

Council of Governors in Public

Fri 16 May 2025, 09:30 - 11:30

MS Teams

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

1.1.1. Declarations of Interest

1.2. Brief update from Governors pre meet

To Note

Chair

To Note

Chair

Information

Ian Clayton, Lead Governor

09:35 - 09:40

5 min

2. Minutes and Matters Arising

Information

Chair

• 7 March 2025

• Actions

2 Minutes_Council of Governors in Public_070325 - V2 CHelps.pdf (9 pages)

2. Action Log - Council of Governors Public.pdf (1 pages)

09:40 - 10:10

30 min

3. Chair's and Chief Executive's Briefings

3 MASTER Chair CEO NEDs CoG Report 2025-05-16 OC v2.pdf (15 pages)

3.1. Chair's Briefing

3.2. Chief Executive's Briefing - Slides

Briefing

Chair

Briefing

Chief Executive

10:10 - 10:50

40 min

4. Non-executive Directors' Reporting

4.1. Committee Chairs' Activity Reports - Verbal

To Note

NEDs

To Note

Committee Chairs

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

(10 minutes each)

10:50 - 11:05 **5. Partnership and Stakeholder Updates**
15 min

5.1. Governors' local updates

Information

5.1.1. Great Yarmouth Health and Wellbeing Partnership Update - Verbal

Information *Emma Flaxman-Taylor, Appointed Governor*

(5 minutes)

5.1.2. Health and Wellbeing Board - Verbal

Information *David Beavan, Appointed Governor*

(5 minutes)

5.1.3. Others

Information *Governors*

(5 Minutes)

11:05 - 11:10 **6. Any Other Business and Questions from the Public**
5 min
Information *Chair*

11:10 - 11:15 **7. Meeting Review**
5 min

7.1. 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.

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.

11:15 - 11:20 **8. Next Meeting**
5 min

Stebbings-Susan
13/05/2025 10:16:50

- Friday, 10 July 2025, Lecture Theatre, Burrage Centre @ 09:00

11:20 - 11:30 **9. Break before going into Private meeting**
10 min

Council of Governors in Public

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

Breydon Room, Education and Training Centre

Attendees

Council of Governors members

Mark Friend (Chair), Samantha Chenery-Morris (Appointed Governor), Jose Bamonde (Public Governor), David Beavan (Appointed Governor), Ian Clayton (Lead 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), John Hennessey (Non-executive Director), Charlie Helps (Head of Corporate Affairs), Stephen Javes (Non-executive Director and Senior Independent Director (SID)), Susanne Lindqvist (Non-executive Director), Caitlin Notley (Non-executive Director), Joanne Segasby (Chief Executive), Sarah Whiteman (Non-executive Director), Jayne Geddes (Executive Assistant (Minutes)), Oliver Cruickshank (Head of Communications and Engagement)

Apologies

Emma Flaxman-Taylor (Appointed Governor)

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

The Chair welcomed everyone and noted the apologies.

1.1.1. Declarations of Interest

To Note

The Chair noted that all members, including the Governors, are involved in the movement to the Group Model. It was mentioned that while the meetings might not stray into compromising areas, it is important to acknowledge the interest if it arises.

Ian Clayton (IC) noted the Governors recognise the challenges and are aware of the impact of moving to the Group Model. The Chair thanked IC and the Governors.

Stebbing, Susan
08/05/2025 10:26:50

1.2. Brief update from Governors pre meet

Information

IC reported the Governors discussed various topics, including the support for the buddying system, engagement with visiting wards, and the effectiveness of support from the Non-Executive Directors. He further emphasised the positive impact of the buddying system and that the Governors have expressed their hope that the buddying system could be continued in the future.

IC mentioned that he had attended the Lead Governors Regional meetings, which provided useful insights and highlighted common concerns and questions. The engagement piece was discussed, particularly in relation to where the Governors fit within the broader strategy and the importance of refining this engagement for the future.

The Chair gave thanks to the Governors, particularly to IC and Stephen Javes as Senior Independent Person, for the extra time given as the Trust moves into the Group Model.

2. Minutes and Matters Arising

Information

The minutes of the 15 January 2025 were unanimously approved.

The Action Log was reviewed and updated with action 5.2 Engagement Strategy and Plan on the agenda therefore the action was confirmed as closed.

3. Chair's and Chief Executive's Briefings

DRAFT

Stebbing, Susan
08/05/2025 10:26:50

3.1. Chair's Briefing

The Chair highlighted ongoing pressures within the hospital, including patient flow and staff well-being. These pressures affect various aspects of hospital operations and require continuous monitoring and management.

