Council of Governors - Part 1

Schedule	Wednesday 18 November 2026, 9:30 — 11:15 GMT
Venue	Rooms 9 and 10, Trust HQ / Microsoft Teams
Organiser	Diane Waites

Agenda

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AGENDA

NHS Gateshead Health NHS Foundation Trust

Council of Governors (Part 1 – Public)

A meeting of the Council of Governors (Part 1 – Public) will be held at 09:30am on Wednesday 18 November 2026, in Rooms 9&10, Education Centre, Queen Elizabeth Hospital / via Microsoft Teams

AGENDA

No	Start time	Item	Purpose	Lead	Paper / Verbal
1.	09:30	Welcome and Apologies for Absence	Information	Chair	Verbal
2.	09:31	Declarations of interest	Information	Chair	Verbal
3.	09:32	Minutes of the last meeting held on 30 September 2026	Decision	Chair	Paper
4.	09:33	Action log and matters arising	Assurance / decision	Chair	Paper
TRUST UPDATES INCLUDING STRATEGY					
5.	09:35	Showcase presentations / patient / staff story			
		i) Speech and Language Therapy Services Update	Assurance	Chief Nurse Adult Speech and Language Leads	Presentation
		ii) QE Facilities	Assurance	QE Facilities Chair and QE Facilities Managing Director	Presentation
6.	09:55	Winter Plan	Assurance	Chief Operating Officer	Paper
BOARD AND COMMITTEE UPDATES					
7.	10:05	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
8.	10:25	Board Committee Assurance update:			
		i) Finance and Performance Committee	Assurance	Chair of the Committee	Presentation
		ii) Charitable Funds Committee	Assurance	Chair of the Committee	Presentation
GOVERNANCE					
9.	10:45	Future engagement model	Discussion	Company Secretary	Paper
UPDATES FROM GOVERNOR COMMITTEES AND GROUPS					
10.	10:50	Membership, Governance and Development Committee Assurance Report	Assurance	Chair of the Committee	Paper
11.	10:55	Governor Remuneration Committee Assurance Report	Assurance	Chair of the Committee	Paper

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No	Start time	Item	Purpose	Lead	Paper / Verbal
ITEMS FOR INFORMATION / MEETING GOVERNANCE					
12.	11:00	Governor Handbook 2026	Decision	Company Secretary	Paper
13.	11:03	Calendar of Governor meetings 2027/28	Information	Company Secretary	Paper
14.	11:05	Cycle of Business 2026/27	Information	Company Secretary	Paper
15.	11:07	Top 3 Messages	Discussion	Chair	Verbal
16.	11:10	Any Other Business	Discussion	Chair	Verbal
17.	11:12	Review of Meeting	Discussion	Chair	Verbal
18.	11:15	Date and Time of Next Meeting – 10:00am on Wednesday 17th February 2027	Information	Chair	Verbal

1. Welcome and Apologies for Absence

2. Declarations of interest

3. Minutes of the previous meeting held on 30 September 2026

Gateshead Health NHS Foundation Trust

Council of Governors Part 1

Minutes of a meeting of the Council of Governors held at 10.00am on Wednesday 30th September 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
Lynsey Curry	Staff Governor
Ray Dennis	Public Governor – Western
Carol Hindhaugh	Public Governor – Central & Eastern
Paul Johnson	Public Governor – Central & Eastern
Moira Ledger	Public Governor - Western
Michael Loome	Public Governor – Central & Eastern / Deputy Lead Governor
Andy Lowes	Staff Governor
Gemma Frances Spiers	Appointed Governor
Sheena Sykes	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, Planning and Partnerships
Sean Fenwick	Chief Executive
Debbie Francis	Incoming Non-Executive Director
Carmen Howey	Medical Director
Kris Mackenzie	Director of Finance
Gerry Morrow	Vice Chair
Maggie Pavlou	Non-Executive Director
Beth Swanson	Chief Nurse
David Thompson	Associate Director of Digital
Diane Waites	Corporate Services Assistant
Apologies	
Cllr Rachel Cabral	Appointed Governor
Sarah Craig	Public Governor – Western
Adam Crampsie	Non-Executive Director
Martin Hedley	Non-Executive Director
Barry Hill	Appointed Governor
Rob Hughes	Non-Executive Director
Gill Hunter	Non-Executive Director
Damon Kent	QE Facilities Managing Director
Susan McKenna	Public Governor – Central & Eastern
Karen Tanriverdi	Public Governor – Central & Eastern
Chris Toon	Appointed Governor
Amanda Venner	Director of People & Organisational Development

Gateshead Health NHS Foundation Trust

Agenda Item No		Action Owner
26/09/01	**Welcome and Apologies for Absence** Paul Ennals opened the meeting and welcomed the Governors and Board Members. He introduced Debbie Francis who will be joining the Board soon as newly appointed Non-Executive Director and she provided a brief introduction highlighted that she looks forward to working with the Council in the near future. Apologies were received as per the attendance register and there were no other items of business to be made aware of.	
26/09/02	**Declarations of interest** There were no declarations of interest.	
26/09/03	**Minutes of the previous meeting:** The minutes of the previous meeting held on 20 May 2026 were approved as a correct record.	
26/09/04	**Action log and matters arising:** The Council of Governors' action log was updated 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. Sean Fenwick reported that Amanda Venner will provide an update at the next meeting. • Action 26/02/10 relating to member vacancies on the Governor Remuneration Committee. Two expressions of interest were received and membership increased to provide resilience. The updated terms of reference are appended to the 3A report for ratification. Action agreed for closure. • Action 26/05/06 relating to ensuring that clear objectives and recommendations are addressed around review of pilot schemes. It was reported that pilot evaluation was submitted to Safecare and Quality Governance Committee prior to being shared with Parkinsons UK. Additional learning from the pilot in relation to governance was shared with divisions via Gateshead Health Leadership Forum and Nursing, Midwifery and Allied Healthcare Professional forum. Action agreed for closure. • Action 26/05/09 relating to providing delegated authority for Steve Connolly as Lead Governor to sign off the Council of Governors statement for the Quality Accounts prior to submission. It was	

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Agenda Item No		Action Owner
	confirmed that the statement was signed off and included within the final approved and published Quality Account. Action agreed for closure. The Council reviewed the actions closed at the last meeting which ensures actions have been closed in line with expectations and the agreements made at the previous Council meeting. No further requirements were highlighted.	
26/09/06	**Great North Healthcare Alliance update:** Nicola Bruce provided an update on the work of the Alliance, building on the Alliance annual report and refreshed Strategic Intent which was discussed at the Council of Governors in May 2026. Nicola Bruce reported that since the last update in May, the main areas of progress to highlight are the work of the new Clinical Framework Group, the bilateral board meetings that take place between trusts, and collaborations on service improvement, estates, digital services, people services and engagement. The Clinical Framework Group is chaired by Carmen Howey, and the first agreed priority is cancer, with an initial focus on lung and urological cancer. The Group has also identified pathways that could potentially be delivered closer to patients which is linked to the NHS priority to move care closer to communities. The Alliance bilateral discussions continue to progress local shared opportunities including joint procurement of waste management services, and a new Alliance-wide Net Zero data officer has been appointed to support carbon reduction projects across all four trusts. A joint session of the four executive teams within the Alliance will take in October 2026 which will support working relationships and help identify where collective action across all four trusts offers the greatest additional benefit. The report also highlights the work taking place with each Council of Governors to consider improved models of public, patient and staff engagement and Jennifer Boyle explained that further discussions are due to take place at the Governor workshop next week when Drew Rayner will be sharing a model for a patient care advisory group. The revised principles for future engagement plans will be reviewed later in the meeting. There are also plans to bring together representatives from all four Councils of Governors later in the year for a joint session to share progress on the engagement models being developed locally, exchange learning and discuss progress with the Alliance more generally. Nicola Bruce highlighted that views on priorities and any information that would be useful to share at the session are welcomed. Following a query from John Bedlington around whether mental health trusts will be joining the Alliance, Sean Fenwick explained that the Alliance work is focussed on shared acute and community pathways but Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are	

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	engaged via Gateshead Place and strong relationships are in place particularly around discussions in relation to the emergency department. John Bedlington raised a further query in relation to public governance around decisions made via the Alliance. Assurance was provided that decision-making at the Alliance Steering Group cannot exceed the individual delegated authority held by each Chief Executive, meaning that decision-making predominantly remains the responsibility of each Trust Board. Paul Johnson raised a query relating to the digital transfer of patient records across the Alliance and Andrew Besford explained that the Great North Care Record programme provides integrated care records across the North East and North Cumbria but a national approach will be required to achieve a single patient record. Badgernet which is a maternity digital healthcare record system is shared across the Alliance platform. Paul Ennals highlighted that discussion took place at the Board this week around improving how Alliance achievements are shared and this is being reviewed by the Alliance Steering Group. After discussion, it was: **RESOLVED:** to note progress since the last update and the areas where further work is needed.	
26/09/06	**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, context and operating models and highlighted that the Trust has submitted its baseline assessment in relation to NHS England's Maternity and Neonatal 10 Point Plan assurance process. The government has 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 and this is being discussed with the Urgent and Emergency Care Network and North East and North Cumbria Provider Collaborative whilst managing current pressures. In relation to the Trust's strategic priority for Excellent Patient Care, Sean Fenwick highlighted that following the publication of the Thirlwall Enquiry, the Trust is committed to reviewing this important report in detail and ensuring that relevant recommendations and learnings are addressed to support our patients, families and colleagues. This was discussed at the Board this week and will be reviewed as work progresses. The Trust has	

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	also performed well against national surveys and demonstrates that patient experience and learnings continue to be developed. In relation to Great Place to Work, Sean Fenwick highlighted the Trust's partnership with Derwentside College which will focus on creating career opportunities for local people while addressing workforce needs across the health and care sector. In relation to Working Together for Healthier Communities, it was highlighted that a review has been undertaken around how speech and language therapy support services are provided to patients with Parkinson's and other conditions which may impact upon swallowing and communications. Sean Fenwick explained that this has helped shape changes to how support is provided in hospital and in the community, incorporating learnings from the recent pilot project. In relation to Fit for the Future, Sean Fenwick reminded the Governors of the recent investment from the national Strategic Estates Safety Funding programme to modernise our maternity and neonatal facilities and work has already begun. The Trust's ranking in the acute sector NHS Oversight Framework (NOF) league table for Quarter 1 2026/27 has improved slightly and focus remains on improving operational performance and financial position whilst continuing to provide safe, high-quality services for all. He concluded by highlighting the success of the Great North Run and thanked those involved in raising funds for the Gateshead Health Charity. Steve Connolly raised a query in relation to the programme of work being carried out for maternity and whether this would be completed by QE Facilities or if a procurement process would be undertaken. Sean Fenwick explained that this required a specialist contractor who has already started the work, but QE Facilities will be overseeing certain elements to ensure minimal disruption. **Finance Report:** Kris Mackenzie reported that for the end of August 2026, the Trust has reported an actual deficit of £2.291m which excludes deficit support funding and is an adverse variance mainly due to unmet cost reduction plans (CRP) but is an improved position compared to the last report. The Trust continues to forecast a breakeven position at year end and weekly reporting mechanisms continue. **Governor Dashboard:** The report was received for assurance, and it was noted that the main highlights have been discussed within the meeting. Sheena Sykes felt that it would be beneficial to receive more detail around the learning and outcomes of complaints and Beth Swanson provided assurance that detailed reports and divisional action plans are reviewed via the SafeCare meetings but agreed that further information	

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	could be provided and will present a strengthened report including themes at the next meeting. Following a query from John Bedlington around sickness absence and whether this was in line with national targets, Maggie Pavlou reported that this is monitored via the People and Organisational Development Committee and targeted work continues to be undertaken by the People and Organisational team. **Questions from Governors:** There were no additional questions received. After discussion, it was: **RESOLVED:** to receive the updates for assurance and information.	Cycle of business
26/09/07	**Board Committee Assurance update:** **Quality Governance Committee:** Gerry Morrow provided an update on key issues and assurances, key risks and priorities from the Committee. He drew attention to the key strategic risks which are currently being monitored by the Committee and demonstrated how the Committee receives assurance that they are being addressed. An example of this related to the risk identified around the Badgernet system and how this was escalated to the Digital Committee and Board. The Committee was then provided with assurance that no harm was identified but the risk remains open until completely resolved. Key priorities for assurance over the next 6 months include infection, prevention and control but Gerry Morrow highlighted that this is being addressed and aligned to recommendations. The Committee will also be monitoring cost reduction plans in relation to quality impact assessments. **Digital Committee:** Andrew Besford provided an update on key issues and assurances, key risks and priorities from the Committee and introduced David Thompson to the Council. Andrew Besford drew attention to some of the priority assurance themes received by the Committee which includes monitoring the delivery of projects, in particular the electronic patient records and he reported that the outline business case has been approved in principle by the Committee but risks around affordability have been identified and peer learning has been undertaken with Harrogate & York and Scarborough following their joint procurement process.	

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	The Committee has also reviewed recent supplier incidents, and a critical dependency register is being developed. There has also been a focus around the increase in subject access requests and freedom of information requests, and this continues to be monitored by the Committee. Following a query from Paul Johnson around the security of patching updates, David Thompson explained that regular automatic testing takes place offline to manage any potential impact prior to the update being implemented. 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.	
26/09/08	**Future Engagement Plans – Revised Principles:** Jennifer Boyle updated the Council on the work that has been taking place around the development of a future engagement model in response to the proposed legislation to remove Foundation Trust Councils of Governors and membership arrangements. She reminded the Council that the draft principles were discussed via the recent Governor workshop and have also been shared with the Board and Alliance Steering Group. Following feedback, the original eight principles have been streamlined into three core principles which are supported by five practical enablers. Jennifer Boyle reported that the Board have expressed strong support for the principle of continued engagement which recognises the value that this can bring in respect of feedback and accountability. She drew attention to the principles within the report and explained that final consideration will be sought by the Alliance Trust Boards and Alliance Steering Group prior to detailed models being developed for shadow implementation in early 2027. The Council supported the principles and Paul Ennals highlighted that Governors will have the opportunity for further discussion around future models at the workshop next week. After consideration, it was: **RESOLVED:** to receive the revised principles and enablers subject to final consideration by Trust Boards and the Alliance Steering Group.	

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Agenda Item No		Action Owner
26/09/09	**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 15 July 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 around the importance of feedback from PLACE visits to provide learning and assurance that changes have been enacted. This is being picked up with the Chief Nurse via current discussions taking place with the PLACE team and Quality Team. It was also recognised that this will be considered as part of future engagement plans. The Committee also discussed training plans and received the attendance rates for the Council of Governors and Committee meetings. Steve Connolly highlighted that this acknowledges good attendance and the continued commitment of Governors. After discussion, it was: **RESOLVED:** to note the update from the Membership, Governance and Development Committee	
26/09/10	**Governor Remuneration Committee Assurance Report:** An update was provided to the Council on the key messages from the recent Governor Remuneration Committee meeting held on 8 July 2026 It was reported that there were no issues identified as requiring escalation to the Council for further action. Some of the areas subject to ongoing monitoring included the approval of the Non-Executive Director recruitment process which has now subsequently concluded, and the Council welcomed Debbie Francis. The Committee also approved the revised terms of reference, welcoming John Bedlington and Sarah Craig as new members, and the terms of reference were ratified by the Council. An overview of the Chair's appraisal was received, and the Committee provides assurance to the Council that due process has been followed and will be discussed in further detail in Part 2 of the meeting. Following discussion, it was: **RESOLVED:** to note the update from the Governor Remuneration Committee and ratify the terms of reference appended to the report.	

Gateshead Health NHS Foundation Trust

Agenda Item No		Action Owner
26/09/11	**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 will be provided around learning and outcomes of complaints, and this will be added to the agenda for the next meeting. Following consideration, it was: **RESOLVED:** to receive the cycle of business for information.	
26/09/12	**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: • Patient experience survey results – reflecting the dedication of colleagues across the Trust. • Investment in maternity estate – helping the Trust to improve delivery of services for the local population. • Focus on providing safe, high quality services – reflects planning for winter, improving waiting times particularly within breast services, strengthening digital infrastructure and maintaining financial sustainability remain key priorities. The top messages will be shared with Governors in more detail following the meeting.	
26/09/13	**Any Other Business:** There was no other business to discuss.	
26/09/14	**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.	
26/09/15	**Date and Time of Next Meeting:** The next meeting of the Council of Governors will be held on Wednesday 18th November 2026.	

4. Action log and matters arising

Gateshead Health NHS Foundation Trust

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	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. **November 2026 -** The Group Leading Indicator target for turnover is 12%. Group turnover, including QEF, is currently 11.5%, while Trust-only turnover is 10.1%, 1.9 percentage points below the Leading Indicator target. Trust turnover has shown a sustained improving trend, reducing month-on-month from 11.5% in October 2025 to 10.1% in September 2026. This represents a reduction of 1.4 percentage points over the period. The sustained downward trajectory, together with performance remaining below the Group Leading Indicator, provides assurance that there is currently no evidence of a Trust-wide retention concern. From a staff group perspective, large staff groups such as Nursing and Midwifery are substantially below the target at 8.1%. **Action recommended for closure.**	

Actions closed from last meeting

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

TRUST UPDATES INCLUDING STRATEGY

5. Showcase presentations / patient / staff story

i - Speech and Language Therapy Services update

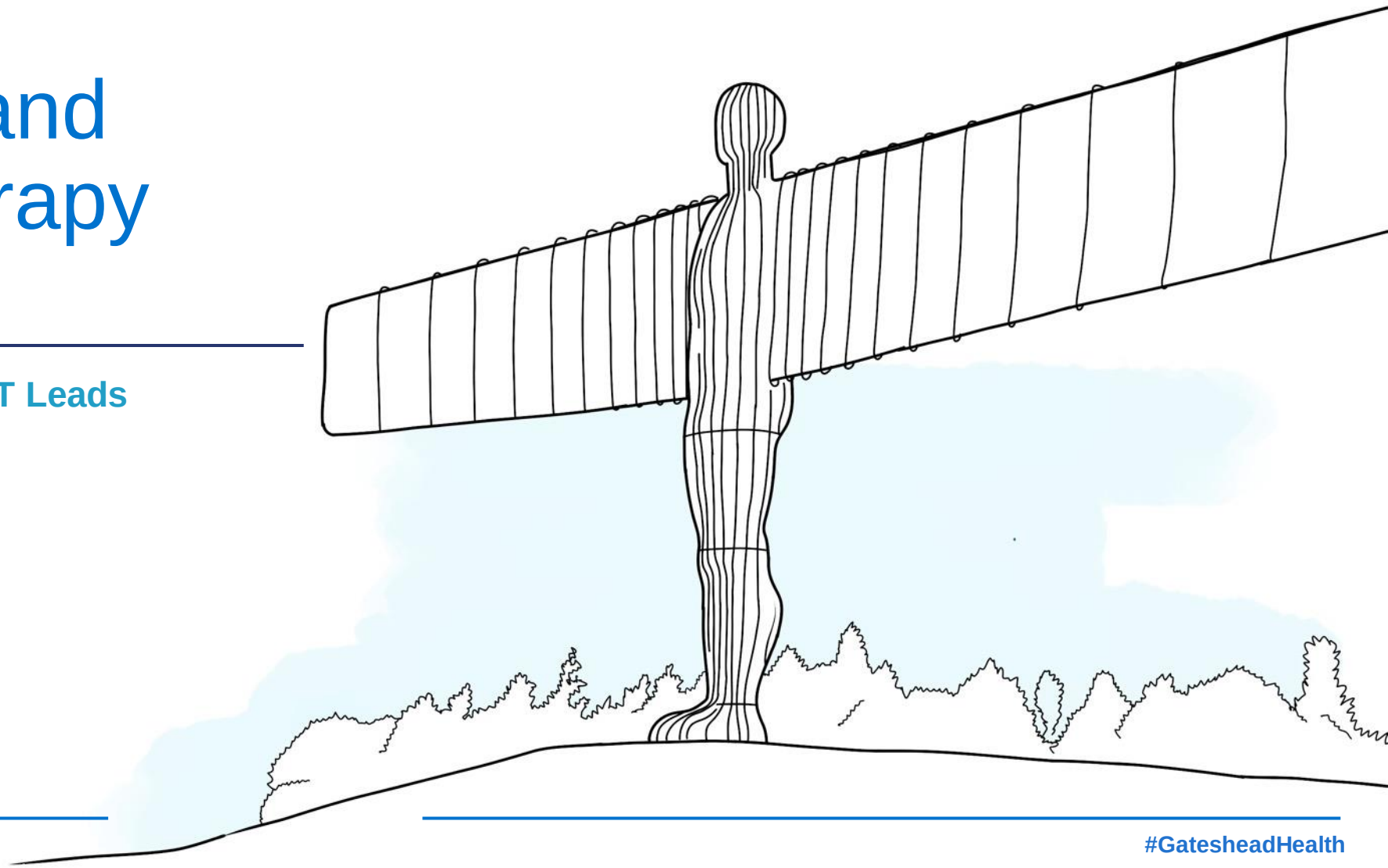
presened by Adult Speech and Language Therapy Leads

Gateshead Health
NHS Foundation Trust

Adult Speech and Language Therapy Services.

Alex Cox / Sarah Illingworth ASLT Leads

18th November 2026



Adult Speech and Language Services

Gateshead Health NHS Foundation Trust

Who we see

Inpatient Services

- Any patient requiring specialist dysphagia assessment admitted to hospital and onward therapy / review
- Any patient with specialist communication needs

Community Services

- Any patient referred to the service for specialist dysphagia assessment
- Any patients with ongoing or newly developed speech, language, voice and communication needs

What we do

- Carry out specialist assessment and management for patients with dysphagia and / or communication needs
- Instrumental assessment as indicated: Fibreoptic Endoscopic Examination of Swallow (FEES) and Videofloroscopy examination
- Training for swallow screening/dysphagia awareness for appropriate healthcare professionals
  - In hospital
  - In care settings
- Collaborative working with dietetics and nutrition services for patients who are NBM / intravenously fed and / or have dietary modifications in place
- Collaborative working with tertiary service specialists eg ENT
- Provide opportunities for voice banking and communication aids
- Provide specialist equipment

Dysphagia i the medical term for swallowing difficulties. It is a complex medical condition that affects eating, drinking and swallowing.

Without proper management, dysphagia can contribute to choking, aspiration pneumonia, malnutrition and dehydration and social isolation.

Speech and Language Therapists manage dysphagia through assessment, diet and fluid modification, rehabilitation and education.

Which patients need our help?

Gateshead Health NHS Foundation Trust

Patients with **progressive neurological diseases** such as
Multiple Sclerosis
Motor Neurons Disease
Parkinsons Disease
Huntington's disease
Muscular dystrophy

Patients with **brain injury or insult** such as
Traumatic brain injury
Non traumatic head injury such as stroke, haemorrhage, aneurysm
Tumours
Poisoning / toxin
Drug induced injury

Patients who have
Age related changes
Chronic respiratory disease
Dementia
Some medications
Cerebral palsy

Patients with **structural difficulties**
Inflammation/reflux
Oesophageal strictures/ obstruction
Cleft palate
Vocal cord paralysis
Head and neck cancer surgery

Patients with complications following surgery / radiation therapy that can impact swallowing or communication

Where were our gaps?

