The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Council of Governors' Meeting

Wednesday 29 January 2025 13:30 – 15:15

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

Agenda

	Item	Lead	Paper	Timing
Business items				
1	Apologies for absence and declarations of interest	Paul Ennals	Verbal	13:30 – 13:31
2	Minutes of the Public Council of Governors meeting held on 23 October 2024 and matters arising	Paul Ennals	Attached	13:31 – 13:33
3	Chair's report	Paul Ennals	Attached	13:33 – 13:38
4	Chief Executive's report including: - Performance Update - Emergency Department - Winter Pressure Update - Elective Reform Plan - Subsidiary Companies Update - Planning Guidance	Jim Mackey	Presentation	13:38 – 14:00
Items for discussion				
5	Podiatry update	Ewan Dick / Nicola Coates	Presentation	14:00 – 14:15
6	Strategy and Planning	Patrick Garner / Lisa Jordon	Presentation	14:15 – 14:30
7	Culture, Freedom to Speak Up (FTSU) and Bullying	Jill Taylor	Presentation	14:30 – 14:45
Items to receive [NB for information – matters to be raised by exception only]				14:45 – 15:00
8	Governor Working Group (WG) Reports including: i. Lead Governor ii. Quality of Patient Experience (QPE) WG iii. Business & Development (B&D) WG iv. People, Engagement and Membership (PEM) WG	Lead Governor/WG Group Chairs	Attached	
10	Meeting Action Log	All	Attached	
Any Other Business				15:00 – 15:15
11	Any other business or matters which the Governors wish to raise	All	Verbal	

12	Date and Time of next meeting: Private Governors Workshop – Wednesday 19 February 2025 Formal Council of Governors - Wednesday 23 April 2025	Paul Ennals	Verbal

Members of the public may observe the meeting in person subject to advance booking via emailing the Corporate Governance Team on nuth.board.committeemanagement@nhs.net

Sir Paul Ennals, Interim Shared Chair

Sir Jim Mackey, Chief Executive Officer

Ewan Dick, Associate Director of Allied Health Professionals

Nicola Coates, Head of Service - Podiatry

Patrick Garner, Director of Performance and Governance

Lisa Jordon, Assistant Director – Business Strategy & Planning

Jill Taylor, Freedom to Speak Up Guardian

Bill MacLeod, Non-Executive Director / Senior Independent Director

Pam Yanez, Lead Governor

Judy Carrick, Public Governor and Chair of the People, Engagement and Membership Working Group

Eric Valentine, Public Governor and Chair of the Business and Development Working Group

Claire Watson, Public Governor and Chair of the Quality of Patient Experience Working Group

COUNCIL OF GOVERNORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 23 OCTOBER 2024

Present: Sir Paul Ennals [Chair], Interim Shared 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: Sir Jim Mackey, Chief Executive Officer (CEO)
Dr Michael Wright, Joint Medical Director (JMD-W)
Mr Martin Wilson, Chief Operating Officer (COO)
Ms Christine Brereton, Chief People Officer (CPO)
Mrs Caroline Docking, Director of Communications and Corporate Affairs (DCCA)
Mrs Annie Laverty, Director of Patient and Staff Experience (DPSE)
Mrs Shauna McMahon, Chief Information Officer (CIO)
Mr Patrick Garner, Director of Performance & Governance (DPG)
Mrs Nichola Kenny, Deputy Chief Operating Officer (DCOO)
Mrs Kelly Jupp, Trust Secretary (TS)
Mrs Liz Bromley, Non-Executive Director (NED) and Vice Chair
Mr Bill MacLeod, NED and Senior Independent Director (SID)
Mr Philip Kane, NED
Mr David Weatherburn, NED
Mrs Anna Stabler, NED
Mr Bernie McCardle, Interim NED

Secretary: Mrs Gillian Elsender, Corporate Governance Officer and PA to Chairman and Trust Secretary

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

24/13 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

Apologies for absence were received from Public Governors Dr Kate Cushing, Mr Shashir Pobbathi, Dr Peter Vesey, Mr Alex Holloway and Appointed Governors Dr Luisa Wakeling and Professor John Unsworth. From the Executive Team, apologies were received from Mrs Jackie Bilcliff, Chief Finance Officer (CFO), Mr Rob Harrison, Managing Director (MD), Mr Ian Joy, Executive Director of Nursing (EDN), Dr Lucia Pareja-Cebrian, Joint Medical Director (JMD-PC), Mr Rob Smith, Director of Estates (DoE), Dr Vicky McFarlane-Reid, Director of Commercial Development & Innovation (DCDI) and Ms Louise Hall, Deputy Director of Quality and Safety (DDQS).

There were no additional declarations of interest.

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

ii) Minutes of the Public Council of Governors (CoG) meeting held on 15 August 2024 and matters arising

The minutes of the previous meeting were agreed to be a true reflection of the business transacted. There were no matters arising.

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

iii) Chair's Report

The Chair presented his report and the contents were noted. He added that future reports would include further detail on key areas of focus rather than listing meetings attended.

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

iv) Chief Executive's Report

The CEO delivered a short presentation providing updates in relation to the Care Quality Commission (CQC), Integrated Care Board (ICB) and NHS England (NHSE) oversight arrangements, financial and operational performance, Alliance developments, local national issues and looking ahead. The following points were noted:

- There was a good working relationship with the CQC and discussions were ongoing to confirm a date for re-inspection. The monthly meetings with CQC were now less formalised, with a focus on embeddedness of CQC actions.
- The next key milestone was for de-escalation with NHSE and a reduction in the Trust's current oversight rating.
- There was a contrasting picture in terms of performance; whilst Emergency Department (ED) performance was relatively static, it was not at the desired outcome, albeit was comparable with the national position.
- There was good progress on elective recovery performance, however cancer and diagnostic performance was of concern.
- There was a continued reduction in the number of long waiting patients.
- The national standard for 2025/26 for ED performance was expected to be circa 65% which the Trust was currently exceeding, however it was anticipated that there would be a requirement for this to increase to 92% within the next 4 years.
- Cancer performance was a concern which was discussed in depth at the recent Finance & Performance Committee, with a granular look into key specialities and pathways held to determine the specific actions needed for sustained improvement. This would be covered in more detail at the next CoG meeting with a focus on the key pathways **[ACTION01].**
- The Trust was still on track to deliver a balanced financial position at the year-end. The Executive Team are undertaking a mid-year stocktake to determine what can be accelerated this year and more importantly to start the process of identifying cost improvements and income generation for next year.

