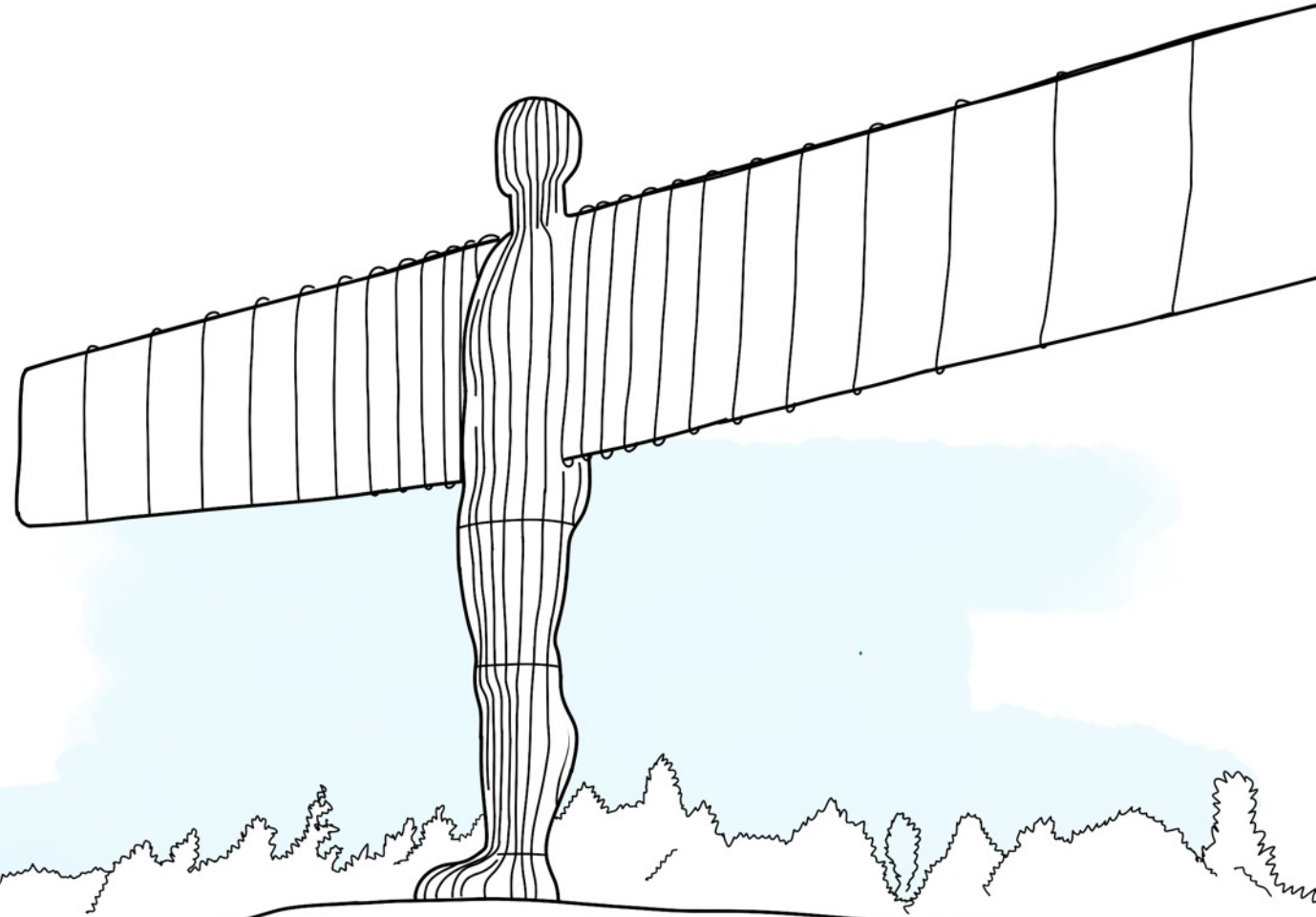


Annual General Meeting and Annual Members' Meeting

The Year in Review – 1 April 2023 to 31 March 2024

25 September 2024





Who we are – Gateshead Health NHS FT and QE Facilities Ltd



Purpose of our AGM and AMM

Formally present Annual Report, Annual Accounts and Quality Accounts

Opportunity to reflect and look back over the achievements and challenges from 2023/24

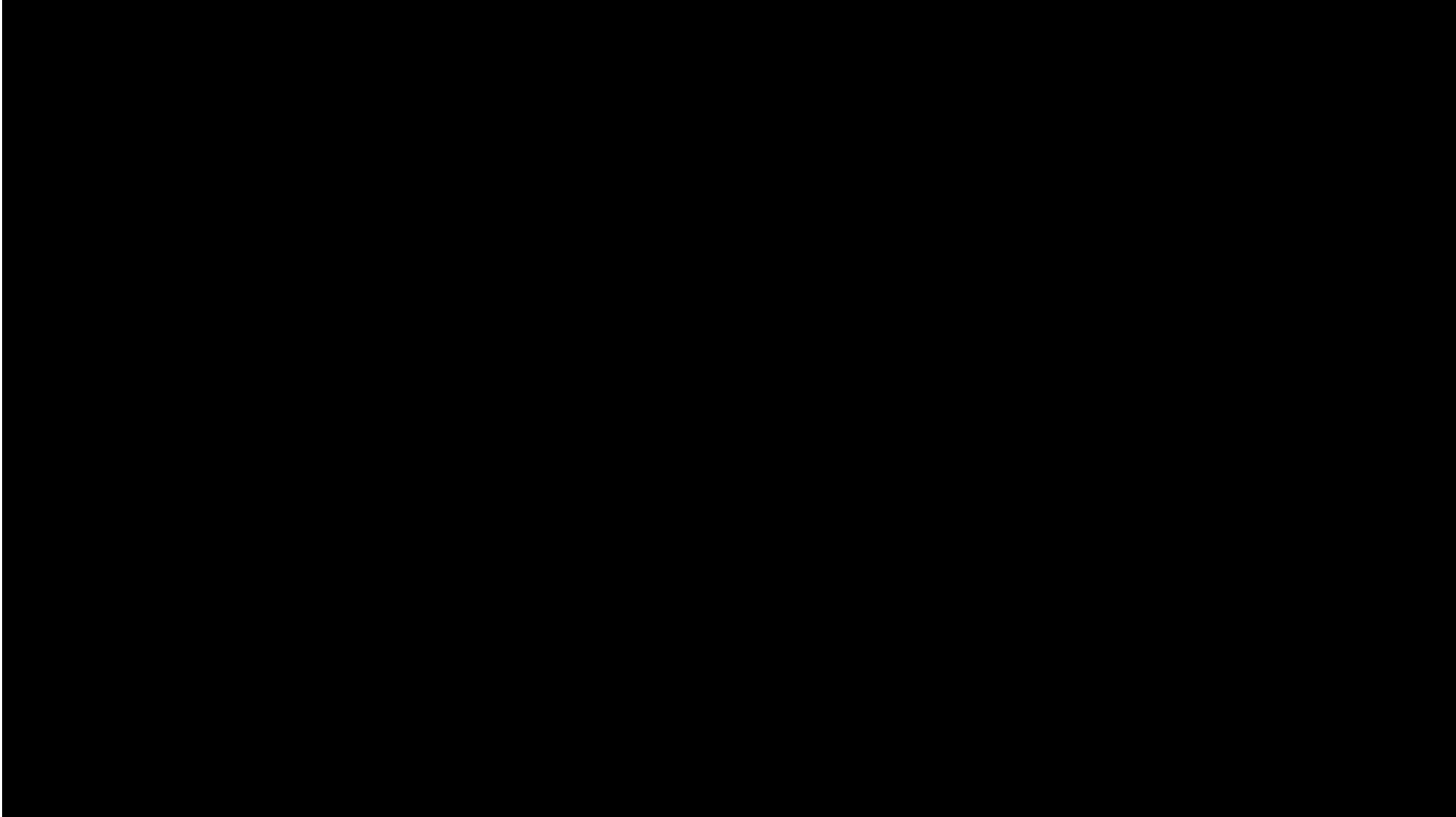
Opportunity to look ahead to 2024/25 and beyond, including the opening of the CDC and work through the Great North Healthcare Alliance

Opportunity to engage with our members, Governors, colleagues and stakeholders

Overview of the Year – 1 April 2023 to 31 March 2024

Trudie Davies, Chief Executive





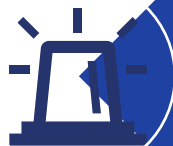
A few facts and figures



Working with our northern provider partners to form the Great North Healthcare Alliance



