

Council of Governors' Meeting

Tuesday 27 January 2026 13:30 – 15:15

Venue: Piano Room, Peacock Hall, RVI

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 26 November 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	Jackie Bilcliff	Presentation	13:37 – 13:55
Items for discussion				
5	Proposed Quality Account Priorities 2026/2027	Rachel Carter	Presentation	13:55 – 14:15
6	Reflections and Review	Bill MacLeod	Discussion	14:15 – 14:35
Refreshment Break				14:35 – 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; and iv. People, Engagement and Membership (PEM) WG.	Lead Governor / WG Chairs	Attached	14:40 – 14:55
8	Public Meeting Action Log	All	Attached	14:55 – 14:56
Any Other Business				
9	Any other business or matters which the Governors wish to raise	All	Verbal	14:56 – 15:14
10	Date and time of next meeting: • Private Governors Workshop – 24 February 2026, 13:30	Paul Ennals	Verbal	15:14 – 15:15

- Formal Council of Governors – 24
March 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

Jackie Bilcliff, Acting Deputy Chief Executive / Chief Finance Officer

Rachel Carter, Director of Quality and Safety

Bill MacLeod, Non-Executive Director/Vice Chair

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 26 NOVEMBER 2025

- Present:** Sir Paul Ennals, 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
 Rachel Carter, Director of Quality and Safety
 Caroline Docking, Director of Communications and Corporate Affairs
 Martin Wilson, Director of Great North Healthcare Alliance Strategy
 Kelly Jupp, Trust Secretary
 Dave Elliott – Chief Digital Officer for the Great North Healthcare Alliance
 Sue Hillyard, Interim Executive Director of Operations
- Secretary:** Jayne Richards, Governor and Membership Engagement Officer
 Gill Elsander, PA and Corporate Governance Officer
- Observer:** Dan Frend, Management Trainee

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

25/18 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

Apologies for absence were received from:

- Appointed Governor, Luisa Wakeling, Public Governors Joy Garner, Tom Millen, Sally Webster and Fatema Rahman.
- Executive Team – Paul Hanson, Director of Estates, Facilities and Strategic Partnerships, Patrick Garner, Director of Performance and Governance, Annie Laverty,

Chief Experience Officer, Vicky McFarlane-Reid, Director of Commercial Development & Innovation and Interim Executive Lead for People and Organisational Development), Michael Wright, Joint Medical Director, Martin Wilson, Director of Great North Healthcare Alliance Strategy and Amy Callow, Associate Director of People and Organisational Development.

There were no new declarations of absence.

Paul Ennals welcomed all to the meeting.

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 24 September 2025 and any matters arising**

The minutes of the previous Public Council of Governors meeting held on 24 September 2025 meeting were agreed to be a true reflection of the business transacted subject to a correction to Linda Pepper's title. 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.

Paul Ennals referred to the recent media scrutiny regarding County Durham and Darlington NHS Foundation Trust (CDDFT) breast services. A review of processes within Newcastle Hospitals was underway in the light of learning from CDDFT, and any lessons learned or actions required would be acted upon. In the meantime, comprehensive support was being offered to colleagues at CDDFT.

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

iv) **Chief Executive's Report including Well Led External Review**

Rob Harrison delivered a short presentation which highlighted the following points:

- Staff members had managed the industrial action safely and effectively, with strong consultant engagement and ward-level teamwork. Care delivery remained robust, achieving 95% of elective activity, and an improvement in Accident & Emergency (A&E) performance was noted. Thanks were extended to all colleagues.
- The medium-term planning framework had been released which included requirements for a 3-year revenue plan and a 4-year capital plan, which would coincide with the Trust's 5-year strategy development. Whilst longer term planning was welcomed, this also brought added complexity. Performance trajectories and financial allocations were awaited.

The framework moved away from block contracts toward incentive based income. There would also be new incentives in relation to community care and best practice with different models and learning shared across the system.

There was also a new set of target trajectories and a clear statement of intent with regards to improvement in performance for cancer care and diagnostics, elective care and community care waiting times.

Workforce development would be integral to plans with a strong emphasis on getting the fundamentals right i.e. performance and delivering within budget.

- Positive feedback had been received from staff in relation to the replacement of Information Technology equipment on wards.
- With regards to the Well Led review undertaken by Grant Thornton, the Trust had received the draft report which had been factual accuracy checked and returned, with the final report expected in the next few weeks. The draft report identified improvements since the Care Quality Commission (CQC) inspection, particularly in relation to governance, and acknowledged that further improvements were needed in sharpening governance and cultural change. The full report would be shared with Governors once finalised.
- As referred to in the earlier Chair's update, the outcomes from the scrutiny/review at CDDFT would be mapped against the revised Trust governance system in Newcastle Hospitals to ascertain whether any further improvements were needed. Patrick Garner, Director of Performance and Governance and Rachel Carter, Director of Quality and Safety had been asked to undertake a joint piece of work in relation to this, with their findings to be presented to the Quality Committee in February 2026. This exercise would be a valuable test regarding the effectiveness of the Trust's governance framework.
- Staff vaccination levels showed the Trust to be currently at 49%, and top for North East and North Cumbria. All staff were encouraged to take up the offer of vaccination.
- Within the Medium-term planning framework there was an expectation of capturing patient feedback from at least five wards. The Trust had far exceeded this and was currently covering almost 50 wards. Staff on wards had welcomed the patient experience programme and looked forward to using the data to make improvements.
- Real time patient experience results were generally positive with food and noise at night highlighted as the main issues. It was noted that food and nutrition would be a topic of focus for the Quality Committee early in the calendar year.
- In terms of performance, whilst emergency care performance was stable it was not at the desired level; however, the Trust was managing higher levels of activity and the Urgent Treatment Centre was scheduled to open in 2026.
- An area of increased focus in quarter 4 would be on cancer care with a need to ensure that pathways between the Trust and other providers were functioning well including initial diagnostics.
- Financially, despite the significant challenges, the Trust remained on plan and work continued across the organisation to meet the year end forecast.

