

Council of Governors' Meeting

A meeting of the Council of Governors will be held at 11.00am on [Wednesday 28th September 2022](#), in Rooms 9&10 Education Centre & Microsoft Teams

AGENDA

- | | | |
|-------------------------------------|---|--------------------------------|
| 1 | Apologies for Absence and Attendance Register | |
| 2 | Chair's Business | |
| 3 | Declarations of Interest | |
| 4 | Minutes of the Previous Meeting:
To approve the minutes of the previous meeting of the Council of Governors held on Wednesday 11 May 2022 | Enclosure |
| 5 | Matters Arising/Action Log | Enclosure |
| Board and Committee Updates: | | |
| 6 | Chief Executive's Update including
i) Performance Report
ii) Questions from Governors | Presentation |
| 7 | Board Committee Assurance Updates
i) People & OD Committee
ii) Audit Committee | Enclosure
Enclosure |
| Governance: | | |
| 8 | Constitution Update
To approve the amendment | Enclosure |
| 9 | Governor Committees Terms of Reference | Enclosure |
| 10 | Governor Governance and Development Committee Update | Enclosure |
| 11 | Equality, Diversity and Inclusion Update | Enclosure |
| Elections and Membership: | | |
| 12 | Membership Strategy Group Update | Enclosure |
| 13 | Elections Update | Enclosure |
| Items for Information: | | |
| 14 | Cycle of Business | Enclosure |
| 15 | Review of the Meeting | Verbal |

16 Date & Time of the next Meeting

The next meeting of the Council of Governors will be held at Wednesday 16th November 2022 at 10.00am in Rooms 9&10, Education Centre.

COUNCIL OF GOVERNORS'

Gateshead Health

NHS Foundation Trust

Minutes of the Council of Governors' Meeting
held at 10.00am on Wednesday 11th May 2022,
in Rooms 9&10 and Microsoft Teams

Present:	
Mrs A Marshall	Chair
Ms H Adams	Staff Governor
Mr J Bedlington	Public Governor – Central
Mr L Brown	Public Governor - Western
Mr S Connolly	Staff Governor
Mrs H Jones	Public Governor – Central
Dr A Lowes	Staff Governor
Mr R Morrell	Staff Governor
Ms M Ndam	Staff Governor
Mrs K Tanriverdi	Public Governor – Central
Mr C Toon	Appointed Governor
In Attendance:	
Mrs J Baxter	Chief Operating Officer
Mr A Beeby	Medical Director
Mrs J Bilcliff	Deputy Chief Executive/Group Director of Finance
Mr P Bowmaker	Associate Director QE Facilities (22/19)
Miss J Boyle	Company Secretary
Ms L Farrington	Head of Leadership, OD & Staff Experience (22/24)
Mrs G Findley	Chief Nurse
Cllr M Gannon	Non-Executive Director
Mr A Moffat	Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Mr T Pratt	Head of Estates
Mr M Robson	Non-Executive Director
Mrs A Stabler	Non-Executive Director
Ms D Waites	Corporate Services Assistant
Mrs A Venner	Deputy Director of People & OD
Apologies:	
Mrs E Adams	Public Governor – Central
Dr R Bonnington	Non-Executive Director
Mrs L Crichton-Jones	Director of People & OD
Ms A Kanyangu	Patient/Out of Area Governor
Prof D Porteous	Appointed Governor
Mr A Rabin	Public Governor – Central
Mr A Robson	Managing Director, QEF
Dr L Ternent	Appointed Governor

Agenda Item	Discussion and Action Points	Action By
G/22/15	<p>CHAIR'S BUSINESS:</p> <p>Mrs Marshall opened the meeting and welcomed the Governors and Board.</p>	

Agenda Item	Discussion and Action Points	Action By
G/22/16	<p>DECLARATIONS OF INTEREST:</p> <p>Mrs Marshall requested that Governors report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.</p>	
G/22/17	<p>MINUTES OF THE PREVIOUS MEETING:</p> <p>The minutes of the previous meeting held on Wednesday 16th February 2022, were approved as a correct record.</p>	
G/22/18	<p>MATTERS ARISING/ACTION LOG:</p> <p>The Council of Governors' Action Plan was updated accordingly to reflect matters arising from the minutes.</p>	
G/22/19	<p>SHOWCASE PRESENTATION – QE FACILITIES AND UKRAINE:</p> <p>Mr P Bowmaker, Associate Director of QE Transport and Facilities, presented a video which highlighted the journey by members of the voluntary team to Ukraine to provide essential aid and support.</p> <p>This also highlighted the collaborative work undertaken by a number of organisations, including schools and local businesses, to collect and sort donations before embarking on the long journey to Ukraine. The video also showed some of the distressing conditions however highlighted the gratitude and thanks from those who received the support.</p> <p>The group thanked Mr Bowmaker for sharing his story and wished to thank all those involved during this difficult time.</p>	
G/22/20	<p>CHIEF EXECUTIVE'S UPDATE:</p> <p>Mrs Y Ormston, Chief Executive, provided an update on current issues relating to the Trust. She drew attention to the presentation slides which are available via Convene and explained that the wider reports were presented at the public part of the Board and have also been uploaded to the Governor Reading Room. She highlighted the following key points:</p> <p>Performance Report:</p> <p>Mrs Ormston drew attention to some of the Trust's operational performance whilst recognising the difficulties around waiting</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>lists, and reported that audiology and echocardiology continue to be the areas most at risk however there have been improvements in echocardiology activity levels and she thanked the team for their hard work in achieving this. A&E pressures including ambulance delays continues however the number of Covid patients is slowly coming down. Domiciliary care challenges and staffing pressures also continue and Mrs Ormston thanked staff for their continued hard work. There have been some improvements in cancer standards however these are still below target due to increased referrals.</p> <p>In terms of quality safety and patient experience, Mrs Ormston highlighted the risks around delayed discharges however reported that friends and family feedback remains positive. There has been a slight reduction in sickness absence however one of the Trust's main priorities relates to recruitment and a more detailed report will be discussed later in the meeting.</p> <p>Mrs J Bilcliff, Group Director of Finance, provided an update on the Trust's financial performance and reported that all financial targets have been achieved however reflects the difficulties during the year. The draft annual accounts have been submitted and are currently under review by the External Auditors and will be finalised in line with the audit process by the Audit Committee.</p> <p>Mrs Ormston highlighted some of the work being undertaken moving forward including the Board appointments to the Integrated Care System (ICS) Board and the development of Provider Collaboratives. She explained that engagement work has commenced on the ICS operating model and will be shared publicly following sign off by Trust Boards.</p> <p>Questions from Governors: Mrs Ormston provided some feedback from the Governor questions received in advance of the meeting, including:</p> <p>A question from Mr S Connolly requesting an update on the ongoing issues relating to Parking Eye. Mrs Ormston reported that discussions continue to take place with the Joint Consultative Committee (JCC) following their letter highlighting some issues and the majority of fines have since been rescinded. There are plans in place to review all staff car parking permits and a full update will be shared once this has been completed.</p> <p>Following a related query from Mrs H Jones with regards to disabled badge holders, Mrs Ormston explained that disabled badges are issued to individuals not vehicles therefore badge holders are asked to register upon each visit. She highlighted</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>that staff on entrance points are available to assist patients and visitors if they have any queries.</p> <p>Dr A Lowes felt that it would be beneficial for discussions to take place with staff in relation to the use of private companies and Mrs Ormston reported that the implementation of Parking Eye was delayed due to the pandemic and free parking for staff was extended with most fines being rescinded. Discussions with the JCC have taken place highlighting some of the difficulties being experienced by staff and learning from these issues will continue to be taken forward via strategy and engagement exercises.</p> <p>Mr S Connolly raised a query in relation to the Star Awards and Mrs Ormston confirmed that the efforts of staff have been recognised over the last couple of years including hampers, George Cross letter, annual leave and well-being payment.</p> <p>Mrs H Jones requested further assurance in relation to the Trust's response to the Ockenden review and Mrs Ormston highlighted that a comprehensive report was presented at the last Board for assurance and a gap analysis is due to be presented at the next Quality Governance Committee before being shared with the Board at the May meeting.</p> <p>Following a query from Mr J Bedlington in relation to the Trust website, Mrs Ormston highlighted that work has been taking place however has been delayed due to the pandemic and the new website is due to be launched in June 2022. Governors have been involved in a session to provide feedback and improvements have been made accordingly. This includes a new Governor page which will feature the Governor contact email address more prominently. Mrs Ormston felt that significant improvements have been made from the current version and the Trust is looking forward to its launch.</p> <p>Mr L Brown requested an update on what actions are being taken to deal with the 62 day backlog and Mrs J Baxter, Chief Operating Officer, that teams are working hard however pressures continue due to increases in referrals. A comprehensive report is due to be discussed at the Finance and Performance Committee and feedback will be provided via the Board updates.</p> <p>Mrs G Findley, Chief Nurse, provided an update on the reporting of Covid numbers following two separate figures being reported. She explained that NHS England figures include any patient being tested throughout any point of stay however other figures are reported within 10 days and highlights the transition phase with testing regime. Currently every emergency patient is tested on arrival however</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>discussions are taking place within the Clinical Advisory Group as to whether this should continue and proposals are being discussed to return to monthly reporting of all Health Care Associated Infections which will include Covid figures.</p> <p>After consideration, it was:</p> <p>RESOLVED: to receive the updates for assurance and information.</p>	
G/22/21	<p>BOARD COMMITTEE ASSURANCE UPDATES:</p> <p>Finance & Performance Committee: Mr M Robson, Finance and Performance Committee Chair, provided an update on key issues and assurances, key risks and priorities from the Committee. He highlighted that the Committee receives regular reports on finance as well as the Integrated Oversight Report which includes cancer performance action plans for tumour sites. The Committee has also received recent reports on the Emergency Care Improvement Support Team (ECIST) Review work as well as regular updates from the Trust's Transformation Board.</p> <p>He highlighted that there are 3 areas of focus including audiology, echocardiology and annual planning and extra scrutiny has been undertaken by the Committee on these areas. There are also 3 key risks currently being monitored on the Organisational Risk Register including covid, capital planning and producing a coherent financial plan and will continue to be areas of focus for the Committee.</p> <p>Digital Committee: Mr A Moffat, Chair of the Digital Committee, provided an update on key issues and assurances, key risks and priorities for the Committee. He highlighted that the Committee first met in October 2020 therefore is still in early stages however provided updates on the Global Digital Exemplar Programme and regulatory and governance areas including cyber security.</p> <p>Mr Moffat reported on key issues and assurances including the development of key performance indicators (KPIs) and review of expired digital policies however highlighted concerns around capacity. Key priorities include the delivery of KPIs and the Digital Roadmap as well as discussions around strategic options including supply and structures.</p> <p>Mr J Bedlington is one of the Governor observers for the meeting and has had the opportunity to discuss issues with Mr Moffat and provided assurances that work continues.</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance.</p>	
G/22/22	<p>LEAD GOVERNOR APPOINTMENT:</p> <p>Miss J Boyle, Company Secretary, presented the report which confirms the Lead Governor appointment.</p> <p>She reported that following the approval of the process at the February 2022 Council meeting, one nomination was received for Lead Governor, Mr Abe Rabin, with unanimous support from Governors who voted however there were no nominations received for Deputy Lead Governor. She reported that this is not a mandated position and therefore can be held as a vacancy for the year without posing a compliance risk.</p> <p>The outcome of the vote was confirmed as part of the Governor Update email on 31 March 2022, noting that Mr Rabin would continue to be Acting Lead Governor until 18 May 2022 before formally commencing as Lead Governor on 19 May 2022 for a period of one year. Mrs Boyle highlighted that this would cover the period 5 January 2023 to 18 May 2023 should Abe Rabin be re-appointed for a further term.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to ratify the appointment of Mr Abe Rabin as Lead Governor.</p>	
G/22/23	<p>QUALITY ACCOUNTS GOVERNOR STATEMENT 2021/22:</p> <p>Mrs G Findley, Chief Nurse, presented the Council of Governors formal response to the Trust's Quality Accounts for 2021/22.</p> <p>Mrs Findley highlighted that as in previous years, the Council of Governors is required to provide a formal response to the Trust's Quality Account. Governors were therefore provided with a copy of the draft Quality Account 2021/22 and asked to forward any comments on the document to prepare the response. Mr A Rabin and Mr A Sandler were also present at an engagement event to review last year's quality priorities.</p> <p>Following comments received, Mrs Marshall reported that the process will be reviewed next year.</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>Dr A Lowes queried whether safer staffing levels should be included within the report however Mrs Findley explained that this was not a quality priority last year however is included going forward and regular monthly reports are presented separately to the Quality Governance Committee and Board.</p> <p>After discussion, it was:</p> <p>RESOLVED: to approve the Council of Governor statement to be included in the Trust's Quality Account 2021/22.</p>	
G/22/24	<p>NHS STAF SURVEY RESULTS 2021:</p> <p>Mrs A Venner, Deputy Director of People & Organisational Development (OD), and Ms L Farrington, Head of Leadership, OD & Staff Experience, shared the 2021 Staff Survey results for information, awareness, and assurance of next steps.</p> <p>Ms Farrington reported that the Trust is either in line with or has exceeded the average scores of the benchmarking group and highlighted some of the positive areas including an increase in the response rate, 80% colleagues agreed that the care of patients and services users is the organisation's top priority and 65% colleagues would recommend the organisation as a place to work.</p> <p>There are some key areas of focus and Ms Farrington highlighted that next steps include continued communication with key stakeholder groups, engaging with colleagues across the organisation to understand the story behind the data and working with teams and departments to develop their People Action Plans to take the results forward and ensure they make a positive difference to the working lives for colleagues at Gateshead.</p> <p>Mr L Brown requested further information in relation to the definition of trust wide psychological safety and Ms Farrington explained that this related to staff feeling safe to raise concerns by providing a safe environment and ensuring management support.</p> <p>Mrs Marshall thanked the team for their work and felt that it was important for staff to participate in the survey to provide constructive data. Dr A Lowes felt that further work was required in relation to staff awareness and queried whether staff concerns would be considered. Ms Farrington explained that work is being undertaken to ensure the People & OD structure is aligned within Business Units.</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>Mrs J Baxter, Chief Operating Officer, commented that some of the outputs were reliant on electronic communications however felt that it was important to ensure staff engagement across all levels and Ms Farrington confirmed that this is being looked at via the Workforce Steering Group. Mr A Moffat, Non-Executive Director, queried whether Business Units had access to data and Mrs Farrington explained that any staff group with 11 or more response are provided with a bespoke group report.</p> <p>Ms Farrington concluded that the People & OD Committee will continue to review the action plans going forward.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the report for information and assurance of actions being taken forward.</p>	
G/22/25	<p>WORKFORCE SUPPLY:</p> <p>Mrs G Findley, Chief Nurse, provided a presentation in relation to workforce supply including recruitment and retention processes.</p> <p>Mrs Findley reported that there are currently 140 whole time equivalent (WTE) vacancies however 93.2 domestic recruitment post offers have been accepted and currently undergoing pre-employment checks and highlighted that this reflects the hard work of the People & OD Team.</p> <p>She also highlighted the work being undertaken in relation to international recruitment and explained that 10 post per month are expected from July 2022. The new operating model also includes an additional 80 WTE posts and highlights that teams are working hard to ensure plans are in place for key areas.</p> <p>Dr A Lowes reported that this provides some assurances however felt that there are still some concerns in relation to staff being redeployed and timelines for additional support. Mrs Findley confirmed that there is still a lot of work to do however reiterated that plans are in place to support this and will help fill some of the gaps. Mrs J Baxter, Chief Operating Officer, reported that focus groups are ongoing to understand pressures and discuss future roles.</p> <p>Mrs H Jones highlighted that discussions took place at the People & OD Committee around long term absences and Mrs Findley reported that sickness absence rates are being looked at and Mrs A Venner, Deputy Director of People & OD, explained that the new attendance at work policy has recently</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>been agreed which provides absence management processes.</p> <p>Mr J Bedlington queried whether exit interviews take place and Mrs Findley confirmed that staff are asked to complete an electronic questionnaire and attend an interview with their manager however this is not mandatory.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance and information.</p>	
G/22/26	<p>ANNUAL PLANNING UPDATE:</p> <p>Mrs J Bilcliff, Deputy Chief Executive and Group Director of Finance and Digital, provided an update on Annual Planning.</p> <p>She explained the difficulties around the activity trajectories due to supply and other requirements including the targets to reduce 52 week waiters.</p> <p>Other risks to the delivery of plans relate to workload and capacity to deliver cost reduction plans due to the change in financial direction and ability to deliver transformation plans. She highlighted that there is also the overriding risk of further Covid waves.</p> <p>Mr J Bedlington queried whether there would an opportunity for Governors to be included in discussions and highlighted that a Governor session had been undertaken in the past and felt that this was an important responsibility of the Council of Governors. Mrs Bilcliff confirmed that this would be considered and Miss J Boyle, Company Secretary, highlighted that this could be a function of the Governor Governance and Development Committee however will discuss further.</p> <p>After consideration, it was:</p> <p>RESOLVED: to receive the report for assurance and information.</p>	
G/22/27	<p>COUNCIL OF GOVERNOR ANNUAL EFFECTIVENESS SURVEY RESULTS:</p> <p>Miss J Boyle, Company Secretary, provided an update on the annual effectiveness survey, however reported that due to the low number of responses, the survey will be re-run later in the year.</p>	

Agenda Item	Discussion and Action Points	Action By
G/22/28	<p>GOVERNOR REMUNERATION COMMITTEE TERMS OF REFERENCE:</p> <p>Miss J Boyle, Company Secretary, presented the terms of reference for ratification following full review and approval at the Governor Remuneration Committee.</p> <p>She reported that the terms of reference are based on the model set by NHS Providers except for the chairing of the committee, which is usually the Board Chair however has been retained as a Governor chair.</p> <p>Miss Boyle highlighted that there remains 2 Staff Governor vacancies on the Committee and interested Staff Governors are invited to contact the Company Secretary.</p> <p>After consideration, it was:</p> <p>RESOLVED: to ratify the terms of reference on the recommendation of the Governor Remuneration Committee.</p>	
G/22/29	<p>MEMBERSHIP UPDATE:</p> <p>Miss J Boyle, Company Secretary, reported that this is a standard agenda item and highlighted that plans are in place to re-introduce the Membership Strategy Group therefore invited Governors to support the Group and dates will be distributed in the near future.</p>	
G/22/30	<p>CYCLE OF BUSINESS:</p> <p>Miss J Boyle, Company Secretary, presented the cycle of business for the Council of Governors and highlighted that this will provide a long term view of key agenda items up until February 2023.</p> <p>Following consideration, it was:</p> <p>RESOLVED: to receive the cycle of business for information.</p>	
G/22/31	<p>REVIEW OF THE MEETING:</p> <p>Mrs Marshall invited reflections on the meeting.</p> <p>Mrs H Jones felt that some important discussions were rushed due to longer discussions for other agenda items therefore this will be considered for future meetings.</p>	

Agenda Item	Discussion and Action Points	Action By
G/22/32	<p>DATE AND TIME OF NEXT MEETING:</p> <p>RESOLVED: that the next meeting of the Council of Governors will be held at 11.00am on Wednesday 28th September 2022.</p>	

