options for the appointment of the Lead and Deputy Lead Governor positions and decide on the preferred option, namely:
- To run an open self-nomination and full election process for these two positions, with a view to confirming the appointees by late April to commence in post from 19 May 2026; or
 - To extend the appointments of the current postholders to provide stability and continuity for the Council – this would retain Steve Connolly as Lead Governor and Michael Loome as Deputy Lead Governor until the end of the Council of Governors, 18 May 2027 or the end of their terms as Governors, whichever comes soonest.



Appendix 1: Lead Governor – Role Description

Background

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

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

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



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

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

Eligibility and Appointment

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

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

Additional Duties of the Lead Governor

At Gateshead Health NHS Foundation Trust the Lead Governor will:

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



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

Person specification

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

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

Appendix 2: Deputy Lead Governor – Role Description

Eligibility and Appointment

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

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

Duties of the Deputy Lead Governor

The Deputy Lead Governor will:

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



Person specification

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

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

12. Council of Governors Annual Effectiveness Survey Results

To be presented by Jennifer Boyle,
Company Secretary

Report Cover Sheet

Agenda Item: 12

Report Title:	Council of Governors' Effectiveness Survey Results 2025/26			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 February 2026			
Author:	Diane Waites, Corporate Services Assistant			
Sponsor:	Chair of the Board and Council			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To share the results of the effectiveness survey and identify any themes, trends and actions.			
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 checked="" 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>				
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • Overall the survey results are positive and there is a good alignment between the views of the Council and the views of the Board. This provides assurance over the direction of travel and the relationship between the Board and the Council. • The survey results are compared to the previous year, which were also positive on the whole. There is not a significant difference between 2024/25 and 2025/26, with most responses being either 'strongly agree' or 'agree'. • Holding Non-Executive Directors (NEDs) to account was an area of focus following last year's survey and the results demonstrate that developments around this area have been made and interaction between the Board of Directors and Governors has improved. There is a general view that feedback from Board Committee observations requires attention and further discussion will take 			

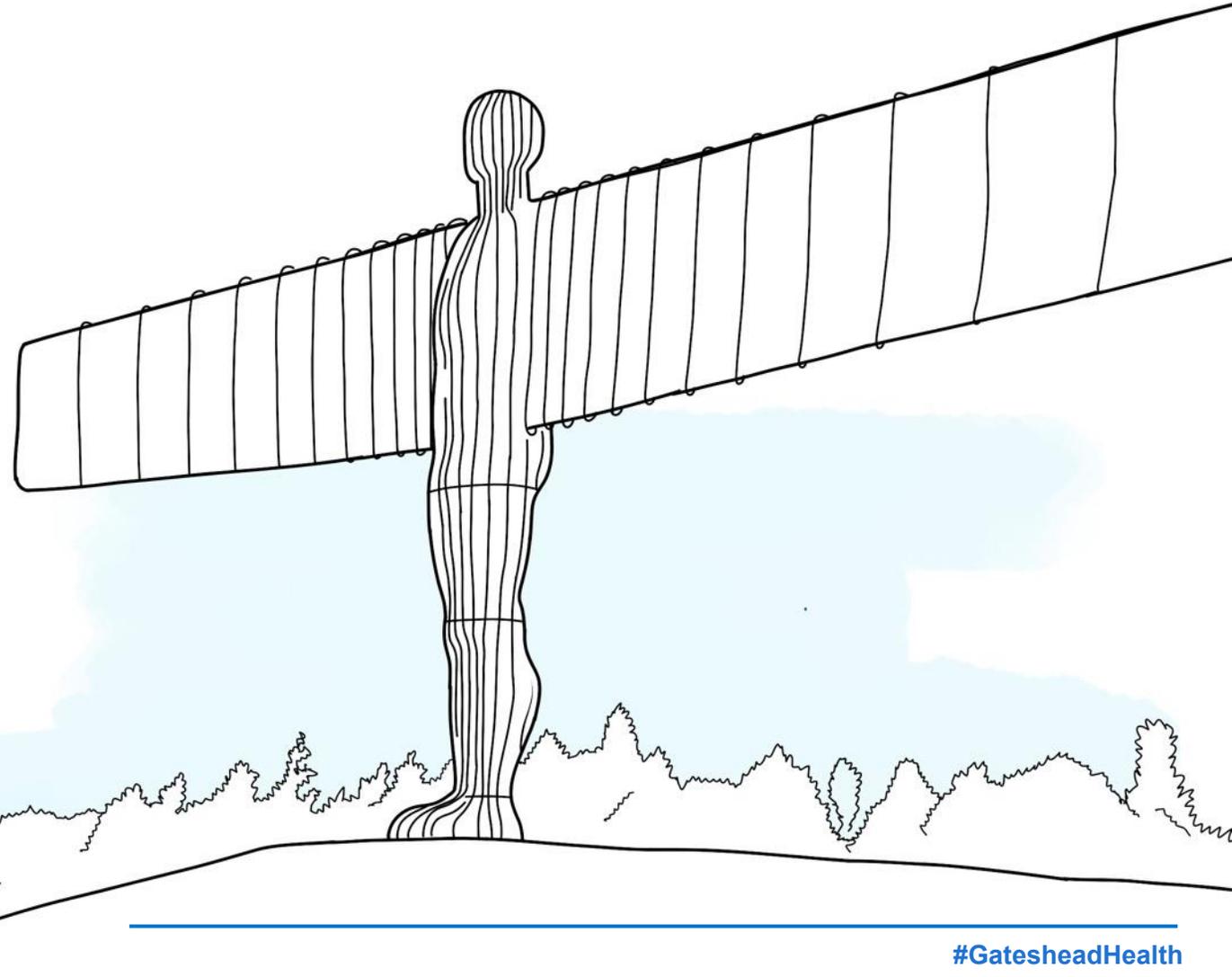
	<p>place at the next Membership, Governance and Development Committee to determine whether any additional actions are needed to support Governors.</p> <ul style="list-style-type: none"> The results show that the area with the greatest range of Governor responses is in relation to membership engagement and representation which is similar to last year's results. It is felt improvements around public engagement is required and this will be an area for discussion at the Membership, Governance and Development Committee. 								
<p>Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i></p>	<p>The Council of Governors is requested to review the results and note that the Membership, Governance and Development Committee will consider the results in more depth and agree any next steps for development.</p>								
<p>Trust strategic priorities that the report relates to:</p>	<table border="1"> <tr> <td data-bbox="639 943 735 1021"><input type="checkbox"/></td> <td data-bbox="735 943 1474 1021">Excellent patient care</td> </tr> <tr> <td data-bbox="639 1021 735 1099"><input checked="" type="checkbox"/></td> <td data-bbox="735 1021 1474 1099">Great place to work</td> </tr> <tr> <td data-bbox="639 1099 735 1178"><input checked="" type="checkbox"/></td> <td data-bbox="735 1099 1474 1178">Working together for healthier communities</td> </tr> <tr> <td data-bbox="639 1178 735 1256"><input checked="" type="checkbox"/></td> <td data-bbox="735 1178 1474 1256">Fit for the future</td> </tr> </table>	<input 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
<input 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								
<p>Trust strategic objectives that the report relates to (2025 to 2030 strategy):</p>	<p>4. We will care for our people, creating a fair, inclusive and respectful environment where everyone can thrive in their role 7. We will work in collaboration with our partners to improve the health of our population and reduce health inequalities 8. We will develop our neighbourhoods in line with the NHS 10-year plan</p>								
<p>Links to CQC Key Lines of Enquiry (KLOE):</p>	<table border="1"> <tr> <td data-bbox="639 1615 772 1693">Caring <input type="checkbox"/></td> <td data-bbox="772 1615 970 1693">Responsive <input type="checkbox"/></td> <td data-bbox="970 1615 1145 1693">Well-led <input checked="" type="checkbox"/></td> <td data-bbox="1145 1615 1310 1693">Effective <input type="checkbox"/></td> <td data-bbox="1310 1615 1474 1693">Safe <input type="checkbox"/></td> </tr> </table>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>			
Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>					
<p>Risks / implications from this report (positive or negative):</p>									
<p>Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):</p>	<p>None identified</p>								



Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>
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Council of Governors' Effectiveness Survey 2025/26

Survey conducted in January 2026



Response rates

Council of Governors

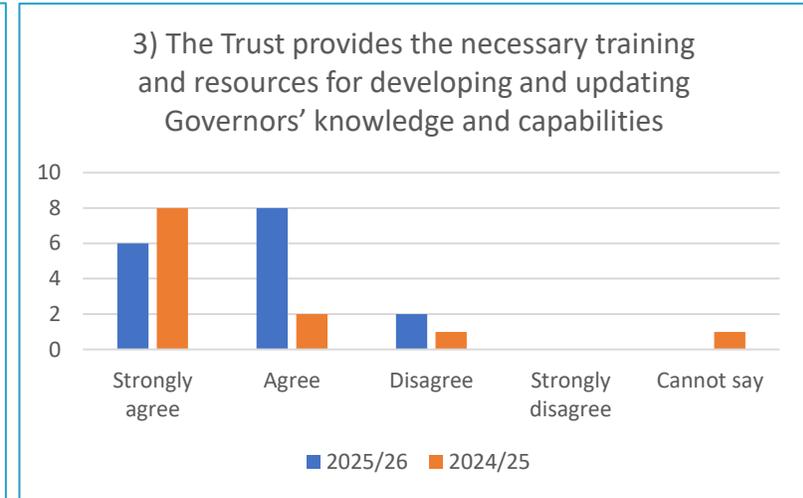
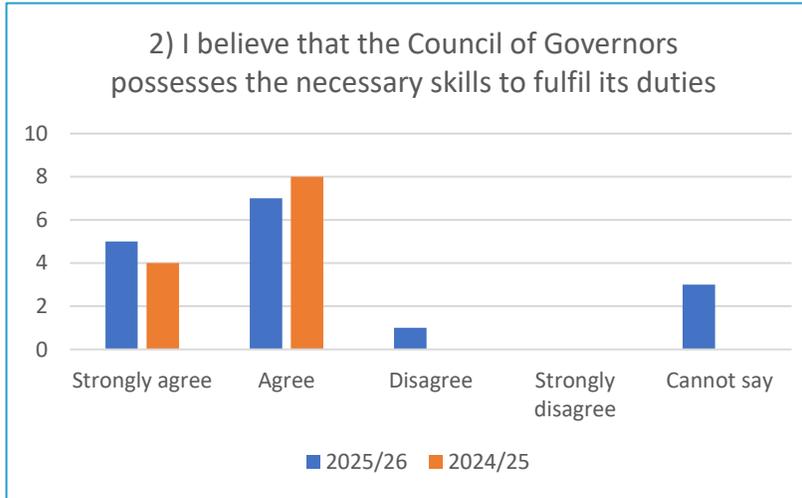
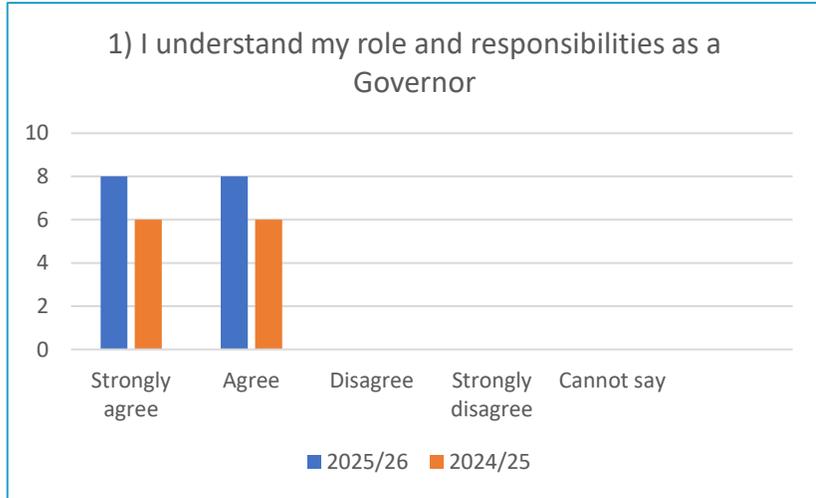
- 23 Governors in post and eligible to respond
- 16 responses
- 70% response rate
- Governor survey responses are shown in dark blue (25/26) and orange (24/25)

Board of Directors

- 15 Board Members in post and eligible to respond
- 7 responses
- 47% response rate
- Board survey responses are shown in green (25/26) and light blue (24/25) with the question number prefixed with B.



Induction, training and development

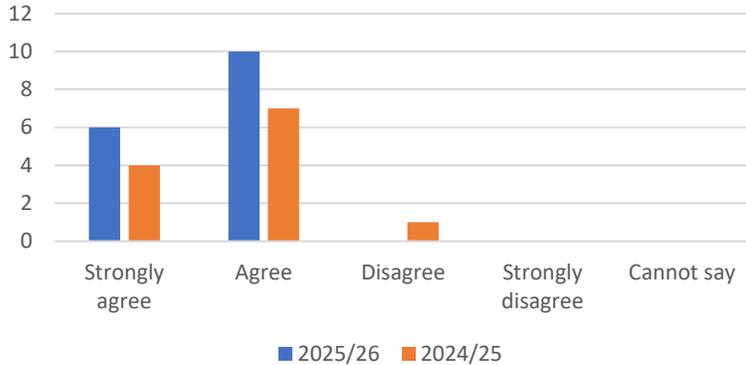


Governor comments:

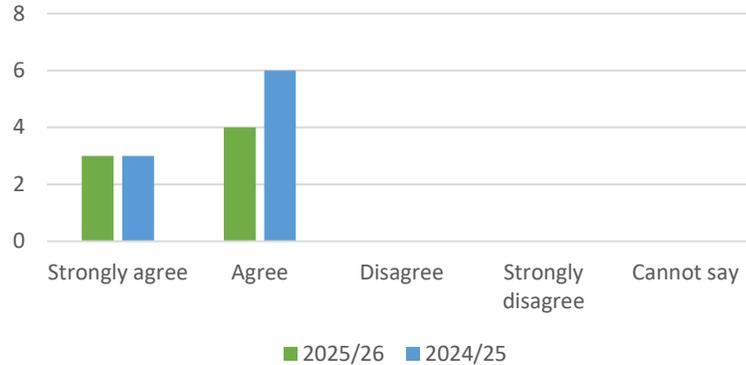
- Positive comments received in relation to workshops and training being available and regularly discussed to enable Governors to suggest subjects that they feel they need more information and clarity on.
- Induction sessions are provided for new Governors, but it was felt that further work may be required around ensuring Governors have the necessary skills to fulfil the role and further understanding of the work of the Board Committees.

