

Council of Governors' Formal Meeting

Tuesday 22 September 2026, 13:30 -15:15

The Piano Room, Peacock Hall, RVI / via Microsoft Teams

Networking time for Governors 13:00h – 13:30h

Agenda

	Time	Item	Paper	Lead
1. Introduction				
a.	13:30	Apologies for absence and declarations of interest	Verbal	Paul Ennals
b.	13:31	Minutes of the Public Council of Governors meeting held on 28 July 2026 and any matters arising	Attached	Paul Ennals
c.	13:32	Chair's report	Verbal	Paul Ennals
d.	13:42	Chief Executive's report	Presentation	Jackie Bilcliff
2. Items for discussion				
a.	13:55	Urgent Treatment Centre (UTC) Update	Presentation	Sue Hillyard
b.	14:15	Alliance Update	Presentation	Martin Wilson
14:35 Refreshment Break				
c.	14:40	Governor Working Group (WG) Reports including: i. Lead Governor ii. Quality of Patient Experience (QPE) WG; iii. Business & Development (B&D) WG; and iv. People, Membership and Engagement (PEM) WG	Attached	Eric Valentine Kate Cushing Philip Home Catherine Heslop
3. Items to approve				
a.	14:50	Non-Audit Services Policy	Attached	Kelly Jupp
4. Items to receive [To cover by exception only]				
a.	15:00	Public Meeting Action Log	Attached	Paul Ennals
5. Any Other Business				

a.	15:10	Any other business or matters which the Governors may wish to raise	Verbal	All
----	-------	---	--------	-----

Date and Time of Next Meeting:

- **Formal Public Council of Governors Meeting – Tuesday 24 November 2026
between 13:30 – 15:15 in the Piano Room, RVI**

PUBLIC COUNCIL OF GOVERNORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 28 JULY 2026

- Present:** Sir Paul Ennals, Chair
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)
- In attendance:** Jackie Bilcliff, Chief Finance Officer / Acting Deputy Chief Executive Officer
Bill MacLeod, Vice Chair / Non-Executive Director (NED)
Wendy Balmain, NED
Anna Stabler, NED
David Weatherburn, NED
Bernie McCardle, NED
Jeff Perring, NED *[joined the meeting at 12:50]*
Liz Bromley, NED / Senior Independent Director (SID)
Judith McKenna, Associate NED
Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs)
Vicky McFarlane-Reid, Executive Director of People and Commercial Innovation
Lucia Pareja-Cebrian, Joint Medical Director *[joined the meeting at 12:14]*
Patrick Garner, Director of Performance and Governance
Caroline Docking, Director of Communications and Corporate Affairs and Joint Lead on Equality, Diversity and Inclusion
Sue Hillyard, Interim Executive Director of Operations
Martin Wilson, Director of the Great North Healthcare Alliance & Strategy
Amy Callow, Director for People and Organisational Development
Kelly Jupp, Trust Secretary
Chris Wright, Director of Operations Surgical and Associated Specialties
Clinical Board
Sam Lear, Lead Clinical Scientist/Head of Audiological Services
Mark Outterside, Managing Partner, Forvis Mazars
- Secretary:** Jayne Richards, Governor and Membership Engagement Officer and Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary

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

26/16 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

Apologies for absence were received from:

- Appointed Governors Joanne Atkinson and Tracy Armstrong, and Public Governors Joy Garner, Fatema Rahman, Tom Millen, Kate Cushing, and Lead Governor, Eric Valentine.
- Executive Team Members, Rob Harrison, Acting Chief Executive Officer, Dave Elliott, Chief Digital Officer for the Great North Healthcare Alliance, Paul Hanson, Director of Estates, Facilities and Strategic Partnerships, Michael Wright, Joint Medical Director and Rachel Carter, Director of Quality and Safety.
- NED – Hassan Kajee.

Paul Ennals welcomed everyone to the meeting. He noted that this would be the final Council of Governors meeting attended by Bernie McCardle and Bill MacLeod, and took the opportunity to acknowledge their contribution and service.

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

ii) **Minutes of the Public Council of Governors (CoG) meeting held on 19 May 2026 and any matters arising**

The minutes of the previous Public Council of Governors meeting held on 19 May 2026 meeting were agreed to be a true reflection of the business transacted. There were no matters arising.

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

iii) **Chair's Report**

Paul Ennals presented his report and noted a new Secretary of State for Health and Social Care was appointed earlier this month.

There were no further significant updates or points to highlight from the Chair's report.

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

iv) **Chief Executive's Report**

Jackie Bilcliff presented the Chief Executive's Report and highlighted the following key points:

- The Trust's new strategy, "Caring, Improving and Learning Together," had been launched, with a particular focus on increasing staff awareness and engagement of the strategy across the organisation.
- The past three weeks had been particularly busy nationally, with several significant developments and publications affecting the NHS. This included the Ockenden maternity review in Nottingham and the national maternity and neonatal review led by Baroness Amos, with the associated 10-point action plan. In addition new NHS Staff Standards have been published. These matters would be discussed at a future private Trust Board meeting to assess any implications for the Trust and identify any potential gaps requiring further action.

Agenda item 1(b)

- The high-level performance dashboard demonstrated continued progress with the Trust's medicines management improvement programme, with further advancements being made as part of the Care Quality Commission (CQC) action plan.
- Emergency care remained a national priority and would continue to be a significant focus for the Trust, alongside neighbourhood working and wider performance improvement initiatives. While performance remained below target, the Trust was performing reasonably well overall. Assurance on developments was also being sought through the Finance and Performance Committee (F&PC), which included oversight a significant recovery plan aimed at supporting improvements in both finance and operational performance.
- The Trust was currently achieving 76.8% 4-hour Accident and Emergency (A&E) performance and was not yet meeting the national target. However, performance had improved, with the Trust currently ranked 30th nationally and further improvement was anticipated.
- Cancer performance remained positive in some areas, particularly against the 28-day Faster Diagnosis Standard (FDS). However, performance against the 31-day and 62-day cancer waiting time standards remained below the level the Trust aspired to achieve. Workforce recruitment challenges within radiotherapy services continued to impact performance.
- The Real Time Patient Experience Programme was providing valuable patient feedback and real examples of service improvements. Work was ongoing to fully embed the programme across the organisation to strengthen the learning from patient experiences.
- The results from the National Cancer Survey showed continued improvement, with the Trust ranked joint 36th out of 129 Trusts nationally and achieving an overall score of 9.02 out of 10 for cancer care. An action was agreed for Jayne Richards to circulate the link to the survey results to all Governors **[ACTION01]**.
- Preparations for the Celebrating Excellence Awards were progressing well, with the judging panel receiving a large number of nominations for the event taking place on 18 September 2026.
- Governors were advised of the colleague memorial service planned for 9 September 2026.
- Construction work had commenced on the link corridor between the Urgent Treatment Centre (UTC) and the Emergency Department (ED) which was expected to improve patient flow, patient experience and operational performance.
- Preparations for the forthcoming flu vaccination programme and the NHS Staff Survey were underway.
- An update was provided regarding changes within the People Services Team. It was acknowledged that the process had been challenging and time-consuming due to the scale of the restructuring involved, however it was important to take sufficient time to ensure the changes were implemented appropriately.
- At Month 3, the Trust's financial position remained on plan, with the underlying run rate showing improvement. However, significant challenges remained for the year ahead. Regionally, financial performance across North East and North Yorkshire was under significant pressure. Under the new regional financial oversight framework, the Trust had been placed in the second tier of oversight, meaning weekly reporting requirements were not required, but enhanced oversight and monitoring would continue.