Gateshead Health NHS Foundation Trust

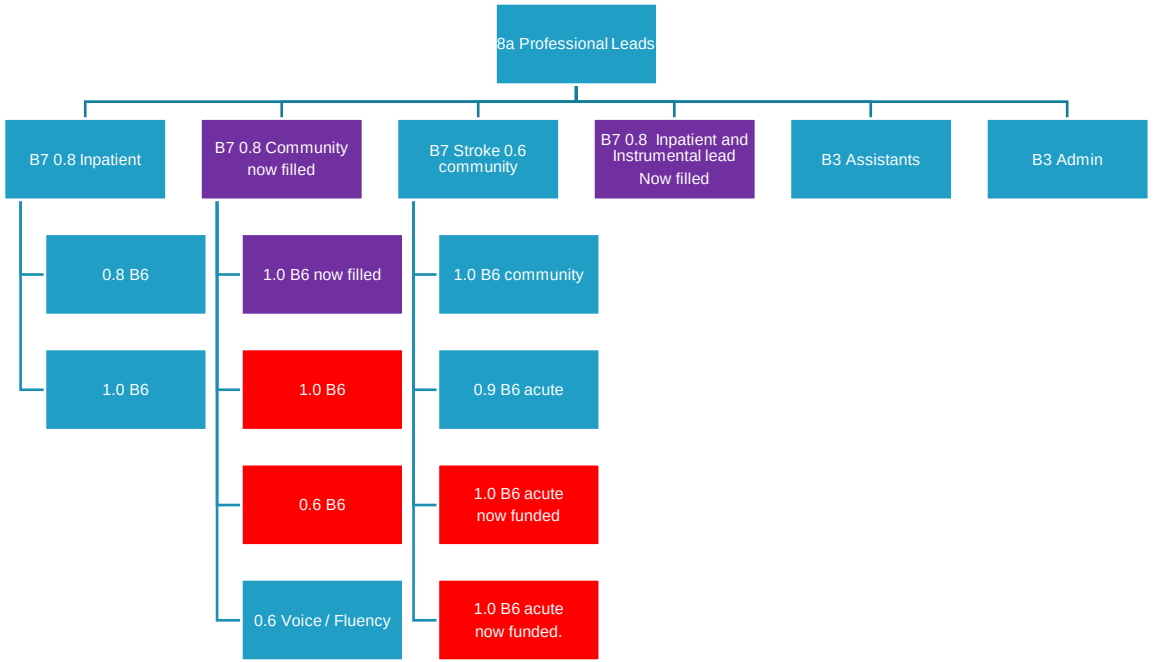
- Our service needs to be modernised to meet the demand now placed on the service
- We need to ensure that all staff are trained to carry out instrumental assessment where clinically appropriate
- Targeted work to ensure that we meet national guidance that patients with most urgent need are seen within 48 hrs irrespective of setting
- Improving the inpatient response time to > 90% of patients are assessed within 48hrs of referral
  - Provision of funded weekend cover for all inpatient areas
- Focus on improving response times for patients in the community
  - Apply standardised triage system to ensure that patients who have the most urgent need are categorised appropriately
  - Creation of rapid response system where all community SLTs have opportunities to see those patients who have the most urgent need as quickly as possible
- Continue to develop professional relationships with ENT colleagues enabling us to respond to needs such as ILO/PTS longer term
- Funded access to SLT front of house and within critical care

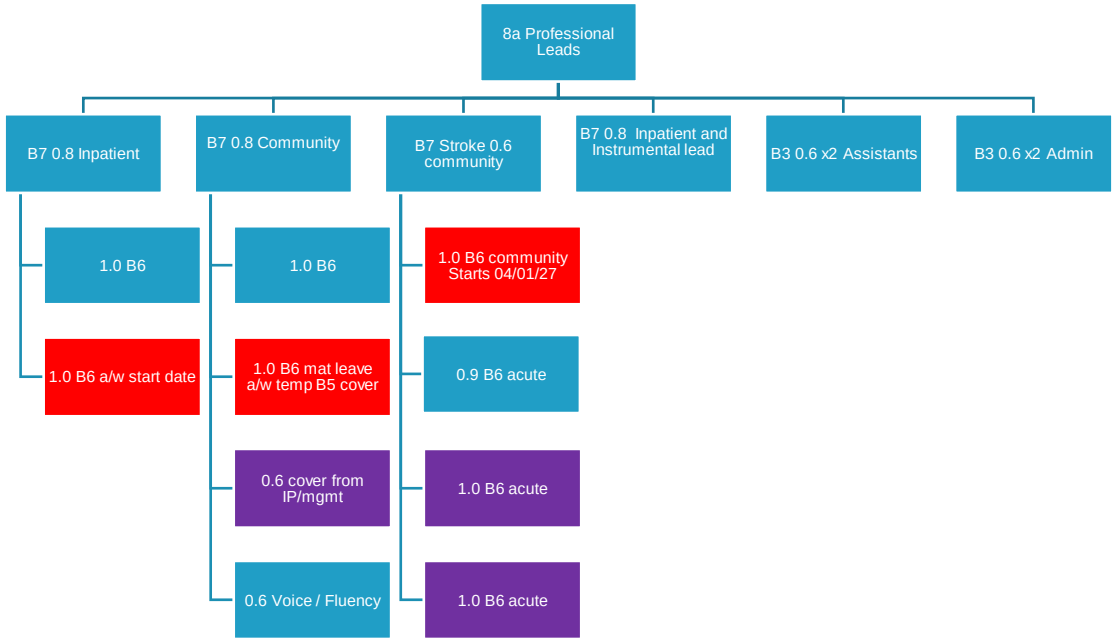
What other work do we need to do to ensure we succeed?

- Focus on training appropriate staff to screen patients who may have a swallow difficulty
  - staff at QEH
  - staff within residential care
  - carers within the community
- Improve our information for patients, relatives and carers to ensure they are aware of support needs & options and how to access the service
- Ensure consistency across all areas of the services (acute and community) in patient management and documentation
- Work with our other AHP, nursing and medical colleagues to ensure that SLT is considered as part of any investment programme and development of services from the outset.
- Make use of guidance on progressive neurological conditions to ensure a level of specialism is present across all therapists appropriate to grade

Staffing Structure May ‘26/Nov ‘26

Gateshead Health NHS Foundation Trust





What have we done?

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- Our service needs to be modernised to meet the demand now placed on the service
- Demand recording discussed with information teams, agreed consistent approach
- Resilient workforce

- We need to ensure that all staff are trained to carry out instrumental assessment where clinically appropriate
- Instrumental lead established in post - has trained 2 people in VF and is to take 2 more, 2 ongoing with FEES aim to complete those early 2027
- April ’26 FEES: P1 – 4 weeks, P2 – 8 weeks VF: P1 – 6 weeks, P2 10 weeks
- Oct ‘26 FEES: P1 – 2 weeks, P2 – 4 weeks VF: P1 2-3 weeks, P2 6 weeks

- Targeted work to ensure that we meet national guidance that patients with most urgent need are seen within 48 hrs irrespective of setting

Targeted work to ensure that we meet national guidance that patients with most urgent need are seen within 48 hrs irrespective of setting

Gateshead Health NHS Foundation Trust

Acute

Improving the inpatient response time from 85% to > 90% of patients are assessed within 48hrs of referral

91% seen within 48 hours

Provision of funded weekend cover for all inpatient areas

Initial discussions to start weekend working, to meet HOS, to roll out once B6s established in post

Funded access to SLT front of house and within critical care

Attend SLT front of house CEN for innovation

Critical care links, joint working

Targeted work to ensure that we meet national guidance that patients with most urgent need are seen within 48 hrs irrespective of setting

Gateshead Health NHS Foundation Trust

Community

Continue to develop professional relationships with ENT colleagues enabling us to respond to needs such as ILO/PTS longer term

Submitted a bid for CDC Phase 2 to enable us to respond to needs such as ILO/PTS longer term and develop professional relationships with ENT colleagues. The bid is for a specialist SLT, diagnostic and therapeutic equipment and assistant support for people with upper airway and swallowing difficulties

Focus on improving response times for patients:

Apply standardised triage system to ensure that patients who have the most urgent need are categorised appropriately

Rolled out standardised triage system for referrals, more timely triage

Creation of rapid response system where all community SLTs have opportunities to see those patients who have the most urgent need as quickly as possible

P1* vs P1 for rapid response

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Triage time

- Previously around 100 people waiting
- Now daily triage
- On paper where possible, by telephone when required
- Standardised process
- Allows us to identify high priority patients

Referred	Triaged	Days waited
26 Nov	30 Dec	34
19 Nov	5 Dec	16
28 Nov	31 Dec	33

Referred	Triaged	Days waited
11 May	5 June	25
14 May	5 June	22
15 May	29 July	75

Referred	Triaged	Days waited
22 Oct	22 Oct	0
22 Oct	23 Oct	1
28 Oct	29 Oct	1

*Some will wait for a call so this won't always be the case

Gateshead Health NHS Foundation Trust

Rapid Response

- 1 slot per day for P1* patients, wait in Oct was 12 days
- P1 wait/allocation
- Slots allocated for routine patients
- Slots allocated for treatment

What other work do we need to do to ensure we succeed?

Gateshead Health NHS Foundation Trust

Focus on training appropriate staff to screen patients who may have a swallow difficulty

Dysphagia awareness training for care homes and as part of the preceptorship

Improve our information for patients, relatives and carers to ensure they are aware of support needs & options and how to access the service

Website to be updated, SLT allocated to this

Ensure consistency across all areas of the services (acute and community) in patient management and documentation

Documentation prepared, needs sign off

Work with our other AHP, nursing and medical colleagues to ensure that SLT is considered as part of any investment programme and development of services from the outset

Working alongside CSRT

CDC bid

What other work do we need to do to ensure we succeed?

Gateshead Health NHS Foundation Trust

We will ensure that staff have the skills to work across a range of settings and with a range of conditions to improve resilience within the team

Work across pathways/cross cover

We continue to strengthen supervision frameworks for staff, including group supervision for dysphagia and communication

Make use of guidance on progressive neurological conditions to ensure a level of specialism is present across all therapists appropriate to grade

Progressive neurological conditions framework embedded into supervision to ensure a level of specialism continues across all therapists - appropriate to grade and used to inform further training and development as well as retention of specialist of staff.

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Next Steps

- Continued recruitment into roles that are currently vacant
- Develop triage e.g. decline letter to be implemented
- Monitor the rapid response service for urgent community assessment
- Monitor clinical gaps in service and work with wider clinical teams to develop robust input into those services
- Finalise documentation processes across acute and community teams
- Ensure that we are able to provide support and training for the wider staff groups where appropriate so that patients with swallowing difficulties can be screened and referred on quickly and appropriately no matter where they are or what condition they have

Thank you!

ii - QE Facilities

presented by the QE Facilities Chair and QE Facilities Managing Director

NHS Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 5ii

Report Title:	QE Facilities Update – November 2026			
Name of Meeting:	Council of Governors			
Date of Meeting:	November 2026			
Author:	Damon Kent, Managing Director, QE Facilities			
Executive Sponsor:	Maggie Pavlou, Chair of the QE Facilities Board			
Report presented by:	Maggie Pavlou, Chair, and Damon Kent, Managing Director, QE Facilities			
Purpose of Report	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☐	**Information:** ☒
	To provide the Council of Governors with an update on QE Facilities' performance, strategic contribution to the Trust and key organisational developments, highlighting recent achievements, delivery priorities and the principal opportunities and challenges shaping its future direction.			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☒
Paper previously considered by:	N/A			
Key issues:	• **Strategic contribution and performance:** QEF continues to support the Trust's clinical and operational priorities through a broad portfolio of services, generating approximately £80m turnover and £5m profit while maintaining a focus on service quality, resilience and commercial sustainability. • **Capital investment and service delivery:** Delivery remains focused on major Trust priorities, including maternity, CDC Phase 2, fire safety and critical infrastructure, alongside maintaining high standards of frontline service delivery within a challenging funding environment. • **Quality and organisational achievements:** Organisation-wide ISO 9001 accreditation, national award recognition and strong VAT consultancy performance demonstrate progress in quality, operational excellence and commercial capability.			

Gateshead Health NHS Foundation Trust

	• **People and organisational resilience:** Workforce sustainability remains a key priority, with continued emphasis on engagement, retention, wellbeing and capability development in response to an ageing, predominantly frontline workforce. • **Partnerships and future opportunities:** Collaboration with NHFM and external commercial activity provide opportunities to strengthen resilience, improve efficiency and support growth, while managing continued cost pressures, technological change and evolving service demands.				
Recommended actions for this meeting:	The Council of Governors is asked to: • **NOTE** the update on QE Facilities' performance, strategic contribution to the Trust and recent organisational achievements; and • **DISCUSS** the key priorities, opportunities and challenges shaping QEF's future direction.				
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):	Supports excellent patient care through high-quality facilities, clinical support services and estate investment; a great place to work through workforce engagement, wellbeing and development; and fit for the future through operational resilience, service transformation, partnership working and commercial sustainability.				
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):	The update highlights existing strategic and operational risk themes, including ageing estate infrastructure, statutory fire safety compliance, backlog maintenance, workforce sustainability, financial pressures and the need to adapt to technological and service developments. These risks are managed through established Trust and QEF risk management and governance arrangements.				
Has an Equality and Quality Impact Assessment (EQIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

Supporting excellent patient care

QE Facilities
Professional, Proud and Passionate

Council of Governors
QE Facilities Update

Maggie Pavlou, Chair

Damon Kent, Managing Director

November 2026

Who are we?

QE Facilities
Professional, Proud and Passionate



OUR BUSINESS

- Wholly-owned Trust Subsidiary
- £80m Turnover and £5m profit
- Prioritise the Trust
- Commercial growth mindset

PEOPLE

- 700 people
- Frontline, operational workforce
- Professional & specialist support functions

Our People

QE Facilities
Professional, Proud and Passionate













Gateshead Focus

QE Facilities
Professional, Proud and Passionate

CAPITAL SCHEMES

- Maternity
- CDC Phase 2 (Metro Centre)
- Fire Safety Investment
- Backlog Maintenance
- Upgrade of Critical Infrastructure

- **Agile service delivering quality schemes despite unpredictable funding environment**

SERVICE DELIVERY

- Contracted service provider for the Trust
- PLACE standards – 99.9% Cleanliness and 91.9% Food
- Infection Prevention & Control
- Planned & Reactive Maintenance

- **Responsive & Resilient Service capable of adapting to meet changing demands**

OUR PEOPLE

- Ageing workforce
- 90% frontline operational roles
- Lower pay bands
- Focus on Culture & Engagement
- Wellbeing & Retention
- Development and future capability

- **Engaged people focused on supporting high-quality patient services**



Recent highlights

QE Facilities
Professional, Proud and Passionate

Quality

Company wide ISO 9001 accreditation

Awards

National award short listings

Finance

VAT consultancy outperforming targets

Capital

Maternity modular theatre now onsite

Business Devt

QEF represented at all national healthcare conferences

People

Focus on the development of our People











External Landscape

Alliance & NHFM Collaboration

- Improving our collective resilience
- Sharing best practice and expertise
- Resource optimisation
- Procurement efficiencies & shared purchasing

- 11 Active Initiatives with NHFM
- e.g. Shared Energy Manager, combined warehousing offer, Pharmacy Homecare service

External Clients

- Coventry and Warwick NHS – courier & transport services
- North-East & North Cumbria ICS – VAT consultancy services
- The Beverly Hospital, Gateshead – decontamination, estates and facilities services

- 14 external client contracts
- Opportunities being explored to grow the business

Challenges Ahead

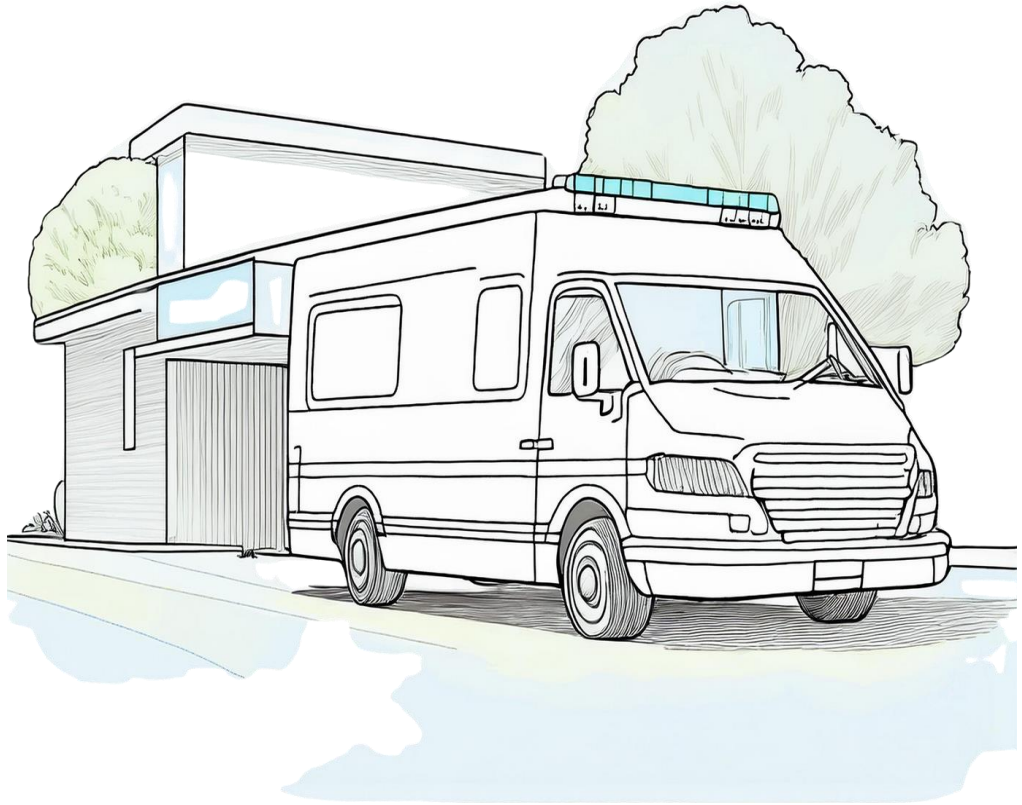
- Digital Advancements (e.g. AI)
- Changing people dynamics – the resilience of our workforce and skills retention
- Continued Cost Pressures
- Service Transformation – fostering innovation and smarter working
- Commercial Growth – strengths in Pharmacy, Logistics and VAT Consultancy





QE Facilities
Professional, Proud and Passionate

Thank you – Questions?



6. Winter Plan

presented by the Chief Operating Officer

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 6

Report Title:	**Winter plan 2026/27**			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 November 2026			
Author:	Joanna Clark, Director of Operations Mark Dale, Associate Director of Operations			
Executive Sponsor:	Carmen Howey, Group Medical Director			
Report presented by:	Sheena Fish, Chief Operating Officer			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	This report provides an overview of the winter plan for 2026-27 for assurance			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Internal Winter Oversight Group members (September 2026) External System Resilience Group members (September 2026) Executive Committee (September 2026) Trust Board of Directors meeting (September 2026)			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	As a reminder, Gateshead Health expects significant winter pressures due to: • Increased patient demand with an inability to match capacity without additional actions • Infectious disease outbreaks which reduce patient flow and increase length of stay • A need to maintain elective care • Financial constraints • Increased focus on patient safety and use of temporary escalation spaces **Overview of winter planning approach** Our winter plan approach 2026-27 at Gateshead Health aims to ensure timely access to appropriate care and treatment for all our patients and carers. The planning has been developed with the oversight of the national and			

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	local context that has been factored into our approach, with engagement from system partners. The Group Medical Director is the identified Executive accountable for the winter period who has ensured mechanisms are in place to keep the Board informed on the response to pressures. The strategic winter lead is the Director of Operations for Medicine and Community supported by the Associate Director of Operations. The requirements for meeting the challenges of winter are dynamic and iterative. To complement the Strategic Winter overview, an internal Winter Tactical Plan has been developed for 2026-27 that sets out the framework within which operational principles and processes will be implemented, and how any surge or extreme activity is effectively managed. The internal Winter Tactical Plan is a key part of our planning to meet the challenges that the winter months bring. Working in conjunction with Gateshead Place, we are seeking to ensure that our operational teams are prepared for the challenges of winter 2026 - 27 and have a menu of tactical options that include: • **Occupancy and Discharge**: Joint plans with system partners to support discharge seven days a week, admission avoidance through SDEC, Virtual Wards and Frailty Services, and the management of activity during Bank Holidays. • **Capacity:** Rotas have been reviewed to ensure the appropriate skill mix is available to meet demand. This will support the delivery of care within four and 12 hours, the maintenance of RTT performance and the provision of an Urgent Community Response. • **Flow and Ambulance Handovers**: The Trust has detailed SOPs, supported by appropriate staffing and operational management arrangements, are in place to ensure this is sustained. • **Infection Prevention and Control (IPC):** Appropriate plans are in place to manage infection risks, with these plans approved by the DIPC

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	• **Leadership and Grip**: Appropriate on-call arrangements, OPEL levels and mutual aid arrangements are in place and have been reviewed to ensure they remain appropriate throughout the winter period. • **A winter testing plan** to identify respiratory viruses, a clinical risk assessment template to assess and isolate any infectious patients, an isolation hierarchy to prevent unnecessary spread of infection and a robust and a clear cleaning methodology. • **A vaccination campaign** that will focus on providing flu vaccinations across the workforce with a key focus on improving uptake rates. Robust clinical led focus on vaccination delivery across all staff will be offered with a regionally wide communications campaign and an oversight of uptake data scrutinised to monitor uptake and improvement • **An internal and external exercising and testing schedule** is in progress to stress test plans, and a regionally led winter testing exercise was held in September 2025. • **The internal Winter Oversight Group**, chaired by the Director of Operations for Medicine and Community, will oversee all key influencing factors and activity levels to ensure actions and resources are optimised and patient safety is maintained throughout the winter period. • **A winter communication plan** with a clear internal focus on productive messaging supporting the regional campaign and alignment with partners within the Great North Healthcare Alliance to align messaging. • **Workforce planning** is ongoing to review staffing rosters (medical, nursing and allied health professionals) across the winter period and in the event of a surge ward area being required. This will be informed by predicted surge and extremis

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	planning in the first instance and planning for bank holiday periods. **System collaboration and governance** The requirement for system collaboration & governance is a key component of our winter planning and will be monitored through a number of governance channels: • the regional NENC ICB winter assurance and delivery group chaired by the Medical Director for the NENC ICB • the Great North Healthcare Alliance LADB (formerly North LADB) chaired by the Group Chief Operating Officer, Gateshead Health • the Gateshead Winter System Resilience Group chaired by the Director of Operations, Medicine and Community, Gateshead Health **Board assurance & national requirements** There were a number of actions required by the Trust • Submit a draft winter plan to the NENC ICB by 30th September • Participate in an NHS England-hosted stress test in September 2026 based on the draft plans • Mature and finalise the Gateshead Winter Plan for presentation at the September 2026 Trust Board • Ensure staff vaccination programmes and preparatory actions are underway • Submit a Board Assurance Statement signed by the CEO and Chair by 30 September 2026 following Board review of the final winter plan	
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*		
Trust strategic priorities that the report relates to:	☒	Excellent patient care
	☐	Great place to work
	☒	Working together for healthier communities
	☒	Fit for the future