Council of Governors' meetings

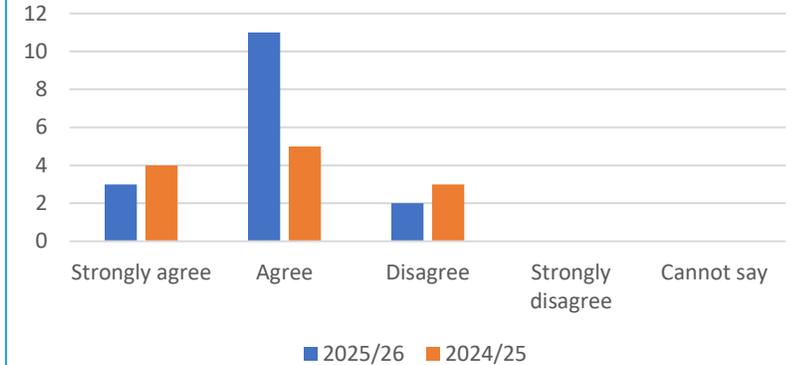
4) The Council of Governors meets sufficiently regularly to discharge its duties



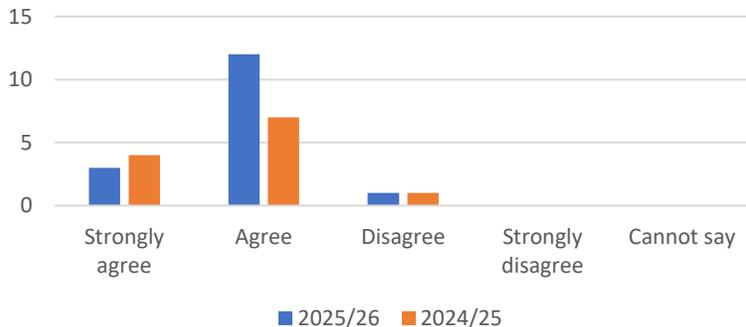
B1) The Council of Governors meets sufficiently regularly to discharge its duties



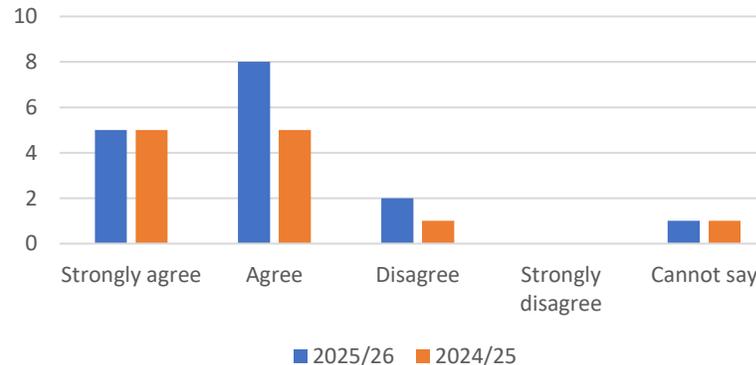
5) The Council of Governors meets at the most appropriate time for me



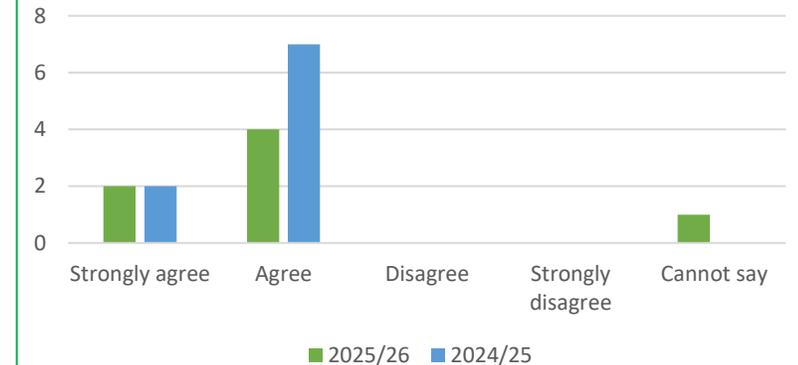
6) I am confident that I have opportunities to influence items on the cycle of business (and therefore future Council agendas)



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

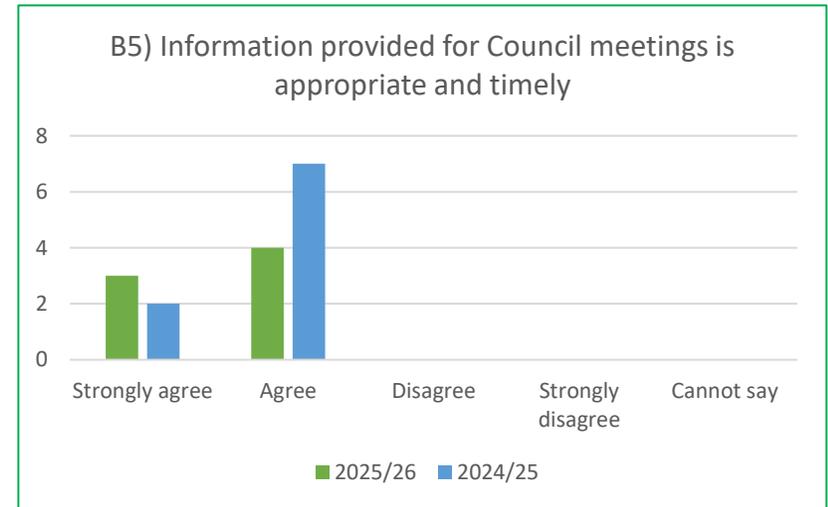
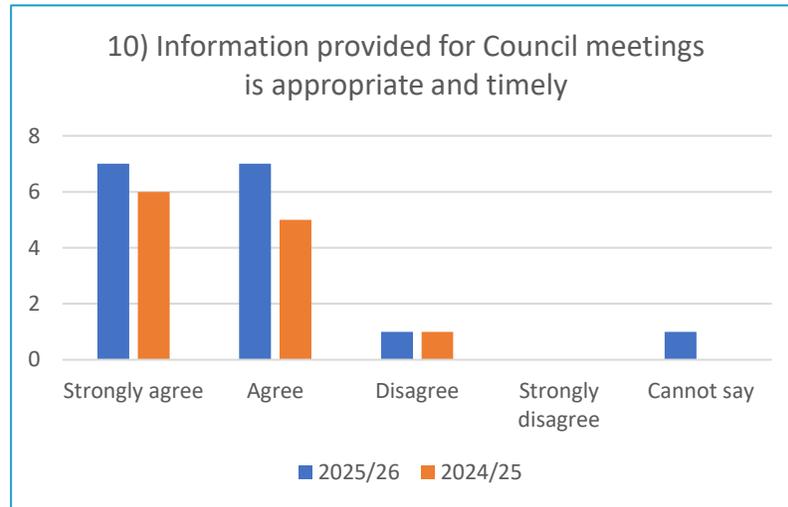
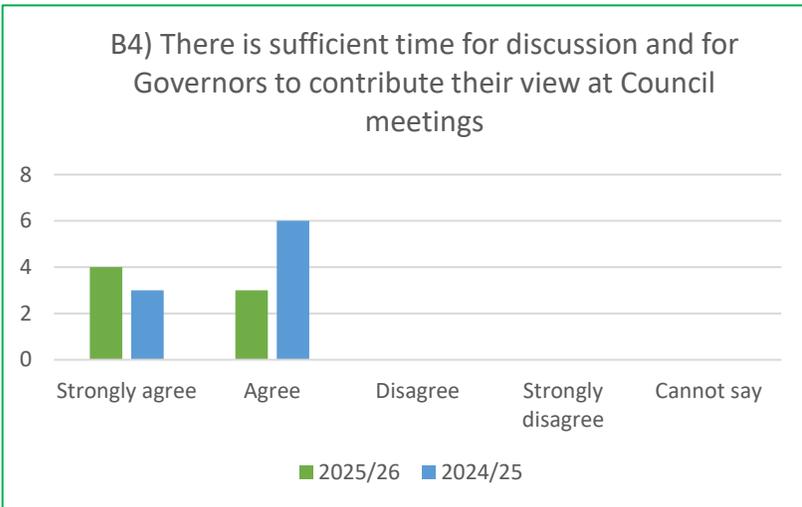
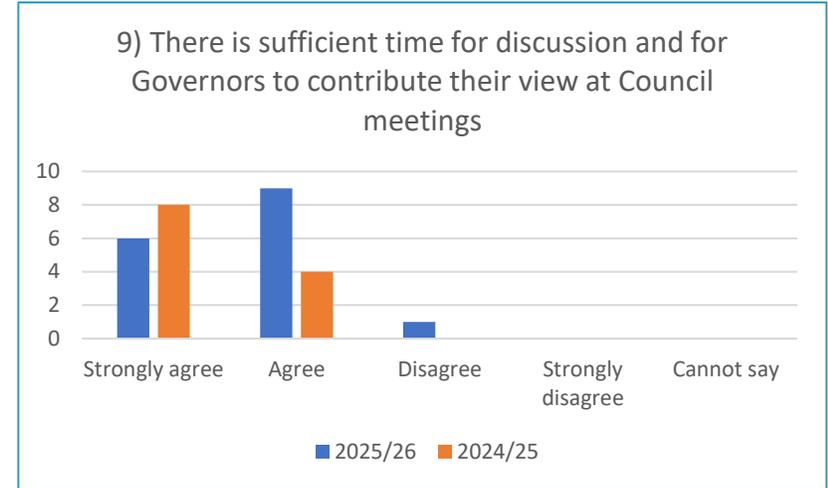
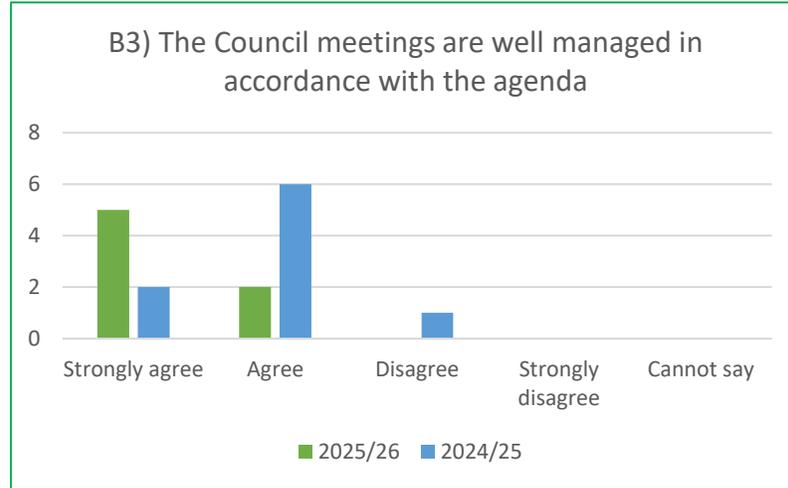
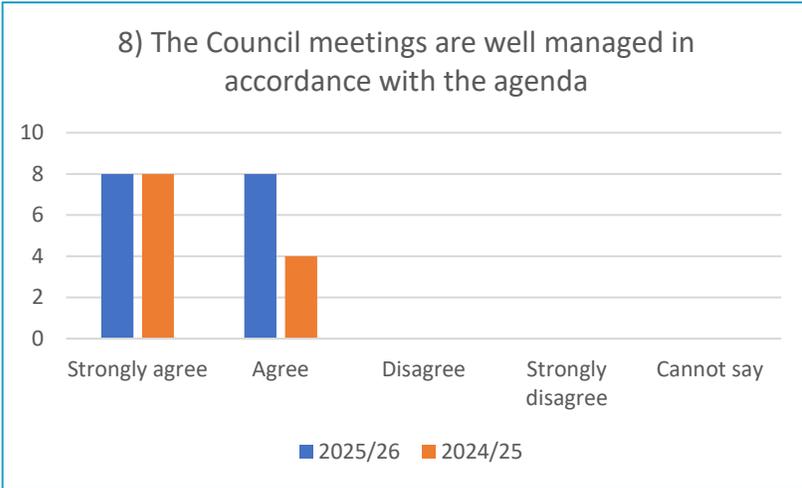


