The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Council of Governors' Meeting

Wednesday 23 April 2025 13:30 – 15:15

Venue: Training Rooms 3 & 4 Education Centre Freeman Hospital / via Microsoft Teams

Agenda

	Item	Lead	Paper	Timing
Business items				
1	Apologies for absence and declarations of interest	Paul Ennals	Verbal	13:30 – 13:31
2	Minutes of the Public Council of Governors meeting held on 29 January 2025 and any matters arising	Paul Ennals	Attached	13:31 – 13:32
3	Chair's report	Paul Ennals	Attached	13:32 – 13:37
4	Acting Chief Executive's report	Rob Harrison	Presentation	13:37 – 14:00
Items for discussion				
5	Alliance update	Martin Wilson	Attached	14:00 – 14:15
6	Estates Strategy Update including (i) Strategic Build (ii) Wayfinding update	 Paul Hanson Paul Hanson	 Presentation Verbal	14:15 – 14:37
7	Transplantation update	Lucia Pareja-Cebrian	Verbal	14:37 – 14:47
Items to receive [NB for information – matters to be raised by exception only]				
8	Governor Working Group (WG) Reports including: i. Lead Governor ii. Quality of Patient Experience (QPE) WG iii. Business & Development (B&D) WG iv. People, Engagement and Membership (PEM) WG	Lead Governor / WG Group Chairs	Attached	14:47 – 15:00
9	Governor Elections update	Paul Ennals	Attached	15:00 – 15:02
10	Meeting Action Log	All	Attached	15:02 – 15:03
Any Other Business				
11	Any other business or matters which the Governors wish to raise	All	Verbal	15:03 – 15:14
12	Date and Time of next meeting: Private Governors Workshop – 21 May 2025 Formal Council of Governors – 25 June 2025	Paul Ennals	Verbal	15:14 – 15:15

Members of the public may observe the meeting in person subject to advance booking via emailing the Corporate Governance Team on nuth.board.committeemanagement@nhs.net

Sir Paul Ennals, Interim Shared Chair

Rob Harrison, Acting Chief Executive Officer

Lucia Pareja-Cebrian, Joint Medical Director

Martin Wilson, Director - Great North Healthcare Alliance & Strategy

Paul Hanson, Director of Estates, Facilities and Strategic Partnerships

Judy Carrick, Lead Governor and Chair of the People, Engagement and Membership Working Group

Eric Valentine, Public Governor and Chair of the Business and Development Working Group

Claire Watson, Public Governor and Chair of the Quality of Patient Experience Working Group

COUNCIL OF GOVERNORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 29 JANUARY 2025

Present: Sir Paul Ennals [Chair], Interim Shared Chair
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)

In attendance: Sir Jim Mackey, Chief Executive Officer (CEO)
Mr Rob Harrison, Deputy Chief Executive Officer (DCEO)
Mrs Caroline Docking, Director of Communications and Corporate Affairs (DCCA)
Mrs Annie Laverty, Chief Experience Officer (CXO)
Mr Patrick Garner, Director of Performance & Governance (DPG)
Mrs Lisa Jordan, Assistant Director of Strategy and Planning (AD)
Mr Ian Joy, Executive Director of Nursing (EDN)
Mrs Kelly Jupp, Trust Secretary (TS)
Mrs Liz Bromley, Non-Executive Director (NED) and Vice Chair (VC)
Mr Bill MacLeod, NED and Senior Independent Director (SID)
Mr Philip Kane, NED
Mrs Anna Stabler, NED
Mr Bernie McCardle, NED
Dr Nini Adetuberu, Associate NED
Mr Ewan Dick, Associate Director of Allied Health Professionals (ADAHPs)
Ms Nicola Coates, Head of Service – Podiatry (HoS)
Ms Diane Jones, Member of the Public, observed the meeting

Secretary: Miss Jayne Richards, Governor and Membership Engagement Officer (GMEO) / Mrs Gillian Elsender, Corporate Governance Officer/PA (CGO)

Note: The minutes of the meeting were written as per the order in which items were discussed.

25/01 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

Apologies for absence were received from Public Governors Dr Alexandros Dearges-Chantler, Mr Alex Holloway and Dr Eric Valentine.

From the Executive Team, apologies were received from Mrs Jackie Bilcliff, Chief Finance Officer (CFO), Dr Lucia Pareja-Cebrian, Joint Medical Director (JMD-PC), Michael Wright, Joint Medical Director (JMD–W), Mr Rob Smith, Director of Estates (DoE), Mr Paul Hanson, Director of Estates, Facilities and Strategic Partnerships (DoEFSP), Dr Vicky McFarlane-Reid, Director of Commercial Development & Innovation (DCDI), Mrs Rachel Carter, Director of

Quality and Safety (DQS), Mr Martin Wilson, Director - Great North Healthcare Alliance & Strategy (DGNA), Mrs Christine Brereton, Chief People Officer (CPO) and Mrs Shauna McMahon, Chief Information Officer (CIO).

From the Non-Executive Directors, apologies were received from Mr David Weatherburn.

The Chair welcomed all to the meeting and encouraged Governors to complete the electronic Governor survey that had been circulated. Based on feedback received from some Governors previously, the meeting today had been scheduled to allow both in person and dial in options.

The NEDs and the Associate NED introduced themselves, and there were no new declarations of interest.

It was resolved: to **note** the apologies for absence and that there were no new declarations of interest made.

ii) Minutes of the Public Council of Governors (CoG) meeting held on 23 October 2024 and matters arising

The minutes of the previous meeting were agreed to be a true reflection of the business transacted, subject to an amendment required to record Peter Bower's attendance.

It was resolved: to **agree** the minutes as an accurate record subject to the amendment required to add Mr Bower to the attendance log.

iii) Chair's Report

The Chair presented his report and the contents were noted.

It was resolved: to **receive** the report.

iv) Chief Executive's Report including:

- **Performance Update**
- **Emergency Department**
- **Winter Pressure Update**
- **Elective Reform Plan**
- **Subsidiary Companies Update** ***[Agreed to be discussed as part of the Private session]***
- **Planning Guidance**

The CEO delivered a presentation with the following points noted:

- Discussions were ongoing with the Care Quality Commission (CQC) regarding reinspection dates.
- There were national financial pressures for the NHS which may have a significant impact on allocations for 2025/26.

- The Trust Accrediting Excellence (ACE) programme had been re-introduced for Wards and was being well received. There was a key focus on the delivery of high standards of care and achieving excellence.
- The Trust was placed nationally within the top 20 for Emergency Department (ED) performance.
- Performance was relatively consistent in relation to elective activity but concerns remained regarding cancer and diagnostic performance. Mechanisms were being created to ensure robust oversight and challenge of cancer and diagnostic performance.
- Winter pressures had been well managed, with support and mutual aid given to some other Trusts within the Integrated Care Board (ICB) footprint.
- The Trust had been included in a small group of organisations to deliver the Referral to Treatment Time (RTT) standard in 2 years rather than 3 years.
- Good progress had been made in relation to 78 and 52 week waits.
- The overall waiting list size was now below 100,000 for the first time in 7 months.
- There had been a small improvement in the Faster Diagnosis Standard (FDS) and the 31 day and 62 day targets.
- Newcastle Hospitals was in a stronger performance position when compared with Shelford Group peers however the cohort did not perform as well as some other non-Shelford Group Trusts on Emergency Department and elective activity.
- The Trust was actively planning for 2025/26 in relation to cost reduction and aimed to achieve a breakeven financial position for 2024/25.
- Focus remained on the delivery of the People Plan, including the continued roll-out of behaviour and civility training.

[The HoS joined the meeting at 13:47]

- The response to the staff survey had been positive, with improvements in scores identified in most areas however there was still much work to do. There had been a significant increase in the survey response rate.
- Patient experience scores were relatively consistent.
- Work had continued with a range of services to better understand and improve staff experience. This included measurement of staff engagement for the culture programme and supporting staff and patient experience measurement for the Accrediting Excellence ward accreditation (ACE). In addition focussed work was taking place with microbiology staff in conjunction with the Trust Freedom to Speak Up Guardian (FTSUG).
- A national update was shared which covered the complex national position, the increase in the NHS budget, the part-funded pay award, expectations as to the publication of the planning guidance and the ICB allocations.
- Urgent and Emergency Care (UEC) performance nationally had been very difficult over the Winter season. Discussions are underway to start the planning early for next Winter as the pressures were becoming progressively worse year on year.
- The Elective Plan was expected to focus on improving productivity through the use of Community Diagnostic Centres (CDCs), increasing choice and better communications to patients regarding their treatment.
- Capital allocations and recent announcements regarding the 40 hospitals programme had highlighted the importance of the delivery of the Big Build project.

- The national 10 year plan was likely to be published in April/May.

Professor Home noted that the patient experience programme pilot was provisionally funded by the Trust Charity and queried the Trust's long-term commitment to the programme to which the CEO highlighted the importance of the programme and the need to identify a long-term funding solution.

Dr Vesey queried the bottlenecks regarding diagnostic performance to which the DCEO explained the challenges with MRI and CT capacity in Radiology, however it was noted that the CDC at the Metro Centre had created additional capacity. A longer term diagnostics plan was being developed and there had been lots of work undertaken to improve booking processes. Audiology and MRI bookings had improved, with the focus now on neuro MRI.

[Dr Record joined the meeting at 13:57]

The DPG noted that Cancer and Diagnostics performance was due to be discussed at the Finance and Performance Committee meeting in February and agreed to share an update at the next Council of Governors meeting **[ACTION01].**

Dr Cushing highlighted the use of Frailty Teams in Scotland, and queried whether this service was available in Newcastle to which the DCEO advised that in the previous year an Urgent Care Team was established for Community Rapid Response. In addition a collaboration with Newcastle City Council had been entered into in January to establish a front door frailty team in the Emergency Department (ED) with physiotherapy, occupational therapist and social work input to divert patients directly to beds in the hospital where appropriate.