A discussion ensued which covered the following areas:

- Catherine Heslop referred to the Referral to Treatment (RTT) 52-week wait presentation slide and queried the meaning of the red "up 3" indicator. Jackie Bilcliff explained that this reflected a deterioration in performance, with the number of patients waiting more than 52 weeks for treatment having increased by three. Patrick Garner advised that being at the top of the RTT table was not a desirable position, as it indicated a comparatively higher number of patients experiencing long waits. He noted that the Trust's objective was to move towards the bottom of the table through continued reductions in 52-week waits.
- Claire Watson asked where Governors would be able to see the outcomes and learning from the Real Time Patient Experience Programme. Ian Joy advised that examples of the programme's impact were being collated and had been reported to the Quality Committee. He agreed to share some examples with Governors.
[ACTION02].

Paul Ennals noted that charitable funding from Newcastle Hospitals' Charity had supported the development of the programme to which Ian Joy added that work was underway to evaluate what the programme had delivered to date to inform a clear investment proposal for the future.

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

26/17 ITEMS FOR DISCUSSION

i) Audiology Update

Chris Wright, Director of Operations, introduced the update and advised that, whilst improvements had been made, there remained a significant amount of work to do within Audiology Services.

Chris Wright and Sam Lear, Lead Clinical Scientist/Head of Audiological Services highlighted the following points:

- The service operated with a fixed allocation of funding and provided both specialist audiology support for Ear, Nose and Throat (ENT) services and community-based hearing aid services across Newcastle and Northumberland.
- Demand for the service continued to exceed capacity, which resulted in long waiting times for some patients. This could have a significant impact on individuals, including social isolation and reduced quality of life. The service had experienced substantial workforce challenges, with staffing levels having reduced by approximately 50% at one stage.
- Learnings from the British Academy of Audiology (BAA) review at NHS Lothian which raised concerns about how babies were being assessed and treated within audiology services, and identified instances of patient harm.
- A focus on addressing historical cultural challenges, workforce issues and limitations in equipment and facilities. Recruitment remained difficult, with insufficient numbers entering training programmes nationally and some staff choosing to work in the independent sector where salaries could be higher.

Agenda item 1(b)

- Following the NHS England (NHSE) commissioned review and the assurance process undertaken in late 2023, the service was found to be delivering high-quality care. However, the review identified areas where additional assurance, strengthened governance and service improvements were required.
- The BAA review at NHS Lothian Review highlighted systemic issues affecting many audiology providers nationally. As part of the subsequent review process, approximately 1,000 – 2,000 paediatric cases were examined locally, with three patients in Newcastle Hospitals having been identified as having experienced some level of harm.
- Work was underway to strengthen leadership, governance and workforce capacity. Vacancy levels had reduced significantly, and the service was beginning to successfully recruit to Band 7 and Band 8 posts. Consideration was being given to developing apprenticeship pathways and "growing our own" workforce to improve future recruitment and retention. As a result of the improvements made, waiting lists for diagnostic appointments had reduced substantially, with around 50 patients currently waiting.
- Additional capacity had been secured through insourcing arrangements to support recovery. Patients referred for hearing aid assessments were now being seen within approximately four weeks of referral, and the Trust was currently performing within the top third of organisations across the North East and Yorkshire region for waiting times.
- The service had also introduced hearing aid battery collection points in GP surgeries to improve convenience for patients, although there was potential to expand this approach further. Partnership working was taking place with the Royal National Institute for Deaf People (RNID) to establish community support hubs where patients could receive advice, collect batteries and undertake simple hearing aid maintenance such as tubing changes. Around 100 patients per month were currently accessing these services, with positive feedback being received. Further volunteer capacity was required to expand this offer.
- A significant backlog remained for hearing aid repairs and review appointments. The service was therefore exploring the use of video reviews to improve triage and ensure patients were directed to the most appropriate service. Further improvements to paediatric pathways would also have a positive impact on overall performance.
- The service was working towards UKAS (the United Kingdom Accreditation Service) accreditation, which involved an independent assessment of facilities, equipment, workforce capability, governance and service quality. The accreditation process would provide recommendations for further improvement and assurance regarding service standards.
- Looking ahead, priorities included further improving the culture within the service, strengthening clinical governance arrangements, undertaking regular audits and ensuring risk assessments and policies remained up to date, improving communication with patients and ensuring that patient correspondence and information were clear, consistent and up to date.

A discussion ensued which covered the following areas:

- Linda Pepper, an RNID volunteer, queried the reported figure of approximately 100 patients per month accessing RNID community support hubs. She noted that, as both a volunteer and service user, she had not been asked to provide feedback and questioned how the data had been collected. Sam Lear explained that the figure had

been supplied by RNID and that the initiative was still in the early stages of its development. Chris Wright agreed that patient feedback was an important measure and noted that the service, supported through arrangements with other partners in Northumberland, had expectations around gathering patient feedback and responding to enquiries.

- Peter Bower asked about the availability of hearing aid accessories, in particular the small cleaning tool issued with hearing aids which did not appear to be routinely supplied when replacement batteries were collected. In addition Chris Record, highlighted delays in obtaining replacement hearing aid tubing, referring to an occasion when he had waited three weeks for a replacement tube to be fitted that he felt capable of fitting himself. Sam Lear advised that the availability and cost of providing cleaning equipment would be reviewed. She explained that patients normally received tubing and the cleaning tool when hearing aids were first issued. She explained that waiting lists for these aspects of the service had reduced significantly.
- Paul Ennals noted that Audiology had historically generated a higher number of concerns and complaints for the Trust than desired, but welcomed the fact that the volume of concerns had reduced. He encouraged the service to continue developing creative approaches to address the remaining challenges.
- Anna Stabler thanked Chris Wright and the team for the improvements that had been made and asked about work being undertaken to understand why some children did not attend appointments. She queried if there was any link to deprivation and sought assurance that children living in more deprived areas were able to access services appropriately. Sam Lear noted that she did not have this information currently however confirmed that the service would review options for better engaging with families whose children did not attend appointments and would consider how best to reach those groups.
- Aileen Fitzgerald queried how patient feedback was being gathered within the service. Sam Lear explained that patient feedback was a key component of service improvement and that both positive and negative comments provided valuable learning opportunities. She advised that patient surveys were being planned and that the focus would be on gathering meaningful feedback that could be used to drive improvements.

In concluding the discussion, Paul Ennals reflected that significant progress had been made within Audiology Services. While recognising that there remained further work to do, he expressed reassurance that the service was moving in the right direction and that improvements in performance, governance and patient experience were beginning to have a positive impact.

It was resolved: to receive the update.

Paul Ennals formally introduced Jeff Perring, who had officially commenced his role as a Non-Executive Director (NED) in early July.

Jeff Perring provided a brief introduction, explaining that his professional background was as a Paediatric Intensivist and he was currently the Medical Director at Sheffield Children's NHS Foundation Trust. He advised that he was approaching retirement following a long career in

medicine and looked forward to contributing to the work of the Trust in his new role as a NED.

