

## Council of Governors' Formal Meeting

Tuesday 19 May 2026, 13:30 -15:15

Piano Room, Peacock Hall, RVI / via Microsoft Teams

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

### Agenda

	Time	Item	Paper	Lead
<b>A. Business items</b>				
1.	13:30	Apologies for absence and declarations of interest	Verbal	Paul Ennals
2.	13:31	Minutes of the Public Council of Governors meeting held on 24 March 2026 and any matters arising	Attached	Paul Ennals
3.	13:32	Chair's report	Attached	Paul Ennals
4.	13:40	Chief Executive's report	Presentation	Rob Harrison
<b>B. Items for discussion</b>				
5.	13:55	Transplantation update including Organ Utilisation Strategy	Verbal	Lucia Pareja-Cebrian
6.	14:15	Trust Strategy	Verbal	Patrick Garner
<b>C. Items for approval</b>				
7.	14:35	Nominations Committee Terms of Reference and Schedule of Business 2026/27	Attached	Paul Ennals
<b>14:40 Refreshment Break</b>				
<b>D. Items to receive [NB for information – matters to be raised by exception only]</b>				
8.	14:45	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, Membership and Engagement (PEM) WG	Attached	Eric Valentine Claire Watson  Eric Valentine  Catherine Heslop

9.	14:55	Nominations Committee Annual Report	Attached	Paul Ennals
10.	15:00	Public Meeting Action Log	Attached	Paul Ennals
<b>E. Any Other Business</b>				
11.	15:02	Any other business or matters which the Governors may wish to raise	Verbal	All

**Date and Time of Next Meeting:**

- **Formal Public Council of Governors Meeting – Tuesday 28 July 2026 between 12:00 – 13:30 in Training Rooms 3 & 4 Education Centre, Freeman Hospital**

## PUBLIC COUNCIL OF GOVERNORS' MEETING

### DRAFT MINUTES OF THE MEETING HELD 24 MARCH 2026

- 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:** Rob Harrison, Acting Chief Executive Officer (CEO)  
Bill MacLeod, Vice Chair  
Anna Stabler, Non-Executive Director (NED)  
David Weatherburn, NED  
Wendy Balmain, NED  
Phil Kane, NED  
Bernie McCardle, NED  
Nini Adetuberu, Associate NED  
Judith McKenna, Associate NED  
Jackie Bilcliff, Chief Finance Officer / Acting Deputy Chief Executive Officer  
Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs)  
Vicky McFarlane-Reid, Executive Director of People and Commercial Innovation  
Patrick Garner, Director of Performance and Governance  
Kelly Jupp, Trust Secretary
- Secretary:** Jayne Richards, Governor and Membership Engagement Officer and Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary
- Observer:** Georgia Carter, Graduate Management Trainee

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

#### 26/05 BUSINESS ITEMS

##### i) Apologies for absence and declarations of interest

Apologies for absence were received from:

- Appointed Governor Joanne Atkinson and Public Governors Sally Webster, Peter Bower, Fatema Rahman and Claire Watson.
- Executive Team Members, Lucia Pareja-Cebrian, Joint Medical Director, Dave Elliott, Chief Digital Officer, Paul Hanson, Director of Estates, Facilities and Strategic Partnerships and Caroline Docking, Director of Communications and Corporate Affairs.

- NED – Liz Bromley, Senior Independent Director (SID).

Paul Ennals welcomed all to the meeting and highlighted that discussions would take place in the private session on the reforms set out in the government's 10 Year Health Plan for England due to Purdah restrictions. The Plan refers to Foundation Trusts no longer being required to have Governors, with public and staff views instead being gathered through more modern and flexible engagement methods.

**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 27 January 2026 and any matters arising**

The minutes of the previous Public Council of Governors meeting held on 27 January 2026 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 highlighted the positive work underway to develop the new 5-year Trust Strategy. Current Trust performance was noted to be mixed, with improvements evident in some metrics however in others performance was not as desired.

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

iv) **Chief Executive's Report**

Rob Harrison presented his slides and noted the following points:

- The high-level dashboard was shared outlining the three priority areas for the current year, linked to the Trust's big signals, as well as the forecasted year-end position. Overall there had been significant progress during 2025/26 with continued attention required on areas identified for improvement.
- The Quality Priorities for 2026/27 would focus on required outcomes, with an emphasis on achieving tangible improvement. They included:
  - Reducing the proportion of incidents resulting in serious harm.
  - Safer and more effective medicines use, alongside improvements required in medicines management overall.
  - Improving Lung cancer performance was a quality priority for the new year. Care pathways were being delivered jointly across Newcastle Hospitals and South Tees Hospitals, with patients routed appropriately e.g. patients from Durham were being treated at South Tees Hospitals.
  - Ongoing work to reduce Health Care Acquired Infections (HCAIs).
  - Whilst complaint responses had improved, further improvements in response quality and timeliness were planned.
  - Reducing health inequalities in maternity services remained a key priority.

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- In relation to Emergency Care, performance against the 4-hour standard was close to the 80% target, currently at 78%.
- In elective care, the number of patients waiting over 52 weeks continued to fall however cancer performance remained below the level the Trust aimed to achieve.
- The Trust was currently positioned in the middle of the league table for the NHS Oversight Framework (NOF). Segment rankings for Quarters 1–3 were shared, however a small shift in performance had resulted in the Trust being moved into Segment 3 for quarter 3.
- At Month 11 the Trust remained on plan with regards to financial performance. £17m had been received from NHS England (NHSE) as non-recurrent funding to close the remaining financial gap due to the pause in the subsidiary development. All other year-end targets were expected to be met.
- A three-year plan has been submitted to NHSE, covering finance, activity and workforce requirements. The finance plan was particularly challenging and included a commitment to reducing the Trust underlying deficit.
- Agreed investments for 2026/27 included the microbiology 24/7 onsite service, maternity safer staffing, the therapies amputee pathway, lung cancer and pharmacists.
- Results from the 2025 Staff Survey showed the Trust performing at or below the national average across all domains, with a good response rate evident. Although marginal improvements were reported in some areas, overall results remained static which was noted to be disappointing given the work undertaken.

The Working Well Programme, a staff psychological support service delivered alongside Occupational Health, would launch on 1 April 2026.

Consideration was being given to the gap between staff recommending the care provided by the Trust and recommending the Trust as a place to work. Benchmarking against other organisations was ongoing.

- Continued commitment to the Anti-Racism Framework, reinforcing zero-tolerance for racism and promoting positive working experiences for all colleagues.
- The draft Five-Year Strategy was being presented to the Trust Board later this week. It would set the organisational focus as a secondary and specialist care provider, strengthen partnerships with primary and community care, and emphasise prevention. The Strategy would be underpinned by delivery plans.
- The End-of-Year Review for 2025/26 highlighted improvements in collaborative working, staff support, personal development, robotic developments, digital delivery, and resource stewardship.