Mr Forrester referred to his recent patient experience and the length of time taken to receive an MRI scan. The CXO agreed to follow up separately with Mr Forrester **[ACTION02].**

A Winter Plan Update was shared by the DCEO with the following points noted:

- Overall ED activity had slightly reduced from last year however there had been a greater number of ED admissions compared to the same period last year.
- ED performance was generally being sustained at circa 78%, with December slightly lower at 75% and January to date at 75.5%.
- Paediatric ED performance was improving significantly, with the January numbers slightly better than those reported in the presentation slides.
- There had been an increase in ambulance handover delays (over 60 minutes).
- Discharge lounges had been opened on both sites to support the continuous flow model.
- The Winter ward was opened on 27 December, slightly earlier than scheduled to aid with demand.
- Focussed work had been undertaken to reduce occupancy levels, with occupancy at 70% just before Christmas.
- An evaluation of the Frailty pilot would be conducted at the end of the pilot and shared with the Council of Governors [**ACTION03**].
- High volumes of patients had been admitted with Flu and there had been an increase in norovirus however teams had responded well to reduce the number of beds impacted.

- There had been a continued drive to improve Estimated Date of Discharge (EDD) recording to allow better planning with relatives and to manage expectations for all involved.
- Operational oversight work included looking at in-hospital radiology times.
- There had been a lower uptake of the staff vaccinations programme when compared to prior years which was consistent with the national position. A debrief exercise would be conducted in March to better understand what could be done to improve uptake. The EDN highlighted that the flu campaign had been extended to the end of January 2025, with internal 'myth busting' undertaken.
- New data was being recorded on potential harm arising from Winter pressures, with no evidence so far to suggest that harm associated with such pressures had occurred.

Mrs Heslop queried whether the Trust had provided any 'corridor care' to which the DCEO advised that some corridor care had been given in ED during the Winter period but this was minimised through the continuous flow procedures and mitigations in place. In addition the Full Capacity Protocol was enacted when needed. The EDN highlighted that there was a protocol for observations to take place on patients when corridor care was necessary.

Mrs Heslop asked what the longest waiting time was regarding corridor care to which the EDN noted that this was circa 2-3 hours. He explained the operating model within the ED.

Dr Vesey queried whether any information was captured on ambulance diverts to which the DCEO advised that Trust performance was relatively consistent with other organisations in the region, with 54 ambulances diverted into the Trust and none diverted away.

Dr Vesey asked if data was recorded on patients receiving corridor care to which the DCEO advised that a specific protocol was being developed on corridor care.

Miss Rahman referred to some feedback she had received regarding the cancer unit, and highlighted the importance of engagement. She suggested linking in with Mrs Carrick to contact researchers to gather learning.

It was resolved: to **receive** the report and note the contents.

25/02 ITEMS FOR DISCUSSION

i) Podiatry Update

Mrs Stabler introduced the update and noted that the Quality Committee had received a deep dive into Podiatry services and activity. This highlighted how the service had become more reactive to patient needs rather than being able to focus on prevention work.

The ADAHPs and HoS gave a presentation to illustrate the services provided and highlighted the following areas:

- The Podiatry service includes circa 850 staff and is a community based service with the aim to keep people on their feet through good foot health, and ultimately prevent amputation.

- Covid had a significant impact on patients as people could not access the services as timely and this resulted in higher numbers of amputations.
- The service was trying to innovate and had increased collaboration to respond to the high demand experienced.
- The service was integrated with other services e.g. the Diabetes centre, and works closely with care homes across the city.
- The current case load is circa 11,000 patients, of which 62% have diabetes and this cohort is growing year-on-year.
- Many of the patients are housebound which impacts capacity, some patients require very frequent appointments and some patients require care for their entire life.
- There was some inequity in relation to the provision of support to diabetic and non-diabetic patients due to the way in which the services were commissioned.
- The complexity of patients was becoming increasingly difficult and more challenging to treat.
- Patients with diabetic foot disease were at higher risk of poor mortality outcomes. More work on prevention was required.
- Newcastle Hospitals performance in relation to amputations was not as strong as in other organisations. Work was underway with the ICB on a regional approach to reducing amputations.
- There were challenges with recruitment and retention so there was a need to divert more resource into training to grow the workforce internally.

Professor Home commented that foot ulcers and amputations were worse than they were 25 years ago and queried whether there was good medical leadership to which the HoS confirmed that there was. She noted however that the lead consultant was due to retire in April. Further support from e.g. infectious diseases may also be of benefit.

Dr Gallagher thanked the team for the great work. He expressed concern as to the number of amputations and the associated poorer mortality outcomes. The ADAHPs advised that support had been received from vascular surgeons in relation to amputation levels.

Mrs Heslop queried the position regarding staff prescribing flucloxacillin and staff upskilling to avoid sending patients back to GPs for prescriptions. The HoS advised that some staff were able to prescribe certain treatments.

Dr Record asked about referrals and highlighted the inefficiencies regarding domiciliary visits to which the HoS explained that there was strict criteria for home visits to take place.

Mr Bower thanked the team for the care he received as a patient by the podiatry team.

Mrs Fitzgerald referred to the more specialist services and queried what the ICB were doing across the area with regards to preventative work. The ADAHPs noted the challenge for commissioners and referred to the first ICB meeting held last week to look at prevention work using the MARS model in Manchester.

Mrs Watson asked what percentage of amputations were from patients with type 2 diabetes to which the HoS that most were type 2 diabetic patients.

ii) <u>Strategy and Planning</u>

The DPG highlighted that he had presented an update to the Business and Development Working Group in October on the planning status.

The AD delivered a short presentation and highlighted the following points:

- The current position in the planning process and the work ongoing to develop the interim strategy.
- The performance ambitions, being greater than the planning requirements, and the draft plan headlines.
- The areas RAG rated in the slides as 'red' were activity delivery and the Faster Diagnosis Standard (FDS) For activity delivery the aim had been to achieve 120% but the current activity plan was lower at 115%, which would result in 74% for Referral to Treatment.
- The FDS was lower than desired but this was largely due to the volume of skin referrals.
- The current Trust Strategy expired at the end of 2024, and the Trust Board had agreed on the development of an interim strategy to cover a 12-month period while the longer term strategy development process was undertaken.
- The Trust objectives for 2025 would be underpinned by the developing Clinical Strategy, the Clinical Board Quality & Safety priorities and Improvement Plans, and the Big Signals; enabled by existing strategies e.g. the People Plan.
- Long term strategy development would include comprehensive engagement across the Trust and key stakeholders, including Governors, to set a strategic framework for the next 5 years.
- Areas of success had been identified along with demonstrable outcomes to help measure the delivery of the objectives.

Dr Record highlighted three main areas where preventative work was required being alcohol, smoking and obesity; and queried whether a strategy was in place for this. The AD advised that this was not included in the immediate priorities for the interim strategy, but would be included in the long term strategy.

Professor Home referred to cancer performance and recommended that further narrative/data be included on priorities and outcomes.

Dr Hugh Gallagher highlighted the importance of having an open door policy to listen to any concerns raised to maintain quality whilst achieving metrics. The AD noted that the Clinical Boards had been asked to look at clinical effectiveness measures and the corporate cancer team work pathways would be monitored to identify any delays.

Mrs Stabler noted that the Quality and Safety Leads regularly present to the Quality Committee.

It was resolved: to **receive** the report and note the contents.

[The AD, ADAHPs, HoS and DPG left the meeting at 14:44]

iii) <u>Culture, Freedom to Speak Up (FTSU) and Bullying</u>

Mr McCardle, Chair of People Committee introduced Ms Jill Taylor as the Trust's Freedom to Speak Up Guardian (FTSUG). A short presentation was given by the FTSUG who highlighted the following points:

- There was one FTSUG in place for Newcastle Hospitals, with a report submitted quarterly to the National Guardian.
- The national picture showed the number of total cases raised with Freedom to Speak Up Guardians in 2023/24.
- It was evident that more staff were feeling confident with using the service, with positive feedback received.
- A key theme emerging was the rise in inappropriate behaviours. This triggered the roll-out of the behaviours and civilities training across the Trust.
- An 8 point plan had been developed and the national policy adopted.
- The number of hours in role had been increased to 33 hours and in the last 12 months a network of 11 champions had been recruited, contact details were visible on the intranet.
- A launch event would be held in May, and further communications issued.
- A self-assessment was being undertaken against the national guidance with Mr McCardle and the CPO, and a Board Development session scheduled in August.
- With support from HR, reporting would be more succinct through the implementation of a dashboard.
- There had been 143 case contacts during the period with the main topics being poor management, civility and attitudes.
- In relation to the Letby inquiry, several actions had been taken which included the creation of a new page on the intranet, posters and use of a DECT phone.
- Activity in Speak up month (October) showed that the most feedback had been obtained from smaller groups sessions.
- A support structure was in place for the 11 champions, including regular check in sessions and pastoral care support.

Mr Waddell expressed his surprise at having only one FTSUG in place for the size of the organisation to which Mr McCardle highlighted the Champions in place and the importance of Clinical Boards taking ownership to embed changes at a local level.

Mr Black queried the email address on the new leaflet which he had emailed and received an 'undeliverable' message to which the FTSUG agreed to follow up [**ACTION04**].

Mr Bower highlighted that he would like to know more about the FTSUG service/arrangements within the Trust and the FTSUG agreed to share a briefing note on FTSU **[ACTION05].**

A reference was made to the FTSU training on the Learning Lab and it was agreed that the GMEO identify whether the training was available to Governors [**ACTION06]**.

It was resolved: to **receive** the update.

25/03 <u>ITEMS TO RECEIVE</u>

i) Governor Working Group (WG) Reports including:

i. Lead Governor

Mrs Yanez presented the report and highlighted the need to revisit the scheduling of the Informal Governors meetings.

Reference was made to the work of the Nominations Committee on the Shared Chair recruitment.

Mrs Yanez welcomed Miss Richards as the new GMEO, and noted that she would be standing down as Lead Governor in February 2025.

It was resolved: to **receive** the report and note the contents.

ii. Quality of Patient Experience (QPE) WG

Mrs Watson presented the report and highlighted the ward visits that had taken place. The visits had identified some difficulties with specific areas of the Trust estate for staff however patients were still receiving a good experience despite the estates challenges.

It was resolved: to **receive** the report and note the contents.

iii. Business and Development (B&D) WG

The report was received.

It was resolved: to **receive** the report and note the contents.

iv. People Engagement and Membership (PEM) WG

Mrs Judy Carrick advised that an email titled 'You Said We Will' was sent to Members in response to the Members' survey with updates to follow in the next Members' newsletter. She recommended that details as to the next Members' Event be shared with Alliance Governors.

