NHS

North Tees and Hartlepool

NHS Foundation Trust

Annual Report and Accounts 2018-19

North Tees and Hartlepool NHS Foundation Trust

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Welcome

North Tees and Hartlepool NHS Foundation Trust is a successful forward thinking provider of integrated acute and community based healthcare to around 400,000 people living in Hartlepool, Stockton-On-Tees and East Durham and surrounding areas including Sedgefield, Peterlee and Easington.

The Trust provides services from two main hospitals; the University Hospital of North Tees in Stockton on Tees and the University Hospital of Hartlepool and a number of outpatient and outreach clinics at our smaller community hospital in Peterlee, and in an increasing number of community locations.

The breast and bowel screening services extend further, across Teesside and parts of North Yorkshire and County Durham. The Trust also provides community dental services to the whole of Teesside and many of our other community services also reach out beyond its geographical boundaries.

In alliance with North East Ambulance Services (NEAS) and the local GP Federation, the Trust delivers Integrated Urgent and Emergency Care services. The Urgent Care Centres incorporate minor injuries and illnesses, GP services and emergency care practices at both hospital sites, with Accident & Emergency delivered from North Tees Hospital.

The Trust is an active partner in the development of the Integrated Care System across Cumbria and the North East in order to drive improvements to care, and works innovatively with key stakeholders and partners to tackle the health challenges of the local population.

1 Chairman's statement

Paul Garvin
QPM, DL
Chairman

As chairman for North Tees and Hartlepool NHS Foundation Trust, I am both delighted and proud to present our annual report. This publication is an opportunity for us to reflect on the innovations and developments of the past year.

Our focus, of course continues to be placed on 'putting patients first', and in an ever evolving landscape both within the NHS and the wider picture, we face new challenges annually. As an organisation we have a responsibility to reflect change in what and how we deliver our services to ensure we maintain our focus on quality and safety in care.

Throughout the last 12 months our Trust has remained dedicated to providing the very best in health care services for a region with a varied demographic. We work to support around 400,000 people across Stockton, Hartlepool and County Durham, and we recognise our obligations in ensuring that access to the right health care services, at the right time, in the right place is of paramount importance.

We continue to work in close partnership with our colleagues across our immediate region, with ambitions of an Integrated Care Partnership which we hope will support the eradication of health inequalities for the communities we work within. By working together, we can ensure that the populations of Teesside and the surrounding areas have access to leading health care provision.

Further afield we remain dedicated to the value of an Integrated Care System to ensure sustainability for both the NHS and health care across the North East and Cumbria. Our Trust continues to review and evaluate our clinical services with a view to ensuring we are 'fit-for-purpose' in being a part of a robust wider network of health care providers.

Over the course of the past year we have had opportunity to celebrate some outstanding successes for the Trust, and of course the communities we serve.

Our A&E department continues to be one of the highest performing across the country, regularly placed first or second. The team were also selected by NHS England to take part in new trials surrounding standards for urgent and emergency care, as just one of 14 organisations across the country.

Innovation in the way we recruit has meant that we have consistently been able to report nursing vacancies of below 1%. As well as developing a recruitment centre that has revolutionised our interview process, our culture continues to be cited as one of the reasons so many people apply to work within our Trust.

Our staff survey results were some of the most powerful and informative to date. We performed well in our dedication to wellbeing, and with respect in our ambitions in keeping our staff and patients safe. Of course, as with all survey results – we will continue to build on the hard work to date, whilst listening to what our colleagues have told us are their aspirations for an even better place to work.

Digitally we remain at the forefront of innovation, as an accredited Fast Follower within the NHS Global Digital Exemplar (GDE) programme. It takes a Trust-wide approach to innovation, empowering staff to be forward thinkers to improve outcomes for patients. Outside of the Trust, the hard work and dedication of colleagues continued to be celebrated with a year steeped in award wins and national recognition for our teams. From our Urgent and Emergency Care Team who were listed as one of the 40 'incredibly inspiring teams' to be shortlisted for the 2018 Parliamentary Awards through to Dr Kay Adeboye who was listed in the new year's honours list with a 'Queens Volunteer Reserves Medal', demonstrating dedication to health care both within and outside of our organisation.

There are many more accolades to be noted, explored further in this publication.