Ranked 5th in England for our maternity services in the national CQC maternity survey



115,148 attendance at A&E – a 4% increase on the previous year but we saw a 94% improvement in reducing the number of patients waiting more than 12 hours for admission



Recognised regionally and nationally for reduction in ambulance handover delays, enabling ambulance crews to respond to new emergencies quicker

Our operational performance

Objectives:	Performance Summary					
We will improve productivity and efficiency of our operational services:	Indicator	Start	End	Average	Achieved	Status
Achieve Zero tolerance to 12-hr trolley waits each month	LI	1,582	98	7.5	6 out of 12	Improving
65% of Ambulance Handovers with 15 mins of arrival	LI	48.0%	59.2%	48.49%	0 out of 12	Improving
Timely Access to a Bed (60% within 1 hr)	LI	11.01%	13.61%	11.01%	0 out of 12	Same
Reduce Ward Moves Per Patient	BO	1.73	1.72	1.74	Same*	Same
Reduce the number of patients who don't meet the criteria to reside to < 18	BO	40	36	42	Not achieved*	Improving
Reduce the days between medical optimisation and discharge	BO	1,783	1,511	1,968	Achieved	Improving
Reduce 52 week waiters to Zero by March 2025	LI	100	76	323	Not achieved	Improving
Reduce Outpatients Waiting List	BO	10,146	8,844	-1,302	Achieved	Improving
Reduce LoS to <4 days to top quartile performing Trusts	LI	4.68	4.07	4.65	Not achieved	Improving
Reduce Readmission Rates / keep within expected ranges	BO	16.40%	12.10%	14%	Achieved	Improving
We will continually improve the quality and safety of our services for our patients:	Indicator	Start	End	Average	Achieved	Status
Make Progress on the CQC Action Plans (No of actions completed)	LI	4	10	6.3	Achieved	Improving
C.Difficile Reduction < 23 and or per bed day	LI	<23	37	3	Not achieved	Deteriorating
Reduction in Harm Rates from Falls per 1,000 bed days	BO	1.67	2.64	2.66	Not achieved	Improving
HSMR: Within expected range 100 = Average	BO	101.1	110.6	105.35	3 out of 12	Higher than expected
SHMI: Within expected range 1 = expected (95% upper and lower confidence levels)	BO	0.87	0.96	0.91	Achieved	Within Expected



Innovations, improvements
and awards





CQC ratings – inspections in 2023/24



Our amazing colleagues
and volunteers



Partnership working



Gateshead Health
NHS Foundation Trust

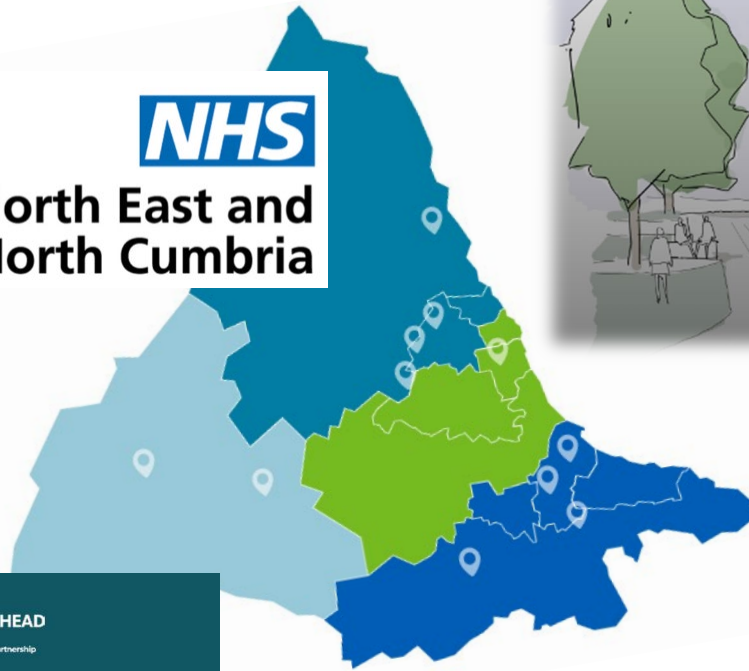


**Great North
Healthcare Alliance**

Gateshead | Newcastle | North Cumbria | Northumbria



**North East and
North Cumbria**







Quality Account 2023/24

Dr Gill Findley, Deputy Chief Executive/Chief Nurse

Quality Account Priorities – Patient Experience

1. We will work with our Volunteer Service to develop new roles

Worked with Palliative Care Team to support bid for a volunteer grant
Started initial conversations with People at the Heart and our drug and alcohol team around lived experience volunteers
Recruitment of volunteers ongoing
Volunteer profiles continue to be reviewed and strengthened
Priority achieved

2. We will improve the way we learn and make improvements following complaints

Feedback module now live on Inphase
Complaints Policy and Process has been reviewed and amended
The Patient Advice and Liaison Service (PALS) has been reset as a rapid response service for patients and/or families
Priority partially achieved

3. We will strengthen our partnership working with collaborative patient forums to enhance patient engagement and involvement

Re-engaged with Gateshead Carers Partnership and representatives from Gateshead Council and Gateshead Carers
Patient Experience Group has been relaunched to include wider range of stakeholders
The 15 Steps Challenge restarted in January 2024 with volunteer support
Priority achieved

Quality Account Priorities – Staff Experience

1. We will improve the way we listen, act upon and learn from concerns

Relaunched the Freedom To Speak Up (FTSU) service and introduced full time permanent FTSU Guardian
Introduced communications plan to ensure regular awareness
Introduction of the Trust Culture Board Programme
Priority achieved

2. We will listen to staff experience in relation to waste and duplication

Staff engagement events undertaken
Rapid Process Improvement Workshops have taken place and service improvement events carried out.
Well Organised Hospital project has resulted in multiple areas of cost saving and waste reduction.
Priority partially achieved

3. We will focus on safe staffing including reducing the movement between clinical areas

Overall vacancy position has improved and 171 international nurses have been recruited
Annual safe staffing reviews have ensured safe staffing levels are monitored and reported to the Board
Substantial reduction in movement of staff
Priority partially achieved

Quality Account Priorities – Patient Safety

1. We will reduce length of stay for our inpatients

Monthly average length of stay decreased from 4.96 days to 4.83 days

This was achieved by collaborative working across the hospital, community services, social care and GPs

A number of initiatives have been introduced to support earlier discharge

Priority achieved

2. We will implement the Patient Safety Incident Response Framework (PSIRF) with further workstreams on falls and civility

Patient safety improvement plan priorities developed with quarterly updates to the Learning Panel and Quality Governance Committee

Plans for Culture Transformation Programme including Civility Saves Lives initiative

Priority achieved

3. We will undertake improvement work around the processing of clinical results

Improvement event took place however new process failed to achieve full improvement therefore this priority will roll over to next year

Priority partially achieved

4. We will implement a maternity and neonatal improvement plan

Monthly reporting of agreed data including Maternity Integrated Oversight Report (IOR)

Full compliance with Maternity Incentive Scheme (MIS)

Good rating from Care Quality Commission inspection

Priority achieved

Quality Account Priorities – Clinical Effectiveness

1. We will embed a culture of research and make “Research Everyone’s Business”

Promotion via annual events such as International Clinical Trials Day
Raised research awareness for staff via newsletters

Extended hosted research portfolio especially in under-served clinical specialty areas

Priority partially achieved

2. We will strengthen how we learn from deaths

Lead Medical Examiner Officer has delivered presentations to GP practices and attend the GP Fellows meeting to introduce serviced to GP trainees

Priority partially achieved

3. We will work with our clinical effectiveness team to improve the experiences of people with learning disability, mental health or autism

Raising awareness of learning disabilities and autism is a key priority across the NHS
Provided the Diamond Standards training to staff

We review the care delivered by auditing both inpatient care and care prior to death to ensure the best possible care has been delivered

Priority partially achieved

Quality Priorities for Improvement 2024/25

We will reduce the waiting time for patients

We will improve the experiences of people with learning disability, mental health or autism

We will strengthen the use of the carers passport within the Trust

We will improve the way we listen, act upon and learn from concerns

We will implement the Just Culture programme

We will increase staff engagement

We will focus on safe staffing including reducing the movement of staff between clinical areas

We will implement the Patient Safety Incident Response Plan

We will improve the safety of patients with mental ill health in the acute setting