A discussion ensued which covered the following areas:

- Governors' disappointment with the current position in the NHS Oversight Framework. Rob Harrison advised that Healthcare Associated Infections (HCAI) remained the Trust's lowest-scoring domain, and targeted work was underway to improve consistency and performance. Community waiting times were also being addressed, with improvement across all regulatory domains a priority.
- Patients from Durham being referred to South Tees Hospitals for lung health checks. Rob Harrison explained that Newcastle Hospitals did not currently have the capacity to expand the existing lung health check programme. Splitting the population ensured balanced specialist activity and maintained clinical quality across both Newcastle

Hospitals and South Tees Hospitals. Patients from Sunderland would continue to attend Newcastle Hospitals.

- Good levels of participation in the Staff Survey which suggested staff felt increasingly listened to and able to speak up. Sharing of ideas for improvement was noted to be important. Feedback from the previous staff survey led to driving improvements in digital systems and estates.
- Focusing on cultural improvement and addressing concerns raised in the survey. An update regarding the staff survey and people plan developments to be added to the Council of Governors forward plan [**ACTION01**].

Ian Joy provided an update on the Urgent Treatment Centre (UTC) advising that the front-door process had been reviewed, along with an independent quality review to consider pathways, patient and staff experience. In addition a UTC staff survey was carried out covering staff experience, patient experience and patient flow. Long-term training plans were in development.

Governors shared feedback from a visit to the UTC noting:

- Early-stage teething issues were acknowledged and phase two building delays.
- Feedback on a patient experience where initial triage was efficient but the wait for clinical review after x-ray was significantly delayed. Ian Joy advised that the entire pathway was under review. Activity levels had been higher than predicted with a 10% increase in demand. This had contributed to pressures and impacted triage speed. Regular meetings were taking place with CQC colleagues, with further internal reviews scheduled. Skill mix and triage experience were being strengthened as part of the workforce review.

Paul Ennals suggested a future update on the UTC at the Council of Governors on progress in 5–6 months, aligned with the Phase 2 developments. This would be added to the forward plan [**ACTION02**].

Anna Stabler noted that from April 2026, GPs would be required to see urgent cases the same day under their contract. She suggested monitoring this development and considering resource and responsibility alignment.

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

## 26/06 ITEMS FOR DISCUSSION

### i) Cancer and diagnostics performance

Bill MacLeod introduced the item noting that the Finance and Performance Committee was monitoring cancer and diagnostics performance and seeking assurance on the improvement requirement. The Committee recently approved the purchase of several echocardiogram (ECHO) machines which would positively impact performance and continued to receive deep dives on this area.

Patrick Garner highlighted the following points:

- Performance across cancer pathways was mixed as outlined earlier in the meeting.

## Agenda item A2

- Capacity pressures remained across several pathways.
- Strengthened governance arrangements had been put in place to oversee improvements.
- Collaboration with the Cancer Clinical Board continued, with a new cancer manager appointed to further support progress.
- The significant seasonal volumes in skin cancer referrals heavily impacted the overall waiting times. The Trust was working with colleagues in Northumbria Healthcare on skin pathways and there was ongoing work with the Integrated Care Board (ICB) and Northern Cancer Alliance.
- Seasonality also impacted the NHS Oversight Framework segmentation.
- Gynaecology performance had improved due to investment in additional capacity and increased theatre capacity. In addition investment has been made in specialist endoscopy equipment to support lung cancer activity.
- Lower gastrointestinal (GI), Lung, and Urology continued to have difficulties in meeting the Faster Diagnosis Standard (FDS) targets.
- 31-day decision to treatment performance had been affected by acute staffing pressures in radiotherapy however staff were working hard to maintain performance and successful apprenticeship arrangements had been implemented.
- Work was underway to identify bottlenecks in the 62-day referral to treatment pathway.
- The recently published National Cancer Plan for England (2026 – 2035) aimed to deliver world-class cancer care, with an ambition that 75% of patients diagnosed by 2035 survive for five years or more. The Plan also included a target of 85% of patients starting treatment within 62 days of urgent referral by 2029, with increased focus on technology, personalised care, and treatment innovation.
- Diagnostics performance was variable, with significant workforce pressures continuing. The new Echocardiogram (ECHO) machines are expected to deliver a noticeable improvement.
- The radiology backlog was improving significantly, helped by the introduction of Dr Doctor, a patient engagement and appointment management platform. Improved patient communication had also led to reduced Did Not Attend (DNA) rates and further development of digital pathways was planned.

Catherine Heslop referred to recent media coverage of a trial for prostate cancer and the higher risk of prostate cancer in men of colour. Patrick Garner noted the development of the Sir Bobby Robson Institute (SBRI), where significant novel research and development would take place and acknowledged the importance of addressing disparities.

Hugh Gallagher thanked the team and noted the positive improvements made.

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

### ii) Well Led Planning

Ian Joy provided a recap of the external Well-Led review, reminding Governors that the Trust received 26 recommendations, grouped across 9 Key Lines of Enquiry (KLOEs) and prioritised accordingly. The Trust Board fully accepted the findings and the rationale behind the recommended areas for development. The review highlighted both progress with the ongoing improvement journey and future opportunities.

Nine of the twenty-six recommendations (a combination of high and low priority) related to the new Trust strategy. A draft action plan had been produced, with 60 actions aligned to the 26 recommendations, each with defined success measures and an aligned Executive Team member.

David Weatherburn noted the first iteration of the action plan involved substantial work, with feedback shared and some refinements made. The plan was included as an 'advisory' item within the Triple A report for the Audit, Risk and Assurance Committee (ARAC) due to it being newly developed however the Committee were reassured of the progress made to date. Updates would be provided bi-monthly by responsible directors, with progress reported to the ARAC.

Whilst the action addressed the recommendations, the plan would be shared with ICB and NHSE colleagues.

Table discussions took place on three questions, being:

1. Do the 4 key areas of focus resonate with Governors and constituents? Were there any surprises in the 4 themes (Culture, line management and psychological safety, Strategy, Governance, management and performance and Leadership)?
2. Was there anything missing that Governors expected to see in the Well Led report?
3. Were there any other thoughts, reflections or comments that Governors wished to share with the Executive Team and wider Trust Board?

Discussion feedback included:

- How effectively current pathways were operating.
- Consideration as to how the organisation should approach the next round of change.
- The importance of genuinely listening to feedback from frontline staff.
- A strong sense of increased visibility from Board members.
- Information provided was not always sufficiently granular or accessible for staff at all levels.
- Matters relating to diversity across the organisation.
- Patient safety continued to be identified as a key priority.
- The need to increase staff buy-in and improve communication from management regarding organisational developments.
- Clarification on how governance structures would operate once the Governor role was removed and the future role of the Staff Governor.
- The potential impact of austerity measures on staff and services.
- The need to manage change effectively and recognise that some individuals or teams may be adversely affected.
- The importance of a clear, targeted communication strategy for staff and patients.
- A shift in staff behaviours was observed, with a focus on maintaining momentum and embedding a culture of sustained change.
- The need to strengthen communication and relationships with external organisations.
- The role of the organisation in acting as a mediator where appropriate.

