







Council of Governors

20 August 2020, 13:30 to 16:00
StarLeaf

Agenda

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|---------------|--|---|
| 1. | Council of Governors Agenda | Attached |
| |  0 CoG Agenda 20 Aug 20.pdf (3 pages) | |
| 2. | Business Items | Attached |
| 2.1. | 1. Apologies for Absence and Declarations of Interest | Verbal
Senior Independent Director (SID) |
| 2.2. | 2(i) Minutes of the formal Meeting held on 20 February 2020 and Matters Arising | Attached
SID |
| |  2(i) Council of Governor Minutes 20 February 20 DRAFT.pdf (15 pages) | |
| 2.2.1. | 2(ii) Summary notes from Council workshop held on 18 June 2020; and | Attached
SID |
| |  2(ii) CoG Workshop Notes - 18 June 20.pdf (6 pages) | |
| 2.2.2. | 2(iii) Matters Arising from the Council papers circulated in electronic format on 17 April 2020
<i>[for the cancelled 23 April 2020 meeting]</i> | Attached
SID |
| 2.3. | 3. Meeting Action Log | Attached
SID |
| |  3 CoG Action Log - 14 August 20.pdf (1 pages) | |
| 2.4. | 4. Chairman's Report | Attached
SID |
| |  4 Chairman report Aug 20.pdf (5 pages) | |
| 2.5. | 5. Chief Executive's Report | Attached & Verbal
Chief Executive |
| |  5 CEO Board report July 20.pdf (8 pages) | |
| 3. | Presentations | |

3.1.	6(i) Patient Experience Presentation	Presentation Head of Patient Experience (HPE)
3.2.	6(ii) Annual Report and Accounts 2019/20 Presentation	Presentation Mazars LLP
4.	Reports from Governor Working Groups	
4.1.	7(i) Nominations Committee Report	Attached Committee Member (LM)
	 7(i) Nominations Committee Update Aug 20.pdf (10 pages)	
4.2.	7(ii) Quality of Patient Experience Working Group Update	Verbal Working Group Chair (WGC)
4.3.	7(iii) Business and Development Working Group Update	Verbal Working Group Chair (WGC)
4.4.	7(iv) People, Engagement and Membership Working Group Update	Verbal Working Group Chair (WGC)
5.	Quality & Patient Safety Performance & Delivery	
5.1.	8. Integrated Board Report - Quality, Performance, People & Finance- June 2020	Attached Executive Chief Nurse (ECN) & Chief Operating Officer (COO)
	 8 Integrated Report Coversheet Cover Sheet.pdf (1 pages)	
	 8 Integrated Board Report.pdf (28 pages)	
6.	Items to Approve	
6.1.	9 Lead Governor Ballot Result	Verbal Trust Secretary (TS)
7.	Items to Receive and Any Other Business	
7.1.	10(i) Non Audit Work Policy	Attached TS
	 10(i) Final Non Audit Services Policy.pdf (10 pages)	
7.2.	10(ii) Update from Committee Chairs and Any Other Business	Verbal All
7.3.	10(iii) Date and Time of Next Meeting: Formal Council Meeting: Thursday 15 October 2020 in Function Rooms 137 and 138, Education Centre, Freeman Hospital (Venue TBC)	Verbal SID

COUNCIL OF GOVERNORS MEETING

Thursday 20 August 2020 via Starleaf

Start time 1:30pm

Agenda				
Item		Lead	Paper	Timing
Business Items				
1	Apologies for Absence and Declarations of Interest	Senior Independent Director (SID)	Verbal	1:30pm – 1:40pm
2	i) Minutes of the formal meeting held on 20 February 2020 and Matters Arising; ii) Summary notes from the Council workshop held on 18 June 2020; and iii) Matters Arising from the Council papers circulated in electronic format on 17 April 2020 <i>[for the cancelled 23 April 2020 meeting]</i> .	SID	Attached	
3	Meeting Action Log	SID	Attached	
4	Chairman's Report	SID	Attached	1:40pm – 1:45pm
5	Chief Executive's Report	Chief Executive	Attached & Verbal	1:45pm – 1:55pm
Presentations				
6(i)	Patient Experience during COVID-19 Presentation <i>[Tracey Scott, Head of Patient Experience to attend at 1:55pm to present]</i>	Head of Patient Experience	Presentation	1:55pm – 2:10pm
6(ii)	Annual Audit Letter 2019/20 <i>[Cameron Waddell, Managing Partner at Mazars LLP, to attend at 2:10pm to present]</i>	Mazars LLP	Presentation	2:10pm – 2:25pm
Refreshments break 2.25pm-2.35pm				

Item		Lead	Paper	Timing
Reports from Governor Working Groups				
7(i)	Nominations Committee Report	Committee Member (LM)	Attached	2:35pm – 2:40pm
7(ii)	Quality of Patient Experience Working Group	Working Group Chair	Verbal	2:40pm – 2:50pm
7(iii)	Business and Development Working Group	Working Group Chair	Verbal	2:50pm – 3:00pm
7(iv)	People, Engagement and Membership Working Group	Working Group Chair	Verbal	3:00pm – 3:10pm
Quality & Patient Safety Performance & Delivery				
8	Integrated Board Report – Quality, Performance, People & Finance	Executive Chief Nurse & Chief Operating Officer	Attached	3:10pm – 3:25pm
Items to Approve				
9	Lead Governor Ballot Result	Trust Secretary	Verbal	3:25pm – 3:30pm
Items to Receive and Any Other Business				
10(i)	Non-Audit Services Policy	Trust Secretary	Attached	3:30pm – 3:35pm
10(ii)	Any Other Business	All	Verbal	3:35pm – 3:45pm
10(iii)	Date and Time of Next Meeting: Formal Council Meeting: Thursday 15 October 2020 in Function Rooms 137 and 138, Education Centre, Freeman Hospital. (Venue TBC)	SID	Verbal	

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COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 20 FEBRUARY 2020

Present: Professor Sir J Burn, Chairman
 Dame J Daniel, Chief Executive *[until 14:25pm]*
 Public Governors (Constituency 1 – see below)
 Public Governors (Constituency 2 – see below)
 Public Governors (Constituency 3 – see below)
 Staff Governors (see below)
 Appointed Governors (see below)

In Attendance: Professor K McCourt, Non-Executive Director
 Ms J Baker, Non-Executive Director
 Mr J Jowett, Non-Executive Director
 Mr A Welch, Medical Director/Deputy Chief Executive
 Mrs A Dragone, Finance Director
 Mr M Wilson, Chief Operating Officer *[from 14:24pm]*
 Mr P Towns, Assistant Director of Nursing
 Mrs K Jupp, Trust Secretary
 Ms L Hall, Deputy Director of Quality & Effectiveness [for agenda item 20/02 i only]
 Ms AM Troy-Smith, Quality Development Manager [for agenda item 20/02 i only]
 Mrs R Carter, Head of Quality Assurance & Clinical Effectiveness [for agenda item 20/02 i only]
 Mr Y Hunter-Blair, Assistant Director of Production & Preparation [for agenda item 20/02 ii only]

Secretary: Mrs F Darville, Deputy Trust Secretary (Minutes)

Minutes of this meeting are written as per the order in which items were discussed, not as per the agenda, to reflect quoracy.

20/01 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies were **received** from Governors Mr P Briggs, Mrs J Carrick, Miss R Draper, Professor A Fisher, Dr V Hammond, Mr J Hill, Mrs R Hudson, Ms F Hurrell, Mrs S Nelson, Dr M Saunders, Councillor A Schofield, Mr M Warner and Professor A Wathey.

Further apologies were **received** from Ms M Cushlow, Executive Chief Nurse, Mrs A O'Brien, Director of Quality and Effectiveness, Mrs C Docking, Assistant Chief Executive,

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Dr V McFarlane Reid, Director for Enterprise & Business Development and Non-Executive Directors Mr S Morgan, Mr D Stout, Professor D Burn and Mr K Godfrey.

There were no additional declarations of interest made at this time.

It was resolved: (i) to **note** the apologies and (ii) that no further interests had been **declared**.

ii) Minutes of the Meeting held on 21 November 2019 and Matters Arising

The minutes of the meeting were **agreed** as an accurate record.

It was resolved: to **accept** the minutes of the previous meeting.

iii) Meeting Action Log

The action log was **received**, with one action in progress.

It was resolved: to (i) **receive** the action log and **note** the progress and (ii) **note** the ongoing action.

iv) Chairman's Report

The Chairman welcomed the new Trust Governors in attendance, being Mrs N Turnbull, Mr J McDonald, Mrs G Bestford and Mr S Connolly.

The Chairman presented the report, **noting** that the report had been included on the agenda for the public session of the Board of Directors on 30 January 2020.

Reference was made to the launch of Great North Cancer Research, the regional collaboration on cancer research, and the changes to Genomics Services, both of which highlighting the importance of working collaboratively across the Integrated Care System (ICS) and more broadly to deliver the best outcomes for patients.

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

v) Chief Executive's Report

The Chief Executive **provided** a verbal update, with the following salient points **noted**:

- The Trust, along with the wider NHS, was in a period of transition between finalising the current financial year and planning for the new financial year.
- Potential changes to health policy and the Long Term Plan were anticipated following the election of a new Government. The publication of the People Plan was awaited.
- Collaborative work on the North East and North Cumbria ICS continued, with clarity over the governance structure and decision making arrangements to be ascertained.

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- The Comprehensive Spending Review outcome was awaited, and in particular the announcement of funding levels as these were likely to impact on waiting times.
- The Trust has submitted a bid to become an Academic Health Science Centre (AHSC), with interviews to take place next Tuesday. If successful, this may result in additional substantial research grants and allocations into the organisation.
- The Trust anticipated delivering its financial obligations for the current financial year and was working on its financial plan for 2020/21.
- The Trust had recently submitted a number of Research and Innovation (R&I) funding bids. The internal R&I structure had been strengthened, with Professor John Isaacs appointed as Assistant Medical Director for R&I, and multi-professional links established with both Newcastle and Northumbria Universities. Further developments were underway to improve the joint infrastructure in place for R&I. A recent visit by Sam Roberts, Director of Innovation and Life Sciences at NHS England had resulted in the Trust participating in a trial as a national site for R&I to provide a test bed for rapid translation of research.
- The results of the Staff Survey were released following completion in the autumn. The majority of Trust staff responded to say that Newcastle Hospitals was their first preference for them and family/friends to receive care and received the highest score in the country on this question.
- It was acknowledged that further work was required to improve areas around reducing violence against staff eliminating staff bullying and harassment and ensuring equity of opportunity for Trust Black Asian and Minority Ethnic (BAME) staff. A Flourish event was held last week for staff to collaborate, consider the results and to draft action plans for improvement.
- Regarding national roles, the Chief Executive recently joined a new national group on climate change, continues to sit on the NHS Assembly and chairs the Shelford Group of Trusts.

The Medical Director/Deputy Chief Executive provided an update on Coronavirus, with the following points noted:

- Coronavirus belongs to a family of viruses which include influenza, MERS and SARS.
- The latest strain that has presented appeared to have originated in China in December 2019.
- The mortality rate currently appears to be similar to seasonal influenza at around 2.5%.
- Prof Chris Witty, Chief Medical Officer for England, recently visited the Trust's High Consequence Infectious Disease (HCID) Unit which admitted the first two patients in England with confirmed Coronavirus.
- The Trust was reviewing its emergency preparedness plans in light of the Coronavirus position.

It was resolved: to receive the report.

vi) **Governor Elections Results**

The Deputy Trust Secretary presented the report noting the outcomes of the recent ballots for 1 Public Governor, 3 Staff Governors and a Charity Governor.

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The agreement of the Council was requested to allow for the extension of the terms of office of the newly elected Governors as outlined within the report, to align with the standard Governor Election cycle. Council members **agreed** the request.

The upcoming seats for the May 2020 Governor elections were noted, with an update to be provided at the next Council meeting.

It was resolved: to (i) **receive** the report and (ii) **note** the agreement to extend the terms of office of the newly elected Governors to be consistent with the standard Governor election cycle.

20/02 PRESENTATIONS

i) End of Year Quality Account Presentation

The Deputy Director of Quality & Effectiveness, Quality Development Manager, Head of Quality Assurance & Clinical Effectiveness and Assistant Director of Nursing **delivered** the presentation detailing the Quality Account for 2019/20.

The following key points were **noted** from the presentation:

- In January 2020, an update on the Quality Account priorities was provided to the Quality of Patient Experience Governor Working Group, with Quality and Safety remaining as the main overarching priority for Newcastle Hospitals.
- A brief overview of progress to date for the 2019/20 priorities was provided:
 - Priority 1: Healthcare Associated Infections (HCAIs) – significant progress had been achieved. A 10% year on year reduction of instances of MSSA bacteraemias had been observed in line with the target set. The anticipated reduction of 25% in E.coli and other Gram negative bacteraemias had not been met to date but progress was being made. A reduction in C.difficile infections had been achieved in line with national trajectory.
 - Priority 2: Pressure Ulcers (PU) – a significant reduction in hospital acquired PUs had been seen across the organisation. A brief spike in instances was observed in October which was attributed to the implementation of the Paperlite programme; however the position has since been recovered. The Trust continues to utilise Quality Improvement (QI) initiatives on Wards with higher numbers of PUs and seeks to embed the methodology amongst wider staff to increase Trust knowledge.
 - Priority 3: Management of Abnormal Results: a task and finish group was convened to develop an electronic system that would automatically create an electronic flag to be added to a patient record to identify abnormal results at a glance. It was anticipated that further refinement of the process was required as the current process was reliant on a paper based approach.
 - Priority 4: System for Action Management and Monitoring (SAMM) – it was advised that the Trust aspired to create or procure a system that would allow for more robust ‘closed loop’ management of actions resulting from internal

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and external inspections carried out within clinical directorates. A multidisciplinary group within the Trust had been convened to help define the system requirements as no 'off the shelf' packages were available. It was further advised that there was limited in-house IT development capacity at present due to organisational focus on the paperlite programme therefore the implementation timeline could not be defined.

- Priority 5: Enhancing capability in Quality Improvement (QI) – The Trust remains focussed on the Trust wide benefits of embedding QI methodologies across the organisation due to the proven improvements in outcomes for both patients and staff. It was acknowledged that this priority was a long term project which required investment in order to improve the number of staff members who have completed the required QI methodology training.
- Priority 6: Deciding Right – work continues within this area to ensure that end of life and palliative care decisions were made in accordance with patient's wishes. Collaboration with Newcastle City Council was underway as part of the 'Everything in Place' project.
- Priority 7: Treat as One – a mental health collaboration between the Trust and the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was noted and would continue in the coming year. The work was focussed on Adult Mental Health however it was hoped that this could be translated into Children's Mental Health.
- Priority 8: Reasonable adjustments for patients with suspected or known learning disability – work continued to ensure that those patients had the best possible experience as a patient with the Trust, through the utilisation of tools such as the Patient Passport and through feedback from patients on the Learning Disabilities Group. More work was required to focus on the transition from Child to Adult services.

The Council queried the approximate percentage of patients that had a suspected or known learning disability. The Assistant Director of Nursing agreed to provide the figure outwith the meeting [**ACTION01**].

Presenters went on to highlight the proposed quality priorities for 20/21 which included:

- Patient Safety
 - Reducing Infection
 - Pressure Ulcer Reduction
 - Management of Abnormal Results
- Clinical Effectiveness
 - Enhancing capability in QI
 - Shared Decision Making (SDM)/Consent [Replacing the previous SAMM priority due to limitations to system capabilities]
- Patient Experience
 - Treat as One
 - Ensure reasonable adjustments are made for patients with suspected or know Learning Disability
 - Establish a Patient Experience Volunteer Network [Replacing the previous Deciding Right priority]

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It was noted that the priorities for the coming year remained broadly consistent with those for 2019/20 with the two amendments outlined above. The addition of a priority on Shared Decision Making and Consent was to ensure that there was a consistent approach to fully informing patients about treatment options across the Trust. Mrs Yanez highlighted that a project had been undertaken in relation to this previously named the 'Magic' Project and recommended that this information be considered.

Regarding the Pressure Ulcer priority, Dr Murthy queried the focus on reduction rather than prevention. It was noted that pressure damage would be difficult to eradicate entirely from a hospital setting.

Mr Cranston queried whether education for patients and visitors on infection prevention and control (IPC) and hand hygiene should be a Trust Quality Account priority. The Deputy Director of Quality and Effectiveness advised that while it was not captured within this exercise, IPC remained a cornerstone of the Trust's standard practice and continued as part of the organisation's business as usual.

[The Chief Operating Officer and Assistant Director of Production and Preparation joined the meeting 14:24pm]

[The Chief Executive left the meeting at 14:25pm]

The Quality Development Manager went on to note that Governor consideration and agreement was required in relation to the selection of a local quality indicator alongside the mandated 18 week wait and 4hr A&E target performance measures for the Quality Account. It was suggested that the Trust use Healthcare Associated Infection with a focus on Staphylococcus Aureus.

Mrs Errington requested that in the future, the discussion on the agreement of the local quality indicator be considered by the Quality of Patient Experience Working Group earlier in the cycle, ideally annually in January.

Mrs Perfitt requested two further areas be considered for use as potential local indicators being communication with GPs (letters) and pharmacy waiting times.

The Council agreed to delegate authority to Mrs Errington as Chair of the QPE Working Group to finalise the local indicator for 2019/20. The Quality Development Manager agreed to liaise directly with Mrs Errington to finalise the local indicator with the outcome to be fed back to the wider Council in advance of the next meeting [**ACTION02**].

[The Quality Development Manager, Head of Quality & Assurance & Effectiveness and Deputy Director of Quality & Effectiveness left the meeting at 14:32pm]

It was resolved: to (i) **receive** the presentation and (ii) **note** the requirement for the Quality Development Manager to liaise with Mrs Errington regarding the selection of a local indicator for the Quality Account for 2019/20.

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ii) Newcastle Specials Presentation

The Assistant Director of Production and Preparation provided the presentation with the following points to **note**:

- Newcastle Specials is a Pharmacy Production and Quality Control Unit (PPU) which holds both a MHRA licence to manufacture medicines as well as a wholesale dealer's license to allow medicines to be manufactured and distributed outside of the Trust. The PPU produce a range of products to exacting patient requirements for both inpatients and a number of external customers.
- The PPU consists of a purpose built production unit facility at the Royal Victoria Infirmary and a smaller aseptic suite housed with the Northern Cancer Centre.
- There are five specialised production zones for a range of different products and activities including parenteral nutrition, centralised intravenous additives, non-sterile items, aseptic manufacture and cytotoxic chemotherapy.
- Production is subject to a rigorous quality control and quality assurance process.
- NHS Improvement undertook an Aseptic Services Review between 2017 and 2019 which identified 4 strategic levers to enable transformation and improve sustainability, resilience and productivity; as well as an overarching principle.
- The top twelve pharmacy products made at ward level equated to circa 39.9m dose units in 2018. By producing these away from the ward setting in the PPU allows nursing time to be released back to direct patient care.
- The potential for further commercial opportunities was noted and the aspirations for further future growth were highlighted, albeit it was acknowledged that further physical space would be required to allow maximum benefit from opportunities.

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

[The Assistant Director of Production and Preparation left the meeting at 14:55pm]

20/03 REPORTS FROM GOVERNOR WORKING GROUPS**i) Nominations Committee Report**

The Chairman presented the report and **noted** the following points:

- Mrs Pat Ritchie, Chief Executive of the Newcastle City Council, joined the Trust's Board of Directors as an Associate Non-Executive Director in January 2020.
- The Trust had commenced the recruitment process for two Non-Executive Directors utilising the services of Gatenby Sanderson. A detailed consideration of the Board composition and skill-set was undertaken and the skills/expertise to be sought were outlined within the paper. The recruitment timetable was due to be finalised with interviews to be scheduled in May/June.
- The Terms of Reference were reviewed with minor amendments approved.

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

ii) Quality of Patient Experience (QPE) Working Group Report

Agenda Item 2(i)

Mrs Errington presented the report, **noting** that group members had undertaken a number of visits as detailed in the report.

Regarding the report pertaining to Ward 18 (FH), Miss Colvin-Laws queried whether the walking aids had been removed from the day room to which Mr Forrester confirmed was the case.

In relation to the visit to Ward 14, Mrs Yanez advised that the ward would be revisited when the Ward Sister was present and highlighted that the Ward itself was situated quite a distance from the car park therefore this required consideration for visitors/patients whose mobility was restricted.

It was resolved: to receive the report.

iii) Business Development (BD) Working Group Report

Dr Valentine presented the report with the following points to **note**:

- The recent meeting discussed the changes to the arrangements for Governors to observe Board Committee meetings. The Trust Secretary was drafting a protocol to share with the Council of Governors.
- Attendance of NEDs at the Working Group meetings was deemed useful and allowed for a positive exchange of information.
- Three members of the group attended the Quality Account public consultation event.
- Newly elected Governors were invited to attend meetings as members or on an ad-hoc basis.

It was resolved: to receive the report

iii) Community Engagement and Membership (CEM) Working Group Report

Mr Cranston provided a verbal report with the following points to **note**:

- It was recommended that the working group be renamed the 'People, Engagement and Membership Working Group' to better align to the People Committee.
- Meetings of the working group had been altered to take place bimonthly, opposite to the formal meeting. All Governors were welcomed to attend.
- The first Members Event of the year took place on 6 February 2020 on the subject of Transplantation. The feedback received on the presentations by Professor Schueler and Professor White was overwhelmingly positive, along with the inclusion of the Governor Surgery section. It has been agreed that this format continue going forward with suggestions for further improvement of the format welcomed.
- The two remaining Members Events for 2020 have been scheduled for Thursday 11 June 2020 on the History of the RVI and on Thursday 22 October on Sustainability and the Trust Declaration of a Climate Emergency.

It was resolved: to receive the report.

20/04 QUALITY AND PATIENT SAFETY/PERFORMANCE & DELIVERY**i) Integrated Report – Quality, Performance, People & Finance – January 2020**

The Chief Operating Officer tabled a paper which highlighted the requirements for the Trust submission as a result of the NHS Operational Planning and Contracting Guidance for 2020/21. Detailed within the paper were the 16 requirements along with their current statuses and the assessed risk in achieving compliance.

A number of areas were rated green as either the Trust already met the requirement or was working to achieve the requirement in time for the submission. These included the requirements around the commencement of reablement care within two days of referral, the avoidance of ambulance handover delay and 'corridor care' and the acceleration of outpatient transformation plans.