Governors suggested setting more ambitious performance targets to stay ahead of national expectations. Whilst there was agreement on the importance of being ambitious, it was noted that trajectories must remain realistic, allowing for necessary building blocks and step changes to maintain engagement and avoid losing momentum.

Discussion centred on the vaccination programme where it was noted that the decision not to offer a Covid vaccination this year was a national directive outside of the Trust's control. There was greater emphasis on flu vaccination which expected to yield better uptake and outcomes and as noted previously, the Trust vaccination levels showed positive performance. Ian Joy outlined the activities underway to support delivery of the staff flu vaccination programme, and advised that a patient vaccination programme was also in place.

Being mindful of any potential rapid influxes of patients with flu, it was questioned if the winter plan was robust to which it was noted that whilst the winter plan remained robust, it was under significant pressure due to a surge in paediatric cases, particularly Respiratory Syncytial Virus (RSV) related illness. All additional winter capacity and transport arrangements were in use, and system-wide escalation was active supporting neighbouring trusts by accepting ambulance diversions.

Continuous flow protocols were in place to decompress the Emergency Department (ED) demand, including rapid ward transfers under agreed protocols and use of discharge lounges. Community teams were engaged via virtual wards and urgent response pathways. Daily operational oversight continued to manage risk.

Reference was made to the Well-Led review and the recommendation for a sharper approach on assurance for committees and sub-committees in terms of escalation and de-escalation and it was questioned if a table top exercise could be undertaken to test escalation processes and strengthen assurance. David Weatherburn noted that this had already been highlighted at the Audit, Risk and Assurance Committee (ARAC) with more work needed on development of triple A reporting and the escalation framework across committees, ultimately feeding into the Board Assurance Framework (BAF).

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

25/19 ITEMS FOR DISCUSSION

i) Digital Strategy Update

Dave Elliott delivered a short presentation and noted the following points:

- On his commencement within the Trust it became evident that there were circa 600 digital projects required, which lacked prioritisation and integration considerations. The immediate focus was to rationalise and prioritise work, ensure delivery of core requirements while shaping long-term strategy.

As part of the prioritisation work focus had been placed on outcomes, reducing complexity (e.g., fewer clicks in Cerner Millennium), alongside the development of an Artificial Intelligence (AI) framework.

- Infrastructure modernisation and training was needed to transition from a capital-heavy on-premise data centre model to more agile, cloud-based architecture.
- A major refresh programme for computer carts (£2.2m investment) was nearing completion to reduce the average device age and improve staff experience.
- There was a need to move to clinically led digital delivery, embed process mapping, change management, and training into system rollouts.
- Reskilling internal teams for cloud and automation was essential with exploration of external talent and centres of excellence considerations.
- Key areas delivered, as well as future plans included:
 - Work on NHS App engagement, which included preparing the Trust roadmap aligned with national plans for a single patient record.
 - Implementation of digital care plans had delivered significant improvements in clinical workflows.
 - A Service Level Agreement (SLA) would be developed for the helpdesk. While response times had improved and some targets were exceeded, performance was still below the desired standard.
 - A tiered leadership structure had been implemented and recruitment was underway for an Associate Director of Digital.
 - There had been a 78% performance improvement after 18 months of work on the Remote Hosting Migration (RHO) project. Thanks were expressed to all involved.
 - The findings from the Data Security & Protection Toolkit (DSPT) audit concluded the Trust had a high level of confidence in its self-assessment and overall, received an excellent outcome of a low-risk rating.
 - Microsoft Copilot had been introduced for staff which was helping to quickly create admin documents and content for everyday tasks.
 - Work continued to reduce the number of unmaintained legacy systems.
 - A Windows 11 upgrade was taking place across the Trust.
- All Digital Workstreams/projects had mapped to the NHS 10-Year and Medium-Term Plans for alignment.

Hassan Kajee added that the digital team was balancing immediate priorities with longer-term strategic planning, ensuring delivery of critical projects while shaping future capability. The creation of the Associate Director of Digital post was a key development, strengthening leadership capacity and enabling focus on strategic transformation alongside operational delivery. This would support continuity of vision and execution across the digital agenda.

