The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Council of Governors' Formal Meeting
Tuesday 28 July 2026, 12:00 -13:15
Training Rooms 3 & 4, Education Centre, Freeman Hospital / via Microsoft Teams

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Agenda

	Time	Item	Paper	Lead
1.	**Introduction**			
a.	12:00	Apologies for absence and declarations of interest	Verbal	Paul Ennals
b.	12:01	Minutes of the Public Council of Governors meeting held on 19 May 2026 and any matters arising	Attached	Paul Ennals
c.	12:02	Chair's report	Attached	Paul Ennals
d.	12:10	Chief Executive's report	Presentation	Jackie Bilcliff
2.	**Items for discussion**			
a.	12:25	Audiology Update	Presentation	Sam Lear & Helen Whittaker
	12:45	**Refreshment Break**		
b.	12:50	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
3.	**Items to receive *[To cover by exception only]***			
a.	13:05	Nominations Committee Update • Non-Executive Director and Chair objectives	Attached	Kelly Jupp
b.	13:10	Public Meeting Action Log	Attached	Paul Ennals

Date and Time of Next Meeting:

- **Formal Public Council of Governors Meeting – Tuesday 22 September 2026 between 13:30 – 15:15 in the Piano Room, RVI**

PUBLIC COUNCIL OF GOVERNORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 19 MAY 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)
David Weatherburn, Non-Executive Director (NED)
Wendy Balmain, NED
Phil Kane, NED
Judith McKenna, Associate NED
Jackie Bilcliff, Chief Finance Officer / Acting Deputy Chief Executive Officer
Vicky McFarlane-Reid, Executive Director of People and Commercial Innovation *[Until 14:50]*
Lucia Pareja-Cebrian, Joint Medical Director *[Until 14:16]*
Caroline Docking, Director of Communications and Corporate Affairs
Patrick Garner, Director of Performance and Governance
Sue Hillyard, Interim Executive Director of Operations *[Until 14:50]*
Kelly Jupp, Trust Secretary

Secretary: Jayne Richards, Governor and Membership Engagement Officer and Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary

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

26/11 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

Apologies for absence were received from:

- Appointed Governor Joanne Atkinson, Public Governors Catherine Heslop, Sally Webster, Kevin Windebank, Tom Millen, Aileen Fitzgerald and Staff Governor David Bull.
- Executive Team Members, Paul Hanson, Director of Estates, Facilities and Strategic Partnerships, Rachel Carter, Director of Quality and Safety, David Elliott, Chief Digital Officer and Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs).
- NED's, Bill MacLeod (Vice Chair), Anna Stabler, Hassan Kajee, Bernie McCardle and Liz Bromley.

Paul Ennals welcomed all to the meeting.

There were no new declarations of interest.

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

ii) Minutes of the Public Council of Governors (CoG) meeting held on 24 March 2026 and any matters arising

The minutes of the previous Public Council of Governors meeting held on 24 March 2026 meeting were agreed to be a true reflection of the business transacted. There were no matters arising.

Linda Pepper queried GP contractual arrangements and the monitoring of such arrangements in reference to section 25/05 BUSINESS ITEMS, iv) Chief Executive's Report of the meeting minutes. Rob Harrison clarified that responsibility for monitoring these arrangements remained with the Integrated Care Board (ICB), however waiting times and community care were regularly monitored.

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

iii) Chair's Report

Paul Ennals presented the report and highlighted the continued succession planning for NEDs. As part of a recent interview process, Jeff Perring had been appointed as Clinical NED and Joanne Race as Associate NED (People).

In response to a query from Linda Pepper, Paul Ennals advised that the Trust Board had endorsed the recommendation to pause Governor elections until October 2026. This decision was taken to allow time to consider forthcoming legislation that was expected in May 2026.

Subsequently the Health Bill, published last week, indicated that the roles of Governors and Members were to be removed.

The Health Bill status would be revisited in October 2026, by which time greater clarity was anticipated regarding the direction of travel and whether the proposed changes were likely to come into effect from April 2027.

Rt Hon James Murray MP had recently been appointed as Secretary of State for Health and Social Care and it was expected that there would be no change in direction regarding the Health Bill and the 10 year plan for the NHS.

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

iv) Chief Executive's Report

Rob Harrison highlighted the following points:

- The Trust's new high-level dashboard had been redesigned in line with the new Trust strategy, with the key metrics across people, finance, quality and safety, and operational performance highlighted. The headline messages from the Trust strategy were shared.
- A spotlight on services, focussed on improving how the Trust listened to and learnt from complaints. Each complaint was reviewed and signed by the CEO. This approach was embedded within this year's Quality Priorities, with a commitment to being thorough and compassionate in all complaints responses, working closely with patients and their families.
- The Trust's Quality priorities 2026/27 plan on page.
- The importance of demonstrating improvements made because of patient and staff experience feedback through use of case studies. An example was shared from Ward 3 at the Freeman Hospital (FH) which highlighted practical ways to better support and inform patients. Nursing colleagues were actively sharing good practice and learning with one another. In addition, Ward 14 at the FH hade made changes at ward level in response to this approach. There was an opportunity to adopt these improvements more widely across the organisation and to further strengthen shared learning. This was highlighted at the Nursing and Midwifery Conference in relation to sharing best practice and improvements.
- The quarter 4 NHS Oversight Framework segmentation was expected in June 2026.
- The March 2026 position for the four-hour Accident and Emergency (A&E) standard had improved, with the Trust moving up four places to 26th nationally.
- There was a 66% reduction in elective long waits, decreasing from 1,505 to 579 patients.
- The Trust's waiting list was currently approximately 80,000 patients.
- Collaborative work continued with the Integrated Care Board (ICB) and Northumbria Healthcare NHS Foundation Trust for skin cancer to maintain performance against the national standards in cancer care.
- Month 1 finances were on plan; however, a significant Cost Improvement Programme (CIP) was in place to deliver for 2026/27, and focus was required to address the underlying deficit over a 3-year period.
- Building safety approval had been granted for the Urgent Treatment Centre (UTC) link corridor, with work due to commence shortly and completion expected by October 2026.
- Radiology X-ray works at the Royal Victoria Infirmary (RVI), including rooms 16 and 17, had now been completed.
- The RVI Pharmacy robot had been successfully installed.
- A new Chemical, Biological, Radiological and Nuclear (CBRN) tent had been introduced, with its first successful test run undertaken this month.
- Upgrades to the Leazes Wing staff changing rooms were due to commence shortly.
- Works to the Paediatric Intensive Care Unit (PICU) were planned to begin later this year.