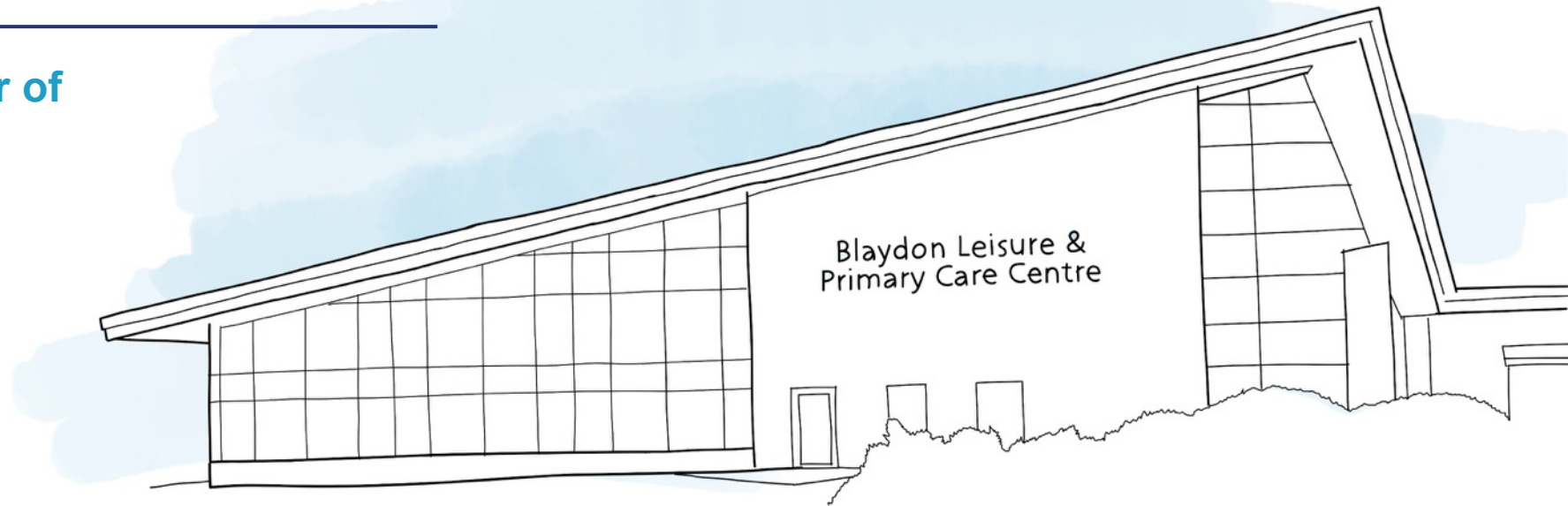
We will undertake improvement work around the safe processing of clinical results

We will improve communication with primary care

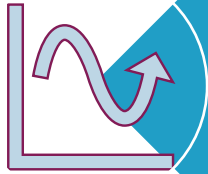
We will continue to improve the use of quality metrics to drive improvements in patient care

Annual Accounts 2023/24

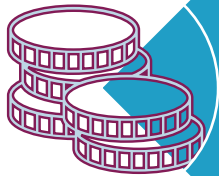
**Kris Mackenzie, Group Director of
Finance and Digital**



Key headlines



Outturn position
Group deficit = -£7.89m



Cash
Group cash position = £40.8m



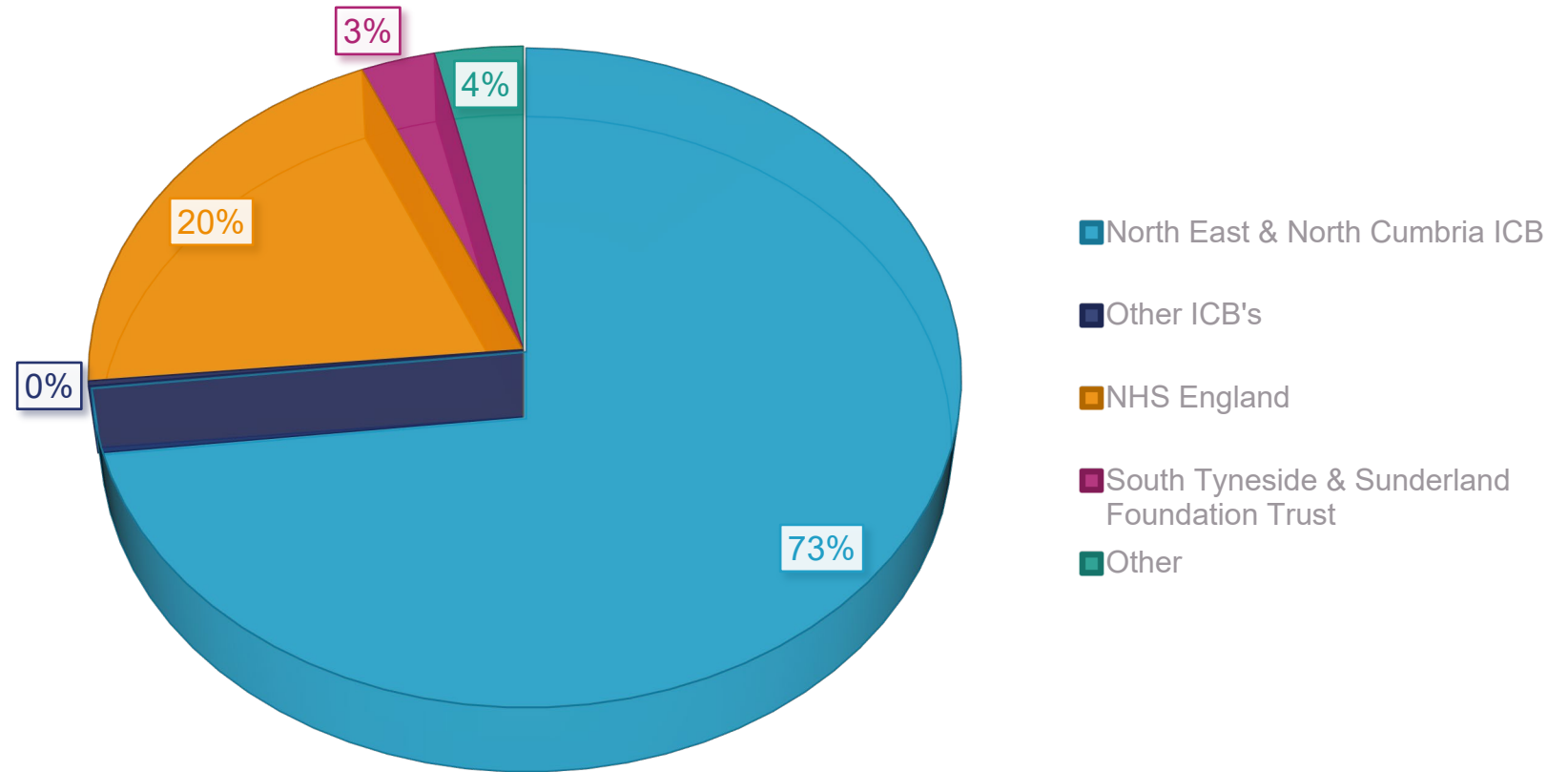
Capital
Total capital expenditure = £24.008m