- The People Plan was very much in the forefront of activities and there had been a very strong response to the Staff Survey compared to previous years. The ambition for this year was to achieve at least a 50% response rate. The current response rate in week three was 37% and (approximately 6,700 responses). This was welcomed by the Chair.
- In terms of the Patient Experience Real Time Pilot, during the 'Perfect Week' feedback from patient experience had been linked in to performance data.
- There was now more coverage/sharing of positive and successful stories, recognising good work, which was evident at the recent Celebrating Excellence Awards.
- More time would be spent at the next CoG meeting on the Big Build project to detail the intentions of the Trust and what can be achieved within the applicable fiscal rules **[ACTION02].** There was a huge appetite from external investors to fund capital projects.
- Levels of activity normally associated with late winter had already presented and operational pressures were expected to be challenging in the coming months.
- A national report was due to be published imminently with regard to heart and lung transplantations. The report was currently embargoed but would be shared with Governors once the embargo had been lifted. Whilst the report was not critical of the Trust, it did show a higher decline rate for organs and a low volume rate when compared with other organisations. There was already a focussed piece of work underway internally which mirrors the national requirement of establishing a Board sub-committee. Once published, the report would be shared with Governors, along with the details as to the new Trust Committee/Group. Consideration would also be given to Governor observation of the Committee/Group **[ACTION03].**
- Nationally, preparations were underway for the Budget. Whilst there would be real term growth of 2.5% for the NHS, a shortfall would still remain in relation to funding requirements. It was noted that almost half of public spending was allocated to the NHS.
- Work continued on progressing the development of an Urgent Treatment Centre (UTC) on the Royal Victoria Infirmary (RVI) site, to be co-located with the ED. Funding arrangements were nearing finalisation, with a procurement exercise to follow.
- There was still work to be undertaken in relation to the clinical model for the Trust including Community Services, the aspiration of which would be to incorporate the redevelopment of some community buildings into the Big Build project.

In Summary, there was a contrasting picture for performance, progress was being made with regard to delivering the financial target for 2024/25, with some strategic decisions to be made in terms of the medium-term plan and Alliance developments.

The Chair thanked the CEO for the update acknowledging that improvements were being made with concern noted in relation to cancer performance, however he reiterated the detailed conversations held at the Finance & Performance Committee and the actions planned to improve the position. Whilst the performance position was disappointing the Board had taken assurance from the processes in place to achieve a sustained improvement.

Professor Home sought clarity on the use of the term 'CIP Technical' in the presentation to which the CEO explained it related to a technical accounting term regarding the balance sheet. He advised that whilst there is a requirement for delivery of the financial plan to be made up of both recurrent and non-recurrent savings, the aim was to achieve a higher proportion of recurrent delivery. In reality the Trust will deliver more recurrent savings than non-recurrent compared to previous years but due to challenges, the Trust will use more non-recurrent measures to support delivery for this year. The plan will then be to restore this over time.

Professor Home noted that the insufficient granularity in waiting list data had been raised by Governors previously, however, did acknowledge that this had been addressed somewhat in today's briefing referring to cancer and diagnostic performance. The CEO added that more granularity in relation to elective activity could be provided in future presentations/reports together with the actions being undertaken to address the areas of underperformance.

Mr Bower thanked colleagues for organising the recent tour of the new Community Diagnostic Centre (CDC), following which he noted that the volume of patients was expected to be circa 86,000 per annum. Being mindful that the 6-week diagnostic target stood at 38.3%, he questioned what impact the CDC would have to which the CEO advised that there had been national focus on CDCs, particularly in relation to MRI and CT scanning backlogs. The main areas of challenge within diagnostics for the Trust were Audiology and obstetric ultrasound. The DPG added that Audiology account for 57% of the 6-week breaches. As such the CDC would help support the Referral to Treatment (RTT) standard however the diagnostic challenges within Audiology related to resourcing issues rather than access to MRI or CT scanning.

Dr Dearges-Chantler noted that following his observation at the Finance & Performance Committee, he had been reassured by the detailed discussions and the awareness of actions needed for sustained improvement. He added that there would be a 'Deep Dive' on the 4 specialty pathways to understand the barriers to improvement. He then questioned if productivity in cancer pathways was measured to which the CEO advised that there was not a standard measure of productivity in the NHS.

Dr Dearges-Chantler queried the position within Audiology to which the DPG advised that this was due to pressures in the workforce, with the current 50% vacancy rate being addressed by outsourcing. In terms of MRI scanning, the Trust was using mobile scanners, the CDC as well as Blaydon CDC.

In response to a question from Mrs Heslop in relation to prioritisation of cases within Audiology, the DPG advised that paediatric patients were prioritised and there were no 6-week diagnostic breaches.

Noting the drive towards increased utilisation of digital technology, Mr Gallagher questioned if there was a plan to improve digitisation within the Trust, to which the CEO advised that this was the intention and work was in train. Mrs Bromley added that there would also be learning of best practice from partners within the Alliance.

The CIO advised that work had commenced to determine what the digital priorities were. The Trust Electronic Patient Record (EPR) platform was currently being upgraded to improve performance. It was noted that any improvements to networks would also need to be value for money.

Dr Windebank sought clarity on the use of Palantir, which was an American based company who builds and deploys software platforms. The CEO noted that the technology was used extensively within NHSE however the Trust and some other provider trusts utilised a Care Coordination System.

The Chair noted the use of Palantir for the nationally mandated Federated Data Platform, however it was important to note that the use of any platform should be what was most beneficial to the needs of the patients.

It was resolved: to **receive** the report and the associated update.

24/14 ITEMS FOR DISCUSSION

i) Alliance Update

The COO provided an update on the development of the Great North Healthcare Alliance (the Alliance). Governors had been provided with a report summarising the journey so far, the vision and workplan and governance considerations.

Referring to the vision, the COO highlighted the following points:

- The collective Alliance ambition was one of working together to deliver excellence in healthcare.
- The four foundations/main areas of purpose for the Alliance were described, followed by the principles of how the work would be undertaken.
- There were three bold ambitions including Clinical Pathways, People & Processes and Physical Assets.
- Further work would be undertaken in relation to turning the ambitions into a set of milestones, key deliverables and measures of success using Key Performance Indicators (KPIs). With future Governor updates to include KPI performance.
- Current discussions are underway between the Chief Executives and Chairs, at the Committees in Common meetings, and with Trust Boards, as to the different governance models in place and which would be the most appropriate.

The COO welcomed feedback from Governors in the room on the vision and workplan, with feedback also welcomed after the meeting via email.

Mrs Carrick noted the importance of the Alliance CoGs meeting as a group but felt it was also important for Governors to observe the three areas noted above, or receive updates on the areas, to gain a wider understanding.

Dr Dearges-Chantler queried how the Alliance would fit with the Primary Care Networks (PCNs) and if there would be pool of resources or if each Trust would make an individual contribution. He suggested that the Trust should be looking at *'who we are, what we are*

doing, why we are doing it, who we are doing it for, how we are doing it, how will we measure the impact and what are the metrics for measuring'. Further he also questioned if the branding of the Great North Healthcare Alliance was now being used generally and if there would be a formal launch.

The COO advised that co-branding was being used wherever possible but it was also important to retain each local organisations identity. In terms of the suggestion from Dr Dearges-Chantler, he advised that they would be clearly articulated in the communications about the Alliance. The COO informed Governors that there was a small collective resource for the Alliance and there may be some programme budgets, however the idea of the '3' part of the model was to focus on identifying those areas that can collaborate effectively. In terms of the PCNs, the COO advised that this was included in the vision document and specifically makes reference to working closely with PCNs, to provide a strong, dedicated strategic leadership with supporting corporate infrastructure to deliver integration with community and secondary care.

Mr Black questioned if the Alliance have completed or would be undertaking an Equality Impact Assessment (EQIA) regarding the proposals to which the DCCA explained that when there is a proposal to make any change to a particular service an EQIA would be undertaken. An EQIA would not be undertaken about a concept i.e. GNHA however it would be widely communicated as it was rolled out.

Whilst recognising the enthusiasm for the Alliance, Mr Gallagher questioned if there was an expectation for staff to mobilise between sites to which the COO advised this was not in the proposal. Movement would be looked at in terms of opportunity to improve patient outcomes and staff experience, rather than via instruction.