A discussion ensued which covered the following areas:

- Whilst there was good evidence of complaints being captured, some Governors highlighted concerns around responses to patients, noting that statements such as "we are sorry you are unhappy with the service" did not assist with improving patient satisfaction. Rob Harrison confirmed that this was not the approach taken within the

Trust. Philip Home highlighted that complaints represented a small proportion of overall patient contacts, but acknowledged that there was more to be done in relation to patient handling and learning from incidents. Rob Harrison emphasised that the approach had moved from simple incident reporting to focus on deeper understanding and learning from complaints. Hugh Gallagher reiterated that complaints were now being managed more quickly, reflecting a more mature and improved approach.

- Traffic congestion issues at/around the FH. Rob Harrison advised he would liaise with Paul Hanson to provide an update **[ACTION01]**. Paul Ennals confirmed that a Transport Plan was currently in development and would be shared with Governors once approved by the Trust Board **[ACTION02].**
- Diagnostics performance had improved by 15% compared to the previous financial year, exceeding the 5% target. However, Hugh McKendrick noted concern remained regarding paediatric audiology appointment availability. Issues within Audiology were also raised, including staffing vacancies and high turnover, although it was advised that a new Clinical Lead had now been appointed. Approval under the Building Safety Act had now been received to install an MRI scanner, which was expected to improve MRI capacity and was a key priority for the year ahead.
- Misuse of disabled parking spaces by non-disabled individuals following a concern raised by Claire Watson. Rob Harrison confirmed that Security teams were working to address this issue, and that the forthcoming Transport Plan would also help relieve site pressures however there were restrictions in this area. Claire Watson also shared positive feedback regarding exemplary care received by their son throughout his experience within the Trust.

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

26/12 ITEMS FOR DISCUSSION

i) Transplantation update including Organ Utilisation Strategy

Lucia Pareja-Cebrian shared a presentation and highlighted the following points:

- The strategy focussed on maximising the safe and effective use of available organs, with an ambition to increase utilisation rates by 10–15%. A range of actions and strategic priorities were in place to support this aim.
- Current challenges included limited bed capacity and workforce availability, as well as pressures on theatre access, all of which were being addressed through a significant programme of work, including the sustainability and certainty in organ retrieval (SCORE) initiative.
- A key development was the establishment of an Assessment and Recovery Centre (ARC), designed to optimise organs prior to transplantation, thereby improving viability and patient outcomes. The ARC was initially commissioned to focus on lungs, liver and kidney transplantation as part of a pilot approach. Newcastle Hospitals was the only centre to have been commissioned for all 3 organs. This model enabled organs to be preserved, assessed and optimised, extending the timeframe available for transplantation and increasing the likelihood of successful use.

- Work continued to remove barriers to transplantation, including improving processes to optimise lung usage and transplantation rates. In addition, new and innovative technologies were being adopted. For example, XVIVO technology, which functioned similarly to an incubator, was enabling ground-breaking work, including the transplantation of smaller donor hearts, further expanding the potential donor pool. Governors were advised that visits to the ARC could be arranged for any Governors interested in visiting.

A discussion took place which highlighted the strong performance and reputation of the transplant service, with Peter Bower reflecting positively on their own longstanding involvement since 1983 and praising the high quality of care, patient experience, and psychological support. Hugh Gallagher also commended the service and asked about a wider strategy to support staff satisfaction. In response, Lucia Pareja-Cebrian explained that teams, including Hepatobiliary (HPB) surgeons, were highly engaged and enthusiastic about developments such as the ARC, although this involved new ways of working and changes to job planning, alongside ambitions to increase and optimise liver assessments.

Sue Hillyard noted that the Cardiothoracic Services Clinical Board had received a presentation outlining progress and staff feedback, with staff survey results showing improvement across several areas in recognition of work undertaken over the past year. The importance of raising community awareness of transplantation and organ donation was also discussed, with assurance provided that opportunities to showcase the work and promote donation were being actively pursued.

Paul Ennals concluded by emphasising the importance of maintaining effective transplantation service delivery and clearly demonstrating the Trust's leadership in this field.

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

ii) <u>Trust Strategy</u>

Patrick Garner delivered a presentation and highlighted the following points:

- The new strategy included an updated vision: delivering excellent, compassionate and innovative healthcare, education and research.
- The strategic framework had been streamlined, moving from five to three core values and the inclusion of three strategic priorities: joining up care, advancing care and supporting great care. The revised values of kind, respectful and inclusive team, were supported by defined behaviours, setting out what they mean in practice for staff and how they will be embedded across the organisation.
- The strategy reflected the breadth of services and specialties provided by the Trust, including:
    - Neighbourhood care for Newcastle.
    - Hospital care for the city.
    - Sub-regional and regional specialist services.
    - Nationally recognised specialist services, where the Trust is a leader.
- A clinically led approach underpinned delivery of the strategy, with clinical plans to be developed across each Board to support strategy implementation.

- Joining up care focussed on clearly defined priorities for the next five years, which included reducing health inequalities, strengthening clinical strategy delivery, improving care pathways, and enhancing patient safety through better integration across services.
- Advancing care emphasised the effective use of data, innovation and research, alongside the development of digital tools to support staff. It also highlighted the importance of high-quality training, education and skills development.
- Supporting great care centred on strong foundations, including digital and estates infrastructure, workforce support, financial sustainability, and continued investment in key areas. Environmental sustainability was also a key consideration.
- The Trust Strategy was due to be published on Friday. Work would continue over the coming months to identify further efficiencies and embed delivery actions within governance processes.

A discussion ensued which covered the following areas:

- The importance of ensuring the Trust's strategy delivered meaningful change rather than remaining "words on a page," with a strong focus on clinical quality, patient experience, and continuous improvement.
- Governors emphasised the need to uphold values of kindness, respect and inclusivity in both staff interactions and patient care, to ensure patients feel respected and receive the best possible outcomes. The importance of accountability, positive behaviours, and addressing health inequalities particularly in maternity services was noted, alongside the need to better support staff facing sustained pressures and resource constraints.
- It was acknowledged that limited resources can impact staff morale and the ability to deliver compassionate care, reinforcing the need for effective use of resources, clear communication, and organisational responsibility.
- Partnership working across the wider health system, investment in digital and capital programmes, and the importance of monitoring delivery of the strategy through regular updates. Patrick Garner offered to provide regular updates to the Business & Development Working Group.
- Governors reflected on the emotional impact on staff, particularly during pressured time-periods or specific traumas, and highlighted the need for shared responsibility, ongoing reflection, and continued evaluation of progress through Clinical Boards.

