The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Council of Governors' Formal Meeting
Tuesday 24 November 2026, 13:30 -14:55
The Piano Room, Peacock Hall, RVI / via Microsoft Teams

Agenda

	Time	Item	Paper	Lead
1.	**Introduction**			
a.	13:30	Apologies for absence and declarations of interest	Verbal	Paul Ennals
b.	13:31	Minutes of the Public Council of Governors meeting held on 22 September 2026 and any matters arising	Attached	Paul Ennals
c.	13:32	Chair's report	Attached	Paul Ennals
d.	13:42	Chief Executive's report	Presentation	Rob Harrison
2.	**Items for discussion**			
a.	14:00	Transport plan	Presentation	Paul Hanson
	14:20	**Refreshment Break**		
b.	14:25	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 Philip Home Catherine Heslop
c.	14:45	Nominations Committee Update	Attached	Kelly Jupp
3.	**Items to receive [*To cover by exception only*]**			
a.	14:50	Public Meeting Action Log	Attached	Paul Ennals

Date and Time of Next Meeting:

- **Formal Public Council of Governors Meeting – Tuesday 26 January 2027 between 13:30 – 15:15 in the Piano Room, RVI**

PUBLIC COUNCIL OF GOVERNORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 22 SEPTEMBER 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: Jackie Bilcliff, Executive Director Finance / Acting Deputy Chief Executive Officer (CEO)
Wendy Balmain, Vice Chair / Non-Executive Director (NED)
Anna Stabler, NED
Judith McKenna, NED
Joanne Race, NED [Until 15:04]
Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs)
Vicky McFarlane-Reid, Executive Director of People and Commercial Innovation
Lucia Pareja-Cebrian, Joint Executive Medical Director (JMED)
Sue Hillyard, Interim Executive Director of Operations
Martin Wilson, Director of the Great North Healthcare Alliance & Strategy
Kelly Jupp, Trust Secretary
Marcus Weatherley, Director of Operations, Medicine and Emergency Care Clinical Board [Until 14:28]
Stuart Little, Clinical Board Chair, Medicine and Emergency Care Clinical Board [Until 14:28]
Louise Raine, Matron, Great North Children's (GNCH) Hospital Medical Specialities Directorate [Until 14:28]

Observer: Andrea Raymont

Secretary: Jayne Richards, Governor and Membership Engagement Officer and Gillian Elsender, PA and Corporate Governance Officer

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

26/20 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

Apologies for absence were received from:

- Appointed Governors Joanne Atkinson and Tracy Armstrong.
- Public Governors Claire Watson, Peter Bower, Aileen Fitzgerald, Sally Webster, Kevin Windebank and Peter Vesey.

- Staff Governor David Bull.
- Executive Team Members, Rob Harrison, Acting Chief Executive Officer, Rachel Carter, Director of Quality and Safety, Patrick Garner, Director of Performance and Governance, Dave Elliott, Chief Digital Officer, Michael Wright, JEMD, Paul Hanson, Director of Estates, Facilities and Strategic Partnerships, and Caroline Docking, Director of Communications and Corporate Affairs.
- NEDs Liz Bromley, Hassan Kajee, David Weatherburn and Jeff Perring

There were no new declarations of interest.

Paul Ennals welcomed all to the meeting and noted that September had seen a number of significant NHS announcements and developments, which included:

- The rollout of Martha's Rule across Accident and Emergency Departments (EDs), following NHS England's announcement that the initiative would be implemented in all EDs by March 2028.
- The publication of the Thirlwall Inquiry Report following the Letby case, with NHS trusts expected to consider the report's recommendations and identify appropriate actions in response.
- The recent media coverage and investigations concerning breast cancer services at County Durham and Darlington NHS Foundation Trust, prompting consideration of lessons learned and any implications for services across the region, including within this Trust.

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 28 July 2026 and any matters arising

The minutes of the previous Public Council of Governors meeting held on 28 July 2026 meeting were agreed to be a true reflection of the business transacted. There were no matters arising.

Paul Ennals advised that the guidance was still awaited from the Equality and Human Rights Commission and NHS England regarding the Supreme Court judgment on biological sex.

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 provided a verbal update on recent developments within the Trust and the wider organisation. The following points were highlighted:

- Changes to the Board, which included the departure of Bernie McCardle, NED. Joanne Race was welcomed to the Board as a new Trust NED. Joanne introduced herself to the Council of Governors and noted that she looked forward to working with Governors and colleagues across the Trust.

Judith McKenna had been appointed substantively as a NED and had commenced as Chair of the Finance and Performance Committee.