Mrs Yanez questioned if the proposal had been shared directly with staff to which the COO advised that it had been communicated verbally via the CEO roadshows, as well as through engagement with the four Governing bodies and external stakeholders as well as specific groups of staff within the Clinical Boards i.e. Audiology.

The DCCA highlighted that working together as an Alliance would not be a new concept for staff, with many already working in a bilateral or trilateral way with services other organisations.

Mr Bower noted that he would welcome the thoughts of the PCNs and how they would fit in to Alliance at a future meeting/workshop to which the Chair noted that there may be an opportunity to do so depending on timescales and items already in the pipeline for future sessions but that it would be noted.

The Chair advised Governors that they would receive future updates on the Alliance. He thanked the COO for the update and all of the work he had been undertaking in relation to the Alliance on behalf of the Trust.

It was resolved: to **receive** the report and to **note** that a quarterly update will be shared with the CoG on the Alliance developments.

ii) <u>Medium Term Plan</u>

The DPG delivered a short presentation and highlighted the following points:

- The Trust had started the planning process for 2025/26 focussing on 6 key areas of Safety and Quality, Performance, Activity, Workforce, Finance and Strategy Development. Work was ongoing with Clinical Boards and Corporate Teams to develop a plan covering each of the areas.
- Quality & Safety priorities were already being developed, to support the overall Patient Safety Incident Response Framework (PSIRF) priorities.
- Ambitious performance targets were being set, being mindful of the improvements already made this year.
- More activity would be needed to underpin performance improvement and to support the medium-term financial plan ambitions.
- Workforce will be pivotal and there will be a need to invest in some areas balanced out by reduced locum spend in others.
- There will be a short-term strategy for 2025 which will be followed by a detailed piece of work with full engagement across the organisation to develop the new 5-year strategy.
- There is a robust set of performance ambitions, with an iterative process in place on how plans are developed to achieve them. The ambitions have been discussed and agreed with the members of the Trust Management Group to deliver.
- There is an ambitious timetable, however key groups and Clinical Boards will be heavily involved in the development of the plans, including check and challenge, to help ensure deliver of the plans.

The Chair noted the importance of the planning process which would also be discussed by the Board the following day and that the DPG had provided some assurance that the Trust was moving out of a difficult period and were now developing the ambitions to take the Trust forwards.

Mrs Heslop referred to ambulance handovers and the media reports of corridor care and sought assurance over these areas. The DCOO advised that the Trust had been working with the North East Ambulance Service NHS Foundation Trust (NEAS) as part of a regional Service Improvement Group looking at policies and procedures to prevent queuing. Inevitably there will be occasions where there are ambulance handover delays and on these occasions more resource will be deployed, those who are 'fit to sit' will be monitored in the waiting area or the assessment suite. The current assessment suite is relatively small but there is an escalation area where some patients will be placed and monitored however work was in train in relation to the physical size of the department as well as the UTC. A clinical decisions unit had also been established for those patients waiting decisions before being moved to a bed on a ward.

Professor Home acknowledged the plans in place for improvement however he was keen to hear more about clinical outcomes to which the DPG agreed that this information would be more visible in the future. The CEO added that within the Clinical Board plans, there was an expectation for them to set out their ambitions and to define the expected outcomes.

Dr Valentine noted that previously, Governors had been involved in the strategy engagement sessions, particularly through the Business & Development Working Group (B&D WG) and questioned if this would continue to which the DPG advised that for the

longer-term strategy development both Governors and Members will be involved. He agreed to attend a future B&D WG to share further detail on the strategy development process **[ACTION04].**

Mr Gallagher highlighted the extraordinary achievements over that last year which should not be underestimated. Referring to the ambition of activity increasing to 120% he questioned if this would be a requirement with the same resource to which the DPG advised that 120% was likely to be a national requirement recognising some nuancing within teams.

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

[The JMD-W and CPO left the meeting]

iii) Outpatient Transformation Programme including Waiting List Management

The DCOO delivered a short presentation and noted the following points:

- 45% of outpatient traffic comes via the Appointment Booking Centre (ABC) with variability outwith the ABC Team and therefore some inconsistencies in relation to standardisation of processes.
- Examples of poor patient experiences were discussed, i.e. appointment mix up, and multiple patient contacts/appointments. The Trust has over 1 million patient contacts per year, complaints numbers relatively small in comparison.
- Clinic templates have not been reviewed since Paperlite and are being revisited. The system is complex with over 100 clinics running every week, and holds some outdated historical information which requires data cleansing.
- Limited reports are available to support operations in some areas – i.e. unfilled slot reports. Digital enablers are now supporting the programme and trialling a newly developed slot report which has been well received.
- The configuration of the system and how outpatient services operate has hampered integration with the new Patient Engagement Platform (PEP) both in terms of implementation and roll out.
- Challenges remain in relation to the Accessible Information Standard (AIS) due to the use of paper records in some areas.
- A two-year work programme has been established which is in its second year focusing on a number of reset priorities.

The DCOO provided a more in-depth review of one of the reset priorities, Coding and Counting and highlighted the following points:

- A procedures recording audit was completed which demonstrated improvements were needed. The Surgical and Associated Services (SAS) Clinical Board had reviewed all procedures on the e-outcome form and had updated their forms.
- Promotion was needed to improve recording more generally, which would assist in recognising associated income.
- Engagement was underway with the Coding Team to support the work required and a presentation of the work was shared at the Outpatient Improvement Group last month.
- The Coding Team now has a slot on all Clinical Boards' operational groups/specialty meetings, with a plan to replicate the work for every specialty.

- It was aimed to develop an electronic solution for procedure recording.

The DCOO advised that some promotional material would be published to show the journey of the transformation programme, detailing the key milestones. The current focus was on rebuilding the templates for clinics whilst reviewing capacity and demand and optimising the estate.

An explanation of the KPIs in relation to Patient Initiated Follow Up (PIFU), procedure targets and Did Not Attend (DNAs) was provided.

Mr Black noted that he was participating in a project in relation to User Acceptance Testing which the DCOO advised that this piece of work was to achieve compliance with the AIS.

Whilst appreciating the improvements that were starting to be made, Mr Gallagher noted an omission of measuring the time spent on patient contact which if it could be made more transparent, would also help improve productivity. The DCOO advised that whilst not made explicit in the presentation this was included in the priorities with CERNER to optimise the system i.e. less clicks, improved clinic templates, voice recognition. She noted that there was still more work to be undertaken and would be mindful of Mr Gallagher's comments.

The DPSE noted that 10,000 outpatients (12.5% of activity) per month were currently being invited to comment on their care and would provide more granular information at a speciality level, as well as highlighting any barriers or variations across specialities.

In response to a previous comment by Mr Gallagher, Ms Rowen noted that there was data which could be captured in relation to patient contact which was noted by the DCOO.