B2) The Council meeting agendas include all the important topics for discussion

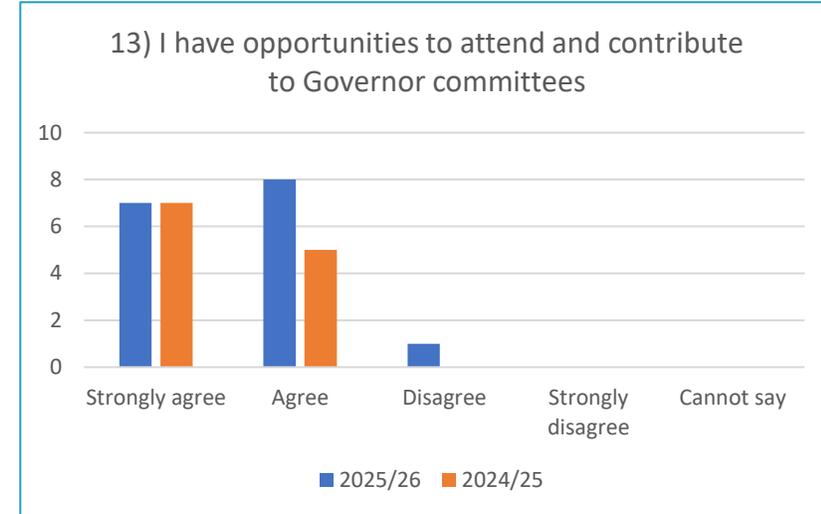
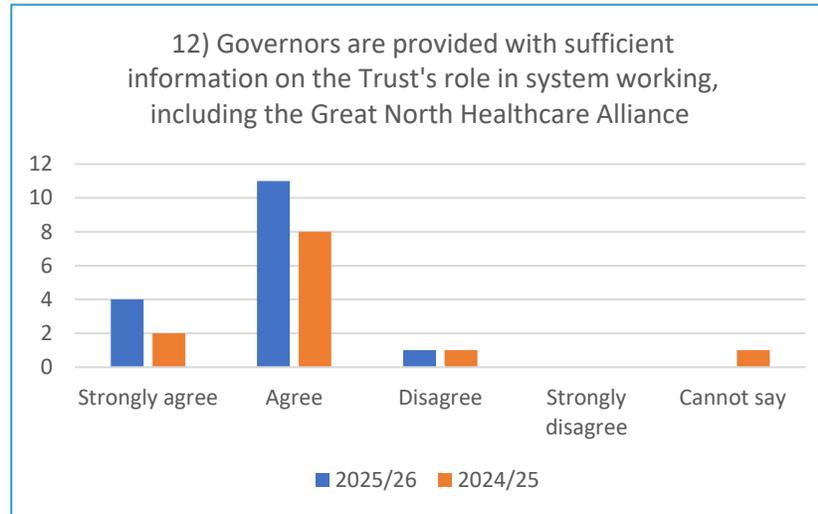
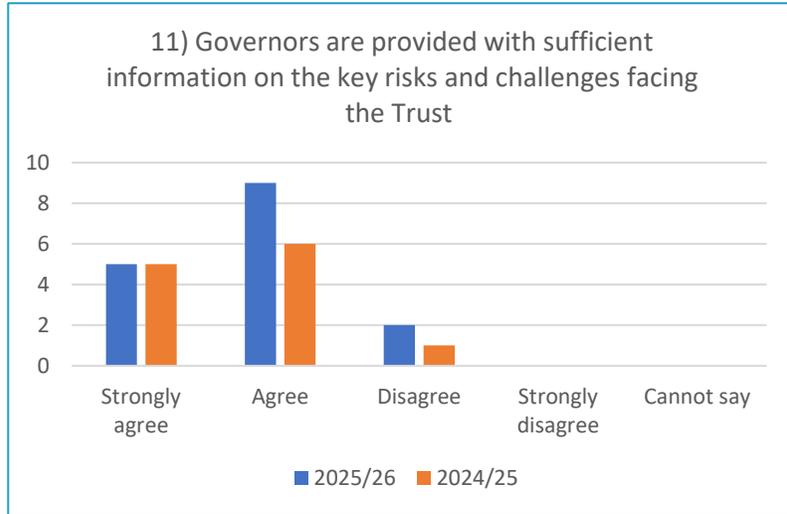




