

Council of Governors' Meeting

Wednesday 26 November 2025 13:30 – 15:15

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

Networking time for Governors 13:00h – 13:30h

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 24 September 2025 and any matters arising	Paul Ennals	Attached	13:31 – 13:32
3	Chair's report	Paul Ennals	Attached	13:32 – 13:37
4	Chief Executive's report including Well Led External Review	Rob Harrison	Presentation	13:37 – 14:05
Items for discussion				
5	Digital Strategy Update	Dave Elliott	Presentation	14:05 – 14:25
	Refreshment Break			14:25 – 14:30
6	Transplantation Update including Organ Utilisation Strategy	Lucia Pareja-Cebrian	Verbal	14:30 – 14:40
Items to receive [NB for information – matters to be raised by exception only]				
7	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 Chairs	Attached	14:40 – 14:55
8	Nominations Committee update [For approval]	Paul Ennals	Attached	14:55 – 14:57
9	Public Meeting Action Log	All	Attached	14:57 – 14:58
Any Other Business				
10	Any other business or matters which the Governors wish to raise	All	Verbal	14:58 – 15:14

11	Date and Time of next meeting:	Paul Ennals	Verbal	15:14 – 15:15
	<ul style="list-style-type: none"> • Private Governors Workshop – 17 December 2025, 13:30 • Formal Council of Governors – 27 January 2026, 13:30 			

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

Dave Elliott, Chief Digital Officer for the Great North Healthcare Alliance

Lucia Pareja-Cebrian, Joint Medical Director

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

PUBLIC COUNCIL OF GOVERNORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 24 SEPTEMBER 2025

- Present:** Sir Paul Ennals [Chair], 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:** Bill MacLeod, Vice Chair
Liz Bromley, Senior Independent Director (SID)
Bernie McCardle, Non-Executive Director (NED)
Anna Stabler, NED
David Weatherburn, NED
Wendy Balmain, NED
Philip Kane, NED
Nini Adetuberu, Associate NED
Rob Harrison, Acting Chief Executive Officer
Jackie Bilcliff, Chief Finance Officer / Acting Deputy Chief Executive Officer
Lucia Pareja-Cebrian, Joint Medical Director
Ian Joy, Executive Director of Nursing
Annie Laverty, Chief Experience Officer
Vicky McFarlane-Reid, Director of Commercial Development & Innovation (Interim Executive Lead for People and Organisational Development)
Caroline Docking, Director of Communications and Corporate Affairs
Kelly Jupp, Trust Secretary
Russell Jones, Deputy Director of Estates, Strategy, Planning and Capital Development
- Secretary:** Jayne Richards, Governor and Membership Engagement Officer and Lauren Thompson, Corporate Governance Manager/Deputy Trust Secretary
- Observer:** Diane Jones, Public Member

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

25/14 **BUSINESS ITEMS**

i) Apologies for absence and declarations of interest

Apologies for absence were received from:

- Appointed Governor, Tracy Armstrong, Public Governors Tom Millen and Alexandros Dearges-Chantler and Staff Governor, David Bull.

- Executive Team – David Elliott, Chief Digital Officer, Rachel Carter, Director of Quality and Safety, Michael Wright, Joint Medical Director, Martin Wilson, Director of Great North Healthcare Alliance Strategy, Paul Hanson, Director of Estates, Facilities and Strategic Partnerships, and Sue Hillyard, Interim Executive Director of Operations.
- NED Hassan Kajee.
- Presenter - Keith Hodgson, Deputy Director of Estates-Strategy, Plan & Capital Development

Paul Ennals welcomed all to the meeting and noted his reflections on the Summer season, commencement of a new school term in September, the many awards won by staff members recently and the positive performance of the Trust in being ranked 26th from 134 organisations for the NHS Oversight Framework (NOF).

Due to a conflict of interest regarding agenda item 10a, Chair Terms and Conditions, Paul Ennals would leave the meeting prior to the discussion of that item and Liz Bromley as SID would chair the remainder of the meeting. There were no other 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 25 June 2025 and matters arising**

The minutes of the previous Public Council of Governors meeting held on 25 June 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**

Paul Ennals presented the report and the contents were noted.

The inspirational Great North Run event took place in early September with circa 500 people who had taken part on behalf of the Trust, Newcastle Hospitals Charity and the Sir Bobby Robson Foundation.

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

iv) **Chief Executive's Report including:**

Rob Harrison delivered a presentation with the following points noted:

- The Interim Strategy and the three priorities for 2025/26 which included focussing on the fundamentals, making it better for colleagues and looking to the future as the Trust addressed the big signals.
- The Quality Priorities for the year. The continued improvement in incident reporting, the importance of learning from incidents and the positive reduction in the proportion of significant harm incidents reported was highlighted.

- Expansion of the Accrediting Excellence (ACE) programme, focussed on delivery of sustained improvement in care and clinical professional standards. Congratulations were expressed to Hugh Gallagher, Staff Governor, who was one of the clinical leaders in a ward which had recently achieved a perfect score of 10 for the ACE programme.
- A review of the food provision for patients was underway with an ongoing pilot in Ward 3 at the Great North Children's Hospital (GNCH) to test how to improve the offer to long-stay children and young people. It was acknowledged that further work was needed to improve the food provision for patients and a peer review would be conducted by colleagues from South Tyneside and Sunderland NHS Foundation who had performed well in this area.
- An improvement had been seen in the Emergency Department (ED) performance during the summer but pressures had increased in September 2025.
- The Referral to Treatment (RTT) Waiting List Size had reduced overall, albeit there had been a slight increase recently, as expected for this time in the year.
- In relation to cancer performance, improvements had been seen, particularly with lung cancer performance, however targeted work was still ongoing to make further improvements.
- The Trust was starting to recover performance for the 31 day radiotherapy target.
- Preparations for the Winter season continued, with the flu vaccination programme underway.
- The three Alliance bilateral Boards were helping to progress work on important shared pathways and opportunities to improve quality and sustainability.
- The challenging financial position. Jackie Bilcliff advised that the Trust was on plan to achieve a breakeven position at the year-end however there were significant financial pressures. There was a need to spend resources appropriately and to be as efficient as possible with the funds available.
- Regarding the NOF, at the end of quarter 4 in March 2025 the Trust was ranked 76th in the country, in segment 3. In the most recent quarter, the Trust had achieved segment 2 and ranked 26th in the country, a fantastic improvement. Gratitude was expressed to all staff.

There were five areas of performance to be focussed on over the coming months being productivity, staff sickness, cancer, healthcare acquired infections and emergency care.

- Following the recent pulse survey, it was evident that there was a need to make experiences at work better for colleagues. The switchover to remote hosting had had a positive change, and the Trust had committed £2m into replacing IT devices, first into ward areas then more widely. Access to psychological support services to colleagues had been expanded with a new psychology service in occupational health.
- Work continued on Equality, Diversity and Inclusion (EDI) alongside staff network members, including developing an anti-racism policy and in reducing health inequalities.
- Improvements in relation to the estate and utilising areas more effectively e.g. neonates decant work and development of the Urgent Treatment Centre. A key focus for new capital developments was to ensure more flexible use of modern estates, as well as withdrawing from leases for older buildings.

- A 5-year strategy across the Trust was currently under development, linking to the 10 year plan for the NHS. Engagement would take place with staff, Governors and stakeholders.

[Chris Record joined the meeting at 13.45]

A discussion ensued, with questions raised by Governors on the following areas:

- The need for further improvement in cancer performance, particularly regarding long waiters. It was acknowledged that growth and demand had increased, for example there had been a 5% growth in 2 week waits this year. Focussed work was taking place on pathways and making sustainable changes to reduce pathway length.

Harm reviews were actively discussed at the Quality Committee for patients waiting over 104 days and a report was shared at the recent Finance and Performance Committee (F&PC) regarding cancer performance. For the lung cancer pathway work had centred on reducing the gap in time between having a scan to seeing a consultant, with a focus on avoiding patient harm. The urology cancer pathway was also being reviewed.

Anna Stabler advised that Newcastle Hospitals was the first Trust to implement a harm review process which had been seen as best practice, with learning shared across the system. As the Quality Committee were comfortable with the robustness of the harm review process, ongoing monitoring would take place through the tier 2 Patient Safety Group and any escalations made to the Quality Committee as appropriate.

- Increasing information on clinical effectiveness. Rob Harrison advised that work on clinical effectiveness reporting into the Quality Committee was already underway with a report expected for the November meeting. Anna Stabler noted that the Quality Committee had received headline data on stroke outcomes previously, with outcomes data being gathered on different pathways to aid improvement.
- Whether any 'Trilateral' Boards should be created with Gateshead Health NHS Foundation Trust. Rob Harrison explained that a Committee in Common was established for all four of the Alliance trusts. In addition, a Joint Committee was in place for Newcastle Hospitals, Gateshead Health and Northumbria Healthcare trusts with an agreed work programme covering several areas e.g. paediatrics.

Lucia Pareja-Cebrian explained that Governance Oversight Groups were established across all Clinical Boards and as part of the agenda, there was a focus on clinical outcomes, including any instances of harm and other incidents. It was acknowledged that in some cases clinical effectiveness was very difficult to measure.

- The 6-week diagnostic target and the number of patients waiting more than 6 weeks for a diagnosis, particularly for colonoscopy and gastroscopy. Rob Harrison advised that a great deal of work was taking place to reduce diagnostic waiting times which included training for nurse endoscopists and increased MRI capacity within the Community Diagnostic Centre (CDC)/other diagnostic areas.

Use of a new endoscopy room had increased capacity by 25%. Options were being explored regarding longer opening hours or using alternative tests. Rob Harrison highlighted that diagnostic deep dives take place on rotation at the F&PC.

- An article in the Health Service Journal (HSJ) published earlier today regarding the opening of cancer testing centres. Work was taking place in relation to the CDC and how space could potentially be utilised to conduct treatments in the same location as the diagnostic tests.
- The importance of Allied Health Professionals (AHPs) being considered and engaged in the plans for community spaces.

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

25/15 ITEMS FOR DISCUSSION

i) Capital Programme Update

Russ Jones shared a presentation and highlighted the following points:

- The core areas of the Trust capital programme which included estate improvements, fire remediation, backlog maintenance, general and medical equipment, leases and information technology.
- The five baseline priorities and emerging clinical priorities e.g. decant space at the Royal Victoria Infirmary (RVI), were shared.
- The 2025/26 capital plan estates schemes were agreed at the Trust Board meeting in April 2025. This included some schemes that had been carried over from the previous year, backlog and fire remediation works; as well as wards and theatre refurbishments (agreed with Clinical Boards).

[Jackie Bilcliff joined the meeting at 14:04]

- Ward 16 work had paused which provided some flexibility to bring forward another project from within the capital programme. It was noted that there were 21 schemes within the capital programme for 2025/26.
- The capital programme was overcommitted however was closely monitored through the monthly Capital Management Group meetings where risks, costs and the overall programme were discussed.
- The 4 year forward plan for capital projects and medical equipment was discussed. The Clinical Boards had provided input and the Estates Strategy & Capital Investment Group had been utilised for development and agreement of the plan.
- Projects in progress outside of the capital plan included the Sir Bobby Robson Institute, a new build scheme on the Freeman site, with work taking place on the design and securing planning permission. Other projects included advanced therapies, integrated laboratory medicine, the high level isolation unit and community estate.

A discussion ensued, with questions raised by Governors on the following areas:

- Clarification as to the Roche equipment upgrades, being managed equipment service contracts.
- The status of the creation of a wholly owned subsidiary for estates and facilities. Rob Harrison confirmation that approval was still awaited from NHS England (NHSE) therefore the subsidiary could not be progressed until formal approval was received. A formal risk rating needed to be undertaken by the NHSE Transactions Team.

Governors would be updated on any future developments regarding the subsidiary when available.

- The high-quality of recent theatre refurbishments undertaken.
- The status of the Paediatric Congenital Heart Disease co-location project. Rob Harrison advised that remained within the Alliance construction project (formerly known as the 'Big Build').
- Potential expansion of robotic surgery. It was noted that a robotic strategy was under development. Work was underway with Newcastle Hospitals' Charity and external companies to review funding opportunities. Paul Ennals advised that the Alliance construction project required significant funding, albeit some Capital Departmental Expenditure Limit (CDEL) allocations may be available.
- The status of the fire remediation works. A fire remediation work programme was in place as part of the separate PFI contract. For the non-PFI estate, a survey was carried out and the Estates team have prioritised on a risk basis. The programme covered a long time-period due to the difficulty with accessing certain clinical areas.
- Regarding the £97m in critical infrastructure risk a query was raised as to whether the creation of the wholly owned subsidiary would help the position. Russ Jones highlighted that the £97m was the result of the lack of investment over several years, reflective of the national NHS position. In addition, access to the clinical environments was not always possible as required full closure of areas in some cases. Rob Harrison advised that there would be an extra capital budget of circa 20% through the creation of the wholly owned subsidiary.

Paul Ennals welcomed the developed of the 4-year forward plan which enabled greater transparency and better longer-term planning. He highlighted that funding had been received to expand the Trust high level isolation unit which will make the Trust one of two in the country that have such a unit.

It was resolved: to receive the update.

25/16 ITEMS TO RECEIVE

i) Governor Working Group (WG) Reports including:

i. Lead Governor

Judy Carrick advised that during the focus group for the Well Led external review by Grant Thornton, it became clear that there was a need to better communicate how Council of Governor meeting agendas were agreed. She proposed to include an update in the weekly Governor update emails regarding what items would appear on the agenda, what items had been deferred and the reason for their deferral. For example, the Transplantation/Organ Utilisation Strategy item had been deferred as was scheduled to be agreed at the next Transplantation Committee meeting. If Governors then had any questions on the agendas, then these could be raised with Judy.

Linda Pepper asked that when discussing meeting agendas that consideration be given to the length of the time on the agenda, the attractiveness of the meeting topics for members of the public and the split between Public and Private agenda items. For example, she noted

that felt that the Capital update discussed earlier could have been shortened and may not have been as attractive to members of the public. Paul Ennals highlighted that he was keen for less items to be discussed in the Private Council of Governors' meetings and more in the Public meetings in order to increase transparency.

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

ii. **Quality of Patient Experience (QPE) WG**

Claire Watson highlighted the great presenters and thanked all who attended the food tasting session.

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

iii. **Business and Development (B&D) WG**

Eric Valentine advised that the B&D WG had discussed several topics including audit, procurement, innovation, finance, IT and risk. He noted that the WG welcomed scrutiny from all Governors and NEDs who attended and were pleased to see the appointment of a Director of Innovation.

Peter Bower commented that at the most recent B&D WG, the Director of Innovation discussed the three Cs, being courage, curiosity and collaboration, which he highlighted were essential principles for successful leadership and suggested would be useful for fellow Governors to consider.