Our Trust employs over 5,000 people across our sites and our success and continued dedication to patient care and safety outcomes would not be possible without them. I am proud to represent this organisation and colleagues who continue to make North Tees and Hartlepool NHS Foundation Trust an ambitious and aspirant place to work. Thank you to all of our staff who work so hard to support so many.

2 Chief Executive's statement

In November 2018 I was delighted to be confirmed as Chief Executive for our Trust on a permanent basis. Since my initial tenure commenced in Autumn 2017 as an interim post, we have continued to witness change and growth in the health care sector – both within our organisation and in the wider context of the NHS.

I am pleased to present our annual report for 2018-19 which gives insight and overview of our challenges and successes throughout the course of the last 12 months.

North Tees and Hartlepool NHS Foundation Trust continues to build on the March 2018 Care Quality Commission (CQC) rating of GOOD.

Colleagues across the Trust consistently demonstrate a passion and ambition to provide the very best safe, quality care for those who matter most – our patients.

I would like to extend my thanks and gratitude to all of our staff for their commitment to making our organisation one that I am proud to lead. No matter the role or department within our Trust, our workforce is critical in contributing to delivering safe and effective care for our patients.

Throughout 2018-19 we have started to build on the hard work of our previous years, progressing the ambitions of the Trust in line with innovation, growth and of course sustainability.

In January 2019 NHS England announced 'The Long Term Plan' for our sector. It was pleasing to note that much of the aspirations within the document mirrored many of our own current practices, affirmation indeed that North Tees and Hartlepool NHS Foundation Trust and the teams we employ are aligned with the wider needs of our population(s).

Work to future-proof our Trust must now begin in earnest. By continuing to deliver the key themes of the Long Term Plan – providing joined-up care at the right time, in the right place, facilitating ambitions to prevent health inequalities, investing in our workforce and identifying the key areas of pressure, building upon digitally enabled care success to date and sustaining financial viability we can start to prepare a vision for the years to come.

Partnership working is not an eventuality for our Trust, it is a reality that has been recognised and embraced by our workforce. We are proud to be working towards strengthening our links with local and national organisations to ensure the population we serve has access to the very best care. Our communities deserve an aspirant health care provider who will work to ensure that health inequalities are no longer an issue. We will work to empower those very same communities to take control of their own health outcomes.

Our work as part of the Integrated Care Partnership continues to make great strides, and our wider participation in the Integrated Care System remains a priority for all across the North East and Cumbria. This unification of service provision, whilst maintaining the North Tees and Hartlepool 'excellence as our standard' outlook will hopefully contribute to a positive future for all.

Our Trust continues to be one of the best performing in the country. We are proud to be consistently placed at the top of the table for our A&E performance, our nursing recruitment statistics remain below 1% and our ambitions to be a digital exemplar continue to be pursued.

Of course the past year has also seen great challenges. Winter pressures are our constant annual reminder that we must remain diligent always. Once again, our calm and well prepared teams handled this difficult period with method, compassion and innovation. I applaud the tenacity of the staff that sought to remain operational in the most pressured of circumstances.

Financial pressures remain a constant for the NHS as a whole. Throughout the course of this year our Trust has worked to remedy some of the pressures we have faced, and we are now realising the fruits of that labour. As we go to print we are listed as the third best Trust in England regards financial recovery. Our path, like many others is a long one – but with strong leadership and the commitment of a dedicated workforce we will continue in our pursuit to stabilise, sustain and build.

It is a vast combination of activity and ambition that has helped North Tees and Hartlepool NHS Foundation Trust to be able to report on the many developments cited in this document. No one individual or team alone makes the change, but all united make the difference.

We recognise that there will always be work to be built upon, and sustainability must remain a constant. In all that we deliver, our patients must continue to remain at the centre of our provision, their safety, their health and their outcomes. Our staff continue to demonstrate our values in their hard work and outputs and I wholeheartedly commend them for another successful year.

Julie Gillon
Chief Executive

3 Performance Report

3.1 Overview of Trust and Performance

This section of our Annual Report provides information about the Trust including its vision and values, the services that we provide and who we provide those services to. The Chief Executives statement outlines our success in operational performance and highlights some of the challenges we face, a more in depth overview and how we are addressing them can be found in this section.

Our History

North Tees and Hartlepool NHS Trust was formed when North Tees Health NHS Trust and Hartlepool and East Durham NHS Trust merged on 1 April 1999. North Tees and Hartlepool NHS Foundation Trust was authorised as an NHS Foundation Trust in December 2007. As a Foundation Trust now for over eleven years, it provides a wide range of health and healthcare services across and beyond its catchment area.

