The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Council of Governors' Meeting

Wednesday 25 June 2025 13:30 – 15:15

Venue: Piano Room Peacock Hall, RVI / 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 23 April 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 – 13:50
Items for discussion				
5	HIV Confident	Annie Laverty, Kate Reilly & Sally Mundill	Attached	13:50 – 14:05
6	Charity Update	Teri Bayliss	Presentation	14:05 – 14:25
	Refreshment break			***14:25 – 14:30***
7	Cancer and Diagnostics	Patrick Garner	Presentation	14:30 – 14:50
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	14:50 – 15:00
9	Meeting Action Log	All	Attached	15:00 – 15:01
10	Nominations Committee update	Paul Ennals	Attached	15:01 – 15:05
Items to approve				
11	Working Group Terms of Reference	Kelly Jupp	Attached	15:05 – 15:07
Any Other Business				

12	Any other business or matters which the Governors wish to raise	All	Verbal	15:07 – 15:14
13	Date and Time of next meeting: Private Governors Workshop – 23 July 2025 Annual Members Meeting – 23 July 2025 Formal Council of Governors – 24 September 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

Paul Ennals, Chair

Rob Harrison, Acting Chief Executive Officer

Patrick Garner, Director of Performance and Governance

Teri Bayliss, Charity Director

Annie Laverty, Chief Experience Officer

Kate Reilly, Clinical Psychologist

Sally Mundill, Assistant Psychologist

Kelly Jupp, Trust Secretary

Judy Carrick, Lead Governor

Catherine Heslop Public 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 23 APRIL 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: Mr Rob Harrison, Acting Chief Executive Officer (ACEO)
Mrs Jackie Bilcliff, Chief Finance Officer (CFO) / Acting Deputy Chief Executive Officer (ADCEO)
Mr Paul Hanson, Director of Estates, Facilities and Strategic Partnerships (DoEFSP)
Mr Ian Joy, Executive Director of Nursing (EDN)
Mrs Annie Laverty, Chief Experience Officer (CXO)
Dr Vicky McFarlane-Reid, Director of Commercial Development & Innovation (DCDI) (Executive Lead for People and Organisational Development)
Mrs Shauna McMahon, Chief Information Officer (CIO)
Dr Lucia Pareja-Cebrian, Joint Medical Director (JMD-PC)
Mr Martin Wilson, Director - Great North Healthcare Alliance & Strategy (DGNAS)
Mrs Lauren Thompson, Deputy Trust Secretary (DTS)
Ms Sue Hillyard, Interim Executive Director of Operations (EDO)
Mr Bill MacLeod, NED and Senior Independent Director (SID)
Mr Bernie McCardle, NED
Mrs Anna Stabler, NED
Mr David Weatherburn, NED
Mrs Wendy Balmain, NED
Mr Hassan Kajee, NED

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.

25/05 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

Apologies for absence were received from Public Governor Professor Philip Home.

From the Executive Team, apologies were received from Mr Patrick Garner, Director of Performance & Governance (DPG) and Mrs Kelly Jupp, Trust Secretary (TS).

From the Non-Executive Directors, apologies were received from Mr Philip Kane, NED and Dr Nini Adetuberu, Associate NED.

The Chair welcomed all to the meeting. He introduced Ms Sue Hillyard who had recently joined the Trust as Interim Executive Director of Operations. The Chair noted that this would be the last Council of Governors meeting for Mrs Shauna McMahon, Chief Information Officer, who was leaving the Trust at the end of April. He wished Mrs McMahon a long and happy retirement.

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.

ii) Minutes of the Public Council of Governors (CoG) meeting held on 29 January 2025 and matters arising

The minutes of the previous Public Council of Governors meeting held on 29 January 2025 meeting were agreed to be a true reflection of the business transacted. There were no matters arising.

It was resolved: to **agree** the minutes as an accurate record and to **note** that there were no matters arising.

iii) Chair's Report

The Chair presented his report and the contents were noted. The intention was to make future reports more explanatory, with the Chair noting that he was happy to take any questions with regard to his role or activities in the meantime.

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

iv) Acting Chief Executive's Report:

The ACEO delivered a presentation with the following points noted:

- Nationally, plans for 2025/26 were in a much stronger position. There was a headline deficit of £311m with risk in plans for individual Trusts.
- Development of the 10-year Health Plan would continue, the aspiration of which would be to:
    - Reduce inequalities
    - Empower patients
    - Return the NHS to being a top-rated employer
    - Operate a more developed and disaggregated model of care
    - Tailor services to population needs
    - Become a digital first service having focus on digital work so patients can navigate symptoms and move from sickness to prevention.
- In terms of the local position, the Trust continued on its journey of improvement with a focus on leadership, clinical and operational approaches.

- Work continued with Well-Led preparations ahead of a Care Quality Commission (CQC) re-inspection including:
    - Quality & Safety peer reviews being fully embedded, providing assurance of the changes implemented post CQC inspection.
    - Cardiothoracic reviews with NHS England (NHSE) and The Value Circle showing cultural improvements.
- Work continued to develop a potential new Trust owned subsidiary company which would include Estates, Facilities, Inventory Management and Logistics teams. Roadshows for all staff affected have taken place since 31 March 2025. It was noted that implementation of the company would only take place once appropriate processes have been completed, the relevant approvals sought and the Trust was assured the proposal was in the best interest of teams, patients and the whole organisation.
- The key drivers of the Interim Strategy for 2025/26 were noted and would focus on:
    - Improving safety, quality and experience;
    - Performance delivery;
    - Effective Governance; and
    - Systems and Partnerships.
- With regards to Patient Experience there had been an expansion of the Real Time Programme. A summary of the March data was provided where continued improvements were seen across the board. Key messages from patients in relation to improvements included having access to food and drink, privacy issues at the Emergency Care Reception, being kept informed on wating times in Outpatients and post-natal follow up care.

  Friends and Family Test data from March was positive overall with a high proportion of patients rating their care as either good or very good.
- Development of Year 2 of the People Plan was underway and would be discussed in detail at the Trust Board meeting the following day. There would be a strong focus on Equality, Diversity and Inclusion (EDI), staff psychological safety, freedom to speak up, management training and development and health and wellbeing support.

Dr Dearges-Chantler questioned if there was any negativity with regard to EDI and if there was any pressure felt by staff having to check and challenge. The ACEO noted that it was hard to judge on a personal level however whilst it may be challenging to have difficult conversations, it was still the right thing to do. The Network Chairs were fully engaged and continued to provide support. It was acknowledged that no staff member, patient or visitor should be subject to racial discrimination.

In response to Dr Dearges-Chantler query regarding men's mental health Mr McCardle advised that focus on men's mental health had been raised via People Committee. He noted that as part of the Health and Wellbeing (HAWB) offer, funding from the Charity had been agreed to pilot a staff psychology service for two years and Mental Health First Aiders would be expanded/reintroduced.

The ACEO provided an update on performance and noted:

- The Emergency Department (ED) performance for March showed an improvement very close to the national standard 77.5% (78% target).

- The Trust ranking for 4 hour ED waits fell by 10 places in March compared to February.
- There had been significant improvement in those patients waiting for elective surgery with over 50% reduction in the 52 week waits and just short of 90% for 65 week waits (ww) and 90% for 78ww.
- Referral to Treatment (RTT) performance for 18ww was 70.6% ranking 9th in the top ten nationally.
- Cancer showed a significant improvement in the 28-day standard as well as a reduction in the 62 day standard to the lowest level since being recorded.
- The 31 day standard had proved to be particularly challenging however there was now some real traction following recruitment and more efficient ways of working in radiotherapy which would help reduce the backlog. For assurance, the ACEO noted that the clinical team risk stratify patients to ensure that patients with faster growing tumours are on a shorter pathway.
- In terms of finance, the Trust delivered the financial plan for 2024/25 (subject to external audit) and thanks were given to Jackie Bilcliff, Chief Finance Officer (CFO) and her team. The plan had been agreed for 2025/26. Whilst the plan was achievable, it would mean delivery of a significant £106m Cost Improvement Target (CIP).
- Despite the challenges there were still areas of improvement with agreed investments in Consultant Microbiologists, discharge lounges on both sites as well as investment in the Community Diagnostic Centre.
- Ophthalmology was the top risk rated speciality for the Trust and whilst income would not cover the full cost for ophthalmology services the Trust had to balance cost against improvements and quality.

In noting that the Trust was a tertiary centre Mr Forrester questioned if the performance standards were measured against non-tertiary providers to which the ACEO advised that the performance standard applied to all centres and there was no differential, with an expectation that patients would be treated the same.

Mr Forrester then commented on the number of trauma centres within the UK and questioned how the Trust compared to other trauma centres. Based on ED performance the ACEO noted the Trust would compare favourably however agreed to seek clarity on the position and provide feedback [**ACTION01**].

v) <u>Commercial Strategy</u>

The DCDI delivered a short presentation providing an update on the Trust's Commercial Strategy. The following points were noted:

- Commercial activity can be categorised into different themes.
- The purpose of having a commercial strategy is to direct specialist resource and effort into generating non-NHS income which can then be reinvested back into the organisation to deliver the quality services the Trust can aspire to, which may not necessarily be fully funded currently.
- Much of the commercial activity fits organically into the organisation, some into Clinical Boards and others stand alone and new.

- Data partnerships was a new emerging scheme which was being handled from a corporate perspective.
- Other schemes were more complex and would need interaction between corporate teams and Clinical Boards.
- Over the last 12 months, two new themes had been developed. The first was commercial research, which provided a great opportunity to generate additional income; and the second of core business/tenders. Core business included services the Trust would regularly tender for with NHSE.
- Strategic partnerships/partnership working was important to work across schemes.
- The Private healthcare market was untapped in the North East and private healthcare companies were interested in setting up locally, with the Trust interested in collaborating.
- Strategy growth for 2025-2027 aimed to deliver £20m over three years.
- The Pharmacy Production Unit will enable teams to deliver a greater volume of medicine in the same time frame.

Mrs Yanez referred to the ambition for the Trust to secure income from private and international patients and questioned if this had stalled to which the DCDI advised that the dedicated space afforded to private patients was no longer available, however there was a very willing body of consultants to undertake the work.

Dr Record queried why the Trust had not entered into the Care Home industry as a business opportunity to which the DoEFSP advised that in order to make a business viable, occupation rates had to be at least 80% and there was also the affordability of the staff and their terms and conditions to take in to consideration. More important was to have an efficient flow of patients out of the hospital into the community, therefore partnership working with the local authority for initial intermediate care followed by a movement to the home care market was a better solution.

Mrs Heslop sought further clarity on the opportunities for commercial research outside of the UK market to which the DCDI advised that whilst work was undertaken in the UK work would also continue to with partners in the USA with an ambition to expand into the USA market.

Mr Pobbathi sought clarity as to the protection of patient data when forming data partnerships to which the DCDI provided assurance that extensive due diligence had been undertaken with the two partnerships currently working with the Trust.

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

25/06 ITEMS FOR DISCUSSION

i) Alliance update

The DGNAS provided an update on the work being undertaken in relation to the Alliance. The following points were noted:

- An Alliance event was held on 8 April 2025 with Governors from The Newcastle Hospitals NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Gateshead Health NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust alongside Chairs and Chief Executives. The aspiration of the event was to build relationships amongst Governors within the Alliance and to discuss how to best work together moving forward.
- Following a survey completed by Governors from the four Alliance trusts:
  - Only 10% of Governors felt that there was little knowledge of the Alliance;
  - One third felt unclear as to their role and what it meant for them;
  - Just over half were unclear as to their own organisations priorities within the Alliance; and
  - Three quarters were unclear as to each other's responsibility within the Alliance.
- Table exercises took place focusing on:
  - The role of the Governors;
  - How to best communicate with Governors, Board members and NEDs; and
  - What Trusts should focus on moving forward.
- There was an opportunity to hear from the Chairs and Chief Executives as to what the priorities were for 2025/26 and to see the positive inter-relationships between them.
- Post event feedback was undertaken with positive responses received as well as suggestions on how to make the format better for future meetings.
- Focus was now on the planning for the next event as well as the following:
  - Developing a joint quarterly update report for each of the Governing bodies.
  - Considering how can the Alliance help people learn about other each other's Trusts i.e. signposting to important Board papers or to the new website currently being developed.
  - What was planned for the second Governors event in the Autumn, most likely to take place in Carlisle or Hexham.

Dr Dearges-Chantler acknowledged that whilst the Governors were being updated he queried if the Trust was conducting roadshows for the staff to inform them of the developments and tangible benefits and also sought clarity on the communication strategy. The DGNAS advised that whilst there was a communication strategy for the Alliance, the preference was for each organisation to deliver information individually. He added that there was a weekly meeting of the Communications Directors to agree consistent messages and the new website would soon be going live.

Dr Valentine, who attended the event noted its positivity however he felt it was important to note the different cultures of the organisations and highlighted that this could possibly be the main challenge in achieving uniformity. The Chair welcomed the comments of Dr Valentine and noted that the differences in the trusts were unlikely to change being mindful of the plan to remain with three individual foundation trusts all with their own Council of Governors who would determine their own model of how to operate. He did not anticipate much change in the role of the Governors in holding the NEDs to account for the performance of the Board.

Referring to the communications, Mr Black queried if there was sufficient resource to support the Alliance to which the DGNAS advised that Northumbria Healthcare had

developed the website on behalf of the Alliance. The ACEO added that the trusts would have to balance the utilisation of resources efficiently.

The Chair provided some clarity with regard to the process for appointment of the Vice Chairs and noted that they would be appointed by the governors from the existing NEDs.

ii) Estates Strategy Update including

i. Strategic Build

The DoEFSP noted that a presentation had been presented to Governors at the November meeting detailing how the strategic build would support changes across the Trust to bring clinical adjacencies and develop better outcomes for patients.

