

Council of Governors in Public

Fri 07 March 2025, 09:30 - 12:00

Breydon Room, Education and Training Centre

Quorum

7 Governors, with at least 4 from the Public Constituency

Agenda

09:30 - 09:35

5 min

1. Introduction

1.1. Chair's Welcome and Apologies for Absence

- To NoteChair
- Emma Flaxman-Taylor, Appointed Governor
 - Sally Collier, Non-executive Director

1.1.1. Declarations of Interest

To NoteChair



1.2. Brief update from Governors pre meet

InformationIan Clayton, Lead Governor

09:35 - 09:40

5 min

2. Minutes and Matters Arising

- InformationChair
- 15 January 2025
 - Actions
-  2 Minutes_Council of Governors in Public_150125.pdf (7 pages)
-  2. Action Log - Council of Governors Public MASTER.pdf (1 pages)

09:40 - 10:10

30 min

3. Chair's and Chief Executive's Briefings

-  3 MASTER Chair CEO NEDs CoG Report 2025-03-07 MFr;CH;JS.pdf (23 pages)

3.1. Chair's Briefing

BriefingChair

3.2. Chief Executive's Briefing - Slides

BriefingChief Executive

10:10 - 10:50

40 min

4. Non-executive Directors' Reporting

To NoteNEDs

Stebbing, Susan
07/03/2025 14:29:42

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)

10:50 - 11:30
40 min

5. Engagement

5.1. Public Engagement Plan

Discussion

Head of Communications and Engagement

5.1.1. JPUH Engagement Principles

(20 minutes)

 5.1.1 JPUH Engagement Principles DRAFT v1.pdf (6 pages)

5.1.2. Future Paget - New Hospital Engagement 2025

(20 minutes)

 5.1.2 Future Paget Programme - Comms Engagement Plan 2025 Summary FINAL.pdf (1 pages)

11:30 - 11:40
10 min

6. Partnership and Stakeholder Updates

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)

11:40 - 11:45
5 min

7. Any Other Business and Questions from the Public

Information

Chair

11:45 - 11:50
5 min

8. Meeting Review

8.1. Reflection

Review

Chair

- Meeting effectiveness - Is there anything we could have done better or differently?

Submitted by: Susan
07/03/2025 14:28:45

- **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.

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.

11:50 - 11:55 **9. Next Meeting**

5 min

Information

Chair

- Friday, 16 May 2025, Lecture Theatre, Burrage Centre @ 09:30

Council of Governors in Public

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

MS Teams

Attendees

Council of Governors members

Mark Friend (Chair), Jose Bamonde (Public Governor), David Beavan (Appointed Governor), Ian Clayton (Lead Governor), Emma Flaxman-Taylor (Appointed Governor), Tony Goldson (Public Governor), Maria Grimmer (Public Governor), Peter Hargrave (Public Governor), Harry Hicks (Staff Governor), Kevin Jordan (Public Governor), James Reeder (Appointed Governor), Luis Tavares (Public Governor), Gary Walker (Staff Governor), Robert Watson (Staff Governor)

In Attendance

Sally Collier (Non-executive Director), Charlie Helps (Head of Corporate Affairs), John Hennessey (Non-executive Director), Stephen Javes (Non-executive Director and Senior Independent Director (SID)), Joanne Segasby (Chief Executive), Sarah Whiteman (Non-executive Director), Jayne Geddes (Executive Assistant (Minutes))

Apologies

Samantha Chenery-Morris (Appointed Governor), Stuart Everett (Public Governor), Susanne Lindqvist (Non-executive Director), Caitlin Notley (Non-executive Director)

Quorum

7 Governors, with at least 4 from the Public Constituency

Meeting minutes

1. Introduction

1.1. Chair's Welcome and Apologies for Absence

The Chair welcomed everyone and noted the apologies.

To Note

Chair

1.1.1. Declarations of Interest

There were no declarations of interest.

To Note

Chair

1.2. Brief update from Governors pre meet

Information

Ian Clayton (IC) provided an update on the governor's pre-meeting, emphasising the positive relationship with NEDs and the development of strong partnerships. He highlighted the importance of not adding extra workload for NEDs while maintaining effective collaboration. IC mentioned the need to include patient flow issues in Joanne Segasby's (JS) report, particularly focusing on seasonal resilience and patient flow as observed by Peter Hargrave (PH) during the board meeting. IC discussed the new presentation style for NEDs, which includes more detailed reporting and descriptive content. He requested Charlie Helps (CH) to provide an introduction to the criteria used for assessments, such as assessed, partially assured, or not assured, and the alert and absence criteria.

Ian Clayton, Lead Governor

2. Minutes and Matters Arising

Information

The minutes of the meeting held on 12 July 2024 were approved as a true and accurate record.

Chair

The Action Log was reviewed, with action 5.1.2 confirmed as closed and action 5.2 requested to remain open with a reassessment of the completed survey to be added to the next agenda.

3. Chair's and Chief Executive's Briefings

3.1. Chair's Briefing

Briefing

Chair

The Chair discussed his visits to emergency departments, highlighting the significant pressure on discharge processes. He noted that over 150 people were medically fit for discharge, which added to the overall pressure on the organisation.

He visited the urgent care coordination hub in Norwich, which collaborates with the ambulance service and other providers. He praised the hub for handling over 10,000 cases, preventing hospital visits and providing effective treatment outside the hospital.

