

Council of Governors in Public

Wed 15 January 2025, 10:40 - 12:30

MS Teams

Quorum

7 Governors, with at least 4 from the Public Constituency

Agenda

10:40 - 10:45

5 min

1. Introduction

1.1. Chair's Welcome and Apologies for Absence

- To NoteChair
- Samantha Chenery-Morris, Appointed Governor
 - Susanne Lindqvist, Non-executive Director

1.1.1. Declarations of Interest

- To NoteChair



1.2. Brief update from Governors pre meet

- InformationIan Clayton, Lead Governor

10:45 - 10:50

5 min

2. Minutes and Matters Arising

- InformationChair
- 12 July 2024
 - Actions
-  2 Minutes_Council of Governors in Public_120724 - CH.pdf (10 pages)
-  2. Action Log - Council of Governors Public.pdf (1 pages)

10:50 - 11:20

30 min

3. Chair's and Chief Executive's Briefings

-  3 MASTER Chair CEO NEDs CoG Report 2025-01-15 JS;MFr; CH.pdf (25 pages)

3.1. Chair's Briefing

- BriefingChair

3.2. Chief Executive's Briefing - Slides

- BriefingChief Executive

11:20 - 12:00

40 min

4. Non-executive Directors' Reporting

- To NoteNEDs

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4.1. Committee Chairs' Activity Reports

To Note Committee Chairs

- Patient Safety and Quality Committee
- People and Culture Committee
- Finance and Performance Committee
- Audit Committee

(10 minutes each)

12:00 - 12:05 5. Corporate Governance

5 min

5.1. Chair and Non-executive Director Appraisals

To Note Head of Corporate Affairs

 5.1 Chair and NED Appraisals - Report to the Council of Governors 2024-11-15.pdf (1 pages)

5.2. NED Re-appointment of Senior Independent Director - Verbal

Assurance Chair

12:05 - 12:15 6. Partnership and Stakeholder Updates

10 min

6.1. Governors' local updates

Information

6.1.1. Great Yarmouth Health & Wellbeing Partnership Update - Verbal

Information Emma Flaxman-Taylor, Appointed Governor

(5 minutes)

6.1.2. Others

Information Governors

(5 Minutes)

12:15 - 12:20 7. Any Other Business and Questions from the Public

5 min

Information Chair

12:20 - 12:25 8. Meeting Review

5 min

8.1. Reflection

Review Chair

- Meeting effectiveness - Is there anything we could have done better or differently?
- Values - Have we conducted ourselves in accordance with the Trust's values?

Our Values shape how we approach everything we do, and align to the NHS People Promise, which applies to everyone working in the NHS.

Collaboration - We work positively with others to achieve shared aims.

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- Accountability** - We act with professionalism and integrity, delivering what we commit to, embedding learning when things for not go to plan.
- Respect** - We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride.
- Empowerment** - We speak out when things don't feel right, we are innovative and make changes to support continuous improvement.
- Support** - We are compassionate, listen attentively and are kind to ourselves and each other.

12:25 - 12:30

5 min

9. Next Meeting

Information

Chair

- Friday, 7 March 2025, Lecture Theatre, Burrage Centre @ 09:30

Council of Governors in Public

Fri 12 July 2024, 09:30 - 11:30
Lecture Theatre, Burrage Centre

Attendees

Council of Governors Members

Mark Friend (Chair), Jose Bamonde (Public Governor), David Beavan (Appointed Governor), Dr Samantha Chenery-Morris (Appointed Governor), Ian Clayton (Lead Governor), Stuart Everett (Public Governor), Emma Flaxman-Taylor (Appointed Governor), Tony Goldson (Public Governor), Harry Hicks (Staff Governor), James Reeder (Appointed Governor), Luis Taveres (Public Governor)

In Attendance

Sally Collier (Non-executive Director), Charlie Helps (Head of Corporate Affairs), John Hennessey (Non-executive Director), Susanne Lindqvist (Non-executive Director), Caitlin Notley (Non-executive Director), Sarah Whiteman (Non-executive Director), Jayne Geddes (Executive Assistant), Secretariat (Minutes)

Apologies

Maria Grimmer (Public Governor), Ali Guenaoui (Staff Governor), Yvonne Hacon (Staff Governor), Peter Hargrave (Public Governor), Kevin Jordan (Public Governor), Devender Khurana (Staff Governor), Sheena McBain (Public Governor), Stephen Javes (Non-executive Director and Senior Independent Director (SID))

Quorum

7 Governors, with at least 4 from the Public Constituency

Meeting minutes

1. Introduction

1.1. Chair's Welcome and Apologies for Absence

To Note
Chair

The Chair welcomed those present and noted the apologies recorded.

1.1.1. Declarations of Interest

To Note
Chair

There were no new declarations of interest to note.

2. Minutes and Matters Arising

Information
Chair

- 15 May 2024
- Actions

The minutes of the meeting held on 15 May 2024 were approved as a true and accurate record. The Action Log was reviewed, with updates provided for each outstanding item. Key actions included:

- Engagement Strategy and Action Plan:** It was noted that this would remain open until post-election developments stabilised.
- Volunteer Involvement and Engagement:** Acknowledged the significance of volunteer work within the hospital. Action was taken to improve engagement across volunteer groups.

3. Chair's and Chief Executive's Briefings

3.1. Chair's Briefing

The Chair provided a comprehensive update on recent strategic initiatives, operational challenges, and governance reflections. Key areas covered included:

Strategic Alignment

The Chair emphasised the need for alignment with the Trust's strategic plan, stressing the importance of clearly defined metrics to measure progress. Strategic planning emerged as a consistent theme, with the Chair reiterating that objectives should be quantifiable and revisited regularly to ensure alignment with Trust goals. The Chair noted that significant progress has been made, particularly in relation to well-led governance, although challenges remain, particularly in terms of corporate resources and support.

Governance Development

Reflecting on insights from a recent NHS Providers Conference, the Chair commended the Trust's progress in developing robust governance frameworks. He observed that the Trust's approach to governance aligns well with best practices shared at the conference, which reinforces the value of existing initiatives such as the Governor's seminar and buddying system. However, he highlighted that there is potential for further enhancement, particularly around strategic metrics that provide actionable insights.

