

Annual Members' Meeting Wednesday 27 September 2023 1400h* Venue: Lecture Theatre, Education Centre, Clinical Resource Building, RVI

Agenda

Item	Lead	Paper	Timing
Discussion items			
1	Welcome and Introductions	Professor Sir John Burn	Verbal 14:00 – 14:05
2	Minutes of the meeting held on 27 September 2022 and Matters Arising	Professor Sir John Burn	Attached 14:05 – 14:10
3	Review of the Year and Annual Report for 2022/23	Dame Jackie Daniel, Chief Executive	Presentation 14:10 – 14:25
4	Quality and Patient Safety	Andy Welch, Medical Director / Deputy Chief Executive and Angela O'Brien, Director of Quality & Effectiveness	Presentation 14:25 – 14:40
5	Annual Accounts for 2022/23	Jackie Bilcliff, Chief Finance Officer and Cameron Waddell, Partner at Mazars LLP	Presentation 14:40 – 14:55
6	Questions and closing remarks	Professor Sir John Burn	Verbal 14:55 – 15:00

** The formal meeting begins at 2.00pm and prior to this, a marketplace will be held whereby a number of our staff groups will be showcasing their innovative services from 1.00pm-2.00pm. The marketplace will be held next to our Staff Bistro in the Peacock Hall/CRB Education Centre. Staff will be available to meet visitors as they arrive at the Peacock Hall entrance and direct accordingly.*

Those wishing to attend the meeting can do so by emailing nuth.AGM@nhs.net. In addition, we request that any questions are emailed in advance to nuth.AGM@nhs.net.

ANNUAL MEMBERS MEETING (AMM)

DRAFT MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2022

Present:	Professor Sir J Burn	Chairman
	Dame J Daniel	Chief Executive Officer
	Ms J Bilcliff	Chief Finance Officer
	Mr M Wilson	Chief Operating Officer
	Dr V McFarlane-Reid	Director for Enterprise & Business Development
	Professor K McCourt	Non-Executive Director
	Mr S Morgan	Non-Executive Director
	Mr B MacLeod	Non-Executive Director
	Mr G Chapman	Non-Executive Director
	Public Governors (Constituency 1 – see appended table)	
	Public Governors (Constituency 2 – see appended table)	
	Public Governors (Constituency 3 – see appended table)	
	Staff Governors (see appended table)	
	Appointed Governors (see appended table)	

In attendance:

Mrs D Fawcett	Director of Human Resources
Mr C Waddell	Managing Partner, Mazars LLP
Mrs A O'Brien	Director of Quality and Effectiveness
Mrs C Docking	Assistant Chief Executive
Mrs K Jupp	Trust Secretary

Public and other staff attendees are listed in the appended table.

Apologies for Absence:

Mr A Welch	Medical Director / Deputy Chief Executive
Mr G King	Chief Information Officer
Ms J Baker	Non-Executive Director
Ms L Bromley	Non-Executive Director
Mr J Jowett	Non-Executive Director
Professor D Burn	Associate Non-Executive Director
Ms M Cushlow	Executive Chief Nurse

Secretary

Mrs K Jupp	Trust Secretary [<i>Minutes</i>]
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1. WELCOME AND INTRODUCTIONS

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The Chairman opened the meeting by welcoming attendees to the first in-person Annual Members Meeting (AMM) since 2019.

Questions had been requested in advance of the meeting however none were received. The Chairman noted that there would be an opportunity at the end of the meeting for any questions to be raised.

The Chairman went on to introduce the presenters. Dame Jackie Daniel, Chief Executive would begin with a review of the year followed by Mrs Angela O'Brien, Director of Quality and Effectiveness, presenting on quality and patient safety in the absence of the Medical Director/Deputy Chief Executive.

The Annual Accounts for 2021/22 would be presented by the Trust's Chief Finance Officer, Jackie Bilcliff, and Cameron Waddell, Managing Partner of the Trust's External Auditors, Mazars LLP.

The Chairman noted the apologies for absence received as listed above.

2. MINUTES OF THE MEETING HELD 28 SEPTEMBER 2021 AND MATTERS ARISING

The minutes of the meeting were agreed to be a correct record. There were no additional matters arising from the minutes.