He emphasised the inspiring collaboration among staff and their focus on improving processes. He highlighted JS's approach to continuous improvement and the staff's contributions to making things better despite the pressures.

He mentioned the plan for the East, developed with JS and the CEO of ECCH, to re-engineer pathways of care. The plan involves engaging with place boards, voluntary groups, and other stakeholders to improve care at the local level.

IC asked what keeps the Chair awake at night. The Chair responded that balancing money, patient safety, experience, and staff well-being is a significant concern. He also mentioned the pressure on the board due to ongoing changes and the need to ensure patient safety as we transition to a group model.

IC acknowledged the pressures on the board and thanked the Chair for his handling of the situation. He recognised the challenging times for the health service and the board's efforts to manage these pressures effectively.

Stebbing, Susan
07/02/2025 10:28:20

3.2. Chief Executive's Briefing - Slides

JS highlighted the positive results from the national patient surveys for both urgent and emergency care (UEC) and maternity services, which reflect well on the staff's efforts and boost morale. She mentioned the ongoing work to improve staff engagement and experience, including the upcoming staff survey results expected by March and the international recognition for the hip fractures team's work.

JS discussed the progress on the Electronic Patient Record (EPR) and the estates work, including the opening of new buildings and managing the RAAC repair work alongside planning for the new hospital. She also mentioned the upcoming opening of the Northgate diagnostic facility in the summer.

JS noted that the elective performance did not recover as expected in December, leading to the trust being placed back into Tier 1 regulatory oversight. Efforts are ongoing to improve waiting times and achieve the target of zero patients waiting over 65 weeks by the end of March. She acknowledged the trust's deficit position and the ongoing work to identify savings opportunities and focus on long-term transformation to reduce overall spend.

JS emphasised the priority of reducing the length of stay, noting that the trust is an outlier nationally for patients staying over 14 days. The Rapid Improvement Offer (RIO) programme focussed on 4 wards to review internal processes and discharge-related delays. Initiatives such as home for lunch will be rolled out to other wards.

David Beavan (DB) asked about the Meditech Expanse application and its impact on communication with GPs. JS explained that Meditech Expanse is the name of the EPR system and that there will be an interface with the shared care record for timely communication with GPs.

JS provided an update on winter preparedness and resilience. The trust stood up the combined flu and COVID vaccination programme for both patients and staff to increase protection. The Trust introduced the Full Capacity Protocol to manage delays at the front door with ambulances, allowing patients to be moved out of the A&E department to offload ambulances. Additional capital funding has been secured for improving the same day emergency care (SDEC) provision, with new facilities expected to be online for next winter.

Increased capacity for virtual wards to provide remote monitoring and care for patients at home. Enhanced rehabilitation services at Carlton Court and ongoing work to integrate virtual ward services with the urgent care coordination hub.

JS highlighted the issue of discrepancies in data regarding the number of patients fit for discharge. Different systems and sources were reporting varying numbers, which created confusion and hindered effective decision-making. To address these discrepancies, a new system called Optica was implemented last year.

The goal is to optimise the use of Optica to ensure that all stakeholders have access to consistent and accurate data, thereby eliminating the need for debates over differing numbers. A focused piece of work was conducted to understand the barriers for pathway 1 patients, patients going home with additional support through domiciliary care. This work revealed data issues and capacity gaps in certain areas, such as the northern villages of Yarmouth and the Waveney Valley, where care agency provision is limited.

Tony Goldson (TG) inquired about the number of patients fit for discharge and the blockages causing delays. JS responded that out of 150 patients, about 20 are expected to be discharged daily, but new patients are added, maintaining the number.

JR commented on the long-standing issue of delayed discharge due to medication and asked about the improvements made. JS explained that investments in digital technology and changes in medical staff processes have helped improve the timeliness of medication for discharge.

JR asked why the results of the staff survey will not be received until March. JS explained that the staff survey is a national survey and the Trust has no control over who provides the survey or when the results are received.

Peter Hargrave (PH) asked about the "bank first" initiative. JS explained that the initiative prioritises using the hospital's internal bank staff for temporary staffing needs before resorting to agency staff, aiming to reduce costs and maintain flexibility.

The Chair advised that both he and JS had to leave the meeting at 12noon, Stephen Javes (SJ) will take over as Chair, and the next item to be discussed will be item 5.

4. Non-executive Directors' Reporting

To Note

CH provided an introduction to the criteria used for assessments, such as assessed, partially assured, or not assured, and the alert and absence criteria.

NEDs

Role of Board Committees:

- Board committees conduct scrutiny, oversight, and review of the system of risk management and internal control established by the executive team.
- These committees are non-executive and perform deep-diving work on behalf of the board.

Levels of Assurance:

- **Substantial Assurance:** Indicates that there is nothing missing from the controls or their application.
- **Reasonable Assurance:** Suggests that it is reasonable to assume that everything is generally okay, a common level provided by auditors.
- **Limited Assurance:** Points to some weaknesses and the need for more evidence, with a follow-up required.
- **No Assurance:** Means that there is no proof that the risk is being managed or that controls are in place.

3As Report:

- **Alerts:** Issues that require immediate response from the board.
- **Assurances:** The extent to which the non-executive directors are satisfied with the evidence seen.
- **Advices:** Lessons or guidance that the committee might have learned on reflection.

Application to Council of Governors:

- The Council of Governors typically does not see alerts, as they cannot respond to them. The focus is on assurances and advices.