26/13 ITEMS TO APPROVE

i) Nominations Committee Terms of Reference and Schedule of Business 2026/27

Nominations Committee had reviewed and approved the updated Terms of Reference and Schedule of Business, with minor amendments made to align wording with current processes/policies.

It was agreed to **approve** the updated Nominations Committee Terms of Reference and Schedule of Business 2026/27.

26/14 ITEMS TO RECEIVE

i) Governor Working Group (WG) Reports including:

i. Lead Governor

The Lead Governor, Eric Valentine, presented his report, highlighting two key matters relating to audiology communications and renal services – young people's experience arising from adjacent Trusts.

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

ii. Quality of Patient Experience (QPE) WG

Claire Watson shared positive feedback following a visit to the Community Diagnostic Centre (CDC), at the Metrocentre, which she highlighted was a well-maintained and impressive facility. Paul Ennals encouraged Governors to take up opportunities to visit services.

Governors were thanked for their continued engagement.

Governors were invited to raise any questions however, none were raised.

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

iii. Business and Development (B&D) WG

Eric Valentine asked for expressions of interest for the role of Chair of the B&D Working Group.

Governors were invited to raise any questions however, none were raised.

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

iv. People Engagement and Membership (PEM) WG

The report was received. Governors were invited to raise any questions however, none were raised.

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

ii) Nominations Committee Annual Report

The Council of Governors received the Nominations Committee Annual Report. Kelly Jupp noted that the report's content would be incorporated into the Trust's overall Annual Report, reflecting that the Committee had operated effectively and delivered its objectives over the year.

iii) Public Meeting Action Log

The following updates to actions were noted:

- Action 155 *[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]* – This was currently being tested, and an update would be provided at the next meeting.

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

26/15 ANY OTHER BUSINESS

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

Governors were invited to raise any additional matters.

A query was raised by Linda Pepper about the recognition of Working Groups and clarity on where issues should be raised, with a request for more time for presentations and for additional detail and questions, rather than simply receiving Working Groups' reports.

Paul Ennals advised that Governors do have the opportunity to raise any questions from the reports and that it would be useful to feed ideas into the agenda setting process when planning future Council of Governors meetings.

No other business was discussed.

ii) Date and Time of Next Meetings:

- Private Governors Workshop – Tuesday 23 June 2026 between 13:30 – 15:15 in Training Rooms 3 & 4 Education Centre, Freeman Hospital.
- Formal Council of Governors – Tuesday 28 July 2026 between 12:00 – 13:30 in Training Rooms 3 & 4 Education Centre, Freeman Hospital.

Summary of actions:

i) Traffic congestion issues at/around the FH - Rob Harrison advised he would liaise with Paul Hanson to provide an update [ACTION01].

ii) Traffic congestion issues at/around the FH - Paul Ennals confirmed that a Transport Plan was currently in development and would be shared with Governors once approved by the Trust Board [ACTION02].

The meeting ended at 15:08.

GOVERNORS' ATTENDANCE – 19 MAY 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	Y
2	Ms Sue Brown	Y
S	Mr David Bull [Admin & Clerical, Management and Hospital Chaplains]	Apologies
1	Mrs Judy Carrick	Y
1	Dr Kate Cushing	Y
A	[Newcastle City Council]	Newly vacant seat
1	Mrs Aileen Fitzgerald	Apologies
S	Mr Hugh Gallagher [Medical and Dental]	Y
3	Mrs Joy Garner	Y
2	Mrs Catherine Heslop	Apologies
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	Y
1	Dr Chris Record	N
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 [Newcastle University]	Y
2	Mrs Claire Watson	Y
1	Ms Sally Webster	Apologies
2	Dr Kevin Windebank	Apologies

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Agenda Item 1(c)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	28 July 2026					
Title	Chair's Report					
Report of	Sir Paul Ennals, Chair					
Prepared by	Sir Paul Ennals, Chair Gillian Elsender, PA and Corporate Governance Officer					
Status of Report	Public	Private	Internal			
	☒	☐	☐			
Purpose of Report	For Decision	For Assurance	For Information			
	☐	☐	☒			
Summary	This report outlines a summary of the Chair's activity and key areas of recent focus since the previous Council meeting held in Public in May 2026: • Board Succession • Governor Activity • Informal Visits • External Meetings					
Recommendation	The Council of Governors is asked to note the contents of the report.					
Links to Strategic Priorities	Joining up Care	Advancing Care	Supporting great Care			
	☐	☐	☒			
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☒	☐	☐	☐	☐
Link to the Board Assurance Framework [BAF]	No direct link however provides an update on key matters.					
Reports previously considered by	Previous reports presented at each Public meeting.					

CHAIR'S REPORT

Our succession planning for Board continues and I am pleased to welcome Joanne Race, Associate Non-Executive Director (NED) for People and Jeff Perring Clinical (NED) who both joined the Trust on 6 July following a robust interview process and compliance with all NED onboarding procedures in line with the NHS England Fit and Proper Person Test Framework for Board members.

Joanne brings over 35 years of senior Human Resources (HR) and Organisational Development (OD) experience, most recently as Director of HR and OD at Durham University. Joanne holds an MA (Master of Arts) in Strategic HR Management and is a Chartered Fellow of the CIPD (FCIPD).

Jeff is a Consultant Intensivist in Paediatric Critical Care with Sheffield's Children's NHS Foundation Trust. He became their Executive Medical Director and Responsible Officer in July 2018, with responsibility for patient safety, medical workforce standards, appraisal and revalidation and is also the Trust's executive lead for quality, patient safety and mental health.

Board Activity

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

- Outpatients Transformation – We discussed establishing a clear vision for outpatient transformation focused on improving access, quality and financial sustainability. Areas of focus include oversight of key outcomes, including waiting times, patient experience and productivity, while ensuring the necessary digital, workforce and partnership arrangements are in place.
- Board Assurance Framework (BAF) - Discussions highlighted opportunities to simplify and strengthen the new BAF, including clearer risk descriptions, reducing overlap between committees, addressing gaps in areas such as digital and research, and improving oversight of transformation and change.
- Risk Appetite Statement (RAS) - The annual review of the Risk Appetite Statement identified a greater willingness to accept risk in areas such as people, culture and digital innovation, while recognising ongoing tensions between regulatory requirements, organisational capability and transformation ambitions. There was agreement that the RAS should be used more actively in decision-making and that governance and risk frameworks should be simplified where appropriate, and more closely aligned to the Trust's strategic priorities and transformation programme.