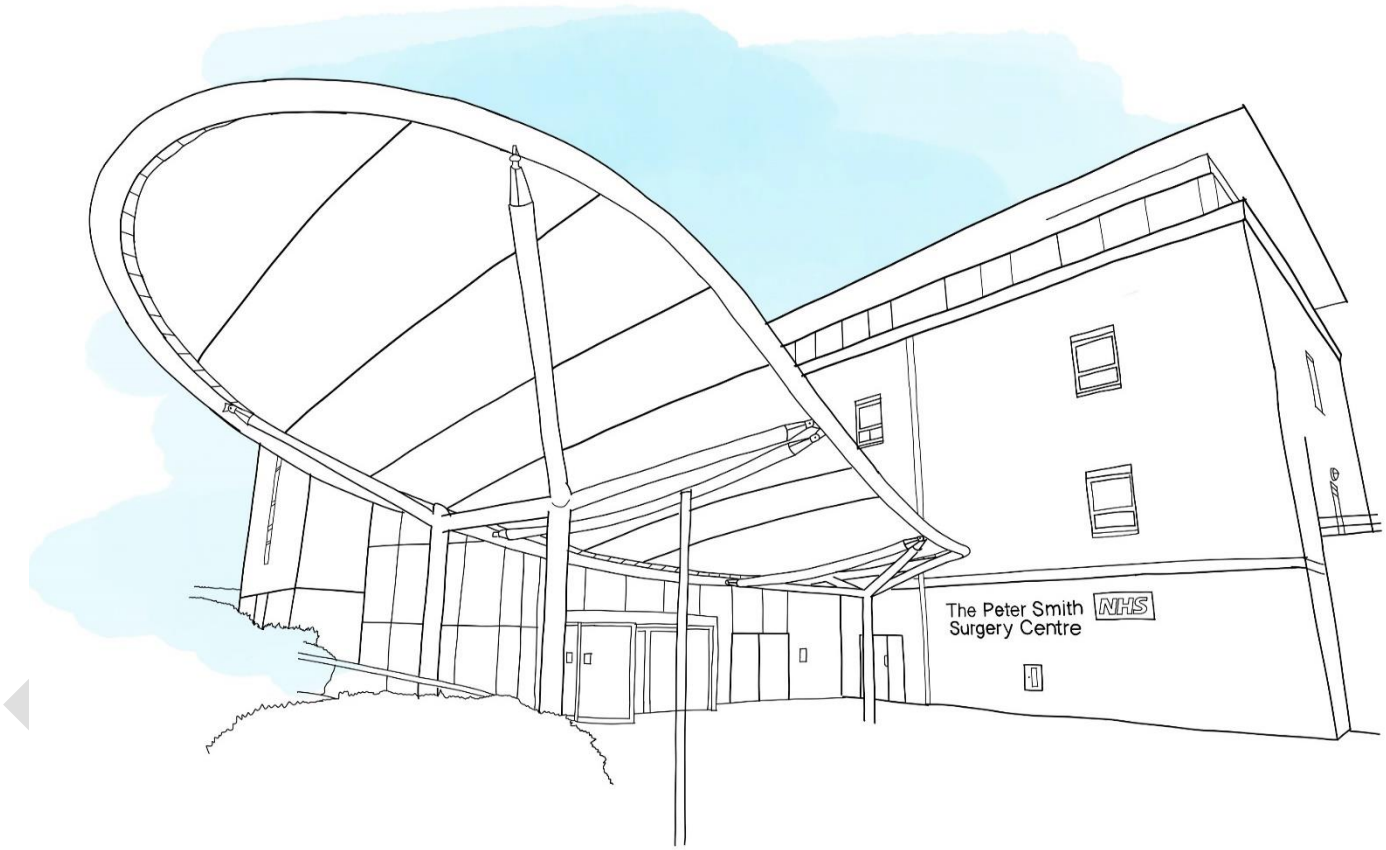
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Trust strategic objectives that the report relates to (2025 to 2030 strategy):					
Links to CQC Key Lines of Enquiry (KLOE):	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):	There is an organisational risk (ref 4768) which is currently at 16. There are several risks that are factors to the successful delivery of the winter plans that may impact the trust concurrently. This will be linked to the overarching risk and will influence the summary risk score accordingly.				
Has an Equality and Quality Impact Assessment (EQIA) been completed?	**Yes** ☒	**No** ☐	**Not applicable** ☐		

Gateshead Health
NHS Foundation Trust

Winter Tactical Plan 2026-27

September 2026



Version 1.0
Gateshead Health Internal Winter Oversight Group
Published: XXXX
Review on a monthly basis
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Version Control

Version	Release	Author/ Reviewer	Ratified by/Authorised by	Date	Changes (Please identify page no.)
1.0	5 August 2026	Internal winter oversight group	Internal winter oversight group	5 August 2026	First draft of plan
2.0	6 September 2026	Director of Ops Medicine, Assistant to COO, Chief Pharmacist, Pathology Service Manager, IPC Manager	Informal Execs	6 September	Updated full plan with all relevant updates included.
3.9	16 September	Internal Winter Oversight Group	IWOG	16 September	
3.0	17 September 2026	Executive Committee	Executive Committee	17 September 2026	Updated full plan for ratification
4.0					

DRAFT

1. Approach to Winter 2026 - 27

The Internal Winter Tactical Plan forms a key part of Gateshead Health's planning to meet the challenges presented by the winter months. Working collaboratively with partners across Gateshead and the wider system, the Trust will ensure that its operational teams are prepared to respond effectively to periods of pressure, surge and extremis.

Throughout the winter period, prediction information and available data will be regularly reviewed and modelled to support the identification of emerging risks and inform the appropriate operational response.

1.1 National Context

A number of supporting documents have been produced during 2026 to assist organisations in managing the challenges of Winter 2026/27. These identify three key pillars for the coming winter:

1. Implementation of the Model Emergency Department requirements
2. Implementation of the Model Acute Pathway and
3. Implementation of the Model discharge pathway requirements ahead of winter,

NHS England (NHSE) has also issued further expectations for Trusts, alongside a requirement for assurance that appropriate actions are being taken. At Gateshead Health, this directs our focus towards the following key areas:

- **Prevention:** The Trust has robust plans to increase vaccination uptake among frontline staff and vulnerable groups.
- **Occupancy and Discharge:** The Trust has jointly planned with system partners to support discharge seven days a week, admission avoidance through SDEC, Virtual Wards and Frailty Services, and the management of activity during Bank Holidays.
- **Capacity:** Rotas have been reviewed to ensure the appropriate skill mix is available to meet demand. This will support the delivery of care within four and 12 hours, the maintenance of RTT performance and the provision of an Urgent Community Response.
- **Flow and Ambulance Handovers:** The Trust will continue to maintain good ambulance handover performance. Detailed SOPs, supported by appropriate staffing and operational management arrangements, are in place to ensure this is sustained.
- **Infection Prevention and Control (IPC):** Appropriate plans are in place to manage infection risks, with these plans approved by the DIPC.
- **Leadership and Grip:** Appropriate on-call arrangements, OPEL levels and mutual aid arrangements are in place and have been reviewed to ensure they remain appropriate throughout the winter period.
- **Specific Actions for Mental Health Trusts:** Patients who frequently access services will have tailored crisis and relapse plans. This applies to OPMH, where plans are in place. Further requirements relating to Section 136 arrangements apply to CNTW.

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The Trust has been asked to ensure that its plans are sufficiently robust and have been stress tested to ensure that we can:

- Improve vaccination uptake.
- Manage infection prevention and control effectively.
- Eliminate corridor care.
- Increase the level of care provided in primary, community and mental health settings.
- Meet the 45-minute ambulance handover standard.
- Improve patient flow through hospitals.
- Eliminate discharge delays.

1.2 Local Context

Within the Urgent and Emergency Care Network (UEC), three winter priorities have been agreed across the North East and North Cumbria Integrated Care Board (ICB) area under Delivering Safer Urgent and Emergency Care – Right Place, First Time:

- Enhance the respiratory pathway.
- Maximise preventative and home-facing provision.
- Improve in-hospital flow and discharge.

The national and local context has been incorporated into the Trust's operational planning approach. The plan has been developed with appropriate input from, and engagement with, system partners.

The Chief Operating Officer is the identified Executive accountable for the winter period and will ensure that appropriate mechanisms are in place to keep the Board informed of the Trust's response to operational pressures.

The identified strategic lead is the Director of Operations for Medicine and Community, supported by the Head of Emergency Planning, Resilience and Response and the Assistant to the Chief Operating Officer.

The Director of Operations for Medicine and Community is the Trust's Winter Lead.

2. Aim, principles and purpose

Taking into account the learning from Winter 2025/26, this Internal Winter Tactical Plan for 2026/27 sets out the framework within which operational processes will be implemented and provides a structure for the effective management of periods of surge or extremis.

The plan does not contain detailed daily operational patient flow management arrangements, contingency plans or associated procedures for managing routine business-as-usual escalation. These existing plans will continue to support and complement the winter arrangements, with the appropriate differential response applied according to the level of site escalation.

This document applies across the whole of Gateshead Health NHS Foundation Trust and forms part of the Gateshead Place and regional NENC ICB whole-health-economy winter plan. It will be submitted to the Executive Committee for approval and assurance.

Our winter plan at Gateshead Health aims to ensure timely access to appropriate care and treatment for all our patients and carers.

The following principles have been informed by learning from the Winter 2025/26 debrief and associated multidisciplinary planning and will support delivery of this overall aim:

- We will focus on delivering safe, high-quality care and improving health outcomes for our patients throughout the winter period.
- We will embed organisational learning from previous winter periods.
- We will maintain patient flow and minimise the impact on delivery of the elective programme. Additional beds and escalation areas will only be opened where necessary and will be introduced in a planned manner, informed by learning from previous winter pressures.
- We will identify and manage risks while maintaining patient safety and experience.
- We will maintain the highest standards of patient safety, quality of care and patient experience.
- We will achieve high levels of immunity among staff against vaccine-preventable diseases.
- We will provide appropriate staffing and resources within the existing budget.
- We will provide effective leadership and accountability across all areas of Gateshead Health.
- We will maintain robust governance and escalation processes with system partner organisations across the Gateshead Place Based System.
- We will seek to eliminate corridor care within the Trust.
- We will use national direction, guidance and best practice to inform our winter planning.

For operational purposes, Winter 2026/27 will cover the period from Monday 9 November 2026 to Friday 9 April 2027, following the Easter Bank Holiday period.

3. Governance

Gateshead Health has worked collaboratively with system partners throughout its winter planning arrangements. This includes engagement through the Regional Chief Operating Officer Group (COO Group), Urgent and Emergency Care (UEC) Network, Integrated Care System (ICS), Local A&E Delivery Boards (LAEDB) and Integrated Care Board (ICB).

To support the management of winter pressures, the Trust works with health and care partners across Gateshead through the Gateshead Winter System Resilience Group (SRG).

Internally, the Gateshead Health Internal Winter Oversight Group provides tactical and operational oversight of the monitoring, management and delivery of the Trust's winter plan.

3.1 Gateshead Health Internal Winter Oversight Group

The Internal Winter Oversight Group will oversee the key factors influencing winter pressures and activity levels. It will work collectively to ensure that actions and resources are appropriately coordinated, while maintaining patient safety and quality of care.

3.2 Responsibilities

The group will bring together leaders from across the Trust to monitor key indicators and respond to emerging pressures throughout the winter period. Members will take collective ownership for the delivery of the agreed winter framework.

The purpose of the Internal Winter Oversight Group is to take tactical responsibility for monitoring and responding to the combined impact of winter schemes and to seek resolution of issues as they arise.

The group will work in alignment with the Gateshead Winter System Resilience Group, identifying and escalating issues that require wider system support or intervention.

The group will be responsible for all aspects of winter delivery, including:

- Measurement and monitoring.
- Working collectively to ensure quality is maintained and risks are understood.
- Escalation in accordance with agreed frameworks.
- Assurance and oversight of external reporting requirements.

3.3 Values and Principles

The group will work within the Trust's iCore values, using these principles to support collegiate and collective delivery of the winter plan.

3.4 Governance, Membership and Reporting

The Gateshead Health Internal Winter Oversight Group will be chaired by the Director of Operations for Medicine and Community within Gateshead Health NHS Foundation Trust.

The group will report to the Operations Oversight Group using the Trust's AAA reporting format.

All members are required to attend as decision-makers for their respective divisions, subject areas and services. Members will:

- Provide expert knowledge and advice from their area of responsibility.
- Actively participate in organisational risk assessments and mitigations.
- Support the authorisation of winter activities where required.

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- Communicate relevant information into the group and cascade agreed information to their respective divisions, subject areas and services.
- Escalate and report issues to the group in accordance with the agreed terms of reference.

3.5 Access to Planning Arrangements

All winter planning arrangements for 2026/27 will be available through the EPRR Winter Planning SharePoint area within the Staff Zone.
Winter planning: Winter planning SharePoint area

4. Methodology

To anticipate the potential challenges presented by Winter 2026/27, the Trust has undertaken an analysis of learning from the previous winter, assessed current organisational risks and undertaken horizon scanning to identify significant pressures that may arise.

This work has focused specifically on winter pressures. Existing business-as-usual activities outlined within site management procedures are referenced within the winter planning arrangements, as these will form part of the Trust's winter response. The level and nature of the response will vary according to the level of site escalation.

The key areas of focus have been:

- **Winter 2025/26:** feedback and lessons learned.
- **Horizon scanning:** including seasonal viruses, adverse weather, changes in Government policy and demographic changes.
- **Testing our ability to respond:** including periods of increased demand and surge.
- **Demand prediction:** assessing our ability to anticipate demand for operational services.

5. Role and Responsibilties

Roles and responsibilities across the Trust will be determined according to the level of escalation.

The responsibilities of staff at each level are set out within the **OPEL Policy** and **GEL Frameworks**.

6. Operational winter planning for 2026 - 27

A number of principles have been developed to support core operational winter service delivery, including preparedness for seasonal infection and workforce sickness.

6.1 Operating Principles

The Trust will:

- Ensure that an effective vaccination programme is in place for staff and patients.
- Maximise alternatives to Emergency Department attendance and/or hospital admission.
- Optimise the use of inpatient beds by reducing length of stay and ensuring timely discharge.
- Maintain appropriate patient support within the community.
- Support our staff to remain healthy and well throughout the winter period.
- Maintain performance and patient safety across the hospital.
- Use existing plans and frameworks to manage or escalate emerging issues including staffing and rotas
- Avoid opening additional beds or escalation areas unless this is necessary.
- Ensure that IPC plans are in place and are enacted effectively
- Provide consistent, clear operational leadership at times of surge and throughout the winter.

Delivering Our Principles

To support these principles, we will:

6.2 Maximise Preventative measures

The Trust has robust plans to increase vaccination uptake among frontline staff and vulnerable groups.

The vaccination plans will commence with a Jab-a-thon in early October, with peer vaccinators on wards and a clear communication plan to encourage staff to become immunised.

The well established plans with the Community nursing teams to offer vaccinations to the housebound and those in Care Homes will continue, also commencing in October.

The 2026 vaccination campaign will focus on increasing influenza vaccination uptake across the workforce, with particular emphasis on clinical and frontline staff.

The Deputy Chief Nurse will provide strategic leadership for this focused workstream in collaboration with the Director of People and OD and the Group Chief Operating Officer. The campaign will place particular emphasis on improving communication, providing clear information and making vaccination readily accessible to staff.

A region-wide communications campaign will be developed in accordance with national direction.

Vaccination delivery will be clinically led and accessible to all staff groups. A range of approaches will be used to maximise accessibility, both within and outside usual work areas. This will include ward-based vaccination and opportunities to receive vaccination in locations such as the staff restaurant.

Addressing vaccination fatigue and removing barriers to access will be key priorities.

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In line with the national expectation to increase vaccination uptake by at least two percentage points compared with the previous year, Gateshead Health will aim to achieve a minimum influenza vaccination uptake of **60% among frontline staff**, compared with 58% in 2025/26.

The campaign will continue to promote vaccination across all workforce groups, with a particular focus on ensuring staff working in clinical areas are vaccinated in a timely manner.

Vaccination data will be subject to strengthened oversight and scrutiny through the **Internal Winter Oversight Group** and **Gateshead Health Leadership Group**.

The POD Steering Group will retain overall oversight of the influenza vaccination.

6.3 Focus on Occupancy and Discharge

The Trust will continue to maximise alternatives to hospital admission through:

- Frailty and Respiratory Virtual Wards.
- Community Services UCR.
- Admission criteria and new RAT pathways.
- SDEC pathways are maximised through an ongoing improvement programme which has demonstrated a significant increase in patients being managed via SDEC pathways.
- Effective streaming at the Front door
- Working with GPs, Adult Social Care, the Mental Health Trust and the Voluntary Sector to ensure that patients who are not for acute hospital care are transferred to the most appropriate place for their care.

Community capacity will be prioritised for the most unwell patients through appropriate clinical triage.

The Gateshead Winter System meetings are in place and partners in Primary Care have indicated that they have identified high risk patients and put in place review arrangements to optimise their health prior to winter.

6.4 Patient Flow

The **Patient Flow Meetings**, held several times each day, will provide hands-on operational oversight of day-to-day site management. These meetings will incorporate escalation plans, national OPEL levels, internal GEL levels and the relevant action cards for each role.

There are a number of patients within our bed base who no longer meet the criteria to reside, including reducing the number of patients remaining in hospital at 7, 14 and 21 days.

While this number has reduced over consecutive years, it remains a key challenge and a number of measures are in place to support patient flow. These include:

- A 10.30 a.m. huddle attended by system partners including Adult Social Care
- A well established board and ward round process on all wards.

- A weekly discharge meeting to identify any barriers to patient discharge that have not been resolved by daily meetings
- A weekly review led by the Associate Medical Director for Medicine and Community to review the reasons for patients over 21 days remaining in the bed base.
- Escalation routes directly to senior staff across the system to support flow
- Close working with ASC colleagues to ensure that appropriate out-of-hospital provision is fully utilised including intermediate care capacity.

Patient Flow Action Cards and agreed triggers are used to initiate appropriate actions in a timely and effective manner.

This will enable the Trust to maintain 4 and 12 hour trajectories and mitigate the risks posed by winter pressures.

6.5 Capacity

The Trust has plans in place to ensure that all capacity is effectively used including a plan for further Winter beds in times of surge. There is a specific focus on ensuring that the four hour target within ED is supported and that patients do not remain within the Department over 12 hours due to the increasing level of clinical risk. This includes plans to mitigate the issues if the Department becomes over crowded.

- There are staff deployed to ED in order to support timely ambulance handover.
- There is an identified area within the Trust which will form the winter ward to support with de-escalation of the site.
- The primary way of maintaining capacity is to ensure good patient flow, a clear focus on reducing avoidable admissions through the expansion of the Rapid Access and Treatment model will be in place in ED during peak periods this winter. There will also be additional support for weekend discharges to ensure these take place over seven days.
- There is a SOP to de-escalate the ED when required if ongoing pressure does not abate.

As part of ensuring sufficient capacity, there are holiday period occupancy reduction plans in place.

6.6 Corridor Care and the use of temporary escalation spaces (TES)

NHSE provides a clear definition of patients for whom corridor care has been provided along with a commitment to eradicating this within the NHS.

These are patients who remain outside a bedded space for more than 45 minutes and do not have access to bed head services such as oxygen or call bells, for whom privacy and dignity cannot be maintained and where lights cannot be turned off to allow for sleep.

Temporary Escalation Spaces apply to beds in areas which would not normally be used for patient care.

Good patient flow reduces corridor care and the measures to ensure this is effective are in place. Where a patient does need to be cared for in a corridor for more than 45 minutes, this is escalated appropriately and governed by detailed SOPs to ensure that patients are cared for and that the use of corridor care is minimised.

We have a robust organisational plan in relation to avoiding corridor care wherever possible and mitigations and escalations in place should patients experience corridor care in exceptional circumstances. Corridor care would only be used to reduce alternative risks assessed as being materially greater in relation to safety, quality of care and patient experience.

6.7 Leadership and staffing

The Trust's business-as-usual out-of-hours on-call arrangements are aligned with the NHSE EPRR Core Standards and the Trust On-Call Framework.
These arrangements ensure that the required **Command, Control, Coordination and Communication (C4)** structures can be implemented when necessary.

The escalation model brings together the appropriate operational, tactical and strategic levels of leadership to manage periods of surge and provide clear direction across the Trust. This includes:

- Operational on-site teams.
- Tactical senior management on-call.
- Strategic Executive Director and Deputy on-call arrangements.

Workforce planning will continue throughout the winter period to review staffing rosters across medical, nursing and allied health professional groups.
This planning will also consider the staffing requirements associated with any escalation or surge areas that may need to be established.

Nursing Cover

All areas will continue to operate in accordance with their established **365-day operational plans**, including contingency arrangements for Bank Holidays.

Medical Cover

To maintain the delivery of safe, high-quality care rotas have been reviewed to ensure consistent clinical decision making across all seven days. At times of peak pressure additional medical staff, including senior and resident doctors, may be redeployed where possible to support escalation areas when required.

Where additional medical resource is identified as necessary, the Trust's established escalation and approval process will be followed.

6.8 Infection, Prevention and Control (IPC)

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Winter months are associated with an increase in seasonal infectious diseases, including respiratory viruses and Norovirus. These infections can spread readily within the hospital environment, particularly when bed occupancy is high and there is increased movement of patients and staff across the organisation.

Seasonal infections can contribute to increased morbidity and mortality, as well as longer patient lengths of stay, creating additional pressure on hospital capacity and patient flow. Primary care services are continuing to develop approaches to assess and treat patients with known or suspected respiratory conditions in the community. This includes the use of Acute Respiratory Infection (ARI) hubs and vaccination programmes to reduce avoidable attendances and admissions.

It is therefore essential that infectious patients are identified promptly and isolated appropriately following clinical risk assessment using the **IPC Risk Assessment Questionnaire**.
IPC Risk Assessment Questionnaire 2025

Transmission of infection is more likely when patients are nursed in close proximity, for example in Emergency Department corridors or larger bays. Every effort should therefore be made to avoid these circumstances wherever possible.

Patient movement between beds and wards should also be minimised to reduce the risk of unnecessary transmission between clinical areas. These requirements are reflected within the Trust's operational planning guidance:
Gateshead NHSFT Isolation Hierarchy

Advice and Guidance

The IPC Team provides expert advice in accordance with the most up-to-date national guidance and available evidence.

Operational teams can access advice and guidance from the IPC Team and Consultant Microbiologists between 08:00 and 17:00, Monday to Friday. An on-call system is also available outside these hours and at weekends for microbiology advice.

Throughout the winter period, Microbiologists across the South of Tyne area will continue to provide a 24-hour emergency on-call service. During working hours, they can be contacted via Vocera and, outside working hours, via the switchboard.

Daily Reporting

The IPC Team will provide a daily SitRep to the Patient Flow Team. This will include an overview of:

- Beds closed for IPC reasons.
- Patients with infectious conditions.
- Declared outbreaks.

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This information will support organisational dynamic risk assessments and inform decisions relating to the maintenance of safe hospital flow.

Where there is an increase in infectious disease incidents or outbreaks that affect bed occupancy and patient flow, the **IPC Outbreak Policy** will be followed.

IPC, working jointly with Patient Flow, will undertake dynamic risk assessments and provide advice on the safe isolation and cohorting of patients.

Winter Testing Plan

The Winter Testing Plan has been agreed through the Clinical Strategy Group.
Patients being admitted with an acute history of respiratory viral symptoms of less than 72 hours should have a respiratory screen taken as soon as the decision to admit has been made. This will usually take place in the Emergency Department.

Testing for Influenza A/B and COVID-19 will take place from **mid-October 2026 until the end of March 2027**.

The laboratory will undertake two testing runs each day. Where patients are swabbed early during their Emergency Department attendance, a result is therefore expected to be available in most cases by the time a bed is allocated.

Urgent or point-of-care testing will **not** be available during Winter 2026/27. The approach will instead be clinically led and informed by learning and experience from previous years.

Patients **must not be held in ED, SDEC or EAU pending test results**. Testing must not be used as a reason to delay patient flow through the Emergency Department or admissions pathways.

Patients with confirmed Influenza A/B and/or COVID-19 who also have an acute infectious history should be isolated for **five days from the onset of symptoms**.

