North East Ambulance Service NHS
NHS Foundation Trust

GOVERNOR HANDBOOK



For Life

Contents

Foreword from the Chairman and Chief Executive

Dear Governor

We would like to take this opportunity to thank you for becoming a Governor and welcome you to the North East Ambulance Service NHS Foundation Trust. The Council of Governors has a very important role and contribution to make to the success of the Trust and this handbook is designed to help you with the introductory information you need at the beginning of your work. You can also use this document as a reference guide throughout your term of office.

We are privileged and proud to lead an organisation staffed by people who demonstrate every day their commitment to providing the best possible care to the 2.7 million people living in the North East of England.

We believe in supporting and developing you as a Foundation Trust Governor to enable you to enjoy and be confident in your new role, helping us to best meet the needs of the people we are here to serve.

The role of Governor is an important one, providing a direct link between the Trust and local communities, staff and key partner organisations. As a Governor you will represent the interests of your constituency, staff group or partner organisation and, as part of the Council of Governors, receive information from the Trust to enable you to hold the Non-Executive Directors to account for the performance of the Board. You will have the opportunity to work with the Board of Directors to help shape the Trust's plans for the future and therefore be directly involved in achieving the vision of providing world class services for our patients.

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

Peter Strachan
Chairman

Helen Ray
Chief Executive

"The value of governors isn't that they are professionals or managers, although many of them either are or have been just that: **their value *is* that they are the public**. They can bring an **outside perspective**, an **open mind** and **good sense** to the table as well as an **insight into what people think** about local health services and some knowledge of what it is like to be a patient or service user. That outside perspective, if properly channelled, could be **as valuable to boards as survey data or feedback report**."
John Coutts, NHS Providers, 2014

Introduction to NEAS

The North East Ambulance Service NHS Foundation Trust (the Trust) was authorised as a Foundation Trust in November 2011 and we are one of ten ambulance services in England, covering an area of around 3,230 square miles. We serve a population of more than 2.71 million people and employ more than 2,500 staff including our valued volunteers.

We are led by a Trust Board which is made up of the Chairman, Non-Executive Directors and Executive Directors, including the Chief Executive. As a Foundation Trust, we have a Council of Governors of 35 members being 21 publicly-elected, four staff-elected and 10 appointed from key partner organisations.

The North East Ambulance Service NHS Foundation Trust operates across Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. We provide an Unscheduled Care service to respond to 999 calls (the emergency element of our services), and a Scheduled Care service which provides pre-planned non-emergency transport for patients in the region (our patient transport service).

Our mission is to provide safe, effective and responsive care for all, and our vision is to deliver unmatched quality of care every time we touch lives. Even in the most challenging situations we strive to perform to the highest professional standards in a spirit of collaboration and team work. Caring for and treating more patients closer to home is at the heart of our plans, and our committed, compassionate and caring staff are critical to our success.

We provide an Unscheduled Care service to respond to 999 calls (the emergency element of our services), and a Scheduled Care service which provides pre-planned non-emergency transport for patients in the region (our patient transport service).

Under our innovative Clinical Care & Transport business model the Unscheduled and Scheduled Care services work in partnership, enabling us to more effectively match patient acuity to the skills of our staff with the aim of enhancing clinical outcomes and improving patient experience.

We operate the NHS 111 and Integrated Urgent Care services for the region, with our new five-year contract having commenced in October 2018. Operating both the 111 and 999 service enables us to seamlessly ensure that patients receive the most appropriate response for their condition.

We also deliver specialist response services through our Hazardous Area Response Team (HART). HART units are made up of specially trained paramedics who deal with major incidents. Our front-line services are delivered from 55 stations across the North East region.

We have delivered the NHS111 service across the region since 2013. The service operates 24 hours a day, seven days a week, helping patients who need medical help fast but do not need to call 999. The service has developed over the years to provide patients with greater access to a range of clinicians for advice and support. We have been able to demonstrate how this service can run alongside the 999 service to provide a seamless access point for patients. The NHS111 service also incorporates our Clinical Assessment Service (CAS), bringing together a range of clinicians with differing specialities such as advanced practitioners, GPs and pharmacists to help patients receive the most appropriate care for their needs.

We also provide out-of-hours services in North Tees and South Tyneside areas in conjunction with local partners. During 2019/20 we also launched a number of new services including a GP home visiting pilot in North Tyneside, a community paramedic project in Berwick-upon-Tweed and a new complex lifting service to support our bariatric patients.

In addition to our front line services, the Trust wholly owns its subsidiary North East Ambulance

Service Unified Solutions (NEASUS). 2019/20 represents the second full year of operation for NEASUS which is a fleet services and fleet management company. NEASUS is contracted by the Trust to maintain, fit, service, clean and repair Trust vehicles.

We are currently led by a Trust Board which is made up of the Chairman, Non-Executive Directors and Executive Directors, including the Chief Executive. As a Foundation Trust, we have a Council of Governors of 35 members being 21 publicly-elected, 4 staff-elected and 10 appointed from key partner organisations.

COVID-19 has had a significant impact on the way in which we deliver our services and care to patients, as well as the way in which we support and look after our staff. In terms of looking ahead, COVID-19 is set to be with us for some time to come, and although we hope that the spread is slowed and contained quickly, realistically the road ahead will still be challenging for us all. We continue to scenario plan and prepare whilst also looking ahead to our 'new normal' and the review and rebuild process for North East Ambulance Service.

What does it mean to be a Foundation Trust?