Staff Wellbeing and NHS Pressures

Noting increased pressures within the NHS, the Chair discussed the strain on both the organisation and its staff, with particular emphasis on staffing levels and well-being. Citing recent survey data and anecdotal feedback, the Chair reported growing concerns around staff morale and resource limitations. While it is outside the Council's remit to intervene in specific cases, he acknowledged the importance of addressing overall well-being and exploring measures to mitigate burnout and attrition.

MP Engagement

Following recent electoral changes and the appointment of new MPs, the Chair highlighted the necessity of building relationships with these officials. The goal is to ensure MPs understand the Trust's operational needs, particularly concerning long-term funding and programme support for initiatives such as the New Hospital Programme. He outlined a plan to engage these MPs, recognising the opportunity this presents to advocate for the Trust and secure wider political support.

Volunteer Recognition and Development

The Chair expressed appreciation for the contributions of volunteers and suggested that their role in supporting hospital operations should be publicly recognised. A new framework for volunteer engagement is under development, with an aim to enhance volunteer involvement in key Trust initiatives. The Chair proposed establishing regular communication channels with volunteer groups to foster stronger relationships and to acknowledge their contributions to the Trust's mission.

3.2. Chief Executive's Briefing - Slides

The Chair presented the Chief Executive's update on behalf of Joanne Segasby who was absent on duty. The briefing focused on operational pressures, financial challenges, and strategic initiatives. The key points included:

Operational Pressures

The Chief Executive's briefing addressed significant pressures facing the hospital's emergency and elective services. Emergency department attendance remains high, with no seasonal relief typically observed in summer. Elective surgery backlogs have increased, necessitating focused resource allocation to manage patient wait times and maintain safety standards. The Trust is actively working on strategies to alleviate this demand, such as restructuring staffing rotations and prioritising critical care pathways.

Financial Pressures and Efficiency Targets

The Chief Executive highlighted the Trust's financial challenges, particularly in light of an 8-9% efficiency savings target imposed by the NHS. Despite recent budgetary adjustments, the Trust faces an uphill task to meet this target, with particular strain on non-clinical departments and operational budgets. Treasury mandates are impacting service delivery, prompting the Trust to explore further efficiency measures while seeking to maintain quality care standards.

Staff Survey Findings

The Chief Executive reported on findings from the recent staff survey, which revealed significant concerns around well-being and workplace support. The data indicated a need for stronger engagement and targeted support mechanisms, particularly in departments facing high patient volumes. This feedback is guiding a new action plan focused on bolstering well-being resources, improving transparency in communication, and introducing support networks to address the challenges highlighted by staff.

Listening Events and Staff Engagement

Recent listening events facilitated by the Chief Nurse and Deputy CEO provided valuable insights into staff perspectives on workplace pressures and resource limitations. Approximately seventy staff members attended, openly discussing the impacts of high workloads and financial constraints on their roles. The feedback from these events is being integrated into board discussions, and the Executive Team is exploring possible interventions to address these concerns proactively.

Electronic Patient Records (EPR) Programme

The Chief Executive's update covered the progress on the new EPR system. A contract has been finalised with Meditech, covering three acute hospitals in the area. While this initiative aims to streamline patient record access and enhance interoperability, challenges remain, particularly around integrating the EPR with existing GP and community health records. The Chief Executive acknowledged the significant investment and the necessity of a structured implementation plan to ensure the system is operational and sustainable over the long term.

Industrial Action Impact

The briefing highlighted the impact of ongoing industrial action, particularly the junior doctors' strike. Due to staff shortages exacerbated by the strike, the Trust faced increased pressures in maintaining adequate emergency and elective care. The Executive Team is actively monitoring service delivery and is working on contingency planning to mitigate further disruptions.

4. Non-executive Directors' Reporting

To Note

NEDs

4.1. Committee Chairs' Activity Reports

To Note

Committee Chairs

- Patient Safety and Quality Committee
- People and Culture Committee
- Finance and Performance Committee
- Audit Committee

Each Committee Chair provided an overview of their respective areas, with consistent themes around operational strain, financial pressures, and the need for enhanced staff support emerging across reports. The Board remains committed to continuous improvements, and specific actions and follow-up items were identified for each committee to address in subsequent meetings.

Patient Safety and Quality Committee

Chair: Caitlin Notley

The Patient Safety and Quality Committee focused on ongoing issues with staffing levels, particularly within high-impact areas such as the maternity and emergency departments. Key points discussed included:

Maternity Services and Staffing

Concerns were raised regarding cultural issues and resource shortages in maternity services. The Committee reported ongoing challenges in integrating medical staff and midwifery roles, noting that discrepancies in patient care approaches and a history of continuity-of-care model adjustments have impacted staff morale. HR has implemented targeted leadership and psychological safety sessions aimed at fostering an environment of open communication and constructive feedback within the department.

Duty of Candour

The Committee flagged ongoing difficulties in meeting Duty of Candour obligations, specifically regarding response times for patient complaints. Currently, 50% of complaints are not being responded to within the 60-day target, a delay attributed primarily to workload pressures on clinical teams. An escalation review has been launched to improve response timeliness, with the Committee underscoring the importance of prompt, transparent communications with patients and families.

Pressure Ulcers: A significant rise in Category 3 pressure ulcers was reported, indicating a need for closer oversight and prevention measures. The Committee has requested specific data on the correlation between pressure ulcers and prolonged hospital stays to assess whether the Trust can adopt a proactive community-led approach to reduce occurrences before patients are admitted.

People and Culture Committee

Chair: Stephen Javes (presented on his behalf by Mark Friend)

The People and Culture Committee's report highlighted a number of pressing concerns around recruitment, retention, and staff well-being, with a particular focus on:

Recruitment and Retention

The Committee noted that while the Trust has had some success in retaining nurses and midwives, there are significant challenges in recruiting new staff across various clinical areas. A recent drop in the number of nursing and midwifery students from UEA and Suffolk has exacerbated the staffing shortfall, and the Trust is exploring ways to improve its outreach and engagement with local educational institutions to boost its future workforce pipeline. Additionally, the Committee discussed the challenges in retaining trained neonatal staff, many of whom are opting to transfer to larger hospitals with greater opportunities to use their specialised skills.

