

ANNUAL MEMBERS MEETING (AMM)

DRAFT MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2023

Present:	Professor K McCourt	Deputy Chair
	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
	Mr A Welch	Medical Director / Deputy Chief Executive
	Miss C Smith	Non-Executive Director
	Mr B Macleod	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 C Brereton	Chief People Officer
Mr C Waddell	Managing Partner, Mazars LLP
Mrs A O'Brien	Director of Quality and Effectiveness
Mrs C Docking	Assistant Chief Executive
Mrs L Sewell	Interim Chief Information Officer
Mr I Joy	Deputy Chief Nurse
Mrs K Jupp	Trust Secretary

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

Apologies for Absence:

Professor Sir J Burn	Chairman
Mr J Jowett	Non-Executive Director
Mr G Chapman	Non-Executive Director
Ms S Edusei	Non-Executive Director
Mrs L Bromley	Non-Executive Director
Ms J Baker	Non-Executive Director
Professor D Burn	Associate Non-Executive Director
Mrs P Smith	Associate Non-Executive Director
Ms M Cushlow	Executive Chief Nurse

Secretary

Mrs G Elsander	Corporate Governance Officer and PA to Chairman & Trust Secretary
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1. WELCOME AND INTRODUCTIONS

The Deputy Chair opened the meeting and welcomed all in attendance. She explained that the purpose of the meeting was to formally adopt the Annual Report and Accounts for 2022/23.

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

The Annual Report and Accounts for 2022/23 would be presented by the Trust's Chief Finance Officer, Jackie Bilcliff for approval. Cameron Waddell, Managing Partner of the Trust's External Auditors, Mazars LLP would provide an overview of the findings from the external audit of the Annual Report and Accounts 2022/23.

There would then be time for questions from the floor.

The Deputy Chair noted the apologies for absence received as listed above.

2. MINUTES OF THE MEETING HELD 27 SEPTEMBER 2022 AND MATTERS ARISING

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

3. REVIEW OF THE YEAR AND ANNUAL REPORT FOR 2022/23

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

- Whilst there continued to be challenges within healthcare, in addition to the delivery of care for patients, the Trust had continued to bring new developments forward for the benefit of both patients and their families including:
 - Investment in the £24m Day Treatment Centre, a new Clinical Decisions Unit, the Endoscopy Suite and robotic surgery developments.
 - Innovating – the Trust was the first in Europe to recruit a stroke patient to take part in a stem cell treatment trial; and carried out the country's first transplant of a heart transported using the new 'Heartbox'.
 - improvements in working in partnership with the North East Ambulance Service NHS Foundation Trust, rolling out enhanced telemedicine for stroke patients to speed up care and ensure better patient outcomes.
- The dedication and response of the staff was commendable in ever increasingly difficult circumstances.
- Whilst the staff survey results were less favourable than pre-pandemic it was encouraging to note that the majority of staff would recommend Newcastle Hospitals as a place to be cared for and to work.
- Working to keep staff safe, the Trust had provided the highest number of flu and Covid vaccinations of any large NHS Trust.
- In providing support to staff the Trust had opened a new 24-hour staff restaurant in the Royal Victoria Infirmary, expanded (with Charity support) welfare advice through 'Helping Hands' and committed to becoming a real living wage employer.

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- The Trust has listened to staff through the “What Matters to You” programme and has introduced more participative management, better physical and psychological safety.
- There has been considerable change in the way the Trust works moving from over 20 directorates to a structure of 8 Clinical Boards to:
 - Enhance quality and safety by improving clinical efficiency.
 - Work more closely with partners in the health and social care system.
 - Help embed the leadership behaviours that staff say matter to them.
 - Work differently, with a focus on transformation not growth and create development opportunities.
- There is also a new Performance and Accountability Framework in place which underpins the new arrangements.
- Performance was not at the desired levels and whilst staff continued to work hard, the NHS more generally has experienced significant operational challenges, including a very difficult winter and the start of unprecedented NHS industrial action. Despite this the Trust:
 - Remained above the national average for patients being admitted, transferred or discharged within 4 hours.
 - Improved on elective recovery with the number of patients waiting 78-weeks falling by 76%.
 - As the country’s 2nd largest cancer provider, a reduction of 33% in the backlog of patients >62 days has been achieved.
- The Trust delivered its financial requirements in the year, but this was more challenging than previously and would be covered later in the agenda.
- The Trust continued its history of joint working:
 - The North East and North Cumbria Integrated Care Board came into being and, alongside the Provider Collaborative, forms the new system it works within.
 - Collaborative Newcastle continued to work to improve the health, wealth and wellbeing of the city.
 - With Newcastle University the Trust had received £28.4m from the National Institute for Health and Care Research (NIHR) to support specialist research facilities for scientists, where experimental medicine and patient safety research can thrive.
 - Newcastle Health and Innovation Partners (the Academic Health Science Centre for Newcastle) made progress in the areas of education and training, research and innovation and people and culture.
- Looking ahead, the Trust will continue to:
 - Maintain focus on delivery for patients.
 - Manage key performance targets (balancing urgent demand with elective care and cancer priorities).
 - Work with staff to identify how Newcastle Hospitals can be an even better place to work in the short and longer term.
 - Continue with research and innovation.
- The Care Quality Commission (CQC) inspection has been undertaken with the draft report expected in the middle of October. Initial observations included:
 - Examples of excellent interactions with patients by staff.