Paul Ennals also welcomed Doreen Huddart, who was attending her first meeting as a newly elected appointed Governor for Newcastle City Council. Doreen introduced herself and advised that she was a Councillor and currently served as Chair of Planning. She represented the Manor Park Constituency and expressed her enthusiasm for supporting the work of the Council of Governors.

i) Governor Working Group (WG) Reports including:

i. Lead Governor

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

ii. Quality of Patient Experience (QPE) WG

Claire Watson presented the report and advised that she had no additional updates to add beyond those included in the report. She noted that a query relating to the transition from paediatric to adult renal services had been raised previously and that a substantive response had now been received.

Ian Joy commented that considerable work had been undertaken in relation to the renal transition pathway and advised that he would be happy to answer any further questions from Governors or attend a future meeting to discuss the arrangements in more detail if required.

Claire Watson expressed her thanks to Anna Stabler for her support.

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

iii. Business and Development (B&D) WG

Philip Home presented the report and expressed his thanks to David Weatherburn and Hassan Kajee for attending and contributing to the WG's discussions. He also thanked the Trust's external auditors for their support and engagement with the WG.

The Working Group had discussed and agreed the external audit contract evaluation criteria, the new contract length and nominated 3 Governors to form a subgroup to progress the procurement.

From the September meeting, Philip Home would assume the role of Chair, and Catherine Heslop would become the new Vice Chair of the B&D WG.

It was resolved: to **receive** the report, **note** the contents and **endorse** the appointment of the Chair and Vice Chair of the WG.

iv. People Engagement and Membership (PEM) WG

Catherine Heslop presented the report and, on behalf of the WG, expressed her sincere thanks to Bernie McCardle for the considerable support, advice and encouragement provided to the PEM WG. She noted that Bernie McCardle had been a valued contributor to the Group's work and had played an important role in supporting Governors.

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

26/18 ITEMS TO RECEIVE

i. Nominations Committee Update

- **Non-Executive Director and Chair objectives**

Paul Ennals presented the Nominations Committee update and advised that the Committee had undertaken a significant programme of work, including the appointment of the Vice Chair, completion of appraisals, and NED recruitment activity. Governors were asked to note the content of the report and endorse the personal objectives that had been developed for the Chair and NED's.

Judy Carrick queried the current position regarding the recruitment of a new Public Governor to the Nominations Committee. Kelly Jupp advised that expressions of interest had been sought on two occasions and that a further reminder would be circulated. If any Governor wished to discuss the role or the Committee's Terms of Reference, they were welcomed to contact her directly.

Catherine Heslop highlighted that, following discussion at the Informal Governors Meeting, Hugh McKendrick had expressed a willingness to join the Nominations Committee.

It was agreed to approve the appointment of Hugh McKendrick as a Public Governor member of the Nominations Committee.

ii. Public Meeting Action Log

The following updates to actions were noted:

- *Action 155 [Turnaround time of theatre utilisation work]* - Information relating to optimising the use of theatres, including the hub optimisation programme, had been circulated to Governors.
- *Action 162 [Traffic congestion Freeman Hospital]* - Additional information provided by Paul Hanson, along with the Trust's Transport Strategy had been circulated to Governors.

Hugh Gallagher noted that whilst the Transport Strategy was a positive development, many staff remained dissatisfied with access to on-site parking. Paul Ennals acknowledged that there remained a significant gap between parking demand and available capacity, a challenge that was common across many NHS trusts. He advised that the issue remained a priority and an update was included in the forward plan, with further discussion scheduled for the November Council of Governors meeting.

It was resolved: to **receive** the action log and **agree** the completion of the actions proposed for closure.

26/19 ANY OTHER BUSINESS

i) Any other business or matters which the Governors wish to raise

Governors were invited to raise any additional matters. No other business was discussed.

ii) Date and Time of Next Meetings:

- Formal Council of Governors – Tuesday 22 September 2026
- Private Governors Workshop – Tuesday 27 October 2026

Summary of actions:

1. The results from the National Cancer Survey showed continued improvement, with the Trust ranked joint 36th out of 129 Trusts nationally and achieving an overall score of 9.02 out of 10 for cancer care. An action was agreed for Jayne Richards to circulate the link to the survey results to all Governors **[ACTION01]**.
2. Claire Watson asked where Governors would be able to see the outcomes and learning from the Real Time Patient Experience Programme. Ian Joy advised that examples of the programme's impact were being collated and had been reported to the Quality Committee. He agreed to share some examples with Governors **[ACTION02]**.

The meeting closed at 13:22.

GOVERNORS' ATTENDANCE – 28 JULY 2026

	Name	Y/N
A	Mrs Tracy Armstrong [Charity]	Apologies
A	Professor Joanne Atkinson [Northumbria University]	Apologies
S	Mr Roger Bishop [Volunteers]	Y
A	Mr David Black [APEX]	Y
2	Mr Peter Bower	Y
2	Ms Sue Brown	Y
S	Mr David Bull [Admin & Clerical, Management and Hospital Chaplains]	Y
1	Mrs Judy Carrick	Y
1	Dr Kate Cushing	Apologies
A	Mrs Doreen Huddart [Newcastle City Council]	Y
1	Mrs Aileen Fitzgerald	Y
S	Mr Hugh Gallagher [Medical and Dental]	Y
3	Mrs Joy Garner	Apologies
2	Mrs Catherine Heslop	Y
2	Professor Philip Home	Y
S	Mr William Jarrett [Estates and Ancillary]	Y
2	Mr Hugh McKendrick	Y
1	Mr Thomas Millen	Apologies
1	Miss Fatema Rahman	Apologies
1	Dr Chris Record	Y
S	Miss Elizabeth Rowen [Allied Health Professionals]	Y
S	Mrs Poonam Singh [Nursing & Midwifery]	Y
1	Dr Eric Valentine	Apologies
2	Dr Peter Vesey	Apologies
A	Dr Luisa Wakeling [Newcastle University]	Y
2	Mrs Claire Watson	Y
1	Ms Sally Webster	Y
2	Dr Kevin Windebank	Apologies
C	Ms Linda Pepper	Y
C	Mr Shashir Pobbathi	Y

THIS PAGE IS INTENTIONALLY
BLANK



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	22 September 2026					
Title	Alliance update					
Report of	Martin Wilson, Director – Great North Healthcare Alliance and Strategy					
Prepared by	Martin Wilson, Director – Great North Healthcare Alliance and Strategy					
Status of Report	Public	Private		Internal		
	☒	☐		☐		
Purpose of Report	For Decision	For Assurance		For Information		
	☐	☒		☐		
Summary	This paper provides an update on the Great North Healthcare Alliance including: - The establishment of the new Clinical Framework Group and its decision to prioritise cancer as its first area of focus - Work looking at secondary and tertiary care and within this the identification of pathways best suited for being delivered closer to patients - How and where trusts are working together on a variety of shared projects - Recognition that some of the new Prime Minister's policy priorities may impact and create opportunities for the Alliance - Governor discussions about future models of improved public, patient and staff engagement and the intention to hold a joint Alliance governor workshop to explore this further This paper is for information and discussion. It does not seek approval for a change to clinical services or organisational arrangements.					
Recommendation	The Council is asked to: - note progress and the areas where further work is needed; and - support the plan for a joint session of representatives from all four Councils later this financial year around developing models for improving public, patient and staff engagement.					
Link to Strategic Priorities	Joining up care	Advancing care		Supporting great care		
	☒	☐		☐		
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☒	☒	☐	☐
Link to Board Assurance Framework [BAF]	Links to the Principal Risk that : "Failure to strengthen partnerships across neighbourhoods, the city, region and system." This report provides assurance of work being done to strengthen partnership working across the Alliance area.					
Reports previously considered by	This is a further update on the work of the Alliance, with the last update brought to the Council of Governors in June 2026.					