Areas of challenge in achievement were noted as the reduction of bed occupancy to a maximum of 92%, lowering the Trust's waiting list by 31 January 2021 and the elimination of waits of over 52 weeks for treatment.

The full Integrated Report was received for information and going forwards would be included as a standing agenda item.

Mr Stewart-David queried the Trust's performance in relation to cancer when compared to other providers. The Medical Director/Deputy Chief Executive advised that while patient outcomes continue to be good, the Trust was currently not achieving the 62 day referral to treatment target in all cases however a number of actions were being undertaken to improve the position.

Regarding the Executive summary provided within the report, Dr Murthy queried the measures planned to recover the performance position for those targets which were not being achieved. The Chief Operating Officer acknowledged that although the Trust was not able to meet some performance standards, it continued to perform well when compared to its peers. It was further advised that a review of the wider clinical standards was currently underway and it was anticipated that new clinical standards would be published in the coming weeks. An update would be provided to Governors in due course.

Mrs Yanez queried the position regarding the 2 week Breast symptomatic performance standard. The Chief Operating Officer advised that the standard was not being met primarily due to limitations within radiology staffing however patients were being triaged and groups prioritised appropriately.

Dr Murthy went on to query the financial penalty for not meeting the performance targets to which the Finance Director advised was under constant review and would be considered as part of value based commissioning and contract negotiations with Commissioners.

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It was resolved: to receive the report.

20/05 ITEMS TO APPROVE

i) Council of Governors Working Group Terms of Reference

The Trust Secretary advised that the Terms of Reference for the Council of Governor Working Groups had been updated in conjunction with the working group members to better align them to the Board Committees within the Trust's refreshed governance structure. Minor amendments to the names of two of the committees – 'Business Development Working Group' to 'Business and Development Working Group' and 'Community Engagement and Membership Working Group' to 'People, Engagement and Membership Working Group' – were proposed. In addition, where appropriate the content of the Terms of Reference across the Working Groups were amended to be more consistent across the Groups.

The Trust Secretary highlighted the proposed appointment and reappointment timeline for the Chairs of the Working Groups.

The Council agreed the content of the proposed updated Terms of Reference subject to a minor further amendment to be made to section 4.1.5 to remove the word 'only' and to insert 'and contribute'.

It was resolved: to (i) **receive** the report; to (ii) **approve** the revised content of the Terms of Reference following amendment to section 4.1.5 as outlined above and (iii) **approve** the appointment/reappointment timeline as outlined in the report.

ii) Lead Governor Arrangements

The Trust Secretary presented the paper noting that the role description had been updated following discussion at the Governor workshop held in January 2020.

The Council **approved** the arrangements for Lead Governor as set out in the report, including the revised Lead Governor Role Description attached in Appendix B and the process for the appointment of a Lead Governor as detailed in Section 3 of the report.

It was resolved: to (i) **receive** the report and (ii) **approve** the arrangements for Lead Governor therein.

20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Update from Committee Chairs and Any Other Business

People Committee

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Mr Jowett provided the update **noting:**

- Two meetings of the Committee had taken place since the last meeting of the Council.
- The meeting held in February considered the initial findings following the release of the Staff Survey results. The Trust continued to score well on themes such as staff feeling trusted to do their job, that their role made a difference within the organisation and that positive action had been undertaken in relation to health and wellbeing. Action plans to improve areas such as pressure to come to work when ill and senior management acting on feedback were in place and would be monitored by the Committee going forward.
- The Committee received the Gender Pay Report and the Ethnic Pay Report, noting that both would be interesting topics for further discussion at future Governors meetings which the Deputy Trust Secretary agreed to facilitate [**ACTION03**].

Quality Committee

Professor McCourt provided the update, **noting:**

- The Committee had met on one occasion since the last meeting of the Council.
- Reports were received from the management groups which provided necessary assurance to the Committee that care provided to patients continued to be of the highest standard. These included specific detail around sepsis management, the adult inpatient survey, the maternity survey and the robust process for the approval of new interventional procedures.
- Estates challenges which had the potential to impact the quality of care provided were discussed and continue to be monitored, particularly those relating to space occupancy on the Maternity Assessment Unit.
- As a newly formed committee, a review of the activity undertaken in the inaugural year would be undertaken to ensure activity and output of the Committee remained consistent with its terms of reference. Further the review would consider the reports received and the management groups in place within the Quality Committee structure.

Audit Committee

Professor McCourt provided the update, **noting:**

- The Committee meets on a quarterly basis and last met on 28 January 2020.
- The agenda consisted of a number of updates relating to Corporate Governance and Compliance including the revised Risk Management Policy, the refreshed and updated Standing Financial Instructions and Standing Orders and a progress report on the Trust's compliance in regard to the Standards of Business Conduct.
- Updates were received from both Internal and External Auditors, along with a report relating to Counter Fraud activity and schedules of both Debtors and Creditors and Losses and Compensation.

Charitable Funds Committee

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Ms Baker provided the update, **noting:**

- The committee met twice since the last meeting of the Council, in one formal meeting and one extraordinary meeting. The extraordinary meeting was called to consider two significant applications for funding which required a timely response.
- The Committee agreed to move its current Newton investment portfolio into a sustainable fund.
- A number of applications were received and approved, including those for a database for hip surveillance in children with cerebral palsy and a clinical cystic fibrosis fellowship.
- The review of the Trust's Charity continues which the Committee was contributing to consider ways in which the profile could be raised to generate further funding.

Finance Committee

The Finance Director provided the update, noting:

- The Committee has met twice since the last meeting of the Council, in one formal meeting and one extraordinary meeting. Further another extraordinary meeting was scheduled for next week to consider the Trust's year end position.
- The impact of blended tariffs was discussed, along with the Trust's continuing strong cash balance.
- The Committee received updates on the Trust's Transformation programme and the CIP plans, as well as an update on the capital programmes.
- The Committee remained assured that the Trust would deliver its financial obligations at year end.

It was resolved: (i) to **receive** the updates and (ii) **note** the requirement for the Deputy Trust Secretary to facilitate the inclusion of the Gender Pay Report and Ethnic Pay Report presentations at a future meeting.

ii) Matters arising from the Informal Governors Meeting

Mr Cranston advised that the informal meeting of Governors immediately preceding the formal session discussed a variety of matters, including the recent Members Event on 6 February 2020, Trust performance in relation to Cancer standards and the content of the updated Terms of Reference for the Governor Working Groups. It was recommended that a presentation be given to the full Council from Newcastle Healthwatch following the recent presentation to the Business and Development Working Group. The Deputy Trust Secretary agreed to facilitate **[ACTION04]**.

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

iii) Date and Time of Next Meeting

The next meeting of the Council of Governors would be held on **Thursday 23 April 2020** in Function Rooms 137 and 138, Education Centre, Freeman Hospital. [Meeting subsequently cancelled due to social distancing restrictions put in place as a response to COVID-19 pandemic however available papers to be made available electronically].

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The next meeting of the Council of Governors would be a private workshop on **Thursday 18 June 2020** in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

There being no further business the meeting closed at 4:10pm.

GOVERNORS' ATTENDANCE 20 FEBRUARY 2020

A	Mr Derrick Bailey	Y
S	Mr Andrew Balmбра	N
S	Mrs Glenda Bestford	Y
2	Mr Graham Blacker	Y
3	Mr Paul Briggs	Apologies
1	Mrs Judy Carrick	Apologies
2	Mr Terrance Coleman	Y
S	Miss Dani Colvin-Laws	Y
S	Mr Steve Connolly	Y
2	Mr Steven Cranston	Y
1	Miss Ruth Draper	Apologies
2	Mrs Carole Errington	Y
A	Professor A Fisher [Newcastle University]	Apologies
1	Mr David Forrester	Y
1	Dr Vanessa Hammond	Apologies
2	Ms Catherine Heslop	N
S	Mr John Hill	Apologies
S	Mrs Rachael Hudson	Apologies
S	Mrs Fiona Hurrell	Apologies
2	Dr Helen Lucraft	Y
2	Mr Matthew McCallum	N
1	Mrs Jean McCalman	Y
2	Mr John McDonald	Y
3	Dr Lakkur Murthy	Y
1	Mrs Susan Nelson	Apologies
2	Mrs Carole Perfitt	Y
3	Dr Michael Saunders	Apologies
A	Cllr Ann Schofield	Apologies
2	Miss Claire Sherwin	N
1	Mr David Stewart-David	Y
A	Mrs Norah Turnbull	Y
1	Dr Eric Valentine	Y
3	Mr Michael Warner	Apologies
A	Professor Andrew Wathey	Apologies
2	Mr Fred Wyres	N
1	Mrs Pam Yanez	Y

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SUMMARY NOTES OF THE COUNCIL OF GOVERNORS WORKSHOP HELD ON 18 JUNE 2020

ATTENDEES

Sir John Burn [SJB], Chairman
Mrs Norah Turnbull [NT]
Mrs Jean McCalman [JMc]
Mr Steve Connolly [SC]
Professor Pauline Pearson [PP]
Dr Helen Lucraft [HL]
Mrs Pam Yanez [PY]
Mrs Judy Carrick [JC]
Mr Eric Valentine [EV]
Mr Ian Armstrong [IA]
Mr Thomas Smith [TS]
Dr Vanessa Hammond [VH]
Mrs Carole Errington [CE]
Mrs Jill Davison [JD]
Miss Ruth Draper [RD]
Dr Lakkur Murthy [LM]
Mrs Susan Nelson [SN]
Mrs Madeleine Elliot [ME]
Mrs Catherine Heslop [CH]
Mr John McDonald [JMc]
Mr David Forrester [DF]
Mr Steven Cranston [SC]
Mrs Emma Vinton [EV]
Mr John Hill [JH]
Mr David Stewart-David [DSD]
Mr Martin Wilson [MW], Chief Operating Officer
Mrs V MacFarlane-Reid [VMR], Executive Director for Enterprise and Business Development
Mrs C Docking, Assistant Chief Executive
Mrs Kelly Jupp [KJ], Trust Secretary *[notes]*

1. INTRODUCTION

SJB extended the gratitude of the Trust Board to those Governors who were leaving the Trust and welcomed the newly elected Governors following the recent round of Governor Elections.

The newly elected governors present introduced themselves, providing detail on their backgrounds, interests and key areas of focus.

2. NED RECRUITMENT UPDATE

SJB provided an overview of the recruitment process undertaken.

As endorsed by the Nominations Committee, the Council of Governors was recommended to approve the appointments of

- i) Mr Bill Macleod, a Senior Partner at PwC LLP and qualified accountant, as a Trust Non-Executive Director with financial expertise; and
- ii) Mr Graeme Chapman, a Health and Life Sciences Industry Executive at Microsoft, for the Non-Executive Director with innovation expertise.

The Council of Governors **agreed** the appointment of both Mr Macleod and Mr Chapman as Non-Executive Directors subject to satisfactory completion of the Fit and Proper Persons requirements, adequate references being obtained and proof of qualifications/membership of the Trust.

3. GOVERNOR ELECTIONS AND OTHER UPDATES

KJ provided a short update, highlighting:

- The Governor Elections were concluded on 4 June 2020, with the results publicised on 5 June 2020. Nine Governors were elected, all but two were newly appointed. Two of the outgoing Public Governors, being Mr Michael Saunders and Mr Fred Wyre's, had completed their final three year term.
- New Governor Induction had been provisionally scheduled for mid-July.
- The process to appoint a new Lead Governor would commence shortly.
- A vacancy had arisen on the Trust Nominations Committee and therefore Public Governors would be contacted to ask for expressions of interest.
- Governor mandatory training arrangements were being reviewed with the aim of establishing e-learning modules to be accessed remotely.

4. COVID-19 AND NIGHTINGALE HOSPITAL NORTH EAST UPDATE

MW joined the workshop and provided an update on the Trust response to COVID-19 and the creation of the NHS Nightingale Hospital North East (NHNE). The following key points were noted:

- Newcastle Hospitals led on the creation of a Nightingale Hospital for the North East in order to provide additional hospital bed capacity to respond to COVID-19. On behalf of all Trusts in the region, and under directions from NHSE, Newcastle Hospitals designed and mobilised the NHNE to create circa 500 additional beds for patients testing positive with COVID-19.
- If the facility was required, any decision to operationalise the hospital will be taken by NHSE in conjunction with the North East Surge Command Meeting, which comprises the Chief Executives of all local NHS trusts. Operationalisation of the facility would be considered if hospitals within the North East and Cumbria were expected to exceed their own 'in house' capacity.

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- The NHNE building, originally designed as an Innovation Centre, was configured to create 20 wards, with the infrastructure capability built in to deliver ward or critical care depending on regional needs.
- If opened for patient care, the facility would be staffed largely by existing NHS acute hospital staff from all trusts in the region. The clinical model had been developed and agreed, along with staffing ratios, and processes established for rapid training and deployment if required.
- An overview of the contracting and financial arrangements was provided.
- Robust arrangements have been put in place to enable the Trust Board to be assured that the NHNE is fit for purpose.
- The Trust worked collaboratively with other NHS partners to ensure all aspects of service delivery were planned, such as the provision of facilities, portering and catering services by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- From 1 May 2020 the NHNE was granted NHS England / NHS Improvement approval to open for patients if required and the facility was opened officially on 5 May.
- A time-lapse video for the NHNE development had been developed and was available on the trust YouTube site.
- NHNE was the first fully digitally enabled Nightingale Hospital created.

It was agreed that a future visit to the site for the Council of Governors would be arranged when it was safe to do so [**ACTION01**].

5. RESTART, RESET AND RECOVERY PROGRAMME (3Rs)

VMR joined the workshop to provide an update on the 3Rs programme. The following key points were noted:

- In late April 2020 work commenced on reviewing the resumption of services and in May 2020 the Trust established the 3Rs programme for the next 2 years to focus on returning to 'business as usual', whilst adhering to Government guidelines in relation to COVID-19.
- Priority re-start will be for Urgent and Deteriorating Patients balancing clinical risk and ease of provision.
- The initial phase would consider those areas of non-complex activity or services outwith the main hospital sites that could be restarted both safely and timely. The reset phase would focus on those activities and services that would require an element of modification to recommence in a safe and sustainable way.
- Whilst the focus of the programme was to restart clinical services, the Trust remained cognisant of the need to preserve some critical care capacity in the event of any future COVID-19 surges.
- The constraints on capacity and ongoing activity were noted in terms of PPE and social distancing requirements, shielding considerations and testing availability.
- Circa 50% of outpatient appointments had been delivered remotely during the pandemic. This, along with other positive changes implemented in response to COVID-19, would be incorporated into the ongoing innovation/transformation programme.
- Examples of services that continued provision through the peak of the pandemic were noted as including cancer, renal and labs.

Agenda Item 2(ii)

- Regarding cancer services, dedicated car park spaces on the Freeman site were reserved for cancer patients to allow for them to remain safely in their cars whilst awaiting their appointment so as to reduce the overall time spent within the hospital.
- Renal services implemented a regular testing regime, with expanded and staggered start times for dialysis treatment and agreed single passenger occupancy with transport providers.
- Labs implemented a 24/7 service and worked to provide testing resilience by including additional testing methodologies.
- The Trust was closely monitoring waiting lists and primary care referral levels.
- Additional capacity within the independent sector was being utilised where possible.
- Emergency Department (ED) admissions continued to be circa 50% of pre COVID-19 levels. The Trust was involved in a proof of concept study trialling 'talk before you walk' to utilise the 111 service prior to presentation at the ED.
- A communications strategy to increase public confidence around the safety of returning to the hospital setting if required was underway.
- During COVID-19, circa 60,000 patient transport miles were saved through the use of virtual appointments.
- A workforce group had been in operation since March with a primary focus on staff health and wellbeing.

6. COMMUNICATIONS UPDATE

CD provided the update on the Trust's communications plan during the pandemic with the following key points noted:

- Communications planning commenced shortly before the first COVID-19 positive patients were admitted into the Trust on 31 January 2020, the aim being to issue timely, transparent and accurate communications to both staff and patients.
- Following the declaration of a national Level 4 incident which centralised the pandemic response, some elements of communication were subject to national control.
- Government announcements at press conferences were often the first occasion in which the information was being received by the Trust and therefore consideration of potential consequences of such announcements had to be considered carefully, but at pace to meet staff/patients expectations for clarity.
- Dedicated Coronavirus intranet and internet sites were created to collate all relevant information for staff and patients.
- A number of queries were received in response to the nationally published communications regarding testing, provision of Personal Protective Equipment (PPE), COVID-19 symptoms and support for patients and staff wellbeing.
- Regarding the creation of the NHNE, this was a significant piece of work, and was subject to national command and control arrangements.
- Meetings will continue to take place virtually until requirements are lifted. Board of Directors meetings have been reintroduced virtually, with observers able to join the Public part of the meeting by StarLeaf Spotlight.
- The Annual Members Meeting originally scheduled for July has been postponed due to changes in the timelines for the Annual Report and Accounts.

Agenda Item 2(ii)

- An update on the Trust visiting policy was provided. It was noted that the use of iPads to facilitate virtual communication had been well received.
- Increased wayfinding and signage was being installed in order to ensure adherence to Government guidelines.

SC noted that the People, Engagement and Membership Governor Working Group had received positive feedback from staff regarding the quality of the communications.

NT advised of a volunteer committee meeting that would benefit from being face to face. CD advised that this could not be facilitated in the hospital due to shielding restrictions and social distancing requirements. CD agreed to discuss further with NT to explore alternative options [**ACTION02**].

7. DATE AND TIME OF NEXT MEETING

The next formal meeting is scheduled to take place on Thursday 20 August at 1.30pm and due to the ongoing restrictions in place as a result of the COVID-19 pandemic, the meeting will take place virtually via StarLeaf.

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Council of Governors Meetings Actions

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
98	ACTION01	19/22 Business Items iii) Meeting Action Log	21-nov.-19	In reference to action 93, Dr Murthy noted that while the materials had been refreshed in the Governor room, the condition of the room required review due to the current storage of furniture. The Trust Secretary advised that this was temporary due to works being undertaken however would review use of the room to ensure it was fit for purpose [ACTION01] .	K Jupp	<u>03/01/20</u> - Email sent to Hotel Services regarding cleanliness of room and to Governors regarding use of room. <u>10/01/20</u> - Discussion with Hotel Services advised that the room is cleaned with bins emptied on a daily basis. Request made for excess furniture to be moved - in the interim all Governor Working Group meetings have been moved to alternative rooms/venues. <u>16/04/20</u> - Meeting room currently out of use due to COVID-19. Action on hold. <u>13/08/20</u> - Previously stored furniture now removed. Existing furniture replaced with recycled furniture to create more space to address social distancing requirements. Room access restricted due to COVID-19 and booking system implemented. For future bookings Governors are asked to request booking of the room via the Corporate Office (once COVID restrictions lifted).	Green
102	ACTION04	20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS ii) Matters arising from the Informal Governors Meeting	20-feb.-20	It was recommended that a presentation be given to the full Council from Newcastle Healthwatch following the recent presentation to the Business and Development Working Group. The Deputy Trust Secretary agreed to facilitate [ACTION04] .	F Darville	<u>16/04/20</u> - Contact details requested.	Amber
103	ACTION01	4. COVID-19 AND NHNE UPDATE	18-Jun-20 [Workshop]	It was agreed that a future visit to the Nightingale Hospital North East site for the Council of Governors would be arranged when it was safe to do so in accordance with Government guidelines [ACTION01] .	F Darville	<u>07/08/20</u> - Discussion took place at informal Governor meeting and Governors asked to email F Darville to gauge interest to ascertain potential numbers for a future visit to be organised (in accordance with Government guidelines when possible).	Amber
104	ACTION02	6.COMMUNICATIONS UPDATE	18-Jun-20 [Workshop]	NT advised of a volunteer committee meeting that would benefit from being face to face. CD advised that this could not be facilitated in the hospital due to shielding restrictions and social distancing requirements. CD agreed to discuss further with NT to explore alternative options [ACTION02] .	C Docking	<u>07/08/20</u> - Discussion took place to advise that the meeting could not take place within the hospital site due to Government guidelines/social distancing restrictions however videoconferencing facilities were made available.	Green

Key:

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

Future Presentation Topics:

Gender Pay and Ethnic Pay Report - October
Command Centre - TBC
Healthwatch Newcastle - TBC



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 August 2020						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Kelly Jupp, Trust Secretary Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines a summary of Chairman activity and key areas of focus.						
Recommendation	The Council of Governors are asked to note the contents of the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Report previously received by the Board of Directors on 30 July 2020.						

CHAIRMAN'S REPORT

This month, the newly elected members of the Council of Governors undertook their virtual induction, hosted by the Trust Secretary, Kelly Jupp, and myself. The induction covered a number of key areas, including the composition of the Trust's Board of Directors and the Trust's governance structure.

Elected Governors give their time freely to represent the members, both public and staff, of the Trust. In essence, their responsibility is to act as "the people on the Clapham omnibus" but more specifically:

- To hold the Non-Executive Directors (individually and collectively) to account for the performance of the Board of Directors;
- To represent the interests of the members of the Trust as a whole and the interests of the public; and
- To have specific statutory duties as set out within the Health and Social Care Acts.

Overall, this amounts to ensuring that sufficient oversight is maintained on the efficient and effective use of more than a billion pounds of tax payers' money.

As Chair, I am appointed by the Governors and act as their Chair alongside my chairing responsibilities to the Board of Directors. In addition to chairing the Board itself and supporting the Chief Executive and her Executive Team in the delivery of the Trust strategy, my role includes helping to represent the Trust in the wider social and political environment in which we must operate.

The focus of my activities for this month has been dominated by the annual appraisals of the individual Non-Executive Directors (NEDs) and going through my own annual appraisal with the Senior Independent Director (SID). A key learning point arising from this exercise was to recognise the vast expertise of our Non-Executive Directors who fulfil a critical role yet receive very little publicity.

The SID, as he is affectionately known, is Mr Keith Godfrey, a former obstetrician and Medical Director in Gateshead. The official title refers to the need to appraise the Chair and act as Deputy Chair for the Council of Governors. Keith also brings his extensive experience to bear in chairing the Charitable Funds Committee which supports the Board in management of the generous donations we receive each year.