The Chair thanked the DCOO for the comprehensive update and welcomed her return to a future meeting to provide an update on Waiting List Management **[ACTION05].**

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

24/15 ITEMS TO RECEIVE

i) Governor Working Group (WG) Reports including:

i. Lead Governor

Mrs Yanez highlighted the dedication of the Governors and noted that Governor meeting involvement/requirements had increased considerably more recently, which may prevent attendance at all meetings for some Governor. This was acknowledged by the Chair, however being mindful of the pace of change he noted it was important for Governors to be involved but agreed to review the frequency of meetings if the current schedule was not sustainable **[ACTION06].**

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

ii. Quality of Patient Experience (QPE) WG

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

iii. Business and Development (B&D) WG

Whilst recognising the constraints of time, Dr Valentine noted that previously there was a dedicated amount of time afforded to the WG Chairs to discuss their reports which provided an opportunity for those who did not attend the WGs to hear about the work being undertaken. This was acknowledged by the Chair.

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

iv. People Engagement and Membership (PEM) WG

Mrs Carrick advised that the first survey of members was nearing closure and requested that a report of the results be shared at a future meeting [**ACTION07**]. She advised that she had been invited to a return visit to Newcastle College to engage with students about membership. Any Governor who wished to be involved should contact Mrs Carrick direct.

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

ii) Integrated Board Report Executive Summary

The Chair noted that the report was in the reading on Admincontrol, the highlights of which had been included in the CEO's report and the Executive Summary.

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

iii) Meeting Action log

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

24/16 ANY OTHER BUSINESS

Whilst visiting the CDC, Mr Bower noted that the patient entrance from inside the Metrocentre was either by a lift or a rather steep set of stairs and questioned if a Health & Safety Impact Assessment had been undertaken to which the DCCA advised that an assessment had been undertaken and a plan would be put in place prior to patient attendance. There would also be signage to encourage people to use the lift but she agreed to check and confirm **[ACTION08].**

Mr Warner questioned if GPs would be able to refer patients to the CDC directly without the need for consultant referral to which the DCOO advised that this would be dependent on the care pathway.

i) Date and Time of Next Meeting

Private Governors Workshop – Wednesday 27 November 2024, 13:00.

GOVERNORS' ATTENDANCE – 23 OCTOBER 2024

	Name	Y/N
A	Mr David Black [APEX]	Y
1	Mrs Judy Carrick	Y
1	Dr Kate Cushing	Apologies
1	Dr Alexandros Dearges-Chantler	Y
A	Mrs Lara Ellis [Newcastle City Council]	Y
1	Mrs Aileen Fitzgerald	Y
1	Mr David Forrester	Y
S	Mr Hugh Gallagher [Medical and Dental]	Y
2	Mrs Catherine Heslop	Y
2	Mr Alex Holloway	Apologies
2	Professor Philip Home	Y
S	Mr William Jarrett [Estates and Ancillary]	Y
2	Mrs Sandra Mawdesley	Y
2	Ms Linda Pepper	Y
2	Mr Shashir Pobbathi	Apologies
1	Miss Fatema Rahman	Y
1	Dr Chris Record	N
S	Miss Elizabeth Rowen [Allied Health Professionals]	Y
S	Mrs Poonam Singh [Nursing & Midwifery]	N
A	Professor John Unsworth	
1	Dr Eric Valentine	Y
2	Dr Peter Vesey	Apologies
2	Mr Bob Waddell	Y
A	Dr Luisa Wakeling	Apologies
2	Mrs Claire Watson	Y
3	Mr Michael Warner	Y
2	Dr Kevin Windebank	Y
1	Mrs Pam Yanez	Y

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Agenda item 3

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	29 January 2025					
Title	Chair's Report					
Report of	Sir Paul Ennals, Interim Shared Chair					
Prepared by	Sir Paul Ennals, Interim Shared Chair Gillian Elsender, Corporate Governance Officer and PA to Chair and Trust Secretary Kelly Jupp, Trust Secretary					
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 formal Council of Governors meeting in October, including: • Spotlight on Services • Governor Activity • Trust Board • Alliance • Relationships with Primary Care • NHS Providers • Sustainability and Health Inequalities • Engagement with Regional Partners • Shared Chair Opportunities					
Recommendation	The Council is asked to note the contents of the report.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.					
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 meeting.					

CHAIR'S REPORT

1. INTRODUCTION

I am now into my sixth month with the Trust, during which time I have continued to visit various departments – clinical and back office – and have met with many staff members, as well as attending Town Hall events, and the full range of Board Committees. This has allowed me to understand emerging issues, risks, assurances and get a real feel for the organisation. I was pleased also to meet with staff side – the collection of representatives from the various unions that operate within our Trust – and was given a warm welcome.

2. SPOTLIGHT ON SERVICES

Since the last formal Council of Governors meeting, we have continued with two Spotlight on Services events for Non-Executive Directors (NEDs), both of which were in person sessions to Maternity Services and to Rehabilitation Services. Feedback from our NEDs who attended the maternity visit highlighted that from the outset it was evident that we have great teams delivering expert care to mothers and babies.

Our second visit was to Rehabilitation Services at the Royal Victoria Infirmary (RVI) where the NEDs and I visited a range of out-patient clinics, rehabilitation gyms and therapy treatment rooms, meeting several inspiring and passioned staff. Further details of our Leadership Walkabouts and NED informal visits are included in the Board Visibility Programme within the Public Board meeting papers for information.

3. GOVERNOR ACTIVITY

I continue to work collectively with our Council of Governors both formally and informally and during this period have attended both the People, Engagement and Membership (PEM) Working Group (WG) and the Business & Development (B&D) WG. At the PEM WG we discussed how Governors could engage with their constituents and the wider community to understand how we can better serve our patients and at the B&D WG we received an update on the Digital Innovation being undertaken within the Trust to help improve the patient experience.

In addition to the above, other Governor and Member activity since our last Council meeting has included:

- The Quality of Patient Experience (QPE) WG.
- Two Governor Workshops in November and December.
- Our Members' event Bitesize: A Brush with Northeast Dentistry
- With the help of Governors from the Nominations Committee we have held interviews and offered appointments for 3 new Non-Executive Directors and 1 Associate Non-Executive Director, subject to the completion of the required Fit and Proper Persons checks.

- Continuation with the Monthly Governor "Drop In" Sessions where I am encouraged by the willingness of governors to discuss ideas in a more relaxed way, and to enable me to test ideas and emerging thoughts amongst trusted friends.
- The "drop in" sessions, along with other informal interactions with governors, can often result in issues surfacing which get me thinking. For example, I have become conscious of concern about the tone of political discourse on social media and have asked our Director of Communications and Corporate Affairs to conduct a review of our use of social media.

4. TRUST BOARD

As we continue on our journey of improvement we have been focussed as a Board on setting the priorities for the Board's Development, reflecting on the outcomes of our recent mock inspection and the rapid development and improvement during 2024. Focus has also been on developing our Medium-term Plan, incorporating ambitious targets for performance recovery whilst always keeping quality and safety at the forefront. We have been lifting our sights above the horizon to plan for the period – hopefully soon – when CQC returns and we achieve a higher rating. Our plans for the future then become ambitious and exciting, both within our own boundaries as a Trust and alongside our colleague trusts in the Great North Healthcare Alliance.

5. ALLIANCE

The development of the Alliance continues, having been formed because the member Trusts believe that there is huge potential to work together to deliver significant benefits to patients and staff within each organisation and in the wider region. I meet monthly with all the Chairs and Chief Executive Officers (CEOs), and additionally just with the Alliance Chairs. I also meet regularly with the two CEOs of Newcastle Hospitals and of Northumbria Healthcare NHS Foundation Trust ('Northumbria FT'), to monitor and review progress on developing our strands of joint working. The Northumbria FT CEO meets also with Newcastle's Deputy CEO to drive a Bi-lateral Board, who are now showing real progress in aligning clinical pathways in respiratory, cardiology, urology, audiology and other clinical areas. There is tangible enthusiasm across the clinical cadres within the Trust for exploring these collaborative ways of improving our services to patients.