An update was shared covering the ambition, scope, objectives, progress, stakeholder engagement and the next steps. The following points were noted:

- The proposal was to work together with partners to improve public health by tackling the maintenance backlog and failing infrastructure, refurbishing hospital sites and investing in prevention.
- The scope of the build project would cover those areas of focus suggested by the Alliance trusts.
- The objectives of the build essentially were putting care in the right place for the communities being served and in doing so considering the social and economic impact whilst supporting the NorthEast economy and a transition to net zero.
- The current progress of the projects in the portfolio were at different levels of maturity with a broad set of costings undertaken.
- Conversations were taking place with contractors and providers to determine if funding was available and affordable.
- The programme brief had been written and agreed through the Committees in Common in the Alliance.
- The Finance & Performance Committee had agreed the Capital Programme for 2025/26 of circa £40m outwith the strategic build spend.
- There continued to be stakeholder engagement with Alliance members as well as local authority partners.
- Next steps would include wider engagement during Spring and Summer following approval from the Alliance.

Mrs Heslop sought clarity on the term ‘heart and lung hospital’ to which the DoEFSP advised that following a clinical request to have heart and lung services in one location, the proposal was to have Cardiothoracic services on one site at the front of the RVI.

Being mindful of the aspiration of moving services from hospitals into the community, Mrs Fitzgerald was interested to learn where the prioritisation of community estate fitted into the proposal to which the DoEFSP advised that commercial estate, disposal and optimisation of other sites was being considered.

Dr Cushing queried if this was an opportunity to future proof buildings from pandemics e.g. with Hepa filters, to which the JMD-PC advised that there were many health building

standards to comply with and it was important to consider ventilation standards against net zero, but recognised the need to incorporate what was best for both patients and staff.

The DoEFSP commented that as the specification of the build continued to be refined, contact would be with those companies who share the Trusts' values and standards to explore options.

In response to a query from Mrs Carrick in relation to the completion of the Urgent Treatment Centre the DoEFSP advised completion was expected during the Winter months.

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

ii. Wayfinding

The DoEFSP noted that work was still progressing and he would provide an update at the design stage of the project.

iii) Transplantation Update

The JMD-PC provided a verbal update and noted that the Transplantation Committee continued to work on the development of the Organ Utilisation Strategy.

Feedback from the peer review undertaken in the cardiothoracic unit was positive, complimenting the creativity of the team resulting in positive outcomes and using the latest technology available, citing the Ex vivo box as an example (which prolongs the life of an organ outside of the patient). The Trust was a 'trailblazer' in this technique with patients undergoing this surgery having been discharged and living healthy lives at home.

There was also positive feedback in relation to the support and attention to the wellbeing of staff and the outcomes of patients.

Patient lung, heart, and liver transplant assessments had increased reducing the waiting times.

The JMD-PC would provide a further update once the strategy had been finalised. [**ACTION02**].

The CXO commented that the real time survey was being extended to heart and lung transplants patients to gather patient experience information.

Mrs Stabler advised that there was a 40 year celebration of the first organ donation. Enquiries would be made to determine if Governors could also attend **[ACTION03].**

Mrs Yanez noted a national shortage of organs and questioned if this would impact on waiting list times to which the JMD-PC advised that this was correct, however it was very important to balance organ utilisation with outcomes. The ACEO added that work was ongoing to establish an Assessment and Repair Centre (ARC) for lung perfusion, the aspiration to be one of two national centres.

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

25/07 ITEMS TO RECEIVE

i) Governor Working Group (WG) Reports including:

i. Lead Governor

Mr Bower welcomed points 'b' (Governor Committee Observer Reports') and 'e' (Staff Governors) in the report.

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

ii. Quality of Patient Experience (QPE) WG

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

iii. Business and Development (B&D) WG

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

iv. People Engagement and Membership (PEM) WG

Mrs Carrick advised that that Mrs Heslop had succeeded her as new Chair of the People Engagement and Membership Working Group.

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

ii) Governor Election Update

The DTS presented the report which provide an update on the Governor Elections for Newcastle Hospitals in 2025 including the seats available, current vacancies within the Council and communications activities. She added that voting packs would be dispatched by CIVICA, the Election provider in early May 2025.

A total of 32 nominations had been received during the nomination period.

Mr Warner sought clarity on nominations for the North East constituency to which the DTS advised that there had been 2 nominations for 3 seats.

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

iii) Meeting Action log

There was one outstanding action regarding the evaluation of the Frailty Pilot in the Emergency Department which would be shared with Governors upon receipt.

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

25/08 ANY OTHER BUSINESS

i) Any other business or matters which the Governors wish to raise

No other business was discussed.

ii) Date and Time of Next Meetings:

- Private Governors Workshop – Wednesday 21 May 2025, 13:30.
- Formal Council of Governors – Wednesday 25 June, 13:30.

The meeting ended at 15:01.

GOVERNORS' ATTENDANCE – 23 APRIL 2025

	Name	Y/N
A	Tracy Armstrong	Y
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	Y
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]	Apologies
2	Mrs Catherine Heslop	Y
2	Mr Alex Holloway	N
2	Professor Philip Home	Apologies
S	Mr William Jarrett [Estates and Ancillary]	N
2	Mrs Sandra Mawdesley	Y
S	Ms Hloniphani Mpofu [Nursing & Midwifery]	N
2	Ms Linda Pepper	Apologies
2	Mr Shashir Pobbathi	Y
1	Miss Fatema Rahman	Apologies
1	Dr Chris Record	Y
S	Miss Elizabeth Rowen [Allied Health Professionals]	N
S	Mrs Poonam Singh [Nursing & Midwifery]	Y
A	Professor John Unsworth	Y
1	Dr Eric Valentine	Y
2	Dr Peter Vesey	N
2	Mr Bob Waddell	Y
A	Dr Luisa Wakeling	Y
2	Mrs Claire Watson	Y
3	Mr Michael Warner	Y
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	25 June 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 Governor meeting on 23 April 2025, including: • Informal Visits • Conferences and Events • Activity with Governors • Alliance					
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

As we approach the summer months, our focus has shifted to financial resilience and developing a robust Winter Plan, which we will discuss at our Board meeting in July.

In May the recruitment process concluded for a Shared Chair for Newcastle Hospitals, Gateshead Health NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. I was delighted to be appointed into the role. I would like to thank everyone who was involved in the recruitment exercise and who supported me during the process.

Our Governor elections also took place in May and sadly we said goodbye to some of our long-standing Governors who were unsuccessful in being re-elected. We are very grateful for their valuable contributions and dedication to the Trust. I would also like to congratulate those Governors who were successfully re-elected and to welcome all of our new governors.

I have had the privilege of speaking at several events to celebrate individual and charity successes within the Trust.

I had the honour of speaking and planting trees at two memorial tree planting events, at the Freeman Hospital and the Royal Victoria Infirmary (RVI), to remember our colleagues who have sadly chosen to end their own lives prematurely. This was part of a National Memorial Tree Campaign led by the medical Mental Health charity Doctors in Distress. The trees were planted on a small patch of grass at the front of the hospitals with a plaque in memory of all colleagues who have taken their own lives.

To support the campaign further our Executive Team have initiated a piece of work to:

- Support teams more broadly in relation to Health and Wellbeing;
- Identify a more strategic approach to learning and communications, access to support and suicide prevention; and
- Clarify the initial Trust response when notified of the death of a member of staff.

We recently celebrated 40 years since the first heart transplant was performed at the Freeman Hospital, an extraordinary milestone and a very moving event.

I have continued with my informal visits across all parts of the organisation to meet with staff. Of late I have met with Professor John Isaacs, Associate Medical Director, to talk about our research activity and explore the links between the Trust and the University. John provided an informative update at our Council of Governors workshop in May 2025. I also recently met Professor Andy Long, Vice Chancellor of Northumbria University, and we discussed the current positive collaborations between the Trust and Northumbria University, and the considerable potential for strengthening links more widely across the city. Last week I met with Professor Jonathan Wilkes, Dean of the Medical School at Sunderland University, to discuss future areas of collaboration.

This report also summarises the different engagement activities undertaken, including Alliance meetings and engagements with the Council of Governors and Members.

INFORMAL VISITS

I have continued to have informal visits over the months of April, May and June.

I was very pleased in April to be the main speaker at a Next Generation GP North East event. This programme is a fully funded leadership programme, dedicated to equipping trainees and GPs with essential skills and unleashing their potential for impactful changes. I am keen to explore ways in which the relationship between the Trust and Primary Care within the city can become much closer and more collaborative, and this session is part of a series of activities bring me close to some of the key movers and shakers within primary care in the city.

In April, I had the pleasure of introducing the event, Celebrating Your Support, A Thank you to Our Charity Partners. This was dedicated to honouring the charitable organisations that support Newcastle Hospitals and recognising their contributions. A very big thank you to all our charity partners, who provide so much important input to the work of the Trust.

In early June I visited the Molineux Centre. On my first visit I met with the Matron and Deputy Matron from the Urgent Treatment Centre. It was encouraging to meet the team and to see how hard everyone works to the keep the service successful – instructive, also to be made aware of some of the challenges that the team faces I then met with the Matron from the Chronic Disease Monitoring team and spoke with team members. I also learnt more about the wider range of community services that the Trust operates– and area of activity which I believe will become ever more important as we seek to follow the Government policy direction of moving more services from hospital into the community.

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

CONFERENCES AND EVENTS

On the 14 May 2025, I was honoured to speak to over 400 of our staff at the Nursing, Midwifery and Allied Health Professional (AHP) Conference; 'Empowering Every Voice'. Congratulations to all those who won awards at the conference.

On the same day, I gave a speech at the North East Public Sector, Sustainable Supplier event. Our Trust has been pioneering the work in seeking to ensure that organisations that supply goods and services to us develop strategies for reaching net zero emissions. The event was organised jointly by us and Newcastle City Council as we lead the process of engaging all our public sector partners in the region to combat climate change. Over 200 attendees took part in the event at the City Hall.

ACTIVITY WITH GOVERNORS

The governor elections took place in May and the results were confirmed in May.

I would like to thank Bob Waddell, David Forrester, Pam Yanez, Alex Holloway and Hloniphani Mpofu for their valuable contributions as Governors and wish them well in their future endeavours.

Congratulations also to our re-elected Governors, Judy Carrick, Dr Alexandros Dearges-Chantler, Elizabeth Rowen, Claire Watson and Peter Bower.

Welcome to our new governors, Roger Bishop, Sue Brown, David Bull, Joy Garner, Stacey Longstaff, Hugh McKendrick, Thomas Millen, Mary Thornton and Sallyann Webster. I look forward to working with each and every one of them as all of our Governors make a valuable contribution to the Trust.

I continue to work with the Governors on a formal and informal basis. A Council of Governors meeting was held in April where updates were provided on the Alliance, our Estates strategy, commercial strategy developments and the Transplantation Committee. At our Governor Workshop in May updates we discussed maternity services, research activities and Data Partnerships. There are also regular informal drop-in sessions for the Governors and I to discuss key topics. It is great to engage with our Governors at these very informative sessions.

A Quality of Patient Experience Working Group was held in June, where catering and nutrition was discussed.

At the People, Engagement and Membership Working Group Meeting in June, updates were given on Membership Data and Engagement Groups, governors will also be volunteering at Pride. At the Business and Development Working Group the draft Innovation Strategy was presented for consultation and feedback and a presentation was given on Clinical Research.

ALLIANCE

In early April 2025, an event took place for Governors across the Alliance. This provided both an opportunity for Governors to learn more about each of the organisations within the Alliance and allowed our Governors to build networks with fellow Governors across the Alliance.

I attended the Alliance Joint Committee meetings in May and June, topics discussed included finance, research, innovation and digital. I also attended the Alliance Steering Group in May and June 2025. We report in regularly to our Public Board, and to governors, on progress with the Alliance – the momentum for joint working continues apace, and each month we can see more evidence of positive outcomes from the collaborative work that we have initiated.

OTHER MEETINGS

On a monthly basis I meet with the Chair, CEO and senior officers of the Integrated Care Board (ICB), along with other FT Chairs, to discuss issues of common interest. Latterly the national changes have been one of the main topics, as we all seek to understand the

changing roles of the ICB, NHS England's regional offices, and indeed CQC. The kaleidoscope is turning around us – we have the opportunity to influence where the pieces will land when the turning stops, and I am seeking to ensure that the trust's voice is influential within the Alliance and within the wider region as we consider how different functions might be undertaken in the future. We speak often also about the financial situation – the NHS as a whole is facing real financial challenges this year, and it is crucial that each trust is able to ensure that they come in on their budget target.

I am an occasional attender at national events, to input to some of the big national discussions currently under way. We are awaiting the publication of the Government's Ten Year Plan in July, and one consolation of having seconded our CEO to run NHS England is we are quite well connected into some of the really important discussions that are taking place that could shape all our futures.

I also serve on the Board of Net Zero North East England – a group that I felt to found, that is now joint chaired by the Mayor of the North East Combined Authority (NECA) Kim McGuiness. They are strongly pushing an agenda for our region to decarbonise our power, become a major national force in creating renewable energy, and becoming England's greenest region. They supported our bid to the Government's Public Sector Decarbonisation Fund which has released a sum of £40M to support our work to decarbonise the power system at the Freeman and elsewhere. Newcastle Trust has always been at the vanguard of pushing for the greening of the NHS, and we can be proud of the impact that we are having.

I represent the NHS on the North East Child Poverty Commission, which provides us with a means of seeking to influence the Government's Child Poverty Strategy, which is now expected in the autumn. We all know that poverty represents one of the root causes of much of childhood ill health, and indeed impacts on the future health of the adult population – the more we can impact on these social determinants of health, the less pressure in the future we will see at the doors of our ED and our outpatients.