Key facts about us:

- The Trust is an integrated hospital and community services healthcare organisation.
- We provide a range of health and care services to support more than 400,000 people living in Hartlepool, Stockton and parts of County Durham.
- Care is delivered from two main acute hospital sites, the University Hospital of Hartlepool; and the University Hospital of North Tees in Stockton-on-Tees.
- Care for patients in the community has been provided since 2008 and these services are provided in a number of community facilities across the area, including Peterlee Community Hospital and the One Life Centre, Hartlepool.
- Integrated Urgent Care Services are delivered, in alliance with Hartlepool and Stockton Health (the local GP Federation) and the North East Ambulance Service, at both hospital sites.
- The Trust provides bowel and breast screening services, as well as community dental services to a wider population in Teesside and Durham. Our turnover is around £300million and over 5,000 staff are employed by the Trust.
- The Trust has a Council of Governors with 34 members, representing the public, staff and stakeholder organisations.

Our Geography

The map below shows the extended catchment population of the Trust, reflecting the service developments around screening programmes and bariatric surgery collaboration. The general catchment population of the Trust is shown by the darker shading.

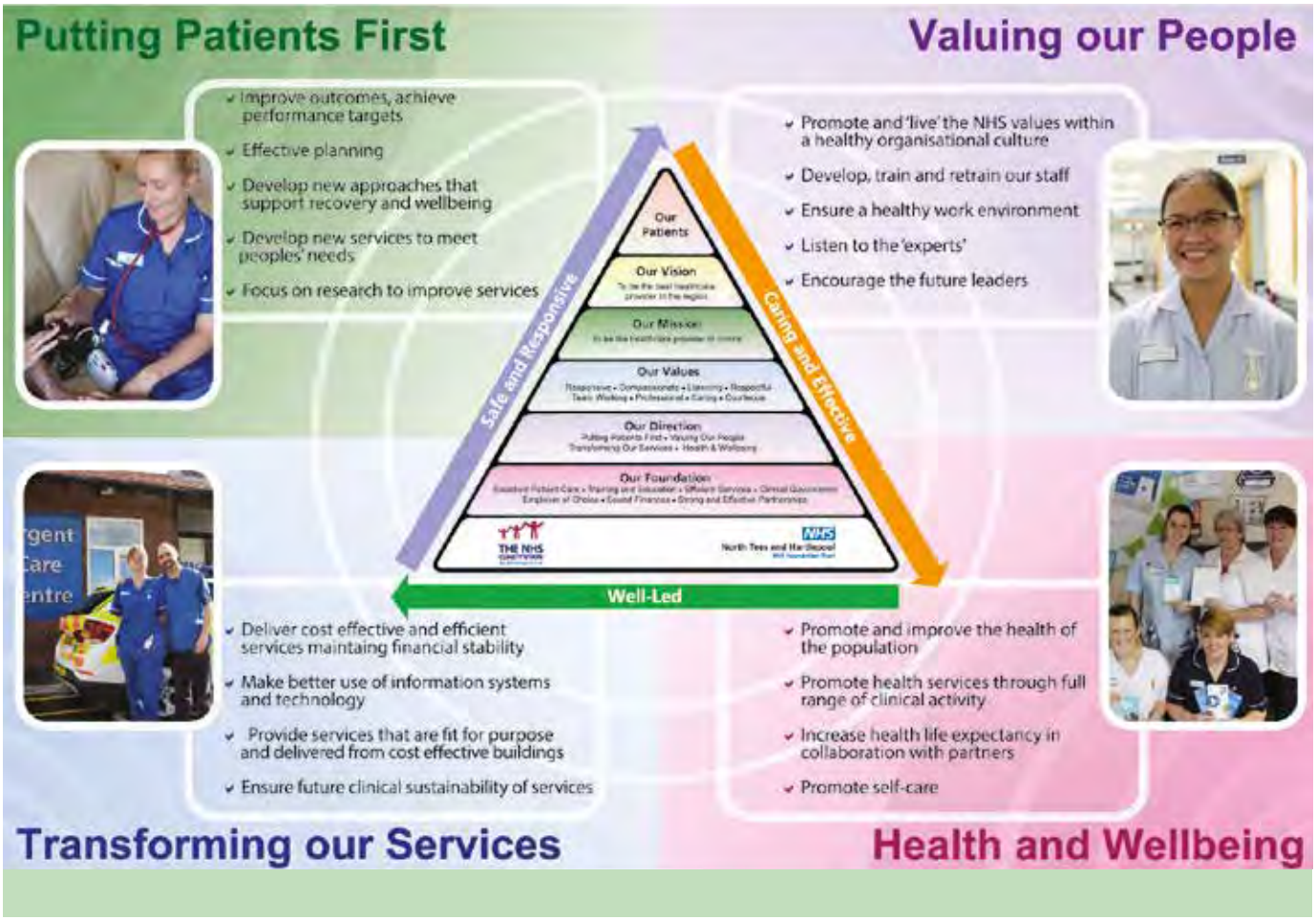
The Trust continues to provide a diverse range of services from the two hospital sites, and a range of community services which are delivered from community clinics and through integrated intermediate care services, in partnership with social care, to people within their own homes. Many of these services are inter-related and span across patient pathways.