Financial headlines - income

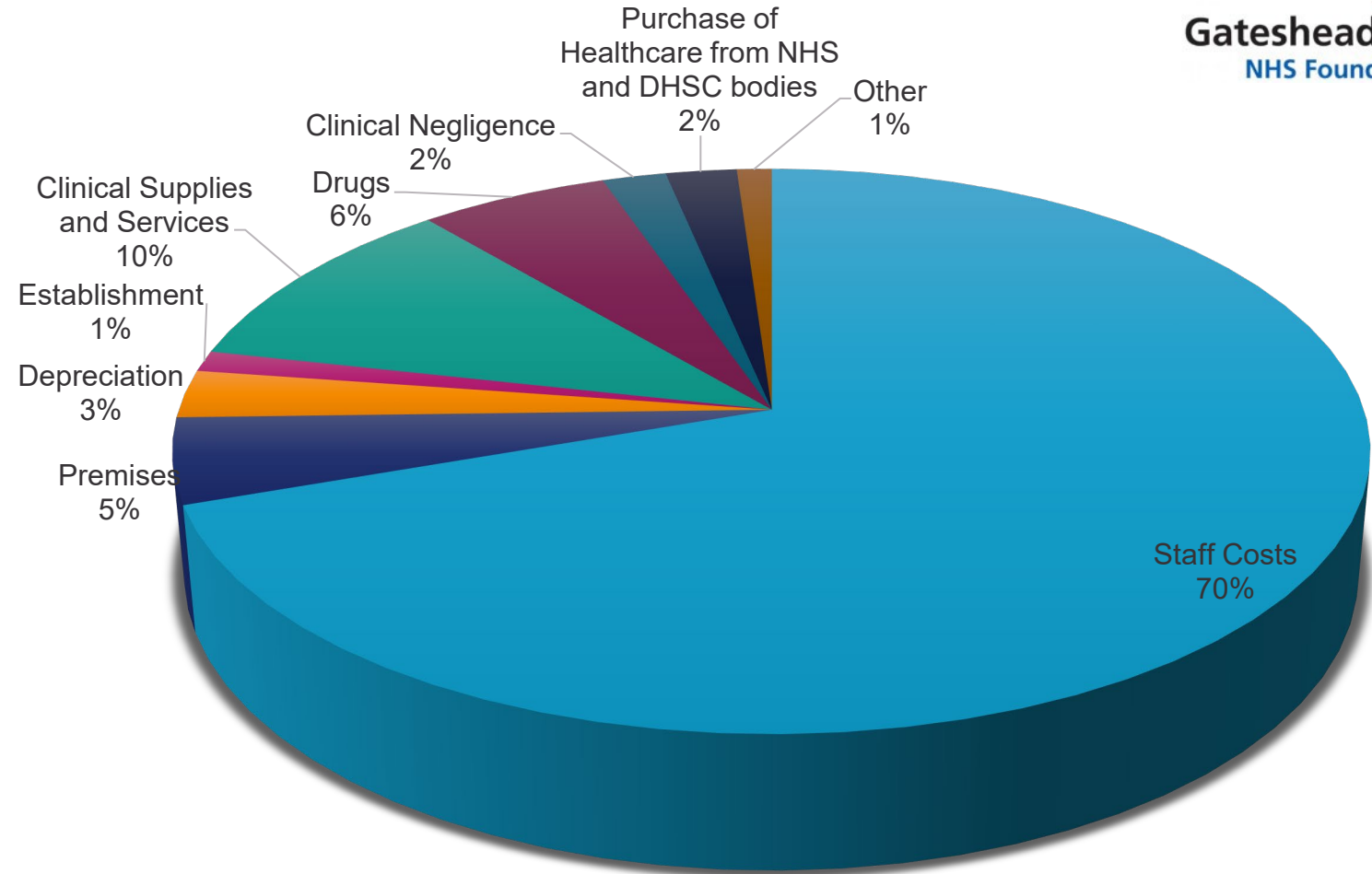
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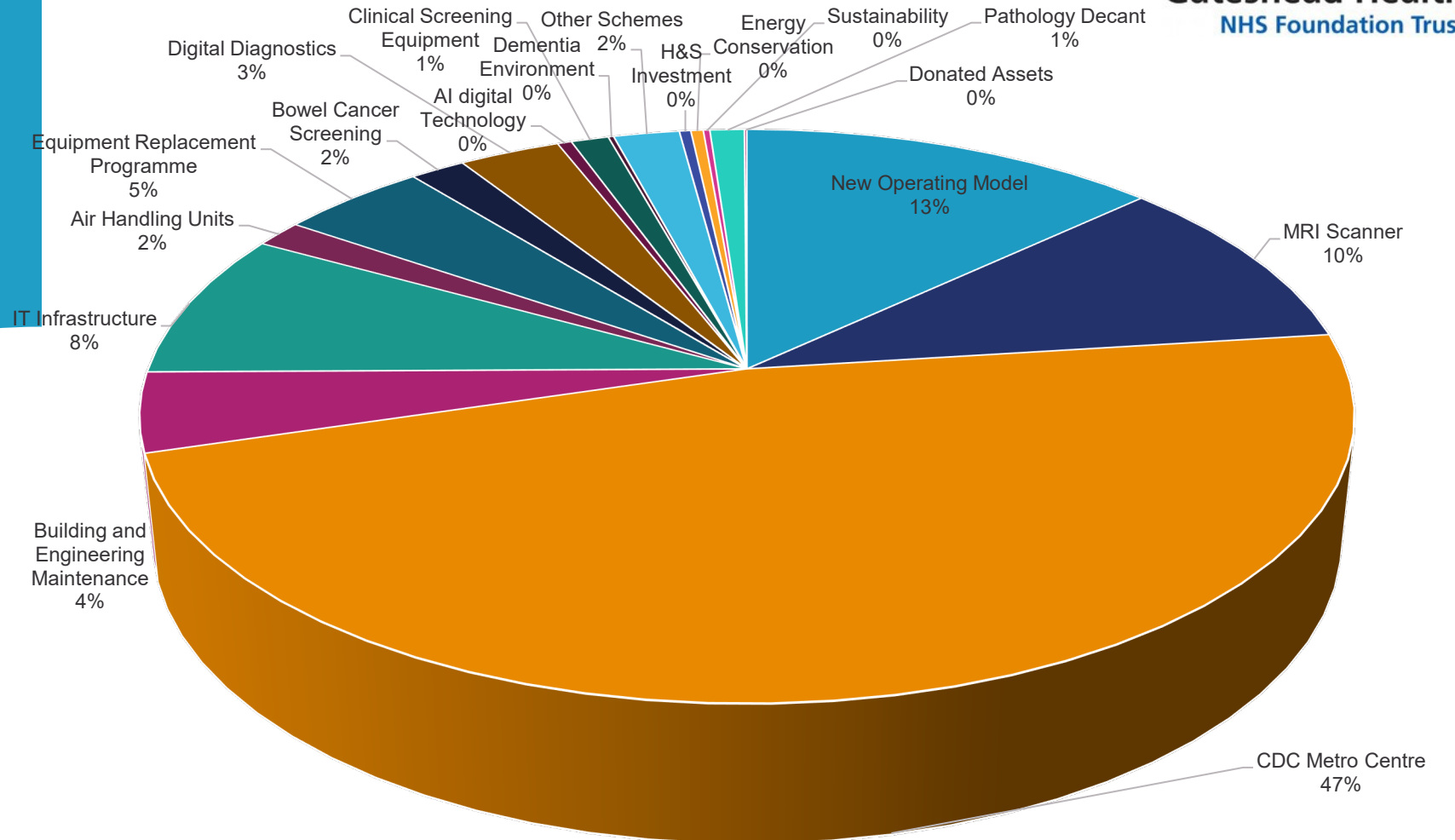
Gateshead Health
NHS Foundation Trust



Financial headlines - expenditure



Financial headlines – capital



Financial accounts – the work of the external auditor

forvys
mazars



External auditor conclusions

Audit opinion

- The financial statements
 - Unqualified opinion
 - give a true and fair view of the financial position of the Trust as at 31 March 2024 and of the Trust's and Group's income and expenditure for the year then ended;
 - have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
 - have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Going concern, other information and arrangements for securing economy, efficiency and effectiveness

- Use of going concern basis of accounting was appropriate.
- Nothing to report in respect of any material inconsistencies between the annual report and accounts.
- Staff report and remuneration report properly prepared in accordance with the NHS Act 2006.
- Did not identify any significant weaknesses in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Other matters

- Trust's consolidation schedules were consistent with the audited financial statements
- Auditors identified a number of audit differences in the financial statements. Uncorrected misstatements did not have a material impact on the accounts.
- One new internal control recommendation raised relating to the IT general control environment.
- One other recommendation made to acknowledge the challenging cost reduction programme for 2024/25



Council of Governors

Steve Connolly, Lead Governor

Council of Governors' Elections 2023/24

Central:

Karen Tanriverdi – 3rd term
Michael Looe – 1st term

Staff:

Helen Adams – 2nd term
Lynsey Curry – 2nd term
Adaeze Obiayo – 1st term



Held elections for 3 Staff and 7 Public
Governor seats

Eastern:

3 vacancies remain

Western:

Dr Lakkur Murthy – 1st term

Patient/Out of Area:

Agatha Kanyangu – 2nd term



Thank you

**Sincere thanks to those
Governors who left the
Council in 2023/24:**

- **Marceline Ndam**
- **Mick Lamport**
- **Geoffrey Riddell**
- **Mark Learmouth**

**Our sincere thanks also go to
Abe Rabin for his
contribution and commitment
as Lead Governor over the
last 2 years and Deputy Lead
Governor prior to this. Abe
remains on the Council as a
public Governor.**

**We would like to
take the
opportunity to
remember the late
Des Costello who
was a valued
colleague and
friend.**

Key achievements of the Council 2023/24

Ratified re-appointment of the 3 Non-Executive Directors following the recommendations of the Governor Remuneration Committee

Approved Constitutional amendments and amendments to the Governor Code of Conduct and Governor Handbook

Participated in the Trust's Medicine for Members events, encouraging the public to become members and Governors

Participated in service visits to the Community Diagnostic Centre and Pathology.
Participation in PLACE visits to support assessment of key areas of the Trust

Engaged in the annual planning process and provided valuable input into the Quality Account for 2023/24

Received a number of assurance reports as part of the Council of Governors – challenging our Board and representing constituencies during debates

Constitutional amendments for approval

- Supporting paper outlines detail.
- Approved by the Board and Council of Governors during the year and enacted.
- Members must vote at the AGM / AMM on any constitutional change that impacts on the role or powers of Governors.