3. REVIEW OF THE YEAR AND ANNUAL REPORT FOR 2021/22

The Chief Executive welcomed all to the meeting and highlighted the following:

- Tribute was paid to all Trust staff for their continued achievement over the year and for their commitment to service delivery post-pandemic.
- Reference was made to the infographic included within the Annual Report summary which included several key facts for 2021/22, such as:
 - The Trust had 1.5 million patient contacts.
 - 7 million COVID-19 vaccinations were delivered,
 - The Trust saw 235,134 attendances at out emergency department and walk-in centres; and
 - 6,000 babies were delivered.
- There have been several significant capital developments during the year, including the Day Treatment Centre (DTC) at the Freeman Hospital which was launched earlier this morning. Circa one year previously, it had been identified that the Trust needed more capacity, particularly theatre capacity for elective procedures, therefore the Trust Board made the decision to invest in a new DTC.

The DTC will have circa 200 dedicated staff, with the first patient due to arrive on Friday 30 September 2022. The DTC staff were recruited with a key aim of not depleting the Trust or regional workforce supply.

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Gratitude was expressed to all involved in the development of the DTC.

- The Trust continued its focus on reducing patient waiting times during the year and had undertaken/was undertaking a mix of research and quality improvement projects for major and elective surgeries to ensure that patients are 'waiting well' prior to their treatment.
- During the year the Northern Centre for Cancer Care, North Cumbria, began to treat patients, enabling specialist care and treatment to be delivered closer to home.
- The new Trust Cataract Centre was designed and constructed during 2021/22, with the Centre opening in July 2021.
- The developments previously outlined could not have been possible without the dedication and commitment of Trust staff (including trainees, volunteers and others), whom under the current post-pandemic recovery conditions were having to work harder and faster than ever before to treat as many patients as possible.
- A number of initiatives had been implemented during the year to ensure that the Trust took the time to listen to staff, this included conversations regarding the What Matters To You (WMTY) programme, flexible working and ensuring involvement in decision making.
- Regarding the Trust staff survey, 7,336 staff responded in 2021, the largest uptake in the region. The Trust was undertaking several activities in order to increase the response rate further in the 2022 survey.

The results of the 2021 survey identified several areas of positive performance, but also that there were further improvements to be made/actions to be taken. The Trust received significantly higher than the national average score for the question regarding recommending the Trust for treatment of friend or a relative.

- During the year there had been a significant focus on both the Flu and COVID-19 vaccination rates. Gratitude was expressed to the Trust Infection Prevention and Control (IPC) team in relation to this.
- Research activity continued during 2021/22/. The Trust 5-year research strategy was launched in order to set out how the Trust will collectively embed research across the organisation, with research outcomes known to contribute to better care and treatment for patients.
- NHS performance nationally had been significantly impacted by the continued challenges of COVID-19, rising demand for emergency care and growth in patient numbers and staff sickness. The result being significant increases in both waiting list length and times.

In addition, the Emergency Departments across the country had seen significant increases in demand.

- Focus remained on recovery and the Trust has concentrated its efforts on long waiters (patients waiting more than 104 weeks). Gratitude was expressed to all involved in assisting with reducing the number of long-waiting patients.
- Whilst Trust performance was positive when compared nationally, it was recognised that more needed to be done to reduce patient waiting times. It was noted that the national performance targets will continue to be of great focus in the coming year, particular in relation to cancer services.

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- During the year the Trust had continued to build on its strong history of joint working.
- As an anchor organisation the Trust played an important role in the City and the region to improve the health, wealth and wellbeing of the population.
- A new era of collaboration had been entered through the creation of the North East and North Cumbria (NENC) Integrated Care System (ICS), including the NENC Provider Collaborative which involved the 11 Foundation Trusts in the region working collaboratively together.
- Significant progress had been made working with the local Universities and Newcastle City Council. For example, as part of Collaborative Newcastle the organisations had used joint assets and resources to support care homes during the COVID-19 pandemic. This resulted in the receipt of a Health Service Journal (HSJ) award for the positive work undertaken.

In addition, Newcastle Health and Innovation Partners (NHIP) (the Academic Health Science Centre (AHSC)) had made good progress in the areas of education and training, research and innovation and people and culture. The creation of the AHSC had provided access to additional funding which would not have been possible without AHSC status having been awarded.

