

Council of Governors - Part 1

Schedule	Wednesday 30 September 2026, 11:00 — 12:30 BST
Venue	Rooms 9 and 10, Trust HQ / Microsoft Teams
Organiser	Diane Waites

Agenda

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AGENDA

Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 11:00am on Wednesday 30 September 2026, in Rooms 9&10, Education Centre, Queen Elizabeth Hospital / via Microsoft Teams

AGENDA

No	Start time	Item	Purpose	Lead	Paper / Verbal
1.	11:00	Welcome and Apologies for Absence	Information	Chair	Verbal
2.	11:02	Declarations of interest	Information	Chair	Verbal
3.	11:03	Minutes of the last meeting held on 20 May 2026	Decision	Chair	Paper
4.	11:04	Action log and matters arising	Assurance / decision	Chair	Paper
TRUST UPDATES INCLUDING STRATEGY					
5.	11:06	Great North Healthcare Alliance update	Assurance	Director of Strategy and Partnerships	Paper
BOARD AND COMMITTEE UPDATES					
6.	11:20	Chief Executive's update			
		i) Strategic Report	Assurance	Chief Executive	Paper
		ii) Finance Report	Assurance	Chief Executive	Paper
		iii) Governor Dashboard	Assurance	Chief Executive	Paper
		iv) Questions from Governors	Assurance	Chair	Verbal
7.	11:40	Board Committee Assurance update:			
		i) Quality Governance Committee	Assurance	Chair of the Committee	Presentation
		ii) Digital Committee	Assurance	Chair of the Committee	Presentation
GOVERNANCE					
8.	12:00	Future engagement plans – revised principles	Discussion	Company Secretary	Paper
UPDATES FROM GOVERNOR COMMITTEES AND GROUPS					
9.	12:10	Membership, Governance and Development Committee Assurance Report	Assurance	Chair of the Committee	Paper
10.	12:15	Governor Remuneration Committee Assurance Report (including Terms of Reference)	Assurance	Chair of the Committee	Paper
ITEMS FOR INFORMATION / MEETING GOVERNANCE					
11.	12:20	Cycle of Business 2026/27	Information	Company Secretary	Paper
12.	12:21	Top 3 Messages	Discussion	Chair	Verbal
13.	12:25	Any Other Business	Discussion	Chair	Verbal
14.	12:27	Review of Meeting	Discussion	Chair	Verbal

No	Start time	Item	Purpose	Lead	Paper / Verbal
15.	12:30	Date and Time of Next Meeting – 10:00am on Wednesday 18 th November 2026	Information	Chair	Verbal

1. Welcome and Apologies for Absence

2. Declarations of interest

3. Minutes of the previous meeting held
on 20 May 2026

Council of Governors Part 1

Minutes of a meeting of the Council of Governors held at 10.00am on Wednesday 15th May 2026 in Rooms 9&10, Education Centre and MS Teams.

Name	Position
Members present	
Sir Paul Ennals	Chair
Helen Adams	Staff Governor
John Bedlington	Public Governor – Central & Eastern
Michael Brown	Appointed Governor
Steve Connolly	Public Governor – Central & Eastern / Lead Governor
Sarah Craig	Public Governor – Western
Lynsey Curry	Staff Governor
Ray Dennis	Public Governor – Western
Carol Hindhaugh	Public Governor – Central & Eastern
Paul Johnson	Public Governor – Central & Eastern
Moirra Ledger	Public Governor - Western
Michael Loomer	Public Governor – Central & Eastern / Deputy Lead Governor
Susan McKenna	Public Governor – Central & Eastern
Aron Sandler	Appointed Governor
Gemma Frances Spiers	Appointed Governor
Sheena Sykes	Public Governor – Central & Eastern
Karen Tanriverdi	Public Governor – Central & Eastern
Brenda Webb	Public Governor – Central & Eastern
In Attendance	
Jennifer Boyle	Company Secretary
Andrew Besford	Non-Executive Director
Nicola Bruce	Director of Strategy and Partnerships
Jane Conroy	Head of Quality and Patient Experience (26/05/09)
Adam Crampsie	Non-Executive Director
Lorna Dace	Associate Director – Allied Healthcare Professionals (26/05/06)
Sean Fenwick	Acting Chief Executive
Carmen Howey	Group Medical Director
Rob Hughes	Non-Executive Director
Sarah Illingworth	Adult Speech and Language Therapy Lead (26/05/06)
Kris Mackenzie	Group Director of Finance
Drew Rayner	Deputy Chief Nurse (26/05/09)
Beth Swanson	Interim Chief Nurse
Amanda Venner	Group Director of People & Organisational Development
Diane Waites	Corporate Services Assistant
Apologies	
Gavin Evans	QE Facilities Managing Director
Joanne Halliwell	Group Chief Operating Officer
Martin Hedley	Senior Independent Director
Barry Hill	Appointed Governor
Gerry Morrow	Vice Chair
Maggie Pavlou	Non-Executive Director

Chris Toon	Appointed Governor
Jon Twelves	Public Governor – Western

Agenda Item No		Action Owner
26/05/01	Welcome and Apologies for Absence Paul Ennals opened the meeting and welcomed the Governors and Board Members. He reflected on the increased number of papers and explained that this was mainly due to the Quality Accounts report but accepted that there were some important issues to discuss which will produce some challenge and will be treated with understanding and respect. Paul Ennals highlighted that unfortunately Dot Burnett has had to step down as Appointed Governor for Gateshead Council as a consequence of the recent local elections and Julia Perry has offered her resignation as Appointed Governor representing voluntary organisations due to a change in role. Both will receive a certificate of thanks from the Governors and Board and replacements will be sought. Paul Ennals also wished to record the Council's thanks and appreciation to Gavin Evans and Jo Halliwell, who will both be leaving the Trust shortly to commence new positions with our Alliance partner North Cumbria Integrated Care NHS Foundation Trust. Apologies were received as per the attendance register and there were no other items of business to be made aware of.	
26/05/02	Declarations of interest There were no declarations of interest.	
26/05/03	Minutes of the previous meeting: The minutes of the previous meeting held on 18 February 2026 were approved as a correct record.	
26/05/04	Action log and matters arising: The Council of Governors' action log was updated accordingly to reflect matters arising from the minutes and discussions took place below: - Action 25/09/06 relating to sharing further information for staff retention once focus work has been completed. Amanda Venner reported that an update will be provided at the next meeting. - Action 26/02/10 relating to current vacancy for a public Governor on the Governor Remuneration Committee. Paul Ennals asked	



Agenda Item No		Action Owner
	any interested Governors to express an interest and send to Jennifer Boyle. 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.	
26/05/05	Introduction to Non-Executive Directors: The Non-Executive Directors present at the meeting, Andrew Besford, Adam Crampsie and Rob Hughes introduced themselves to the Governors. Paul Ennals highlighted that Gill Hunter has been appointed as the new Non-Executive Director following the recent recruitment process and looks forward to welcoming her to the next Council of Governors.	
26/05/06	Showcase Presentations: Speech and Language Therapy Services: Lorna Dace and Sarah Illingworth attended the meeting to highlight the speech and language therapy services provided within the hospital and community setting, in particular those patients who require specialist assessment and management with dysphagia and / or communication needs. They highlighted that there is some targeted work taking place to ensure that the service meets current demands around improving response times (particularly in the community), which includes training and team restructuring opportunities. This led to the decision to realign the Parkinson's Disease post (the post previously funded as part of the Parkinson's UK pilot) to senior band 7 roles which creates additional capacity in the community and increases the ability to carry out instrumental assessment for all patients, including those with Parkinson's Disease. There are also opportunities to develop training programmes for carers, care facilities and families within the community to support those patients who have difficulties with swallowing and provide a rapid response service for patients who have an urgent need for specialist dysphagia assessment, irrespective of location or underlying condition. This will seek to ensure that expected timescales are met including the national 18 week referral to treatment criteria. Following a query from John Bedlington in relation to whether any assessments had taken place prior to signing up to the pilot in terms of predicted demand and potential savings, Lorna Dace explained that the pilot had involved a low cohort of patients with limited inclusion within the community and did not improve access to specialist instrumental	



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	assessment for all patients (particularly those in the community). In relation to potential savings, Kris Mackenzie explained that the pilot had provided valuable opportunities to learn but the Trust had been unable to validate the savings figures articulated by Parkinson's UK. Ray Dennis queried the Trust's response to the Parkinson's UK petition (which campaigned for the retention of the original Parkinsons Disease post following the pilot) and Sean Fenwick explained that the importance of the service has been recognised and work is being developed around provision within the area but is important to ensure that this meets the needs of the service. The valuable learnings from the pilot had been recognised and used to inform the development of the wider service offering to benefit the greatest number of patients. Following a query from Paul Johnson around training and recruitment plans, Lorna Dace explained that services are being streamlined in relation to inpatient and community which will cover different cohorts of patients therefore further work is required to ensure that the Trust continues to have skilled and experienced therapists who can work across a range of settings and with a range of conditions to improve resilience within the team. Sarah Craig queried whether there had been any engagement with carers, families and service users in relation to training programmes and Lorna Dace explained that this is being considered in connection with residential care homes and the local authority, but further engagement work is required. Michael Brown felt that it was important to consider the patient voice and Lorna Dace reported that this has been recognised and further development is required. Adam Crampsie felt that further action may be required in relation to outlining a process for how pilots are reviewed / assessed (i.e. after-action reviews) and Beth Swanson explained that this has been identified and will be discussed at the Executive Committee to ensure that clear objectives and recommendations are addressed and feedback will be provided. Paul Ennals thanked Lorna Dace and Sarah Illingworth for highlighting their work, the future plans and the learnings identified from the pilot, which will seek to improve the responsiveness of the services for the widest group of patients. He felt that it would be beneficial to receive an update in 6 months' time in recognition of the progress being made particularly around training and recruitment, patient engagement and performance measures. He felt that good assurance had been provided in relation to learning opportunities around the review of pilot schemes and this will be picked up via the Quality Governance Committee to enable wider strategic consideration. Lorna Dace and Sarah Illingworth left the meeting.	BS Cycle of Business



Agenda Item No		Action Owner
26/05/07	Great North Healthcare Alliance update: Nicola Bruce provided an update on the work of the Great North Healthcare Alliance including a 2025/26 progress report and information on a refreshed strategic intent that was considered by Trust Board in March 2026. She reported that this provides an honest and fair reflection of progress which has been acknowledged by the Chairs and Chief Executives via the Alliance Steering Group and demonstrates the strong and meaningful relationships that have been developed. This also demonstrates the changes in leadership which has provided opportunities for shared appointments including the shared Chair, Chief Digital Officer and subsidiary management, and examples of where Trusts have worked together to address service issues. Medical Leaders are also working more closely together, and Carmen Howey is leading a newly established clinical framework group. Nicola Bruce highlighted some of the progress against the milestones and the report provides a summary from the bilateral work beyond Gateshead and Newcastle. An example of this relates to real time patient feedback and the work from the four improvement teams where shared learning and good practice has been developed to improve experiences of patients. In terms of next steps, Nicola Bruce explained that leaders have recently developed and agreed a refreshed strategic intent which focuses on working together to deliver excellent tertiary services and secondary care hospital services whilst strengthening neighbourhood care closer to patients' homes and a second phase of work will identify a small number of priority pathways for progression in 2026/27, supported by detailed clinical, financial and engagement work. Following a query from Paul Johnson in relation to communication of progress on work, Nicola Bruce highlighted that there are plans to produce some high-level messages and work around this is continuing. John Bedlington queried whether mental health trusts should be included however Paul Ennals explained that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are involved within the regional Provider Collaborative work (given their wide geographical coverage and non-acute service provision) rather than being members of the Alliance. Assurance was provided that the Alliance and its members continue to engage in collaborative work with organisations out-with the formal Alliance where relevant. Steve Connolly queried whether there were any further Governor Alliance workshops planned, and Nicola Bruce confirmed that there are plans to arrange a further workshop in the Autumn, but a date has not yet been confirmed. After discussion, it was:	



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	RESOLVED: to note the update and refreshed strategic intent for the Great North Healthcare Alliance as detailed within the paper.	
26/05/08	NHS Staff Survey Results: Amanda Venner provided the Council with an analysis of the staff survey results and assurance over the plans to use this data to deliver action to support the achievement of the Great Place to Work strategic ambition for the Trust. She drew attention to some of the key results and reported that the Group response rate was 42% compared to 53% the previous year and highlights that there are areas of both strength and concerns. The most declined scores relate to career development, organisational advocacy and feeling valued however the organisation outperformed the average in areas such as safety from harassment and discrimination, pay satisfaction and not working unpaid hours. The most improved scores include increased reporting of the last experience of physical violence and a reduction in finding work emotionally exhaustion. It was noted that the engagement score had declined for the third consecutive year. Analysis of the results by protected characteristics also indicated that the experience of those with protected characteristics varied and this had been shared with the staff networks who recognised the findings and further work around this will take place. The deterioration in results was acknowledged and Amanda Venner explained that this was not unexpected due to NHS-wide challenges, cultural shifts, operational changes including restructuring and financial constraints, and a focus on line manager accountability. She drew attention to some of the key areas of focus to prioritise engagement and drive local level changes to improve staff experience. Adam Crampsie confirmed that the results have been shared with the People and Organisational Development Committee and further assurance has been requested in relation to the delivery of action plans but felt that it was important to recognise that these need to be addressed as part of wider organisational work. Following a query from Sarah Craig around further training for line managers, Amanda Venner explained that there are a wide range of training opportunities available for managers within the Trust, including the new Leading Forward programme, and reviews continue to take place via the People and Organisational Development Steering Group. Paul Ennals concluded that whilst the results were disappointing, assurance has been provided that actions are being addressed and progress will be reported via the People and Organisational Development Committee.	