Council of Governors' meetings



Council of Governors' meetings



Governor comments

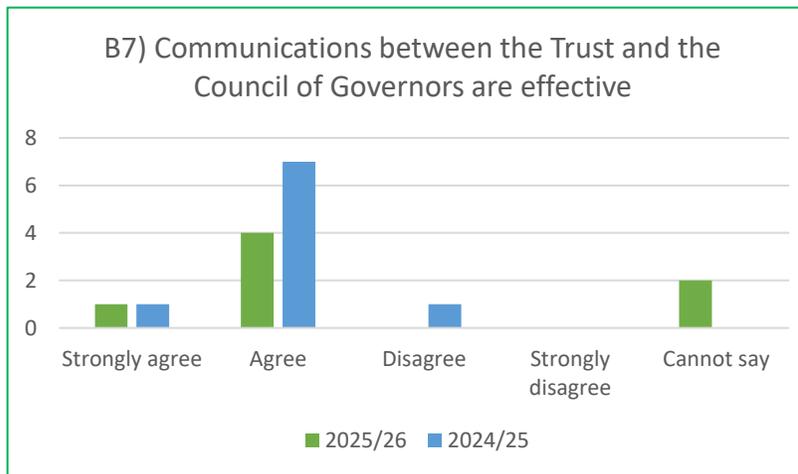
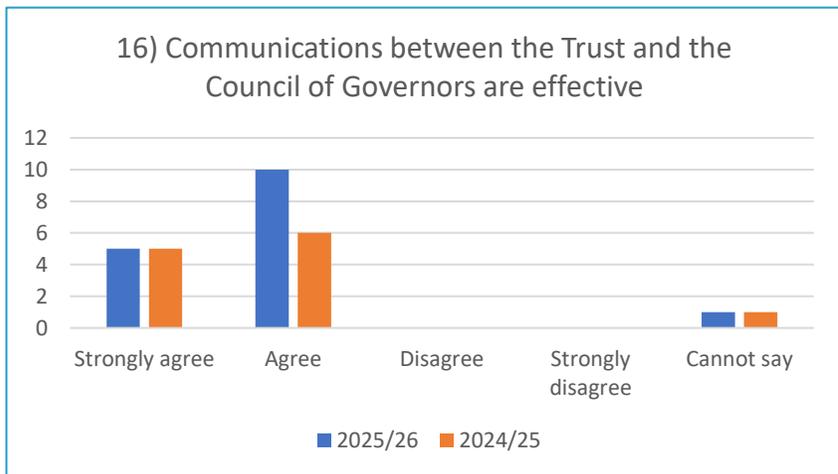
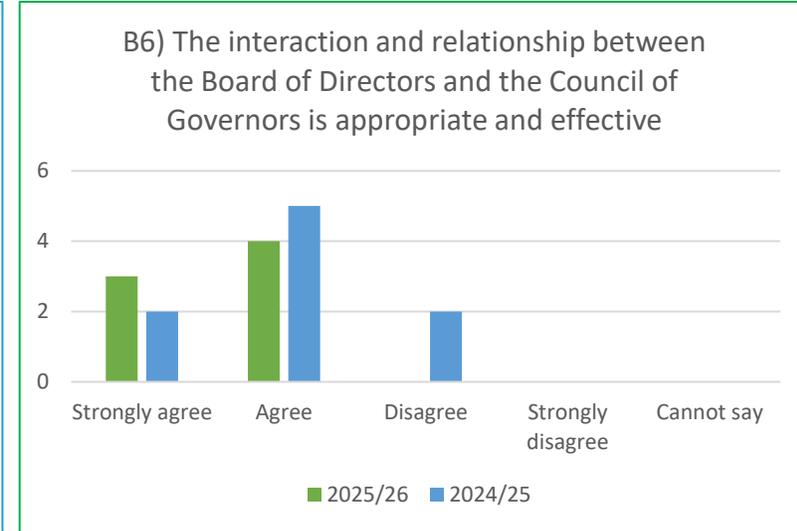
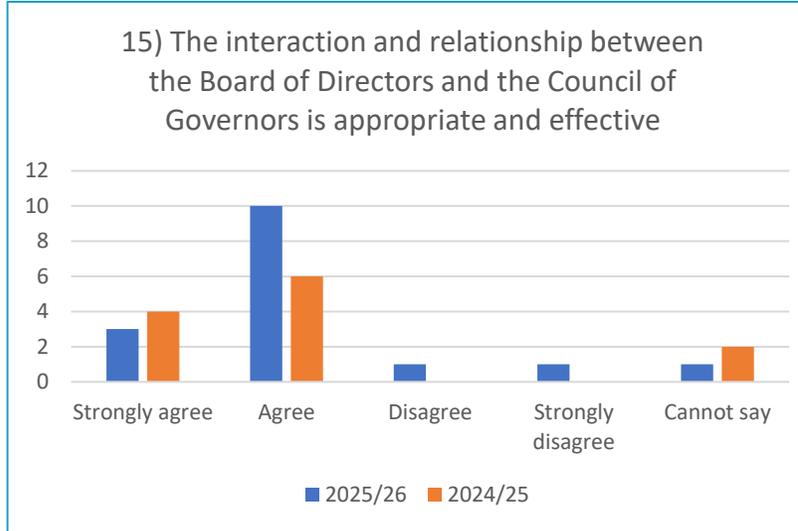
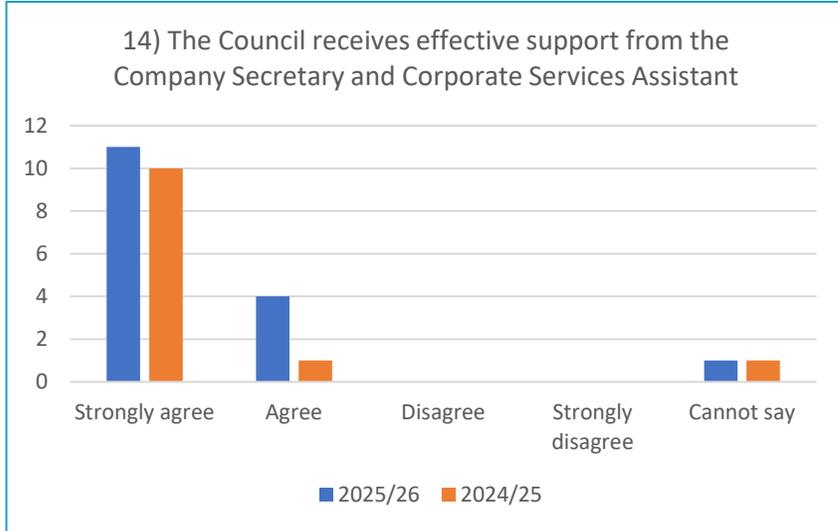
- One Governor commented that Governors have the opportunity to discuss papers via the private meeting prior to the Council meeting.
- It was suggested that advanced notice of meetings and insight into what happens outside of the Board and Council meetings would be helpful to enable Governors to respond to questions from members.
- Governors have had the opportunity to attend Alliance workshops and have found them beneficial, but the Trust's role still appears vague however is to be expected at this early stage.

Board Member comments:

- Comments were made in relation to the usefulness of receiving questions from Governors in advance, but it was felt that some questions are not appropriate for the level of the Council meetings and are sometimes more related to operational detail
- There a number of informal opportunities for Governors to raise questions and the balance between formal Council and workshop facilitates the opportunity for more detailed understanding, questions and relationship building.