The longest serving NED is Mr David Stout, who chairs the Audit Committee. The Audit Committee is a statutory requirement and is responsible for the oversight of the financial reporting, risk management and audit processes, the system of internal control and compliance with laws and regulations. In particular, they ensure the annual accounts are reviewed and endorsed for approval by the Trust Board. The accounts are audited by an external auditor whose appointment is led by the Business and Development Working Group of the Governors. The Chair of the Audit Committee must have a formal financial qualification. As I reported last month, to ensure continuity, we took the opportunity of a NED vacancy this year to appoint Mr Bill MacLeod as David's replacement to allow an

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orderly transition, a year before David steps down. David continues as Deputy Chair of the Board.

David is supported on the Audit Committee by the NEDs who chair the three principal Board Committees, introduced in 2019 to ensure adequate assurance was provided to the Board of Directors following the streamlining of the large number of committees and sub-committees previously in operation, being:

- Mr Jonathan Jowett, Chair of the People Committee;
- Professor Kath McCourt, Chair of the Quality Committee; and
- Mr Steven Morgan, Chair the Finance Committee.

Jonathan is a lawyer by background and Company Secretary of Greggs PLC, one of our region's leading companies.

Kath is a former nurse, Pro Chancellor and retired Executive Dean of the Faculty of Health and Life Sciences at Northumbria University. She remains a leading figure in nursing, and nursing education, at national and international levels. Her conversation with the Queen as part of the celebration of the year of the Nurse was broadcast a few weeks ago. She is an honorary Colonel, 201 Field Hospital Newcastle upon Tyne, and ensures our Trust retains its high standing in relation to the Armed Forces.

Steven lives in Cumbria where he is a local councillor and leads community initiatives in addition to continued work as a consultant with vast expertise in nuclear projects. His diverse former life includes overseeing the building of Heathrow Terminal 2, being Commercial Director for the Ministry of Defence and in the more distant past being a US Navy Rear Admiral.

Jill Baker joined the NED team last year. She has extensive experience of the "third sector" and is currently Director of Development at the Lloyds Bank Foundation, the charitable arm of Lloyds Bank. She will take over from Keith Godfrey later this year as Chair of the Charitable Funds Committee. Along with our other new NED, Graeme Chapman, who was also introduced last month, Jill attends the People Committee and has now joined the Appointments and Remuneration committee which I chair; this Committee has responsibility for the appointment and remuneration of Directors and senior members of Trust staff.

Similarly, NEDs are part of the other main committees to ensure effective oversight and to support the respective chairs. Pre COVID-19, the NEDs were involved in a range of other activities such as chairing consultant appointment panels and other groups, however such activities were paused or altered as a consequence of the pandemic response.

The two remaining members of the NED team are Professor David Burn, Pro Vice Chancellor of the Medical Faculty of Newcastle University and our Associate Non-Executive Director Mrs Pat Richie, Chief Executive of Newcastle City Council. Both bring great expertise and experience as leaders of two of our most important partner organisations.

Collectively, the NEDs make a key contribution to the success of our organisation. Their wisdom will be of particular importance as we navigate the challenges of recovery from the pandemic and adapt to the new issues raised by integration across our Integrated Care

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Partnership covering the Tyne Valley and Northumberland and the Integrated Care System involving the NHS organisations and Councils across the North East and North Cumbria.

RECOMMENDATION

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

Report of Professor Sir John Burn

Chairman

22 July 2020

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COUNCIL OF GOVERNORS

Date of meeting	30 July 2020						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer						
Prepared by	Caroline Docking, Assistant Chief Executive Alison Greener, Executive PA to the CEO Andrew Edmunds, Principal Adviser						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • An update covering the Trust's response to the coronavirus outbreak since the last Public Board meeting. • An update on the Collaborative Newcastle agenda. • Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements. 						
Recommendation	The Council of Governors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	This report was previously presented to the Board of Directors on 30 July 2020.						

CHIEF EXECUTIVE'S REPORT

1. CEO OVERVIEW

Responding to the COVID-19 pandemic has been the principal operational and strategic priority for the Trust during the month, and we continue to care for small numbers of patients with a confirmed COVID diagnosis.

Sunday 5th July 2020 marked the 72nd birthday of the NHS and social care system and the nation took the opportunity to say thank you to everyone who has contributed to the UK response to the pandemic. The final and biggest 'Clap for our Carers' was an incredible recognition of what our staff and key workers have achieved. The day culminated in a moving moment of reflection as the Great North Children's Hospital was illuminated with artist Ian Berry's 'Clapping Hands' and very poignant black and white images captured during lockdown which formed part of a poem produced by our Chaplaincy team.

Having experienced arguably the most challenging period in the history of our health and social care system, our staff continue to respond with the utmost professionalism to the pressures that the pandemic is creating on their working environment and personal lives. Many have understandably spent some time reflecting on the pressures of being at the very frontline of the response. As I've met with groups of staff, they have talked about their feelings of fear and helplessness, as well as pride in their actions and the care they have provided to patients. Although this initial period of frontline pressure has subsided, the pandemic has not ended and we must not forget the longer term impact it will have on our communities. Ensuring that our staff are properly supported and have access to the resources and space they need to recover will be a key part of our Flourish at Newcastle Hospitals programme and the executive and senior management teams' focus over the coming months.

Restart, reset and recovery – 'building back better'

Importantly for our patients, the majority of our non-COVID clinical services are restarting, although in a very different way to pre COVID-19. This continues to present new and often unexpected challenges – such as how to best test patients for COVID prior to admission, and what changes to the physical environment are needed to ensure social distancing.

The safety of our staff and patients is paramount, and balances the increasing need to provide non-urgent and other elective care to patients as soon as is practicable.

Our activity levels are steadily increasing across the board, from around 50% on average in May to around two-thirds at present. We have also seen our referrals pick-up, although they remain lower than we would otherwise have expected.

A key part of our service restart is to provide things in a different, transformative way. One of the largest changes has been to outpatient and other planned appointments, where approximately 50% of are now being conducted virtually each month. The knock-on benefits of this are significant and support our commitment to being zero carbon – we estimate that

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this saves around 60,000 miles travelled in total, and around 160 tonnes of carbon dioxide each month.

Testing

Our testing regimes for staff, patients and families of staff are continuing. A particular time limited focus has been on antibody testing, where we have performed tests for around 80% of our staff to date. This is an incredible achievement over such a short period of time, with over 1,000 staff being tested in the first 48 hours the tests became available. The positive rate for the trust is lower than the national population average, which firmly shows how successful our efforts were to protect staff and prioritise their safety through the availability of PPE and other measures.

We continue to play an important role in the City of Newcastle's local test and trace system, ensuring that our testing capacity supports this city-wide response by providing timely results and supporting data. The City Council has set out its COVID Control Plan which outlines the local response to new cases and outbreaks of COVID in the city. It is clear on how we as civic partners can work in wraparound groups to support particularly vulnerable communities – in particular care homes – as well as the ongoing recovery plan for our City and the local economy.

Collaborative Newcastle

Test and trace is one example of the opportunities to improve services and ways of working from our Collaborative Newcastle agenda. Under this banner, the civic partners are working together and using our combined impact to improve the health, wealth and wellbeing of those who live and work in the city.

The Newcastle City Futures Board met for the first time on 29 June. This is the refreshed Health and Wellbeing Board that Newcastle City Council is required to host under the Health and Social Care Act 2012. This Board now has an updated membership and will bring this collective strength to focus on tackling the health inequalities that the City faces. A particular initial focus of the Board will be on supporting the COVID Control Plan and pandemic recover actions.

At a workshop on 7 July, the Joint Executive Group met and further developed our approach to the agreements which will underpin Collaborative Newcastle. We want Newcastle to lead the way in developing new ways of working that make best use of our collective resources to improve health and services in the City. Work continues at pace to continue this positive approach.

Academic Health Science Centre

I reported to the Board in our Public Board Meeting on 26 May that Newcastle Health Innovation Partners¹ have been awarded Academic Health Science Centre (AHSC) status for

¹ a partnership between our organisation, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle University, Newcastle City Council, and North East and North Cumbria Academic Health Science Network.

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5 years. Work has been steadily progressing to develop the Centre, and begin to outline its work programme of health and care research and innovation. A key focus of this establishing work has been to make initial appointments, and I am pleased to confirm that Peter Noble will be the AHSC Chief Operating Officer. Peter brings a wealth of experience from other AHSCs and is a fantastic addition to the team. We welcome Peter to this role and look forward to working closely with him in the coming months to further establish the Centre.

Climate change

On 27 June we also recognised the one year anniversary of our declaration of a Climate Emergency. The bold action and decision that the Board took in 2019 is a critical acknowledgement of the climate crisis which threatens population health. We have committed to rapidly reduce our carbon emissions and work with our civic partners to deliver a zero carbon Newcastle. Building on our long-term success and leadership in this area, over the last year we have made some significant improvements and strong progress in many areas, including:

- Achieving a 5% reduction in direct carbon emissions over the last year;
- Banning diesel for all new fleet, lease and hire vehicles;
- Recycling 43% of our non-clinical waste;
- Installing more electric vehicle charging points on our sites;
- Delivering a 45% reduction in the carbon footprint associated with volatile anaesthetic gas use; and
- Delivering a 16% reduction in heat demand at the Freeman Hospital from Estates improvements.

I am also a part of the NHS Net Zero Expert Panel, which met on 9 July, and which is advising the NHS as a whole on delivering net zero by 2040. At this meeting we agreed our immediate plans that set out the detail that underpins this ambition, and how we will measure and track progress. We also recognised how the COVID pandemic has had a mixed impact on all our ambitions. Whilst there are positives from examples such as the reduced number of patient and visitor journeys to our hospitals (as mentioned above) and the carbon savings from this, we are also using a significant amount of single-use PPE each day. The national plans will be set out in the coming months, and I will be leading the engagement with the provider sector on behalf of the panel.

Black, Asian and Minority Ethnic (BAME) Reverse Mentoring Programme

Myself, members of the Executive Team, and other trust senior leaders have embarked on a journey of 'reverse mentoring'. This aims to enable those working at a senior level to understand the challenges staff from diverse backgrounds can face in the workplace, reflect and learn from those experiences.

We have 52 members of staff taking part in the process and we plan to evaluate the impact of this programme to support our goal of challenging under representation and encouraging diversity in leadership positions.

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Since the introductory session on 25 June, I have held an introductory meeting with my mentor and we will be meeting regularly from the summer onwards. This programme is a fantastic opportunity for all of us to test, expand, and strengthen our knowledge of BAME issues and concerns. I am particularly keen to exchange views and insight into how we can tackle inequality, and what further actions the senior leadership team can take to make a difference.

2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing, I continue to meet with different groups of staff to speak openly with them about how they are feeling, their experiences and thoughts, and the opportunities for the months ahead. Since my update to the 24 June Public Board meeting I have met with staff from our intensive care units, Physiotherapy, Occupational Health and Pharmacy teams.

There were a number of common themes in the feedback. I heard in more detail about the new and enhanced services which different teams established; the rapid and changing official advice; their approach to learning throughout the early stages of the pandemic, and the emotional toll that such challenges have brought.

These meetings are always a reminder of the exceptional hard work from staff in all parts of the organisation. They continue to be incredibly valuable, and I appreciate the open and honest discussion we have had. They are feeding into and informing our #FlourishAtNewcastleHospitals programme, and give me an important insight into the huge range of personal impacts the pandemic has had on our people and teams.

On 24 June I joined a webinar run by the NHS wellbeing community #caringforNHSpeople alongside Prerana Issar, Chief People Officer for NHS England and NHS Improvement, which focused on how we can support the health and wellbeing of our LGBTQI+ people during and beyond the COVID-19 pandemic. This coincided with NHS Pride week, and was a good opportunity to discuss these issues and engage with a number of leaders in this area. On the evening of 26 June a virtual NHS Pride event was held, recognising this very important highlight of the LGBT+ calendar, and featured music, poetry, comedy and video messages of support.

My activities through chairing the Shelford Group have also continued. We have had conversations with national leaders, including:

- Matt Hancock MP, the Secretary of State for Health and Social Care, who outlined his thanks to the Shelford trusts, and set out his emerging vision for the future of the NHS and the ongoing response to COVID-19.
- Jeremy Hunt MP, Chair of the Health Select Committee, who provided his reflections on the future pressures facing the NHS and social care, and the role of large providers such as Newcastle Hospitals to use their expertise, capacity and capability to transform these services.
- Amanda Pritchard, Chief Operating Officer for NHS England and NHS Improvement, who has been central to the national response to the pandemic.

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Alongside this, the CEOs from the Shelford Group trusts met for an extended meeting to share reflections from the first stage of the COVID pandemic, and outline where we can further support our local partners, government and the national NHS bodies, our patients and the public. As ever, it was very useful to engage with colleagues and identify where our collective strengths are as large NHS anchor organisations with high levels of research and innovation expertise.

3. AWARDS AND ACHIEVEMENTS

Awards and Achievements

Our staff and teams continue to innovate and harness ideas to bring about real and sustainable change across Newcastle Hospitals to provide the very best services for our patients and staff, many of which are recognised at regional and national level.

- Leading immunology experts, Honorary Dermatologist Professor Muzlifah Haniffa and Professor Sophie Hambleton, an Honorary Immunologist, were elected to join the prestigious Academy of Medical Sciences' Fellowship in recognition of their exceptional contributions to world-leading research. They join a cohort of 50 like-minded clinical leaders and are two of the 19 female Fellows, contributing to the growing diversity of the Fellowship.
- Alyson Laws, a specialist nurse for continence in the community, was awarded the title of Queen's Nurse reflecting her commitment to high standards of patient care, education, and leadership in continence care. Alyson has helped to develop the service across the city which, in turn, has improved the quality of life for thousands of people.
- Pharmacists at the RVI were the first in England to use an 'electronic prescription service' as part of a pilot scheme during the pandemic, which not only helped families (saving one a 50-mile round trip) but has also taken the pressure off our busy outpatient pharmacy and GP's. While the pilot finishes this month, the experience gained will be used to inform the development of the system and subsequent roll-out next year, facilitating care closer to home and reducing unnecessary journeys for our patients.
- Patients rated Newcastle Hospitals amongst the best performing trusts in the Care Quality Commission's national inpatient survey which gathers their views on all aspects of care such as the hospital environment, communication and patient experience. We are grateful to everyone who took the time to respond to the survey - it is one of the ways we capture feedback to drive further improvement.
- The Trust was highly commended twice in the Employers Network for Equality & Inclusion Awards for our work with NHS organisations across the region to hold a recruitment event for the BAME community, as well as our Project Choice programme, which offers a pathway to employment for young people with neurodiverse conditions.

Agenda item 5

- CRUK Research Nurse Specialist Ben Hood has been named a finalist in the ‘Excellence in Cancer Research Nursing’ category of the RCNi Awards for his role in developing a pilot project to highlight the role of clinical research nurses in cancer services that could be used across the UK. A virtual awards ceremony will be held later this year.

In July, we launched our People at Our Heart Awards – replacing the long-standing Personal Touch Awards – to reflect our values and ethos of putting people at the heart of everything we do.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
22 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 August 2020						
Title	Nominations Committee Update						
Report of	Mr David Stewart-David, Nominations Committee Vice Chair						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in April 2020.						
Recommendation	<p>The Council of Governors are asked to:</p> <p>i) Approve the renewal of Professor Sir John Burn's second term of office as Trust Chairman for three years from 1st December 2020;</p> <p>ii) Endorse the Chairman and NED objectives as outlined in Appendix A; and</p> <p>iii) Note the content of the report.</p>						
Links to Strategic Objectives	<p>Learning and continuous improvement is embedded across the organisation.</p> <p>Our partnerships provide added value in all that we do.</p> <p>We maintain financial strength and stability.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Regular report.						

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

The Committee has met on four occasions since the previous Council meeting, with two formal meetings held on 19 May 2020 and 10 August 2020, as well as meeting to conduct the interviews for two new Trust Non-Executive Directors (NEDs) held on 2 and 8 June 2020.

2. NON-EXECUTIVE DIRECTOR RECRUITMENT UPDATE

Since the April Council of Governors meeting papers were issued, the following key events have occurred:

- 27 April 2020 – longlisting meeting held with Gatenby Sanderson, Chair and Vice Chair of the Committee.
- 19 May 2020 – shortlisting undertaken by the Nominations Committee.
- 2 June 2020 – interviews were held to recruit a NED with expertise in relation to innovation, transformation, business and development and collaborative working.
- 8 June 2020 – interviews were held to recruit a NED with expertise in financial management, specifying a requirement to be a qualified accountant.

Governors were provided with a confidential report for consideration during the 18 June Governors workshop and it was agreed that Mr Graeme Chapman and Mr Bill MacLeod be appointed as Trust NEDs subject to satisfactory completion of the Fit and Proper Persons requirements, adequate references being obtained and proof of qualifications/membership of the Trust.

The Trust Secretary has confirmed that the required checks have been undertaken and therefore Mr Chapman and Mr MacLeod commenced formally as Trust NEDs on 30 July 2020 for their first three-year term of office.

3. COMMITTEE MEMBERSHIP

Committee membership was revisited during April/May 2020 with Mr Eric Valentine, Public Governor, joining the Committee on 18 May 2020. Unfortunately however Mr Valentine was unsuccessful in gaining re-election as a Trust Governor during the May Governor elections and therefore could not continue as a Committee member. Following this, expressions of interest were sought and a ballot undertaken, with Ms Judy Carrick being successful in the ballot and therefore joined the Committee from 28 July 2020.

4. CHAIR AND NED APPRAISALS

Agenda item 7(i)

All Chair and NED appraisal meetings have now been undertaken with positive performance noted. The Committee discussed the appraisal reports from the Trust Chairman and Senior Independent Director at their meeting on 10 August 2020.

The proposed Chair and NED objectives for Council endorsement are included in Appendix A to this report.

5. CHAIR APPRAISAL AND REAPPOINTMENT PROCESS

At the Committee meeting on 10 August 2020, members received a detailed report setting out the Chair appraisal for 2019/20. As the Chair was appointed on 1st December 2017 for his first three-year term, the report also included further information for consideration regarding the proposed reappointment of the Trust Chair for a second three-year term of office.

In summary, the process involved:

- a) Utilisation of the NHS England / NHS Improvement (NHSE/I) template for seeking feedback from Board members for the Chair appraisal (feedback was sought from the Executive Team and Non-Executive Directors, the Lead Governor and the Trust Secretary). The feedback was collated by the Trust Secretary and shared with the Senior Independent Director (SID) and Committee members in anonymised form.
- b) The Chairman completing a short 2 page supporting statement to summarise why he would like to be considered for reappointment and shared. The supporting statement was shared with the Nominations Committee for consideration.
- c) A 1:1 appraisal meeting was held with the Chair and the SID to review the feedback provided. A report summarising the appraisal discussion was presented to the Committee.
- d) Completion of the template appraisal form from the NHSE/I guidance document (named 'the Framework for conducting annual appraisals of NHS provider chairs') was by the SID and circulated to Mr Richard Barker, North East and Yorkshire Regional Director (NHSE/I) as required. The completed form was also shared with Committee members.

The appraisal process has now been completed satisfactorily and the Chairman would like to be considered for reappointment for a second three-year term of office. The Committee considered all of the information provided and adhered to the Chair/NED Appointments and Reappointments Process and updated Trust Succession Policy previously agreed by the Council of Governors. Committee members unanimously endorsed the recommendation to reappoint the Trust Chair for a second three-year term from 1st December 2020.

6. FURTHER COMMITTEE MEETING UPDATES

In addition to the specific areas listed above, Committee activity also included:

- i) *19 May 2020 Committee meeting:*

Agenda item 7(i)

- Committee members received and approved the Annual Report of the Committee which outlined 2019-20 achievements and noted key areas for the Committee to revisit during 2020-21.
- Receipt of feedback on the Aspirant NED Insight Programme facilitated by Gatenby Sanderson.

ii) 10 August 2020 Committee meeting:

- Receipt of feedback from the Trust SID on his time in role and received an update from the Trust Audit Committee Chair.
- Conducted a 'debrief' on the recent to NED recruitment process undertaken to consider lessons learned for future recruitment exercises.
- Undertook an annual review of remuneration of the Trust Chair and NEDs, considering the NHSE/I guidance, with no changes proposed at this time.
- Reviewed and agreed the Committee Schedule of Business for the year ahead.
- Committee members acknowledged that the meeting was the last meeting in which the Trust SID would be in attendance prior to his term of office ending in September 2020. Members expressed their sincere gratitude to Mr Godfrey for his contributions, dedication and commitment as a Trust NED and the Trust SID.

7. ACTIONS AND RECOMMENDATIONS

The Council of Governors are asked to

- i) Approve the renewal of Professor Sir John Burn's second term of office as Trust Chairman for three years from 1st December 2020;
- ii) Endorse the Chairman and NED objectives as outlined in Appendix A; and
- iii) Note the content of the report.

**Report of Mr David Stewart-David, Public Governor
Nominations Committee Vice Chair
12 August 2020**

Appendix A

PROPOSED CHAIR AND NON-EXECUTIVE DIRECTOR OBJECTIVES 2020/2021

1. CORPORATE OBJECTIVES

The proposed common corporate objectives are as follows:

- i) To support the Trust-wide vision and values and ensure that significant progress is made in delivering the Strategic Objectives through demonstrating an awareness of the Trust Strategy and the risks to the objectives as detailed in the Board Assurance Framework;
- ii) To exercise appropriate challenge at Board meetings and question whether Executive Directors are providing adequate, appropriate and timely information to the Trust Board. To be evidenced through the minutes of Trust Board and Board Committee meetings; and
- iii) To support the Trust’s Breakthrough Objective of “Integrating services across Newcastle City” and the Collaborative Newcastle programme through demonstrating an understanding of the importance of the Programme and fostering a commitment to improve health, wealth and wellbeing in the city in a collaborative way.

2. PERSONAL OBJECTIVES

The proposed objectives for each NED/Chairman are as follows (in alphabetical order).

Chairman

Professor Sir John Burn

- 1. Maintain a close working relationship with:
 - A. CEO - as a minimum through monthly 1:1 meetings and monthly formal Board/Board workshop agenda setting meetings.
 - B. Board members, including NEDs - as a minimum through regular informal NED meetings (scheduled prior to each formal Board meeting) and monthly formal Board/Board workshop agenda setting meetings.

To be measured by feedback from Board members and effective implementation of the Trust strategic objectives.
- 2. Maintain good communication and information sharing with Governors through ensuring Council meeting and workshop agendas include key information/topics/areas for Governor discussion/consideration and via the production of Chair reports for every Council meeting.