Alliance update to Council of GovernorsSeptember 2026

Summary

- 1 This paper provides an update on the work of 'our' Alliance and builds on the Alliance annual report and refreshed Strategic Intent, discussed at the Council of Governors in June 2026. It updates Governors on progress since then and the issues being worked on across the four Trusts. This paper is for information and discussion. It does not seek approval for a change to clinical services or organisational arrangements.
- 2 The Council of Governors are asked to note progress since June and the areas where further work is needed; and to support the plan for a joint session of all four Councils of Governors later this financial year on the developing approaches to improved engagement.

Background

- 3 The Great North Healthcare Alliance brings together Gateshead Health NHS Foundation Trust, The Newcastle upon Tyne Hospitals NHS Foundation Trust, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. The Alliance's strategic intent is 'to work together to deliver excellent tertiary and secondary hospital services, while strengthening neighbourhood care closer to patients' homes'.

Overall progress

- 4 Since June, the main areas of progress to highlight are the work of the new Clinical Framework Group, the Bilateral meetings that exist between trusts, and collaborations on service improvement, estates, digital services, people services and engagement.
- 5 The Alliance Steering Group of chairs, vice chairs and chief executives meets every six weeks with very positive discussions reinforcing the need to concentrate on joint action where working together adds clear value. This includes reducing duplication, sharing expertise and addressing service pressures that extend across organisational boundaries. Making the benefits more visible to patients, communities and colleagues remains an important area for improvement.

Clinical Framework Group

- 6 The Clinical Framework Group (CFG) is now established and brings together clinical and operational leadership from all four trusts. Cancer is its first agreed priority, with an initial focus on lung and urological cancer and on parts of pathways that the four providers can directly influence. A limited number of priorities should allow clinical teams to concentrate their time on changes with the greatest potential benefit. Working closely with the Northern Cancer Alliance, the immediate task is to turn this focus into clear actions and measurable improvement trajectories, with responsibilities identified within each trust and across the Alliance.

- 7 A next major priority for the CFG will be selected once tangible benefits from working on cancer are demonstrated. Areas under consideration include care in the last year of life and approaches to triage, advice and guidance that help patients reach the right care sooner.

Care closer to home and access to specialist services

- 8 Clinical and analytical work has clarified which services are secondary care and which require more specialist tertiary provision. The Clinical Framework Group has identified elements of 21 pathways that could potentially be delivered closer to patients. This is an assessment of opportunities linked to the NHS' priority to move care closer to communities, rather than agreement to relocate services. The next stage is to identify a small number of shared pathway priorities and develop the clinical, workforce and financial case for change. We need to distinguish straightforward changes in where care takes place, from changes to the way a whole pathway operates. Local neighbourhood planning and engagement, primary care relationships and the capacity of each trust will be central to this work.
- 9 Providing more care locally must go alongside fair access to specialist care when it is needed. Building on earlier improvements for acute coronary syndrome patients, the Alliance is considering further opportunities to improve access to tertiary and secondary care. The aim is for clinical need to ensure equitable access for all services, wherever a patient lives within the Alliance. Areas under discussion include mechanical thrombectomy and children's services. Work will involve appropriate clinical assessment and engagement with patients, staff and relevant partners.
- 10 Each of the three Alliance Bilateral meetings (between Newcastle and each of Gateshead, North Cumbria and Northumbria Foundation Trusts (FTs)) continues to progress local shared opportunities to improve patient care, staff experience and service resilience. Specific examples will be shared in the meeting.

Working together on shared projects

- 11 Where it makes sense to do so, Directors and their teams are working together on shared projects across the Alliance. The emphasis is on sharing expertise and making opportunities accessible across organisational boundaries.
- 12 For example the joint procurement of waste management services has secured better value. Estates teams are developing shared contracts for specialist support, including architects and surveyors, to improve planning and access to expertise. A new Alliance-wide Net Zero data officer has been appointed to support carbon reduction projects across all four trusts.
- 13 Digital teams are collaborating on procurement for laboratory systems, security tools and IT equipment. This builds on the digital collaboration described in June and is intended to strengthen the foundations for more digital services and care closer to home. Procurement activity is progressing, but the wider benefits will depend on implementation and changes in how services use the systems.
- 14 People Directors are working together on leadership and culture initiatives following publication of the NHS Leadership and Management Framework. Research and

innovation, recruitment and service improvement also remain areas for collaboration. Finance directors are exploring procurement opportunities and improvements in the way clinical activity is recorded and counted. Coordinating this work is important so that the Alliance contributes to regional efforts and avoids duplicating them.

Leadership, governance and delivery

- 15 During this last period Dr Stephen Singleton has taken up post as Chair of North Cumbria Integrated Care FT and Trudie Davies and Dr Sean Fenwick have been confirmed as the substantive chief executives of North Cumbria Integrated Care and Gateshead Health FTs respectively. Their appointments have strengthened the Alliance and are warmly welcomed. All the chairs and chief executives within the Alliance work closely together, supported by the Alliance Formation Team.
- 16 A joint session of the four executive teams within the Alliance is planned for October 2026. This will support stronger working relationships and help identify where collective action across all four trusts offers the greatest additional benefit. It will complement the ongoing bilateral discussions between trusts, which remain important for resolving specific clinical and operational issues.
- 17 The governance changes agreed alongside the refreshed Strategic Intent have been implemented. The Clinical Framework Group is in place, the committee arrangements have been brought together operationally and bilateral working is progressing. Senior responsible leads have been identified for each of the Strategic Intent recommendations. A review of the new governance and bilateral arrangements is planned for winter 2026. It will consider whether they are supporting quicker progress, stronger clinical engagement and clearer accountability. Work will continue at the level best suited to the issue, whether between two trusts, several partners or all four.
- 18 There are still constraints to address. Clinical and management capacity is stretched, and collaboration must be embedded in each trust's work to sustain progress. Proposals to change pathways need to account for staffing, estate and funding implications, including whether moving activity releases resources. Better evidence of the benefits being achieved are also needed.

National policy and regional partnerships

- 19 The new Prime Minister and Secretary of State for Health and Social Care may bring forward new or revised priorities. Their implications will be considered as policy develops and options for where the Alliance's work can contribute will be explored. This will include assessing where collaboration across four trusts offers more benefit than action by an individual organisation.
- 20 One potential area for exploration is how the trusts, as major local employers and partners, could support opportunities for young people who are not in education, employment or training. Any work would need to complement existing local programmes and reflect emerging national priorities. No new Alliance programme is being announced through this paper.
- 21 The Alliance is also keeping wider developments in devolution and NHS commissioning arrangements under review. In responding to potential Integrated Care

Board boundary changes, partners have emphasised the importance of established clinical pathways and relationships with the North East and North Cumbria. Any future proposals should be assessed on their implications for patients, access and service sustainability. As an Alliance no particular outcome is assumed.