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- Care for me, with me which is a comprehensive programme of work around Mental Health and Autism underway across whole Trust.
- Actions taken to introduce regular visual checks in the Emergency Department waiting room.
- Risk management and record keeping needs further development, particularly in relation to the electronic patient record, with short, medium and long-term actions to be identified.
- Improvements needed in relation to Medicines Management and equipment checks, with immediate actions taken to understand the issues raised. A task and finish group is now in place to develop long term sustainable solutions.
- Delivery of the culture action plan will continue together with the development of the new People Plan to ensure that staff feel safe to speak up.

The Chief Executive referred to the recent issue reported in the media in relation to unverified letters and gave assurance that no patients had come to any harm as a consequence and work would continue to address the backlog. She added that a dedicated helpline had been introduced for any patients expressing concern and to date there had been no concerns raised.

The Chief Executive was pleased to visit the stalls in the “Market Place” held prior to the meeting and in particular the sustainability stall. She noted that the Trust was the first healthcare organisation in the world to declare a climate emergency, recognising that there is no good health without a healthy planet. For those interested, the Chief Executive recommended reading the Trust’s Sustainable Healthcare in Newcastle (SHINE) Report.

The Chief Executive was proud to highlight that this year was the 75th anniversary of the NHS and what has continued to shine throughout 2022/23 was the remarkable care and compassion of the staff.

The Chief Executive advised that she would be stepping down at the end of the year having worked 42 years within the NHS, the last 5 of which had been at Newcastle Hospitals. She highlighted the Trust as being one of the best healthcare institutions in the country in terms of quality of care, and was extremely proud of its achievements.

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

The Deputy Chair introduced the Medical Director/Deputy Chief Executive and the Director of Quality and Effectiveness who delivered a short presentation with the following points highlighted:

- The Trust has the biggest robotics programme nationally following investment in new and upgraded equipment with significant improvements in length of stay and improved outcomes.

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- Digital developments have been introduced to improve patient safety including:
 - A national leader in paediatric early warning system.
 - Introduction of Badgernet - integrating maternity records from across the region.
 - Use of E-obs and the deteriorating patient alerts programme.
 - Implementation of the Great North Care Record to share clinical information.
- Preparations were underway for the Patient Safety Incident Response Framework (PSIRF) implementation, working directly with the Healthcare Safety Investigation Branch (HSIB) to train 40 senior clinical leaders.
- Development of new services to support patients included the Respiratory Support unit, the Clinical Decisions unit and the Surgical assessment unit.
- Investment in strengthened governance processes enabling data driven clinical outcome monitoring and surveillance.
- Improving the culture of learning/Staff engagement with patient safety briefings, the Q factor, Greatix and learning from safety incident bulletins.
- The Trust had the lowest mortality rate in North East & North Cumbria (NENC).
- The Trust had recently appointed an interventional neuroradiologist into the thrombectomy team which will allow expansion of the service across the region.
- In terms of patient experience the Trust the following points were highlighted:
 - National Inpatient Survey – notably better than other trusts in 25% of questions.
 - Cancer Patient Experience Survey – notably better than other comparable trusts in 32% of questions, with no scores below the expected range. (published last week).
 - National Maternity Survey – rated as being much better, better and somewhat better in several categories.
 - Friends and Family Test (FFT) – consistently high scores (96%+) from patients to the question “Overall, how was your experience of our service?” in particular: maternity, inpatients and day cases, outpatients, and community health.
 - National Audit of Care at the End of Life 2022/23 showed that Newcastle Hospitals scored more highly than the national average in all of the questions. Whilst the data was very welcomed, there was always learning to be taken from any patient’s experience that had fallen short of what was expected.
- Another area to be proud of was the progress made in relation to Quality Improvement (QI) with the Trust striving to become a mature improvement organisation by 2025 by:
 - Nurturing a QI community (clinical leaders, coaching network, learning and sharing events).
 - Providing leadership and expertise for transformation programmes.
 - Weaving QI into performance, recovery and Referral to Treatment (RTT) programmes.