To be measured by feedback from the Lead Governor and knowledgeable involvement of Governors.
- 3. To improve knowledge and understanding of National and Regional strategy for Integrated Care Partnership (ICP) and System (ICS) development and represent the

Agenda item 7(i)

Trust in the development of the ICP and ICS, as well as acting as a National ambassador for the Trust and exploring the possibility of helping to develop a Shelford Chairs' Group.

To be measured by attendance at, contributions and feedback/communications from key ICP/ICS meetings and Chair meetings.

NEDs*Ms Jill Baker*

- i) Remain cognisant of the corporate objectives and aim to attend and contribute to all Board meetings and Board development workshops. To be measured by contributions made and attendance at such meetings.
- ii) Work with the current chair with a view to becoming Chair of the Charitable Funds Committee after the Annual Members' Meeting in September and engage with the Assistant CEO, Finance Director and Charity Director to seek to expand the profile of charitable activity within the Trust. To be measured by effective chairing of Committee meetings and contributions to the development of the new Trust Charity Strategy.
- iii) Continue to be an active member of the People and Appointment and Remuneration Committees through regular attendance and contributions at meetings.
- iv) Attend and contribute to consultant appointment panels, if and when this becomes standard practice post COVID-19, utilising own experience to scrutinise applications and provide independent feedback.
- v) Seek to expand knowledge of the Trust by taking part in further leadership walkabouts and other educational activities aimed at enhancing broader engagement and informed governance.

Professor David Burn

- i) Attend and contribute to all Board meetings, both Public and Private and all Board Development Sessions where feasible in order to continue to contribute expertise and challenge as a clinical academic and system leader.
- ii) Co-lead, with Dame Jackie Daniel the establishment of Newcastle Health Innovation Partners (NHIP) to become one of the UK's leading Academic Health Science Centres demonstrated by an increase in organisational integration and an expansion in translational research.
- iii) Provide support and mentoring when required to the Enterprise and Business Development team by arranging regular updates via NHIP.
- iv) Support closer integration of the Joint Research Office and Newcastle Clinical Trials Unit to facilitate more Newcastle led clinical trials and studies.

Agenda item 7(i)

Mr Keith Godfrey (Senior Independent Director)

- i) Continue as Senior Independent Director and offer support to his successor once identified. Continue to chair Council of Governors meetings in the absence of the Chairman (if this should arise).
- ii) Continue to Chair the Charitable Funds Committee while supporting Mrs Jill Baker, NED, in preparation for becoming Chair after the AMM through sharing knowledge and experience of time in role. To be measured by the success of handover arrangements.
- iii) Remain an effective member of the People Committee, Nominations Committee and Appointments and Remuneration Committee, attending and contributing to meetings.
- iv) Continue to act as a sounding board for senior clinical staff through being available/contactable.

As Mr Godfrey's term of office will end in September 2020, discussions are underway to agree a new Trust SID from October 2020. As outlined in the Trust Constitution it is the role of the Trust Board to appoint the SID in consultation with the Council of Governors.

Mr Jonathan Jowett

- i) Continue to chair the People Committee and ensure that the Committee receives the required assurances in relation to the Trust workforce. To be measured through contributions to agenda setting and review of Committee information.
- ii) Continue to be an active member of the Audit Committee and the Appointments and Remuneration Committee through regular attendance and contribution at meetings.
- iii) Extend knowledge of the organisation by taking part in at least four face to face or virtual meetings with different services as part of the NED walkabout programme.
- iv) Continue to support the Trust Secretary through regular one to one meetings three to four times in the year.

Professor Kath McCourt

- i) Continue to chair the Quality Committee and ensure that the Committee receives the required assurances in relation to quality of care through:
 - Ensuring any actions arising from the outcome of the review of management groups are implemented by management by the end of 2020/2021.
 - The objectives detailed within the Annual Quality Committee Report are actioned.
- ii) Continue to be an active member of the People Committee and the Appointments and Remuneration Committee through regular attendance and contribution at meetings.

Agenda item 7(i)

- iii) Continue to support Trust engagement with the Armed Forces through regular engagement with the Trust Armed Forces lead.

Mr Steven Morgan

- i) Continue to chair the Finance Committee and ensure that the Committee receives the required assurances in relation to the Trust financial sustainability. To be measured by the content of Committee meeting agendas and papers.
- ii) Continue to be an active member of the Audit Committee through regular attendance and contribution at meetings.
- iii) Extend knowledge of the organisation by taking part in at least four face to face or virtual meetings with different services as part of the NED leadership walkabout programme.
- iv) Continue to support the Estates Director through regular one to one meetings three to four times in the year.

Mr David Stout (Deputy Chair)

- i) Continue to chair the Audit Committee to the end of July 2021 and continue to integrate the input from the chairs of the Quality, People and Finance & Investment Committees into the audit cycle through ensuring sufficient time is allocated on the Committee agenda.
- ii) Ensure that the full range of risk is included in the Audit Committee oversight while ensuring appropriate distance is maintained between the audit responsibilities and the other board committees. This will be achieved through ensuring the Committee receives routine reports on the Board Assurance Framework and Risk Register.
- iii) David will, in his capacity as Audit Committee Chair meet with the Chairs of the Governor Working Groups in the spring to provide his feedback on the Trust position, pertinent to the areas within the remit of the Audit Committee, prior to the end of his term of office.
- iv) To ensure a smooth and effective handover of the chair of the Audit Committee role to Bill McLeod through meeting directly with Bill and sharing knowledge and experience on the role undertaken.
- v) To work with the Finance Director, Finance Committee and Board to ensure that the Trust is in financially sustainable position through utilising own NHS finance expertise to scrutinise Trust financial information and provide independent constructive challenge. To be measured by contributions at meetings.
- vi) To continue to attend and be an active member of the Finance Committee as deputy chair. To be measured by attendance at meetings and contributions made.

Agenda item 7(i)

A meeting will be scheduled with Mr Graeme Chapman and Mr Bill MacLeod, our two new NEDs, within three months of appointment to discuss and agree objectives for the remainder of the year. This will allow them to build their knowledge of the Trust and NHS expertise and identify any areas for development/further training. These objectives will be shared with the Council in due course.

Associate NED

Mrs Pat Ritchie

- i) Attend and contribute to Public and Private Board meetings and Board development sessions, providing constructive challenge and assisting in promoting the Trust at national level.
- ii) Continue to be a member of the Joint Executive Group involving the Trust CEO, and supporting efforts to integrate Trust and local Council ambitions in meeting the broader healthcare needs of the population through the Collaborative Newcastle Project.
- iii) Alert the Trust Board to developments of mutual interest such as changes in transport infrastructure.
- iv) Contribute to the Healthy Ageing agenda by liaising with the Trust on future council initiatives in this area to encourage alignment with Trust activities.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 August 2020						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lowis – Senior Business Development Manager - Performance						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	This paper is to provide assurance to the Council of Governors on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
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Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Contains key HR metrics. Provides an overview of the current financial position.						
Reports previously considered by	Regular report.						

Integrated Board Report

Quality, Performance, People and Finance

July 2020



Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of Quality, Performance, People and Finance in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider. Updates from the Trust's Restart, Reset and Recovery (3Rs) cell will also flow through this paper.

Restart, Reset and Recovery (3Rs)

- In light of the COVID-19 pandemic and the new environment in which NuTH now operates, the **3Rs Cell** focusses on the Trust's ability to:
 - **Restart** and deliver services which were paused at the height of activity reduction;
 - **Reset** services which need small transformation changes to deliver services in an altered model; and
 - **Recovery** to the 'new normal' in which the Trust will operate and work through its waiting list backlog.

New Operating Environment

- Patient care **activity across the trust significantly reduced as the COVID-19 pandemic first hit**. This was due to:
 - a rapid intentional **pausing of non-urgent non-face-to-face elective outpatient and inpatient activity for 3 months** to release capacity to care for COVID patients and to reduce risk of transmitting COVID to non-COVID patients in hospital.
 - (Partly unexpected) significant **reduction in emergency patients** calling 999 and/or attending A&E as an emergency.
 - changes in primary care activity and delivery meant very **few patients were referred from GPs** to hospitals for elective care.
- As the number of patients with COVID has decreased, the NHS has looked to increase its elective activity once again. However, due to the need to protect the safety of patients and staff, it is necessary to follow rigorous infection prevention and control arrangements, such as **social distancing** beds, patients and staff, adding air settle time between cases etc. This has **reduced the number of patients who can be cared for each day**.

Report Highlights

1. The Trust had no cases of **MRSA bacteraemia** attributed in June, therefore the total number of cases attributed to the Trust is 1 (April).
2. The Trust achieved the 95% **A&E 4hr standard** in June 2020, with performance of 97.5%. A&E attendances continue to increase following a significant drop in attendances during the COVID-19 pandemic but remain below pre-COVID levels.
3. The Trust achieved 2 of the 8 **Cancer Waiting Time standards** in May which is an improvement from the previous month where 1 of the 8 standards were met. The standards met were 31 Day Subsequent Treatment (Radiotherapy) and 31 Day Subsequent Treatment (Drug).
4. **Activity** continues to rise with 3.6% weekly compound growth throughout June in Day Case and Electives, and 2% growth in Outpatients.
5. All **Healthcare Contracting and Performance** have been suspended during 1st April 2020 to the 31st July 2020, as we are operating under an emergency COVID-19 financial regime.

Contents: June 2020

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Clinical Audit
- 3Rs – Data, Processes and Performance Work Stream
- Monthly Performance Dashboard
- A&E Access and Performance
- Delayed Transfers of Care and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

People

- Health and Wellbeing
- Sustainable Workforce Planning
- Excellence in Training and Education
- COVID-19 Staff Absence

Finance

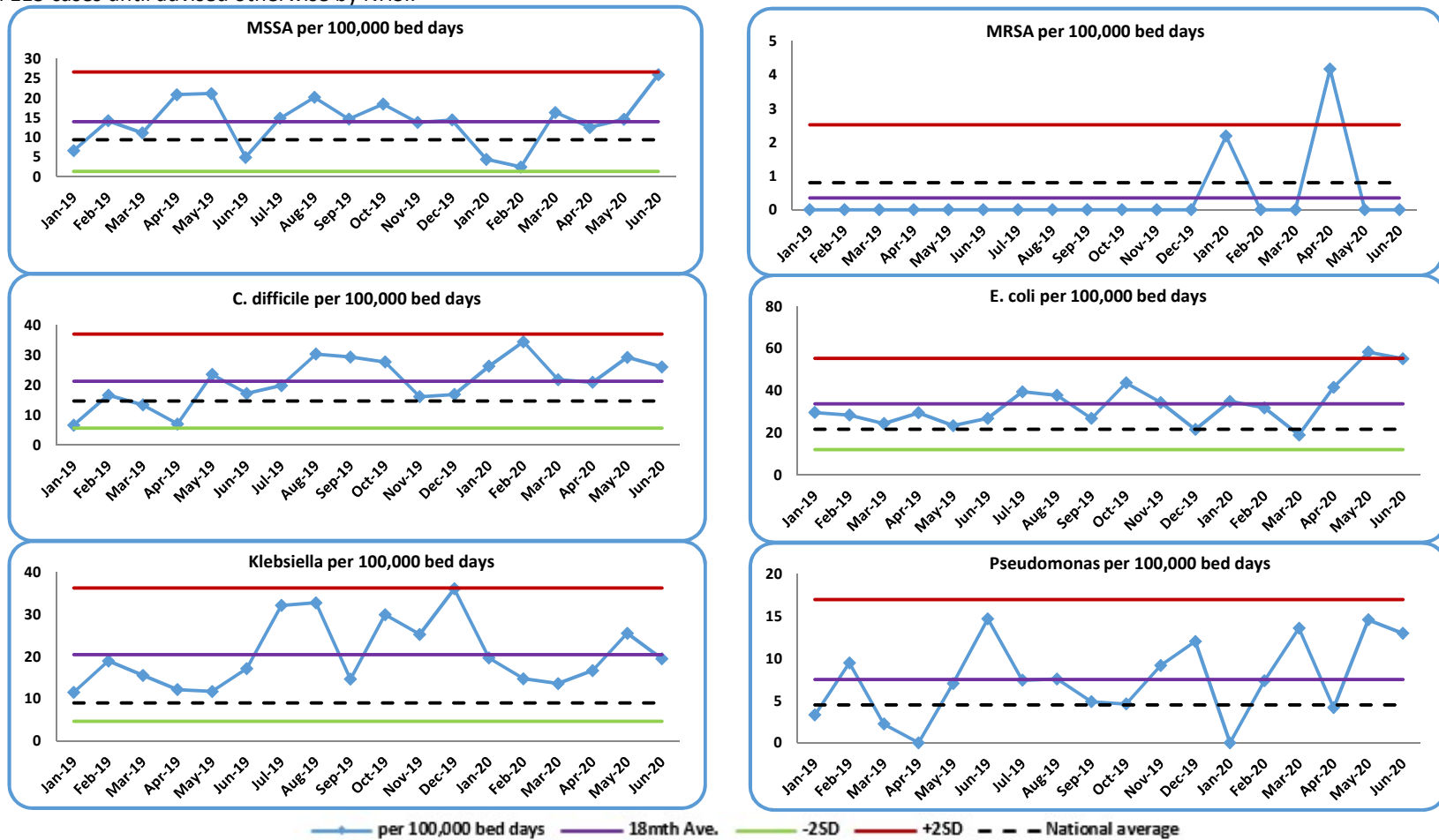
- Overall Financial Position

Quality and Performance: Healthcare Associated Infections

The 2020/21 NHS Contract has now included Community Onset Healthcare Associated (COHA) to all Blood Stream Infections (BSI) from 1 April 2020 and due to this change in guidance, we have set an internal objective for a 10% reduction based on an amended figure for last year's HCAI rate which would have included COHA definitions. Therefore MSSA bacteraemia cases has a new internal 10% to achieve ≤ 88 cases for 2020/21 and at the end of June there were 14 cumulative cases. There have been no further MRSA bacteraemia cases since April 2020.

The same internal reduction has been set for E. coli bacteraemia cases with the aim to achieve ≤ 194 cases ; June saw a total of 44 cases cumulatively. This has also been applied to Klebsiella bacteraemias (≤ 135 cases) and Pseudomonas aeruginosa bacteraemias (≤ 46 cases). By the end of June there were 17 cases of Klebsiella bacteraemias and 9 case s of Pseudomonas aeruginosa bacteraemia cumulatively.

By the end of June 2020 we still have not received our nationally set trajectory for C. difficile infections so we are currently still using last year's objective of a total of no more than 113 cases until advised otherwise by NHSI.

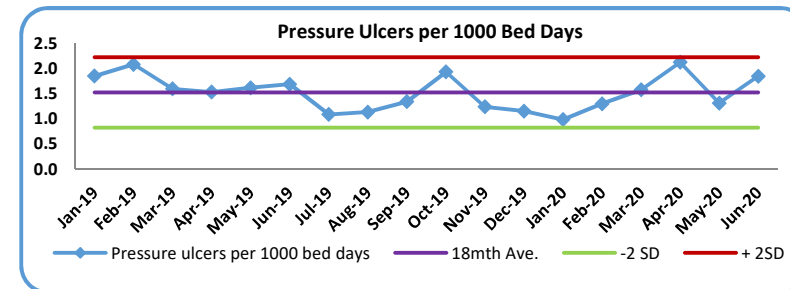
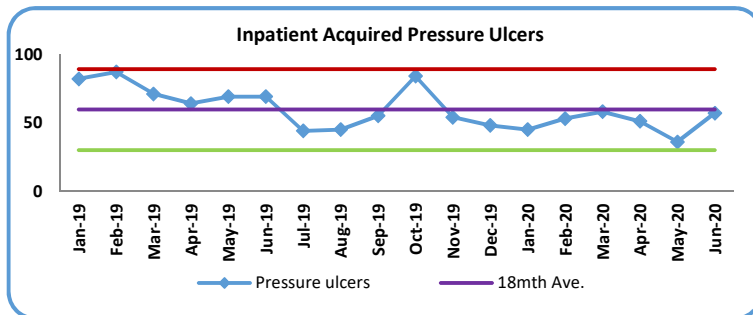
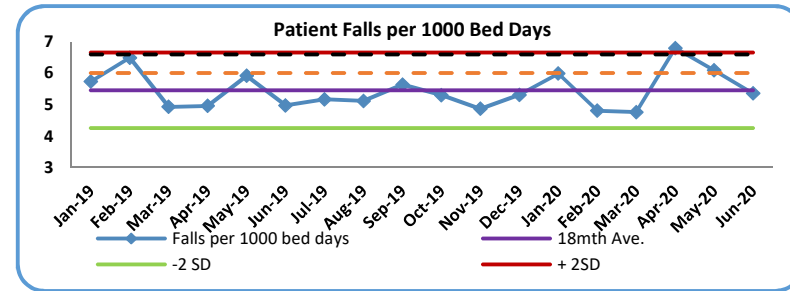
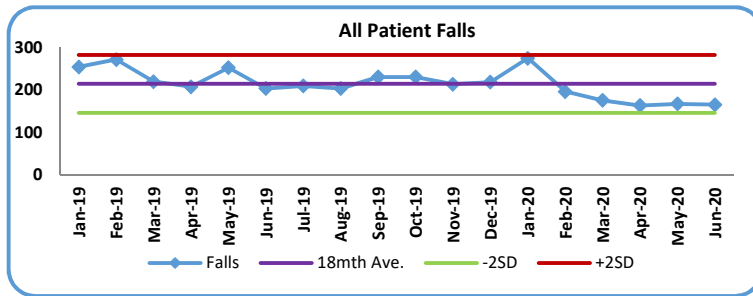


Quality and Performance: Harm Free Care

The Acute Trust figures show an increase in the amount of pressure ulcers reported in June 2020. The two previous month's figures reduction in April and May, likely attributed to a reduction in occupancy, and when compared to 1,000 bed days therefore this shows that the figure is more sustained rather than an increase. Work continues in the Tissue Viability team to prevent pressure damage and share this with ward areas to promote ownership of the pressure ulcers acquired within their own areas with an aim of prevention.

In June 33 acute acquired pressure ulcers DATIX reports were unable to be validated due to images not being taken and shared with the Tissue Viability team / images not uploaded to DATIX therefore the accurate number may be lower. Work will continue with ward areas and it is expected from this all pressure ulcers will be able to be validated and we will see a reduction in the numbers acquired. Other work streams also continue to hospital acquired pressure ulcers.

In relation to inpatient falls, the statistically significant reduction achieved between July and December 2018 has not been sustained throughout 2019/20 but the rate and total number of falls remain within normal levels of variation and there has been a further reduction month on month in 2020. There has been success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury compared to the same period last year (a total of 26 incidents 2019/20 Vs. 37 incidents 2018/19 April – September inclusive). The incidents and rates of falls and PU are monitored closely and any serious incidents undergo a robust Root Cause Analysis (RCA) process which assists in the identification of quality improvement work streams which to date have been successful.

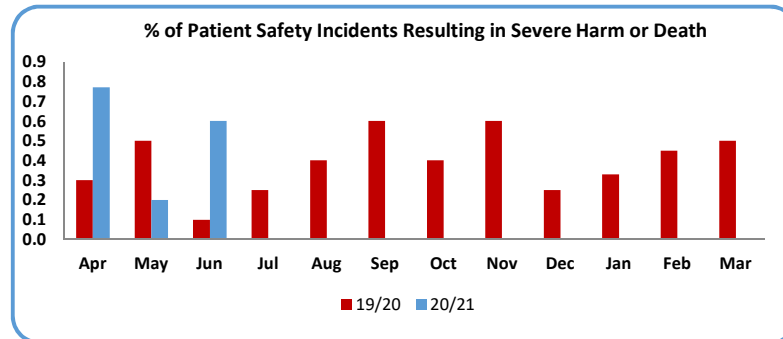
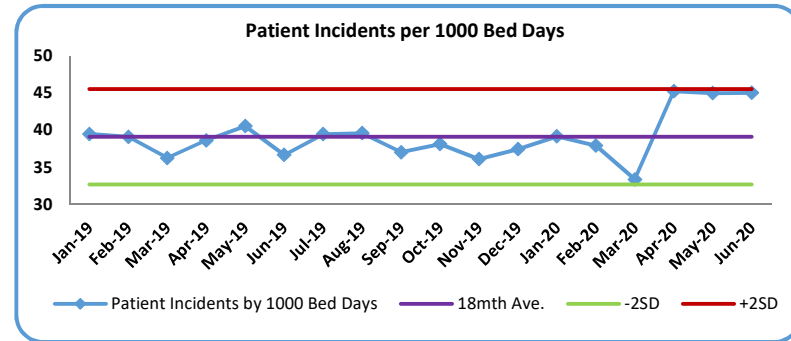
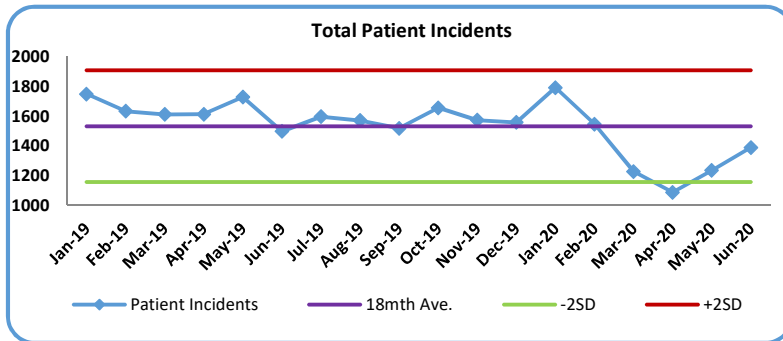


Quality and Performance: Incident Reporting

The percentage of incidents that resulted in severe harm or death reported in June 2020 is 0.6%. Nationally we report fewer incidents that result in severe harm or death than other similar providers.

This data is subject to change in future reports as severity grading may be modified following investigation.

The number of patient safety incidents reported during March 2020 – June 2020 is lower than in previous months as would be expected due to the reduction in activity and in-patient bed days during the Trust’s COVID-19 pandemic response. Therefore, the rate of patient safety incidents per 1,000 patient bed days appears to have risen during this period. It should also be noted that the dependency and acuity of the in-patient population will differ during this period.



Quality and Performance: Serious Incidents & Never Events

Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate harm, severe harm or death. It is a statutory requirement for the Trust to be open and transparent ensuring that patients/their families are informed about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences.