A discussion ensued, which covered:

- Contingency plans/measures following a recent global cloud outage. It was confirmed that while such events highlighted the risk of single points of failure, the Trust's most critical system Cerner Millennium had an offline module that maintained essential patient information during downtime, ensuring safety even if full functionality was unavailable. Broader resilience was supported through robust emergency preparedness plans and alternative workflows, recognising that outages and cyber threats were inevitable. The Trust's focus remained on vigilance, layered protection, and rapid recovery.
- Issues with duplication in patient communications e.g. letters, texts, app notifications. It was noted that a national solution, NHS Notify, was in development

to consolidate messaging channels and determine the most appropriate method. Implementation was expected within 12–18 months.

- Whether AI adoption aligned with the Trust's environmental strategy to which it was confirmed that AI and cloud technologies had significant energy demands, so the Trust was taking a cautious, outcome-driven approach. An AI strategy was being developed to ensure usage was targeted, justified, and environmentally responsible, avoiding unnecessary computational load and cost.
- The status of unreviewed results and risks associated with the Message Centre functionality, including potential misrouting of rejected results. It was acknowledged that this issue was under active discussion with Clinical Directors tasked to map any problems and provide feedback. A March deadline had been set to address identified issues, ensure safe transition from paper results, and clarify processes for endorsing results. Training had been delivered to resident doctors, but further work was needed to embed consistent practice across wards.

Governors welcomed the Trust's cautious approach to AI adoption, including technologies like ambient voice, to mitigate risks and unintended consequences.

- The use of withheld numbers for hospital calls, which the Trust was actively addressing.
- Some inconsistencies in system use and difficulties in accessing information by staff on the electronic record. It was noted that issues stemmed from the initial rollout with limited follow-up training for existing staff. The digital team was providing additional support, including floor-walking and targeted sessions, but challenges remained due to the complexity and number of systems. Future plans included making systems more intuitive and reviewing training approaches.
- The onward destination of the 3,000 recycled devices. It was confirmed that all assets were securely sanitised to remove Trust data before disposal or reuse. Around 1,500 devices had been repurposed for charities or local authorities, with the remainder recycled through certified processes. No equipment was sent to landfill, ensuring both data security and environmental responsibility.
- Use of digital systems to ensure test results reached clinicians, with an example shared regarding a potential case of delayed diagnosis. It was confirmed that the Trust used a result endorsing system to track and acknowledge results; however, current processes still involved a mix of electronic and paper outputs, particularly for radiology. Work was underway to move fully to digital, eliminate paper, and improve reliability. This required significant investment, engagement and training across all clinical groups, and while the system exists, further optimisation and cultural adoption were needed.

Paul Ennals noted that the session highlighted that digital was now integral to all aspects of Trust operations, with many questions extending beyond the digital team to wider organisational responsibilities. Progress was visible month by month, but transformation was a long-term journey requiring patience and sustained effort.

It was resolved: to receive the update.

ii) Transplantation Update including Organ Utilisation Strategy

Lucia Pareja-Cebrian advised that the Organ Utilisation Strategy remained in draft form and was developing well, though slightly delayed due to the complexity of relating to multiple organ types. A key component was the establishment of an Assessment and Recovery Centre (ARC) to optimise organs prior to transplant, improving viability and outcomes.

Confirmation had just been received that Newcastle Hospitals had been approved as an ARC. This positioned the Trust as having the only site in England approved for all three organs (lung, liver and kidney), reinforcing the Trust status as a national centre of excellence. Congratulations were extended to all staff involved.

Governors noted concerns about organ retrieval performance and potential staffing issues. It was confirmed that retrieval was a highly complex process requiring a surgical team, nursing capacity, critical care beds, and theatre availability. These constraints, combined with national shortages of retrieval teams, contributed to delays and cancellations. The Trust was actively reviewing processes to improve utilisation and reduce cancellations.

In response to a Governor question, Ian Joy advised that discussions were underway with other transplantation centres as to retrieval training and support.

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

25/20 ITEMS TO RECEIVE

i) Governor Working Group (WG) Reports including:

i. Lead Governor

The report was received and the content noted. Philip Home raised a query regarding the reference to complex Audiology cases and information. Judy Carrick agreed to follow up separately with Anna Stabler [**ACTION01**].

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

ii. Quality of Patient Experience (QPE) WG

Claire Watson noted that the QPE member ward visits had significantly increased in recent months, supported by new governors. Additionally, governors participated in a sandwich tasting session to assist with procurement decisions.

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

iii. Business and Development (B&D) WG

In addition to the report, Eric Valentine noted the breadth of topics covered by the WG which included finance, audit, IT and strategy. He noted strong transparency and engagement from both Executives and Non-Executives, with open discussion and good attendance overall, albeit Group member attendance at the October meeting was of concern however quorum was achieved.

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 reminded the Council of Governors about the Members' Event taking place on 4 December 2025 and sought the assistance of Governors to support distribution of the Staff Christmas lunches. Governors were encouraged to attend the Members' Event to strengthen member engagement and visibility.

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

ii) Nominations Committee update

Paul Ennals presented the report which outlined the key matters discussed at the Nominations Committee meetings which had taken place since the previous Council of Governors meeting in September 2025 including consideration of risks associated with the Committee remit, NED terms and conditions review, NED Remuneration Review and review of the Chair/NED expenses guidance.