Freedom to Speak Up

The Committee confirmed that a new Freedom to Speak Up Guardian has been appointed through an external service to replace the previous in-house Guardian. The Guardian is now engaging weekly with staff on the maternity ward, offering a confidential platform to raise concerns and promoting a more supportive work environment.

Long-term Sickness and Well-being

Long-term sickness rates have increased, especially in nursing roles. The Committee attributed this trend to ongoing high-stress levels and workforce pressures, which continue to strain employee well-being. The Trust has responded by expanding access to staff well-being services, including counselling and occupational health support. The Committee remains vigilant in monitoring these trends and stressed the importance of long-term well-being initiatives to mitigate further attrition.

Finance and Performance Committee

Chair: Susanne Lindqvist

The Finance and Performance Committee's report emphasised the financial challenges facing the Trust, as well as ongoing operational difficulties tied to performance targets. Key points discussed included:

Financial Performance and Deficit

The Committee reported that the Trust's financial outlook is under severe pressure, with a growing deficit that has exceeded projections. The Trust is currently facing a £0.8 million negative variance against the planned budget deficit. This shortfall reflects the impact of ambitious efficiency targets that have been difficult to meet given the current operational pressures. The Committee highlighted the need for a sustainable financial strategy to avoid further budget deviations.

Efficiency Savings

In response to NHS-mandated efficiency savings targets, the Trust has been working to achieve savings of £22 million. However, progress has been slow, and the Trust is trailing behind its planned savings trajectory. The Committee noted the need for more realistic savings targets that align with the operational capabilities of the Trust, and discussions are ongoing to identify further cost-saving measures.

Waiting Times and Elective Surgery Backlog

Despite recent efforts, waiting times for elective procedures and emergency services continue to exceed

target levels. The Trust's strategy to reduce the 78-week waiting list backlog by the end of June was successful, although challenges remain with 65-week targets set for September. The Committee voiced support for the new Standard Operating Procedures (SOPs) introduced by the Chief Operating Officer, aimed at standardising patient triage and improving throughput across care units. The success of these SOPs will be reviewed in future meetings.

Audit Committee

Chair: John Hennessey

The Audit Committee's report provided assurances on several key operational areas, with a particular focus on data quality and risk management. Key points included:

Data Quality and Patient Tracking

The Committee raised concerns regarding data quality, particularly around the inactive patient tracking list, which currently holds approximately 372,000 records. The Committee is actively monitoring this issue to determine any potential risks to patient safety. Although an assurance framework is in place, additional safeguards are being explored to ensure timely patient follow-up, especially for those with prolonged inactive status.

Electronic Patient Records (EPR) Implementation

The Committee discussed the Trust's Electronic Patient Records (EPR) implementation plan, which involves a new Meditech contract shared across three acute trusts. However, concerns remain around interoperability with other systems, including GP records and community health platforms. The Committee highlighted the importance of robust project governance and effective oversight to avoid common pitfalls reported by other trusts, emphasising that implementation quality would be critical to the success of the programme.

Procurement System and Operational Disruptions

The Trust's ongoing issues with the SBS procurement system were highlighted, with reports indicating that equipment shortages due to delayed supplies have led to the cancellation of elective procedures. The Committee has raised this as a priority, urging management to address these system inefficiencies and ensure that equipment delivery is consistent to avoid compromising patient care.

5. Stakeholders Engagement

5.1. Governors' local updates

Information

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5.1.1. Great Yarmouth Health & Wellbeing Partnership Update - Verbal

Emma Flaxman-Taylor delivered an update on the ongoing initiatives and developments within the Great Yarmouth Health & Wellbeing Partnership, highlighting its collaborative approach to address pressing health and social issues in the region. Key points included:

Partnership Expansion and Engagement

Emma noted that the partnership now includes over 40 participants from diverse sectors, including voluntary organisations, public health representatives, educational institutions, and other local stakeholders. She commended the high level of engagement from these groups, particularly with representation from colleges and schools, which has fostered a collaborative environment for tackling health and social challenges.

Task and Finish Groups

To address specific health priorities, the Partnership has established four "Task and Finish" groups, each focusing on a different health objective. These groups include representatives from relevant organisations and sectors, with additional support from aligned BCS (Better Care Systems) personnel. Each group is responsible for developing and implementing targeted projects and initiatives, ensuring that local needs are met effectively and that resources are allocated to areas with the greatest impact potential.

Funding and Resource Allocation

The partnership is exploring ways to maximise available resources, particularly by aligning with funding streams designed to support local health initiatives. Emma highlighted the role of the Partnership in facilitating funding applications, allowing local organisations to seek financial support for projects that align with the Partnership's objectives. This approach has proven successful, enabling the Partnership to secure necessary resources for ongoing and upcoming health projects.

Dental Hygiene Training Centre Initiative

A significant project under consideration is the establishment of a dental hygiene training centre within Great Yarmouth. Emma provided background on this initiative, noting that it was developed in collaboration with the University of Suffolk, which has already established a successful model of this programme through its Community and Industry Support Centre (CIC). The initiative aims to address local dental care shortages by training new dental hygienists locally. In addition to supporting the area's dental needs, this training programme will offer local students viable career paths and meet long-term workforce needs.

Addressing Local Needs and Health Inequalities

Emma emphasised the Partnership's commitment to tackling health inequalities in Great Yarmouth. The Partnership's initiatives are particularly focused on improving access to essential health services in underserved communities. Through targeted interventions, the Partnership aims to reduce health disparities, improve residents' access to care, and address broader social determinants of health.

Future Plans and Continued Collaboration

Emma highlighted the Partnership's strategic focus on sustainable, long-term projects that align with the broader health goals of the community. She noted that upcoming partnership meetings would review additional project proposals and funding opportunities, particularly considering recent government changes which may affect available resources. Emma expressed optimism about the Partnership's direction, emphasising that continued collaboration would be essential to achieving lasting improvements in the community's health and well-being.

Discussion and Feedback from Governors

Following Emma's update, Governors expressed support for the Partnership's work and praised the focus on local health needs, particularly the dental hygiene training centre project, which has the potential to address a critical service gap in the area. Some Governors suggested exploring additional community-based outreach and educational initiatives to increase awareness of the training centre and encourage local enrolment.