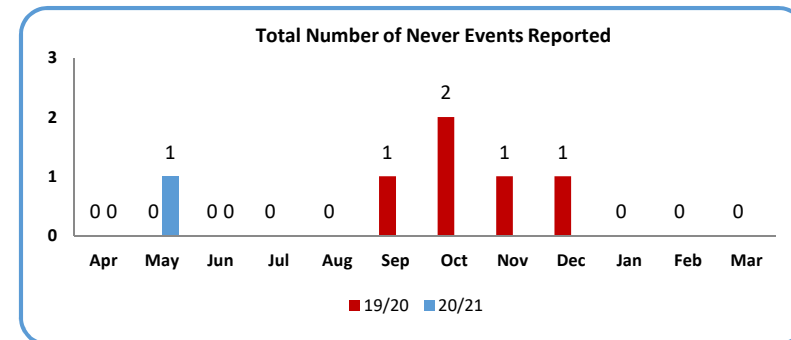
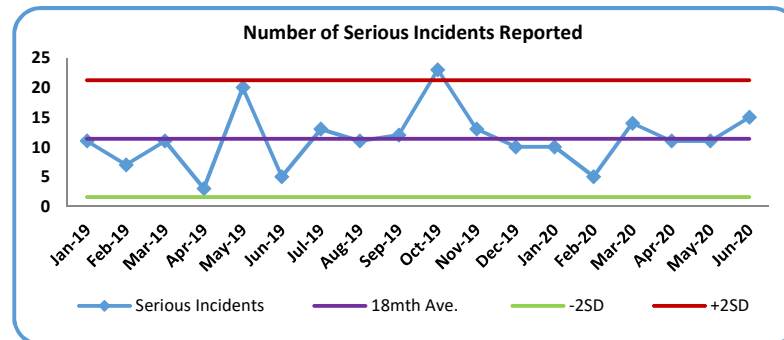
In June there were 15 cases reported as SIs. The Duty of Candour process has been initiated in all cases.

The cases were:

- Three delayed treatment - DoC in progress
- One missed diagnosis - DoC in progress
- One reportable *'Each Baby Counts'* case - DoC in progress
- Eight pressure ulcers resulting in harm - DoC in progress
- Two falls resulting in harm - DoC in progress

*Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby Counts' national quality-improvement initiative should (by default) be notified as Serious Incidents.

Since April 2019 all 'Each Baby Counts' reportable cases are now externally investigated by the Healthcare Safety Investigation Branch (HSIB) as part of their national programme. DoC is initiated by the Trust in conjunction with the HSIB for these cases.



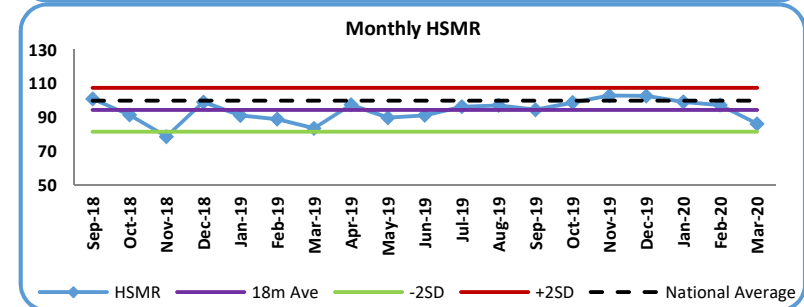
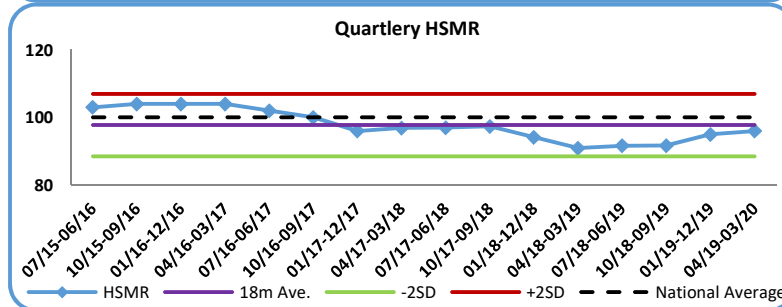
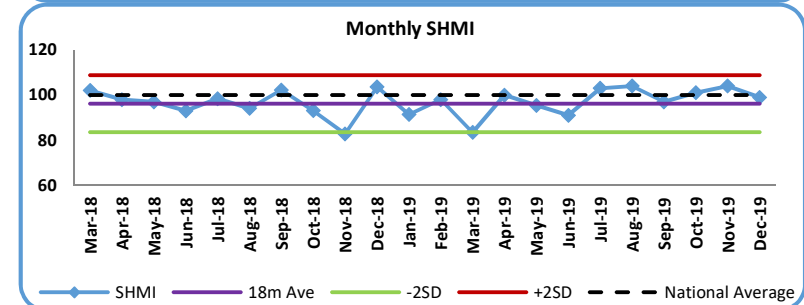
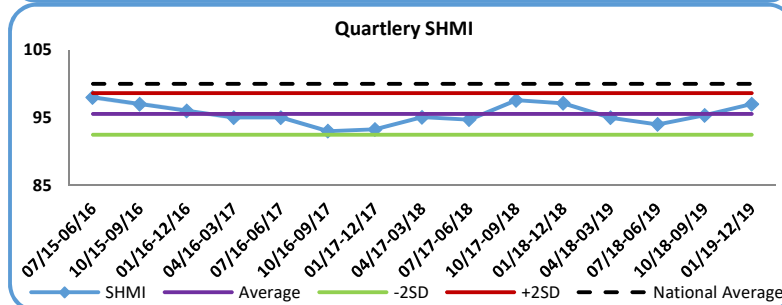
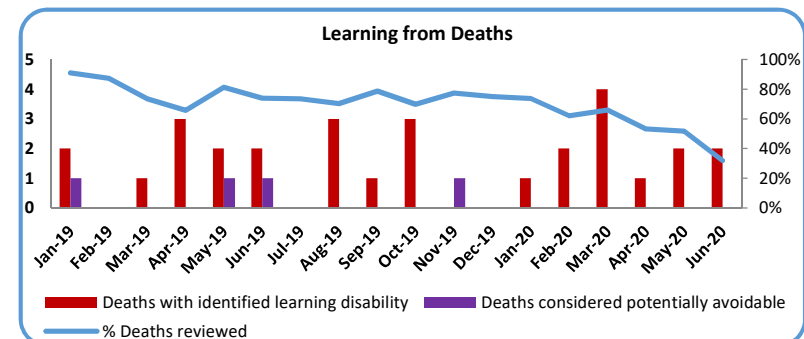
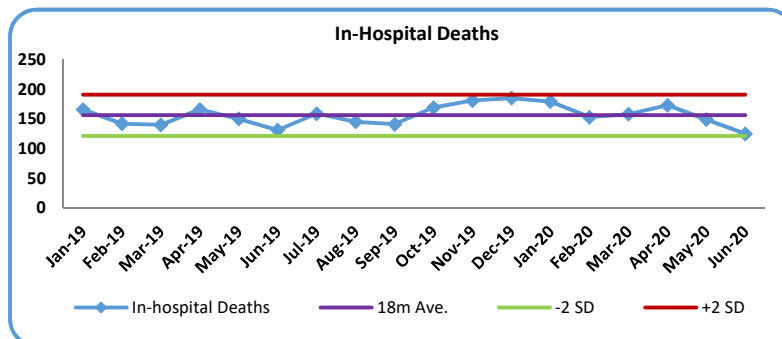
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 125 deaths reported in June 2020, which is lower than the amount of deaths reported 12 months previously (n=131). However, it should be noted due to COVID-19 the Trust had 13,283 inpatient discharges in June 20 which is significantly less than reported 12 months previously (n=18,932).

Learning from Deaths: In June 2020, 125 deaths were recorded within the Trust and to date, out of the 125 deaths, 40 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

SHMI: The most recent published SHMI data from NHS Digital shows the Trust has scored 97 from months January 2019 – December 2019, this continues to be lower than the national average and is within the "as expected" category. The latest monthly SHMI data retrieved from external database CHKS is currently published up to December 2019.

HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to March 2020 and is below the national average. Monthly data is available until March 2020. This number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Friends and Family Test

The collection and reporting of data was postponed in March by NHS England.

The launch of the new FFT guidance which was due to start on the 1st of April has also been postponed until further notice and there has been no formal announcement of when FFT will recommence.

Trust Complaints 2020-21

The Trust received a total of 83 (76 with patient activity) formal complaints up to the end of June 20, with 36 complaints received in June. The Trust is receiving an average of 28 new formal complaints per month, which is on average 25 complaints per month lower than the 53 per month average for the last full financial year.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of June are within Surgical Services with 0.12% (12 per 10,000 contacts) and the lowest are with ePOD and Cancer Services with 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 64% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 24% of all subjects raised within complaints.

Directorates	2019-20				19-20 Ratio (Full Year)	18-19 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)		
Cardiothoracic	4	15,903.00	0.025%	1:3976	1:1873	1:2770
Children's Services	7	17,732.00	0.039%	1:2533	1:1753	1:2778
Out of Hospital/Community	1	4,263.00	0.023%	1:4263	1:6027	1:3505
Dental Services	4	12,779.00	0.031%	1:3195	1:6857	1:9392
Internal Medicine/ED/COE	9	33,195.00	0.027%	1:3688	1:2552	1:2996
Internal Medicine/ED/COE (ED)	6	23,035.00	0.026%	1:2352	1:3817	1:4091
ePOD	2	39,132.00	0.005%	1:19566	1:6745	1:8799
Musculoskeletal Services	7	15,438.00	0.045%	1:2205	1:2080	1:2849
Cancer Services / Clinical Haematology	4	32,451.00	0.012%	1:8113	1:7908	1:7235
Neurosciences	4	25,912.00	0.015%	1:6478	1:2373	1:2543
Patient Services	2	10,835.00	0.018%	1:5418	1:3819	1:3415
Peri-operative and Critical Care	2	6,846.00	0.029%	1:3423	1:2640	1:3080
Surgical Services	16	13,086.00	0.122%	1:818	1:1310	1:1607
Urology and Renal Services	3	12,857.00	0.023%	1:4286	1:2406	1:2668
Women's Services	5	28,229.00	0.018%	1:5646	1:3114	1:3307
Trust (with activity)	76	291,693.00	0.026%	1:4116	1:3241	1:3834

Quality and Performance: Health and Safety

Overview

There are currently 1,003 health and safety incidents recorded on the Datix system from the 1st June 2019 to 31st May 2020; this represents an overall rate per 1,000 staff of 62.8. The Directorate with the highest number of incidents is Patient Services reporting 151 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Internal Medicine (109.6), Peri-operative & Critical Care Services (96.03), Women's Service (71), and Patient Services (66.5).

Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 696 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st June 2019 to 30th May 2020 this represents an overall rate per 1,000 staff of 43.7. Directorate rates per 1,000 staff over this period for the highest reporting services of aggressive behaviour are Neuroscience (129.4), Directorate of Medicine (106), Community (97.5), Musculoskeletal Services (81.2) and Urology/Renal Services (60).

Sharps Incidents

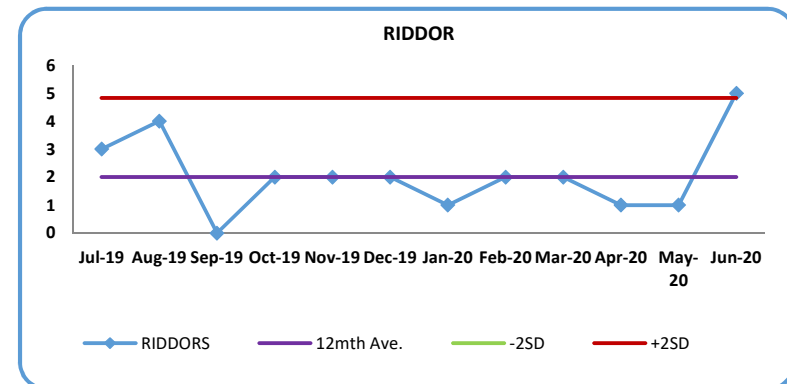
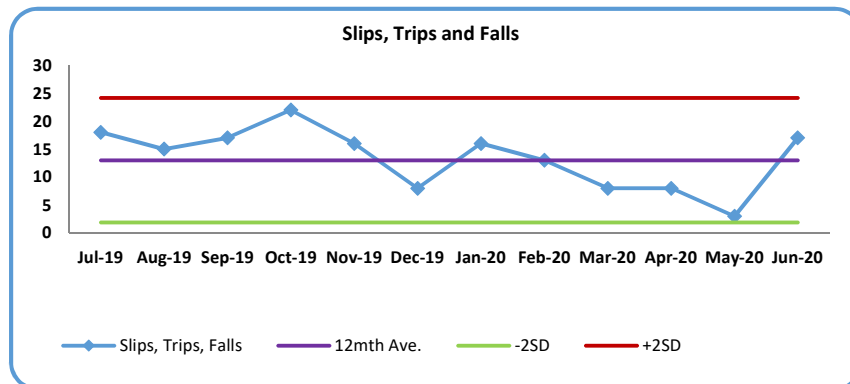
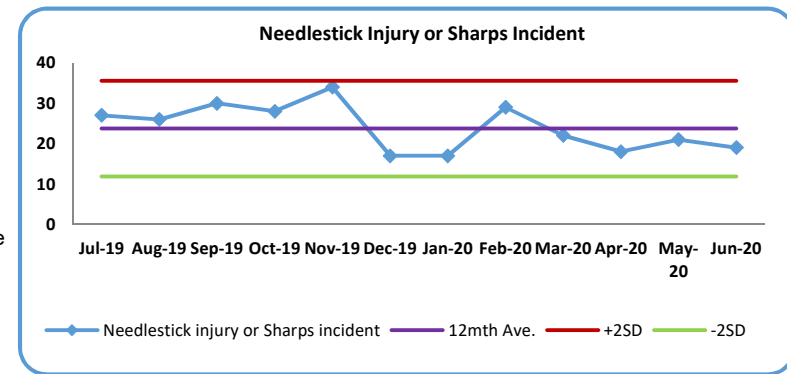
The average number of all sharps injuries per month is 24.5 between 1st June 2019 to 30th May 2020 based on Datix reporting, with 16.6% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 18.1 per month.

Slips, Trips and fall

Slips on wet surface, fall on level ground and tripped over an object collectively account for 62.8% of falls between 1st June 2019 to 30th May 2020. Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 16.3% of the incidents recorded.

RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st June 2019 to 30th May 2020 are Slips and fall (12), Needle stick Injuries (2) and Physical Assaults (2). These account for 56% of reportable accidents over the period.

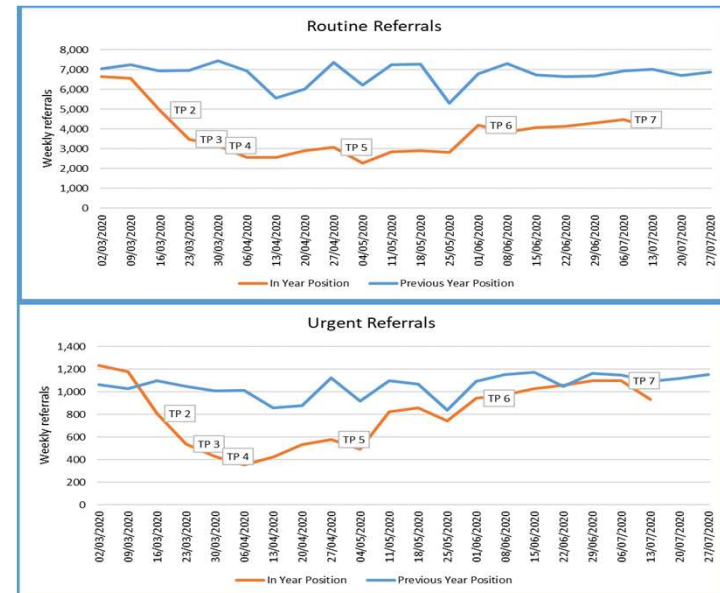


Quality and Performance: Clinical Audit

Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Congenital Heart	September 2019	<ul style="list-style-type: none"> The Trust showed a 1% mortality rate against a predicated rate of 2.62%. The Trust had an acute neurological rate of 0.4% against the National 1.2% rate. The Trust had a renal replacement therapy rate of 3.37% compared to the national 3.29% rate. The Trust's post-surgical requirement for a pacemaker (unplanned) was 0.67% compared to the national 1% rate. The Trust rate for catheter procurement for emergency complication related procedure was <0.6% as opposed to the national 0.74% rate. The Trust catheter related device embolization rate was <0.6% compared to national 0.64% rate. 	The Trust was not an outlier in any of the performance indicators.	Discussed at June 2020 Clinical Audit and Guidelines Group.
National Heart Failure Audit	September 2019	<ul style="list-style-type: none"> Trust achieved 70% target for case ascertainment achieving 95% regularly. 61% of the Trust's patients were cared for on a cardiology ward compared to <50% nationally. The Trust partially achieved the requirement for 2 week follow up post discharge. 46% of cases were referred for Heart Failure Nurse follow up which was below the target of greater than 50% but the Trust figure increased to 68% Heart Failure Reduced Ejection Fraction (HFrEF). 	<ul style="list-style-type: none"> 73% of cases Trust patients received input from a cardiologist compared to the target of >85%. The Trust scored 54.4% against the requirement of >85% of HFrEF patients being discharged on all 3 disease modifying medicines. 	Discussed at June 2020 Clinical Audit and Guidelines Group.
National Prostate Cancer Audit	January 2020	<ul style="list-style-type: none"> The Trust performed excellent throughout with performance matching or exceeding national benchmarks. The audit demonstrated excellent management of low risk disease i.e. there was no over treatment. There were excellent surgical outcomes with readmission rate lower than average. 	No definable recommendations.	Discussed at June 2020 Clinical Audit and Guidelines Group.

Quality and Performance: 3Rs – Data, Processes and Performance Work Stream

- **As part of the Trust response to COVID-19 through the Restart, Reset and Recovery Cell (3Rs) the Trust continues to take actions to ensure it has robust processes in place for managing referrals and patients relating to Outpatients and RTT.**
 - As the Trust continues to move forwards into the second and third phases of its 3Rs cell, and into business as usual activity, the focus of the individual sub-groups will move into maximizing current available capacity, solidifying current transformational changes such as the move to non-face to face activity and focusing on longer term transformation objectives.
- **The Trust began re-acceptance of routine GP referrals from 1st June, having agreed with local commissioners to halt routine referrals during April and May.**
 - The Trust has worked alongside commissioners to manage this process of reopening to routine referrals and this follows national NHSE/I instruction that the NHS had moved into the second phase of response to COVID-19.
 - Routine referrals remain under previous levels but have remained steady since the re-acceptance of GP referrals (Time Point 6) at approx. 65% of previous levels.
 - Urgent referrals have now recovered to almost 100% of previous levels.
- **Processes have been put in place for safely restarting services, including addressing any environmental concerns, for example linked to social distancing. Consideration is being given to different patient cohorts when restarting activity including patients who are currently shielding, or those not wanting to attend hospital, due to the COVID-19 pandemic**
- **There are various outcomes for how directorates are dealing with individual referrals, with consultants making clinical decisions about the most appropriate outcome:**
 - Face-to-face appointments (as many appointments as possible are being converted to telephone and video appointments, and on-site face-to-face outpatient appointments are only taking place where absolutely necessary).
 - Telephone or Video appointments.
 - Advice and Guidance.
 - Patient discharged back to their GP.
- **As part of the Trust's response to COVID-19, a framework and a number of standard operating procedures have been produced to provide guidance for directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.**



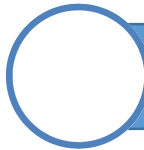
Quality and Performance: Monthly Performance Dashboard

Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month Previous Year		
				w/e 28/06/20	w/e 05/07/20	w/e 12/07/20	w/e 19/07/20	Apr-20	May-20	Jun-20
Front Door	Type 1 Attendances (Main ED)	2,377	2,105	85.3%	79.0%	85.5%	88.6%	56.6%	70.9%	79.4%
	Ambulance Arrivals	635	571	89.0%	79.4%	86.6%	90.0%	Data unavailable due to historical recording issues.		
	Eye Casualty Attendances	416	238	56.5%	56.5%	53.8%	57.2%	25.1%	37.3%	50.1%
	Walk in Centre Attendances	1,419	454	28.8%	29.7%	27.8%	32.0%	20.5%	22.8%	27.4%
	A&E 4hr performance (Type 1)	89.5%	97.6%	+8.8%	+7.5%	+7.5%	+8.1%	+3.7%	+3.9%	+5.1%
	A&E 4hr performance (All Types)	94.3%	98.2%	+4.3%	+3.4%	+3.4%	+3.9%	+1.0%	+0.7%	+2.1%
Admission & Flow	Emergency admissions (All)	743	686	95.7%	86.4%	92.5%	92.3%	62.9%	71.3%	86.6%
	Bed Occupancy	80.8%	61.9%	65.4%	65.7%	64.5%	61.9%	47.5%	51.5%	62.5%
	Number of DTOCs (No. of Patients)	No weekly performance recorded.						45	41	47
RTT/Planned Care	Outpatient Referrals (All)	8,115	5,524	69.1%	72.9%	74.5%	68.1%	44.9%	51.6%	65.6%
	Elective Spells	2,721	1,788	63.7%	66.6%	67.6%	65.7%	35.6%	44.2%	55.1%
	Outpatient Attendances	20,457	15,529	80.3%	85.0%	84.7%	75.9%	57.4%	63.4%	70.7%
	DNA Rates	7.2%	7.0%	6.8%	6.4%	6.6%	7.0%	5.7%	5.7%	6.2%
	Incomplete Performance	87.3%	49.6%	54.1%	52.4%	51.3%	49.6%	74.1%	63.2%	55.1%
	RTT >52 Week Waiters	4	517	345	413	469	517	72	189	354
Cancer	2WW Appointments	482	419	76.3%	80.6%	86.9%	TBC	38.8%	55.5%	66.0%
	All Cancer 2WW	No weekly performance recorded.						82.2%	85.5%	Reported one month in arrears.
	Cancer 2WW Breast Symptomatic	No weekly performance recorded.						45.3%	37.0%	
	Cancer 62 Days - Urgent	No weekly performance recorded.						71.7%	69.5%	
	Cancer 62 Days - Screening	No weekly performance recorded.						79.3%	14.3%	
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,261	74.9%	81.1%	76.3%	TBC	33.1%	55.5%	69.3%
	Diagnostic Performance	No weekly performance recorded.						36.5%	41.0%	59.3%

Data provided as 'Actual' figure rather than % comparison

Several of the following graphs have Time Points (TPs) indicated to highlight key dates throughout the COVID-19 pandemic.