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

**26/07 ITEMS TO RECEIVE****i) Governor Working Group (WG) Reports including:****i. Lead Governor**

Interim Lead Governor, Eric Valentine highlighted ongoing uncertainty surrounding future legislation. He advised that communication would be made with the Alliance Lead Governors to support alignment and shared understanding across organisations. Eric Valentine advised that he had recently met with Kelly Jupp, Trust Secretary, as part of the regular dialogue between the Lead Governor and Trust Secretary.

A formal thank you was extended to Judy Carrick, former Lead Governor, in recognition of her hard work and commitment.

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

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

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

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

Philip Home, Vice Chair, expressed his thanks to the members of the Trust Board/Senior Managers who attended the Business & Development (B&D) meetings over the past two months, recognising their time and contributions.

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

**iv. People Engagement and Membership (PEM) WG**

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

**v. Public Meeting Action Log**

The following updates to actions were noted:

- Action 153 [*Lack of signposting to the Day Treatment Centre (DTC) from the Freeman Hospital Multistorey Carpark*] - this would be monitored in the B&D Working Group.
- Action 155 [*Tight turnaround time for theatre utilisation work*] – This action was currently under discussion regarding the production of a briefing note/presentation slides.

**It was resolved:** to **receive** the action log and **agree** the completion of the actions proposed for closure.

**26/09 ITEMS TO APPROVE**

**i) Nominations Committee update**

Paul Ennals advised that as part of succession planning, Nominations Committee members reviewed the Chair and Non-Executive Directors (NEDs) Succession Planning Policy. Minor amendments were agreed, including additional references to ensure alignment with the Nominations Committee's role and responsibilities. The Committee confirmed that these updates strengthened clarity and consistency within the policy framework.

**It was agreed to approve** the proposed changes recommended by the Nominations Committee to the Chair and NEDs succession planning policy.

Paul Ennals thanked Nini Adetuberu for all her contributions noting that this meeting was her last Council of Governors meeting as she was leaving the Trust to take up NED roles in two other organisations.

Nini Adetuberu expressed her thanks to the Governors, highlighting the valuable experience gained and the privilege of working alongside a team committed to improving patient care.

The Chair also welcomed Judith McKenna to her first Council of Governors meeting.

**26/10 ANY OTHER BUSINESS**

The Princess Royal, Patron of the college of midwives, paediatrics and child health would be visiting the Royal Victoria Infirmary (RVI) next week.

**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 – Tuesday 28 April 2026
- Formal Council of Governors – Tuesday 19 May 2026

**Summary of actions:**

1. An update regarding the staff survey and people plan developments to be added to the Council of Governors forward plan [**ACTION01**].
2. Paul Ennals suggested a future update on the UTC at the Council of Governors on progress in 5–6 months, aligned with the Phase 2 developments. This would be added to the forward plan [**ACTION02**].

The meeting ended at 15:10.

### GOVERNORS' ATTENDANCE – 24 MARCH 2026

	Name	Y/N
A	Mrs Tracy Armstrong [Charity]	Y
A	Professor Joanne Atkinson [Northumbria University]	Apologies
S	Mr Roger Bishop [Volunteers]	Y
A	Mr David Black [APEX]	Y
2	Mr Peter Bower	Apologies
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]	N
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
2	Mr Hugh McKendrick	Y
1	Mr Thomas Millen	Y
2	Ms Linda Pepper	Y
2	Mr Shashir Pobbathi	N
1	Miss Fatema Rahman	Apologies
1	Dr Chris Record	Y
S	Miss Elizabeth Rowen [Allied Health Professionals]	N
S	Mrs Poonam Singh [Nursing & Midwifery]	Y
1	Dr Eric Valentine	Y
2	Dr Peter Vesey	Y
A	Dr Luisa Wakeling [Newcastle University]	Y
2	Mrs Claire Watson	Apologies
1	Ms Sally Webster	Apologies
2	Dr Kevin Windebank	Y

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## COUNCIL OF GOVERNORS

Date of meeting	19 May 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 March 2026:</p> <ul style="list-style-type: none"> <li>• Board Succession</li> <li>• Governor Activity</li> <li>• Informal Visits</li> <li>• Alliance</li> <li>• External Meetings</li> </ul>					
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

Our succession planning for Board continues. Following a robust interview process involving governor, executive and external stakeholder representation, and with some healthy competition from candidates, I am pleased to confirm that we have successfully appointed to the posts of Clinical Non-Executive Director (NED) and Associate NED (People) following Council of Governor approval. Candidates are likely to join us in early June subject to normal vetting procedures in line with the NHS England Fit and Proper Person Test Framework for Board members.

### **ACTIVITY WITH GOVERNORS AND MEMBERS**

At our Governor Workshop in April, in addition to our standard reports, we had our regular update on local matters, recent news and achievements, reports on patient and staff experience, performance and finance delivered by Jackie Bilcliff, Deputy Chief Executive. We also heard about the work of Bill MacLeod, Vice Chair and Chair of the Finance & Performance Committee, and Bernie McCardle, NED and Chair of the People Committee.

Akbar Hussain, Consultant Neurosurgeon & Luke Bashford, Senior Clinical Research Fellow delivered a remarkable and insightful presentation on the work undertaken in the National Centre for Neurotechnology and Neurorestoration. The Trust has achieved national lead-centre status across multiple projects, reflecting the rapid growth of neurotechnology as one of the fastest-expanding areas in medical device applications.

Driven by significant unmet patient need and rapid growth in research, innovation and investment, the National Centre for Neurotechnology and Neurorestoration will provide a flagship hub for human research and translation within the NHS. Building on unique expertise, facilities and partnerships, the Centre will lead a national hub-and-spoke ecosystem, accelerating the delivery of transformative neurotechnologies and therapies that restore quality of life, while positioning the NHS as a global leader and living laboratory for neuroscience.

We also heard from Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals, and Russ Jones, Deputy Director Estates, Strategy, Planning & Capital Development, who provided an update on our Food and Drink Strategy, the three strategic aims of which are to meet patient nutrition & hydration needs, promote healthier eating for staff and visitors and deliver sustainable food procurement. We heard about the improvement programmes being undertaken in wards recognising that food is fundamental to physical, psychological and rehabilitative recovery.

We continue our engagement with Governors in relation the NHS Ten Year Plan's intent to remove the formal powers of Councils of Governors from March 2027. Governors will be aware that this has been discussed extensively with the Board who unanimously agree that maintaining a strong public and staff voice is essential in any future engagement model and that work on defining this model should be accelerated to provide clarity and stability.