Following review and subject to a minor change to wording suggested by Philip Home to the NED terms and conditions, the Council of Governors noted the contents of the report, and

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

It was resolved: to **note** the contents of the report, and **approve i) to iii)** above.

Paul Ennals referred to the forthcoming interviews for the Associate Non-Executive Director and requested that one further Governor participate in the stakeholder session, in addition to David Black and Linda Pepper who were confirmed as attending.

Following a ballot for the vacant seat on the Nominations Committee, Eric Valentine was appointed as a Committee member.

iii) Public Meeting Action Log

The action log was received and the content noted. Both open actions related to future agenda items which had been added to the forward plan and were closed out.

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

25/21 ANY OTHER BUSINESS

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

The following matters were raised by Governors:

- The Secure Data Environment project and Integrated Care Board (ICB) arrangements.
- Reference was made to the Alliance 3-year plan and an update on which would be welcomed. It was noted that an update was scheduled for the Public Board meeting on 28 November which Governors would have access to. Consideration would be given to providing a separate update to a future Council of Governors.
- On a recent visit to the Day Treatment Centre at Freeman (DTC) it was noted there was a lack of signposting from the multistorey car park to the DTC. This would be reported to Estates [ACTION02].
- As agreed at the informal governors' meeting, Judy Carrick had raised a governance question with Bill MacLeod regarding how governors can gain assurance that shared roles and programmes deliver proportional benefits to Newcastle Hospitals. It was suggested that this be included in the next Alliance update as noted above [ACTION03].

No other business was discussed.

ii) Date and Time of Next Meetings:

- Private Governors Workshop – Wednesday 17 December 2025
- Formal Council of Governors – Tuesday 27 January 2026

The meeting ended at 14:56.

GOVERNORS' ATTENDANCE – 26 NOVEMBER 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]	Y
1	Mrs Judy Carrick	Y
1	Dr Kate Cushing	Y
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	Apologies
2	Mrs Catherine Heslop	Y
2	Professor Philip Home	Y
S	Mr William Jarrett [Estates and Ancillary]	Y
2	Mr Hugh McKendrick	Y
1	Mr Thomas Millen	Apologies
2	Ms Linda Pepper	Y
2	Mr Shashir Pobbathi	Y
1	Miss Fatema Rahman	Apologies
1	Dr Chris Record [13:43]	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
2	Mrs Claire Watson	Y
1	Ms Sallyann Webster	Apologies
2	Dr Kevin Windebank	Y

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COUNCIL OF GOVERNORS

Date of meeting	27 January 2026					
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 November 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>Focus on Fundamentals – Deliver high quality, safe and compassionate patient care, meet our clinical board and trust quality priorities.</p> <p>Look to the future – Develop our Clinical and Trust Strategy, as a member of Great North Healthcare Alliance.</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.					

CHAIR'S REPORT

Happy New Year.

I was lucky enough to join our first Alliance Christmas carol service in the beautiful surroundings of Newcastle Cathedral. The first of what we hope will be an annual event.

As part of our succession planning for Board, in early December we held interviews for an Associate Non-Executive Director with financial expertise. I am pleased that following a robust interview process, which included additional Nominations Committee meetings in November and December, and Council of Governor approval on 17 December, we have offered the position to Ms Judith McKenna. Judith is likely to join us in early February subject to normal vetting procedures in line with the NHS England Fit and Proper Person Test Framework for Board members.

BOARD ACTIVITY

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

1. Finance & Productivity

Reflections on draft plans, the path towards financial sustainability, transformation and improvements in productivity/performance which covered:

- A brief overview of our planning submission;
- The finance and performance challenge moving forward; and
- Transformation and productivity schemes.

2. People Plan

Stocktake on the current People Plan status, pre-mortem and agreement of priorities/next steps regarding the remainder of 2025/26 and into 2026/27.

3. Well-Led

Initial feedback from Board members on the draft Grant Thornton well-led report.

ACTIVITY WITH GOVERNORS AND MEMBERS

At our Governor Workshop in December, in addition to our standard reports, we had our regular update from Rob Harrison, Chief Executive Officer (CEO), on local matters, recent news and achievements, reports on patient and staff experience, performance and finance. We also heard about the work of two of our Non-Executive Directors (NED) from David Weatherburn, NED Chair of the Audit, Risk & Assurance Committee and Phil Kane, NED Chair of the Charity Committee and member of the Quality Committee.

Lisa Jordan, Assistant Director of Strategy and Planning, provided an overview of the 2026-29 Medium Term Planning Framework where we have been asked to prepare credible, integrated three-year plans and demonstrate how financial sustainability will be secured over the medium term.

It is the first time in many years that the NHS has re-introduced planning over a timeframe longer than a year. This is complex, but a welcome challenge, since it allows us to think more strategically about how we might change and develop some of our activities. We have recently been going through an assurance process with the Integrated Care Board (ICB) and NHS England, to demonstrate that our Board has been fully engaged in the complexities of the plan, that we are compliant in our financial plans and making good progress in our performance, and that we are balancing the demands of finance, quality and safety.

Patrick Garner, Director of Performance & Governance also joined the meeting to present an overview of the Board Assurance Framework (BAF) process and its importance which is used as a strategic planning tool underpinning governance. I am pleased to report that a recent audit of our BAF confirmed that governance, risk management and control arrangements for the BAF provided a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found.