Despite the pressures, patient satisfaction remains high, as measured by the Care Quality Commission (CQC). This positive feedback provides some assurance about the quality of care being provided. There is significant activity at the system level, including interactions with Government bodies regarding financial balance. The Chair commended the Executive Team for their strong focus on these activities.

The Chair reviewed the strategic objectives for the year, linking them with the organisation's overall goals. Key areas include strategic delivery plans, long-term transformation projects, relationships with partners and communities, acute clinical strategy, and fostering a positive culture.

The Chair acknowledged the risks associated with moving towards a Group Model, particularly the need to take staff and local communities along on this journey. This period of uncertainty requires careful management to ensure a smooth transition.

Samantha Chenery-Morris (SCM) agreed that item 4. Just, Compassionate and Positive Culture should be highlighted red as a risk because of the move to the Group Model. She noted the strength of the Trust is with the staff and Governors working with the patients and the culture needs to be protected. The Chair agreed that there is a risk but also an opportunity to translate the strength and culture of the Trust moving forward.

James Reeder (JR) asked if culture is the right word, culture is about inclusion, diversity etc. The Chair highlighted a recent Board seminar on culture and the definition - culture is the sum of the conversations that are going on around in an organisation. He further noted that culture change is broader, how much it would impact staff at different levels is an unknown. Joanne Segasby (JS) highlighted feedback that has been given with the case of change has been the recognition of how important the Trust culture is, maintaining and improving on it. One area is the shared values and behaviours across the Group rather than moving to a shared culture, to keep the identity and culture of the Trust.

IC asked the Chair, what in his role is he most pleased about. The Chair stated he was really pleased with the relationships that have been developed with others across Norfolk and Waveney which allows for a different kind of conversation. There's a openness and ambition to do things differently and better at Board level. The quality of discussions at Board level, decisions are faster and better with differences of opinion. Delighted with the go ahead for the new hospital, and opened fantastic services, delivered marked improvements in some of the cancer waiting lists and credit to the Executive Team, clinicians and teams.

Stebbing-Susan
08/05/2025 10:26:50

3.2. Chief Executive's Briefing - Slides

Joanne Segasby (JS) discussed the significant operational challenges faced by the hospital, including outbreaks of COVID-19, flu, and norovirus, which have increased demand and impacted staff and patient care. The hospital has struggled with ambulance waiting times and the use of escalation areas, affecting elective care and staff workload. She highlighted the importance of staff well-being, noting the impact of operational pressures on staff morale and the need for effective management of staff leave and sickness. Efforts are being made to address short-term sickness trends and improve staff support, including the appointment of a specialist to target these issues. The Hospital's financial position remains a significant concern, with additional controls in place since last summer to manage staffing and temporary staffing usage. The Hospital is under financial intervention, with a turnaround team from Hunter Healthcare working on cost-saving opportunities and enhancing controls.

JS provided updates on various strategic projects, including the opening of new facilities such as the Orthopaedic Elective Hub (OEH) and Oulton Suite, and the upcoming opening of the Northgate facility. Ongoing works on the outpatient facility and maternity ward improvements were also discussed, emphasising the hospital's commitment to maintaining and enhancing facilities despite challenges.

JS addressed issues related to patient flow and discharge, noting the need for improvements in reducing length of stay and working with Social Care to implement discharge-to-assess models. The results of the national staff survey were mentioned, with headline data being reviewed and benchmarking against other Hospitals to be completed.

Updates on the ongoing RAAC works were provided, including the relocation of the maternity ward and the creation of a maternity triage space to improve patient care.

Samantha Chenery-Morris (SCM) asked if the demand during February half-term was a national trend or unique to the Trust. JS explained that it is a national trend but recovery takes longer for the Trust. SCM questioned further if mitigations such as annual leave requests had been put in place. JS explained that all mitigations are in place and utilised as much as possible. Hunter Healthcare are reviewing this. JS further noted that Care Agencies were also stretched during this period.

Robert Watson (RW) raised concerns about the financial constraints and the impact on staff morale and patient care. JS acknowledged the challenges and emphasised the need to balance financial constraints with staff well-being and patient safety. JS to discuss communication of funding streams for identified projects with Oliver Cruickshank.