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	After discussion, it was: RESOLVED: to note the 2025 Staff Survey Results, the identified areas where the data shows the greatest staff dissatisfaction and support the recommended actions and deliverables to improve staff experience.	
26/05/09	Governor response to the Quality Accounts: Jane Conroy and Drew Raynor presented the Quality Accounts to request Governors to share any reflections to inform the production of a collective feedback statement from the Council of Governors. Drew Raynor reminded the Council that Governors have had the opportunity to provide feedback on the development of the quality priorities at their last workshop and these have been taken into account whilst developing the priorities. The Quality Account is due to be presented to the Local Authority prior to Board approval in June 2026 therefore it was agreed that delegated authority will be provided for Steve Connolly as Lead Governor to sign off the Council of Governors statement prior to submission. The Council agreed that the Quality Account 2025/26 was a robust document and is concise and informative. Following discussion, it was: RESOLVED: to receive the Quality Account for assurance and provide delegated authority to the Lead Governor to approve a collective feedback statement from the Council of Governors.	SC
26/05/10	Acting Chief Executive's Update: Sean Fenwick provided an update on current issues relating to the Trust within the organisational strategic priorities. He began by drawing attention to some key points in relation to national policy, statistics and context and highlighted that a new Secretary of State has been appointed and a national call with the NHS England Chief Executive has indicated that there are no material changes to the current direction of travel which continues to focus on the key shifts within the NHS 10 year plan. The Quarter 3 2025/26 NHS Oversight Framework ratings have been published with Gateshead ranked at 65 which is not statistically significant to the previous quarter of 62. Sean Fenwick drew attention to some of the national performance headlines and the detailed slide around the Trust's key operational	



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	performance headlines which demonstrates the Trust's position against national and peer benchmarking. He highlighted that Urgent and Emergency Care performance continues to be challenging but ambulance handover performance remains comparatively strong. He informed that the North East Ambulance Service is one of the best performing ambulance trusts in the country therefore contributing positively to performance. Cancer constitutional standards remain an area of concern particularly within breast services, but recovery plans are in place. In relation to the Trust's strategic priorities for Excellent Patient Care, Sean Fenwick highlighted that the Clinical Strategy was formally approved which will support the delivery of clinical priorities including safe, high-quality services for all, excellence in women's health, and excellence in diagnostics. In relation to Great Place to Work, Sean Fenwick thanked those staff involved during the industrial action to ensure that our patients, services and site remained safe. A new Star Shoutout Board has been launched to recognise colleagues who have gone above and beyond and has been well utilised. Gerry Morrow will select the winner of the monthly "You're a Star" award from the submissions. In relation to Working Together for Healthier Communities, Sean Fenwick highlighted that he recently attended the summit on antisemitism in London which was hosted by the Prime Minister and reiterated the Trust's commitment to be an inclusive and compassionate place for both colleagues and patients. He also highlighted that the Community Diagnostic Centre (CDC) at the Metrocentre is expanding into Phase 2 which will create capacity for more than 38,000 additional diagnostic appointments and tests each year. In relation to Fit for the Future, Sean Fenwick reported that Gavin Evans and Jo Halliwell are leaving shortly to commence new positions with our Alliance partner North Cumbria Integrated Care NHS Foundation Trust and thanked them for their significant contribution to the Group. Paul Ennals highlighted that they will both receive a certificate from the Council in recognition of their support and engagement. Following a query from Steve Connolly relating to corridor care, Beth Swanson explained that there is a full capacity protocol in place which ensure that patients are moved to wards as quickly as possible. Adam Crampsie highlighted that the Quality Governance Committee ensures that patient experience information is reviewed and reporting mechanisms are in place in line with requirements. Karen Tanriverdi queried whether controls were being reviewed as part of winter plans and Beth Swanson reported that tight processes are in place and several workstreams are underway including discharge planning and ensuring that escalation areas are as safe as possible. Paul Ennals felt that it would be beneficial to present the winter plan to the Council once completed and this will be added to the cycle of business.	Cycle of Business



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	John Bedlington raised a query in relation to length of stay and age profiles and whether this had been impacted by the recent ward closure. Carmen Howey reported that length of stay on care of the elderly wards has remained stable and Beth Swanson explained that work continues with the community frailty service to provide increased care at home and this has demonstrated real benefits for patients. Finance Report: Kris Mackenzie reported that the Trust has delivered its financial plan for 2025/26 marginally ahead of plan following the allocation of non-recurrent deficit support funding by NHS England and has delivered its cost reduction plans of £32.873m with £14.756m being achieved on a recurrent basis. Cash balances were above planned levels and capital spend was slightly below plan following additional capital awards. Paul Ennals commented that this was a positive position for the Trust and thanked the team for their hard work and achievement. Governor Dashboard: The report was received for assurance, and it was noted that the main highlights have been discussed within the meeting. Questions from Governors: The Chair informed the Council that some detailed questions had been received in advance of the meeting and will be distributed for reference alongside full responses. After discussion, it was: RESOLVED: to receive the updates for assurance and information.	
26/05/11	Board Committee Assurance update: People and Organisational Development Committee: Adam Crampsie provided an update on key issues and assurances, key risks and priorities from the Committee. He drew attention to the key risks which are being monitored by the Committee and have formed part of today's discussion, in particular the risk of harm to staff due to exposure to violence and aggression from patients and visitors and negative experiences at work. This has resulted in some of the key items for discussion at the Committee including the national re-banding of healthcare assistants which has seen an increase in vacancies within the Trust and subsequent discussions around the approach to the apprenticeship levy. Adam Crampsie highlighted that the Trust ranked second lowest for rolling sickness absence in the Integrated Care System area and below	



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	the median average across the whole of the North East and Yorkshire, providing assurance that actions taken to reduce sickness have had a positive impact. There has been an increase in employment relation and tribunal cases which is largely as result of the use of artificial intelligence tools and some proactive work is taking place around this and will continue to be monitored by the Committee. Amanda Venner and Carmen Howey left the meeting. Group Audit Committee: Rob Hughes provided an update on key issues and assurances, key risks and priorities from the Committee. He drew attention to some of the main areas of discussion which have included: • Key issues considered and assurances received by the Committee including timeframes for completion of the 2025/26 year-end audit by Forvis Mazars and the 2026/27 internal audit plan which includes a positive balance between Trust and QE Facilities audit days. • Key risks include the Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) procedures following the recent limited assurance internal audit, but Rob Hughes explained that this is being reviewed by the Executive Team and has also been discussed at the Quality Governance Committee. A further report is expected at the next Audit Committee meeting to provide assurance over actions taken to address the review findings. • Key priorities for assurance over the next 6 months include the preparation for review of the Group year-end reporting and the Committee will ensure that regulatory deadlines are met and that continuous improvement is made in the quality of reporting. Paul Ennals felt that this demonstrated the work being undertaken by the Committees and provided assurance that key issues are being addressed. After further discussion, it was: RESOLVED: to receive the reports for assurance.	
26/05/12	Council of Governors Attendee Role: Jennifer Boyle presented the role description for the Council of Governors attendee role which has been developed following the decision to pause Governor elections in 2026/27. She reported that this is a non-voting role to enable those Governors impacted by the pause to continue to make an active contribution and represent the voices of our communities and patients. The role	



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	description has been considered by the Membership, Governance and Development Committee and recommended a slight change to the name of the role from Governor attendee to Council of Governor attendee. Paul Ennals highlighted that this role will ensure that the views of the impacted Governors continue to be represented and will be remain as effective. After consideration, it was: RESOLVED: to approve the Council of Governors Attendee role description following the recommendation of the Membership, Governance and Development Committee.	
26/05/13	Membership, Governance and Development Committee update: Steve Connolly provided the Council with an update on the key messages from the recent Membership, Governance and Development Committee held on 8 April 2026. 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 discussion on the future role of Governors in light of the proposals within the NHS 10 Year Plan. He highlighted that options continue to be explored with other Alliance Trusts to develop a proposal for how the Trust might continue to ensure effective patient and community engagement and an informal private Governor meeting has taken place with feedback to be provided at the next Governor workshop in June 2026. After discussion, it was: RESOLVED: to note the update from the Membership, Governance and Development Committee	
26/05/14	Governor Remuneration Committee Assurance Report: Steve Connolly provided the Council with an update on the key messages from the recent Governor Remuneration Committee meeting held on 15 April 2026 on behalf of Chris Toon, Committee Chair. He reported that there were no issues identified as requiring escalation to the Council for further action and drew attention to some of the areas subject to ongoing monitoring which included the approval of the appraisal process for the Chair and Non-Executive Directors. A private meeting with Governors hosted by the Lead Governor and Deputy Lead	



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	Governor has taken place and themes and trends will be shared with the Vice Chair and Senior Independent Director (in respect of the Chair). The Council ratified the process as recommended by the Governor Remuneration Committee. Following discussion, it was: RESOLVED: to note the update from the Governor Remuneration Committee.	
26/05/15	Cycle of Business 2026/27 Jennifer Boyle presented the cycle of business for the Council of Governors for 2026/27 which provides the Council with a forward view of future meetings. Following discussion at the meeting it was noted that an update from the Speech and Language Therapy Service and details around the winter plan will be added to the cycle of business for the November 2026 meeting. Steve Connolly felt that it would be beneficial to receive progress of the actions from the staff survey and it was highlighted that this will be reported via the People and Organisational Development Committee assurance update. Following consideration, it was: RESOLVED: to receive the cycle of business for information.	
26/02/16	Top 3 Messages: This agenda item enables the Council to agree on the top 3 messages from the meeting which Governors can use to inform their discussions with staff, members, and the public. The Council agreed that this included: • Recognition of the speech and language therapy services review and work that has been undertaken to address the needs of patients particularly within the community and ensuring there is a broader range of expertise within the team. It was acknowledged that the Trust has taken the valuable learnings from the Parkinsons UK pilot and used this to make changes to services and improve the care and support provided for a broader group of patients.	



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	- To share the expansion of the Metrocentre Community Diagnostic Centre into Phase 2 which will create capacity for more than 38,000 additional diagnostic appointments and tests each year. - To highlight the work of the Great North Healthcare Alliance within the 2025/26 progress report and refreshed strategic intent focussing on 4 key areas - delivering excellent tertiary and secondary hospital services; strengthening neighbourhood care closer to patients; supporting patient choice and reducing inequalities; and improving sustainability and financial resilience through collective action. Paul Ennals wished to add another key message around Sean Fenwick's attendance at the antisemitism summit in London hosted by the Prime Minister. The Trust was one of 3 Trusts invited to attend to represent the excellent work undertaken in this area and Paul Ennals felt that it was important to highlight the Trust's commitment to continue to provide an inclusive and compassionate place for both colleagues and patients. Aron Sandler highlighted that the Jewish community felt very comfortable attending the Trust and are well supported by the whole organisation.	
26/05/17	Any Other Business: There was no other business to discuss.	
26/05/18	Review of Meeting: The Council were invited to share any areas of improvement or learning which can also be sent directly to Jennifer Boyle and Steve Connolly. Ray Dennis welcomed the opportunity provided to discuss the Speech and Language Therapy Service and Parkinson's UK post but still had some concerns around the outcome. Paul Ennals felt that the discussion had provided the opportunity for debate and had been conducted in a respectful manner. Sarah Craig felt that it had been a positive and interesting meeting.	
26/05/19	Date and Time of Next Meeting: The next meeting of the Council of Governors will be held on Wednesday 30 th September 2026.	

4. 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~~ 30/09/26	SF/AV	May 2026 – ongoing. Update to be provided at next meeting in September 2026.	
26/02/10	18/02/26	Governor Committee Terms of Reference	Interested Governors are invited to express an interest for the vacancy for a public Governor on the Governor Remuneration Committee	20/05/26	JB	May 2026 – vacancy remains therefore Governors were reminded to provide expressions of interest to JB. Sept 26 – two expressions of interest received and membership increased to provide resilience. Terms of reference appended to 3A report for ratification. Action recommended for closure.	
26/05/06	20/05/26	Speech and Language Therapy Services presentation	To ensure that clear objectives and recommendations are addressed around review of pilot schemes – to be discussed at the Executive Committee and feedback provided.	30/09/26	BS	Pilot evaluation submitted to Safecare and QGC then shared with Parkinsons UK. Learning from the pilot in relation to governance shared with divisions via GHLF and NM&AHP forum. Action recommended for closure	
26/05/09	20/05/26	Quality Accounts	Delegated authority provided for Steve Connolly as Lead Governor to sign off the Council of Governors statement prior to submission.	30/06/206	SC	Sept 26 – confirmed that the Council of Governors statement was signed off and included within the final approved and published Quality Account. Action recommended for closure.	

Actions closed from last meeting

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating

TRUST UPDATES INCLUDING STRATEGY

5. Great North Healthcare Alliance update
To be presented by Nicola Bruce, Director
of Strategy and Partnerships



Report Cover Sheet

Agenda Item: 5

Report Title:	Great North Healthcare Alliance update			
Name of Meeting:	Council of Governors (Part 1)			
Date of Meeting:	30 th September 2026			
Author:	Martin Wilson, Director – Great North Healthcare Alliance and Strategy			
Executive Sponsor:	Dr Sean Fenwick, Chief Executive Officer			
Report presented by:	Nicola Bruce, Director of Strategy, Planning and Partnerships Jennifer Boyle, Company Secretary			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: ☐	Discussion: ☒	Assurance: ☐	Information: ☒
	To provide an update on the work of our Alliance building on the Alliance annual report and refreshed Strategic Intent, discussed at the Council of Governors in June 2026.			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured ☐ <i>No gaps in assurance</i>	Partially assured ☒ <i>Some gaps identified</i>	Not assured ☐ <i>Significant assurance gaps</i>	Not applicable ☐
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	New paper			
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> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion	The Great North Healthcare Alliance brings together Gateshead Health NHS Foundation Trust, The Newcastle upon Tyne Hospitals NHS Foundation Trust, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. The Alliance's strategic intent is 'to work together to deliver excellent tertiary and secondary hospital services, while strengthening neighbourhood care closer to patients' homes'. Since the last update in June, the main areas of progress to highlight are the work of the new Clinical Framework Group, the Bilaterals that exist between trusts, and collaborations on service improvement, estates, digital services, people services and engagement.			



	The Alliance Steering Group of chairs, vice chairs and chief executives meets every six weeks with very positive discussions reinforcing the need to concentrate on joint action where working together adds clear value. This includes reducing duplication, sharing expertise and addressing service pressures that extend across organisational boundaries. Making the benefits more visible to patients, communities and colleagues remains an important area for improvement.				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council is asked to: • note progress since June and the areas where further work is needed; and • support the plan for a joint session of representatives from all four Councils later this financial year. Governors’ views on the priorities and information they would find most useful are welcomed				
Trust strategic priorities that the report relates to:	☒	Excellent patient care			
	☒	Great place to work			
	☒	Working together for healthier communities			
	☒	Fit for the future			
Trust strategic objectives that the report relates to (2025 to 2030 strategy):	1. We will be a clinically-led organisation focused on delivering safe, high-quality care and improving health outcomes for our patients 7. We will work in collaboration with our partners to improve the health of our population and reduce health inequalities 9. We will collaborate with system partners with an emphasis on maximising efficient use of collective resources across health and care services				
Links to CQC Key Lines of Enquiry (KLOE):	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management					



Gateshead Health
NHS Foundation Trust

system with risk reference number):			
Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes ☐	No ☐	Not applicable ☒

**Alliance update to Council of Governors**September 2026

Summary

- 1 This paper provides an update on the work of 'our' Alliance and builds on the Alliance annual report and refreshed Strategic Intent, discussed at the Council of Governors in June 2026. It updates Governors on progress since then and the issues being worked on across the four Trusts. This paper is for information and discussion. It does not seek approval for a change to clinical services or organisational arrangements.
- 2 The Council of Governors are asked to note progress since June and the areas where further work is needed; and to support the plan for a joint session of all four Councils of Governors later this financial year on the developing approaches to improved engagement.