Amendment 1:

- The Trust's Constitution details the composition of the Council of Governors, including the organisations which are requested to provide an appointed Governor representative.
- This had not been reviewed for some time and one of these seats was allocated to the Clinical Commissioning Group (CCG), which no longer exists.
- The Board and Council passed an amendment to remove this seat from the composition of the Council. As the Trust had comparatively more appointed Governors than its peers when compared to the total size of the Council it was agreed not to replace the CCG with an alternative stakeholder.

Constitutional amendments for approval

Amendment 2:

- A number of core governance documents were included as appendices to the Constitution, such as the Governor Code of Conduct and Governor Standing Orders.
- As these documents are distinct from the Constitution and have their own approval processes, a constitutional amendment was passed to remove both of these documents as appendices.

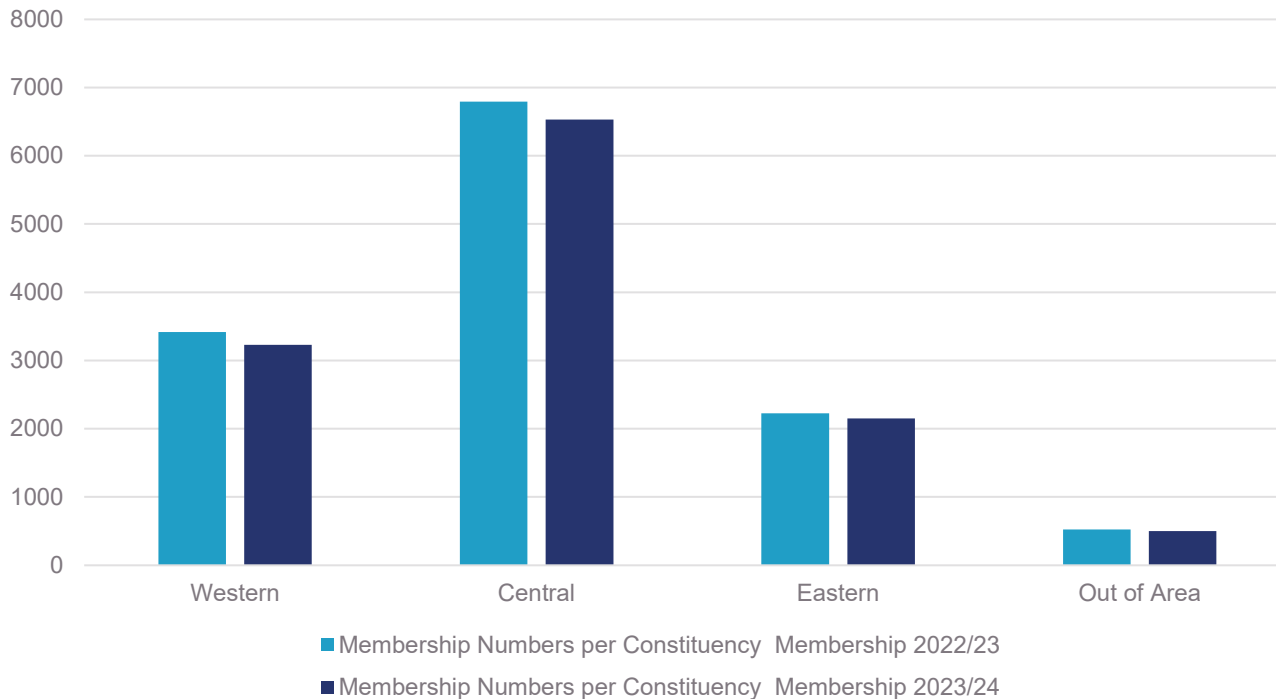
Summary

The Board of Directors and Council of Governors recommend that members formally approve the following amendments:

1. Removal of the CCG seat from the composition of the Council
2. Removal of the Code of Conduct and Governor Standing Orders as appendices of the Constitution

Membership

Membership numbers per constituency



Activity 2023/24:

- Membership newsletters for October 2023 and February 2024 distributed
- First Medicine for Members event held in December 2023 which focussed on Research and Development. Further event took place in March 2024 with a marketplace to showcase our community services
- Approved the Membership Strategy for 2024-27

Key priorities 2024/25:

- Building on the success of recent Medicine for Members events
- Promotion of Trust membership
- Identification of other engagement opportunities



Looking ahead

- Governor elections 2024/25
 - 3 Western seats
 - 2 Central seats
 - 3 Eastern seats
 - 2 Staff Governor seats
- More information can be found here:
<http://www.cesvotes.com/gateshead2024>