RECOMMENDATION

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

Report of Sir Paul Ennals
Interim Shared Chair
12 June 2025

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Agenda item 5

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	25 June 2025		
Title	HIV Confident 2024 Staff Survey Results and Next Steps		
Report of	Dr Kate Reilly (Clinical Psychologist), Sally Mundill (Assistant Psychologist)		
Prepared by	Dr Kate Reilly (Clinical Psychologist), Sally Mundill (Assistant Psychologist)		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☒	☐	☐
Summary	The biggest barrier to people living well with HIV in 2025 is stigma. We have a responsibility to have a well-informed workforce and, as a large local employer, this also goes a long way to changing minds and shaping attitudes for the general population locally. Newcastle Hospitals has pioneered HIV Confident work by being the first pilot site to take part in this scheme outside London. Launched jointly by National AIDS Trust, Positively UK and Fast Track Cities, HIV Confident aims to reduce HIV stigma through increasing staff knowledge about HIV, improving employee attitudes towards people living with HIV and providing people living with HIV a way to report any stigma or discrimination they experience. HIV Confident members make a commitment to ensure that people living with HIV can access their services and work for them without fear of discrimination. As part of the Trust's engagement with the HIV Confident pilot, we have conducted a survey of staff knowledge and attitudes around HIV, with a fantastic 902 respondents. The results evidence gaps in knowledge around what HIV is, how it affects people, how it is transmitted and what precautions are needed to care for people living with HIV. Staff felt that, whilst they wanted to be confident and inclusive when treating patients living with HIV, they had not received necessary training. The survey has highlighted how staff feel they may be unintentionally discriminating against people living with HIV because of this. These results are in keeping with other Trusts within the HIV Confident pilot, and indeed with the findings of the European Centre for Disease Prevention and Control (ECDC) survey of healthcare staff within Europe and Central Asia. The survey also validates the experiences and perceptions of stigma in healthcare reported by people living with HIV in the UK's 2022 Positive Voices survey. These results show that we have a need to educate our staff so they are knowledgeable and informed providers of care, and empowering colleagues, to those living with HIV. The purpose of this report is to brief Governors on the work being undertaken within Newcastle Hospitals to reduce HIV stigma and raise awareness of this important topic.		
Recommendation	We plan to discuss the following recommendations with the Executive Team for action: a) The rollout of a robust communication strategy to promote survey findings, and raise awareness of the 20-minute HIV Confident e-Learning and the HIV stigma reporting mechanism that we have developed;		

	b) The mandating of the HIV Confident e-Learning in departments where HIV stigma is reported; and c) The HIV Confident e-Learning be made a standard part of the induction for new staff.					
Links to Strategic Objectives	Not applicable.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	Not applicable.					
Reports previously considered by	New Report.					

HIV CONFIDENT STAFF SURVEY RESULTS 2024

1. INTRODUCTION

The pilot of the HIV Confident staff survey was conducted within four NHS Trusts and three GP practices from June to September 2024. As far as possible the survey was promoted to all staff, and it was completed on a self-selection basis. In total, 1,454 people engaged with the survey; a fantastic 902 of those were from Newcastle Hospitals. This wider data set has gone on to be effectively used to make the case for HIV awareness training across the NHS.

The survey was open to both clinical and non-clinical staff. Non-clinical staff had the option to skip questions that they felt did not apply to them, and for some questions there was an option to reply, 'not applicable'. When the results for all survey responses are compared with the results for clinical roles only, there are no significant differences in the spread of responses. This report uses the full data set from the Newcastle upon Tyne Hospitals NHS Foundation Trust.

(For a full breakdown of who completed the survey by staff role please see **Appendix A**).

2. HIV KNOWLEDGE

The survey identified a gap in knowledge in relation to U=U messaging, Pre-Exposure Prophylaxis (PEP), and transmission routes.

2.1 U=U

(Undetectable = untransmissible; the knowledge that when someone's viral load is undetectable due to adherence to medicines, then they cannot pass on their virus).

Over 18% of respondents disagreed in some way with a statement that being on treatment and having an undetectable viral load meant that a person living with HIV would not pass on HIV through sex, with a further 20% saying that they did not know.

2.2 PEP

Nearly 30% of respondents did not know that PEP can help prevent the acquisition of the virus after a possible exposure.

62% of respondents did not know that the guidance is not to take PEP following a needlestick injury involving a patient with an undetectable viral load.

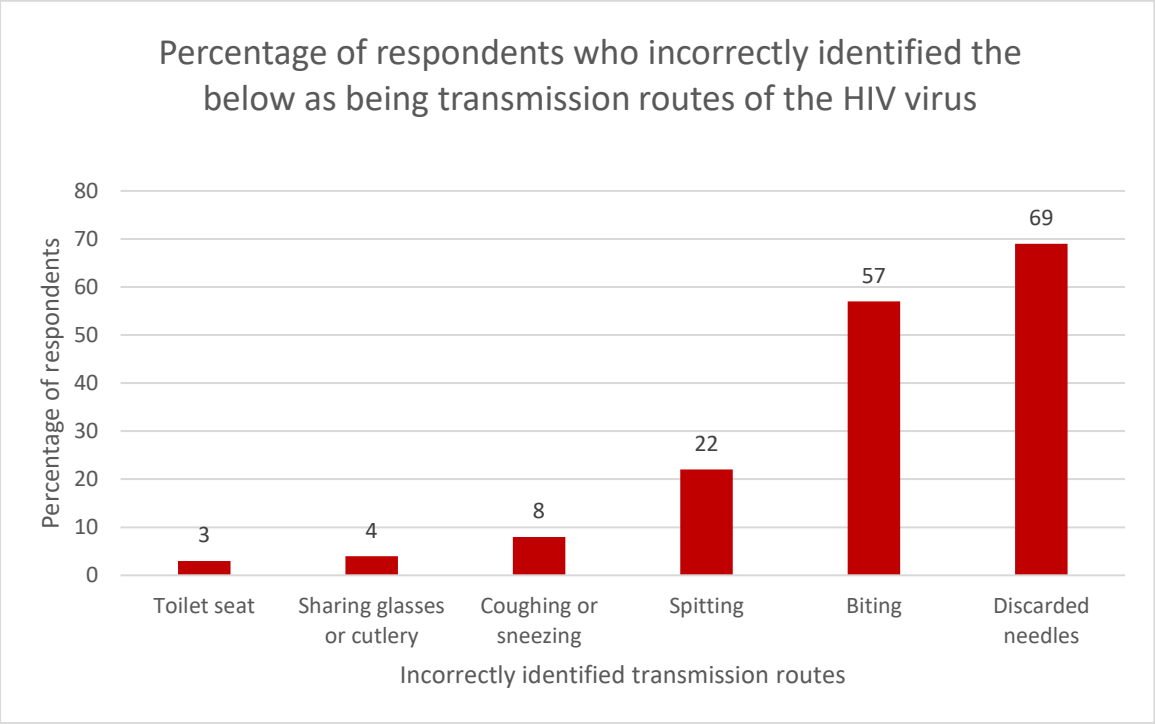
2.3 Vertical Transmission

33% of people did not know that a person living with HIV can have children who are negative, with 2% disagreeing entirely that this can happen.

2.4 Transmission Routes

Where an individual has a detectable viral load, most respondents were able to identify known transmission routes; however, respondents incorrectly identified a number of others, as illustrated in Graph 1 below.

Graph 1



3. HIV ATTITUDES AND BEHAVIOURS

The survey results highlighted a level of fear amongst staff about the risks of transmission. This led to a significant number of staff believing they needed to use unnecessary additional infection control measures, which could constitute unlawful discrimination. There were also a high number of staff members who did not feel people living with HIV should have the right to withhold their HIV diagnosis from medical professionals if they chose to.

Over 3% of respondents agreed to some degree with a statement that 'people acquire HIV because they engage in irresponsible behaviours with a further 9% neither agreeing nor disagreeing. Only 21% of people agreed to some degree that people living with HIV are treated fairly in the healthcare system, with 14% neither agreeing or disagreeing and 22% responding that they did not know.

4. TRANSMISSION FEARS

12% responded that they would feel at risk of acquiring HIV if they were looking after someone with HIV, with a further 12% neither agreeing nor disagreeing. 48% of respondents said that they would be worried to some degree about HIV if drawing blood from a person living with HIV; over 3% being very worried. Dressing the wounds of a person living with HIV had similar responses and around 3% of people had some degree of worry shaking hands, touching the clothing, and taking the temperature of a person living with HIV.

5. INFECTION CONTROL AND PATIENT CONFIDENTIALITY

39% of respondents felt that staff should take extra precautions above and beyond standard infection control measures when caring for a patient living with HIV, with 8% responding that they did not know. 21% of respondents said that staff should arrange additional cleaning of rooms following the care of an individual living with HIV, with a further 21% saying they did not know if this was necessary. 3% responded that a patient living with HIV should be cared for in a separate part of the building, 23% identified a need to wear gloves for all aspects of care, 23% identifying that double gloving would be necessary in some cases and 16% saying that there was a need for additional PPE. In each instance, a further 7-16% said that they did not know.

47% responded that staff should let other care workers know about a patient's HIV status via notes and another 29% responding that that should also be done verbally with an average of 19% saying that they did not know. 53% of respondents disagreed that people living with HIV should have the right to withhold their HIV diagnosis from medical professionals if they choose to.

6. CONFIDENCE

The survey identifies a lack of confidence amongst staff in relation to HIV. 44% expressed a lack of confidence in their knowledge and awareness of HIV with 20% saying that they would not feel confident to continue a conversation with a person who they worked with or cared for who told them that they were living with HIV. 12% of respondents identified a lack of confidence in proceeding with the care of a person living with HIV, with a similar number lacking confidence to contribute to an HIV inclusive culture.

4% of respondents had observed an unwillingness to care for people living with HIV at some point and a poorer quality of care being provided. 10% had heard discriminatory remarks, nearly 2% on several occasions. 21% did not agree with a statement that they would know what to do if they witnessed stigmatising or discriminatory behaviour.

7. WIDER CONTEXT

Several of the questions in this survey were the same, or similar, to those in the recent European Centre for Disease Prevention and Control survey of healthcare staff, which was conducted across Europe and Central Asia. That survey had a total of 18,438 respondents across 52 countries with 1,569 respondents from the UK. Knowledge of U=U was similar in both the ECDC and the Newcastle Hospitals cohort at around 60%, and knowledge of PEP was also similar at around 57%.

Concerns about transmission were slightly higher in the Newcastle Hospitals cohort with 43% of respondents not being worried about dressing the wounds of an individual living with HIV compared to 47% for ECDC. For drawing blood, the results were 38% not worried in the Newcastle Hospitals cohort and 44% for ECDC.

In the ECDC report 8% of respondents said that they would avoid all physical contact with a

person living with HIV, whereas in the Newcastle Hospitals cohort only 1 person was of this view (0.1%), with just under 4% saying that they did not know. For wearing double gloves, in the Newcastle Hospitals cohort 23% said that they would double glove, with a further 13% saying they did not know, compared to 26% who would double glove in the ECDC survey, where 'do not know' was not an option.

The HIV Confident survey also validates the perceptions of stigma in healthcare identified by people living with HIV in the UK, as shown in the 2022 Positive Voices survey, where 5.8% of respondents reported not being treated well in Healthcare, 9% had heard staff gossiping about their HIV status, 10% reported that they had been refused healthcare at some point because of their status, and 7% of respondents living with HIV said they had not accessed healthcare, even when they needed it.

8. NEXT STEPS

Newcastle Hospitals aims to shortly achieve HIV Confident status through completion of the following steps:

8.1 Policy Review

We are now actively reviewing policies that impact staff or patients living with HIV, including employment and recruitment policies, and infection control and data protection policies. The review process ensures that healthcare providers are aligned with legislation and NHS guidance and, where appropriate, further good practice guidelines.

8.2 HIV Confident eLearning

A short 20minute module of eLearning has been made available to all staff on Learning Lab to address the knowledge, attitudes and confidence issues identified above, to challenge stigmatising and discriminatory behaviour and build confidence. The package is excellent; engaging, up to date and led by stories of people living with HIV. In the pilot of 82 clinical and non-clinical staff across three GP practices agreement with a statement about U=U improved from a 70% average agreement to 95% by the end of the training. A statement about not needing to take extra precautions when caring for patients living with HIV saw agreement increase from 64% to 92%, and staff's confidence to create a stigma-free environment improved from 79% on average to 92%. Almost all of those who did the training would recommend it to a colleague and the majority rated the training as excellent against each of the learning outcomes.

93 Newcastle Hospitals staff have undertaken the training so far without any publicity and the feedback has been overwhelmingly positive. One Newcastle Hospitals learner wrote, "I would really recommend people complete the HIV Confident Training even if you don't come into contact with people living with HIV as part of your role because you never know who could be affected by HIV. It's such a brilliant training session and possibly one of the best e-learning sessions I've done."

We took our request to the Learning and Education Group (LEG) for the HIV Confident package to be mandated for all healthcare staff (clinical and non-clinical) on a three year repeat. They rightly highlighted the wider challenge of encouraging engagement with

mandatory training and suggested we initially concentrate on promoting the training and that making it mandatory can be revisited in future. This will remain important as there is national guidance that recommends that HIV training should be a mandatory requirement for healthcare staff as a core part of tackling stigma and barriers to HIV prevention, testing, treatment, retention in care and wellbeing of people living with HIV (HIV Action Plan, Dept of Health and Social Care, 2021) and other NHS Trusts have already acted on this.

8.3 Stigma Reporting Mechanism

Together with our Executive Sponsor and HIV Confident Champion Annie Laverty, we have developed a stigma reporting mechanism for any patient or staff who have witnessed or experienced HIV stigma that reports straight into Annie's team.

9. RECOMMENDATIONS

We plan to discuss the following recommendations with the Executive Team for action:

a) The rollout of a robust communication strategy to promote survey findings, and raise awareness of the 20-minute HIV Confident e-Learning and the HIV stigma reporting mechanism that we have developed;
b) The mandating of the HIV Confident e-Learning in departments where HIV stigma is reported; and
c) The HIV Confident e-Learning be made a standard part of the induction for new staff.

Report of Kate Reilly & Sally Mundill
Clinical Psychologist & Assistant Psychologist
10 June 2025

Appendix A: breakdown of staff roles who completed the survey

The breakdown of staff roles was as follows:

Admin/management	21.51%	194
Housekeeping	0.67%	6
Porter	0.00%	0
Orderly	0.11%	1
Doctor	5.88%	53
Nurse	20.07%	181
Psychologist	4.32%	39
Healthcare Assistant	8.09%	73
Pharmacist	7.43%	67
Dentist	0.44%	4
Occupational or physical therapist	6.77%	61
Dietitian	0.33%	3
Technician	4.99%	45
Radiographer/Radiotherapist	2.44%	22
Medical Student	0.11%	1
Nursing student	0.55%	5
Other[1] (please specify)	16.30%	147

[1] 91 of those identifying as 'other' specified roles that are understood to be patient facing.