Governors were encouraged to attend the PEM WG and volunteers from the Council of Governors were sought to be filmed to create videos about being a Governor.

It was resolved: to **receive** the report and note the contents.

ii) Meeting Action log

Good progress had been made in completing the actions in the meeting action log. Work remained underway to review the Integrated Board Report content and the information/reporting for Governors.

It was resolved: to **receive** the action log and note the contents.

25/04 ANY OTHER BUSINESS

The TS advised that Mr Forrester had volunteered to be Vice Chair of the QPE Working Group. The Council of Governors agreed.

i) Date and Time of Next Meetings:

- Private Governors Workshop – Wednesday 19 February 2025, 13:30.
- Formal Council of Governors – Wednesday 23 April 2025, 13:30.

GOVERNORS' ATTENDANCE – 29 JANUARY 2025

	Name	Y/N
A	Mr David Black [APEX]	Y
2	Mr Peter Bower	Y
1	Mrs Judy Carrick	Y
1	Dr Kate Cushing	Y
1	Dr Alexandros Dearges-Chantler	Apologies
A	Mrs Lara Ellis [Newcastle City Council]	Y
1	Mrs Aileen Fitzgerald	Y
1	Mr David Forrester	Y
S	Mr Hugh Gallagher [Medical and Dental]	Y
2	Mrs Catherine Heslop	Y
2	Mr Alex Holloway	Apologies
2	Professor Philip Home	Y
S	Mr William Jarrett [Estates and Ancillary]	Y
2	Mrs Sandra Mawdesley	Y
S	Ms Hloniphani Mpofu [Nursing & Midwifery]	Y
2	Ms Linda Pepper	Y
2	Mr Shashir Pobbathi	Y
1	Miss Fatema Rahman	Y
1	Dr Chris Record	Y
S	Miss Elizabeth Rowen [Allied Health Professionals]	Y
S	Mrs Poonam Singh [Nursing & Midwifery]	N
A	Professor John Unsworth	Y
1	Dr Eric Valentine	Apologies
2	Dr Peter Vesey	Y
2	Mr Bob Waddell	Y
A	Dr Luisa Wakeling	Y
2	Mrs Claire Watson	Y
3	Mr Michael Warner	N
2	Dr Kevin Windebank	Y
1	Mrs Pam Yanez	Y

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Agenda item 3

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	23 April 2025					
Title	Chair's Report					
Report of	Sir Paul Ennals, Interim Shared Chair					
Prepared by	Sir Paul Ennals, Interim Shared Chair Victoria Champion, Corporate Governance Officer and PA to Chair and Trust Secretary Kelly Jupp, Trust Secretary					
Status of Report	Public	Private	Internal			
	☒	☐	☐			
Purpose of Report	For Decision	For Assurance	For Information			
	☐	☐	☒			
Summary	This report outlines a summary of the Chair's activity and key areas of recent focus since the previous formal Council of Governors meeting in January, including: • Informal Visits • Governor Activity • Alliance • Relationships with System Partners • Engagement with Regional Partners • Shared Chair Opportunities					
Recommendation	The Council of Governors is asked to note the contents of the report.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☐	☐
Link to the Board Assurance Framework [BAF]	No direct link however provides an update on key matters.					
Reports previously considered by	Previous reports presented at each meeting.					

CHAIRS REPORT

Since my last report I have focussed on increasing our engagement and transparency across our organisation and more widely. This report summarises the different engagement activities undertaken, including an Alliance Joint Committee, an event for Governors from all four organisations within the Alliance and a Members' Event.

I have also been keen to raise awareness of positive improvements made and to be more open about our problems and the issues we face through increasing the amount of information that we share and discuss in our Public Board meetings.

In March we heard the announcement from Government as to the abolition of NHS England which is transitioning into the Department of Health and Social Care. Sir Jim Mackey is leading the organisation's transition and at the previous Trust Board meeting I took the opportunity to thank Jim for the work he has done to transform Newcastle Hospitals since his appointment in January 2024 as Chief Executive, and to wish him well in his new interim role. He will be coming back, though!

I also welcomed Mr Rob Harrison as our Acting Chief Executive and previous Deputy Chief Executive who is continuing the good work commenced by Jim. I am most grateful to the whole Executive Team who have really stepped up to the challenge and are providing excellent support to Rob.

Very pleased also with how our new Non-Executive Directors (NEDs) and Associate NED – Wendy Balmain, Hassan Kajee and Nini Adetuberu have settled into the flow of the work of the Board.

INFORMAL VISITS

I particularly enjoyed my night visit at the Royal Victoria Infirmary (RVI) on the 13 February 2025, where I met staff from different wards. It was illuminating to speak and engage with staff and patients from these wards and to get their feedback.

In March I spent time at the Community Diagnostic Centre in the Metrocentre which offers patients a range of scans and tests outside the main hospital settings. Services at the centre are provided by Newcastle Hospitals and Gateshead Health NHS Foundation Trust (GHFT) which is another example of our collaborative working.

I also had a very interesting and informative visit to the North East Children's Transport and Retrieval (NECTAR) service and was provided with updates on recent improvements and future plans.

I was also pleased to introduce our People at Heart Awards event. The awards celebrate staff and volunteers that make us proud. A big congratulations to all our award winners.

Pleased, also, to introduce our charity's inspiring event on 19 March, promoting the work that the charity has been funding at the Great North Children's Hospital. Good attendance from governors, staff and many others.

I had the honour to be the keynote speaker at the Q Factor awards on 24 March 2025 These awards celebrate quality improvement and clinical effectiveness. Well done to all of the award winners.

Plenty of other informal meetings with staff from across the Trust, and visits to different services – too many to mention here.

ACTIVITY WITH GOVERNORS

I continue to work collectively with our Council of Governors both formally and informally and during this period we held Governor Workshops in February and March. At the February meeting, in addition to the workshop topics discussed we received an update on the activity of the recent Nominations Committee meeting including consideration of the re-appointment of Mrs Liz Bromley, NED (and Interim Vice Chair). I am delighted that Governors have approved Liz's re-appointment and look forward in continuing to work with her.

We have also had some changes within the Council of Governors including a change in our Lead Governor following the decision of Mrs Pam Yanez to step down from the Lead Governor role in February. I would like to formally thank Pam for all of her work, dedication and commitment whilst serving as Lead Governor and wish her well in her future endeavours once her Governor term ends in May 2025. I am pleased to welcome both Mrs Judy Carrick, our new Lead Governor, and Dr Eric Valentine, our new Deputy Lead Governor, and look forward to working with them.

I continue to find the drop in sessions provide a good opportunity for me to be aware of issues raised by our Governors, as well as offering me the chance to sound out trusted friends on emerging issues. Issues that have been highlighted to me recently include: a request for governor visits to include support services (acted upon); some equality, diversity and inclusion (EDI) issues around gender of clinicians (will be considered as part of our wider EDI review); concern about the oversight of corridor care (added to our May Governor meeting agenda), and a request to meet Governors from other Alliance partners (undertaken on 8 April). At the meeting which took place in March we talked substantially about the national changes and their impact on the Trust (elsewhere on this agenda); communications around the new Call for Concern system (resolved); discussion of the staff survey returns and consideration of how staff can contribute to the need for us to increase our productivity. At the April meeting, further discussion took place in relation to the findings from the staff survey; how the Accessible Information Standard could be progressed; and discussion about the processes for making outpatient appointments in some clinics, and the clarity of the follow-up letters sent to patients.

In early April 2025, I opened our Members Event – From hospital to home: innovative solutions to looking after our health. The event brought together Trust Members and

Governors with representatives from the National Institute for Health and Care Research (NIHR), Newcastle University and clinicians from Newcastle Hospitals. Members were given the opportunity to discuss their opinions and give feedback on the topics discussed. This event was very well received and a lot of positive feedback was given. One area for improvement was identified regarding 'sound quality' in the venue, which is something that has proven challenging for us to resolve historically due to technological constraints but we will continue to explore any potential solutions.

ALLIANCE

The work of the Alliance continues to progress well, with monthly meetings to monitor and review progress on developing our strands of joint working. At the beginning of April, I attended the Alliance Joint Committee meeting, where updates were given on the three workstreams. This was a very informative meeting. The recent Alliance meeting for governors was a successful innovation.

In February I attended the Big Conversation on Research and Innovation. There were presentations given from the different parts of the region and a discussion about what we could do better together. An inspiring session, with great promise for the future, where Newcastle's powerful research base is exploring opportunities to expand our reach through working in partnership across our patch.

RELATIONSHIPS WITH SYSTEM PARTNERS

Earlier in March I spent time at North East Ambulance Service (NEAS) NHS Foundation Trust Emergency Operations Centre, in the company of Stuart Corbridge, NEAS Chair, and Chris Dawson, Deputy Chief Operating Officer for Operations Management. This followed a visit that Stuart undertook to the RVI. We are starting some Alliance-wide discussions about how we can move the work of the ambulance service more "upstream"; how we can assist paramedics to make more effective medical assessments on site, or on the call, and how we can reduce inappropriate attendances at the Accident and Emergency (A&E) Department if there are high quality alternative services available for some patients.

ENGAGEMENT WITH REGIONAL PARTNERS

I attended a systemwide event together with several Non-Executive colleagues on 24 February 2025, where we met NEDs from across the ICB. As well as encouraging dialogue and interchange, we were brought up to date with developments from the Chair and CEO of the ICB, with additional presentations on the "three shifts" and what they might mean for our patch. I continue, also, to meet monthly with my colleagues/Chairs from across the ICB, with the ICB Chair and CEO.

I have continued to contribute to various groups within the North East Combined Authority. The Net Zero Board gives us a great opportunity to identify areas of collaboration between the NHS and colleagues in local government and business. The Rural, Environmental and Coastal Advisory Group provides a platform for considering how we can play into improving the quality of healthcare available in rural settings across our wider patch. And the North

East Child Poverty Commission enables us to ensure that we are fully sighted on the implications of child poverty for the health and wellbeing of children in our area.

SHARED CHAIR OPPORTUNITIES

Recruitment to a permanent Shared Chair for Newcastle Hospitals NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and GHFT is underway.

RECOMMENDATION

The Council of Governors is asked to note the contents of the report.