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

iv. **People Engagement and Membership (PEM) WG**
a. PEM WG Terms of Reference [For approval]

Catherine Heslop explained that she had attended the Trust Charity Great North Run tent, which was an excellent day and encouraged other Governors to provide their support at future events. There were some areas for improvement which she had agreed to feedback.

Philip Home highlighted that time to discuss Committee Governor observer reports varied on each WG agenda and recommended that it would be useful for this to be consistent, along with focussing on any specific recommendations. Judy Carrick advised that the Lead Governor report summarised the key themes from all of the recommendations from the Committee Governor observer reports for ease.

A minor amendment was proposed to the terms of reference for the PEM WG which was approved.

It was resolved: to **receive** the report, **note** the contents and **approve** the updated Terms of Reference.

ii) **Public Meeting Action Log**

The following actions were discussed:

- Action 148 [development of the integrated neighbourhood health teams] – Paul Ennals recommended that this action remain in progress until confirmation as to when a future update can be provided.
- Action 149 [food provision review] – whilst it was acknowledged that the CEO had included an update as part of his report, Paul Ennals suggested that this action also remain in progress, with a future update to be provided to the Council of Governors on the work undertaken. Peter Bower commented that he was impressed with the food tasting arranged for the QPE WG and by the catering staff who conducted the session.

The other actions on the log that were proposed for closure were agreed as completed.

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

25/17 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 22 October 2025
- Formal Council of Governors – Wednesday 26 November 2025

The meeting ended at 2.30pm.

GOVERNORS' ATTENDANCE – 24 SEPTEMBER 2025

	Name	Y/N
A	Mrs Tracy Armstrong [Charity]	Apologies
A	Professor Joanne Atkinson	Y
S	Mr Roger Bishop [Volunteers]	Y
A	Mr David Black [APEX]	Y
2	Mr Peter Bower	Y
2	Ms Sue Brown	Y
S	Mr David Bull [Admin & Clerical, Management and Hospital Chaplains]	Apologies
1	Mrs Judy Carrick	Y
1	Dr Kate Cushing	Y
1	Dr Alexandros Dearges-Chantler	Apologies
A	Mrs Lara Ellis [Newcastle City Council]	Y
1	Mrs Aileen Fitzgerald	Y
S	Mr Hugh Gallagher [Medical and Dental]	Y
3	Mrs Joy Garner	Y
2	Mrs Catherine Heslop	Y
2	Professor Philip Home	Y
S	Mr William Jarrett [Estates and Ancillary]	N
S	Ms Stacey Longstaff [Nursing & Midwifery]	N
2	Mr Hugh McKendrick	Y
1	Mr Thomas Millen	Apologies
2	Mrs Linda Pepper	Y
2	Mr Shashir Pobbathi	Y
1	Miss Fatema Rahman	Y
1	Dr Chris Record [From 13:45]	Y
S	Miss Elizabeth Rowen [Allied Health Professionals]	Y
S	Mrs Poonam Singh [Nursing & Midwifery]	Y
1	Dr Eric Valentine	Y
2	Dr Peter Vesey	Y
A	Dr Luisa Wakeling	Apologies
3	Mr Michael Warner	N
2	Mrs Claire Watson	Y
1	Ms Sallyann Webster	Y
2	Dr Kevin Windebank	Y

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COUNCIL OF GOVERNORS

Date of meeting	26 November 2025					
Title	Chair's Report					
Report of	Sir Paul Ennals, Chair					
Prepared by	Sir Paul Ennals, Chair Gillian Elsander PA and Corporate Governance Officer					
Status of Report	Public	Private	Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance	For Information			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Summary	<p>This report outlines a summary of the Chair's activity and key areas of recent focus since the previous Council meeting held in Public in September 2025:</p> <ul style="list-style-type: none"> • Board Activity • Governor Activity • Informal Visits • Alliance • External Meetings 					
Recommendation	The Council of Governors is asked to note the contents of the report.					
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Public meeting.					

CHAIRS REPORT

As we head towards the end of the year, November is often a time for reflection and gratitude especially to those who gave their today for our tomorrow. I have attended two memorial events and laid wreathes on behalf of the NHS.

From 1 October 2025 my role as Shared Chair was formally expanded to include Gateshead Health NHS Foundation Trust and I have continued with my comprehensive induction programme at Gateshead.

BOARD ACTIVITY

Our Board Development session in October focussed on three main areas:

- Discussions in relation to the key findings from our external well-led review. We received some initial headline feedback and discussed next steps in terms of areas for action.
- Reviewing our Provider Capability Assessment submission and identifying further areas of improvement.
- Continuing our preparation for the Care Quality Commission (CQC) well-led re-inspection through recapping on roles and responsibilities, governance structures and processes, and culture and behaviours.
- Revisiting psychological safety both within the Board of Directors and in strengthening our Trust wide culture.

ACTIVITY WITH GOVERNORS AND MEMBERS

At our Governor Workshop in October, in addition to our standard reports, we continued our focus on Equality, Diversity and Inclusion (EDI) facilitated by our Executive Leads Caroline Docking and Martin Wilson, with Lee-Anne Naidoo, Improvement Programme Manager. We revisited progress during 2025/26, focussing specifically on the progress made since the previous Governor update in July and plans for October. Lee-Anne shared an update on the development of our Anti Racist Framework and we discussed the implications for the Trust of the Supreme Court Judgement regarding the term 'sex'.

The workshop included an update from Rob Harrison, Chief Executive Officer (CEO), on local matters, recent news and achievements, regular reports on patient and staff experience, performance and finance, as well as a more detailed Estates update. We also heard about the work of two of our assurance Committees from Anna Stabler, Non-Executive Director (NED) Chair of the Quality Committee and Hassan Kajee, NED Chair of the Digital and Data Committee.

Plans are well underway for our next members' event on 4 December focussed on diabetes and technology. At the event we will share information on the latest technology being used to improve health outcomes and quality of life for people living with type 1 diabetes, particularly for pregnant women. We look forward to seeing you there.

INFORMAL VISITS

I have continued with my informal visits across all parts of the organisation to meet with staff. To pick out some examples:

- I visited the Emergency Department at the Royal Victoria Infirmary (RVI) during the recent round of industrial action for resident doctors. I observed the true commitment and dedication shown by staff to patients and to each other during these challenging times.
- Located at the Freeman Hospital is our Northern Centre for Cancer care (NCCC). My visit to NCCC highlighted the innovative work being undertaken within our Trust to treat patients with cancer. I witnessed first-hand the excellent quality of care and compassion shown to our patients.
- Since Alliance collaboration has enabled us to reduce waiting lists for cardiothoracic events, I was given the opportunity to follow the revised patient pathway and understand how collaboration has been producing improvements in patient outcomes.
- Along with Anna Stabler, I attended an evening visit to multiple wards at our Freeman Hospital; key issues are contained within the Board Visibility Report that goes to our Public Board meetings.

ALLIANCE

The momentum for joint working continues at pace, and each month we can see more evidence of positive outcomes from the collaborative work that we have initiated. There continues to be good progress with Alliance developments.

Monthly meetings of the Joint Committee (of the 3 East Coast trusts) and the Committee in Common (all 4 partners) continue, where we receive regular reports on progress in the three areas of delegated authority (IT, finance and research), and consider progress on the range of bilateral collaborations.

OTHER MEETINGS AND INFORMATION

Monthly I meet with the Chair, CEO and senior officers of the Integrated Care Board (ICB), along with other Foundation Trust Chairs, to discuss issues of common interest. There is also a strong informal network between Chairs now, in recognition that some colleagues elsewhere in the region are facing some real organisational challenges – I am doing my best to ensure that we can support colleague trusts wherever possible, and am grateful for the support that has been offered by several Board colleagues to neighbouring trusts.

As mentioned in my previous report, focus has continued on the challenging financial position together with medium-term planning for 2026/27, and has involved me in direct meetings with NHS England and the ICB.

Along with Anna Stabler and Caroline Docking, our Director of Communications and Corporate Affairs, I attended the Trust Celebrating Transplantation event, which included a conversation on 'The Story of a Heart', a book written by Dr Rachel Clarke. The book told the extraordinary tale of the heart transplant between two children, Max Johnson and Keira Ball, that changed UK legal history. Max's mum was present for the truly uplifting evening.

I also had the privilege of attending our recent Celebrating Excellence Awards ceremony for staff where I shared presenting duties with Rob Harrison. Great event.

Both events highlighted the fantastic care and treatment being provided across the Trust.

Since the previous September Council of Governors meetings there has been a significant number of national publications, consultations and guidance documents released which we are in the process of reviewing and understanding from a governance perspective. This includes the draft Advanced Foundation Trust programme guide for applicants which is out to consultation until 11 January 2026.

We are in an active period of change within the NHS, nationally and regionally. I spent a fruitful two days with NHS Providers, providing me with the opportunity to discuss a range of issues with our substantive CEO Jim Mackey.

I continue my role representing the NHS on the Net Zero North East England Board. I have also retained my engagement and contributions to the work of the North East Child Poverty Commission, again on behalf of the NHS.

RECOMMENDATION

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

Report of Sir Paul Ennals
Chair
18 November 2025

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COUNCIL OF GOVERNORS

Date of meeting	26 November 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	
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Purpose of Report	For Decision		For Assurance		For Information	
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Summary	This report updates on the work of the Lead Governor since the Formal Council of Governors meeting on 24 September 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 my last report, I have taken forward the following areas of interest on behalf of the Council of Governors ('the Council').

a. Meetings schedule/agendas: I am continuing to work with the Chair and Trust Secretary to improve agenda setting. We have cut the number of items in agendas to allow more time for discussion. We have done this by allocating some of the issues raised to written updates where little discussion is foreseen. Workshops are earmarked for discussion topics, like Equality, Diversity and Inclusion (EDI) and a review and reflection on the Grant Thornton Well-Led Review. Further feedback has also indicated that Governors need time to get acquainted in order to feel part of an evolving team so we have allocated 30 minutes prior to each meeting for informal chat. Finally, I have sent a summary of the decision making to Governors after major agenda setting meetings so that the process is transparent and all can be assured that their issues will be addressed at the best opportunity.

b. Audiology: Following a series of issues raised including waiting times, repairs and batteries about the Audiology Service, including several raised by Alliance colleagues, I have sent a question to Anna Stabler as Chair of the Trust Quality Committee, and also forwarded one complaint, which came into the Lead Governor email box, to the Patient Experience office. I will ensure that Governors are kept updated on improvements made following feedback shared on this department at the monthly drop-ins, and as other initiatives develop. I will also ask for a further update from Audiology when Anna feels the new programmes have bedded in.

Update: - Anna Stabler has replied with the following assurance:

We have heard from approximately 1,000 patients – of those 92% would rate their care as good or very good. Communication about waiting stands out as the area of greatest concern. The other work that the Clinical Board are doing is monitoring staff experience in Audiology acknowledging the service changes and transition for the team. The Pulse survey allowed us to look at Surgical Services data in detail and Audiology in particular.

With regard to waiting times, I have been advised of the following:

- *80% of new patients are being seen within 6 weeks.*
- *Royal National Institute for Deaf People (RNID) are now running clinics in local areas to support the supply/renewal of batteries, tubes and minor repairs.*
- *Complex cases continue to be our longest waits with approximately 900 patients waiting, work continues to reduce this number and is being monitored closely at performance meetings. To note as part of this work support is being given via mutual aid from other Trusts.*

The next update to the Quality Committee is in December, the Governor in attendance will therefore be able to provide a further update on progress.

I am assured that Audiology is receiving the oversight needed and that improvements are imminent.

- c. Alliance: Thank you to those who attended the Alliance Governors event on 24 October. The Lead Governors have had two further meetings, one including the Lead Governor from North Cumbria Integrated Care NHS Foundation Trust. We are asking questions about governance and how we, as Governors, can be assured by the Non-Executive Directors from our own Trust about how the shared roles, programmes and financial commitments made are benefitting our own communities. Are our constituents getting their proportionate allocation of the shared resources? Is the quality of shared programmes adequate and what continual improvement plans are in place? This is especially important for us in giving feedback for the Shared Chair's appraisal and further remuneration discussions. I have lodged a formal question about governance and oversight with Bill MacLeod. There has been no further update on the commercial partnership opportunity since August. I have asked for an update.
- d. Vice Chair: The above topic is part of an ongoing discussion between me and the Vice Chair. As his role evolves, I am meeting regularly with him to ensure the changes in the role/the expanded remit of the role meet the needs of the Trust and its Governors.
- e. Further/new topics raised for future agendas: On your behalf I have requested the following to be added to our already ambitious list of topics: 1. Spotlight on Primary Care (and Neighbourhood Working) 2. The new Maternity/neonatal review 3. Services which show that improvements are needed in performance metrics such as Lower GI, Lung, Upper GI and Colorectal cancers 4. Procurement (which will be first brought to the Business & Development Working Group). Please note that this item is repeated from the last update as insufficient progress has been made to address these.
- f. Well-led: The Grant Thornton Well-Led Review is now complete and, after the notes shared with us in November, we are planning a substantial review and reflection as part of the December Workshop. This will allow us to agree Governor priorities based on the report and form an action plan to address any areas identified for improvement. This will allow all Governors to have a say in our forward plans.
- g. Cost Improvement: The Cost Improvement Programme (CIP) has had some challenges that confirm finance as one of our biggest risks. The pause in creating new subsidiaries, rising drug costs, an early start to the flu season and continuing industrial action are all stressors on our very tight budget. I have asked for and am getting regular and transparent updates as the season unfolds. Governors are playing their part in the Cost Improvement Programme (CIP) by trialling online Working Group meetings, as are other areas in the Trust. We will review this trial in January and are beginning to consider other ways in which we can contribute to the savings. Please forward your own findings and thoughts to me for inclusion.
- h. Governor "value added": Governors have again supported the PLACE assessments and have offered to support the staff Xmas dinners as servers.
- i. Ongoing Issues: In addition to Audiology, there are several ongoing issues. They include signposting, which has been somewhat delayed, cancer waiting lists and digital security. We need to seek assurance from the Non-Executive Directors on the work being undertaken to improve communication with patients and families and I have offered the Council of Governors as a stakeholder/critical friend to assist with this project. Therefore, this remains an ongoing issue. All are long-term issues and, while I am keeping an eye out for developments or deterioration, I expect to revisit these issues for some time to come. In the shorter term, Governors will want to review the

Well-Led report with the aim of reviewing and improving our role in Trust governance.