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Agenda item 6

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Newcastle Hospitals Charity

Going further for our hospitals

Council of Governors
25 June 2025

Healthcare at its best
with people at our heart

Introduction

1. **Overview**
   - Background
   - Regulatory environment
   - Governance
2. **NHS Charity Benchmarking**
3. **Newcastle Hospitals (NHC) Charity Strategy to 2026**
   - Mission, aims, milestones
   - Financial performance
   - Impact 2024/25
4. **Situational analysis**
5. **Current and future priorities**
6. **Questions and discussion**

Background

1. **Foundations date back to 1886**
2. **One NHS Charity registered and regulated by the Charity Commission**
3. **Newcastle Hospitals is sole beneficiary, and charitable objects (as registered)**

*FOR ANY **CHARITABLE PURPOSE OR PURPOSES** RELATING TO THE NATIONAL HEALTH SERVICE OR TO GENERAL OR SPECIFIC PURPOSES OF THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST*

4. **Two restricted funds, circa 240 designated funds**
5. **Founding member of NHS Charities Together**

Healthcare at its best
with people at our heart

Regulatory environment

Department of Health & Social Care

CHARITY COMMISSION FOR ENGLAND AND WALES

HM Revenue & Customs

Daily Mail

FR

ico. Information Commissioner's Office

The Corporate Trustee

The Newcastle upon Tyne Hospitals NHS Foundation Trust

CHARITY COMMISSION (REGULATOR)
Regulates all charities in England and Wales to ensure that the public can support registered charities with confidence. Issues 'connected charities' guidance and checklist for Corporate Trustees, to ensure independence of decision making for charity business

CORPORATE TRUSTEE
Newcastle Hospitals Board of Directors as an **entity** of the Foundation Trust
(not individual members of the Board or staff)

CHARITY COMMITTEE
Sub-committee of Trust Board
Delegated decision maker

CHARITY TEAM
Strategic and operational responsibility for Charity (accountable to Trustee and regulators)

ADVISORY COMMITTEES
Advise / recommend on use of restricted funds (e.g. Sir Bobby Robson Foundation; Great North Children's Hospital (GNCH))

Duties of the Trustee

The Essential Trustee CC3, Charity Commission

NHS Charity Benchmarking

The Newcastle upon Tyne Hospitals NHS Foundation Trust

NHS charities benchmarking group (comparable size / turnover of connected NHS Trust) 2023-2024

Charity	Total Income £000s	Total operating costs [1] £000s	Direct income generating costs [2] [4] £000s	Total no of staff	Volunteering staff	Arts staff	Total operating costs as % of income	Income generation costs as % of income	Funding committed £000s	Governance Model [3]
Newcastle Hospitals Charity	6,121	1,832	904 [4]	23	4	4	30%	15%	5,926	CT
Addenbrooke's Charitable Trust	11,221	2,250	2,247	44	0	0	20%	20%	3,248	IB
Manchester University NHS Charity	5,549	2,441	1,971	30	0	0	44%	36%	5,132	CT
University Hospitals Birmingham Charity	5,163	1,496	1,156	26	0	0	29%	22%	4,616	IB
Oxford Hospitals Charity	6,490	2,714	740	27	0	1	42%	11%	2,551	IB
CW+ (Chelsea and Westminster)	14,130	2,727	1,277	28	0	4	19%	9%	4,408	IB
Bristol & Weston Hospitals Charity	3,267	2,548	1,412	28	0	0	78%	43%	1,162	IB
Sheffield Hospitals Charity	2,786	1,203	878	15	0	0	43%	32%	1,452	IB
King's College Hospital Charity	4,658	3,292	2,599	24	0	0	71%	56%	2,464	IB
Imperial Health Charity	7,195	4,225	1,008	42	12	6	59%	14%	4,360	IB
Average	**6,658**	**2,473**	**1,419**	**29**			**43%**		**3,532**	

[1] Total operational and governance costs e.g. staffing (finance; volunteering; grants; arts etc) systems; accommodation; bank charges; auditor fees etc
[2] Costs specifically attributed to generating funds including fundraising staff; charity systems; marketing and publicity
[3] Corporate Trustee (CT) or Independent Board (IB)
[4] includes £410k of retail stock purchasing

Charity Strategy to 2026

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Going Further for our Hospitals…

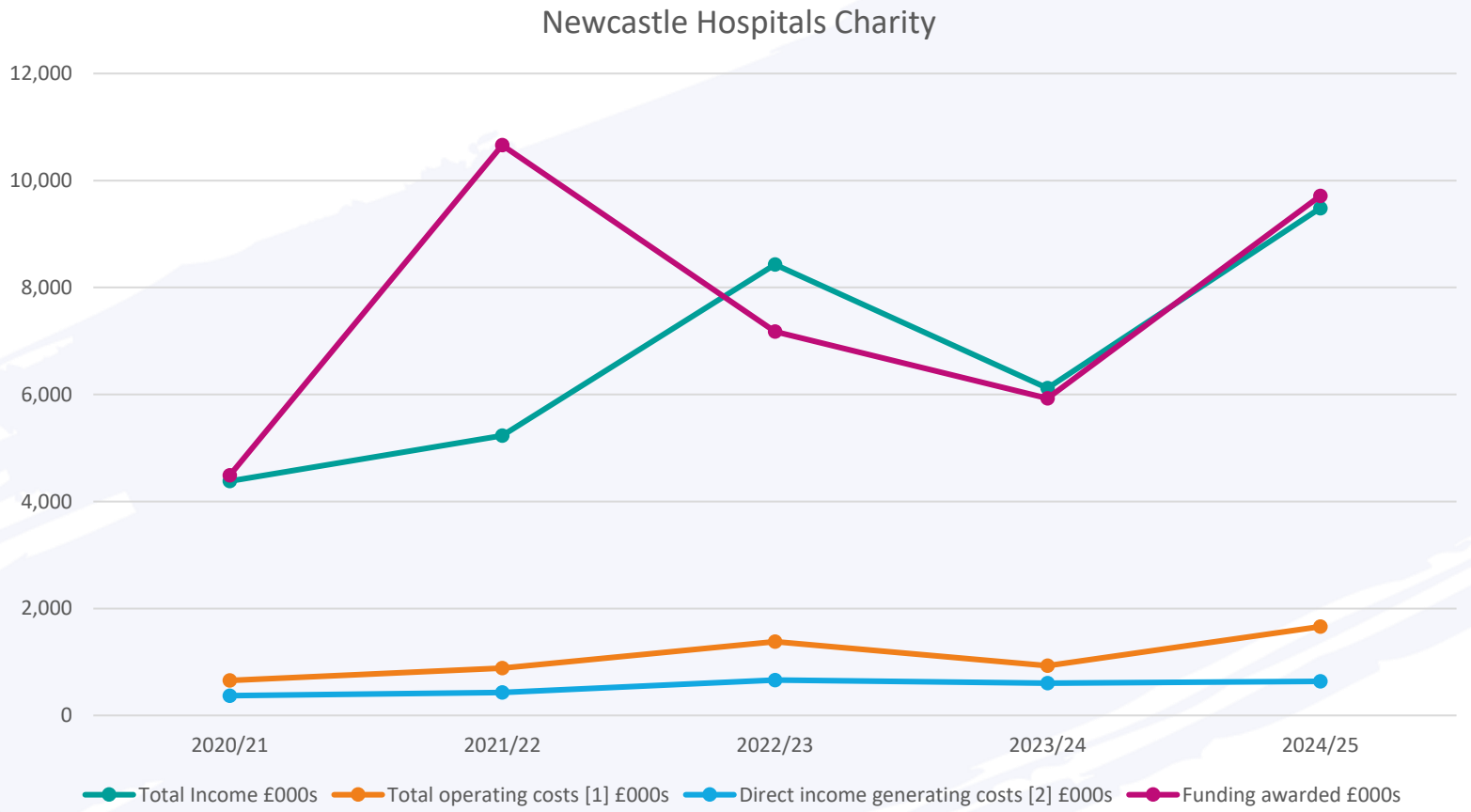
…an enabler to improving the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals, providing support for compassionate and innovative healthcare, education and research, locally and nationally

Goals		
Improve the patient and visitor experience, enhancing care for patients and the wider community	Improve staff health, wellbeing and development	Tackle health inequalities and key health issues for our region and nationally

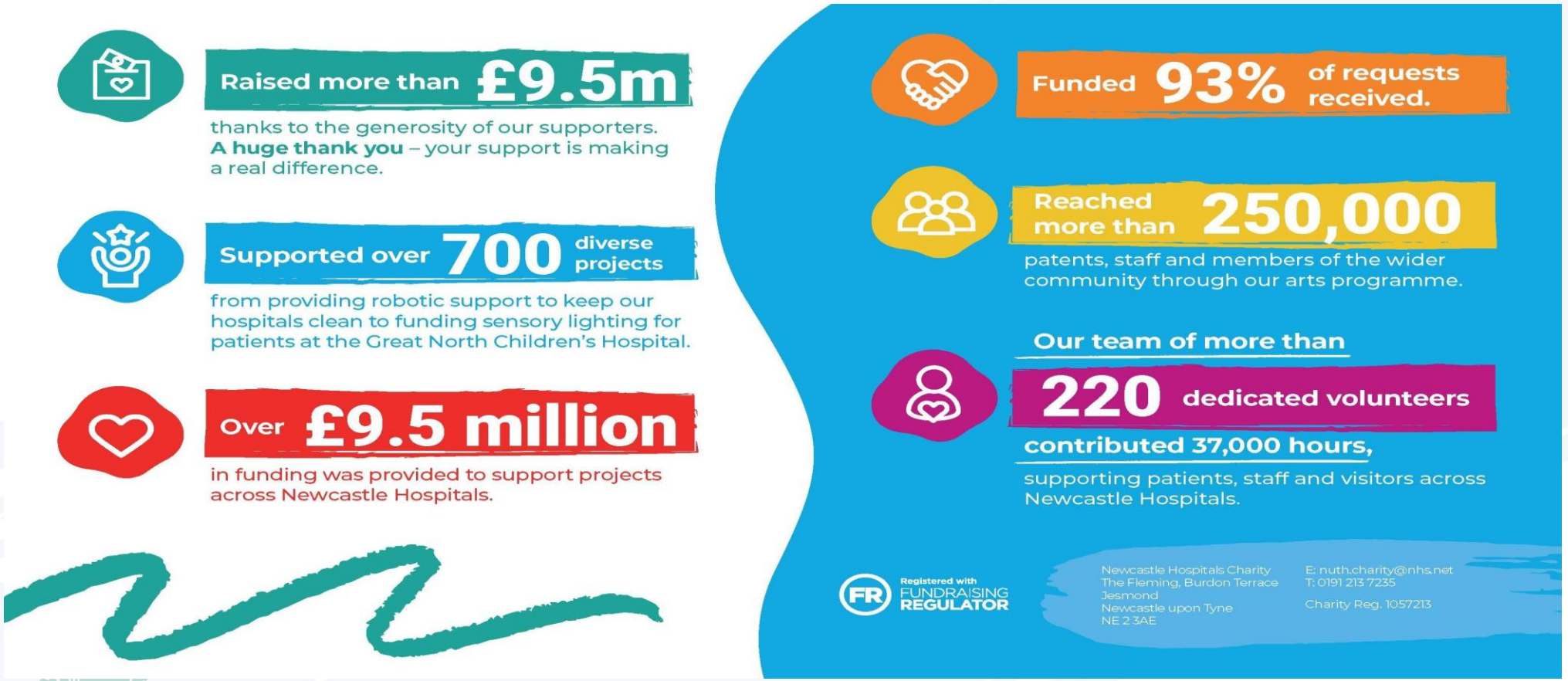
Strategic Aims				
Aim 1: Enhance the patient experience and environment	**Aim 2:** Support the health, wellbeing and professional development of the staff of Newcastle Hospitals	**Aim 3:** Fund major developments and health related clinical research and innovation	**Aim 4:** Develop place-based partnerships to tackle health inequalities and to create healthier communities	**Aim 5:** Be a trusted charity partner with connected and engaged supporters and volunteers

Charity Strategy Milestones

Financial Performance: 2021 - 2025



Charity impact 2024/25



Situational analysis

Strengths

- Recognised and trusted brand
- Loyal donor base
- Steady growth of income
- Dedicated volunteer base
- Nationally leading arts programme

Weaknesses

- Bureaucracy and red tape (limits flexibility and diversification)
- Limited access to technology
- Disengaged NHS staff
- Rising cost base
- Lack of visibility

Opportunities

- Public experience / interest in health
- Emerging Trust priorities e.g. capital plan
- NHS charity collaboration
- Diversification of income streams e.g. earned income; national and international philanthropy

Threats

- Economic environment
- Competition from other charities (locally and nationally)
- Workforce shortages
- Increased demand for charity funds

Current and future priorities

1. **Charity Strategy beyond 2026**

2. **Strategic fundraising and funding**
   - Sir Bobby Robson Institute (SBRI) - £30m goal; £9m to raise by 2026/27
   - 2 to 5 year view for strategic fundraising aligned to Trust priorities e.g. capital; technology; community health / health inequity; employee wellbeing; innovation; piloting system change
   - Capital spend, hospital environment and equipment (reduces Capital Departmental Expenditure Limit (CDEL)/VAT; tangible; visible long term e.g. Sir Bobby Robson Institute)
   - Collaboration with other charities across Integrated Care Board (ICB)/Alliance

3. **Income diversification**
   - Earned / trading income
   - National and international philanthropy

4. **Volunteering**
   - Strengthen relationships with volunteer base; diversify volunteer base
   - Strategic alignment e.g. discharge; waiting well; first responders; link to recruitment / apprenticeships
   - Funding opportunities linked to new ways of working

Thank You
Questions and discussion

Agenda item 7

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Cancer & Diagnostics Update
Council of Governors

25 June 2025

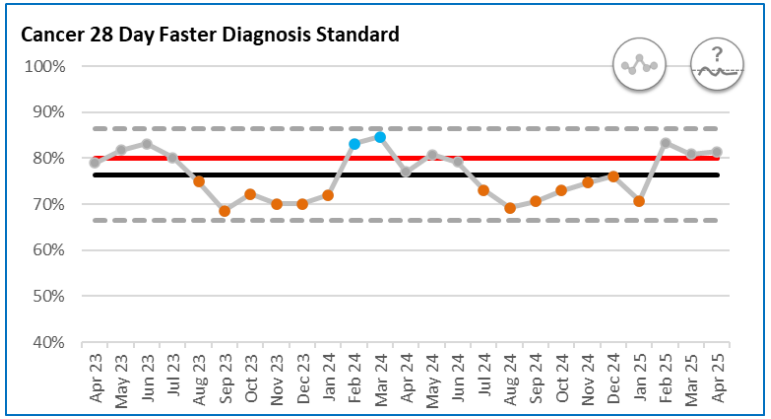
Healthcare at its best
with people at our heart