Communications, relationships and support





Communications, relationships and support

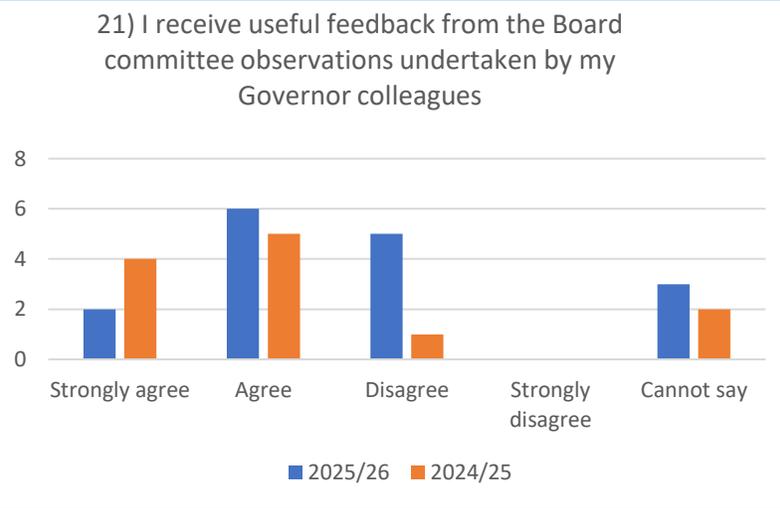
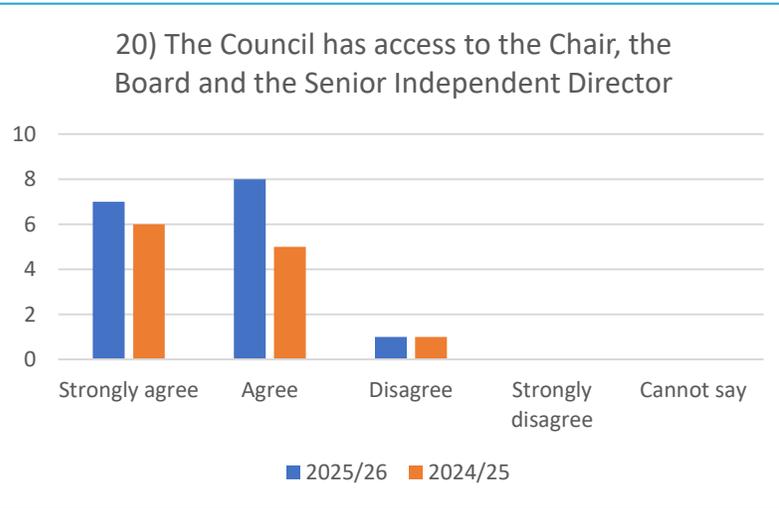
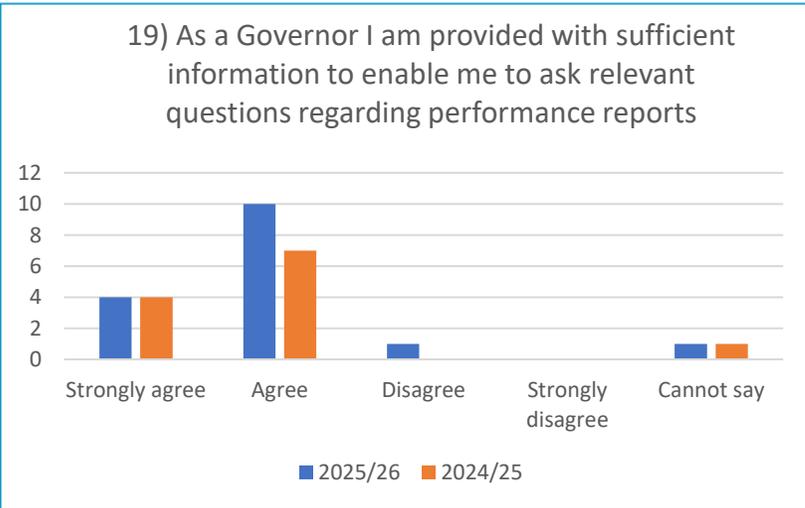
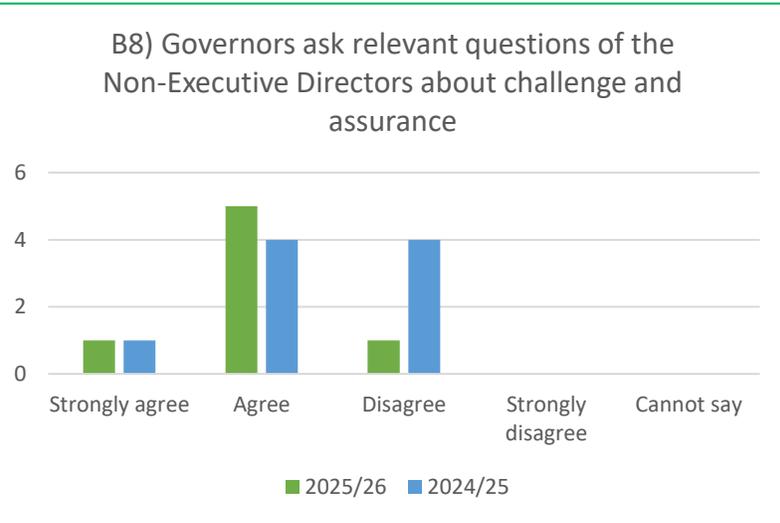
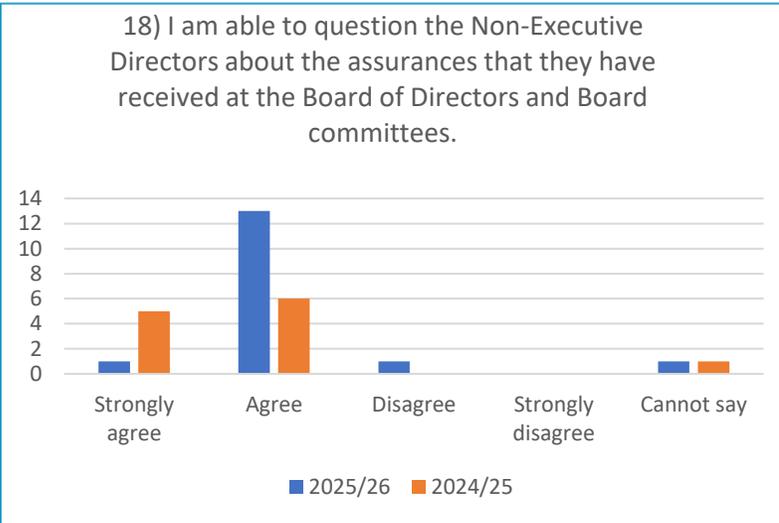
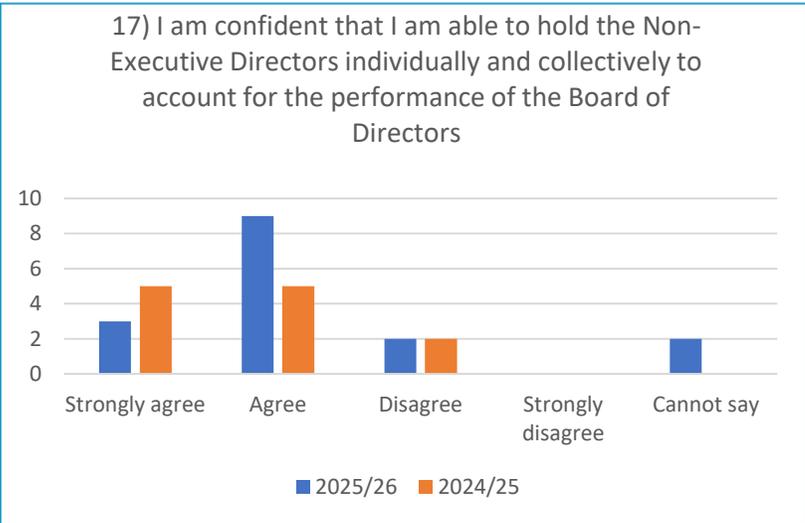
Governor comments

- Two Governors provided commentary on this section and felt that the communication and engagement between the Trust and Council is sufficient and practical.
- One Governor commented that the flow and availability of information is superb.

Board Members:

- The approach of the new Chair in directing questions to the Non-Executive Directors is useful and enables the Governors to hold the Non-Executive Directors to account. There is also emphasis of the differing roles of key participants and surrounding governance structures to support the work of the Governors.
- The information provided to the Council enables the Council to discharge its duties effectively.