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Work is ongoing to develop a clear process for creating the Trust's future engagement model which will align with the 10-year Health Plan and focus on more dynamic engagement that incorporates patient, staff and stakeholder insight. Work will also take place across the Alliance to identify best-practice engagement models, ensuring Governor input is embedded throughout.

In addition, the Trust Board endorsed the recommendation to pause Governor elections until October 2026. This decision is intended to maintain constitutional compliance, allow time to consider forthcoming legislation expected in May 2026, and provide an opportunity to review progress and anticipated timelines for that legislation. In the meantime, our Council of Governors agreed to the proposal to offer a co-opted governor role to eligible governors whose terms were ending on 31 May 2026.

In addition to our formal meetings, I continue to meet with Governors informally, providing a space for them to raise any issues arising between formal meetings and enabling me to update them on key regional and national developments.

### **INFORMAL VISITS & EVENTS**

I was delighted to welcome the Princess Royal to the Trust on a recent visit in her role as Patron of The Royal College of Midwives. The Princess Royal commented on the great core spirit and positive work ethic in the Royal Victoria Infirmary Maternity Unit; the range of challenges faced in a unit of this size and how they are dealt with.

I also attended the official 'Groundbreaking' for the construction of the Sir Bobby Robson Institute, a world-leading centre for cancer trials and research. The building will be run as part of our Trust and will join with the Freeman Hospital's cancer and blood disorders research team, as well as the existing Sir Bobby Robson Cancer Trials Research Centre based at the Northern Centre for Cancer Care. The new institute would increase research activity by 50% over five years and lead to more complex and larger trials.

Whilst at the Freeman site I took the opportunity to visit the Pathology Lab within the Integrated Laboratory Medicine function which provides comprehensive routine and specialist laboratory services across the region. It is a major hub for diagnostics, covering areas including blood sciences, microbiology, and cellular pathology.

In addition to the above I also had the opportunity to meet a wide range of teams at Regent Point.

### **ALLIANCE**

There continues to be good progress with Alliance developments with recent discussions focusing on our Strategic Intent. The Alliance Formation Team has reviewed each Trust's existing strategy and confirmed alignment with the Alliance Strategic Intent. As Trust

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strategies are refreshed, clearer and more explicit links to the Alliance Strategic Intent will be incorporated.

### **OTHER MEETINGS AND INFORMATION**

Along with other Chief Executives and Chairs from the region I recently attended a North East and Yorkshire Regional Roadshow hosted by NHS England, which provided an opportunity to discuss priorities and ways of working with regional and national colleagues, including newly appointed regional Chair Bill McCarthy, Sir Jim Mackey, Chief Executive of NHS England and Paul Dinkin, Department of Health and Social Care (DHSC) Director General, Strategy and Healthcare Policy.

I continue to meet with the Chair, CEO and senior officers of the Integrated Care Board (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**  
**30 April 2026**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	19 May 2026					
Title	Nominations Committee Terms of Reference Review and Schedule of Business 2026/27					
Report of	Kelly Jupp, Trust Secretary					
Prepared by	Kelly Jupp, Trust Secretary Lauren Thompson, Corporate Governance Manager/Deputy Trust Secretary					
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Summary	<p>The Terms of Reference (ToR) have been reviewed to reflect the following changes:</p> <ul style="list-style-type: none"> <li>Streamlined for consistency with other Board Committee ToR to enhance clarity, remove duplication, and reflect the Committee's responsibilities and reporting arrangements.</li> <li>Updated to reference Associate Non-Executive Directors (NED).</li> <li>Reordering and updating of section headings.</li> <li>Amendments to better align with the Chair, NED and Associate NED Appointment and Reappointments Policy.</li> </ul> <p>The changes made have been reviewed and approved by the Nominations Committee and therefore are presented to the Council of Governors for approval.</p> <p>The draft Schedule of Business for 2026/27 is also appended for approval.</p>					
Recommendation	The Council of Governors is asked to review and approve the updated Terms of Reference and the draft Schedule of Business for 2026/27.					
Links to Strategic Objectives	Make it better for colleagues.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.					

Reports previously  
considered by

Annual report. Reviewed and approved by the Nominations Committee in April 2026.

## Terms of Reference – Nominations Committee

### 1. Constitution and Authority

- 1.1 The Nominations Committee is a formal Committee established by the Council of Governors to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Chair, Non-Executive Directors (NEDs) and Associate NEDs of The Newcastle upon Tyne Hospitals NHS Foundation Trust (the 'Trust') and on plans for their succession.
- 1.2 A formal Committee of the Council of Governors, and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 1.3 Authorised by the Council of Governors to:
- i) Investigate, or appoint investigators to investigate, any activity within its Terms of Reference;
  - ii) seek any information it requires from any officer of the Trust;
  - iii) invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required; and
  - iv) secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary and/or the Executive Director of People and Commercial Innovation).
- 1.4 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Council of Governors. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Council of Governors.
- 1.5 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups, must be approved by the Council of Governors and reviewed no less than every two years.

### 2. Purpose

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

### 3. Duties

- 3.1 The Committee shall, taking into account the composition of the Board and the likely needs of the Trust at the relevant time, prepare selection criteria for the Non-Executive Directors and the Chair.
- 3.2 To oversee the process for the development of, or review as necessary, the role description and person specification for the following roles, as they fall vacant where required:
- Non-Executive Directors, including where required a person with a Finance background, who shall be a member of the Audit, Risk and Assurance Committee of the Board.
  - The Chair and Vice Chair.
  - Associate NEDs.
- 3.3 To oversee the development of a search strategy to identify potential candidates who are strong matches to the applicable person specification and to ensure that the Trust publicly advertises the posts to be filled.
- 3.4 To develop an appointments structure which a) abides by the principles set out in the applicable NHS England Code of Governance (or any superseded equivalent guidance) and b) will allow a recommendation to the Council of Governors for approval of an appointable candidate/candidates. The Committee will ensure that any recruitment process considers candidates from a wide range of backgrounds and will assess applicants on merit against objective criteria.
- Further the Committee will utilise open advertising and engage the services of external providers, where deemed necessary, to facilitate the search for candidates for appointment where appropriate.
- 3.5 Annually review the structure, size and composition (including the skills, knowledge and experience) required of the Chair and Non-Executive membership of the Trust Board and make recommendations with regard to any changes.
- 3.6 Give full consideration to succession planning for the Chair and Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust, the Great North Healthcare Alliance and the wider health system within the North East, and what skills and expertise are therefore needed on the Board in the future. Further to consider the balance between the need for continuity and the need to progressively refresh the Board when re-appointing/commencing new appointments.
- 3.7 Keep under review the Non-Executive leadership needs of the organisation with a view to ensuring the continued ability and sustainability of the organisation.
- 3.8 Ensure that on appointment to the Board, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment and committee service.
- 3.9 Ensure that an annual appraisal exercise is conducted for the Chair, NEDs and Associate NEDs.