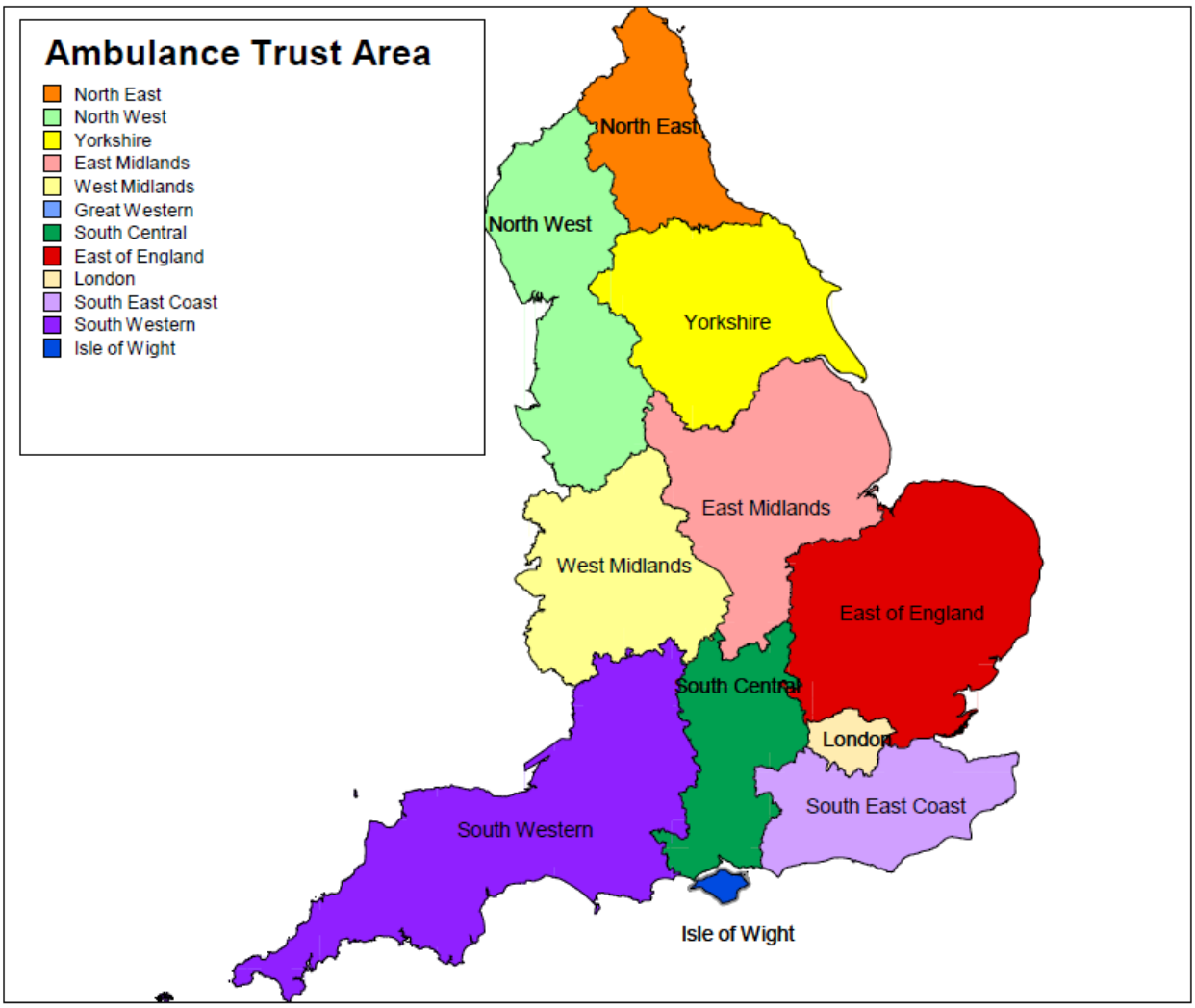
NHS Foundation Trusts were first introduced in April 2004. They were created to allow decisions to be made by local organisations and communities which are free from central government control and able to decide how best to spend the Trust's income, taking into account the needs of the local community.

They have financial freedom and can raise capital from both the public and private sectors within borrowing limits, determined by projected cash flows, and are therefore based on affordability. They can retain financial surpluses to invest in the delivery of new NHS services.

Foundation Trusts are accountable to the communities they serve and local people can become members or Governors. Each NHS Foundation Trust has a duty to consult and involve its Council of Governors – including patients, staff, members of the public, and partner organisations – in the strategic planning of the organisation.

There are no limits to how many members we can have as a Foundation Trust, anyone who is over 16 years old and lives in the North East region can join. The Trust has a membership of around 9,200 people drawn from across the region, alongside staff membership of around 2,500 people.

Ambulance Trusts and Foundation Trusts in England



North East Ambulance Service NHS Foundation Trust Site Map

The Council of Governors

The Council of Governors is the accountability forum between the Board of Directors and its stakeholders. It represents local interests and holds the Non-Executive Directors to account as well as exercising its statutory powers, as outlined in the *Roles and Responsibilities* section of this handbook.

The Council is made up of 35 people in total, plus a Chair, who is also the Chair of the Board of Directors. There are 21 elected **public Governors**, four elected **staff Governors**, and ten **appointed Governors**, appointed by organisations that the Trust works closely with.

The Council of Governors - membership

Public	
Teesside	5
Durham	5
South of Tyne	5
North of Tyne	6

Staff	
Unscheduled Care	1
Scheduled Care	1
Emergency Operations Centre	1
Support Services	1

Appointed	
Local Authority	4
Voluntary Organisation or Charity	1
Regional Resilience Forum	1
NHS Acute Trust	1
NHS Mental Health or Social Trust	1
University	1
Clinical Commissioning Groups	1

The Local Health Economy

The Trust forms an integral part of the health service across the North East and works closely with many NHS partners to ensure services for patients are joined-up and as effective as possible. Our local partners include 8 acute hospital trusts, 2 mental health trusts, 12 local unitary authorities, police and fire services and voluntary agencies.