Report of Sir Paul Ennals
Interim Shared Chair
14 April 2025

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Agenda item 5

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	23 April 2025					
Title	Great North Healthcare Alliance – Update					
Report of	Martin Wilson, Director of Great North Healthcare Alliance & Strategy					
Prepared by	Martin Wilson, Director of Great North Healthcare Alliance & Strategy					
Status of Report	Public	Private	Internal			
	☒	☐	☐			
Purpose of Report	For Decision	For Assurance	For Information			
	☐	☒	☐			
Summary	This paper provides an update on the work undertaken and ongoing to form and develop the Great North Healthcare Alliance. There are clear opportunities and benefits for patients from closer working, whilst recognising there are also benefits that come from each individual Trust's identities and integrity as separate organisations. Specific deliverables from the Alliance work plan have begun to demonstrate these benefits, and the improved experiences and outcomes for patients. We have established the Alliance with a Collaboration Agreement signed by each of the four organisations. This agreement underpins meetings of Trust Board Committees in Common to steer and govern the Alliance work plan, as well as a Joint Committee between three of the trusts to focus work in certain areas, and bilateral discussions between trusts.					
Recommendation	The Council of Governors are asked to note the progress made.					
Links to Strategic Objectives	• Quality of care will be our main priority. We will improve our approach to safety, incident reporting, listening and learning. • We want this to be a great place to work where everyone feels supported appropriately by the organisation and compassionate leaders.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☒	☒	☒	☒	☐
Link to Board Assurance Framework [BAF]	Risk 7.1 - Inability to sufficiently influence priorities of key partnerships (including the Great North Healthcare Alliance (GNHA), the Integrated Care Board (ICB), Provider Collaborative and Newcastle place arrangements) or to deliver on agreed commitments due to capacity or culture, impacting on our ability to effectively deliver local and regional healthcare commitments.					
Reports previously considered by	This paper was presented to Trust Boards held in Public in March 2025, with an update added to section 4 regarding an event held on 8 April for Governors from across the four trusts within the Alliance.					

GREAT NORTH HEALTHCARE ALLIANCE – UPDATE

1. OVERVIEW AND VISION

The Newcastle upon Tyne NHS Foundation Trust (FT), Gateshead Health NHS FT, Northumbria Healthcare NHS FT and North Cumbria Integrated Care NHS FT have been working together as the Great North Healthcare Alliance since January 2024.

An overview of the Alliance and our guiding objectives are as follows:

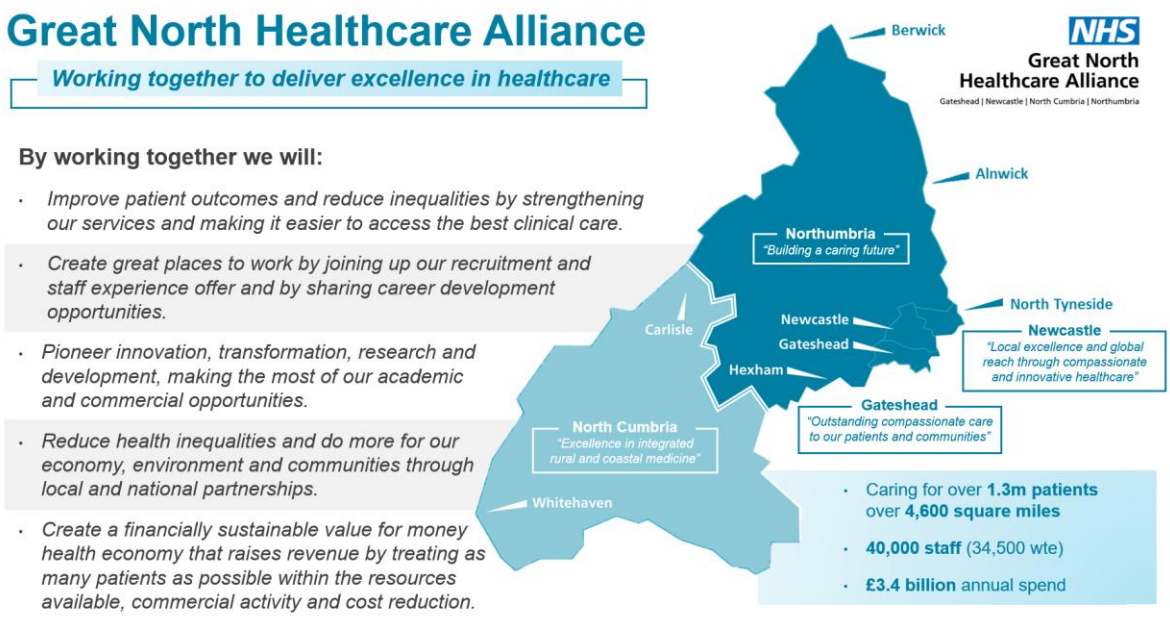

Figure 1 – Alliance overview

The Alliance is intended in large part to change ways of working across the four trusts, supplementing existing practice and working more closely in partnership with neighbouring organisations to drive better decision making for the benefit of patients, staff and external partners.

Our Alliance vision is therefore based on how we should work – both individually and together – and what we will aim to achieve. This vision has been developed and approved by each of the Alliance Trust Boards and there has been positive engagement and feedback on it from partners including the Integrated Care Board, local authorities, and NHS and University partners.

Agenda item 5

How we will work – our foundations:

Our purpose is to deliver high quality, safe and reliable care to our population, with fairer outcomes for all and equal access regardless of geography.	**Our patients are at the centre of our decision making but our staff are key to success.**
Our Alliance is based upon creating energy, engagement and innovation within our workforce, to enable them to deliver what we aspire to.	**We believe that working together at scale across our different leadership domains will breed cultural and clinical change.**

How we will work – our principles:

Acting together	• **Patients see us as 'one NHS'**, so we must work and design our services to meet this. • We will speak with **one voice to influence collectively** and ensure our communities get the investment and support we deserve • We will keep focused on the fact that we are **first and foremost healthcare delivery organisations** ➢ we exist to serve patients with rapid access to care, positive experiences, the best possible outcomes, and preventing illness in the first place • **Excellence** – our ambition is to achieve the highest possible standards in healthcare, national and global leaders, supported by technology, commercial, innovation, education, research and development.

Subsidiarity	• We understand the value in care being delivered locally – we will take every opportunity to **provide the widest range of services in local settings**, whilst recognising that services need the appropriate infrastructure to be safe. • The **identities** of and sense of belonging in our individual organisations must be retained and built on – no Trust wants to lose what is special about them, and what is good for one Trust is good for all. • We will **leverage the best of each organisation for the benefit of all**, building on the distinct strengths of each organisation. • We will **trust, empower and give permission to all leaders** to work across the Alliance to co-design services, feeling both accountable for and supported to deliver, under pinned by our ICB-wide leadership compact.
Effective planning	• Our Alliance activities will be made **where opportunities to do so arise, and to an agreed plan**. We will plan and deliver jointly where possible and desirable, and work with commissioners jointly. • We want to **grow the support and opportunities our teams have**, and our work plan will have this at its heart. • We want to **put as much money as possible into frontline care treating and preventing** illness, which is why our planning will seek to maximise value for the Alliance £ ensuring affordability, productivity, minimal waste and duplication, and maximising external investment. • Our collective planning and decision making will be supported by **strong governance processes** that are shared where desirable and possible.

Accountability and engagement	• In delivering our work plan and ways of working we want to **maintain and increase our lines of local accountability**, to our staff, communities and our local partners. • We will retain **accountability within our individual places** and the visibility of local leaders in local places. Alongside this, we want to improve the accountability that local places have over issues that are greater, multi-place scale. • Our principles of partnership working and behaviours will be led by our ICB-wide **leadership compact.** • We want **genuine and honest engagement** with partners both within our organisations and externally. • Local partners will **have a say in the decisions** that affect them, and we will continue to develop our Alliance work plan and vision with their input.

What we aim to deliver in the next five years:

Clinical pathways	• CQC 'good' or above rating in each organisation, exceeding the constitutional standards, simplified patient flow using all available resources, and a reputation for being best in the country once again • Improved and sustainable footing for fragile and vulnerable services, starting with urology, oral and maxillofacial surgery, urgent and emergency care, cancer, and women's services. • Brought together clinical teams from across the Trusts to jointly review each clinical specialty and to prioritise a programme of clinical pathway redesigns to improve services for patients. This will be informed by rich access, experience and outcomes insights and data, demographic pressures that we know are coming, and the views of patients, staff and partners • Improved local access to all constituent parts of specialised service pathways and clinical research – from tertiary settings, to acute and community, so that more patients can benefit. • Boosted and prioritised primary and community care, we will work closely with primary care networks, and provide a strong, dedicated

	strategic leadership with supporting corporate infrastructure to deliver integration with community and secondary care • Made a positive step change in tackling health inequalities - including in reducing poverty by helping local people not at work due to sickness to get healthcare support to get back to work as fast as possible. • Ensure individuals are treated in the right place at the right time by working with social care partners in local government and private providers to maximise our delivery of social care integration and respond to national policy.
People and processes	• Remove the barriers and annoyances for our people that stop them from making full use of their professional skills, creating new opportunities, delegating power and responsibility so they work to their potential level. • Opportunities for joined up recruitment, brand and workforce development programmes that supports local people into stretching careers, with succession and that recognises specific fragile staffing areas. • Community promise that supports local growth - including promotion of health careers, social value, and a healthy green environment. • Single point of contact for local and regional partners to raise and discuss issues and opportunities – including the Integrated Care Board, Local Government, Universities and Primary Care Networks. • Innovation, research and development that helps design and deliver improvements to patients and local services, reaches its commercial potential, is led by our centres of excellence, and is internationally recognised. • NHS England Oversight Framework segment 2 or better positions for each organisation, with financial sustainability across the Alliance. • Explore joined up corporate services to support value for money and reduce outliers – for instance, coordinated procurement • Commercial strategy delivery that takes rapid decisions, moves first, and is based on our combined assets. • Single, unified governance structure for decision-making across the Alliance, supported by a collaboration model that is in itself, innovative.