The annual round of appraisals of NEDs has now been completed for 2025/2026. Performance against the corporate and personal objectives for each NED were discussed. In addition, NEDs were asked to self-assess themselves using the self-assessment form within the NHS Leadership Competency Framework, and 360-degree feedback was obtained for each NED. I am delighted to advise that all NEDs have met, or exceeded, their objectives.

In June I completed the Annual Fit and Proper Persons return and this was submitted to the

NHS England Regional Director by the 30 June 2026 deadline. Testing was conducted in accordance with the NHS England Fit and Proper Person Framework and the outcomes of the testing enabled me to submit a return which provided full assurance that all Board members were 'fit and proper'. Board member references were completed for all leavers as appropriate and a detailed report will be considered at the Audit, Risk and Assurance Committee meeting on 28 July 2025.

ACTIVITY WITH GOVERNORS AND MEMBERS

At our Governor Workshop in June, 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 Rob Harrison, Acting Chief Executive. We also heard about the work of Anna Stabler (NED) and Chair of the Quality Committee, and Liz Bromley, Senior Independent Director and Maternity Safety Champion.

Anna highlighted that the Quality Committee continues to oversee several improvement programmes and is developing approaches to better understand and monitor clinical outcomes. Liz shared the positive changes in maternity patient experience, improvements in service environments and noted encouraging progress in creating an open and supportive culture for both staff and families using our maternity services.

Martin Wilson, Director - Great North Healthcare Alliance & Strategy, provided an update on the Great North Healthcare Alliance ('the Alliance'), which reviewed achievements from the previous year and outlined future priorities. The Alliance's renewed strategic focus is on improving secondary and tertiary care services, bringing care closer to patients where possible, and strengthening collaboration across partner organisations. Cancer services have been identified as a priority area for joint working. Examples of the benefits delivered through the Alliance included improvements in audiology services, the development of Community Diagnostic Centres and the sharing of best practice to enhance patient experience.

Vicky McFarlane Reid provided an opportunity for discussion on the results of the latest NHS Staff Survey. While response rates remained stable, there had been little overall improvement in staff engagement scores, and a notable gap remains between staff recommending the Trust as a place to receive care and recommending it as a place to work.

She outlined plans to build on the new Trust strategy by focusing on culture, leadership development, recognition and reward, and the creation of a more open and learning-focused environment. Governors emphasised the importance of listening directly to staff, ensuring colleagues feel heard and addressing concerns that affect their day-to-day experience at work.

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. As part of our ongoing work to develop a clear process for creating the Trust's future engagement model, we held a workshop with Governors on 9 July which focused on the current status of the

Health Bill 2026 and potential future models of public accountability, engagement and involvement.

Discussions focused on how the Trust can maintain strong public accountability and meaningful engagement in the future. Draft engagement principles emphasised co-production, inclusivity, transparency, listening to feedback and engaging under-represented communities.

Further work will be undertaken to develop possible engagement models, with consideration given to representation, accountability, recruitment, partnership working and wider community involvement. Feedback from the workshop will help shape proposals to be developed with stakeholders and the Alliance.

In addition to our formal meetings, I continue to meet with Governors informally, the latest being on 2 June, 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

On 10 and 11 June I attended NHS ConfedExpo 2026 which focused on the challenge of turning NHS strategy into action. Key themes included the shift towards prevention and neighbourhood-based care, with greater emphasis on supporting people closer to home and improving population health.

Digital transformation remained a priority, with discussions centred on the practical implementation of technologies such as Artificial Intelligence (AI) and data sharing to improve patient care and operational efficiency. Overall, the conference highlighted that while the NHS has a clear vision for the future, success will depend on effective delivery, collaboration and demonstrating measurable impact.

On 16 June, I had the pleasure to welcome more than 30 of the Trust's charity partners, many of whom have supported patients, families and services for many years. The event provided an opportunity to recognise and celebrate the significant contribution charities make through funding, volunteering and wider support, all of which play a vital role in enhancing patient and staff experiences across Newcastle Hospitals. Guests were thanked for their continued commitment and partnership, with the afternoon highlighting the strength of collaboration between the Trust and its charity partners.

I received an invitation from the Vicar of Thockrington Church, Northumberland, where Lord William Beveridge is buried, to attend a service marking the 800th anniversary of the church's link with York Minster and the dedication of a new stained-glass window celebrating Beveridge's legacy and contribution to the founding principles of the NHS. Given the significance of the occasion, NHS representatives were invited to attend. Unfortunately, due to a prior commitment I was unable to do so; however, our Vice Chair, Bill MacLeod, attended on behalf of the Trust.

OTHER MEETINGS AND INFORMATION

I continue to meet with the Chair, Chief Executive Officer (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
20 July 2026

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	28 July 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	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This report updates on the work of the Lead Governor since the Formal Council of Governors meeting on 19 May 2026.					
Recommendation	The Council of Governors is asked to (i) receive the report and (ii) note the contents.					
Link to Strategic Priorities	Joining up care		Advancing care		Supporting great care	
	☐		☐		☒	
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports from the Lead Governor are provided to the Council of Governors.					

UPDATE FROM THE LEAD GOVERNOR

1. UPDATE

I have continued to interact with the Alliance Lead Governors over particular issues. It is proposed that a meeting of Alliance Governors be scheduled for November.

Following the second reading of the Health Bill currently before Parliament, I have made a submission to the Health Bill Public Committee focussing on the changes to governance of Trusts and the proposed removal of governors.

During this period, I chaired the Business and Development Working Group (WG) for the last time. Philip Home will take up this role from September.

2. MEETINGS ATTENDED

In this period, I have attended several events:

- 19/05/2026 Council of Governors Formal meeting
- 02/06/2026 1:1 meeting with the Trust Secretary
- 02/06/2026 Governor drop-in session with Sir Paul Ennals, Trust Chair
- 11/06/2026 Business and Development WG meeting
- 16/06/2026 Nominations Committee
- 23/06/2026 Council of Governors Workshop
- 23/06/2026 Meeting with the Trust Secretary and WG Chairs
- 29/06/2026 1-1 meeting with Rob Harrison, Acting Chief Executive Officer
- 09/07/2026 Council of Governors Workshop
- 16/07/2026 1:1 meeting with the Trust Secretary
- 16/07/2026 Informal Governors meeting
- 16/07/2026 Business and Development WG meeting
- 23/07/2026 Meeting with Alliance Lead Governors

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

3. KEY MATTERS

Key matters raised with me as Lead Governor have included:

a) Estate developments via the Urgent Treatment Centre (UTC) to Accident & Emergency (A&E) connection which will be progressed to enable patient flow.

b) Future governance and the options for a public voice will be progressed.