Our latest members' event held on 4 December 2025 focussed on diabetes and technology. At the event we shared 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 also heard from two patients with lived experience. The event was well attended with positive feedback received.

INFORMAL VISITS & EVENTS

I have continued with my informal visits across the organisation to meet with staff. Unfortunately, due to infection I had to postpone my normal Christmas ward visits (sharing my bugs might not have been the most welcome gift to staff or patients); however, I did have the opportunity to meet with Pauline Kelso, Director of Community Services and join her and colleagues at the Kenton Centre for a community adult staff engagement session. Pauline is leading on some pivotal work with the potential to look at Intermediate Care from an Alliance perspective. This fits very clearly into 'Standardising Community Services' which is a key priority and core component of the 10 Year Plan.

I attended the opening of Sycamore Place, which is a paediatric Sexual Assault Referral Centre based in our Great North Children's Hospital at the Royal Victoria Infirmary (RVI). This is a very meaningful name for us in the North East as it speaks of resilience and regrowth which is particularly important for the very ethos of this service, and for the children, young people and families that the team supports in providing sensitive, holistic assessment and support following sexual abuse or sexual assault.

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.

Frequent meetings of the Joint Committee (of the 3 East Coast trusts) and the Committees in Common (all 4 partners) continue, where we receive regular reports on progress in the three workstreams (IT, finance and research), and consider progress on the range of bilateral collaborations. The Chief Executives have been working on developing an ambitious “strategic intent” for the Alliance over the coming period – focussing on ensuring we have outstanding tertiary services supported by outstanding local secondary services.

OTHER MEETINGS AND INFORMATION

I participated in the NHS Providers Chairs and Chief Executive's Network where:

- We heard from their Chief Executive Daniel Elkeles who provided an overview of key policy issues impacting providers, including the recent Budget and its relation to healthcare, realities from the frontline including record demand going into winter and unprecedented levels of activity, finance performance and NHS reform.
- We explored how trust leaders are taking meaningful action to tackle racism and build more inclusive cultures across the NHS.

This coincides with the development of our own Anti Racism Framework which will set out how we will embed anti-racism into our culture, services, systems, and everyday behaviours. It is both a statement of intent and a plan for measurable change, co-produced with staff and community voices.

- Colleagues from NHS England provided an overview of recent financial performance, discussing financial transparency, board-level focus of costings, current spending trends and the national costing dashboard. They also explored NHS England's two "north stars" - the spending resettlement and the 10-year plan - before discussing the Medium-Term Planning Framework and understanding the cost of delivering services for accountability and public confidence.
- The Care Quality Commission (CQC)'s Chief Inspector of Hospitals, Dr Toli Onon, reflected on CQC's recent changes, and highlighted the key proposals in their open consultation on improving the way they assess and rate providers.

I continue to meet with the Chair, CEO and senior officers of the ICB, along with other Foundation Trust Chairs, monthly to discuss issues of common interest. There is also a strong informal network between Chairs in recognition that some colleagues elsewhere in the region are facing some real organisational challenges.

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

15 January 2026

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COUNCIL OF GOVERNORS

Date of meeting	27 January 2026					
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 26 November 2025.					
Recommendation	The Council of Governors is asked to (i) receive the report and (ii) note the contents.					
Links to Strategic Objectives	Focus on Fundamentals – Deliver high quality, safe and compassionate patient care.					
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 matters on behalf of the Council of Governors ('the Council').

a. I have requested a governor **visit** to the new Urgent Treatment Centre (UTC). I have also asked for information to pass onto community members who enquire about the UTC. I have requested a visit to the new Diabetes Centre at the Freeman Hospital.

b. Non-executive Director "Carousel": Now that we have completed the first round of meetings with the non-executives at our Council Workshops, I would like us to reflect on how much we have learned about the role and the individuals we are lucky to have in role. I would welcome feedback from governors about the carousel so far. Further, I propose that we now sharpen our focus and ask the non- more strategic questions. In particular, now that the introductions are over, I would like each non-executive to deal with one current/live issue which is requiring their attention and ask how they are seeking assurances and challenging on that issue.

c. Progress on cancer care and waiting list data: In particular, how have winter pressures including the holidays, industrial action and staff illness affected our trends.

d. Cost Improvement: Further savings were raised at the 12 November Informal Council of Governors' (CoG) meeting. A suggestion was raised about making Board Committee observations remote and followed by an onscreen meeting with the Chair of the committee where required. Those attending voted to give this further savings on travel expenses a try and this has been proposed. Further, I met with the Trust Secretary and the Working Group Chairs to evaluate our savings progress to date.

e. Further/new topics raised for future agendas: Catering has been raised as a topic for a future update. A hospital food tasting session was held at the September Quality of Patient Experience (QPE) Working Group meeting. The following have been added to our already ambitious list of topics for future discussion (arising from formal Council meetings, informal Governor meetings and Working Groups):

1. Spotlight on Primary Care (and Neighbourhood Working).
2. Alliance: progress, co-working areas and governance. I propose that the Alliance should figure **somewhere** on all future agendas.
3. Areas where an improvement in performance is required such as Lower Gastrointestinal (GI), Lung, Upper GI and Colorectal cancers.
4. Review of winter pressures and learning therefrom.

f. Alliance: The Lead Governors and our Deputy Lead Governor have met on 15 January, and along with the Alliance Formation Team, agreed a further meeting for the Governors across all four Alliance trusts to take place in the spring. Further, I continue regular informal meetings with the other Lead Governors to discuss current issues such as the rollout of the Shared Chair role and commercial opportunities so that we are sighted on the questions raised by our fellow governors.