Peter Hargrave (PH) asked about progress in patient flow and the impact of social care challenges. JS mentioned the difficulties with social care and the need for a discharge-to-assess model. Maria Grimmer (MG) highlighted within education they are seeing a rise in the medical demographics with more difficult, complex needs being identified.

James Reeder (JR) questioned the positive information previously received from Patricia Hewitt regarding the ambulance waiting times and if there had been a cultural change within the Trust which is now impacting on the ambulance waiting times. JS acknowledged that the information provided by Patricia Hewitt related to the system improvements, which were mainly due to the ambulance changes at the Norfolk & Norwich.

Unfortunately James Paget has been struggling with waiting times. The Chair noted that in terms of non-criteria to reside patients that are medically fit for discharge, JPUH has a higher number as a percentage of its bed base than the QEH and N&N, between 20-30%, which has an impact on the waiting times.

SCM noted the incredible pressure that East of England Ambulance Service is under. JS acknowledged the pressures, noting the Hospital and EEA work very well together at a local level.

Tony Goldson (TG) raised concerns about the impact of changes in out-of-hours services on the hospital, the lack of consultation with the public and requested the ICB to made aware of the impact. JS agreed to take the matter to the Integrated Care Board (ICB).

IC asked about the quarterly pulse surveys and their impact. JS mentioned that the surveys were restarted last year and are a national initiative.

4. Non-executive Directors' Reporting

To Note

5. Engagement

Discussion

5.1. Public Engagement Plan

5.1.1. JPUH Engagement Principles

The Chair welcomed Oliver Cruickshank (OC) and discussed the opportunity to reset how governors engage. OC presented the engagement principles, which included survey results on age ranges, gender, and disabilities.

OC emphasised the importance of establishing a set of principles as a baseline for engaging with the community. The goal is to have a common way for staff, governors, and others to engage and work with the community.

SCM asked how public engagement reflects the demographics of the catchment areas. OC responded that they don't have figures but are working on relationships with equity and inclusion within the Trust.

SCM inquired about the representation of non-white backgrounds and how to get more men to engage in services. OC mentioned that the representation of non-white backgrounds has not been tested.

The Chair asked how to encourage people to engage generally and ensure a representative mix. OC suggested using existing forums that attract a good range of people.

SCM inquired regarding representation from Healthwatch Norfolk and Suffolk. OC advised that the patients experience team working closely with Healthwatch.

Robert Watson (RW) asked what methods of engagement were preferred by the community. OC advised the feedback indicated a preference for in-person engagement, although virtual options were also considered important.

There was a lengthy discussion. James Reeder (JR) mentioned the need for public attendance at meetings and the possibility of webcasting meetings. IC highlighted the importance of getting the voice right for the group model and discussed the need for meaningful engagement. DB suggested putting meetings on YouTube to see how many people listen and emphasised the role of governors in communicating changes. TG mentioned that councils have been doing meetings on Zoom and suggested setting up discussions in doctors' surgeries to get public engagement. IC discussed the role of governors within the Group Model and the need for clarity on what they should be doing. Maria Grimmer (MG) suggested supporting closed-choice options in questionnaires to direct the impact of questions. SJ commented not to use NHS jargon, to enable better understanding.

The Chair summarised the discussion - develop a plan that says what are the things that need to be engaged on, what can be tested with a less represented group, and expand on where necessary.

Stebbing, Susan
08/05/2025 10:26:50

5.1.2. Future Paget - New Hospital Engagement 2025

OC provided an update on the engagement plan for the new hospital, focusing on two main phases: the master plan and transformative engagement.

The first phase involves sharing the master plan with the public and gathering feedback, while the second phase focuses on how services need to change to maximise the new hospital's potential.

The engagement activities will include public outreach events, digital communications, and collaboration with community groups to ensure broad participation. The plan aimed to finalise resources for public engagement, which was scheduled for early April.

IC committed to time and needed clarification on where governors would be useful. He noted the timeline from 2-18 April, which includes Easter.

JS discussed events planning and opportunities for location sharing, suggesting sharing plans with governors for critique and reaching out to any groups or networks for communication.

ACTION: OC to circulate dates for Governors to attend.

The Chair requested short written briefs to be provided for Governors when attending any engagement points.

ACTION: OC to provide short written briefs for Governors attending engagement points.

TG suggested giving plans to governors for local display and comments to widen the engagement.

ACTION: OC to provide plans to Governors for local display and comments.

SJ proposed inviting governors to pre-planning meetings.

ACTION: OC to invite Governors to pre-planning meetings.