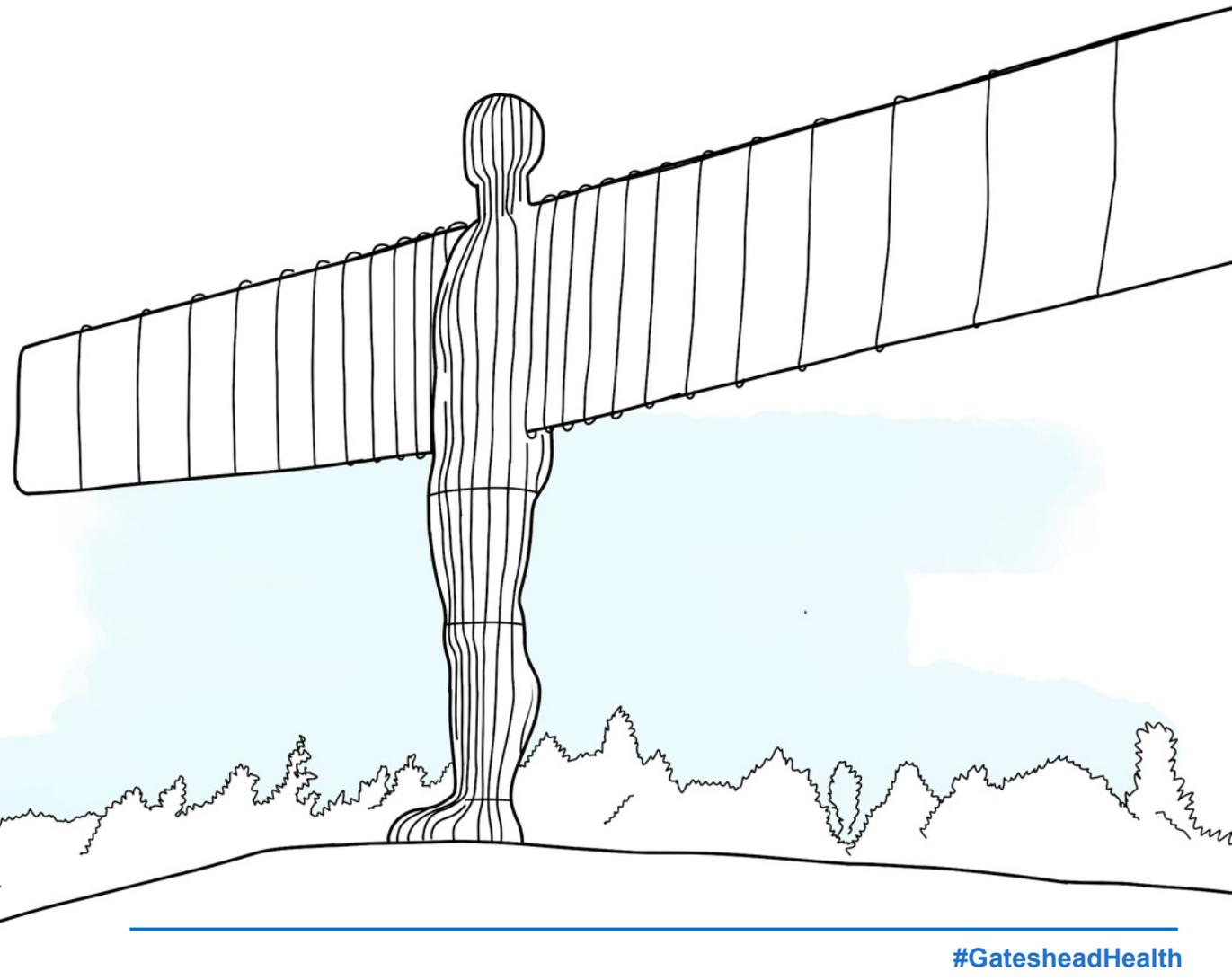
COUNCIL OF GOVERNORS ACTION TRACKER

Item Number	Date	Action	Deadline	Executive Lead	Progress
G/21/29	19.05.2021	IOR – to arrange a governor session to provide understanding around use of SPC charts	28.09.2022	JeB	To be arranged via Governor workshop – the proposed new Governor Governance and Development Committee will consider this to be factored into the annual plan.
G/22/08	16.02.2022	Council of Governor Annual Effectiveness Survey – governors to complete survey via Convene. To open on Friday 18 th February 2022 and close on Friday 4 th March.	28.09.2022	All	New Governor Governance and Development Committee to review results and make recommendations to the May Council. May 22 – to be re-run later in the year

Chief Executive's Performance Report to the Council of Governors

Yvonne Ormston MBE

28 September 2022



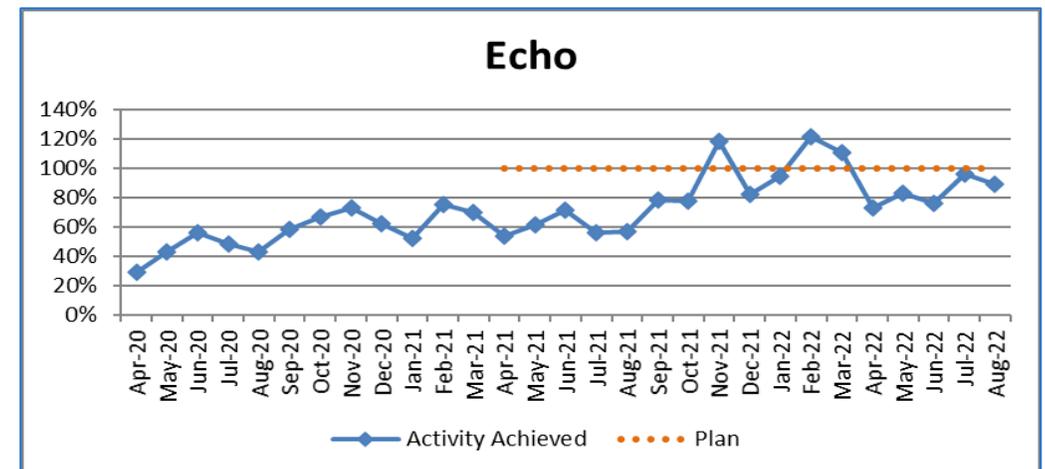
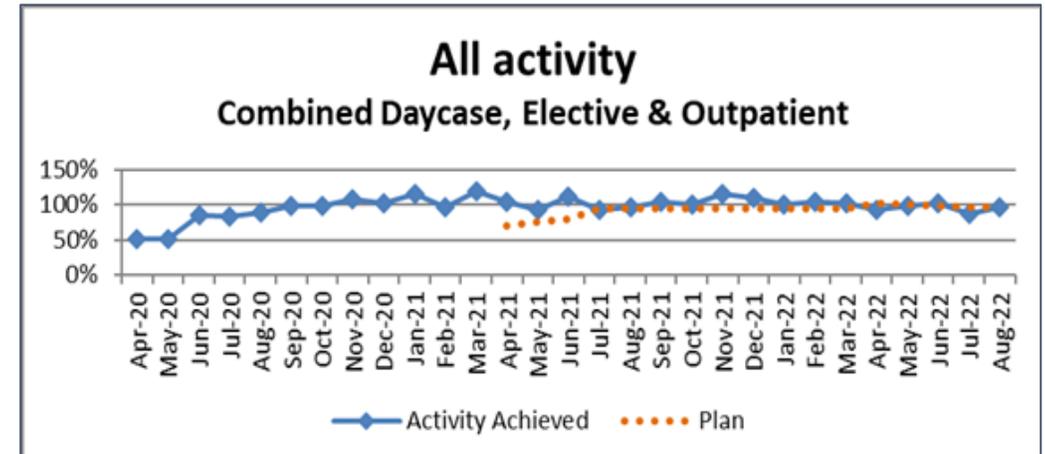
Operational performance

Activity

- The Trust achieved combined activity of 97% in August which is below planned levels however has improved from July activity
- The Trust is required to conduct 25% of outpatient appointments virtually and is in line with expectation
- 3.5% of all out-patients recorded as patient initiated follow-up which is above planned levels of 2.6%

Diagnostics

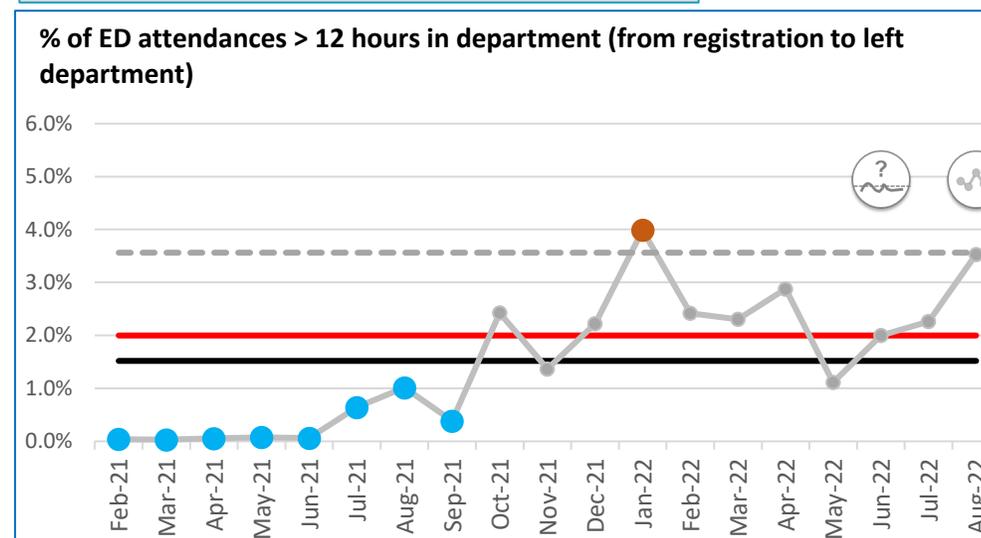
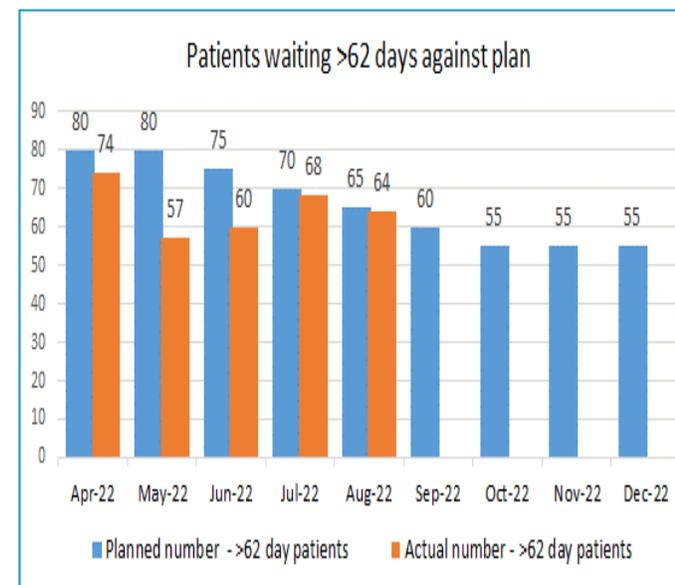
- There are no specific thresholds for diagnostic activity but Trusts are expected to deliver as much as they can to support elective recovery. Overall August activity levels are at 110% of activity.
- Endoscopy and Echocardiology continue to be areas most at risk but there have been improvements in endoscopy levels which are at 142% compared to 2019/20 levels



Operational performance

Key headlines

- Performance against the RTT 18 week standard is at 74.9% which is above the latest national and ICB average
- Performance measures demonstrate that around 75% of our patients are waiting less than 18 weeks in July and August.
- Urgent and Emergency Care remains under pressure with increased sustained activity levels
- Trust average daily bed occupancy remains high increasing from 95.1% in July to 96.0% in August
- Ambulance delays have improved. The number of ambulance delays reported between 30-60 mins have decreased from 63 in July to 45
- Cancer performance continues to focus on clinical prioritisation and increasing capacity to reduce patient backlogs and waiting times.
- Performance against the 62 day standard improved from 53.6% in June to 67.0% in July
- The Trust's position against the 2 week wait target was relatively stable, averaging 87.8% over Quarter 1
- Pressures in July in all tumour sites and capacity issues still prevail related to rising demand.



Performance benchmarking

	GHFT Benchmarking Figure					GHFT Benchmarking Position						
	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Rank out of:	Rank is better if:	May IOR	June IOR	July IOR	Aug IOR	Sep IOR
A&E 4 hour waiting time target	75.3%	77.9%	77.1%	77.5%	74.5%	139 - All Type 1 NHS Providers	Lower	23	20	19	16	29
Latest weekly PTL: patients waiting > 104 weeks	0	0	0	0	0	8 Providers in ICS	Lower	1	1	1	1	1
Latest weekly PTL: patients waiting > 52 weeks	50	60	73	75	58	8 Providers in ICS	Lower	2	2	3	3	2
Latest weekly PTL: patients waiting > 62 days for cancer treatment	63	65	57	68	64	8 Providers in ICS	Lower	1	1	1	1	1
62 day backlog as % of waiting list	8.7%	9.1%	9.3%	10.2%	8.3%	139 - top 20 under NHSE/I scrutiny	Higher	73	75	69	59	83

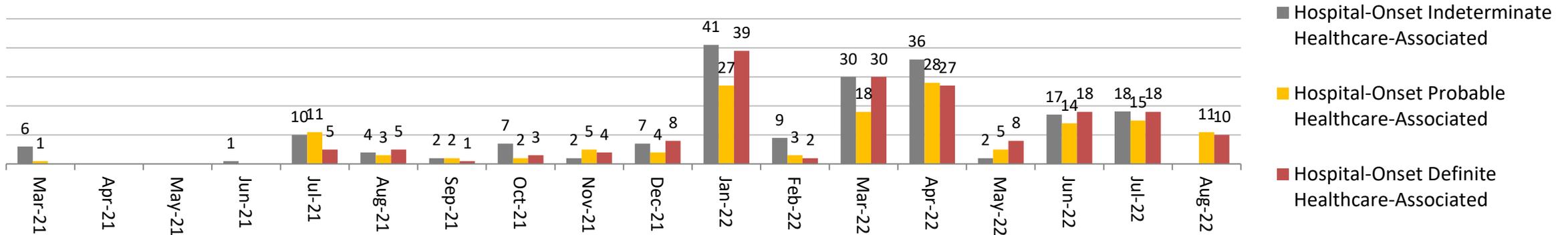
Latest update:

- The Trust remains in a relatively strong position against available benchmarking data. While in 3 of the 5 metrics, we are staying static and achieving the best rank for 2 indicators

Quality, safety and patient experience

- The Trust's **Hospital Standardised Mortality Ratio (HSMR)** continues to show more deaths than expected for this indicator.
- There were 6 **Serious Incidents (SIs)** reported in August. Themes include discharge, failures in reviewing and reporting tests and delays in diagnostics.
- During August, the Trust averaged just over 88 patients staying in hospital with a longer length of stay greater than 21 days
- Reporting in this month's report has been redesigned to capture a more comprehensive set of Infection Prevention and Control metrics. The Trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and no further Community cases since December 2021. All Healthcare associated COVID cases are reported and investigated through the DATIX system and the incidence of nosocomial cases in August reflects national reduction in prevalence.
- Duty of Candour compliance still demonstrating concern. August compliance has improved to 83% from July 2022.

Nosocomial COVID-19



Our People



Slight improvement on Appraisal rates



Core skills increased to 78.1%



Reciprocal mentoring uptake



Absence levels sit at 6 %

Recruitment remains a top priority



September, October and November courses full

Financial performance



Actual deficit position at August 22	Planned surplus position for August 22
£1.545m	£1.320m



CRP schemes achieved	CRP target
£0.666m	£10.939m



Cash in the bank	Opening position 01/04/22
£57.717m	£55.586m



Capital spend	Available capital funding
£2.047m	£8.419m



Other key developments

Integrated Care System (ICS) and Integrated Care Board (ICB)

- Formally launched in July 2022.
- Board approved the North East and North Cumbria Provider Collaborative governance arrangement and collaboration agreement.



Welcomed our first group of internationally-trained nurses in July



Board welcomed Kris Mackenzie as Group Director of Finance and Digital from 1 Sept

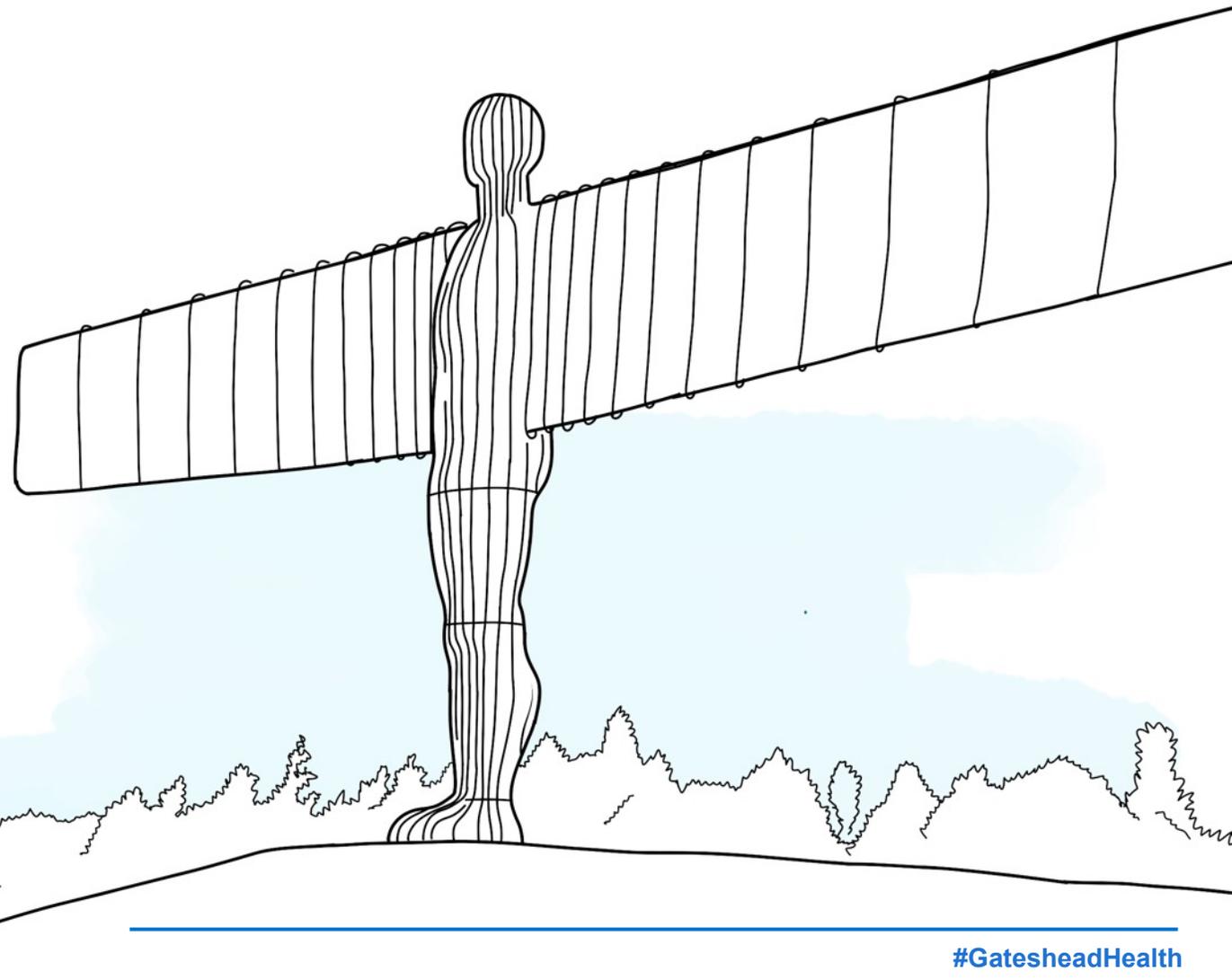


New maternity theatre opened in August

Work of the People and OD Committee

Dr Ruth Bonnington , Chair of the Committee

28 September 2022



Examples of issues considered and assurances received

PODC have met 5 times since November 2021

Growing the Workforce –
Absence and Supply

People and OD Metrics

People and OD Portfolio Board

Futures and People Plan

Staff Survey

Vaccination

Corporate Objectives

People Strategy plans for development

Reports

Guardian of Safeworking / Freedom to Speak up / ADQM / WRES / GMC Survey / Appraisal and Revalidation

Case study – Growing the Workforce Absence and Supply Metrics



Gateshead Health
NHS Foundation Trust

11 January 2022

Supply presentation providing an update from the Staffing task and Finish Group highlighting 4 strands of work

- Have we got the right establishment

Are all posts recruited to

Are all staff at work who should be
How do we know we have the right staff in the right place at the right time

03 May 2022

Additional Metrics included in Presentation

- Nurse Pipeline
- Nurse Leavers & Age Profile
- AHP Leavers & Age Profile
- Medical Leavers & Age Profile
- Recruitment Performance
- Absence data

Committee requested additional information on number of vacancies and where they are and what the levels of absence were in these areas

13 September 2022

People Data Analyst in post vast amount of metrics available within presentation including vacancies at cost centre level.

Committee requested forecasting data to be brought back to next meeting

08 March 2022

Update provided on work from Supply Task & Finish Group

Nursing and Health Care Support Worker vacancies at Trust Level understood.

Committee requested information on other Professional Groups.