5.1.2. Staff Survey

Summary of Key Findings

The staff survey provided valuable insights into the experiences, concerns, and priorities of employees across the Trust. While overall engagement remained positive in several areas, specific challenges emerged,

particularly around well-being, resource adequacy, and work-life balance. Key findings included:

Workload and Stress Levels

A significant portion of staff reported feeling overworked and noted increased stress levels, often linked to high patient volumes and staffing shortages. This feedback reflected similar concerns raised in recent listening events and well-being sessions. The survey indicated that many employees feel they lack the resources necessary to meet the demands of their roles, which has impacted morale and contributed to fatigue.

Well-being and Mental Health Support

The survey highlighted gaps in available mental health and well-being support, with staff expressing a need for more accessible and targeted resources. While some departments have successfully implemented well-being initiatives, there is a perceived inconsistency in support across the Trust. Staff indicated a strong desire for a centralised, easily accessible well-being programme that could be standardised and promoted widely.

Communication and Transparency

Many employees expressed concerns about communication, particularly around major operational decisions affecting their roles. There is a call for more transparent, two-way communication channels between frontline staff and management to ensure that employees are well-informed and feel that their feedback is valued in decision-making processes.

Career Development and Training

Staff noted limited opportunities for career advancement and professional development, which has affected retention in certain departments. A need for a more structured approach to training, career progression, and skills development was identified, particularly among nursing staff and junior clinical staff who are seeking pathways for advancement within the Trust.

Recognition and Value

Many respondents expressed that they felt undervalued in their roles and that efforts often go unrecognised. There were calls for the Trust to implement more regular and visible methods of recognising and celebrating staff achievements and contributions to foster a stronger sense of belonging and appreciation.

Proposed Action Plan

Following the survey results, the Executive Team, led by the HR department, outlined an initial action plan aimed at addressing these areas:

Enhanced Well-being Resources: The HR team is developing a comprehensive well-being programme that includes mental health support, counselling, and access to stress management resources. Plans are in place to establish dedicated well-being champions across departments to promote these resources and offer additional peer support.

Listening Events and Feedback Mechanisms

To promote more transparent communication, the Trust will hold quarterly listening events led by senior leaders and departmental heads. These sessions will allow staff to share feedback directly with management and discuss any concerns in an open forum. Additionally, feedback forms and digital channels are being set up for anonymous submissions.

Career Pathways and Development

The HR department is working with educational institutions to develop structured career pathways, focusing on internal development and promotion opportunities for existing staff. A new “Grow Your Own” programme has been proposed to help staff advance into senior roles through mentorship and targeted training.

Recognition Programmes

In response to staff feedback, a formal recognition programme is being established, which will include monthly awards, “Employee of the Month” highlights, and a yearly staff appreciation event. The programme will publicly acknowledge outstanding contributions, fostering a more positive work environment and enhancing staff morale.

Question on Follow-up Metrics

Governors asked how the Trust would measure the effectiveness of the proposed action plan and whether

follow-up surveys or feedback mechanisms would be used to track progress. The HR department confirmed that a six-month follow-up survey is planned, with regular updates to be shared in Council meetings.

Need for Departmental Consistency

A concern was raised about ensuring that well-being and support resources are implemented consistently across departments to avoid disparities. The HR team assured Governors that department leads would receive standardised training on well-being initiatives, ensuring that resources are available to all employees equally.

Budget Allocation for Well-being Programmes

Governors inquired about the funding allocated for the proposed well-being and recognition initiatives, especially considering current financial constraints. The HR Director acknowledged budget limitations but emphasised that the well-being programme is a priority, with a dedicated portion of the HR budget set aside to support these initiatives.

Feedback on “Grow Your Own” Programme

Governors expressed strong support for the “Grow Your Own” programme, especially as a means to improve retention and build loyalty within the Trust. They recommended expanding the programme to include cross-training opportunities between departments, enabling staff to develop diverse skills and providing a backup for roles in high-demand areas.

5.1.3. Others

Governors discussed various matters in an open conversation. Topics covered included:

School and Youth Outreach Initiatives

Several Governors discussed the potential for enhancing local school outreach efforts to build awareness and interest in healthcare careers. Inspired by the recent discussions within the Great Yarmouth Health & Wellbeing Partnership, Governors suggested targeting students at the secondary school level to highlight the various career paths within the NHS, including nursing, midwifery, healthcare assistance, and administrative roles.

Current Pilot Programmes

Emma Flaxman-Taylor shared insights from recent collaboration with East Coast College, noting a concerning lack of enrolment in healthcare-related training programmes compared to the oversubscription in other vocational courses, such as beauty and hairdressing. She emphasised the need for more direct engagement with high schools to encourage students to consider healthcare careers earlier in their academic journey.

Planned Outreach

Governors proposed an NHS career day or series of workshops in partnership with local schools to showcase job opportunities within the Trust. This would include presentations by current staff, an introduction to volunteer opportunities, and informational sessions on healthcare education pathways. The Trust agreed to explore these options further and work with local school districts to identify feasible engagement opportunities.

Volunteer Engagement and Support

Building on discussions from the Chair's briefing, the Governors addressed ongoing efforts to improve volunteer engagement and support within the Trust.

Volunteer Recognition Programme

Governors emphasised the importance of recognising the critical role that volunteers play in supporting hospital operations. The Chair proposed regular “Thank You” events, with opportunities for volunteers to share feedback on their experiences and suggestions for improvement.

Expansion of Roles for Volunteers

It was noted that there are areas within the hospital that could benefit from expanded volunteer involvement, such as assisting with patient navigation and administrative support in high-traffic areas like outpatient services. The Trust is currently reviewing how volunteer roles might be expanded or adjusted to best support hospital needs, while ensuring that roles are fulfilling and provide value to volunteers.

Community-Based Health Promotion and Prevention

There was a shared interest in developing community-based initiatives that focus on preventative health

Information

Governors

measures and health education.

Health and Wellness Workshops

Some Governors advocated for hosting workshops in the community on common health issues such as diabetes, heart disease prevention, and mental health awareness. These sessions could serve as a platform to educate the public, reduce the risk of chronic health issues, and potentially lessen demand on hospital services. The Trust agreed to explore potential partnerships with local community centres and public health organisations to pilot these sessions.