JR emphasised the need for clear communication with the public. OC confirmed that the latest iteration of the master plan is currently being worked on.

Maria Grimmer (MG) asked how will the engagement activities be communicated to the public? OC confirmed a combination of short-form videos, social media, and direct communications with community groups will be used to raise awareness and encourage participation.

The Chair requested this as a standing agenda item for future Council of Governors meetings.

ACTION: CH to plan as a standing agenda item for future Council of Governors meetings.

5.2. Committee Chairs' Activity Reports

To Note

Patient Safety and Quality Committee - Sarah Whiteman (SW):

Sarah Whiteman mentioned that the committee continues to have in-depth monthly meetings with significant input from the Chief Medical Officer (CMO) and the nursing team. Positive progress was reported on the maternity CQC action plan, with positive validation from East of England and the appointment of Nicola Lovett as the new head of midwifery. The CMO's report showed a 95% adherence to NICE guidance. A significant cost of approximately £250k was noted for the safe staffing review, which is yet to be fully validated by HMG.

There is an ongoing complaints backlog, with only one-third managed within the 60-day target. The process has been changed to provide more opportunities for consultants and staff to respond to complaints. Extreme risk related to pressure ulcers was noted, and the committee is awaiting a plan and continues to monitor the situation. There are over 370k open referrals dating back to 2005. The COO is working on managing the backlog with a rules-based approach, with haematology having the biggest waiting list. The Committee emphasised the importance of maintaining a level of awareness of patient safety in the context of pressures.

David Bevan (DB) raised concerns about the unacceptable time of more than 60 days to respond to complaints and the broken system of 370k referrals. Suggested using AI for complaints. JS responded that complaints are improving, with less delays and better quality of responses. JS provided reassurance that many of the referrals are administrative and not actual patients waiting to be seen. A plan is in place to close these referrals systematically. The Chair suggested understanding the plan for getting real numbers and risks for patients waiting. JS agreed to take the matter to the COO.

Peter Hargrave (PH) asked if unsolicited compliments are captured. JS advised that there are as many compliments as there are complaints. Each compliment is forwarded to the appropriate Team. The Chair

highlighted that the Trust is within the top 20% of ratings for ED Services based on patient ratings of a CQC survey, reflecting back on culture and patient experience.

IC asked about the process and whether NEDs are satisfied with the attention at board level as a result of committees raising advice to Board. SW responded that they do believe the Board takes the issues seriously and trying their best to addresses them.

People and Culture Committee - Stephen Javes (SJ):

The committee received substantial assurance on the Freedom to Speak Up initiative, with a small sample of new referrals showing negative concerns related to management styles and engagement. The committee discussed biannual midwifery staffing and general workforce planning, receiving reasonable assurance with the board assurance framework. Reports on sickness absence management were reviewed, highlighting issues with short-term sickness. The appointment of a specialist was authorised to target short-term sickness, but the initiative was not successful. The committee received reports on equality delivery, gender pay gap, and ethnicity pay gap. The gender pay gap report revealed several issues that need further investigation. The committee emphasised balancing efficiencies with cost improvements while ensuring staff safety and morale.

Staff being released for training was also discussed. The committee discussed the upgrade of band 2-3 arbitration to ACAS and the recommendation to ballot for resolution. There is now a possibility of upgrading band 5 in specialist roles and management roles to band 6, which could have a significant financial impact.

SCM asked about the issues related to the ethnicity pay gap. SJ responded that the trust is an outlier and needs to dig deeper into the issues. SCM expressed interest in seeing the makeup of ethnicity within the trust. SJ mentioned that the information would be published.

JS highlighted the challenges for line managers in supporting staff sickness and mentioned a new management role induction program to help with this.

IC raised concerns about the short-term sickness trends and the impact on staff morale and well-being. JS confirmed that measures are being taken to address short-term sickness, including targeted recruitment and encouraging staff to take annual leave for well-being.

Finance and Performance Committee - Susanne Lindqvist (SL):

The committee received full assurance on integrated performance reporting, including deep dives into specific areas. Improvements were noted in cancer diagnostics and virtual ward occupancy. The committee received partial assurance on financial performance, highlighting tighter governance and control over temporary staffing, agency spend, and bank usage. Strategic projects are delayed, with concerns about the timeline extending to 2032 due to RAAC and other factors. The committee received limited assurance on the implementation of the EPR, noting several risks and the need for further investigation into the use of AI. The committee alerted the board to a 65-week wait list, noting positive trends despite the financial situation and COVID-19. The committee advised the board on the importance of continuing recurrent savings, noting better trends and the need for appropriate resource allocation. The committee emphasized the need to maintain focus on community engagement and the new hospitals as the Trust moves into the Group Model.