On 15/11, the Lead Governors met and discussed a procedure for observing and reporting on the work of our Alliance partners via Council meeting observations. Further we discussed how issues raised when a patient from one Alliance Trust visits another should be processed. Finally we discussed the changes coming to governors and how to maintain and leave a legacy of the expectation of public voice as integral to governance and oversight.

g. Well-Led: Although governors were not a key focus for the Grant Thornton review, I have asked for details of the report and an opportunity for us to reflect on our part in the Trusts' governance; this is planned for January. After the Board accepts the report, I have asked that we make an action plan to address our ongoing role in response to both the report and our own reflection.

h. I have joined the National Lead Governor Association in order to keep abreast of the challenges and changes to governors in the near future.

i. Ongoing areas of discussion: Signage (on hold), People Plan (Year 2) with its mental health support offer, Cost Improvement Programme (CIP), digital security updates and communication with patients. These are longer-term issues and I am continuing to ask questions in order to allow the Council to see progress made and any areas where there are gaps in assurance. Questions about Pharmacy persist. A new question has been raised about lack of storage and its effects on patient spaces. Some continuing concerns about finance, staffing (morale and absence), cancer care and waiting lists remain but are being well supported and challenged by our non-executives. The executive team remains open to questions and transparent in their swift and often generous response.

Finally, governors have raised concern about racist events in the Trust against both staff and patients.

2. MEETINGS ATTENDED:

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

- 14/11/2025 one to one with Trust Secretary
- 24/11/2025 Alliance Meeting in Hexham
- 28/11/2025 Visit to Older People's Medicine/ Sandwich Tasting
- 09/12/2025 Great North Care Alliance Lead Governors discussion about further meetings
- 12/12/2025 One to One with Trust Secretary
- 15/12/2025 Agenda Setting
- 18/12/2025 Serving staff Christmas dinners supporting Newcastle Hospitals Charity
- 07/01/2026 One to One with Vice Chair
- 13/01/2026 One to one with Associate Non-Executive Director (NED) Nini Adetuberu
- 15/01/2026 Alliance Lead Governor catch up
- 15/01/2026 One to One with Trust Secretary
- 15/01/2026 Chaired Informal Governor Meeting

Meetings scheduled:

- 20/01/2026 Meeting with Trust Secretary and Working Group Leads to evaluate cost improvements, etc
- 20/01/2026 Planning meeting with Vice Chair
- 20/01/2026 People at our Hearts judging

- 21/01/2026 Catch-up with Chief Executive Officer (CEO)
- 22/01/2026 People at our Hearts Presentations

I have tried to attend a variety of working groups as well.

3. KEY MATTERS AND TRENDS

Keys matters from Board Committee Observer Reports include the following themes which have been highlighted by Governors:

From the Digital & Data Committee:

- Financial strain of new purchases and those still required.
- Staff vacancies in busy areas unfilled due to budgetary restriction.
- Badgernet (electronic maternity system) ongoing national issues.
- Community Diagnostic Centre (CDC) – Information Technology (IT) difficulties.
- Delays with the implementation of the Electronic Meal Ordering (EMO) system.
- IT project prioritisation, the associated ask for the digital teams and communication.

From the Finance and Performance Committee:

- Funding for IT.
- Tension between budgetary requirement and performance.
- Funding Alliance projects/returns on Alliance funding.

I would like to thank those governors who have produced the valuable reports from which these key matters are gleaned for our attention. These reports are an important part of our Council's governance role.

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

16 January 2026

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	27 January 2026					
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 November 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	Focus on Fundamentals – Deliver high quality, safe and compassionate care, meet our clinical board and trust quality priorities.					
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 in an attempt to assist with the Cost Improvement Programme (CIP). The WG currently has oversight of the following areas arising out of the Care Quality Commission (CQC) Report; Caring, Cardiothoracic Surgery, and Maternity; and has asked the Non-Executive Directors (NEDs) responsible for each area, via the Corporate Governance Team, to attend the WG meetings to provide assurance.

2. GROUP ACTIVITIES

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

a) Complaints Panel

Aileen Fitzgerald and Peter Bower (Public Governors) attended the Complaints Panel on 6 January 2026. The Governor in attendance at the December 2025 meeting had sent in apologies for the January working group.

Of note, Aileen told us about an excellent experience-based design workshop organised by the Institute of Transplantation, involving 25 users of the Transplant Service. Although the workshop may have been time intensive, there were some significant 'quick wins' identified - which could be instigated immediately - for example having more tissues available.

There had also been considerable discussion about overseas patient pathways.

Additionally, the Complaints Improvement Plan was moving forwards, but it was advised that Governors/QPE needed to keep a close eye on its progress, through seeking assurance from the Quality Committee Chair at a future WG meeting.