The Secretary of State for Health

The Secretary of State has overall financial control and oversight of all NHS delivery and performance. The Secretary of State has overall responsibility for the work of the Department of Health (DH).

The Department of Health

The DH is responsible for strategic leadership and funding for both health and social care in England. The DH is a ministerial department, supported by 23 agencies and public bodies. The Department of Health is responsible for the provision of a comprehensive health service in England and ensuring the whole system works together to respond to the priorities of communities and meet the needs of patients.

Clinical Commissioning Groups (CCGs)

CCGs replaced primary care trusts (PCTs) on April 1 2013. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. CCG members include GPs and other clinicians, such as nurses and consultants. They are responsible for about 60% of the NHS budget, commission most secondary care services, and play a part in the commissioning of GP services.

The secondary care services commissioned by CCGs are:

- Planned hospital care;
- Rehabilitative care;
- Urgent and emergency care (including out-of-hours and NHS 111);
- Most community health services; and
- Mental health and learning disability services.

CCGs can commission any service provider that meets NHS standards and costs. These can be NHS trusts, social enterprises, charities, or private sector providers.

However, they must be assured of the quality of services they commission, taking into account both National Institute for Health and Care Excellence (NICE) guidelines and the Care Quality Commission's (CQC) data about service providers.

Both NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

The majority of our income comes from the provision of our Emergency Care and Patient Transport Services through our main contract which we have in place for the 10 CCGs in our geographical area.

Integrated Care System

There is one Integrated Care System (ICS) for the North East and North Cumbria. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. The ICS for the region is still evolving and Governors will be kept informed of its development and role of the Trust in respect of delivering key workstreams.

Health and Wellbeing Boards

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

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

Health Overview and Scrutiny Committees

Each local council has a health overview and scrutiny committee dedicated to scrutinising local NHS policy, planning, and impact against local needs and inequalities. The health overview and scrutiny committee devises a work programme which may call for reports on any aspect of local NHS activity so that it can hold both commissioners and providers to account. Thus the relevant clinical commissioning group representatives, or trust chief executives and other senior managers, are asked to attend to present such evidence and answer questions. The health overview and scrutiny committee also must be consulted on any proposed substantial service changes.

The committee is separate from the council's health and wellbeing board, which has strategic and priority-setting functions. The health and wellbeing board's activity may also be scrutinised by the health overview and scrutiny committee.

Healthwatch

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

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

External governance

The role of NHS England and NHS Improvement

From 1st April 2019, NHS England and NHS Improvement came together to act as a single organisation. The aim is to better support the NHS and help improve care for patients.

The organisation is responsible for overseeing NHS foundation trusts and trusts, as well as independent providers that provide NHS-funded care. It offers the support providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, it helps the NHS to meet its short-term challenges and secure its future.

It holds trust boards to account, and seeks assurance that trusts' license conditions are being met.

The role of the Care Quality Commission (CQC)

The CQC is the independent regulator of all health and social care services in England. All provider organisations need to register with the CQC and are then inspected by it to ensure the care provided is safe, effective, compassionate and high-quality.

The CQC's website contains information about all registered providers, the latest inspection reports and any requirements for improvement.

The Trust was subject to an announced Well Led Inspection by the CQC in October 2018 and the overall outcome was as follows:

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

In addition, as part of its regulatory regime, NEAS was also subject to an Unannounced Inspection during September 2018. The two core services inspected were the Emergency Operations Centre and our NHS111 Service. The outcome of this inspection was good overall.

The Emergency Operations Centre had significantly improved from the 2016 CQC inspection by being awarded with a 'Good' rating within the Well Led Domain and subsequently a 'Good' rating overall.

The NHS111 service retained its previous rating (2016) of 'Good' overall and 'Good' within each of the five domains.

The CQC inspection identified evidence of outstanding practice within the Emergency Operations Centre. This included the Trust's end of life and falls services. Further information on the inspection findings can be located within the Quality Report

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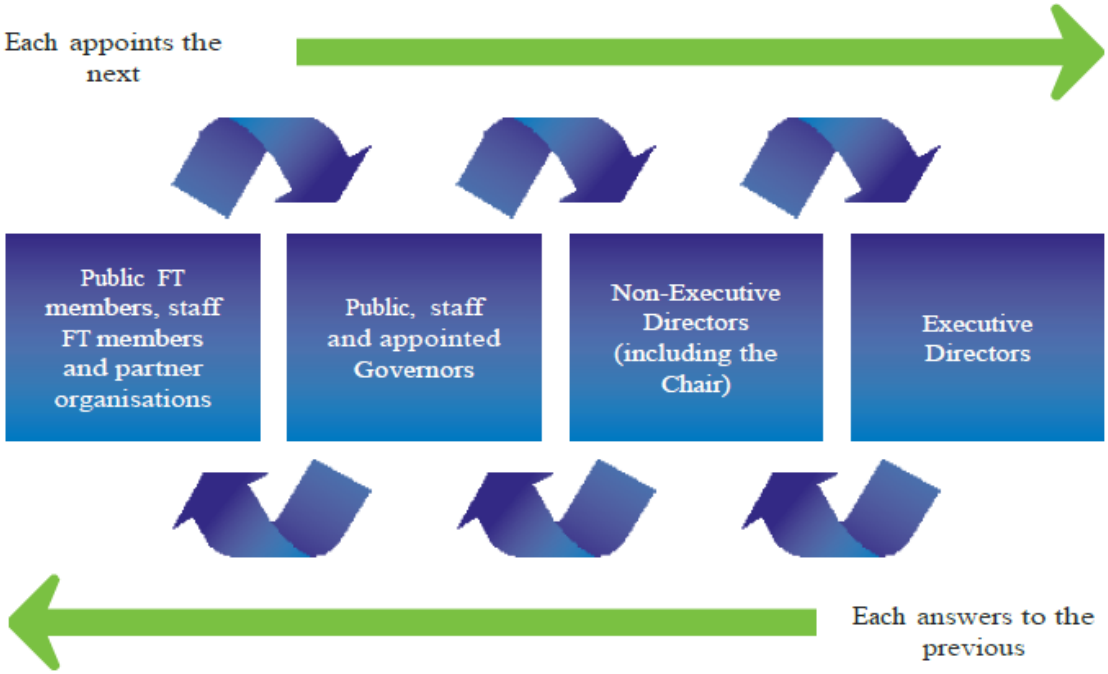
Internal governance