- Jim Mackey would be returning to the organisation in 2027, although a start date had yet to be confirmed.
- The compassionate memorial service held recently at Newcastle Cathedral. Paul Ennals thanked those involved in the organisation of the service and recognised the importance of supporting the wellbeing of staff and volunteers.
- The success of the Trust's Staff Awards event was noted, with thanks extended to Governors and NEDs who attended and helped celebrate staff achievements.
- Fundraising for the Sir Bobby Robson Institute was nearing the £30 million target, with construction work already underway. Thanks were expressed to all who ran in the Great North Run for Newcastle Hospitals Charity.
- A Trust operating theatre had been named in honour of Helen McCardle in recognition of her significant contribution towards the purchase of a robotic surgical system.

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

iv) Chief Executive's Report

Jackie Bilcliff presented the Chief Executive's Report and noted the following key points:

- An Executive Team development session had been held to review organisational priorities and agree key areas of focus for the next six months.
- Delivery of the Trust's financial plan remained a key priority. Financial performance had improved during the year to date, and focus remained on achieving the year-end financial objectives.
- Work was ongoing to strengthen leadership capability and enhance digital support across the organisation.
- The Trust position within the NHS Oversight Framework had improved from 68th to 31st, moving from Tier 3 to Tier 2, which was recognised as a significant achievement.
- Maternity and Neonatal Services remained a major area of focus, with several improvement actions progressing in response to national reviews and ongoing service pressures. Work was underway to understand the recommendations arising from the Thirlwall Inquiry, as well as to support staff working within maternity and neonatal services.
- An update was provided on developments relating to the successful tender for the 0-19 Healthy Child Programme.
- Ongoing challenges in achieving the four-hour Accident and Emergency standard due to increasing service demand.
- Cancer waiting time performance had improved, although workforce challenges, particularly shortages of radiographers, continued to impact delivery.
- The Trust's mid-year review with NHS England had recently taken place, which included discussions regarding key priorities and preparations for winter pressures.
- Results from the National Inpatient Survey showed the Trust ranked 18th out of 130 trusts nationally and within the top 10%, reflecting positive patient experience and feedback.
- At Month 5, the Trust remained on plan financially, with continued focus on delivery of the Cost Improvement Programme and achievement of year-end targets.

- Progress continued on several major Estates and Facilities schemes, including the ED link corridor project and the reopening of Ward 38 at the Royal Victoria Infirmary following refurbishment.
- The new People Services operating model had been launched and would continue to be implemented across the organisation.
- Staff were encouraged to participate in the 2026 Staff Survey, with a target response rate of 75%.

The following comments/queries were raised by Governors:

- Philip Home sought clarification on the future of the Elective Recovery Fund (ERF) to which Jackie Bilcliff advised that the Trust remained reliant on ERF funding and explained that future arrangements were expected to move towards a payment-by-results model while retaining some ERF funding alongside block contract arrangements.
- Hugh Gallagher expressed concern regarding the Trust's cancer performance, noting that challenges had persisted for a considerable period and highlighted the importance of demonstrating that resources were being effectively targeted to deliver improvement. While acknowledging the additional investment being made, he commented that the anticipated improvements had yet to be fully realised.

  In response, Lucia Pareja-Cebrian advised that detailed reviews of individual cancer pathways, including lung cancer pathways, were underway and that several service improvements were currently being implemented. She noted ongoing constraints relating to radiotherapy capacity, workforce availability and training requirements. Ian Joy confirmed that work continued to address the workforce and operational challenges affecting radiotherapy services.
- Chris Record referred to performance against the Accident and Emergency four-hour standard and the six-week diagnostic standard and asked what lessons might be learned from the strong performance of Northumbria Healthcare NHS Foundation Trust in these areas. Paul Ennals noted the importance of learning from high-performing organisations and advised that Northumbria Healthcare had benefited from significant infrastructure investment historically, which included the development of a purpose-built specialist emergency care hospital. Both organisations continued to collaborate and share learning where appropriate.
- Doreen Huddart highlighted her involvement in planning discussions with Newcastle City Council and noted that these forums provided opportunities to raise issues of public concern and contribute to local decision-making on behalf of the communities served by the Trust.

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

26/21 ITEMS FOR DISCUSSION

i) Urgent Treatment Centre (UTC) Update

Anna Stabler introduced the update on the Urgent Treatment Centre (UTC). She added that the Emergency Department (ED) performance continued to be closely monitored through the Quality Committee and Finance and Performance Committee and remained subject to a

formal improvement plan. Whilst several challenges persisted, progress had been made, with further improvements scheduled for completion by January to support continued performance improvement and service delivery.