Physical assets	• Coordinated estates strategies and decisions with 'big build' developments in each Alliance trust that is supported by external investment • Because 20% of our patients already flow between our hospitals, deliver: ➢ digital interoperability across the Alliance trusts, ➢ seamless service pathways, whilst not risking system resilience, ➢ a clear & accessible interface for patients that supports patient choice. • Prioritise money for patient care by ensuring organisations maximise the benefits from subsidiaries.

Taking together the foundations and principles for how we will work, and the ambitions of what we will do provides a clear framework for delivering the objectives set out in figure 1 and the benefits that comes from these.

2. PROGRESS TO DATE

Since the previous update to Trust Boards held in public, we have had a number of notable successes that demonstrate progress against the objectives and vision outlined above. A few highlights include:

- **Community Diagnostic Centre** (CDC) – the Metro Centre CDC opened in October 2024, and has already enabled over 16,000 people, mostly from Newcastle and Gateshead, to have a diagnostic test more quickly and/or more closer to home. Another CDC will be opened in Workington, North Cumbria in the coming months.
- **Cardiology** – positive engagement between clinical teams has supported a 30% reduction in the waiting time for patients with Acute Coronary Syndromes (ACS) to be transferred between the Royal Victoria Infirmary, and Queen Elizabeth Hospital and Northumbria Specialist Emergency Care Hospital for revascularisation. This has also reduced occupied hospital bed days for patients.
- **Audiology** – improvements in the service provided by Newcastle Hospitals means many more patients are now having their hearing assessments done within the 6 week national waiting time standard. This is creating resource to improve local provision across Northumberland and North Tyneside, with further improvements expected in the coming months.
- **Paediatrics** – this joint workstream has built positive relationships between the four Trust teams, leading to increased hospital capacity being opened compared to the past ten years and better sharing of best practice. Issues that affect patient services are being tackled together.

- **Urology** – honest and positive discussions between the trusts has agreed joint solutions to issues in these patient services. Although performance is still not where any trust would want it to be, positive progress has been seen for instance the elimination of >52 week waits for Gateshead. We expect substantive improvements to be increasingly demonstrated over the coming year.
- **Interstitial Lung Disease** (ILD) – changing pathways for patients with ILD to transfer to more local provision for them in Northumbria. Part of these changes include Northumbria clinicians being able to prescribe key drugs for patients in a more timely manner than previously. Around 120 patients are being offered the opportunity to transfer their care.
- **Hepato-pancreato-biliary** (HPB) – Northumbria taking on appropriate patients to share capacity more evenly, and Northumbria surgeons looking to use the Freeman Hospital Day Treatment Centre to increase capacity.
- **Community outpatients** – supporting local services provided by Newcastle to move to a local, newly refurbished site alongside Northumbria services – providing services from neighbouring organisations in a 'one NHS' site.
- **Digital** – Agreeing a longer-term plan to deliver an interoperable set of digital services to enable information and data to exchange across the Alliance to effectively support patients and frontline services. We have appointed a lead Chief Digital Officer to coordinate this work across Newcastle, Gateshead and Northumbria, working closely with North Cumbria. This work, which will increase in pace, has led to some early quick wins from projects including shared Wi-Fi, use of cloud services, and joint procurement opportunities for certain core services.
- **Research and Innovation** – hosting an Alliance-wide session to agree priority areas for our combined research and innovation experience, expertise and assets to work together for the benefit of the Alliance.
- **Estates planning** – a shared business case looking at long-term estates opportunities across the four trusts has been developed, for discussion on possible investment sources to deliver this.
- **Financial planning** – open engagement between Finance Directors to support short and medium-term financial planning in particular, in order to plan a path for the Alliance trusts to return to a balanced financial position, and for this to be sustainable.

3. GOVERNANCE ARRANGEMENTS

Relationships across the four organisations have developed at pace to support joint working on Alliance priorities. The Alliance Steering Group of the Chairs and Chief Executive Officers (CEOs) from the four organisations meets monthly as Committees in Common. Since our previous update to Public Boards, these arrangements have been strengthened through a Joint Committee and three sets of bilateral arrangements.

- **Joint Committee**: a tighter form of governance, with delegations from Trust Boards, has been established between Newcastle Hospitals, Northumbria Healthcare and Gateshead Health as members, and with North Cumbria colleagues attending. The Joint Committee has a specific focus initially on certain financial planning for 2025/26, digital interoperability, and research and innovation.
- **Bilateral arrangements**: in order to progress work bilaterally between organisations, more formal arrangements have been put in place between Newcastle Hospitals and North Cumbria. Sub-Committees in Common will drive progress on ensuring high quality tertiary service provision across North Cumbria alongside other clinical and corporate workstreams. Other bilateral arrangements have also been established between other organisations, for instance Newcastle and Northumbria who meet regularly to work through shared clinical service issues and improve service delivery for patients. A similar Newcastle and Gateshead bilateral group is about to be set up.

4. DEVELOPING AND DELIVERING THE WORK PLAN IN COLLABORATION

We have sought to develop the work plan – be it clinical services, corporate approaches and Alliance governance – in collaboration with Trust Boards and Governing Bodies across the trusts, as well as external partners where appropriate.

The members of the four Trust Boards have met together twice for half day workshops looking at progress made and future opportunities – positive feedback overall was received for both events.

On 8 April an event was held inviting Governors from across the four Alliance trusts. Around 60 Governors attended in total alongside Chairs and Chief Executives to build relationships between Trust Councils of Governors within the Alliance and to discuss how best to work together going forward. This supplemented the invaluable input that Governors have made through the respective Councils of Governors meetings.

Part of the agenda included feedback from a survey sent to all Governors prior to the event. The slides presented at the event which detail this feedback are annexed to this report for information.

The main themes from the discussions included:

- Improved understanding of other trusts – responding to the survey feedback, what opportunities are there to improve the level of understanding Governors have of Alliance trust partners alongside their own organisations.
- Working together and building relationships – suggestions for how formal and informal routes, meetings, or groups of Governors, for instance, could support this.
- Consistency of updates and reporting to Councils of Governors – how we can ensure that Governors collectively across the Alliance are kept informed of Alliance working, and the relevant details of workstreams that are ongoing.

At present, Company Secretaries and the Alliance Formation Team are working through the feedback provided at the event to determine options to respond to these themes. These will

be discussed with Chairs and Lead Governors in the coming weeks and fed back to Councils of Governors in due course.

In addition, we have ensured that the Integrated Care Board (ICB) for the North East and North Cumbria has been involved in informing the vision, work plan and governance arrangements for the Alliance. Most recently, a supportive session was held in December 2024 with the ICB Chair and Chief Executive – at this session the ICB provided an update on some stakeholder engagement work on the Alliance vision and work plan that they had supported with external partners. This included important and helpful feedback from local universities, primary care groups, and local authorities. This has informed the work plan workstreams and deliverables and is something that we will build on in the next 12 months.

In accordance with the principles for Alliance working set out earlier in this paper, the governance arrangements are intended to be as *de minimus* as possible and support collaborative working relationships across all levels of the Alliance partners, be it executives, non-executives, Governors, clinical leads, operational leads, and frontline staff. Equally, they have been established and agreed by Trust Boards in such a way to not change the independence of Trust Boards and Governing Bodies, or the delegations, powers and authorities that Chief Executive Officers already have.

SUMMARY ASSESSMENT

Looking back over the first year of the Alliance, progress has been good. Enthusiasm for working together across organisations has been evident, a number of tangible benefits have already been delivered, and there is momentum in support of greater collaboration. Trust and relationships between the organisations have never been in such a positive position.

Although there has been variation in progress between workstreams, we have learnt lessons from these instances to ensure that we are delivering benefits from Alliance working. Leadership and communication have been critical parts of our work at different levels throughout our organisations. We have also recognised that there is a strong need to measure and celebrate progress, and that project governance and management works best for the Alliance where it is kept as light touch as possible.

5. RECOMMENDATION

The Council of Governors is asked to note the progress made.

Report of Martin Wilson
Director - Great North Healthcare Alliance & Strategy
10 April 2025

Note prepared by Great North Healthcare Alliance Formation Team: Andrew Edmunds, Northumbria, Martin Wilson, Newcastle; Nicola Bruce, Gateshead; Steve Park, North Cumbria

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Agenda item 8(i)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	23 April 2025					
Title	Update from the Lead Governor					
Report of	Judy Carrick, Lead Governor					
Prepared by	Judy Carrick, Lead Governor					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This report updates on the work of the Lead Governor since the election of a new Lead Governor from 1 March 2025.					
Recommendation	The Council of Governors is asked to (i) receive the report and (ii) note the contents.					
Links to Strategic Objectives	Patients - Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports are provided to the Council of Governors.					

UPDATE FROM THE LEAD GOVERNOR

1. UPDATE

In this period, I have taken forward the following issues of Governors which were ongoing or raised at the time of my election in February:

a. Meetings schedule. We have agreed with the Chair that Drop-In sessions will alternate monthly with Governor Informal meetings. The next Governors Informal meeting will be on 15 May. The number of formal Council of Governor meetings, as requested, will increase to bi-monthly with workshops on the months in between. The request to make better use of and/or increase the time governors share with Non-Executive Directors (NED) is ongoing.

b. Governor Committee Observer reports. These are now in the Governor Admin Control Reading Room, but Governors have indicated that they would like to make more use of these. I propose that Working Group (WG) chairs pick out the key points for all Governors to take from these reports and, after agreement with their WGs, include them in the WG Chair reports, being mindful of confidentiality.

c. Learning Lab. The Chair has agreed that Learning Lab offers the most efficient way for governors to update their training, and it was proposed that an active Learning Lab session would be included for those not yet using Learning Lab before or after an upcoming Council Meeting or Workshop. This date will be confirmed once all Governors have a user account created to access the Learning Lab.

d. Call for Concern (Martha's Rule) is now live for adults. It is proposed to keep an eye on impacts and issues arising from this and to monitor the offer for paediatrics.

e. Staff Governors. The difficulties facing Staff Governors in terms of meeting attendance, especially for those who are patient facing was raised. Proposals offered were shadow staff governors/ roaming cover staff governors and increasing numbers. Any of these requires a constitutional change which will, in any case, be undertaken for the Shared Chair arrangements. This has been forwarded by the Chair to Kelly Jupp, Trust Secretary.

f. Diagnostic outsourcing and delay of results was raised and is an ongoing concern. This was discussed in detail at the Finance and Performance Committee and is on the agenda for the Council of Governors meeting in June.

g. Improved data reporting for Governors: The Task and Finish Group has worked to streamline and focus the data we receive; we hope to see the first results of their work in due course. Please feed back to me or to Sandra Mawdesley, Public Governor, so that we can refine the outcomes further. Thanks are offered to the Group.

h. Staff mental health. This concern was raised over two consecutive months at the People Committee and Governors can be assured that there is a robust plan of support. Further suggestions include a small-scale pilot for mental health support for male staff to supplement the offer already there for all staff and for teams in trauma.

i. New Governor recruitment to stand for election is now live and has been updated to reflect the greater time commitment required of Governors.