Governor engagement

- 22 Linked to the Health Bill currently being considered in Parliament, each Council of Governors is working with its trust secretary and director of communications to consider improved models of public, patient and staff engagement. This work continues to highlight the importance and benefits of meaningful involvement and of gathering more direct feedback from colleagues and communities. As each trust develops potential future models it is recognised that approaches will need to reflect the different communities served by each trust.
- 23 The intention is to bring together representatives from all four Councils of Governors later in the 2026/27 financial year for a joint session. The purpose will be to share progress on the engagement models being developed locally, exchange learning and discuss progress with the Alliance more generally. Trust secretaries and communications colleagues will help develop the arrangements, with the date, representation and format to be confirmed.
- 24 The proposed session will provide space for governors to discuss information needs, how they can bring local perspectives into Alliance discussions and how future updates can better demonstrate the difference collaboration is making. It will support the work of each Council and its relationship with its own trust.

Recommendations

- 25 The Council is asked to:
 - note progress since June and the areas where further work is needed; and
 - support the plan for a joint session of representatives from all four Councils later this financial year. Governors' views on the priorities and information they would find most useful are welcomed.

Martin Wilson

Director – Great North Healthcare Alliance and Strategy

**THIS PAGE IS INTENTIONALLY
BLANK**



COUNCIL OF GOVERNORS

Date of meeting	22 September 2026					
Title	Update from the Lead Governor					
Report of	Eric Valentine, Lead Governor					
Prepared by	Eric Valentine, Lead Governor					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This report updates on the work of the Lead Governor since the Formal Council of Governors meeting on 28 July 2026.					
Recommendation	The Council of Governors is asked to (i) receive the report and (ii) note the contents.					
Link to Strategic Priorities	Joining up care		Advancing care		Supporting great care	
	☒		☐		☒	
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports from the Lead Governor are provided to the Council of Governors.					

UPDATE FROM THE LEAD GOVERNOR

1. MEETINGS ATTENDED

In this period, I have attended several events:

- 27/08/2026 Governor Observer at Quality Committee
- 08/09/2026 Meeting with the Trust Secretary and Working Group (WG) Chairs
- 10/09/2026 1:1 meeting with the Trust Secretary
- 10/09/2026 Informal Governors meeting
- 10/09/2026 Business and Development WG meeting
- 17/09/2026 1:1 Meeting with Chief Executive Officer (CEO)

Agenda setting meetings have been arranged with the Trust Secretary for future months.

2. KEY MATTERS

Key matters raised with me as Lead Governor have included:

- No matters have been raised with me in this period, outside of the issues discussed in Working Groups and Board Committee observation. I note the Lead Governors' Association update on September 6th with regard to the Health Bill and its third reading in Parliament on September 7th.
- Some concerns were raised in July about the experience of some teenagers/young adults undergoing renal treatment when transitioning from paediatric services to adult care. The following question was put to the Paediatric Renal Service at Great North Children's Hospital (GNCH): Does the Trust have a transition pathway from paediatric to adult renal services? The Quality of Patient Experience (QPE) WG has received a very thorough and complete response which offers assurance regarding processes in place and in train.

3. RECOMMENDATION

The Council of Governors is asked to note and comment on the contents of this report. Governors are also invited to provide any feedback on the report directly to me.

Report of Eric Valentine
Lead Governor
9 September 2026

THIS PAGE IS INTENTIONALLY
BLANK



COUNCIL OF GOVERNORS

Date of meeting	22 September 2026					
Title	Quality of Patient Experience Working Group Report					
Report of	Claire Watson, Chair - Quality of Patient Experience Working Group					
Prepared by	Claire Watson, Chair - Quality of Patient Experience Working Group					
Status of Report	Public	Private		Internal		
	☒	☐		☐		
Purpose of Report	For Decision	For Assurance		For Information		
	☐	☐		☒		
Summary	The content of this report outlines the activities undertaken by the working group since the previous report in July 2026. Key points to note are: - Group Activities - Presentations and Guests - Wards and Departments Visited					
Recommendation	The Council of Governors is asked to receive the report.					
Link to Strategic Priorities	Joining up care	Advancing care		Supporting great care		
	☐	☐		☒		
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The Quality of Patient Experience (QPE) Working Group (WG) continued to meet monthly (with the exception of August and December), with agendas structured around the Group's agreed Terms of Reference. Discussions focused on matters within the Group's remit, with particular attention given to quality and patient experience. Non-Executive Directors (NEDs) regularly attended meetings to provide updates from relevant Board Committees and offered assurance to Governors on key areas of discussion. The Working Group had also completed its 2026 effectiveness review with no issues noted

Since the last report, one QPE WG meeting had taken place.

2. GROUP ACTIVITIES

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

- Nutrition Steering Group (07 July 2026) – This meeting was observed by Claire Watson.
- Quality Committee (23 July 2026) – This meeting was observed by Hugh McKendrick.
- Patient Safety Group (PSG) (28 July 2026) - Unfortunately a WG member was not able to observe this meeting due to a scheduling conflict.
- Clinical Audit and Guidelines Group (CAGG) (04 August 2026) – This meeting was observed by Philip Home.
- PSG (25 August 2026) - Unfortunately a WG member was not able to observe this meeting due to a scheduling conflict.
- Quality Committee (27 August 2026) – This meeting was observed by Eric Valentine.
- CAGG (01 September 2026) – This meeting was observed by Philip Home.

The completed observer reports are available in the Governor Reading Room on AdminControl.

3. PRESENTATIONS/GUESTS

At the September meeting, Jenna Wall, Director of Midwifery attended to provide an update on the national maternity and neonatal reviews and NHS England's 10-Point Plan. She advised that Newcastle Hospitals was well placed against national requirements, remaining in the lowest regional risk category, and had already implemented or was progressing the required actions. Governors were reassured by the Trust's position and noted ongoing work around staffing, health inequalities, Martha's Rule, patient engagement and bereavement care. Jenna highlighted the low staff turnover, the support provided for newly qualified midwives through a preceptorship programme, and that maternity services currently held an "Assure" rating from the Quality Committee in relation to the Triple A reporting.

Stuart Lamb, Performance Quality Manager, also attended the September meeting to discuss Patient-Led Assessment of the Care Environment (PLACE) assessments which would take place at the Freeman Hospital on 30 September and at the Royal Victoria Infirmary (RVI) on 14 October. The annual patient-led assessments review areas such as cleanliness, environment, privacy and dignity, dementia-friendliness, disability access and food quality. Governors were encouraged to participate as assessors, with training available via Microsoft Teams. WG members welcomed the assessments as a valuable means of obtaining patient feedback and monitoring the quality of the hospital environment. Assurance was provided that any issues identified were escalated through appropriate governance processes, and Stuart agreed to share further guidance on how disability, learning disability and autism considerations were reflected within the assessment criteria.

The QPE WG was delighted to welcome Anna Stabler, Non-Executive Director and Chair of the Quality Committee to the September meeting, Governors expressed their gratitude for her engagement and the valuable perspectives she brought to the discussions, which helped to inform and strengthen the Group's consideration of key issues.

4. WARD AND DEPARTMENT VISITS

A visit to the Rheumatology Department at Freeman Hospital was undertaken on 28 July 2026, providing an opportunity to learn more about the service and engage with staff.

5. RECOMMENDATION

The Council of Governors is asked to receive the report.