2. MEETINGS ATTENDED:

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

- 02/09/2025 Update meeting with Deputy Lead Governor
- 03/09/2025 Public Partnership Steering Group
- 16/09/2025 Meeting with Vice Chair
- 16/09 /2025 Observed the Quality Committee after meeting with Anna Stabler Chair of Quality Committee
- 17/09/2025 Meeting with Alliance Lead Governors
- 19/09/2025 One to One with Shared Chair
- 24/09/2025 One to One with Chief Executive Officer (CEO)
- 26/09/2025 Transplantation event at Freeman Hospital as part of Transplant Week
- 30/09/2025 Agenda Setting for Formal Council of Governors – October 2025
- 01/10/2025 Meeting with Alliance Lead Governors
- 01/10/2025 Grant Thornton call for further information; Lead Governor email enquiry: sex/gender
- 07/10/2025 Sought and received assurance about General Medical Council (GMC) Trainer/Trainee survey
- 15/10/2025 Alliance Lead Governors Meeting: sharing best practice and preparation for 24/10/2025
- 16/10/2025 Chair drop-in
- 16/10/2025 Story of a Heart event at Freeman Hospital
- 21/10/2025 People at Our Hearts Judging Panel, Q2
- 24/10/2025 Alliance Governor Meeting
- 28/10/2025 Sandwich tasting followed by visit to Older People's Medicine at the Freeman Hospital
- 04/11/2025 Visit to the Royal Victoria Infirmary (RVI) public spaces, with special focus on disabled toilets/changing areas
- 05/11/2025 PLACE (Place-based Assessment of the Clinical Environment)
- 12/11/2025 Governor Informal Meeting
- 12/11/2025 One to One with Vice Chair

3. KEY MATTERS AND TRENDS

These are the areas of interest all Governors should be familiar with as raised by Governors in talks with constituents, ward visits and the local and national press. Many are also noted in Committee Observer Reports.

1. Finance and cost-improvement
2. IT security, improvements (soft and hardware) and training
3. Winter pressures, corridor care and staff absence/stress
4. Mental health support and wellbeing (Year 2 People Plan)

5. Abuse towards Staff abuse (including racial and other forms of discrimination (staff EDI feedback and ward visits)
6. Ongoing estates issues: are our buildings fit and designed to support the work we do
 - No general medicine wards especially for people 18-65 years
 - No quiet palliative care ward
 - See mental health issues above
 - Capacity
 - Privacy and dignity
7. Audiology
8. Waiting times
9. Media coverage regarding cardiac surgery
10. Noting the consistent improvement across all areas and the outstanding efforts of our Trust staff in working with such commitment in challenging circumstances.

4. RECOMMENDATION

The Council of Governors is asked to note and comment on the contents of this report. Governors are also invited to provide any feedback on the report directly to me.

Report of Judy Carrick

Lead Governor

10 November 2025

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	26 November 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		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance		For Information		
	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The content of this report outlines the activities undertaken by the working group since the previous Report in September 2025.</p> <p>Key points to note are:</p> <ul style="list-style-type: none"> - 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

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

1. INTRODUCTION

The QPE WG has continued to meet monthly, with a trial of Teams only meetings running until January 2026 to support the Governor contribution to delivery of the Trust Cost Improvement Programme. 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

Since my last report to the Council of Governors, members of the QPE WG have attended the following Groups and Committees:

a) **Complaints Panel**

Linda Pepper (Public Governor) attended the Complaints Panel on 7 October. Of note was the transfer of complaints information from the previous Datix system to the new InPhase system continues as per plan. The Action Plan is on target. A presentation regarding Dentistry was given – there is a low level of complaints and staff are very appreciative of support from the Complaints Team.

A presentation on Appliances and Aids was given from Newcastle City Loan Equipment Service, commissioned by the Integrated Care Board (ICB); challenges in delivering and collecting remain, given the complexity of requirements. Main issues from the Patient Advice and Liaison Service (PALS) feedback were communication, treatment, and waiting times. Lessons learnt/suggested improvements include: checking laundry before sending for any items which may be remaining within the sheets e.g. mobile phones; a map with appointment letters would be appreciated; reducing delays in sending letters to GPs. An update was also given on progress with the Complaints Improvement Plan. Aileen Fitzgerald and Linda Pepper (Public Governors) attended the Complaints Panel on 4 November. While recognising that progress has been made to streamline the complaints process for families, Governors shared their frustration that there was still no feedback process in place to inform families of the timeframe for an outcome of implementation of changes identified in their complaints response letter. Chaplaincy advised that they were receiving 1,000 referrals per month, which included requests to accompany family members when viewing deceased relatives. Some audiology patients had continued to experience issues in relation to accessing appointments to obtain hearing aid parts. There was concern that there was a 2-tier system – those waiting to receive NHS services, and those who could afford to pay privately. It was acknowledged, however, that there was an improvement plan in place. Information has since been provided to Governors for dissemination to patients and members in relation to where NHS audiology services could be accessed at a local level.

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

Philip Home, Public Governor, and David Black, Appointed Governor (Patient Experience), attend the CAGG meetings. Of note, David Black reported that the October meeting covered the standard

items along with a discussion on group membership/attendance. More clinical staff engagement was suggested. CAGG were happy with Governor representation. The November meeting was very short. The significant number of NICE guidelines was discussed, along with 160 national clinical audits.

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

David Black, Appointed Governor (Patient Experience), attended the 30th September meeting. Of note, the Patient Safety Incident Response Framework (PSIRF) was discussed, highlighting they have 8 patient safety partners – 4 undertaking work associated with the role, 1 is fully trained and 3 are partially trained. It was noted that there is a monthly increase in work being done by patient safety partners. Issues were raised about some aspects of the InPhase system not working as expected - the InPhase team are aware of this and are working to develop a solution. An update on the October meeting of PSG will be covered in the January QPE WG meeting.

d) Quality Committee

Judy Carrick (JC), Lead Governor, attended the 16 September meeting. Of note, it was felt that Governors should read the Grant Thornton external well-led review report once available to cross-refer with our own Care Quality Commission (CQC) reset plan and update it accordingly. We can also learn and form a forward plan based on the review of our own working practice and effectiveness. In relation to Health Inequalities, it was felt that the 5 Year Strategy document should be made available to all governors and input requested for any upcoming meetings. Further, Patient, Engagement and Membership Working Group (PEM) may want to consider using this document as the basis for a discussion forum in the future. Finally, in relation to the new autism lead, it was suggested that they attend a future QPE WG meeting and further input on reasonable adaptation work from Helga Charters, Associate Director of Nursing may be of interest to the QPE WG. JC noted that three Non-Executive Directors (NEDs) joined Anna Stabler (Chair of Quality) and Sir Paul Ennals, Chair. They were Bill MacLeod, Wendy Balmain and Phil Kane. Each provided good levels of challenge and valuable contributions throughout.

Roger Bishop, Staff Governor for Volunteers, attended the 14 October meeting. Of note, infection control performance remained an area of concern with a renewed focus on basic procedures around hand washing and general cleanliness. In relation to the Emergency Department, a great deal of work had been carried out to improve waiting times and the patient experience, although areas for improvement were privacy and dignity and in corridor care especially. Staff have commented that the PSIRF process is now much easier to use. At the Committee a concern was raised around the increase in red flag incidents with further analysis requested to determine whether there was a potential impact on quality of care and outcomes.

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

Claire Watson, Public Governor, regularly attends the NSG meetings and the monthly Electronic Meal Ordering Steering Group meetings and provides a written report to Governors.

Of note, in relation to electronic meal ordering, a lot cannot happen until the software has been updated, IT issues resolved, and links made into the patient E-record. A lot of work needs to be done with the hope of initial implementation and a testing phase in early spring next year. A number of Governors took part in a “sandwich tasting session”, which included members of the

Nutrition Steering Group, on 28 October to provide a sensory evaluation for a contract for patient and retail sandwiches. Very honest feedback was given on a range of factors such as taste, texture, aroma, and packaging.

3. PRESENTATIONS/GUESTS

At the October QPE WG meeting, we were joined by Nichola Kenny (Director of Improvement and Delivery) who provided updates on digital initiatives including the Patient Engagement Portal (PEP) integration with the NHS App, and Accessible Information Standard (AIS).

At the November QPE WG meeting, we were joined by Annie Lavery (Chief Experience Officer and Joint Lead on Equality, Diversity and Inclusion) who provided a detailed update on the implementation of the Real Time and Right Time Patient Experience project. It was noted that feedback had been received from more than 100,000 people in the space of a year, discussing what mattered most to patients at their different points of care. Annie also answered Governors' questions including how the statistical data from the project was produced, were there any communication issues, contact with remote/rural patients, shifting data (for example maternity), and whether video and telephone consultations could be used when patients didn't need to be examined.

We were also joined at the November meeting by Tracy Scott (Head of Complaints & Experience of Care) to give an update on the most recent quarter's complaints. Of note, communication remains the biggest area of complaint. As yet there is no data on the improvement journey, as the data from July is still awaited.

Governors would like to thank Nichola Kenny, Annie Lavery and Tracy Scott for their valuable contributions to the QPE WG meetings.

4. WARD AND DEPARTMENT VISITS

Visits were undertaken to the following locations:

- 3 September 2025 – Accident & Emergency/ED, RVI.
- 7 October 2025 – Ophthalmology, Ward 20 and Outpatients, RVI.

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

17 November 2025

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	26 November 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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Purpose of Report	For Decision	For Assurance			For Information	
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Summary	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) on 24 September 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.					
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, with the topics covered relating to the Working Groups (WG) Terms of Reference.

The WG is generally 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. The two meetings reported here were held via MS TEAMS only.

2. PRESENTATION TOPICS

2.1 Chair of Audit, Risk and Assurance Committee (ARAC) / Non-Executive Director (NED) (16th October 2025)

David Weatherburn (DW) attended the meeting on to give an update on ARAC highlighting key risks & mitigations, as well as planned improvements including:

- IT infrastructure and legacy systems - an active programme is in place to replace outdated software, along with a rolling programme of improvement over 6–12 months.
- Governance and reporting - including introducing leaner reporting with more succinct executive summaries, moving to a 'triple A' reporting template and standardising language across Committees.
- Risk registers – improvements to have more succinct risk narratives and consistency of application of the scoring methodology across Clinical Boards.
- Data quality and compliance - data quality accuracy and more collaborative/integrated IT approaches across Clinical Boards to improve operational efficiencies.
- Financial constraints.
- External perceptions and clinical governance – discussed recent media coverage and transparency of issues.

2.2 IT Update (16th October 2025)

Dave Elliott (DE), Chief Digital Officer, attended the meeting to give an IT update. The discussion covered key risks and mitigations which included:

- Digital projects backlog and capacity
- Resource and funding constraints
- Legacy infrastructure & the switch to remote hosting
- Cybersecurity and Data Protection
- Strategic alignment and governance

A plan was in place in relation to the Digital structure and strategy, leadership and training.

2.3 Chair of Finance & Performance Committee (F&PC)/ NED (13th November 2025).

Bill Macleod attended the meeting to give an update on F&PC highlighting:

- The financial position of the Trust with a break-even forecast for year-end, but significant challenges remain.
- Governance and oversight – Board and CEO accountable for financial outturn.
- Performance on cancer pathways: skin cancer performance remains challenging.
- Strategic issues – Elective Recovery Fund (ERF) reimbursement and medium-term planning: 3-year plan due November; new payment methods and commissioning roles emerging.

2.4 Innovation from the University (13th November 2025)

Lisa Alcock, Senior Research Associate - Translational and Clinical Research Institute, Gait Laboratory Lead - Clinical Ageing Research Unit attended the meeting to give an innovation update highlighting:

- Gait Laboratory Innovations e.g. focus on movement disorders (Parkinson's, dementia, rare neuromuscular conditions).
- Research Focus e.g. Mobility signatures: timing, rhythm, gait variability linked to specific conditions,
- Wearable Technology e.g. Algorithms developed to interpret physical activity - future integration into clinical care.
- Digital Health Innovations - Potential collaborations with the ICB.

2.5 Trust long-term strategy (13th November 2025)

Lisa Jordan, Assistant Director of Strategy and Planning, attended the meeting to discuss the Trust's long-term strategy and engagement work being done highlighting the current position, the engagement undertaken, the values review, the future focus of priorities and the 10-Year NHS Plan Alignment.

Martin Wilson is leading the development of the Trust Clinical Strategy, integrated with overarching Trust strategy.

Financially work continues on the CIP target delivery for 2025/26, the CIP plan for 2026/27 and focussing spending in the right areas/identifying priority investments.

3. REPORTS ON BOARD COMMITTEE OBSERVATION

The following Board Committees have been observed by Governors. The completed reports are available in the Governor Reading Room on AdminControl.

- Digital & Data Committee (11 September 2025) (D&D) – This meeting was observed by Tracy Armstrong.
- F&PC (23 September 2025) (F&PC) - This meeting was observed by Philip Home.
- ARAC (23 September 2025) - This meeting was observed by Chris Record.

- Finance and Performance Committee (20 October 2025) (F&PC) - This meeting was observed by Eric Valentine.

4. RECOMMENDATION

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

**Report of Eric Valentine
Working Group Chair
16 November 2025**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	26 November 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 <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Internal <input type="checkbox"/>			
Purpose of Report	For Decision <input type="checkbox"/>	For Assurance <input type="checkbox"/>	For Information <input checked="" type="checkbox"/>			
Summary	<p>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.</p> <p>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 September 2025.</p>					
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 <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Finance <input type="checkbox"/>	Human Resources <input type="checkbox"/>	Equality & Diversity <input checked="" type="checkbox"/>	Sustainability <input type="checkbox"/>
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. This month our guest speaker was Teri Bayliss, Charity Director of Newcastle Hospitals Charity. She gave us an update highlighting current and future priorities and developing the Charity future strategy beyond 2026. The Charity Strategy will be focused on supporting the Trust, the Trust Strategy and the NHS 10-year plan. Questions were asked about the visibility of the Charity and about Trustee status.

2. GROUP ACTIVITIES

We discussed the upcoming Members' Event, which is taking place in December, and hope many of you will be able to attend. Looking ahead, our March 2026 Members' Event will focus on Cancer, specifically innovation and living with cancer. This is such an important and wide-ranging topic, so we're currently working with experts to refine the programme and ensure it is informative and engaging.

We also discussed the possibility of having an information stand at either the Freeman Hospital or the Royal Victoria Infirmary (RVI) on the date we do not have presenters lined up to present at the PEM WG meetings. One suggestion was to position the stand near Children's Outpatients, and we are exploring this option further.

3. ONGOING AREAS OF FOCUS

3.1 Communication

We agreed on the New Year message that we will be sending to all members.

3.2 Membership

It was noted that 144 public members had left the Trust membership, but we gained 351 staff members, which is very encouraging. We discussed the importance of promoting membership through events and word of mouth.

3.3 Vice Chair

We were all truly sorry to hear that Poonam Singh has stepped down as Vice Chair of the PEM WG. Poonam has been such a valued part of our team, and her dedication and insight have made a real difference. We want to express our heartfelt thanks for everything she has contributed and hope she will continue to stay connected and join us at future meetings.