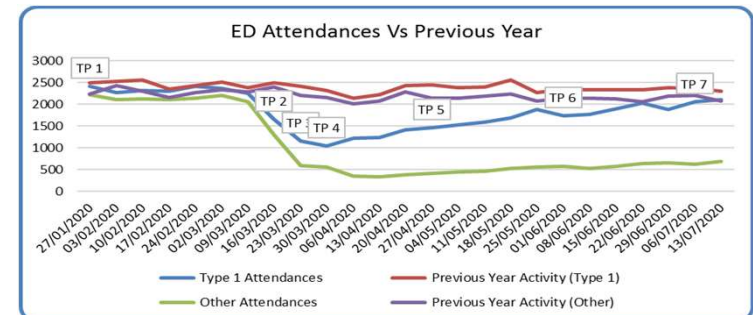
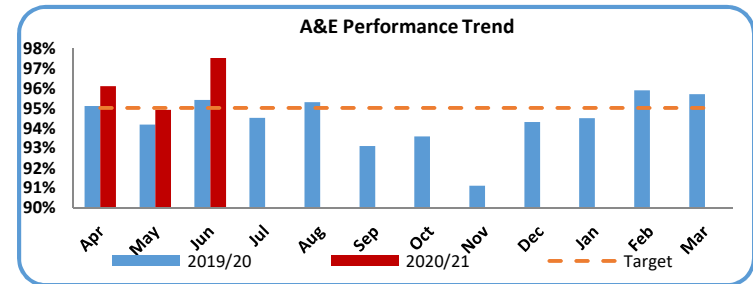
They indicate the following events: TP 1 = First UK COVID-19 Case, TP 2 = Internal Cancellation of Non-Critical Activity, TP 3 = UK Lockdown, TP 4 = Switch Off of Routine Referrals, TP 5 = NHSE Launch of Phase 2, TP 6 = Switch on of Routine Referrals, TP 7 = Further Relaxation of UK Lockdown.



Quality and Performance: A&E Access and Performance

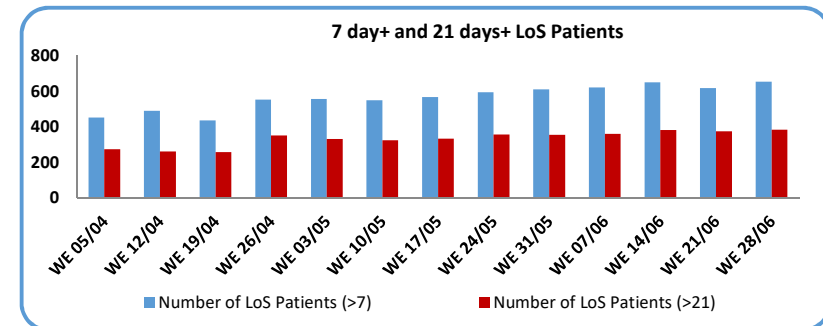
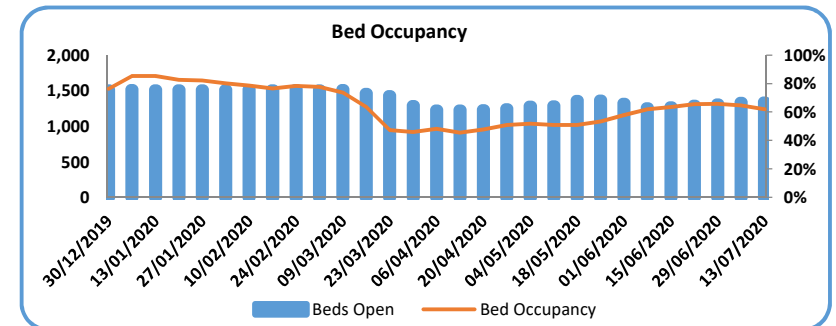
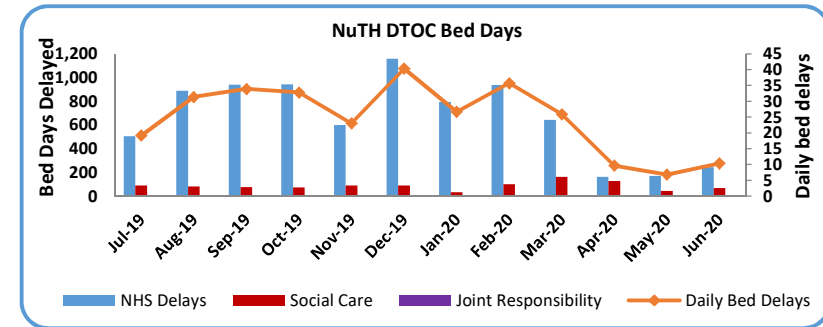
- In June the Trust met the monthly A&E 4hr standard (95%) with very strong performance of 97.5%.**
 - This placed the Trust 7th in the whole of England out of 118 Trusts (NHSE data excludes 14 Trusts piloting the new A&E metrics) with NuTH’s improvement in performance contrasting against a 0.7% decline in the national average (92.8%).
 - STP data shows this strong performance was replicated across Cumbria and the North East, with overall regional performance of 96.2%; the 5th highest STP performance out of 42 STPs.
 - July performance is currently 97.8% as at 20/07, with the 4 hour standard having been achieved every single day since 5th June.
 - Attendance levels continue to rise steadily with last week (week commencing 13/07) having the most Type 1 attendances since early March.
- Factors contributing to the very high performance in June include:**
 - The Trust has not had any beds closed for either D&V or staffing reasons since March. This has helped combat a reduction in the Trust’s bed capacity caused by new infection prevention and control regulations associated with COVID-19.
 - The proportion of ambulance arrivals waiting more than 30 minutes dropped considerably to 2.19%, the lowest level for over 12 months.
 - The Trust has not received any ambulance divers to so far in 2020/21. This is a significant change from April-June 2019 when the Trust received 46 ambulance divers, and will reflect lower bed occupancy levels across the region.
- Attendances across all types combined were 13% higher in June than in May, having risen steadily throughout the month. This was still well below pre-COVID levels and a 45% reduction from the number of attendances seen in June 2019.**
 - Type 1 attendances have risen most quickly and equate to 78% of the pre-COVID monthly average. This is in line with the national position.
 - Having only increased slowly throughout June, Eye Casualty attendances remain low at around 50% of the pre-COVID average.
 - The Trust’s Walk-in Centres have seen very low attendance levels in recent months, as Westgate and Molineux Walk-in Centres have been closed since early April (due to COVID-19).
- The table below shows the most common triage reasons through Type 1 ED and the volume of weekly attendances.**
 - Initially attendances for abdominal and chest pain declined but have recently returned to usual levels. Injury related attendances remain below pre-COVID levels but continue to rise.

Condition	Data Sparkline (Axis = pre-COVID average)	Pre-Covid Average 30/12/19 to 02/03/20	Latest Week	% of Pre-Covid Average
Soft tissue injury		98	78	79%
Abdominal pain		83	81	98%
Chest pain		80	86	108%
SOB - Shortness of breath		51	39	76%
Head injury		49	33	67%



Quality and Performance: Delayed Transfers of Care and Long Length of Stay Patients

- **The number of bed days delayed due to Delayed Transfers of Care (DTCs) remains low throughout June at 10.4.**
 - Average daily delays have dropped from 35.7 in February, and are currently less than 1/3rd of previous levels.
- **Bed occupancy increased by to 63% in June, which is 11% higher than in May, though this remains below pre-COVID levels. Occupancy has consistently increased each week since mid May until 13th July which is in line with the increased activity going through the hospital.**
 - The number of beds open within the hospital has significantly decreased since the beginning of the COVID-19 pandemic due to social distancing measures. The total overnight bed stock reduced by 237 beds towards the end of March.
- **Following a significant reduction in March to create greater capacity to cope with the COVID-19 pandemic, the number of 7 day+ and 21 days+ Length of Stay (LoS) patients has consistently and gradually increased.**
 - The number of 7 day+ LoS patients has risen from 452 at week ending 05/04, to 654 by week ending 28/06, a 45% increase.
 - The number of 21 days+ LoS patients has also risen from 274 at week ending 05/04, to 384 by week ending 28/06, a 40% increase.
 - This is the total number of patients within this category and does not contain any exclusions for patient categories such as paediatrics.
- **To maintain lower Length of Stay (LoS) in patients approaching discharge, and to maintain low bed occupancy levels, the Trust has been following enhanced NHSE/I discharge guidelines such as;**
 - Having daily discharge meetings (hub meetings) where all patients who are medically fit are discussed.
 - Using a nurse assessor from the CHC team to assist with check listing patients (freeing up time for ward staff).
 - Having a multi-disciplinary team approach which enables staff to have conversations quickly which may previously have taken hours longer.



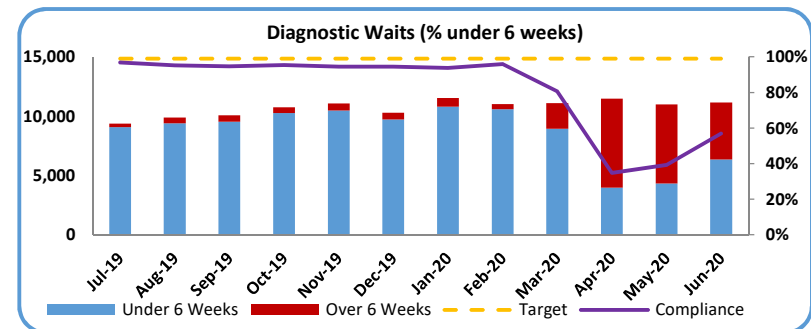
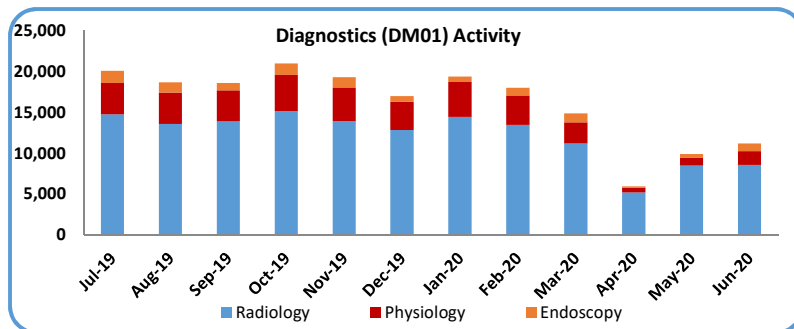
Quality and Performance: Diagnostic Waits

- In June Diagnostics performance was 56.9% against the 99% standard, which was a significant increase from 39.2% in May. Whilst both activity and referral levels continue to rise they remain below pre-COVID levels.**
 - Radiology (67.1%) saw the biggest performance improvement from May's level, due to testing having increased to around 85% of pre-COVID activity levels. This equated to an additional 3,019 scans in June.
 - Contrastingly, performance improved more slowly within Endoscopy (29.6%) and Physiological Measurement (20.5%).
 - 92% of patients waiting for Audiology Assessments have now waited for 13 weeks or more.
 - In May (latest available national NHSE data) NuTH's performance was in line with the national and regional position.
 - All patients waiting for non-urgent tests have been validated and are being scheduled in for tests according to clinical need.

- In June 14,170 tests were carried out, which is 44% higher than in May, but a 24% reduction compared to June 2019.**
 - Activity within Imaging, Endoscopy and Physiological testing has consistently increased on a weekly basis since the beginning of May, as more capacity becomes available.
 - Social distancing restrictions continue to be a major obstacle to further increasing diagnostic activity to pre-COVID levels, with additional time needed between cases in order to meet Infection Prevention and Control regulations, and fewer patients allowed within waiting areas.

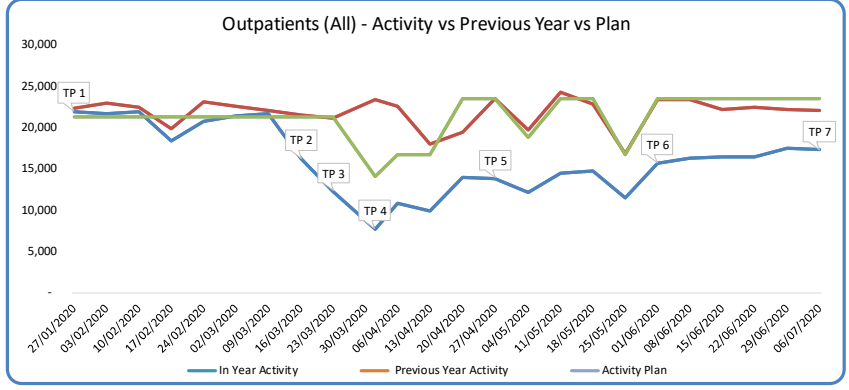
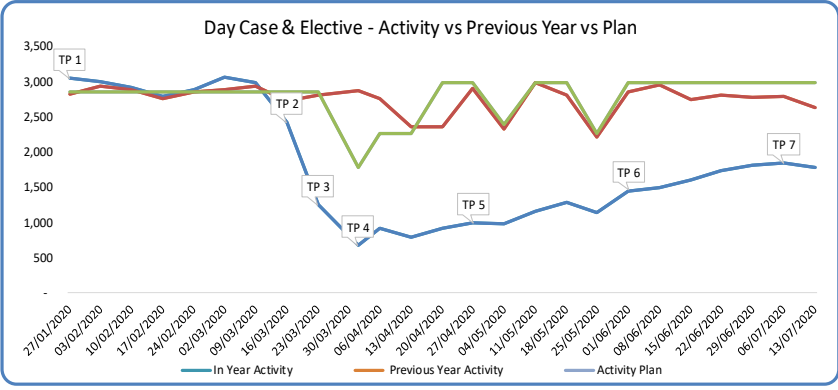
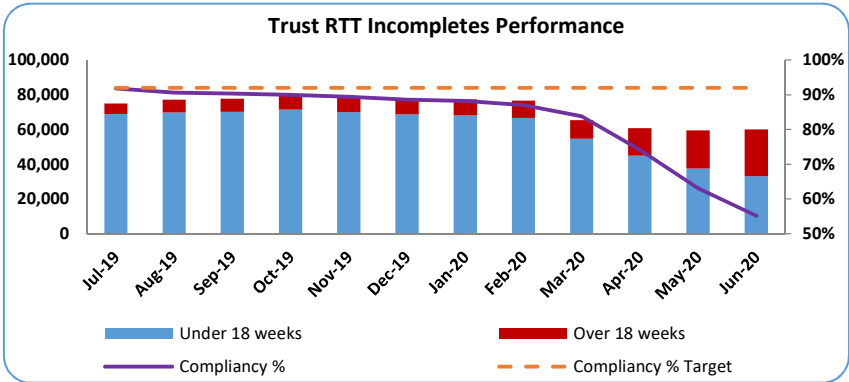
Treatments	Current Month	Previous Month	Difference (Actual)	Difference (%)
Imaging	11,485	8,466	3,019	35.7%
Physiological	2,026	960	1,066	111.0%
Endoscopy	659	420	239	56.9%
Trust Total	14,170	9,846	4,324	43.9%

- In June the total waiting list (WL) size (11,141 patients) continues to remain relatively stable despite reduced diagnostic capacity.**
 - Despite the recommencement of routine GP referrals from 01/06/20 the WL did not grow significantly.
 - Radiology saw their WL size decrease in June due to higher activity levels with the biggest reduction within non-obstetric ultrasound.
 - Audiology Assessments experienced the biggest growth in WL size, with staffing problems exacerbating the capacity shortages caused by COVID-19. Some assessments have been conducted via video or telephone but this conversion to non face-to-face appointments has only been possible for a small number of patients.
 - The number of patients on the waiting list who have waited over 13 weeks rose significantly again in June, despite increased activity levels. 33% of the total waiting list now sits above 13 weeks.
 - Where patient diagnostic tests are cancelled or deferred, the waiting time clock for these patients will continue.

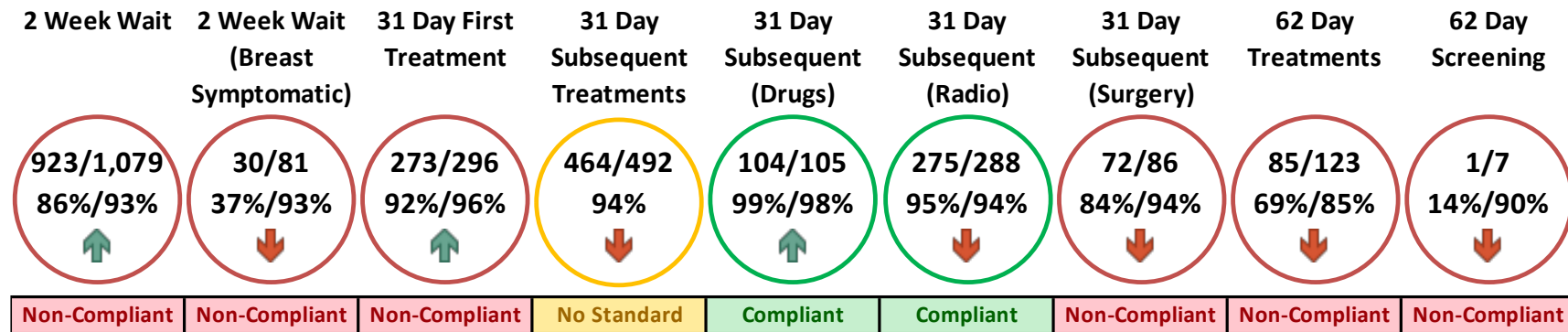


Quality and Performance: 18 Weeks Referral to Treatment

- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position has taken a major hit with 18 week performance continuing to fall. In June the Trust recorded performance of 55.1% against the 92% standard, and recorded 354 patients waiting 52 weeks or more for first treatment.
 - All specialties are now failing the 92% standard and 10 (including X01 bucket) containing patients having waited over 52 weeks.
 - Almost 27,000 patients have now waited above 18 weeks, with 2,631 having waited over 40 weeks.
- This drop in RTT performance is replicated nationally and is a key focus of the Trust's 3Rs recovery work streams – with dedicated sub groups focusing on: elective surgical restart, outpatient transformation, RTT / outpatient process issues.
- Nationally RTT compliance fell from 71% in April to 62% in May.
- Having dropped in previous months the Trust waiting list size did not grow significantly (+570) in June having reopened to routine GP referrals from 01/06/20, with the total PTL size sitting at 60,098.
 - The volume of referrals received in June '20 was 72% of the volume received in June '19, up from 47% in May.
 - 18% of the total PTL and 34% of patients waiting > 40 weeks reside within Ophthalmology
- Activity levels continue to rise with the latest weekly activity levels back to 65% (Day Case & Elective) and 75% (Outpatients) of pre-COVID levels.
 - Day Case & Elective growth has been steady, with weekly compound growth of 3.6% since the start of June.
 - Whilst having a higher starting base Outpatient activity has also risen steadily with weekly compound growth of 2.0%.
 - NuTH continue to make use of the Independent Sector (IS) with approximately 5% of total activity going through the IS.



Quality and Performance: Cancer Performance (1/2)



The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

- **The Trust achieved 2 of the 8 Cancer Waiting Time standards in June, an improvement from April where only 1 of the 8 standards was met.**
 - Despite Breast Symptomatic performance declining in May (37% from 45%) the 2WW performance for suspected Breast cancer was 99%. Overall performance across both metrics has increased since December when recruitment of a Breast Radiologist (0.6 WTE) added additional capacity which has improved the waiting time to first appointment.
 - The most challenged tumour groups in May for 62 Day performance were Upper GI at 18.7% (45% in April) and Lower GI at 22.7% (29% in April).
- **The Northern Cancer Alliance met 2 of the 8 standards in May; the 31 Day Subsequent Treatment standard for Radiotherapy and the 31 Day Subsequent Treatment standard for Drugs.**
 - Only one provider within the Northern Cancer Alliance achieved the 62 day target in May with most experiencing decreased performance.
- **The Trustwide Cancer PTL group is seeking updated Plan on a Page documents from each tumour group and implementing a round of rolling attendance from MDT leads at its fortnightly meeting group to seek local intelligence about bottlenecks within the system as well as progress against key actions and issues.**
- **Despite cancer treatments being prioritised the number of 62 day treatments has declined since March, although this is in line with the decline in referrals received there has been a lengthening in patient pathways due to decreased diagnostics and surgical capacity.**
- **Due to social distancing measures a number of changes have been made in within the Trust's Cancer Services Directorate.**
 - To offset the reduction in space and beds wherever possible treatment regimens have been reviewed to safely lengthen the time between appointments and outpatient appointments have moved to telephone / virtual clinics.