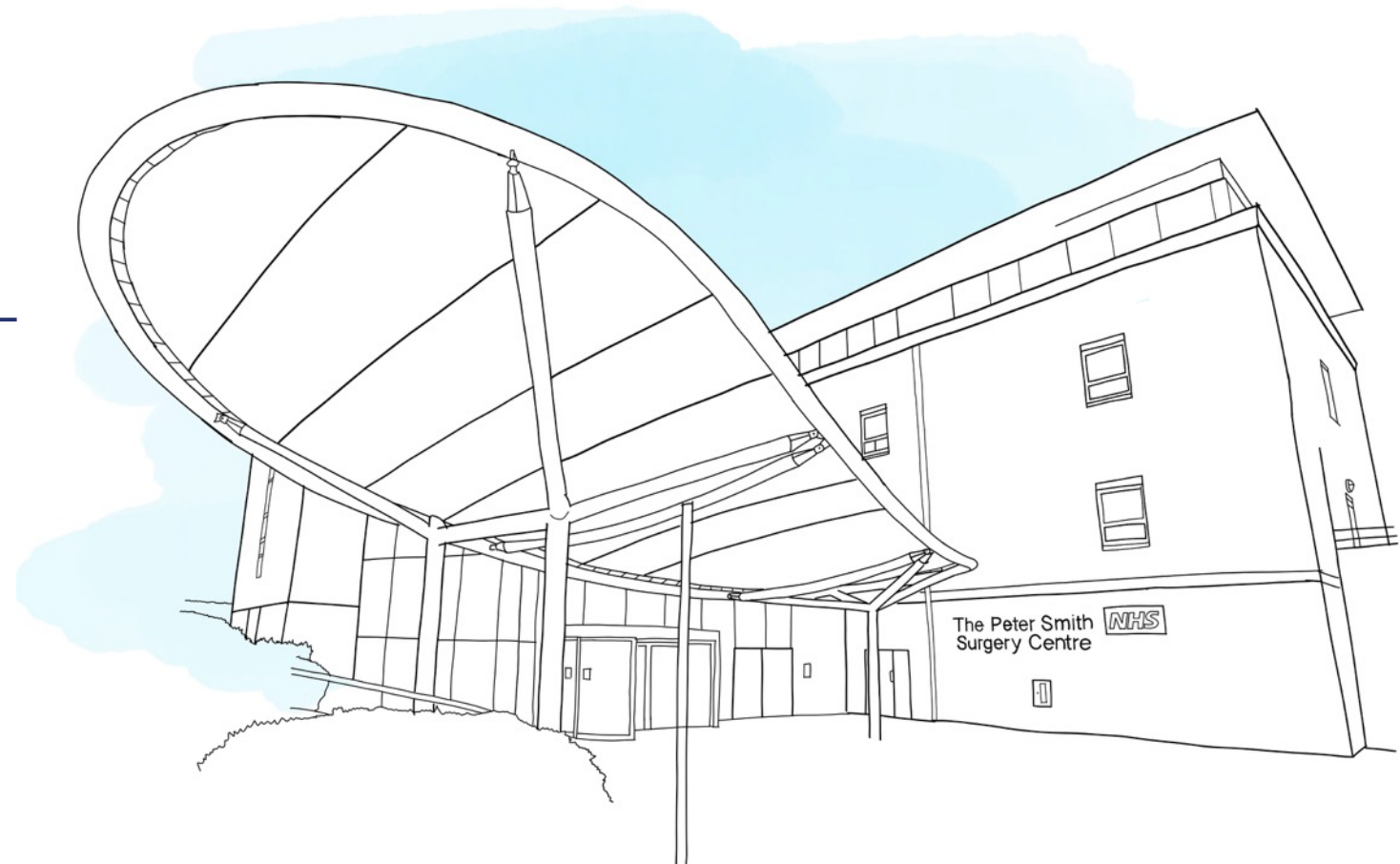
Questions and answers

Facilitated by Alison Marshall, Chair



Looking ahead – 2024/25 and beyond

Trudie Davies, Chief Executive



Looking ahead

Northern Centre
of Excellence for
Women's Health

Opening of the
Community
Diagnostic Centre

Great North
Healthcare
Alliance

Lead provider of
diagnostic
services

Focus on financial
sustainability and
increased
productivity

Protecting and
enhancing staff
and patient safety

Engagement with
our people

Principle of being
clinically led and
management
supported

HSJ Awards –
outcome

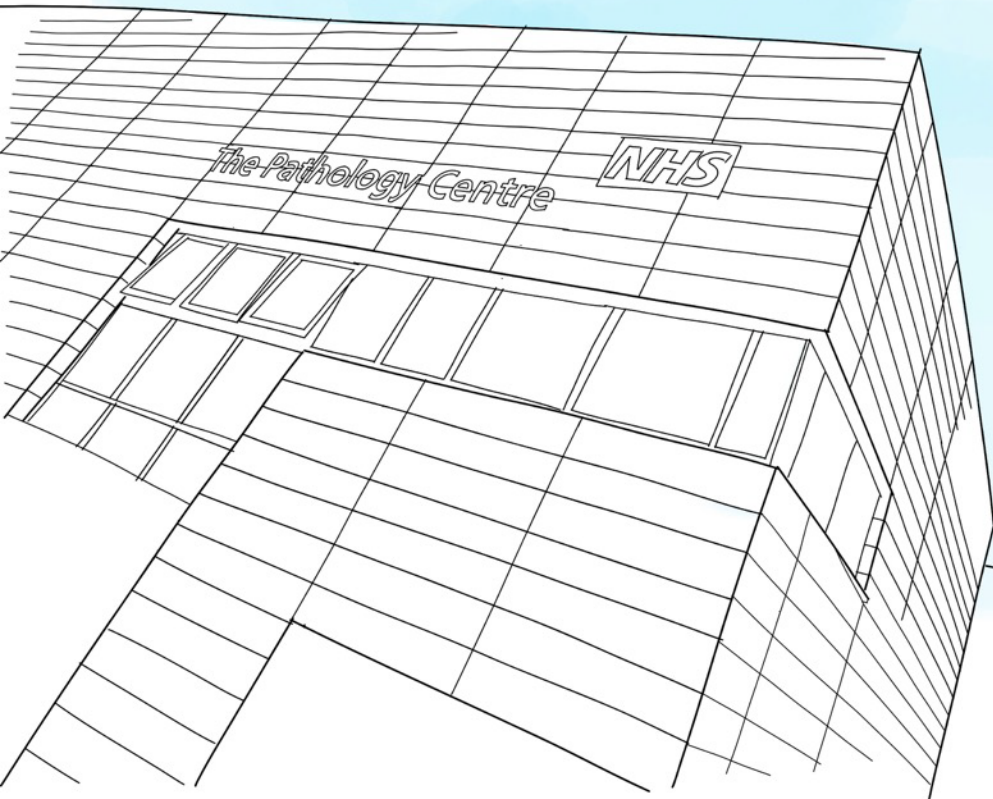


Delivering the best
care to our patients
and enhancing the
health and wellbeing of
our colleagues and
wider community

Showcase Presentation: Community Diagnostic Centre

Mike Graham,
Operational Director for Clinical Support and Screening

25 September 2024



Community Diagnostic Centre- Metrocentre

Gateshead Health AGM

25 Sept 2024



Gateshead Health
NHS Foundation Trust



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

What is the CDC?

Partnership programme between GHFT and NuTH to develop additional diagnostic capacity in the community

Aims and Benefits



Help to meet rising demand and reduce waiting times for patients across our region

- 2020 Richards Review

<https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf>

- Recognises growth in demand for diagnostics
- Opportunity to drive growth in capacity to an offsite location (“Healthcare on the High Street”)
- Separation of elective vs non-elective diagnostics/ Free up capacity for on-site diagnostics for acute IP, ED and specialist tests/



Support quicker diagnosis

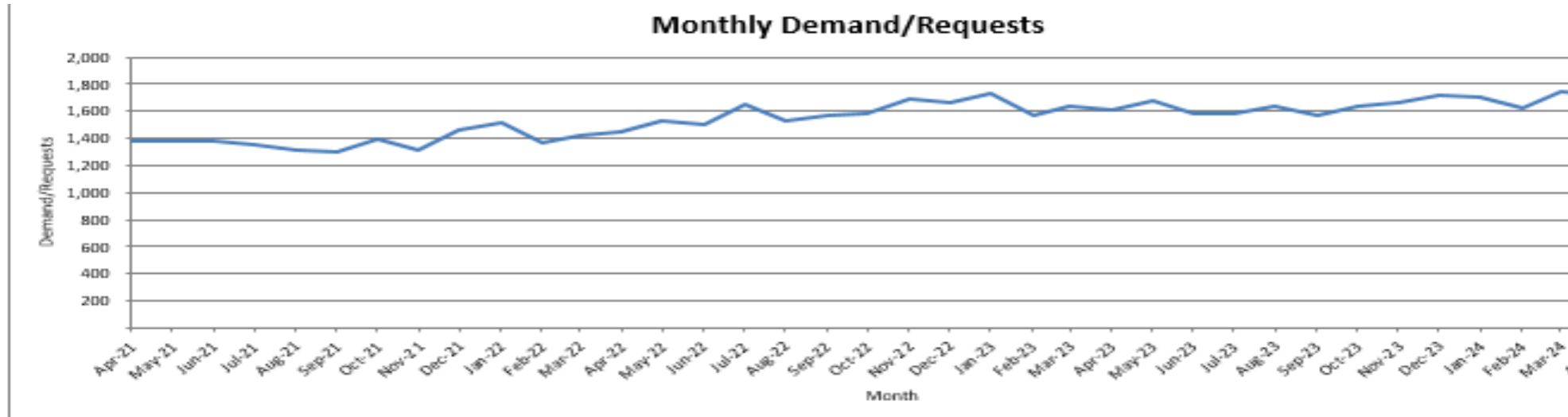
- 85% of clinical pathways include Diagnostic activity (Kings Fund ‘Why do diagnostics matter’ Oct 2022)
- Additional capacity reduces ‘Time to Test’, enabling faster diagnosis and improving patient outcomes

Benefits at the QEH site, for the wider Trust and for collaboration

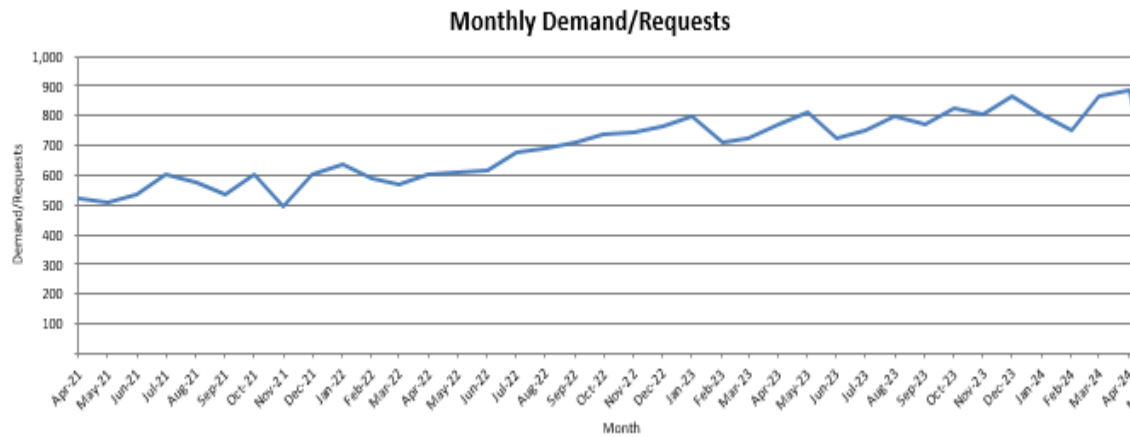
- No resource taken away from QEH, all staff and equipment at the CDC is in addition, funded by NHSE.
- Allows QEH diagnostics to focus on ED, inpatients and complex tests
- Future proofs growth in referrals for diagnostics
- Opportunity to redesign pathways around access to diagnostics (e.g. PMB)
- Sharing with NUTH provides scale