Background

- 3 The Great North Healthcare Alliance brings together Gateshead Health NHS Foundation Trust, The Newcastle upon Tyne Hospitals NHS Foundation Trust, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. The Alliance's strategic intent is 'to work together to deliver excellent tertiary and secondary hospital services, while strengthening neighbourhood care closer to patients' homes'.

Overall progress

- 4 Since June, the main areas of progress to highlight are the work of the new Clinical Framework Group, the Bilaterals that exist between trusts, and collaborations on service improvement, estates, digital services, people services and engagement.
- 5 The Alliance Steering Group of chairs, vice chairs and chief executives meets every six weeks with very positive discussions reinforcing the need to concentrate on joint action where working together adds clear value. This includes reducing duplication, sharing expertise and addressing service pressures that extend across organisational boundaries. Making the benefits more visible to patients, communities and colleagues remains an important area for improvement.

Clinical Framework Group

- 6 The Clinical Framework Group (CFG) is now established, chaired by Dr Carmen Howey, and brings together clinical and operational leadership from all four trusts. Cancer is its first agreed priority, with an initial focus on lung and urological cancer and on parts of pathways that the four providers can directly influence. A limited number of priorities should allow clinical teams to concentrate their time on changes with the greatest potential benefit. Working closely with the Northern Cancer Alliance, the immediate task is to turn this focus into clear actions and measurable improvement trajectories, with responsibilities identified within each trust and across the Alliance.

- 7 A next major priority for the CFG will be selected once tangible benefits from working on cancer are demonstrated. Areas under consideration include care in the last year of life and approaches to triage, advice and guidance that help patients reach the right care sooner.

Care closer to home and access to specialist services

- 8 Clinical and analytical work has clarified which services are secondary care and which require more specialist tertiary provision. The Clinical Framework Group has identified elements of 21 pathways that could potentially be delivered closer to patients. This is an assessment of opportunities linked to the NHS' priority to move care closer to communities, rather than agreement to relocate services. The next stage is to identify a small number of shared pathway priorities and develop the clinical, workforce and financial case for change. We need to distinguish straightforward changes in where care takes place, from changes to the way a whole pathway operates. Local neighbourhood planning and engagement, primary care relationships and the capacity of each trust will be central to this work.
- 9 Providing more care locally must go alongside fair access to specialist care when it is needed. Building on earlier improvements for acute coronary syndrome patients, the Alliance is considering further opportunities to improve access to tertiary and secondary care. The aim is for clinical need to ensure equitable access for all services, wherever a patient lives within the Alliance. Areas under discussion include mechanical thrombectomy and children's services. Work will involve appropriate clinical assessment and engagement with patients, staff and relevant partners.
- 10 Each of the three Alliance bilaterals (between Newcastle and each of Gateshead, North Cumbria and Northumbria FTs) continues to progress local shared opportunities to improve patient care, staff experience and service resilience. Specific examples will be shared in the meeting.

Working together on shared projects

- 11 Where it makes sense to do so, Directors and their teams are working together on shared projects across the Alliance. The emphasis is on sharing expertise and making opportunities accessible across organisational boundaries.
- 12 For example the joint procurement of waste management services has secured better value. Estates teams are developing shared contracts for specialist support, including architects and surveyors, to improve planning and access to expertise. A new Alliance-wide Net Zero data officer has been appointed to support carbon reduction projects across all four trusts.
- 13 Digital teams are collaborating on procurement for laboratory systems, security tools and IT equipment. This builds on the digital collaboration described in June and is intended to strengthen the foundations for more digital services and care closer to home. Procurement activity is progressing, but the wider benefits will depend on implementation and changes in how services use the systems.
- 14 People Directors are working together on leadership and culture initiatives following publication of the NHS Leadership and Management Framework. Research and

innovation, recruitment and service improvement also remain areas for collaboration. Finance directors are exploring procurement opportunities and improvements in the way clinical activity is recorded and counted. Coordinating this work is important so that the Alliance contributes to regional efforts and avoids duplicating them.

Leadership, governance and delivery

- 15 During this last period Dr Stephen Singleton has taken up post as Chair of North Cumbria Integrated Care FT and Trudie Davies and Dr Sean Fenwick have been confirmed as the substantive chief executives of North Cumbria Integrated Care and Gateshead Health FTs respectively. Their appointments have strengthened the Alliance and are warmly welcomed. All the chairs and chief executives within the Alliance work closely together, supported by the Alliance Formation Team.
- 16 A joint session of the four executive teams within the Alliance is planned for October 2026. This will support stronger working relationships and help identify where collective action across all four trusts offers the greatest additional benefit. It will complement the ongoing bilateral discussions between trusts, which remain important for resolving specific clinical and operational issues.
- 17 The governance changes agreed alongside the refreshed Strategic Intent have been implemented. The Clinical Framework Group is in place, the committee arrangements have been brought together operationally and bilateral working is progressing. Senior responsible leads have been identified for each of the Strategic Intent recommendations. A review of the new governance and bilateral arrangements is planned for winter 2026. It will consider whether they are supporting quicker progress, stronger clinical engagement and clearer accountability. Work will continue at the level best suited to the issue, whether between two trusts, several partners or all four.
- 18 There are still constraints to address. Clinical and management capacity is stretched, and collaboration must be embedded in each trust's work to sustain progress. Proposals to change pathways need to account for staffing, estate and funding implications, including whether moving activity releases resources. Better evidence of the benefits being achieved are also needed.

National policy and regional partnerships

- 19 The new Prime Minister and Secretary of State for Health and Social Care may bring forward new or revised priorities. Their implications will be considered as policy develops and options for where the Alliance's work can contribute will be explored. This will include assessing where collaboration across four trusts offers more benefit than action by an individual organisation.
- 20 One potential area for exploration is how the trusts, as major local employers and partners, could support opportunities for young people who are not in education, employment or training. Any work would need to complement existing local programmes and reflect emerging national priorities. No new Alliance programme is being announced through this paper.
- 21 The Alliance is also keeping wider developments in devolution and NHS commissioning arrangements under review. In responding to potential Integrated Care

Board boundary changes, partners have emphasised the importance of established clinical pathways and relationships with the North East and North Cumbria. Any future proposals should be assessed on their implications for patients, access and service sustainability. As an Alliance no particular outcome is assumed.

Governor engagement

- 22 Linked to the Health Bill currently being considered in Parliament, each Council of Governors is working with its trust secretary and director of communications to consider improved models of public, patient and staff engagement. This work continues to highlight the importance and benefits of meaningful involvement and of gathering more direct feedback from colleagues and communities. As each trust develops potential future models it is recognised that approaches will need to reflect the different communities served by each trust.
- 23 The intention is to bring together representatives from all four Councils of Governors later in the 2026/27 financial year for a joint session. The purpose will be to share progress on the engagement models being developed locally, exchange learning and discuss progress with the Alliance more generally. Trust secretaries and communications colleagues will help develop the arrangements, with the date, representation and format to be confirmed.
- 24 The proposed session will provide space for governors to discuss what information they need, how they can bring local perspectives into Alliance discussions and how future updates can better demonstrate the difference collaboration is making. It will support the work of each Council and its relationship with its own trust.

Recommendations

- 25 The Council is asked to:
- note progress since June and the areas where further work is needed; and
 - support the plan for a joint session of representatives from all four Councils later this financial year. Governors' views on the priorities and information they would find most useful are welcomed.

Martin Wilson

Director – Great North Healthcare Alliance and Strategy

BOARD AND COMMITTEE UPDATES

6. Acting Chief Executive's update

i) Strategic report

ii) Finance Report

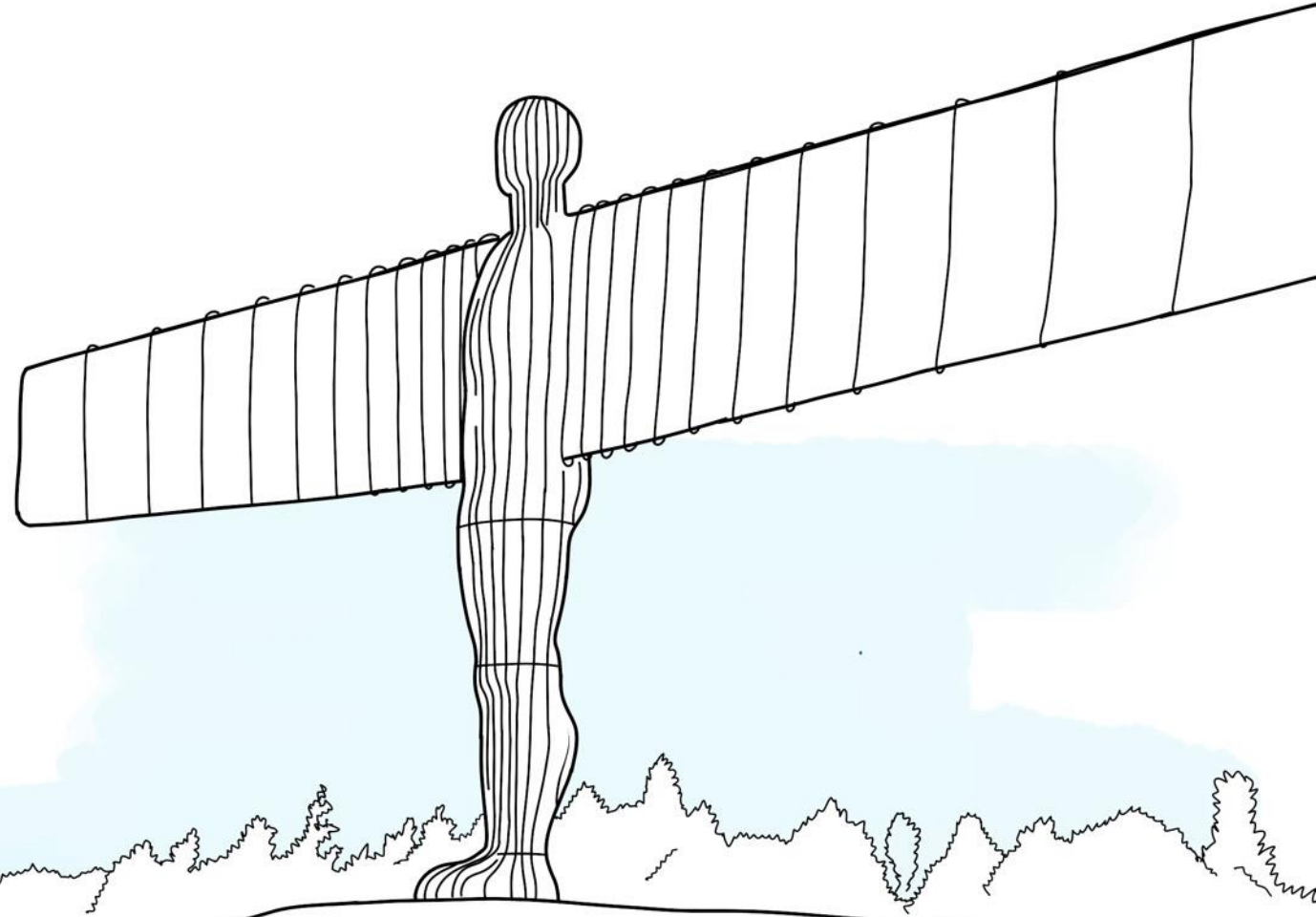
iii) Governor Dashboard

iv) Questions received in advance from
Governors

Chief Executive's Strategic Report

Dr Sean Fenwick, Chief Executive

30th September 2026



National statistics and context

National policy, context and operating models

NHS England outlined the Maternity and Neonatal 10 Point Plan assurance process for trusts. Trusts were required to complete a baseline assessment by 25 September to support and evidence progress against the plan.

The Health Bill has recommenced its progress through Parliament following recess. Several government new clauses have been added to the Bill, including ones to restore local authority representation on Integrated Care Boards.

NHS England North East and Yorkshire is currently consulting on its regional operating framework. This is expected to be finalised in the autumn.

As part of the government's Rewiring the State announcement it was announced that Integrated Care Boards will align with the boundaries of elected mayors and combined authorities by the end of Parliament. The North East and North Cumbria ICB is working with partners to understand the national requirements and implications.

The government announced new capital funding to support a range of mental health initiatives, including increasing the number of 'mental health A&Es' and neighbourhood mental health centres.

NHS England reported that the NHS had experienced its busiest ever summer, but also that more patients than ever were seen within 4 hours in A&E.

Excellent patient care

- The **Thirlwall Enquiry** report has now been published. We are committed to reviewing this important report in detail and ensuring that we address relevant recommendations and learnings to support our patients, families and colleagues.
- Our patients rated their experience of care at Gateshead highly in the **national inpatient survey** with the Trust receiving its best ever results. Ten areas improved significantly compared with the previous year, with no areas showing a significant decline. Gateshead scored significantly better than the survey average in 34 of the 47 areas assessed, with no areas where it scored significantly worse.
 - 91% of patients surveyed rated their overall experience of care as seven out of ten or higher, up from 85% in the previous year.
 - 100% said they were treated with kindness and compassion
 - 100% said they were treated with respect and dignity
 - 99% had confidence and trust in the doctors treating them
 - 99% had confidence and trust in nurses.
 - 80% of patients said they did not have to wait too long to get to a ward bed, up from 71% in 2024.
 - 89% felt they received the right amount of information about their condition or treatment, up from 82% in 2024.
- We also performed well in the latest **National Cancer Patient Experience Survey**, with respondents rating their overall care as 9.2 out of 10. 100% of respondents confirmed their care team regularly reviewed care plan with them and 97% found the advice from their main contact person exceptionally helpful.
- Our **Special Care Baby Unit (SCBU)** has achieved Stage 1 accreditation from the prestigious UNICEF UK Baby Friendly Initiative. The SCBU team has successfully established the foundational policies, guidelines, and training frameworks necessary to ensure parents are supported to be active partners in their baby's hospital care journey, then continue to develop strong bonds with their child.
- Well done to Wendy Turnbull, Maternity Support Worker, whose vigilance and instinct when providing routine breastfeeding support identified an unwell mother who needed further assessment. Following referral to the Patient Assessment Unit (PAU) the patient was identified as having sepsis. The PAU manager contacted the Maternity team to pass on her thanks to Wendy for the excellent assessment and timely action – a reminder that our Maternity Support Workers are often the extra set of eyes that make a huge difference to the safety and wellbeing of our patients.