Ongoing issues to be addressed include improving the new governor induction and support as well as strengthening the link between Governors spanning the Great North Healthcare Alliance. Contact between Leads was made at the Alliance Governors Event

on 8 April and further meetings between Lead Governors are planned. In addition, I attended the Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (amental health trust) Reference Group on 10 April to link with community care services as part of our continuing commitment to strengthen ties with other health services, third sector organisations and volunteers in Newcastle. This helps to raise awareness of the Governor role and to grow our membership.

Finally, Governors can expect continuing briefings on Care Quality Commission (CQC) findings and we have requested the lead for CQC on governance keep us informed.

Please forward any thoughts on these subjects. Please also forward any issues arising.

2. RECOMMENDATION

The Council of Governors is asked to note the contents of this report.

Report of Judy Carrick
Lead Governor
3 April 2025

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Agenda item 8(ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	23 April 2025					
Title	Quality of Patient Experience Working Group - Report					
Report of	Claire Watson, Chair - Quality of Patient Experience Working Group					
Prepared by	Claire Watson, Chair - Quality of Patient Experience Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The content of this report outlines the activities undertaken by the working group since the previous Report in January 2025. Key points to note are: - Group Activities - Presentations and Guests - Wards and Departments Visited					
Recommendation	The Council of Governors is asked to receive the report.					
Links to Strategic Objectives	Performance – being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The Quality of Patient Experience (QPE) Working Group (WG) continues to meet monthly, in person and via Microsoft Teams. The WG currently has oversight of the following areas arising out of the Care Quality Commission (CQC) Report; Caring, Cardiothoracic Surgery, and Maternity; and has asked the Non-Executive Directors (NEDs) responsible for each area, via the Corporate Governance Team, to attend the WG meetings to provide assurance.

2. GROUP ACTIVITIES

Members of the QPE WG attended the following Groups and Committees:

a) Complaints Panel

Philip Home and Aileen Fitzgerald, Public Governors, attend the monthly Complaints Panel meetings. Of note it was felt that there could be some learning from complaints that were not upheld. An open and honest presentation was delivered by Women's Services. There was a separate focus on Learning Disabilities and Autism. A deep dive would be undertaken into communication themes. There was discussion in relation to responses and consistency from the Patient Advice and Liaison Service (PALS). In addition, some issues around food were raised (temperature of meals etc.). James Callaghan, Head of Nutrition, is speaking at the June QPE WG meeting so this could be addressed then.

b) Clinical Audit and Guidelines Group (CAGG) [meets monthly]

Philip Home, Public Governor, and David Black, Appointed Governor for Advising of Patient Experience (APEX), attend the CAGG meetings. Of note, Abbas Khushnood, Consultant Paediatric Cardiologist gave a good report highlighting a competent view of the risk register and using the local guidelines across the 6 different services involved. A presentation was delivered by Geoff Bedford and Tom Haigh (Perioperative/Critical Care Clinical Board), both Consultant Anaesthetists. They highlighted the increasing need for an elderly medical service for post-op surgical admissions. It was also noted that Artificial Intelligence (AI) is helping with cutting times in consultations (in relation to radiotherapy).

c) Patient Safety Group (PSG) [meets monthly]

Sandra Mawdesley, Public Governor, attends the Patient Safety Group meetings. Areas of discussion included Learning and Assurance, and Patient Safety Incident Response Framework (PSIRF). The Patient Safety Group December discussion focussed on Venous Thrombosis Assessment (VTE) assessments which is now 100% compliant due to a system pop up alert when prescribing. Patient Identification was an area that was discussed in the Quality Committee and monitored through Lead Nurse and Matrons. Also, it was recommended that Governors seek assurance from the appropriate NED(s) on the monitoring of incident reports.

d) Quality Committee

Peter Bower, Public Governor, observed the Quality Committee meeting on 21 January 2025, Claire Watson, Public Governor, observed the Quality Committee meeting on 11 February 2025, and Chris Record, Public Governor, observed the Quality Committee meeting on 18 March 2025. Reports have been provided to the QPE WG but, as a summary, these continue to be very lengthy meetings with a lot of paperwork to digest in advance. Anna Stabler, NED continues to Chair the Quality Committee and has an exceptionally good understanding of all the issues it covers. It should also be noted that Anna Stabler, and other Non-Executive Directors attending the Committee, play an active and enquiring role. Current areas which QPE WG members have discussed or are seeking assurance on from NEDs are:

- CQC Action Plan;
- Cardiac oversight;
- Emergency Department Improvement Review;
- Medicines management;
- PSIRF (getting this embedded throughout the Trust);
- Rapid Quality & Safety Reviews;
- Clinical Board Quality & Safety;
- Maternity (mainly post-natal care and the birthing centre) and Perinatal staffing capacity;
- North East Children's Transport and Retrieval (NECTAR) Action Plan;
- Lack of Freedom to Speak-Up Champion within NECTAR;
- Duty of Candour;
- Therapy Services (in particular the amputee pathway);
- Infection Prevention and Control;
- Martha's Rule / Cause for Concern;
- Palliative care at home following discharge from hospital; and
- Revised Quality Governance Structure.

e) Nutrition Steering Group (NSG) [bi-monthly]

I regularly attend the NSG meetings and provide a written report to Governors.

The Electronic Meal Ordering (EMO) steering group (which I also attend) is meeting monthly and progress is being made with regard to the specification of the catering management system (CMS) together with the timeline for the procuring of the necessary software and hardware, populating the CMS with catering data, creating a test area and test phase, phased roll out to wards and departments, review across live patient feedback linked into Patient Experience (PE) team, and finally a review of the full project.

Paula Coulson, Senior Nurse for Nutrition and Hydration, has asked for volunteers from the Governors to carry out some food tasting sessions.

3. PRESENTATIONS/GUESTS

At the 4th February meeting, we were joined by Ian Joy, Executive Director of Nursing, and Tracy Scott, Head of Patient Experience.

Ian Joy shared a presentation and outlined the background regarding the Ward Accreditation (ACE) programme. Whilst there is still some work to be done with regard to defining "excellence", Ian

reflected there was a sense of pride in a lot of areas in terms of standards and patient care. Part of the assessment process uses an unannounced "15 steps inspection" and governors have been invited to take part in those inspections. So far, Claire Watson and Aileen Fitzgerald have attended training in this respect, but it would be good to see more governors being involved.

Tracy Scott provided an update in relation to the complaints process and in particular the Parliamentary and Health Service Ombudsmen (PHSO) complaints standard framework benchmarking exercise, which has highlighted that a review of the complaints process at Newcastle Hospital showed we were mainly compliant with the PHSO standards. In terms of themes across the Trust, of note were complaints about communication and clinical treatments. Tracy also noted that, with regard to access to British Sign Language (BSL) interpreters, we were competing locally with health, education, social care, police and finance. The Trust is currently looking at potential solutions such as apprentices for BSL.

At the 4th March meeting, we were joined by Anna Stabler. Anna provided us with a very comprehensive update and assurance on the work of the Quality Committee. She also provided an update on adult palliative care within Newcastle, specifically in relation to organising the discharge of patients who wished for end-of-life care to take place at home. In addition, Anna provided a detailed update on the Cardiac Oversight Group.

At the 1st April meeting, we had a presentation from Peter Bennetts (Trust patient) and Louise Crowe (Matron) who are Co-Chairs of Ophthalmology Patient Experience Network (OPEN) along with Andrew McDonnell, General Management Trainee. Peter Bennetts gave us a very heartfelt history of living with sight loss and the challenges he faces in accessing hospital services and communication. He detailed the work he has undertaken, both personally and as Co-Chair of OPEN, to make improvements for all patients with sight loss. Louise and Andrew also outlined the work they are doing alongside Peter, from the launch of OPEN and progress made so far. It would be great to get them back in a few months to see what further progress has been made. The QPE WG agreed with Peter that a Governor visit to the Ophthalmology Department would assist them in their endeavours.

The QPE WG would like to thank Ian Joy, Tracy Scott, Anna Stabler, Peter Bennetts, Louise Crowe, and Andrew McDonnell for their valuable contributions to the meetings.

4. WARD AND DEPARTMENT VISITS

Visits were undertaken to the following locations:

- Mortuary Services (RVI) 25 February;
- Catering Services (RVI) 4 March.

Follow-up visits were also carried out at the Freeman Hospital site for both departments.

WG Members provide written reports of visits to the Corporate Governance Team, which are then passed on to Mr Ian Joy, Executive Director of Nursing, for review. Members of the WG discuss findings and recommendations in meetings to identify any trends that they may wish to seek further assurance on.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

Report of Claire Watson
Chair of QPE Working Group
14 April 2025

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Agenda item 8(iii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	23 April 2025						
Title	Report of the Business and Development Working Group						
Report of	Eric Valentine, Chair of the Governors Business and Development Working Group						
Prepared by	Eric Valentine, Chair of the Governors Business and Development Working Group						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	This report provides an update to the Council of Governors on the ongoing work of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors in January 2025.						
Recommendation	The Council of Governors is asked to note the contents of this report.						
Links to Strategic Objectives	Performance- Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☐	☐	☒	☐	☐	☐	☐
Impact detail	Impact detailed within the report.						
Reports previously considered by	Standing agenda item.						

REPORT OF THE BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP (WG)

1. INTRODUCTION

The Business and Development (B&D) Working Group (WG) meetings have been held monthly via Teams and in-person with the topics covered relating to the Working Groups Terms of Reference.

The WG is well attended. The WG particularly welcomes new Governors who would like to join, as well as Governors who may wish to attend a specific meeting. There have been four B&D WG meetings since the last report.