3.4 Christmas Lunch for Staff

Bill MacLeod commented that some of the Non-Executive Directors would be serving Christmas lunch to the staff and some of the Governors have volunteered to help.

4. RECOMMENDATIONS

The PEM WG asks that the Council of Governors receive this report for information.

**Report of Catherine Heslop
Chair of the PEM Working Group
18 November 2025**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	26 November 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 <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Internal <input type="checkbox"/>			
Purpose of Report	For Decision <input checked="" type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>	For Information <input type="checkbox"/>			
Summary	<p>The content of this report outlines the key matters discussed at the Nominations Committee meetings which have taken place since the previous Council of Governors meeting in September 2025. Matters discussed included:</p> <ul style="list-style-type: none"> • Consideration of risks associated with the Committee remit; • Non-Executive Director (NED) terms and conditions review; • NED Remuneration Review; and • Review of the Chair/NED expenses guidance. 					
Recommendation	<p>The Council of Governors is asked to note the contents of this report, and specifically:</p> <ol style="list-style-type: none"> Approve the proposed changes recommended by the Nominations Committee to the NED and Associate NED Terms and Conditions (Appendix 1); Support the recommendation from the Nominations Committee that no changes are made to the base level of remuneration for NEDs; and Approve the proposed changes recommended by the Nominations Committee to the Chair and NED expenses guidance (Appendix 2). 					
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 <input type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Human Resources <input checked="" type="checkbox"/>	Equality & Diversity <input checked="" type="checkbox"/>	Sustainability <input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Nominations Committee reports are provided routinely to the Council of Governors to provide updates on the business of the Committee.					

NOMINATIONS COMMITTEE UPDATE

1. INTRODUCTION

Since the September 2025 Council of Governors meeting, Committee members met on one occasion on 14 November 2025. The sections below summarise the items discussed.

2. CONSIDERATION OF RISKS ASSOCIATED WITH THE COMMITTEE REMIT

At a previous Nominations Committee meeting it was agreed that it would be helpful for Committee members to schedule some time to discuss risks relevant to the remit of the Committee. Below are the areas within the remit of the Committee in which potential risks were discussed:

- Governance and Compliance e.g. compliance with the NHS Code of Governance or statutory requirements, documentation, independence/objectivity in recruitment process and effectiveness of support;
- Strategic and Succession e.g. succession planning, diversity of skills and experience and alignment to strategic needs (linking in to the wider Great North Healthcare Alliance (GNHA) and the Integrated Care Board);
- Performance and Remuneration e.g. performance evaluation, remuneration levels and transparency;
- Reputational e.g. perceptions regarding appointments, conflicts of interest and communication;
- Operational e.g. recruitment processes, use of external recruitment advisors and effectiveness of Committee meetings; and
- Regulatory and External Environment e.g. changes in national policy/guidance and evolving NHS structures.

Mitigations for each of the above were highlighted and discussed in detail. Committee members agreed some minor amendments to the report and that the report be added to the Schedule of Business for review annually.

3. NON-EXECUTIVE DIRECTOR (NED) TERMS AND CONDITIONS REVIEW

An annual review of the template NED Terms and Conditions was undertaken by the Trust Secretary. Minor changes to the Terms and Conditions were proposed and supported by Committee members to:

- Recognise that the Terms and Conditions were for the Non-Executive Directors only (separate Terms and Conditions were drafted by legal advisors for the Shared Chair).
- The addition of a reference to being invited to attend site visits as part of the Board Visibility Programme (the same amendment was proposed to be added to the Associate NED Terms and Conditions).
- Removal of duplicated wording regarding equal opportunities/equality, diversity and inclusion (the same amendment was proposed to be added to the Associate NED Terms and Conditions).

Agenda item 8

Committee members discussed the Terms and Conditions for NEDs and Associate NEDs and agreed that the template be further updated to reflect:

- The addition of some wording to acknowledge collaborative working.
- Changing the order of words regarding NED terms of office and additional periods being in exceptional circumstances.
- Adding in a reference to the annual appraisal process.

The NED and Associate Terms and Conditions were updated to reflect the changes above. The Council of Governors are asked to approve the updated Terms and Conditions for NEDs and Associate NEDs included in Appendix 1.

4. NED REMUNERATION REVIEW

At the 23 January 2025 Nominations Committee meeting, Committee members briefly discussed NED remuneration and agreed at that time that no changes to the base level of remuneration for NEDs be recommended to the Council of Governors for approval. It was also agreed that NED remuneration be revisited three months after the appointment of the Shared Chair.

Although the remuneration for NEDs has been discussed/agreed prior to appointment of the new NEDs, NED remuneration has not been considered more broadly since January 2023. Best practice recommends that NED remuneration is reviewed annually.

Committee members conducted a more detailed review at the 14 November Committee meeting which considered:

- The current base remuneration for NEDs in Newcastle Hospitals (being £15,000 per annum for NEDs).
- The NHS England (NHSE) issued guidance in September 2019 entitled ‘a new remuneration framework for Chairs and Non-Executive Directors’.
- The results of the NHS Providers annual remuneration survey.
- Recruitment and retention in relation to high calibre NEDs.
- The significant complexity and size of Newcastle Hospitals as an organisation.
- Benchmarking against regional and Shelford Group trusts.
- The significant financial challenges facing the Trust and the scale of the Cost Improvement Programme.

After detailed consideration it was proposed to Nominations Committee members that no changes are made to the base remuneration of the NEDs. Committee members agreed and therefore recommend to the Council of Governors that the base remuneration for NEDs remains unchanged.

5. REVIEW CHAIR/NED EXPENSES POLICY

The annual review of the Chair and NED expenses guidance document has been undertaken by the Trust Secretary with minor changes suggested which covered:

Agenda item 8

- Additions of the word 'Chair' to reflect that the guidance relates to expenses for both the Chair and the NEDs;
- An updated list of meetings that the NEDs attend regarding Governor meetings, workshops and working groups, as well as the Board Visibility Programme; and
- Updated working to 'His' Majesty's Revenue and Customs Guidance.

Nominations Committee members agreed the proposed changes for final approval at the Council of Governors meeting. In addition Committee members recommended that additional wording be added into section 3.1 (travel) regarding 'whichever is closest' and to add in 'expense claims may be subject to review'.

The updated guidance is appendix in Appendix 2 for approval.

6. **RECOMMENDATIONS**

The Council of Governors is asked to note the contents of this report, and specifically to;

- i) Approve the proposed changes recommended by the Nominations Committee to the Non-Executive Director (NED) and Associate NED Terms and Conditions;
- ii) Support the recommendation from the Nominations Committee that no changes are made to the base level of remuneration for NEDs; and
- iii) Approve the proposed changes recommended by the Nominations Committee to the Chair and NED expenses guidance.

Kelly Jupp
Trust Secretary
17 November 2025

NON-EXECUTIVE DIRECTOR TERMS AND CONDITIONS

The Newcastle upon Tyne Hospitals NHS Foundation Trust (“the Trust”)

1 Conduct

You must note and comply with the following current codes of conduct and policy guidance, which can be varied from time to time without your agreement or notice and changes will automatically apply to your role:

- a) Nolan principles of Conduct in Public Life;
- b) Corporate governance codes of conduct and accountability including the Trust Constitution, Standing Orders, Scheme of Delegation and Standing Financial Instructions;
- c) Code of Governance for NHS provider trusts;
- d) The Trust Standards of Business Conduct;
- e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – Fit and proper persons: Directors;
- f) NHS England Fit and Proper Person Test Framework for Board members; and
- g) NHS Leadership Competency Framework for Board members.

2 Appointment

- 2.1 This appointment letter constitutes neither a contract for services nor a service contract. Your appointment is for an initial term of three years commencing on [Date TBA] unless terminated earlier by either party giving to the other party three month's written notice.
- 2.2 Your appointment is subject to the Trusts Constitution. Nothing in your terms and conditions shall be taken to exclude or vary the terms of the Constitution as they apply to you as a Non-Executive Director of the Trust.
- 2.3 Continuation of your engagement is also contingent on satisfactory performance, considered as part of the annual appraisal process, and any relevant statutory provisions relating to the removal of a Director.
- 2.4 Non-Executive Directors are typically expected to serve two three year terms but may be invited by the Council of Governors to serve for a short additional period in exceptional circumstances. Any term renewal is subject to review by the Nominations Committee and approved by the Council of Governors. Notwithstanding any mutual expectation, there is no right to renomination by the Council of Governors either annually or after any three-year period.
- 2.5 You will be required to serve on one or more committees of the Board or the Council of Governors.
- 2.6 You will be provided with the relevant terms of reference on your appointment to such a committee.
- 2.7 You also may also be asked in the future to serve as a Non-Executive Director on the Board of any of the Trusts subsidiaries or joint ventures (as may be established), or as the Senior Independent Director or Vice Chair. Any such appointment will be covered in a separate communication.

3 Duties

- 3.1 The duties of the post are outlined in your role description and person specification and may be changed from time to time to meet the needs of the Trust. Your key performance objectives will be based on the Trust objectives and your personal objectives will be agreed with the Chair.
- 3.2 You are expected to make the care and safety of patients your first concern in everything you do in discharging your duties and responsibilities. You are expected to foster a spirit of candour and a culture of humility, honesty and integrity to enable the Trust and its staff to communicate clearly and openly with patients, relatives and carers at all times.
- 3.3 You are expected to aspire to the highest standards of performance and professionalism in the provision of high quality care that is safe, effective and focussed on patient experience.
- 3.4 You will exercise your powers in your role as a Non-Executive Director having regard to relevant obligations under prevailing law and regulation, including the Companies Act 2006.

4 Independence and Outside Interest

- 4.1 The Trust has determined you to be independent, taking account of the guidance contained in the Code of Governance for NHS provider trusts.
- 4.2 You have already disclosed to the Trust the commitments you have outside this role. You must inform the Trust in advance of any changes to these commitments. In certain circumstances, the agreement of the Council of Governors may have to be sought before accepting further commitments, which either might give rise to a conflict of interest or a conflict of any of your duties to the Trust or which might affect the time that you are able to devote to your role at the Trust.
- 4.3 It is accepted and acknowledged that you may have business interests other than those of the Trust and have declared any conflicts that are apparent at present. In the event that you become aware of any further potential or actual conflicts of interest, these should be disclosed as soon as they become apparent and, again, the agreement of the Council of Governors may have to be sought.
- 4.4 The Trust Standards of Business Conduct Policy includes guidance on gifts and hospitality, loyalty interests, shareholdings, ownership interests and other areas. Board members are required to declare any interests or declarations in accordance with the Policy on appointment and/or at their earliest opportunity when they arise.
- 4.5 Declarations of interest, including gifts and hospitality can be made using the Trust Declaration of Interest site at: <https://newcastlehospitals.mydeclarations.co.uk/> from any device, and can also be accessed using the quick links panel on the Trust's intranet.

5 Time Commitment

- 5.1 You will be expected to devote such time as is necessary for the proper performance of your duties and you should be prepared to spend an average of four to five days per month on Trust business after the induction phase. This is based on preparation for and attendance at:
 - Corporate/local induction;
 - Scheduled Board and Council of Governor meetings;
 - Board away days;

- The Annual Members' Meeting; and
- Briefing meetings/training/Board development sessions.

5.2 Unless urgent and unavoidable circumstances prevent you from doing so, it is expected that you will attend the meetings outlined above. By accepting the Appointment, you confirm that you are able to allocate sufficient time to perform your role.

5.3 In addition, you will be invited to attend:

- Meetings of the Non-Executive Directors;
- Meetings with stakeholders;
- Site visits as part of the Board Visibility Programme; and
- Meetings of the Council of Governors.

6 Board Membership

6.1 As a member of the Board of Directors you will be expected to adhere to and implement all lawful, professional and reasonable instructions and do your utmost to promote the interests of the Trust.

6.2 You will keep the Chair fully informed, and provide any explanation or information required in the spirit of the Code of Conduct for NHS Managers and the Standards of Business Conduct Policy.

6.3 You must fully and faithfully adhere to the arrangements of the NHS and the Trust including Standing Orders and all other relevant policies, codes and guidelines as amended from time to time.

6.4 There is a mutual duty of trust and confidence, which should be preserved at all times. If there is a loss of trust and confidence in you, your appointment will be terminated.

6.5 By accepting this appointment you undertake that, taking into account all other commitments you may have, you are able to, and will, devote sufficient time to your duties as a Non-Executive Director.

7 Pay

You will be paid monthly by credit transfer. Your basic salary is [insert agreed amount] per annum. A review of Non-Executive Director pay will be addressed on an annual basis by the Nominations Committee.

8 Pension

You will have no entitlement to participate in the NHS Pension Scheme.

9 Expenses

Reimbursement of any appropriate expenses incurred in the course of your duties will be reimbursed to you in accordance with the Trust Chair and Non-Executive Directors expenses guidance.

10 Control of Infection

It is a condition of your appointment that so far as is reasonably practicable, you minimise the risk of infection to yourself, colleagues, patients, relatives and visitors and, in so doing, you must:

- a) Be familiar with, and adhere to Trust policies and guidance on infection prevention and control.
- b) Attend the Trust Non-Executive Director Induction and statutory education programmes on infection prevention and control.
- c) Include infection prevention and control as an integral part of your continuous personal/professional development.
- d) Take personal responsibility as far as is reasonably practicable, in helping ensure that effective prevention and control of health care acquired infections is embedded into everyday practice and applied consistently by you and your colleagues.

11 Termination

11.1 Your engagement may be terminated with immediate effect and without compensation if you:

- a) Commit any act of gross misconduct; commit a material breach of your obligations under this letter; or repeat the behaviour or performance or conduct after written warning any other breach of duty.
- b) Lose the trust and confidence of the Newcastle upon Tyne Hospitals NHS Foundation Trust Board.
- c) Are guilty of any fraud or dishonesty or conduct that, in the reasonable opinion of the Board, brings or is likely to bring this organisation or the NHS into serious disrepute.
- d) Are convicted of any criminal offence (excluding any offence under Road Traffic legislation in the United Kingdom or elsewhere for which you will not be sentenced or imprisoned whether immediate or suspended). It will be for the Chair or their nominated deputy to decide if the offence is sufficiently serious to warrant termination of the engagement.
- e) Commit any act of dishonesty relating to this organisation or any other part of the Health Service. This relates to employees, patients and otherwise.
- f) Become grossly incompetent in the performance of your duties.
- g) Commit any serious or repeated breach or non-observance of your obligations to the Trust (which include an obligation not to breach your duties to the Trust, whether statutory, fiduciary or common-law).

h) Are declared bankrupt or have made an arrangement with or for the benefit of your creditors.

i) Are disqualified from acting as a Director.

11.2 On termination of your appointment, you shall at the request of the Trust resign from your office as a Director of the Trust (and all other offices held by you connected with the Trust).