Great place to work



- We have strengthened their commitment to developing the NHS workforce of the future through the signing of a Memorandum of Understanding with **Derwentside College**. This formalises a successful partnership focused on creating career opportunities for local people while addressing workforce needs across the health and care sector. The collaboration has already delivered key initiatives such as the apprenticeship pathway for Healthcare Assistants.
- We are delighted that **QE Facilities** has been shortlisted in three categories at the Healthcare Estates IHEEM (Institute of Healthcare Engineering and Estates Management) Awards 2026: Porter Mark Dykes has been nominated for the Champion of Champions Award; the refurbishment of the Northern Gynaecological Oncology Centre (NGOC), Colposcopy, and Children and Young People's Departments has been shortlisted for Refurbishment Project of the Year; and the whole QE Facilities team has been shortlisted for the Estates and Facilities Team of the Year.
- Our **Decontamination team** received excellent results in two key audits, including receiving the highest level of assurance in the annual IHEEM review. This evidences the team's ongoing commitment to maintaining the highest standards of quality and compliance.
- Board Members undertook a number of visits to clinical and non-clinical areas as part of our **Walkabout Wednesdays** programme. This provides an excellent opportunity to talk informally to colleagues and receive key insights into what is working well and where we can make improvements. In July and August Board Members visited the Emergency Preparedness, Resilience and Response (EPRR) team, the complaints and PALS teams, pharmacy, digital nursing team, legal team, Ward 2 (Emergency Assessment Unit) and infection prevention and control (IPC).
- Colleagues were consistently described by the Board Members as engaged, proud and committed to patient care, and colleagues assured that they felt safe to raise concerns. Strong local leadership, teamwork and expanding professional roles were recurring positive themes.
- Key areas for follow-up include some concerns that were raised around culture in a specific area, capacity / recognition in another area, complaints accountability and timescales, better ward-level resolution for patient concerns, improved IPC data access, and continued support for digital innovation. This is really valuable feedback which we will use to drive improvements and enhancements for our patients and colleagues.

Working together for healthier communities



Gateshead Health
NHS Foundation Trust

- On 22 August we hosted a **pop-up women's health hub** as part of the Beacon Lough and Wrekenton Pride in Place event. Teams offered advice, support and signposting to local services. Our QE Facilities colleagues also provided a free shuttle bus from the Beacon Lough East shops to the venue to support local people to be able to attend.
- Plans for **MetroGreen** will create a major new community around the Metrocentre, with around 1,000 new homes planned in the first phase and a much wider development expected over time. As a major local healthcare provider we are seeking involvement as a key stakeholder to be able to shape how the health needs of the new community, access to services and wider health and wellbeing are considered from the outset.
- We have reviewed how our **speech and language therapy support services** are provided to patients with Parkinson's and other conditions which may impact upon swallowing and communications. The review has helped shape changes to how support is provided in hospital and in the community, incorporating learnings from the recent pilot project. The service has already changed how referrals are triaged and how roles are organised within the team, which has helped increase capacity and reduce waiting times. The most urgent community referrals are now being seen within 10 days. As part of this work, the speech and language therapy service is developing its role in supporting swallow screening across community services in Gateshead. This will help patients with swallowing difficulties to be identified earlier and referred for assessment when needed.

Fit for the future

- We are delighted to have secured **£12 million** from the national Strategic Estates Safety Funding programme to modernise our **maternity and neonatal facilities**, including a new modular maternity theatre, improved infrastructure and a direct link into the main hospital. Led by QE Facilities and expected to complete in 2027, the programme will improve safety, privacy, dignity and service flow for women and families, while providing a better working environment for our people.
- Our ranking in the acute sector **NHS Oversight Framework (NOF)** league table for Quarter 1 2026/27 improved from 96th to 90th place out of a total of 134 trusts. We remain in Segment 3 of 4. The improvement in the ranking is positive but there is more to do. Our focus remains on improving our operational performance and financial position whilst continuing to provide safe, high-quality services for all.
- At Gateshead and across the NHS we are planning for **winter**. We have met with the Integrated Care Board to provide assurance over our plans and we are engaged in regional planning. The winter plan is presented for Board approval as part of today's Board meeting.
- Waiting times within **breast services** continue to improve, although work remains to reduce waits further and make sure that patients referred to the service receive assessment and treatment as quickly as possible.
- On 14 August we experienced a power outage across the QE site caused by a fault on high-voltage underground cables. Teams across the Trust and QE Facilities worked exceptionally hard to maintain high standards of patient care and support one another during the incident, which happened on one of the hottest days of the year. On behalf of the Board we thank all colleagues for their dedication, patience and professionalism during this difficult incident.

Gateshead Health Charity – Great North Run 2026



99 runners for Gateshead Health Charity raised more than £36,000 by completing the Great North Run, Junior and Mini Great North Runs. Congratulations and thank you!



Report Cover Sheet

Agenda Item: 6(ii)

Report Title:	Finance Report M05			
Name of Meeting:	Council of Governors			
Date of Meeting:	30/09/2026			
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: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
	Enter purpose here			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured ☐ <i>No gaps in assurance</i>	Partially assured ☒ <i>Some gaps identified</i>	Not assured ☐ <i>Significant assurance gaps</i>	Not applicable ☐
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> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion	The Trust has an approved 2026-27 planned deficit of £3.338m before adjustments for donated asset depreciation, and deficit support funding. As of August 2026, the Trust has reported an actual deficit of £2.291m after adjustments for donated asset depreciation and excluding deficit support funding. This is an adverse variance of £1.064m for reasons detailed in the body of this report. The 2026-27 capital plan totals £34.435m including £23.023m PDC funded schemes and £11.412m internally funded schemes. Spend up to the end of August 2026 is £2.261m, and an under-spend of £10.953m for the year-to-date. Cash balances as at 31st August 2026 total £32.581m and £29.369m above planned values for the reasons detailed in the body of this report.			
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 2026-27 planned financial targets.			



Trust strategic priorities that the report relates to:	☐	Excellent patient care			
	☐	Great place to work			
	☐	Working together for healthier communities			
	☒	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 ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):					
Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes ☐	No ☐	Not applicable ☒		

2026/27 Background

The Trust approved its financial plan and submitted to NHS England in March 2026. The plan included:

- A £3.338m deficit before adjusting for donated asset depreciation and before the receipt of any additional Deficit Support Funding which is contingent on meeting financial targets
- A Cost Reduction Plan (CRP) totaling £27.672m;
- An in year £34.435m capital plan following an additional in year award of £2.949m, of which £23.023m funded by public dividend capital (PDC) allocation.
- A cash plan that reduces to £0.997m by March 2027.

2026/27 Performance year-to-date (April 26 to August 26)

- **Revenue** financial performance at 31st August 2026 was a deficit of £2.291m, which was £1.064m worse than plan; this is mainly due to underachievement against Cost Reduction Plan targets, which is partially being mitigated by, higher than expected pay underspends due to vacancies.
- **CRP** savings at 31st August 2026 were £3.722m against a target of £10.999m for the year-to-date, an underachievement of £7.277m.
- **Capital** performance at 31st August was £2.261m against a revised plan of £13.214m, an underspend of £10.953m.
- **Cash** balances were £32.579m at 31st August 2026, which was £29.367m more than plan largely due to an increase in trade and other payables.

Key issue: Revenue

Net revenue expenditure was £1.064m worse than plan.

Year to date, the Trust has reported a deficit of £2.291m, which is £1.064m adverse variance from plan. This position excludes Deficit Support Funding (DSF) of which £0.738m cash was received for Q1, which is contingent on meeting financial targets.

The main driver behind the position is unmet CRP with work ongoing via the Cost Reduction Planning Steering Group to mitigate this. Alongside this the Financial Accountability Framework requires overspending business units to develop financial recovery plans. The underachievement against CRP is currently being partially mitigated by underspends on pay driven by levels of vacancies above plan and other cost containment controls including non-pay discretionary spend controls. The number of substantive vacancies is contributing to high levels of bank and agency spend to ensure service quality and safety.

Key issue: Capital

Capital expenditure was below the revised plan by £10.953m up to August 26

Capital spend for the year to date was £2.261m mainly against the Maternity Scheme totalling £1.352m, Theatre Ventilation totalling £0.327m and £0.168m against the Gamma Camera scheme. This represents slippage of £10.953m against the original capital plan. There have been delays on capital expenditure whilst the Trust was awaiting NHSE approval for the £12m maternity scheme. The Trust had commenced at risk with phase 1 of the maternity scheme pending this approval and as a result, a number, other schemes were held as mitigation. Approval has now been given by NHSE and as a result, expenditure is expected to catch up in the remainder of the financial year.

Key issue: Cash

The closing cash balance at the end of August was £32.579m and is above plan by £29.367m. Despite the current high cash balance held the underlying liquidity position of the organisation remains a significant risk. Modelling suggests that we will need revenue support funding in March 2027.

Key issue: CRP Delivery

CRP requirements in 2026-27 are to achieve a £27.672m target on a recurring basis to improve the Trusts underlying deficit.

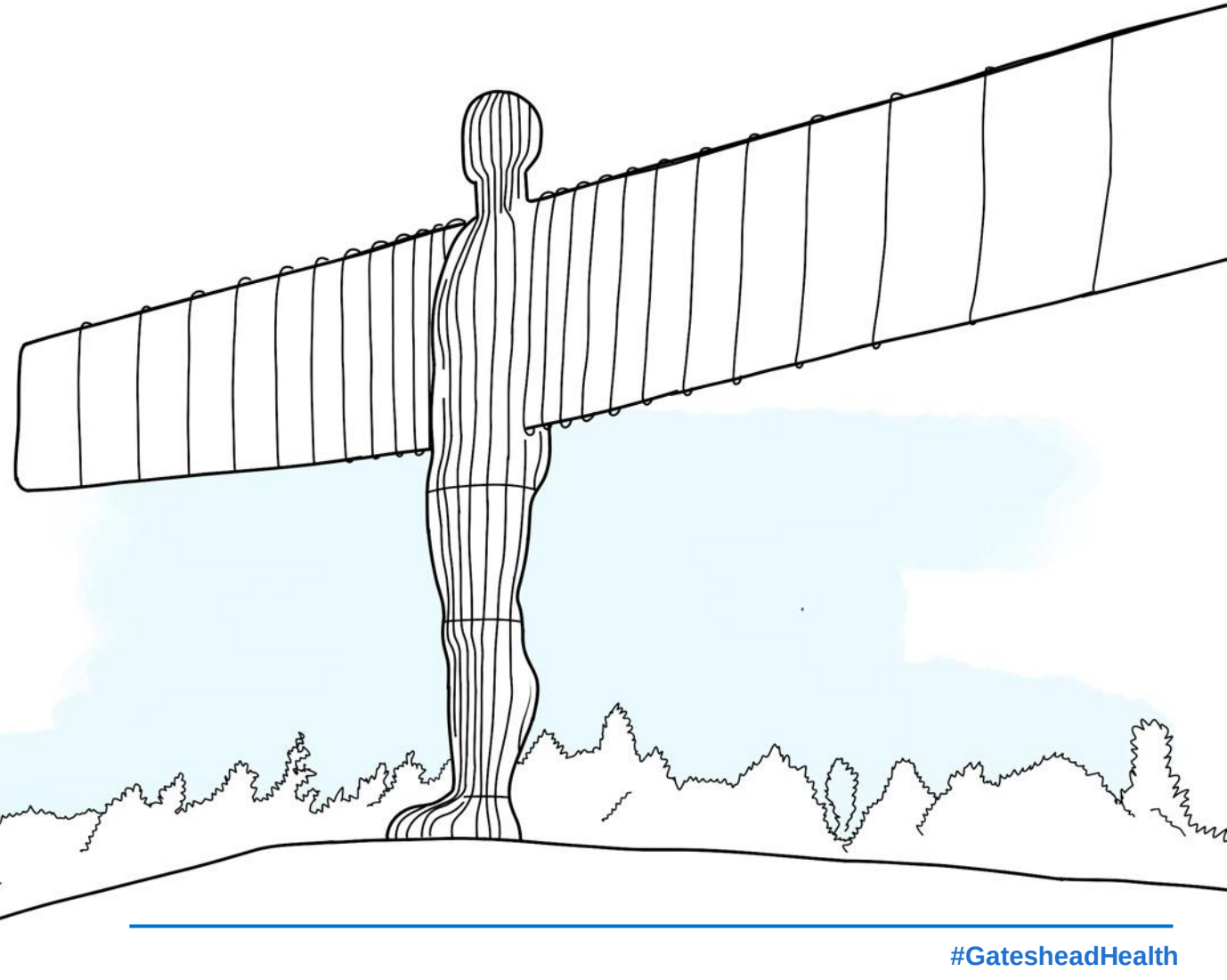
To date the Trust has transacted £3.721m CRP schemes against a target of £11.007m. The Trust is forecasting delivery of £16.820m in 2026-27, which is £10.852m under the annual target. Of this, £15.119m is forecast to be achieved on a recurring basis which would be a shortfall of £12.553m which represents a risk to achieving the financial plan for 2027-28 financial year and the overall trust's financial sustainability.

As part of its financial sustainability programme, 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

September 2026



Top Organisational Risks

Digital

Risk of 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.