05 July 2022

Additional Metrics included in presentation

- Absence by Business Unit
- Absence by Staff Group
- Sickness reasons
- Nurse Vacancy form Ledger
- Nurse Pipeline by Business Unit

Key risks

- The Committee is currently monitoring 02 risks on the Organisational Risk Register

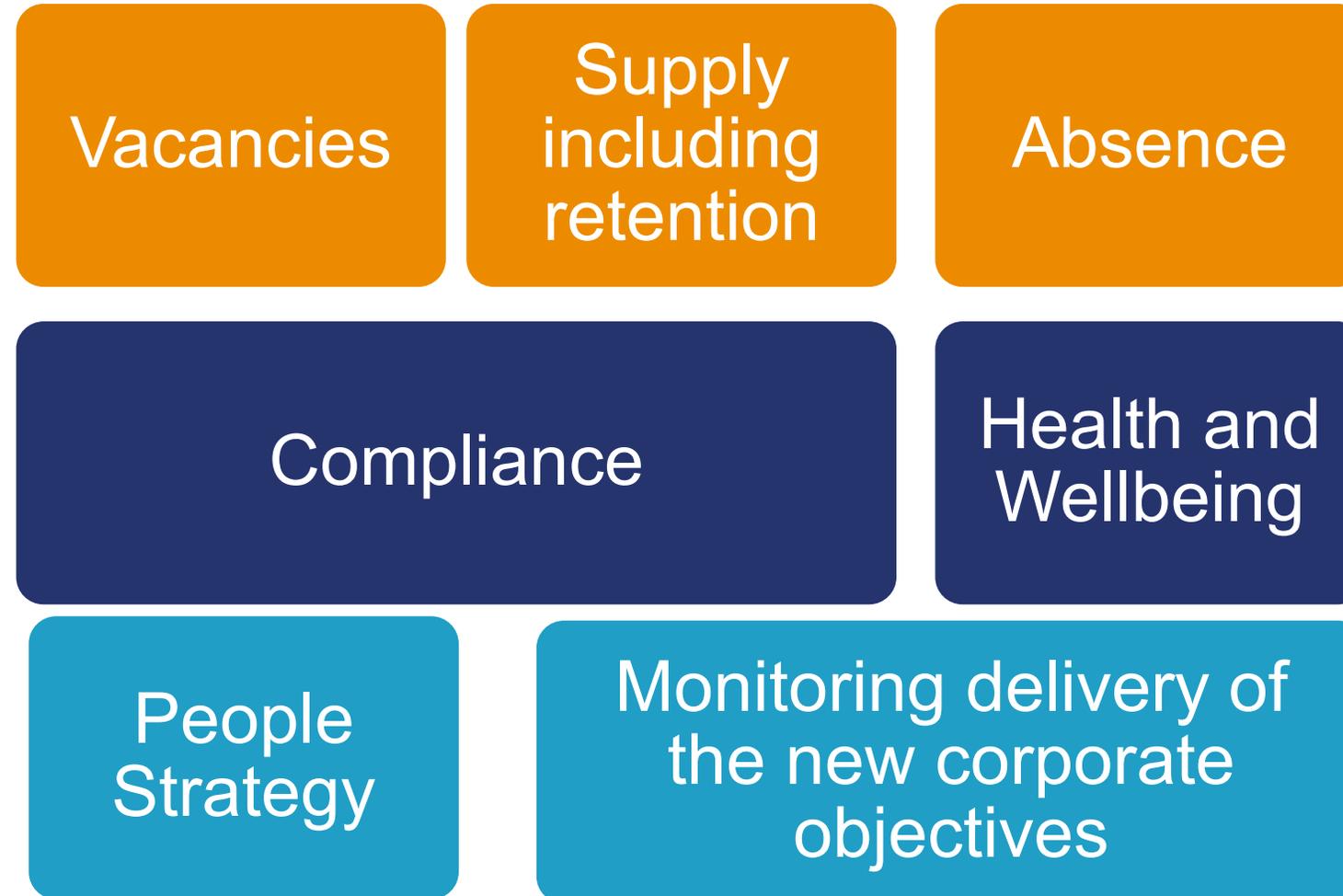
Workforce Capacity & Capability

Risk of not having the right people in the right place at the right time with the right skills due to lack of workforce capacity, resources and expertise, across the organisation to support workforce planning along with regional and national supply pressures, resulting in failure to deliver current and future services that are fit for purpose.

Workforce Health & Wellbeing

Risk of adverse impact to staff health and wellbeing due to internal working conditions and pressures as well as external factors (demand, patient acuity, staffing levels, covid, civil unrest) resulting in increasing physiological and psychological harm.

Key priorities for assurance over the next 6 months



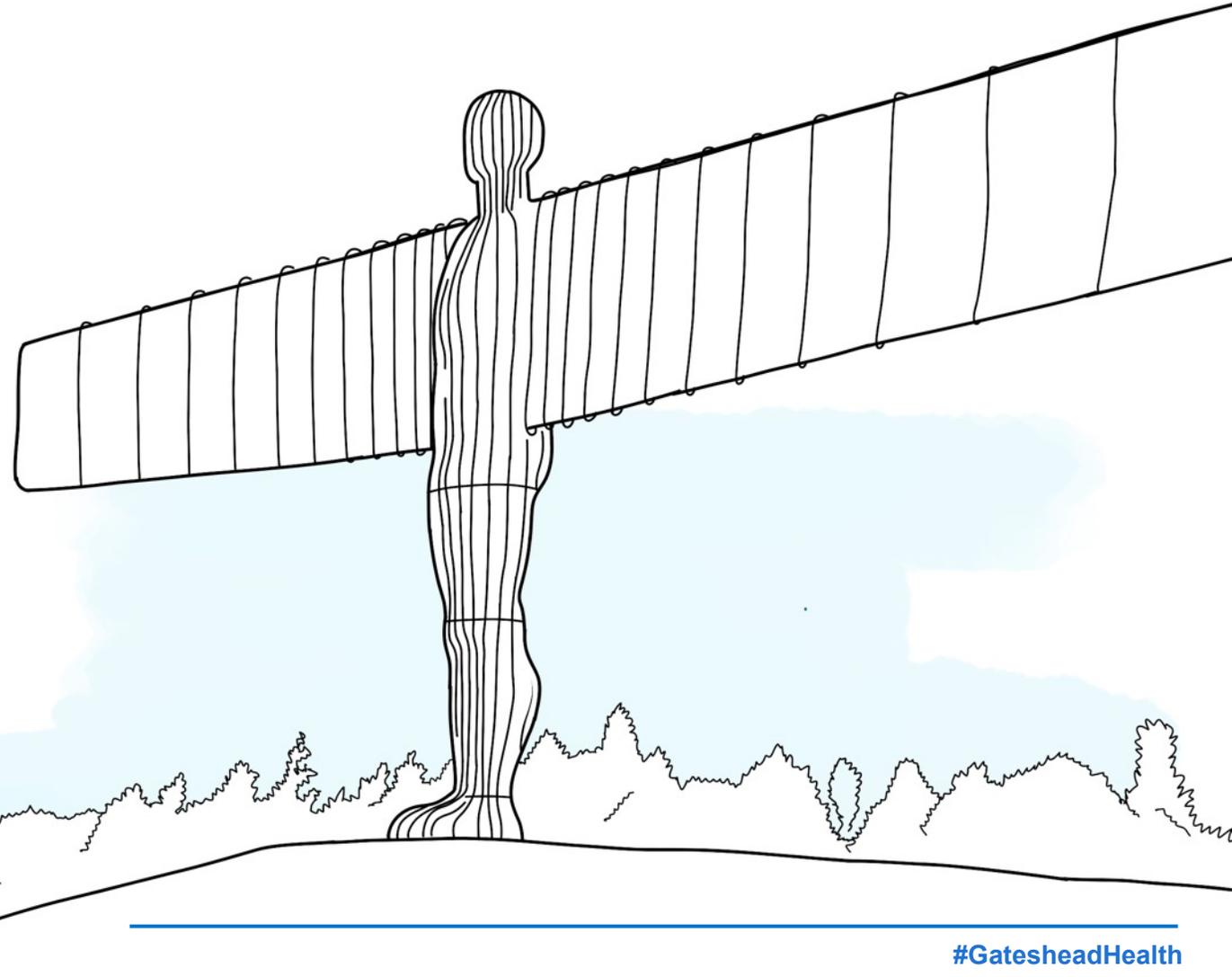
Any
questions?



Work of the Audit Committee

Andrew Moffat, Chair of the Committee

28th September 2022



Some of the key issues considered and assurances received

Annual Accounts

- Reviewed key documents for Trust, QEF and Charitable Funds
- Made recommendations to Board to approve these documents

Risk Management

- Regular update reports received from Executive Risk Management Group
- Ratified Group Risk Management Policy

Internal Audit

- Reviewed and approved the 2022/23 internal audit plan
- Regular receipt of progress against plan, review of completed audits and the implementation of recommendations

Counter Fraud

- Reviewed and approved the 2022/23 counter fraud annual plan
- Regular receipt of progress against plan, review of completed investigations and implementation of recommendations

Regulatory and Governance

- On behalf of the Board regular approval of losses and special payments report
- Commenced a review of the Trust's Constitution and Standing Orders

Key issues considered and assurances received

Audit Committee has met six times since CoG presentation on 17th November 2021

2 December 2021 - (1)

- Losses and special payments register
- Counter Fraud Progress Report
- Internal Audit Progress Report
- Executive Risk Management Group update
- Reference costs results update
- Charitable Funds 20/21 audit conclusion
- QEF External Audit progress report
- Approval of ToR

9 February 2022 (additional) - (2)

- Charitable Funds Audited financial performance 20/21

3 March 2022 - (3)

- Losses and special payments register
- Counter Fraud Progress Report
- Internal Audit Progress Report
- Executive Risk Management Group update
- Internal Audit and Counter Fraud 22/23 Plan Review
- QEF External Audit Report & Accounts 20/21
- Board assurance framework - process review
- External Audit Trust 21/22 Plan review
- Constitution and Standing Orders
- Cycle of business

20 June 2022 (Extraordinary, Year End 21/22) - (4)

- Group Financial Accounts 21/22
- Annual Report 21/22 (including the Audit Committee's Annual Report)
- Going Concern Disclosure Review 21/22
- Annual Governance Statement Review 21/22
- Internal Audit Annual Report 21/22
- External Audit - Audit Completion Report 21/22

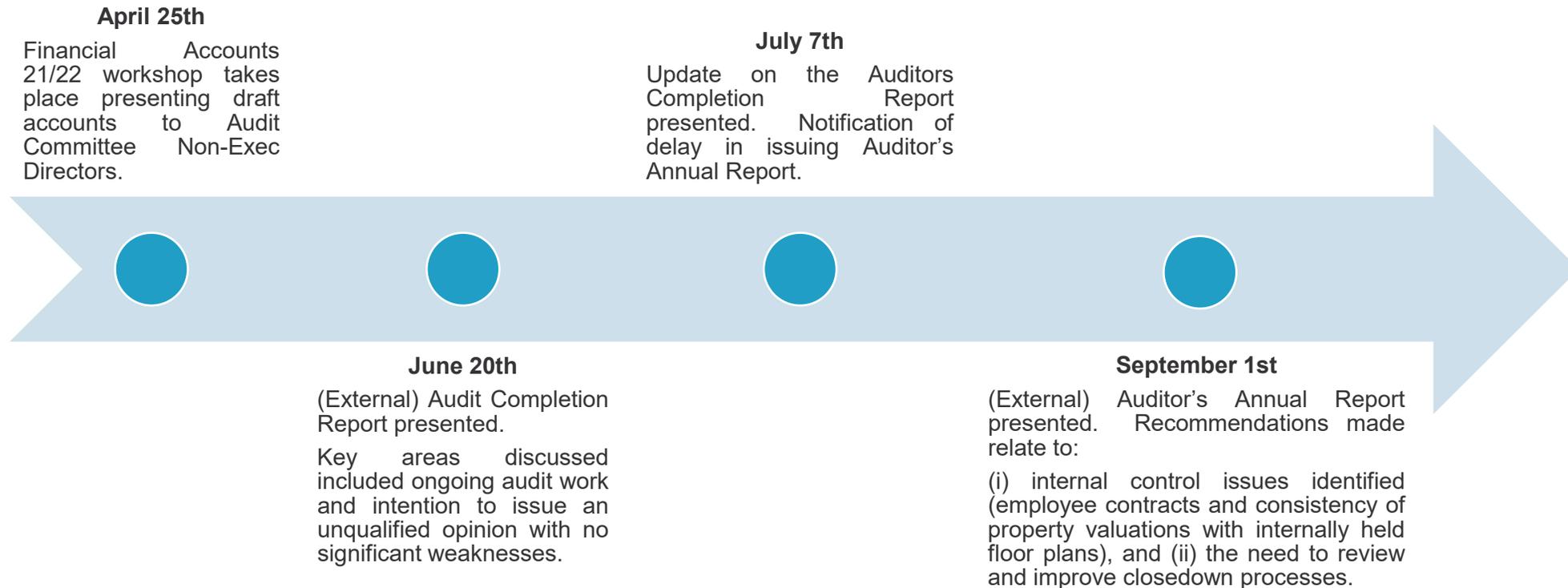
7 July 2022 - (5)

- Losses and special payments register
- Counter Fraud Progress Report
- Internal Audit Progress Report
- Executive Risk Management Group update
- Group Financial Accounts 21/22, update
- Annual Report 21/22, update
- External Audit - Audit Completion Report 21/22, update
- Compliance with Standards of Business Policy (i.e. Conflicts of Interest Policy)

1 September 2022 - (6)

- Losses and special payments register
- Counter Fraud Progress Report
- Internal Audit Progress Report
- Executive Risk Management Group update
- Counter Fraud Plan 22/23 and Annual Report 22/23
- External Auditors Annual Report 21/22
- Board Assurance Framework - review of updated 22/23 process

Case study – Annual Accounts



Key risks

Capacity – both internal and external required to complete the audits included in the approved 2022/23 Audit Plan

Implementation of recommended actions (Internal Audit & Counter Fraud) within agreed timelines

Key priorities for assurance over the next 6 months

Progress against agreed audit and counter-fraud workplans

Progress against implementation of audit and counter-fraud recommendations

Prepare for review of year-end reporting, ensuring that regulatory deadlines are met and that continuous improvement is made in the quality of reporting

Any
questions?





Report Cover Sheet

Agenda Item: 8

Report Title:	Constitution Update: Governors and Volunteers			
Name of Meeting:	Council of Governors			
Date of Meeting:	28 September 2022			
Author:	Jennifer Boyle, Company Secretary			
Executive Sponsor:	Alison Marshall, Chair			
Report presented by:	Kirsty Robertson, Deputy Director of Corporate Services and Transformation			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To vote on a proposed constitutional amendment to reclassify volunteers as public members with respect to Foundation Trust membership.				
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input checked="" type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	Governor Governance and Development Committee – 7 September 2022			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • Volunteers are currently classified as staff members for the purposes of Foundation Trust membership and Governor elections. • This change was made in 2019 and a number of unintended consequences have been identified in respect of this change. • This paper outlines the options available and considers which approach would best protect and promote volunteering and maximise the opportunities for representation at the Council. • It is noted that there would be an impact on existing Governors from both Option 1 and Option 2 and this options appraisal has been undertaken impartially based on an assessment of appropriate governance (as requested by those Governors who may be affected). 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	It is our recommendation that Option 2 is approved, i.e. to enact a constitutional change to recognise volunteers as public members. The rationale of this is that it supports public Governors to become volunteers whilst also			

	<p>increasing the chances of volunteers being elected as Governors (which we believe is important given the valuable support our volunteers provide to colleagues and patients).</p> <p>The Governor Governance and Development Committee supported the proposal to recommend Option 2 to the Council of Governors.</p>				
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	SA1.2, SA2.1, SA2.2				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	None identified.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

Governors and Volunteers

1. Introduction

- 1.1. Prior to July 2019 the Trust's volunteers were classified for the purposes of membership as being within the public member category.
- 1.2. In July 2019 a constitutional amendment was made to recategorise volunteers within the staff membership category. This meant that any volunteers who wished to stand for election as Governors would then need to stand as staff Governors, with both staff and volunteers being eligible to vote within staff Governor elections.
- 1.3. Recently a number of implications of this constitutional amendment have become apparent, and consideration needs to be made as to whether a further amendment is required to reverse the original change. Most notably, the current approach may reduce the chances of current volunteers becoming Governors (as the staff category has become highly contested and staff members significantly outnumber volunteer members within this category), and also prevent public Governors becoming volunteers (as they would need to resign as public Governors).
- 1.4. It is noted that there are current Governors who will be affected by either retaining the current position and also by any changes to revert back to the previous position for volunteers. The Chair and Company Secretary have discussed the situation with affected Governors, who have requested that the issue be considered impartially and without specific reference to the individuals currently in post.
- 1.5. This paper aims to provide an impartial assessment of the implications of both options, with a version of this paper being considered at the Governor Governance and Development Committee on 7 September 2022. As the election for January 2023 seats at the Council is fast-approaching, this is a time-critical issue.
- 1.6. It is noted that constitutional amendments must be approved by both the Board and the Council of Governors, as outlined within the Constitution:

18. Amendment of the Constitution

18.1 (1) The Trust may make amendments to this Constitution only if –

(a) more than half of the members of the council of governors of the Trust voting approve the amendments, and

(b) more than half of the members of the Board of Directors of the Trust voting approve the amendments.

(2) Amendments made under this section take effect as soon as the conditions in subsection 18.1 (1) (a) and (b) are satisfied

- 1.7. As the Board of Directors meets one day prior to the Council meeting, a verbal overview of the outcome of the vote the Board will be provided as part of the presentation of this paper.

- 1.8. It is also noted that any amendments would be required to be presented to the next Annual General Meeting / Annual Members' Meeting in 2023 accordance with the following provision of the Constitution:

14.9.4 Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors -

(a) at least one member of the Council of Governors must attend the next annual meeting of members and present the amendment, and

14.9.5 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise it ceases to have effect and the Trust must take such steps as are necessary as a result.

2. Option 1 – retain current approach with volunteers classified as staff Governors

- 2.1. Under the current approach volunteers are classified as staff members in respect of Foundation Trust membership. This sends a clear message about the importance of volunteers and the value placed upon them by the Trust. In this sense it embodies the 'one team' approach.
- 2.2. The current approach doesn't require any amendment to our Constitution and the forthcoming election can proceed as normal.
- 2.3. A number of risks have been identified with the current approach, which has resulted in the consideration of whether a further constitutional change is required.
- 2.4. A detailed discussion with the election company has identified that public Governors cannot become volunteers during their tenure without resigning their seats and re-standing as staff Governors during the next round of elections. This relates to a clause within the Constitution, which mirrors the model Constitution for NHS foundation trusts:

5.5.3 A person who is eligible to be a Member of the Staff Constituency (see paragraph 5.4.1 above) may not become or continue as a Member of any Constituency other than the staff Constituency.

- 2.5. To-date the Trust has been incorrect in its approach here, but as this fact is now clear, there is no option but to apply this rule. This is not consistent with the Trust's desire to encourage volunteering and effectively terminates the term of a public Governor should they wish to become a volunteer.
- 2.6. Another implication of the current approach is that it may be less likely for volunteers to be elected as Governors within the staff category. In the last election the staff seats were highly contested, and a volunteer who stood as a staff Governor came 6th out of the 7 candidates, who were competing for 3 seats.
- 2.7. It is reasonable to assume that this would be a likely outcome at future contested staff elections, given that the number of staff who are members of the Foundation Trust will far outweigh the number of the volunteers. It is assumed that staff

candidates would be more likely to be known to their colleagues and therefore would be more likely to attract a higher proportion of votes.

3. Option 2 – reverse the previous amendment and include volunteers within the public membership category

- 3.1. A change to move volunteers back into public membership would mean that technically they would not be classified as staff members for the purposes of Foundation Trust membership. Whilst in reality this would not result in any notable changes (except for Governor election time), it is appreciated that this may be perceived as being a negative indicator of the value placed on volunteers. This would require some careful messaging to assure volunteer colleagues that this was not the case.
- 3.2. Should a constitutional change be made, any volunteers in the staff Governor category would be required to resign and stand for election as a public Governor within their relevant constituency in the next round of Governor elections. This is an unavoidable and unfortunate consequence of a change.
- 3.3. The benefits of Option 2 have already been articulated in respect to the downsides of Option 1. The two key benefits are summarised here.
- 3.4. This option allows public Governors to become volunteers without resigning from their role as Governors. In this sense it encourages rather than discourages Governors to become volunteers.
- 3.5. This option also increases the chances of volunteers being elected, as staff seats have become highly contested and the assumption is that staff members are more likely to know and vote for their staff colleagues. Whilst it could be assumed that volunteers are more likely to vote for fellow volunteers, there is a smaller number of volunteers than there are staff. Volunteers who stand for public Governor and refer to their volunteer roles in their nomination statements are likely to attract votes from public members who recognise their commitment and knowledge of the Trust.
- 3.6. The proposed changes to the wording of the Constitution under Option 2 is included at Appendix 1.

4. Wider context

- 4.1. Benchmarking information was sought from the election company, Civica, to help understand how the Trust compares to their other clients. It is understood that in most other trusts volunteers are classified as public members. As candidates tend to include information about their volunteering roles in their nomination statements, it is Civica's view that this usually results in good representation from volunteers amongst public Governors.
- 4.2. The below table outlines the approaches taken by neighbouring trusts:

Trust	How volunteers are reflected in respect of FT membership
Newcastle Hospitals NHS FT	Volunteers are within the staff membership category. This is one protected seat for volunteers, which only volunteers can vote for.

Trust	How volunteers are reflected in respect of FT membership
	This guarantees volunteer representation at the Council, but it is limited to one seat. The standard clause in the Constitution prevents public Governors becoming volunteers and retaining their seat, although this situation has not arisen in recent years at Newcastle.
Northumbria Healthcare NHS FT	Volunteers not specifically referenced and therefore are within the public membership category.
North East Ambulance Service NHS FT	Volunteers not specifically referenced and therefore are within the public membership category.
South Tyneside and Sunderland NHS FT	Volunteers not specifically referenced and therefore are within the public membership category.
Cumbria, Northumberland, Tyne and Wear NHS FT	Volunteers not specifically referenced and therefore are within the public membership category.