DRAFT

Stebbing, Susan
07/02/2025 10:28:20

4.1. Committee Chairs' Activity Reports

Patient Safety and Quality Committee - Sarah Whiteman (SW)

Key Points:

- Concerns about pressure ulcers, complaints backlog, and risk register process were discussed.
- High confidence in surgery, women's, and children's services achievements.
- Robust plan in place for addressing the complaints backlog.
- Ongoing concerns about pressure ulcers and the need for further assurance on the measures being taken.
- Noted high rate of falls and a drop in the National Stroke Audit rating.
- Issues with data quality in relation to venous thromboembolism assessments.
- Focus on improving the risk register process and ensuring timely updates.

Questions Raised:

Robert Watson (RW) asked about patient falls and the measures being taken to address them. SW confirmed that falls are monitored and there is an ongoing focus on reducing them and detailed within the IPR.

JR inquired about the assurance level for pressure ulcers. SW clarified that the concern was about the effectiveness of measures being taken, not the data accuracy.

People and Culture Committee - Stephen Javes (SJ)

Key Points:

- Reasonable assurance across various domains.
- Concerns about staff pressures and morale translating into safety concerns for patients.
- Positive arbitration meeting regarding band 2 upgrades and potential strike action.
- Staff survey results showed mixed improvements and areas needing attention.
- Employment rights bill and its potential impact on the organisation.

Questions Raised:

IC asked for clarification on the assurance level for the Integrated Performance Report, given the red indicators in the people and culture sections. SJ explained that assurance reflects confidence in the actions being taken, even if performance is not optimal.

Finance and Performance Committee - John Hennessey (JH)

Key Points:

- Detailed discussion on UEC performance and financial performance.
- Concerns about the cost improvement program and efficiency program.
- Positive contributions from the elective recovery fund.
- Need to focus on recurrent savings and addressing non-criteria to reside patients.

Questions Raised:

JR asked about the financial impact of elective surgeries and whether they help reduce the deficit. JH explained that while elective surgeries contribute positively, the overall financial plan already accounts for this, and additional contributions are limited by capacity constraints.

Audit Committee - John Hennessey (JH)

Key Points:

- Positive reports from internal audits on risk management, budget setting, and staff recruitment.
- Efforts to stay on top of outstanding audit recommendations.
- Compliance with the new Audit Committee handbook and focus on information governance and cyber security.
- Concerns about the timeliness of risk register updates and the need for better coordination with other committees.

Questions Raised:

- No specific questions were raised during the meeting regarding the Audit Committee's report.

The Chair requested any feedback on the revised method of Committee updates would be welcomed. He then handed over to SJ to continue Chairing the remainder of the meeting from item 6.

5. Corporate Governance

5.1. Chair and Non-executive Director Appraisals

To Note

Head Of Corporate Affairs

Charlie Helps (CH) provided details of the process.

- The appraisal process for the Chair and Non-Executive Directors (NEDs) follows the guidelines set by NHS England.
- The process and any additional elements are agreed upon with the Governors' Nomination and Remuneration Committee.
- The Senior Independent Director conducts the Chair's appraisal, while the Lead Governor conducts the NEDs' appraisals.

Completion and Outcomes:

- The appraisals were successfully completed, with each appraisee receiving learning points and action points for their personal development.
- Objectives for the forthcoming year were also set for each appraisee.
- It was noted that the appraisees might revisit their objectives in the new financial year, depending on the establishment of the Joint Committee.

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

Assurance

Chair

The Chair advised Stephen Javes (SJ) was reappointed for another year as a Non-Executive Director-Senior Independent Director, following the NHS England guidelines that allow only a one-year reappointment once 6 years has already been served. The Nomination Committee reviewed and supported SJ's reappointment, and it was brought to the Council of Governors for assurance

6. Partnership and Stakeholder Updates

6.1. Governors' local updates

Information

6.1.1. Great Yarmouth Health & Wellbeing Partnership Update - Verbal

Information

Emma Flaxman-Taylor (EFT) had to leave the meeting early and will forward an email with the partnership update.

Emma Flaxman-Taylor,
Appointed Governor

6.1.2. Others

Information

Governors

JR provided the following update on the Devolution White Paper:

- Suffolk County Council and Norfolk County Council have agreed to be part of the fast-track devolution program, which may lead to the creation of unitary authorities.
- If the government proceeds, local elections scheduled for May may be postponed for one or two years, with current members continuing in their roles.
- The White Paper mentions potential alignment of Integrated Care Boards (ICBs) with the new unitary authorities.
- Suffolk currently has two ICBs: Snee (covering the main part of Suffolk and Essex) and Waveney (part of the Norfolk and Waveney ICB).
- James emphasized the importance of maintaining the link between Waveney and the James Paget Hospital, advocating for Waveney to remain within the Norfolk and Waveney ICB.

7. Any Other Business and Questions from the Public

Information

No questions raised.

Chair

8. Meeting Review

8.1. Reflection

Review

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

Chair

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

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Support - We are compassionate, listen attentively and are kind to ourselves and each other.

IC acknowledged the Chair's comments about the new way of reporting by the non-executive directors (NEDs) and expressed comfort with the stronger reporting structure. He mentioned that he would gather feedback from other governors and relay it to the Chair and CH.