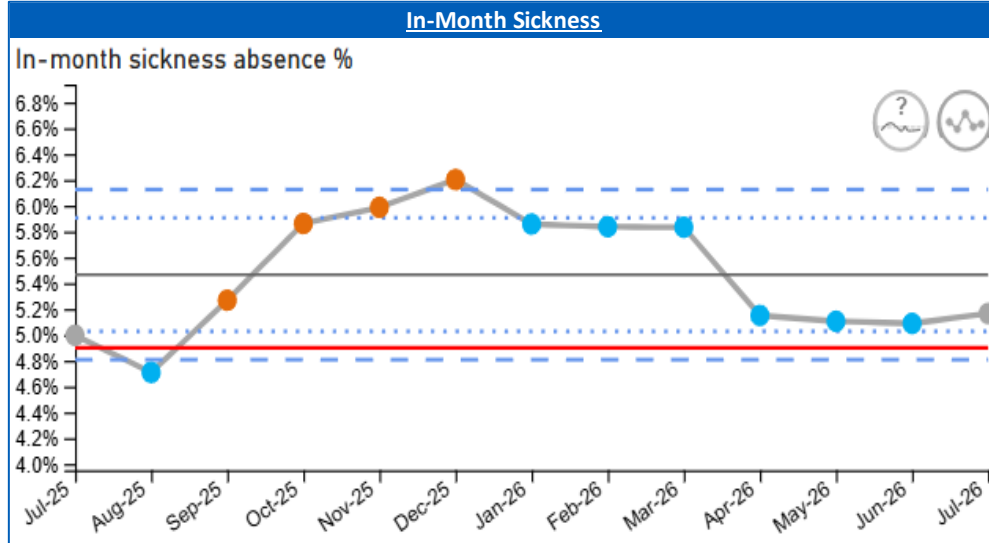
Estates

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

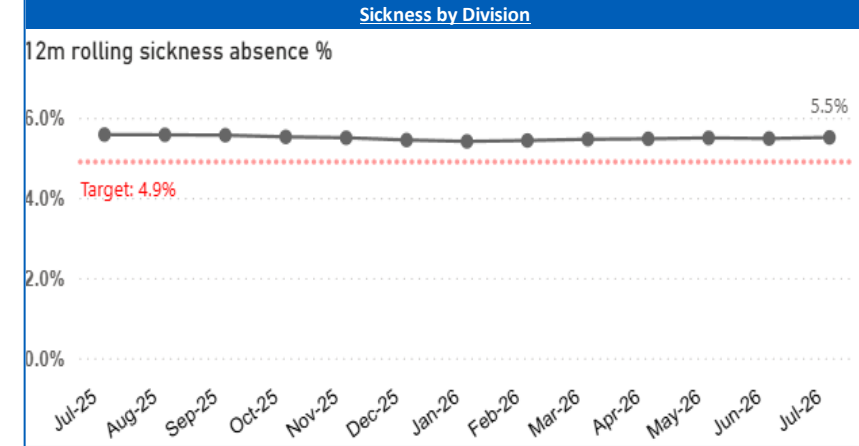
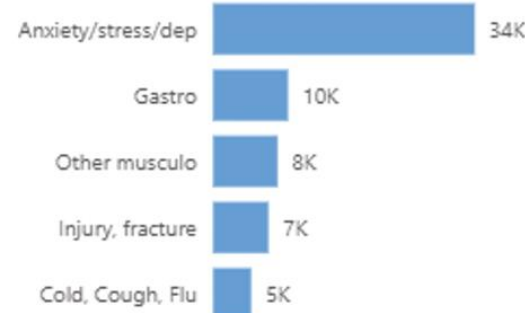
Sustainability

Risk to delivery of all key metrics included in the National Oversight Framework impacting on our strategic aims of Excellent Patient Care, Great Place to Work, Working Together for Healthier Communities and Fit for the Future.

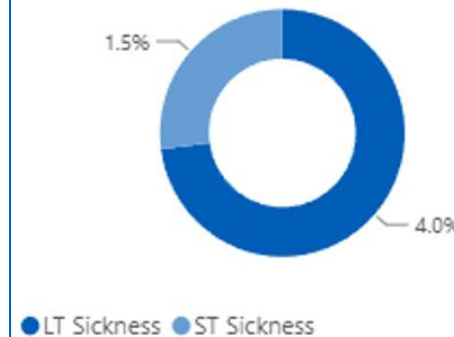
People metrics – sickness absence (July 26 – as reported to the People and OD Committee)



Top 5 sickness reasons - FTE days lost 12m



Long/Short term sickness 12m



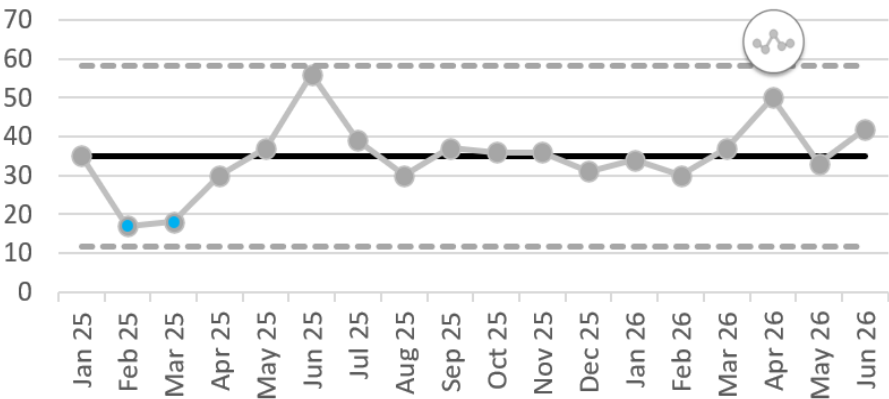
What does this data tell us?

- Sickness absence has remained the same at 5.5% in July 2026 vs June 2026.
- The Trust ranks second lowest for rolling sickness absence in the ICS area and below the median average across the whole of the North East and Yorkshire.
- Estimated cost of sickness over the past 12 months is £3.9m
- Anxiety, stress and depression continues to be the top reason for absence.
- Long term absence has been steadily decreasing throughout the organisation but there has been a slight increase in short term sickness.

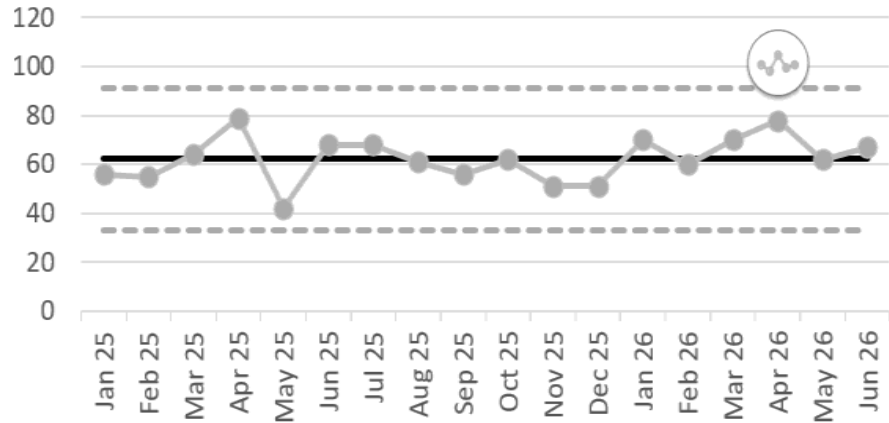
Patient experience – June 26 data (reported to Quality Governance Committee)



Formal Complaints



Informal Complaints



Complaints breakdown – 42 formal complaints reported

Implementation of Care (21)

- Quality of care (17)
- Delay attending to patient (4)

Communication, Confidentiality and Consent (6)

- Verbal (1)
- Written (2)
- Staff attitude (1)
- Patient/Records/Documentation (1)
- Request for information (1)

Clinical Assessment (2)

- Diagnosis delay (2)

Access, Admission and Discharge (12)

- Premature / inappropriate discharges (5)
- Delays in appointments (5)
- Referral issue (1)
- Booking issue (1)

Not Recorded/Other (1)

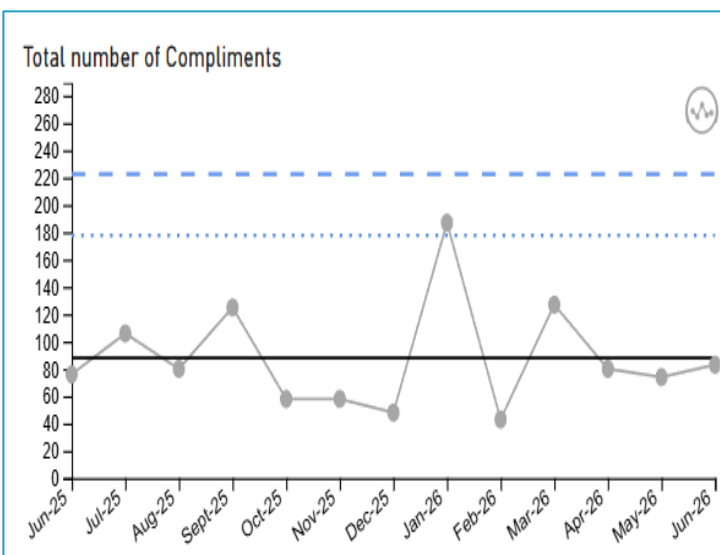
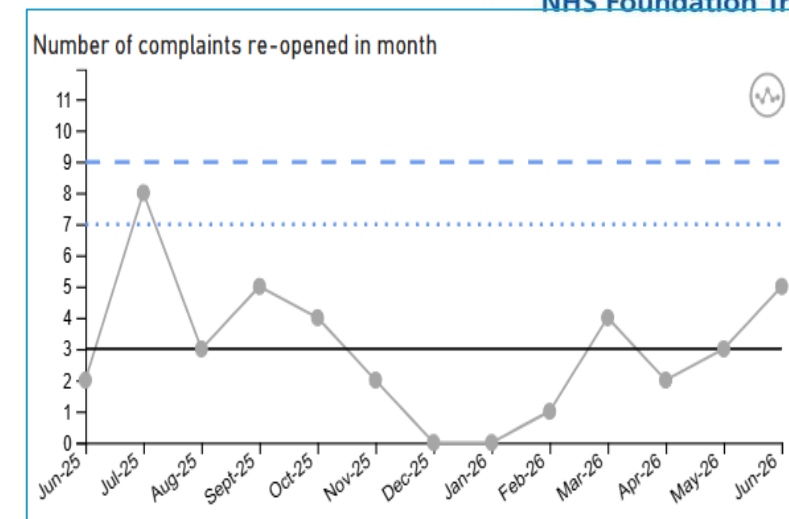
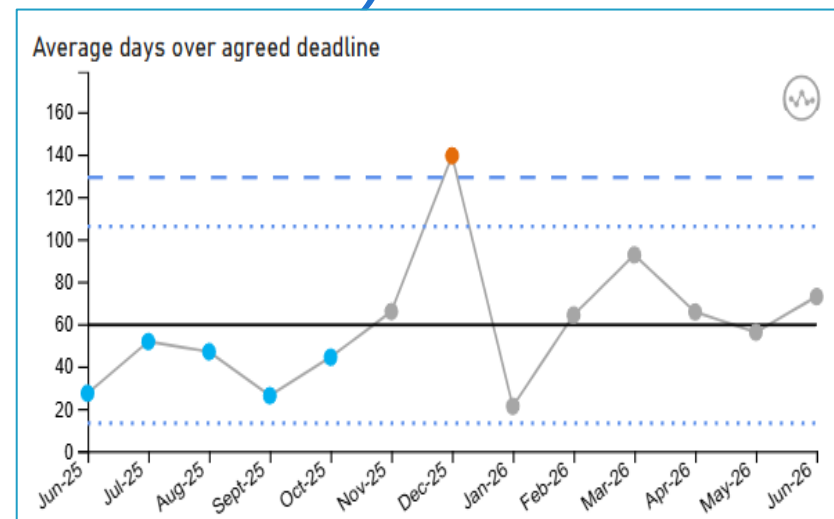
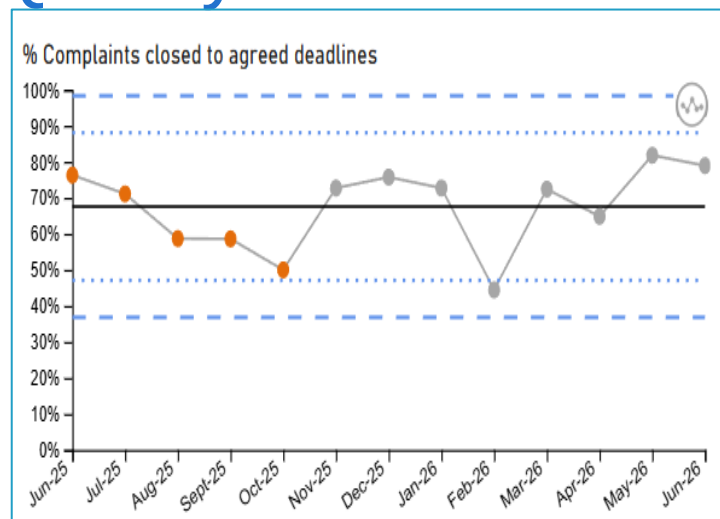
- Other (1)

Analysis continues to demonstrate common cause variation, indicating complaint activity remains within expected limits. Complaint themes continue to be reviewed alongside patient feedback to identify opportunities for service improvement.

Formal complaints

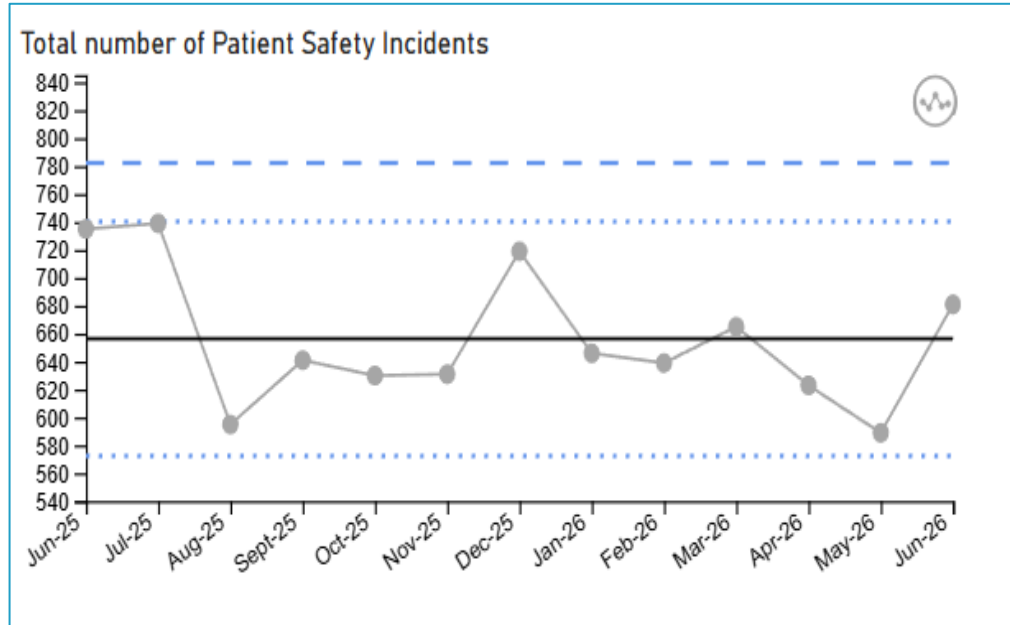
- 38 formal complaints closed in June 2026
- 2 upheld by the Chief Nurse and/or Medical Director
- 14 partially upheld
- 20 not upheld
- 2 withdrawn
- 100% of complaints acknowledged in 3 days
- 30 complaints closed were responded to within the agreed timescale
- 22 complaints were overdue at the month end:
 - Medicine 12
 - Surgery 10
- Complaints are signed off by the Chief Executive.