Holding Non-Executive Directors to Account



Holding Non-Executive Directors to account

Governor comments:

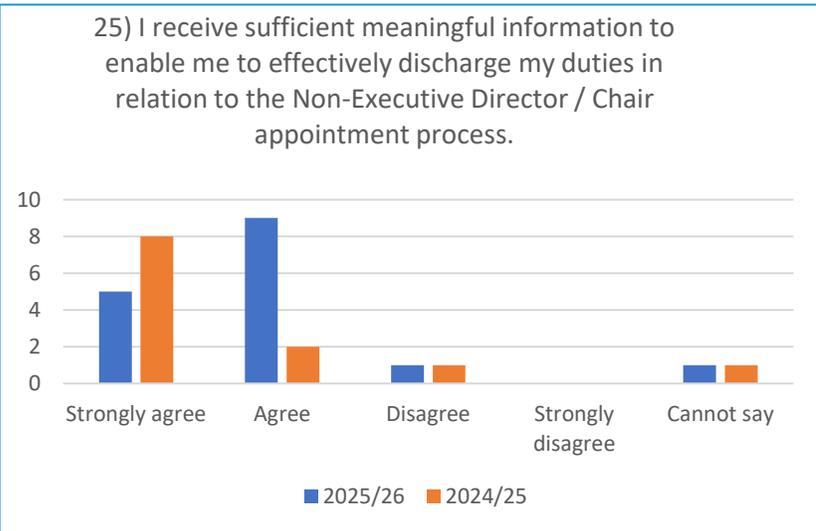
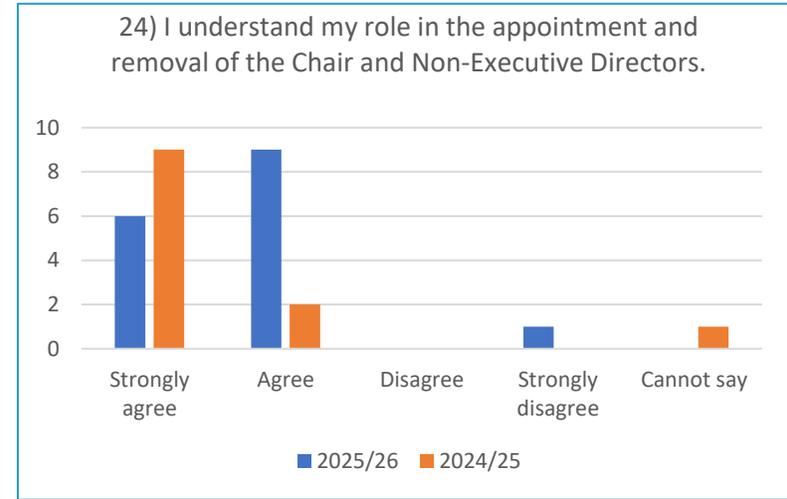
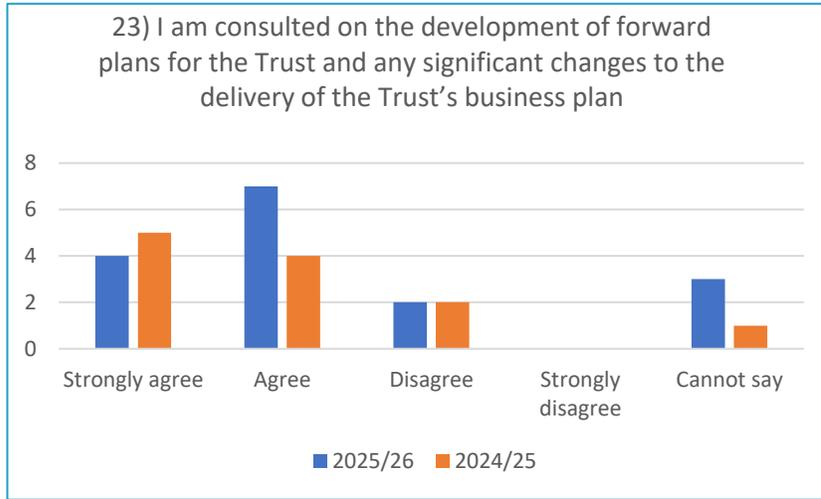
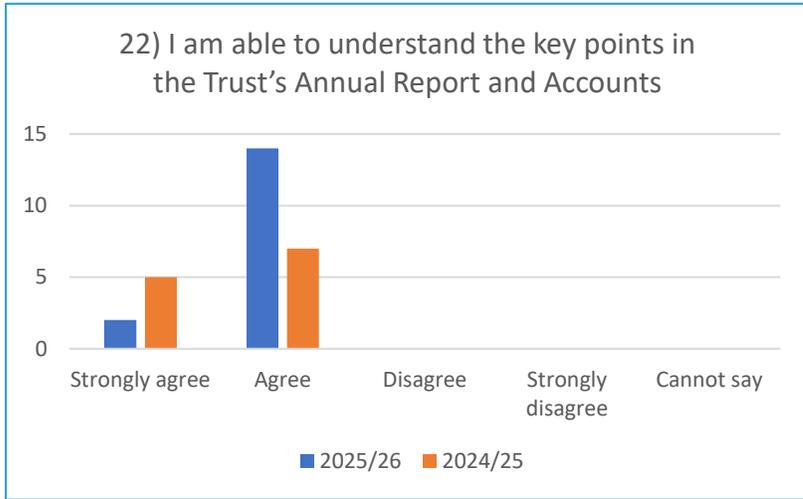
- One Governor commented that they feel able to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
- Another Governor felt that there was no feedback from Board Committee observations

Board Member comments:

- One Board Member reflected on the challenges of effective holding of Non-Executive Directors to account and queried this function of Governors.
- As mentioned previously, another Board Member felt that the approach of the new Chair in directing questions to the Non-Executive Directors, supports this function.
- The attendance of Governor observers at the Board Committees was appreciated.



Processes and information

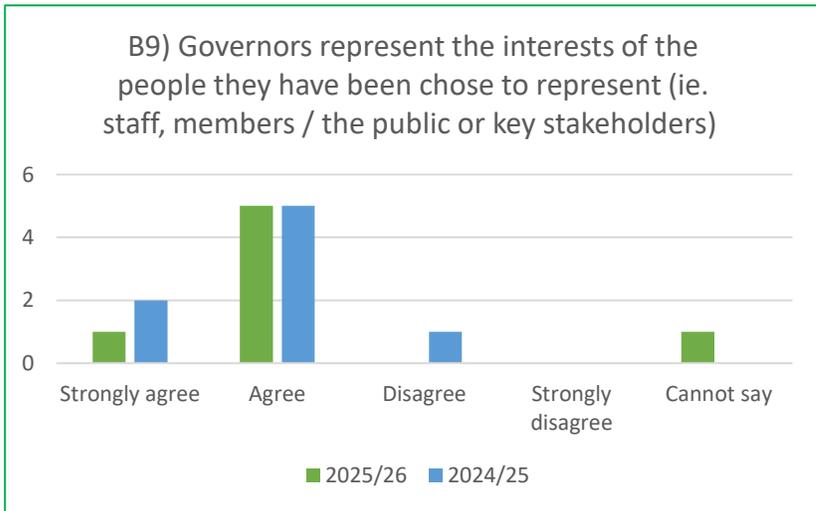
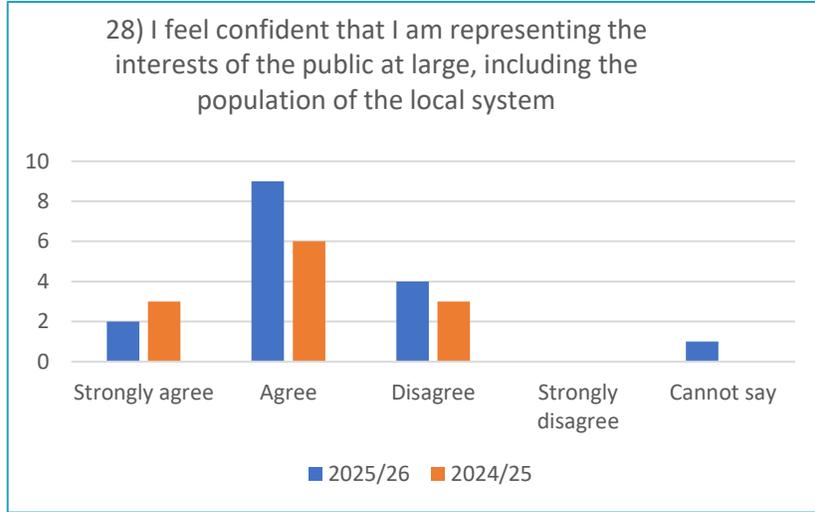
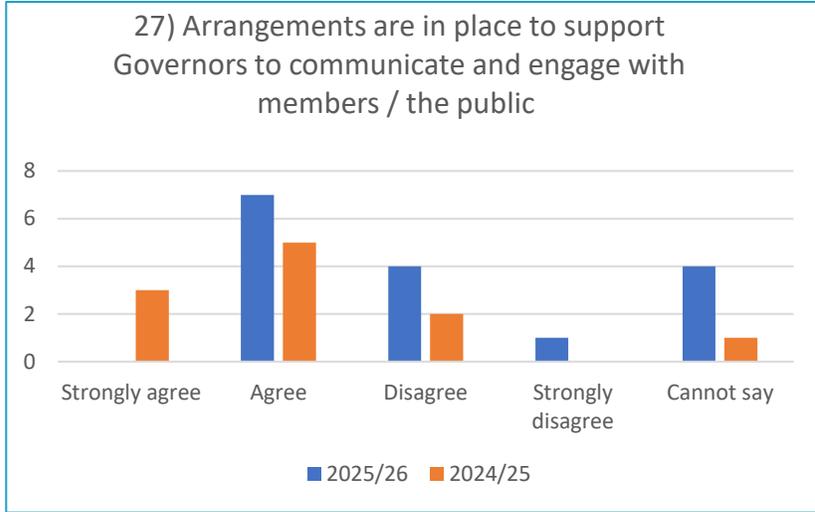