SJ highlighted the importance of governors' involvement in setting the direction of travel and chair recruitment for the group. He mentioned that he would be unavailable for 2.5 weeks starting next week but had discussed this with IC and planned to brief SW to hold the baton during his absence. He assured that he would be back in early February to support the governors through the process.

SJ emphasized that the meeting upheld all the values and was a good meeting overall. He thanked everyone for their time and participation.

9. Next Meeting

Information

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

Chair

IC advised that there would be a pre-meeting for Governors at 9:00am

Stebbing, Susan
07/03/2025 10:28:20

Date of Meeting	Minute Reference	Subject	Action	Responsibility	Target Due Date	Update	Status	Status Date
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> <p>15/01/2025 - Reassessment of completed survey to be added to the next COG agenda. Request for action to remain open.</p> <p>27/02/2025 - Engagement Plan on the Agenda with Oliver Cruickshank attending to present.</p>	To Close	

Stepbings Susan
07/03/2025 14:28:42

Council of Governors

7 March 2025



OUR
PATIENTS



OUR
PEOPLE



OUR
PARTNERS



OUR
PERFORMANCE

Chair's briefing

- Department visits – *ED, Renal Unit, Front desk, Ward 6*
- Board meeting and development seminar, Governor meetings
- Acute Collaborative Committee-in-Common (10/2)
- Financial Recovery Boards, HWB and ICP workshop
- Jess D'Asato visit
- Group Remco
- Suffolk HOSC
- System Regional and ICB chair meetings
- Regular meetings with Lead Governor, Execs, NEDs, Providers, ICB
- FTSU & Network catch-ups



Chair's briefing



James Paget
University Hospitals
NHS Foundation Trust

Areas of focus for 2025

1. **Deliver the Year 2 strategy delivery plan** - SMART strategic objectives set for 2024/5, Board and Governor track delivery, potential risks escalated effectively to Board, *challenging 2024/5 financial plan*
2. **Long term transformation and delivery of key projects including NHP, ACS, EPR** – *Major projects on track, Starting place-led reimagining of future care pathways for GY&W*
3. **Trusted Relationship with Partners and Communities:** *Active leadership in system initiatives, new collaborative model for the N&W acutes, improve care through driving the Acute Clinical Strategy and working with other providers at Place level.*
4. **Just, compassionate and positive culture** - *Council of Governors engagement, FTSU engagement, staff engagement (measured by staff survey), drive culture change*
5. **Promote Equality and Inclusion, and Reducing Health and Workforce Inequalities** - *population health outcomes, engagement with Local Authorities on underlying determinants of health*
6. **Robust Governance and Assurance** - *Implementing GGI Review recommendations*

Stephings, Susan
07/03/2025 14:16:42

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 Trust has experienced several periods of sustained demand for services over January and February, most recently declaring a Critical Incident on 24th February in response to pressures on urgent and emergency care services, and reduced flow of patients into their next location of care.
- This pressure resulted in us using all our escalation areas – and having to open an additional temporary escalation area in a closed area of the hospital, formerly occupied by Ward 22
- The Trust is working with system partners to help reduce the amount of patients that are medically ready to leave the hospital, and improve discharge into their next place of care.



Chief Executive's Update



Our Patients

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

- The Trust has launched 'Ask for James', a new way in which our patients and visitors can access support if they are feeling unsafe or vulnerable. The initiative allows people who feel threatened or distressed to discreetly seek help by approaching staff and 'asking for James'
- Our initiative has been developed after a local domestic homicide review, which highlighted the importance of people having a process to ask for help when they feel unsafe with situations in their home/personal lives.
- The Trust's Safeguarding team are overseeing the initiative, and providing support to staff and patients



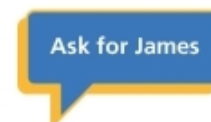
Do you feel safe at home?

Or do you feel controlled, isolated
or in danger in your relationship?

Help is available.

Approach a member of staff and
ASK FOR JAMES

– they will know that you need to speak to
them privately, and will discreetly find
somewhere where you can talk.