Asymptomatic testing is no longer recommended in accordance with national guidance. Testing patients whose symptoms have been present for more than 72 hours is also not advised, as PCR tests may remain positive beyond the infectious period.

Patients presenting with loose stools or vomiting where Norovirus is suspected must be isolated immediately. The IPCN Team should be informed and will provide advice regarding testing.

Prophylactic IPC Measures

For Winter 2026/27, proactive IPC measures will be essential in reducing the risk of infectious disease transmission. These include:

- Maintaining an up-to-date vaccination programme for staff and long-stay patients.

- Ensuring patients with acute respiratory symptoms are isolated wherever possible. Where isolation is not possible, patients should be nursed in a bay with curtains drawn to provide a physical barrier and should wear a mask where tolerated.
- Ensuring staff use appropriate PPE when caring for patients with suspected or confirmed respiratory infections, in accordance with the National Infection Prevention and Control Manual for England (NIPCM).
- Isolating patients with suspected infections, including suspected Norovirus, on admission and obtaining appropriate samples as soon as possible.
- Maintaining a back-to-basics approach to IPC, ensuring that good infection prevention practices are consistently applied and sustained.
- Maintaining and promoting excellent hand hygiene, particularly during periods of high Norovirus prevalence.
- Regularly monitoring general cleanliness, including the clinical environment and equipment used to deliver care.
- Avoiding escalation of beds and temporary escalation spaces, particularly within bays, wherever possible, as these arrangements can increase the risk of healthcare-associated infection.
- Avoiding overcrowding and the use of corridors to accommodate patients within the ED or temporary escalation areas wherever possible.

The IPC/Microbiology Team will work to minimise unnecessary bed closures for IPC reasons. However, there may be circumstances where bed closure is necessary to control an outbreak, particularly in cases of Norovirus.

During periods of heightened respiratory infection risk, **universal mask wearing and restrictions on visiting may be introduced**. These measures are intended to reduce transmission between patients, staff, carers and visitors.

Fit testing: There is ongoing IPC-led fit-testing provision, with additional capacity to support increased winter demand and priority clinical areas. Compliance is monitored through ESR/monthly reporting, with targeted sessions arranged where gaps are identified.

PPE: Staff who may be required to use tight-fitting RPE must have a current successful fit test for the specific make/model of respirator being worn. Availability and appropriate use of RPE will form part of winter preparedness. Appropriate PPE will continue to be available in clinical areas in line with the National Infection Prevention and Control Manual and transmission-based precautions, with requirements determined by the suspected/confirmed infection and anticipated exposure.

Any decision to introduce these measures will be made in conjunction with the DIPC and Group Chief Operating Officer, with implementation coordinated through the Internal Winter Oversight Group.

Further Information and Guidance

National IPC guidance is available through the National Infection Prevention and Control Manual for England:
NHS England – National Infection Prevention and Control Manual

Additional internal IPC policies and guidance are available through the Staff Zone:
Infection Prevention and Control – Staff Zone

6.9 Elective and Cancer Delivery Plans

We will continue to maintain the elective surgical programme throughout the winter period wherever possible. This is supported by surge capacity for Medicine and dedicated ward availability for T&O.

There are challenges in our cancer delivery pathways however, these are not related to winter pressures and are not referenced in this plan.

6.10 Industrial Action

The Trust has a robust response mechanism should Industrial Action be called during the Winter period managed via the Medical Director and EPRR. This has been well tested in recent years.

6.11 Staff Support

Staff support is available throughout the year. This should be accessed through normal line management arrangements who can make the relevant referrals for onward support. At periods of high demand, leadership will be visible and communications increased to ensure that teams are aware of available support.

6.12 Response from Older Persons Mental Health Directorate

Across Older Persons Mental Health (OPMH) services, patients who frequently access services, experience recurrent relapse, or are at increased risk of mental health crisis receive personalised risk assessments and crisis and where required personalised safety plans to manage risks related to self harm and suicide.

These plans are developed collaboratively with the patient, carers and multidisciplinary team, identifying early warning signs, known triggers, agreed coping strategies, medication and treatment plans, and clear escalation routes. Plans are documented within the clinical record, reviewed regularly, and used across community, memory, inpatient and liaison pathways to support early intervention, reduce avoidable deterioration, and promote continuity of care

7. Supporting Winter Plans

A number of focused areas have dedicated winter plans to support delivery of operational services and the overall winter principles. These include:

- Pharmacy, including the oxygen cylinder escalation plan.
- Excess deaths and mortuary management.

- Adverse weather plan.

7.1 Pharmacy Cover

The Pharmacy Department currently provides an established seven-day service, offering comprehensive operational and clinical pharmacy support, medicine supply and pharmacy on-call services.

Opening times are:

- Monday to Friday: 08:30–19:00
- Saturday and Sunday: 09:00–17:00
- Bank Holidays: 09:00–16:30
- Christmas Day: Dispensary open for two hours.

An emergency duty pharmacist is available outside of these core hours.
The pharmacy winter cover arrangements provide enhanced pharmacist independent prescriber provision, clinical pharmacy technician support to the discharge lounge and weekend pharmacy support to the admissions pathway.

Community Services also have access to a Macmillan pharmacist to provide advice and support for palliative and End of Life (EOL) patients within the community and on St Bede's.

See Appendix 1 for Pharmacy Winter Cover

7.2 Excess Death Management

Gateshead Health manages mortuary services across Gateshead, South Tyneside and Sunderland Hospitals. Existing agreements between the Coroners provide additional resilience across the system. Where one site reaches capacity, the deceased can be transported and accommodated across the three mortuary facilities.

Mortuary capacity can come under increased pressure during the winter months due to a rise in both hospital and community deaths. The capacity of local funeral directors can also affect the length of time deceased patients remain within the mortuary facilities.

Where required, Trusts can escalate to the temporary mortuary facilities established for Winter 2026/27. These facilities are located adjacent to the main mortuary facilities on the QEH site. During the winter period, mortuary capacity will be reviewed daily and reported through the Patient Flow Meetings prior to any external submission.

7.3 North East Mortuary Activation (NEMA)

County Durham and Darlington NHS Foundation Trust hosts the North East Mortuary Activation (NEMA) facility at Darlington Memorial Hospital, Hollyhurst Road, Darlington, DL3 6HX.

The facility comprises four units, providing additional storage capacity for up to 80 deceased people. It is held on behalf of the three Local Resilience Forums (LRFs).

Where mobilisation is required, the agreed activation protocol should be followed:

NEMA Activation Protocol

7.4 Ageing Well

The Ageing Well in Gateshead guide provides information about the support available across Gateshead to help people age well and remain healthy and independent for longer.
The advice is aimed at people aged 65 years and over, as well as anyone who supports them, including family members, friends and carers.

The guide will be promoted throughout the winter period through Gateshead system partners to provide advice, information and guidance to the local population.
Ageing Well in Gateshead: Ageing Well in Gateshead guide

8. Response to Adverse Weather

The Trust will manage periods of adverse weather in accordance with the **Winter Maintenance Plan/Adverse Weather Plan**.

Depending on prevailing weather conditions, the Estates Team will deploy resources in accordance with the priorities and arrangements set out within the plan.

8.1 Adverse Weather Plan:

Adverse Weather Plan

Weather Warnings

The Trust EPRR Team and QE Facilities Estates and Facilities Teams receive Met Office Civil Contingency Advisor weather forecasts directly and have access to relevant weather warnings and alerts.

These teams will initiate the appropriate Trust response when required.

To support this response, QE Facilities has a dedicated gritting and snow-plough plan incorporated within the Adverse Weather Plan.

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9. Managing Surge

As part of the winter planning process, arrangements have been developed to enable the Trust to respond effectively to periods of surge and extremis. These arrangements include indicative triggers to support timely escalation and action.

9.1 Existing Policies, Frameworks and Plans

Existing Trust policies, frameworks and protocols will support the management of periods of surge or extremis. These arrangements provide the operational framework for managing capacity and demand.

Further information is available through the Trust's Site Management arrangements which incorporate information from the Model ED and Model Discharge pathways where appropriate:

Site Management

10. System Coordination

The tactical winter plan is supported by the **North East and North Cumbria ICS System Resilience Framework**.

The framework sets out how operational pressures will be identified and managed across the North East and North Cumbria Integrated Care System. It also describes the high-level, multi-agency approach to ensuring that surges in demand, system escalation and outbreaks of communicable disease are recognised and managed rapidly and effectively.
The framework includes:
System coordination and escalation management, including the North East and North Cumbria System Coordination Centre (SCC).

- System teleconferences.
- Communication with local partners, patients and the public.
- System resilience core principles.
- Use of SBAR for external reporting and communication.
- Ambulance handover arrangements, including diverts and deflections.
- Referral and repatriation of patients.
- Mutual Aid Checklist.
- Consideration or declaration of a Critical Incident and/or Major Incident.
- Recovery arrangements.

Internal governance arrangements are in place to ensure that the appropriate decision-makers and Trust representatives can engage with system partners when required.

Acute Respiratory Infection (ARI) Hubs
GPs will provide additional capacity to manage the majority of patients presenting with respiratory illness outside the hospital setting.

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Connectivity with NHS 111 will enable patients to be booked directly into appropriate appointments, providing an alternative to attendance at the Emergency Department or Urgent Treatment Centre.
Further details of the programme are yet to be confirmed.

11. Escalation

Where escalation is required, the **Incident Response Coordination Framework** should be activated.

The framework provides a structured approach for the Trust to respond effectively, efficiently and proportionately to a range of incidents, including business continuity incidents, critical incidents, major incidents and other emergencies that impact, or have the potential to impact, patients, staff, services or service provision.

Incident Response Coordination Framework v3 June 2025

Any declaration of an incident should be supported by a clear rationale, demonstrating why escalation is required and confirming that all appropriate actions have been undertaken.

An incident declaration should be considered a **last resort** following the completion of the relevant escalation actions.

Any declaration must be discussed and agreed with the Group Chief Operating Officer during working hours, or with the Strategic On-Call lead outside working hours, before contact is made with the ICB.

Where escalation occurs, an additional command structure may be required to support coordination and management of the response.

12. Risk Management

Winter 2026/27 will require Gateshead Health to operate against a backdrop of existing operational pressures and associated organisational risks.

A number of risks may be exacerbated during the winter period and could affect the Trust concurrently. Effective identification, monitoring and mitigation of these risks will therefore be central to the successful delivery of the winter plan.

12.1 Winter Risks 2026/27

An overarching winter risk has been added to the current Trust risk register relating to the **risk of demand overwhelming organisational capacity during Winter 2026/27**.

12.2 Risk Description

This risk is associated with the potential for demand to exceed organisational capacity during Winter 2026/27 as a result of increased respiratory illness, other infections, injury and changes in service availability caused by limitations in staffing or other resources.

If demand exceeds available capacity, this could increase the risk of clinical harm, adversely affect patient outcomes and result in poorer experiences for patients, carers and staff.

The likelihood and consequence of these impacts will be reviewed dynamically. Changes will be captured through the overarching winter risk and the winter planning risk register.

These risks will be continually monitored through the **Gateshead Health Internal Winter Oversight Group**.

The winter plan has considered the key risks to quality and provides assurance that appropriate mitigations are in place across base, moderate and extreme levels of winter escalation.

13. Financial Plan

The financial model for Winter 2026/27 will be managed within the organisation's overall financial framework.
The Trust's financial position and available resources will be considered as part of the operational response to winter pressures, ensuring that winter arrangements appropriately balance financial sustainability with operational performance and the delivery of safe, high-quality patient care

14. Communications

Gateshead Health will continue to support regional and national winter communications campaigns. These campaigns will provide practical and consistent messages to help people stay well, access services appropriately and support one another throughout the winter period.

The approach will include shared content, media campaigns and coordinated advertising activity.

During Winter 2026/27, Gateshead Health will build on this approach by using available data to anticipate periods of increased demand and, where possible, schedule communications in advance. This will reduce the need for reactive communications during periods of pressure.

A dedicated **Winter Communications Plan** has been developed to support the Trust's operational winter planning. It sets out internal and external communication priorities, escalation processes and arrangements for using and tailoring regional and national communications for Gateshead audiences.

Gateshead Health Winter Communications Plan – August 2026

Internally, a dedicated winter section within the staff newsletter will provide regular updates, supported by the intranet and screensavers. Content will be informed by the Internal Winter Oversight Group.

Any urgent internal communications will be subject to appropriate executive oversight and approval before being cascaded by email where required.

Gateshead Health will also work closely with partners across the **Great North Healthcare Alliance** to align winter messaging and ensure consistency across the system.

Vaccination messages will be delivered through the existing vaccination campaign and incorporated into wider winter communications.

15. Quality, equality impact assessment

A robust **Quality and Equality Impact Assessment (QEIA)** has been developed to support the Winter Tactical Plan.

The QEIA provides assurance that the potential impact of the winter arrangements on quality, equality and patient experience has been considered as part of the planning process.

16. Plan exercising schedule

An internal and external exercising and testing programme has informed the development of the Winter Tactical Plan.

This includes a regionally led winter exercise, together with a review of exercise outcomes and incorporation of lessons identified into the winter planning arrangements.

All areas have Business Continuity plans and the Trust has been involved in a series of exercises locally and at regional level during 2026 which have enabled testing to occur.

Winter Testing Schedule 2026/27:

Winter Testing Schedule 2026/27

17. Debriefing

A formal evaluation of the winter period will take place in **April 2027**. Learning from the evaluation will be shared with the relevant areas of the organisation and system to inform future planning, service developments and delivery.
The EPRR Team will ensure that staff involved in winter planning and response have appropriate opportunities to review and reflect on their experience.
A structured debrief will take place following significant incidents and, where appropriate, shortly after the event. This will provide staff with an opportunity to:

- Share their views and experiences.
- Reflect on their individual and team roles.
- Identify what worked well.
- Identify areas for improvement.
- Consider changes that could strengthen future winter planning and response.

Depending on emerging issues, incidents or operational pressures, an interim review may also be required to ensure that important learning is identified and shared promptly.
The Trust EPRR Team has trained debrief facilitators and will use the Trust's established Debrief Protocol.
Debriefing Incidents, Events and Exercises Protocol

18. Conclusion

Winter 2026/27 is expected to present significant operational challenges for Gateshead Health, with the potential for increased and sustained demand across services.

The Internal Winter Tactical Plan provides a framework for the Trust to anticipate and respond to these pressures while maintaining patient safety, quality of care and service resilience.

The planning process has enabled the Trust to identify potential pressures, develop appropriate mitigations and establish governance arrangements to support effective decision-making throughout the winter period.

A strong governance framework is in place at Trust, local and system level, enabling Gateshead Health to work collaboratively with partners across multiple providers and sectors to manage the impact of winter pressures.

The plan will remain dynamic and will be reviewed in response to changes in organisational and clinical risk, emerging pressures and learning throughout the winter period.

Formal evaluation following Winter 2026/27 will inform organisational and system planning, ensuring that learning is incorporated into future winter plans and associated service developments.

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Appendix 1 - Pharmacy Winter Cover

Scheme	Dates	Actions	Implications
7-day Pharmacy Services: Operational, dispensary and discharge support	Continuous	In-Patient Pharmacy Weekend Opening Times: Monday to Friday: 08:30 - 19:00 Saturday: 09:00 – 17:00 Sunday: 09:00 – 17:00 *On call pharmacist available out of hours* Bank holiday: Usually 09:00 – 16:30 (Dispensary will be open for part of the day on Christmas Day) Weekend Clinical Pharmacy Weekend BD® Automated Drug Cabinet refills and ward top ups	Access to medicines from Pharmacy, and the availability of dispensing of discharges over a longer timescale at weekends. Quick and accurate medicines reconciliation and support with prescribing. Clinical Pharmacy support beyond EAU. The ability to refill Omnicell® Automated Drug Cabinets in high use areas across the weekend, where appropriate.
Clinical Pharmacy Weekend Support	Continuous	Clinical Technician and Pharmacist Independent Prescribers at Weekends with Medicines Reconciliation – Sat and Sun.	Maximise Medicines Reconciliation Rate GIRFT NB: This will be to undertake Med Rec on EAU Only.
Weekday Late Shift Flexibility	January and February 2027	Increase dispensary staff capacity to manage peaks in activity	To help manage surges in discharge prescriptions
Medical Gases	Escalation periods	Engagement and planning with medical gases suppliers, including BOC to ensure supply chain of critical medical gases over winter escalation period	To ensure robust supply chain of medical gases

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BOARD AND COMMITTEE UPDATES

7. Chief Executive's update

i) Strategic report

ii) Finance Report

iii) Governor Dashboard

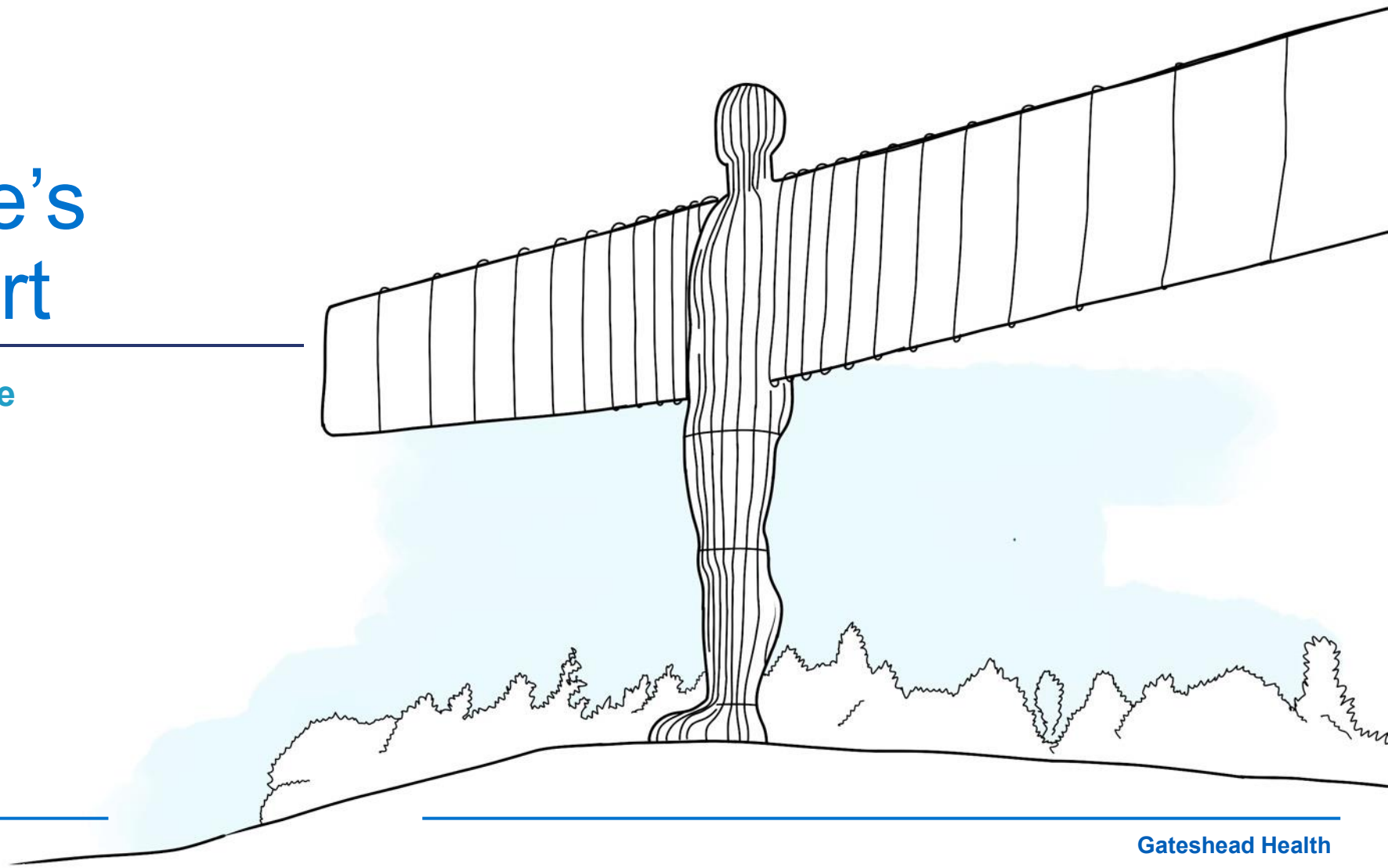
iv) Questions received in advance from Governors

Gateshead Health
NHS Foundation Trust

Chief Executive's Strategic Report

Dr Sean Fenwick, Chief Executive

18 November 2026



Gateshead Health NHS Foundation Trust

Board Updates

Welcome to



Sheena Fish

Chief Operating Officer

And our sincere thanks and best wishes for the future to



Adam Crampsie

Non-Executive Director

Gateshead Health NHS Foundation Trust

National statistics and context

National policy, context and operating models

Prime Minister outlines plans for a new National Care Service. This will be established in the next Parliament, providing free personal care for older people based on need rather than an ability to pay.

The Health Bill continues its passage through the House of Lords. Several speakers questioned whether abolishing Governors and Healthwatch at the same time as increasing central powers could weaken the independent local mechanisms through which communities influence, scrutinise and hold NHS organisations to account.

NHS England launched a national campaign to remind colleagues of their responsibilities regarding access to patient records and the serious consequences of unlawful access.

NHS England reported that the NHS had experienced its busiest ever September for patients attending A&E and the number of ambulance calls.

Despite the signs of pressure the NHS delivered record levels of elective care over the summer, with more planned treatments, procedures and appointments occurring across June, July and August than in any previous summer.

The British Medical Association (BMA) has announced that consultants in England will take strike action in November over a two day period.

Excellent patient care

Gateshead Health NHS Foundation Trust

- **Flu and COVID vaccinations** are underway for our patients under our in-home case and within residential care homes. Our community teams have an important role to play to helping people remain independent, avoiding unnecessary hospital admissions and supporting patients to return home safely after a hospital stay.
- Our **staff flu vaccination programme** also launched in October with a two-week ‘Jabbathon’. Protecting our colleagues is one of the simplest ways we can look after ourselves, our families, each other and our families.
- Congratulations to **Mary Jobson**, Matron for Community Midwifery Services / Antenatal & Postnatal Ward, who has been appointed as a Workforce Clinical Research Fellow in the National Institute for Health and Care Research (NIHR) Workforce Voices team. In her new role Mary will be focusing on workforce-related research — exploring ways to strengthen staffing, support staff wellbeing and development, and embed evidence-based practice more deeply into everyday midwifery care. When we invest in supporting and developing our midwives, it translates into a safer care and a more personal experience for everyone using our maternity services.
- We have continued our programme of **visits to clinical and non-clinical areas** to speak with our colleagues and really understand what it is like to work within different areas of our Trust. Since the last update Board colleagues have visited areas such as the Chaplaincy, Medical Examiners and Bereavement teams who have such an important role in supporting patients, families and our colleagues.
- The Chief Executive, Chair and Chief Operating Officer visited the Mortuary in mid-October. We were really impressed by the welcoming feel of the area, which felt like an extension of the patients’ stay with a real focus on providing the family with the best experience possible. The compassion and commitment shown by colleagues was palpable and we were assured that the security and governance of this important area of our hospital was understood and well delivered.