6. RELATIONSHIPS WITH PRIMARY CARE

I have been focussing on exploring the relationship between our Trust and the primary care community within Newcastle. To that end I have met the key Integrated Care Board (ICB) lead for our patch on primary care, David Jones; with the Newcastle Federation of GPs Chair and CEO, and recently I spoke to 150 primary colleagues at a "GP time out" bringing together colleagues from the 29 GP practices across the city. The express interest of our CEO has also been evident wherever I go. Especially at a time when primary care has introduced collective action, our discussions as to how we can build a new and stronger

relationship are somewhat cautious, but the early soundings are positive, and as we develop our new strategy, I am confident we can explore some new shared ambitions as to how primary care can work better with secondary and tertiary care as one NHS.

7. NHS PROVIDERS

I have attended an NHS Provider Conference in London, focussing in particular on models of collaboration (groups, mergers, collaborations etc), partly in order to meet other chairs who span more than one trust. The conference also focussed on the potential for trusts to serve as anchor institutions, throwing up in particular the potential for wider partnerships with universities and with other public sector bodies. The relationships formed through these occasions gives me, and therefore the Trust, access to a wider range of expertise and views than we could otherwise hope to meet internally.

8. SUSTAINABILITY AND HEALTH INEQUALITIES

I have attended two meetings of the Net Zero North East England Board, on behalf of the ICB. As well as seeing the progress of this cross-sector coalition that has been founded, it is now an opportunity for the trusts to explore creative opportunities for collaborating with the major businesses within the region, and with the combined authority. The Board is now co-chaired by the Mayor Kim McGuiness and the CEO of Northumbrian Water Heidi Mottram. North East Combined Authority (NECA) has additional opportunities to bring inward investment to the region, which provides some opportunities for us to make greater progress in achieving our net zero goals, and sharing our own progress across a wider footprint.

I now also serve on an Advisory Committee for NECA on the Environment, Rural Issues and Health Inequalities Board, chaired by the leader of Northumberland Council. Whilst this group is still in its infancy, it provides us with the chance to align our own activities around health inequalities with NECA. As NECA's remit is negotiated with Government to extend its reach, our partnership with them provides extra opportunities for accessing additional funding and support from Central Government, in parts of Whitehall where our current contacts do not reach quite so effectively.

9. ENGAGEMENT WITH REGIONAL PARTNERS

During this period, I have met four times with the ICB Chair and CEO (and other senior ICB officers), along with the other ICB Foundation Trust (FT) Chairs. We have discussed national developments and their impact on our region; common approaches to leadership; the financial situation within the ICB, and other issues. These regular meetings – with regular pre-meetings just for chairs – has enabled the chairs to develop a friendship network which facilitates joint working across the patch.

I am a member of the North East Child Poverty Commission, and in this guise have met with the Mayor Kim McGuiness to discuss how FTs can contribute to the drive to tackle child poverty in our region. Our status as a Real Living Wage employer means we have a good story to tell, but there is more we can do, as an anchor institution within the city, to impact much more widely on child poverty with all the impact it has on child health, learning from colleagues outside the Trust.

10. SHARED CHAIR OPPORTUNITIES

Given this report focusses also on my interactions outside the Trust, it is appropriate to reference my role chairing Northumbria FT. My engagement there with the trust at every level, with its primary care partners, with the universities in the city and with many of Northumbria's other partners enables me to promote the work of Newcastle Hospitals, share ideas, gain insights and encourage new partnerships, which are only partly captured in our regular updates on Alliance activities.

11. RECOMMENDATION

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

Report of Sir Paul Ennals
Interim Shared Chair
21 January 2025

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Agenda item 8(i)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	29 January 2025					
Title	Update from the Lead Governor					
Report of	Pam Yanez, Lead Governor					
Prepared by	Pam Yanez, 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 last meeting of the Council of Governors on 23 October 2024.					
Recommendation	The Council of Governors is asked to (i) receive the report and (ii) note the contents.					
Links to Strategic Objectives	Patients - Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports are provided to the Council of Governors.					

UPDATE FROM THE LEAD GOVERNOR

1. UPDATE

As a member of the Nominations Committee, I have been involved in the longlisting and shortlisting, and also as a member of the interview panel, for the recruitment in December 2024, of three Non-Executive Directors and one Associate Non-Executive Director. The Trust Board will be strengthened by the addition of these talented individuals.

The ongoing preparation for the recruitment of the Shared Chair has continued. I have had two informal meetings with the Lead Governors of Gateshead Health NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. These meetings have proven useful as we start working more collaboratively. I attended and led some of the discussions at the meeting held on 9 December 2024 at the Health and Care Academy, Northumbria Specialist Emergency Care (NSEC). The meeting involved representatives from the Nominations Committees (or equivalent) of the three Trusts where the discussions for the processes for the recruitment were progressed.

I have continued to lead the Governors Informal meetings held monthly. These are well attended and facilitate discussion on topics for which Governors require assurance.

I have also continued to attend Governor meetings including the Governor Working Groups, Council of Governors formal meetings and workshops, the Chair's informal drop-in sessions , Council of Governors agenda setting meetings and meetings of the Nominations Committee.

Governors offer their thanks to Abigail Martin and welcome Jayne Richards as the departing/new Governor and Membership Engagement Officer. The continuing support of Kelly Jupp, Trust Secretary and Lauren Thompson, Deputy Trust Secretary is much appreciated.

This will be my final report as Lead Governor as I will step down in February. It has been an honour to hold this post for almost four years at Newcastle Hospitals.

2. RECOMMENDATION

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

Report of Pam Yanez
Lead Governor
19 January 2025

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Agenda item 8(ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	29 January 2025					
Title	Quality of Patient Experience Working Group - Report					
Report of	Claire Watson, Chair - Quality of Patient Experience Working Group					
Prepared by	Claire Watson, Chair - Quality of Patient Experience Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
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 October 2024. 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.					
Links to Strategic Objectives	Performance – being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
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, in person and via Microsoft Teams. The WG currently has oversight of the following areas arising from the CQC Report; Caring, Cardiothoracic Surgery, and Maternity; and has asked the NEDs responsible for each area, via the Corporate Governance Team, to attend the WG meetings to provide assurance.

2. GROUP ACTIVITIES

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

a) Complaints Panel

Philip Home (PH) and Aileen Fitzgerald (AF), Public Governors, attended the Complaints Panel on 5 November, 3 December and 7 January. Most recent observations of note were the positive news that trauma/orthopaedics teams were being more receptive in their responses to complaints, and that the majority of complaints generally were dealt with within the requisite timeframes (although two complaints had taken more than 90 days). The use of resolution meetings was being seen as a positive experience for both staff and patients, especially in face-to-face meetings, with a feeling that patients were being better listened to.

AF noted that work was being undertaken in relation to the number of upheld complaints.