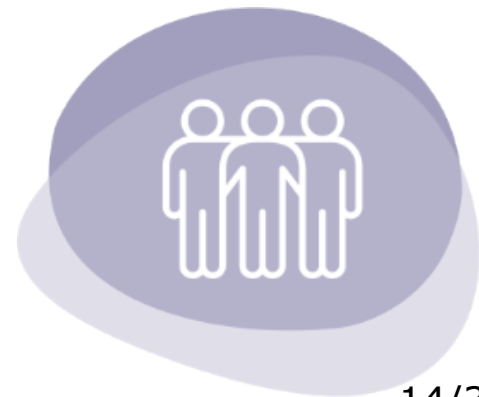
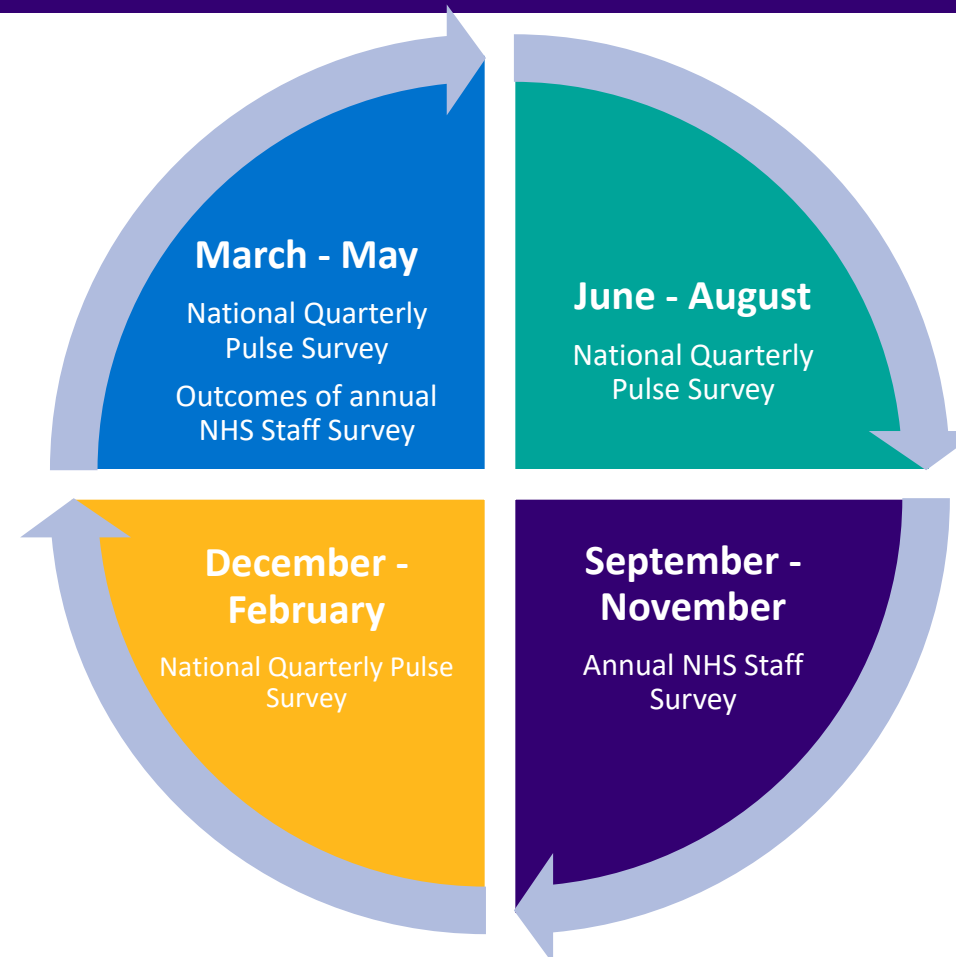
Chief Executive's Update



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, and the results will be shared on Thursday 13th March 2025. This is part of the annual cycle of engagement, which our People and Culture team lead in working with divisions and departments to ensure all staff voices are heard.



Chief Executive's Update



Our People

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

- A new section focused on inclusion and belonging is being developed on PagNet to create a useful resource for staff.
- Already, the staff network pages have been migrated from PagNet's Wellbeing section to the new section – and a number of features are under development including a calendar of meetings and events.
- Staff can also use the new 'Inclusion and Belonging' section to access the microaggression portal, which was launched in November last year.
- The portal has already had a number of concerns raised anonymously and, where appropriate, action has been taken to address the behaviours highlighted



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust

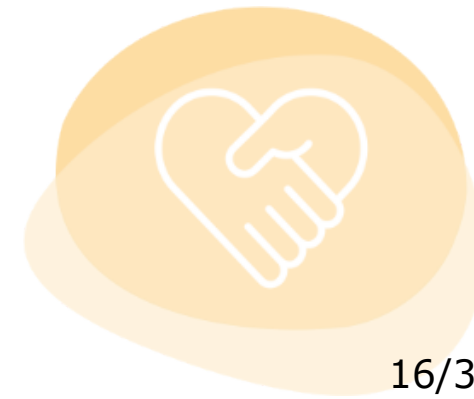


Our Partners

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



- The Electronic Patient Record (EPR) is on track and meeting the current milestones. The Design, Build and Test (DBT) teams are making significant progress in the development of the EPR system, actively advancing through key phases of the build process, starting with phase (prototype) one.
- The DBT team have supported and led a number of successful workshops including a planning day that brought together the programme leadership and MEDITECH to discuss, outline, and agree on the scope of phases two and three at a high level.
- The EPR system will significantly reduce the reliance on paper-based records and streamlining disjointed systems across the three hospitals, and will allow staff to capture and view up-to-date information on a range of devices, giving them access to data at their fingertips.



Chief Executive's Update



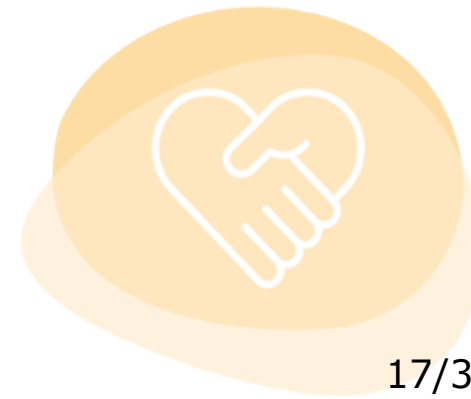
James Paget
University Hospitals
NHS Foundation Trust



Our Partners

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

- Following Council of Governor and Board meetings at all three Trusts, the Case for Change for a Group model of leadership was submitted to NHS England for consideration and focused review, and we expect feedback imminently.
- An Interim Group Chair should be appointed to oversee the transition period to a group hospital model. The Interim Group Chair upon appointment will in effect become the Chair of all three trusts.
- In March, the approved Case for Change will be circulated to staff and Governors, an Interim Chair and Group CEO will be appointed to take up their positions in April, and further details will be shared of how implementation of the group model will be phased between April and October and how the structure at both group and hospital level will look and operate.