Patient experience – June 26 data (reported to Quality Governance Committee)

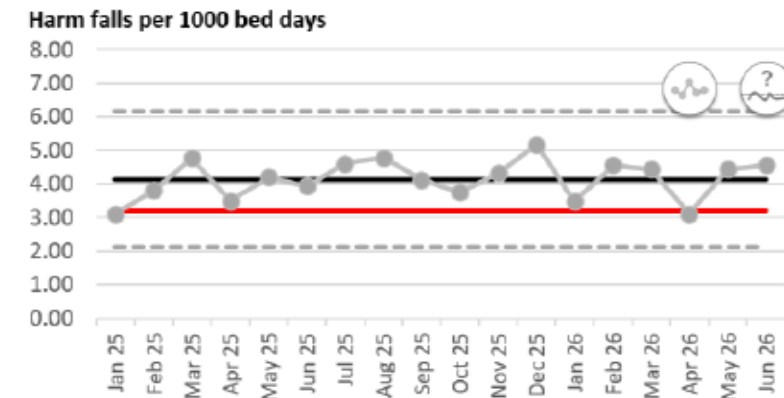


- 78.9% of formal complaints closed during June 2026 were responded to within agreed timescales. Whilst performance remains below the Trust standard and has reduced compared with the previous month (81.8%), divisional oversight continues to focus on improving the timeliness of complaint investigations and responses
- Complaints closed outside agreed timescales during June were overdue by an average of 72.9 days, an increase compared with the previous month. This reflects the management of more complex investigations; however, continued focus is required to minimise delays and improve the experience of complainants awaiting responses.
- The Trust received 83 compliments during June 2026, an increase from the previous month. Positive feedback continues to recognise staff compassion, professionalism and the quality of care delivered, and will continue to be shared across services to support learning, staff recognition and morale.
- Friends and Family Test (FFT) performance remains strong, with an overall Trust score of 92.6% from 1,801 responses.
 - A&E: 84.3%
 - Inpatients & Day Cases: 96.4%
 - Outpatients: 94.1%
 - Maternity: 100%
 - Community: 97.6%
 - Mental Health: 100%

Patient safety incidents – June 26 data (reported to Quality Governance Committee)



*The rate of harm falls displays common cause variation with a rate of 4.57 harm falls per 1000 bed days from 63 harm falls reported in June 2026
(57 Low harm, 2 Moderate harm, 4 Severe harm, 0 Fatal)*

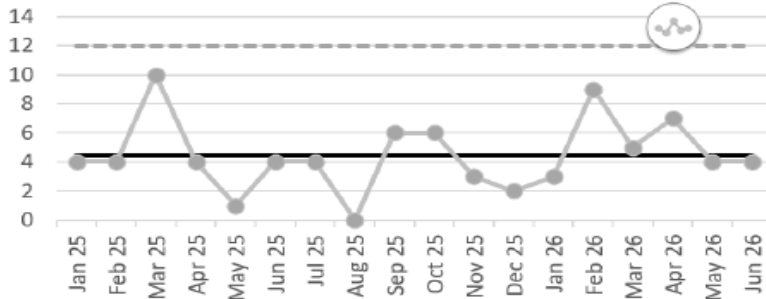


- Patient Safety Incidents continue to display common cause variation in June 2026 (i.e. no significant change in historical trends). An increase in the incidents reported is observed on the previous month, to 681 from 583; an increase in the rate per 1000 bed days to 49.5 from 40.4.
- Falls continue to demonstrate common cause variation, with improvement work progressing through the Trust-wide falls programme. Additional assurance is being strengthened through education, governance and audit arrangements.

Patient safety incidents – June 26 data (reported to Quality Governance Committee)

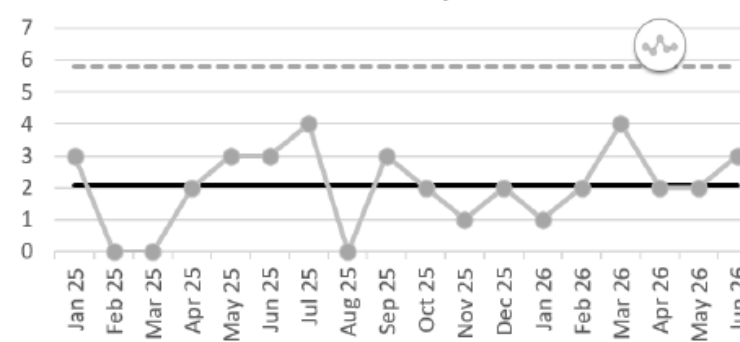
4 Healthcare Associated C.diff cases reported in June 2026.

Clostridioides difficile infection - Healthcare Associated

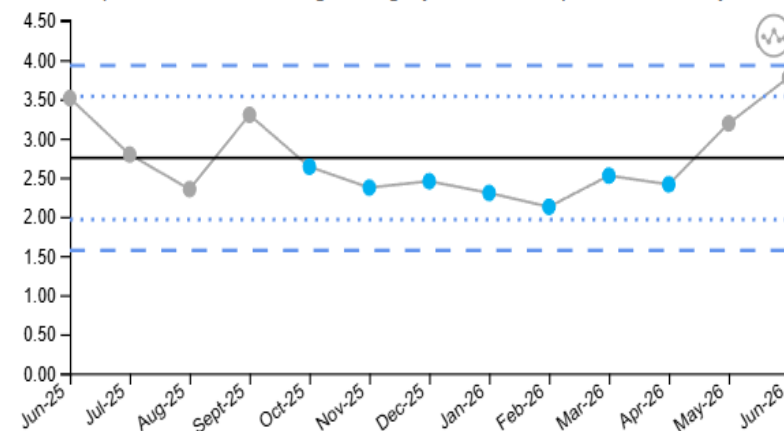


3 Community Associated C.diff cases reported in June 2026.

Clostridioides difficile infection - Community Associated

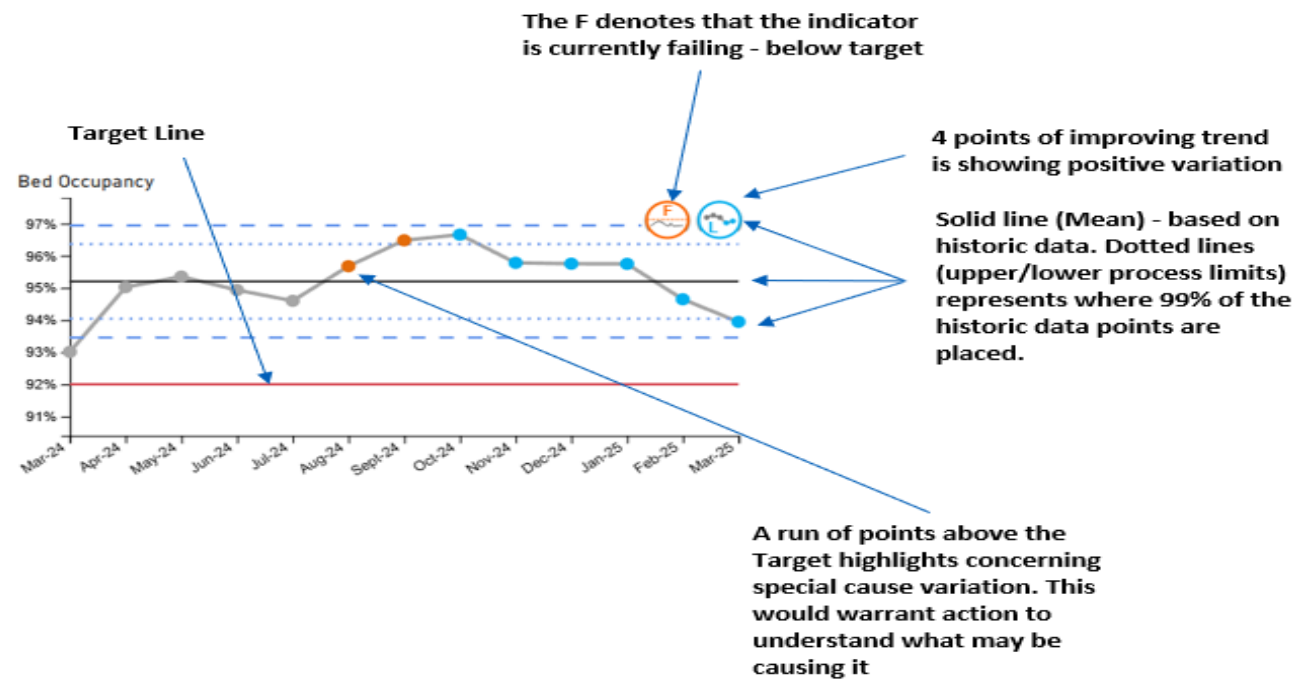


Trust Acquired Pressure Damage Category 2 and above per 1000 bed days



- Trust-acquired pressure damage remains within expected variation overall, although an increase within community services is being reviewed to identify contributory factors and any further improvement actions required.
- Four healthcare-associated Clostridioides difficile infections (CDI) were recorded during the month, with no outbreaks or Patient Incident Investigations (PIIs) identified. The Infection Prevention and Control (IPC) team continues to implement the Trust's improvement programme, with a focus on strengthening IPC governance, reinforcing a "back to basics" approach, improving hand hygiene compliance through audit validation, enhancing patient IPC risk assessments, and ensuring ongoing estates risk reviews to reduce infection risks.

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

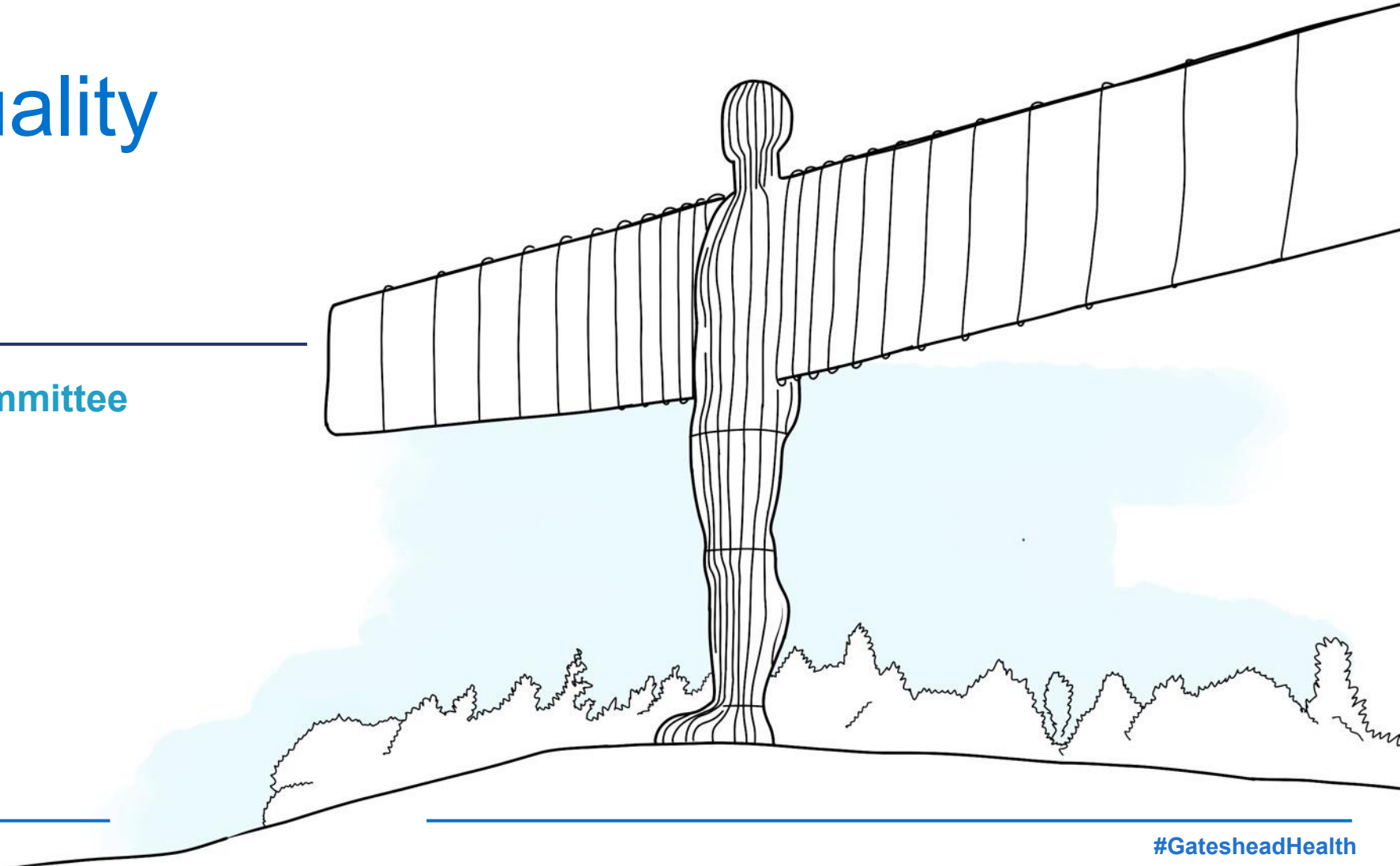
- **Formal complaints** to be acknowledged in 3 working days.
- **Timeframes for response** are agreed with the complainant – usually not more than 40 working days (dependent on the content, complexity and work to be involved).
- For complex cases a request can be made in writing for an extension to 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.