12 Information Governance

It is a condition of your engagement that you comply fully with Information Governance standards and responsibilities with regard to data protection, confidentiality, and information security. In doing so you:

- a) Must regard all identifiable personal information relating to patients and staff as confidential and at all times maintain appropriate standards of confidentiality.
- b) Must not disclose confidential information to any other person unless in pursuit of your duties or where specific permission is given.
- c) Must familiarise yourself with Trust policies and procedures for the control and appropriate sharing of patient information with other agencies, taking account of relevant legislation.
- d) Are responsible for implementing good records management (where appropriate) in line with the Trust's records retention policy and following the Trust's guidelines for enabling information to be disclosed within the requirements of the Trust's 'Freedom of Information and Environmental Information Regulations' policy.
- e) Must ensure Information Governance is an integral part of your continuous personal/professional development.
- f) Must take personal responsibility so far as is reasonably practicable, in helping to ensure that Information Governance is embedded into everyday practice and applied consistently by you and your colleagues.

13 Confidential Information

13.1 Whilst collaborative working is encouraged, confidential and sensitive information gained in the course of your engagement, including information about the policies and business of the Trust and other relevant organisations will amount to trade secrets and may be confidential because of commercial or political sensitivity. Disclosure of such information may be detrimental to the business of the Trust and other relevant organisations.

13.2 In accepting this post you agree not to disclose such information and to accept the following restrictions unless specifically required to do so in the furtherance of your duties. This includes not sharing confidential information, or using such information in other NHS Foundation Trust Chair/Non-Executive Director roles that you are undertaking. You will need to be cognisant at all times of your fiduciary duty to each trust of which you are a director or chair, and the potential for there to be a conflict of interest between those fiduciary duties.

13.3 In accordance with Trust Standards of Business Conduct, Code of Conduct for NHS Managers, and Governance policies including Standing Orders relating to this

organisation, you will not obtain financial advantage, directly or indirectly, from a disclosure acquired by yourself in the course of your engagement. Your duty of non-disclosure continues after termination of engagement.

- 13.4 You will not either during your engagement or after termination, for your own purposes or those of other relevant organisations or individuals, communicate any secret or confidential information, or information constituting a trade secret discovered by yourself in the course of your engagement with this organisation.
- 13.5 The exception to this is where a disclosure is authorised by the Chief Executive (or nominated deputy); or is necessary as part of your duties; or is required by a court of competent jurisdiction; or by an appropriate regulatory authority; or as required by law in particular disclosure made in accordance with the Public Interest Disclosure policy.
- 13.6 You will utilise your Newcastle Hospitals email address for any business relating to Newcastle Hospitals deemed necessary as part of your role.

14 Financial Interests in Contracts

You must inform the Chief Finance Officer of the Trust as soon as it comes to your notice that you have a financial interest in a contract into which the Trust has entered, or proposes to enter into, whether or not you are party to the contract. In the case of a married couple, the interest of one is deemed to be the interest of the other.

15 Ethical Conduct and Integrity

- 15.1 The Trust is committed to the highest standards of ethical conduct and integrity in its activities and will not tolerate any form of bribery by, or of, employees. You will not offer, promise, give, request, and agree to receive, or accept any bribes in the course of your engagement, when conducting Trust business or when representing the Trust in any capacity. You must comply with all applicable procedures and Standards of Business Conduct that are in force.
- 15.2 The Trust acknowledges that you have business interests other than those of the Trust and that you have declared any conflicts that are apparent at present. In the event that you become aware of any potential conflicts of interest, these should be disclosed to the Chair and Trust Secretary as soon as they become apparent.

16 Independent Professional Advice

Circumstances may occur when it will be appropriate for you to seek advice from independent advisers at the Trusts expense. A copy of the Boards agreed procedure under which Directors may obtain independent advice would be provided. The Trust will reimburse the reasonable costs of expenditure incurred by you in accordance with its policy.

17 Changes to Personal Details

You shall advise the Trust Secretary promptly of any changes in address or other personal contact details.

18 Deductions from pay – Overpayment of Salary

The Trust is entitled to and will recover any overpayment of salary from subsequent salary payments. It is your responsibility to check your payslip upon receipt and to

notify the Trust immediately if you notice any errors or discrepancies relating to your pay. In view of this duty, the Trust will deem that you have reasonable notice and knowledge of any overpayment identified on your payslip regardless of whether or not you have in fact checked your payslip. The Trust will not accept alleged failure to check your payslip as a reason not to recover the overpayment of salary.

19 Health and Safety

19.1 The Trust undertakes, so far as is reasonably practicable, to provide and maintain a safe working environment, equipment and safe systems of work. You are required to exercise reasonable care for the health, safety and welfare of yourself and all other persons who may be affected by your acts or omissions at work.

19.2 It is a condition of your engagement that you cooperate with the Trust as regards any duty or requirement imposed upon it by any relevant statutory provision:

- a) Fire – a detailed fire procedure document is available on all wards and departments. It is your responsibility to familiarise yourself with the content and to act in accordance with it. It is also a condition of your engagement that at least once a year you attend one of the Fire Lectures run by the Trust and to partake in fire drills as and when they occur.
- b) Security you will be issued with an Identity Card. It is a condition of your engagement that you wear it at all times during visiting the Trust sites.

20 Intellectual Property

You will comply with our procedures for intellectual property, which are in line with: 'The NHS as an Innovative Organisation. A Framework and Guidance on the Management of Intellectual Property in the NHS'.

21 Use of Private Motor Vehicle(s) on Trust Business

If you use a vehicle in connection with your appointment, you must ensure at all times that you hold a valid driving licence, have appropriate insurance which covers you for business use and an accident to a third party, and the vehicle is roadworthy with valid road tax and MOT (where applicable). If your driving licence or insurance expires, you must inform the Chair immediately and stop driving any vehicle in connection with your engagement. If your road tax or MOT expires, you must only continue using the vehicle where permitted by law and renew these immediately.

22 'No Smoking' – Smoke Free Trust Policy

The Trust is a 'smoke free' zone and does not permit smoking on any of its premises. You are not permitted to smoke in any buildings or grounds of the Trust.

23 Police Investigations

23.1 It is a condition of your engagement that you inform the Chair at the earliest opportunity if for any reason you are the subject of action by the police. Action includes but is not restricted to the following: investigation; summons; arrest; bind-over; caution; reprimand; warning; driving offence; charge; conviction; or imprisonment.

- 23.2 If you are in any doubt about what to do, you should speak to the Chair immediately. A delay or failure to inform will be regarded as a serious breach of the Trust's Disciplinary Rules and could lead to disciplinary action.

24 Gifts and Gratuities

You are required to comply with the Trust's rules and procedures governing the acceptance of gifts and hospitalities as outlined within the Standards of Business Conduct Policy.

25 Social Networking Sites and Use of the Internet

- 25.1 This refers to the use of Web software that supports social networking (e.g. blogs, wikis, Facebook) and media sharing (e.g. YouTube, Flickr).

The Trust does not allow access to any social networking sites on Trust devices and will regard any breach of this condition as a disciplinary offence. You must not utilise the Trust's computer systems to engage in political activities where this might be construed as representing the Trust. The Trust reserves the right to monitor all emails and internet use by the individual.

- 25.2 Internet libel is the publication of a defamatory statement in permanent form, which includes publication on the internet. The Trust will undertake swift action if it becomes aware of statements posted on websites, which may be considered defamatory. Any form of harassment, including defamatory statements or other unacceptable content, will be given serious consideration by the Trust and appropriate action will be taken.
- 25.3 If you become aware of a statement on a website, which could be considered defamatory, you should contact the IT Services Help Desk with the following information: your name and contact details; location of the statement; and the nature of the complaint i.e. why you object to the statement.
- 25.4 The Trust reserves the right to secure the removal of any such statement and will carry out an investigation into how such a statement was posted.
- 25.5 The Trust has strict rules around the use of its network services (intranet and internet) including use of email and access to certain websites. It is your responsibility to be aware of these rules, to familiarise yourself with Trust policies in this regard, and to adhere to these policies at all times. Failure to do so will be considered a serious disciplinary offence.

26 Equality, Diversity and Inclusion

- 26.1 The Trust is committed to a policy of equality, diversity and inclusion in everything that it does. You are required to act in accordance with the spirit of relevant policies, procedures, campaigns and initiatives and comply with any relevant statutory provisions.

Signature: _____

Date: _____

Last updated: 7 November 2025

Last reviewed: 14 November 2025 [Nominations Committee] and [To be confirmed] [Council of Governors]

ASSOCIATE NON-EXECUTIVE DIRECTOR TERMS AND CONDITIONS

The Newcastle upon Tyne Hospitals NHS Foundation Trust (“the Trust”)

1 Conduct

You must note and comply with the following current codes of conduct and policy guidance, which can be varied from time to time without your agreement or notice and changes will automatically apply to your role:

- a) Nolan principles of Conduct in Public Life;
- b) Corporate governance codes of conduct and accountability including the Trust Constitution, Standing Orders, Scheme of Delegation and Standing Financial Instructions;
- c) Code of Governance for NHS provider trusts;
- d) The Trust Standards of Business Conduct;
- e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – Fit and proper persons: Directors; and
- f) The NHS England Fit and Proper Person Test Framework.

2 Appointment

- 2.1 This appointment letter constitutes neither a contract for services nor a service contract. Your appointment is for an initial term of three years commencing on 20 January 2025 unless terminated earlier by either party giving to the other party three month’s written notice.
- 2.2 Your appointment is subject to the Trusts Constitution. Nothing in your terms and conditions shall be taken to exclude or vary the terms of the Constitution as they apply to you as an Associate Non-Executive Director of the Trust.
- 2.3 Continuation of your engagement is also contingent on satisfactory performance, considered as part of the annual appraisal process,.
- 2.4 Associate Non-Executive Directors are typically expected to serve two three year terms but may be invited by the Council of Governors to serve for a short additional period in exceptional circumstances. Any term renewal is subject to review by the Nominations Committee and approved by the Council of Governors. Notwithstanding any mutual expectation, there is no right to renomination by the Council of Governors either annually or after any three-year period.
- 2.5 You will be required to attend one or more committees of the Board or the Council of Governors.
- 2.6 You will be provided with the relevant terms of reference for the committee in which you attend.
- 2.7 You also may also be asked in the future to serve as a Non-Executive Director on the Board of any of the Trusts subsidiaries or joint ventures (as may be established). Any such appointment will be covered in a separate communication.

3 Duties

- 3.1 The duties of the post are outlined in your role description and person specification and may be changed from time to time to meet the needs of the Trust. Your key

performance objectives will be based on the Trust objectives and your personal objectives will be agreed with the Chair.

- 3.2 You are expected to make the care and safety of patients your first concern in everything you do in discharging your duties and responsibilities. You are expected to foster a spirit of candour and a culture of humility, honesty and integrity to enable the Trust and its staff to communicate clearly and openly with patients, relatives and carers at all times.
- 3.3 You are expected to aspire to the highest standards of performance and professionalism in the provision of high quality care that is safe, effective and focussed on patient experience.
- 3.4 You will exercise your powers in your role as an Associate Non-Executive Director having regard to relevant obligations under prevailing law and regulation, including the Companies Act 2006.

4 Independence and Outside Interest

- 4.1 The Trust has determined you to be independent, taking account of the guidance contained in the Code of Governance for NHS provider trusts.
- 4.2 You have already disclosed to the Trust the commitments you have outside this role. You must inform the Trust in advance of any changes to these commitments. In certain circumstances, the agreement of the Council of Governors may have to be sought before accepting further commitments, which either might give rise to a conflict of interest or a conflict of any of your duties to the Trust or which might affect the time that you are able to devote to your role at the Trust.
- 4.3 It is accepted and acknowledged that you may have business interests other than those of the Trust and have declared any conflicts that are apparent at present. In the event that you become aware of any further potential or actual conflicts of interest, these should be disclosed as soon as they become apparent and, again, the agreement of the Council of Governors may have to be sought.
- 4.4 The Trust Standards of Business Conduct Policy includes guidance on gifts and hospitality, loyalty interests, shareholdings, ownership interests and other areas. Associate NEDs are required to declare any interests or declarations in accordance with the Policy on appointment and/or at their earliest opportunity when they arise.
- 4.5 Declarations of interest, including gifts and hospitality can be made using the Trust Declaration of Interest site at: <https://newcastlehospitals.mydeclarations.co.uk/> from any device, and can also be accessed using the quick links panel on the Trust's intranet.

5 Time Commitment

- 5.1 You will be expected to devote such time as is necessary for the proper performance of your duties and you should be prepared to spend an average of four to five days per month on Trust business after the induction phase. This is based on preparation for and attendance at:
 - Corporate/local induction;
 - Scheduled Board and Council of Governor meetings;
 - Board away days;
 - The Annual Members' Meeting; and
 - Briefing meetings/training/Board development sessions.

5.2 Unless urgent and unavoidable circumstances prevent you from doing so, it is expected that you will attend the meetings outlined above. By accepting the Appointment, you confirm that you are able to allocate sufficient time to perform your role.

5.3 In addition, you will be invited to attend:

- Meetings of the Non-Executive Directors;
- Meetings with stakeholders;
- Site visits as part of the Board Visibility Programme; and
- Meetings of the Council of Governors .

6 Board Membership

6.1 As a non-voting member of the Board of Directors you will be expected to adhere to and implement all lawful, professional and reasonable instructions and do your utmost to promote the interests of the Trust.

6.2 You will keep the Chair fully informed, and provide any explanation or information required in the spirit of the Code of Conduct for NHS Managers and the Standards of Business Conduct Policy.

6.3 You must fully and faithfully adhere to the arrangements of the NHS and the Trust including Standing Orders and all other relevant policies, codes and guidelines as amended from time to time.

6.4 There is a mutual duty of trust and confidence, which should be preserved at all times. If there is a loss of trust and confidence in you, your appointment will be terminated.

6.5 By accepting this appointment you undertake that, taking into account all other commitments you may have, you are able to, and will, devote sufficient time to your duties as an Associate Non-Executive Director.

7 Pay

You will be paid monthly by credit transfer. Your basic salary is £13,000 per annum. A review of Associate NED remuneration will be addressed on an annual basis by the Nominations Committee.

8 Pension

You will have no entitlement to participate in the NHS Pension Scheme.

9 Expenses

Reimbursement of any appropriate expenses incurred in the course of your duties will be reimbursed to you in accordance with the Trust Chair and Non-Executive Directors expenses guidance.

10 Control of Infection

It is a condition of your appointment that so far as is reasonably practicable, you minimise the risk of infection to yourself, colleagues, patients, relatives and visitors and, in so doing, you must:

- a) Be familiar with, and adhere to Trust policies and guidance on infection prevention and control.
- b) Attend the Trust Non-Executive Director Induction and statutory education programmes on infection prevention and control.
- c) Include infection prevention and control as an integral part of your continuous personal/professional development.
- d) Take personal responsibility as far as is reasonably practicable, in helping ensure that effective prevention and control of health care acquired infections is embedded into everyday practice and applied consistently by you and your colleagues.