Mobile Health Services

Governors suggested exploring mobile health services, such as pop-up clinics in underserved areas, to reach residents with limited access to regular healthcare. The goal would be to provide basic health checks and screenings as well as information on available services at the Trust. This idea was noted as a potential project for future consideration, particularly with public health funding.

Environmental and Sustainability Initiatives

In response to questions from Governors, the Chair provided a brief update on the Trust's environmental sustainability plans.

Reducing Hospital Carbon Footprint

The Trust is assessing its energy usage, waste management, and recycling processes to identify areas for improvement in reducing its carbon footprint. The Chair highlighted recent efforts to decrease energy consumption in non-clinical areas and ongoing projects to increase the use of recyclable materials.

Sustainable Transportation Options

With parking and transportation being regular issues raised by staff and the public, the Trust is exploring options for promoting sustainable travel. This includes encouraging carpooling, public transit, and potentially offering incentives for staff who utilise alternative transportation methods.

Community Feedback and Public Concerns

Governors shared feedback they had received from constituents, highlighting several concerns raised by patients and the public about their experiences with the Trust's services.

Patient Navigation and Wayfinding

There were recurring concerns about challenges that patients face in navigating the hospital premises, especially for first-time visitors. Feedback suggested that clearer signage and more on-site assistance could significantly improve the patient experience. The Chair acknowledged these concerns and committed to reviewing wayfinding and patient navigation as part of a broader focus on patient experience.

Access to Specialist Services

Some members of the public raised concerns about long waiting times and access to specialist services, particularly in areas like mental health and geriatric care. The Chair noted these concerns and assured the Governors that efforts to address capacity in these departments are ongoing, with additional resources being allocated to high-demand services where possible.

Feedback from Local Health Boards

Governors representing areas with health boards provided updates from recent meetings, particularly around joint efforts to enhance integrated care and the impact of recent NHS funding adjustments on local services.

Collaboration with Local Authorities

There was an emphasis on the value of continued collaboration with local authorities to streamline services for patients needing support from multiple agencies. Governors indicated that discussions are ongoing with social care representatives to improve service integration, particularly for patients with complex care needs.

Integration of Digital Health Records

In line with the Chief Executive's update on the Trust's Electronic Patient Record (EPR) implementation, Governors discussed the importance of integrating health records across NHS trusts and local GP practices. This integration will enhance continuity of care and provide more seamless patient experiences. The Trust's digital strategy team is actively working with neighbouring trusts to improve data sharing and ensure that systems are interoperable across platforms.

7. Meeting Review

7.1. Reflection

Review

The meeting was considered to have been conducted in accordance with the Trust Values, effectively, and efficiently with an encouraging level of governor engagement across a range of topics.

Chair

8. Next Meeting

Information

- Annual General Meeting (AGM), Tuesday 24 September 2024 @ 18:00 Lecture Theatre, Burrage Centre
- Friday, 15 November 2024, Lecture Theatre, Burrage Centre @ 09:30

Chair

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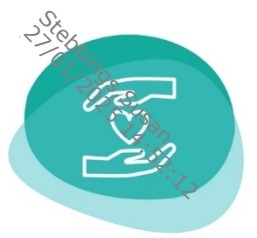
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Date of Meeting	Minute Reference	Subject	Action	Responsibility	Target Due Date	Update	Status	Status Date
15/05/2024	5.1.2	Others - Governors Updates	The number of students training and the workforce plan of Trust. To be raised at the next P&C meeting.	Committee Chair		This is on the agend for the 19/12/24 P&C Committee.	To Close	
15/05/2024	5.2	Engagement Strategy and Plan	Email to governors inviting comments for engagement for future hospital plans.	Head of Communications		<p>03/07/24 - Due to the pre-election period and sensitivities this is on hold but more information will be circulated to Governors on the new hospital engagement in the coming weeks.</p> <p>12/07/2024 - It was noted that this would remain open until post-election developments stabilised.</p> <p>28/10/2024 - email circulated to all Trust members (which includes Governors) to fill in a survey relating to - <i>Help our hospital improve how we involve patients and engage with our communities.</i></p> <p>08/11/2024 - Engagement flyer as discussed at the Governors Development Seminar has been emailed to Governors to help support their engagement.</p>	To Close	

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27/01/2025 14:52:12

Council of Governors

15 January 2025



OUR
PATIENTS



OUR
PEOPLE



OUR
PARTNERS



OUR
PERFORMANCE

Chair's briefing



James Paget
University Hospitals
NHS Foundation Trust

- Department visits – *ED, Urgent Care Coordination Hub, Renal Unit, Maternity, Discharge lounge, Ward 3*
- Board meeting, Board and Governor development seminars
- Tri-Board (14/10), Acute Collaborative Committee-in-Common
- Financial Recovery Boards, HWB and ICP meetings
- System meetings - ICS Conference (16/10), Regional Conference (8/11)
- Meetings with Chair and CEO of ECCH
- Regular meetings with Lead Governor, Execs, NEDs, Providers, ICB
- Research Event in GY Town Hall
- FTSU & Network catch-ups



Chair's briefing

Areas of focus for first 12 months

1. Governance - *Implementing GGI Review Recommendations, Annual report, Acute collaborative*
2. Immediate pressures – *Industrial action, Deloitte review on balancing operating, financial and operating targets*
3. Board Development – *Six sessions completed/scheduled for 2024*
4. NED and Governor Development – *Governor development seminars, Buddying, open discussion*
5. New hospital program – *New hospital agreed subject to business case approval*
6. Electronic patient records and digital strategy – *EPR business case approved*
7. Reimagining services – *Acute clinical strategy (ACS) and close engagement with primary care*
8. Patient and Staff engagement – *Engagement plan has started*
9. Finance and driving value – *Delivering 2024/5 financial plan, N&W Financial Recovery Board*
10. Innovation, horizon scanning and collaboration – *Diagnostics, working closely with ECCH*
11. Social justice and health equality – *NHSE/ICB/JPUH plans developed, board seminars*

Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust



Our Patients

Year 2 Delivery Plan Objective: Deliver our Quality Priorities for Patient Safety, Clinical Effectiveness and Patient Experience

- The CQC's Urgent and Emergency Care Survey has found that the James Paget is performing better than expected when compared with other Trusts across the country – for the second year in succession.
- The James Paget is performing '**better than expected**' for its urgent and emergency care services because the proportion of respondents who answered positively to questions about their care, across the entire survey, was significantly above the trust average – including the arrival experience, interaction with clinical staff, and the care and treatment received.