Please see additional charts and referral information contained on the next page

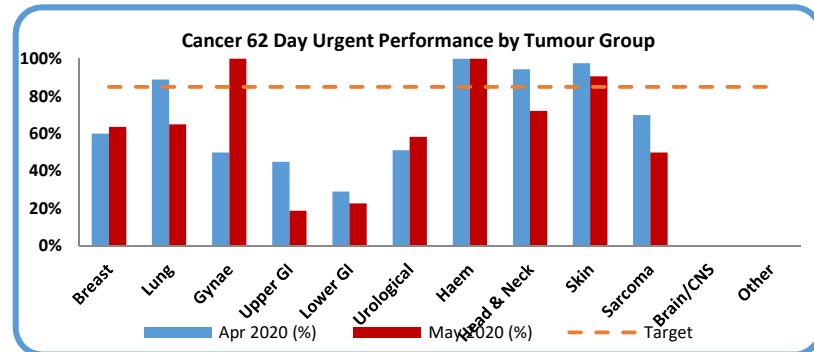
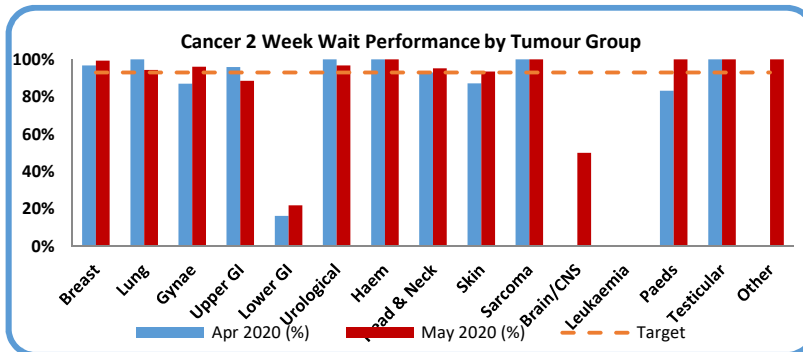
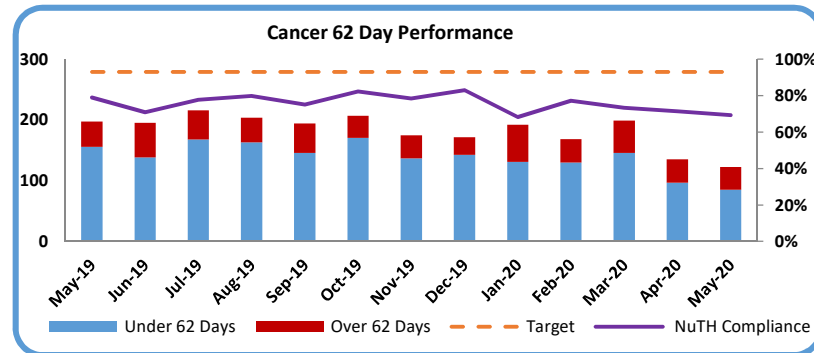
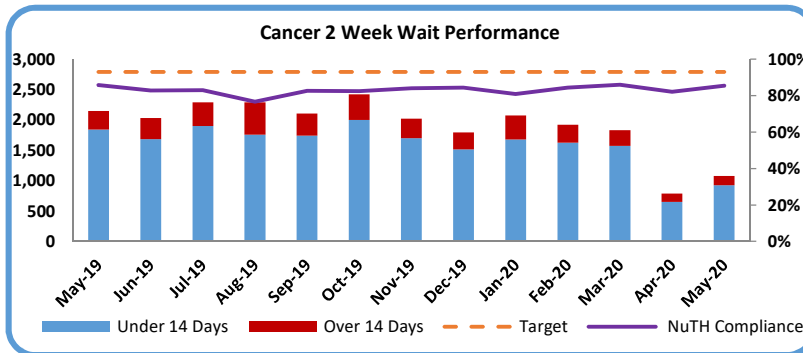
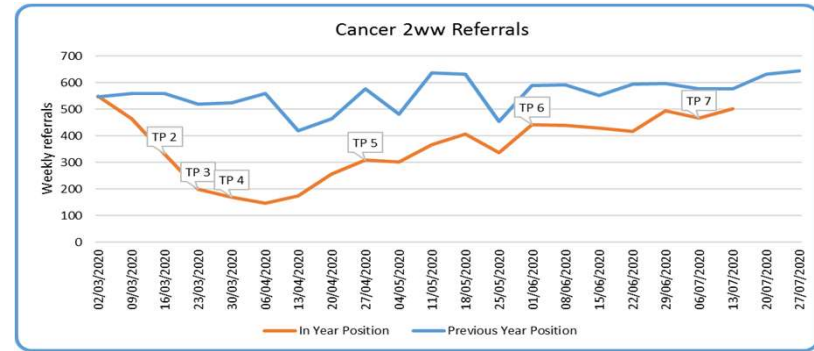
Quality and Performance: Cancer Performance (2/2)

Referrals	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month Previous Year		
			w/e 28/06/20	w/e 05/07/20	w/e 12/07/20	w/e 19/07/20	May-20	Jun-20	Jul-20
Outpatient 2WW	543	502	76.9%	91.1%	86.1%	92.5%	65.7%	75.2%	82.3%

Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels.

Recently 2ww referrals have been close to usual levels, with a particular recent surge in Skins referrals to pre-COVID levels. Anecdotally referral levels across the region have been reflective of the NuTH position.

The additional graphs below provide further context to the Cancer Waiting Time position.



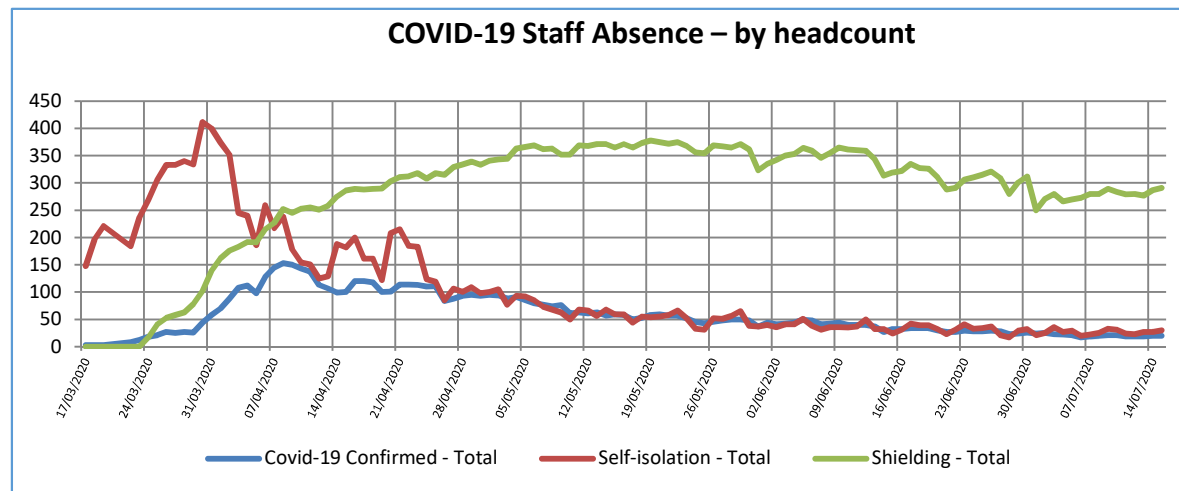
Quality and Performance: Other Performance Requirements

- The Trust reported 16 ‘last minute’ cancelled operations in June 2020, which was almost identical to May despite increased activity.**
 - Pre-COVID the average number of monthly ‘last minute’ cancellations was 62.
 - The most common reasons in June were ‘Difficult Case earlier on the List’ and ‘Theatre List Over Ran’.
 - Approximately 90% of theatre lists have now resumed their usual service.
 - NuTH reported 0 breaches against the standard to treat within 28 days following last minute cancellations for the first time since October 2018. This is a significant improvement compared to May which saw 6 operations which were unable to be rescheduled in time, primarily due to COVID-19 pressures.
- In relation to Dementia, the data provided for June is still to be signed off but currently shows that the Trust has not achieved the national standards for 2 of the 3 metrics.**
 - Performance against the referral metric was, however, 100% and this is the 12th month in a row when this target has been met.
 - Actions have been taken to improve compliance against the other 2 metrics (65% and 37% against 90% standard) including amending the dementia screening tool alongside IT – with a new ‘go live’ date at the end of July.
 - All junior doctors continue to receive training from the dementia team as part of their inductions.
- Despite increasing, the proportion of people who have depression and/or anxiety receiving psychological therapies remained low in June at 0.91% (against the 1.58% target).**
 - This is the third successive month below 1%, following a significant drop in referrals since lockdown measures were first implemented in the UK.
 - Referrals have increased gradually in recent weeks, with anticipation that referral levels may exceed pre-COVID volumes throughout the year.
- In June, the ‘moving to recovery’ standard for IAPT was met for the first time since January 2019, at 51.5% against the 50% standard, with this achievement in line with a recent improvement nationally. This improvement is in spite of COVID-19 causing a general increase in anxiety levels.**
- The IAPT targets (patients seen within 6 (75%) and 18 weeks(95%)) continue to be met with 99.2% of patients seen within 6 weeks in June, and 99.7% within 18 weeks. This is the highest performance level for many years.**
 - Due to low referral levels, the service has been able to reduce their overall waiting list size by 35% since March. With waiting times for Guided Self Help, Counselling and Psychology modalities significantly reducing.
 - Telephone and video appointments have facilitated a greater number of patient contact hours. The team has achieved this despite an increasing number of vacancies, alongside managing the risks and challenges presented by COVID-19.

Reportable Cancelled Operations	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Dementia Standards	Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Last minute cancelled operations	65	79	63	73	54	60	52	48	51	70	7	15	% asked the dementia case finding question within 72 hours of admission.	90%	45%	52%	50%	45%	39%	36%	36%	35%	42%	39%	42%	37%
Number of 28 day breaches	9	3	13	2	4	1	4	5	3	4	3	6	% reported as having had a dementia diagnostic assessment including investigations.	90%	60%	44%	59%	52%	57%	59%	61%	55%	69%	72%	67%	65%
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	% who are referred for further diagnostic advice in line with local pathways.	90%	81%	100%	100%	100%	100%	100%	96%	94%	100%	100%	100%	100%

People: COVID-19

- The graph below identifies, by headcount, the number of COVID-19 related absences taken by Trust staff between 18th March and 16th July. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Number of Self Isolation cases by headcount down from 109 on 01/05/20 to 30 on 16/07/20.
- Number of Shielded Staff absence by headcount down from 339 on 01/05/20 to 291 on 16/07/20.



- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.
- 24.46% (as at 20/07/2020) of Trusts BAME staff have accepted the offer of a Risk assessment with mitigating outcomes agreed where necessary.
- 989 staff on-boarded via 20 priority recruitment work streams to support COVID-19 response.
- 56 staff (including 10 Medical) returned to practise through Bring Back Staff scheme – 15 (including 2 Medical) of these picked up clinical shifts within the Trust.

People: COVID-19 Wellbeing

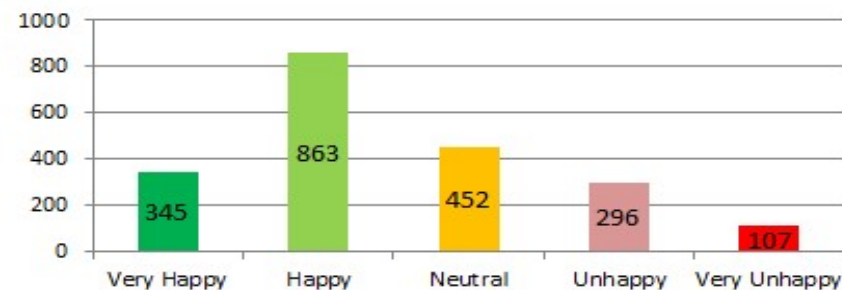
- COVID-19 Staff Wellbeing Survey – **2,089** staff completed the questionnaire (13.58% of the total workforce).

Staff Group	Responses	Response Rate
Add Prof Scientific and Technic	60	8.51%
Additional Clinical Services including Healthcare Assistants	106	3.44%
Administrative and Clerical	639	26.71%
Allied Health Professionals	345	36.47%
Estates and Ancillary	50	3.71%
Healthcare Scientists	98	14.54%
Medical and Dental	181	13.26%
Nursing and Midwifery Registered	593	12.24%
Students	17	60.71%
Total	2089	13.58%

How do you feel?

Do you work in a patient area?	Do you have direct physical contact with patients?	Rating based on Current Role					Percentage	
		Very Happy	Happy	Neutral	Unhappy	Very Unhappy	+ve	-ve
Yes	Yes	160	459	232	140	60	58.90%	19.03%
	No	24	53	46	22	7	50.66%	19.08%
No	Yes	8	27	20	10	4	50.72%	20.29%
	No	153	324	154	124	36	60.30%	20.23%
Overall		345	863	452	296	107	58.56%	19.53%

- 58.56%** of staff who responded felt very happy or happy during the COVID pandemic, compared to **19.53%** who felt very unhappy or unhappy.
- 39.74%** of staff who responded disagreed or strongly disagreed that their mental health had been positive during the pandemic, compared to **39.44%** who agreed or strongly agreed.

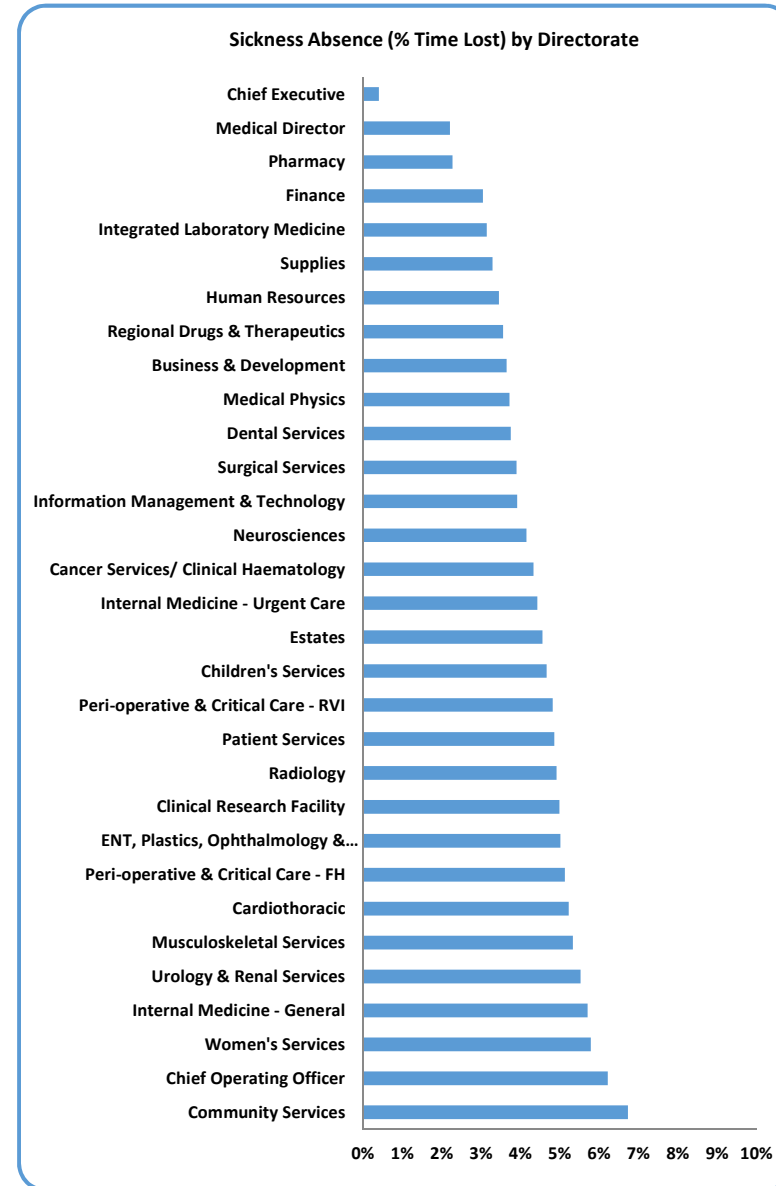
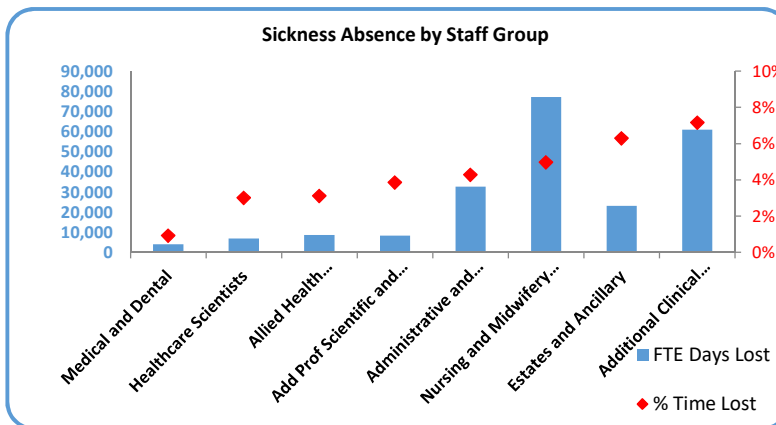
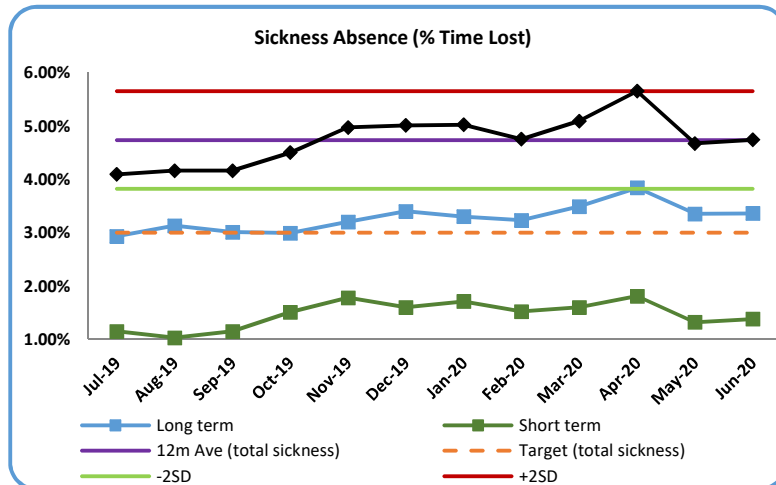


People: Health and Wellbeing

- Year to year comparison for sickness absence :

	Jun-19	Jun-20	
Long-term	2.71%	3.36%	↑
Short-term	1.22%	1.38%	↑
Total	3.93%	4.74%	↑

- Cost of absence £19m compared to £16.3m in June 2019.
- Overall sickness absence 4.74% down from 5.65% April position.



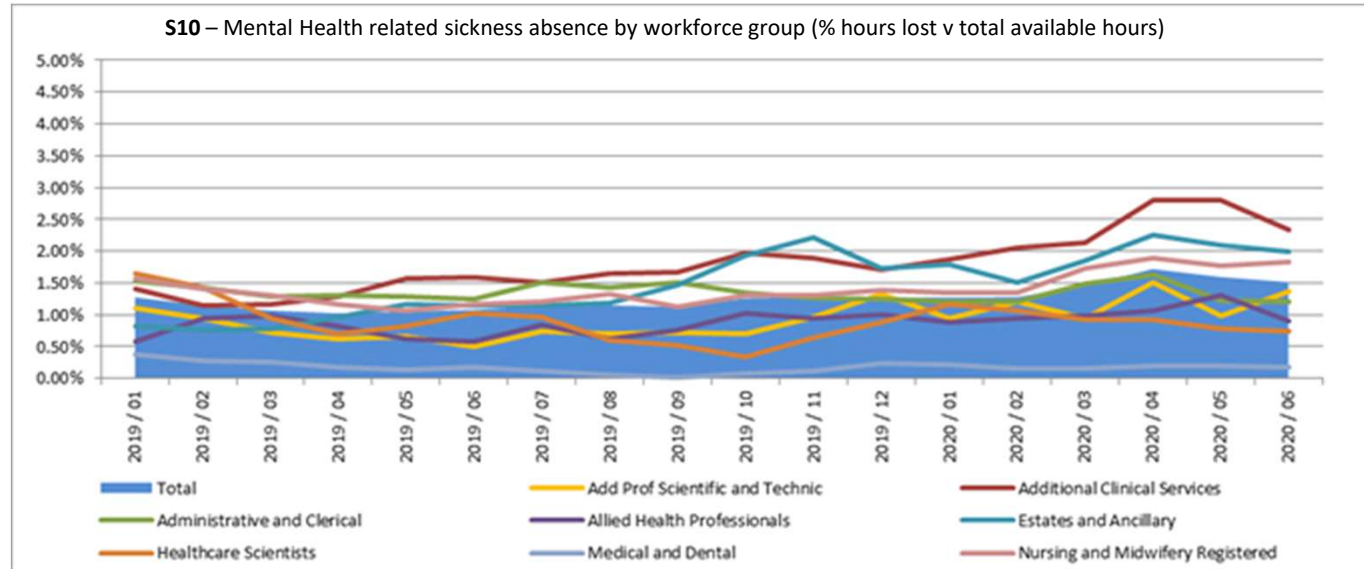
*COO Directorate includes Outpatients / ABC Service

People: Health and Wellbeing

- End of June position – 35.38% of all Trust sickness absence was attributable to S10 – Mental Health related sickness absence.

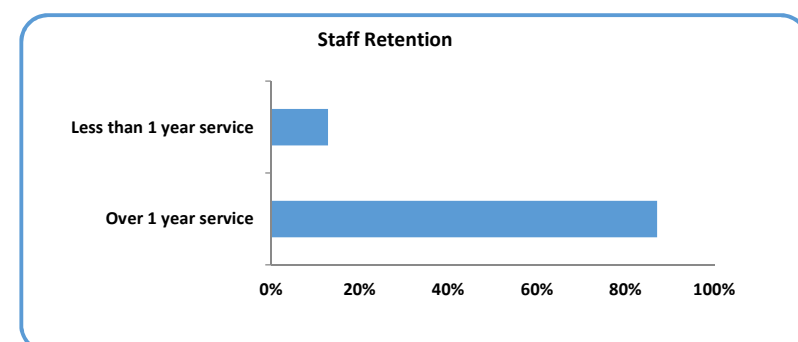
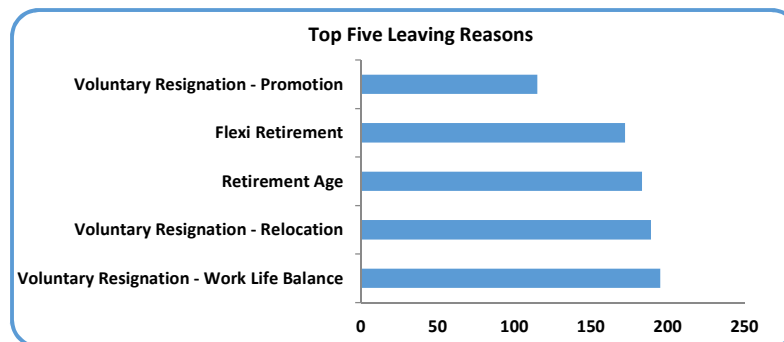
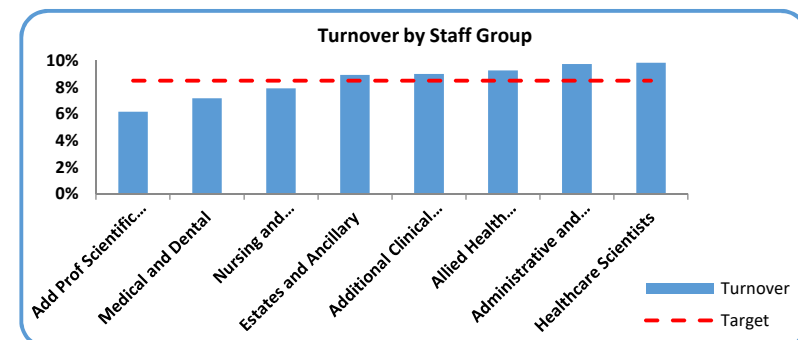
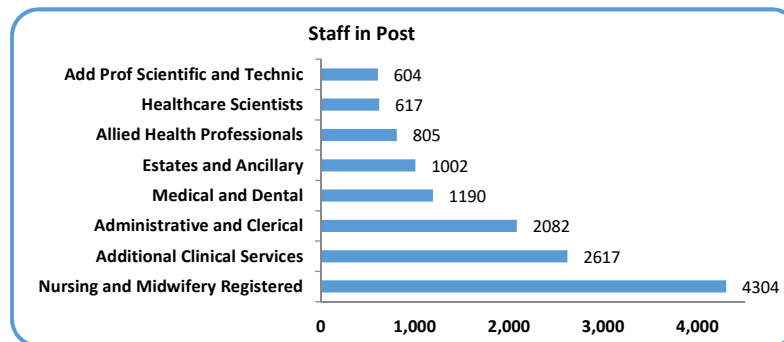
Sickness Absence Reasons (Top 3)	Trust %
S10 Anxiety/stress/depression/other psychiatric illnesses	35.38%
S12 Other musculoskeletal problems	9.08%
S98 Other known causes - not elsewhere classified	8.93%

- Additional Clinical Services (including HCAs), Estates & Ancillary and Nursing & Midwifery Registered staff groups have the highest % of S10 related absence.