The following table provides an overview of the Trusts service profile:

Service Profile 2018-19	
Acute Service	**Community Services across Stockton, Hartlepool and Peterlee**
Allied Health Professionals	Asthma & Tuberculosis Services
Anaesthetics (including Pain management)	Audiology
Acute Oncology Team	Cardiac Services
Cardiology	Community Integrated Assessment Team (CIAT)
Care of the Elderly	Community Matrons
Diabetic Medicine	Community Paediatrics
Haematology	Continence Advisory Service
General Medicine	Dementia Liaison Service
Gastroenterology	Diabetes Nursing
Respiratory Diagnostics	Diabetic Retinopathy Screening Service
Respiratory Medicine	Ear Nose and Throat Outreach Service
Critical Care	Holdforth Unit
Stroke	Musculoskeletal Services
Rheumatology	Nutrition & Dietetics
Endoscopy including Bowel Screening	Occupational Therapy (Adults & Children)
Breast Screening and Surgery	Orthotics
Colorectal	Phlebotomy
Bariatric	Physiotherapy (Adults & Children)
Urology	Podiatry
Upper Gastrointestinal	Podiatric Surgery and Hand and Wrist Surgery
General Surgery	Respiratory/Hospital at Home
Trauma and Orthopaedics including spinal services	Single Point of Access (SPA) including Clinical Triage
Outpatient Services	Specialist Palliative Care/Macmillan Nursing
Gynaecology, Pregnancy Assessment Clinic and Early Pregnancy Assessment Clinic	Speech and Language Therapy (Adults & Children)
Paediatric Services including Neonatal	Stop Smoking Service
Obstetrics and Midwifery Services	Teams Around the Practice (TAPS)
Pharmacy	Teeswide Community Dental Services
Radiology	Wheelchairs
Pathology	Rapid Response
Psychology	
Cancer Unit	
Emergency Department – Trauma Unit Status	
Urgent Care Service	
Bereavement Services	
Visiting Specialities	
Dermatology Outpatients	Oral Surgery/Orthodontics Outpatients
Ear Nose and Throat Outpatients	Plastic Surgery Outpatients
Genetics	Vascular
Nephrology	Neurology
Ophthalmology	

3.1.1 Business Review

This section provides an overview of the Trust's strategic direction, activities, developments, and key risks and uncertainties. The Corporate Strategy and strategic objectives can be summarised in the graphic below:



3.1.2 Trust Strategic Direction

The Trust has made great strides in recent years in developing an appetite for transformational service change and the way in which healthcare services are delivered to the people of Stockton-on-Tees, Hartlepool, Sedgefield and Easington.

The Trust has an enviable reputation for providing high quality services to over half a million residents of the area it covers, with both hospitals playing an important part in the health and social cohesion of the local community. The Trust therefore continues to develop new models of care and improved pathways that reflect the needs of the patient and the local health economy within the region, as well as collaborating with key stakeholders on the broader public health and prevention agenda.

The Trust remains committed to developing integrated healthcare services in a collaborative arrangement with partners at a local level. This is evidenced in the role that the Trust has taken with the Integrated Care Partnership (ICP).