Chief Executive's Update



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

- NHS England has announced its national priorities for 2025/26, linking to its Elective Plan that was announced at the end of 2024. Under the plans, hospitals must improve the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement.
- Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.
- There is a new target to improve A&E waiting times with a minimum of 78% of patients seen within 4 hours in March 2026; hospitals and ambulances must deliver to hospital handovers within 15 minutes, with no handover takes longer than 45 minutes.



Chief Executive's Update



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

- In January 2025, the Trust officially opened The James Paget Orthopaedic Centre and Oulton Suite, with Stella Vig, NHS England's Medical Director for Secondary Care and Quality, and National Clinical Director for Elective Care cutting the ribbon.
- The Orthopaedic Centre will offer 1400 theatre sessions per year, allowing us to operate on more than 3000 patients – more than our current orthopaedic elective capacity.
- The Oulton Suite will provide more than 500 additional diagnostic tests per week for local patients, using the latest tests and medical devices, specialising in tests to help diagnose heart and lung conditions.



Chief Executive's Update



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 had plans approved and has received £4.2m of capital funding from NHS England to develop and create the new Orthopaedic Outpatient Centre building, and refurbish the new Same Day Emergency Care service area
- The new Orthopaedic Outpatient Centre will feature nine consultation and examination rooms and a modernised plaster bay, as well as improved staff office and rest areas. The new unit will arrive at the hospital and be installed in March 2025, with opening scheduled for May.
- The expanded SDEC service will increase the number of spaces for patients receiving Same Day Emergency Care to 20, in comparison to the nine spaces available currently



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 have made all staff at the hospital aware of the Trust's challenging financial position. Our hospital remains in deficit with a year to date deficit of £6.0m, which is £5.1m away from its performance target set in its Financial Recovery Plan, and delivery of efficiencies are also £1.5m behind plan.
- A team of specialists from Hunter Healthcare have recently started working jointly with us, Norfolk and Norwich University Hospitals and The Queen Elizabeth Hospital King's Lynn for a period of nine months to support us in delivering our Financial Intervention Programme.
- Two new forums have been developed to help deliver the Financial Intervention Programme - the Financial Intervention Programme Board, providing oversight on the delivery of the financial plan, and fortnightly Divisional/ Corporate Financial Intervention Review meetings



Chief Executive's Update



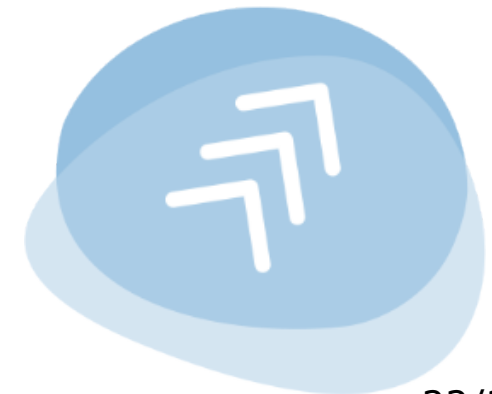
James Paget
University Hospitals
NHS Foundation Trust



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.

- As part of ongoing construction support work across the hospital, Ward 11 has temporarily moved to Ward 7 to allow essential work in ensuring concrete roof panels remain safe by installing end bearing supports.
- Ward 11 is the James Paget's maternity ward, and Ward 7 has been configured so that women and birthing people continue to share a six bedded hospital bay after birth, but that families with babies in the neonatal unit are cared for in a dedicated transitional care bay.
- There are no changes to the Antenatal Clinic, Central Delivery Suite, Dolphin Suite, and Early Pregnancy Assessment Unit happening during the period of Ward 11's relocation.



Chief Executive's Update



Our Performance

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

- On Friday 24 January, the James Paget welcomed delegates from the national New Hospital Programme to its site to talk through progress of the hospital's plans, and discuss key elements of the programme with clinicians.
- The Trust has been provided the indicative budget of £1-1.5bn with which to deliver a new hospital, and is part of 'Wave 1' of the national programme alongside other RAAC hospitals, with construction scheduled to start in 2027-28. The hospital is now working on the Outline Business Case to be submitted for approval in 2026.



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust

Latest news

- New centre to cut waiting times <https://www.jpaget.nhs.uk/news-and-events/new-centre-to-cut-waiting-times/>
- Ward 11 re-location <https://www.jpaget.nhs.uk/news-and-events/ward-11-re-location/>
- Investment boost for Orthopaedic Services and Emergency Care <https://www.jpaget.nhs.uk/news-and-events/investment-boost-for-orthopaedic-services-and-emergency-care/>



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust

Latest news

- International Women's Day celebration in Gorleston
<https://www.jpaget.nhs.uk/news-and-events/international-womens-day-celebration-in-gorleston/>
- Tracey's four decades of care <https://www.jpaget.nhs.uk/news-and-events/traceys-four-decades-of-care/>
- Relaunched – James Paget's new website!
<https://www.jpaget.nhs.uk/>



Committee Chair's Updates

Stebbing, Susan
07/03/2025 14:28:42



Patient Safety and Quality Committee

Assurance Levels

- Maternity Oversight (100-Point Action Plan) – Assured
- Clinical Effectiveness (>95% NICE Adherence) – Assured
- Safer Staffing and Nursing Establishment Review – Partially Assured
- Pressure Ulcers Management – Not Assured
- Open Referral Backlog – Not Assured