11 Termination

11.1 Your engagement may be terminated with immediate effect and without compensation if you:

- a) Commit any act of gross misconduct; commit a material breach of your obligations under this letter; or repeat the behaviour or performance or conduct after written warning any other breach of duty.
- b) Lose the trust and confidence of the Newcastle upon Tyne Hospitals NHS Foundation Trust Board.
- c) Are guilty of any fraud or dishonesty or conduct that, in the reasonable opinion of the Board, brings or is likely to bring this organisation or the NHS into serious disrepute.
- d) Are convicted of any criminal offence (excluding any offence under Road Traffic legislation in the United Kingdom or elsewhere for which you will not be sentenced or imprisoned whether immediate or suspended). It will be for the Chair or their nominated deputy to decide if the offence is sufficiently serious to warrant termination of the engagement.
- e) Commit any act of dishonesty relating to this organisation or any other part of the Health Service. This relates to employees, patients and otherwise.
- f) Become grossly incompetent in the performance of your duties.
- g) Commit any serious or repeated breach or non-observance of your obligations to the Trust (which include an obligation not to breach your duties to the Trust, whether statutory, fiduciary or common-law).
- h) Are declared bankrupt or have made an arrangement with or for the benefit of your creditors.
- i) Are disqualified from acting as a Director.

11.2 On termination of your appointment, you shall at the request of the Trust resign from your office as an Associate Non-Executive Director of the Trust (and all other offices held by you connected with the Trust).

12 Information Governance

It is a condition of your engagement that you comply fully with Information Governance standards and responsibilities with regard to data protection, confidentiality, and information security. In doing so you:

- a) Must regard all identifiable personal information relating to patients and staff as confidential and at all times maintain appropriate standards of confidentiality.
- b) Must not disclose confidential information to any other person unless in pursuit of your duties or where specific permission is given.
- c) Must familiarise yourself with Trust policies and procedures for the control and appropriate sharing of patient information with other agencies, taking account of relevant legislation.
- d) Are responsible for implementing good records management (where appropriate) in line with the Trust's records retention policy and following the Trust's guidelines for enabling information to be disclosed within the requirements of the Trust's 'Freedom of Information and Environmental Information Regulations' policy.
- e) Must ensure Information Governance is an integral part of your continuous personal/professional development.
- f) Must take personal responsibility so far as is reasonably practicable, in helping to ensure that Information Governance is embedded into everyday practice and applied consistently by you and your colleagues.

13 Confidential Information

- 13.1 Whilst collaborative working is encouraged, confidential and sensitive information gained in the course of your engagement, including information about the policies and business of the Trust and other relevant organisations will amount to trade secrets and may be confidential because of commercial or political sensitivity. Disclosure of such information may be detrimental to the business of the Trust and other relevant organisations.
- 13.2 In accepting this post you agree not to disclose such information and to accept the following restrictions unless specifically required to do so in the furtherance of your duties. This includes not sharing confidential information, or using such information in other NHS Foundation Trust Chair/Non-Executive Director roles that you are undertaking. You will need to be cognisant at all times of your fiduciary duty to each trust of which you are a director or chair, and the potential for there to be a conflict of interest between those fiduciary duties.
- 13.3 In accordance with Trust Standards of Business Conduct, Code of Conduct for NHS Managers, and Governance policies including Standing Orders relating to this organisation, you will not obtain financial advantage, directly or indirectly, from a disclosure acquired by yourself in the course of your engagement. Your duty of non-disclosure continues after termination of engagement.
- 13.4 You will not either during your engagement or after termination, for your own purposes or those of other relevant organisations or individuals, communicate any secret or confidential information, or information constituting a trade secret discovered by yourself in the course of your engagement with this organisation.
- 13.5 The exception to this is where a disclosure is authorised by the Chief Executive (or nominated deputy); or is necessary as part of your duties; or is required by a court of competent jurisdiction; or by an appropriate regulatory authority; or as required by law in particular disclosure made in accordance with the Public Interest Disclosure policy.
- 13.6 You will utilise your Newcastle Hospitals email address for any business relating to Newcastle Hospitals deemed necessary as part of your role.

14 Financial Interests in Contracts

You must inform the Chief Finance Officer of the Trust as soon as it comes to your notice that you have a financial interest in a contract into which the Trust has entered, or proposes to enter into, whether or not you are party to the contract. In the case of a married couple, the interest of one is deemed to be the interest of the other.

15 Ethical Conduct and Integrity

- 15.1 The Trust is committed to the highest standards of ethical conduct and integrity in its activities and will not tolerate any form of bribery by, or of, employees. You will not offer, promise, give, request, and agree to receive, or accept any bribes in the course of your engagement, when conducting Trust business or when representing the Trust in any capacity. You must comply with all applicable procedures and Standards of Business Conduct that are in force.
- 15.2 The Trust acknowledges that you have business interests other than those of the Trust and that you have declared any conflicts that are apparent at present. In the event that you become aware of any potential conflicts of interest, these should be disclosed to the Chair and Trust Secretary as soon as they become apparent.

16 Independent Professional Advice

Circumstances may occur when it will be appropriate for you to seek advice from independent advisers at the Trusts expense. A copy of the Boards agreed procedure under which Directors may obtain independent advice would be provided. The Trust will reimburse the reasonable costs of expenditure incurred by you in accordance with its policy.

17 Changes to Personal Details

You shall advise the Trust Secretary promptly of any changes in address or other personal contact details.

18 Deductions from pay - Overpayment of Salary

The Trust is entitled to and will recover any overpayment of salary from subsequent salary payments. It is your responsibility to check your payslip upon receipt and to notify the Trust immediately if you notice any errors or discrepancies relating to your pay. In view of this duty, the Trust will deem that you have reasonable notice and knowledge of any overpayment identified on your payslip regardless of whether or not you have in fact checked your payslip. The Trust will not accept alleged failure to check your payslip as a reason not to recover the overpayment of salary.

19 Health and Safety

- 19.1 The Trust undertakes, so far as is reasonably practicable, to provide and maintain a safe working environment, equipment and safe systems of work. You are required to exercise reasonable care for the health, safety and welfare of yourself and all other persons who may be affected by your acts or omissions at work.
- 19.2 It is a condition of your engagement that you cooperate with the Trust as regards any duty or requirement imposed upon it by any relevant statutory provision:
- a) Fire - a detailed fire procedure document is available on all wards and departments. It is your responsibility to familiarise yourself with the content and to act in accordance with it. It is also a condition of your engagement that at

least once a year you attend one of the Fire Lectures run by the Trust and to partake in fire drills as and when they occur.

- b) Security - you will be issued with an Identity Card. It is a condition of your engagement that you wear it at all times during visiting the Trust sites.

20 Intellectual Property

You will comply with our procedures for intellectual property, which are in line with: 'The NHS as an Innovative Organisation. A Framework and Guidance on the Management of Intellectual Property in the NHS'.

21 Use of Private Motor Vehicle(s) on Trust Business

If you use a vehicle in connection with your appointment, you must ensure at all times that you hold a valid driving licence, have appropriate insurance which covers you for business use and an accident to a third party, and the vehicle is roadworthy with valid road tax and MOT (where applicable). If your driving licence or insurance expires, you must inform the Chair immediately and stop driving any vehicle in connection with your engagement. If your road tax or MOT expires, you must only continue using the vehicle where permitted by law and renew these immediately.

22 'No Smoking' – Smoke Free Trust Policy

The Trust is a 'smoke free' zone and does not permit smoking on any of its premises. You are not permitted to smoke in any buildings or grounds of the Trust.

23 Police Investigations

- 23.1 It is a condition of your engagement that you inform the Chair at the earliest opportunity if for any reason you are the subject of action by the police. Action includes but is not restricted to the following: investigation; summons; arrest; bind-over; caution; reprimand; warning; driving offence; charge; conviction; or imprisonment.
- 23.2 If you are in any doubt about what to do, you should speak to the Chair immediately. A delay or failure to inform will be regarded as a serious breach of the Trust's Disciplinary Rules and could lead to disciplinary action.

24 Gifts and Gratuities

You are required to comply with the Trust's rules and procedures governing the acceptance of gifts and hospitalities as outlined within the Standards of Business Conduct Policy.

25 Social Networking Sites and Use of the Internet

- 25.1 This refers to the use of Web software that supports social networking (e.g. blogs, wikis, Facebook) and media sharing (e.g. YouTube, Flickr).

The Trust does not allow access to any social networking sites on Trust devices and will regard any breach of this condition as a disciplinary offence. You must not utilise the Trust's computer systems to engage in political activities where this might be construed as representing the Trust. The Trust reserves the right to monitor all emails and internet use by the individual.

- 25.2 Internet libel is the publication of a defamatory statement in permanent form, which includes publication on the internet. The Trust will undertake swift action if it becomes aware of statements posted on websites, which may be considered defamatory. Any form of harassment, including defamatory statements or other unacceptable content, will be given serious consideration by the Trust and appropriate action will be taken.
- 25.3 If you become aware of a statement on a website, which could be considered defamatory, you should contact the IT Services Help Desk with the following information: your name and contact details; location of the statement; and the nature of the complaint i.e. why you object to the statement.
- 25.4 The Trust reserves the right to secure the removal of any such statement and will carry out an investigation into how such a statement was posted.
- 25.5 The Trust has strict rules around the use of its network services (intranet and internet) including use of email and access to certain websites. It is your responsibility to be aware of these rules, to familiarise yourself with Trust policies in this regard, and to adhere to these policies at all times. Failure to do so will be considered a serious disciplinary offence.

26 Equality, Diversity and Inclusion

- 26.1 The Trust is committed to a policy of equality, diversity and inclusion in everything that it does. You are required to act in accordance with the spirit of relevant policies, procedures, campaigns and initiatives and comply with any relevant statutory provisions.

Signature: _____

Date: _____

Last updated: 7 November 2025

Last reviewed: 14 November 2025 [Nominations Committee] and [To be confirmed] [Council of Governors]

COUNCIL OF GOVERNORS

CHAIR AND NON-EXECUTIVE DIRECTOR (NED) EXPENSES GUIDANCE

1. Introduction

- 1.1 The annual cost of the Chair and Non-Executive Director (NED) expenses is included in the Trust's Annual Report as part of the wider Board reporting requirements in line with the NHS England (NHSE) Annual Reporting Manual and best practice advice included within the prevailing Code of Governance.
- 1.2 This document sets out the guidelines under which the Trust Chair and NEDs may be reimbursed for expenses incurred in the course of their duties. This is in addition to the remuneration levels as set out in the Trust's Annual Report.

2. Trust Principles

- 2.1 Trust staff are permitted to claim expenses when incurred as part of Trust business. The Trust's Expenses & Travel Policy seeks to reimburse any 'out of pocket' expenses which are reasonably, wholly, exclusively and necessarily incurred in the performance of duties for the Trust.
- 2.2 Regarding Trust related travel, the Trust policy specifies that travel should be by the most cost effective and environmentally friendly means, having regard for:
 - time and duration of journeys (and connecting travel);
 - requirement for flexibility of itinerary;
 - our commitment to reduce carbon emissions;
 - booking as early as possible to attract discounts; and
 - accessibility.
- 2.3 The Trust will reimburse the following expenses for the Trust Chair and NEDs (and Associate NEDs):
 - i. **Travel expenses** to attend:
 - All Board of Directors' Meetings, Annual Members' Meetings and Board Seminars/Workshops/Development sessions;
 - All Board Committee Meetings as required by the relevant Terms of Reference;
 - External Chair/NED training sessions as agreed with the Trust Secretary;
 - Council of Governor Meetings/Workshops/Working Group Meetings;
 - Board Visibility Programme NED visits, as coordinated through the Corporate Governance Team; and
 - Any other meeting or event that the Chair or NEDs attend as part of their duties as a Board Member of this Trust.

Where travel by public transport is not possible or feasible, then mileage will be reimbursed.

Users of private vehicles on Trust business must ensure that they have:

- Insurance for business use, for the vehicle used.
- A valid driving licence for the type of vehicle used.
- A valid MOT certificate for the type of vehicle used.
- That the vehicle is roadworthy and driver checks have been conducted before departure.
- Valid road tax.

ii. Parking expenses

If required, NEDs will be provided with a Trust-wide car parking permit to be used only when attending the Trust whilst in these capacities. The provision of a parking permit will be managed through the Trust Travel Team.

iii. Subsistence allowance/overnight accommodation

The Trust policy will be followed with reimbursement for the necessary extra costs of meals, accommodation and travel arising as a result of official duties away from the Trust.

Any costs incurred for meals, incidental expenses, night allowances etc., whilst on Trust business will be reimbursed at the level of actual expenditure but no more than the maximum rates detailed in the appropriate section of the relevant NHS Terms and Conditions of Service Handbook. All costs must be accompanied by associated receipts; actual costs (up to the maximum rates) will be reimbursed.

In general, the booking of hotels and travel is undertaken by the Corporate Governance Team in consultation with the Chair/NED and the Trust Secretary.

Under no circumstances will claims for alcohol be reimbursed.

3. Travel Expenses

- 3.1 For a NED/the Chair, 'home' is their office and where the majority of their preparation for Trust meetings takes place. 'Home' may be their actual home or their workplace (whichever is closest to the trust').
- 3.2 The Trust will pay expenses, including home to work mileage, at the same rates as for staff as detailed in the appropriate section of the NHS Terms and Conditions of Service Handbook.
- 3.3 For rail travel, journeys at the Trust's expense should normally be standard class.
- 3.4 For taxis, where the use of a taxi is agreed, these should be pre-booked using the Trust's taxi provider on the Trust account by calling 0191 2231818. Reference should be made to the Trust Taxi Policy prior to any booking being requested. If the taxi is

required outside of the Newcastle area, a local taxi should be used and costs reclaimed via this policy, supported with an original receipt.

- 3.5 The Trust will not reimburse expenses incurred by a spouse or partner accompanying an individual on business travel.

4. Subscriptions

- 4.1 The Trust does not permit payment, either by reimbursement or directly, of the Chairs/NEDs personal subscriptions to professional organisations and clubs.

5. Tax

- 5.1 The Trust will comply with all relevant tax law and His Majesty's Revenue and Customs guidance. UK Income Tax will be deducted from any expense payment which is considered to be taxable benefit, bearing in mind the special dispensations the Trust holds from the HMRC.
- 5.2 In accordance with HMRC requirements, the Trust will deduct basic or higher rate of income tax depending upon the individual from any reimbursement received in respect of travel expenses.