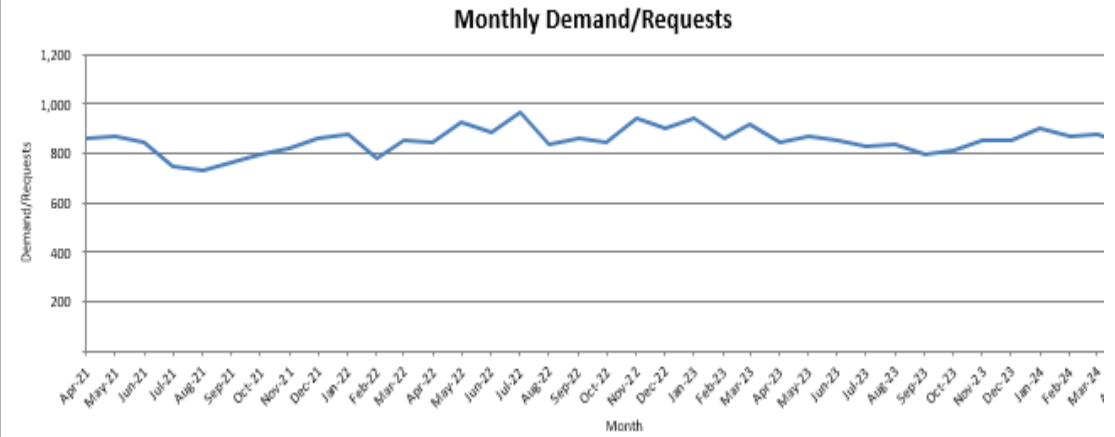
GHFT CT - Inpatient and ED demand



ED Demand



Inpatient Demand



How do we have a CDC?

- 2021 joint bid to NHSE by GHFT, NUTH, NHCT for **MRI and CT at Blaydon**, **MRI at Benfield Park**
CT at North Tyneside DGH. (Approved / Not approved)
- 2022 Blaydon CT /MRI mobiles with capacity shared between GHFT and NUTH
- 2023 Business Case for MetroCentre approved – c£20m capital investment
- 2023 Blaydon service extended to include US and Echo
- 2024 Blaydon services transfer to an extended portfolio at the MetroCentre during October
- Other NENC CDCs – Workington, Stockton, Bishop Auckland

Why the Metrocentre?

Improves access to services and works to address health inequalities

- To ensure a 'fit-for-purpose' location was identified, a lengthy and complex review was undertaken prior to Business Case submission
- Likely sites across Gateshead and Newcastle were assessed against multiple criteria, including available space, cost, accessibility and public transport links and operational suitability
- The preferred way forward was confirmed as a vacant department store retail unit at the Metro Centre
- The key service and strategic benefits of the site include:
 - Highly accessible by bus, train and private car
 - Extensive existing free parking
 - Situated to the west of Gateshead and Newcastle, close to areas experiencing significant deprivation and ill-health, at some distance from existing diagnostic facilities in the Queen Elizabeth Hospital, RVI and Freeman Hospital
 - Contributes to the 'Health on the High Street' agenda
 - Separated from non-elective diagnostic activity
- Analysis using SHAPE software shows that:
 - 453,000 people live within 15 minutes travel time by public transport
 - 563,000 people live within 30 minutes travel time by public transport

What will the CDC offer?

Shared Capacity between GHFT & NUTH

MODALITY	ROOMS
CT	2
MRI	2
Ultrasound (Non Obs)	4 (w/ ECHO)
ECHO	4 (w/ US)
Lung Function/Respiratory	1
Sleep Studies	4
Monitoring Hub (ECG, Phlebotomy, AMBP, Holter Monitoring)	4



Where are we now?

Estates and Construction

- Build work continues on site
- Planned Opening **October 2024**
- Design is open and modern, with generous patient accommodation
- Full Equality and Quality Impact Assessment



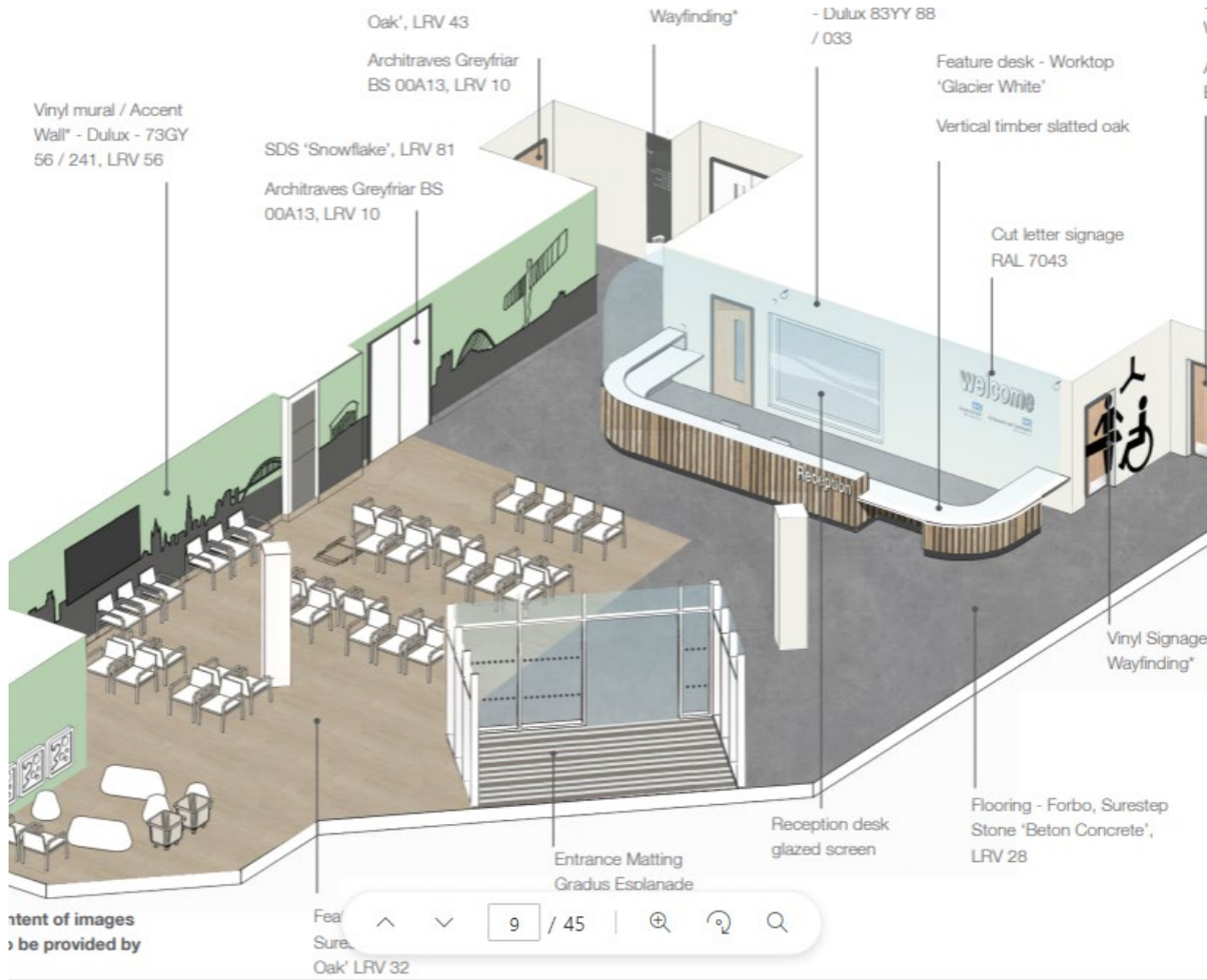
Operationalisation and Service Stand-Up Phase

- Finalising recruitment to support service delivery- c. 120 WTE Approx 90% vacancies filled
- Final development and build of combined IT systems to enable seamless booking, reporting and result sharing back to 'host' Trust
- Joint Patient safety protocols and referral criteria
- Finalising operational processes (ie: Referral management, booking, reporting, patient flow)
- Finalising aligned patient information (ie: Letters, leaflets, etc)