5. Recommendations

- 5.1. It is our recommendation that Option 2 is approved by the Council, i.e. to propose a constitutional change to recognise volunteers as public members. The rationale of this is that it supports public Governors to become volunteers whilst also increasing the chances of volunteers being elected as Governors (which we believe is important given the valuable support our volunteers provide to colleagues and patients).
- 5.2. An extraordinary meeting of the Governor Governance and Development Committee was called on 7 September to consider this issue, and a version of this paper was reviewed by the Committee. The Committee discussed and debated the issue at some length, seeking to focus on the wider long-term implications of the options, whilst acknowledging that regrettably both options would have personal implications for some current committed and valued Governors.
- 5.3. On balance the Committee supported Option 2 – i.e. the recommendation to make a constitutional change to recognise volunteers as public members (and thereby as public Governors). One of the primary reasons for this was that the current approach (i.e. Option 1) prevents public Governors becoming volunteers whilst retaining their Governor positions, and the Committee felt that this could be detrimental to both encouraging volunteering amongst Governors and encouraging volunteers to stand for Governor positions.
- 5.4. On this basis, the Committee recommends Option 2 to the Council, but also recommends that the Trust takes a wider look at the make-up of constituencies and Council composition next year to ensure that it remains fit for purpose and reflective of system-working requirements.
- 5.5. In summary it is recommended that the Council approves Option 2 – to enact a constitutional change to recognise volunteers as public members.

APPENDIX 1

Current wording (i.e. Option 1)

The current wording within the Constitution in respect of the classification of volunteers as members of the staff constituency is as follows:

5.5.1 Members of the Trust who are Members of the Staff Constituency are to be individuals:

- (a) who are employed under a contract of employment by the Trust or a wholly-owned subsidiary of the Trust; or
- (b) who are registered Trust volunteers and
- (c) who satisfy the minimum duration requirements set out in paragraph 3(3) of Schedule 1 to the 2003 Act, that is to say:
 - (i) in the case of individuals described at (a) above:
 - (aa) who are employed by the Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months, or
 - (bb) who have been continuously employed by the Trust for at least 12 months;
 - (ii) in the case of individuals described at (b) above, who have served as a volunteer for a continuous period of 12 months; and
- (d) who are not disqualified for Membership under paragraph 6.4 below; and who have been invited by the Trust to become a Member of that Constituency and have not informed the Trust that they do not wish to do so

5.5.2 The minimum number of Members required for the Staff Constituency is 2,000.

5.5.3 A person who is eligible to be a Member of the Staff Constituency (see paragraph 5.4.1 above) may not become or continue as a Member of any Constituency other than the staff Constituency.

There is further mention of volunteers in the following paragraph:

6.2 The Council of Governors of the Trust is to include:

- (a) 17 Public Governors
- (b) 6 Staff Governors of whom a maximum of 2 may be staff volunteers
- (c) 1 Clinical Commissioning Group Governor
- (d) 1 Local Authority Governor
- (e) 7 Partnership Governors

The number of Public Governors comprise more than half the total Membership of the Council.

Option 2 – proposed changes to wording

The proposed change under Option 2 would be to remove reference to volunteers from the Constitution entirely, as this would return the Trust to the previous position of volunteers being classified as public members (noting that they would be required to register as Foundation Trust members individually, as per previous arrangements).

The proposed change would be to remove the following:

- Paragraph 5.5.1 (b)
- Paragraph 5.5.1 (c) (ii)

Paragraph 6.2 (c) would be reworded to state: *6 staff Governors*

Report Cover Sheet

Agenda Item: 9

Report Title:	Governor Committee Terms of Reference			
Name of Meeting:	Council of Governors			
Date of Meeting:	11 May 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair of the Board and Council of Governors Governor Committee Members			
Report presented by:	Kirsty Robertson, Deputy Director of Corporate Services and Transformation			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision: <input checked="" type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input type="checkbox"/>	Information: <input type="checkbox"/>
	The terms of reference are presented for ratification following a full review at the respective Governor committees.			
Proposed level of assurance – <u>to be completed by paper sponsor:</u>	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	Governor Governance and Development Committee – June 2022 Membership Strategy Group - July 2022			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • The Membership Strategy Group met for the first time since the beginning of the pandemic in June 2022. • The Group considered a revised set of terms of reference, which had been fully updated by the Company Secretary following a benchmarking exercise against the roles and remit of similar committees at other trusts. • A discussion was held regarding the quorum level within the terms of reference, which was specified as one third of the Governor members of the Group. As the Group is open to all Governors to attend (and had few formal Governor members at the time), it was suggested that a more pragmatic approach would be to amend the quorum to be 5 Governors (regardless of whether the Governors had opted to be formal members of the Group). 			

	<ul style="list-style-type: none"> • This was considered to be a pragmatic approach which supports timely decision-making and the terms of reference had been amended on this basis. They are presented here for ratification by the Council. • The Governor Governance and Development Committee (GGDC) terms of reference were ratified by the Council of Governors in November 2021 following the recommendations of a Governor Working Group to establish this new committee. • The GGDC met for the first time in June 2022. • The terms of reference are presented here for ratification as a similar adjustment is proposed to reflect a more pragmatic approach to quorum. • It is noted that there is an outstanding issue regarding the name of this Committee, with a number of Governors feeling that this requires adjustment to be clearer about its role and purpose. Governors are requested to provide suggestions to the Corporate Services Assistant for consideration at the next meeting. 				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council is requested to review, comment upon and ratify the terms of reference for both the Membership Strategy Group and the Governor Governance and Development Committee.				
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Ensuring that the Governor committees have clear roles and responsibilities will contribute towards the ability of the Board to deliver the Trust's strategy.				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	No risks directly linked to this paper, although effective committees with robust terms of reference should support the timely identification and management of risks.				

Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>
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<h1 style="margin: 0;">Sub-Group</h1> <h2 style="margin: 0;">Terms of Reference</h2>	 Gateshead Health NHS Foundation Trust
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Membership Strategy Group

Constitution and Purpose – The Membership Strategy Group is a formal group with delegated responsibility from the Council of Governors to lead on membership engagement and recruitment.

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

Date Adopted / Reviewed	July 2022 – Membership Strategy Group
Review Frequency	Annually
Review and approval	Membership Strategy Group
Adoption and ratification	Council of Governors – September 2022

Membership	<p>The Group shall consist of:</p> <ul style="list-style-type: none"> • 6 to 10 Governors (from the public and staff constituencies), one of whom shall be the nominated Chair of the Group <p>All Governors have an open invitation to attend meetings of the Membership Strategy Group, although only formal members count for quorum and voting in respect of formal decision-making.</p>
Attendance	<p>The following will be expected to attend the Group on a routine basis:</p> <ul style="list-style-type: none"> • Company Secretary • Corporate Services Assistant <p>The Chair and Non-Executive Directors have an open invitation to attend the Membership Strategy Group.</p>
Meeting frequency and quorum	<p>Meetings shall be held quarterly and as required by any relevant regulatory requirements.</p> <p>To be quorate there should be at least 5 Governors present at the meeting.</p> <p>Members and regular attendees are expected to achieve 75% attendance annually.</p>

Meeting organisation	<p>The Group shall be supported administratively by the Trust's Corporate Services team.</p> <p>In accordance with the Trust's Standing Orders, papers will be circulated to members and attendees six days before the meeting wherever possible, and no later than three clear days before the meeting, save in emergency.</p> <p>Minutes of the meetings are circulated (alongside the agenda for the following meeting), to members and attendees.</p>
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Duties and responsibilities	
Membership Strategy	<p>To work collaboratively with the Corporate Services team on the development of the Trust's Membership and Engagement Strategy, making recommendations to the Council of Governors.</p> <p>To develop and monitor an action plan to support the delivery of the Membership and Engagement Strategy.</p>
Membership / Public Engagement and Communication	<p>To explore and propose methods to communicate with, engage and recruit members and the public at large in the activities of the Trust.</p> <p>To work with the Corporate Services team to develop plans for membership engagement activities and campaigns and actively support membership engagement and recruitment activities.</p> <p>Work in partnership with the Corporate Services team to develop communication methods that enable the views and opinions of members and the wider public to be heard and to communicate how such feedback has been used.</p> <p>Work in partnership with the Trust's Corporate Services Team to ensure that the Trust's members are kept informed and updated on developments within the Trust.</p> <p>Work in partnership with the Trust's Corporate Services Team to inform the wider membership and public of how Governors have represented their views.</p>
Membership Profile	<p>To receive and discuss information on the Trust's membership profile to ensure that it is representative of the population served.</p>

Reporting and monitoring	
Reporting	<p>An assurance report from this Group will be presented by the Chair to the next meeting of the Council of Governors.</p>

<p>Monitoring</p>	<p>Compliance with the terms of reference will be reviewed via an annual self-assessment. This will inform any proposed revisions to the terms of reference and the cycle of business.</p> <p>The outcome of the effectiveness and terms of reference review is presented to Council of Governors following consideration by this Group.</p>
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Governor Committees

Terms of Reference



Governor Governance and Development Committee

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

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

Date Adopted / Reviewed	November 2021
Review Frequency	Annually
Review and approval	Governor Governance and Development Committee
Adoption and ratification	Council of Governors – September 2022

Membership	<p>The Group shall consist of:</p> <ul style="list-style-type: none"> • Lead or Deputy Lead Governor (Chair of the Committee) • At least 6 Governors with membership capped at 10. • Membership should include representation from public, appointed and staff Governors where circumstances allow. <p>All Governors have an open invitation to attend meetings of the Governor Governance and Development Committee, although only formal members count for quorum and voting in respect of formal decision-making.</p>
Attendance	<p>The following will be expected to attend the Group on a routine basis to provide advice, support and administration:</p> <ul style="list-style-type: none"> • Company Secretary • Corporate Services Assistant
Meeting frequency and quorum	<p>Meetings shall be held quarterly and as required by any relevant regulatory requirements.</p> <p>To be quorate there should be at least 5 Governors present at the meeting.</p> <p>Members and regular attendees are expected to achieve 75% attendance annually.</p>

Meeting organisation	<p>The Group shall be supported administratively by the Trust’s Corporate Services team.</p> <p>In accordance with the Trust’s Standing Orders, papers will be circulated to members and attendees six days before the meeting wherever possible, and no later than three clear days before the meeting, save in emergency.</p> <p>Minutes of the meetings are circulated (alongside the agenda for the following meeting), to members and attendees.</p>
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Duties and responsibilities	
Governor training and development	<p>To review the induction and training arrangements for Governors, including working with the Company Secretary to identify appropriate topics for training and development.</p> <p>To develop an annual cycle of business for quarterly development sessions for approval by the Council of Governors.</p>
Trust Governance Documents	<p>To review proposed changes to the following key governance documents and make recommendations to the Council of Governors (which must formally vote on proposed changes):</p> <ul style="list-style-type: none"> • Trust’s Constitution • Council of Governors’ Standing Orders
Governor Policies and Procedures	<p>To review key policies and documents relating to Governors, such as the Governor Handbook.</p> <p>The Committee will make recommendations to the Trust’s Policy Review Group and the Council of Governors in respect of these policies where appropriate.</p> <p>To monitor compliance with these policies in line with the monitoring arrangements articulated within the policies themselves.</p>
Reviewing the Effectiveness of Council Governance	<p>To review Governor conduct and attendance, including attendance rates for Council meetings, committees and training events.</p> <p>The Committee will also oversee the process for the allocation of Governor group / committee members every two years.</p> <p>To review the outcomes of the Council’s annual effectiveness review and oversee the implementation of any resulting actions.</p>
Other Governance Issues / Requirements	<p>To review and understand key principles of the regulatory framework and requirements, particularly where this impacts on the role of the Council of Governors.</p> <p>To be the first point of contact for the discussion of significant transactions</p>

	<p>and / or service changes where consultation and / or approval by the Council of Governors may be beneficial.</p> <p>To review other key governance-related requirements or requests as and when they arise.</p>
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Reporting and monitoring	
Reporting	An assurance report from this Committee will be presented by the Chair to the next meeting of the Council of Governors.
Monitoring	<p>Compliance with the terms of reference will be reviewed via an annual self-assessment. This will inform any proposed revisions to the terms of reference and the cycle of business.</p> <p>The outcome of the effectiveness and terms of reference review is presented to Council of Governors following consideration by this Committee.</p>



Report Cover Sheet

Agenda Item: 10

Report Title:	Governor Governance and Development Committee Update			
Name of Meeting:	Council of Governors			
Date of Meeting:	28 September 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Abe Rabin, Lead Governor and Chair of the Governor Governance and Development Committee			
Report presented by:	Abe Rabin, Lead Governor and Chair of the Governor Governance and Development Committee			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To provide the Council with an overview of the assurance, decisions and key issues discussed as part of recent Governor Governance and Development Committee meetings.				
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	-			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • The Committee has met twice, including its inaugural meeting and an extraordinary meeting. • The Committee has undertaken a detailed review of governance-related items on behalf of the Council. • This has included reviewing core NHS England draft governance documentation, which was out for public consultation, as well as undertaking a detailed discussion on a potential constitutional amendment. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council is requested to note the update from the GGDC and be assured that the Committee is supporting the Council through a detailed review of governance-related items that fall within its remit.			

Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Not linked to a specific objective but ensuring effective governance is in place will in turn ensure appropriate controls and assurance processes are in place to support objective delivery.				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	No direct link				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Not applicable <input checked="" type="checkbox"/>	

Governor Governance and Development Committee Report

1. Introduction

- 1.1. The Governor Governance and Development Committee (GGDC) is a new Governor committee, which was established following the recommendations of a Governor committee working group last Autumn.
- 1.2. Members were sought following the commencement of the terms of new Governors in January 2022 and the GGDC met for the first time in June 2022. A further extraordinary meeting was held in September 2022.
- 1.3. This paper aims to provide assurance to the wider Council over the work of the GGDC by outlining the key discussions from the Committee.

2. Key issues discussed

- 2.1. The following key issues were discussed at the inaugural meeting in June 2022:
 - **Introduction to the GGDC** – a discussion was held regarding the purpose and remit of the Committee. Feedback was provided on the name of the Committee and there was an appetite to revisit this to ensure it did not give the impression that its purpose is for Governors to effectively govern each other. Suggestions were sought but only one response received. Further suggestions are welcomed.
 - **NHS England Governance Consultation Documents** – on behalf of the Council the GGDC undertook a detailed review of three key documents which were out for consultation (Code of Governance, Addendum to the Guide to Governor Duties and Guidance on Good Governance and Collaboration). Feedback from the Committee informed the Trust's response to the consultations. The publication of the final documents by NHS is still awaited. The NHS Providers / Governwell training on 9 November will cover some of the areas included within the draft Addendum to the Guide to Governor Duties.
 - **Governor Training and Development** – the Committee discussed the possibility of organising a Governwell training day (which has now been confirmed as outlined above), as well as how Governors could become more involved in on-site activities, including PLACE visits.
- 2.2. An extraordinary meeting was held in September 2022 to review the options regarding the recognition of volunteers within Foundation Trust membership and the resulting implications for Governor positions. The recommendations of the Committee have informed the proposal which is presented to the Council of Governors under agenda item 8.

3. Solutions / recommendations

- 3.1. The Council is requested to note the update from the GGDC and be assured that the Committee is supporting the Council through detailed review of governance-related items that fall within its remit.



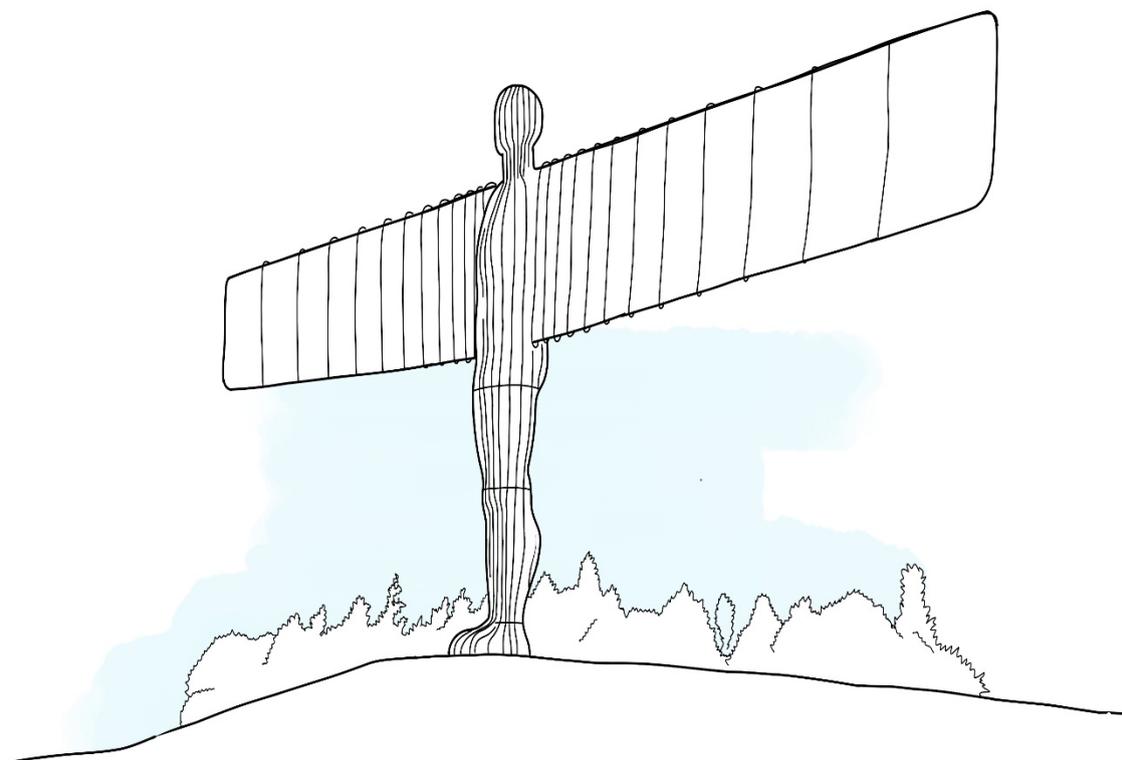
Gateshead Health
NHS Foundation Trust

Report Cover Sheet

Agenda Item: 11

Report Title:	Equality and Diversity Annual Report 2021 / 2022			
Name of Meeting:	Council of Governors			
Date of Meeting:	28 September 2022			
Author:	Kuldip Sohanpal			
Executive Sponsor:	Yvonne Ormston			
Report presented by:	Kuldip Sohanpal			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>This EDI annual report covers the period between March 2021 and March 2022. The information contained within the report has written detailing the activity undertaken in respect of ED and includes data of current staff and staff appointed, broken down via protected characteristics.</p>				
Proposed level of assurance – to be completed by paper sponsor:	Fully assured	Partially assured	Not assured	Not applicable
	<input checked="" type="checkbox"/> <i>No gaps in assurance</i>	<input type="checkbox"/> <i>Some gaps identified</i>	<input type="checkbox"/> <i>Significant assurance gaps</i>	<input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	<p>Aspects of the information contained within the Annual report are addressed at the HREDIG programme board. The narrative within the report is also cross referenced to key areas of EDI work and the EDI Action plan.</p>			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<p>The Annual report covers the period between April 2021 and March 2022 and covers the following areas of EDI:</p> <ul style="list-style-type: none"> • Equality Objectives referencing the Equality Delivery System (EDS), WRES /WDES, GPC and AIS • Key achievements around how work around Inclusion has been promoted • Monitoring information in respect of service users and patients, including complaints and concerns • The detailed breakdown of the referrals by protected characteristics. • Workforce monitoring information 			

	The report is still in its draft format as some information is still being collated. This relates to Appendix 2 – linked to the translating and Interpreting.				
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Committee is asked to note the contents of the EDI Annual report				
Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	The Annual report incorporates the vision and values identifying what matters to us as an organisation, now and in the future. (ICORE)				
Links to CQC KLOE	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	N?A				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		



DRAFT

Gateshead NHS Foundation Trust Annual Equality Diversity and Inclusion Report

Contents

	Page No
1. Introduction	5
2. Our context	6
3. Equality Objectives	7
4. Our Visions, Purpose Values and Goals Governance	8
5. Assessment and actions	9 - 10
6. Key Achievements promoting Inclusion	11 - 15
7. Foundation Trust membership	16 - 17
7. Staff, Service and Patient Experience	18 - 25
8. Service Users referrals broken down by age, ethnicity, gender, and marital status	24 - 27
9. Workforce Monitoring	28 - 39
8. Appendices	
• Governance Structure for Equality, Diversity and Inclusion	40
• Language Usage	41

Should you require this report in any other format such as large print or braille or translated into another language, please contact: Kuldip.sohanpal2@nhs.net

1. Introduction

All NHS Trusts are required to follow the Legislative Framework underpinned by the **Equality Act 2010, Human Rights – the Mental Health Act Code of Practice, the Equality Delivery System (EDS2), the Workforce Race Equality Standards (WRES), the Workforce Disability Equality Standard (WDES), Gender Pay Gap (GPG), and the Accessible Information Standard (AIS)**. The Equality Act has expanded and mandates the Trust in addressing Equality Diversity and Inclusion in each of the above areas as well as placing a statutory duty to comply with the Public Sector Equality Duty (PSED) to address unlawful discrimination.