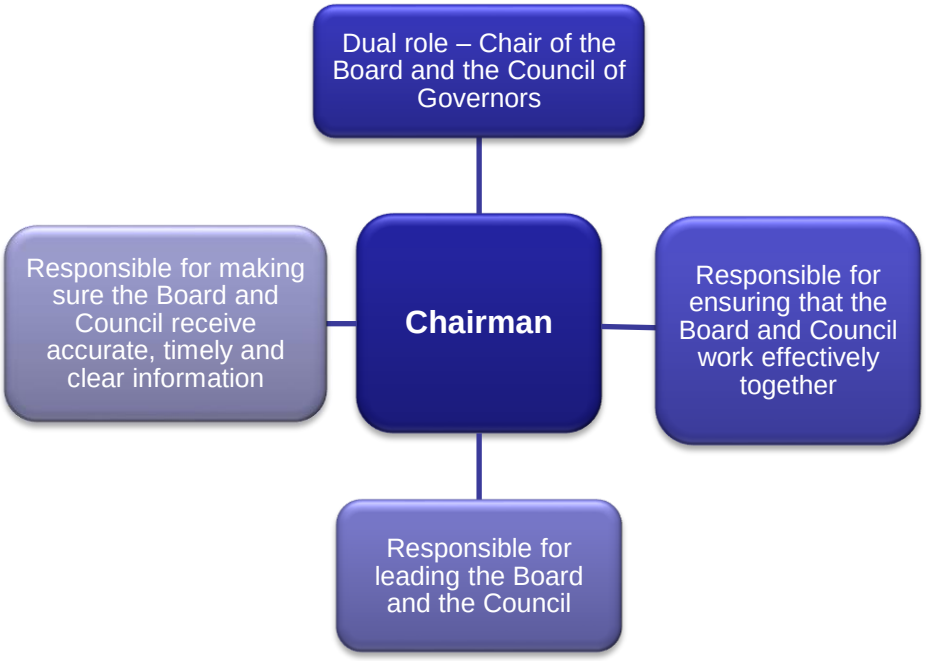
Governance in a Foundation Trust

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

The Board of Directors is made up of both Executive Directors and NEDs. NEDs are appointed by the Council of Governors to bring skills and experience from outside the Trust onto the Board. NEDs scrutinise the work of the Executive Directors through the Trust's Committee structure, and should provide the Council of Governors with assurance that the Trust is making decisions based on the best information available and in the best interests of patients. This structure is designed to ensure clear accountability between the Executive Directors of the Trust and the Trust's key stakeholders.

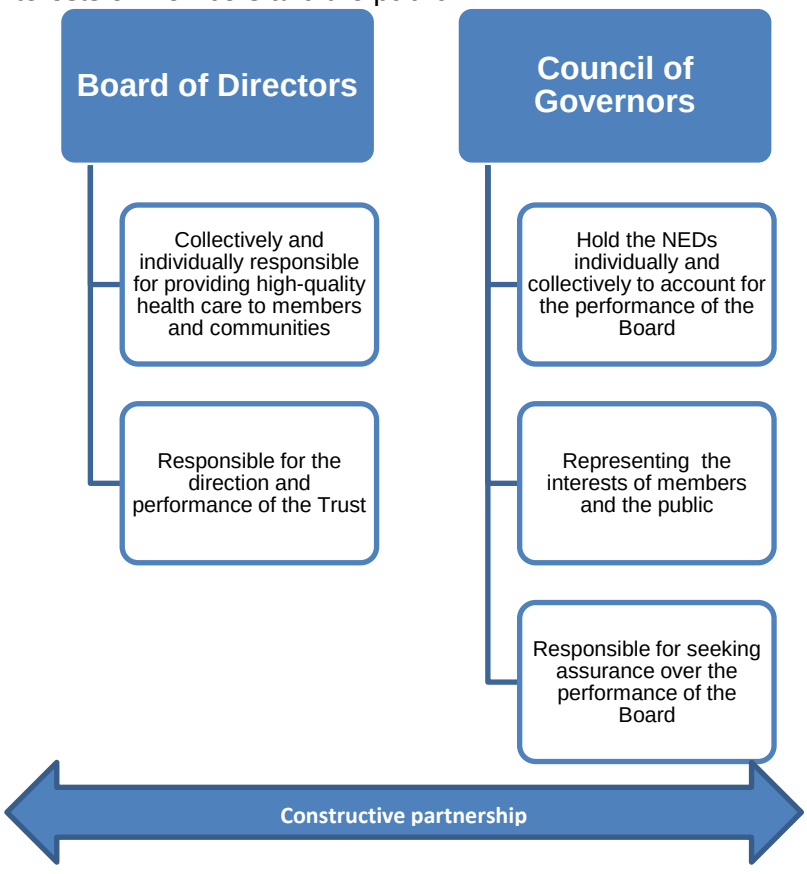


As previously mentioned the Chairman of the Board is also the Chairman of the Council of Governors and in this respect occupies a unique position. The dual role of the Chairman enables clear communication between the Board and the Council of Governors.