7. Board Committee assurance updates

- i) Quality Governance Committee - Gerry Morrow, Committee Chair
- ii) Digital Committee - Andrew Besford, Committee Chair

Work of the Quality Governance Committee

Gerry Morrow, Chair of the Committee



Examples of issues considered

Patient
Experience

Serious
Incidents

Freedom to
Speak Up

Maternity
Oversight

Regulatory
compliance

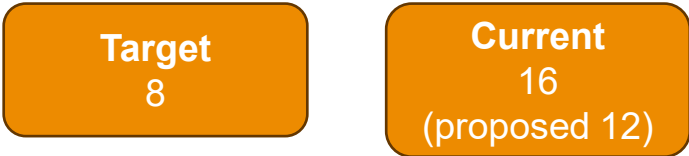
Patient
Safety &
Learning



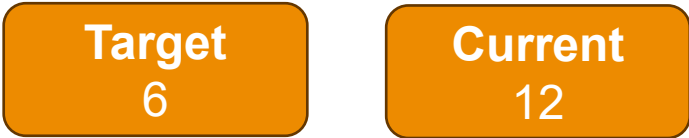
Key risks

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

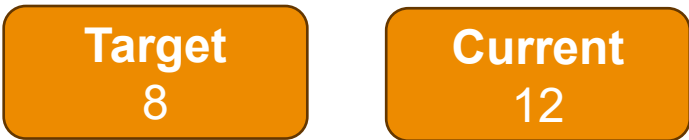
Strategic aim 1: We will be a clinically-led organisation organisationally focussed on delivering safe, high-quality care and improving health outcomes from our patients



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



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



Example: Maternity Governance – Development of a comprehensive Assurance report

Content includes:

- Triple A report
- Maternity dashboard
- Regional heatmap
- Health inequalities dashboard
- Workforce summary
- Risk register (emerging & updates)

Executive Summary

Alert: Alert to the matters that require the Board's attention or action, eg. non-compliance, safety or a threat to the Trust's strategy

Advise: Advise of areas of ongoing monitoring or development or where there is negative assurance. Discussion of ongoing risks or identification of new risks

- Antenatal & Newborn Screening – small specialist team currently impacted by absence, increased incidence of screening incidents reported so far in 2026, four-month governance review meeting with regional QA team and NHSE screening leads (SQAS) – new stakeholder concerns on regional heatmap

Assure: Assure and inform the Board where positive assurance has been achieved, share any practice, innovation or actions that have been identified

- Guidelines ratified – diabetes in pregnancy, PPH (updated to reflect NICE guidance re carbocin), Student midwife lone worker SOP
- Maternity Incentive Scheme Year 8 GAP analysis still underway – summary report delayed until July
- Legal report delayed until July IOR due to capacity to complete

Maternity Dashboard 2026/27 – May 2026

KPI	Latest month	Measure	Target	Variance	Mean	Lower process limit	Upper process limit
Total Births	May 26	163	-		153	127	178
Spontaneous vaginal deliveries	May 26	69	-		65	46	84
Assisted births	May 26	94	-		88	64	111
Induction of Labour	May 26	56	-		53	28	77
Maternity Readmissions	May 26	3	-		2	-3	6
Neonatal Readmissions	May 26	7	-		4	-3	11
Smoking at time of booking	May 26	4.24%	15.00%		5.53%	0.52%	10.53%
Smoking at time of delivery	May 26	1.23%	6.00%		3.72%	-0.58%	8.02%
In area CD at booking	May 26	96.97%	90.00%		95.14%	86.30%	103.98%
In area CD at 36 weeks	May 26	87.16%	80.00%		86.99%	79.09%	94.89%
Admitted directly to NNU (SCBU) (>37 weeks)	May 26	8	4		6	-2	15
Percentage Admitted directly to NNU (SCBU) (>37 weeks)	May 26	5.37%	6.00%		4.51%	-1.85%	10.86%
Preterm birth rate <=36 weeks at birth	May 26	8.02%	6.00%		5.78%	-0.17%	11.70%
Aggar < 7 (NMPA Definition)	May 26	2	-		4	-3	11
Aggar < 7 Percentage (NMPA Definition)	May 26	1.28%	-		2.89%	-1.98%	7.36%
Spontaneous Vaginal Births (%)	May 26	42.33%	-		42.67%	31.27%	54.06%
Induction Rate	May 26	34.57%	-		35.09%	19.20%	50.98%
Instrumental Delivery Rate	May 26	10.43%	-		11.40%	3.56%	19.24%
Elective C Section Rate	May 26	20.86%	-		21.05%	13.64%	28.47%
Emergency C Section Rate	May 26	25.77%	-		24.93%	15.02%	34.85%
C Section Rate	May 26	46.63%	-		45.98%	38.55%	53.41%
3rd or 4th degree tear (Total) Percentage	May 26	0.62%	3.00%		1.28%	-1.57%	4.12%
Massive PPH >=1.5L (All births)	May 26	6	2		6	0	12
Breastfeeding: Percentage of Initiated Breastfeeding	May 26	69.80%	66.20%		75.65%	69.42%	89.89%
Breastfeeding: Breastfeeding at Discharge (Transfer to Com	May 26	60.78%	56.20%		62.86%	53.76%	71.94%

Safe

Responsive

Effective

There are no new SPC triggers to report in May 2026.

Example:

Gateshead Health
NHS Foundation Trust

Risk register – new emerging risks & updates

Risk ID	Division	Description	Initial Grade	Current Grade	Target Grade	Comments
Risk review						
4897	Surg2	There is a risk of missed or delayed clinical risk identification, clinical decision making and care delivery in maternity and neonatal services. This is caused by recurrent BadgerNet system instability, unreliability, functional and clinical safety defects and supplier-identified safety issues (including system crashes, data loss, and delayed or ineffective resolution of known issues by the supplier.) Resulting in compromised patient safety, potential harm to mothers and babies, increased scrutiny from regulators, loss of clinical confidence in digital systems, and reputational and assurance impacts at Board, Audit Committee and regional level.	20	10	5	System C Advisory Notice - QMMD-447 Two risks added as agreed by Executive Risk Management Group to reflect: 1. The current risk of SystemC advisory notice, impact on calinical workload/patient concern to review all current pregnancies (4897) 2. The potential for a historical impact due to unknown duration of SystemC issues
4909	Surg2	There is a risk that there may be historical cases of poor perinatal outcomes as a result of incorrect risk assessment population on the Badgernet maternity system. Resulting in potential harm to mothers and babies.	10	5	5	

Committee Escalation and Assurance Report

Name of Board Committee:	Quality Governance Committee
Date of Board Committee:	17 June 2026
Chair of Board Committee:	Adam Crampsie

Alert (matters of significant concern requiring escalation to the Board for further action or to bring to the attention of the full Board)
Healthcare-associated infection (HCAI) Performance - The Trust has exceeded trajectory in several infection indicators, including CDI and bloodstream infections. - The Committee is not comfortable with the current position but recognise that mitigations are in place and this is being monitored via Safecare. - This issue is currently identified as an alert, but it is expected to come down to advise on the basis of the action being put in place.
Advise (areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)
Martha's Rule Progress has been slower than expected but infrastructure is now in place and progress is expected over the next six months. There will be regular updates to Safecare and a progress report to be provided to the next meeting of the Committee.
Clinical Effectiveness A wider discussion is needed outside of the meeting to consider how assurance could be provided to the Committee on clinical effectiveness, possibly through an annual paper providing triangulation around clinical audit, GRFT and NICE compliance.
Maternity Incentive Scheme Year 8 Gap Analysis This has been delayed due to capacity issues but is due to be reported to the next meeting in August. There are no major concerns and the approach has been simplified in comparison to previous years.

BadgerNet Issues have been escalated to System C and a follow up meeting is being arranged. The review of cases is almost complete with some patients picked up but no harm identified.
Oversight of use of digital systems for clinical decision making In the light of the BadgerNet issues the Committee highlighted the need for professional responsibility for clinical decisions and raised a concern in relation to assurance of oversight and the potential for this to become a greater issue as the use of AI develops.
Work on Flow and Discharges - Flow and discharge pressures continue to impact operational performance and patient experience. - An update on the work on flow led by the Interim Chief Nurse to be reported to the next meeting.
Patient Safety Investigations and Complaints Backlog The Committee noted the current position in relation to Patient Safety Investigations and Complaints backlogs and the need to see improvements and this may require changes to policies and training.
Health and Safety - Violence and aggression had been highlighted as an alert item on the Health and Safety Group triple A report and although it is recognised that a lot of action has taken place a measurable reduction in violence and aggression has not yet been delivered. - Trust Board Oversight of Health and Safety.
ICB Changes - Quality oversight is being reinstated under the new structure with a quarterly Quality Management Group. - The Committee was advised about LSB reporting changes.
Assure (key assurances received and any highlights of note for the Board) Positive assurances were agreed in relation to: - Maternity IQR - Business Cases for HCA Development and Nursing Apprenticeships approved, and recruitment campaigns are underway - Positive results from the QGC patient survey - EQIA Process reviewed - Health Inequalities – progress made on all workstreams

BadgerNet – From concern to Board Oversight to assurance

28 April 2026 – Quality Governance Committee (QGC)

A problem with BadgerNet was identified that could affect how some women were assessed for aspirin during pregnancy. Immediate manual checks were put in place, but the full impact was not yet known. Risks discussed.

6 May 2026 – Digital Committee

The concern was referred to Digital Committee for further scrutiny from QGC. The Trust had escalated the issue directly with the supplier, and wider regional action was being pursued.

27 May 2026 – Board of Directors

The issue was formally escalated to Board, including the potential patient safety impact, the immediate safeguards in place and the further assurance still required.

11 June 2026 – QGC

Update on patient review which is now complete. No harm identified. Risk remains live until all women reach delivery date.

Governance in action: Concern identified → Immediate action → Specialist review → Supplier escalation → Board oversight → Assurance back to QGC

Key priorities for assurance over the next 6 months

IPC

Maternity
Services

Patient
experience

Regulatory Compliance

Complaints

Assuring the quality impact & mitigations of cost
improvement programmes

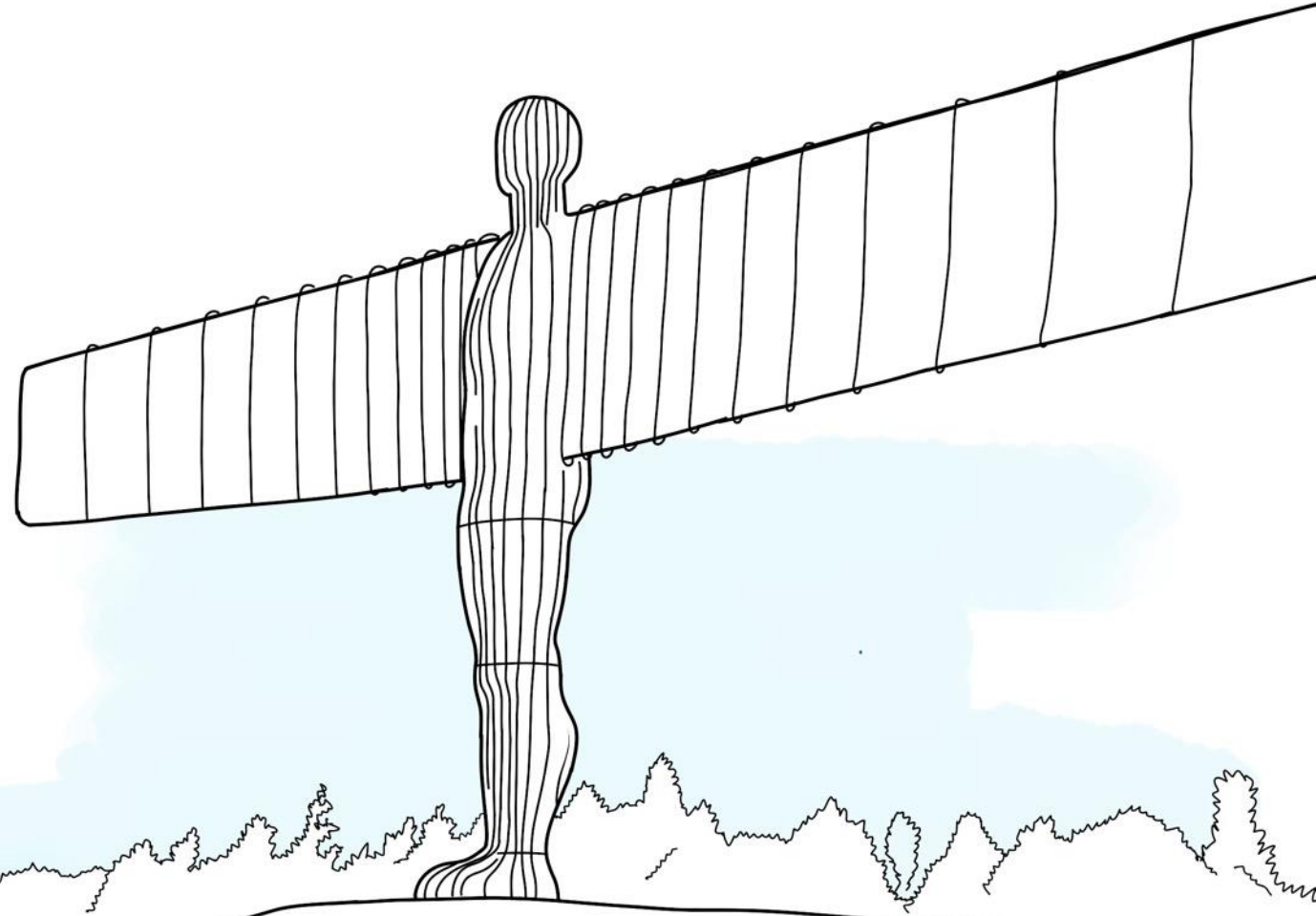
Any
questions?



Work of the Digital Committee

Andrew Besford, Chair of the Committee

30 September 2026



Key risks

- As with last update to governors (Nov 25), digital remains one of the top organisational risks

Top Organisational Risks – July 2026

The top (composite) risks were considered by the ERMG on 6 July 2026 and were agreed as follows

The top organisational risks are as follows:

1. **Sustainability Risk** – the CEO to draft a new broader sustainability risk for agreement that incorporates financial sustainability and operational delivery.
2. **Estates** - Risk to sustainability of core infrastructure and to invest in clinical advances and the working environment for our staff
3. **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

Underlying risks: **4402** (records) and **4704** (interoperability) both unchanged for 6 months - currently unfunded. **4554** (cyber) is on full register at 10 and does not reach the committee extract.

Priority assurance themes for Digital Committee

Strategy and Planning

- Digital chapter signed off at board Sep 2025.
- Four themes.
- Portfolio mapped.

Projects (Delivery)

- Reporting now more mature. 27 open schemes, 19 green, 1 amber, 0 red, 7 on hold or not started.
- Acute EPR agreed in principle but currently unfunded.

Operations (Business Continuity)

- Three critical incidents, all supplier incidents, all handled well.
- Critical dependency register underway.

Cyber Security

- DSPT submitted 'Standards Met'.
- NHS England have wrote to boards 10 June 26 asking for cyber assurance.

Governance

- TOR updated and approved, cycle of business refreshed.
- BAF ownership split between CDO and Group Director of Finance as SIRO.
- Clinical safety now a standing item.

Data

- SIRO annual report reinstated.
- Data & BI strategy with Execs and due back at committee.

Electronic Patient Records (Non-Elective)

- **September 2025:** committee evaluated options; 12-month System C extension recommended.
- **March 2026:** Acute Clinical EPR OBC agreed in principle; strategic case endorsed; progression to procurement and Full Business Case; affordability risk accepted at OBC stage.
- Rescoped below the national spend-control threshold; NHS framework mini-competition; procurement launch October 2026; preferred bidder and FBC Q4 2026/27; no spend or contract award before FBC approval.
- **Status:** governance and procurement preparation green; supplier continuity and capacity amber; affordability red, external funding not confirmed; FBC not started.
- Peer learning from Harrogate and York and Scarborough after their joint EPR procurement.
- Records Management Optimisation direction agreed March 2026 and now tracked as a project (the programme diagram from last year has moved into delivery).