The mission and values underpinning the Trust's strategic direction remain relevant and appropriate in the current climate, whilst the Trust's Corporate Strategy enters a period of review and refresh to accurately reflects the integration of services at a regional and local level. The Trust's strategy also takes into account the national drivers alongside regional and local requirements.

Transforming services to meet the changing needs of the population is a key driver of the Trust's direction. This is being achieved by developing effective models, practices and procedures which bring about genuinely integrated care providing the best possible experience for patients and their families, who will receive services that are clinically effective, safe, of the highest quality and efficient to run. The Clinical Services Strategy is currently being aligned with the regional and sub-regional reconfiguration of services in order to ensure safe sustainable services for patients and staff are future proofed.

Like many other Foundation Trusts in the current climate, the Trust is focused on the need to deliver greater financial productivity and efficiency, without compromising the health care needs of the population. The Trust continues to champion the achievement of financial stability and sustainability as an organisation, through clinically effective pathways, across the system.

In partnership with NHS Improvement, the Trust embarked on a series of programmes during 2018-19 designed to deliver improved productivity across key services and specialties - Delivering Productivity Programme. This programme has supported delivery of the Trust's cost improvement programme (CIP), delivering circa £7m cost reduction during 2018-19. Alongside this financial achievement, the Trust has continued to deliver service transformation, quality improvement, compliance with national and local standards, reporting as one of the top performing organisations nationally, and reflecting the Trust's overall strategic aim 'Putting Patients First' and 'Transforming our Services'.

3.1.3 Development and Service Improvement

The Trust's Corporate Strategy is fully embedded across the Trust at all levels and has provided a real focus for all staff in demonstrating the values and vision of the organisation., Additionally the strategic objectives, measures and metrics receiving internal scrutiny, and evidenced through the strong performance culture demonstrated across the organisation. However, since the development of the Strategy, a number of priorities and structural collaborations have been subject to change, particularly with regards to the changing landscape for integration of care services and the introduction of the NHS Long Term Plan.

The Trust continues to play a key role in the broader regional Integrated Care System (ICS), covering Cumbria and the North East (CNE), and in the context of the South's Integrated Care Partnership (ICP), encompassing North Tees and Hartlepool, South Tees and County Durham and Darlington provider organisations

With this in mind, the Trust has embarked on a fundamental refresh of its Corporate Strategy to ensure complete alignment of the organisation's objectives within the local health economy.

In 2018-19, the Trust took a conscious decision to explore the prevention agenda with regard to health inequalities and the impact on the health of our immediate population. During this period, and more recently reinforced by the directions within the NHS Long Term Plan, the Trust has laid the groundwork to better understand the communities at greater risk within deprived areas. The Trust is working closely with partners across Hartlepool and Stockton to improve the health of the population by tackling the legacy of ill-health leading to conditions such as respiratory, liver disease.

The Trust is acutely aware that the type of healthcare provided to patients in the future needs to be different to that which is available today. This realisation is reflected in the strategic approach the organisation is taking with partners, stakeholders and commissioners. When it comes to the redesign of services and, whilst the organisation will always have an acute focus as its core business, the focus on public health measures, health promotion and ill-health prevention will feature prominently in the Trust's forward direction. This will support our local population, with a focus on our most deprived communities, to access the full range of services from self-care and social prescribing, through to tertiary treatments, with an emphasis on more treatment outside of the traditional hospital boundaries.

The re-development and re-design of pathways within an acute, primary and social care setting is pivotal to the transformation and sustainability of the wider health economy within the region, and this Trust will play a critical part in this process. Balancing delivery of high quality services, whilst also delivering a challenging cost improvement programme, continues to be the focus of the organisation.

The Evidence Base

The Integrated Care Partnership (ICP) has agreed a Clinical Services Strategy which will see further refinement of pathway delivery across the three acute providers of North Tees and Hartlepool, South Tees and County Durham and Darlington (Darlington site). The strategy includes improved emergency care models (supporting rapid assessment and frailty models of care at front of house), optimised complex service pathways for Women's and Children's services, collaborative delivery of vulnerable elective services (covering Breast, Urology and Spinal pathways), with future planned centres of excellence for some specialist elective procedures, the reconfiguration of Stroke services in line with national recommendations and fully developed frailty models across acute and community care.