The PSED sets out **'general'** and **'specific'** duties on public authorities as set out below:

The General Duty to:

- Eliminate unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

The Specific Duty to:

- Publish equality information at least once a year to show how they've complied with the equality duty
- Prepare and publish equality objectives at least every 4 years.

The information must include information relating to people who share a protected characteristic who are:

- its employees, and
- people affected by its policies and practices.

This annual report provides an analysis of all Gateshead NHS FT employees by protected characteristics, including bank workers as captured via the old NHS Jobs and the newly implemented TRAC system. It has been broken down into 2 areas covering the following:

- Applicants and New Starters for the reporting period April 2021 – March 2022
- All Staff currently in post in the same time frame

2. Context

Gateshead Health NHS Foundation Trust, better known as QE Gateshead is based in the North East of England. We provide a range of health services from our leading facilities including the Queen Elizabeth Hospital, Dunston Hill Day Hospital, QE Metro Riverside and Bensham Hospital, all within Gateshead.

We also run a range of services from Blaydon Primary Care Centre and Washington Primary Care Centre, as well as a specialist unit in Houghton-le-Spring for patients who require rehabilitation care.

Established in 2005 we were one of the first foundation trusts in the country and since then have consistently achieved the highest levels of care for patients.

We employ around 3,400 staff and currently provide 580 hospital beds across Gateshead. Our primary focus is on providing excellent general health services to our local community complemented by key specialist areas including Gynaecology, maternity, palliative care and old age psychiatry.

Alongside a full range of local hospital services, we provide breast screening services for Gateshead, South Tyneside, Sunderland and parts of Durham – and we are the North Eastern hub for the National Bowel Cancer and AAA Screening Programmes, covering a population of around seven million people.

We provide cutting edge care from some of our state-of-the-art facilities including a £32m Emergency Care Centre, a £12m Pathology centre of excellence and the beautifully designed North East surgery centre.

Our maternity services are rated among the very best in the country and our work treating gynaecological cancers has built up a national and international reputation. We also run the Gateshead Fertility Centre, one of the top ten IVF clinics in the country which has created hundreds of new families in the North East over the last decade.



3. Equality Objectives

Objective	Progress
<p>Communication – improving communication between the Trust and service users and carers, voluntary and community groups, staff, and primary care.</p>	<p>We continue to enhance our communication methods with our key stakeholder groups. As part of writing our Equality Strategy, we have sent out a Equalities survey to all of our members, which is also being rolled out into the communities for their input.</p> <p>The Chief Executive Blog is updated on a monthly basis and is emailed to all members of staff.</p> <p>Communications team produce information leaflets for LGBTQ+ service user awareness as well as informing staff about the Network meetings.</p> <p>More specific communication methods to meet individuals needs based on feedback</p>
<p>Engagement – improving engagement with a range of stakeholders.</p>	<p>There has been several engagement events for stakeholders to inform the development of our equality strategy and equality policy. We will be undertaking a survey seeking the views of our governors, members and the wider public to generate feedback about the experience of people from different backgrounds in order to inform our EDI action plan</p>
<p>Learning and development – ensuring the Trust meets mandatory requirements and provides training that responds to the needs of staff</p>	<p>There is a process in place for face-to-face equality and diversity training and an e-learning package for all staff which is mandatory. In addition to this a programme has been developed and delivered in respect of Equality and Diversity. LGBTQ+ Disability and Race programmes of work have also been developed and partially delivered</p>
<p>Making the organisation more reflective of the communities we serve.</p>	<p>We continually review and monitor our workforce demographics and respond in line with WRES, WDES and GDP reporting requirements. We have developed a number of actions to enhance diversity within our workforce and continue to monitor progress.</p>

4. Our Visions, Purpose, Values and Goals

The vision and values were developed through engagement with our people to identify what matters to us as an organisation, now and in the future.

Values

Our values should be the 'golden thread' which runs through everything we do – they are the core of who we are. Our five values can easily be remembered by the simple acronym **ICORE**.

Innovation	We look for new ways to improve what we do and recognise that we all have a role to play in our continuous improvement.
Care	We care for our patients, community, each other and ourselves with kindness and compassion.
Openness	We always act with integrity and transparency and are open and honest with ourselves and each other.
Respect	We treat everyone with respect and dignity, creating a sense of belonging and inclusion
Engagement	We are inclusive and collaborative in our approach, working as a team and with our partners to deliver the best care possible.

Our vision captures what matters to us – delivering outstanding compassionate care.



5. Assessment and action

There are a number of equality systems and standards that enable the Trust to assess progress against the public sector equality duties as follows:

- **Equality Delivery System (EDS2)**
- **Workforce Race Equality Standards (WRES)**
- **Workforce Disability Equality Standard (WDES)**
- **Gender Pay Gap (GPG)**
- **Accessible Information Standards (AIS)**

5.1 Equality Delivery System (EDS2)

EDS 2 is an assessment tool that has been designed to improve the equality performance of NHS Trusts by embedding all elements of equality into the mainstream of the Trusts business by gathering equality evidence which demonstrate compliance with the public sector equality duty and the statutory duty to consult and involve patients (NHS Act 2006). Over the last few years, the existing EDS has been consulted on and has resulted in EDS 2022.

The new framework will be rolled out in the coming months and work on the EDS will be detailed in the coming months and appropriate actions will be added into the existing EDI action plan.

5.2 Workforce Race Equality Standards (WRES)

The Workforce Race Equality Standard (WRES) is designed to help NHS organisations review their data against the nine WRES indicators with a view to agreeing and progressing actions to close any gaps in the workplace experience between White and Black and Minority Ethnic (BME) staff and improve BME representation at the Board level of the organisation.

The 2020 WRES report can be found at <https://www.gegateshead.nhs.uk/about/trust/equality-diversity/>

5.3 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) standard is designed to help NHS organisations review their progress against ten WDES metrics and agree and progress actions to close any gaps in the workplace experience between disabled and non-disabled staff.

The 2020 WDES report and action plan can be accessed via the following link.
<https://www.gegateshead.nhs.uk/about/trust/equality-diversity/>

5.4 Gender Pay Gap

The gender pay gap report sets out the gender pay gap between male and female employees and set out actions to address any gender pay gap identified.

The Gender Pay Gap Report can be accessed by the following link;
<https://www.gegateshead.nhs.uk/about/trust/equality-diversity/>

5.5 Accessible Information Standards

The Accessible Information Standards (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things.

- Ask people if they have any information or communication needs, and find out how to meet their needs
- Record those needs in a set way
- Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
- Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.
- Make sure that people get information in an accessible way and communication support if they need it

Where information is requested in large print or Braille, or alternative format for a disabled individual reasonable, appropriate reasonable adjustment need to be made for the individual concerned.

Whilst some electronic patient record capture the requirements of the AIS, we are working towards ensuring all services are aware of the AIS and how it is implemented for our patients, service users, their carers and parents. This area of work also aids in ensuring we are meeting one of the elements related to the EDS. Compliance around the standard will sit with the Head of Quality and Patient Experience and will be monitored by HREDIG.

6. Key Achievements promoting Inclusion

The Trust has continued to make progress during the period of reporting in the achievement of our equality objectives.

6.1 Strengthened Governance arrangements

There has been a significant focus during to establish clearer governance arrangements to take forward and monitor progress of Equality, Diversity and Inclusion activities across the Trust.

We have established an Executive led Human Rights Equality Diversity and Inclusion group and to ensure actions are clearly set to deliver our objectives and to provide oversight to the EDI actions developed from the WRES / WDES data we have collected. The governance structure is set out in **Appendix 1**.

6.2 Promoting inclusion

During the pandemic, our focus around engaging with communities of interest and within our workforce were like other Public Sector organisations with limited engagement taking place. As we start to move into the 'new normal', we have started to communicate key messages to our staff more consistently to raise the profile of the inclusion work indicating how we have taken the inclusion agenda forward and also promoted key events and activities. An annual timetable of key events has been worked on and key areas of inclusion work is promoted throughout the Trust via the communication team.

6.3 Staff Networks

During the Pandemic, we have worked to strengthen the staff networks across the Trust and/or develop new staff networks to support our diverse workforce.

i) LGBTQ+

Sponsorship of the group is being undertaken by the Director of Nursing

Whilst the LGBTQ+ staff network has been running for the past few years, membership of the group has dwindled, and due to work pressures activity has been very limited, however the Network has been:

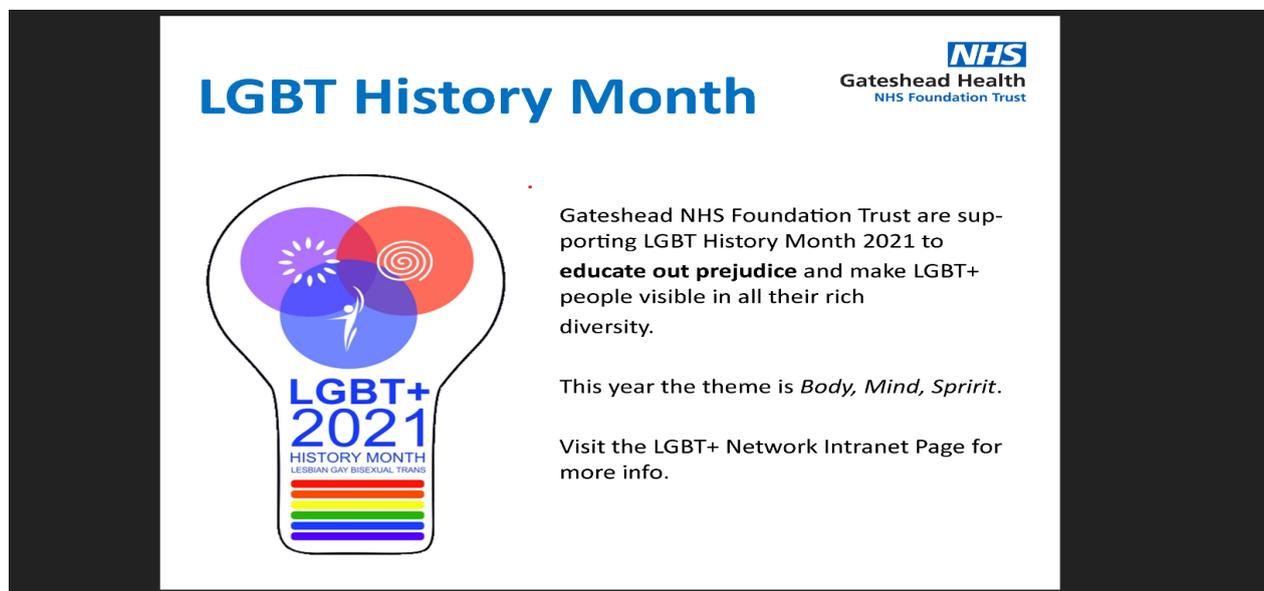
- involved with the local PRIDE events.
- involved in hoisting the rainbow flag during LGBTQ+ week
- highlighting LGBTQ+ network via stand-up banners
- working with the radiology department to put up signs regarding pregnant trans, non-binary and gnc patients
- working with endoscopy department on a department trans & non-binary policy, including doing an outreach session with the department in order to discuss the needs of trans people.
- progressing work on a trans staff policy.
-

Some of our key successes have included

- Having a Pride breakfast
- staff survey around the Network
- Being nominated for the QE Star Awards
- Speaking at the Op Workforce Cell, SMT and several other groups to raise awareness of the network and issues that affect the LGBT+ community and supporting the LGBT+ community.

The network also produced an information leaflet which has been publicised by the communication department and has been sent out to all departments. LGBT History month was also celebrated as can be seen by the attached screen saver. Further engagement is being scoped to ensure that meaningful debate can take place with LGBTQ+ members of staff. Further information about LGBTQ can be accessed via:

<https://staffzone.ghnt.nhs.uk/ddi/initiatives/edhr/staff-networks/LGBT.php>



ii) BAME

Sponsorship of the group is being undertaken by the Chief Operating officer

The BAME Staff Network meet every month and have been actively engaged with providing advice during the pandemic around risk assessments, offering advice in respect the George Floyd incident, India crisis, Ukraine conflict and the EU settlement as well as helping to advise on the overarching EDI work programme.

The Workforce Race Equality standard resulted in a detailed action plan, which the BAME Network continues to support in developing not only the BAME workforce but also around how the Trust addresses:

- Recruiting from the multi-cultural communities we serve
- Employing a workforce with awareness of differing cultures, represented by our patients
- Retaining expertise and experience
- Develop our staff
- Engage and motivate a significant part of the workforce.

The Network has also played a key role in:

- the development of the covid risk assessment, menopause guide, ensuring the trust provides a culturally sensitive health and well-being support
- improving practice by improving training (violence and aggression training and resus) by incorporating how cyanosis looks like on darker skin

Similar to previous years, the Trust promoted and supported Black History Month. Our working title for our seminar was titled 'In conversation with...' and was hosted by our Obs and Gynae Consultant, Isaac Evbuomwan and included national speakers David Oluosoga (talking about Black History within the UK), John James representing Sickle cell society, Estephanie Dunn the RCN's North West Regional Director and Professor Carol Baxter (who has worked with the NHS nationally on the Diversity and Inclusion Agenda). The BAME Network were instrumental in getting the session up and running. The image below captures how we communicated information for the day.

Further information about the BAME Network can be accessed via:

<https://staffzone.ghnt.nhs.uk/ddi/initiatives/edhr/staff-networks/BAME.php>

Black History Month 2021

To celebrate Black History month, Gateshead Health NHS Foundation Trust is hosting an online event called 'In Conversation With...'

Join us on
Friday 22nd October 2021 | 1pm - 4pm

Scan the QR code to register your interest.

SCAN ME

John James OBE
33 years of experience within the NHS including 4 CEO roles.

Professor Carol Baxter CBE
Diversity & Inclusion & Human Rights Consultant

Estephanie Dunn
North West RCN regional director

Professor David Oluosoga
British-Nigerian historian, broadcaster and film-maker.

For more information contact ghnt.bame.network@nhs.net

iii) Disability

Sponsorship of the group is undertaken by the CEO of QEF

The WDES was developed to help NHS organisations make a positive impact for all disabled staff working in the NHS. The WDES aims to inform year on year improvements in reducing those barriers that impact most on the career opportunities and workplace experiences of Disabled staff - driving changes in attitudes, increasing employment and career opportunities, and implementing long-lasting change for Disabled staff.

The Trusts D-Ability Staff Network and HR gathered data and feedback giving the Trust a greater understanding of the experiences of Disabled staff. This resulted in the WDES report that was presented and approved by the Board. The Disability Network continues to meet on a monthly basis and similar to the BAME Network, the group has;

- Actively engaged in helping promote / advise the EDI and WDES work programme,
- Worked to increase the reporting for staff with a disability in order to support and improve experience in work.
- Helped the Trust in the reaccreditation for Level 2.
- Promoted stress awareness month weeks

- Produced a video and art to raise awareness and remove stigma
- Arranged a stall at the HUB and produced a video to raise staff networks profile, promote allyship and membership.
- To educate, and raise awareness to improve support for staff a learning event on 17th June, talked about the network (and other networks) and shared lived experience, autism and dyslexia awareness.
- To mark Disability History Month, D-Ability Flags were raised and Bensham General Hospital and QE to mark the month. There were also stalls on both sites where almost 350+staff attended. Information offered included resources, disability History Month Quiz and a list of recommendations of books and movies for colleagues to understand different abilities, promote inclusion, equity and remove the barriers.
- Baroness Tanni-Grey Thompson, Dr Lucy Reynolds and Dr Ian Aird shared their stories and how they had overcome challenges in a webinar arranged by the Network.

Further information about the D-ability Network can be accessed via:

<https://staffzone.ghnt.nhs.uk/ddi/initiatives/edhr/staff-networks/d-ability.php>

6.3 Information and data collection

Improvements have been made to the information collection systems in order to support the completion of data. The Trust has also improved the Information available through data collected via different sources such as:

- NHS Staff Survey,
- Local Data collection System e.g. Human Resources Tracker, Electronic Staff Record (ESR).
- Developed effective monitoring systems to review and analyse the data to inform actions and initiatives through the Trust EDI Steering group.
- The Data collected from Equality Impact Assessment (EqIA) Frameworks aims to readdress inequalities in Service delivery, which is picked up via the EqIA action plans.

6.4 Celebration of different faiths

We have increased our communication programme to include a more diverse celebration of faiths by publicising special dates. We have purchased and distributed a multi-faith calendar across our services. We have used screensavers to promote and highlight different cultural and religious events. Aspects of faith and its impact upon health varies within each faith group. e.g. during the month of Ramadan, there was internal communication for all staff around the dietary needs for those members of staff who were fasting and appropriate meals were on offer. The Trust has also purchased a number of Koran's and Prayer mats. These are currently located within Chaplaincy department and are available to all Muslim members of staff upon request.

6.5 Training

In addition to the online core and essential skills training (CEST), the Trust provides Equality, Diversity and Human Rights training. This training has been incorporated into the Managing Well Programme. EDI is also being rolled out within induction to ensure staff are aware of their responsibilities and statutory regulations.

A workshop for senior managers understanding Transgender issues is being scoped and will be delivered by an external provider.

6.6 Health and Wellbeing

To mark a renewed focus on health and wellbeing at Gateshead, we created a dedicated brand, Balance. This brand was selected after consultation with Gateshead Health staff

This has led to the identification of six clear areas of health and wellbeing – self-care, physical wellbeing, social wellbeing, mental wellbeing, financial wellbeing and environmental wellbeing, aiding effective communication.

- To enhance HWB communications, a dedicated Twitter account was rebranded and made more active. Over the past year, the account's audience has since grown by 221%, with more than 10,000 engagements made through 311,894 impressions –both representing improvements of over 450% year on year.
- A Facebook page was created, helping establish the Balance brand internally through posts in the staff Facebook group, while the health and wellbeing newsletter was also redesigned and relaunched. In-person communication has also been developed through the launch of health and wellbeing roadshows, with 36 stalls taking place around various areas of the Trust in 2022 so far.
- Throughout the year a number of campaigns have helped the organisation to mark awareness days, react to arising wellbeing needs and recognise colleagues. #ShareYourStoryGH helped remove stigma around the open discussion of mental health through six individual stories. #MyPledgeGH saw colleagues make a commitment to improving their personal health and wellbeing. #BeatTheBlues helped colleagues to fend off any January blues and stay physically and mentally well.
- 95% of colleagues report having received a gift of thanks throughout the past 12 months. Our #AppreciationAugust and December gift hamper campaigns ensured colleagues were thanked for their continued efforts. Continuing the theme of recognition, You're A Star was relaunched to provide and encourage monthly recognition between colleagues.

7. Foundation Trust Membership

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

There are a number of 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 three constituencies: Western; Central; and Eastern Gateshead, and the Out of Area constituency which includes County Durham, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland (other than areas within the Gateshead constituency). The boundaries for public membership are shown on the map.



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. Members can vote to elect governors for their constituency and can choose to be nominated to stand for election as a governor.

Patient membership is available to individuals who live outside of the areas shown in the map 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. As of 31st March 2022, the total number of public members was 13,344, a slight decrease since April 2021 however as expected due to government restrictions. Our public membership profile as at 31st March 2022 was as follows:

Population/Public Membership Ratio at 31st March 2022				
	Western	Central	Eastern	Out of Area
Population	77,471	92,828	41,615	Unknown
Membership	3,587	6,953	2,275	529
%	4.63	7.49	5.47	Unknown

We are committed to ensuring that NHS Foundation Trust membership is representative of the whole community. An analysis of membership shows that ethnic makeup is higher than that of the Gateshead demographics. The membership is over represented by people aged over 75 and is under represented in all other age groups.

	Population Demographics	Membership Demographics
Gender		
Male	48.4%	35.1%
Female	51.6%	64.7%
Unknown		0.2%
Age		
Under 16*	19.3%	
16 – 19	4.9%	0.1%
20 – 29	11.4%	5.6%
30 – 59	41.6%	36.8%
60 – 74	15.2%	28.1%
75 and over	7.6%	28.0%
Age unknown		1.4%
	Population Demographics	Membership Demographics
Ethnic Breakdown		
White	98.4%	90.3%
Other	1.6%	7.5%
Unspecified		3.6%

Staff directly employed by the Trust or its subsidiary, QE Facilities, are automatically Foundation Trust members for the duration of their employment, unless they choose to 'opt out'. Employees of the Trust cannot be public members.

Staff whose services are contracted for by the Trust, staff not employed by the Trust but who in effect work in and with the Trust for most of their time, and volunteers are given the same status as staff, if they wish, provided they have worked with the Trust for a minimum of one year.

The number of staff members as of 31st March 2022 was 4,891.