Alerts to Board

- 370K open referrals requiring urgent review
- Pressure Ulcer management and mitigation strategies
- Patient Safety risks associated with backlog in non-RTT lists

Advice to Board

- Escalate risk register review for high-gap risks
- Clarify timeline and trajectory for referral backlog resolution

People and Culture Committee

Assurance Levels

- Freedom to Speak Up – Assured
- Midwifery Workforce Report – Assured
- Board Assurance Framework & Risk Register – Partially Assured
- Sickness Absence Management – Partially Assured
- Ethnicity Pay Gap Reporting – Not Assured (First-time report, requires further development)

Alerts to Board

- Staff Morale and Balancing Efficiency with Safe Staffing
- Short-Term Sickness Absence Trends
- FTSU Trends – Management Engagement Concerns

Advice to Board

- Monitor staff recruitment and training strategy
- Ongoing assessment of workforce planning and retention efforts

Finance and Performance Committee

Assurance Levels

- Integrated Performance Reporting – Operational Performance – Assured
- Financial Performance – Partially Assured
- Strategic Projects – Future Paget Programme – Partially Assured
- Electronic Patient Record – Not Assured

Alerts to Board

- 65-week wait list not being met
- Electronic Patient Record – Risk alignment issues
- Financial Performance – Increasing deficit trend

Advice to Board

- Recurrent savings strategy must remain a focus
- Future Paget Programme needs additional corporate resources

Audit Committee

Assurance Levels

- Cyber Security Plans & Strategies – Assured
- Internal Audit Plan Progress – Assured
- Board Assurance Framework & Risk Register Review – Partially Assured
- Implementation of Audit Recommendations – Not Assured

Alerts to Board

- Delays in implementing audit recommendations before fiscal year-end
- Potential gaps in financial risk controls
- Need for strengthened monitoring of financial oversight

Advice to Board

- Support risk maturity improvements within internal audit
- Ensure continued scrutiny over financial controls and audit implementation delays

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Council of Governors

7 March 2025



OUR
PATIENTS



OUR
PEOPLE



OUR
PARTNERS



OUR
PERFORMANCE

PATIENT AND PUBLIC ENGAGEMENT PRINCIPLES



James Paget Hospital is committed to putting patients at the centre of improving services at our hospital. This is outlined in our strategic priority focused on 'Our Patients', as outlined in our Patient and Public Engagement Plan.

We involve patients and communities in both improving and adapting the services provided at the hospital, as well as planning for how our services are developed and delivered in the future.

Focusing on the commitment to start with people, our hospital will use a range of different approaches to engage with the patients and communities it serves – both within the hospital environment, and through outreach into our communities in Norfolk and Waveney.

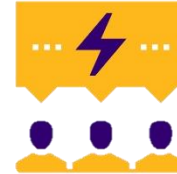


OUR ENGAGEMENT PRINCIPLES



Open and accessible

Engagement must be accessible and open to everyone that has insight, experience, or interest in what is being focused on.



Relationships and partnerships

Effective engagement can be built around relationships, and working in partnership to use the skills and experience different people have.



Respect and support

We encourage the involvement and views of everyone in our community and respect different beliefs and backgrounds, and support and train people to get involved.



Planning and timing

Enough time is dedicated to delivering engagement so that people can be involved meaningfully.

Recognise contributions

We generally and specifically let people know how their feedback has been used in making decisions, and make this information publicly available and accessible.



Shared aims

We agree what we want to achieve and are clear about this from the start, reflecting on what we know already and feedback that may already exist.

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EQUITY OF ENGAGEMENT

- ☐ Age
- ☐ Disability
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Pregnancy and maternity
- ☐ Sexual orientation
- ☐ Gender reassignment
- ☐ Marriage and civil partnership

James Paget Hospital, like all NHS and public sector organisations, works towards the aims of the Equality Act (2010) to ensure we engage with people living in our local population, and work with them proactively. This includes these nine protected characteristics.

This helps our hospital develop services and care pathways that meet the needs of everyone in our communities. By working in partnership with local representative groups and forums, we can develop lasting relationships with our communities to reflect changes in needs, and improve the quality of services we provide.

The Hospital uses Equality Impact Assessments to guide the engagement it conducts with patients and communities, and think about the impact of changes or decisions on people from different backgrounds and lived experiences.