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
13 July 2026

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Agenda item 2(b)(ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	28 July 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	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The content of this report outlines the activities undertaken by the working group since the previous report in May 2026. Key points to note are: - Group Activities - Presentations and Guests - Wards and Departments Visited					
Recommendation	The Council of Governors is asked to receive the report.					
Link to Strategic Priorities	Joining up care		Advancing care		Supporting great care	
	☐		☐		☒	
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

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

1. INTRODUCTION

The Quality of Patient Experience (QPE) Working Group (WG) 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 (23 April 2026) – This meeting was observed by Philip Home.
- Nutrition Steering Group (05 May 2026) – This meeting was observed by Claire Watson.
- Quality Committee (14 May 2026) – This meeting was observed by Philip Home.
- Patient Safety Group (PSG) (26 May 2026) – This meeting was observed by David Black.
- Clinical Audit and Guidelines Group (CAGG) (02 June 2026) – This meeting was observed by Philip Home and David Black.
- Quality Committee (18 June 2026) – This meeting was observed by Philip Home.
- Complaints Panel (07 July 2026) – This meeting was observed by Peter Bower.
- CAGG (07 July 2026) – This meeting was observed by David Black.

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

3. PRESENTATIONS/GUESTS

At the June meeting, we welcomed Nathan Morgan, Associate Director of Estates, who provided an update on access, safety, and wayfinding within the Royal Victoria Infirmary (RVI) atrium, particularly in relation to the use of lifts and escalators. Escalator safety remains a longstanding risk due to access by vulnerable patients and poor navigation, despite multiple mitigations. "Up only" use of escalators has reduced the risk of harm from falls, but issues persist with locating lifts and overall wayfinding. Further improvements are planned to focus on clearer navigation, better pre-visit guidance, and targeted support for high-risk groups.

At the July meeting, Rachel Carter, Director of Quality and Safety, updated Governors on developments to the Trust's quality and safety arrangements, including improvements to governance, patient safety and the In-Phase system. Incident reporting has improved, with further work planned to increase reporting by resident doctors. One of the Trust's main quality improvements is to continue to reduce never events, while supporting staff to raise concerns and contribute to organisational learning.

Tracy Scott, Head of Complaints and Experience of Care attended the July meeting to update on the Partnership and Involvement Panel (PIP), which supports public involvement in Trust projects and service improvement. Governors continue to contribute to a range of initiatives, while the Trust reviews its wider engagement arrangements. Plans are also in place to recruit Patient Safety Partners and strengthen support for patients and families involved in patient safety investigations. Governors welcomed the update and the continued focus on meaningful involvement.

The QPE WG was pleased to welcome Anna Stabler, Non-Executive Director and Chair of the Quality Committee to the July meeting and expressed sincere appreciation for her valuable, thoughtful, and insightful contributions to the discussion. Her input was noted as particularly helpful in enhancing the quality of scrutiny and supporting constructive challenge across key agenda items.

4. WARD AND DEPARTMENT VISITS

No ward or department visits were undertaken in June due to a late cancellation. The visit will be rescheduled in due course.

5. RECOMMENDATION

The Council of Governors is asked to receive the report.

Report of Claire Watson
Chair of QPE Working Group
10 July 2026

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	28 July 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	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) on 19 May 2026.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Link to Strategic Priorities	Joining up care		Advancing care		Supporting great care	
	☐		☐		☒	
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☐	☒	☐	☐	☒
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

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

1. INTRODUCTION

The Business and Development (B&D) Working Group (WG) meetings have been held monthly, with the topics covered relating to the Working Groups 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 only and one hybrid (MS Teams and in person).

2. PRESENTATION TOPICS

2.1 External Audit contract / tender process update (14 May 2026)

Chris Haynes, Assistant Finance Director – Financial Services, gave a verbal update on the external audit contract / tender process and highlighted the increasing pressures within the NHS audit market in terms of the lower number of audit providers available.

Chris outlined the potential procurement options, with the aim of appointing an external auditor by the audit year end. It was noted that Governors are responsible for appointing the external auditor, with the process overseen by the B&D WG. A dedicated subgroup of three Governors from the WG, supported by the Trust Secretary, Finance and Procurement colleagues, would conduct the supplier review process.

2.2 Chair of Digital and Data Committee (D&DC) Update / Non-Executive Director (NED) (11 June 2026)

Hassan Kajee attended the meeting to give a verbal update on the work of the D&DC and highlighted the positive progress made in moving towards a more strategic focus, supported by strengthened leadership following the appointment of a Digital Director to report into the Chief Digital Officer. Digital priorities were now better aligned with the Trust strategy, though some gaps remained which were being progressed. Challenges persisted around investment levels, linking digital spend to transformation, and balancing infrastructure needs with patient-facing improvements, alongside ongoing staff experience.

2.3 Chair of Audit, Risk and Assurance Committee (ARAC) Update / NED (11 June 2026)

David Weatherburn attended the meeting to give a verbal update on the work of the ARAC and highlighted continued high levels of audit, compliance, and governance activity, with progress made enhancing the Board Assurance Framework, risk appetite, and escalation processes to support clearer accountability. Risk management processes continued to

strengthen, with fewer overdue risk reviews, and good working relationships existed with internal and external auditors. The year-end Head of Internal Audit opinion rating was expected to provide "reasonable" assurance. While improvements continued around defining tolerable risk, managing risk volume, training, and completing outstanding internal audits from 2025/26, overall the Trust was demonstrating effective risk and assurance arrangements.

2.4 Audit Update (16 July 2026)

Mark Outterside, External Auditor, attended the meeting and confirmed that an unqualified audit opinion (being the best outcome) had been issued on the Trust's 2025/26 financial statements and that the audit concluded that the Trust had appropriate arrangements in place to secure Value for Money.

The auditor noted that the report continued to include a significant weakness relating to the 2024 Care Quality Commission (CQC) inspection report findings, and the weakness would remain pending a further CQC inspection, although it was recognised that good progress has been made by the Trust. Full cooperation was received from Trust staff throughout the audit process, and the audit was completed within the statutory deadline.