Great place to work

- The **NHS Staff Survey** launched in early October and closes in late November. This is a valuable opportunity to gather anonymised feedback which helps us to shape workplace culture / experience and our patient care. Responses from last year's survey led us to expand our nursing and healthcare support worker degree apprenticeship programmes, as well as deliver civility awareness sessions to over 700 colleagues. The results of the 2026 survey will be analysed and shared with the Council and Board in early 2027.
- In October we celebrated **Freedom to Speak Up (FTSU) month**. We have developed a new FTSU practical 4-stage framework: listening and support; exploration and reflection; action / escalation; and restoration. This aligns to our values and helps to provide clear guidance for colleagues.
- October was also **Black History Month**, providing an opportunity to celebrate diversity and listen to the experiences of our colleagues. The Global Ethnic Majority (GEM) Network held a development day focussing on career progression and development and our QE Facilities catering colleagues have been showcasing African-inspired meals in The Hub each week.
- On 14 October we celebrated **Allied Health Professional (AHP) Day** across the Trust. Our AHPs represent 7 different professions and play a vital role in delivering high-quality person-centred care across the Trust.
- Congratulations to Hannah Read, one of our Medical Education undergraduate administrative leads, who has won **Local Education Provider Administrator of the Year**. Hannah has been recognised for her outstanding professionalism and commitment to delivering support to our medical students and colleagues.

Working together for healthier communities

- We have been linking in with our partners across the region as we work together to support the shift from hospital to community and care closer to home via neighbourhood health.
- We are working with Gateshead Council to support the **Big Social Care Conversation**, giving local people an opportunity to share their experiences and views about adult social care.
- We have also been part of discussions about **regeneration plans** for Gateshead. With the flyover demolished there are some exciting opportunities for our areas and we are working together to maximise the benefits for the people we serve.
- Two new **Macmilllan Dementia / Cancer Link Workers** have been appointed following a successful Macmillan CARE grant awarded to Edberts House, a Gateshead community charity. We will host the roles within our Cancer and Palliative Care teams over the next two years, supporting people living with cancer and dementia, alongside their carers. The link workers will help patients and carers navigate health and social care services, access practical and emotional support and connect with community organisations. The roles strengthen connections between hospital, primary care and community services.

Fit for the future

- Our **winter plan** was approved by the Board in September and work to ensure that we are ready to respond to winter pressures is well underway. Our winter plan identifies a winter escalation ward and we are planning to ensure that the ward has dedicated staffing support to provide the best levels of care when this is opened.
- We are starting to see a rise in hospital admissions associated with **winter respiratory illnesses**, flu and COVID. This is contributing to increasing bed occupancy levels. We are working with colleagues in social care and other partners to improve community discharges.
- **NHS England** has asked all trusts to focus on operational recovery, whole-system patient flow and eliminating ambulance handover delays. This includes strengthening arrival to handover processes to release ambulance crews back into the community; managing corridor care as a shared responsibility across all wards and departments; expanding the use of Same Day Emergency Care (SDEC) and community frailty services to reduce unnecessary admissions; and initiating early discharge planning from the point of admission. These are already areas of focus for our Trust, which puts us in a good position to deliver the ask.
- Work is underway on the development of our **maternity estate**, with a major milestone being achieved in October when our modular theatre building was lifted into place on the site.





Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 7(ii)

Report Title:	**Finance Report April 26 to September 26 (M06)**			
Name of Meeting:	Council of Governors			
Date of Meeting:	18th November 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 *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	The purpose of this report is to provide the Council of Governors with a summary of the Trust 2026-27 financial position for the period April 2026 to September 2026.			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	N/A			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	The Trust has an approved 2026-27 planned deficit of £3.338m before adjustments for donated asset depreciation, and deficit support funding. As of September 2026, the Trust has reported an actual deficit of £2.436m before adjustments for donated asset depreciation and excluding deficit support funding. This is an adverse variance of £0.968m 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 September 2026 is £4.111m, and an under-spend of £11.729m for the year-to-date.			

Gateshead Health NHS Foundation Trust

	Cash balances as of 30th September 2026 total £41.208m and £40.160m above planned values for the reasons detailed in the body of this report.				
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	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** ☒		

Gateshead Health NHS Foundation Trust

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 September 26)

- **Revenue** financial performance at 30th September 2026 was a deficit of £2.436m, which was £0.968m 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 30th September 2026 were £5.599m against a target of £13.296m for the year-to-date, an underachievement of £10.852m.

- **Capital** spend at 30th September was £4.111m against a revised plan of £15.840m, resulting in an underspend of £11.729m.

- **Cash** balances were £41.208m at 30th September 2026, which was £40.160m more than plan largely due to an increase in trade and other payables as well as slippage against internally funded Capital schemes

Key issue: Revenue

Net revenue expenditure was £0.968m worse than plan.

Year to date, the Trust has reported a deficit of £2.436m before adjustments for donated assets, which is £0.968m adverse variance from plan. This position excludes Deficit Support Funding (DSF) of which £0.738m cash was received for Q1 and a further £0.738m has been recognized for Q2 following confirmation of future receipt by NHSE, which is contingent on meeting financial targets.

The main driver behind the position is unachieved CRP with work ongoing via the Cost Reduction Planning Steering Group to mitigate this. In addition, 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 £11.729m up to September 26

Capital spend for the year to date was £4.111m mainly against the Maternity Scheme totalling £2.929m, Theatre Ventilation totalling £0.378m and £0.173m against the Gamma Camera scheme. This represents slippage of £11.729m against the original capital plan. There were delays on capital expenditure whilst the Trust was awaiting NHSE approval for the £12m maternity scheme; however, this approval has now been received with the scheme in full commencement. Whilst a significant underspend is being reported up to the end of September a number of schemes are in delivery with the expectation the Trust will spend up to its allocated capital spending limit by March 2027.

Key issue: Cash

The closing cash balance at the end of September was £41.208m and is above plan by £40.160. 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 the first quarter of 2027-28 financial year.

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 £5.599m CRP schemes against a target of £13.296m. The Trust is forecasting delivery of £16.820m in 2026-27, which is £10.852m under the annual target. Of this, £13.599m is forecast to be achieved on a recurring basis which would be a shortfall of £14.073m which represents a risk to achieving the financial plan for 2027-28 financial year and the overall trust's financial sustainability.

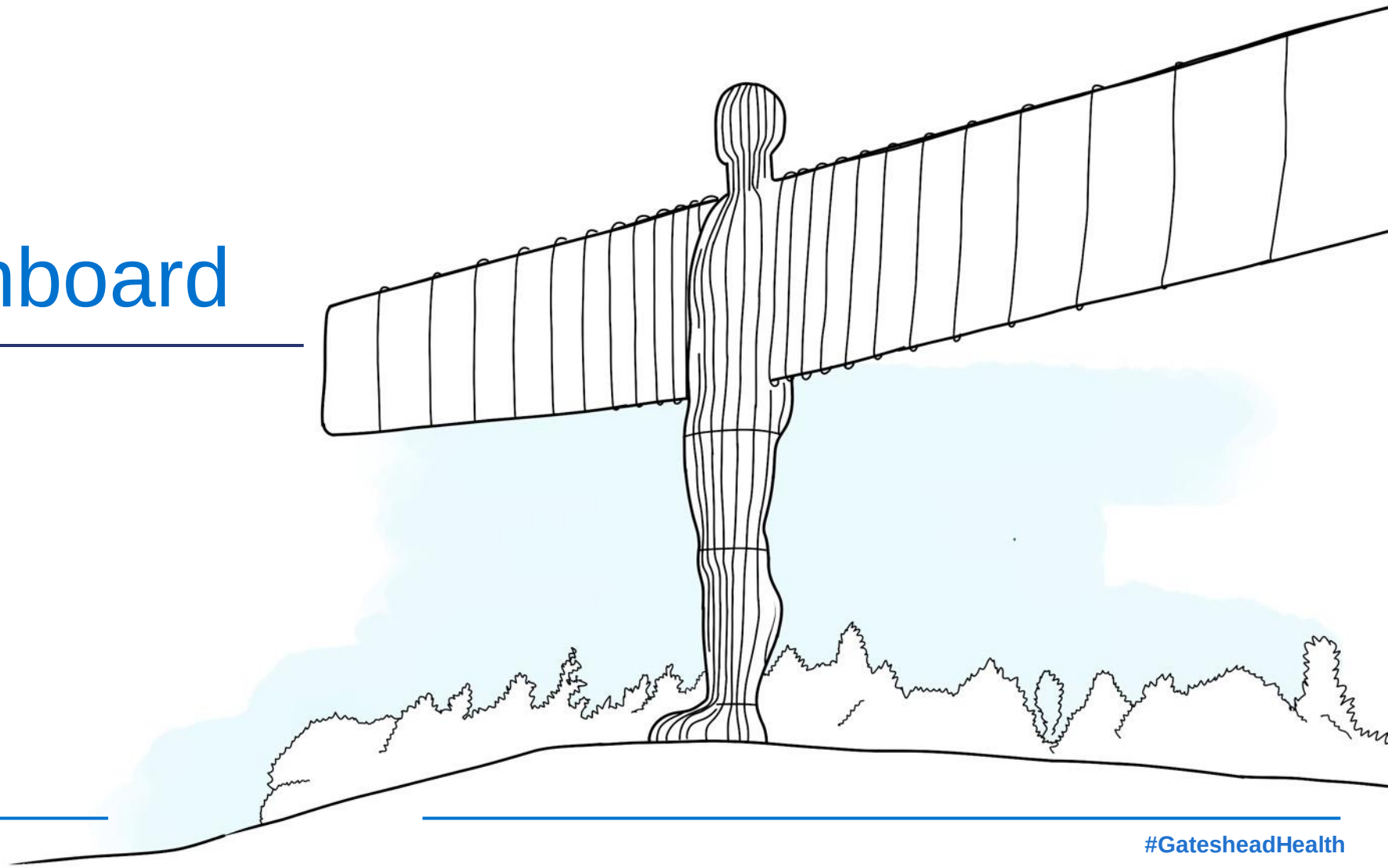
As part of its financial sustainability programme, the Board aims to ensure that the future programme identifies a higher proportion of recurrent, sustainable schemes. Key steps to date include the establishment of a CRP Steering Group focused on working at pace with Divisions to develop ideas into fully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

Gateshead Health
NHS Foundation Trust

Governor Dashboard

Key Messages

November 2026



Gateshead Health NHS Foundation Trust

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

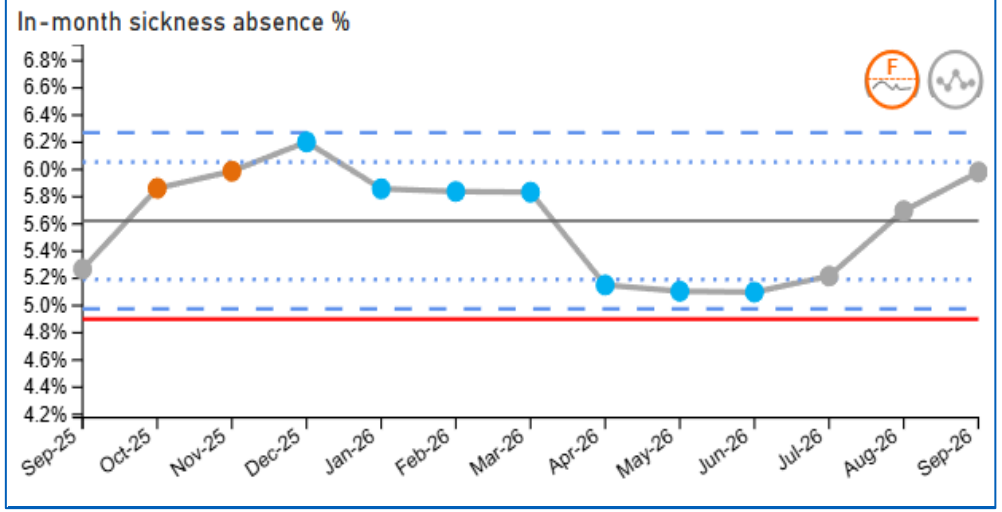
Sustainability

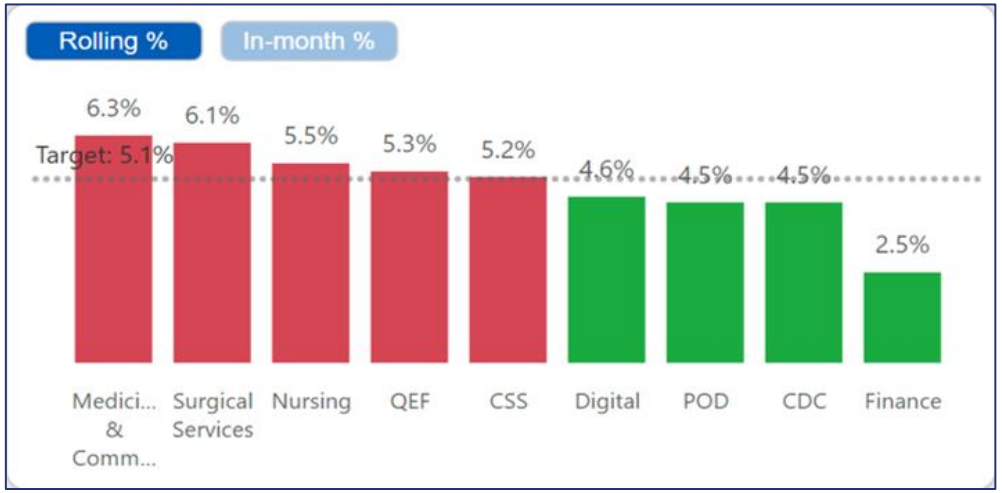
Risk to delivery of all key metrics included in the National Oversight Framework impacting on our strategic aims of Excellent Patient Care, Great Place to Work, Working Together for Healthier Communities and Fit for the Future.

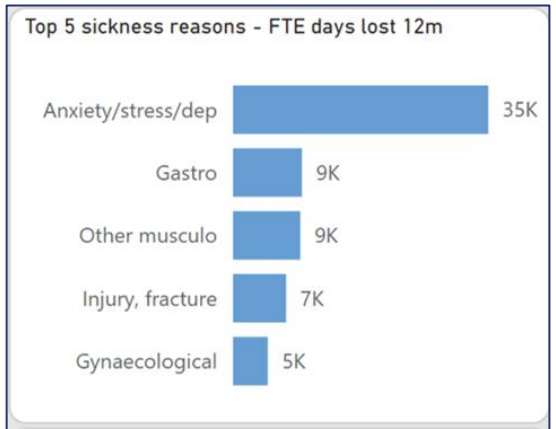
People metrics – sickness absence (September 26 – as reported to the People and OD Committee)

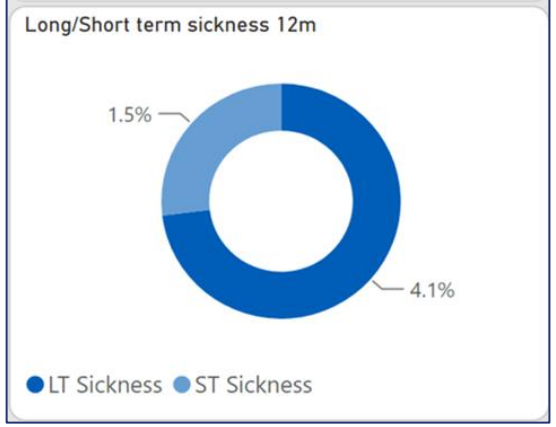
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In-Month Sickness

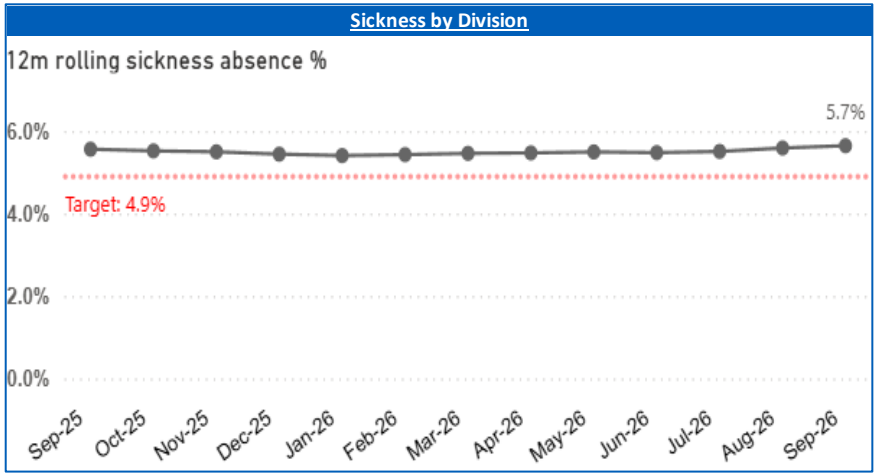








Sickness by Division

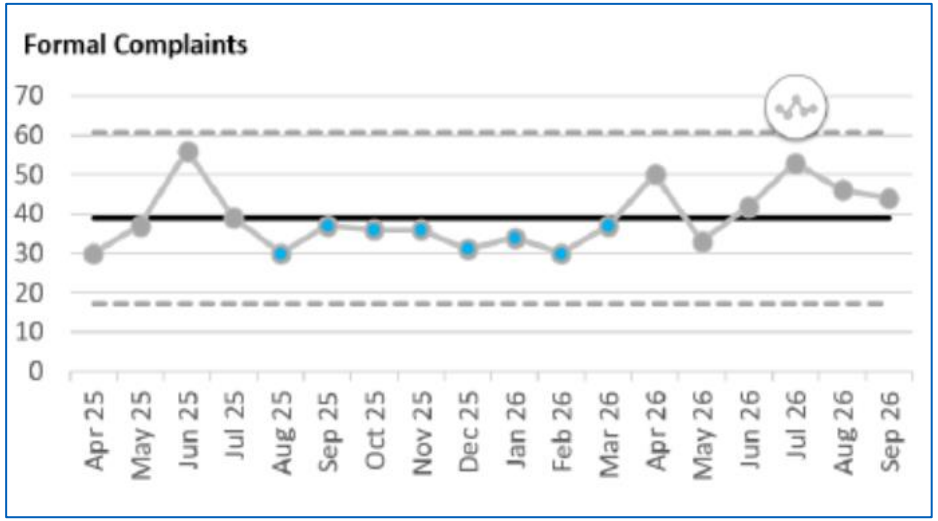


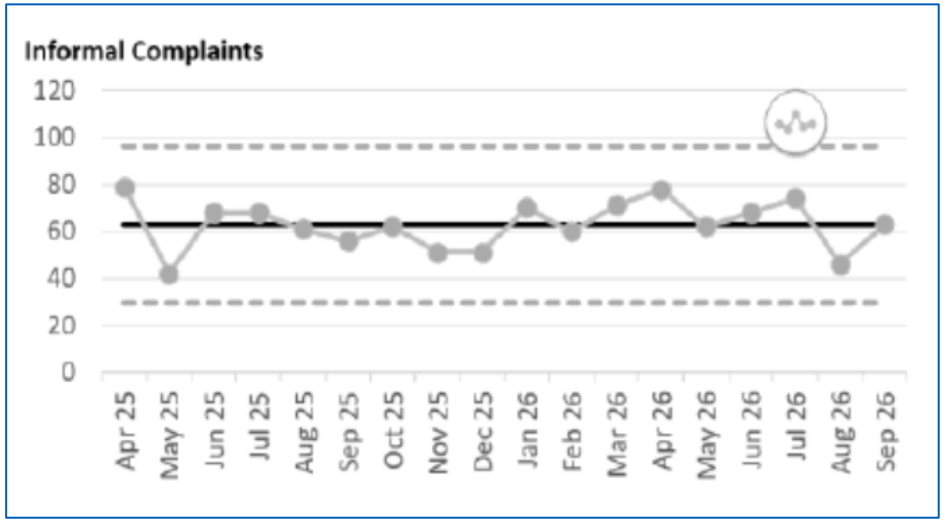
What does this data tell us?

- Sickness absence deteriorated during September 2026 rising from 5.5% in July 2026 to 5.7%
- 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 £10.3m
- Anxiety, stress and depression continues to be the top reason for absence followed by gastro.
- Long term absence makes up 4.1% of the absence in the past 12 months in comparison to 1.5% short term absence.

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

Gateshead Health NHS Foundation Trust





Complaints breakdown – 38 formal complaints reported

Implementation of Care (25)
- Quality of care (23)
- Complication of treatment (1)
- Delay attending to patient (1)

Communication, Confidentiality and Consent (11)
- Verbal (7)
- Written (1)
- Staff attitude (2)
- Patient/Records/Documentation (1)

Clinical Assessment (3)
- Diagnosis incorrect (3)

Access, Admission and Discharge (3)
- Premature / inappropriate discharges (1)
- Delays in appointments (2)

Medication (2)
- Prescribing issue (2)

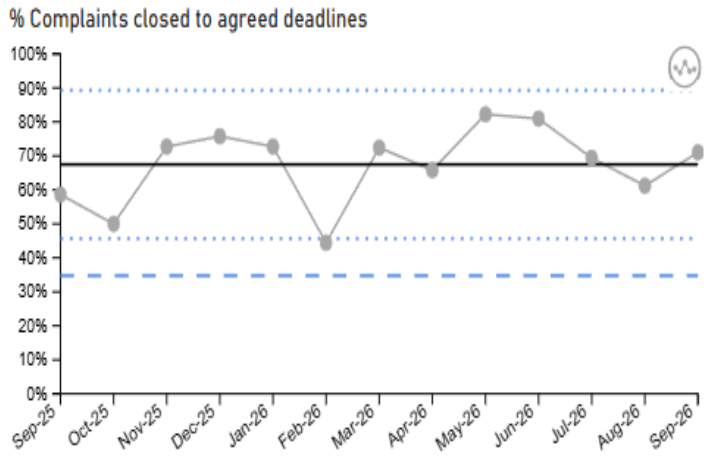
Analysis continues to demonstrate common cause variation, indicating complaint activity remains within expected limits. Complaint themes continue to be reviewed alongside PALS activity and Friends and Family Test feedback to identify emerging concerns and opportunities for service improvement.

Formal complaints
- 38 formal complaints closed in September 2026
- 8 upheld by the Chief Nurse and/or Medical Director
- 18 partially upheld
- 11 not upheld
- 1 withdrawn
- 100% of complaints acknowledged in 3 days
- 27 complaints closed were responded to within the agreed timescale
- 16 complaints were overdue at the month end:
  - Medicine 3
  - Surgery 10
  - Clinical Support and Screening 3
- Complaints are signed off by the Chief Executive.