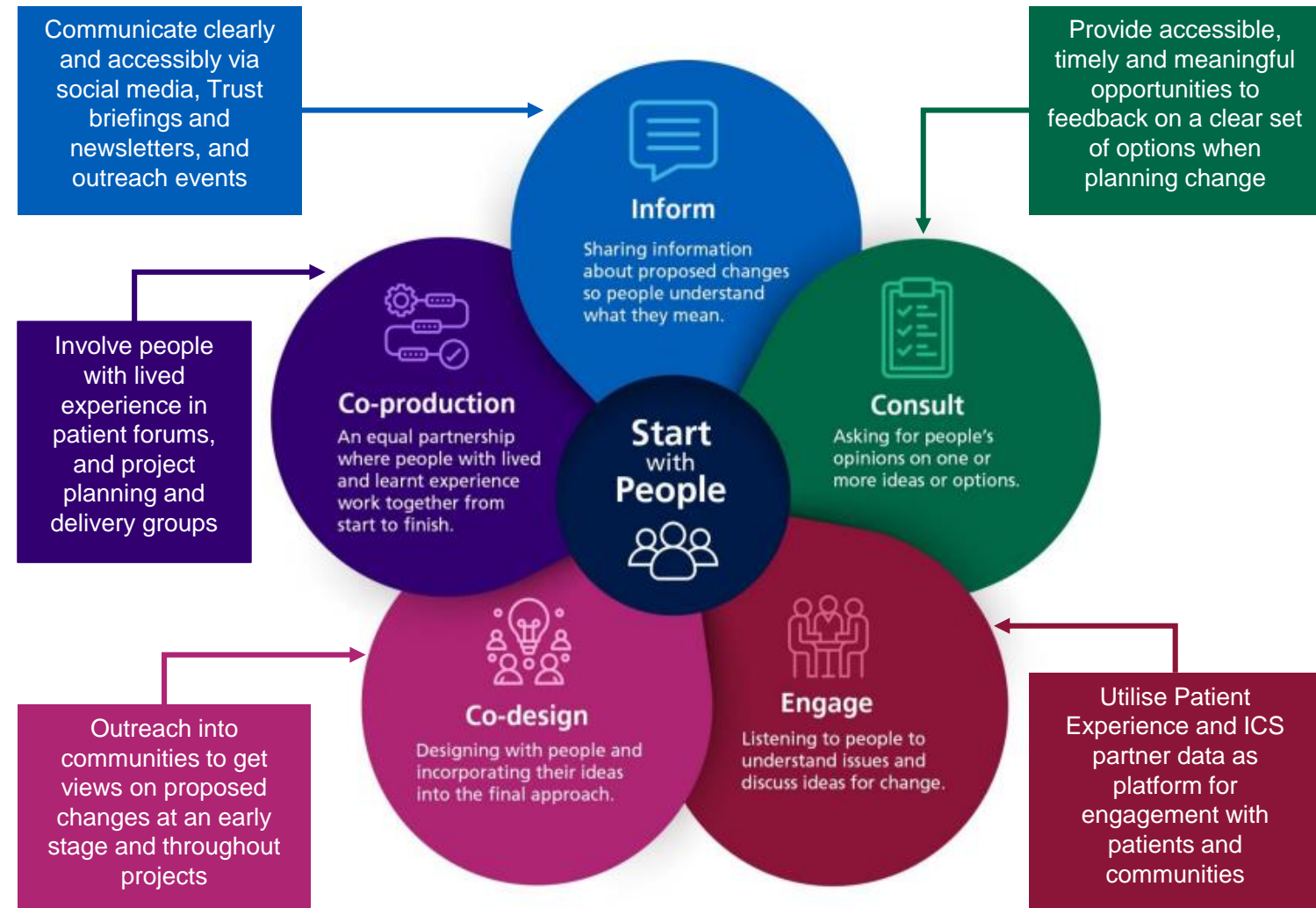


HOW WE ENGAGE

The NHS is required by law to involve patients and the public in developing the services it delivers, and responding to feedback on improvements.

Engagement is aimed at creating better health and wellbeing in the communities we serve, improved quality of services, and the sustainable use of resources.

Aligned to the approach taken across Norfolk and Waveney Integrated Care System, we use a range of methods to engage with our patients and communities, and involve and work with patient and community representatives to plan engagement, and agree and co-design the delivery of what we want to do.



HOW WE ENGAGE

Based on what our local population have told us, we will use the following methods to plan and deliver engagement, involving our patients, carers and communities.

When planning engagement activities, staff from the James Paget will review these methods, and involve patients and people in deciding what approach to take.

Surveys: James Paget Hospital will deliver accessible surveys to gather feedback and views from participants, in a range of languages and versions

Feedback: We will promote 'live' engagement opportunities across our communications channels, and provide summaries of what people have told us

Direct engagement: Meeting in person to plan and deliver engagement; virtual meetings optional but should not be the default or only option

Clear, accessible information: Communicating engagement opportunities in Plain English, and providing accessible information at all engagement activities

Information in different formats: Providing printed or digital information in other languages where required, or in Easy Read, Braille or audio/visual format

Involvement of decision makers: Direct opportunities to talk and listen to people in charge of services or making decisions at the James Paget, and working in co-design

Printed information: Paper copies of information or surveys made available

Outreach: People from the James Paget going out into the community to give out information, and take part in activities outside the hospital



**# Proud
of the
Paget**

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Future Paget Programme: Communications and Engagement Plan 2025



Communications and Engagement within the Future Paget Programme will cover two phases within the overall context of the Programme to complete the Outline Business Case for the new hospital in 2025:

Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<p>Phase 1:</p> <p>Planning Application Pre-engagement</p> <ul style="list-style-type: none">Engagement with our patients, communities, surrounding residences, and stakeholders on our new hospital Masterplan.Built around relationship in the Planning Partnership Agreement with Planning Authority (Great Yarmouth Borough Council)Development of a 'Statement of Community Involvement' as part of planning application					<p>Phase 2:</p> <p>Outline Business Case Development</p> <ul style="list-style-type: none">Engagement focused on transforming services ensure services in our new hospital are configured the right way, and patients are able to access the care they need.Working in collaboration with Primary Care and Community Care to understand where and how we can better serve patients in Great Yarmouth and Waveney				