Stuart Little and Marcus Weatherley highlighted the following points:

- The 14-week estates programme on the link corridor, due for completion by 23 December 2026, was progressing as planned and was expected to improve patient flow and experience despite some short-term disruption.
- Demand across urgent and emergency care services continued to rise, with ED attendances having increased by 11% since the prior year and an additional 50-60 patients presenting each day.
- A range of initiatives were being implemented to improve patient flow and ensure patients were seen by the right clinician at the right time. This included enhanced senior streaming, development of Frailty Same Day Emergency Care pathways, the Emergency Department Ambulatory Majors (EDAM) pilot and improved management of referred patients.
- UTC attendances remained above planned levels, with workforce recruitment and development continuing to present challenges. Following feedback from NHS England through the 'missed opportunities' audit and a visit to the George Elliott hospital in Warwick, learnings had been identified and work was ongoing to strengthen recruitment, training, triage processes, GP capacity.
- Plans to develop paediatric nurse practitioner streaming, increase GP support and learn from best practice elsewhere.
- Ambulance handover delays and corridor care remained significant concerns. Future plans included further redevelopment around the ED and Leazes Wing, alongside investment in nursing staff and community alternatives to hospital attendance.

  Improving patient flow, particularly through earlier discharge processes, remained a key priority as part of the wider ED and UTC improvement programme.

Governors discussed a range of issues relating to urgent and emergency care. This included:

- Concerns raised regarding some disruptive patient behaviour within the ED, support for vulnerable patients and the increased demand on services. The development of improved mental health facilities within the Emergency Department was highlighted as part of future redevelopment plans.
- Corridor care concerns, with corridor care continued to be monitored daily and remained a significant operational priority. Additional assessment rooms were planned to support a reduction in the use of corridor care.
- The interface between primary care and urgent care services, with recognition that a whole-system approach was needed to ensure patients were directed to the most appropriate service for their needs.
- Waiting times in the ED. Despite continued operational pressures, including a small number of patients experiencing waits in excess of 12 hours, it was noted that progress was being made in improving patient flow and overall performance.

Governors thanked the ED and UTC staff for their ongoing dedication and hard work and welcomed the continued development of the UTC and the wider programme of service improvements.

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

ii) Alliance Update

Wendy Balmain introduced Martin Wilson and highlighted the importance of working collaboratively across the Alliance organisations to maximise collective impact. She noted the value of sharing learning, understanding respective strengths and identifying opportunities to work together to improve outcomes and experiences for patients.

Martin Wilson provided an update on the Alliance and noted the following points:

- Ongoing work to strengthen collaboration between tertiary and secondary care services, with bilateral discussions progressing across several specialties, such as urology, surgery, dermatology and audiology. Clinicians were actively contributing to the development of future priorities, particularly in relation to cancer services and areas requiring performance improvement.
- A key focus of the Alliance remained on the identification of opportunities to deliver more care closer to home and within local communities. Progress was also reported on wider programmes of work relating to culture, leadership and organisational collaboration, supported by the introduction of a joint leadership development programme and ongoing evaluation of the Alliance's effectiveness and impact.

Governors discussed a range of issues relating to the Alliance's work, including the delivery of care closer to home, pressures within primary care, patient flow across the region and the importance of effective patient and Governor engagement. It was noted that work was underway with primary care partners to explore opportunities to increase community-based service provision and improve access to diagnostic and hospital services.

Some concerns were raised regarding ambulance conveyances and patients receiving treatment outside their local area. Alliance partners were reported to be working collectively to address these challenges.

Governors also emphasised the importance of strengthening the patient voice within Alliance arrangements and increasing Governor involvement in future Alliance developments. The update was welcomed and Governors agreed that regular reports would support understanding of the Alliance's work and progress.

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

iii) Governor Working Group (WG) Reports including:

i. Lead Governor

Eric Valentine provided an update and expressed concern regarding progress of the Health Bill, noting his frustration at both the pace of legislative process and the limited media coverage observed to date. He advised of ongoing activity by the National Lead Governors' Association in relation to the Health Bill, and encouraged fellow Governors to remain engaged with developments, monitor future communications and consider opportunities to contribute to discussions as further information became available.

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

ii. Quality of Patient Experience (QPE) WG

Kate Cushing provided an update from the QPE WG and welcomed the continued attendance of NEDs at WG meetings, noting that their involvement supported scrutiny, provided assurance and enabled a greater understanding of actions being taken in response to issues raised.

At the WG meeting Governors received an update on maternity services and noted the positive leadership and commitment demonstrated by Jenna Wall, Director of Midwifery, in driving improvement. Assurance was provided regarding the quality of maternity services and the progress being made against the identified priorities.

Paul Ennals acknowledged the significant challenges facing maternity services both nationally and locally, and recognised the considerable efforts of Jenna Wall and her colleagues in delivering improvements and maintaining progress during a particularly demanding period for maternity and neonatal services.

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

iii. Business and Development (B&D) WG

Philip Home highlighted key points from the presentation given by Clinical and Diagnostic Services Clinical Board, which included the investment made in modernising ageing systems. Assurance was provided that governance arrangements, partnership working and mitigation plans were in place to address workforce, infrastructure and capacity challenges while supporting service improvements.

An update was also provided on the external audit process, where Governors received assurance that the procurement was being effectively managed.