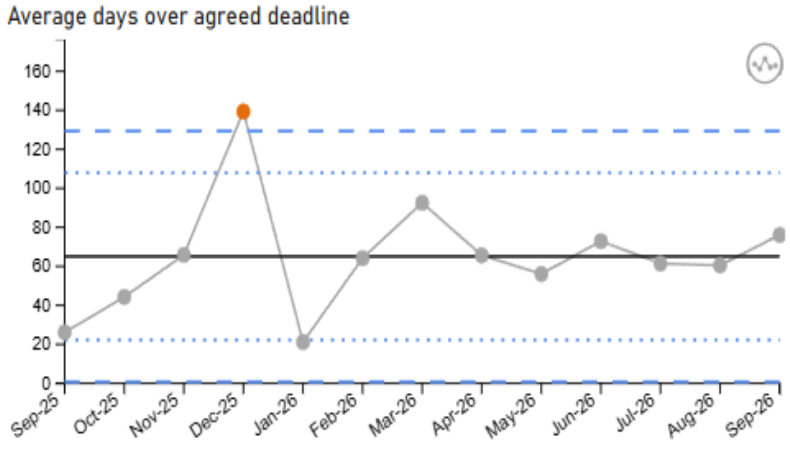
Patient experience – September 26 data (reported to Quality Governance Committee)

Gateshead Health NHS Foundation Trust

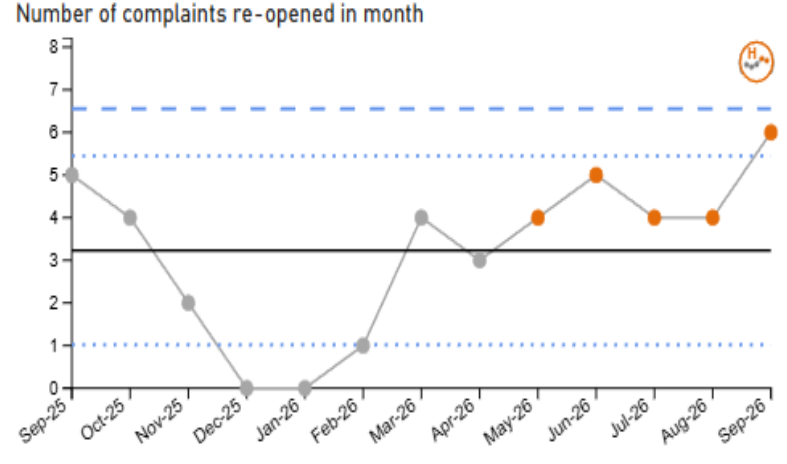
% Complaints closed to agreed deadlines



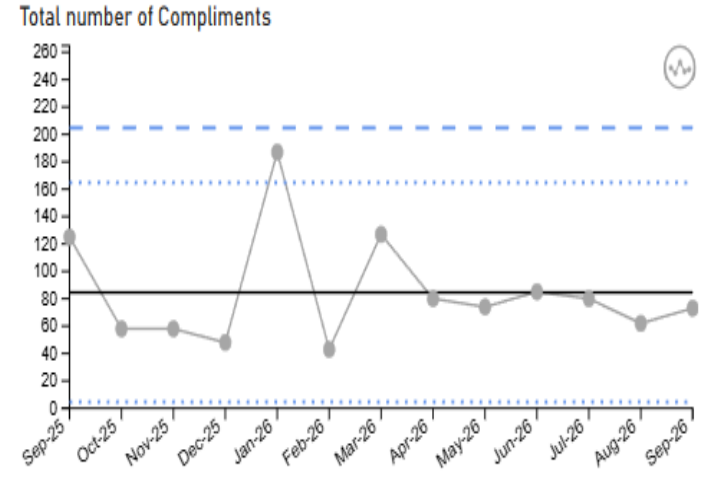
Average days over agreed deadline



Number of complaints re-opened in month



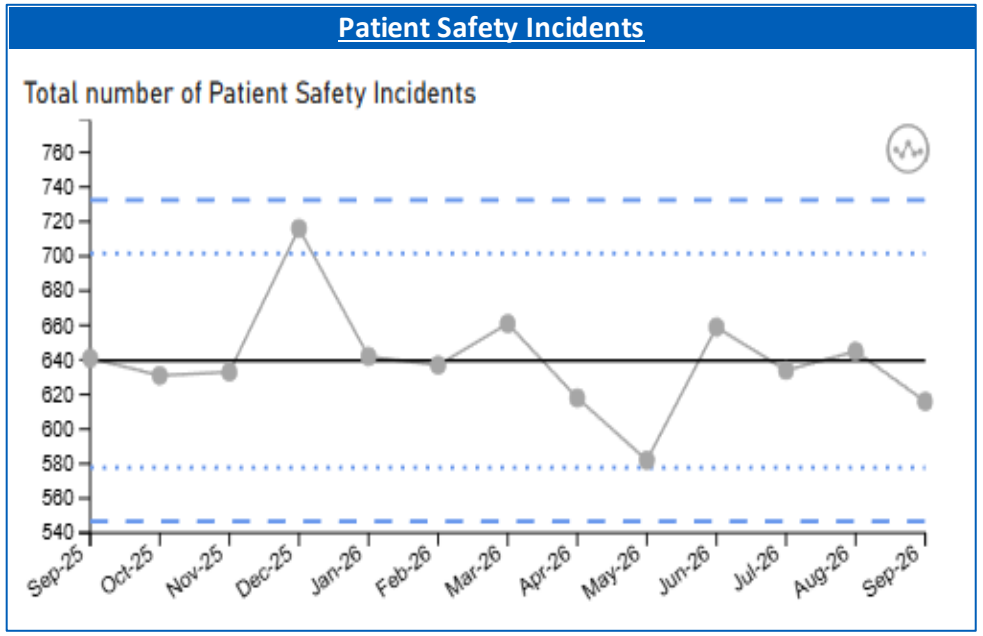
Compliments

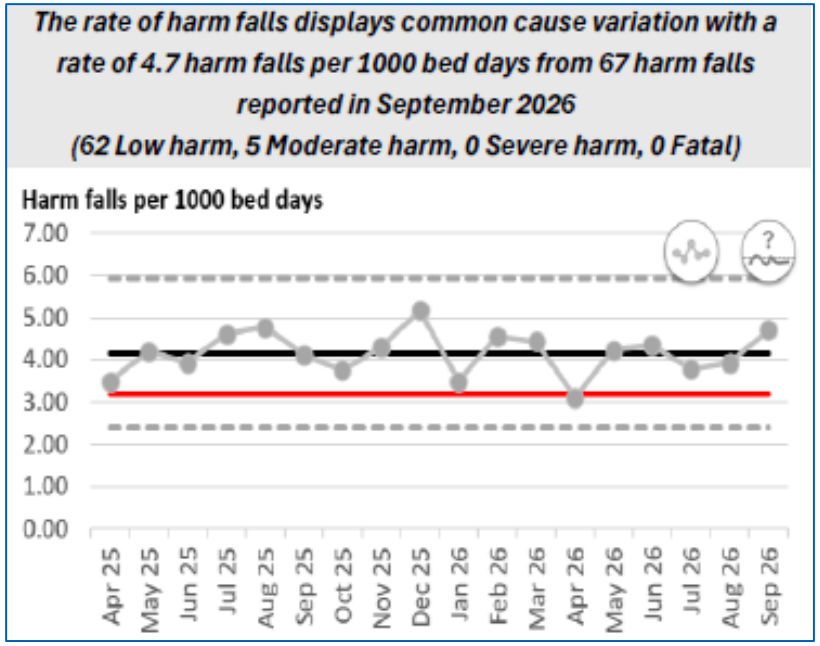


- 71.1% of formal complaints closed during September 2026 were responded to within agreed timescales. This represents an increase from the August position of 61.2% and divisional oversight should continue to prioritise prompt investigation, effective escalation and completion of responses within agreed timescales wherever possible to continue this improvement.
- Complaints closed outside agreed timescales during September 2026 were overdue by an average of 76.1 days. This represents a decline from the August position indicating an increase in the average length of delay for complaints closed beyond timescales. Delays remain significant for affected complainants and continued focus is required on timely investigation, escalation and completion of responses.
- The Trust received 73 compliments during September 2026, an increase from the previous month. Positive feedback continues to provide valuable evidence of good patient and family experience. Compliments should continue to be shared with services to recognise compassionate practice, support staff morale and identify learning from areas where patients report particularly positive care experiences.
- Friends and Family Test (FFT) performance remains positive, with an overall Trust score of 92.4% from 1,700 responses.
    - A&E: 84.5%
    - Inpatients & Day Cases: 95.3%
    - Outpatients: 94.0%
    - Maternity: 95%
    - Community: 100%
    - Mental Health: 100%

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

Gateshead Health NHS Foundation Trust



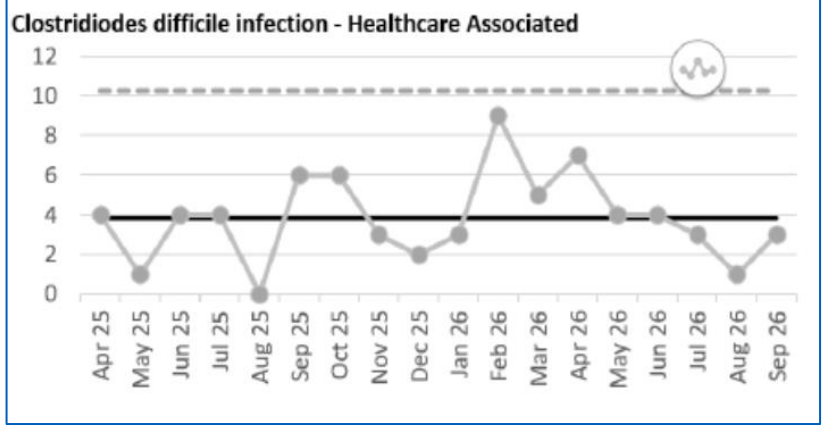


- Patient Safety Incidents continue to display common cause variation in September (i.e no significant change in historical trends). A decrease in the incidents reported is observed on the previous month, to 616 from 645; a decrease in the rate per 1000 bed days to 43.3 from 46.0.
- Falls remain within common cause variation. Falls improvement and assurance work continues to focus on reducing overall falls frequency, while maintaining close scrutiny of harm, recurrent fallers, patient acuity and dependency, and areas demonstrating higher-than-expected activity.

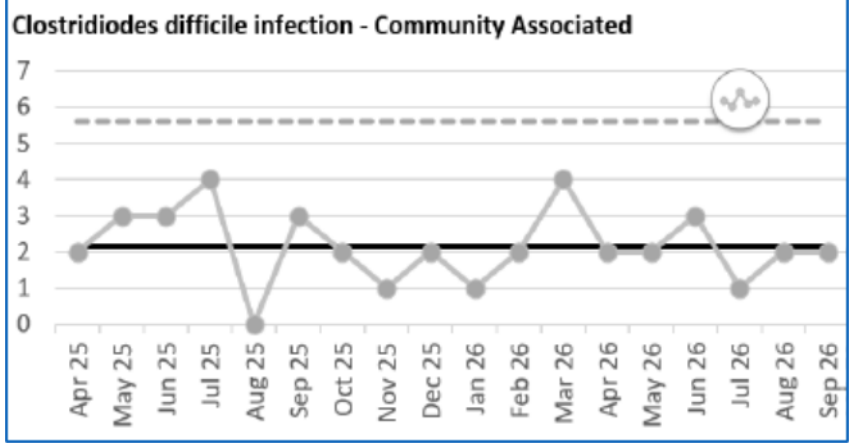
Patient safety incidents – September 26 data (reported to Quality Governance Committee)

Gateshead Health NHS Foundation Trust

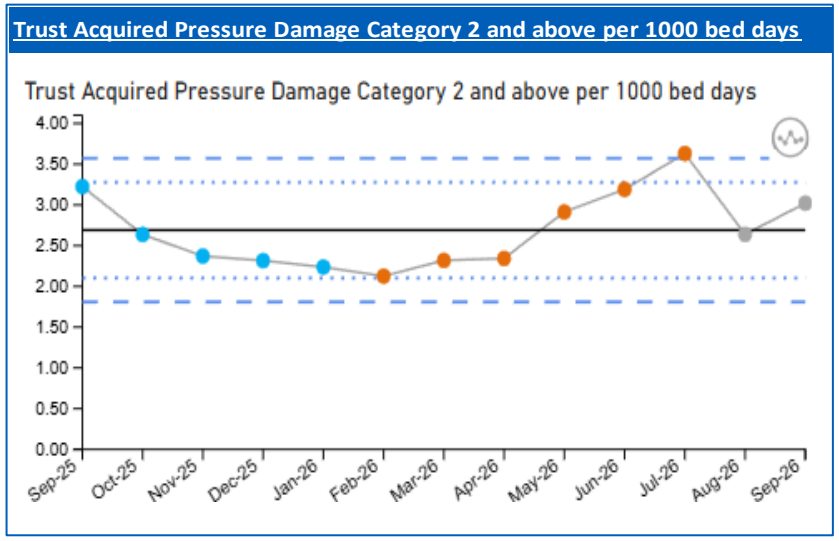
3 Healthcare Associated C.diff cases reported in September 2026.



2 Community Associated C.diff cases reported in September 2026.



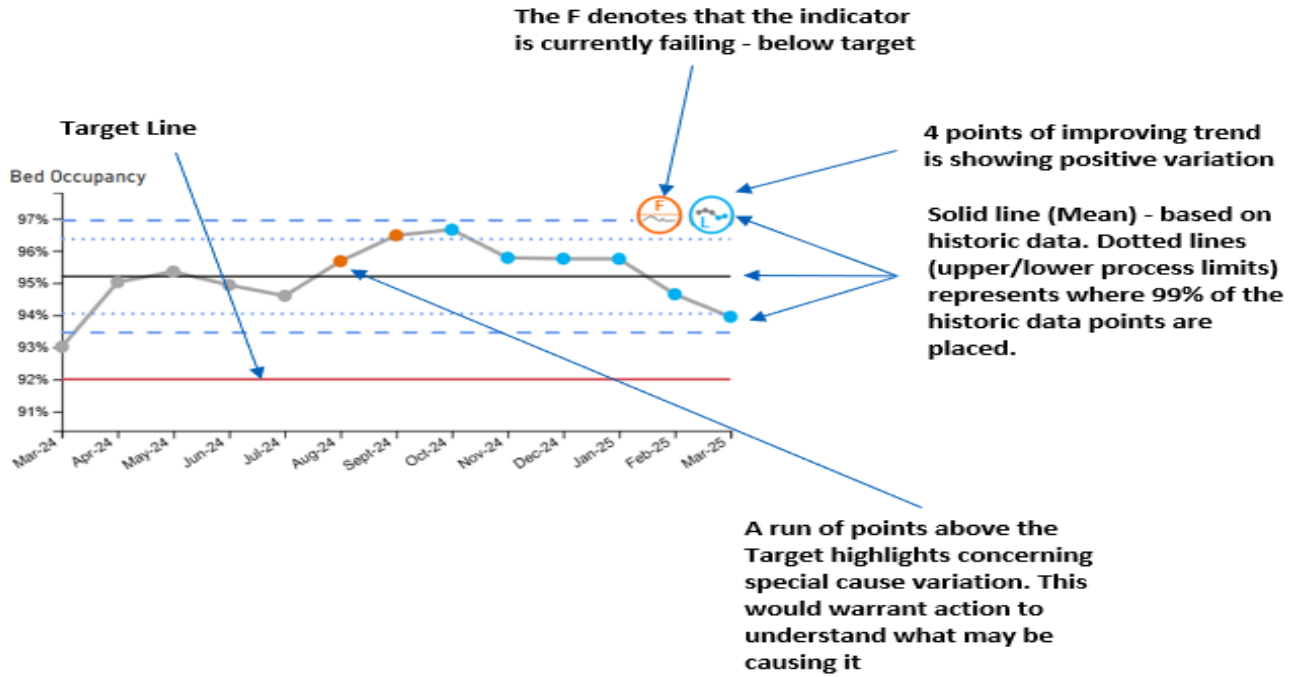
Trust Acquired Pressure Damage Category 2 and above per 1000 bed days



- The rate of Trust-acquired pressure damage incidents per 1000 bed days remains within expected variation.
- There were three healthcare-associated Clostridioides difficile infections (CDI) and two community-associated CDI cases. The Infection Prevention and Control (IPC) improvement programme continues to progress, underpinned by a renewed 'back to basics' approach, strengthening IPC governance and accountability at ward, divisional and organisational levels. Key priorities include improving the reliability and validation of hand hygiene audits, strengthening patient-level IPC risk assessments, targeted education and clinical engagement, and enhancing the oversight of environmental and estates-related infection risks.

Appendix 1 – Interpreting Statistical Process Control Charts

Gateshead Health NHS Foundation Trust



Assurance	
?	Variation indicates inconsistency hitting, passing and falling short of the target.
P	Variation indicates consistency (P)assing the target.
F	Variation indicates consistency (F)alling short of the target.

Variation	
	Common cause - no significant change.
H L	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.
H L	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.

Icon Colours Explained

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.

Gateshead Health NHS Foundation Trust

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.

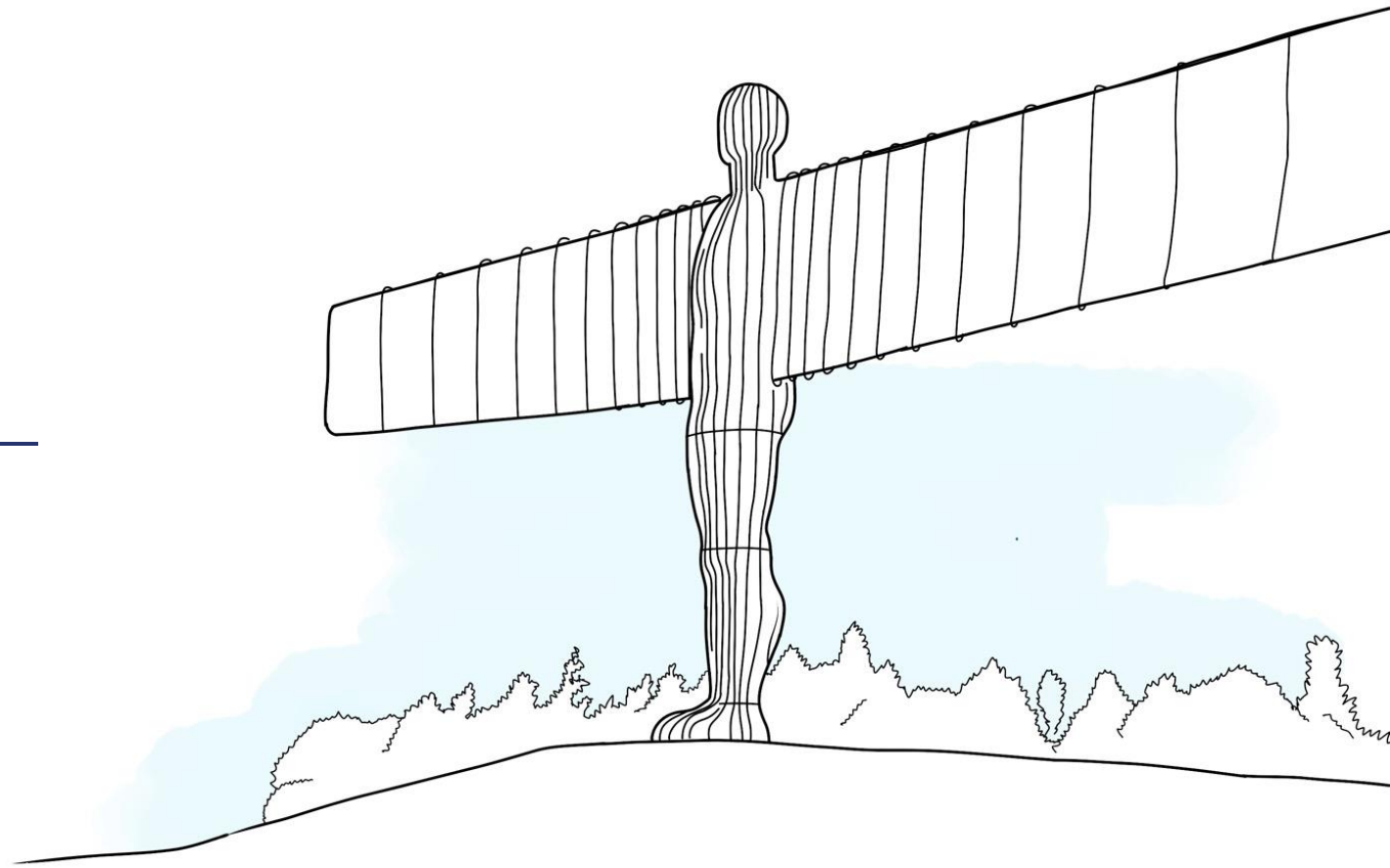
8. Board Committee assurance updates

i) Finance and Performance Committee - Committee Chair

ii) Charitable Funds Committee - Committee Chair

Gateshead Health NHS Foundation Trust

Work of the Finance and Performance Committee



Adam Crampsie
Chair of the Committee

How the committee provides assurance

Gateshead Health NHS Foundation Trust

Our role is to test whether plans are credible and improvements are taking hold.

Scrutinising delivery	We review financial performance, access to care and progress with transformation.
Challenging plans	We question assumptions, examine recovery plans and follow up on actions.
Connecting the evidence	We consider the implications for patient safety and staff alongside finance and performance.
Reporting to the Board	We highlight where evidence supports assurance and where gaps need further attention.

Financial performance and sustainability

Gateshead Health NHS Foundation Trust

Our scrutiny covers delivery this year and the long-term viability of services.

Delivering this year's budget

Recent monthly performance has improved, but the Trust remains behind its financial plan. Delivery for the year still depends on further recovery action.

Committee focus

Credible recovery actions, reliable forecasts and affordable investment.

Reducing the underlying deficit

The underlying deficit is expected to reduce, but more slowly than planned. Savings remain behind target, and lasting improvement depends on cost reduction and service transformation.

Committee focus

Savings that continue year after year and a deliverable plan for transformation.

Cost reduction over the next three years

Gateshead Health NHS Foundation Trust

The committee is looking for a programme that delivers lasting, safe improvement.

- Looking beyond annual targets to a credible programme over the next three years.
- Testing which changes can deliver savings year after year.
- Challenging the investment and delivery capacity needed to make those changes happen.
- Checking that savings protect the quality of care and support a sustainable workforce.

How will we know that planned benefits have become lasting improvements?

Transformation of services

Gateshead Health NHS Foundation Trust

Changing how care is delivered is central to better access and financial sustainability.

More care in the community

Neighbourhood services and redesigned pathways can help people receive care in the right setting.

Better use of digital tools

Simpler communication and working practices can improve access and make better use of staff time.

Greater focus on prevention

Earlier support and better use of medicines can help people stay well and reduce avoidable demand.

The committee asks how proposed changes will improve care, deliver sustainability, and whether the organisation can safely deliver them.

Improving access to care

Gateshead Health NHS Foundation Trust

Our focus is on sustainable recovery and the experience of people waiting for care.

Referral to treatment

Reducing waits for planned care.

Waiting time recovery is behind plan. Achieving the year-end ambition depends on additional capacity and investment.

Cancer care

Faster diagnosis and timely treatment.

Breast recovery is ahead of its plan, but overall cancer standards remain below expectations. A sustainable service model is still needed.

Urgent and emergency care

Timely care and safe movement through hospital.

Emergency care remains below plan. Discharge delays restrict patient flow, with winter capacity and partner support central to recovery.

Board Assurance Framework

Financial sustainability and partnership working remain above their target risk scores.

Risk and potential impact	Current	Target	Assurance the committee seeks
Financial sustainability Persistent deficits could limit investment and patient care.	20	10	Recurring savings, reliable forecasting and productivity improvements that reduce the underlying deficit without compromising care.
Working with partners Fragmented working could waste resources and weaken services.	16	12	Clear accountability for joint plans, shared use of resources and evidence that collaboration improves services.
Buildings and infrastructure Infrastructure failure could disrupt care and affect safety.	15	16	Prioritised capital investment, protection of essential services and progress with safety and maintenance work.
Neighbourhood services Limited capacity could delay community care and prevention.	12	12	Leadership capacity, joint service design and evidence that more care and prevention can happen in the community.