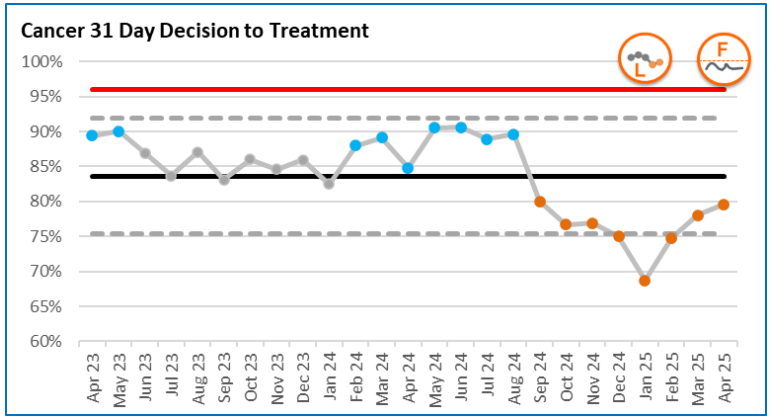
Cancer Care

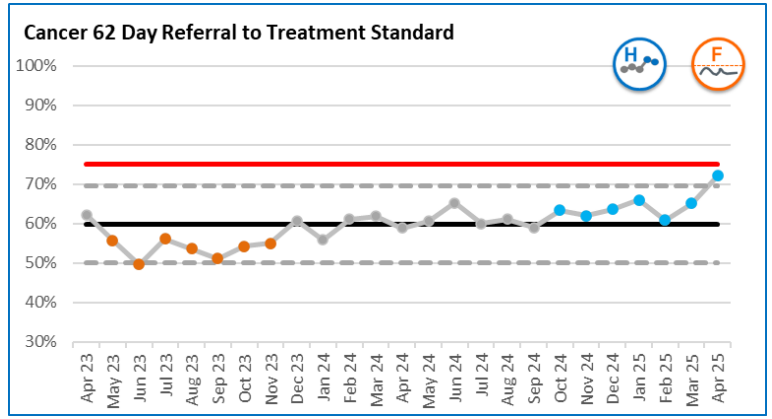
- 28-day Faster Diagnosis standard (FDS) is **80%** by March 2026.
- 31-day Decision to Treatment standard is 96%.
- 62-day Referral to Treatment target is **75%** by March 2026.

- Continued improvement compared to historic levels of performance.
- Action plans being monitored through internal performance management arrangements including Finance & Performance (F&P) Committee.
- Positive feedback from NHS England and the Integrated Care Board (ICB) on progress.
- Relative performance compared to other Trusts has also improved.

April 2025 performance: **81.4%** 28 Day FDS, **79.6%** 31 Day, **72.2%** 62 Day.
Provisional May 2025 performance: **77.9%** 28 Day FDS, **76.5%** 31 Day, **69.6%** 62 Day.







28 Day FDS by Tumour Group (Apr-25)			
Brain/CNS	N/A	Lung	72.7%
Breast	95.6%	Other	100%
Breast Symptoms	65.5%	Sarcoma	90.0%
Children's	83.3%	Skin	82.5%
Gynae	79.3%	Testicular	100%
Haem	100%	Upper GI	79.5%
Head & Neck	85.9%	Urological	78.8%
Lower GI	61.8%	**Total**	**81.4%**

62 Day Treatment by Tumour Group (Apr-25)			
Brain/CNS	88.2%	Other	83.3%
Breast	95.1%	Sarcoma	100%
Gynae	77.8%	Skin	90.2%
Haem	86.7%	Testicular	100%
Head & Neck	75.8%	Upper GI	40.9%
Lower GI	55.3%	Urological	56.5%
Lung	49.6%	**Total**	**72.2%**

28 Day FDS – April

Rank	Organisation	Performance
1	BOLTON NHS FOUNDATION TRUST	88.4%
2	WALSALL HEALTHCARE NHS TRUST	87.4%
3	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	86.9%
4	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	85.8%
5	WEST HERTFORDSHIRE TEACHING HOSPITALS NHS TRUST	84.7%
6	KINGSTON HOSPITAL NHS FOUNDATION TRUST	84.7%
7	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	84.6%
8	THE DUDLEY GROUP NHS FOUNDATION TRUST	84.6%
9	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	84.3%
10	ISLE OF WIGHT NHS TRUST	84.0%
22	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	**81.4%**

Climbed 24 places compared to March

62 Day Cancer – April

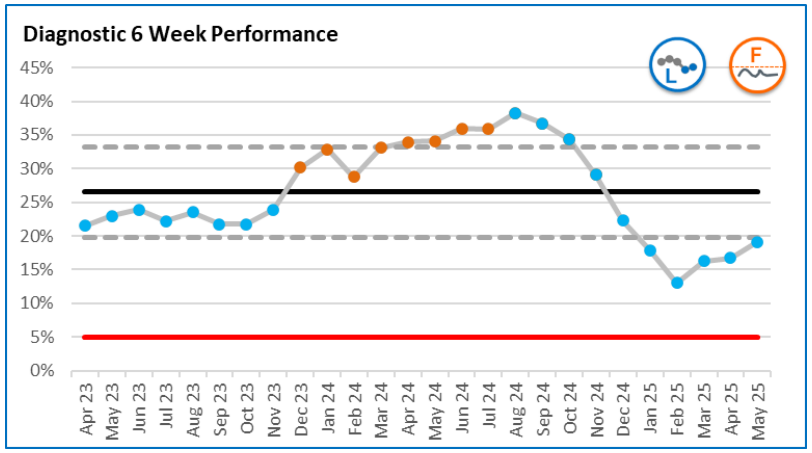
Rank	Organisation	Performance
1	EAST AND NORTH HERTFORDSHIRE NHS TRUST	88.9%
2	BOLTON NHS FOUNDATION TRUST	86.8%
3	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	86.5%
4	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	85.7%
5	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	85.7%
6	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	85.4%
7	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	85.1%
8	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	84.8%
9	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	84.2%
10	WEST SUFFOLK NHS FOUNDATION TRUST	83.7%
58	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	72.2%

Up 38 places compared to March

Diagnostics

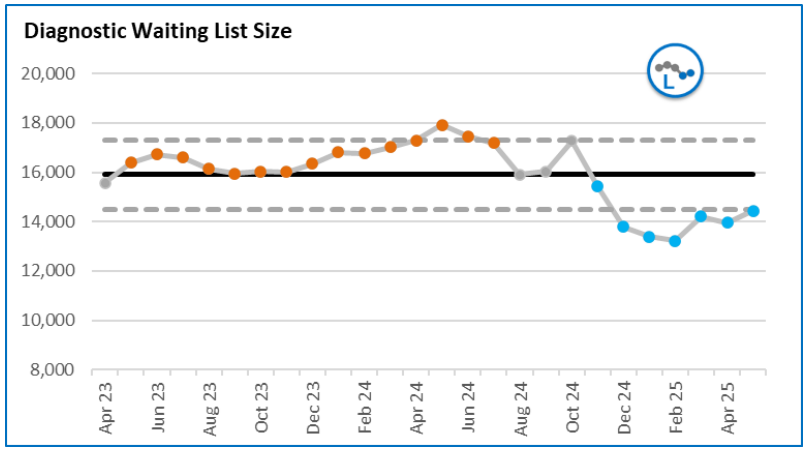
- No more than **5%** of patients waiting longer than 6 weeks for their diagnostics test.

- Whist there is overall improvement compared to last year, there are some areas for concern.
- Recovery plans requested from those diagnostic modalities that have seen performance deterioration in recent months.
- Greater scrutiny through the Trust wide Diagnostic Improvement Group.

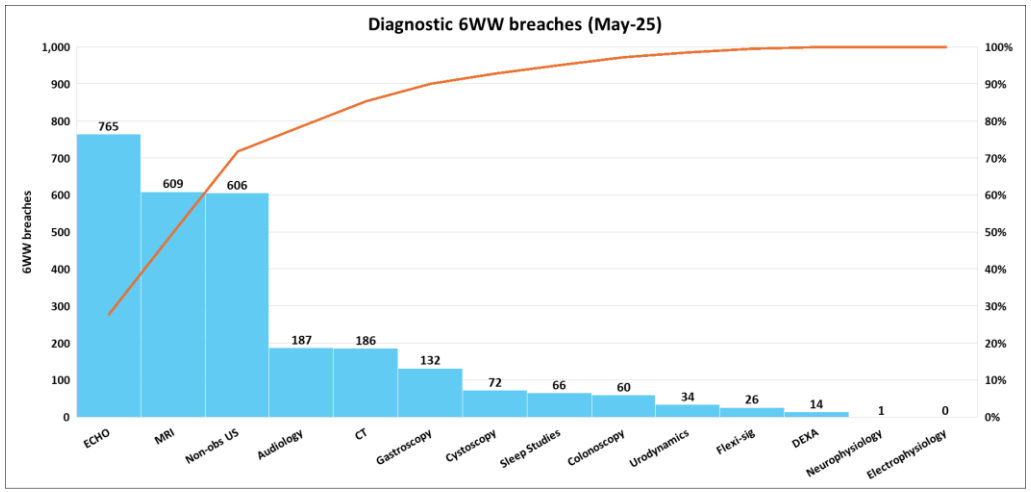


May 2025 performance:

19.1% > 6 weeks



Six-week standard by Modality (May-25)			
MRI	21.0%	Neurophysiology	0.5%
CT	10.4%	Sleep Studies	77.6%
Non-Obs US	11.4%	Urodynamics	44.7%
Barium Enema	N/A	Colonoscopy	17.2%
DEXA	3.1%	Flexi-sigmoidoscopy	14.4%
Audiology	16.3%	Cystoscopy	26.9%
ECHO	65.6%	Gastroscopy	27.7%
Electrophysiology	0%	**Total**	**19.1%**



Diagnostic 6 week standard – April (latest data available)

Rank	Organisation	Performance	Total Waiting List
1	THE ROTHERHAM NHS FOUNDATION TRUST	0.6%	5,591
2	MID YORKSHIRE TEACHING NHS TRUST	0.6%	9,852
3	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	0.8%	12,711
4	NORTH BRISTOL NHS TRUST	0.8%	11,312
5	AIREDALE NHS FOUNDATION TRUST	1.1%	3,862
6	EAST LANCASHIRE HOSPITALS NHS TRUST	1.5%	11,759
7	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	1.6%	3,153
8	DARTFORD AND GRAVESHAM NHS TRUST	1.8%	7,950
9	THE ROYAL WOLVERHAMPTON NHS TRUST	3.0%	11,049
10	HAMPSHIRE AND ISLE OF WIGHT HEALTHCARE NHS FOUNDATION TRUST	3.8%	3,082
59	**The Newcastle Upon Tyne Hospitals NHS Foundation Trust**	**16.7%**	**13,893**

Climbed 20 places compared to March

Agenda item 8(i)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	25 June 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 Formal Council of Governors meeting on 23 April 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:

Since the formal Council of Governors meeting on 23 April 2025, here are the matters brought forward on behalf of governors and their constituents:

1. Improving engagement with non-executive directors: I can confirm that as agreed at the March Council of Governors, the proposal to ring-fence time at the Council of Governors workshop for an in-depth discussion with Non-Executive Directors (NEDs) has been arranged. Going forwards the arrangement is as follows:

- Each workshop will have two themes which will be linked to the Board Committees therefore the NED Chair of the associated Committees will attend that particular workshop. Three NEDs will attend each workshop on rotation.
- Each NED will illustrate the actions they take and the kind of questions and follow-up they use to seek assurance and provide challenge, using key examples. They will also take questions. As we complete the cycle of NEDs, all governors - not just those observing committees – will be able to see how our NEDs work and will be more able to feed back in the annual appraisal process.

  Governors should also see the design of governance in action, cementing our own place within this system. Please feedback to ensure continuing improvement.

2. Meeting Schedule: I can confirm that the new meeting pattern begins in June 2025. We will have an Informal Governor meeting on 12 June 2025 and on 1 July 2025, Sir Paul will host a drop-in session. Further, there has been considerable work to ensure that workshops are different from business meetings and the time for questioning at the May workshop was the first step in ensuring this interactive workshop model continues.

3. Cancer and diagnostic delays: will as requested, form a major item in June's Council of Governors. Corridor care has been scheduled for later in the year after the internal review is complete.

4. Staff mental health: was raised with Mr Bernie McCardle at the Patient, Engagement and Membership (PEM) Working Group (WG) in May and I can confirm that the hospital charity is funding a start-up of the new mental health support offer for staff. It will supply data for the business case which is due by the end of the year so that there will be a sustainable programme. The model proposed works on the pyramid pattern, with support for most available generally from a broad base programme and becoming more intensive and selective as you move to the apex of the pyramid, offering degrees of support as needed by individuals accessing help. Male mental health is a specific element of a pilot that is being considered to improve mental health and will be supported from the staff end by Paul Hanson, Director of Estates, Facilities and Strategic Partnerships.

5. Shared chair selection: a rigorous search for a substantive Shared Chair is now complete and all three current Alliance Trusts have agreed to appoint Sir Paul Ennals. This was a governor-led process and the governors at the interview panel were unanimous in their choice.

6. Improved induction for new governors: Thank you to all who have contributed ideas. The new governor handbook is now ready in its first iteration in time for the Induction on 18 June 2025. Thanks are due to Kelly Jupp, Trust Secretary and Lauren Thompson, Corporate Governance Manager/Deputy Trust Secretary who helped me so much in production. Kelly is reviewing the induction slides and, with the handbook as an aide-memoire, new governors should have a substantial benefit. Please forward comments if you read this handbook in the Reading Room. As an online resource, it can be updated, and more visual material will certainly be included.