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

iv. People Engagement and Membership (PEM) WG

Catherine Heslop presented the report from the People Engagement and Membership Working Group and advised that there were no additional issues to highlight beyond those set out in the written report.

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

26/22 ITEMS TO APPROVE

i) Non-Audit Services Policy

Kelly Jupp presented the Non-Audit Services Policy for approval, noting that it had been reviewed by both the Business & Development Working Group and the Audit, Risk and

Assurance Committee (ARAC). Governors were advised that the policy had been updated to reflect revised guidance and ethical standards. The importance of maintaining appropriate governance arrangements and managing potential conflicts of interest was noted.

It was resolved: to **approve** the Non-Audit Services policy.

26/23 ITEMS TO RECEIVE

i) Public Meeting Action Log

It was resolved: to **receive** the action log and **approve** the closure of those actions identified as complete.

26/24 ANY OTHER BUSINESS

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

No other business was discussed.

iii) Date and Time of Next Meetings:

- Private Governors Workshop – Tuesday 27 October 2026
- Formal Council of Governors – Tuesday 24 November 2026

Summary of actions:

There were no actions arising in the meeting.

The meeting closed at 15:10.

DRAFT

GOVERNORS' ATTENDANCE – 22 SEPTEMBER 2026

	Name	Y/N
A	Mrs Tracy Armstrong [Charity]	Apologies
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]	Apologies
1	Mrs Judy Carrick	Y
1	Dr Kate Cushing	Y
1	Mrs Aileen Fitzgerald	Apologies
S	Mr Hugh Gallagher [Medical and Dental]	Y
3	Mrs Joy Garner	Y
2	Mrs Catherine Heslop	Y
2	Professor Philip Home	Y
A	Mrs Doreen Huddart [Newcastle City Council]	Y
S	Mr William Jarrett [Estates and Ancillary]	Y
2	Mr Hugh McKendrick	Y
1	Mr Thomas Millen	Y
1	Miss Fatema Rahman	Y
1	Dr Chris Record	Y
S	Miss Elizabeth Rowen [Allied Health Professionals]	Y
S	Mrs Poonam Singh [Nursing & Midwifery]	Y
1	Dr Eric Valentine	Y
2	Dr Peter Vesey	Apologies
A	Dr Luisa Wakeling [Newcastle University]	Y
2	Mrs Claire Watson	Apologies
1	Ms Sally Webster	Apologies
2	Dr Kevin Windebank	Apologies
C	Ms Linda Pepper	Y
C	Mr Shashir Pobbathi	Y

DRAFT

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Agenda Item 1(c)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	24 November 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 September 2026: • Board Activity • Governor Activity • Informal Visits and Events • 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

As Governors will be aware the NHS Health Bill is currently progressing through the House of Lords Committee Stage, having completed all stages in the House of Commons and for Foundation Trusts, proposed changes could affect existing governance arrangements, including the future role of membership and Councils of Governors.

While the Government has indicated that Local Healthwatch organisations will be retained in recognition of the importance of an independent patient voice, no similar commitment has yet been made regarding the future of Foundation Trust membership arrangements or Councils of Governors, and these provisions remain subject to ongoing parliamentary scrutiny.

In anticipation of potential legislative change, the Trust remains committed to ensuring staff, patient and public voices continue to influence decision-making and service improvement, and work is underway in developing a refreshed engagement model to maintain strong and effective mechanisms for stakeholder involvement.

Board Activity

The Board development session in October focused on strengthening collective effectiveness through the use of the Lumina Spark framework, an assessment and personal development tool for leadership development. The session enabled Board members to explore how different perspectives and approaches contribute to effective decision-making, review how Board and Committee structures support strategic oversight, and identify opportunities to further strengthen governance arrangements.

Discussions highlighted the importance of maintaining a strategic focus, encouraging constructive challenge, making best use of diverse perspectives, and ensuring sufficient time is dedicated to the Trust's most significant priorities. The session concluded with agreement on a number of actions to support continued Board and Committee effectiveness and inform future governance development work.

ACTIVITY WITH GOVERNORS AND MEMBERS

At our Governor Workshop in October, in addition to our regular reports we received an update on Trust performance, highlighting continued challenges in cancer services and urgent care demand, alongside improvements in patient experience, oversight ratings and the Frailty Same Day Emergency Care service. Progress was also reported on major transformation, research and estate developments, with financial performance remaining on track despite ongoing efficiency pressures.

We heard about the work of Hassan Kajee, Non-Executive Director (NED) and Chair of the Digital & Data Committee, and David Weatherburn, (NED) and Chair of the Audit, Risk and Assurance Committee. Updates were provided covering digital transformation, cyber security, artificial intelligence governance, audit assurance and risk management. Governors

noted the important contribution of both committees to effective governance and organisational oversight.