Operations, cyber security and information governance

- **Incidents this period:** Vantage cellular pathology licence and middleware (kept running on an emergency fix, permanent still some time away); Maestria microbiology downtime of about 3.5 hours; inbound phone lines engaged for two days, first noticed by NEAS. Business continuity worked.
- **Patching:** user devices 82 percent, servers 80 percent, target 95 percent.
- **Subject access requests** 63 percent compliant, 725 overdue; **FOI** 79.8 percent against a 90 percent target. SIRO has SARs as a focus.
- **Clinical safety:** 16 Clinical Safety Officers trained, up from 3 available in March; hazard logs 91%; 33 of 34 suppliers DCB0129 compliant; Badgernet maternity risk 4897 on the register with a paper process in place.

Questions the committee is asking

- A costed, funded digital plan, through F&P and to Board.
- EPR affordability closed before the FBC, and the productivity benefits evidenced in it.
- Agreed route for the Board to receive the cyber assurance NHS England has asked for, and a single view of where digital, data and cyber risks are held and how they reach Board.
- Systems outside the digital team: pathology is biggest + others; "rules of the road" for new systems through the Executive Committee; owners and DCB status for the 55 exempt systems.
- Data and BI strategy as a written paper (digital committee alerted Board in January that none had been received).
- Alliance coordination: CDO is an Alliance role, some KPI reporting and cyber board assurance being coordinated across the three trusts. Coordination on vendor issues. Procurement benefits emerging e.g. LogicMonitor (will allow improved monitoring of critical incidents)

GOVERNANCE

8. Future Governor engagement plans -
revised principles

To be presented by Jennifer Boyle,
Company Secretary



Report Cover Sheet

Agenda Item: 8

Report Title:	Future of Engagement – Revised Principles			
Name of Meeting:	Council of Governors			
Date of Meeting:	30 September 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: ☐
	To seek feedback on the draft revised principles and enablers for future engagement.			
Proposed level of assurance <i>– to be completed by paper sponsor:</i>	Fully assured ☐ <i>No gaps in assurance</i>	Partially assured ☐ <i>Some gaps identified</i>	Not assured ☐ <i>Significant assurance gaps</i>	Not applicable ☒
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	Initial draft principles shared for comment at the Governor workshop in June 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> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion	• Work on future engagement models has continued over the summer months with a further Governor workshop, Board workshop, Alliance Steering Group discussion and engagement within and between Alliance trusts. • Designing an effective model for engagement should have a positive impact on patient experience and our people. • Models should make efficient use of resources and aim to be cost neutral.			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council of Governors is requested to provide feedback on the draft revised principles and enablers, which will be considered by the Board of Directors and Alliance Steering Group for final approval.			



Trust strategic priorities that the report relates to:	☒	Excellent patient care			
	☒	Great place to work			
	☒	Working together for healthier communities			
	☐	Fit for the future			
Trust strategic objectives that the report relates to (2025 to 2030 strategy):	We will ensure our patients experience the best possible compassionate care and make every contact count We will care for our people, creating a fair, inclusive and respectful environment where everyone can thrive in their role We will grow and develop our people with a focus on celebrating achievements and creating a culture of high performance and innovation We will work in collaboration with our partners to improve the health of our population and reduce health inequalities				
Links to CQC Key Lines of Enquiry (KLOE):	Caring ☐	Responsive ☒	Well-led ☒	Effective ☒	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):	None directly linked to this paper				
Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes ☐	No ☐		Not applicable ☒	

Future of Engagement – Revised Principles

1. Executive Summary

- 1.1. This paper updates the Council of Governors on work to develop a future engagement model in response to the proposed removal of Foundation Trust Councils of Governors and membership arrangements.
- 1.2. Following engagement with Governors, the Board and the Alliance Steering Group, the original eight principles have been streamlined into three core principles—co-production and collaboration, inclusive engagement, and transparency and accountability—supported by five practical enablers.
- 1.3. The Council is asked to provide feedback before final consideration by Trust Boards and the Alliance Steering Group. Detailed models will then be developed for shadow implementation in early 2027.

2. Introduction

- 2.1. This paper provides an update on the work undertaken to consider the future of engagement in the context of the Health Bill, which in its current form proposes the removal of the Council of Governors and membership models within Foundation Trusts.
- 2.2. The paper specifically seeks Governor feedback on the revised draft engagement principles and enablers (Governors provided feedback on the first draft at the workshop in June 2026).

3. Key issues / findings

- 3.1. Two workshops have been held with Gateshead Governors to seek thoughts and input into future engagement models, with the most recent workshop being held in June 2026. Governors have also met privately to discuss this, as well as to engage with local MPs (note that Trust colleagues have refrained from involvement in this element given the need to remain apolitical).
- 3.2. In addition, a Board workshop was held in August 2026 and an update was provided to the Alliance Steering Group in July 2026.
- 3.3. The Gateshead Board expressed strong support for the principle of continuing to engage with representatives of the public / patients, colleagues and stakeholders, recognising the value this can bring in respect of feedback and accountability. Whether the Health Bill is passed in its current form, or amended, Board Members agreed that developing an engagement model focussed on improvement is the right thing to do, and the work should continue regardless.
- 3.4. Company Secretaries across the Alliance have continued to meet to discuss future models, with a specific focus on engagement principles and enablers. It is

intended that Alliance trusts will have the same agreed engagement principles and enablers, which will underpin engagement models, recognising that the models themselves are likely to differ between organisations.

- 3.5. At the Governor workshop in June 2026 feedback was sought on eight draft engagement principles which had been developed by Company Secretaries. Governors were supportive of the principles – a copy of the original principles is included at Appendix 1.
- 3.6. Wider feedback from the Alliance Steering Group and other Governors indicated that a smaller number of principles would be preferable, supported by a number of key enablers. The importance of ensuring that engagement seeks to listen, learn and act on feedback, address health inequalities, include hard to reach groups and is transparent on decisions and actions was emphasised.
- 3.7. In addition the Alliance Steering Group felt it was important to ensure that where patient pathways cross organisational boundaries, the associated engagement should also reflect this.
- 3.8. The original principles have therefore been reworked into three core engagement principles (what we believe) and five enablers (how we will make the principles happen).
- 3.9. The three core engagement principles are as follows:

1. Co-production and Collaboration - We will ensure that our decision-making and future strategies are informed by the voices, experiences and aspirations of our people and communities, with collaboration and co-production at the heart of our approach. Where key patient pathways span across organisational boundaries, we will ensure that our approach to engagement mirrors this.

Combines Principles 1 and 5 being:

1. *Our decision-making and future strategies will be informed by the voices of our people and communities where appropriate – collaboration and co-production are core principles of our approach.*
5. *Our current Governors and their role post transition will be an invaluable support in helping us to understand the needs of our people and communities, as well as their experiences, ideas and aspirations.*

2. Inclusive Engagement - We will build meaningful relationships and provide accessible opportunities for participation, ensuring that diverse voices are heard, particularly those of marginalised groups and communities affected by health inequalities.

Combines Principles 2 and 4 being:

2. *We commit to ensuring that there is a range of ways for our people and communities to take part in health and care services.*

4. *We commit to building relationships and ensuring that our engagement incorporates marginalised groups and those affected by health inequalities.*

3. Transparency and Accountability - We will communicate openly and transparently, working with our public/patient representatives, colleagues and stakeholders to ensure our engagement, decisions and communications are clear, understandable and accountable.

Combines Principles 6 and 8, being:

6. *Our current Governors and their role post transition will help us to share key messaging with our people and communities and challenge us to ensure that our messaging is clear and understandable*
8. *We commit to maintaining transparency and openness in our communications and engagement with our current Governors and their role post transition.*

3.10. The five enablers which support the delivery of the principles are as follows:

- **Effective Governance and Representation**
 - Our public/patient representatives, colleagues and stakeholders will play an important role in helping us understand the needs, experiences, ideas and aspirations of our people and communities.
- **Clear and Accessible Communication**
 - Our public/patient representatives, colleagues and stakeholders will support the sharing of key messages and help ensure communications are clear, understandable and meaningful.
- **Joined-up Engagement**
 - We will consider and work through existing engagement forums wherever appropriate to avoid duplication, confusion or unnecessary burden on participants.
- **Multiple Routes to Participation**
 - We will provide a range of opportunities and methods for people and communities to engage, participate and influence health and care services.
- **Listen, Learning and Act**
 - We will actively listen to feedback, learn from what we hear, and take action in response, using insight to continuously improve our services, engagement and decision-making.

4. Solutions / recommendations

- 4.1. The Council of Governors is requested to review the revised principles and enablers and share any feedback. The final principles and enablers will be subject to final consideration by Trust Boards and the Alliance Steering Group.
- 4.2. Development of models of engagement will be undertaken during Autumn, adopting a collaborative approach between the Company Secretary, Deputy Chief Nurse and People and OD teams. Opportunities to explore opportunities for

engagement with Healthwatch will also be progressed, as previously discussed by the Council, and engagement will continue with Alliance colleagues.

- 4.3. The intention is to launch the model of engagement in a shadow format in early 2027.

Appendix 1 – Original Engagement Principles (shared with the Council at the June 2026 workshop)

1. Our decision-making and future strategies will be informed by the voices of our people and communities where appropriate – collaboration and co-production are core principles of our approach.
2. We commit to ensuring that there is a range of ways for our people and communities to take part in health and care services.
3. We will ensure that we give due consideration to existing engagement forums to prevent unnecessary duplication or blurring of roles.
4. We commit to building relationships and ensuring that our engagement incorporates marginalised groups and those affected by health inequalities.
5. Our former Governors will be an invaluable support in helping us to understand the needs of our people and communities, as well as their experiences, ideas and aspirations.
6. Our former Governors will help us to share key messaging with our people and communities and challenge us to ensure that our messaging is clear and understandable
7. We commit to listening and learning from the valuable feedback received.
8. We commit to maintaining transparency and openness in our communications and engagement with our former Governors.

UPDATES FROM GOVERNOR COMMITTEES AND GROUPS

9. 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:	15 July 2026
Chair of Governor Committee:	Steve Connolly (Lead Governor)

Alert <i>(matters of significant concern requiring escalation to the Council for further action)</i>	
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>	
Following previous discussions around the importance of feedback from PLACE visits to provide learning and assurance that changes have been enacted, further discussion took place around ensuring that robust processes are in place including the need for greater staff engagement and this will be picked up with the Chief Nurse via current discussions taking place with the PLACE team and Quality Team. Governors were reminded that visits are undertaken on a weekly basis therefore those interested in attending should inform the Lead Governor to ensure that this is coordinated effectively. It was also acknowledged that this will be considered as part of future engagement plans to provide Governors with an active role and maintain good practice.	
Assure <i>(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)</i>	
- The Committee discussed training plans and considered topics for future workshops including artificial intelligence, research, pathology functions, and organ transplantation. It was noted that the next workshop is currently committed to progressing developments around future Governor engagement plans but suggested topics will be factored into plans. - The Committee received the attendance rates for the Council of Governor and Committee meetings, and it was acknowledged that good attendance continues which demonstrates the continued commitment of Governors. - The Committee received the Council of Governors Annual Report which will be included within the Trust's Annual Report 2025/26 and will be presented at the Annual General Meeting / Annual Members Meeting in September 2026.	

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

10. Governor Remuneration Committee Assurance Report (including terms of reference)

To be presented by Michael Loome, on
behalf of Committee Chair



Committee Escalation and Assurance Report

Name of Governor Committee	Governor Remuneration Committee
Date of Governor Committee:	8 July 2026
Chair of Governor Committee:	Michael Loomer (Deputy Lead Governor)

Alert <i>(matters of significant concern requiring escalation to the Council for further action)</i>	
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>	
The Committee approved the process for the forthcoming recruitment of a Non-Executive Director. The Committee supported the recommendation to seek a qualified accountant with senior financial leadership experience (essential), NHS / public sector finance experience, transformation experience and Board diversity as key desirable considerations. In addition, the Committee supported the recommendation to appoint Castlepeak to assist with the recruitment up to the longlisting stage. <i>Post-meeting note – the Council of Governors met on 15 July and ratified the process on the recommendation of the Committee.</i>	
Assure <i>(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)</i>	
- The Committee approved the revised terms of reference and welcomed two new members - John Bedlington and Sarah Craig. The Council of Governors is recommended to ratify the terms of reference appended to this report, noting the only change is to reflect the agreed increase in members. - Martin Hedley presented an overview of the Chair's appraisal 2025/26 providing assurance that the agreed process had been followed, that the Chair remains fit and proper and that the appraisal outcome was positive. Governors were thanked for their input into the process.	
Risks (any new risks / proposed changes to risk scores)	
None	

Committee

Terms of Reference

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	July 2026
Review Frequency	Annually
Review and approval	Governor Remuneration Committee (July 2026)
Adoption and ratification	Council of Governors (September 2026 - TBC)

Membership	The Committee shall be appointed by the Council of Governors and shall consist of: • 1 Appointed Governor (who shall chair the Committee) • 4 Public Governors (one of whom must be the Lead Governor) • 2 Staff Governors
Attendance	The Chair of the Council of Governors will be expected to be in attendance. 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 Independent Director will leave the meeting when consideration is

	given to Non-Executive Director remuneration, appraisals or their own appointment. Other Trust staff may be invited to attend meetings depending upon the issues under discussion. 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.
Meeting frequency and quorum	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. To be quorate there should be at least 3 members present. Members and regular attendees are expected to achieve 75% attendance annually.
Meeting organisation	The Committee shall be supported administratively by the Company Secretary. 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. 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.

Committee duties and responsibilities

Nomination role	- 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:
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	• 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.
Remuneration	• 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: • 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.

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| | <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	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. 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.
Monitoring	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. The outcome of the effectiveness and terms of reference review is to be presented to the Council of Governors following consideration by the Committee.

ITEMS FOR INFORMATION

11. 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	✓	✓
Speech and Language Therapy Services		For Assurance	✓		✓	
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	✓			
Governors response to Quality Accounts	Chief Nurse	For Decision	✓			
Annual planning update	Director of Strategy and Planning	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	✓	✓	✓	✓
Winter plan	Chief Operating Officer	For Assurance			✓	
Governance						
Calendar of meetings 2027/28	Company Secretary	For Decision		✓		
Review of Constitution	Company Secretary	For Decision	Deferred	Deferred	✓	
Non-Executive Director appointments	Chair	For Decision	Ex-ord meeting	Ex-ord meeting		✓
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	not required			✓
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 (2026/27)		For Decision		✓		
Elections and Members						
Election update	Company Secretary	For Information		paused		
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	✓	✓	✓	✓

12. Top 3 messages

13. Any Other Business

14. Review of the meeting

15. Date and time of the next meeting
The next meeting of the Council of
Governors will be held at 10.00am on
Wednesday 18 November 2026