7. Alliance: Dates are being agreed for a meeting of Lead Governors for all 4 Great North Healthcare Alliance Trusts. I intend to propose, on your behalf, that there is scheduled a meeting several times each year for the Lead Governors to meet with the Vice Chairs and Shared Chair to discuss shared issues and to see what problems are local and those which we share. I will also propose at least one shared members' event per year and sharing material for newsletters. Communication will be started to bring people along with us in further sharing. Please send ideas and comments to me. Thank you.

8. Lead Governor email box: A member used the email box this month to raise an issue about Audiology; this issue was quickly resolved and we have received thanks from the member. This shows that the system works if people know how to access it.

9. Civility and WhatsApp: were discussed at the Informal Governors meeting in May and would remind governors that after a full and open discussion, we decided to revisit these issues after the election. Please consider how you wish to proceed.

10. Observer reports: listed at the end of this report are the themes and matters that all governors should see and which form the final part of the Observers Reports. They are collated here for your convenience. I hope they will be taken forward, either by working groups or by updates for all governors at formal Council of Governors meetings.

11. Traffic and building disruption: remain ongoing concerns. The temporary access problems on the Richardson Road end of our estate were discussed with some security staff and matters have been raised as appropriate.

12. In this period, I have attended several events on your behalf:

1. 40 Years of Heart Transplants at Freeman Hospital to celebrate achievement.
2. Public Partnership Steering Group to promote research inclusion.
3. Clinical Research Directorate Event to promote research inclusion and raise awareness.
4. People at our hearts annual award ceremony to celebrate those staff and volunteers who go above and beyond their roles in order to improve patient care. Judging each quarter is difficult. This past month we selected the best of the best as yearly winners. It continues to be a privilege to be a judging panel member. The annual award will be made in July.
5. Meeting with the Lead Governor of Northumbria (9 June 2025) to discuss a recent briefing that Northumbria Governors had received on a commercial development. Updates will be shared with Newcastle Governors later in the Summer.
6. Scheduled meeting with the Alliance Lead Governors and Trust Secretaries on 19 June 2025 to discuss moving our Alliance forward from a governor perspective. We will also begin to look at the constitution review required following the permanent appointment of the Shared Chair.

Finally, this past month's observations of Board committees produced the following themes and matters that have been highlighted of which all governors should be aware:

1. Board Assurance Framework (BAF) and the current risks.
2. IT and data security will be monitored by the Business and Development (B&D) Working Group (WG) but all governors should take note.
3. People Plan (Year 2) is now live and governors should expect to be updated about progress. The PEM WG will monitor but all governors will be interested in how this plan affects staff and, as a result, patient care.
4. Equality, Diversity and Inclusion (EDI) has been cited as a Board priority/responsibility. The PEM WG will monitor but if a governors became aware of any EDI issues from visits or via another route, this should be escalated or if appropriate, an update be provided/seek assurance from the relevant NED / Chair of the People Committee .

2. RECOMMENDATION

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

Report of Judy Carrick
Lead Governor
10 June 2025

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Agenda item 8(ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	25 June 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 April 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.					

Agenda item 8(ii)

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

1. INTRODUCTION

The QPE 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, the overall culture of complaints is being reviewed along with how complainants are contacted and involved. Over one month, there were only 21 learnings at Clinical Board level out of 50 complaints. In a presentation from the renal service, covering the past 12 months, it was noted that complaints tend to arise from the chronic dialysis service, with none from Ward 32 (acute renal failure ward) at the Freeman Hospital.

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

Philip Home, Public Governor, and David Black, Appointed Governor for the Advising on the Patient Experience Group (recently renamed the Partnership and Involvement Panel), attend the CAGG meetings. It was noted that this is the only group that looks at quality matters related to any clinical decision making.

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

Sandra Mawdsley, Public Governor, attends the Patient Safety Group meetings (Claire Watson, Public Governor, stood in for Sandra at the April meeting). Of note were matters relating to medication safety and digital issues that may affect patient experience (may need to feed into Business and Development (B&D) WG). In relation to duty of candour, improvements to compliance increased to 98%.

d) Quality Committee

Sandra Mawdsley, Public Governor, attended the Quality Committee meeting on 15 April 2025 and Philip Home, Public Governor, attended on 13 May 2025.

It was noted that the NEDs were very well briefed on the discussions and subject areas, and that they all took part in the discussions and showed good management of areas of concern. Current areas of focus for the QPE WG remain as listed in previous reports, with further focus needed on patient feedback (on areas such as Call for Concern and Complaints).

Some Governor observers in Committees have shared their feedback regarding potential areas for improvement e.g. reducing/eliminating duplication to improve efficiency. Question whether a review of redundancy and repetition in the assurance process might improve functioning? From a Governor observer perspective, it appeared that assurance of quality of clinical decision making is nearly absent, and that emphasis remains on safety which is simpler to measure.

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

Claire Watson, Public Governor, regularly attends the NSG meetings (which take place every two months) and the Electronic Meal Ordering Steering Group meetings (which take place every month) and provides a written report to Governors.

Of note, there have been issues around the supply of some enteral feeds due to the reformulation of some of products. An alternative supplier had been found for the interim, however, the issue was being monitored from a demand/supply perspective. The electronic meal ordering system is moving along on the projected trajectory. Some feedback has been received from the patient led assessment of the care environment results (PLACE) assessments in terms of food and overall, the experience was good. Where there were concerns raised, these seemed to relate more to organisational issues around ordering/handing out/receiving food, and it is hoped that these will be addressed by the electronic meal ordering system once it is up and running.

3. PRESENTATIONS/GUESTS

At the 6 May 2025 meeting, we were joined by Nichola Kenny (Director of Improvement and Delivery) who gave us an update on letters and digital transformation, along with other work being done on Patient Initiated Follow-Up (PIFU), the Patient Engagement Platform (PEP), the Accessible Information Standard (AIS), Reasonable Adjustment Digital Flags (RADF), and new developments with regard to the email offering. We were also joined by Tracy Scott (Head of Patient Experience), who provided an update with Quarter 4 (Q4) Complaints. Of note, in the last 12 months, the Trust saw an increase in complaints regarding communication, which equates to 6% of all complaints. In March, Medicine and Emergency Care had the highest number of complaints with the second highest in Surgical and Associated Services. Currently, about 40% of complaints are being responded to on time. A complaints improvement task and finish group has been commissioned with representation from the Clinical Boards. The current timescale for complaints is 40 days but this is being reviewed.

At the 3 June 2025 meeting, we were joined by James Callaghan (Head of Service for Nutrition and Dietetics), Paula Coulson (Senior Nurse), Colin Chapman (Trust Catering Manager), and Mary Mahon (Lead Specialist Dietician) who shared a presentation on the work of the Nutrition Steering Group.

Topics covered included the current Food and Drink Strategy which has 3 main areas of focus:
(1) Improving nutrition and hydration of patients
(2) Healthy eating for staff and visitors, and
(3) Sustainable procurement; national minimum standards for nutrition of patients; malnutrition screening tools; alerts for patients who require more support around nutrition and hydration; and

the procurement of the Electronic Meal Ordering system.

We also discussed patient feedback, core menus, allergens and specialist diets, and the logistics of getting meals to the wards.

The QPE WG would like to thank Nichola Kenny, Tracy Scott, James Callaghan, Paula Coulson, Colin Chapman, and Mary Mahon for their valuable contributions to the meetings.

4. WARD AND DEPARTMENT VISITS

Visits were undertaken to the following locations:

- Catering Services (Freeman) 26 March;
- Mortuary Services (Freeman) 1 April;
- Birthing Centre (Royal Victoria Infirmary (RVI)) 12 May; and
- Appointment Booking Centre (Regent Point) 22 May.

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
Dated: 9 June 2025

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Agenda item 8(iii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	25 June 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 details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) on 23 April 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	Sustainability
	☐	☐	☒	☐	☐	☐
Link to Board Assurance Framework [BAF]	Outlined 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 meetings have been held monthly via Teams and in-person with the topics covered relating to the Working Groups (WG) 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 two B&D WG meetings since the last report.

2. PRESENTATION TOPICS

2.1 Introductory meeting with newly appointed Non-Executive Director (15 May)

Hassan Kajee, newly appointed Non-Executive Director (NED) attended the meeting to introduce himself via Microsoft Teams to the Governors.

Hassan gave an overview of his career which led him to apply to be a NED. He highlighted his current role as Project Executive (ESR (Electronic Staff Record) replacement – digital transformation) at the NHS Business Services Authority, where he has been for the last 12 years; and noted the support of his CEO for Executive Leaders in having outside experiences.

Hassan will Chair the Digital and Data Committee from July and is a member of several Board Committees.

2.2 Private Patient Update (15 May)

Helen Steadman, Assistant Director - Service & Business Development, gave a presentation updating on private patients and an opportunity to grow through partnering. Chris Land, Deputy Director from Northumbria Healthcare NHS Foundation Trust was also in attendance.

Key points:

- There has been a surge in demand for private healthcare from 2022, recovering strongly post-covid. The local private healthcare market is a mix of NHS trusts and private providers. Only 6.2% of private healthcare in 2023/24 was provided by local NHS trusts – 2.1% was delivered by Newcastle Hospitals Private Healthcare, and most of the demand is being met by private healthcare providers.
- Private patients are a pillar of the Trust's Commercial Strategy. More can be done by working in partnership and working collaboratively with industry partners on digital and data partnerships to deliver more commercial activity.
- A growth area (activity and income) for the Trust would be to deliver more low complexity, high volume procedures – e.g. hips, knees and cataracts but more capacity would be needed to deliver this.

- Last year £2.2m in income was generated from private patients against a target of £1.67m.
  Active discussions are underway in relation to potential commercial partnership opportunities, which fits with our Commercial Strategy (partnering). A benefit of working together with other partners is financial risk mitigation.
- The Day Treatment Centre (DTC) gives us some additional capacity as it is used at weekends for private patients separate from NHS patients. However, we are constrained as a Trust in terms of available capacity to deliver private healthcare so commercial partnership opportunities brings new capacity and a new income stream.

2.3 Risk registers and how they are managed (12 June)

Natalie Yeowart, Head of Corporate Risk and Assurance, shared a presentation on risk management after the Care Quality Commission (CQC) identified that improvements were required in the Trusts risk management arrangements.

Key points:

- Definitions were provided regarding what is a risk, what is an incident and what is the risk register.
- The CQC inspection report included several recommendations on risk management, particularly in relation to the risks on the risk register. The Value Circle were commissioned to produce a rapid review and give an oversight of how risk was being managed.
- Much work has been conducted in response to the CQC report e.g. Clinical Board governance meetings were established and risk management is on the agenda on a regular cycle. 600 risks were included on the risk register and work was undertaken to review each risk.
- The ISO standard identifies best practice for the risk management approach.
- The Clinical Board governance meeting is attended by the Clinical Board Chair and Director of Operations to ensure risks are being managed effectively and actively reviewed. Reports are shared with the Executive Team and the Audit, Risk and Assurance Committee (ARAC), who seek assurance on behalf of Trust Board that risk management arrangement are robust and effective. The Chair of ARAC provides an update to the Board monthly.
- When risks are recorded on the system, standards have to be complied with and are reviewed quarterly (this is structured within the Clinical Board governance).
- A Clinical Board/Corporate Department quality performance review happens monthly, which discusses risks and feeds to Executive Team and then to the Committees and up to Board.
- We had 2 internal audits take place - AuditOne reviewed risk management and the Board Assurance Framework (BAF). This was completed from a risk and policy basis and they have come back saying that risk management is effective and we have finalised our BAF (Trust Board strategic risk register).
- The risk register is going live in July using the new In-Phase software.

2.4 Clinical Research (12 June)

Angela Birt, Business Manager, Newcastle Joint Research Office, attended to share a presentation from the clinical trials day on National Institute for Health and Care Research (NIHR) Structure and Funding highlighting:

- NIHR aim to embed research as an integral part of health and care, and the core ambition is to improve the health, wealth and wellbeing of the citizens.
- Government ambition for the UK to be world-leaders leaders in clinical research.
- Research can be funded through NIHR infrastructure awards e.g. Biomedical Research Centres and each award is funded against specific objectives e.g. Commercial Research Delivery Centre (CRDC) was awarded £5m over 7 years to increase Life Sciences Research.
- Clinical Research delivery is facilitated through specialty teams of nurses, doctors, AHPs and support professionals on the ground.
- Newcastle is very rich in NIHR infrastructure, with good value for money; the region has a high burden of disease and a high number of socioeconomic challenges.
- Research delivery funding comes via the Regional Research Delivery Network (£6M to Newcastle Hospitals this year to support research delivery).
- Every clinical team in the Trust is involved in clinical research (commercial and/or non-commercial). Commercial research is funded via nationally agreements where the Life Sciences Industries pay for all research activity. Non-commercial research is usually funded through grants or charities.
- The impact for our patients and local population includes some recent news reports including; babies being screened for 200 rare and life changing conditions, breast cancer screening for earlier detection and an arthritis research trial that may 'switch off' arthritis. These outcomes cement the reputation of the Trust as leaders in research.

2.5 Draft innovation strategy for consultation and feedback (12 June)

Charlotte Fox, Business Innovation Manager, shared a presentation which highlighted:

- The purpose of the innovation strategy is to improve patient care and outcomes. The challenges to the strategy are known and it is important to create opportunities for industry to work with us.
- An innovation advisory group has been created to advise and collaborate on innovation activities.
- There is diverse input and engagement with patient's families to create an innovation hub.
- Due diligence is undertaken, and resources are utilised with development.
- The aim is to secure a revenue share for money to come into the Trust.
- A drone delivery system is being explored as part of logistics, demonstrating out pioneering ambitions.
- We have been behind the development of the book Bobbys big day out and the intellectual property aspects that sit behind it.
- The halo gravity traction device - the mechanical engineering team were approached about this for children who have scoliosis. A commercial partner was secured to get more devices in production and receive a revenue share from across the NHS and worldwide.

- We now have an award winning assay for Lynch Syndrome by Sir John Burn who was a previous Chair of the Trust.
- The biggest commission in the NHS involves 18 NHS organisations across the country.
- Innovation is growing across our Alliance, and research innovation and transformation is working hand in hand.