2.5 External Audit Contract/tender process update (16 July 2026)

Chris Haynes provided an update on arrangements for procuring the Trust's external audit contract with the current contract due to end following completion of the 2026/27 audit year. An expression of interest exercise would be undertaken through an agreed procurement framework, with the outcome to be reported to the Working Group in September.

WG members discussed and agreed the contract evaluation criteria, the new contract length and the 3 Governors to form the subgroup of the WG to progress the procurement. Members acknowledged the current challenges within the NHS external audit market.

3. REPORTS ON BOARD COMMITTEE OBSERVATION

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

- **D&DC (7 May 2026)** - This meeting was observed by Philip Home.
- **Finance and Performance Committee (F&PC**) **(18 May and 22 June 2026)** - These meetings were observed by Hugh McKendrick.
- **ARAC (19 May 2026)** - This meeting was observed by Peter Bower and Philip Home.

4. RECOMMENDATION

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

Report of Eric Valentine
Working Group Chair
16 July 2026

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	28 July 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	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The People, Engagement and Membership (PEM) Working Group (WG) is tasked with increasing both the number and diversity of Trust membership and with supporting members via dedicated members' events and newsletters. In addition, the WG works to engage with the wider Trust community. This report provides an update to the Council of Governors on the ongoing work of the PEM WG since the last meeting of the Council of Governors in May 2026.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Link to Strategic Priorities	Joining up care		Advancing care		Supporting great care	
	☐		☐		☒	
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The People, Engagement and Membership (PEM) Working Group (WG) agreed to move to bi-monthly meetings; therefore no meeting was held in June.

The July meeting was productive and well-focused. I would like to express my sincere appreciation to all Governors and attendees for their considered contributions and constructive engagement throughout.

2. GROUP ACTIVITIES

Plans are being finalised for the next Members' Event, scheduled for 13 August 2026, which will focus on healthy ageing. The session aims to provide an engaging and informative programme, highlighting services and initiatives within the Trust while supporting members to better understand how to maintain health and wellbeing as they age. The event will also offer opportunities for active participation, discussion, and feedback, helping to strengthen engagement between members and the Trust and ensure their voices continue to shape future priorities.

The WG is currently developing a range of articles for inclusion in the forthcoming Summer Members' Newsletter, with a particular focus on Governor engagement with members. These articles aim to highlight the visible presence of Governors within various settings, showcase their role in representing members' views, and promoting opportunities for direct interaction and engagement.

2.1 Committees

In accordance with the WGs ongoing commitment to strengthening oversight and ensuring robust Governor engagement across the Trust's governance structure, Sue Brown, a member of the PEM WG attended the People Committee to observe on 12 May 2026.

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 within 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.

3.2 Membership

In June, 208 staff members joined the Trust's membership and 129 staff members left the Trust and were subsequently removed from the membership database. During the same period, 8 public members joined the Trust's membership.

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
16 July 2026

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Agenda item 3(a)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	28 July 2026					
Title	Nominations Committee Update					
Report of	Paul Ennals, Chair					
Prepared by	Kelly Jupp, Trust Secretary					
Status of Report	Public	Private	Internal			
	☒	☐	☐			
Purpose of Report	For Decision	For Assurance	For Information			
	☒	☐	☐			
Summary	The content of this report outlines the key matters discussed at the Nominations Committee meetings which have taken place since the Public Council of Governors meeting in March 2026. Matters discussed included: • Vice Chair appointment process and subsequent appointment recommendation; • Non-Executive Director (NED) and Chair appraisal processes and outcomes for 2025/26; • NED and Chair objectives for 2026/27; • NED and Associate NED recruitment processes and appointment recommendations; • The annual Terms of Reference Review and new Schedule of Business for 2026/27; • A debrief process for the most recent NED/Associate NED recruitment exercise; and • A Committee annual report and self-assessment / review of Committee effectiveness.					
Recommendation	The Council of Governors is asked to note the contents of this report, and specifically: i) To note the outputs of the Chair and Non-Executive Director (NED) appraisal exercise for 2025/26; and ii) To endorse the personal objectives for the Chair and NEDs for 2026/27 as included in Appendix A.					
Links to Strategic Objectives	Supporting great care – supporting colleagues to do their job to the best of their ability with effective leadership, a just and learning culture and modern digital and physical environments.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☒	☒	☒	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Nominations Committee reports are provided routinely to the Council of Governors to provide updates on the business of the Committee.					

NOMINATIONS COMMITTEE UPDATE

1. INTRODUCTION

Since the March Council of Governors meeting, Committee members have met on three occasions and discussed the following items:

- 22 April 2026 – Vice Chair appointment process and role description, Chair appraisal process, NED shortlisting and the associated interview approach.
- 30 April 2026 (Extraordinary meeting) – Vice Chair interview arrangements, annual review of Committee Terms of Reference and new Schedule of Business, annual Committee report and self-assessment / review of Committee effectiveness, and NED/Associate NED appointment recommendations.
- 16 June 2026 – NED recruitment debrief, NED appointment recommendation, NED and Chair appraisals 2025/26 and objectives for 2026/27.

2. VICE CHAIR APPOINTMENT

Nominations Committee members discussed and agreed the process and role description for the Vice Chair appointment. Subsequently Governors approved the appointment of Wendy Balmain as Vice Chair from 30 July 2026, with a report shared at the 23 June Council meeting. Bill MacLeod, current Vice Chair's term of office is due to end on 29 July 2026.

3. NED/ASSOCIATE NED APPOINTMENTS

The Nominations Committee has led on the NED/Associate NED recruitment and succession planning processes for the following roles/individuals:

- Clinical NED – Jeff Perring (6 July).
- Associate NED (People) – Joanne Race (6 July).
- Associate NED (Finance) moving to a full NED role – Judith McKenna (30 July).

Committee members made recommendations to the Council of Governors which were approved for all of the roles listed above.

Jeff and Joanne commenced in role on 6 July and have completed their corporate and local inductions.

At the June Committee, members conducted a debrief on the recent recruitment processes and identified improvements for future recruitment exercises.

4. CHAIR AND NED APPRAISALS 2025/26, AND OBJECTIVES 2026/27

The annual round of appraisals for the Chair and NEDs has now been completed for 2025/2026.

Face-to-Face meetings were arranged on a one-to-one basis for an in-depth exchange of information and views on progress made during the year. In all cases performance against the corporate and personal objectives for each NED and the Chair were discussed.