DB asked about compatibility issues and red risks, specifically whether they are security issues. SL could not answer immediately but mentioned that they have asked for more information.

SW raised concerns about the EPR implementation. JS responded that the project is on track, but there are significant risks due to the complexity of the work across three hospitals. SJ provided assurance that both he and Sally Collier are keeping a watching brief on the NHP, noting programme surveyors have been commissioned to look at the RAAC data to ensure suitability for the additional two years. SL noted on a personal note how impressed she has been with attendance and commitment of the Execs/NEDs. IC welcomed the feedback.

Tony Goldson (TG) asked if the EPR project would be completed successfully. JH responded that the project is progressing and despite the red risks, they are convinced it will be better than the current system.

Audit Committee - John Hennessey (JH):

The committee finalised new and improved terms of reference. The committee reviewed the risk register and

Board Assurance Framework (BAF) at every meeting. The COO and Deputy CEO presented a draft document on risk appetite, noting that while the risk appetite had not changed, patient safety was given a much higher priority. The committee took a keen interest in cyber security, ensuring that the hospital's response to cyber risks aligns with national standards. Cyber security will be part of the audit plan for next year. The committee received reasonable assurance on all four internal audits, including asset management, violence and aggression, and the maternity action plan. However, there were delays in completing audits and implementing recommendations. The audit plan for next year has been signed off, focusing on procurement, cyber security, and other key areas. The committee had brief meetings with external auditors and private meetings with internal and external auditors. The counter-fraud report is progressing as planned.

Harry Hicks (HH) asked why the committee was able to approve the audit plan in February and whether this was due to replicating past successes or just circumstances. JH responded that the audit committee pushed for changes, the Auditors changed and the executive team and RSM are playing their roles effectively. The Chair noted that RSM have dedicated project management within their teams.

Peter Hargrave (PH) raised concerns about the annual governance statement and the limited assurance registered. JH mentioned that they are waiting for the auditors to make their final opinion and are doing everything possible to improve.

The Chair thanked the NEDs for their updates.

6. Partnership and Stakeholder Updates

6.1. Governors' local updates

Information

6.1.1. Great Yarmouth Health & Wellbeing Partnership Update - Verbal

Information

Nothing to report.

6.1.2. Others

Information

DB advised he will bring a report on the Health & Wellbeing Board to the next meeting.

ACTION: DB to brief the the Governors on activities of the Health & Wellbeing Board at the next meeting.

DB provided a verbal update on the innovative health and housing project launch scheduled for next week. The project aims to engage with people through outreach efforts, including knocking on doors to address issues like fuel poverty. He mentioned that there would be no JPUH representative at the 12:30 PM launch of the project, and agreed to forward details to JS to see if a representative could be identified.

ACTION: DB to forward details of the health and housing project launch to JS to see if someone from JPUH can attend.

7. Any Other Business and Questions from the Public

Information

There was no further business and no questions were raised.

8. Meeting Review

8.1. Reflection

Review

The Chair thanked everyone for their time today.

9. Next Meeting

Information

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

DRAFT

Stebbing, Susan
08/05/2025 10:26:50

Date of Meeting	Minute Reference	Subject	Action	Responsibility	Target Due Date	Update	Status	Status Date
07/03/2025	5.1.2	Future Paget - New Hospital Engagement 2025	OC to circulate dates for Governors to attend.	Oliver Cruickshank	16/05/2025	Email circulated to Governors, 09/04/2025.	To Close	
07/03/2025	5.1.2	Future Paget - New Hospital Engagement 2025	OC to provide short written briefs for Governors attending engagement points.	Oliver Cruickshank	16/05/2025	Email circulated to Governors, 25/03/2025	To Close	
07/03/2025	5.1.2	Future Paget - New Hospital Engagement 2025	OC to provide plans to governors for local display and comments.	Oliver Cruickshank	16/05/2025	Email circulated to Governors, 09/04/2025.	To Close	
07/03/2025	5.1.2	Future Paget - New Hospital Engagement 2025	OC to invite Governors to pre-planning meetings.	Oliver Cruickshank	16/05/2025	Email circulated to Governors, 09/04/2025.	To Close	
07/03/2025	5.1.2	Future Paget - New Hospital Engagement 2025	CH to plan as a standing agenda item for future COG meetings.	Trust Secretary	16/05/2025	NHP update on Private agenda.	To Close	
07/03/2025	6.1.2	Governors' Local Updates	David Beavan to brief the CoG on activities of the Health & Wellbeing Board at the next meeting.	David Beavan	16/05/2025	Verbal update on Public agenda.	To Close	
07/03/2025	6.1.2	Governors' Local Updates	David Beavan to forward details of the health and housing project launch to JS to see if someone from JPUH can attend.	David Beavan	16/05/2025	Completed	To Close	