2. PRESENTATION TOPICS

2.1 Sustainability update James Dixon (16 January)

James Dixon, Sustainability Lead for the Trust attended along with Aly Kimber-Herridge and Dr Amy Manning from the Born Green Project (BGP) to give two presentations highlighting the Shine Project which is the Sustainable Healthcare in Newcastle update.

2.2 Trust Strategy update Patrick Garner & Lisa Jordan (16 January)

A presentation was given by Patrick Garner, Director of Performance and Governance and Lisa Jordan, Assistant Director of Strategy and Planning which highlighted the following:

- It was agreed to begin planning for 2025-26 earlier than usual, and before national planning guidance is published.
- The current Trust strategy expired in 2024.
- Activity planning – starting point is 2024-25 plan because the Trust is more or less on plan to deliver this, currently 107% of 2019-20 activity levels. The Clinical Boards have been asked to lead on developing plans to deliver more.
- A draft activity plan is in development.
- Clinical Boards have submitted investment proposals and have been asked to maximise existing expenditure budgets.
- There is a need to improve workforce planning in order to aid delivery of the plan.
- The commissioning of training places was discussed.
- Workforce and activity plans should be fully aligned.

2.3 Data Partnerships update - Vicky McFarlane-Reid, Natalie Yeowart, Lisa Sewell & Wayne Elliott (13 February).

Vicky McFarlane-Reid, Director for Commercial Development and Innovation, along with Wayne Elliott, Associate Director Commercial Enterprise, Natalie Yeowart, Head of Corporate Risk and Assurance and Julia Scott, Deputy Head of Corporate Risk & Assurance attended to give an update on Data Partnerships and shared a presentation which is to be

presented to Trust Management Group and also at Trust Board at the end of the February highlighting the following:

- A summary of 10 months of work was provided.
- Strategic role in the organisation.
- Partnerships are transparent and easily communicated.
- Successful data partnerships speed up the development of innovations that benefit. patients, health and care systems, and the general public and also increase economic activity.
- Data partnerships are not new.
- Without working with partners, the Trusts is unable to curate the data in the format required.
- This partnership creates benefits for patients and creates economic value.

2.4 Finance Update - Jackie Bilcliff (13 March)

Jackie Bilcliff, Chief Finance Officer gave an update on the Finance position for the Trust and shared a presentation which was circulated to Governors in confidence. The presentation started with a recap of the 2024/25 and highlighted the following:

- Pay award pressures.
- Drug costs are increasing.
- The Trust is forecasting to breakeven at the year end.
- Elective Recovery Fund (ERF) commissioned activity however current activity has been delivered above the planned level.
- Given the underlying deficit and the extremely challenging financial environment, the Trust have not yet been able to set a balanced plan for 2025/26.An overview of the Cost Improvement Programme (CIP).

2.5 Introduction form the Director of Estates, Facilities and Strategic Partnerships Paul Hanson (13 March)

Paul Hanson the newly appointed Director of Estates, Facilities and Strategic Partnerships attended the meeting as a way of introduction to the Governors. Paul shared a presentation and gave an overview of his background, work history, his first impressions of the Trust and went through his priorities and next steps.

Priorities included the following:

- Care Quality Commission (CQC) recommendations to ensure these are completed.
- Alliance Construction Programme - help deliver the 10-year plan for the NHS by delivering a significant building programme to improve hospital facilities and support work in communities to manage demand and improve outcomes.
- Investing in workforce, the Directorate has a large and diverse team with different support needs.
- Support work in Cardiothoracics - in the long term with a new build, and in the short term tackle some minor works.
- Deliver the Urgent Treatment Centre (UTC) and the Same Day Emergency Care new build.
- Central Sterilisation - immediate works in Central Sterilisation at the Royal Victoria Infirmary (RVI) and medium term options appraisal.

The Campus of Ageing Vitality (CAV) site – complete the work to allow the teams to move off site.

2.6 Wayfinding Update - David Pearson, Deputy Director of Estates (13 March)

David Pearson, Assistant Director of Estates – Operations and Maintenance shared a presentation to update the meeting on Wayfinding around the Trust, this highlighted the challenges, the overarching plan, the site plan including the local plan.

David reported that this had been produced with the aid of Annie Laverty and her Chief Experience Officer team who had created questions to be asked. Volunteers around the Trust had been involved.

The site plan is awaiting approval taking into account the national guidelines for fonts and colours used. The local plan will measure 1.50 metres in size on the wall plans.

The programme roll out will require feedback before signs are published within the next six months and an equality impact assessment to be undertaken for braille and audio.

2.7 Chair ARAC, NED Update (16 January and 10 April) - David Weatherburn

On the 16 January David Weatherburn, Non-Executive Director and Chair of the Audit, Risk and Assurance Committee (ARAC) shared his initial and personal views in more general terms rather than a forensic evaluation of ARAC.

On 10 April, David presented a thorough review of ARAC and the development of the Committee since taking over as Chair. David was very positive about the developments and progress since the CQC and noted the following:

- The Committee is generally functioning very well, through the efforts of the other Committees, with a very small tight action log and few escalations to Trust Board.
- The Risk reporting and the Board Assurance Framework (BAF) have improved a lot and in a response to CQC there has been a great deal of work undertaken.
- Consideration as to whether ARAC should move to bimonthly meetings due to the progress made.
- Very good collaborative relationship with the Executive Team, people are confident, and the Trust has a good assurance rating from Internal Audit on the recent BAF audit.
- In relation to the risk report, can there be a commonality to strategically align the Clinical Boards although they all deliver very different services.

DW highlighted the following matters which had been discussed recently:

- Tension between cost improvement and delivery.
- Using risk assessment tools and the talent as a Trust.
- There are very few issues that do not get resolved quickly.
- Job planning for consultants – finance and performance involved.
- Procurement and IT.
- Wholly owned subsidiary.
- Renewed focussed on Private Finance Initiative (PFI) schemes. The new Director of Estates has a very proactive approach,.

- E-record timeframe, and the need for investment and expertise.
- The Trust is 90% on plan for the risk management metrics.
- Work on a new BAF and follow through from old BAF work.

2.8 Chair FPC, NED Update (10 April) - Bill MacLeod

Bill MacLeod, Non-Executive Director and Chair of the Finance and Performance Committee presented an update on the Committee. The challenges for finance in the new climate were acknowledged. Bill gave particular emphasis to performance measures as this is a more recent focus of this Committee.

Bill discussed the change from finance and investment to finance and performance highlighting:

- The Committee now spend more time discussing performance since Patrick Garner, Director of Performance and Governance came into post.
- The meeting works well with good engagement and attendance.
- Jackie Bilcliff, Chief Finance Officer is confident that the Trust will be in a break-even position at the year end.
- Capital – extra allocation given for the Day Treatment Centre (DTC).
- The Trust has spent a lot of time developing the financial plan for next year, however a deficit remained at the current time.
- Cost Improvement Plan (CIP) of £106m.
- Drug savings of £4m are planned for the next year.
- Potential savings though in-house pharmacy.
- Potential opportunities to grow income within the pharmacy production unit.

Bill commented that in emergency care there have been lots of improvements and the Trust has moved up the tables in terms of performance. The Trust has few beds in the emergency department in comparison to other Trusts of the same size. In Accident & Emergency (A&E), discussions with staff found that the new Urgent Treatment Centre (UTC) improved morale as it will improve flow. The staff are really looking forward to it.

Bill reported that the Trust receive £40m in research income, this is the highest income outside of London and is ringfenced.

3. REPORTS ON BOARD COMMITTEE OBSERVATION:

The following Board Committees have been observed. The complete reports will be available in the Reading Room.

• Finance and Performance Committee (January 2025)	Peter Bower
• Audit, Risk and Assurance Committee (January 2025)	Philip Home
• Finance and Performance Committee (25 February 2025)	Peter Bower
• Audit, Risk and Assurance Committee (20 February 2025)	Philip Home
• Finance and Performance Committee (March 2025)	Eric Valentine
• Digital and Data Committee (March 2025)	Sandra Mawdesley

4. RECOMMENDATION

The Council of Governors is asked to note the contents of this report.

Report of Eric Valentine
Working Group Chair
14 April 2025

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	23 April 2025					
Title	People, Engagement and Membership (PEM) Working Group Report					
Report of	Judy Carrick – Chair of the PEM Working Group					
Prepared by	Judy Carrick – Chair of the PEM Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The People, Engagement and Membership (PEM) Working Group (WG) is tasked with increasing both the number and diversity of Trust membership and with supporting members with dedicated member events and newsletters. In addition, the WG works to engage with the wider Trust community. This report provides an update to the Council of Governors on the ongoing work of the People, Engagement and Membership (PEM) Working Group since the last meeting of the Council of Governors in January.					
Recommendation	The Council of Governors are asked to receive the report.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	Outlined within the report.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT

1. INTRODUCTION

The People, Engagement and Membership Working Group (PEM) continues to meet monthly. Recent guests have included Philip Kane, Non-Executive Director (NED) and Chair of the Charity Committee.

2. GROUP ACTIVITIES

PEM WG and the Trust Office delivered a well-attended Members Event on 4 April focusing on innovations which can keep patients healthy at home and prevent or alleviate visits to hospitals and clinics. There were demonstrations of new generation wearables and input about the path for innovation to improved and personalised delivery of healthcare. There was an engaged discussion. Our thanks go to the Innovation Team, HealthTech, Newcastle University and Health Innovation North East and North Cumbria

Phil Kane, NED and Chair of the Charity Committee gave a presentation on the work of the Newcastle Hospitals Charity and the challenges they face.

The WG finalised their draft of the members' newsletter which addresses in more detail the findings of this year's members survey.

The WG Chair stood down and was replaced by Mrs Catherine Heslop. The April meeting was chaired by Mrs Poonam Singh, Vice Chair.

3. ONGOING AREAS OF FOCUS

3.1 Communication

The current newsletter focuses on key findings of the members survey: what is membership and the role of governors. This should prove timely for the current election. Further aspects of the survey will be addressed in upcoming issues as will a spotlight on staff and governor activities in the hospitals and in the community. There is an opportunity for an article on the Alliance based on the 8 April event for governor's across the four trusts within the Alliance.