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust



Our Patients

Year 2 Delivery Plan Objective: We will deliver the Maternity Improvement Plan covering the leadership, culture, safety and governance of the maternity service.

- Maternity services at the James Paget University Hospital are rated better than comparable hospitals, according to the outcomes of the CQC's Maternity Survey that focuses on the care of people while they were pregnant, their experience of labour and giving birth, the care in the ward after birth, feeding their baby, and care after birth.
- In 11 response areas, the James Paget's maternity services are in the top 20% of responses for all hospitals in the country.
- The Trust scored highly in the support for people's mental health and wellbeing during pregnancy, and how midwives listened during antenatal check-ups, and for the support in understanding elements of an individual's pregnancy and birth plans.



Chief Executive's Update



James Paget
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NHS Foundation Trust



Our Patients

Year 2 Delivery Plan Objective: Deliver our Quality Priorities for Patient Safety, Clinical Effectiveness and Patient Experience

- The National Hip Fracture Database annual report published by the Royal College of Physicians has highlighted the James Paget for its work in increasing numbers of patients who are mobilised soon after undergoing hip fracture surgery.
- This year's report showcases the James Paget's 'Out of Bed Project' with links to both an academic paper and a video presentation. The Out of Bed Project was launched to help the hospital improve early mobilisation of patients after hip fracture surgery – a practice which is linked to better outcomes for patients and reducing length of stay.
- 'Out of Bed' enables physiotherapists to focus on early discharge planning and give more time to complex mobilisation cases.



Chief Executive's Update



Our People

Year 2 Delivery Plan Objective: We will implement our new Trust Values and Behaviours Framework

- The annual NHS Staff Survey finished in November 2024
- More people took the survey than in 2023 – a significant achievement given how busy all services are during the survey period. 40.5% of substantive staff completed the survey, and 15.8% of bank staff
- Our HR Business Partner team, Information Services team and Pharmacy team had the highest response rates in small, medium and large team sizes respectively, and our Day Care Unit saw the most improved response rate this year.
- Full results are issued in March 2025.

Completion By Division

Corporate

48.43%

Medicine, Diagnostics and Clinical Support

37.95%

Surgery and Woman's & Children's Services

37.94%



Chief Executive's Update



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Our People

Year 2 Delivery Plan Objective: We will implement our Freedom to Speak up Service

- At its meeting in November 2024, the Board of Directors received an update report from The Guardian Service, outlining how the service is being used since launching in May 2024.
- 79 concerns have been raised through the service - 65% of staff chose to speak to a Guardian because they felt that they had raised the concern before and had not been listened to, 9% of staff were fearful of reprisal if they spoke up via other internal channels, and 8% felt that they wouldn't be listened to by using other internal channels.
- Corporate Services and Medicine Division have had the highest number of concerns. No staff member reported that they suffered a detriment because of speaking up.



Chief Executive's Update



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NHS Foundation Trust



Our People

Year 2 Delivery Plan Objective: We will implement our new Trust Values and Behaviours Framework

- The Trust has developed new guidance for managers to support the development of teams, and embed our values and behaviours, recognising good people management practices as vital in keeping teams together during very busy periods.
- The Trust's Organisational Development and Wellbeing Team is also developing a Coaching Network, where all qualified coaches within the Trust can meet to share best practice, learn from one another and benefit from group supervision.



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10 Manager Actions

1: Lead by example

Consistently modelling values and behaviours – think how you like to be led; put words into action and use our behaviour framework to guide yourself and your teams.

7: Be compassionate

Get to really know your staff (their whole selves); stand in their shoes to really try and understand things from their perspective.

2: Challenge poor behaviour

Hold standards of behaviour high within your team; constructively challenge poor behaviours in a timely way, using a just and learning approach and our Kindness and Respect Toolkit.

8: Team and individual objectives

Set shared goals for the team and cascade these into individual objectives; regularly review performance as a team.

3: Take concerns seriously

Listen, be curious, focus on learning, ensuring actions are implemented and feedback is provided.

9: Create a psychologically safe environment

Encourage challenge and feedback, allow others to express their opinions without fear of reprimand, provide regular feedback so people know what they are doing well and how they can do better. Encourage your staff to take our annual leave survey.

4: Involve, involve, involve!

With changes, decisions, ideas and improvements.

5: Focus on wellbeing

Write a short description of this event. Make it sound exciting to readers and include any relevant information.

10: Team time

Take time out as a team to connect, reflect, learn and collaborate.

6: Think fairness

Consider how actions and decisions may come across to others; particularly consider how you ensure fairness and objectivity in recruitment, selection and development.

Please Note:
During periods of increased pressure, we naturally let some of the above slip and focus on the immediate issues. This list is here to help you as a leader, to remind you of ways in which you can support your staff and teams during these times. If you are unsure on any of the above or want to talk them through, please contact the Organisational Development and Wellbeing Team, they will offer support.

Chief Executive's Update



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Our Partners

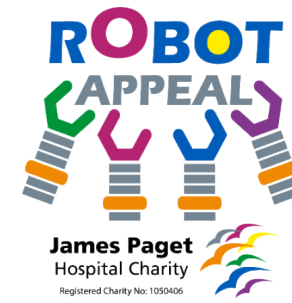
Year 2 Delivery Plan Objective: Work with acute partners to progress the implementation of an Electronic Patient Record



- The Electronic Patient Record (EPR) software has been successfully delivered to the Norfolk Acute Hospital Collaborative.
- This is a key step in the EPR programme, which will improve how hospitals manage patient information and provide care. This milestone is the result of hard work by many teams, including technical, network, cyber, and information governance staff.
- Staff are now completing Meditech Expanse Application training ahead of the Design, Build, and Test (DBT) phase that started in December 2024.
- During this stage, the system will be tailored to meet the needs of the hospitals and patients to create a standardised system that works across all three hospitals in the collaborative.