Our membership strategy describes how we will maintain and develop an active and engaged membership. Organised membership engagement events have not taken place during the year due to the pandemic. As restrictions ease and we can safely engage with our members and the public, we look forward to refreshing our membership strategy. We intend to relaunch our Membership Strategy Group, a sub-group of the Council of Governors, and work closely with Governor colleagues to refresh the strategy and identify ways in which we can re-engage with our existing members and recruit new members.

8. Staff, Service and Patient Experience

The following sections set out our monitoring information in relation to our service users/patients.

The Trust continually works towards providing the best possible care for its patients but there are occasions when patients and their families do not feel the outcome has met their expectations. The Trust will ensure it provides honesty and openness and a willingness to listen to the complainant and to understand and work with the patient to rectify the problem. Each formal complaint is reviewed by the Chief Executive, Chief Nurse or the Medical Director. An investigating officer is allocated to investigate the complaint. The DATIX system is utilised to manage the complaints.

The Trust welcomes comments, compliments, complaints and concerns. We receive lots of positive feedback about the services we provide and sharing this with staff is always encouraging, however we also take time to feedback about the times when we do not get things right. We understand that complaints matter. Concerns and complaints all contain valuable insights into how patient experience can be improved. Listening and responding effectively to complaints and concerns helps us to avoid the same issues from happening again, making our services better and improving things for the people who use them.

During the period 1 April 2021 to 31 March 2022, the Trust received a total of 280 complaints. All complaints were acknowledged within three working days in line with the NHS Complaints Regulations.

The number of complaints received by business unit is:

Business Unit	Number
Medical Services	131
Surgical Services	103
Clinical Support & Screening	22
QE Facilities	10
Community Services	8
Nursing Midwifery & Quality	4
Finance	2
Total	280

During the period 1 April 2021 to 31 March 2022, the Trust closed 280 complaints. Of these 32% were sent a response within the Trust's eight-week timescale. The delay was often as a result of the complexity of the cases, involving several departments or organisations or this year in particular, the actions the Trust had to take in regard to the pandemic including staff working clinically.

8.1 Patient Experience

To assess patient satisfaction across the Trusts footprint, a variety of modes are used to capture the experience of patients following treatment, enabling us to monitor and assess the experiences of those accessing the service. In addition to this the Trust have recently undertaken a community survey and the results of this once analysed will feed into the Trusts EDI strategy.

8.2 National Friends and Family Test (FFT)

The FFT asks patients how likely they are to recommend the service to friends and family should they require similar care or treatment. Equality data is collected in line with the current protected characteristics. However further detailed analysis is required to assess the full nature of data captured.

8.3 Patient Advice and Liaison Service (PALS)

The Trust provides a Patient Advice and Liaison Service (PALS) who offer confidential advice, support and information on health-related matters. They provide a point of contact for patient, their families, and carers. Where appropriate, those that utilise PALS are forwarded a questionnaire regarding their experience of the service.

For the period 1 April 2021 to 31 March 2022, the Trust received 598 informal concerns. Equality data is also requested on the questionnaire. 37 questionnaires were returned.

In the period 1 April 2020 to 31 March 2021, the Trust received 160 compliments which were formally recorded on the DATIX system and shared with staff.

Compliments are really important to the Trust, they are a fantastic boost to staff morale when a person has taken the time to write or telephone with a thank you. An example of a compliment the Trust has received is:

I would just like to take the opportunity to pass compliments to the QE maternity team, and to the Midwife who was extremely competent and confident as a midwife.

She made my partner and I feel very comfortable and assured during our time on the Labour ward in her care. Our son was delivered safely and we just wanted to take the opportunity to express our thanks. The Midwife is a credit to the QE maternity service and we would appreciate if her hard work was acknowledged.

Thank you for everything

8.4 Complaints

Complaints are viewed as an opportunity to improve service quality, increasing cultural and religious awareness and fostering good relations between people who share a protected characteristic and those who do not.

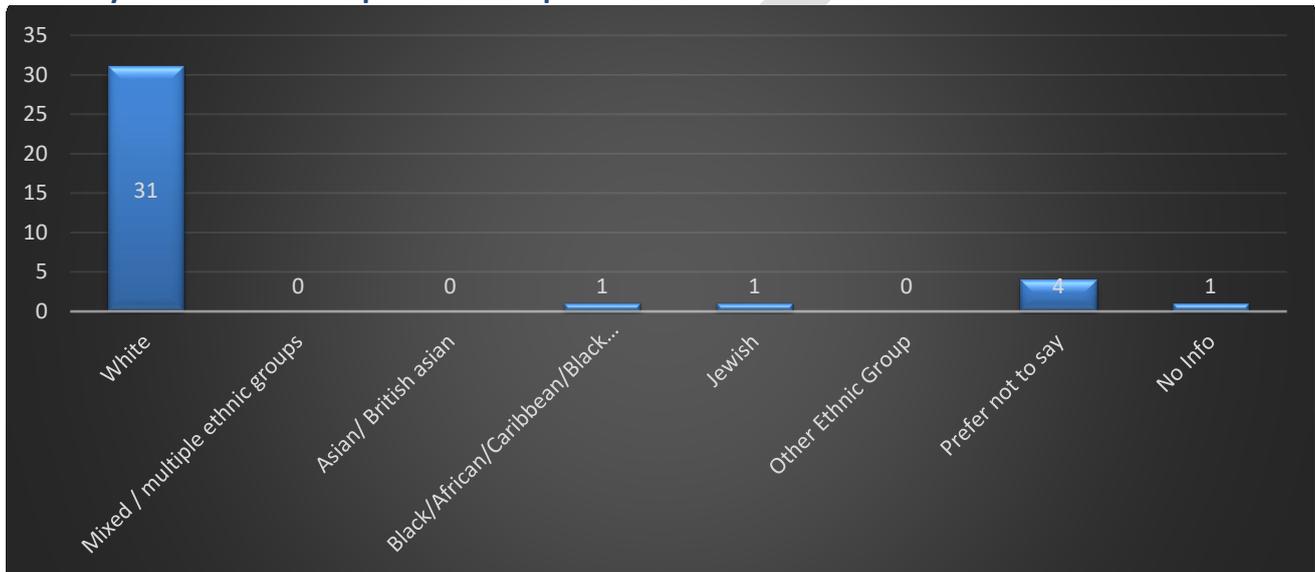
8.4.1 Complaints survey evaluation:

During the 2021/22 financial year, a complaints process feedback questionnaire was sent out to all complainants with the exception of those where the case was now legal, had reopened or involved a deceased patient. 280 complaints were received in 2021/22.

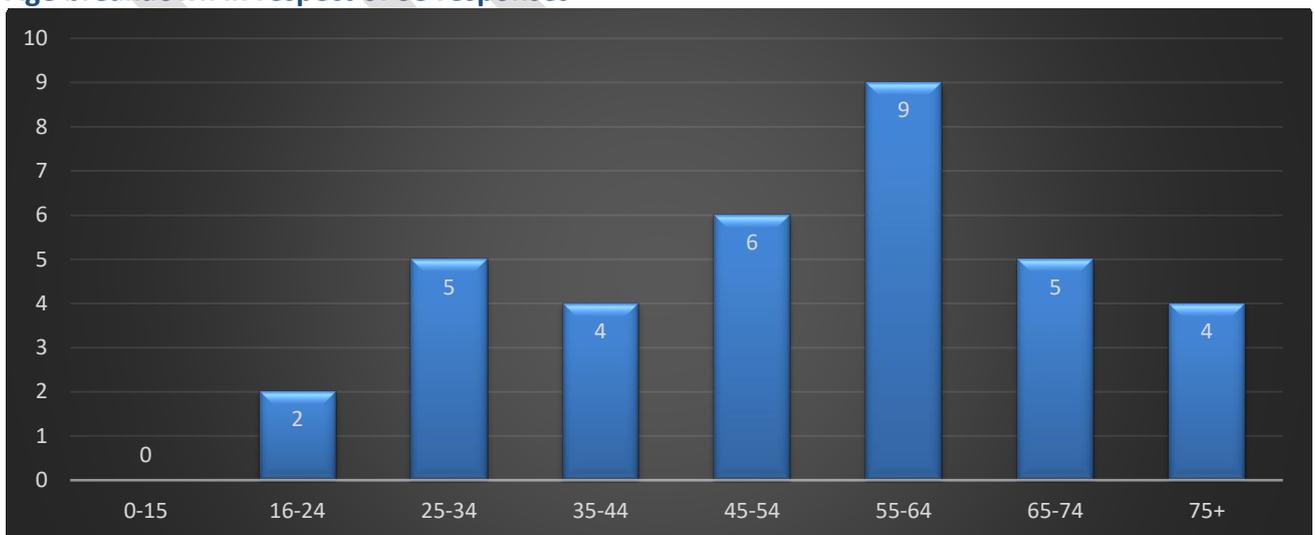
Overall:

- 131 questionnaires were sent and 38 completed questionnaires were returned giving a response rate of 29%. The response of the 38 responses are broken down below.
- 32% of the complainants were contacted by the investigating officer before beginning the investigation.
- 39% of complainants reported that they received a full response to their complaint within eight weeks. Only 47% felt the response covered all points raised and furthermore, only 26% had confidence that their complaint would be valued and seen as important.
- Five people was very satisfied with the complaint response, however twelve complainants were very dissatisfied.

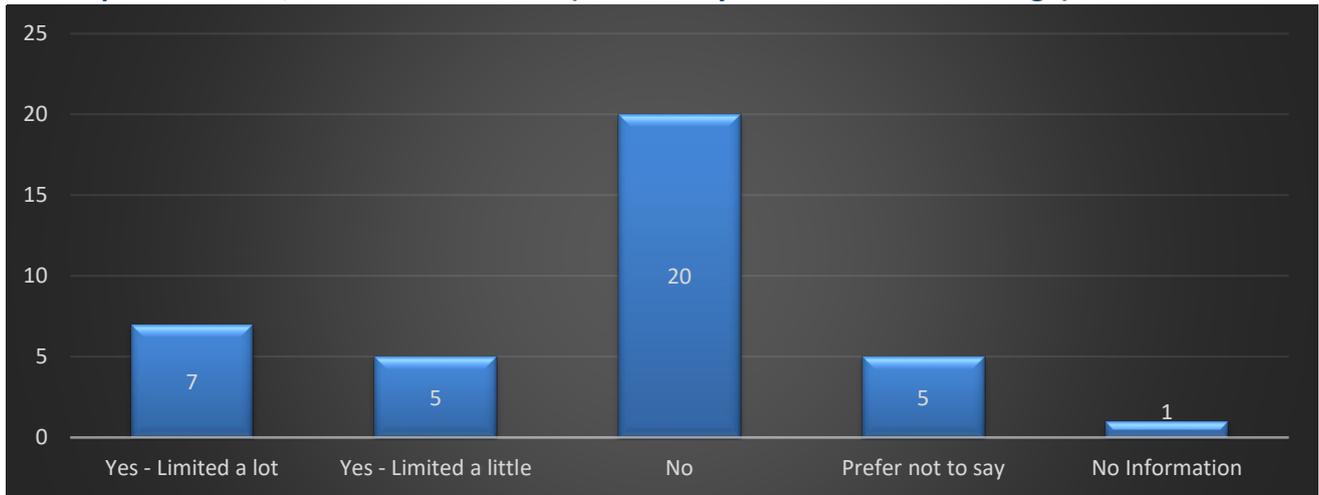
Ethnicity breakdown in respect of 38 responses



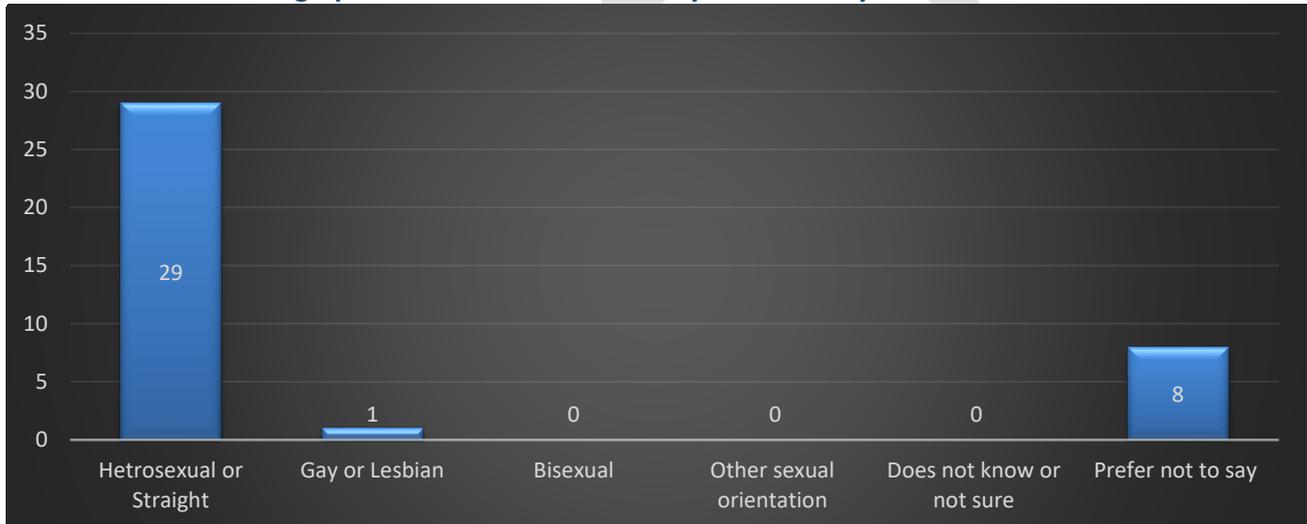
Age breakdown in respect of 38 responses



Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues related to old age)



Which of the following options best describes how you think of yourself?



As a result of complaints and concerns raised over the past year a number of initiatives have been implemented.

As an example - In response to a complaint about post-natal care, including pressure sores, there will be focused improvement on the ward to raise awareness and standards within the maternity department relating to the formal assessment and prevention of developing skin trauma. The team are developing some clear assessment tools on their electronic records to support all staff in remembering to complete and record basic tasks. They are implementing a robust training and awareness programme around risk assessments with all of the staff.

The team will be making focused improvements to ensure mothers who have had epidurals have regular postnatal checks and pressure sore assessments. The team have now added this to morning safety huddles to raise awareness and ensure learning. The care of a mother with an epidural will also be highlighted within staff mandatory training when the planned pathways have been reviewed. Overall the response was low at 29%, however 87% found it easy to find out how to complain.

8.4.2 Patient Safety and Incident Reporting

This Incident reporting policy extends to those incidents which:

- Occur on Trust premises
- Occur off Trust premises but involve persons employed by the Trust (or managed by the Trust i.e. seconded staff and volunteers), whilst on Trust business.
- Involve any patient receiving care from the Trust – including joint services with local authorities (community and mental health), where an incident relates to the health & social care provision of the service user.
- Suicides and homicides of former service users will be reported if the person has received care from the Trust in the previous 6 -12 months and, if appropriate, investigated in accordance with this NHS England SI Framework mental health homicide review process.

The incident data entered by staff within the incident reporting system allows information on incidents to be collated. The incident data is reported to Directorates on a monthly basis to support further analysis of trends and themes, this includes considering people from protected groups. Whilst monitoring an analysis of incident data at a local and Trust level is achieved in the followings ways:

- Ad hoc requests for reports during the review of incidents.
- Reports provided to subject matter experts such as Equality and Diversity Team.
- Comparison of National Reporting Learning System (NRLS) reporting data showing reporting rates of other comparable Trusts.
- Benchmarking exercises with other local Trusts.
- Incident data and reports reviewed at Trust Forums and Committees e.g. Resuscitation Committee, Mental Health Law Forum etc.
- Regular reports shared with Trust Board and Commissioners
- Regular incident data reports provided to each Directorate.

The Risk Department ensures that all incidents are recorded onto the Trust incident reporting system. Automatic notifications are in place to ensure that the appropriate subject matter expert e.g. infection Control, Local Security Management Specialist, Health and Safety etc. is alerted to the incident to support review of immediate actions taken and decision making in regards to the need for further investigation.

For all incidents reported fields are available that include the characteristics of age, gender and ethnic group. It is now mandatory that these information fields are completed when an incident is submitted. Other characteristics could be included within the incident description dependent upon the incident itself and the relevance e.g. an incident of restraint and the service user being pregnant.

8.4.3 Language Services

The Trust continues to ensure that the support mechanisms are in place to meet the language needs of those service users whose first language is not English, this also includes British Sign Language, Signalong and Makaton. Our current Language Services provider is Language Line. Their

interpreters and translators are qualified and trained to fulfil the needs of diverse community served. The Trust has a robust performance management arrangement to ensure better outcomes are achieved for our service users.

Appendix 2 gives a full breakdown of the most frequent languages where the services of an Interpreter have been utilised.

DRAFT

9. Service Users referrals broken down by age, ethnicity, gender, and marital status

The Trust collects equality data on all referrals, contacts and DNA's, used to inform the planning and delivery of services so that they are accessible and respond to need. The detailed breakdown of the referrals by protected characteristics is indicated below.

Service User data (1st April 2021 – 31st March 2022)

Service users Referrals broken down via Protected Characteristics

a) Referrals by Age

The referral data in respect of age indicates the following:

- The two greatest number of referrals fell into the 41 – 64 and 65+ age category (32.4% and 31.4% respectively)
- 20% of referrals fell into the 26 – 40 age group
- The referrals between the ages of 19 – 25 are virtually half of the 0 -18 age group (5.2% and 10.9% respectively)
- The referrals for over 65s' has been increasing year on year which suggest that higher life expectancy and falling birth rates are increasing the proportion of elderly people not only in the UK but across the world
<https://populationmatters.org/mythbusting>

By Age Range	Total	%
0-18	10303	10.9%
19-25	4937	5.2%
26-40	18895	20.0%
41-64	30490	32.4%
65+	29621	31.4%
Total	94246	100%

b) Referrals by Ethnicity

The chart indicates:

- Collectively 77.5% (73,073) of people who have been referred to our services are from a White British background
- The total number from the overarching Asian ethnic groups equates to 1.0%, the Mixed category equates to 0.2%, whilst the Black category doubles to 0.4%
- A separate ethnic category for the Chinese equates to 0.2%
- The overarching BAME category equates to 2.1% (which is lower than the BAME communities served (3.7%))
- It is worrying that we have not capture data for nearly a fifth of referred Patients (19.7%), who fell into the Not Stated category. This may be because people either don't want to disclose their ethnicity or our systems / processes do not collect this information. This is one of our areas for improvement and work is in progress to ensure that our systems capture all the relevant equality information on our service users.

By Ethnicity	Total	%
White British	71912	76.3%
White Irish	188	0.2%
Any other White background	973	1.0%
Indian or British Indian	236	0.3%
Pakistani or British Pakistani	184	0.2%
Bangladeshi or British Bangladeshi	155	0.2%
Asian - other	288	0.3%
Mixed White and Asian	129	0.1%
Mixed White and Black African	121	0.1%
Mixed White and Black Caribbean	47	0.0%
Any other mixed background	241	0.3%
Black Caribbean or Black British Caribbean	34	0.0%
Black African or Black British African	274	0.3%
Any other Black background	68	0.1%
Chinese	162	0.2%
Any other ethnic group	657	0.7%
Not Set	9	0.0%
Not Stated	18568	19.7%
Total	94246	100%

As part of our EDI action plan, further analysis will be undertaken to cross reference health inequalities for the groups indicated above and service provision.

c) Referrals by Marital status

In terms of this protected characteristic

- There is virtual parity between Single, Married /Civil Partnership category (37.4% and 36.4% respectively)
- 17.6% of referrals did not disclose their marital status – this may be related to individuals not feeling comfortable in disclosing for a variety of personal reasons.