## Agenda item C7

- 3.10 To recommend remuneration arrangements and related terms and conditions for the Chair, NEDs and Associates.
- 3.11 Ensure that the Chair, NEDs and Associate NEDs are recommended to conduct an initial term of office of three years (subject to satisfactory annual appraisal by the Committee) and may be recommended for reappointment for a second term of up to three years, subject to satisfactory annual appraisal. Any further extensions to terms of office should be by very exceptional circumstances for up to 12 months and subject to a comprehensive review taking into account the principles detailed within the applicable Code of Governance as well as the Chair, NED and Associate NED Appointment and Reappointment Process.
- 3.12 The Committee will set an annual plan for its work and will comply with the applicable “Code of Governance” and “Your statutory duties: a reference guide for NHS FT governors” (or any superseded equivalent guidance).

## 4. Membership and quorum

- 4.1 The Committee will comprise:
- The Trust Chair (as Chair of the Committee), or Trust Vice Chair in their absence;
  - Lead Governor (as Vice Chair of the Committee);
  - Five Public Governors or Four Public Governors and One Appointed Governor;
  - One Staff Governor; and
  - The Trust Senior Independent Director (SID), or a nominated Non-Executive Director in their absence.
- 4.2 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive and external advisers may be invited to attend for all or part of any meeting, as and when appropriate.
- 4.3 The Trust Secretary and staff from within the People Department will be available to provide support as and when necessary.
- 4.4 Conditions of membership:
- i) Governors shall be in the voting majority at any meeting of the Committee.
  - ii) Governors shall serve a term of up to three years (dependent upon the remaining term of their Governorship), after which the Council of Governors shall consider whether re-appointment be granted (subject to condition (iv) below).
  - iii) Governors who have already served on the Committee may stand again.
  - iv) No Governor may serve more than three consecutive terms.
  - v) Should there be more applications than vacancies on the Committee; the Trust Secretary shall conduct a secret ballot of all Public Governors, Appointed or Staff Governors (as appropriate) to determine which applicants shall be appointed to the Committee.
  - vi) Meetings of the Committee shall be arranged by the Secretary of the Committee at the request of the Chair of the Committee.
- 4.5 A member of the Committee shall not disclose any matter to a third party if the Council of Governors or Committee resolves that it is confidential.

## Agenda item C7

- 4.6 Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.7 An attendance record shall be held for each meeting and an annual register of attendance will be included in the Annual Report of the Committee.
- 4.8 In the absence of the Committee Chair, the Committee Vice-Chair shall chair the meeting. Further the Committee Vice Chair will also Chair the meeting when there is a potential conflict of interest involving the Trust Chair.
- 4.9 Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.
- 4.10 The Trust Secretary, or their designated deputy, shall act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.
- 4.11 All members of the Committee shall receive training and development support before joining the Committee, if required, and on a continuing basis to ensure their effectiveness as members.
- 4.12 A minimum four members are required to be present for the meeting to be quorate, three of which being Public Governors, and one being the Trust Chair or SID.
- 4.13 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

## **5. Committee Administration, Reporting and accountability**

- 5.1 The Nominations Committee will be accountable directly to the Council of Governors.
- 5.2 The minutes of all the Nominations Committee meetings shall be formally recorded and confidentially stored by the Trust Secretary. The Committee Chair shall report to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 5.3 Any changes to these terms of reference must be approved by the Committee meeting in quorum; and subsequently the Council of Governors.
- 5.4 The Committee shall make a statement in the Annual Report about its activities and the process used to make appointments. The Committee shall report to the Council of Governors annually on its work in support of the Annual Report. The Annual Report shall also set out clearly how the Committee is discharging its responsibilities.
- 5.5 The Annual Committee Report shall include an assessment of compliance with the Committee's Terms of Reference and a review of the effectiveness of the committee.

## Agenda item C7

- 5.6 The Committee will meet at least twice a year and as necessary to fulfil these terms of reference.
- 5.7 Members of the Committee have a responsibility to:
- read all papers beforehand;
  - disseminate information as appropriate;
  - identify agenda items, for consideration by the Chair at least 12 days before the meeting;
  - prepare and submit papers for a meeting, at least 5 days before the meeting;
  - if unable to attend, send their apologies to the Trust Secretary prior to the meeting. If apologies are given on more than two occasions within a year then Committee membership may be withdrawn following due consideration by the Committee Chair; and
  - when matters are discussed in confidence at the meeting, to maintain such confidences.
- 5.8 The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on their ability to be objective, it should be declared at the meeting and recorded in the minutes. On the basis of the interest declared, the Committee Chair (or Committee Vice Chair if the interest relates to the Committee Chair) will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question.
- 5.9 The Terms of Reference will be reviewed at a frequency of no less than every two years to ensure efficient performance of the Committee's work. The Committee will produce a report to the Trust Council of Governors annually setting out the work of the Committee for incorporation into the Trust Annual report, key risks and actions taken, combined with a self-assessment of the Committee's effectiveness.
- 5.10 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of meetings and business, which is agreed each year to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 5.11 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 5.12 Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.
- 5.13 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 5.14 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee.

**Procedural control statement:** 24 April 2026

**Approved by:** Nominations Committee 30 April 2026, Council of Governors [TBC]

**Review date:** May 2028

Agenda item C7

Nominations Committee Schedule of Business

Tasks	2026 April	2026 June	2026 August	2026 November	2027 February
Review Committee Terms of Reference and produce new Schedule of Business for the year	X				
Review of Chair/NED appraisal outcomes and objectives for the year ahead*		X			
Review Chair/NED Remuneration and T&Cs				X	
Review Chair/NED expenses policy				X	
Review Vice Chair appointment process	X				
Associate NED appointment consideration		X (Finance)	X (People)		
NED re-appointment consideration					X [AS]
Review Chair and NEDs position/succession planning policy and consider Chair/NED skills in light of anticipated future changes in the Trust and the wider NHS					X
Consideration of risks associated with the Committee remit				X	
Annual Committee self-assessment/review of effectiveness	X				

NB Appraisals to include consideration of Fit and Proper Persons Test requirements.

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### COUNCIL OF GOVERNORS

Date of meeting	19 May 2026					
Title	Update from the Lead Governor					
Report of	Eric Valentine, Lead Governor					
Prepared by	Eric Valentine, 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 March 2026.					
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 on are provided to the Council of Governors.					

## UPDATE FROM THE LEAD GOVERNOR

### 1. UPDATE

This is my first written report as Lead Governor.

I have joined the National Lead Governor Association (NLGA) and attended their first meeting on the Future of Governors. I completed a questionnaire on aspects of Governor interaction with the Trust for this meeting. I will report on the meeting content when I receive the summary from the NLGA Secretary.