3. REPORTS ON BOARD COMMITTEE OBSERVATION

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

• Finance and Performance Committee (April 2025)	Eric Valentine
• Audit, Risk and Assurance Committee (April 2025)	Poonam Singh
• Finance and Performance Committee (May 2025)	Eric Valentine
• Audit, Risk and Assurance Committee (May 2025)	Eric Valentine

4. RECOMMENDATION

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

Report of Eric Valentine
Working Group Chair
15 June 2025

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	25 June 2025					
Title	People, Engagement and Membership (PEM) Working Group Report					
Report of	Catherine Heslop – Chair of the PEM Working Group					
Prepared by	Catherine Heslop – 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 members' 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 PEM WG since the last meeting of the Council of Governors in April 2025.					
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 (WG) REPORT

1. INTRODUCTION

The People, Engagement and Membership (PEM) Working Group (WG) continues to meet monthly. Recent guests have included Bernie McCardle, Non-Executive Director (NED) and Chair of the People Committee, Annie Laverty, Chief Experience Officer, and Alice Millican, Senior Communications Officer

2. GROUP ACTIVITIES

The PEM WG introduced a new Chair, Mrs Catherine Heslop, Public Governor.

The meeting in May 2025 was chaired by Mrs Judy Carrick but was not quorate. Mr Bernie McCardle gave a verbal update on matters discussed at the most recent People Committee meetings.

At the June meeting Annie Laverty, Chief Experience Officer, shared an update on the Staff Survey Results. In addition, Alice Millican, Senior Communications Officer, shared ideas on engaging with constituencies and the wider community. The WG also discussed ideas for the next Members Event which is due to take place on 19 August 2025.

3. ONGOING AREAS OF FOCUS

3.1 Communication

The current newsletter is in discussion and submission of articles are being written.

3.2. Membership

The PEM WG were encouraged to hand out current materials to engage with new members.

3 . 3 Observation of People Committee/CQC Reset

A new people governance structure diagram has been created and development on this continues. The new structure represents a 3-pronged approach:
(1) Advisory;
(2) Shared functions like leadership development, partnership and digital; and
(3) specialist to include Quality Diversity and inclusion and health and wellbeing.

A Year 2 People Plan will take the ambitions of Year 1 forward to targeted actions and impact measures. Infographics explaining this to staff will be released in due course.

Paula Dimarco has been appointed as the new Interim Freedom to Speak Up Guardian.

The Integrated Board Report highlighted:

- Appraisal targets were yet to reach compliance to the target level.
- Work/Life balance remains the key reason for staff leaving the Trust; however, in 2024/25 we are receiving approximately 1,000 requests for flexible working.
- Statutory and mandatory training remains a focus, training remains at 70% and staff are being actively reminded as to the importance of completing their mandatory training, particularly in relation to patient safety.

The development of the 2025/26 Board Assurance Framework is underway, there are no new or emerging risks, workforce development issues remain challenging.

The new bi-monthly People Committee arrangement was working well and achieved more discussion, local ownership and challenge from Executives and Non-Executive Directors. Assurances were discussed, along with objectives for the meeting and challenges were made with greater clarity.

4. RECOMMENDATIONS

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

Report of Catherine Heslop
Chair of the PEM Working Group
16 June 2025

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Council of Governors Meeting Actions - Public

Agenda item: 9

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
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. 19.05.25 - Marcus Weatherly, new Director of Operations, to provide an update and clarify when a summary of outcomes can be shared with Governors.	
145	ACTION01	1. Business Items iv) Chief Executive's Report including:	23 April 2025	Mr Forrester then commented on the number of trauma centres within the UK and questioned how the Trust compared to other trauma centres. Based on ED performance the ACEO noted the Trust would compare favourably however agreed to seek clarity on the position and provide feedback [ACTION01].	PG	25.04.25 - GMEO emailed Patrick Garner and Nichola Kenny for information - awaiting a response 28.05.25 - GMEO emailed Patrick Garner and Nichola Kenny - awaiting a response 09.06.25 - Response from Patrick Garner shows the 4 hour performance target for all major trauma centres and evidences that the Trust performs comparatively well. The benchmarking has been added to the Governor Reading Room for information. Propose to close action	
146	ACTION02	2. Items for discussion iii) Transplantation Update	23 April 2025	The JMD-PC would provide a further update once the strategy had been finalised. [ACTION02].	LPC	19.06.25 - Update from JMD-PC - The Transplantation Strategy is still under development, and the draft is expected at the next Transplantation Committee meeting. Update to be shared in September 2025.	
147	ACTION03	2. Items for discussion iii) Transplantation Update	23 April 2025	Mrs Stabler advised that there was a 40 year celebration of the first organ donation. Enquiries would be made to determine if Governors could also attend [ACTION03].	JR	25.04.25 - GMEO emailed Cardiothoracics to make enquiries and invitation sent to Governors. Propose to close action.	

Key:

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

Agenda item 10

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	25 June 2025					
Title	Nominations Committee Update					
Report of	Paul Ennals, Chair					
Prepared by	Kelly Jupp, Trust Secretary Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary					
Status of Report	Public	Private	Internal			
	☒	☐	☐			
Purpose of Report	For Decision	For Assurance	For Information			
	☒	☐	☐			
Summary	The content of this report outlines the key matters discussed at the most recent Nominations Committee meeting in May 2025 which included: • The Annual Report of the Committee 2024/25; • The Committee Terms of Reference and Schedule of Business 2025/26; • Committee membership; • Shared Chair recruitment; • The Chair appraisal; and • The Chair and NED activity report.					
Recommendation	The Council of Governors is asked to: i) Note the contents of this report. ii) Approve the appointment of Dr Alexandros Dearges-Chantler and Mr Peter Bower as Committee members to align with their 3-year Governor appointment term. iii) Approve the updated Terms of Reference and draft Schedule of Business for 2025/26.					
Links to Strategic Objectives	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]	No direct link.					
Reports previously considered by	New report.					

NOMINATIONS COMMITTEE UPDATE

1. INTRODUCTION

The Committee last met on 12 May 2025 and discussed the following items:

- The Annual Report of the Committee 2024/25;
- The Committee Terms of Reference and Schedule of Business 2025/26;
- Committee membership;
- Shared Chair recruitment;
- The Chair appraisal; and
- The Chair and NED activity report.

2. ANNUAL NOMINATIONS COMMITTEE REPORT 2024/25

The Trust Secretary shared the draft Annual Report of the Committee which is to provide assurance that the Nominations Committee has met its key responsibilities for 2024/25, in line with its terms of reference.

The report covers:

- Committee responsibilities;
- Committee membership and meetings;
- Areas of action and review during the year; and
- Action points/areas of focus for consideration/continuing development during the coming year.

Content from the report is included in the main Trust Annual Report which requires a description of the work of the Nominations Committee to be included.

3. NOMINATIONS COMMITTEE UPDATED TERMS OF REFERENCE AND SCHEDULE OF BUSINESS

The Terms of Reference have been reviewed earlier than scheduled to coincide with the annual reviews of the other Board Committee Terms of Reference, which included updating for changes in the roles/portfolios of Executive Team members.

No significant changes are proposed. The following minor changes were discussed, agreed and proposed for approval by the Council of Governors:

- Updates to Executive role titles or changes in department names e.g. Human Resources Department updated to the People department;
- Added/removed references to the 'Trust' or 'Committee' as appropriate e.g. removed 'Trust' from references to 'Trust' Chair;
- Section 5.06 has been amended to better reflect the duty to collaborate.
- Committee members also discussed the Vice Chair of the Committee role and agreed that no further changes were needed to the Terms of Reference.

The Council of Governors is asked to approve the appended updated Terms of Reference and draft Schedule of Business for 2025/26.

4. COMMITTEE MEMBERSHIP

As Mrs Pam Yanez stood down from the Committee on 14 April 2025 and Mr Bob Waddell was unsuccessful during the 2025 Governor elections, two vacancies arose for Public Governor members of the Committee. Expressions of interest were sought from Public Governors. Two expressions of interest were received from Dr Alexandros Dearges-Chantler and Mr Peter Bower.

The Council of Governors is asked to approve the appointment of Dr Alexandros Dearges-Chantler and Mr Peter Bower to align with their 3-year Governor appointment term.

5. SHARED CHAIR RECRUITMENT

Since the previous Nominations Committee report to the Council of Governors, Committee members have been heavily involved in the recruitment process for a permanent Shared Chair for Newcastle Hospitals, Gateshead Health NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. A detailed private report was shared on the process undertaken at the 22 May 2025 Council of Governors meeting whereby the Council agreed that Sir Paul Ennals be appointed to the position of Shared Chair for an initial term of up to 3 years.

6. CHAIR APPRAISAL

Mr Bill MacLeod, as Senior Independent Director presented a report to Committee members on the appraisal of the Interim Shared Chair for the period 17 July 2024 to 31 March 2025. The report included a summary of the appraisal discussion and the feedback from the 360-degree feedback survey undertaken with Board members, the Lead Governor and Working Group Chairs. The appraisal report concluded the overall performance of the Chair was rated as outstanding and the appraisal process had been completed satisfactorily.

At the time of the report (2 May 2025) it was noted that objectives had been drafted for 2025/26, however these objectives would require discussion with the successful candidate for the Shared Chair recruitment process. This discussion will be scheduled during June 2025. The draft objectives cover the following areas:

- The Interim Trust Strategy and the longer-term Strategy.
- Board effectiveness and governance.
- Financial Plan/Budget delivery.
- Equality, Diversity and Inclusion Strategy.
- Benefits from the Alliance.

7. CHAIR/NED ACTIVITY REPORT

As communicated to Governors in the weekly Governor update on 6 June 2025, Committee members discussed the production of the Chair and NED activity report in light of the changed ways of working/increased level of information shared. A list of information was shared with Governors to signpost the reporting of Chair/NED activities along with the folders in the information could be located in the Governor Reading Room on AdminControl. As the Chair/NED activity report duplicates much of the content in other reports Committee members agreed therefore that it was no longer needed in its current form as the information is provided elsewhere e.g. Board Visibility Report.

8. FUTURE COMMITTEE MEETING BUSINESS

At the next Committee meeting, Committee members will review Chair/Non-Executive Directors (NED):

- Appraisal outcomes and objectives for the year ahead;
- Remuneration and Terms & Conditions (T&Cs);
- Expenses guidance; and
- Succession planning, including Vice Chair arrangements.

9. RECOMMENDATIONS

The Council of Governors are asked to:

i) Note the contents of this report.

ii) Approve the appointment of Dr Alexandros Dearges-Chantler and Mr Peter Bower as Committee members to align with their 3-year Governor appointment term.

iii) Approve the updated Terms of Reference and draft Schedule of Business for 2025/26.

Kelly Jupp
Trust Secretary
17 June 2025

Terms of Reference – Nominations Committee

1. Constitution of the Committee

The Nominations Committee is a formal Committee established by the Council of Governors to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Chair and Non-Executive Directors of The Newcastle upon Tyne Hospitals NHS Foundation Trust (the 'Trust') and on plans for their succession.

2. Purpose and function

2.1 The purpose and function of the Committee is to gain assurance, on behalf of the Council of Governors:

i) that the requirements of the Foundation Trust Constitution are adhered to in regards to the recruitment of the Chair and Non-Executive Directors;
ii) that appropriate mechanisms are put in place to specify, search for, select for interview, interview and recommend formally to the Council of Governors candidates for the posts of Chair and Non-Executive Directors, as the need arises; and
iii) to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Chair and Non-Executive Directors, and on plans for their succession.

3. Authority

The Committee is:

3.1 A formal Committee of the Council of Governors, and has no executive powers, other than those specifically delegated in these Terms of Reference.

3.2 Authorised by the Council of Governors to:

i) investigate any activity within its Terms of Reference or appoint investigators to investigate any activity within its terms of reference;
ii) seek any information it requires from any officer of the Trust;
iii) invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required; and
iv) secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary and/or the Associate Director for People and Organisational Development).

3.3 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Council of Governors. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Council of Governors.

3.4 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups, must be approved by the Council of Governors and reviewed no less than every two years.

4. Membership and quorum

Membership

4.01 The Committee will comprise:

- The Trust Chair (as Chair of the Committee), or Trust Vice Chair in their absence;
- Lead Governor (as Vice Chair of the Committee);
- Five Public Governors or Four Public Governors and One Appointed Governor;
- One Staff Governor; and
- The Trust Senior Independent Director (SID), or a nominated Non-Executive Director in their absence.

4.02 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive and external advisers may be invited to attend for all or part of any meeting, as and when appropriate.

4.03 The Trust Secretary and staff from within the People Department will be available to provide support as and when necessary.

4.04 Conditions of membership:

i) Governors shall be in the voting majority at any meeting of the Committee.
ii) Governors shall serve a term of up to three years (dependent upon the remaining term of their Governorship), after which the Council of Governors shall consider whether re-appointment be granted (subject to condition (iv) below).
iii) Governors who have already served on the Committee may stand again.
iv) No Governor may serve more than three consecutive terms.
v) Should there be more applications than vacancies on the Committee; the Trust Secretary shall conduct a secret ballot of all Public Governors, Appointed or Staff Governors (as appropriate) to determine which applicants shall be appointed to the Committee.
vi) Meetings of the Committee shall be arranged by the Secretary of the Committee at the request of the Chair of the Committee.

4.05 A member of the Committee shall not disclose any matter to a third party if the Council of Governors or Committee resolves that it is confidential.

4.06 Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.07 An attendance record shall be held for each meeting and an annual register of attendance will be included in the Annual Report of the Committee.

4.08 In the absence of the Committee Chair, the Committee Vice-Chair shall chair the meeting. Further the Committee Vice Chair will also Chair the meeting when there is a potential conflict of interest involving the Trust Chair.

4.09 Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.

4.10 The Trust Secretary, or their designated deputy, shall act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.

4.11 All members of the Committee shall receive training and development support before joining the Committee, if required, and on a continuing basis to ensure their effectiveness as members.

Quorum

4.12 A minimum four members are required to be present for the meeting to be quorate, three of which being Public Governors, and one being the Trust Chair or SID.

4.13 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

5. Duties

5.01 The Committee shall, taking into account the composition of the Board and the likely needs of the Trust at the relevant time, prepare selection criteria for the Non-Executive Directors and the Chair.

5.02 To oversee the process for the development of, or review as necessary, the job description and person specification for the following posts, as they fall vacant:

- Non-Executive Directors, including where required a person with a Finance background, who shall be a member of the Audit, Risk and Assurance Committee of the Board.
- The Chair and Vice Chair.