**Report of Claire Watson
Chair of QPE Working Group
7 September 2026**

THIS PAGE IS INTENTIONALLY
BLANK



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	22 September 2026					
Title	Report of the Business and Development Working Group					
Report of	Catherine Heslop – Vice Chair of the Governors Business and Development Working Group					
Prepared by	Catherine Heslop – Vice Chair of the Governors Business and Development Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) on 28 July 2026.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Link to Strategic Priorities	Joining up care		Advancing care		Supporting great care	
	☐		☐		☒	
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☐	☒	☐	☐	☒
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

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

1. INTRODUCTION

The Business and Development (B&D) Working Group (WG) has continued to meet monthly, with agendas structured around the Group's agreed Terms of Reference. Discussions have focused on matters within the Group's remit, including the Trust strategy, performance, (financial and activity), and other business-related issues. Non-Executive Directors (NEDs) regularly attend meetings to provide updates from relevant Board Committees and offer assurance to Governors on key areas of discussion. The Working Group has also completed its 2026 effectiveness review.

The Working Group is generally well attended and continues to welcome new Governors who may wish to become regular members, as well as those who wish to attend meetings on an ad hoc basis where topics are of particular interest.

Since the last report, one B&D Working Group meeting has taken place.

2. PRESENTATION TOPICS

2.1 External Audit contract / tender process update (10 September 2026)

Chris Haynes, Assistant Finance Director – Financial Services, provided a verbal update on the procurement of the Trust's external audit contract, which is due to expire following completion of the 2026/27 audit year. Following an expressions of interest exercise the procurement process will now proceed through an approved framework with an agreed evaluation criteria. It was noted that three Group members will represent the Council of Governors on the procurement process, supported by Chris Haynes, Kelly Jupp, Trust Secretary, as well as some Executive and Non-Executive Directors, and procurement colleagues. Governors welcomed the market interest and the next stage of the procurement process.

2.2 Clinical and Diagnostic Services – Vulnerabilities (10 September 2026)

Claire Pinder, Director of Operations, and Alex Self, Clinical Board Chair, Clinical and Diagnostic Services, gave a presentation to update the WG on Clinical and Diagnostic Services risks and transformation programmes, including the replacement of ageing systems through significant investment which will improve resilience, efficiency and future digital capability. Challenges remain around recruiting specialist staff, ageing laboratory infrastructure, therapy workforce shortages, psychology and podiatry capacity, and reliance on short-term funding. Governors were reassured that robust governance, strong contract collaboration with Northumbria and North Cumbria trusts, and clear mitigation plans are in place to address these risks while modernising services and improving patient care.

3. REPORTS ON BOARD COMMITTEE OBSERVATION

The following Board Committees have been observed by WG members and the completed reports are available in the Governor Reading Room on AdminControl:

- Audit, Risk and Assurance Committee (ARAC) (23 June 2026 and 28 July 2026) – These meetings was observed by Peter Bower.
- Digital and Data Committee (D&DC) (9 July 2026) - This meeting was observed by Peter Bower.
- Finance and Performance Committee (F&PC) (27 July 2026) - This meeting was observed by Philip Home.

4. RECOMMENDATION

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

**Report of Catherine Heslop
Working Group Vice Chair
10 September 2026**

THIS PAGE IS INTENTIONALLY
BLANK



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	22 September 2026					
Title	People, Engagement and Membership (PEM) Working Group (WG) Report					
Report of	Catherine Heslop – Chair of the PEM Working Group					
Prepared by	Catherine Heslop – Chair of the PEM Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The People, Engagement and Membership (PEM) Working Group (WG) is tasked with increasing both the number and diversity of Trust membership and with supporting members via dedicated members' events and newsletters. In addition, the WG works to engage with the wider Trust community. This report provides an update to the Council of Governors on the ongoing work of the PEM WG since the last meeting of the Council of Governors in July 2026.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Link to Strategic Priorities	Joining up care		Advancing care		Supporting great care	
	☐		☐		☒	
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The People, Engagement and Membership (PEM) Working Group (WG) has continued to meet bi-monthly. Since the last report, one PEM Working Group meeting has taken place.

The September meeting was productive and well-focused, with members receiving updates and considering matters relating to engagement, membership, and other areas within the Group's remit. The Working Group continues to provide Governors with an opportunity to explore these topics in greater detail and seek assurance on key issues.

I would like to express my sincere appreciation to all Governors and attendees for their considered contributions and constructive engagement throughout the meeting. Their insights and commitment continue to support the effective operation of the Working Group.

2. GROUP ACTIVITIES

The Members' Event, held on 13 August 2026, focused on the theme of healthy ageing, with particular emphasis on nutrition and staying active. Members heard from colleagues about the fundamentals of good nutrition, the importance of regular physical activity, and how these contribute to supporting health, wellbeing, and positive outcomes for patients and communities.

The event provided an engaging and informative programme, showcasing services, initiatives, and areas of best practice from across the Trust. Through a series of presentations, interactive activities, group discussions, and question-and-answer sessions, members were supported to better understand how healthy lifestyle choices can contribute to improved wellbeing at every stage of life.

The event also offered valuable opportunities for members to actively participate, share feedback, and engage directly with Trust Governors and colleagues in a relaxed and inclusive environment. Feedback demonstrated that the event was well received, providing an excellent opportunity for members to connect with one another, learn more about Trust services, and explore how we can continue to support healthier lifestyles across our patient and member communities.

Some WG members provided articles for inclusion in the Summer Members' Newsletter, with a particular focus on Governor engagement with members. The articles highlighted the role of Governors in representing members' views, promoted opportunities for engagement, and showcased the visible presence of Governors across a variety of settings and events.

2.1 Committees

In accordance with the WGs ongoing commitment to oversight and ensuring robust Governor engagement across the Trust's governance structure, Philip Home, attended the People Committee to observe on 21 July 2026.

The completed written reports arising from meeting observations are available in the Governor Reading Room on AdminControl.

3. ONGOING AREAS OF FOCUS

3.1 Communication

Governors remain active within their constituencies and the wider community, providing a visible link between members and the Trust and ensuring members' voices are heard and represented.

3.2 Membership

In July and August 366 staff members joined the Trust's membership and 678 staff members left the Trust and were subsequently removed from the membership database. During the same period, 2 public members joined the Trust's membership.

4. RECOMMENDATIONS

The PEM WG asks that the Council of Governors receive this report for information.

**Report of Catherine Heslop
Chair of the PEM Working Group
9 September 2026**

THIS PAGE IS INTENTIONALLY
BLANK



COUNCIL OF GOVERNORS

Date of meeting	22 September 2026					
Title	Non-Audit Services Policy					
Report of	Kelly Jupp, Trust Secretary					
Prepared by	Kelly Jupp, Trust Secretary					
Status of Report	Public ☒		Private ☐		Internal ☐	
Purpose of Report	For Decision ☒		For Assurance ☐		For Information ☐	
Summary	Alert: The Non-Audit Services Policy has been reviewed and updated, with the amendments proposed summarised below: • Updates to reflect changes to references and guidance e.g. the revised Ethical Standard issued by the Financial Reporting Council in 2024. • Changes to roles/role titles. • Minor typographical and formatting amendments. Advise: The proposed updated policy will also be considered at the Audit, Risk and Assurance Committee meeting on the morning of 22 September, followed by the Council of Governors meeting that afternoon. Approval will be sought at both meetings. Assure: A detailed review of the policy has been undertaken.					
Recommendation	The Council of Governors are asked to support the recommendation to be made to the Council of Governors that the policy amendments be approved.					
Link to Strategic Priorities	Joining up care ☐		Advancing care ☐		Supporting great care ☒	
Impact	Quality ☐	Legal ☒	Finance ☒	Human Resources ☐	Equality & Diversity ☐	Sustainability ☐
Link to Board Assurance Framework [BAF]	No direct link					
Reports previously considered by	The Council of Governors last approved the policy in August 2024. The proposed amendments have been considered, and were supported by, the Business & Development Working Group on 10 September 2026. Scheduled for consideration at the Audit, Risk and Assurance Committee on 22 September 2026 – any updates will be shared verbally at the Council of Governors meeting.					