Governors discussed the Trust's ongoing work to reduce health inequalities, implement the Anti-Racism Framework and strengthen organisational culture through leadership development, staff engagement and creating a more open, learning-focused environment. They emphasised the importance of listening to staff and ensuring feedback informs improvement.

In addition to our formal meetings, I continue to meet with Governors informally, the latest being on 6 October, 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.

ALLIANCE

The Alliance continues to develop collaborative programmes focused on improving patient outcomes, service quality and sustainability across partner organisations. Key areas of work include cancer improvement, workforce and leadership development, digital innovation, research, service improvement and collaborative procurement. The Alliance is also progressing plans for future engagement arrangements to ensure staff, patient and public voices continue to inform healthcare services and decision-making.

INFORMAL VISITS AND EVENTS

On 16th October 2026 it was a pleasure to welcome Professor Sir Chris Whitty, Chief Medical Officer for England, to the Trust where he visited the Great North Children's Hospital to learn more about the innovative services supporting children, young people and families across Newcastle and the wider region.

The visit included a tour of our children's respiratory ward, discussions with staff about our Family Hub and support for children and families with complex needs during hospital stays, and an opportunity to hear about Newcastle's integrated 0-19 service, delivered in partnership with public health.

Chris was keen to visit Newcastle as part of his preparation for his next Annual Report which will focus on children and young people, and he was grateful to colleagues for sharing their expertise. The visit showcased the strength of collaboration between hospital, community and local authority services in improving outcomes for our children and young people.

As part of the programme of engagement across the Trust, I attended the launch of the Trust's Anti-Racism Framework, which brought together colleagues, community representatives and partner organisations to reinforce the Trust's commitment to tackling racism and promoting inclusion. The event featured contributions from staff involved in developing the framework, panel discussions with representatives from Show Racism the Red Card, and opportunities for colleagues to make personal anti-racism pledges.

OTHER MEETINGS AND INFORMATION

On 8 October I joined regional colleagues where discussions centred on NHS performance, financial sustainability, workforce challenges and preparations for winter pressures. The event also highlighted opportunities for greater collaboration across organisations, including service improvement, cancer performance, leadership development and the sharing of best practice to improve patient outcomes and experience across the region.

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
12 November 2026

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Agenda item 2(b)(i)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	24 November 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 22 September 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. MEETINGS ATTENDED

In this period, I have attended several events:

- 08/10/2026 1:1 meeting with the Vice Chair
- 08/10/2026 Meeting with the Trust Secretary and Vice Chair
- 15/10/2026 Business and Development Working Group (WG) meeting
- 26/10/2026 Observed the Finance and Performance Committee
- 27/10/2026 Council of Governors Workshop
- 04/11/2026 Nominations Committee
- 12/11/2026 Governor Observer at the Digital & Data Committee
- 12/11/2026 Meeting with the Trust Secretary
- 12/11/2026 Informal Governors meeting
- 12/11/2026 Business and Development WG meeting
- 12/11/2026 Meeting with the Trust Secretary and WG Chairs regarding future engagement
- 23/11/2026 Observed the Finance and Performance Committee

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

2. KEY MATTERS

Key matters raised with me as Lead Governor have included:

- National Lead Governor Association monitoring of the Health Bill progress.
- Trust communication regarding publicity for recent maternity settlement.
- Maternity arrangements for bereaved parents.

3. 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
9 November 2026

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Agenda item 2(b)(ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	24 November 2026					
Title	Quality of Patient Experience (QPE) Working Group (WG) Report					
Report of	Claire Watson, Chair - QPE WG					
Prepared by	Claire Watson, Chair - QPE WG					
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 September 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 QPE WG continues to meet monthly throughout the year, except in August and December, with its work programme aligned to the Group's Terms of Reference. The Group scrutinises matters relating to quality and patient experience within its remit. Non-Executive Directors (NEDs) attended regularly, providing updates from relevant Board Committees and assurance to Governors on key areas of focus and Board activity.

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

2. GROUP ACTIVITIES

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

- Complaints Panel (8 September 2026) – This meeting was observed by Peter Bower, Public Governor.
- Nutrition Steering Group (10 September 2026) – Unfortunately a WG member was not able to observe this meeting due to a scheduling conflict.
- Quality Committee (17 September 2026) – This meeting was observed by Hugh McKendrick, Public Governor.
- Patient Safety Group (PSG) (29 September 2026) – Unfortunately a WG member was not able to observe this meeting due to a scheduling conflict.
- Clinical Audit and Guidelines Group (CAGG) (6 October 2026) – This meeting was observed by Philip Home, Public Governor and David Black, Appointed Governor.
- Quality Committee (22 October 2026) – This meeting was observed by Hugh McKendrick.
- Nutrition Steering Group (2 November 2026) – This meeting was observed by Claire Watson, Public Governor.
- CAGG (3 November 2026) – This meeting was observed by David Black.
- Complaints Panel (3 November 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 November meeting, Tracy Scott, Head of Complaints and Experience of Care, had intended to provide a presentation update on Quarter 1 and Quarter 2 complaints, however due to time constraints this was circulated to Governors for information.