It was noted that Ms Hannah Powell had recently left the Trust to take up the role of Chief Operating Officer at NHIP. Gratitude was expressed to Ms Powell for her work in developing the Trust research strategy.

- This year has also been underpinned by a strong focus on quality improvement through the Trusts partnership with the renowned Institute for Healthcare Improvement (IHI).
- The Trust priorities and goals for 2022/23 were outlined, which include a continued focus on performance targets and reducing waiting lists, sustainability across the health and social care system, research and innovation, recruitment and retention of staff, and delivery of our climate emergency strategy.

It was noted that the Trust has compiled a 'red flag' register to address concerns over tackling climate change and recognising that despite the efforts made to date the Trust carbon footprint continues to rise. System-wide transformational change would be required to achieve Net Zero Carbon, Clean Air and Zero Waste.

In summary, the Chief Executive highlighted the difficulties encountered during the year and the pride which had continued to shine through in Trust staff and volunteers. The thanks of the Chief Executive were expressed to all staff.

A short video was then played which provided an insight to the Trust's achievements during the year as well as a chance to hear from some of the Trust staff and patients.

4. QUALITY AND PATIENT SAFETY

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The Director of Quality and Effectiveness delivered a short presentation with the following points highlighted:

- A number of challenges had been experienced during the year which included:
 - The impact of both the delta COVID-19 variant arising in April 2021 and the Omicron COVID-19 variant being identified in November 2021. During the 4th peak of the virus (Omicron) the Trust had witnessed its highest rate of staff absence in January 2022 with over 10% staff absent at that time.
 - Patient acuity had increased, most likely due to delays in patients presenting to health services.
 - Emergency Department (ED) admissions had risen beyond expectations. Pre COVID-19 the Trust ED would see circa 400 attendances in 24 hours, this had increased to circa 600 post-pandemic.
 - Access to social care package availability and difficulties in discharging patients who were waiting for such packages to be in place.
 - Rising elective waiting lists and associated waiting times.

All of the above challenges having had an impact on progress in regard to the Trust quality metrics. For example, the Trust ambition was to reduce Healthcare Associated Infections (HCAI) by 10% however this level of reduction was not achieved. Similarly, a downward trend in avoidable harm (falls and pressure ulcers) had not been observed.

Despite such reductions not being achieved, the Trust position had remained relatively stable which demonstrated a good performance against many other organisations.

- A number of service improvement/innovation projects had been delivered during the year (detailed within the Trust Quality Account) which included:
 - 87% of patients are now accessing the pre-operative multidisciplinary Enhanced Recovery Assessment Surgery (ERAS) clinic demonstrating significant improvements in patient experience. This resulted in individualised rehabilitation thereby reducing length of stay and providing a better quality of care.
 - Reducing hospital admissions and amputation in diabetic care through enhanced pre-habilitation, education and increased glucose monitoring.
 - Paediatric Early Warning System (PEWS) implementation. The system will also be rolled out to cover adults to enable rapid detection of deterioration. Work was continuing with the Trust IT development team, admin support staff and clinical team members.
- The Trust had refreshed its Quality Strategy during the year, with a key focus on safer systems and responding to incidents. It was noted that patients are fully involved/engaged with when something goes wrong.
- Regarding significant successes during the year, the following were noted:
 - The Trust received the second highest result in the national sentinel stroke audit programme, with the highest scores achieved in all domains demonstrating excellent practice and outcomes for patients.

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- Excellent outcomes were identified for under 16s undergoing cardiac surgery that are amongst the best reported worldwide in the national congenital heart disease audit.
- The Royal Victoria Infirmary (RVI) was named as one of nine units reporting significantly above average results across all six of Key Performance Indicators in the National Hip Fracture Database. In addition, the RVI was named as one of sixteen units where case mix adjusted mortality was lower than national average.
- As reference earlier, the Trust had partnered with the IHI following a successful bid to the Trust Charity, in order to drive forward continuous quality improvement. Many staff had engaged with the programme.
- The quality priorities for 2022/23 had been developed in consultation with stakeholders and the Trust was working hard to make improvements. Feedback would be provided back to the Board of Directors mid-year on progress against the objectives.

5. ANNUAL ACCOUNTS FOR 2021/22

The Chairman introduced the new Trust Chief Finance Officer and expressed his gratitude to Mrs Angela Dragone, the former Trust Finance Director who retired in July 2022.