Presentations were made in regard of the Cancer Clinical Board and of End of Life care, these noting there needed to be a shift to a more learning culture. An improvement plan for complaints was underway to meet Parliamentary and Health Service Ombudsman (PHSO) guidance and separately, increasing membership of the Complaints Panel was being considered. It was noted that the meetings of the Panel need to be more patient and carer led. Ian Joy, Executive Director of Nursing was reviewing the terms of reference for the Complaints Panel. This was discussed in January and now requires implementation timescales. The Complaints Improvement Plan will become a regular item at the Complaints Panel meetings, which is a positive step, recognising this was a huge piece of work.

In terms of complaints activity, Oncology has the most complaints. No recurring themes have emerged yet, but cases are often complex, and responses from other Trusts and providers are required. Neurosciences receives the second highest number of complaints. PH reminded the group that a review was planned last year to identify themes, complaints remain high compared to other Clinical Boards/services. This will be discussed further in the March or April Panel meetings. In Medical and Emergency Care the quality and timeliness of response has increased, and in Cardio, early intervention is leading to a reduction in complaints. Real-time complaints management in relation to Thoracic have been helpful and the Executive Director of Nursing role has increased responsiveness.

An item of discussion at the QPE WG was in relation to the use of upheld complaints as a measure of actual error. PH noted that this may not be the case, for example waiting list complaints may be

partially or not upheld. AF noted that the categorisation is for internal learning only. A request was made to Tracy Scott (TS), Head of Patient Experience, for further information on this to be the subject of an agenda item for the February Complaints Panel.

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

PH and David Black, Appointed Governor for Advising on the Patient Experience (APEX), attend the CAGG meetings. They explained that the November 2024 meeting covered more business and clinical matters, and much of the meeting was used to discuss funding issues.

At the January 2025 meeting, Mr Stephen Aldridge addressed the meeting as the Clinical Board Quality System Lead, and presented the Surgery and Specialist Services Clinical Board Annual Report. Of note, in relation to Ophthalmology, the Risk Register still held a risk rated as 15 for glaucoma and macular degeneration. The meeting was provided with assurance that much work is being done to mitigate risks across the wider Trust, and specifically by the Clinical Board and relevant specialist department.

The meeting was also provided with updates on standing agenda items including:
- NICE Technology Appraisal Guidelines
- CAGG Policies for Review
- Quality Metrics Report

PH noted that Ian Campbell, Assistant Director of Pharmacy, would be retiring later in the month, and on behalf of the group wished to thank him for his service to the Trust.

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

Due to an administrative error with diary invites, there was no Governor present at the October and November meetings. This has now been addressed and Sandra Mawdsley, Public Governor, has taken over attendance at these meetings. Reports will be provided to, and discussed in detail, at upcoming QPE WG meetings, with an update to be provided in the next QPE WG report to the Council of Governors.

d) Quality Committee

Claire Watson (CW), Public Governor, observed the Quality Committee meeting on 19 November, and Eric Valentine, Public Governor, observed the meeting on 10 December. Reports have been provided to the QPE WG however in summary, these continue to be very lengthy meetings with a lot of meeting papers to digest in advance. Anna Stabler, Non-Executive Director, continues to Chair the Quality Committee and has a very good understanding of all the issues it covers. It should also be noted that Anna, and other Non-Executive Directors attending the Committee, play an active and enquiring role. Current areas of focus from a QPE WG point of view are:

- Delivery of the Care Quality Commission (CQC) Action Plan;
- Cardiac Surgery oversight arrangements;
- The Emergency Department Improvement Review;
- Medicines management;
- Patient Safety Incident Response Framework (PSIRF) (getting this embedded throughout the Trust);
- Feedback/learning from the Rapid Quality & Safety Reviews;

- Clinical Board Quality & Safety;
- Maternity (mainly post-natal care and the availability of the Newcastle Birthing Centre) and Perinatal staffing capacity;
- NECTAR Action Plan delivery;
- Freedom to Speak-Up Champion arrangements within North East Children's Transport and Retrieval (NECTAR);
- Assurance over Duty of Candour processes;
- Therapy Services (in particular the amputee pathway);
- Cases of Clostridium difficile (C-Diff) in some of the Trust wards;
- Martha's Rule implementation; and
- Audiology (update provided at the last Governor Workshop).

e) Nutrition Steering Group

CW regularly attends the NSG meetings (which take place every two months) and provides a written report to Governors.

At the most recent meeting on 14 November 2024, the following was noted:

- Good news that funding for the Electronic Meal Ordering system has been granted by the Trust Charity and there is now a challenge to get this implemented within the required one year timeframe. A steering group for the implementation has been established and CW will take part as the Governor Representative of the Nutrition Steering Group.

- Tissue damage from Nasogastric tube insertion continues to be an area requiring improvement and appears on the Risk Register. Further clarification is that this mainly arises in critical care when patients have associated medical devices in situ. This makes the insertion of NG tubes more complicated as the devices need to be avoided. More training is to be provided in this respect.

- Further good news that both the Freeman and the Royal Victoria Infirmary have received a 5* hygiene rating following an Environmental Health inspection.

3. PRESENTATIONS/GUESTS

At the 5 November meeting we were joined by TS who provided an update on complaints. Tracy gave a very comprehensive update on the following matters:

- Catering and food, a complex area in which complaints can arise as a result of patient preference alongside the quality of food;
- Complaints timelines, including what constitutes a closed complaint (there was some discussion around how patients may feel once the Trust deems a complaint as closed (11% of cases are re-opened);
- Realtime/Right Time Patient Experience Programme with the Realtime feedback already resulting in a number of same day fixes;
- Successful partnership with Deaflink;
- The significant work undertaken regarding patients' carers in the hospital setting;
- Significant improvements in interpretation and translation services; and

- The financing of Patient Safety Partner roles with the hope that 10 will be onboarded initially.

At the 7 January meeting Helga Charters, Associate Director of Nursing, gave an excellent presentation on "Improving our Patients' Experience for Patients who have a Learning Disability and Autistic People". Helga provided information on:

- The structure of the Learning Disability Liaison Team and their partnerships;
- The responsibilities of the team from identifying and flagging, to following up after discharge (including general support and advice, and liaising between agencies);
- Training (covering the areas of: Diamond Standards, Midwifery Diamond Standards, Regional Pilot, Oliver McGowan, and 'Autism', which is completely different to 'Learning Disability');
- Priorities and Assurance which included the CQC Action Plan and the development of a Learning Disability and Autism Strategy;
- Learning from deaths and lives of People with Learning Disabilities and Autism;
- Working with Autistic people; patients and carers; and
- Plans for future work to be progressed including Learning Disability Champions.

The QPE WG would like to thank both Tracy Scott and Helga Charters for their valuable contributions to the meetings.

4. WARD AND DEPARTMENT VISITS

Visits were undertaken to the following locations using the new visit template:

- Ward 1a, RVI (Children's Medical Ward);
- Ward 23, Freeman Hospital (Children's Heart Unit); and
- Therapy Services, RVI (Physiotherapy – Rehabilitation).

WG Members provide written reports of visits to the Corporate Governance Team, which are then passed on to Mr Ian Joy, Executive Director of Nursing for review. Members of the WG discuss findings and recommendations in meetings to identify any trends that they may wish to seek further assurance on.

5. RECOMMENDATIONS

The Council of Governors is asked to receive the report.