Ewan Dick, Associate Director of Allied Health Professionals, attended the November meeting to provide an overview of Therapy Services, highlighting both achievements and ongoing challenges. He outlined pressures relating to increasing demand, workforce capacity and historic funding arrangements.

The discussion focused on the proposed "Eat, Drink, Dress, Move" (EDDM) initiative, designed to prevent patient deconditioning and improve outcomes through better nutrition, hydration, mobility and independence. WG members welcomed the initiative and expressed interest in supporting its development.

Ewan also highlighted improvements in areas including amputee rehabilitation, autism diagnostic services and paediatric therapies, while noting continuing challenges within podiatry, psychology services and paediatric major trauma rehabilitation.

QPE WG members welcomed Anna Stabler, NED and Chair of the Quality Committee, to the October meeting. WG members recognised and valued her engagement, noting that her contributions provided additional assurance and informed the Group's consideration and scrutiny of key issues within its remit.

4. WARD AND DEPARTMENT VISITS

As part of the WG visits programme, Governors visited the Assessment and Recovery Centre (ARC) at the Freeman Hospital on 1 October 2026, the Catering Department at the Freeman Hospital on 3 November 2026 and the Dental Hospital on 12 November 2026. These visits provided valuable opportunities to gain insight into service delivery, observe care environments and engage directly with staff and patients.

5. RECOMMENDATION

The Council of Governors is asked to receive the report.

Report of Claire Watson
Chair of QPE Working Group
5 November 2026

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	24 November 2026					
Title	Report of the Business and Development Working Group					
Report of	Philip Home - Chair of the Governors Business and Development Working Group					
Prepared by	Philip Home – 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 22 September 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 has continued to meet monthly, with agendas aligned to the Group's Terms of Reference. The Group considers matters within its remit, including the Trust's strategic priorities, financial and operational performance, and other business-related issues. Non-Executive Directors (NEDs) attend Group meetings regularly, providing updates from relevant Board Committees and offering assurance to Governors on key areas of discussion.

The Working Group remains well attended and continues to welcome new Governors, whether as regular members or as attendees at individual meetings where specific agenda items are of interest.

Since the last report, the Business and Development Working Group has met on two occasions.

2. PRESENTATION TOPICS

2.1 Digital Update (15 October 2026)

Joanne Todd, the Trust's new Director of Digital, outlined her vision for digital transformation, emphasising that technology should support better patient care and delivery of the Trust Strategy. Priorities include modernising legacy systems, strengthening digital governance and infrastructure, promoting innovation and developing staff digital skills. Planned initiatives include trials of handheld devices and a pilot of 1000 Microsoft Copilot licences to assess the benefits of Artificial Intelligence (AI). Governors welcomed the approach and discussed digital governance, patient communication, data security, digital inclusion and AI safeguards, while highlighting the importance of staff training and engagement.

2.2 Chair of Audit, Risk and Assurance Committee (ARAC) (15 October 2026)

David Weatherburn, NED, attended the October meeting to provide an update from the ARAC and outlined the Committee's role in overseeing risk, governance, audit and compliance. Governors discussed digital system issues affecting primary care, the Board Assurance Framework (BAF) and wider NHS reforms. The discussion focussed on the importance of strong governance, effective risk management and robust assurance arrangements.

2.3 Chair of Digital & Data Committee (D&DC) (12 November 2026)

Hassan Kajee, NED, provided an update from the Digital & Data Committee, reporting positive progress and a stronger strategic focus on digital priorities, risks and opportunities. He highlighted the work undertaken on the digital governance structure which covered digital delivery, innovation, cyber security and system optimisation, alongside improved collaboration across digital, technology and data teams. Discussion also covered AI governance, the growing use of Microsoft Copilot and ongoing work to strengthen cyber security and organisational resilience. Governors welcomed the progress and highlighted the importance of maintaining strong links between strategic decision-making and frontline experience.

2.4 Robotic Surgery (12 November 2026)

Jason Ramsingh, Consultant Surgeon and Associate Medical Director, provided an update on the Trust's robotic surgery programme, which now spans several specialties and continues to expand. Governors heard about plans to position Newcastle as a national leader in robotic surgery, including expansion into paediatric, gynaecology and thoracic services. Governors discussed the benefits for patient outcomes and recovery, alongside workforce development, equitable access, financial sustainability and the future role of AI. The Trust has also secured £7.4 million through a national Surgical Adoption Hub programme to support robotic surgery development and training.