The Chief Finance Officer delivered the presentation, with the following key points to note:

- The majority of the costs of COVID-19 had been centrally underwritten.
- For 2021/22, the Trust delivered a small operating surplus of circa £0.4 million on budget of around £1.4 billion.
- The Trust met all of its financial targets.
- Significant transactions during 2021/22 related to the Integrated Covid Hub North East (ICHNE), the COVID-19 vaccination programme and matched drugs and devices costs.
- Capital expenditure equated to circa £47 million, of which a significant amount related to the DTC development, with the remainder for replacement of medical equipment and refurbishments within maternity services.
- The closing cash balance was strong, sitting at £220m as at 31 March 2022 and included significant levels of cash relating to ICHNE.
- Upcoming challenges for the financial year 2022/23 were outlined, which included:
 - A new finance regime for income which was primarily a block contract with a small amount of income available via an activity-based opportunity.
 - The need for a greater focus on partnership working across the Integrated Care System (ICS) and beyond.
 - Cost of living pressures and a rising cost base which would impact the delivery of the Trust capital programme.
- Overall, the Trust had had a successful financial year, with a track record of financial sustainability.

The Managing Partner from Mazars LLP delivered a short presentation on the outcome of the Trust's external audit, with the following key points noted:

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- The Managing Partner outlined the role of the external auditors was to provide the Trust, the Council of Governors and the Foundation Trust members, with assurance that the position as outlined by the Finance Director/Chief Finance Officer and the reporting in the Annual Report (including the Annual Governance Statement) and Accounts was fair, balanced, and accurate.

He noted that the external auditors had a duty to give an opinion on the accounts.

- The Trust's arrangements to secure economy, efficiency and effectiveness were reviewed. This included a consideration of the Trusts governance arrangements to ensure that there were appropriate, as well as reviewing the Trust performance, partnership working arrangements, financial sustainability and the closing cash position.

The Managing Partner noted that there was a significant challenge in being able to utilise the cash balance accumulated, due in particular to the rules associated with capital developments.

- The Trust Annual Report and Annual Governance Statement were reviewed in accordance with the required Annual Reporting Manual with a specific focus on the Trusts risk management processes.
- Appropriate assurance was provided to the National Audit Office (NAO) on the Trust's consolidation schedules by the agreed deadline.
- The accounts were of a high quality, were submitted on time (one day early) and required very few amendments. It was noted that the deadline for the account's submission was one week earlier than in the previous year.
- One medium risk recommendation was identified in relation to internal control. This related to access rights to the Charity's accounts system, with agreed actions in place to address this in future years. The Managing Partner noted that the action had been already addressed.
- The Trust's finance team were very cooperative making the year end audit process smooth and allowing an unqualified audit report to be issued.
- No significant weaknesses or gaps were identified in relation to the Trust's arrangements for securing economy, efficiency and effectiveness (also known as the 'value for money' (vfm) work) and the arrangements were deemed appropriate. The work involved a consideration of the Trust governance arrangements, the different finance regimes and partnership working.

The Managing Partner noted that in some Trusts the external audits had not been completed and some organisations had received qualifications in relation to the vfm audit work. This did not apply to the Newcastle upon Tyne Hospitals NHS Foundation Trust.

- Appropriate assurance was provided to the National Audit Office on the Trust's consolidation schedules. No feedback has been received to date.

In conclusion, the Managing Partner noted that despite the challenging year, the Trust had successfully met the challenges and was well placed for the future.

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The Chairman proposed the Annual Report and Accounts 2021/22 for approval and adoption, which was universally endorsed.

The Chairman referred to the challenges experienced during 2021/22, noting that 2022/23 is also likely to be another challenging year. He highlighted that the Trust was working hard to identify further ways to support staff and to utilise its cash/capital funding appropriately.

The Chairman expressed his gratitude to all involved in supporting the Trust, included the Trust Council of Governors and Non-Executive Directors.

6. QUESTIONS AND CLOSING REMARKS

The Chairman opened the floor for questions, with the following questions raised:

- Mr Hughes thanked the presenters for their presentations at today's meeting and queried whether the deterioration in performance may have a negative impact on staff recruitment and retention.

The Director of Human Resources noted that staff recruitment and retention levels are closely monitored, with key staffing metrics shared at every Trust Board meeting.