Chief Executive's Update



Our Partners

Year 2 Delivery Plan Objective: 1. We will collaborate with acute hospital partners to deliver the Joint Acute Clinical Strategy (supporting EPR & NHP)

- Thanks to the dedication of our fundraisers, the generosity of our donors, and contributions from the charity's existing reserves, along with a substantial legacy gift from a loyal supporter, we have reached our fundraising target, and have purchased a surgical robot for our hospital.
- This fantastic achievement has been underpinned by the dedication and kindness of our charity supporters and donators, who have raised over £1m towards the appeal.
- The hospital will soon acquire a Da Vinci robotic-assisted surgical system, provided by Intuitive, which can be used in a range of surgical specialties including urology, gynaecology, and general surgery, and will be used as one of the options suitable in the treatment of cancers.



Chief Executive's Update



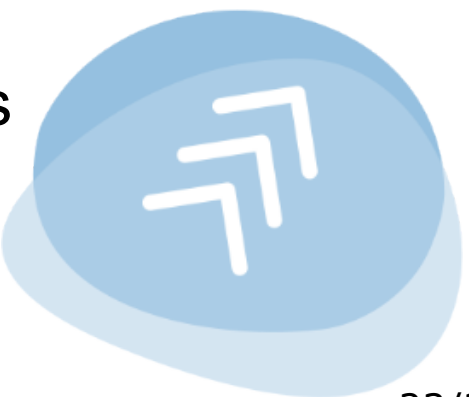
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Our Performance

Year 2 Delivery Plan Objectives: Deliver the operational targets as outlined in the NHSE planning guidance for Elective, Cancer and Urgent and Emergency Care; Develop and commence delivery of a robust Financial Improvement Plan with a focus on productivity and efficiency

- In November 2024, the Trust moved into Tier 1 of the NHS' support regime for electives and cancer, joining other Trusts that are deemed to need the highest level of support.
- This move comes after some really focused effort saw us consistently reduce the number of long-wait patients over the spring and summer. However, the trend reversed in the autumn and start of winter, in large part due to a sustained period of demand which has led to the postponement of operations.
- We are working closely with NHS England to identify all opportunities for reducing waiting times for patients – and look forward to opening of our new Orthopaedic Elective Hub in January which will increase our theatre capacity to help us reduce surgical waiting lists.



Chief Executive's Update



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NHS Foundation Trust



Our Performance

Year 2 Delivery Plan Objectives: Deliver the operational targets as outlined in the NHSE planning guidance for Elective, Cancer and Urgent and Emergency Care

- The Trust has faced sustained demand for urgent and emergency care services across November and over the Christmas and New Year period. During this period, the hospital received additional support from NHS England's ECIST (Emergency Care Improvement Support Team) and GIRFT (Getting It Right First Time) teams as part of the Rapid Improvement Offer nationally.
- As part of the Seasonal Resilience plan, the Trust has implemented its 'full capacity protocol' aimed at expediting flow and therefore reducing overcrowding in ED through moving suitable patients to their designated receiving ward before a 'ready-for discharge' patient has left the ward.
- The protocol is in line with NHS accepted practice and has been introduced in other hospitals across the country.



Chief Executive's Update



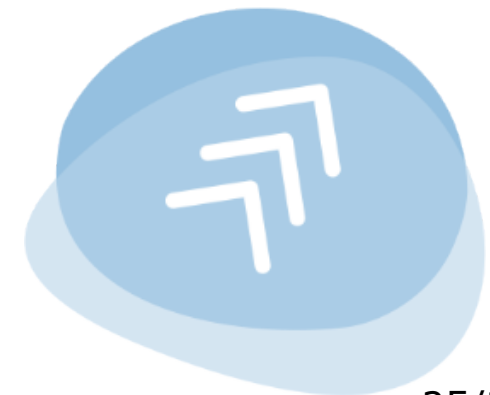
James Paget
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NHS Foundation Trust



Our Performance

Year 2 Delivery Plan Objectives: Deliver the operational targets as outlined in the NHSE planning guidance for Elective, Cancer and Urgent and Emergency Care

- We are changing our Acute Medicine pathway and our Same Day Emergency Care (SDEC) model to ensure all patients requiring urgent care are seen by a senior decision maker at the start of their journey, so they can be cared for and discharged in the same day, and only admitted to a ward if necessary
- To assist this focus and increase the amount of patients that can be seen, SDEC will move to where the Fracture Clinic is currently located in the summer next year
- We have received capital funding to develop a bigger dedicated SDEC environment. The Hospital Management Group has approved locating the SDEC where the fracture clinic is currently located, with the Fracture Clinic moving to a new building situated next to Orthopaedic Elective Hub.



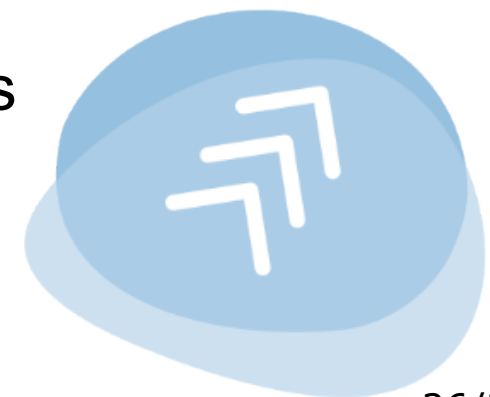
Chief Executive's Update



Our Performance

Year 2 Delivery Plan Objectives: Develop and commence delivery of a robust Financial Improvement Plan with a focus on productivity and efficiency

- We continue to engage with staff on the progress of, and importance of engaging with, our Financial Recovery programme.
- The Trust is reporting a year to date deficit of £3.2m, which is £2.4m behind our financial recovery plan. The Trust's position at the end of the first quarter (month 3) was £2.6m behind plan, and so over the past four months we have reduced our overspending and achieved our plan.
- The Trust has introduced additional actions to manage and reduce expenditure. From 20 January 2025, there will be further restrictions on the use of overtime. When there are gaps that are assessed as essential to cover, we will use a "Bank First" approach – utilising Bank staff as the most cost-effective option.



Chief Executive's Update



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NHS Foundation Trust



Our Performance

Year 2 Delivery Plan Objective: We will deliver the key agreed milestones regarding RAAC mitigation works as part of the agreed Trust Estate Strategy.