The Deputy Chair thanked the Medical Director/Deputy Chief Executive and the Director of Quality and Effectiveness for their presentation.

5. ANNUAL ACCOUNTS FOR 2022/23

The Deputy Chair introduced the Trust Chief Finance Officer and Managing Partner of the Trust's External Auditors, Mazars LLP.

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

- The Trust was a large organisation with an operating income of almost £1.5 billion which presented challenges as well as opportunities.
- For 2022/23, the Trust delivered a small operating surplus of circa £4.1 million.
- Capital expenditure equated to circa £63.6 million, for replacement of medical equipment and refurbishments within the estate.
- The closing cash balance was £206m.
- A breakdown of the Trust's income was provided noting that 44% of income is received from NHS England through specialist commissioning with 43% received from the NHS England. The remainder is made up of several other sources of funds including funding for education and training and research and development.
- Staffing costs for the organisation account for 57% of the £1.5 billion of operating income followed by a significant spend on drugs / devices (18%).
- Capital investment had included almost £20m on medical equipment on 2022/23 with the vast majority of the remainder spent on improving the estate or backlog maintenance.
- Overall, the Trust had a successful financial year, with a track record of financial sustainability. Whilst the Trust will continue to invest the will be significant challenges in the year ahead.

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:

- 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 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.

Following the audit the Managing Partner highlighted the key findings detailed below:

- Despite the ongoing challenges faced by the Trust, and wider sector, the accounts and audit were once again successfully delivered by the 30 June 2023 deadline.
- Despite several changes to the Trust's team since last year, a cooperative approach was taken during the audit, making the year end process smooth, allowing an unqualified audit report to be issued.

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- Despite the challenges associated with the implementation of a significant new accounting standard, the accounts were of a high quality and very few issues were identified.
- The audit did not identify any significant weaknesses in relation to the Trust's arrangements for securing economy, efficiency and effectiveness ('VfM' arrangements) therefore there were no recommendations raised in that regard.
- Two recommendations were raised in relation to delivering savings in relation to the Trust financial plan and monitoring progress in delivering the 'care for me, with me' action plan following the February 2023 CQC inspection report.
- Appropriate assurance was provided to the NAO on the Trust's consolidation schedules by the agreed deadline.

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.

The Deputy Chair proposed the Annual Report and Accounts 2022/23 for approval and adoption, which was universally endorsed.

6. QUESTIONS AND CLOSING REMARKS

The Deputy Chair opened the floor for questions, with the following questions raised:

- Dr Alexandros Dearges Chantler, Public Governor, referred to the recent issue in relation to unverified letters. He noted that the Governors had received reassurance via the Lead Governor as to how proactive the Trust had been to resolve the issue, however he questioned if patients should be waiting to be contacted and how would patients know if any treatment had been delayed or missed.

The Chief Operating Officer advised that the Trust would contact patients with any issues identified however there was also a dedicated telephone number for patients should there be any immediate concerns. He then provided some background as to the issue advising that it related to letters or documents produced by the organisation to either be entered in to the clinical record or sent to the patient or their respective GP. It was noted that 97.7% of letters had been correctly issued.

It was important to note that as a large organisation who sees patients a number of times during their care pathway, automatically resending documentation held up within the process may potentially cause more confusion. As such, all documents held up in the process would be reviewed by consultant medical staff to determine whether the letter should be sent for information, with an apology explaining that it related to an old document. He added that during the review of documentation, consultants would also consider the potential of any harm to patients as a result of the delay. The review would also provide an opportunity to revisit and improve on processes as well as communication.

The Chief Executive highlighted the benefit of having electronic patients records where failures in processes can be identified and rectified as well as improving on current practice.