### 2. MEETINGS ATTENDED

In this period, I have attended several events:

- 18/03/2026 Chaired Governors Informal meeting
- 20/03/2026 Teams meeting with Trust Secretary and Trust Chair
- 24/03/2026 1:1 catchup with Trust Secretary
- 24/03/2026 Council of Governors
- 24/03/2026 Chaired private session of Council of Governors (CoG)
- 31/03/2026 Meeting with Trust Secretary and Trust Chair at Regent Point
- 07/04/2026 Drop-in session with Sir Paul, Trust Chair
- 16/04/2026 Business and Development Working Group (WG) meeting
- 16/04/2026 Chaired feedback session for Governors on Non-Executive Director (NED)/Chair appraisal
- 17/04/2026 1:1 meeting with Trust Secretary
- 22/04/2026 Nominations Committee - including NED shortlisting
- 27/04/2026 NLGA meeting on Future Role of Governors
- 28/04/2026 Council of Governors Workshop
- 29/04/2026 Clinical NED stakeholders group
- 30/04/2026 Associate NED (People) Interviews
- 30/04/2026 Extraordinary Nominations Committee (Nomcom)
- 05/05/2026 Extraordinary CoG

Agenda setting meetings have been arranged with the Trust Secretary for future months.

### 3. KEY MATTERS

#### a) **Audiology Communications**

Feedback received in my capacity as Lead Governor has highlighted some ongoing concerns regarding communication of appointments within the Audiology service. It has been noted that this may be impacting patient experience.

#### b) **Renal Services – Young People’s Experience**

Concerns have been raised about the experience of teenagers and young adults undergoing renal treatment, particularly in relation to their transition from paediatric to adult care. This is

an area where members have expressed interest in understanding more about current approaches and support.

c) **Surgical Cancellations**

A question has been raised regarding levels of surgical cancellations within 24 hours of the planned procedure. This follows recent media coverage suggesting that nationally a proportion of these cancellations may be avoidable, and there is interest in how this compares locally.

**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 Eric Valentine**

**Lead Governor**

**7 May 2026**

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**COUNCIL OF GOVERNORS**

Date of meeting	19 May 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 March 2026.</p> <p>Key points to note are:</p> <ul style="list-style-type: none"> <li>- Group Activities</li> <li>- Presentations and Guests</li> <li>- Wards and Departments Visited</li> </ul>					
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 Quality of Patient Experience (QPE) Working Group (WG) 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. The Non-Executive Directors (NEDs) regularly attend to share updates from relevant Committee meetings to provide assurance.

Since the last report, two QPE WG meetings have taken place.

### 2. GROUP ACTIVITIES

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

- Quality Committee (19 February 2026) – This meeting was observed by Peter Bower.
- Quality Committee (19 March 2026) – This meeting was observed by Peter Bower.
- Clinical Audit and Guidelines Group (CAGG) (07 April 2026) – This meeting was observed by Philip Home and David Black.
- Patient Safety Group (PSG) (15 April 2026) – This meeting was observed by David Black.
- PSG (28 April 2026) – This meeting was not observed by David Black as it coincided with the Formal Council of Governors meeting.
- CAGG (05 May 2026) – This meeting was observed by Philip Home and David Black.
- Complaints Panel (05 May 2026) – This meeting was observed by Peter Bower.

The completed observer reports are available in the Governor Reading Room on AdminControl.

### 3. PRESENTATIONS/GUESTS

At the April meeting, we welcomed Anna Stabler, Non-Executive Director (NED), who provided an update on Maternity, Caring and Cardiothoracic services. In maternity, progress was noted in strengthening patient voice, improving staffing, and delivering actions from previous reviews, and achievement of all Maternity Incentive Scheme objectives. In caring, reductions in falls and pressure ulcers were reported, alongside continued focus on healthcare-associated infections and progress in ward accreditation, with further work planned on patient feedback in dental services. Improvements had continued within Cardiothoracic services regarding culture, enhanced governance, increased transplant activity, and reduced waiting times, with continued oversight and patient safety noted to be important.

At the May meeting, Anne-Marie Troy-Smith, Quality Development Manager, and Louise Hall, Deputy Director of Quality and Safety presented the Quality Account, highlighting sustained progress in governance, patient safety, and experience following strengthened leadership and oversight after the 2023 Care Quality Commission (CQC) inspection. Key improvements included increased incident reporting, expanded accreditation and patient experience programmes, and improvements in waiting times and theatre productivity, though pressures remain in emergency

care, cancer performance, and diagnostics. Priorities for the coming year focus on increasing reporting while reducing serious harm, with particular emphasis on eliminating Never Events (10 reported in 2025–26), alongside improvements in medicines management, infection prevention, complaints handling, lung cancer performance, and maternity inequalities. Governors noted concern at the rise in Never Events, reflecting on the definition of “harm” and supporting the ambition of zero incidents, while recognising national trends. Pharmacy services were noted to have improved, particularly at Freeman, although some inconsistencies in dispensing processes remain and current targets are largely aligned to inpatient flow.

Tracy Scott, Head of Complaints and Experience of Care attended the May meeting and presented complaints data showing increased volumes, particularly in emergency medicine and neurosciences, with 675 complaints received to March and strong performance in timely acknowledgements. While most cases are resolved within target times, some delays occur due to complex, multi-organisation investigations, with improved monitoring and communication in place. Key themes include communication and clinical care, and complaints are driving service changes such as extended visiting hours, improved carer support, and enhancements to end-of-life care. Protected mealtimes will remain but applied more flexibly, supported by clear visitor guidance alongside the upcoming change to visiting hours. The longer visiting window also allows greater flexibility for visitors and may help to ameliorate busier pinch points within the car parks. Patient Advice and Liaison Service (PALS) activity has also increased, mainly relating to care, treatment and appointments, with ongoing work to improve early escalation, learning, and overall patient and family engagement.

We were pleased to welcome Anna Stabler, to the April and May meetings, and would like to express our sincere thanks for her valuable and insightful contributions.

#### **4. WARD AND DEPARTMENT VISITS**

Visits were undertaken at the following locations:

- Children’s Accident and Emergency (A&E) at the Royal Victoria Infirmary (RVI) – 07 April 2026
- The Diabetes Centre at the Freeman Hospital – 20 April 2026
- The Urgent Treatment Centre (UTC), RVI – 23 April 2026
- Pharmacy at the RVI – 23 April 2026
- Cancer Outpatients at the Freeman Hospital – 28 April 2026
- The Clinical Diagnostic Centre (CDC) at the Metrocentre – 01 May 2026

WG Members provided a verbal report of the visits at the April and May QPE Working Group meetings.

#### **5. RECOMMENDATION**

The Council of Governors are asked to receive the report.