Stepbings Susan
13/05/2025 10:16:50

Council of Governors

16 May 2025



OUR
PATIENTS



OUR
PEOPLE



OUR
PARTNERS



OUR
PERFORMANCE

Chief Executive's Update



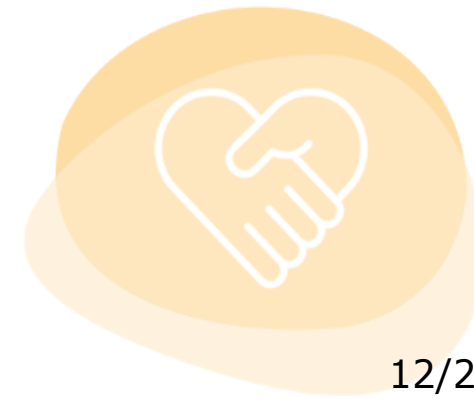
James Paget
University Hospitals
NHS Foundation Trust



Our Partners

Year 3 Delivery Plan Objective: We will work with Group partners to support safe transition to a Group Operating Model for enhanced governance and leadership

- **Professor Lesley Dwyer** has been appointed Norfolk and Waveney University Hospitals (NWUH) Group Chief Executive
- **Jo Segasby** has been appointed as Chief Delivery Officer and co-Deputy Chief Officer of the NWUH Group
- **Marcus Thorman** has been appointed Group Chief Financial Officer and Deputy Group Chief Executive
- Further announcements, including recruitment into Managing Directors of the three hospitals, to be announced in due course



Chief Executive's Update



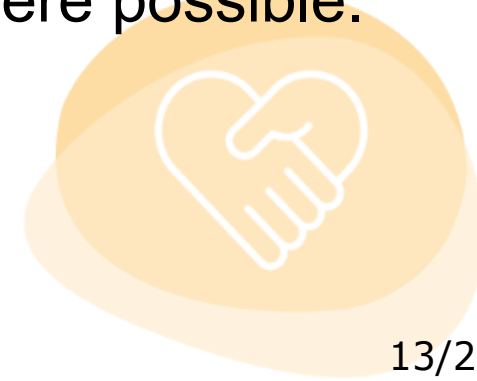
James Paget
University Hospitals
NHS Foundation Trust



Our Partners

Year 3 Delivery Plan Objective: We will work with Group partners to support safe transition to a Group Operating Model for enhanced governance and leadership

- Professor Will Pope has been appointed as the Interim Chair and Ed Garratt OBE has been appointed as the Interim Chief Executive for NHS Norfolk and Waveney ICB, following the decision of Tracey Bleakley to pursue new opportunities within the NHS. Ed is Chief Executive of NHS Suffolk and North East Essex ICB, and he will continue in that position alongside leading the Integrated Care Board for Norfolk and Waveney.
- Integrated Care Boards are required to reduce their running costs by 50% this year, and are exploring options to merge functions across geographies where possible.
- Further announcements and substantive appointments will be made within ICBs once guidance is issued by the Department of Health and Social Care



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust



Our Patients

Year 3 Delivery Plan Objective: Deliver our Quality Priorities for Patient Safety, Clinical Effectiveness and Patient Experience

- The first patients have attended appointments for CT scans at the brand-new Northgate Community Diagnostic Centre on Northgate Street, Great Yarmouth.
- The new facility is run by staff from the James Paget, and is located in the former Cranbrook Building on the Northgate Hospital site, managed by Norfolk and Suffolk NHS Foundation Trust.
- Patients referred for a CT scan may now be invited to appointments at Northgate Community Diagnostic Centre as an alternative location to scans provided at the main James Paget Hospital site in Gorleston. Northgate CDC will offer CT scan appointments Monday to Friday between 8am and 8pm.