Priorities for the next six months

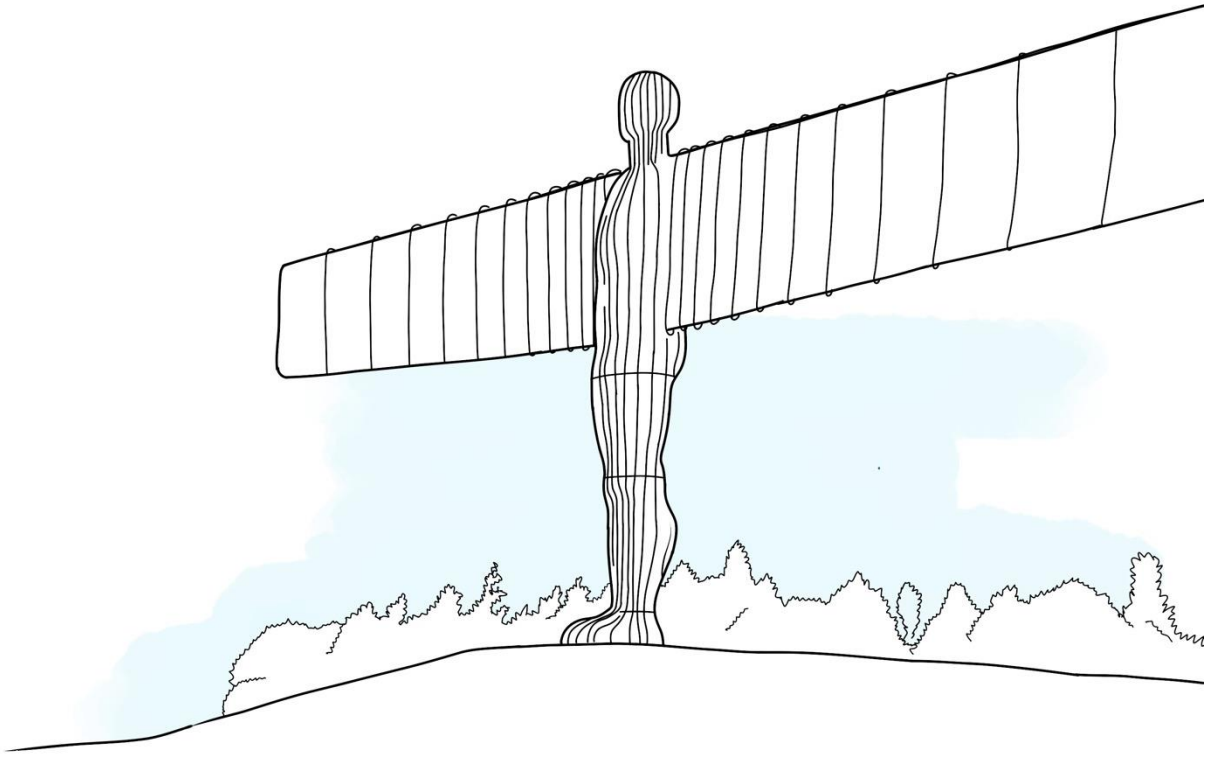
Gateshead Health NHS Foundation Trust

Maintaining attention on the changes that matter most to sustainable services.

- A credible route from the current financial position to lasting deficit reduction.
- A deliverable cost reduction programme over the next three years, with clear ownership and quality safeguards.
- Transformation proposals that show how care will improve and how benefits will be realised.
- Sustained recovery in planned treatment, cancer care and urgent and emergency services.
- Confidence that estate investment and partnership working support the Trust's future plans.

Gateshead Health NHS Foundation Trust

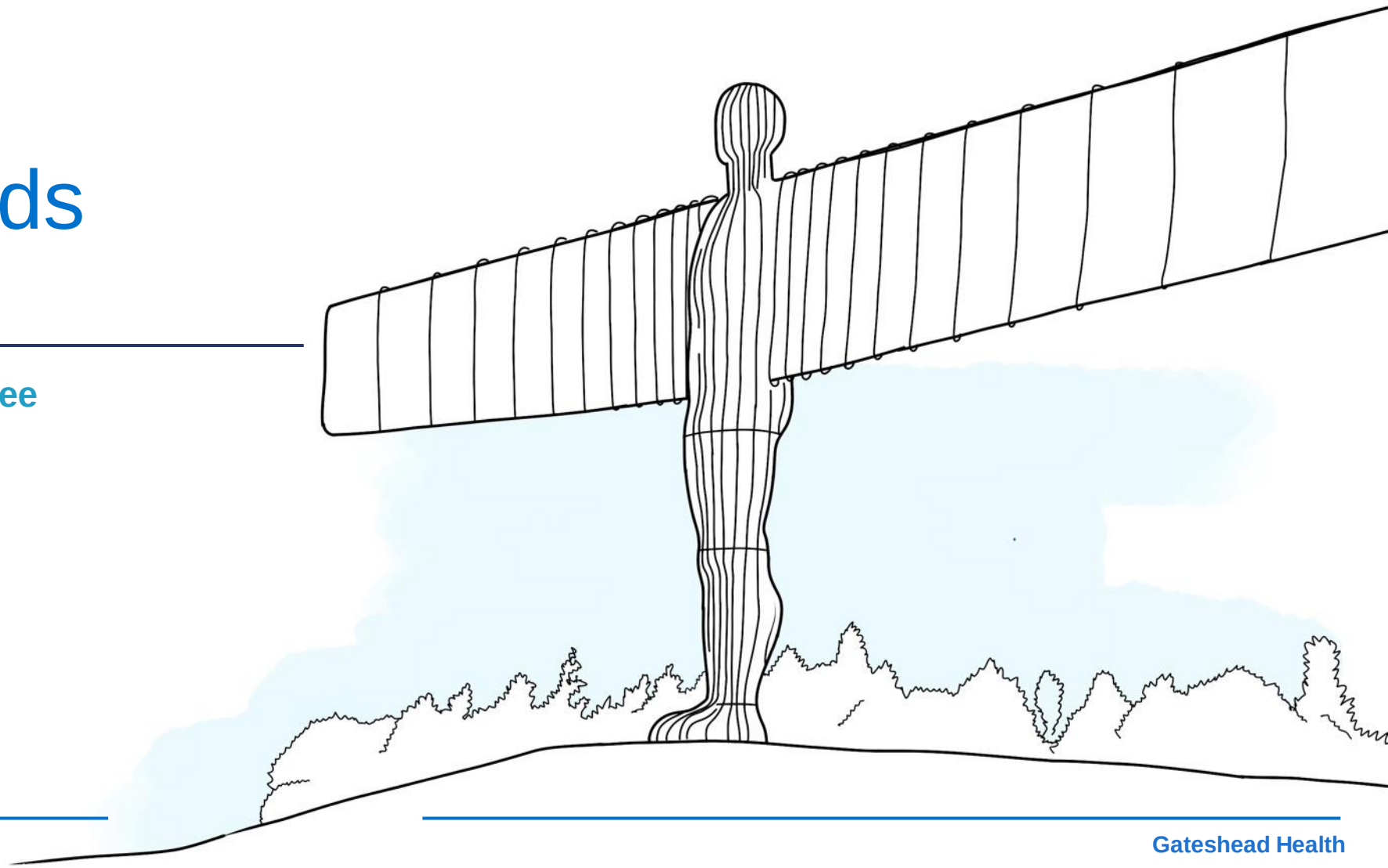
Any questions?



Work of the Charitable Funds Committee

Gill Hunter, Chair of the Committee

18 November 2026



Examples of issues considered and assurances received

Legacy & Spending Plans:

considered the management of a complex legacy case;

received assurance that legacy spending plans were aligned with Trust.

all funding applications subject to appropriate scrutiny and approval processes.

Funding for Patient and Staff Projects:

received assurance that funding supported a range of both patient and staff projects;

there was oversight of project delivery;

staff wellbeing initiatives included the continuation of the Festive Food offer and the Highs and Lows Singing for Wellbeing Group .

Fund Management and Consolidation:

considered ongoing review of charitable funds;

arrangements for vacant fund manager posts and received assurance that action plans were in place

.

Investment and Reserves Assurance:

reviewed investment performance and reserve levels;

receiving assurance that investment arrangements were being monitored.

Charity Structure and Sustainability:

considered the Charity's financial performance, fundraising activity, and workforce capacity, with assurance received with regular charity updates, evaluations of fundraising activities including Great North Run.

Governance and Compliance:

received assurance that charitable funds were being managed in accordance with the governance framework,

assurance was also received through regular reporting from the Charity Operational Group.

Overview of charity activity:
Between 1st Sept 2025 – 31st August 2026

Gateshead Health NHS Foundation Trust

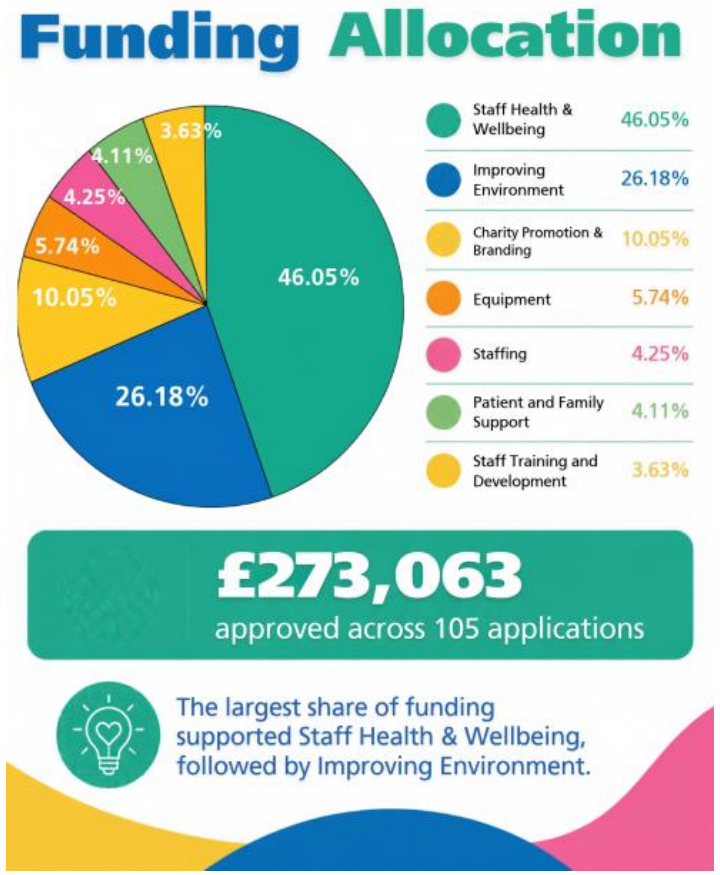
- **1350** patients were supported from **7 evaluated projects** during this period
- **419 event participants and fundraisers** during this period

- **105** approved projects including:

- **Improving the environment** with ward recliners and relative chairs, pull-out day beds, beam seating, flooring upgrades for St Bede's day/visitors rooms, and garden improvements.

- **Equipment** such as mouth care trial equipment, slimline mobile medical carts, learning disability care packs, laptops, apps for therapy iPads, and ward fridges.

- **Patient & Family Support** including bereavement resources, silver-plated memory tree hearts, Teddy Tastics packs, Minsteracres palliative patient and family day retreats, and care items.



GATESHEAD HEALTH CHARITY

Key priorities for assurance over the next 6 months

Gateshead Health NHS Foundation Trust

Charity Strategy:

Development of the Charity Strategy aligned to the Trust Strategy.

Board development session planned for March.

.

Legacy Funds and Restricted Funds:

Monitor resolution of the legacy issue.

Continue progress on mapping and utilisation of unaligned legacy funds and seek to maximise opportunities to use legacy funds .

Assurance that funds are being used in line with donor intent and charity priorities.

Investment and Reserves:

Following an investment review a new investment strategy will be devised, which will sit alongside the charity strategy and meet the new strategy's needs.

Understand endowment restrictions.

Assessment of reserve levels.

Income Generation and Marketing Growth.

Continue to develop new income streams.

Develop and grow a supporter database.

Grow awareness of the charity.

Demonstrating Impact and Value

Evidence of benefits delivered through charitable funding for both internal and external audience.

Impact reporting from funded projects.

.

Governance, Compliance and Organisational Capacity

Completion of outstanding fund reviews and endowment work.

Ongoing assurance on risk, controls and decision-making and strengthen where needed.

Fundraising Spotlight: Great North Run 2026





Figures for Great North Run 2026:

- 23 mini/junior runners.
- 76 adult runners.
- Raised £48k in 2026 compared with £17k in 2025.

Great North Run takeover at the Hub at the Queen Elizabeth Hospital for 1 week

- Everyone wore the distinctive orange charity t-shirts to promote the GNR.
- Stories of why people were taking part were placed all around the Hub.
- Both staff, visitors and runners were celebrated.
- And everyone enjoyed PASTA!!!

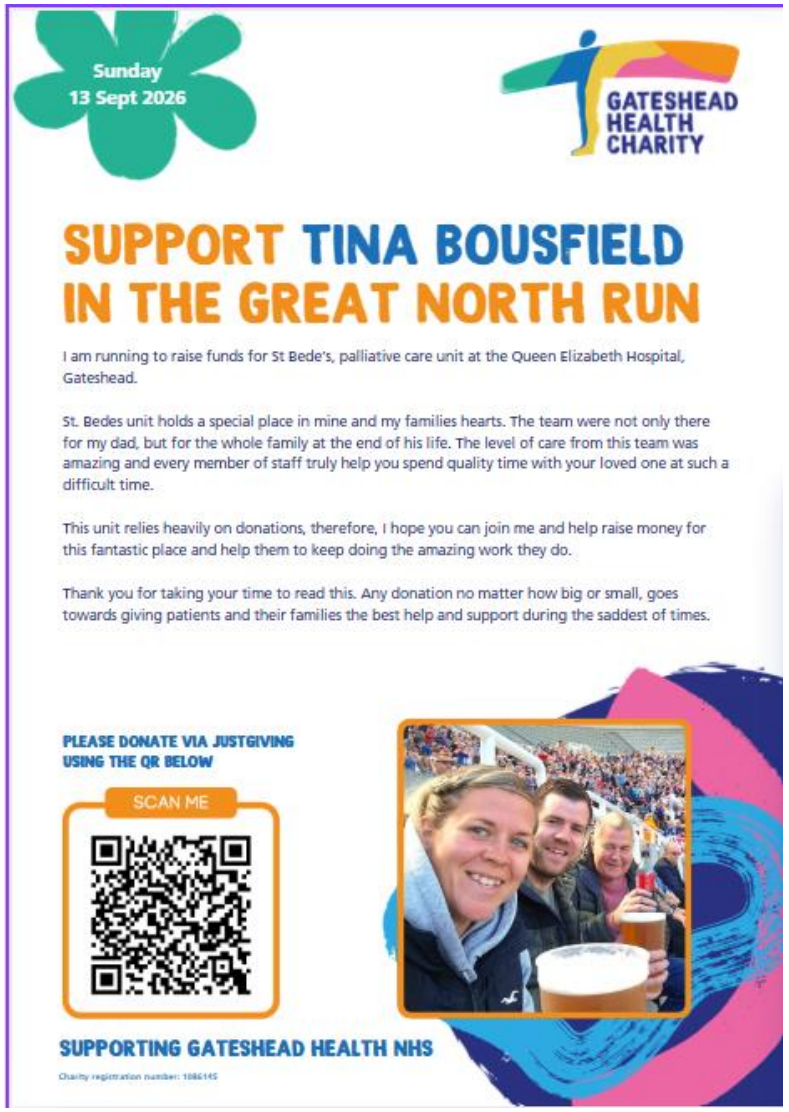
Great North Run Support for 2026 included:

- We had a dedicated marquee with charity staff and supporters where runners and their families could meet afterwards.
- This allowed the runners to be appreciated and understand what their support meant to the charity.
- Cheer point supporting runners along the route.
- Selfie station / interviews of runners.
- Charity branded thank you bags to show appreciation.
- Enhanced social media content celebrating achievements and promoting GNR 2027.





Fundraising: From Running to Footie



From **Tina's Great North Run** story, to the **Lads 'n' Dads Footie Match**, to the fundraising efforts of **High Felling Post Office**, these are just some of the many ways local people are choosing to support their hospitals charity.





GATESHEAD HEALTH CHARITY

Project Funding Impact:
New Children and Young People's Department



A Calmer Welcome for Children and Families

- The area was designed to create a calmer, more welcoming environment for children and young people.
- Designed to include soothing spaces and age-appropriate play areas to help make hospital visits less daunting
- The design included two bespoke wooden feature trees installed in the reception area and main day room.
- **Funded through an £18,000 legacy gift from Gwendoline Sell.**
- The donor's family visited the department to see how the legacy had been used and the difference it is making
- This is a great example of how legacy funding make a difference.

Gateshead Health NHS Foundation Trust

Any questions?

GOVERNANCE

9. Future engagement model

To be presented by Jennifer Boyle, Company Secretary

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 9

Report Title:	**Future Model of Engagement**			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 November 2026			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Sir Paul Ennals, Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide Governors with assurance over the progress made in developing a model for future engagement			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Governor workshop – 7 October 2026 Executive Committee – 22 October 2026 Alliance Steering Group – 12 November 2026			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• Patient and staff experience should improve if the proposed model is able to deliver its objectives • The model retains transparency and accountability principles, which have been key elements of governance under the FT model • Under the proposed phase 2 the group seeks to diversify its membership and be more inclusive of hard-to-reach groups and those with health inequalities. • No identified additional costs associated with this model – the aim is to deliver within existing resources			
Recommended actions for this meeting:	The Council of Governors is requested to: • Note the proposed direction of travel and rationale for the development of the model;			

Gateshead Health NHS Foundation Trust

Outline what the meeting is expected to do with this paper	• Be assured that Governor feedback has shaped the proposal; and • Provide any additional feedback on the proposed approach prior to formal Board approval being sought on 25 November 2026.	
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 work in collaboration with our partners to improve the health of our population and reduce health inequalities • We will ensure effective and efficient use of our resources identifying opportunities to improve productivity and ensure the best use of public money	

Links to CQC Key Lines of Enquiry (KLOE):	Caring ☒	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):	No direct links		
Has an Equality and Quality Impact Assessment (EQIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Gateshead Health NHS Foundation Trust

Future Model of Engagement

1. Executive Summary

1.1. This paper outlines the proposed establishment of a Patient and Staff Advisory Group (PSAG), informed by feedback at the Governor workshop on 7 October 2026.

1.2. In anticipation of the potential legislative changes described in the paper, the model aims to preserve meaningful community connection, independent challenge, accountability and access to the Board, while enabling patient, carer, staff and community insight to shape services and improvement priorities.

1.3. Subject to Board approval on 25 November 2026, a phased 'bridge and broaden' approach would begin in January 2027, with interested existing Governors invited to participate as co-opted advisory members.

1.4. From May 2027, membership would widen through open and inclusive recruitment, with particular attention to under-represented communities and people experiencing health inequalities. A core membership of around 30 is envisaged, supported by wider engagement and designed to operate within existing resources.

1.5. PSAG would be advisory and would not inherit Governors' statutory powers. The Council of Governors would continue in parallel, retaining its existing responsibilities unless and until legislative change is enacted.

1.6. Proposed governance includes formal reporting, regular access to Board members (to support accountability), urgent escalation routes and annual reporting and effectiveness review. Detailed terms of reference, recruitment and operating arrangements remain to be developed.

1.7. Governors are asked to note the proposed direction of travel, take assurance that their feedback has shaped the model and provide any further comments before formal Board approval is sought.

2. Introduction

2.1. This paper provide Governors with a high-level overview of the proposed future engagement model and the intended transition arrangements. This follows the Governor workshop on 7 October 2026 where a potential model was shared and valuable feedback was provided by Governors, which has shaped the proposed model.

2.2. Formal approval will be sought from the Trust Board in November 2026.

Gateshead Health NHS Foundation Trust

3. The proposal at a glance

3.1. The Health Bill proposes removal of the statutory requirement for NHS foundation trusts to have members and a Council of Governors. If enacted as currently drafted, this would represent a significant change to the foundation trust governance model.

3.2. As Governors are aware the Trust and its Alliance partners wishes to prepare proactively rather than wait for the Health Bill position to be finalised.

3.3. There is agreement that the future model should preserve meaningful community connection, independent challenge, transparency and access to the Board.

3.4. The Council of Governors will continue to operate, with its existing statutory responsibilities, unless and until legislative change is enacted.

3.5. The proposed approach is to establish a Patient and Staff Advisory Group (PSAG) drawing on the Patient and Carer Advisory Group (PCAG) model in place at Royal Marsden (as discussed in the Governor workshop) and aligning the Alliance-wide engagement principles and enablers. The proposed approach is outlined further in the following table:

Element	Proposed approach
Model	Establish a Patient and Staff Advisory Group (PSAG), drawing on the Royal Marsden Patient and Carer Advisory Group model and Alliance-wide engagement principles.
Purpose	Create a practical route for lived experience, staff experience and community insight to shape service design, improvement, communications and organisational priorities.
Status	Advisory rather than statutory - PSAG would not inherit the legal powers of the Council of Governors but will have influence and prominence within Trust governance.
Membership	A core group of around 30 members, supported by wider participation through task-and-finish work, listening activity and engagement events.
Resources	Designed to operate within existing resources.

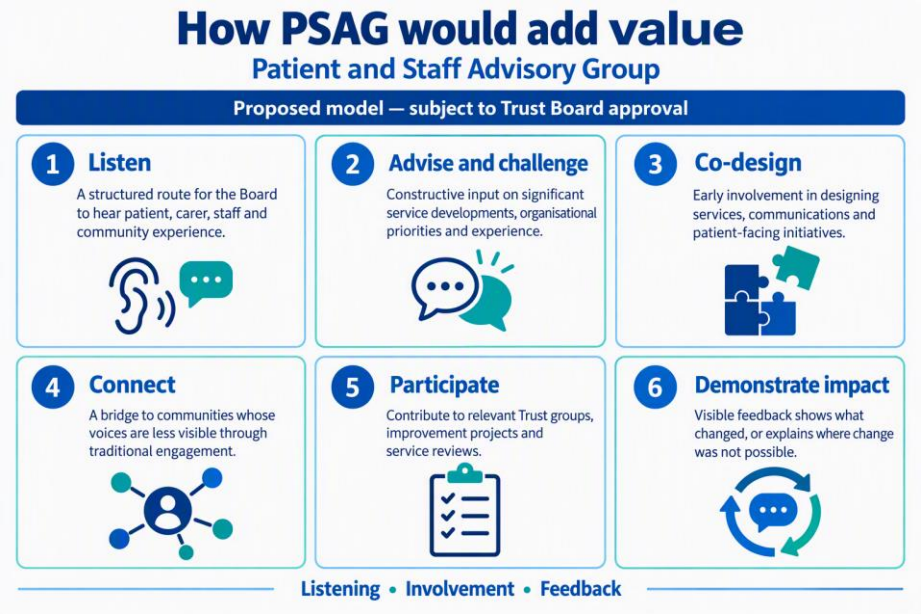
3.6. A phased approach to the launch of PSAG is proposed – a ‘bridge and broaden’ approach:

PHASE 1 | Bridge	PHASE 2 | Broaden
January to April 2027	From May 2027 onwards
Interested existing Governors would be invited to join PSAG as co-opted members. This would retain local knowledge, staff knowledge, community relationships and experience during the transition. Participation would be optional and would be in an advisory capacity.	Membership would be broadened through an open and inclusive approach to patients, carers, staff, young people, community representatives and voluntary organisations. Particular attention would be given to under-represented communities and people experiencing health inequalities.

Gateshead Health NHS Foundation Trust

The Council of Governors would continue in parallel while it remains a statutory body.

3.7. It is envisaged that PSAG would add value in the following ways:



3.8. On 16 October colleagues from Gateshead Health and Newcastle Hospitals met with the leaders of Healthwatch Gateshead and Newcastle to explore opportunities for partnership working on future models.

3.9. A helpful overview was provided of the work that Healthwatch has undertaken and the ways in which they could support the Trust to engage more broadly, including with hard-to-reach groups.

3.10. There is an appetite from Healthwatch to retain involvement in respect of the engagement models and it is envisaged that Healthwatch will be being offered an opportunity to convert their appointed Governor seat into membership of PSAG under Phase 1 of its launch.