5.03 To oversee the development of a search strategy to identify potential candidates who are strong matches to the applicable person specification and to ensure that the Trust publicly advertises the posts to be filled.

5.04 To develop an appointments structure which a) abides by the principles set out in the applicable NHS England Code of Governance (or any superseded equivalent guidance) and b) will allow a recommendation to the Council of Governors for approval of an appointable candidate/candidates. The Committee will ensure that any recruitment process considers candidates from a wide range of backgrounds and will assess applicants on merit against objective criteria.

Further the Committee will utilise open advertising and engage the services of external providers to facilitate the search for candidates for appointment where appropriate.

5.05 Annually review the structure, size and composition (including the skills, knowledge and experience) required of the Chair and Non-Executive membership of the Trust Board and make recommendations with regard to any changes.

5.06 Give full consideration to succession planning for the Chair and Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust, the Great North Healthcare Alliance and the wider health system within the North East, and what skills and expertise are therefore needed on the Board in the future. Further to consider the balance between the need for continuity and the need to progressively refresh the Board when re-appointing/commencing new appointments.

5.07 Keep under review the Non-Executive leadership needs of the organisation with a view to ensuring the continued ability and sustainability of the organisation.

5.08 Ensure that on appointment to the Board, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment and committee service.

5.09 Ensure that an annual appraisal exercise is conducted for the Chair and Non-Executive Directors.

5.10 To recommend remuneration arrangements and related terms and conditions for the Chair and Non-Executive Directors.

5.11 Ensure that the Chair and other Non-Executive Directors are recommended to conduct an initial term of office of three years (subject to satisfactory annual appraisal by the Committee) and may be recommended for reappointment for a second term of up to three years, subject to satisfactory annual appraisal. Any further extensions to terms of office should be subject to a comprehensive review taking into account the principles detailed within the applicable Code of Governance as well as the Non-Executive Director and Chair Appointment and Reappointment Process.

5.12 The Committee will set an annual plan for its work and will comply with the applicable "Code of Governance" and "Your statutory duties: a reference guide for NHS FT governors" (or any superseded equivalent guidance).

6. Reporting and accountability

6.1 The Nominations Committee will be accountable directly to the Council of Governors.

6.2 The minutes of all the Nominations Committee meetings shall be formally recorded and confidentially stored by the Trust Secretary. The Committee Chair shall report to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

6.3 Any changes to these terms of reference must be approved by the Committee meeting in quorum; and subsequently the Council of Governors.

6.4 The Committee shall make a statement in the Annual Report about its activities and the process used to make appointments. The Committee shall report to the Council of Governors annually on its work in support of the Annual Report. The Annual Report shall also set out clearly how the Committee is discharging its responsibilities.

6.5 The Annual Committee Report shall include an assessment of compliance with the Committee's Terms of Reference and a review of the effectiveness of the committee.

7. Committee Administration

Frequency of meetings

7.1 The Committee will meet at least twice a year and as necessary to fulfil these terms of reference.

Responsibility of members and attendees

7.2 Members of the Committee have a responsibility to:

- read all papers beforehand;
- disseminate information as appropriate;
- identify agenda items, for consideration by the Chair at least 12 days before the meeting;
- prepare and submit papers for a meeting, at least 5 days before the meeting;
- if unable to attend, send their apologies to the Trust Secretary prior to the meeting. If apologies are given on more than two occasions within a year then Committee membership may be withdrawn following due consideration by the Committee Chair; and
- when matters are discussed in confidence at the meeting, to maintain such confidences.

Declarations of interest

7.3 The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on their ability to be objective, it should be declared at the meeting and recorded in the minutes. On the basis of the interest declared, the Committee Chair (or Committee Vice Chair if the interest relates to the Committee Chair) will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question.

Review

7.4 The Terms of Reference will be reviewed at a frequency of no less than every two years to ensure efficient performance of the Committee's work. The Committee will produce a report to the Trust Council of Governors annually setting out the work of the Committee for incorporation into the Trust Annual report, key risks and actions taken, combined a with a self-assessment of the Committees effectiveness.

Administration

7.5 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of meetings and business, which is agreed each year to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.6 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.7 Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.

7.8 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.

7.9 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee.

Procedural control statement: 6 May 2025
Approved by: Nominations Committee [12 May 2025], Council of Governors [TBA]
Review date: [TBA]

Agenda item 10

Nominations Committee Schedule of Business

Tasks	2025 May	2025 July	2025 November	2026 February
Review Committee Terms of Reference and produce new Schedule of Business for the year	X			
Review of Chair/NED appraisal outcomes and objectives for the year ahead*	X	X		
Review Chair/NED Remuneration and T&Cs		X (T&Cs)	X (Rem)<	
Review Chair/NED expenses policy		X		
Review Chair and NEDs position/succession planning policy and consider Chair/NED skills in light of anticipated future changes in the Trust and the wider NHS		X+		X [Policy]
Consideration of risks associated with the Committee remit			X	
Chair and NEDs activity report	X			
Annual Committee self-assessment/review of effectiveness	X			

NED Terms of Office due for consideration in 2025/26:
Interim Shared Chair term runs to 30 June 2025
+ Vice Chair arrangement to be reviewed 3 months after the appointment of the substantive Shared Chair - pencilled in for November as no meeting in September or October

<Committee members agreed to revisit NED remuneration 3 months after the appointment of the substantive Shared Chair - pencilled in for November as no meeting in September or October

*Chair appraisal held in April 2025, NED appraisals scheduled during the period 16-26 June. NB Appraisals to include consideration of Fit and Proper Persons Test requirements.

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Agenda Item 11

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	25 June 2025					
Title	Governor Working Group – Terms of Reference Review					
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	The content of the report includes the Terms of Reference for the People, Engagement and Membership (PEM), Quality of Patient Experience (QPE) and Business and Development (B&D) Working Groups for approval. Each Working Group reviewed their Terms of Reference during the June 2025 Working Group meetings. No changes were suggested for QPE and B&D Working Group. One minor change was added to the PEM Working Group Terms of Reference to include people matters in sections one and two.					
Recommendation	The Council of Governors is asked to note the contents of the report and to approve the Working Group Terms of Reference.					
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 the Board Assurance Framework [BAF]	Outlined within the report.					
Reports previously considered by	Working Group Terms of Reference are approved at the Council of Governors on an annual basis.					

Terms of Reference – People, Engagement and Membership (PEM) Working Group

1. Constitution of the Group

The PEM Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust membership; this includes the recruitment and retention of a membership that seeks to reflect the population the Trust serves, engagement and communication with members regarding the activities of the Trust, the oversight of Member Events, membership materials and people matters.

2. Purpose and function

The purpose and function of the Group is to gain assurance, on behalf of the Council of Governors:

2.1 on the effectiveness of communications and engagement, with internal and external stakeholders, local communities and partners, with the People Committee acting as the oversight Committee;

2.2 that the Trust membership is diverse, inclusive and representative of the population it serves; and meets the minimum levels prescribed within the Trust Constitution;

2.3 that the processes are in place for improving communications and engagement with members to ensure that the views of members are considered, including the scheduling of Members Events up to four times a year;

2.4 in relation to effective liaison and communication between Governors and Members; and

2.5 regarding people related matters through the People Committee Chair.

3. Authority

The Group is:

3.1. a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;

3.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and

3.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).

3.4 the Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4. Membership

4.1 Group Composition and Attendance

4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff), with at least one member of the Group being a Staff Governor and one member of the group being a Public Governor.

4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Governor and Membership Engagement Officer and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).

4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.

4.1.4 The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement Officer shall not be members of the Group, but may be in attendance.

4.1.5 Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.

4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.

4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.

4.1.9 The Governor and Membership Engagement Officer shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log.

4.2 Quorum

4.2.1 The quorum necessary for the transaction of business shall be three members, as defined in 4.1.1 above, including the Chair or Vice Chair.

4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1 Cycle of Business

The Group will:

5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2 Membership Communications & Engagement

The Group will:

5.2.1 review the coherence and comprehensiveness of the ways in which the Trust engages with existing and potential members; and

5.2.2 development of the Trust's membership strategy and review the effectiveness of internal communications and engagement.

5.2.3 refresh the Membership Strategy when due and submit for approval by the Council of Governors.

5.2.4 provide input into the updating of Membership Materials as and when required for example membership posters, membership forms, the welcome letter from the Chair of the Working Group and certificate received when becoming a member of the Trust.

6. Reporting and Accountability

6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

7. Committee Administration

7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagement Officer, shall require.

7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.

7.6 The Governor and Membership Engagement Officer shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer.

7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 27 May 2025
Date approved: 11 June 2025 [Working Group] and Council of Governors [TBC]
Approved by: Working Group and Council of Governors
Review date: June 2027

Terms of Reference – Quality of Patient Experience (QPE) Working Group

1. Constitution of the Group

1.1 The QPE Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the quality of care to the Trust's patients, specifically in relation to patient experience.

2. Purpose and function

The purpose and function of the Group is to gain assurance, on behalf of the Council of Governors:

2.1 that the Trust Board has appropriate quality governance structures, systems, processes and controls in place to achieve consistently safe high-quality care and to meet the Trust's legal and regulatory obligations;

2.2 that any shortcomings in the quality and safety of care identified as part of a Governor Site Visit (in person or virtual) or through complaints raised directly to Trust Governors are addressed in a systematic and effective manner;

2.3 that the local performance indicator selected by the Group for inclusion in the Annual Trust Quality Account if required is accurate and any recommendations arising from any external auditor work on the indicator are progressed accordingly; and

2.4 on the effectiveness of mechanisms used for the involvement of patients and the public, Governors, staff, partners and other stakeholders in improving the patient experience.

3. Authority

The Group is:

3.1. a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;

3.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and

3.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).

3.4 The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4. Membership

4.1 Group Composition and Attendance

4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).

4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Trust Secretary and will serve a maximum term of three years as Chair of the Group (or until the Governor term of office ends).

4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.

4.1.4 The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement Officer shall not be members of the Group, but may be in attendance from time to time.

4.1.5 Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.

4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.

4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.

4.1.9 The Governor and Membership Engagement Officer, shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log.

4.2 Quorum

4.2.1 The quorum necessary for the transaction of business shall be three members, as defined in 4.1.1 above, including the Chair or Vice-Chair.

4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1 Cycle of Business

The Group will:

5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2 Strategy

The Group will:

5.2.1 agree the local performance indicator for inclusion in the Trust Quality Accounts (where requied) and consider any reports provided by the Trust external auditor on the Quality Account; and

5.2.2 review the Trust's Quality Strategy and Quality Account, and provide feedback to the Council on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact.

5.3 Learning and communication

The Group will:

5.3.1 develop and oversee a programme of Site Visits (in person or virtual) to engage members directly in quality assurance processes and to ensure that such processes include the establishment of a procedure to review, distil and implement the learning from the visits; and

5.3.2 be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

5.4 Patient and public engagement

The Group will:

5.4.1 be assured of the effectiveness of a credible process for assessing, measuring and reporting on the 'patient experience' in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Trust's strategic goals and programmes of work.

6. Reporting and Accountability

6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

7. Committee Administration

7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagment Officer, shall require.

7.2 The Chair may at any time convene additional meetings of the Group (or a subgroup) to consider additional business or business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.

7.6 The Governor and Membership Engagement Officer notes the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer.

7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 27 May 2025
Date approved: 3 June 2025 [Working Group] and Council of Governors [TBC]
Approved by: Working Group and Council of Governors
Review date: June 2027

Terms of Reference – Business and Development (B&D) Working Group

1. Constitution of the Group

The B&D Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust business and development activities, including Trust strategy development, Trust financial sustainability and the audit arrangements in place.

2. Purpose and function

The purpose and function of the Group is to gain assurance, on behalf of the Council of Governors:

2.1 that the Trust Board has appropriate governance and risk management structures, systems, processes and controls in place to achieve financial sustainability, as considered by the Trust Audit Committee, and to meet the Trust's associated legal and regulatory obligations;

2.2 that the Trust financial performance and value for money is scrutinised appropriately through assurances received from the Finance Committee;

2.3 that an external auditor is appointed, following a robust appointment process, in order to undertake the audit of the Trust Annual Report and Accounts, and to receive external audit updates/feedback;

2.4 that the Trust Annual Operational Plan has been robustly prepared, assumptions have been adequately challenged and the financial implications of business and developments included have been fully considered; and

2.5 that the Trust overarching Strategy and associated key strategies e.g. Estates Strategy, has been developed through an appropriate engagement approach to consider the views of key stakeholders.

3. Authority

3.1 The Group is:

3.1.1 a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;

3.1.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and

3.1.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).

3.2 The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4. Membership

4.1 Group Composition and Attendance

4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).

4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Governor and Membership Engagement Officer and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).

4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.

4.1.4 The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement officer shall not be members of the Group, but may be in attendance.

4.1.5 Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.

4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.

4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.

4.1.9 The Governor and Membership Engagement Officer, shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log

4.2 Quorum

4.2.1 The quorum necessary for the transaction of business shall be three members, as defined in 4.01 above, including the Chair or Vice Chair.

4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1 Cycle of Business

The Group will:

5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2 Strategy

The Group will:

5.2.1 provide input through the Council of Governors into the development of the Trust's overarching Strategy – Vision, Values and Objectives as part of the Strategy engagement and development process; and

5.2.2 receive a briefing on the development of the Trust Annual Operational Plan, including key assumptions included within and provide feedback to the Council of Governors.

5.3 Financial Performance and Sustainability

The Group will:

5.3.1 receive regular updates on progress and performance against the approved Trust Operational Plan and the Trust financial position.

5.4 External Audit

The Group will:

5.4.1 oversee the appointment process for the Trust external auditor, in conjunction with representatives from the Trust's Finance and Procurement Teams, as well as the Trust Secretary; and

5.4.2 make a recommendation to the Council of Governors on the Trust's appointment of the Trust external auditor.

6. Reporting and Accountability

6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

7. Committee Administration

7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagement Officer, shall require.

7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.

7.6 The Governor and Membership Engagement Officer shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer

7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 5 June 2025
Date approved: 12 June 2025 [Working Group] and Council of Governors [TBC]
Approved by: Working Group and Council of Governors
Review date: June 2027

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