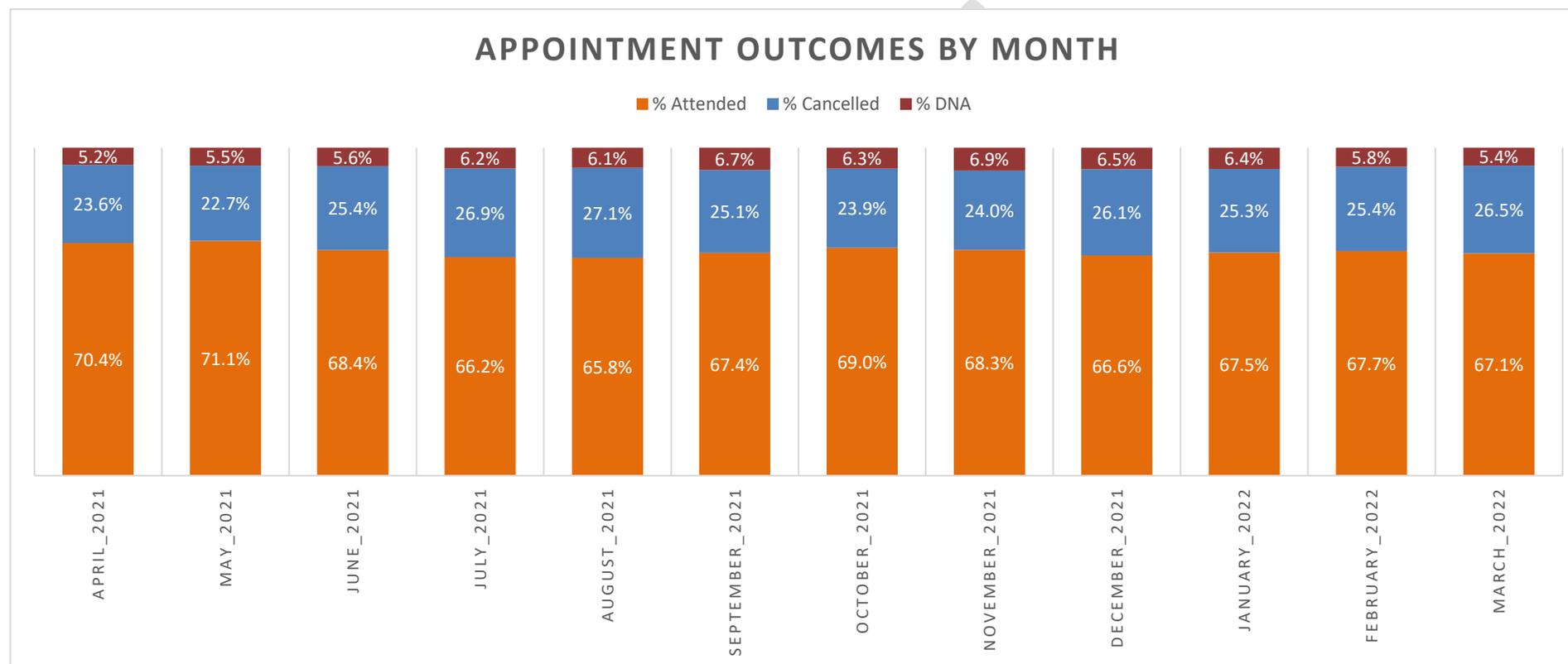
Marital Status	Total	%
Single	35224	37.4%
Married/Civil Partnership	34303	36.4%
Not Disclosed	16582	17.6%
Divorced/Dissolved Civil partnership	4024	4.3%
Widowed/Surviving Civil Partner	3525	3.7%
Separated	567	0.6%
Other	12	0.0%
Not Set	9	0.0%
Total	94246	100%

d) Referrals by Gender

In terms of Gender distribution, our greatest referrals were from Female's (64.8%) comparatively this virtually halved to 35.1%

Gender	Total	%
Female	61085	64.8%
Male	33061	35.1%
Not Specified	100	0.1%
Total	94246	100%

e) Did Not Attend (DNA)



There are times when cancelling or missing an appointment can be perfectly justified.

During the reporting period, the DNA figures across all Ethnicities, Gender and Religion were around the 5% mark for the first 3 months of 2021. This figure fluctuated between 6.2% and 6.4% between July and 2021 and January 2022 and peaked at 6.9% in November 2021.

Further work will be undertaken to analyse and assess any inequalities arising in respect of the results of DNA's

10. Workforce Monitoring Information

This annual report provides an analysis of all Gateshead NHS FT employees by protected characteristics, including bank workers as captured via the old NHS Jobs and the newly implemented TRAC system. It has been broken down into 2 areas covering the following:

- Applicants and New Starters for the reporting period April 2021 – March 2022
- All Staff currently in post in the same time frame

The data pertaining to workforce monitoring is captured in the charts below.

Whilst there are pockets of good practice in recruitment, selection and retention, further work around assessing and analysing data in respect of the Workforce Race Equality Standard (WRES). Our baseline data from the WRES indicators shows lower representation of BAME staff in Band 8-9 compared to the rest of the workforce.

The 2020/2021 WRES report was presented to the HREDIG and the Executive Team with recommendations. These recommendations and associated action plan is monitored by HREDIG and Workforce Steering Group.

This report is available on our website –

[Workforce Race Equality Standard \(WRES\) - QE Gateshead](#)

Workforce Monitoring Information – Recruitment data.

Recruitment Data (April 2021 to March 2022) for all Applicants and Starters - broken down via Protected Characteristics.

Total number of application received – 28,399

Total number of applicants shortlisted – 13,758

Total number of appointments – 842

Overall applications broken down by Gender

- 34.5% of applications were from Men. This figure virtually doubles at 65.25% from Women.
- In percentage terms, there is virtual equal parity in the numbers of Men and Women who applied and were shortlisted.
- This is also replicated within the 'I do not wish to disclose' category

Gender	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Male	9,799	34.50%	4,867	35.38%	166	19.71%
Female	18,530	65.25%	8,860	64.40%	671	79.69%
I do not wish to disclose	70	0.25%	31	0.23%	5	0.59%
Total	28,399		13,758		842	

Out of the 842 appointments

- 19.71% were male and 79.69% were female

Overall applications broken down by Age

- 1.58% applicants were under 20.
- The highest number of applications were in the 25 – 29 and 30 – 34 age brackets (27.71% and 22.19% respectively)
- 13.17% of applicants fell within the 35 - 39 age bracket, followed closely at 11.55% for the 20 – 24 age brackets
- Whilst 8.23% of applications were within the 40 - 44 age bracket, this virtually halves between the 45 – 49 and 50 – 54 age brackets and a smaller dip within the 55 – 59 age brackets (5.45%, 4.79% and 3.70% respectively)
- Collectively our lowest figure at 0.27% fall within the 65 and not stated category.

Age	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Under 20	448	1.58%	214	1.56%	39	4.63%
20 - 24	3281	11.55%	1669	12.13%	138	16.39%
25 - 29	7869	27.71%	3760	27.33%	134	15.91%
30 - 34	6302	22.19%	3263	23.72%	131	15.56%
35 - 39	3739	13.17%	1839	13.37%	88	10.45%
40 - 44	2337	8.23%	1127	8.19%	93	11.05%
45 - 49	1547	5.45%	720	5.23%	68	8.08%
50 - 54	1359	4.79%	562	4.08%	75	8.91%
55 - 59	1052	3.70%	423	3.07%	52	6.18%
60 - 64	387	1.36%	158	1.15%	19	2.26%
65+	72	0.25%	22	0.16%	5	0.59%
Not stated	6	0.02%	1	0.01%	0	0.00%
Total	28,399		13,758		842	

Out of the 842 appointments

- There is virtual parity of appointments within the 20 – 24, 25 – 29, 30 – 34, age bracket (16.39%, 15.91%, 15.56% respectively)
- There was virtually equal parity within the 35 – 39, and 40 - 44 age bracket (10.45% and 11.05% respectively)
- There was virtually equal parity within the 45 – 49, 50 - 54 age bracket (8.08% and 8.91% respectively)
- 6.18% of appointments fell within the 55 – 59 age bracket and dropped by nearly 4% for the 60 - 64 age bracket (2.26%)
- 0.59% of appointments fell within the 65+ category

Overall applications broken down by Ethnicity

- Highest numbers of applications were from White applicants = 46.6%
- The second highest number of applications from Black category = 24.63% followed by the Asian category (17.49%)
- Other Ethnic groups (Chinese) equated to 5.81%
- Collectively 2.08% fell into the Not stated / Did not want to disclose category and 3.26% fell under the Mixed category

Ethnicity	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
White overall	13,271	46.66%	5,941	33.91%	639	75.89%
Mixed	924	3.26%	482	3.5%	4	0.48%
Asian overall	9,934	17.49%	2,283	16.6%	27	3.21%
Black overall	6,995	24.63%	4,584	33.32%	19	2.26%
Other Ethnic group	1,649	5.81%	796	5.79%	5	0.6%
Any other ethnic group	1513	5.33%	711	5.17%	4	0.48%
Collective - Not stated / Do not wish to disclose	592	2.08%	122	0.89%	148	17.58%
Total	28,399		13,758		842	

- Total BAME applications (Asian, Black, Mixed and Chinese) categories equate to 45.5%, (which is more than the Trusts footprint of 3.7%).

(The 'any other ethnic group' category falls outside the ethnicity categories listed above and has not been captured in the narrative)

Out of the total 842 appointments

- The highest numbers appointed were from the White and Not stated / do not wish to disclose category (75.89% and 17.5% collectively)
- Asian and Black categories figures were on a virtual parity 3.21% and 2.26% respectively
- The ethnic category defined as Other, was very low at 0.6%
- Total BAME appointments equated to 5% compared to their white counterparts at 75.89%, which is above the BME population served by the Trust

Overall applications broken down by Disability

- 94.17 % of applicants indicated they were not disabled
- 3.86% indicated they had a disability
- Collectively a total of 1.97% applicants either did not declare if they were disabled or preferred not to answer

Disability	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
No	26,743	94.17%	13,176	95.77%	637	75.65%
Yes	1,096	3.86%	478	3.47%	38	4.51%
Not Declared	407	1.43%	158	18.76%	28	0.2%
Preferred not to answer	153	0.54%	76	0.55%	9	1.07%
Total	28,399		13,758		842	

Out of the total 842 appointments

- 75.65% were not disabled
- 4.51% were disabled individuals (This is low compared to the national figure of approximately 13.9 %)
- Collectively 1.27% of appointments were from individuals who either did not declare / preferred not to answer

Overall applications broken down by Sexual Orientation

- 92.63% of applicants indicated their Sexual orientation as Heterosexual / Straight
- Collectively 3.69% applicants identified themselves /Bisexual
- Collectively 3.23% either did not want to disclose or did not state their Sexual orientation
- The Undecided or the Sexual orientation not listed categories equated to (0.15% and 0.31% respectively)

Sexual Orientation	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Heterosexual / Straight	26,305	92.63%	12,917	93.89%	657	78.03%
Gay or Lesbian	591	2.08%	241	1.75%	16	1.90%
Bisexual	458	1.61%	227	1.65%	15	1.78%
Sexual orientation not listed	88	0.31%	35	0.25%	0	0.00%
Undecided	42	0.15%	23	0.17%	0	0.00%
Do not wish to disclose	442	1.56%	258	1.88%	8	0.95%
Not stated	473	1.67%	146	17.34%	57	0.41%
Total	28,399		13,758		842	

Out of the total 842 appointments

- 78.03% fell under the Heterosexual / Straight category
- Collectively 3.68% of appointments were from the Gay or Lesbian category and Bisexual category
- Collectively 1.36% staff appointed did not wish to either disclose or did not state their Sexual orientation

Overall applications broken down by Marital status

- 52.49 % of applications were received from single individuals
- 37.78.% stated they were married
- The third highest category at 3.08% indicated that they were divorced
- 1.94% were in a Civil partnership
- There was virtual equal parity between Legally separated and Widowed category (0.57%, 0.45% respectively)
- 1.35% fell into the other category.
- Collectively 2.34% either did not state or did not want to disclose this information.

Marital Status	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Single	14,908	52.49%	7,203	52.35%	357	42.40%
Married	10,729	37.78%	5,510	40.05%	251	29.81%
Civil Partnership	552	1.94%	239	1.74%	10	1.19%
Legally Separated	161	0.57%	69	0.50%	9	1.07%
Divorced	876	3.08%	325	2.36%	37	4.39%
Widowed	127	0.45%	61	0.44%	3	0.36%
Other	382	1.35%	182	1.32%	27	3.21%
Do not wish to disclose	193	0.68%	111	0.81%	6	0.71%
Not stated	471	1.66%	142	16.86%	58	0.42%
Total	28,399		13,758		842	

Of the total 842 appointments made

- Highest category at 42.4% were single
- The second highest 29.81% reflected the married category
- 4.39% were divorced
- Collectively 4.34% fell into the Other, Not Stated category / Did not wish to disclose category
- 1.19% were in a civil partnership
- 1.07% were legally separated.

Overall applications broken down by Religion

- Applications from the Christian Faith were the largest at 51.01%
- There was virtual equal parity between Islam and Atheist categories (14.82% and 12.42% respectively)
- 8.53% indicated that they had no faith
- 4.04% of applicants indicated their faith as being Hindu.
- Collectively for the Buddhist, Jain, Judaism, and Sikh community the total equates to 1.49%
- Collectively 16.22% either did not want to disclose/ or did not state/ or stated other as their religious belief

Religion	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Atheist	3,526	12.42%	1,454	10.57%	170	20.19%
Buddhist	317	1.12%	111	0.81%	5	0.59%
Christian	14,486	51.01%	8,022	58.31%	338	40.14%
Hinduism	1147	4.04%	541	3.93%	2	0.24%
Islam	4,210	14.82%	1,749	12.71%	16	1.90%
Jain	8	0.03%	2	0.01%	0	0.00%
Judaism	6	0.02%	3	0.02%	0	0.00%
Sikh	92	0.32%	52	0.38%	1	0.12%
Other	2,422	8.53%	1,022	7.43%	88	10.45%
Do not want to disclose my religion	1,255	4.42%	626	4.55%	62	7.36%
Not Stated	930	3.27%	176	1.28%	160	19.00%
Total	28,399		13,758		842	

Of the total 842 appointments made

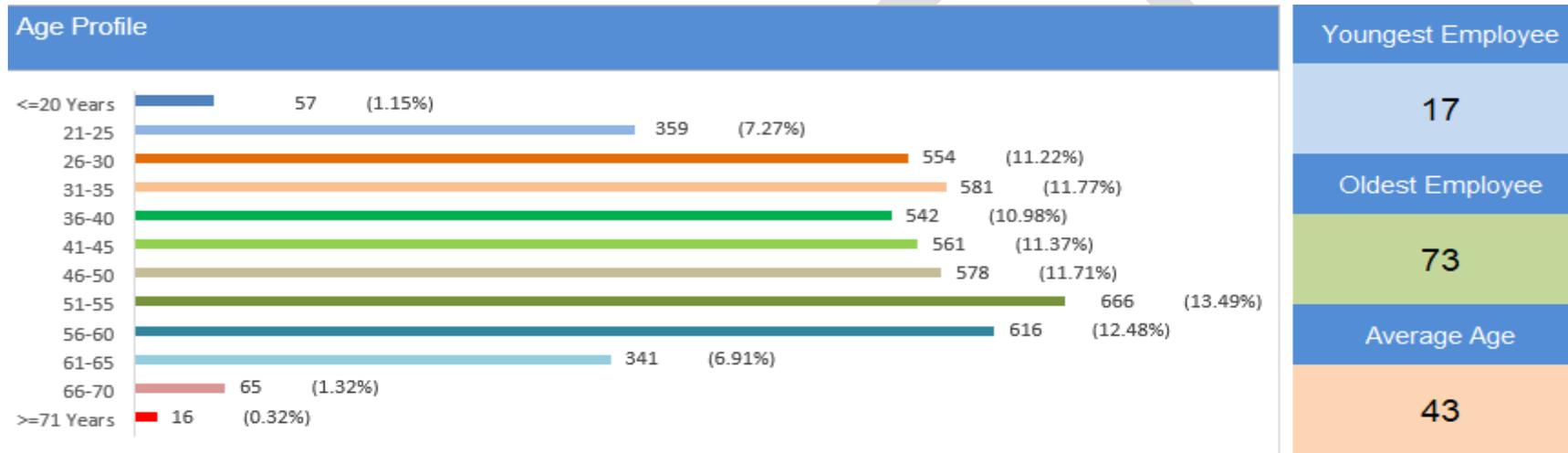
- The highest appointments at 40.14% were from the Christian faith
- The second highest at 20.19 % indicated that they had no faith
- 10.45% of appointments fell into the Other category
- Collectively 5.19% appointments were from the Buddhist, Hindu, Muslim and Sikh faiths
- Collectively a total of the 27.36% fell into the do not want to disclose/ not stated category

Workforce Monitoring Information – current staff

Permanent and Fixed Term Temporary staff as listed in ESR (April 2021 – March 2022) = 4936

The information below is broken by the Protected Characteristics of Age, Disability, Ethnicity, Sexual Orientation, Gender, Religion /Faith.

Workforce Profile - Age



Staff in Post by Age

- The highest number of staff (13.49%) fell into the 51 – 55 age bracket followed closely (12.48%) in the 55 - 65 age bracket
- There is virtually equal parity between three age brackets, 31 – 35, 41 – 45, 46 – 50 (11.77%, 11.37% and 11.71% respectively)
- 10.98% of the workforce fall within the 36 – 40 age group
- 7.27% of our workforce fall within the 21 – 25 age range
- The smallest numbers of staff fall into the Under 20 (1.15%) and the 61 upwards (8.55%)

Workforce Profile – Disability

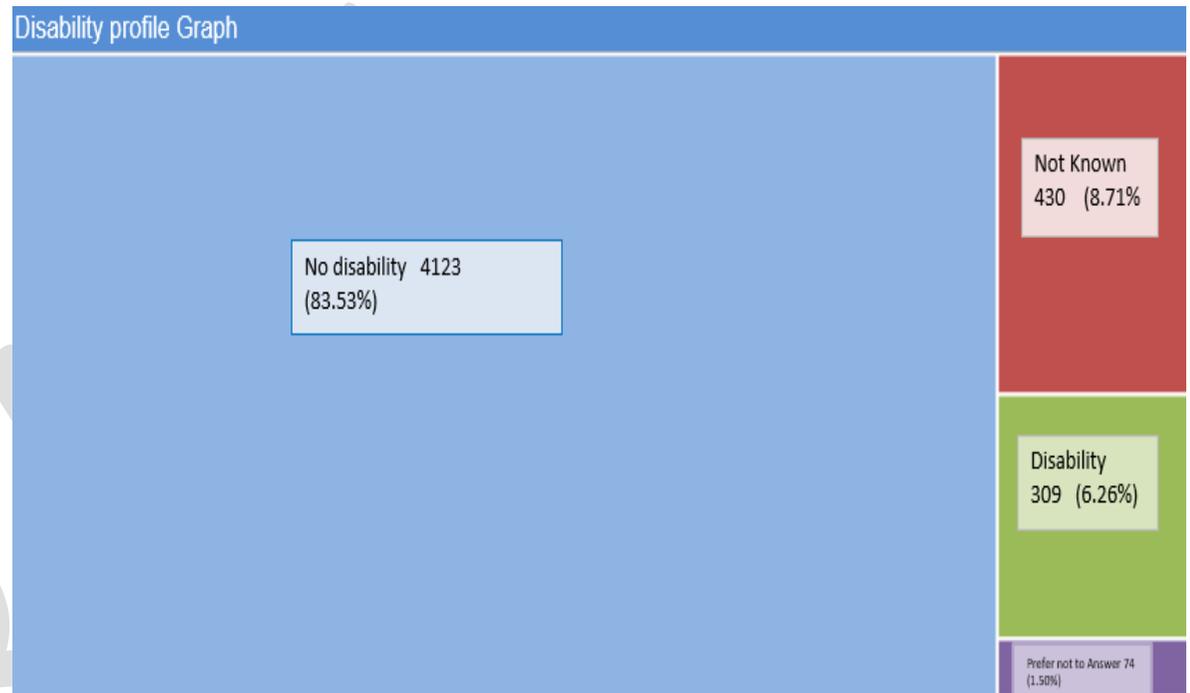
Of the 4,936 staff employed by the Trust;

- 6.26% considered themselves to have a disability compared with 83.53% who declared themselves as having no disability.
- The disability status of 8.71% of staff is not known and capturing this data is an area for improvement, bearing in mind that the Trust’s ESR self-service is available for staff to access their own record and update as required.
- Additionally, 1.50% of staff have preferred not to declare their disability.

Further work will be carried out with managers to provide support for staff to ensure that individuals disability status is recorded and ensure reasonable adjustments are put into place where needed e.g.

- members of staff who have dyslexia have voice recognition software installed,
- assess workload pattern changes for staff with any mental health issues.

As a part of EDS goal 3 action plan, Workforce and OD will assess how we can further improve equality data collection on staff with disability’s to ensure appropriate reasonable adjustments are identified.

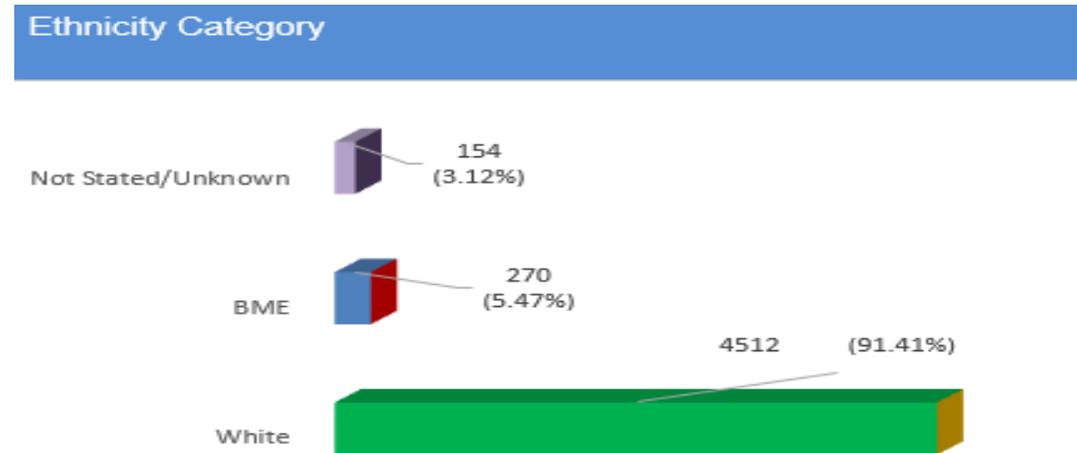


Workforce Profile – Ethnicity

- 91.4% staff fall under the category or identify as White British
- 5.4% staff identify as BME*
- 3.12% of staff are categorised as Not stated / or unknown.