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- Referring to the same issue, Mrs Heslop, Public Governor, sought assurance that the issue within the process had been resolved to prevent a reoccurrence to which the Chief Executive provided confirmation. The Assistant Chief Executive provided additional clarity with regard to how the issue was reported in the media where it was stated there had been an IT glitch. She reiterated that it was a process issue and not an IT glitch.
- A member of the public questioned if many appointments had been wasted as a result of the issue to which the Chief Operating Officer advised that patient appointment letters were generated by a different system and were not affected. He added that the introduction of the Patient Engagement Platform, which will allow patients to view & manage their outpatient appointments would allow the Trust to identify and fill empty slots as a result of cancelled appointments.
- A member of the public questioned if a note can be placed on a patient record that they are willing to attend short notice appointments to which the Chief Operating Officer advised that whilst this could be recorded, this would not necessarily be visible to those creating appointments.
- Mr Black, Public Governor referred to a recent appointment with a specialist where he had requested treatment elsewhere within the Trust but was advised this could not be done and therefore questioned if staff were adequately trained to be able to do this. He also questioned if there were any issues within the Appointments Booking Centre at Regent Point. The Medical Director explained that at a point in time, consultants could make internal referrals to other specialists within the Trust if appropriate, however due to the ever-changing financial mechanisms between the Trust and primary care, this had resulted in patients having to be re-referred by their GP.

In relation to the Appointments Booking Centre, the Chief Operating Officer advised that compared to other organisations, the call answer rate was quicker than most and paid credit to those staff involved. The challenges for this year were changes having to be made as a result of industrial action. In relation to adequately trained staff, the Chief Operating Officer acknowledged some improvements could be made in some areas.

- A member of the public raised the practice of follow-up telephone consultations rather than face to face which they believed to be unacceptable and questioned if this was normal practice to which the Chief Executive explained that general NHS policy was not to routinely see patients face to face for a follow up an appointment unless there was a specific problem.
- A member of the public referred to patient waiting lists and questioned how patients would know if they were moving up the list to which the Chief Operating Officer advised that the vast majority of patients receive care within 26 weeks, acknowledging that some waits were longer than desired. He added that patients are usually notified approximately six weeks prior to their admission or can be informed of the date during their appointment at the outpatient clinic.

The Deputy Chair thanked everyone for attending and called the meeting to a close.

The meeting closed at **3:25pm**.

GOVERNORS ATTENDANCE:

	Name	Y/N
1	Mr David Black	Yes
S	Miss Genna Bulley	Yes
1	Mrs Judy Carrick	Yes
S	Mrs Sharon Chilton [Nursing & Midwifery]	No
1	Dr Alexandros Dearges - Chantler	Yes
1	Mrs Aileen Fitzgerald	Apologies
1	Mr David Forrester	No
S	Mr Gary Gibson [Volunteer]	Apologies
S	Mrs Kelly Gribbon [Admin and Clerical]	No
1	Mrs Kate Hawley	Apologies
2	Mrs Catherine Heslop	Yes
2	Mr Alex Holloway	Apologies
2	Prof Philip Home	Yes
3	Mr David Hughes	No
2	Mr John McDonald	No
2	Prof Pauline Pearson	Yes
2	Ms Linda Pepper	Apologies
2	Mr Shashir Pobbathi	Apologies
S	Miss Elizabeth Rowen [Health Professional Council]	No
S	Mrs Poonam Singh [Nursing & Midwifery]	No
A	Cllr Ian Tokell [Newcastle City Council]	Yes
1	Dr Eric Valentine	Yes
2	Mr Bob Waddell	Yes
A	Dr Luisa Wakeling	Apologies
3	Mr Michael Warner	No
2	Mrs Claire Watson	Apologies
1	Mrs Pam Yanez	Yes

PUBLIC, MEMBERS AND STAFF OBSERVERS' ATTENDANCE:

Name	Representation
Ms A Greener	Trust Staff
Ms N Yeowart	Trust Staff
Ms A Harness	Public/Member
Ms I Rodgerson	Public/Member
Mr B Rodgerson	Public/Member
Mr M Stobbs	Public/Member
Mr A Donohue	Public/Member
Dr T Bearpark	Public/Member
Ms K Watson	Trust Staff
Ms P Smith	Public/Member
Mr M Moore	Public/Member
Ms C Jones	Public/Member
Ms I Colquhoun	Public/Member
Ms S Needham	Trust Staff

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