Role and responsibilities of Governors

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



Statutory Duties of Governors

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

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

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

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

Guardianship	Ambassadorial	Advisory

• Holding the Non-Executive Directors to account for performance of the Board.
• Ensuring the Trust speaks in a way that fits with statement of purpose.
• Guarding the public interest through constructive challenge and acting as a critical friend.
	• Recruiting and engaging with members of the Trust.
	• Ensuring the Trust feeds back to members on its vision, strategy and plans.
		• Supporting the Board of Directors of terms of strategic guidance by giving feedback on:
		  • corporate objectives
		  • annual plan
		  • quality report

The role of Lead Governor

All Foundation Trusts must nominate a Lead Governor, in accordance with NHS Improvement's Code of Governance. The primary role of the Lead Governor is to liaise between NHS Improvement and the Council of Governors where there are significant concerns regarding the leadership of the Trust or where it would be inappropriate for NHS Improvement and the Chairman to communicate (for example regarding the appointment of the Chairman). In practice some Trusts have expanded the role of the Lead Governor to include a number of additional elements.

At NEAS the Lead Governor also undertakes the following roles:

- Meets routinely with the Chairman to plan and review the agendas for the Council of Governors;
- Holds regular one-to-one meetings with the Chairman to discuss emerging issues and facilitate effective communications between the Council of Governors and the Trust Board;
- Provides input into the appraisal of the Chairman and the Non-Executive Directors, including through membership of the Nomination and Remuneration Committee. The Lead Governor liaises with the Senior Independent Director in respect of the Chairman's appraisal.
- Acts as an alternate point of contact for Governors if they wish to raise issues of concern, which the Lead Governor can then discuss with the Chairman on their behalf.

The Lead Governor is elected by the Council of Governors and must be an existing Governor. The Lead Governor serves a term of 2 years (or the remainder of their term, whichever is soonest) and can be elected for a maximum of 2 terms.

Council of Governors' assurance map

The assurance map aims to make it simple for Governors to see what information they should expect access to, and when and how they should receive it. There are two elements to this map. The first grid sets out the sources of assurance to enable the Council to fulfil its statutory role. The second grid sets out additional sources of assurance that the Trust wishes to provide in areas considered of particular interest to Governors.

The Council will gain assurance about:	Sources of Assurance	Where to find this	When to expect this
Delivery of the annual plan	On-going interaction with the Trust	Council / Board papers	Each Council meeting
	Quarterly performance report	Council papers	Each Council meeting
	Chief Executive's and Chairman's report	Board minutes	Each Board meeting
	Quarterly updates against the corporate objectives	Board papers	July / October / January / April
	Annual Report	Presented to the Council	July
Financial stability	Finance report	Board papers	Each Board meeting
	Quarterly performance report	Council papers	Each Council meeting
	Quarterly NHS Improvement monitoring reports	Board papers	July / October / January / April
	Annual Accounts	Presented to the Council	July
	Annual Report from the External Auditors	Presented to the Council	July

The Council will gain assurance about:	Sources of Assurance	Where to find this	When to expect this
Performance	Chief Executive updates	Board minutes	Each Board meeting
	Quarterly performance report	Council papers	Each Council meeting
	Performance report	Board papers - emailed to all Governors on a monthly basis	Each Board meeting
Board leadership	Chairman and NEDs' appraisals	Summary to be provided to the Council	April
	Presentations from NEDs on their roles	Governor workshops	Quarterly
	External reviews of governance	Reported to the Council	As and when they arise

Other sources of Assurance

The Council will gain assurance about:	Sources of Assurance	Where to find this	When to expect this
Quality and patient safety	Quarterly performance report	Council papers	Each Council meeting
	Performance report	Board papers - emailed to all Governors on a monthly basis	Each Board meeting
	Quality Governance report	Board papers	Each Board meeting
	Staff and patient story	Board papers	Each Board meeting
	Quality report	Council papers Governor Quality Report task and finish group	In draft in April and the published version is available in July Meets in Winter and Spring
	Patient survey results	Membership and Engagement Committee Council's quarterly performance report	Quarterly Quarterly
	Safeguarding and Infection Control Annual Reports	Board papers	July
	Quality Committee minutes	Board papers	Bi-monthly

The Council will gain assurance about:	Sources of Assurance	Where to find this	When to expect this
Risk Management	Organisational Risk Register	Board papers	Quarterly
	Board Assurance Framework	Board papers	Quarterly
	Executive Risk Management Group minutes	Board papers	Each Board Meeting
Organisational culture	NHS Staff Survey	Presented to the Council	April
	Quality walkrounds (visits to A&E units to speak to our front line staff)	Schedule is arranged by the Membership and Engagement Officer	Monthly – Governors can book onto a visit
	Performance report	Board papers - emailed to all Governors on a monthly basis	Each Board meeting
	Quarterly performance report	Council papers	Each Council meeting
	Workforce Committee minutes	Board papers	Bi-monthly

Committees and Working Groups

There are a number of committees and groups which have been established to enable Governors to effectively undertake their key roles and provide appropriate assurance to the Council of Governors. Information about these committees and groups is set out below. Membership is reviewed annually and Governors should have the opportunity to join one or more group during their time as a Governor.

Nominations & Remuneration Committee

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

Membership & Engagement Committee

On behalf of the Council of Governors, this Committee oversees the development and implementation of the Trust's Membership Strategy, advising on ways in which equity of representation can be achieved and evaluating our progress. It supports the development of effective recruitment mechanisms and promotes the development and implementation of an engagement plan to ensure effective communication with members and real involvement with the Trust. It also ensures that the role of Governors as 'ambassadors' of the Trust is maximised.