Report of Claire Watson
Chair of QPE Working Group
19 January 2025

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Agenda item 8(iii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	29 January 2025					
Title	Report of the Business and Development Working Group					
Report of	Eric Valentine, Chair of the Governors Business and Development Working Group					
Prepared by	Eric Valentine, Chair of the Governors Business and Development Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
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 23 October 2024.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Links to Strategic Objectives	Performance - Being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☐	☒	☐	☐	☐
Link to Board Assurance Framework [BAF]	Impact detailed within the report.					
Reports previously considered by	Standing agenda item.					

REPORT OF THE BUSINESS AND DEVELOPMENT WORKING GROUP

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors in October 2024.

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

1. INTRODUCTION

The Business and Development (B&D) Working Group meetings have been held monthly, except December 2024, via Teams and in-person with the topics covered relating to the Working Groups (WG) Terms of Reference.

The WG is generally well attended. The WG particularly welcomes new Governors who would like to join, as well as Governors who may wish to attend a specific meeting. There have been two B&D WG meetings since the last report.

2. PRESENTATION TOPICS

2.1 Digital Innovation Update - 10 October 2024

Lisa Sewell (LS), Head of Digital, Innovation and Delivery attended to provide an update on Digital Innovation. LS had attended the Digital and Data Committee that morning and provided an overview of 6 topics as follows:

• **Patient Engagement Portal**
LS reported that all clinic appointments now flow into the patient engagement portal, with few exceptions. Supporting correspondence is due to go live within the next month through the portal.

Product licencing is currently under review and LS advised that future provision will need to be agreed and align to the trusts strategic direction and have assurance over the technology being used. Nationally there are currently several technology solutions that provide patients with access to their NHS data. This can cause confusion over who holds/presents what data and there is a need to avoid any level of duplication across the different systems using the NHS App as the entry point.

• **Dental hospital digitalisation**
LS reported that the Newcastle Hospitals Dental Hospital is a large teaching hospital in the UK and has been through recent improvements to infrastructure with regards to change management, clinical engagement and safety. There is also a current project to improve on services and digitalisation.

• **Identification of Venous Thrombo-Embolism (VTE)**
LS stated that Newcastle Hospitals has developed an algorithm to digitally identify thrombosis as part of an 18-month project led by Kate Musgrave, Consultant Haematologist and Chris Plummer, Chief Clinical Information Officer. This technology identifies patients who are at risk of thrombosis, and this has been a great advancement from a patient safety perspective and is a recognised Patient Safety Incident Response Framework (PSIRF) priority.

• **Digitalisation of research**

Historically, research has been heavily reliant on paper records and transferring to electronic records has been as an additional step, inhibiting research projects. LS asked the group to note the progress in the transfer to digital records has been invaluable for the research team.

• **Metrocentre Community Diagnostics Centre (CDC)**
LS noted that the development of the CDC had been challenging, with issues such as new patient flow pathways, and the software engineering and integration of multiple solutions. She highlighted that at no point had the quality of delivery been compromised.

• **Benefits realisation**
LS reported that a benefits manager had been onboarded through Digital Funding in 2023 and there is now a core benefits framework which will be used for larger scale investments.

• **Critical care Visualisation**
Finally, LS noted that a new software is being developed for visualisation of patient data in the ITU, in collaboration with a company called Inicio which would present a more holistic view of the patients' data.

2.2 David Weatherburn (DW) Non-Executive Director (NED) NED Update - 14 November 2024

DW, NED/Chair of the Audit, Risk and Assurance Committee (ARAC) shared his initial/personal views of the ARAC. DW advised that he has been in the post for 12 weeks and had recently joined the Charity Committee. The use of funds for administering the grants has been a discussion point at the Committee. He will report back on the matter at a later date.

In comparison with the private sector/professional services, DW noted that the Trust seems to rely on large volumes of information, which may impact on decision making and there needs to be more focus on the purpose of Committees. He noted that the number of reports being produced is very high and creates a great deal of stress for the teams involved in supporting the Committee meetings.

Regarding the challenging financial position, he expressed concern that any additional funding may have restrictions. DW shared an overview of his experience with this from previous work within the NHS, HM Treasury and Department of Health.

DW highlighted the impact of a shortage of social care options for patients once they are well enough to be discharged from hospital.

2.3 Sustainability Update - 16 January 2025

James Dixon, Associate Director for Sustainability, provided a very clear and interesting update on the projects and activities of the Sustainability Team. He discussed the Trust's carbon emissions and power consumption and how that may change in the future e.g. greater use of solar panels on Trust buildings.

Aly Kimber and Dr Amy Manning, Project Managers are working on a project to reduce the clinical use of single-use plastics. This is multi-disciplinary project with a focus on maternity. Their engagement with the problem and their enthusiasm to reduce plastic use is very encouraging. It was noted that the NHS is the biggest single consumer of plastics in Europe.

2.4 Trust Strategy Update - 16 January 2025

Patrick Garner, Director of Performance and Governance & Lisa Jordan, Assistant Director of Business, Strategy and Planning outlined the scope of the Trust Medium Term Plan. This covers Safety and Quality, Performance, Activity, Workforce and Finance. An Interim Strategy and a series of service planning reviews will underpin a new longer term Trust wide strategy. Note that this work is being undertaken in advance of the planning structure/guidance which will come from NHS England. This would normally have been announced last December but is delayed in this round.

The Trust Board have agreed on the development of an interim strategy to cover the next 12 months while longer term strategy development is undertaken.

This will tell the story of where the Trust has been and where we are going. Our strategic objectives for 2025 will be underpinned by:

1) The developing Clinical Strategy
2) Clinical Board Quality & Safety (Q&S) priorities and Improvement Plans
3) The Big Signals, and
4) Enabled by existing strategies e.g. People plan

All Clinical Boards have been asked to provide update to their Improvement Plans (Clinical Board and Directorate Level).

Governors will be engaged in this process. In the longer term there will be a reset of the Trust Strategy for the next 5 years.

2.5 Report on Board Committee observation

The following Board Committees have been observed by Trust Governors. The complete reports will be available in the Governor Reading Room on Admin Control.

• Finance and Performance (21 October)	A Dearges-Chantler
• Audit, Risk and Assurance (24 September)	Chris Record
• Audit, Risk and Assurance (22 October)	Philip Home
• Finance and Performance (25 November)	A Dearges-Chantler
• Finance and Performance (16 December)	Peter Bower
• Audit, Risk and Assurance (26 November)	Philip Home
• Digital and Data Committee (12 December)	Sandra Mawdesley

3. RECOMMENDATION

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

Report of Eric Valentine
Working Group Chair
18 January 2025

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Agenda item 8(iv)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	29 January 2025					
Title	People, Engagement and Membership (PEM) Working Group (WG)					
Report of	Judy Carrick, Chair, PEM WG					
Prepared by	Judy Carrick, Chair, PEM WG					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The People, Engagement and `Membership Working Group is tasked with increasing both the number and diversity of Trust membership and also with supporting members with dedicated member events and newsletters. In addition, the WG works to engage with the wider Trust community.					
Recommendation	The Council of Governors is asked to receive the report.					
Links to Strategic Objectives	Performance - Being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously	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) meets monthly. Guests during this reporting period have included Teri Bayliss, Charity Director (Newcastle Hospitals Charity) and Greta Brunskill, Public Partnerships Manager (The National Institute for Health and Care Research (NIHR) HealthTech Research Centre (HRC)).