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust



Our Patients

Year 3 Delivery Plan Objective: Deliver our Quality Priorities for Patient Safety, Clinical Effectiveness and Patient Experience; We will focus on reducing length of stay

- The Orthopaedic Outpatient Centre is due to be handed over by construction partners Darwin Group on 12th May; it will then be fitted out before our first patients attend appointments on Friday, 23rd May.
- The new Centre will feature nine consultation and examination rooms and a modernised plaster bay, as well as improved staff office and rest areas.
- Relocating orthopaedic outpatient services to the new centre will allow work to begin on the vacated space, reserved for an expanded Same Day Emergency Care service



Chief Executive's Update



Our People

Year 3 Delivery Plan Objective: We will review and implement a new staff wellbeing offer

- Nominations are now open for Paget's People 2025, and we are requesting nominations for staff who have gone the extra mile over the last year.
- Alongside long-standing award categories for both clinical and non-clinical individuals and teams of the year, the hospital has a range of awards which reflect its Trust values, and celebrates the work of staff working in clinical and non-clinical roles.
- Nominations close at 5pm on Friday, 27 June.



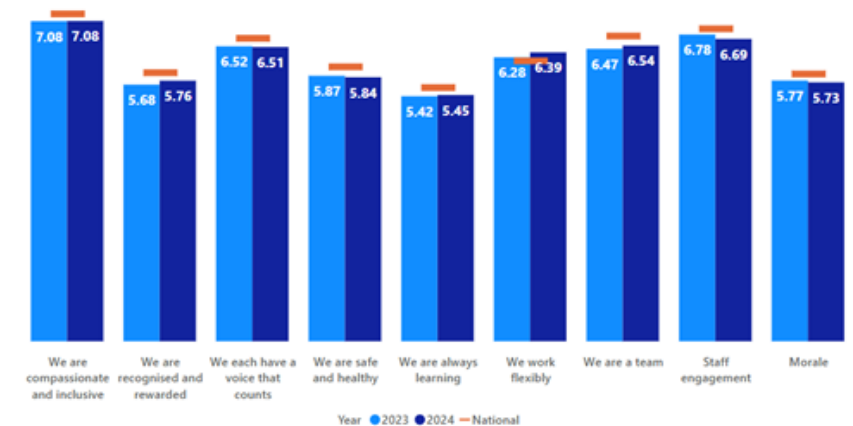
Chief Executive's Update



Our People

- The results of the NHS Staff Survey were published in March. More than 40% of our staff, including over 15% of our bank staff took part.
- Staff continue to report positively that our hospital supports flexible working and making reasonable adjustments for staff, and feel safe to raise concerns about unsafe clinical practice, which follows the introduction of our new Guardian Service last year.
- There was also an increase in compassionate leadership, and a reduction in reports of bullying and harassment

2024 Staff Survey Results - Trust Overview



40.5% of staff have made their voice count

In 2023, 41.4% of staff responded

In 2023, 1,717 staff responded

1,725 surveys have been completed

Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust



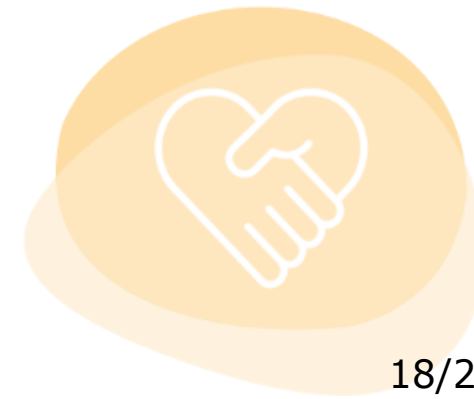
Our Partners

Year 3 Delivery Plan Objective: Ensure alignment across all major programmes taking place at the 3 hospitals – EPR, Acute Clinical Strategy and New Hospital Programmes

Digital & Data Academy



- We launched the James Paget Digital & Data Academy – a new opportunity for colleagues across the Trust to build future-ready digital and data skills that can make a real difference to how we work and the care we provide.
- We're running virtual Information sessions where staff can explore the option of programmes to upskill staff in clinical, administrative and technical roles, whether they are working with data for the first time, or looking to build analytical skills, or already confident with data



Chief Executive's Update



James Paget
University Hospitals
NHS Foundation Trust



Our Performance

Year 3 Delivery Plan Objectives: We will deliver a break-even financial position for 25/26, and deliver sustainable financial improvement

- We are engaging with staff on our 2025/26 Cost Improvement Programme, which has identified a target of saving £25.9m within this financial year.
- Meeting this target will significantly contribute to the hospital's long term financial sustainability, and ensure we are living within our budget.
- Like all NHS providers, our hospital has been instructed by NHS England to review our spending on corporate and non-clinical costs, with the aim of reducing spend to closer to the pre-pandemic level.
- Our Financial Intervention Programme Board is overseeing the work of projects across the whole hospital that will deliver the Cost Improvement Programme, and will build on the processes we have introduced over the past years to help us address spending on temporary or substantive staffing, and non-pay related items.