Governor Governance Committee

This Committee was set up in March 2016 and is responsible for reviewing a range of key governance matters on behalf of the Council of Governors. This enables Governors to develop an understanding of governance arrangements specifically affecting the Council, as well as broader governance matters affecting the Trust. The Committee is also responsible for working with the Trust Secretary to develop a training programme for Governors.

Quality Report Task & Finish Group

This Group, on behalf of the Council of Governors, gives consideration to key priority areas for inclusion in the Quality Report. In line with its remit, the Group also considers external and regulatory requirements, new legislation, good practice and existing commitments in respect of the Quality Report. The Group select the local quality indicator for inclusion in the Quality Report, which is then subsequently tested by the Trust's external auditors.

Strategic Task and Finish Group

This Group is supporting the refresh of the Trust's strategic plan and provides Governors with the opportunity to share their views and shape the plan.

Representing members

Toolkit – 'Your Service, Your Call'

The Trust has produced a toolkit to help Governors recruit members, called "Your Service, Your Call".

The toolkit provides a section on the support available to Governors to help make decisions about targeting membership recruitment.

Member Recruitment

There are around 2.7 million people in the patch covered by the Trust. The Trust has set no upper limit to the number of public members the Trust wishes to recruit. The Trust values having a membership that is representative of the people we serve and seeks to achieve this.

We know that by having public members that are representative of the communities we serve the Trust is more likely to have access to views (and to have elected Governors) that are representative of our communities. There are key characteristics that the Trust is expected to report to NHS Improvement on – but there are other membership characteristics that the Trust collects data around because we feel strongly about the importance of building a membership as diverse as the communities of the North East. It may help you, then, to consider aiming your recruitment activities towards groups of people that are currently under-represented in the Trust's membership.

Membership Form

Our membership form is available as part of the *Get Involved* leaflet with information about membership and becoming a Governor which incorporates a tear-off form that can be posted back free of charge. There is an online version of the form which can be filled in and the details go directly to the membership database (saving the Trust time inputting the details, and money on the postage – and also ensuring greater accuracy as it can sometimes be hard to read people's handwriting!).

If possible, encourage people to join the Trust using the online form:

https://www.neas.nhs.uk/get-involved/foundation-trust-membership

Please contact the Trust's Membership Office for further information.

Time commitment as a Governor

Whilst it is relatively easy to set out the minimum time commitment as a Governor which you should expect to make to the role, it is much harder to set out the maximum as this will depend on your personal interests and how much you wish to get involved in Committees or Groups. The basic commitment is to attend the Council of Governors' formal meetings. These take place four times per year, starting mid-afternoon. The dates are set annually to give Governors as much notice as possible.

In addition, Governors are encouraged to attend formal meetings of the Board of Directors, which are held in public and Governors and members of the public are able to ask questions. These are held ten times per year usually starting at 1230 hours at venues around the patch and take place on the last Thursday of the month.

You also have the opportunity to attend other Trust events, such as Overview and Scrutiny Committees and community events like Newcastle Pride and Middlesbrough Mela.

Understanding the time commitment

The table below gives an indication of how many days per year the role may take, depending on how much you choose to participate (note that most meetings last up to 2 hours, with the exception of the Board and Council meetings, and this has been factored into the calculations below):

Meeting:	**4 x Council Meetings**	**4 x Membership & Engagement Committees**	**10 x public Board Meeting**	**4 x Nom & Rem Committee**	**4 x Governor Governance Committee**	**Any number of Trust visits, membership events, staff awards events etc.**	**Reading and prep time**
Maximum total time commitment:	2 days	1 day	5 days	1 day	1 day	2 days (variable)	3 days (variable)

Note that most Governors are only members or one or two Committees / Groups. Attendance at our Board meetings is optional, although we recommend that Governors attend at least one meeting a year to observe our Board in action and assist Governors in undertaking the role of holding our Non-Executive Directors to account.

Enabling you to participate

Governors are entitled to claim all reasonable expenses incurred while carrying out the duties of the role, including mileage, public transport fares and parking costs. Governors may claim up to 10,000 miles before there are any tax implications. Further details can be found in the Governors' and Members' Reimbursement of Expenses Policy.

Induction and training

On appointment, the Trust provides Governors with an induction pack containing key documents and information together with support to help them fulfil their role. An introduction to the Trust and the Council of Governors will incorporate:

- A one to one meeting with the Chair

- Attendance at the Governor Development Programme which will typically include presentations on:

- The work of Board-level Committees,
- Presentations on performance;
- Presentations on the services the Trust provides;
- How the Trust works in partnership with other services and organisations; and
- Financial training.

New Governors will be provided with the following key documents:

- Governor Handbook
- Annual Report & Accounts
- Trust's Mission, Vision & Values
- NHS Improvement – 'Your Duties: a brief guide for NHS Foundation Trust Governors'
- NHS Improvement – 'Your Statutory Duties – a reference guide for NHS Foundation Trust Governors'
- GovernWell – 'The annual report and accounts – a guide for governors'
- GovernWell – 'Setting Non-Executive Directors terms and conditions'
- GovernWell – 'An overview of strategy and planning for governors'
- GovernWell – 'Appointing the external auditor'

Eligibility and Terms of Office

Detailed descriptions of the roles, responsibilities and qualifications required to hold office are clearly set out in the Constitution and Standing Orders of the Trust.

Eligibility

Governors must continue to comply with the qualifications required to hold office throughout their period of tenure, as detailed within the Constitution. The Trust Secretary must be advised of any changes in circumstances that may disqualify a Governor from continuing in office. Examples of this would include a Public Governor becoming an employee of the Trust, a Staff Governor leaving the employment of the Trust, or a Governor obtaining a Governor position at another Trust.