Non-Audit Services Policy

Version No.:	2.0
Effective From:	[TBC]
Expiry Date:	[TBC – 3 year cycle]
Date Ratified:	[TBC]
Ratified By:	Audit, Risk and Assurance Committee (TBC) and Council of Governors (TBC)

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 Code of Governance for NHS Provider Trusts states that the Audit Committee should oversee the relationship with the external auditor and maintain a policy governing the engagement of the external auditor for non-audit services, ensuring auditor independence and objectivity are protected.

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 (FRC).

The ethical standards and guidance require that a member of a professional accountancy body should act with objectivity, independence and integrity in all professional and business activities and 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;

- Self-review – 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;
- Intimidation – where the auditor may become intimidated by threat, by dominating personality, or by other pressures, actual or feared, by a director or manager of the Trust.

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 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 current effective Ethical Standard was revised in January 2024 and became effective from 15 December 2024. It does not prohibit all non-audit services by an external auditors, but it requires auditors to ensure that any non-audit service does not create unacceptable threats to independence and objectivity. The core principle is that the auditor must not undertake a non-audit service if:

- The service would compromise, or be perceived to compromise, the auditor's independence or objectivity.
- The resulting threats cannot be eliminated or reduced to an acceptable level through safeguards.
- The service would place the auditor in the position of auditing their own work.

Examples of prohibited activities include:

- Making management decisions.
- Authorising transactions.
- Taking responsibility for internal controls.
- Acting in a management capacity e.g. directing the work of employees.
- Preparing accounting records and financial statements.
- Valuation services that are material to the financial statements.
- The provision of internal audit services.
- Designing or implementing financial information services.
- Providing advocacy services and certain legal services.

The FRC emphasises the use of the **Objective, Reasonable and Informed Third Party (ORITP) test** when assessing independence. Auditors must consider whether an informed observer would conclude that their integrity, objectivity or independence has been compromised by the proposed non-audit service. The FRC issued additional guidance on applying this test alongside the Revised Ethical Standard 2024.

A list of services which cannot be provided can be found in the Ethical Standard, please refer to

https://media.frc.org.uk/documents/Revised_Ethical_Standard_2024_orZHKLq.pdf.

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	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. 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 Audit, Risk and Assurance Committee is ideally placed to perform this role on behalf of the Council of Governors, and this would be consistent with the Audit, Risk and Assurance Committee's responsibility for monitoring the quality of the external audit service to the Trust.
Chief Finance Officer	The Chief Finance Officer 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, Risk and Assurance Committee	The Audit, Risk and Assurance Committee is responsible for: • 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

Role	Responsibility
	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	The Auditors (and their staff) have a responsibility to: • Carry out their work with independence, integrity and objectivity. The auditors' opinions, conclusions and recommendations should both be, and be seen to be, impartial. • 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 there 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 Standards.

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.

In line with the National Audit Office Code of Audit Practice and the FRC Ethical Standard, 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 Chief Finance Officer and Assistant Finance Director (Financial Services) 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 (Financial Services) will review and evaluate each individual request for the provision of non-audit services making a recommendation to the Chief Finance Officer 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, Risk and Assurance Committee by the Chief Finance Officer for consideration/approval at the next available meeting of the Audit, Risk and Assurance Committee or in exceptional circumstances Audit, Risk and Assurance Committee Chairs action may be sought if the request is time critical.

All recommendations to the Audit, Risk and Assurance 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, Risk and Assurance 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, Risk and Assurance 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.	Assistant Finance Director (Financial Services)	Audit. Risk and Assurance Committee (ARAC)	Annually
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.	Assistant Finance Director (Financial Services)	ARAC	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.	Assistant Finance Director (Financial Services)	ARAC	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	ARAC	Annually

8. Consultation and review

This policy has been reviewed in consultation with the Trust Secretary, the Chief Finance Officer, the Deputy Finance Director, the Assistant Finance Director (Financial Services), the Director of Performance and Governance and the Chair of the Audit, Risk and Assurance 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 Code of Governance for NHS provider trusts 2022
- National Health Service Act 2006, the Health and Care Acts 2012 and 2022
- Audit Firm Governance Code 2022, FRC
- UK Corporate Governance Code 2024, FRC
- Revised Ethical Standard 2024, FRC
- FRC Ethical Standard implementation guidance
- National Audit Office's Code of Audit Practice 2024
- National Audit Office's Auditor Guidance Note 1 (AGN/01) – General Guidance Supporting Local Audit
- Audit Committees and External Audit: Minimum Standard, FRC
- 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.

Equality Impact Assessment Form

Name of policy/strategy/service development/business case/paper/CIP/investment plan being assessed	Non-Audit Services Policy
Author name and designation	Kelly Jupp, Trust Secretary
Names and designations involved in assessment	Kelly Jupp, Trust Secretary
What are you assessing?	Policy

1. Is this a new or revised policy/procedure/service/strategy? New ☐ Revised ☒
2. What are the main aims and objectives of the policy/strategy/service development/business case/paper/CIP/investment plan being assessed you are reviewing?
(These can be copied from your main document)

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 Code of Governance for NHS Provider Trusts states that the Audit Committee should: "Develop and implement a policy on the engagement of the external auditor to supply non-audit services".

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.

3. What are the intended outcomes of the document/ service? (What is it trying to achieve?)

To ensure that a policy is in place for the engagement of the external auditor to supply non-audit services and therefore to ensure that the policy is complied with.

How will you measure the outcomes? (so it does not adversely impact on any group of people?)

Compliance with the policy will be considered prior to and after the commissioning any non-audit services.

4. Who is affected? Employees ☐ Service users ☐ Wider community ☐

5. Does this policy, strategy or service have any equality implications? Yes ☐ No ☒

If No, please state reasons and the information used to arrive at this decision and there is no requirement to complete from section 6 onwards.

This policy does not have a differential impact on individuals or groups with protected characteristics under the Equality Act 2010. The policy relates to the governance arrangements governing the engagement of the Trust's external auditors and the provision of non-audit services. It does not affect access to services, employment practices, or the experience of patients, staff, carers, or the public.

In addition there is no direct impact on the quality of clinical care, patient safety, or patient experience. The policy supports effective governance and auditor independence, which contributes indirectly to organisational accountability, transparency, and stewardship of public resources.

6. What sources of evidence have you considered for the impact assessment to evaluate if a particular group may be disproportionately impacted by the policy/procedure/service/strategy?

Information, data and evidence should be used to conduct an Equality Impact Assessment. This can include research, staff/patient surveys, WRES, WDES, complaints, performance data, DATIX, Census data, experts, guidelines, articles.