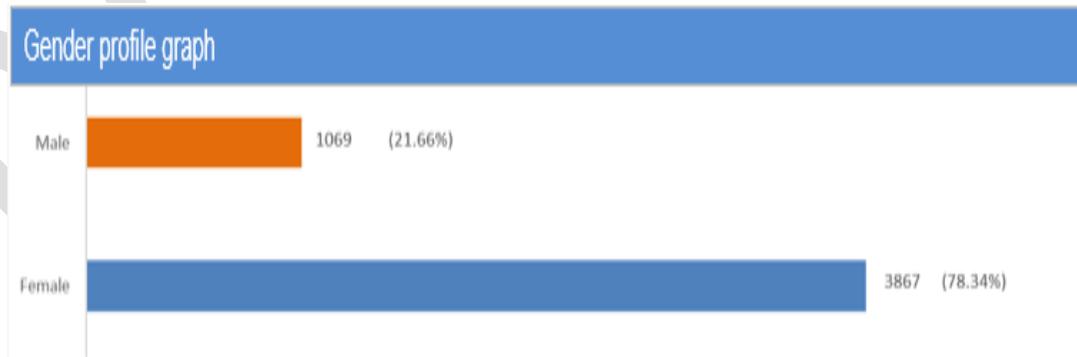
The BME representation is higher than the Trusts footprint of 3.7%

As part of the EDS goal 3, further analysis of this will be undertaken to ascertain reasons behind the non-declaration.



Workforce Profile – Gender

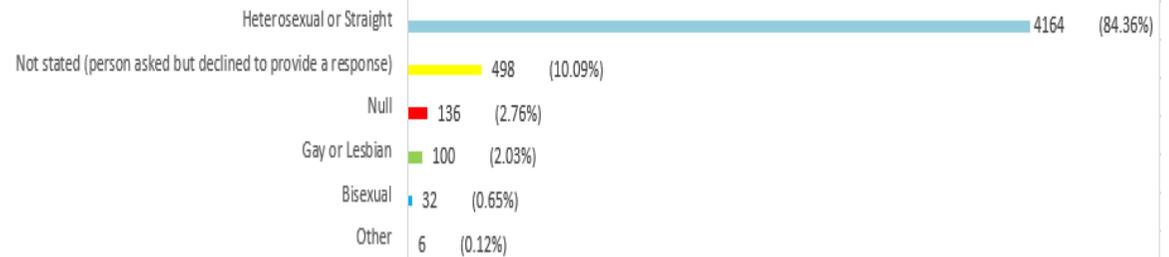
ESR data captured shows that more women than men are employed by the Trust. 78.34% of staff are Female and 21.66 % are Male



Workforce Profile – Sexual Orientation

- ESR data captured shows that 84.36% of our staff indicated their sexual orientation as being Heterosexual or Straight.
- Collectively the figure for the Gay or Lesbian, and Bisexual category equates to a very small percentage of 2.65%
- The other category 0.12%
- There is further work to be done to understand why collectively 12.85% of staff did not either state or declined to give their view around sexual orientation. Work around this will be picked up via the EDS2 action plan

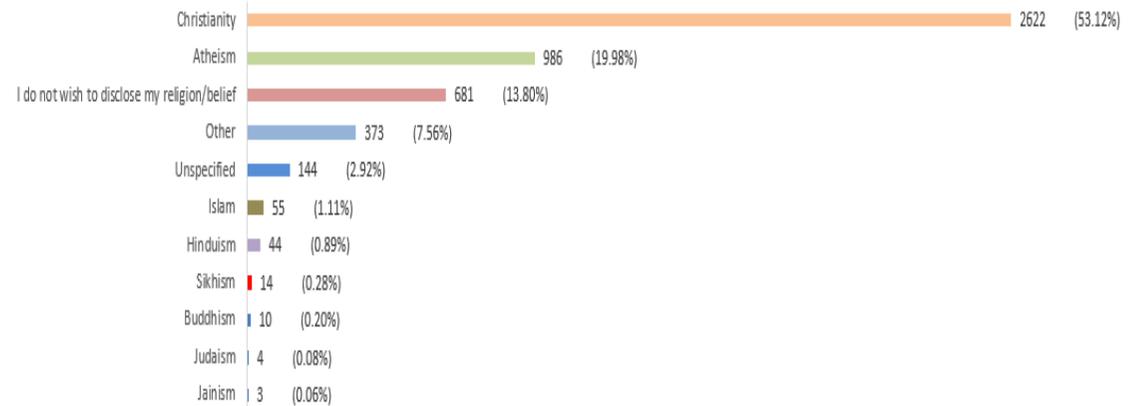
Sexual Orientation profile graph



Workforce Profile – Religion and Faith

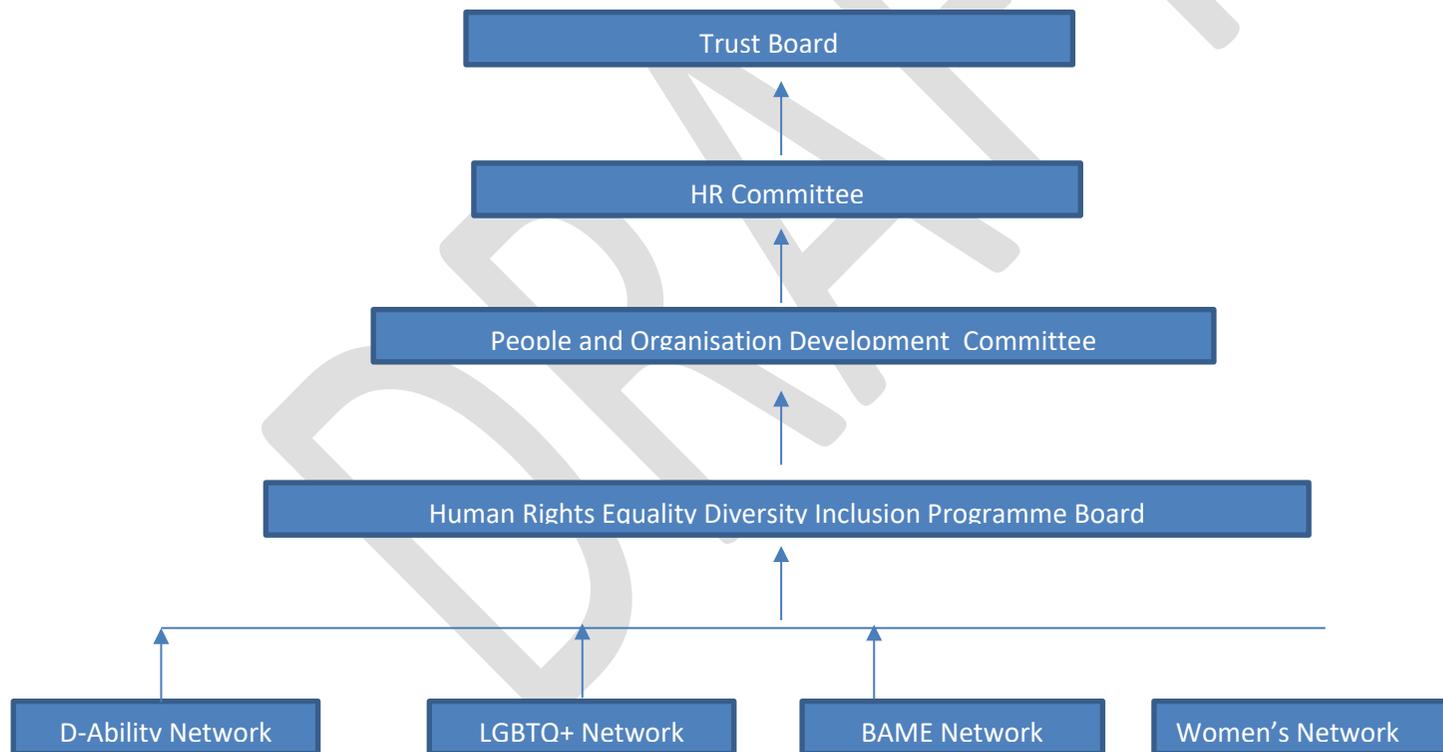
- In respect of this protected characteristic, 53.12% of staff in the Trust identifies themselves as being Christian.
- Collectively the faith populations in respect of Islam/ Hindu / Sikh/ Buddhism/ Judaism/ Jain faiths equates to 2.62%
- 19.98% of our staff indicated that they do not have any faith.
- 7.56% of our staff indicated a faith other than the traditional identified faiths above
- Collectively 16.72% either did not disclose their religion / faith or faith and Religion were unspecified.

Religious profile graph



Appendix 1

Governance Structure for Human Rights Equality, Diversity & Inclusion



Appendix 2

Within the reporting period of April 2020 to March 2021, --- **WAITING FOR UPDATE**

Language	Total	(%)	Interpreter (M)	Interpreter (F)	Non-English Speaker (M)	Non-English Speaker (F)
Urdu						
Bengali (Sylheti)						
Farsi						
Punjabi (Pakistani)						
Polish						
*BSL-British Sign Language						
Portuguese						
Arabic - All or Any						
Mirpuri						
Kurdish (Sorani)						
Slovak						
Romanian						
Punjabi (Indian)						
Albanian						
Chinese (Mandarin)						
Chinese (Cantonese)						
Bengali (Dhaka)						
Czech						
French						
Pashto						
Italian						
Russian						

Tamil						
Somali						
Hungarian						
Gujarati						
Spanish						
Arabic - Syria						
Turkish						
Tigrinya						
Vietnamese						
Swahili						
Lithuanian						
Arabic - Iraq						
Arabic - Sudan						
Korean						
Lingala						
Oromo						
Nepali						

Acronyms used in the report:

BME	Black and Minority Ethnic	NRLS	National Reporting and Learning System
CCG	Clinical Commission Group	PALS	Patient Advice and Liaison Service
CPD	Continuous Professional Development	PE	Patient Experience
CQC	Care Quality Commission	PSED	Public Sector Equality Duty
DNA	Did Not Attend	SWS	Staff Wellbeing Service
EqIA	Equality Impact Analysis	WDES	Workforce Disability Equality Standard
EDI	Equality Diversity and Inclusion	WRES	Workforce Race Equality Standard
EDHR	Equality Diversity and Human Rights		
EDS2	Equality Delivery System		
ESR	Electronic Staff Record		
GP	General Practitioner		
HR	Human Resources		
KPIs	Key Performance Indicators		
LD	Learning and Development		
LGBTQ++	Lesbian, Gay and Bisexual		



Report Cover Sheet

Agenda Item: 12

Report Title:	Membership Strategy Group Update Report			
Name of Meeting:	Council of Governors			
Date of Meeting:	28 September 2022			
Author:	Jennifer Boyle, Company Secretary			
Sponsor:	Alison Marshall, Chair of the Board and Council			
Report presented by:	Diane Waites, Corporate Services Assistant			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	To provide the Council with an overview of the assurance and issues discussed as part of recent Membership Strategy Group meetings.			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured	Partially assured	Not assured	Not applicable
	<input checked="" type="checkbox"/> <i>No gaps in assurance</i>	<input type="checkbox"/> <i>Some gaps identified</i>	<input type="checkbox"/> <i>Significant assurance gaps</i>	<input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	-			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<ul style="list-style-type: none"> • The Group has met twice in recent months, which marks the first meetings since the start of the pandemic. • The key priority of the Group is to reset and lead in the restarting of membership engagement and recruitment initiatives. 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	The Council is requested to note the update from the Membership Strategy Group and be assured that the Group is focussed on leading the recommencement of membership engagement and recruitment activities.			

Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Not linked to a specific objective but ensuring effective engagement is in place will in turn ensure appropriate controls and assurance processes are in place to support objective delivery.				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	No direct link				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

Membership Strategy Group Report

1. Introduction

- 1.1. The Membership Strategy Group is a long-standing Governor group, whose activities were paused during the pandemic.
- 1.2. Whilst a core membership was sought, the Group is open to all Governors to attend. The Group has been temporarily chaired by the Company Secretary in the absence of a Governor chair. Expressions of interest are being sought in respect of this, as this should be a Governor-led Group and therefore the chair should be a Governor rather than Trust personnel.
- 1.3. The Group met in July and September. This report provides the Council with a brief overview of the key issues discussed during the meetings.

2. Key issues discussed

- 2.1. The following key issues were discussed at the inaugural meeting in July 2022:
 - **Purpose of the Group** – the Group discussed previous membership engagement and recruitment activities to identify which ones had been most effective pre-pandemic. The need to restart regular member communications was acknowledged and events such as medicine for members and open days were identified as the most successful in attracting interest in the past.
 - **Terms of Reference (ToR)** - the Group considered a revised terms of reference, which had been reviewed and updated by the Company Secretary. The Group approved the ToR subject to an amendment to the quorum requirements and acknowledging the need to secure a Governor chair. The ToR are presented to the Council for ratification as part of agenda item 9.
- 2.2. It was agreed that the Company Secretary and Corporate Services Assistant would work to update the Trust's membership strategy to reflect discussions and plan in future membership activities.
- 2.3. At the next meeting in September 2022 the following updates were provided:
 - **Annual General Meeting / Annual Members Meeting (AGM / AMM)** – an update was provided on the number of registrations, noting that a number of members had responded to the electronic communication which had been sent out via the membership database.
 - **Open Day** – a discussion was held on the important role that Governors could play in the forthcoming Open Days on 28 and 29 October. It was envisaged that a 'meet your Governor' stall could be implemented, with a secondary goal to recruit new members. It was acknowledged that as Governors haven't been on-site during the pandemic, some may find this challenging, and assurance was provided that Trust Board Members and Corporate Services would be on hand to support on both days.
 - **PLACE** – Governors were informed that PLACE visits were about to recommence, with a National PLACE 2 day event to be held on 4 and 5 October.

- **Felling Methodist Church** – the Company Secretary and Corporate Services Assistant have been invited to present to a local community group on the role of Governors on 22 November. Governor support to provide a first-hand account of the role was sought.
- **Networking** – the Company Secretary and Corporate Services Assistant had met with their counterparts at Newcastle Hospitals and Northumbria Healthcare to discuss corporate governance and membership matters. It was noted that there was an appetite for the three trusts to work together to deliver future joint events, including informal meetings of the three Councils of Governors, training and membership engagement / recruitment events.

- 2.4. Discussions were held regarding the need to support Governors to gain more first-hand experience of the work of the Trust through on-site activities. It was agreed that seeking Governor views on preferred methods of engagement would be included in the next iteration of the Council of Governors effectiveness survey. In addition, Dr A Lowes, Staff Governor, kindly offered to provide Governors with an opportunity to visit theatres and intensive care. This would be centrally organised via the Corporate Services team.
- 2.5. An update was provided on the forthcoming election, with the timetable shared with the Group (this is also on the Council agenda under item 13). Mr C Toon, Appointed Governor for Gateshead College, offered to support with communications to students about the opportunities to become a member and stand for public Governor positions. This was welcomed and would be followed up out-with the meeting.

3. Solutions / recommendations

- 3.1. The Council is requested to note the update from the Membership Strategy Group and be assured that the Group is committed to leading the re-establishment of membership and engagement activities.

Report Cover Sheet

Agenda Item: 13

Report Title:	Elections Timetable			
Name of Meeting:	Council of Governors			
Date of Meeting:	28 September 2022			
Author:	Diane Waites, Corporate Services Assistant			
Sponsor:	Alison Marshall, Chair of the Board and Council of Governors			
Report presented by:	Diane Waites, Corporate Services Assistant			
Purpose of Report <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	To receive the elections timetable for information			
Proposed level of assurance – to be completed by paper sponsor:	Fully assured <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	Membership Strategy Group			
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<p>To provide key information and dates for the 2022 elections to the Council of Governors.</p> <p>The notice of election will be published on 26th October 2022, with the deadline for nominations on 10th November 2022.</p> <p>There are 10 Governor positions available:</p> <ul style="list-style-type: none"> • 1 x Staff Governor • 4 x Public Governors for Central Gateshead • 3 x Public Governors for Western Gateshead • 2 x Eastern Governors for Eastern Gateshead 			
Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i>	To note the key dates and receive the report for information.			

Trust Strategic Aims that the report relates to:	Aim 1 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	SA2.1, SA2.2				
Links to CQC KLOE	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	-				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

Election Timetable 2022

1. Elections 2022

The process for the annual elections to the Council of Governors will commence on Wednesday 26th October 2022. The nominations stage and voting for this year's elections will again be available in electronic format through a dedicated website. Potential governors can either complete a paper nomination form or an online form, and members will receive paper ballot packs with the option of casting their votes online.

2. Positions

There will be 10 governor positions to vote for:

- 1 x Staff Governor
- 4 x Public Governors for Central Gateshead
- 3 x Public Governors for Western Gateshead
- 2 x Eastern Governors for Eastern Gateshead

Those members who are interested in standing in this year's elections are invited to attend a Governor Information Session to learn more about this fantastic opportunity. There will be two sessions which will outline the Governor role and some background information about the Trust.

Current governors whose tenure ends on 4th January 2023 will automatically be sent a nomination pack, unless they have advised the Corporate Services Office of their intention not to stand for re-election.

The opportunity to stand is being promoted in a number of ways:

- For staff governor positions this is being promoted via: the Gateshead Health Weekly bulletin; an email to all staff; and posts on the Trust's closed Facebook group.
- For public governor positions this is being promoted via: a postcard to all members; a news article on our website; a dedicated page on the website; and regular promotion on social media.

Any support that Governors can provide in promoting the opportunity to local communities / staff colleagues would be kindly appreciated.

3. Schedule of Key Dates

Proceeding	Date
Notice of election / nomination open	Wednesday 26 October 2022
Nominations Deadline	Thursday 10 November 2022
Summary of valid nominated candidates published	Friday 11 November 2022
Notice of Poll	Tuesday 29 November 2022
Voting packs despatched	Wednesday 30 November 2022
Close of Election	Tuesday 20 December 2022
Declaration of Results	Wednesday 21 December 2022

4. Recommendation

The Council of Governors is asked to note the key dates and receive the report for information.

Diane Waites
Corporate Services Assistant

Committee:	Council of Governors
Chair:	Alison Marshall
Financial year:	2021/22 and 2022/23

Denotes an item for Part 2 of the meeting

	Lead	Purpose of item	Sep-21	Nov-21	Feb-22	May-22	Sep-22	Nov-22	Feb-23
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 performance update	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									
QE Facilities	QEF Board Chair / QEF Managing Director	For Assurance		√					
NHS Staff Survey results	Director of People & OD / Chair of the HR Committee	For Assurance				√			
Developing the Quality Priorities	Chief Nurse	For Decision							
Annual planning update	Director of Finance plus input from other Directors on operational and people planning	For Assurance			√	√			
Showcase presentation	Will vary each meeting	For Information							
Equality, diversity and inclusion update	Deputy Director of Corporate Services and Transformation	For Assurance					√		
Governance									
Review of Constitution & CoG Standing Orders	Company Secretary	For Decision					deferred to November	√	
Re-appointment of the Chair	Senior Independent Director / Chair of the Governor Remuneration Committee	For Decision				√			
Performance appraisal and assessment outcomes - Chair and Non-Executive Directors	Chair (For NEDs) Senior Independent Director (For Chair)	For Assurance		√				√	
Council of Governors' Register of Interests	Company Secretary	For Decision			√				√
Council of Governors' Annual Effectiveness Survey - Questions	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 (19 May 2022)	Company Secretary	For Decision			√	√			
Appointments to Governor committees (every two years)	Company Secretary	For Information	√	√					
Consideration of Governor elements of the Trust's self-certifications	Company Secretary	For Discussion			√				
Annual report, accounts and auditor's report. NOTE this is addressed via the AGM	Executive Directors (co-ordinated by Company Secretary)	For information	√				√		
Appointment of external auditors (note not due to consider until Nov 23 in advance of initial 3 year term ending on 31 March 2024)		For Decision							
Elections and Members									
Election update	Company Secretary	For Information	√				√		
Election results / new Governor welcome	Chair	For Information			√				
Membership Update	Company Secretary	For Information	√			√		√	
Updates from Governor Committees and Groups									
Governor Remuneration Committee	Chair of the Committee	For Assurance							
Membership Strategy Group	Chair of the Group	For Assurance					√	√	√
Governor Governance and Development Committee	Chair of the Group	For Assurance					√	√	√