3. REPORTS ON BOARD COMMITTEE OBSERVATION

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

- Digital and Data Committee (D&DC) (10 September 2026) - This meeting was observed by Peter Bower, Public Governor.
- Finance and Performance Committee (F&PC) (21 September 2026) - This meeting was observed by Philip Home, Public Governor.
- Audit, Risk and Assurance Committee (ARAC) (22 September 2026) – This meeting was observed by Eric Valentine, Public Governor.
- Finance and Performance Committee (F&PC) (26 October 2026) - This meeting was observed by Eric Valentine.

4. RECOMMENDATION

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

Report of Philip Home
Working Group Chair
13 November 2026

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	24 November 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 September 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) have continued to meet bi-monthly. Since the last report, the Working Group has met on one occasion.

The November meeting was well attended and focused on matters within the Group's remit, including updates on engagement activities and membership. The meeting provided Governors with the opportunity to scrutinise key areas of work, gain further insight into ongoing initiatives, and seek assurance on matters of importance to the Trust and its members.

I would like to record my appreciation to Governors and attendees for their active participation and constructive contributions throughout the meeting. Their commitment and engagement continue to support the effective operation of the Working Group and the delivery of its objectives.

We were delighted to welcome Wendy Balmain, Vice Chair and Non-Executive Director, to the November meeting. Wendy provided an engaging and informative update in her role as Chair of the Charity Committee, and the Working Group greatly appreciated the insight she shared into the Committee's work, achievements and future priorities. Her contribution generated valuable discussion and gave Governors a greater understanding of the positive impact of charitable funding across the Trust.

2. GROUP ACTIVITIES

2.1 Committees

In accordance with the WGs ongoing commitment to oversight and ensuring robust Governor engagement across the Trust's governance structure, Public Governor, Claire Watson, attended the People Committee to observe on 15 September 2026 and Public Governor, Chris Record, attended Charity Committee to observe on 24 September 2026.

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

The Working Group continued its discussions on potential content for inclusion in the forthcoming Winter Members' Newsletter. Governors considered a range of article ideas and agreed that a feature on the forthcoming Governor visit to the Dental Hospital would provide members with an insightful overview of services and highlight the role of Governors in engaging with staff and patients across the Trust. The suggested article will be developed following the visit.

3. ONGOING AREAS OF FOCUS

3.1 Communication

Governors remained active within their constituencies and the wider community, acting as an important link between members and the Trust. Through their engagement activities, Governors continued to ensure that the views and experiences of members were heard, represented, and reflected in discussions and decision-making processes where appropriate.

3.2 Membership

In September and October 469 staff members joined the Trust's membership and 425 staff members left the Trust and were subsequently removed from the membership database. During the same period, no 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
12 November 2026

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Agenda item 2(c)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	24 November 2026					
Title	Nominations Committee update					
Report of	Paul Ennals, Chair					
Prepared by	Kelly Jupp, Trust Secretary Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☒		☒		☐	
Summary	The content of this report outlines the key matters discussed at the Nominations Committee meetings which have taken place since the Public Council of Governors meeting in July 2026. Matters discussed included: • Consideration of risks associated with the Committee remit; • A debrief on the process for transitioning from an Associate Non-Executive Director (NED) to a substantive NED; • The Annual Remuneration Review for the Chair and NEDs; • The Annual Review of NED and Associate NED terms and conditions, as well as the Chair and NEDs expenses policy; and • New NED objectives. Triple A categorisation: **Advise** (approvals required). No significant matters of concern requiring escalation have been identified.					
Recommendations	The Council of Governors is asked to note the contents of this report, and specifically: i) To note the contents of this report. ii) To support the recommendation of the Nominations Committee members that no changes are required to the Chair and NED expenses guidance. iii) To note that the Chair and NED remuneration would be revisited once the national review findings from NHSE had been published. iv) To approve the two minor amendments to the NED and Associate NED terms and conditions as detailed in section 5 of this report. v) To endorse the personal objectives for two NEDs for 2026/27 as included in Appendix 1.					
Links to Strategic Objectives	Joining up care		Advancing care		Supporting great care	
	☐		☐		☒	
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☒	☒	☒	☐	☐

Agenda item 2(c)

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 July Council of Governors meeting, Committee members have met on one occasion and discussed the following items:

- Consideration of risks associated with the Committee remit;
- A debrief on the process for transitioning from an Associate Non-Executive Director (NED) to a substantive NED;
- Associate NED conversion process debrief;
- The Annual Remuneration Review for the Chair and NEDs;
- The Annual Review of NED and Associate NED terms and conditions, as well as the Chair and NEDs expenses policy; and
- New NED objectives.

2. CONSIDERATION OF RISKS ASSOCIATED WITH THE COMMITTEE REMIT

Annually, Nominations Committee members review the risks associated within the remit of the Committee. The report from the discussion held in the prior year had been reviewed and updated to include references relating to the proposed Health Bill and Associate Non-Executive Director succession arrangements.