Local/internal data (e.g. Staff survey, patient feedback and complaints, performance data, DATIX)	Research/Publications	External data (e.g. Census data)	Other
Review of the Non-Audit Services Policy and its intended scope and application	National Audit Office Code of Audit Practice	Equality Act 2010	Professional judgement of assessment lead
Trust governance arrangements and accountability processes	FRC Revised Ethical Standard 2024	Public Sector Equality Duty	Review of similar NHS governance policies
Consideration of staff groups affected by policy implementation	NHS Provider Code of Governance	NHS governance requirements	Newcastle Hospitals Equality and Diversity Statement
Review of whether the policy impacts staff, patients or public access to services	NHS audit and assurance guidance		Consultation with Trust Secretary, Chief Finance Officer and governance leads during policy development
Existing workforce equality and employment policies			Assessment of potential impacts on protected characteristics

7. Are there any gaps in the evidence you have reviewed? If yes, what are these gaps and could any be rectified?

No significant gaps in evidence were identified.

The policy relates solely to governance arrangements governing the procurement and approval of non-audit services provided by the Trust's external auditor. It does not directly affect employment practices, terms and conditions, recruitment, patient care, access to services or public engagement. Therefore, protected characteristic-specific evidence was not considered necessary to conclude whether any group would be disproportionately impacted. Should the policy be substantially revised in future, the Equality Impact Assessment will be reviewed and updated.

Have you engaged, involved, or consulted with any patient or staff groups? Yes ☐ No ☒

[illegible]

8. Assessment of impact

Complete the form below to record your findings from the evidence you have reviewed and any groups you may have consulted with. Please record any mitigation actions for possible adverse impacts you have identified.

Protected Characteristic (Please provide relevant demographic breakdown)	A) Possible beneficial impacts	B) Possible adverse impacts (issues, needs, barriers)	C) What is in place in the Trust, policy or its implementation to address any inequalities?	D) Please state mitigation actions for inequalities not addressed by column C). Provide details of lead, timescale and monitoring	E) For any impacts not mitigated, are these impacts legal and or justifiable? If yes please explain how
Race and ethnicity This can include attitudinal and social barriers, language barriers, inclusion in medical research and education	Transparent and consistent governance arrangements.	No adverse impact identified.	Trust EDI policies apply.	None required.	N/A
Sex This can include employment, access to services and social barriers	Policy applies consistently to all staff and stakeholders.	No adverse impact identified.	Trust EDI and HR policies.	None required.	N/A
Age This can include safeguarding,	Consistent application of governance processes.	No adverse impact identified.	Trust EDI policies.	None required.	N/A

Protected Characteristic (Please provide relevant demographic breakdown)	A) Possible beneficial impacts	B) Possible adverse impacts (issues, needs, barriers)	C) What is in place in the Trust, policy or its implementation to address any inequalities?	D) Please state mitigation actions for inequalities not addressed by column C). Provide details of lead, timescale and monitoring	E) For any impacts not mitigated, are these impacts legal and or justifiable? If yes please explain how
welfare, and consent issues					
Religion This can include dietary needs, clothing, spiritual care, end of life care and privacy	No direct impact on religious practice or belief.	No adverse impact identified.	Trust EDI policies	None required	N/A
Disability This can include attitudinal, social, physical and communication barriers, learning disabilities, autism and cognitive issues	No barriers identified arising from policy requirements.	No adverse impact identified.	Reasonable adjustment and accessibility arrangements remain in place.	None required	N/A
Sexuality This can include privacy,	Policy applies equally irrespective of sexual orientation.	No adverse impact identified.	Trust EDI policies	None required	N/A

Protected Characteristic (Please provide relevant demographic breakdown)	A) Possible beneficial impacts	B) Possible adverse impacts (issues, needs, barriers)	C) What is in place in the Trust, policy or its implementation to address any inequalities?	D) Please state mitigation actions for inequalities not addressed by column C). Provide details of lead, timescale and monitoring	E) For any impacts not mitigated, are these impacts legal and or justifiable? If yes please explain how
employment, social barriers and end of life care					
Pregnancy and maternity This can include employment, working arrangement, flexible working, breastfeeding	No impact on employment arrangements or rights.	No adverse impact identified.	Existing workforce policies apply.	None required	N/A
Gender reassignment This can include attitudinal barriers, privacy, data privacy, medical effects of hormone treatment and gender transition	Equal application of policy.	No adverse impact identified.	Trust EDI policies and confidentiality arrangements.	None required	N/A

Protected Characteristic (Please provide relevant demographic breakdown)	A) Possible beneficial impacts	B) Possible adverse impacts (issues, needs, barriers)	C) What is in place in the Trust, policy or its implementation to address any inequalities?	D) Please state mitigation actions for inequalities not addressed by column C). Provide details of lead, timescale and monitoring	E) For any impacts not mitigated, are these impacts legal and or justifiable? If yes please explain how
Marriage and civil partnership This can include working arrangements	No impact identified.	No adverse impact identified.	Existing equality protections apply.	None required	N/A
Socio-economically deprived groups This can include access to information, digital exclusion, transport issues, social exclusion, access to financial benefits and expenses.	Indirect benefit through strong governance and stewardship of public resources.	No adverse impact identified.	Policy does not affect access to services or opportunities.	None required	N/A
Carers This can include working arrangement, flexible working, involvement in	No direct impact on carers or working arrangements.	No adverse impact identified.	Existing flexible working and carers policies remain in place.	None required	N/A

Protected Characteristic (Please provide relevant demographic breakdown)	A) Possible beneficial impacts	B) Possible adverse impacts (issues, needs, barriers)	C) What is in place in the Trust, policy or its implementation to address any inequalities?	D) Please state mitigation actions for inequalities not addressed by column C). Provide details of lead, timescale and monitoring	E) For any impacts not mitigated, are these impacts legal and or justifiable? If yes please explain how
patient care					
Other inclusion groups (e.g. low literacy, asylum seekers/refugees, homeless, looked after children, ex-offenders, substance users etc)	Policy applies consistently to all relevant parties.	No adverse impact identified.	Trust inclusion arrangements apply.	None required	N/A

Name of lead undertaking assessment	Kelly Jupp
Signature	Kelly Jupp
Date completed	21 August 2026

THIS PAGE IS INTENTIONALLY
BLANK

Council of Governors Meeting Actions - Public

Agenda item: 4(a)

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
164	ACTION01	1. Business Items iv) Chief Executive's Report including:	28 July 2026	The results from the National Cancer Survey showed continued improvement, with the Trust ranked joint 36th out of 129 Trusts nationally and achieving an overall score of 9.02 out of 10 for cancer care. An action was agreed for Jayne Richards to circulate the link to the survey results to all Governors	JR	31.07.2026 - National Cancer Survey results circulated to Governors via the Weekly Governor Update on 31.07.2026. Propose to close action.	
165	ACTION02	1. Business Items iv) Chief Executive's Report including:	28 July 2026	Claire Watson asked where Governors would be able to see the outcomes and learning from the Real Time Patient Experience Programme. Ian Joy advised that examples of the programme's impact were being collated and had been reported to the Quality Committee. He agreed to share some examples with Governors	IJ	30.07.2026 - Real time improvement examples circulated to Governors via the Weekly Governor Update on 31.07.2026. Propose to close action.	

Key:

Red =

No update/Not started

Amber =

In progress

Green =

Completed

Grey =

On Hold