A Governor may resign from office at any time during the term of that office by giving notice in writing to the Trust Secretary.

It is a condition of the Trust's licence that each Governor serving on the Council of Governors is a 'fit and proper person'. The licence defines 'unfit persons' as: undischarged bankrupts, individuals who have served a prison sentence of three months or longer during the previous five years, and disqualified directors. A company may also be an unfit person.

A person may not continue as a member of the Council if they are:

- a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
- a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;
- a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her; or
- subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

Governors must certify on appointment, and each year, that they are/remain a fit and proper person. If circumstances change so that a Governor can no longer be regarded as a fit and proper person or if it comes to light that a Governor is not a fit and proper person they are suspended from being a Governor with immediate effect pending confirmation and any appeal. Where it is confirmed that a Governor is no longer a fit and proper person their membership of the Council of Governors is terminated in accordance with the Constitution.

Governors will have been advised of the eligibility criteria prior to standing for election or being appointed however it is worth reiterating them here. Please read these carefully and inform the Trust if you have any queries or concerns.

A person may not become a member of the Council of Governors (and if already holding office shall cease to do so) if:

- he/she was not at least 16 years of age at the date he/she was nominated for election or appointment;

- he/she is an Executive Director or Non-Executive of the Trust or an Executive Director, Non-Executive Director or Governor of another NHS Foundation Trust; though this does not apply to anyone who is appointed as a Governor of this Trust by the NHS Foundation Trust of which he/she is an Executive Director, Non-Executive Director or Governor. Note that we permit Stakeholder Governors to sit on more than one Council of Governors as long as they represent the same organisation;

- he/she has in the preceding two years been dismissed by the Trust or its predecessor on any grounds, or in the case of another organisation, on any grounds other than redundancy or ill health; or

- he/she has verbally or physically abused any member of NHS staff, patient, carer or registered volunteers, or has been issued with a Personal Safety and Security Warning Letter by the Trust.

Terms of Office

Elected Governors (staff and public) may hold office for a period of up to three years, and may stand for re-election twice. After nine years in the role, elected Governors must leave the Council. An elected Governor shall be eligible for re-election at the end of his/her term but may not serve more than three consecutive terms or nine years, whichever is less.

Appointed Governors are also appointed by their organisation for an initial 3 year term. An appointed Governor shall be eligible for re-appointment at the end of his/her term but may not serve more than three consecutive terms or nine years, whichever is less.

Governor Code of Conduct

Governors are required to give an undertaking that they will comply with the provisions of the Code of Conduct at all times on appointment and throughout the duration of their term. Failure to comply with the Code may result in disciplinary action in accordance with agreed procedure, including the removal of the Governor in question from office.

Governors have a particular duty to observe the highest standards of corporate governance. This includes ensuring and demonstrating integrity and objectivity in the transaction of business and wherever possible, following a policy of openness and transparency in the dissemination of the collective decisions of the Council of Governors.

The Code complements the requirements of the Trust's Constitution, Standing Orders and Standards of Business Conduct policy, and should be read in conjunction with these documents.

The purpose of the Code is to provide clear guidance on the standards of conduct and behaviour expected of all Governors. It sets out how Governors are expected to act whilst carrying out duties for the Trust. In brief, it states that Governors should:

- Act with honesty and integrity;
- Adhere to the role of the Governor;
- Treat everyone fairly and equally;
- Take responsibility for actions;
- Act in the best interests of patients and the Trust;
- Demonstrate commitment to the Governor role; and
- Recognise the collective responsibility of the Council of Governors.

The Code, with the Code of Conduct for Directors and employees, the Trust's Standards of Business Conduct policy and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviours within the Trust. The Code is intended to operate in conjunction with the NHS Foundation Trust Code of Governance, the Constitution and with Standing Orders. The Code applies at all times when Governors are carrying out the business of the Trust or representing the Trust.

Sources of support and information

Internal Sources of support

The Trust's Governor Support Officers are the first point of contact for any enquiries:

Karen Greenacre	Governor Support Officer
Working Days:	Monday, Tuesday and alternative Wednesday
Email:	karen.greenacre@neas.nhs.uk
Telephone:	0191 430 2036

Audrey Turnbull	Governor Support Officer
Working Day:	Thursday, Friday and alternative Wednesday
Email:	audrey.turnbull@neas.nhs.uk
Telephone:	0191 430 2036

The Chair of the Council and Board of Directors can also be contacted when needed:

Peter Strachan	Chairman
Email:	peter.strachan@neas.nhs.uk
Telephone:	0191 430 2005

The Trust Secretary is also a key contact for Governors, available to provide advice and guidance when needed:

Trust Secretary:	Jennifer Boyle
Email:	jennifer.boyle@neas.nhs.uk
Telephone:	0191 430 2001

Additional Key Documents

Governors will be provided with a number of key documents to support them in the role. Many are available on the Trust's website: www.neas.nhs.uk for example:

- Latest Annual Report and Accounts
- The Trust's Constitution
- Code of Conduct for Governors
- Key Policies and Strategies
- Board Papers

External Sources of Support and Information

NHS Improvement:	https://improvement.nhs.uk/
NHS Providers:	https://www.nhsproviders.org/home
Governwell:	https://www.nhsproviders.org/programmes/governwell
Care Quality Commission:	http://www.cqc.org.uk/
NHS Choices:	http://www.nhs.uk/pages/home.aspx