3.11. The intention is to retain strong routes for influence and accountability - this reflects the feedback shared by Governors at the recent workshop. Subject to Board approval, the proposed arrangements include:

- formal reporting to the Patient Experience Group, with relevant themes also considered through People and OD arrangements where appropriate;
- two meetings each year between PSAG and Board members;
- the PSAG Chair attending Quality Governance Committee routinely;
- an annual PSAG report presented to the Trust Board;
- quarterly informal drop-in sessions with the Chair or Vice Chair and other Board members;

- clear routes to escalate urgent quality, safety or staff concerns between meetings; and
- an annual review of PSAG effectiveness.

4. Implications for Governors

4.1. There is no immediate change to the Council of Governors or to Governors' statutory responsibilities.

4.2. If the proposal is approved by the Board of Directors, interested Governors would be offered an opportunity to help establish PSAG and contribute their knowledge and experience (noting that statutory Governor powers would not transfer to the PSAG role).

4.3. The model is intended to build on the strengths of the current arrangements while widening participation and increasing practical involvement in improvement work.

4.4. Further detail, including terms of reference, recruitment and operating arrangements, would be developed as part of implementation.

5. Next steps

5.1. Formal Board approval will be sought at the meeting on 25 November 2026.

5.2. If approved Phase 1 PSAG will be implemented in January 2027 with a broadening of the membership as part of Phase 2.

5.3. As part of Phase 1 it is envisaged that PSAG would focus on a small number of key areas as the group establishes itself. This could include:

- Appointing its chair from amongst the co-opted members;
- Working with Trust colleagues to define and implement its working arrangements, member recruitment, reporting arrangements and key priorities for 2027/28;
- PLACE visits – reviewing the process for delivering, reporting and measuring the impact of PLACE visits. This is a topic which already has significant interest from a number of potential members, is an area where we know that there is scope for enhancing effectiveness and has a direct impact on both our patients and our staff.

5.4. The Council of Governors is requested to:

- Note the proposed direction of travel and rationale for the development of the model;
- Be assured that Governor feedback has shaped the proposal; and

- Provide any additional feedback on the proposed approach prior to formal Board approval being sought on 25 November 2026.

UPDATES FROM GOVERNOR COMMITTEES AND GROUPS

10. Membership, Governance and Development Committee Assurance Report

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

Gateshead Health NHS Foundation Trust

Committee Escalation and Assurance Report

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

Alert *(matters of significant concern requiring escalation to the Council for further action)*
• No issues of significant concern
Advise *(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)*
• The Committee received the attendance rates for the Council of Governors and Committee meetings. Whilst it was acknowledged that good attendance continues for many public governors, some concerns were raised in relation to engagement levels for staff and appointed governors. It was recognised however that this may be due to time commitments and work pressures, and the Committee wished to encourage attendance to the Council meetings where possible whilst providing any apologies or feedback on reports in advance of meetings.
Assure *(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)*
• The Committee received positive feedback from the governors who attended the annual PLACE audit and it was recognised that this demonstrates the excellent services provided across the organisation. • The Committee reviewed the Governor Handbook with minor amendments noted. The Committee recommended that the Council approves the revised handbook but it was acknowledged that this may require further revision in response to the proposed changes within the Health Bill.
Risks (any new risks / proposed changes to risk scores)

11. Governor Remuneration Committee Assurance Report

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

Gateshead Health NHS Foundation Trust

Committee Escalation and Assurance Report

Name of Governor Committee	Governor Remuneration Committee
Date of Governor Committee:	26 October 2026
Chair of Governor Committee:	Steve Connolly (Lead Governor)

Alert *(matters of significant concern requiring escalation to the Council for further action)*
• No issues of significant concern.
Advise *(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee is seeking assurance over)*
• The Committee approved the process for the forthcoming recruitment of a Non-Executive Director. The Committee supported the recommendation to seek a qualified clinician with senior leadership experience, with a nursing, pharmacy or allied health professional background desirable to complement the Board's existing medical expertise. Recruitment will also emphasise improving Board diversity and previous NED experience will be essential. In addition, the Committee supported the recommendation to appoint Castle Peak to assist with the recruitment up to the longlisting stage. • It was also agreed that the recruitment process should progress immediately at risk pending formal Council of Governors ratification at the next meeting on 18th November 2026. This will enable ratification of the appointment before relevant Governor terms end in January 2027 which will affect voting rights and eligibility for Committee and interview panel membership.
Assure *(key assurances received and any highlights of note for the Council, including recommendations for items requiring Council approval / ratification)*
•
Risks (any new risks / proposed changes to risk scores)
• As above

Gateshead Health
NHS Foundation Trust

ITEMS FOR INFORMATION

12. Governor Handbook 2026

To be presented by Jennifer Boyle, Company Secretary

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 12

Report Title:	**Governor Handbook**			
Name of Meeting:	Council of Governors			
Date of Meeting:	Wednesday 18th November 2026			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Sir Paul Ennals, Chair of the Board and Council of Governors			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☐	**Information:** ☐
	To approve the revised Governor Handbook to ensure that the information for Governors is current and up to date.			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	n/a			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• The Governor Handbook has been reviewed by the Membership, Governance and Development Committee to ensure that all information for Governors is current and up-to-date. • Minor amendments have been made to include references to the Community Diagnostic Centre and Great North Healthcare Alliance.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Membership, Governance and Development Committee recommends that the Council approves the revised handbook.			

Gateshead Health NHS Foundation Trust

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):						
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** ☒	

Gateshead Health
NHS Foundation Trust

GOVERNOR HANDBOOK

Information for Governors

October 2026

Gateshead Health NHS Foundation Trust

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Foreword from the Chair

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

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

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

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

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

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





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

Gateshead Health NHS Foundation Trust

About us – our history, purpose and services

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







Our services are primarily delivered from four locations in the Gateshead area – the Queen Elizabeth Hospital site, the Community Diagnostic Centre at the Metro Centre, Bensham Hospital and Blaydon Urgent Treatment Centre. As a group we employ over 4,800 staff and are also supported by many valued volunteers from our local communities.

The Trust also wholly owns its subsidiary QE Facilities Limited (QEF), which was established in 2014. QEF provides estates, facilities, procurement, materials and supply chain management, equipment maintenance and transport services to the Trust. QEF also provides services to other NHS organisations as well as the private sector, with profits reinvested into patient care. QEF's vision is '*to facilitate the delivery of exceptional healthcare through our commitment to quality and innovation in everything we do'*.

We are one of four trusts which form the Great North Healthcare Alliance, a collaborative working arrangement which aims to leverage the best of each organisation to work together to deliver high quality, safe and reliable care for our population. Since January 2024 Gateshead Health, The Newcastle-upon-Tyne Hospitals NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust have worked together in the Alliance.

In September 2025 we launched our new 5 year corporate strategy 2025 – 2030, which aligns with the NHS 10 Year Plan. The strategy was informed by extensive engagement with a broad range of stakeholders, including our people, Governors, patients and partners. The strategy sets out our purpose and vision for the future

NHS Gateshead Health NHS Foundation Trust

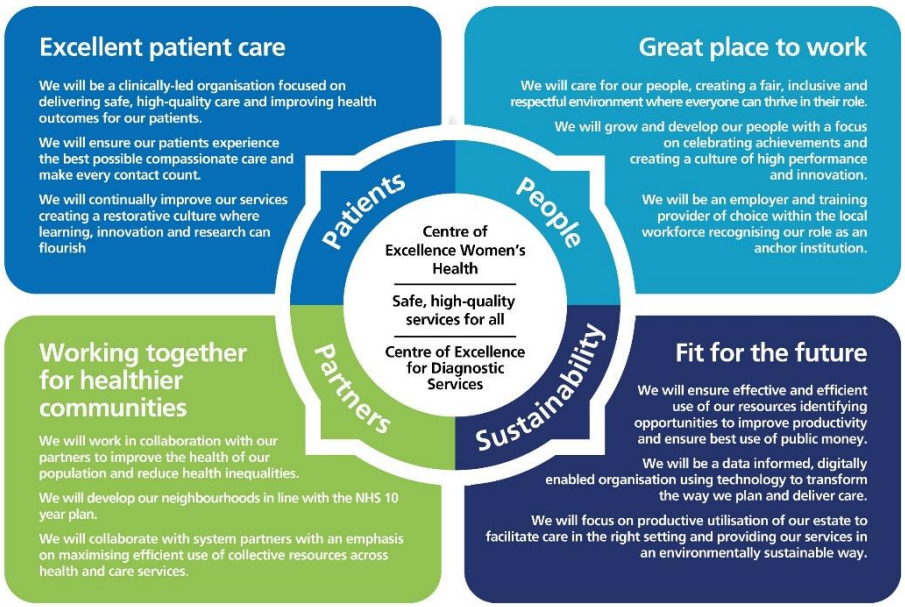
Our vision:

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

Our purpose:

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

Our strategic priorities:



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

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



Gateshead Health NHS Foundation Trust

The Governance of Foundation Trusts

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

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

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

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

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

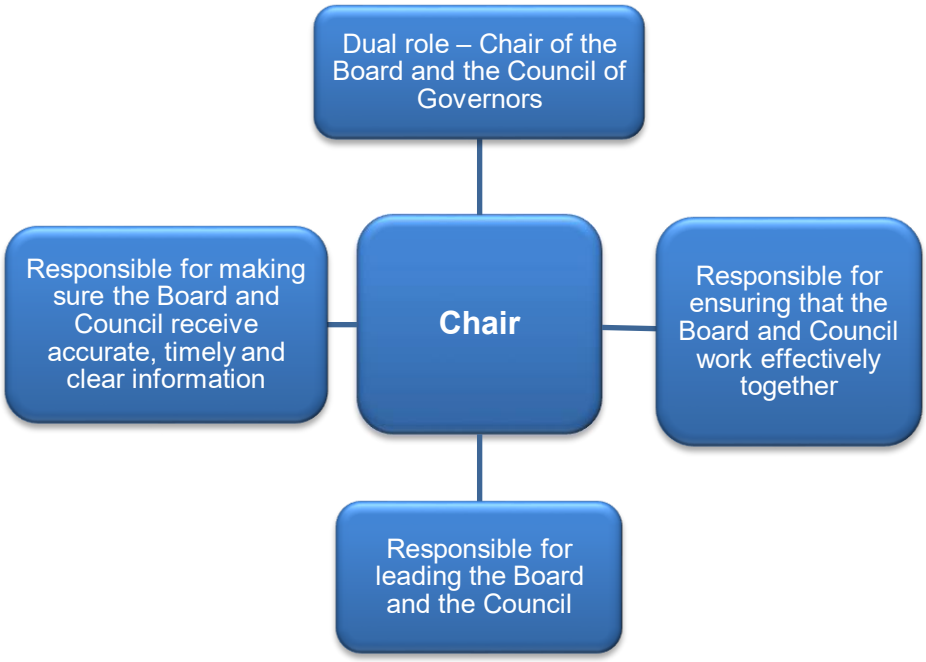
- A Board of Directors;
- A Council of Governors; and
- Foundation Trust Members.

The Board of Directors

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

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

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



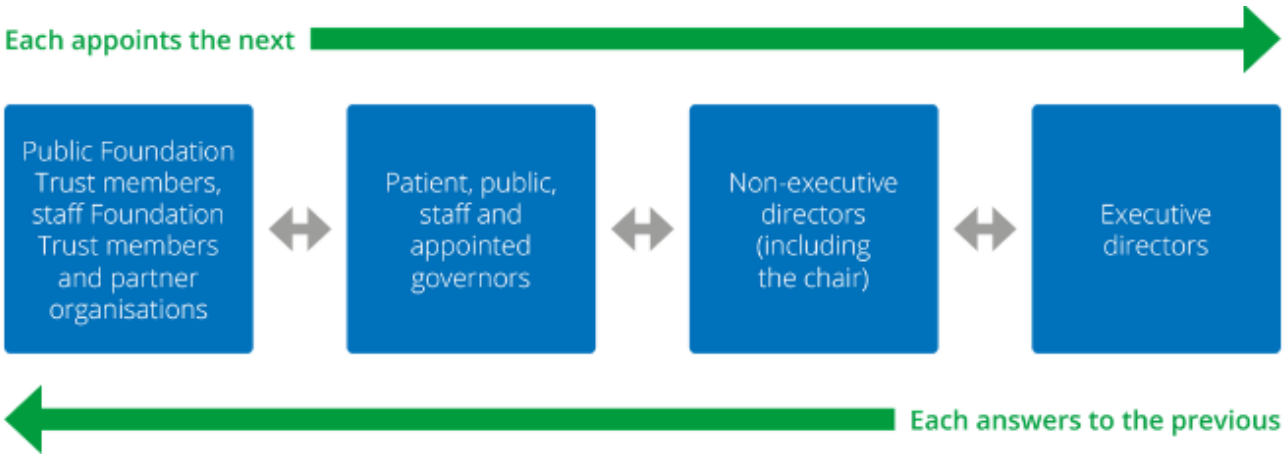
One of the Non-Executive Directors is appointed as the **Senior Independent Director (SID)** by the Board of Directors, in consultation with the Council of Governors.

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

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

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

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



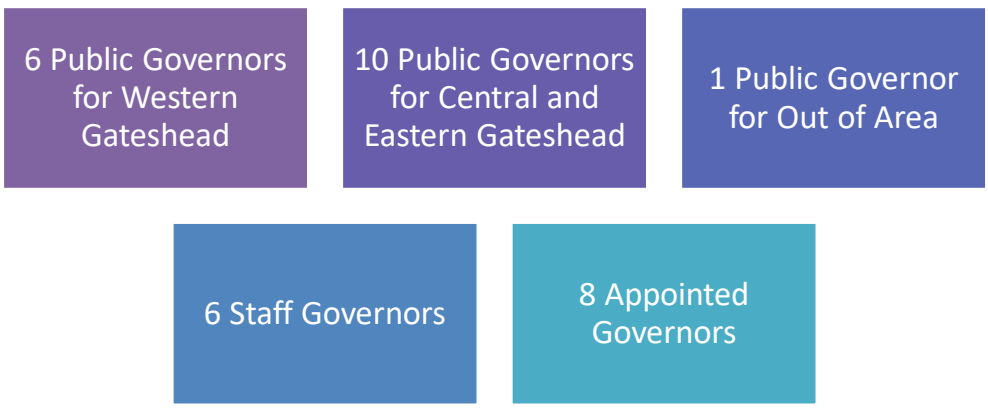
You can find out more about the current composition of our Board on our website at this link.

Governors and the Council of Governors

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

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

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



The current composition of the Council of Governors can be seen on our website at the following link.

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

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

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

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

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

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

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

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

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

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

Foundation Trust Members

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

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

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

We also have an Out-of-Area constituency, which is coterminous with the geographical boundaries of the North East and North Cumbria Integrated Care System (NENC ICS). Patient membership is available to individuals who live outside constituency areas but who have used any of the Trust's

services within the seven years immediately preceding the date of their application for membership. Patient members are included in the Out of Area constituency.

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

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

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

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

Governors use a variety of ways to communicate with members, including quarterly newsletters, and engagement events in the Trust and community.

Governor Roles and Responsibilities

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

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

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

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

Guardianship

- Holding the Non-Executive Directors to account for performance of the Board.
- Ensuring the Trust speaks in a way that fits with statement of purpose.
- Guarding the public interest through constructive challenge and acting as a critical friend.

Ambassadorial

- Recruiting and engaging with members of the Trust.
- Ensuring the Trust feeds back to members on its vision, strategy and plans.

Advisory

- Supporting the Board of Directors of terms of strategic guidance by giving feedback on:
  - corporate objectives
  - annual plan
  - quality report

Council of Governors Meetings

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

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

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

Governor Committees

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

Governor Remuneration Committee

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

The Committee has a defined membership of 1 appointed Governor (who chairs the Committee), 4 public Governors and 2 staff Governors. The meetings are held at least annually and as required by the expiry of the terms of appointment of the Chair and Non-Executive Directors.

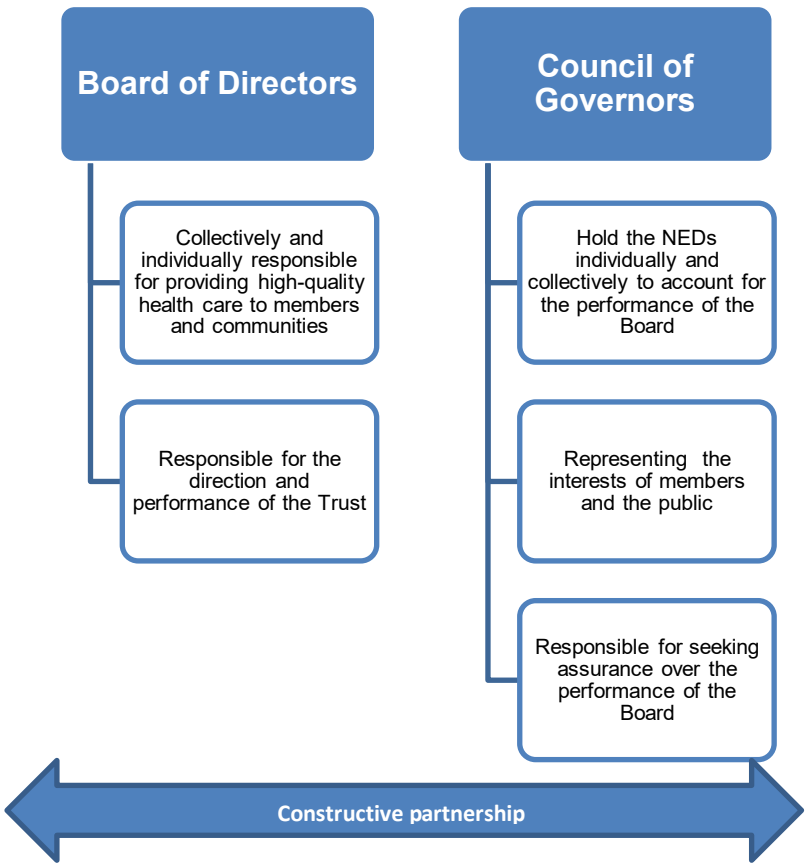
Membership, Governance and Development Committee

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

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

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

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



Governor training and development

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

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

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

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

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

Time Commitment

The minimum time commitment Governors are expected to make for the role is attending the Council of Governors meetings, with an expected minimum attendance rate of 75% per year. Any Governors who

have volunteered as members of the Governor Remuneration Committee are also expected to attend 75% of these meetings.

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

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

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

Payment and expenses

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

Governor Code of Conduct and Eligibility

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

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

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

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

Help and Support

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

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

Gateshead Health NHS Foundation Trust

Appendix 1 – External Governance and the Local Health Economy

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

The Secretary of State for Health

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

The Department of Health and Social Care

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

Integrated Care System

The North East and North Cumbria Integrated Care System (ICS) is a partnership of organisations including local councils, voluntary and community services that provide health and care across our region. It is led by the Integrated Care Board (ICB). Under the NHS 10 Year Plan and the Health Bill which supports its implementation ICBs are being reframed to focus on their role as strategic commissioners of local health services.

Great North Healthcare Alliance

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

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

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

Health and Wellbeing Boards

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

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

Gateshead Health NHS Foundation Trust

Health Overview and Scrutiny Committees

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

NHS England

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

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

Care Quality Commission (CQC)

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

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

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

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

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

Gateshead Health NHS Foundation Trust

Appendix 2: List of Useful Contacts and Websites

NHS England

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

North East and North Cumbria Integrated Care System (ICS)

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

North East and North Cumbria Integrated Care Board (ICB)

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

Department of Health and Social Care (DHSC)

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

Care Quality Commission (CQC)

Website: www.cqc.org.uk

NHS Alliance

Website: NHS Alliance

Gateshead Health NHS Foundation Trust

Appendix 3: Glossary and acronyms

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

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

Integrated Care Board (ICB)	The Integrated Care System is led by the Integrated Care Board and is responsible for strategic commissioning.
Integrated Care System (ICS)	There is one Integrated Care System for the North East and North Cumbria. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Under the NHS 10 Year Plan the primary focus of ICSs is strategic commissioning.
Patient Advice and Liaison Service (PALS)	The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Member of the NHS Foundation Trust	A member of the public who may be a patient that has agreed to become a member of the Trust, or a member of staff, who is automatically a member of the Trust.
NENC ICS and ICB	North East and North Cumbria Integrated Care System and Integrated Care Board
NHSE	National Health Service England
NHS Alliance	An independent membership body that represents and supports the health and care system in England, Wales and Northern Ireland (formerly known as NHS Providers).
Non-Executive Director (NEDs)	A director who does not hold executive office (i.e. is part time). Non-Executive Directors have decision making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation. They are members of the Trust Board of Directors.
QEF	QE Facilities Limited
Quorum	The number of members or officers of a body that when duly assembled is legally sufficient to transact business
Remuneration	The act of paying for goods or services or to recompense for loss.
SID	Senior Independent Director

Gateshead Health NHS Foundation Trust

Appendix 4: Definition of Significant Transaction

Extract from the Trust's Constitution

20. Mergers etc and significant transactions

20.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

20.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction

20.3 "Significant transaction" will be defined by the criteria set out by NHS England below:

		Reporting requirements	
Ratio	Description	Non-healthcare/ international	UK Healthcare
Assets	The gross assets* subject to the transaction, divided by the gross assets of the foundation trust	>5%	>10%
Income	The income attributable to the: • assets or • contract associated with the transaction, divided by the income of the foundation trust	>5%	>10%
Consideration to total foundation trust capital	The gross capital** or consideration associated with the transaction divided by the total capital*** of the foundation trust following completion or the effects on the total capital of the foundation trust resulting from a transaction	>5%	>10%

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

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

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

13. Calendar of Governor meetings

To be presented by Jennifer Boyle, Company Secretary

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 13

Report Title:	**Council of Governors Dates 2027/28**			
Name of Meeting:	Council of Governors			
Date of Meeting:	18 November 2026			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Paul Ennals, Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☒
	To review the draft dates for key Governor meetings and provide feedback to the Company Secretary if required.			
Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☒
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	NA			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• This paper provides draft dates for Council of Governor meetings and workshops.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	To note the key dates and receive the report for information.			

Gateshead Health NHS Foundation Trust

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):	List strategic objective here					
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** ☒	

NHS Gateshead Health NHS Foundation Trust

Council of Governors' Calendar of Events 2027/28

	January 27*	February*	March*	April	May	June	July	August	September	October	November	December	January 28	February	March
Council of Governors 10.00 am to 1.00 pm Rooms 9&10 Ed Centre/Teams		17			19				22		17			16	
Council of Governors Pre-Meets 9.00 am to 10.00 am Room 3, Ed Centre/Teams		17			19				22		17			16	
Membership, Governance and Development Committee 10.00 am to 12.00 pm Room 3, Ed Centre/Teams	6			7			7			6			5		
Workshops/Seminars for Governors	14 1.30-3.30			21 2.00-4.00		16 2.00-4.00				13 2.00-4.00			19 1.30-3.30		

**Shown for completeness only as these dates were approved by the Council in September 2025.*

14. 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	√	√	n/a	√
Winter plan	Chief Operating Officer	For Assurance			√	
Governance						
Calendar of meetings 2027/28	Company Secretary	For Decision			√	
Review of Constitution TBC	Company Secretary	For Decision				
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 - December 2027)	Company Secretary	For Information			2027	
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	√	√	√	√
Ad hoc items						
Complaints report	Chief Nurse	For Assurance			deferred	√

15. Top 3 messages

16. Any Other Business

17. Review of the meeting

18. Date and time of the next meeting

The next meeting of the Council of Governors will be held at 10.00am on Wednesday 17 February 2027