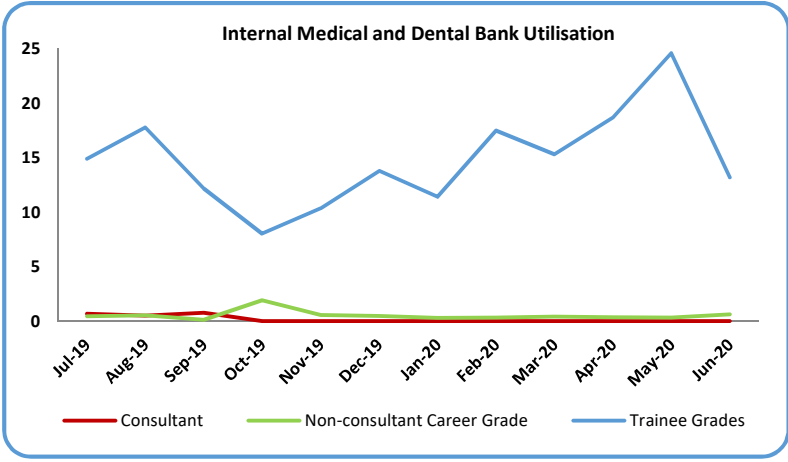
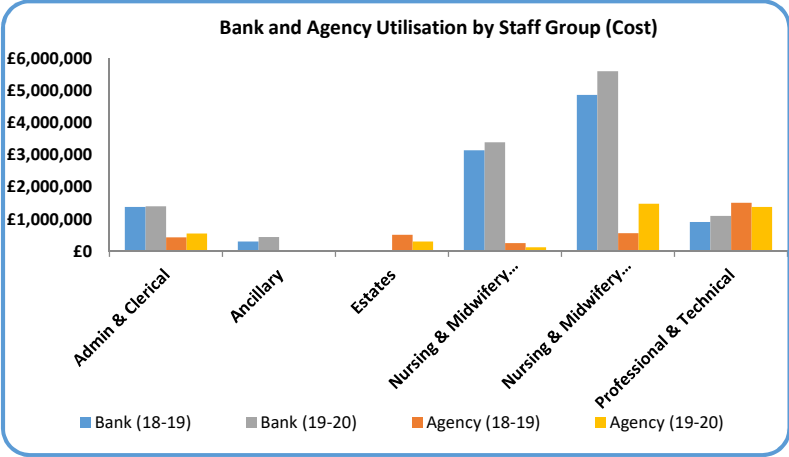
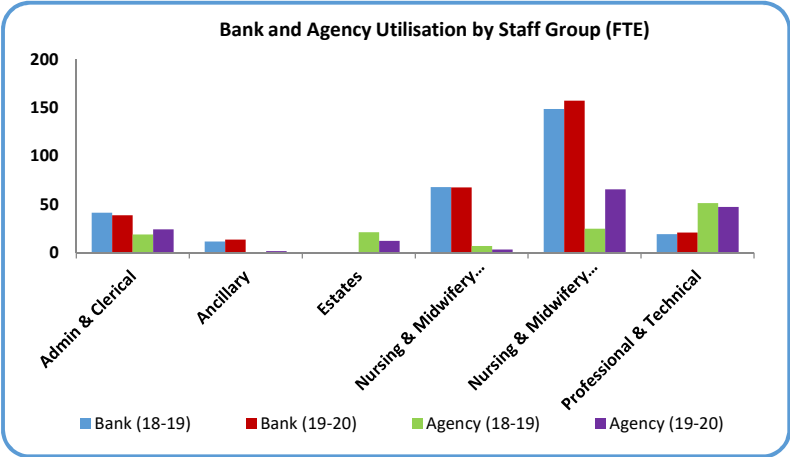
People: Sustainable Workforce Planning

- Staff in post at June 2020 is 13,220 wte compared to 12,615 in June 2019.
- Staff turnover has decreased slightly from 9.14% in June 2019 to 8.56% in June 2020, against a target of 8.5%.
- The total number of leavers in the period July 2019 to June 2020 was 1,392.
- Staff retention for staff over 1 year service stands at 87.2%, which is a slight decrease from 88.4% in June 2019.



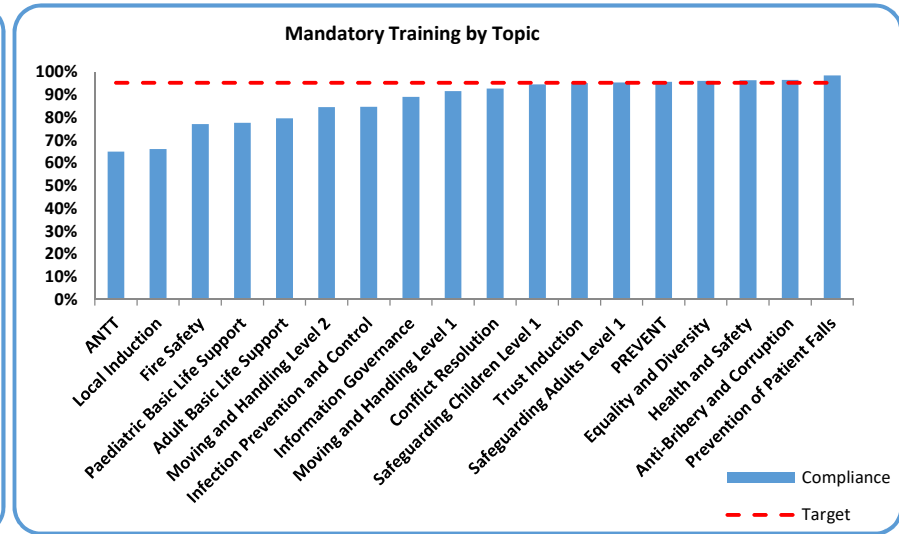
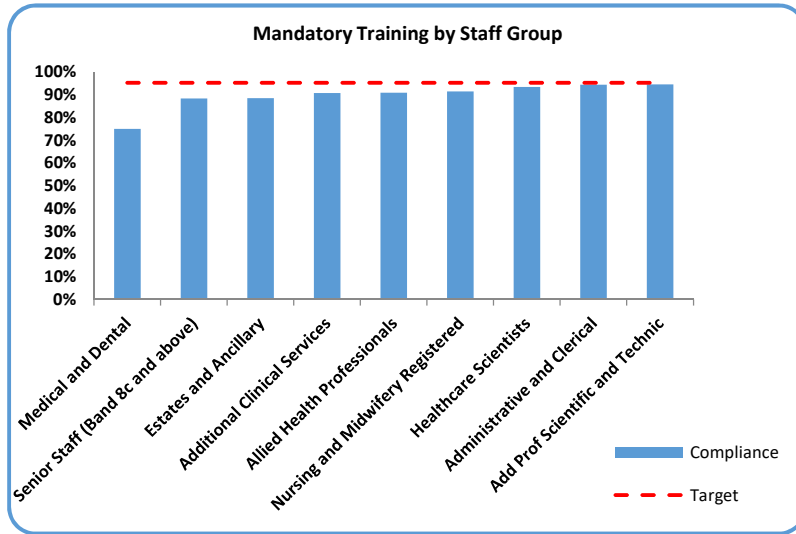
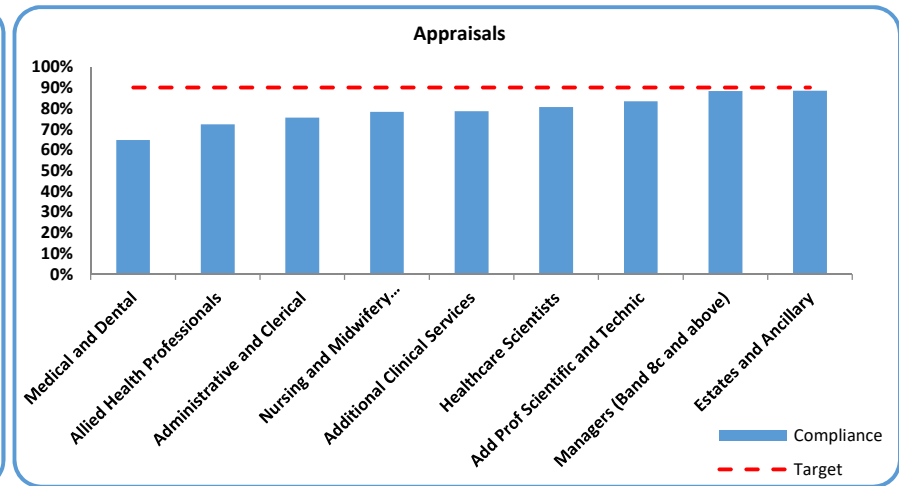
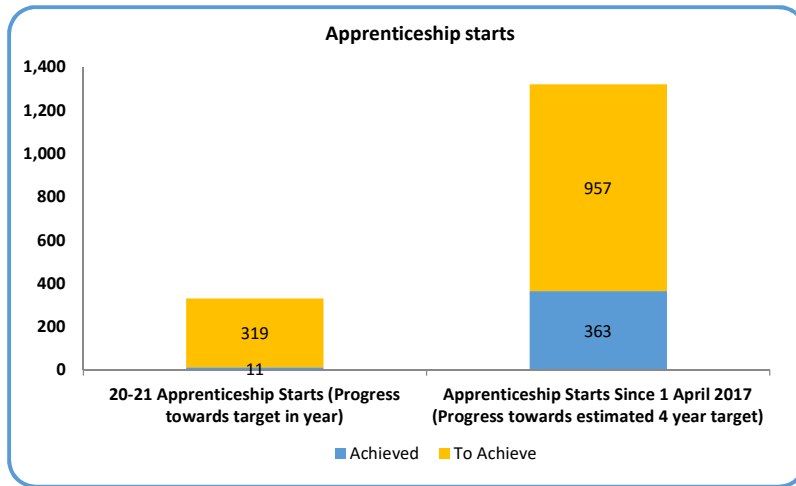
People: Sustainable Workforce Planning

- Comparing the periods July 2018 – June 2019 to July 2019 – June 2020, overall bank utilisation has increased from 289 wte to 298 wte and agency utilisation has increased from 123 wte to 154 wte.



People: Excellence in Training and Education

- The appraisal compliance rate at June 2020 is 77.9% (81.2% at June 2019), against an end of year target of 95%.
- Mandatory training stands at 89.1% against a Q1 target of 80% and end of year target of 95%. The June 2019 position was 86.6%



Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 30th June 2020.

It should be noted that all Healthcare Contracting and Performance have been suspended during 1st April 2020 to the 31st July 2020, as we are operating under an emergency COVID-19 financial regime. As a result of this, the income will exactly equal expenditure; all financial risk ratings, Provider Sustainability Funding (PSF), and use of resources metrics are not in operation.

In the period to 30th June 2020 the Trust had incurred expenditure of £300.6 million, and accrued income of £300.6 million to match.

To 30th June the Trust had spent £7.3 million capital, £2.9 million behind Plan.

Overall Financial Position	
	Month 3 £'000
Income	300,568
Expenditure	300,568
I & E position (excl impairment)	0
Capital Programme	7,313



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 August 2020						
Title	Non Audit Services Policy						
Report of	Kelly Jupp, Trust Secretary						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>NHS Foundation Trust auditors are required to comply with the latest version of the National Audit Office’s (NAO) Code of Audit Practice, and the NHS Act 2006 (the ‘Act’). Further auditors must have regard to the Auditor Guidance Notes (AGNs) issued by the NAO.</p> <p>This paper describes the policy the Trust will adopt when considering the provision of non-audit services with its external auditor that falls outside its statutory audit responsibilities.</p> <p>This policy covers both the Trust (The Newcastle upon Tyne Hospitals NHS Foundation Trust) and its subsidiary company/companies. References to the Trust within this policy also cover the subsidiary/subsidiaries and any associated employees.</p> <p>The policy was approved by the Audit Committee in April 2020 and approved via electronic circulation to Trust Governors thereafter. The document is presented for information.</p>						
Recommendation	The Council of Governors are required to note that the policy has been approved.						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the policy.						
Reports previously considered by	Policy agreed by the Audit Committee in April 2020 and via electronic circulation to Trust Governors.						

Non-Audit Services Policy

Version No.:	1.0
Effective From:	07/05/2020
Expiry Date:	06/05/2023
Date Ratified:	20/08/2020
Ratified By:	Audit Committee (28/04/2020) and Council of Governors (20/08/2020)

1. Introduction

NHS Foundation Trust auditors are required to comply with the latest version of the National Audit Office's (NAO) Code of Audit Practice, and the NHS Act 2006 (the 'Act'). Further auditors must have regard to the Auditor Guidance Notes (AGNs) issued by the NAO.

The statutory responsibilities and powers of the auditor are set out in the Act. In satisfying these specific statutory responsibilities and powers, auditors are required to carry out their work in accordance with the Code.

The NHS Foundation Trust Code of Governance states that the Audit Committee should: "Develop and implement a policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm".

This paper describes the policy the Trust will adopt when considering the provision of non-audit services with its external auditor that falls outside its statutory audit responsibilities.

This policy covers both the Trust (The Newcastle upon Tyne Hospitals NHS Foundation Trust) and its subsidiary company/companies. References to the Trust within this policy also cover the subsidiary/subsidiaries and any associated employees.

2. Scope

Auditors are required to comply with relevant ethical standards and guidance issued or adopted by their professional accountancy bodies. This includes the Ethical Standards issued by the Financial Reporting Council.

The ethical standards and guidance require that a member of a professional accountancy body should act with independence and integrity in all professional, business and financial relationships. The Institute of Chartered Accountants in England and Wales sets out threats to independence as the following:

- Self-interest – where an interest in the outcome of their work or in a depth of relationship with the Trust may conflict with the auditor's objectivity;

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- Self-audit – where the auditors may be checking their own colleagues’ work and might feel constrained from identifying risks and shortcomings;
- Advocacy – which may be present in engagement but could become a threat if an auditor becomes an advocate for an extreme position in an adversarial matter;
- Familiarity or trust – where the level of constructive challenge provided by the auditor is diminished as a result of assumed knowledge or relationships that exist.

The ethical standard requires that auditors have procedures to identify and deal with potential conflicts of interest and threats to independence. The external auditor will be required to continue to confirm its compliance with the requirements of the ethical standards in both the Annual Audit Plan and the Annual Audit Letter (or the ISA260 report to those charged with governance (the ‘ISA260 report’)) agreed with the Trust, as well as in the Engagement Letter for each piece of additional services work.

The FRC’s Ethical Standard was revised in 2016 and places limitations on the non-audit services that can be provided by an entity’s external auditor. These principles were reflected in expectations set by the NAO in an Auditor Guidance Note to accompany its Code of Audit Practice. The requirements set by the NAO are also adopted by NHS England and NHS Improvement.

A list of services which cannot be provided to an organisation by its external auditor is contained in Annex 1 of the NHS England and NHS Improvement ‘Audit and assurance: a guide to governance for providers and commissioners’ issued in December 2019.

This document applies to Executive Directors, Senior Managers and budget holders who are authorised to commit resources directly e.g. by the approval of contracts or the ordering of goods; as well as the Trust External Auditors.

3. Duties (Roles and responsibilities)

Role	Responsibility
Council of Governors	<p>The Council of Governors is responsible for the appointment of the External Auditors and for ratifying this policy. They are also responsible for approving any additional services that are outside of the scope of the annual external audit requirements.</p> <p>It is important however, that any additional work undertaken can be approved in a timely manner, with reference to the work already being performed by the external auditor and in the light of knowledge of the existing risk and controls framework. The</p>

Role	Responsibility
	Audit Committee is ideally placed to perform this role on behalf of the Council of Governors, and this would be consistent with the Audit Committee’s responsibility for monitoring the quality of the external audit service to the Trust.
Finance Director	The Finance Director is the Executive Lead with responsibility for ensuring all requests for non-audit services are reviewed appropriately and monitored in line with this policy.
The Audit Committee	<p>The Audit Committee is responsible for:</p> <ul style="list-style-type: none"> • Approving any additional services to be undertaken and providing a report to the Council of Governors at least annually of non-audit services that have been approved; • Considering and confirming whether the external auditors are best placed to provide the service and are able to undertake their statutory responsibilities without compromise by the performance of any additional work; • Ensuring an Engagement Letter is agreed with the external auditor covering each piece of additional work, which will specify the scope of the work, timetable for delivery and fee. The Letter will also explain how the work does not compromise the independence of the external auditor; • Ensure any additional work is included in the Annual Report and the external auditor’s Management Letter. • Will report to the Board of Directors and Council of Governors as soon as possible if there are any matters arising from any such additional work, where significant concerns are raised.
The Auditor	<p>The Auditors (and their staff) have a responsibility to:</p> <ul style="list-style-type: none"> • Carry out their work with independence and objectivity. The

Role	Responsibility
	auditors’ opinions, conclusions and recommendations should both be, and be seen to be, impartial. <ul style="list-style-type: none"> • Exercise their professional judgement and act independently of the NHS Foundation Trust ensuring that they maintain an objective attitude at all times and that they do not act in any way that might give rise to, or be perceived to give rise to, a conflict of interest. • Provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity prior to undertaking any non-audit services.

4. Non- Audit Services

4.1. Non-audit services which the external auditor are prohibited from supplying to the Trust.

There may be occasions when the External Auditor is best placed to undertake particular accountancy, advisory and consultancy work on behalf of the Trust. However, the following services are specifically prohibited:

- Work related to accountancy records and financial statements that will ultimately be subject to external audit;
- Management of, or significant involvement in, internal audit services;
- Work that involves making judgements and taking decisions which are the responsibility of Trust Management;
- Any work where a mutual interest is created that could compromise the independence of the external auditor, or might give rise to a reasonable perception that their independence could be impaired, including any work that involves acting as an advocate of the Trust; and
- Any other work that is prohibited by UK ethical guidance.

4.2. Provision of Non-Audit Services to the Trust by the External Auditor.

The procurement of non-audit services to the Trust by the External Auditor shall at all times comply with the Trust Standing Orders, tendering and contracting procedures as well as the process and provisions including in this policy.

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In line with the requirements set by the National Audit Office, the total fees for non-audit services should not exceed 70% of the total fee for all audit work carried out in respect of the Trust in any one year.

The following process should be followed when the provision of non-audit services are to be considered.

The Finance Director and Assistant Finance Director must be consulted first in writing or via email when there possibility of using the external auditor for the provision of non-audit services is required.

The Assistant Finance Director will review and evaluate each individual request for the provision of non-audit services making a recommendation to the Finance Director whether to approve or decline the request.

All recommendations to approve or decline a request for non-audit services will be logged by the Finance Team and reported to the Audit Committee by the Finance Director for consideration/approval at the next available meeting of the Audit Committee or in exceptional circumstances Audit Committee Chairs action may be sought if the request is time critical.

All recommendations to the Audit Committee will include full details of the non-audit services to be carried out by External Auditors including the fees to be paid.

The Audit Committee will provide a report to the Council of Governors annually as to the additional services approved.

All requests will be recorded and monitored by the Trust Secretary following discussion at Audit Committee.

5. Training

No other formal training is required in relation to this Policy. Staff are advised to contact the Trust Secretary for advice in relation to this policy.

6. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed. The Equality Analysis Form can be found in Appendix 1.0

7. Monitoring Compliance

Arrangement for the monitoring of compliance with this policy and its effectiveness are detailed below.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
The Finance Team will maintain a log of all non-audit services requests	The log and supporting evidence for decisions will be reviewed.	Trust Secretary	Audit Committee	Annually
In line with the requirements set by the National Audit Office, the total fees for non-audit services should not exceed 70% of the total fee for all audit work carried out in respect of the Trust in any one year.	Calculate the cost of non-audit services as a proportion of audit work fees.	Trust Secretary	Audit Committee	Annually
Auditors must provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity	For all items on the log where a non-audit service has been provided, evidence of written or email confirmation will be reviewed.	Trust Secretary	Audit Committee	Annually
The provision of non-audit services will be disclosed in the Annual Report, the Audit Committee's Annual Report and the auditor's management letter.	Review listed documents to ensure they are appropriate and consistent for disclosure.	Trust Secretary	Audit Committee	Annually

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8. Consultation and review

This policy has been reviewed in consultation with the Trust Secretary, the Finance Director, the Deputy Finance Director the Assistant Finance Director, the Corporate Risk and Assurance Manager and the Chair of the Audit Committee.

9. Implementation (including raising awareness)

This policy will be circulated to all appropriate staff and will be available on the Trust policy database.

10. References

- The NHS Foundation Trust Code of Governance 2014
- National Health Service Act 2006
- Audit Firm Governance Code 2016, Financial Reporting Council
- UK Corporate Governance Code 2018, Financial Reporting Council
- Revised Ethical Standard 2016, Financial Reporting Council
- National Audit Office's Code of Audit Practice
- National Audit Office's Auditor Guidance Note 1 (AGN 1)
- NHS England and NHS Improvement: Audit and assurance: a guide to governance for providers and commissioners, December 2019

11. Associated documentation

This policy does not directly impact upon other Trust policies and procedures.

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