3.2 Membership

Several of the governors attended an Eid Mubarak celebration at Fenham Library on 8 April. Further membership visits are planned.

There was a brief debrief of the April Members Event and ideas were solicited for the upcoming Discussion Forum. Both online events and offsite events in the community were raised and will be explored further.

3.3 Observation of People Committee/ CQC Reset

Equality Diversity and Inclusion (EDI) will be a key theme of Year 2 of the People Plan. Governors will want to be assured that those of NHS England's (NHSE) 6 High Impact Actions that are undertaken produce measurable outcomes. This can be done by PEM WG through seeking assurance from NED and Chair of the People Committee, Bernie McCardle and Associate NED, Nini Adetuberu. PEM WG resolved to place EID on each month's agenda.

Staff survey: PEM WG should ask for a Staff survey results update. PEM WG proposes either a summary or an input to disseminate this to the entire CoG. The first opportunity will be Annie Laverty, Chief Experience Officers visit to PEM WG in May.

Community Events: International Women's Day event and Blessings for Iftar were held as the Trust recognises and celebrates our communities. Governors would perhaps like to support these events. The Lead Governor has sent a message to Annie Laverty to express governors' interest in contributing.

Statutory and Mandatory Training: As training falls within PEM WG's CQC reset, PEM WG should keep a watching brief on compliance and training types and style versus efficiency and cost. Update for WG through the People Committee Chair.

4. RECOMMENDATIONS

The PEM WG asks the Council of Governors to receive this report.

Report of Judy Carrick
Chair of the PEM Working Group
11 April 2025

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Agenda item 9

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	23 April 2025					
Title	Newcastle Hospital Governor Elections Update 2025					
Report of	Kelly Jupp, Trust Secretary					
Prepared by	Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This report provides an update on the Governor Elections for Newcastle Hospitals in 2025 including the seats available, current vacancies within the Council and communications activities.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Links to Strategic Objectives	Performance - Being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☒	☒	☐	☐	☐
Link to Board Assurance Framework [BAF]	Impact detailed within the report.					
Reports previously considered by	Annual report provided during the Elections period.					

GOVERNOR ELECTIONS UPDATE 2025

1. INTRODUCTION

This report details the progress of the Governor Elections for Newcastle Hospitals in 2025. The seats available and current vacancies within the Council are outlined.

2. GOVERNOR ELECTIONS

2.1 Election seats available:

The following seats are available in the elections for 2025:

Constituency/Class	Seats available	Notes for Information
Newcastle upon Tyne	4	Relates to: 1. Mrs Judy Carrick (serving a second 3-year term). 2. Dr Alexandros Dearges-Chantler (serving a one-year term) 3. Mr David Forrester (serving a second 3-year term) 4. Mrs Pam Yanez (standing down)
Northumberland, Tyne & Wear (excluding Newcastle)	4	Relates to: 1. Mr Peter Bower (serving a one-year term) 2. Mr Bob Waddell (serving first 3-year term) 3. Mrs Claire Watson (serving first 3-year term) 4. Mr Alex Holloway (standing down)
North East	3	Vacant Seats
Admin and Clerical, Management and Hospital Chaplains	1	Kelly Gribbon stood down from the Governor role in February 2024 and this seat is therefore currently vacant
Volunteers	1	Gary Gibson left this role in April 2024 and this seat is therefore currently vacant
Health Professionals Council	1	Relates to: 1. Miss Elizabeth Rowen (serving first 3-year term)

Nursing and Midwifery	1	Relates to: 1. Hloniphani Mpofu (serving a one-year term)
Total available seats	**15**	

2.2 Key dates for this year's election are as follows:

A nomination period of 4 weeks was selected for the timetable for 2025:

ELECTION STAGE	DATE
Notice of Election / nomination open	Monday 17 March 2025
Nominations deadline	Monday 14 April 2025
Summary of valid nominated candidates published	Tuesday 15 April 2025
Final date for candidate withdrawal	Thursday 17 April 2025
Electoral data to be provided by Trust	Wednesday 23 April 2025
Notice of Poll published	Tuesday 6 May 2025
Voting packs despatched	Wednesday 7 May 2025
Close of election	Wednesday 28 May 2025
Declaration of results	Thursday 29 May 2025

Completed votes must be received by the Returning Officer no later than the close of poll at 5pm on Thursday 29 May 2025.

2.3 Communications activities

A number of communications activities have been undertaken by the Corporate Governance Team in addition to the communications issued directly by the Election Provider, Civica. These include:

- Communications were circulated internally via email to the Directors of Operations within the Clinical Boards, the staff 'In Brief' communications, posting on the Trust Noticeboard, Staff Networks and via email to the Associate Director of Allied Health Professionals and Therapy Services who also discussed at their Directorate meeting.
- The Volunteering Team have contacted all active Volunteers with information with regards to the election and becoming a member of the Trust.

- All Public and Staff Members have been contacted to remind them of the elections and to highlight that if they wished to stand for election then they would need to nominate themselves for Governorship.
- A advert was placed in the Newcastle Chronicle and on their webpage.
- All Governors were sent email reminders with key dates included.
- A report was presented at the 26 March 2025 Council of Governors Workshop which included seats available and current vacancies within the Council.
- Social media posts were shared on several platforms including the Trust Facebook page, the staff only Facebook page and Twitter/X by the Communications Team. One of the social media posts included a video from Kate Cushing, Public Governor.
- Philip Home, Public Governor mentioned the elections at the most recent Members' Event on 4 April 2025 and attendees were asked to consider applying.

All Members within the Newcastle upon Tyne, Northumberland, Tyne and Wear and North East constituencies were sent an 'Engager' leaflet via post or electronic mail depending on their stated communication preferences. Two further reminders were sent during the Nominations period (on 1 April 2025 and on 8 April 2025).

We received a total of 32 nominations during the Nomination period.

3. RECOMMENDATIONS

The Council of Governors is asked to note the content of the report.

Report of Lauren Thompson
Corporate Governance Manager/Deputy Trust Secretary
11 April 2025

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Council of Governors Meeting Actions - Public

Agenda item: 10

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
126	ACTION03	2. ii. Revised Integrated Quality and Performance Report	20 June 2024	Mrs Yanez asked what benchmarking had been done on the IQPR compared to other NHS Trusts and the DDBDE offered to meet and talk through.	PG	06.08.24 - AM followed up with PY/PG for updates 07.08.24 - PY noted that the Governors plan to further discuss the information they would like to see and will arrange this in September. 14.10.24 - AM followed up with PY to discuss how to proceed with this action. 22.01.25 - Mrs Mawdesley requested to meet with the Finance and Performance Committee NED Chair to discuss Governor feedback. Meeting to be arranged. 14.04.25 - Mrs Mawdesley met with Patrick Garner, Director of Performance at the suggestion of NED, Bill MacLeod. Propose to close action as meeting held.	
136	ACTION06	i) Governor Working Group (WG) Reports including: i. Lead Governor	23 October 2024	Mrs Yanez highlighted the dedication of the Governors and noted that Governor meeting involvement/requirements had increased considerably more recently, which may prevent attendance at all meetings for some Governor. This was acknowledged by the Chair, however being mindful of the pace of change he noted it was important for Governors to be involved but agreed to review the frequency of meetings if the current schedule was not sustainable.	KJ/All	22.01.25 - Governor feedback has been incorporated into a survey which was circulated to all Governors on 21 January 2025. Once responses received, feedback will be discussed at the February CoG workshop. 19.02.25 - Discussed at the February CoG Workshop - Propose to close action.	
139	ACTION01	1. Business Items iv) Chief Executive's Report including:	29 January 2025	The DPG noted that Cancer and Diagnostics performance was due to be discussed at the Finance and Performance Committee meeting in February and agreed to share an update at the next Council of Governors meeting [ACTION01].	PG	14.04.25 - An update was shared at the March Council of Governors workshop. Propose close action.	
140	ACTION02	1. Business Items iv) Chief Executive's Report including:	29 January 2025	Mr Forrester referred to his recent patient experience and the length of time taken to receive an MRI scan. The CXO agreed to follow up separately with Mr Forrester [ACTION02].	AL	14.04.25 - The CXO visited Mr Forrester at home to capture and understand the experience of care from his perspective and his wife. They have had further discussion with the Executive Director of Nursing. Mr Forrester at the last Governors workshop shared that he had made a formal complaint. Mr Forrester will update QPE WG when he has an update on his complaint. Propose to close action.	
141	ACTION03	1. Business Items iv) Chief Executive's Report including:	29 January 2025	An evaluation of the Frailty pilot would be conducted at the end of the pilot and shared with the Council of Governors [ACTION03].	RH	15.04.25 - This is being led by Medicine and Emergency Care and is still in a review and pilot phase. Clinical Board to present at a future meeting or to be picked up at QPE Working Group.	
142	ACTION04	2. Items for discussion iii) Culture, Freedom to Speak Up (FTSU) and Bullying	29 January 2025	Mr Black queried the email address on the new leaflet which he had emailed and received an 'undeliverable' message to which the FTSUG agreed to follow up [ACTION04].	JT	15.04.25 - FTSUG commented the email address is occasionally disabled due to it being linked with her personal account. It is checked frequently so if identified corrected immediately, but this has been handed over to the interim guardian to monitor. Propose to close action.	
143	ACTION05	2. Items for discussion iii) Culture, Freedom to Speak Up (FTSU) and Bullying	29 January 2025	Mr Bower highlighted that he would like to know more about the FTSUG service/arrangements within the Trust and the FTSUG agreed to share a briefing note on FTSU [ACTION05].	JT	15.04.25 - Information emailed to Mr Bower. Propose to close action.	
144	ACTION06	2. Items for discussion iii) Culture, Freedom to Speak Up (FTSU) and Bullying	29 January 2025	A reference was made to the FTSU training on the Learning Lab and it was agreed that the GMEO identify whether the training was available to Governors [ACTION06].	JR	15.04.25 - GMEO has discussed with FTSUG who did not have any information about the learning lab training or its access. This is through Workforce Development. Contact made with Ian Wiltshire-Young from Workforce Development who has identified that training is available to Governors on the Learning Lab. Link sent to GMEO to forward to the Governors in the Governor update on 17.04.2025. Propose to close action.	

Key:

Red =	No update/Not started
Amber =	In progress
Green =	Completed
Grey =	On Hold