Governor comments:

- One Governor commented that the processes and information provided is satisfactory although another Governor felt that some additional understanding may be required.



Membership and Representation



Membership and Representation

Governor comments:

- Some Governors felt that improvements around public engagement were required and more Governor involvement is needed to arrange and attend engagement events.
- It was noted that the future of members of the Trust is uncertain, but recruitment of members seems to be carried out on Trust premises therefore there needs to be more active recruitment routes.

Board Member comments:

- Some Board members felt that it would be useful to hear more reference to constituents' views but difficulties were recognised in establishing a direct relationship due to the geographical spread. It was felt that there may be an opportunity with the development of the neighbourhood models to align this differently.
- One Board member commented that some interests are not represented, such as children, and ethnic diversity requires attention.
- It was acknowledged that planning needs to take place around the future role of Governors to ensure the voice of the community remains with less emphasis on some of the formal accountability.

**UPDATES FROM GOVERNOR
COMMITTEES AND GROUPS**

13. Membership, Governance and Development Committee Assurance Report

To be presented by Steve Connolly, Lead
Governor/Committee Chair

Committee Escalation and Assurance Report

Name of Governor Committee	Membership, Governance and Development Committee
Date of Governor Committee:	7 January 2026
Chair of Governor Committee:	Steve Connolly (Lead Governor)

Alert <i>(matters of significant concern requiring escalation to the Council for further action)</i>
<ul style="list-style-type: none"> No issues of significant concern
Advise <i>(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)</i>
<ul style="list-style-type: none"> Nicola Bruce, Director of Strategy and Partnerships, and Neil Halford, Medical Director of Strategic Relations, attended the meeting as part of the consultation on the Gateshead Council Joint Health and Wellbeing Strategy and the Committee shared views and feedback to assist in providing an organisational response. It was recognised that there were challenges in measuring the achievement of the objectives and this will be fed back. During these discussions it was felt that it would be beneficial to learn more about the services provided within the community and it was agreed that this will be considered as part of the Governor training plan. Helen Adams agreed to provide further information around the health inequalities work and this will be factored into the next Governor workshop. Other subjects raised include the role of Governors holding Non-Executive Directors to account and the Board Committee observer role to ensure feedback is shared. The Committee discussed the future role of Governors in light of the proposals within the NHS 10 year plan. This is currently being explored with other Alliance Trusts to develop a proposal for how the Trust might continue to ensure effective patient and community engagement. It was acknowledged that plans remain unclear but requires further discussion and it was suggested that this will be undertaken via a Governor workshop.
Assure <i>(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)</i>
<ul style="list-style-type: none"> The Committee reviewed and approved the questions for the Council of Governors effectiveness survey. The results of the survey will be presented to the Council of Governors in February 2026.



- The Committee reviewed the summary of the review of effectiveness of the Committee which indicates good compliance with the core remit of the Committee. No changes were proposed to the terms of reference and the Committee recommended that the Council of Governors approve the terms of reference at the next meeting in February 2026.
- Positive feedback was shared with the Committee from some Governors following their recent visit to Breast Screening and a presentation will be provided at the next Council of Governors meeting which will also highlight the launch of some children's books which are designed to help explain cancer treatment to children whose parents have been diagnosed with breast cancer.
- The Committee agreed to rename the Medicine for Members events to Spotlight on Services.

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

14. Governor Remuneration Committee
Assurance Report
To be presented by Chris Toon,
Committee Chair



Committee Escalation and Assurance Report

Name of Governor Committee	Governor Remuneration Committee
Date of Governor Committee:	22 January 2026
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"> Discussion took place around the current legal Non-Executive Director recruitment process. No applications with a legal qualification have currently been received to-date therefore it was agreed that the use of a recruitment agency will be explored however an updated process will need to be approved by the Council of Governors and a recommendation will be made via email to provide delegated authority to the Committee following the closing date. <i>Following the meeting a late application was received and shortlisted but unfortunately later withdrew therefore an updated process will need to be undertaken.</i>
<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 recommends that the Council of Governors approves the proposal to reappoint Adam Crampsie and Martin Hedley for a further three year term commencing on 1st July 2026, The Committee reviewed the succession planning for NEDs which focuses on skills mapping and recruitment priorities which will be revisited in early 2027. The Committee received the annual review of the remuneration of the Chair and NEDs as of January 2026 and recommends to the Council of Governors that there are no changes made due to recent in-year reviews of the Chair and Vice Chair remuneration rates and NHS England guidance still being awaited for Non-Executive Director rates. The Committee wished to highlight that this will be kept under review and support to the NEDs was acknowledged.
<p>Risks (any new risks / proposed changes to risk scores)</p>

ITEMS FOR INFORMATION

15. Cycle of business 2026/27

Committee:	Council of Governors
Chair:	Paul Ennals
Financial year:	2026/27

Denotes an item for Part 2 of the meeting

	Lead	Purpose of item	May-26	Sep-26	Nov-26	Feb-27
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	√	√	√	√
Governance						
Review of Constitution	Company Secretary	For Decision	√			
Non-Executive Director appointments	Chair	For Decision	√			√
Performance appraisal and assessment outcomes - Chair and Non-Executive Directors	Chair (for NEDs) Senior Independent Director (For Chair)	For Assurance		√		
Council of Governors' Register of Interests	Company Secretary	For Decision				√
Council of Governors' Annual Effectiveness Survey - Results	Company Secretary	For Discussion				√
Ratification of the terms of reference for Governor groups	Company Secretary	For Decision				√
Lead Governor & Deputy Lead Governor Appointments	Company Secretary	For Decision	√			√
Appointments to Governor committees (every two years)	Company Secretary	For Information		√	√	
Annual report, accounts and auditor's report. NOTE this is addressed via the AGM	Executive Directors (co-ordinated by Company Secretary)	For Information		√		
Appointment of external auditors (note not due to consider until 2025/26)		For Decision				
Elections and Members						
Election update	Company Secretary	For Information		√		
Election results / new Governor welcome	Chair	For Information			√	
Updates from Governor Committees and Groups						
Membership, Governance and Development Committee	Chair of the Group	For Assurance	√	√	√	√
Governor Remuneration Committee	Chair of the Group	For Assurance	√	√	√	√

16. Top 3 messages

17. Any Other Business

18. Review of the meeting

19. Date and time of the next meeting

The next meeting of the Council of Governors will be held at 10.00am on Wednesday 20 May 2026