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

Philip Home (PH), Public Governor, and David Black, Appointed Governor (Patient Experience), attend the CAGG meetings.

PH provided verbal reports on the CAGG meetings for December last and January 2026. The agenda were relatively short, being routine items only, as no reports from a Clinical Board or service were scheduled. Thus, the status of National Institute for Health and Care Excellence (NICE) guidelines adoption, NICE technologies adoption, National Guidelines reports with Trust participation, Trust-wide audits, and audits with services was reviewed. Areas of discussion included Occupational Therapy (OT) provision for children in major trauma, and in particular for those with major burns. The WG discussed and agreed specific actions in relation to this.

PH also reported that the annual Q factor event (submissions and presentations of quality improvement initiatives by services) would take place on 31 March – this is usually held in the

Piano Room then the lecture theatre close by. Professor Meghana Pandit, NHS England Interim Medical Director has accepted to speak at the event.

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

David Black (Public Governor) usually attends this meeting but due to an issue with emails/invitations, unfortunately this did not occur. This will be rectified for future meetings.

d) Quality Committee

Philip Home (Public Governor), attended the Quality Committee meetings on 18 November and 9 December 2025.

Of note from the November meeting, it has been suggested by PH that Governors may like to seek assurance regarding dental services quality assurance and assurance in relation to funding and leadership of the patient experience surveys going forwards. Additionally, Governors need to stay alert to the issue that data collection, analysis, and oversight may divert resources and attention from delivery of quality of care.

Of note from the December meeting, a number of issues were highlighted (for example, palliative care, ophthalmology, audiology), but it was also acknowledged that the executive and non-executive teams were taking appropriate action. Additionally, recent concerns publicised in the media over breast services at another trust in our region, should remain on the Governors' radar in terms of seeking assurance from NEDs that there are no associated/similar risks in Newcastle Hospitals.

It continues to be felt that the Quality Committee Chair is doing a good job and that it has been good to see variation in the agenda but with continued focus on specific, unresolved, issues.

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

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

Of note, Group members felt more support needs to be given to wards that are struggling to meet malnutrition screening within 24-hours of admission. It is hoped that the Accrediting Excellence (ACE) accreditation programme will assist with this. The risk register was discussed covering risks related to e.g. Total Parenteral Nutrition, pressure damage and NG tube insertion, compliance with storage requirements, and dietetic cover.

Following a Governor visit to the Assessment Suite, feedback was provided about the timing of breakfast and the options available. Further discussions were underway as to the facilities in the kitchens for the Assessment Suite And the number of food trollies available. Posters had been developed to support the staff on the ward around allergies etc. The Electronic Meal Ordering (EMO) project was progressing along its timeline with contracts now signed off. It is hoped that the point of sale systems will be in place by March, with the full EMO system rolled out to patients

around April to June.

3. PRESENTATIONS/GUESTS

The working group meetings are stood down in December, so no QPE WG meeting took place.

At the January meeting, which was chaired by Kate Cushing, Vice Chair (with Claire Watson, Chair, in attendance), we had no speakers but were joined by Anna Stabler (Non-Executive Director) and Bill MacLeod (Vice Chair) who were able to answer some of the Governor's questions and took an active and welcome part in the meeting.

Of note, issues were raised about out-patient pharmacy services. While Bill MacLeod had visited in the last two months, it was felt that a Governor visit was needed in addition to that of Bill's, as they may have different views as Public Governors but also as patients who have first-hand experience of the issues. It was also suggested that the new Director of Pharmacy should be invited to a QPE WG meeting. Also discussed, was the fact that some patients and visitors to the hospital are struggling to find their way out, with the volunteers being asked to help on a daily basis. Additionally, following a Governor visit, the cleanliness of public areas, public conveniences, and emergency pull-cords being tucked out of the way in some cases, was discussed. The latter two matters will be raised with the Estates teams.

4. WARD AND DEPARTMENT VISITS

Visits were undertaken to the following locations:

- Older People's Medicine - 28.10.2025.
- Public Areas/Conveniences - 4.11.2025.
- Night Visit to Accident & Emergency - 04.11.2025.
- Day Treatment Centre - 17.11.2025.

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 from NEDs.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

Report of Claire Watson, Chair of QPE Working Group
With assistance from Kate Cushing, Vice-Chair of the QPE Working Group
14 January 2026

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	27 January 2026					
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 26 November 2025.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Links to Strategic Objectives	Focus on Fundamentals - Improve performance, manage our money and digital systems.					
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 has continued to meet monthly, with agendas structured around the Group's agreed Terms of Reference. Discussions have focused on themes aligned to the remit of the Working Group.

Attendance at the Working Group remains consistently strong, and the Group is always keen to welcome new Governors who wish to join, as well as those who may want to attend a meeting on a topic-specific basis.

Since the last report, one B&D Working Group meeting has taken place.