6. Submission of Claims

- 6.1 Claimants remain responsible for the accuracy and appropriateness of their claims and ensuring that the claim complies with the guidelines outlined above for reimbursement of reasonable expenses. Expense claims may be subject to review.
- 6.2 Expenses should be claimed using the online Trust Expenses system, details of which are included in Appendix 1 (the Staff Selenity expenses guide) to this guidance.
- 6.3 Travel and expenses claims made by the Chair and NEDs are publicly available and this should be considered when making any claim. Every effort must be made to minimise both financial cost and the environmental impact of travel arrangements.

7. Receipts

- 7.1 The Trust's policy requires that, when claiming for expenses other than mileage, all receipts must be submitted with the claim form. Further, all claims must be completed, certified and submitted within six weeks of the date the costs were incurred.
- 7.2 Payment will be made by BACS direct into the claimant's nominated bank account at the earliest opportunity.

8. Review and monitoring

- 8.1 The Council of Governors' Nominations Committee will in future review the guidelines annually along with the Terms and Conditions for the Chair and NEDs.

Last reviewed and updated: 14 November 2025 – Nominations Committee

Approved by the Nominations Committee and Council of Governors – [To be confirmed]

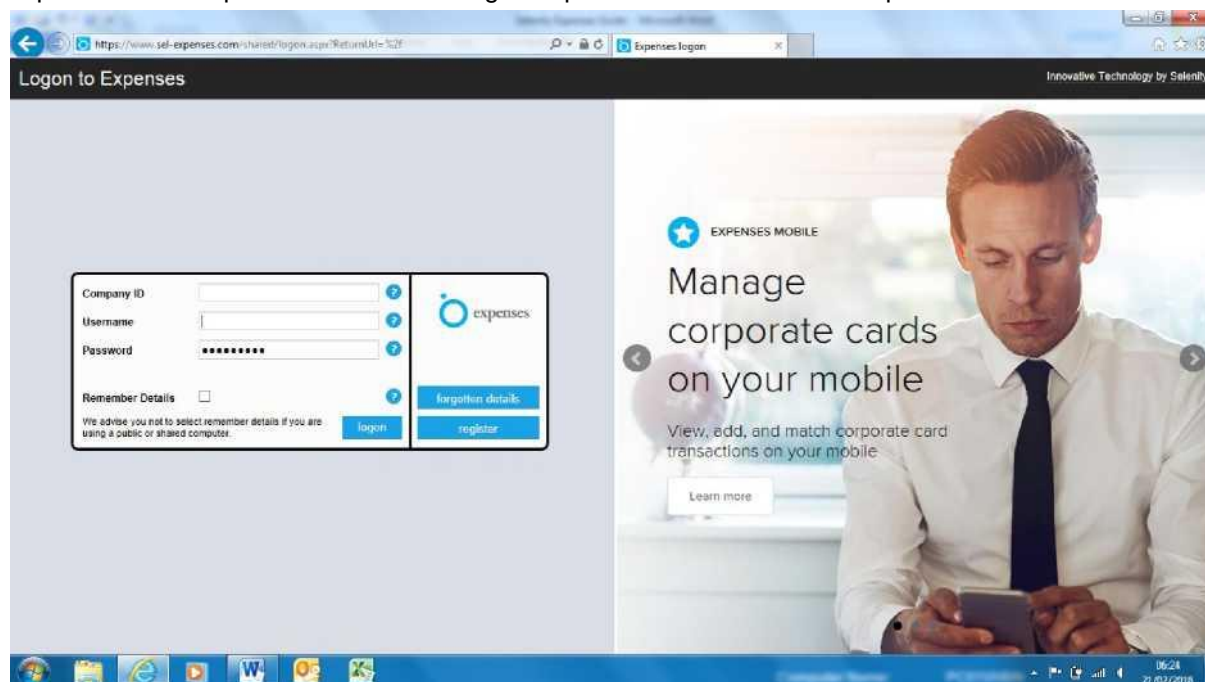
Selenity Expenses Guide

The Trust uses Selenity's e-expenses system for the processing of all expenses and travel claims. From 1st April 2018 all claims are to be submitted via the Selenity system and it is no longer necessary to submit paper claims for expenses related to training. This document is a short guide to using the system and will be included in the next revision of the Trusts expenses policy.

1. Access to the System

The system is web based, please use the web address below, this will take you to the login screen.

<https://www.sel-expenses.com/shared/logon.aspx?ReturnUrl=%2fhome.aspx>



On the login screen please use the following :

For all Newcastle Hospitals staff the Company ID is **NUTH** Your username is your payroll number
The password is individual to you and will have been set by you when you first logged on. The system has a forgot password function should you forget your password.

2. Setting up an Employee on the System

To add an employee to the E Expense system the Financial Management team for your Department or Directorate must receive the following information:

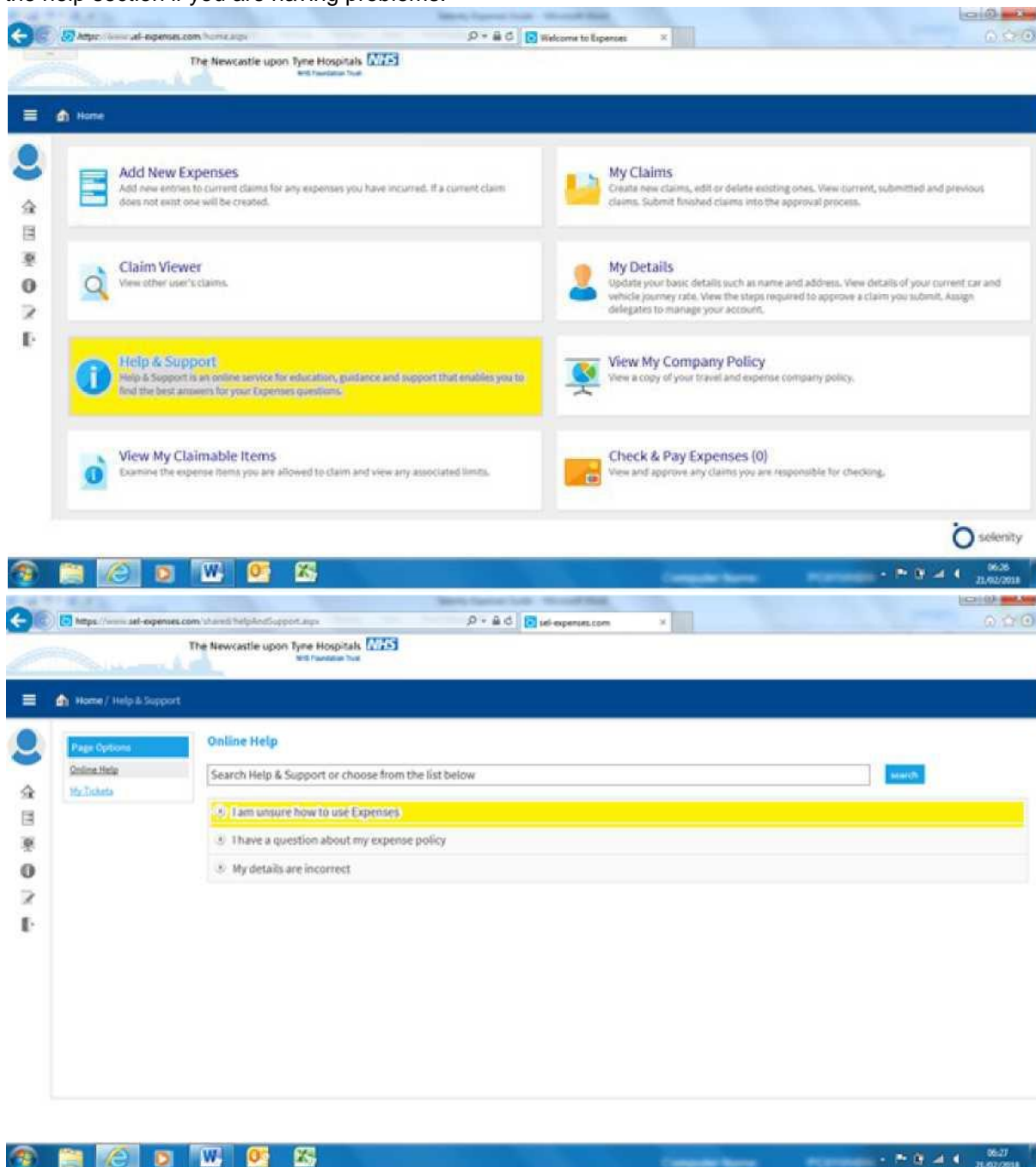
- Name, Email Address and Payroll Number of the new starter
- Name, Email Address and Payroll Number of the manager the Directorate would like to approve any claims
Name, Email Address and Payroll Number of a second manager the Directorate would like to approve any claims in the event that the intended approver is absent.

Please Note that Financial Management will check that the approvers identified are suitably authorised in the Trusts Scheme of Delegation. Contact details for each Financial Management team and Directorate are included in Appendix 1.

Once the employee is set up on the system they will receive an email explaining how to log on and how to set their password.

3. Making and Approving Claims

The system has a help function which provides a step by step guide on how to make a claim and how to approve a claim. To access the help function log onto the system and on the home page select Help and Support, then select "I Am Unsure How To Use Expenses". From the drop down menu select the option that best meets the help you need. However the system is relatively easy to use so only refer to the help section if you are having problems.



Within the system a claim is defined as a number of expense items. Employees should only submit one monthly claim, effectively this is one paper based claim under the old system. When a claim is

completed each item is a separate expense but you can have multiple items on the same day. The date is entered at the top of the claim page. So each journey for example is entered as a separate expense and there may be journeys on different days which make up all the journeys in a month to be included in a single claim.

It is important that only one claim per month is submitted. Each time a claim is submitted the employees approver will receive an automated email to check the expenses submitted. It is not efficient for approvers to check the system for every single expense, they should only check claims for 1 month or more as they would with a paper claim. The Trust is also charged on the number of claims approved so submitting a separate claim for each days expenses in a month is not cost effective.

To start a new claim select Add New Expenses from the home page. Before any details are entered please select either All Other Expenses or EWD Approved Training from the drop down highlighted below. The EWD approved Training option **should only be used** for training which has been approved by Education Workforce and Development, any claims not pre approved will be rejected. **You must select expense items prefixed with EWD for EWD Approved Training** and expense items not prefixed for All Other Expense items.

Before you can continue, please confirm the action required at the bottom of your screen.

Add Expense

General Details

Date: 23/02/2018

Reason: Centre Visit

Other Details: hla

Claim Type Breakdown

Claim Type	Percentage
EWD Approved Training	100

Business Mileage

If you are required to add a new address to the system please do not use any patient identifiable information (name, house number etc.)

If your car details are not displayed on the screen, Please click on the add car link and input your Make, Model, Registration, Engine Size and Fuel type prior to entering your mileage.

Your car will then be activated by your local administrator.

Once the correct option is selected you can then enter items such as travel, subsistence and accommodation. Each expense relates to a day, once the claim for that days expenses is complete press save at the foot of the screen. The types of expense typically claimed by employees can be found on the new expenses page. To add to the options please use the tick boxes on the left of the screen. Only items included in the travel and expenses policy may be claimed.

Once the entries are saved using the icon at the foot of the page the user is then taken to the claim details page where the claim can be submitted for approval.

The screenshot displays the NHS e-expenses system interface. The top navigation bar shows 'Home / My Claims / Current Claims'. The left sidebar contains 'Page Options' with links: 'New Expense', 'Claim List', 'Change View', 'Print', and 'Submit Claim'. The main content area is titled 'Claim Details' for 'GQuinn27'. Under 'General Information', it shows: Claim Name: GQuinn27, Claim Description: (blank), Number of Items: 2, Claim Total: £10.68, and Amount Payable: £10.68. The 'Expense Items' table is as follows:

Date of Expense	Expense Item	Reason	Number of Nights	Other Details	Number of Miles	Total
20/02/2018	Business Mileage	Centre Visit	0	bla	10.14	£5.98
20/02/2018	Parking	Centre Visit	0	bla		£5.00
					10.14	£10.68

Below the table, the 'My Mobile Items' section shows a message: 'You do not have any mobile items to reconcile.' The 'My Mobile Journeys' section is also visible at the bottom.

To add another days expenses click "New Expense" in the top left corner. Once an employee has entered all of the items and days they wish to claim for in a month or a number of months they should then submit a claim by selecting "Submit Claim" from the menu on the top left.

4. Receipts

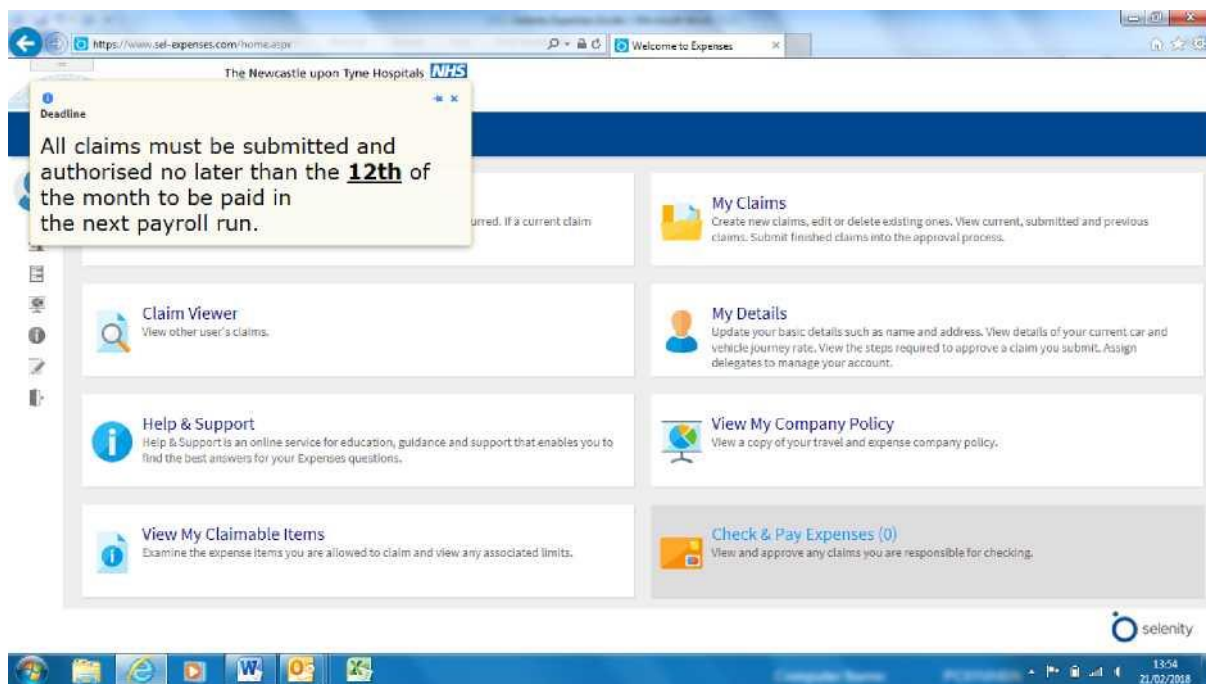
Receipts must be scanned into the e-expenses system. Claimants must note the date of the claim on the receipt.). Original receipts are required rather than credit card vouchers. If your department does not have a scanner use the camera on your mobile phone to take a picture then send it to your Trust Email account.