The Chief Executive referenced the good tools and measurements available within the Trust regarding staffing levels and the importance of listening to staff views. She highlighted that the Trust have 'over recruited' in some areas and have run successful international recruitment campaigns in order to mitigate the potential risk. Mr Ian Joy, Deputy Chief Nurse add that the international recruitment campaign was an important staffing pipeline for the Trust, and this combined with a suite of metrics and mechanisms provided some assurance as to workforce levels.

- Mrs Heslop commended the work undertaken in relation to PEWS to which the Director of Quality an Effectiveness agreed to pass on the feedback accordingly.
- Mr McDonald advised that he had visited the DTC and queried what the anticipated timescale in order to see a positive impact on reducing waiting lists. The Chairman advised that the DTC was scheduled to see its first patients this coming Friday and the Chief Operating Officer advised that an immediate impact was expected. The Trust ambition was for the DTC to treat circa 7,000 patients per annum, with a phased programme over the first 6 weeks to get to full operating capacity. By mid-November it was anticipated that the Centre would treat 30-40 patients per day.

The Chief Operating Officer noted the importance of the Trust not relying solely on the DTC to improve the position. It was estimated that the Trust treats circa 120,000 patients per year for elective procedures. The Chief Executive added that use of the DTC for less complex patient procedures will free up capacity for more complex patients to be treated within the main hospital sites.

The Chairman highlighted that several risks were discussed by the Trust Board when considering the investment into a new DTC, however the patient benefits were deemed too far outweigh the risks identified at the time.

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- Mr McDonald queried whether there would be a 'public' launch of the DTC to which the Assistant Chief Executive advised that there would be opportunities for staff, the media and local residents to visit the facility in the coming days. In addition, a video is being created to show the patient journey through the DTC which will be made available on the Trust social media pages and the Trust website.

The Chairman also extended his gratitude to:

- The Board of Directors, Trust Staff and Members for their support over the year.
- The Human Resources Director who would be retiring from the Trust in November 2022.
- Governors who have left the Trust during the year and welcomed the new Governors who have joined the Trust.

The meeting closed at **3:30pm**.

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GOVERNORS ATTENDANCE:

	Name	Attendance (Yes/No/Apologies sent)
S	Mrs Glenda Bestford	No
1	Mr David Black	Yes
2	Mr Graham Blacker	Apologies
S	Miss Genna Bulley	Yes
1	Mrs Judy Carrick	Apologies
1	Ms Jill Davison	Apologies
1	Dr Alexandros Dearges Chantler	Yes
A	Professor Justin Durham	No
2	Mrs Madeleine Elliott	No
2	Mr David Evans	No
1	Mrs Aileen Fitzgerald	Apologies
1	Mr David Forrester	Yes
S	Mr Gary Gibson	Apologies
S	Dr John Hanley	No
2	Mrs Catherine Heslop	Yes
2	Professor Philip Home	Apologies
2	Mr David Hughes	Yes
A	Professor Tom Lawson	Yes
2	Mr John McDonald	Yes
2	Professor Pauline Pearson	No
S	Mrs Kate Pine	Yes
S	Miss Elizabeth Rowen	No
S	Mrs Poonam Singh	Apologies
3	Mr Thomas Smith	No
A	Clr Ian Tokell	No
1	Dr Eric Valentine	Apologies
1	Ms Emma Vinton	Yes
2	Mr Bob Waddell	Yes
3	Mr Michael Warner	No
2	Mrs Claire Watson	Yes
1	Dr Ian Wilson	Yes
1	Mrs Pam Yanez	Apologies

PUBLIC, MEMBERS AND STAFF OBSERVERS' ATTENDANCE:

Name	Representation
Mrs G Elsender	Trust Staff
Mrs L Thompson	Trust Staff
Ms A Greener	Trust Staff
Ms N Yeowart	Trust Staff
Mr I Joy	Trust Staff
Mrs F Darville	Trust Staff
Ms A Marksby	Trust Staff
Ms A Harness	Public/Member
Mr J Gallantry	Trust Staff
Mrs M Valentine	Public/Member
Ms J Crane	Public/Member
Ms S Macwhirter	Public/Member
Mr W Hary	Public/Member
Mr J Goodwin	Trust Staff
Ms M Stobbs	Public/Member
Ms M Davies	Trust Staff
Ms S Riddington	Trust Staff

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