2. ENGAGEMENT

The PEM WG has ran one event led by Professor Luisa Wakeling (Appointed Governor – Newcastle University) on Community Dentistry which was very well received. Plans are currently underway on an Innovations event in collaboration with HealthTech, Newcastle University and researchers at Newcastle Hospitals. Additionally, the group completed the annual engagement visit to Newcastle Sixth Form College. An invitation from the Charities Team has been accepted, with gratitude, to join the team at future community events.

3. COMMUNICATION

The PEM WG has been analysing the information gathered in the recent members' survey. This has been a rich source of data about the issues which matter to Trust members and also about their attitudes towards membership. Although the expectations of membership and the relationship between Governors and Members concerns every Governor, the PEM WG is leading on the following steps:

- The WG has prepared a response to members addressing key issues/matters raised in the survey in a "you said; we will" format.
- To follow this, the next members' newsletter will be focused entirely on addressing key questions raised by the survey, such as the purpose of membership, the role of Governors and the impact Governors have made. All governors are asked to contribute any information or anecdotes to this project.
- This questionnaire has proven an important source of information and also a way governors can, over time, monitor progress. Annie Laverty, Chief Experience Officer, has offered expertise and support with future member surveys, and with data analysis, to ensure the data is used effectively to maximise the engagement/feedback opportunity.

4. CQC RESET

The PEM WG continues to monitor staff training; with assurance received that the Civility and Behaviors Training is continuing to make a positive difference. The WG will be looking at the impact of the new Leadership training when it is out of pilot and would like to thank Christine Brereton, Chief People Officer and her team for keeping us informed.

The People, Engagement and Membership Working Group asks the Council of Governors to receive this report.

Judy Carrick
Chair PEM WG
20 January 2025

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Council of Governors Meeting Actions - Public

Agenda item: 10

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
119	ACTION01	6. Freedom to Speak Up Guardian Update	07 December 2023	Andy Pike agreed to return to the CoG to provide an update following the publication of the Letby Inquest.	AP	12.06.24 -To arrange once inquest is published. Action to remain on hold. 22.01.25 - Jill Taylor, FTSUG attending the Formal CoG meeting in January. Propose to close action.	
126	ACTION03	2. ii. Revised Integrated Quality and Performance Report	20 June 2024	Mrs Yanez asked what benchmarking had been done on the IQPR compared to other NHS Trusts and the DDBDE offered to meet and talk through.	PG	06.08.24 - AM followed up with PY/PG for updates 07.08.24 - PY noted that the Governors plan to further discuss the information they would like to see and will arrange this in September. 14.10.24 - AM followed up with PY to discuss how to proceed with this action. 22.01.25 - Mrs Mawdesley requested to meet with the Finance and Performance Committee NED Chair to discuss Governor feedback. Meeting to be arranged.	
127	ACTION04	4. iv. Schedule of Business 2024	20 June 2024	Mrs Yanez suggested that in light of the new Governors who have joined the Council and the low response rate for the tvc Governor survey, that tvc should be requested to re-issue their survey to the whole Council of Governors. The TS agreed to raise with tvc.	KJ	08.08.24 - KJ contacted Wendy Saviour from the value circle who has confirmed that the survey could be re-run. KJ requested a copy of the original survey questions to share with Sir Paul for review/further consideration. 15.08.24 - Paul Ennals confirmed that the survey would be re-run later in the year. Action to be placed on hold. 22.01.25 - Survey issued 22 January 2025. Propose close action.	
131	ACTION01	iv) Chief Executive's Report	23 October 2024	Cancer performance was a concern which was discussed in depth at the recent Finance & Performance Committee, with a granular look into key specialities and pathways held to determine the specific actions needed for sustained improvement. This would be covered in more detail at the next CoG meeting with a focus on the key pathways.	PG	22.01.25 - PG provided a detailed update at the November CoG Workshop. Propose to close action.	
132	ACTION02	iv) Chief Executive's Report	23 October 2024	More time would be spent at the next CoG meeting on the Big Build project to detail the intentions of the Trust and what can be achieved within the applicable fiscal rules.	MW	22.01.25 - MW provided a detailed update at the November CoG Workshop. Propose to close action.	
133	ACTION03	iv) Chief Executive's Report	23 October 2024	A national report was due to be published imminently with regard to heart and lung transplantations. The report was currently embargoed but would be shared with Governors once the embargo had been lifted. Whilst the report was not critical of the Trust, it did show a higher decline rate for organs and a low volume rate when compared with other organisations. There was already a focussed piece of work underway internally which mirrors the national requirement of establishing a Board sub-committee. Once published, the report would be shared with Governors, along with the details as to the new Trust Committee/Group. Consideration would also be given to Governor observation of the Committee/Group.	RH/KJ	22.01.25 - The Transplantation Committee has been established as a Tier 2 Committee which feeds into Quality Committee, rather than as a separate Tier 1 Board Committee. The Chairs Logs from the Transplantation Committee will be included in the Quality Committee meeting papers, with papers from the Quality Committee shared with the Governor observer. No further action required therefore propose close action.	
134	ACTION04	ii) Medium Term Plan	23 October 2024	Dr Valentine noted that previously, Governors had been involved in the strategy engagement sessions, particularly through the Business & Development Working Group (B&D WG) and questioned if this would continue to which PG advised that for the longer-term strategy development both Governors and Members will be involved. He agreed to attend a future B&D WG to share further detail on the strategy development process.	PG	22.01.25 - PG attended the January 2025 B&D Working Group. A plan is in place for Governors to be involved in the future strategy development. Propose to close action.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
135	ACTION05	iii) Outpatient Transformation Programme including Waiting List Management	23 October 2024	The Chair thanked the DCOO for the comprehensive update and welcomed her return to a future meeting to provide an update on Waiting List Management.	NK/KJ	22.01.25 - A Waiting List update was provided at the December CoG Workshop. Propose to close action.	
136	ACTION06	i) Governor Working Group (WG) Reports including: i. Lead Governor	23 October 2024	Mrs Yanez highlighted the dedication of the Governors and noted that Governor meeting involvement/requirements had increased considerably more recently, which may prevent attendance at all meetings for some Governor. This was acknowledged by the Chair, however being mindful of the pace of change he noted it was important for Governors to be involved but agreed to review the frequency of meetings if the current schedule was not sustainable.	KJ/All	22.01.25 - Governor feedback has been incorporated into a survey which was circulated to all Governors on 21 January 2025. Once responses received, feedback will be discussed at the February CoG workshop.	
137	ACTION07	i) Governor Working Group (WG) Reports including: iv. People Engagement and Membership (PEM) WG	23 October 2024	Mrs Carrick advised that the first survey of members was nearing closure and requested that a report of the results be shared at a future meeting.	KJ/AM	22.01.25 - A report on the results from the Members survey was presented at the December CoG Workshop and the detailed analysis report included in the Reading Room. Propose to close action.	
138	ACTION08	i) ANY OTHER BUSINESS	23 October 2024	Whilst visiting the CDC, Mr Bower noted that the patient entrance from inside the Metrocentre was either by a lift or a rather steep set of stairs and questioned if a Health & Safety Impact Assessment had been undertaken to which the DCCA advised that an assessment had been undertaken and a plan would be put in place prior to patient attendance. There would also be signage to encourage people to use the lift but she agreed to check and confirm [ACTION08].	CD	22.01.25 - CD confirmed with the site manager back in October that they had undertaken a risk assessment and were arranging signage, and that they would carefully monitor the situation. Propose to close action.	

Key:

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