2. PRESENTATION TOPICS

2.1 Chair of Finance & Performance Committee (F&PC)/Non-Executive Director (NED) - 15 January 2026

Bill MacLeod (BMA) attended the meeting to give an update on the F&PC highlighting:

- The Committee is strengthening how it seeks assurance on performance across the Trust. This means more detailed checks, more discussion, and quicker action where assurance is needed.
- Cancer care remains a top priority. Some waiting times are longer than desired, especially for the first treatment decision and in certain cancer types. High demand, particularly in skin cancer, and patients arriving later in their referral pathway are affecting performance.
- The Trust is working to improve the speed of diagnosis and treatment, redesigning pathways so care is delivered more efficiently and to understand where delays may affect patient wellbeing.
- The Community Diagnostic Centre (CDC) at the Metrocentre continues to perform well and is helping to reduce pressure on hospital services.
- The Emergency Department continues to perform well overall despite high demand, with most patients being seen within four hours. However, ambulance handovers remain a challenge, and this is an area where work continues with partners to improve.
- Across the region, the Trust is working with partner organisations to make sure patients are treated in the right place, whether that's in hospital, in the community, or closer to home. This includes making better use of community services, outpatients, and diagnostic facilities.

2.2 Urgent Treatment Centre (UTC) Update - 15 January 2026

Marcus Weatherly, Director of Operations, and Catherine Carr, Head of Nursing, for the Medicine and Emergency Care Clinical Board attended the meeting to give an UTC update which included:

- The Urgent Treatment Centre will open to patients on Monday 19th January 2026.
- The model of care is designed to disperse patients safely and efficiently, through clear pathways for planned and unplanned cases with the ability to offer return appointments and provide patients with clarity on next steps in their care. This forms part of a wider “front door” vision, ensuring patients are routed to the right place first time.
- 14 Nurse Practitioners have been recruited to the UTC, providing cover from midnight to 8am.
- The front desk will be staffed 24 hours a day, 7 days a week.
- Safeguarding measures are in place to ensure that patients are directed to the most appropriate setting for their care, supporting safe and effective triage from the point of arrival.
- Plans in place to contact patients for real-time experience feedback to support continuous improvement.

3. REPORTS ON BOARD COMMITTEE OBSERVATION

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

- Digital & Data (D&D) Committee (13 November 2025) – This meeting was observed by Philip Home.
- F&PC (24 November 2025) - This meeting was observed by Eric Valentine.
- ARAC (25 November 2025) - This meeting was observed by Eric Valentine.
- F&PC (15 December 2025) - 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 January 2026**

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COUNCIL OF GOVERNORS

Date of meeting	27 January 2026					
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 November 2025.</p>					
Recommendation	The Council of Governors are asked to receive the report.					
Links to Strategic Objectives	Focus on fundamentals – Deliver high quality, safe and compassionate patient care, meet our clinical board and trust priorities.					
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 continues to meet monthly. This month, our guest speakers included Amy Callow, Associate Director of People and Organisational Development (OD), who provided a People update. Amy highlighted that the Trust is undertaking a full review of its approach and ensuring resources are directed where they are most needed.

We also welcomed Caroline Docking, Director of Communications and Corporate Affairs and Joint Lead for Equality, Diversity and Inclusion. Caroline gave an update on the Communications Strategy, noting that the Communications Team is supporting the refresh of the Trust's overall strategy.

We were pleased to welcome Bernie McCardle, Non-Executive Director, to the January meeting and extend our thanks for his insightful contributions.

The meeting included good, lively debate, and we are grateful to all attendees for their thoughtful engagement and participation.

2. GROUP ACTIVITIES

We discussed the upcoming Members' Event, which is taking place in March, focusing on Cancer and hope many of you will be able to attend. This is such an important and wide-ranging topic, we are currently working with experts to refine the programme and ensure it is both informative and engaging for our Members.

We are in the process of arranging an information stall near Children's Outpatients for May 2026 to engage with members of the public. The stall will help raise awareness of the role of Governors, share information about who we are and what we do, and encourage people to become Trust members.

3. ONGOING AREAS OF FOCUS

3.1 Communication

We continue to engage with constituencies and the wider community.

3.2 Membership

It was noted that 24 public members had left the Trust membership; however, we gained 122 staff members, which is very encouraging. We discussed the importance of continuing to promote membership through events, direct engagement, and word of mouth.

3.3 Christmas Lunch for Staff

Thank you to the Governors who helped to serve Christmas lunch to staff. Your support was greatly appreciated.

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
15 January 2026**

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Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
152	ACTION01	Items to receive	26 November 2025	The report was received and the content noted. Philip Home raised a query regarding the reference to complex Audiology cases and information. Judy Carrick agreed to follow up separately with Anna Stabler.	JC	19.01.2026 - This is in progress.	
153	ACTION02	Any Other Business	26 November 2025	On a recent visit to the Day Treatment Centre at Freeman (DTC) it was noted there was a lack of signposting from the multistorey car park to the DTC. This would be reported to Estates.	JR	19.01.2026 - Email sent to Paul Hanson - awaiting an update.	
154	ACTION03	Any Other Business	26 November 2025	As agreed at the informal governors’ meeting, Judy Carrick had raised a governance question with Bill MacLeod regarding how governors can gain assurance that shared roles and programmes deliver proportional benefits to Newcastle Hospitals. It was suggested that this be included in the next Alliance update as noted above.	BM	19.01.2026 - BM update "This remains work in progress as the Alliance develops but will be discussed in the Reflections and Review session at the Council of Governors’ meeting in January".	

Key:

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