Glossary

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

Term	Definition
Advanced Practitioner	An Advanced Practitioner provides advanced primary care skills. May be a paramedic or a nurse with advanced skills.
Ambulance Quality Indicators	These are the Ambulance sector's national quality indicators.
Ambulance Response Programme	NHS England is conducting a programme of work that is exploring strategies to help ambulance services reduce operational inefficiencies whilst remaining focused on the need to maintain a very rapid response to the most seriously ill patients and improve the quality of care for patients, their relatives and carers.
Care bundle	A care bundle is a group of between three and five specific procedures that staff must follow for every single patient. The procedures will have a better outcome for the patient if done together within a certain time limit, rather than separately.
Care Quality Commission	The independent regulator of all health and social-care services in England. The commission makes sure that the care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.
Clinical Commissioning Groups	Clinical Commissioning Groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Clinical audit	A clinical audit mainly involves checking whether best practice is being followed and making improvements if there are problems with the way care is being provided. A good clinical audit will find (or confirm) problems and lead to changes that improve patient care.
Commissioning for Quality and Innovation (CQUIN) payment framework	The Commissioning for Quality and Innovation (CQUIN) payment framework means that a part of our income depends on us meeting goals for improving quality.
Contact Centre / Emergency Operations Centre	The first point of contact for 999, 111 and Patient Transport Services patients who need frontline medical care or transport.
Disclosure and Barring Service	The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)

Directory of services	Once we have decided on the appropriate type of service for the patient – so that we can direct them to a service which is available to treat them – we use a system linked to a directory of services. This directory contains details of the services available, their opening times and what conditions and symptoms they can manage, within an area local to the patient.
End-of-life patients	Patients approaching the end of their life.
Enhanced CARe	Enhanced Care and Referral is the name of our training provided to core paramedics to enable them to deliver a higher level of care than a traditionally trained paramedic using additional skills, patient pathways and they will carry in excess of 30 additional drugs.
eSR system	Electronic staff record system used in the Trust to hold personnel related information.
Enforcement action	Action taken against us by the Care Quality Commission or NHS Improvement if we do not follow regulations or meet defined standards.
e-PRF	Electronic Patient Report Form uses laptops to replace paper patient report forms. Ambulance staff attending calls can now download information on the way, access patients' medical histories, enter information in 'real time' and send information electronically to the accident and emergency department they are taking the patient to and to the patient's GP practice.
Handover and turnaround process	Handover is the point when all the patient's details have been passed, face-to-face, from the ambulance staff to staff at the hospital, the patient is moved from the ambulance trolley or chair into the treatment centre trolley or waiting area and responsibility for the patient has transferred from the ambulance service to the hospital. Turnaround is the period of time from an ambulance arriving at hospital to an ambulance leaving hospital.
Hear and Treat	A triage system designed to assess patients over the phone and to provide other options in terms of care, where appropriate, for members of the public who call 999.
Health Education North East	Health Education North East. Supports Health Education England to ensure local workforce requirements are met and there is a supply of a competent, compassionate and caring workforce to provide excellent quality health and patient care.
Integrated Care System	There is one Integrated Care System for the North East and North Cumbria. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
Major trauma	Major trauma means multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road-traffic accidents.
National ambulance quality indicators	Measures of the quality of ambulance services in England, including targets for response times, rates when calls are abandoned, rates for patients contacting us again after initial care, time taken to answer calls, time to patients being treated, calls for ambulances dealt with by advice over the phone or managed without transport to A&E, and ambulance emergency journeys.

National clinical audit	National clinical audit is designed to improve the outcome for patients across a wide range of medical, surgical and mental-health conditions. It involves all healthcare professionals across England and Wales in assessing their clinical practice against standards and supporting and encouraging improvement in the quality of treatment and care.
Pathways	A system developed by the NHS which is used to identify the best service for a patient and how quickly the patient needs to be treated, based on their symptoms. This may mean the patient answering a few more questions than previously. All questions need to be answered as we use them to make sure patients are directed to the right service for their needs. Types of service may include an ambulance response, advice to contact the patient's own GP or the out-of-hours service, visit the local minor injury unit or walk-in centre or self-care at home.
Patient Advice and Liaison Service	The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Patient experience	This includes the quality of caring. A patient's experience includes how personal care feels, and the compassion, dignity and respect with which they are treated. It can only be improved by analysing and understanding how satisfied patients are, which is measured by patient experience measures (PREMS).
Patient report forms	An up-to-the-minute record of a patient's history, assessment and treatment provided by our staff.
Patient safety	Makes sure the environment the patient is being treated in is safe and clean. This then reduces harm from things that could have been avoided, such as mistakes in giving drugs or rates of infections. Patient safety is supported by the National Patient Safety Agency 'seven steps to patient safety'.
Payment by Results	The aim of Payment by Results is to provide an open, rules-based system for paying trusts. It will reward efficiency, support patient choice and diversity and encourage shorter waiting times. The Payment by Result tariffs system means funding is fair and consistent rather than relying on past budgets and the negotiating skills of individual managers.
Peri-arrest	The peri arrest period is the recognized period, either just before or just after a full cardiac arrest, when the patient's condition is very unstable and care must be taken to prevent progression or regression into a full cardiac arrest.
Quality Strategy	Describes the Trust's responsibilities, approach, governance and systems to enable and promote quality across the Trust whilst carrying out business and planned service improvements.
See and Treat	A face-to-face assessment by a paramedic that results in a patient being given care somewhere other than an A&E department.

Performance Standards

Category 1 Call	Category 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction.
Category 2 Call	Category 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits.
Category 3 Call	Category 3 calls are urgent problems that are not immediately life-threatening.
Category 4 Call	Category 4 calls are non-urgent calls that need telephone or face-to-face assessment.
Specialist Response	A hazardous area requiring a specialist rescue with potential mass casualties.