**Report of Claire Watson  
Chair of QPE Working Group  
8 May 2026**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	19 May 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 24 March 2026.						
Recommendation	The Council of Governors is asked to note the contents of this report.						
Links to Strategic Objectives	Performance- Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Impact detailed within the report.						
Reports previously considered by	Standing agenda item.						

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

### **1. INTRODUCTION**

The Business and Development (B&D) Working Group 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, one held via Microsoft Teams and one in person.

### **2. PRESENTATION TOPICS**

#### **2.1 Chair of Finance & Performance Committee / Non-Executive Director (NED) (12 March 2026)**

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

Bill MacLeod provided a verbal update on the F&PC and the recent Alliance Steering Group meeting. He noted the forecast year end position which was subject to confirmation at the next F&PC meeting once the March accounts were finalised. Bill informed the Group of the Alliance revised governance arrangements with the committees in common and joint committees being held in the same meeting to improve efficiency, the new North Cumbria Integrated Care NHS Foundation Trust Chair, and improved joint working across trusts. While progress was acknowledged, concerns were raised about the clarity, measurability and visibility of Alliance benefits, particularly for Governors, staff and patients. It was agreed that an updated Alliance progress paper would be refined and brought to Governors in individual trust meetings, most likely in June, with the potential for a further Alliance-wide Governors' meeting in late 2026. Discussion also covered external context, including Care Quality Commission (CQC) ratings within the region, and the importance of continuing to explore future engagement and representation models should governor arrangements change.

#### **2.2 Finance Update (12 March 2026)**

Jackie Bilcliff attended the meeting to give a presentation and update on the financial position of the Trust.

The Chief Finance Officer reported that the Trust will achieve its planned 2025/26 year-end financial position, supported through non-recurrent national deficit support funding, which also improves the Trust's cash position, although this funding cannot be carried forward. The full Cost Improvement Programme (CIP) has been delivered; however, this relied more

heavily on non-recurrent savings than originally planned. While capital delivery and cash management were highlighted as significant successes, the underlying recurrent deficit remain high and therefore continues to present a material challenge for future years. The three-year Medium-Term Financial Plan has been assessed as compliant and sets out a trajectory to deliver break even annually while progressively reducing the underlying deficit through a shift from non-recurrent to recurrent savings, although Governors and Board members acknowledged that the required level of recurrent cost improvement is ambitious and carries considerable risk. Governors emphasised the importance of careful and balanced staff communications to recognise the scale of achievement while clearly explaining the ongoing financial challenge. Further governance arrangements are being introduced to support cost improvement delivery, cash management and financial control going forward.

### **3. REPORTS ON BOARD COMMITTEE OBSERVATION**

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

- **Digital & Data Committee (12 March 2026) (D&DC)** - This meeting was observed by Philip Home.
- **Finance and Performance Committee (23 March 2026) (F&PC)** - This meeting was observed by David Bull.
- **Audit, Risk & Assurance Committee (24 March 2026) (ARAC)** - This meeting was observed by Philip Home.
- **Finance and Performance Committee (27 April 2026) (F&PC)** - This meeting was observed by Hugh McKendrick.

### **4. RECOMMENDATION**

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

**Report of Eric Valentine**  
**Working Group Chair**  
**8 May 2026**

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## COUNCIL OF GOVERNORS

Date of meeting	19 May 2026					
Title	People, Engagement and Membership (PEM) Working Group (WG) Report					
Report of	Catherine Heslop – Chair of the PEM Working Group					
Prepared by	Catherine Heslop – Chair of the PEM Working Group					
Status of Report	Public	Private	Internal			
	<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 People, Engagement and Membership (PEM) Working Group (WG) is tasked with increasing both the number and diversity of Trust membership and with supporting members via 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 March 2026.</p>					
Recommendation	The Council of Governors is 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	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]	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.

At the April and May meetings, Bernie McCardle, Non-Executive Director (NED), attended as a guest speaker and provided an update from the People Committee. He highlighted the reset of the People Plan, reflecting Governor feedback and staff survey results, with a stronger focus on targeted, measurable improvements after limited impact in some areas. Priorities include leadership development, wellbeing and psychological support, behaviour and civility, Freedom to Speak Up, and more effective use of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. Recruitment challenges, particularly for clinicians, are being addressed through more flexible approaches. Workforce reductions and turnover were discussed, with the discussion including natural attrition and voluntary measures.

Bernie McCardle provided assurance of strong governance as evidenced in the People Committee, and advised that there would be a smooth transition to the incoming Associate NED for People.

The meeting was constructive and well-focused, and I would like to thank all Governors and attendees for their thoughtful engagement and valuable contributions throughout.

### **2. GROUP ACTIVITIES**

Plans are currently under development for the next Members' Event in August, which will focus on ageing healthily, and we look forward to delivering an engaging and informative session.

The WG continued its discussions relating to ideas for articles to be included in the forthcoming Summer Members' Newsletter.

#### **2.1 Committees**

In accordance with the WGs ongoing commitment to strengthening oversight and ensuring robust Governor engagement across the Trust's governance structure, a member of the PEM WG attended the Charity Committee on 10 April 2026. This meeting was observed by Chris Record.

The completed written reports arising from observations are available in the Governor Reading Room on AdminControl.

### **3. ONGOING AREAS OF FOCUS**

#### **3.1 Communication**

Governors continue to engage proactively with their constituencies and the wider community, maintaining a visible presence and ensuring that member views, experiences, and concerns are effectively represented within the Trust's governance processes. On 1 May 2026, Governors visited the Community Diagnostic Centre (CDC) to engage directly with constituents and gather feedback.

#### **3.2 Membership**

In April, 162 staff members joined the Trust membership. However, this increase was partly offset by a number of staff leavers who were subsequently removed from the membership database. 7 public members joined the Trust membership. The WG emphasised the importance of maintaining momentum in membership growth by continuing to promote membership through events, direct engagement and word-of-mouth activity.

### **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  
8 May 2026**

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**COUNCIL OF GOVERNORS**

Date of meeting	19 May 2026					
Title	Nominations Committee Annual Report 2025/2026					
Report of	Kelly Jupp, Trust Secretary					
Prepared by	Kelly Jupp, Trust Secretary					
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	The purpose of this report is to provide assurance that the Nominations Committee has met its key responsibilities for 2025/26, in line with its terms of reference.					
Recommendation	The Council of Governors is asked to receive the report and note the contents of the Nominations Committee Annual Report 2025/2026.					
Links to Strategic Objectives	Make it better for colleagues.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Annual report. Reviewed and approved by the Nominations Committee in April 2026.					

## NOMINATIONS COMMITTEE ANNUAL REPORT 2025/2026

### 1. PURPOSE

The purpose of this report is to provide assurance to the Trust Board and Council of Governors that the Nominations Committee has met its key responsibilities for 2025/26, in line with its terms of reference.