The Chair and NEDs were asked to self-assess themselves using the self-assessment form within the NHS Leadership Competency Framework (see https://www.england.nhs.uk/publication/nhs-leadership-competency-framework/)

Anonymous 360-degree feedback was sought from NED peers, Executive Team members, other senior staff (where appropriate) and Governors (through the Lead Governor). Other key stakeholders were approached to provide a view on the Chair's Alliance role via a short survey.

The Chair provided an overview of the appraisal feedback with Nominations Committee members, however in summary, performance for all appraised was positive. Similarly for the Chair, the Senior Independent Director provided an overview of the appraisal feedback with Nominations Committee members which was that the overall performance of the Chair was outstanding and the appraisal process had been completed satisfactorily.

This report also includes the Chair and NED objectives for 2026/27, which were discussed either with the Chair/Vice Chair and individual NEDs or between the Chair and the Senior Independent Director (SID). The objectives have been included in Appendix A for the Chair and NEDs.

As identified in the national NHS England Equality Diversity and Inclusion (EDI) Improvement Plan, 'Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.' Therefore, the Chair and all NEDs have an EDI objective (excluding Bill MacLeod who leaves in July 2026).

Following completion of the annual Fit and Proper Persons Test (FPPT) requirements all Board members subject to the FPPT have been tested and concluded as fit and proper and there were no issues arising that required further action.

The draft individual objectives for the Chair and NEDs were considered and discussed by the Nominations Committee in June.

A corporate objective will be developed for the Chair and NEDs for 2026/27 once the Executive Team objectives have been finalised during the Summer

Jeff Perring, Clinical NED, and Joanne Race, Associate NED (People), commenced in role on 6 July and therefore initial objectives will be developed and agreed during the Summer period.

The NHS Management and Leadership Framework, including the NHS Leadership and Management Code, was launched by NHS England in September 2025, with implementation and supporting tools being rolled out across the NHS during 2026.

The new NHS Staff Standards (published 6 July 2026) include a mandatory standard on "tackling racism", meaning NHS employers must take action to prevent, identify and address

racism and improve race equality for staff. Trusts are encouraged to consider implementing the standard through leadership objectives, appraisal requirements, Workforce Race Equality Standards (WRES) improvement plans, or executive accountability arrangements. For 2026/27, all NED objectives include an objective regarding EDI, with one linked to embeddedness of the anti-racism framework.

For both areas referred to above, further consideration will be given to this when determining the appraisal process for 2026/27 and objective setting for 2027/28.

5. ANNUAL REVIEW OF TERMS OF REFERENCE AND NEW COMMITTEE SCHEDULE OF BUSINESS

The Committee Terms of Reference (ToR) were reviewed and updated to reflect the following changes:

- Streamlined for consistency with other Board Committee ToR to enhance clarity, remove duplication, and reflect the Committee's responsibilities and reporting arrangements.
- Updated to reference Associate Non-Executive Directors (NED).
- Reordering and updating of section headings.
- Amendments to better align with the Chair, NED and Associate NED Appointment and Reappointments Policy.

The changes were approved at the Council of Governors meeting on the 19 May 2026.

6. ANNUAL COMMITTEE REPORT AND SELF-ASSESSMENT / REVIEW OF EFFECTIVENESS

The Trust Secretary shared the draft Annual Report of the Committee which is to provide assurance that the Nominations Committee has met its key responsibilities for 2025/26, in line with its terms of reference.

The report covers:

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

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

In order to consider the effectiveness of the Committee, Committee members conducted a detailed discussion which included consideration of three questions which covered Board composition, succession planning and appointment processes. It was concluded that the Committee had been effective in achieving the responsibilities set out in the Terms of Reference.

7. FUTURE COMMITTEE MEETING BUSINESS

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

- Remuneration and Terms & Conditions (T&Cs); and
- Expenses guidance.

Committee members will also consider any risks within the remit of the Committee and consider an Associate NED appointment recommendation.

8. RECOMMENDATIONS

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

i) To note the outputs of the Chair and Non-Executive Director (NED) appraisal exercise for 2025/26; and

ii) To endorse the personal objectives for the Chair and NEDs for 2026/27 as included in Appendix A.

Kelly Jupp
Trust Secretary
16 July 2026

Appendix A

Name	2026/27 Objectives
Paul Ennals	1. Manage the return of the substantive Chief Executive Officer (CEO), and the consequent changes to the role of the interim CEO and other staff. Support the organisation as a whole to settle back down into the returning CEO regime. Facilitate a Board Development process to ensure the new NEDs, and the changing roles amongst the Executive Team, does not impair the strong team spirit created. 2. Maintain the focus on finance and performance. Ensure the key transformation programmes (outpatients, discharge etc) are progressed speedily, and the very challenging financial targets are achieved. Measured by budget outturn and performance outturn. 3. Accelerate progress on EDI. Measured by Workforce Race Equality Standard (WRES)/Workforce Disability Equality Standard (WDES) data improving next year. 4. Ensure Newcastle Hospitals benefits directly from Alliance membership – that appropriate leadership is provided in the reshaping of some clinical services which should result from the Alliance strategy. Measured by evidence of impact and improving outcomes attributable to Alliance activities. 5. Drive the strategic direction for the three East Coast trusts both individually and collectively, fostering effective collaboration and integration to improve patient care for patients across Gateshead, Newcastle and Northumberland; as well as enhancing organisational efficiency. Measured by effective working relationships with the CEOs and shared learning for improvement.
Bill MacLeod	1. To ensure effective handovers to the new Vice Chair and to the new Chair of the Finance and Performance Committee (F&PC) prior to the end of July 2026.
Liz Bromley	1. Continue as Senior Independent Director (SID) – accessible and impactful – and to work with the new Vice Chair (VC) (Wendy Balmain) on a Continuing Professional Development (CPD) programme for NEDs. 2. Continue as Maternity Safety Champion and be the voice of challenge and support for the department. 3. Support the Executives as they continue on the improvement towards the next Care Quality Commission (CQC) inspection. 4. Support the development of the Alliance wherever possible. 5. Help shape the future of governors, bearing the expected incoming changes in mind, so that the time engaging them to hear the voice of the public is well spent and takes us forward. 6. To continue to support the Trust's formal EDI strategy with a particular focus on the maternity services to ensure a better patient experience for all service users regardless of their ethnicity, class, ability and life experiences, and mindful of the practices we need to deliver to be inclusive both to patients and to staff.