Chief Executive's Update



Our Performance

Year 3 Delivery Plan Objectives: We will deliver a break-even financial position for 25/26, and deliver sustainable financial improvement

- Our new ANPR parking system has gone live, which means we will no longer have barriers/parking cards and chip coins, making entry/exit quicker and easier for staff, patients and visitors.
- For patients and visitors, from next week, they will arrive via the barrierless entrances to car parks A and B, where cameras will record each registration number on entry.
- After attending their appointments/ visiting a loved one, our patients and visitors will then need to use one of the pay stations outside the main entrance, make their payment and enter their registration number, so that the ANPR system recognises that they have paid for their parking.



Chief Executive's Update



Our Performance

Year 3 Delivery Plan Objectives: We will develop the business case for our new hospital, meeting national timescale requirement

- In April, the Trust launched its vision for 'Future Paget', and invited staff and the public to a range of events in Great Yarmouth and Waveney to view the plans for the new hospital
- We are gathering the views of staff, patients, the public and stakeholders on our Future Paget vision for our new hospital, ahead of submitting an outline planning application to the Borough Council later in 2025.
- Feedback on the new hospital has been provided by hundreds of people across the events and survey so far – engagement closes on 30th May 2025.



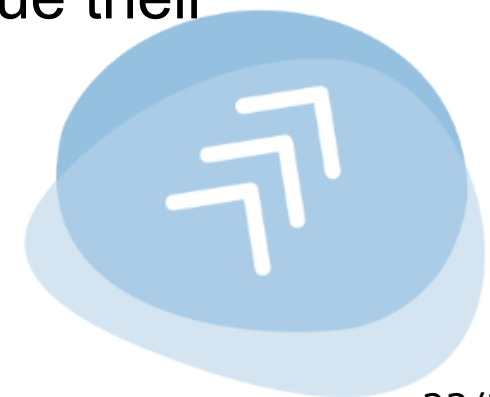
Chief Executive's Update



Our Performance

Year 3 Delivery Plan Objectives: We will develop the business case for our new hospital, meeting national timescale requirement

- Nearly 60% of the 8,299 panels in the roof have now had precautionary end-bearing supports fitted in our on-going programme of maintenance and survey work.
- The programme has so far seen supports fitted in seven first-floor wards, link corridors and offices and all non-clinical areas, including most recently the kitchens which have also benefited from a full refurbishment.
- Currently work is on-going in our Hospital Sterilisation and Decontamination Unit (HSDU), which is taking place in phases to allow the team to continue their important work uninterrupted.
- This work is due to be completed in the autumn and will see HSDU modernised with new equipment, with additional capacity to meet demand created by our increased theatre capacity. Work is also on-going in Ward 11 and Theatres 2 and 3.



Chief Executive's Update

Latest news

- Matron Jeanette retires after more than 40 years
<https://www.jpaget.nhs.uk/news-and-events/matron-jeanette-retires-after-more-than-40-years/>
- Racheal wins award for bereavement support
<https://www.jpaget.nhs.uk/news-and-events/racheal-wins-award-for-bereavement-support/>
- Mark Friend appointed as Hospitals Group Interim Chair
<https://www.jpaget.nhs.uk/news-and-events/mark-friend-appointed-as-hospitals-group-interim-chair/>



Chief Executive's Update

Latest news

- James Paget Hospital completes purchase of land and shares vision of its new hospital <https://www.jpaget.nhs.uk/news-and-events/james-paget-hospital-completes-purchase-of-land-and-shares-vision-of-its-new-hospital/>
- Volunteers launch appointment reminder service <https://www.jpaget.nhs.uk/news-and-events/volunteers-launch-appointment-reminder-service/>
- Northgate Community Diagnostic Centre Opens <https://www.jpaget.nhs.uk/news-and-events/northgate-community-diagnostic-centre-opens/>



Committee Chair's Updates - Verbal

Stebbing, Susan
13/05/2025 10:16:50