Managers must ensure that receipts are not used for more than one claim by ensuring the claim date is visible on the stored image. To attach a receipt use the manage receipts icon on the claim details page, see above, this screen is accessed after you press save on the new expense page.

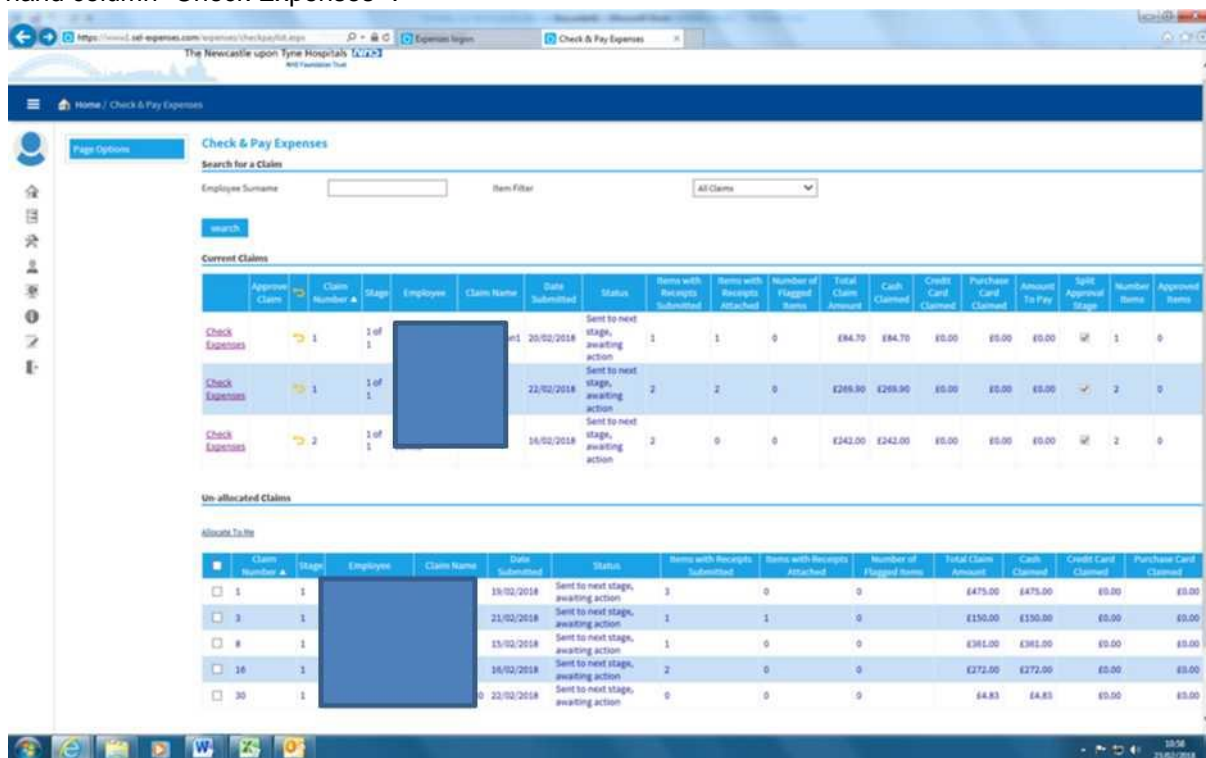
5. Approval of Claims

The employee will be informed at the same time as the approver that a claim has been submitted by email, a further email will be sent once the approver has agreed the claim. Should the claim not be approved the employee will be notified by email. An exercise was carried out in November 2017 to confirm with Directorates that the approver was appropriate for each employee in the system.

To approve a claim the approver selects Check and Pay expenses from the home page, see screenshot below.



The next screen is Check and Pay expenses. Approvers need to click on the highlighted text in the left hand column "Check Expenses".



The approver will then see the screen below. Please tick the box to the left of the screen for each item and either select "Allow Selected" from the menu at the top left of the screen or "Return Selected" if the claim item is not to be approved.

Claim: DScott1
Expense Claim Details

Previous Claims: Please select a claim

General Information

Claim Name	DScott1	Date Submitted	25 February 2018
Claim Amount	£1.00	Current Stage	1 of 1
Claimant	Scott, Mr. David		

Claim History

Date Stamp	Entered By	Comment	Stage	Reference Number
02/10/2017 16:25		Claim submitted.	0	
02/10/2017 16:26		Claim No 1 submitted. The claim has been sent to the next stage and is awaiting approval by Mr. Glen Quinn	1	
25/02/2018 11:52		Claim submitted.	0	
25/02/2018 11:52		The claim has been sent to the next stage and is awaiting claim item approval by the cost code owner(s).	0	

Items Waiting Approval

	Date of Expense	Expense Item	Reason	Number of Nights	Other Details	Number of Miles	Total
	20/02/2018	Bus/Tram Fares	Centre Visit	0	test		£1.00
						0	£1.00

Returned Items

6. Claimant Details

The first time you use the system you will need to add your car by entering the registration number. To do this from the Home screen select My Details, then select Add Vehicle. Once you have submitted your vehicle payroll need to approve it, you will receive an automated email from the system when the vehicle has been added.

The system has icons to be used when submitting a claim for both your place of work and your home address. The addresses are taken from ESR so please check the first time they are used that your home address and workplace are correct. If not you need to amend the addresses in the ESR system which your manager will need to approve.

7. Timeliness of Claims

The expenses policy requires receipts and claims to be submitted within 6 weeks of costs being incurred. There is some allowance for delay to cover subsequent absence which may prevent a claim being submitted in this time frame but the system will not accept claims that are more than 3 months old. This is imposed to ensure that approvers can recall the expenses claimed and that from a financial point of view the majority of claims are in the correct financial period.

8. Detour Miles

The electronic system computes the miles travelled based upon the post codes of the claimant's destinations. In appropriate cases, with agreement of the authorising officer, an employee may vary the computed mileage before approval using the detour miles function, this should only be used where the recommended route is not available or is not efficient. The system calculates the mileage to be claimed using fastest route so amendments using detour miles should be rare.

When an adjustment is made using the detour miles function the authorising officer must confirm that the revised mileage is consistent with the journey made.

9. EWD Approved Study Leave

When an employee submits a claim related to study leave approved by Education Workforce and Development they must select "EWD Approved Training" from the drop down menu in the system. Selecting this option changes the approver from the employees line manager to a member of staff from the EWD team. Please note you can only use expenses items prefixed with EWD if you have selected EWD Training.

Before you can continue, please confirm the action required at the bottom of your screen.

Add Expense

General Details

Date: 20/02/2018
Reason: Centre Visit
Other Details: bla

Claim Type Breakdown

Claim Type	Percentage
EWD Approved Training	100

Business Mileage

If you are required to add a new address to the system please do not use any patient identifiable information (name, house number etc.)

If your car details are not displayed on the screen, Please click on the add car link and input your Make, Model, Registration, Engine Size and Fuel type prior to entering your mileage.

Your car will then be activated by your local administrator.

Where a training course has been approved but the Trust is only to pay a percentage of the cost this must be taken account of in the submitted claim. For mileage employees should enter the actual postcodes for the journey made. The system will then show the actual distance. The employee must then enter a negative value in the detour miles field to arrive at the correct percentage for reimbursement. So for example if the journey taken to attend the course is 40 miles but the approval is only 50% then -20 miles should be entered as detour miles.

For other journeys and accommodation then the correct percentage of the attached receipt should be entered in the claim rather than the full value.

The employee's letter of approval for study leave will include a reference number from April and this should be entered in the other details box at the top of the add expense page

10. When can travel expenses (Mileage) be claimed?

Individuals who drive for work to carry out work duties require class 1 business insurance when the trip is not part of the commute to an individual's main workplace during a normal working week.

Class 1 Business insurance is needed when staff:-

- Travel to an outreach clinics (not your main base).
- Travel when called out (on call) as this is over and above normal working hours.
- Travel to other sites within the organisation (not your main base).
- Travel to a meeting or conference.
- Travel to a training event in your own car.

Business Insurance is not needed when staff:-

Business Insurance is not needed when an employee is 'commuting' to work, but equally these expenses are not claimable.

Business Insurance is not needed when an individual is claiming additional mileage as a result of relocation (compulsory change of base).

Expenses associated with working overtime.

Employees are allowed to claim for travel expenses associated with overtime, however, they must use the 'Public Transport Rate' option and will receive a reduced rate.

Variation of expenses for Consultants

Consultants are allowed to claim for up to 10 miles each way (home to base) as long as they make another business journey that day.

11. Duty of Care

The Trust rolled out automatic Duty of Care compliance checking in February 2018. Under the Health & Safety at Work Act 1974, an organisation has a legal duty of care. This means that under this 'duty or care' an employer must take reasonable care to protect employees from the risk of foreseeable injury, disease or death whilst they are at work. An employer's responsibility extends to ensuring that private vehicles used by employees for work purpose are used in a lawful manner.

Further information of actions taking by the Trust, along with what is required by Employees using their private vehicles for Trust duty are available under the below links:-

<http://nuth-intranet/cms/SupportServices/Finance/ElectronicExpenses.aspx>

<http://nuth-intranet/cms/Portals/0/Finance/ElectronicExpenses/Driver%20Compliance%20Communication.pdf>

http://nuth-intranet/cms/Portals/0/Finance/ElectronicExpenses/Duty_of_Care_-_FAQs.pdf

12. Contact Details

For issues regarding the expenses policy please contact your line manager.

For issues regarding the implementation of the system please email stuart.smith17@nhs.net or amandarandall@nhs.net.

For changes to the approver for an employee or to add or remove an employee please contact the appropriate financial management team listed in Appendix 1.

For system issues please contact expenses@northumbria-healthcare.nhs.uk

For queries regarding training expenses please contact Graham Heslop on graham.heslop@nhs.net 0191 (28)25509

Appendix 1

<u>Team</u>	<u>Directorate</u>	<u>FM Contact</u>	<u>Extension No.</u>	<u>Directorate Accountant</u>	<u>DA extension No</u>
A	Dental	David Hardy	37935	Samuel Cleghorn	37449
A	Musculoskeletal ENT, Plastics, Ophthalmology & Dermatology (EPOD)	Chris Jarvis	31954	Samuel Cleghorn	37449
A	Radiology	Natasha Vukas	37512	Samuel Cleghorn	37449
A	Finance	Hilary Swinhoe	37075	Samuel Cleghorn	37449
A	NMPCE	David Hardy	37935	Samuel Cleghorn	37449
A		Hilary Swinhoe	37075	Samuel Cleghorn	37449
B	Cancer Servs/Clin Haem	Samantha Moat	37047	David Bell	37046
B	Neurosciences	Lewis Chater	37047	David Bell	37046
B	Peri-op & Critical Care	Glen Brown	37068	David Bell	37046
B	Surgical Services	Tanya Tomlinson	31541	David Bell	37046
B	Community	Glen Brown	37068	David Bell	37046
B	Patient Services	Glen Brown	37068	David Bell	37046
B	Chief Operating Officer	Tanya Tomlinson	31541	David Bell	37046
B		David Bell	37046	David Bell	37046
C	Cardio	Chris Quince	37095	Jen Stobbs	37066
C	Childrens	Rebecca Lowe	37095	Jen Stobbs	37066
C	Urology & Renal	Ann Mobaraki	37064	Jen Stobbs	37066
C	Womens	Kate Cheung-Hi-Yuen	37698	Jen Stobbs	37066
C	IoT	Ann Mobaraki	37064	Jen Stobbs	37066
C	Chief Executive	Jen Stobbs	37095	Jen Stobbs	37066
C	HR/Training	Jen Stobbs	37095	Jen Stobbs	37066
D	Integrated Laboratory Medicine	Barbara Creswell	31541	David Byrom	31541
D	Medicine	Paul Long	31289	David Byrom	31541
D	Therapy Services	Ashley Puntin / Erin Mcleod	37048	David Byrom	31541
D	Medical Director	David Byrom	31289	David Byrom	31541
D	Operations Director	David Byrom	31289	David Byrom	31541
D	Supplies	David Byrom	31289	David Byrom	31541
E	Estates & Facilities	Claire Bland	37411	Jamie Whittaker	37057
E	IT	Karen Hindmarch	31113	Jamie Whittaker	37057
E	Pharmacy	Ranjit Narang	37102	Jamie Whittaker	37057
E	RD&T	Claire Wightman	31137	Jamie Whittaker	37057
F	ICHNE	Handan Knight / Mohammed Rahman	30294	Graham Bowers	37071
F	Covid Vaccination	Kelly Hutchinson / Elias Boussakta	37071	Graham Bowers	37071

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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
148	ACTION01	1. Business Items iv) Chief Executive's Report including:	25 June 2025	The development of the integrated neighbourhood health teams was progressing. The Trust was involved in designing the first stage of working collaboratively to reduce duplication with good clinical leadership. This included close working with primary care colleagues and Healthwatch had also been engaged in the work. Neighbourhood teams had been discussed at the Trust Management Group (TMG) this morning. It was agreed that an update would be provided at the September Council for Governors meeting	RH	<u>14.08.25</u> - Email to Elle Marshall to add to RH Update for September 2025. <u>15.08.25</u> - To be included in RH September Update <u>18.09.25</u> - Referred to in CEO slides on the September CoG agenda (slide 33). Propose close action. <u>24.09.25</u> - To remain in progress with an earlier meeting to update the progression of neighbourhood health schemes with Judy Carrick and Paul Ennals <u>21.10.25</u> - Spotlight on Primary Care (and Neighbourhood Working) on forward plan for discussion at January 2026 COG. <u>18.11.25</u> - Spotlight session moved to February 2026 to allow Well Led/Reflections session to be held in January 2026.	
149	ACTION02	1. Business Items iv) Chief Executive's Report including:	25 June 2025	Paul Ennals recommended that it would be useful to report back to Governors in a future update to which Rob Harrison agreed and explained that the food provision review was an ongoing piece of work with the estates and facilities team.	RH	<u>14.08.25</u> - Email to Elle Marshall to add to RH Update for September 2025. <u>18.09.25</u> - Referred to in CEO slides on the September CoG agenda (slide 8). Propose close action. <u>24.09.25</u> - whilst it was acknowledged that the CEO had included an update as part of his report, Paul Ennals suggested that this action also remain in progress, with a future update to be provided to the Council of Governors on the work undertaken. <u>19.11.25</u> - Added to the Council of Governors Forward Plan for April 2026.	

Key:

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