Committee members discussed:

- The continued uncertainty surrounding future governance and appointment processes, which represented a risk which required close monitoring as further national guidance emerges.
- The continued pause in the Governor elections pending greater clarity on future arrangements.
- Future NED succession planning.
- Collaborative engagement e.g. with local Healthwatch organisations.
- Stakeholder and staff representation as part of future Chair/NED recruitment processes.

Members agreed that existing arrangements would continue in the interim while planning remained sufficiently flexible to respond to future legislative and policy developments.

3. ASSOCIATE NED TO NED PROCESS DEBRIEF

Committee members reviewed the Associate NED development and appointment process, noting that the recent Associate NED recruitment exercise had been undertaken appropriately and in accordance with established procedures.

Members discussed opportunities to enhance succession planning by strengthening the Associate NED development pathway, improving visibility of individual contributions and supporting informed appointment decisions. The value of the Associate NED programme in developing future Board talent was recognised, alongside the importance of effective

induction, mentoring and ongoing support for new Associate NEDs. Committee members also considered the indicators that could be used to assess readiness as a full NED, including engagement, contribution and constructive challenge.

4. ANNUAL REMUNERATION REVIEW - CHAIR AND NEDS

Committee members considered benchmarking information relating to Chair and NED remuneration and noted that a national review of remuneration arrangements was currently being undertaken by NHS England (NHSE). It was agreed that any recommendations should take account of the findings of the national review once available therefore Committee members agreed to revisit the topic once the review findings had been published.

5. REVIEW OF NED TERMS AND CONDITIONS

An annual review of the NED and Associate NED Terms and Conditions was undertaken with two minor changes proposed; being:

i. To update a role title from Chief Finance Officer to Executive Director of Finance; and
ii. To update a reference to NEDs and Associate NEDs being invited to attend Governor workshops.

Committee members agreed that the amendments above be proposed to the Council of Governors for final approval.

6. REVIEW OF CHAIR/NED EXPENSES POLICY

Committee members reviewed the Chair and NED expenses policy and noted that no amendments were proposed following the annual review. Members agreed that the policy remained appropriate and recommended that it continue without change.

7. NED OBJECTIVES

Nominations Committee members reviewed and agreed the annual objectives for the two new NED's, noting that objectives for new appointees had been tailored to support organisational understanding, leadership development and Equality, Diversity and Inclusion (EDI) priorities. The objectives for Jeff Perring and Joanne Race have therefore been added to Appendix 2.

Committee members received an update on the completion of the annual Fit and Proper Persons Test requirements, with no issues arising that required further action.

Members discussed the continued embedding of the Triple A reporting framework, recognising the positive improvements made in the quality of Committee reporting, as well as the consistency of application.

8. FUTURE COMMITTEE MEETING BUSINESS

At the next Committee meeting, members will review:

- NED re-appointment considerations; and
- The Chair and NEDs position/succession planning policy.

9. RECOMMENDATIONS

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

1. To note the contents of this report.
2. To support the recommendation of the Nominations Committee members that no changes are required to the Chair and NED expenses guidance.
3. To note that the Chair and NED remuneration would be revisited once the national review findings from NHSE had been published.
4. To approve the two minor amendments to the NED and Associate NED terms and conditions as detailed in section 5 of this report.
5. To endorse the personal objectives for two NEDs for 2026/27 as included in Appendix 1.

Kelly Jupp
Trust Secretary
16 November 2026

Appendix 1

2026/27 Objectives

Jeff Perring:

1. Build knowledge of Newcastle Hospitals and supporting organisations, including attendance at other Tier 1 Committees (by end March 2027).
2. Develop links with and an understanding of the Surgical & Associated Services Clinical Board.
3. Develop and chair the Research, Innovation and Commercial Committee, providing support, steer and assurance as the committee becomes fully established.
4. To work closely as Vice Chair with the Chair of the Quality Committee to provide assurance on quality and safety.
5. Champion Equality, Diversity and Inclusion (EDI) at Board level by providing effective assurance and constructive challenge to ensure EDI and health inequalities are embedded within the Trust's strategy, culture and decision-making.

Joanne Race:

1. Chair and develop the role of People Committee, working with and supporting relevant members of the Executive Team to ensure the Committee provides effective oversight of the delivery of the People Plan.
2. Develop my understanding and visibility within the Trust, with a particular focus on my assigned Clinical Board.
3. Develop positive working relationships with members of the Executive Team and other NEDs, including attendance at all key committees by the end of March 2027.
4. Champion the EDI Strategy, including oversight of the delivery of the Trust's anti-racism strategy through the People Committee, with a focus on delivery plans and impact.
5. Continue to support the Freedom to Speak Up Guardians and oversee the development of the new systems and governance processes, providing regular updates to the Board.

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Council of Governors Meeting Actions - Public

Agenda item: 3(a)

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
				There are no outstanding meeting actions.			

Key:

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