The following sections outline overall achievements throughout the year and action points for continuing development during the coming year.

### 2. COMMITTEE RESPONSIBILITIES

The Council of Governors set up a formally constituted Nominations Committee to:

1. Identify, interview and recommend candidates for the appointment of the Trust Chair, Non-Executive Directors (NEDs) and Associate NEDs.
2. Receive the outcomes of the annual appraisal process for the Chair, NEDs and Associate NEDs, using formal objectives that were previously set and agreed.
3. Interview NEDs and recommend a NED for the role of Vice Chair.

Committee members were supported by Trust officers, as appropriate, including the Trust Secretary.

### 3. COMMITTEE MEMBERSHIP AND MEETINGS

Attendance of the Committee membership is set out below:

Member	Number of meetings attended	
	Ordinary	Extraordinary
Sir Paul Ennals, Chair	5 out of 5	4 out of 4
Mr Bill MacLeod, Committee Member and Senior Independent Director (SID) from 9 September 2024 to 21 August 2025	2 out of 2	0 out of 0
Mrs Catherine Heslop, Committee Member (Public Governor)	4 out of 5	2 out of 4
Mrs Judy Carrick, Committee Member. Became Lead Governor and Committee Vice Chair from 1 March 2025 (Public Governor) until 27 January 2026	5 out of 5	4 out of 4
Mr David Black, Committee Member (Appointed Governor)	5 out of 5	3 out of 4
Mr Bob Waddell, Committee Member (Public Governor) until 31 May 2025	1 out of 1	0 out of 0

Member	Number of meetings attended	
	Ordinary	Extraordinary
Mr Hugh Gallagher, Committee Member (Staff Governor)	4 out of 5	3 out of 4
Mrs Linda Pepper, Committee Member (Public Governor)	5 out of 5	3 out of 4
Mr Peter Bower, Committee Members (Public Governor) from 25 June 2025	4 out of 4	4 out of 4
Dr Alexandros Deargès-Chantler (Public Governor) from 25 June 2025 until 18 October 2025	1 out of 2	0 out of 2
Dr Eric Valentine, Committee Member from 26 November 2025. Become Lead Governor and Committee Vice Chair from 28 January 2026	1 out of 1	2 out of 2
Mrs Liz Bromley, SID from 22 August 2025	2 out of 3	0 out of 2
Ms Wendy Balmain, NED (attended in the absence of the SID)	0 out of 0	1 out of 1

There were nine meetings of the Committee in the period 1 April 2025 to 31 March 2026, five of which were ordinary meetings and four were extraordinary meetings. The extraordinary meetings were convened to consider NED appointments.

The Terms of Reference for the Committee specify that a minimum of two meetings per year are required.

#### **4. AREAS OF ACTION AND REVIEW DURING THE YEAR**

During the year, Committee activity included:

- Approval of the Annual Report of the Committee for 2024/25.
- Considering the composition of the Board and the likely needs of the Trust, the Committee made recommendations to the Council of Governors on the appointment and recruitment of the shared Chair and one Associate NED.
- Approving updated Terms of Reference and an updated Schedule of Business for the year.
- Considering the remuneration for the Shared Chair, substantive NEDs, Vice Chair, SID and Associate NEDs, and making recommendations to the Council of Governors.
- Receiving and considering reports on the Chair and NED appraisals, as well as objectives for the year ahead.
- Discussions on Chair, NED and Associate NED reappointment and recruitment considerations.
- Consideration of risks associated with the Committee remit.
- Reviewing the Chair and NED:
  - a) Terms and Conditions:
  - b) Expenses guidance: and
  - c) Appointments and Reappointments Process and Succession Policy. and proposing changes for approval by the Council of Governors.
- The Vice Chair and Associate NED (Finance) interview processes.

- Agreeing the recruitment process for new NEDs and a substantive Shared Chair, this included:
  - Ensuring robust role descriptions and person specifications were developed and agreed the search strategy for the appointments; and
  - Processes for Shortlisting, Stakeholder Group sessions and Interview Panels, with the Governor members in the voting majority.

In conclusion the Committee has met its duties for the year 2025/26.

## **5. COMMITTEE EFFECTIVENESS CONSIDERATIONS**

In order to consider the effectiveness of the Committee, Committee members conducted a detailed discussion which included consideration of the following questions:

- a) Does the Board have an effective mix of skills, experience, independence and diversity (focussing on the Chair, NEDs and Associate NEDs)? Yes, albeit it was acknowledged that for some protected characteristics such as race, the Board was less representative of the population which the organisation served. This would continue to be an area of focus for future recruitment processes.
- b) Has succession been managed well? Yes, particularly given the change in NEDs over the previous 12-24 months.
- c) Have appointment processes been qualitative, credible and fair? Yes, with regular recruitment process debriefs conducted to ensure continuous improvement.

It was concluded that the Committee had been effective in achieving the responsibilities set out in the Terms of Reference.

## **6. AREAS OF FOCUS FOR 2026/27**

There are five key areas of focus for the Committee in 2026/27 which are:

1. Recruitment process for a new Vice Chair.
2. Recruitment of two NED's (People and Clinical) and conversion of two Associate NED roles into substantive NED roles (Finance and People).
3. Revisiting succession planning arrangements and training/development for NEDs.
4. Revisiting key governance documents which require review during the year being:
  - a. Chair and NED Terms and Conditions;
  - b. Chair and NED reappointments process and succession planning policy; and
  - c. Chair and NED expenses guidance.
5. Reviewing Chair and NED remuneration.

**Report of Kelly Jupp**  
**Trust Secretary**  
**24 April 2026**

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Council of Governors Meeting Actions - Public

Agenda item: D10

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
155	ACTION01	1. Business Items iv) Chief Executive's Report including:	27 January 2026	Concerns were raised by Catherine Heslop relating to the tight turnaround time and it was agreed that further clarity be provided on the theatre utilisation work including patient experience and outcomes data.	SH	09.03.2026 - Currently under discussion regarding the production of a briefing note/presentation slides. 24.03.2026 - Theatre optimisation still under discussion 13.05.26 - Sue Hillyard advised that the w/c 18 May is hub optimisation week and therefore the Director of Operations will be asked to provide a summary of the theatre utilisation work following the debrief at the end of the week.	
160	ACTION01	1. Business Items iv) Chief Executive's Report including:	24 March 2026	An update regarding the staff survey and people plan developments to be added to the Council of Governors forward plan [ACTION01].	JR	26.03.2026 - Added to the forward plan for Council of Governors. Propose to close	
161	ACTION02	1. Business Items iv) Chief Executive's Report including:	24 March 2026	Paul Ennals suggested a future update on the UTC at the Council of Governors on progress in 5–6 months, aligned with the Phase 2 developments. This would be added to the forward plan [ACTION02].	JR	26.03.2026 - Added to the forward plan for Council of Governors. Propose to close	

Key:

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