- Our scheduled programme of securing RAAC across our site has continued. Work in Ward 10 has been completed, meaning that the Ward 10 team has moved out of its temporary base at the Concept Ward and back into the main hospital building.
- Ward 22 has moved into the Concept Ward, which will become its permanent home to support the work of the Orthopaedic Centre, which is now just weeks away from becoming operational.
- With Ward 22 now being permanently housed in the Concept Ward, Ward 7 will be used as the new decant ward, to allow the programme of RAAC work to continue on schedule. Ward 11 (the maternity ward) will be the first to use Ward 7 as a decant space.



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust



Our Performance

Year 2 Delivery Plan Objective: We will develop the business case for our new hospital build, meeting national timescale requirements

- The refreshed Strategic Outline Case for our new hospital was reviewed and approved by our Board of Directors on Friday 29th November, following approval by the Norfolk and Waveney Integrated Care Board earlier that week.
- The Strategic Outline Case (SOC) was updated to include the latest national guidance, and the work our Future Paget Programme has been doing over the past two years to update the masterplan for our new hospital.
- The Trust has submitted the SOC to the national New Hospital Programme team for review, before beginning work on our Outline Business Case, the next necessary phase of planning in 2025.



Chief Executive's Update

Latest news

- Highlighting the Community Healthy Bowel and Bladder Service for Children and Young People <https://www.jpaget.nhs.uk/news-media/news-events/2024/november/highlighting-the-community-healthy-bowel-and-bladder-service-for-children-and-young-people/>
- Patients' positive rating for Paget <https://www.jpaget.nhs.uk/news-media/news-events/2024/november/patients-positive-rating-for-paget/>
- Survey boost for Maternity services at the James Paget <https://www.jpaget.nhs.uk/news-media/news-events/2024/november/survey-boost-for-maternity-services-at-the-james-paget/>



Chief Executive's Update



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Latest news

- New theatres complex - first operations just weeks away
<https://www.jpaget.nhs.uk/news-media/news-events/2024/december/new-theatres-complex-first-operations-just-weeks-away/>
- Trusts look to next step in collaboration
<https://www.jpaget.nhs.uk/news-media/news-events/2024/december/trusts-look-to-next-step-in-collaboration/>
- Award for life saver Sarah <https://www.jpaget.nhs.uk/news-media/news-events/2024/december/award-for-life-saver-sarah/>



Committee Chair's Updates

Stebbing, Susan
27/01/2025 14:52:12



Patient Safety and Quality Committee

Assurance Levels

- Maternity IPR – Assured
- Complaints Handling: Partially Assured (Amber)
- Infection Control (C. diff) – Partially Assured
- Violence and Aggression Incidents – Not Assured
- Pressure Ulcers: Not Assured (Red)

Alerts to Board

- Pressure Ulcers
- Violence and Aggression Incidents
- Complaints Handling

Advice to Board

- Seasonal Resilience
- Monitor Infection Control

People and Culture Committee

Assurance Levels

- Risk Register: Assured (Green)
- Board Assurance Framework: Assured (Green)
- Integrated Performance Report: Assured (Green)
- Future Registered Nurse Pipeline: Assured (Green)

Alerts to Board:

- Patient Safety and Wellbeing: FTSU reports indicate patient safety risks due to staff wellbeing issues, particularly in cases of poor practice.

Advice to Board:

- Plan for early staff survey results and their implications
- Capacity concerns for implementing Employment Rights Bill/Act

6/01/2025 14:52:12
Gabbings, Susan

Finance and Performance Committee

Assurance Levels

- Integrated Performance Reporting: Assured (Green)
- Operational Performance: Assured (Green)
- Financial Performance: Assured (Green)
- Transformation Programme: Assured (Green)

Alerts to Board:

- Year-end financial targets
- Deficit expected despite risk reduction measures

Advice to Board:

- Focus on recurrent savings conversion
- Address high numbers of non-criteria to reside patients

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Audit Committee

Assurance Levels

- Board Assurance Framework: Assured (Green)
- Risk Register: Assured (Green)
- Internal Audit Progress Report: Assured (Green)
- Terms of Reference Compliance: Assured (Green)

Alerts to Board

- Audit recommendations for implementation
- Key governance meeting actions

Advice to Board

- Review Risk Appetite at Board Development Workshop

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Council of Governors

15 January 2025



OUR
PATIENTS



OUR
PEOPLE



OUR
PARTNERS



OUR
PERFORMANCE

Report to the Council of Governors dated Wednesday, 15 January 2025

Title: Chair and Non-executive Director Appraisals 2023/4

Sponsor: Chair

Author: Trust Secretary

Previous scrutiny: Governors Nomination and Remuneration Committee, 21/10/2024

Purpose: The paper is presented for Noting.

Relevant strategic priorities: ✓ 1. Caring for our patients ✓ 2. Supporting our people
✓ 3. Collaborating with our partners ✓ 4. Enhancing our performance

Impact assessments: ☐ Quality ☐ Equality ☐ GDPR and DPA ✓ Not applicable

Does this paper have any impact of the Norfolk and Waveney Integrated Care System or Great Yarmouth and Waveney Place partners? ☐ Yes ✓ No

Executive Summary

Annual Appraisals have been completed for all Non-executive Directors and the Chair in accordance with the process and standard set by NHS England. The process followed, approved by the Governors Nomination and Remuneration Committee was:

- All NEDs completed the JPUH Appraisal Form and set objectives for the next 12 months, including reflections on their own performance, health, wellbeing, and areas for development.
- Feedback was gathered from a range of colleagues they regularly interact with, using a standard template to ensure a consistent approach.
- Each NED undertook a self-assessment aligned with the “NHS Board Competency Framework” prior to the appraisal meeting.
- Individual 90-minute meetings were conducted with each NED in September to discuss strengths and areas for future development. These meetings were positive, with NEDs openly reflecting on their performance and being receptive to feedback.
- Following these meetings, the Appraisal Forms were completed, with additional feedback from the Chair included and recorded by the Head of Corporate Affairs.

The same appraisal process was followed for the Chair, conducted by the Senior Independent Director.

Development areas were agreed for each NED, and some common themes were identified, which will serve as focal points for NED group development over the coming year.

Recommendation

The Council of Governors is recommended to note the process and outcomes of the NED and Chair appraisal process.