Internal fit out

Design and Finishes

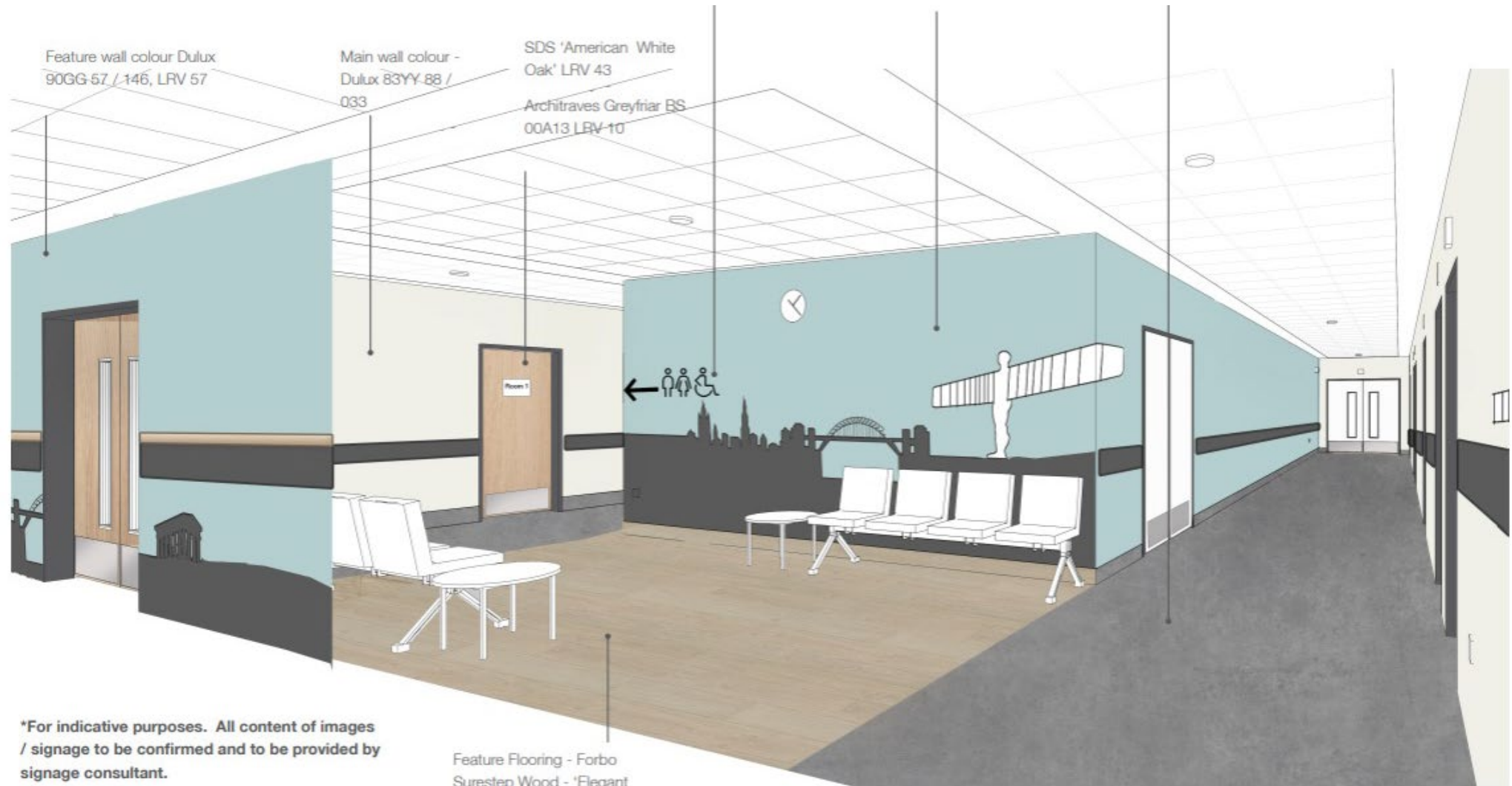
Main Reception



Internal fit out

Design and Finishes

Sub-waiting area



Internal fit out

Design and Finishes

Clinic Room



Scanning suite

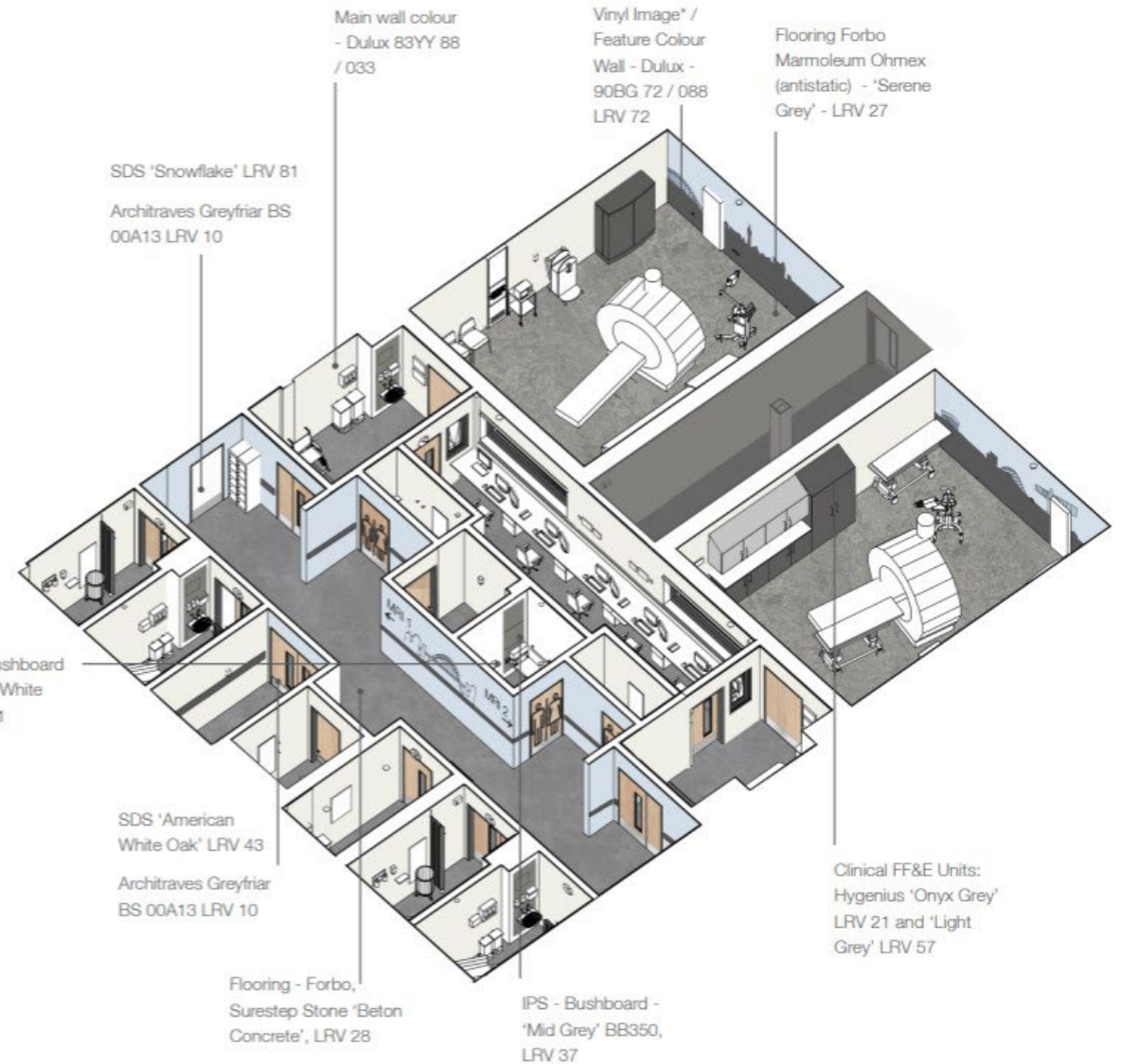
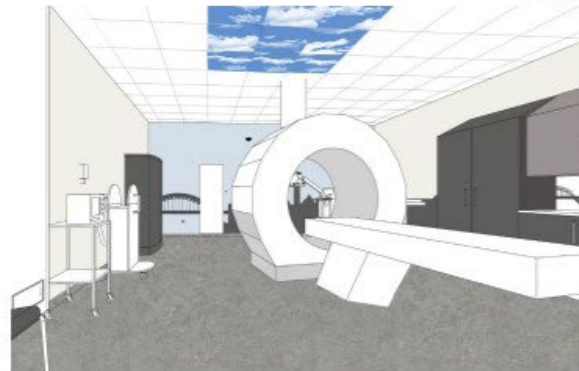
Design and Finishes

MRI Suite Proposals

The image demonstrates the proposals for the MRI diagnostic suite.

A calming blue feature wall colour is proposed for both MRI and CT diagnostic areas with the feature skyline graphic utilised in the circulation and main scan rooms.

***For indicative purposes. All content of images / signage to be confirmed and to be provided by signage consultant.**



Any questions?



**Thank you to our
colleagues,
Governors,
volunteers, patients,
partners and local
communities**