Name	2026/27 Objectives
Anna Stabler	1. Continue to work with the Executive Team to ensure that the Quality Committee seeks the appropriate assurance to evidence delivery of the new Trust Strategy. Triple A reports to be introduced into the Quality Committee from the tier 2 management groups. 2. Ensure visibility within the Trust, completing the visibility feedback forms sharing good practice and raising concerns where appropriate. 3. Champion the EDI strategy and continue to align myself with the women's network. 4. Prepare for and positively contribute to the Well Led and CQC inspections, with a particular focus on the 'quality' related issues. 5. Continue as an active member of Board meetings and as a member and Vice chair of the Audit, Risk and Assurance Committee (ARAC).
Bernie McCardle	1. NED handover - provide support to the new Associate NED (People) and ensure a smooth transition and handover. 2. People Plan – Year 3 - drive and oversee the delivery of the People Plan – year 3 deliverables through the People Committee, evidence of progress and impact. 3. Workforce Reductions - oversee the creation and delivery of workforce reduction strategy for 2026/27 that is triangulated between the People and F&PCs. 4. Freedom to Speak Up - continue to support the Freedom to Speak Up Guardian and embedding of the new speak up system and governance that builds the confidence of the Board. 5. EDI - oversee, through the People Committee, the delivery of the EDI strategy and delivery plans with an increased focus on impact.
David Weatherburn	1. To embed and monitor a culture of continuous improvement in ARAC , to include a. support in-year delivery of the internal audit programme allied with; b. moving up to overall good assurance category in the Head of Internal Audit Opinion c. to explore delivery of enhanced value from the external auditors via regular contact with Mazars d. ensure compliance with ARAC Terms of Reference through informal contact with both AuditOne and Mazars e. aligned with preparation for tender/renewal of external auditor appointment in 2027 f. further improvement in self-assessment outcomes against the Healthcare Financial Management Association (HFMA) checklist 2. Provide Chair of ARAC informal oversight to an exercise to identify any governance groups existing outside our current structures (including the Accountability Framework), and subsequently to ensure appropriate integration by management. This may include further refinement of Tier 1 and Tier 2 Committee Terms of Reference in partnership with those bodies. 3. Build/strengthen working relationships: a. To provide assistance in the integration and development of newly appointed NED colleagues b. Participate fully in the maintenance of positive relationships with Governor colleagues in light of the uncertainty around reform, and to support/constructively challenge the governance of any replacement mechanisms c. Re-instigate the Alliance network of Audit Committee Chairs via liaison with counterparts

Name	2026/27 Objectives
	4. Oversee the launch and embedding of the new Board Assurance Framework (BAF) expressly aligned with the new Trust strategy. 5. To enhance my understanding of the elements of Health Improvement and Inequality in our new strategy via contact with relevant colleagues. 6. Promote continuous learning by: a. Continuing to support the Trust position on EDI through relevant learning from colleagues and my own personal behaviours in example setting b. Providing ad hoc internal legal support as needed e.g. re the independent charity and the Trust's approach to legal services/Value for Money (VFM) exercise
Wendy Balmain	1. Provide effective leadership as Chair of the Charity Committee ensuring clear governance, strategic clarity and impact and leading the Charity to safely establish as an independent legal entity. 2. Continue as an effective and impactful Board and Committee member including People and Quality, to maintain high quality decision making, assurance and alignment with Trust strategy and priorities. 3. Support the development of neighbourhood teams and community provision in line with national policy, local need and with a focus on building system delivery partners. 4. Champion EDI with a focus on culture and zero tolerance and links to health inequalities plans. 5. Assume responsibility as Vice Chair from 30th July 2026 and continue to develop the role, working with the Chair, Neds and Governors to build effective relations that provide assurance of delivery across Newcastle Hospitals. 6. Contribute to the development of our Alliance, working with the Chair and other VCs to collaborate on areas of shared business.
Hassan Kajee	1. Digital & Data (D&D): as Chair of D&D Committee, get the Trust to a clear digital/data strategy and deliverable roadmap (aligned to the new Trust strategy and Alliance priorities) and keep the committee strategic (not operational). 2. D&D committee effectiveness: review membership/attendance and sharpen assurance on major digital programmes (e.g. procurement, cyber, data quality). 3. Commercial & innovation: re-engage and find own role in supporting the commercial agenda given the financial pressures – attend the Commercial Board and provide constructive NED challenge/support to the Director of People and Commercial Innovation. 4. Performance: get clearer on what really matters (non-negotiables) and get closer to the Integrated Board Report including Statistical Process Control (SPC) charts, so challenge is more targeted. 5. EDI: help move anti-racism framework from "plan" to "embedded", including in Clinical Board strategies/plans, and keep up regular dialogue with EDI leads.

Name	2026/27 Objectives
Judith McKenna	1. Build knowledge of Newcastle Hospitals and supporting organisations (Alliance, NHS England, Integrated Care Board (ICB) etc). 2. Chair F&PC and ensure it operates effectively, providing challenge and support to the Executive Leads. 3. Contribute to other committees and as a NED in other ways. 4. Support the development of the Alliance. 5. Contribute to EDI throughout the organisation, particularly focusing on areas where I have lived experience including gender, autism and dementia.

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Council of Governors Meeting Actions - Public

Agenda item: 3(b)

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 13.05.2026 - 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. 07.07.2026 - Email to Sue Hillyard for an update/response. 07.07.2026 - Response from Sue Hillyard - Rachel Lonsdale to send the HOW week write up and any patient and staff feedback to share with the Governors. 13.07.2026 - Hub Optimisation Week (HOW) slide presentation received and circulated to Governors via the Weekly Governor Update 20.07.2026. Propose to close action.	
162	ACTION01	1. Business Items iv) Chief Executive's Report including:	19 May 2026	Traffic congestion issues at/around the FH - Rob Harrison advised he would liaise with Paul Hanson to provide an update	RH	06.07.2026 - Email sent to Rob Harrison for an update. 13.07.2026 - Email to Paul Hanson for an update. 17.07.2026 - Response provided by Paul Hanson and circulated to Governors in the weekly Governor Update on 20.07.2026. Propose to close action.	
163	ACTION02	1. Business Items iv) Chief Executive's Report including:	19 May 2026	Traffic congestion issues at/around the FH - Paul Ennals confirmed that a Transport Plan was currently in development and would be shared with Governors once approved by the Trust Board	KJ	06.07.2026 - Email to Lynsey Allan in Estates for a final version to share with Governors from May Public Trust Board. 07.07.2026 - Response provided by the Estates team with a copy of the Transport Plan approved at the May Trust Board (22.05.2026) added to the Weekly Governor update on 10.07.2026. Propose to close action.	

Key:

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