The proposed models are evidence based, reflecting the changing health requirements, and supporting the delivery of the key NHS commitments outlined within the following documents;-

- The NHS Five Year Forward View
- NHS Seven Day Services
- The Lord Carter Review
- NHS Long Term Plan

The publication of the NHS Long Term Plan in January 2019 set out a broad range of ambitions and key deliverables which run through the core of the Trust's strategic aims. The Trust is well on the way to developing local responses to some of the national deliverables having set ambitions and plans in place based on in-depth knowledge and understanding of its own health population for the region.

The Trust is keen and committed to working with its strategic partners and stakeholders to make a real difference in managing preventable disease in conjunction with the core business of a Foundation Trust.

Clinical Services Strategy

The Trust's Clinical Services Strategy was published in 2016 and set out a vision for locally delivered, integrated and co-ordinated care services that are patient centred, safe, effective and efficiently delivered. Currently under review, to support the changing landscape of the ICP, the key principles remain appropriate.

The Trust continues to focus the delivery of clinical services through a structured programme of review and re-modelling in order to transform services that are deemed vulnerable and/or non-core. This approach is integrated with the Delivering Productivity Programme (DPP) and supported by the annual business planning cycle with a 'bottom up' approach, enabling clinical ownership. As illustrated earlier in this report, the Trust's programme of service change is fully aligned with the developments of the ICP.

The graphic below outlines the current Clinical Services Strategy:

Emergency Care Delivery

Building on the Integrated Urgent Care Service at front of house, the strategy includes further development of streamlined pathways across A&E, urgent care and emergency assessment to optimise clinical workforce skills and expertise, with a strong focus on the frailty model to support the management of the ageing population. Integrated health care across emergency services will support the reduction of avoidable admissions for frail patients, through early diagnosis and treatment, delivery of appropriate multidisciplinary pathway planning and improved discharge processes to reduce the number of delayed discharges from hospital and the number of patients classified as 'stranded' (greater than 7 day stays).

A further area of focus will be the review and re-design of Paediatric pathways at front of house, with the integration of A&E, ambulatory care, inpatient and community pathways to support reduction in avoidable admissions and improved service delivery.

Elective and Diagnostic Provision

Outpatients

It is well documented that hospital outpatient attendances have continued to increase year on year placing additional pressures on the service. It is thought that some of these attendances could be offered in a different way that best meets the needs of the patient together with improved use of NHS resources, with plans featured in the newly published NHS Long Term Plan (January 2019). There is a national focus to reform the way in which outpatient services are offered and delivered to patients going forward, moving with the times to embrace technology and digital solutions to help patients manage their care.

The Trust embarked on this reform as part of an outpatient review, which has seen a number of significant changes in the way outpatient services are delivered within the organisation:

- Clinical decisions; timeliness is the driving ambition, whilst minimising the time that the patient has to spend in contact with NHS services and the number of times they need to attend a hospital reducing review appointments where clinically appropriate and safe to do so.
- Implementation of e-RS (electronic referrals).
- GPs are able to access specialist advice to enable them to avoid referrals for a second opinion (such as Advice and Guidance).
- Utilisation of alternatives to traditional outpatient clinics, including technological solutions, avoiding patients having to travel to unnecessary appointments, and one stop clinics where patients have diagnostics and a decision at the same time.
- Access to the GP patient record providing real time updates for the GP.
- Virtual clinics, telephone follow up clinics; offered as an alternative to patients who can self-manage.
- Self check in kiosks with an inbuilt outpatient room management system.
- Refined patient reminder system to improve our 'Did Not Attend' campaign.
- The Trust is involved in a regional campaign as part of the Great North Care Record to embrace the concept of a digital patient portal in which patients are able to manage their NHS correspondence including online booking system for outpatients.

Improving the planned care pathway, transforming the way in which outpatient services are provided to patients to reduce the number of visits and amount of time that patients spend in contact with secondary care, will lead to a step-change in the productivity of elective care and a reduction in the use of acute outpatient services. The new ways of working will make effective use of specialist consultant time, utilising specialist nurses and technology to deliver outpatient appointments.

Diagnostics

Diagnostic services, in particular Radiology and Pathology, form a vital part of almost all patient pathways and treatment, and are becoming more significant year on year. However, the cost, capacity and timeliness of the services, alongside ageing equipment, present a significant challenge for the organisation. Collaboration and clinical networking is critical in meeting this challenge and this has featured throughout the past year and will continue moving into 2019-20 to support future service delivery and the NHS Long Term Plan commitments. 2018-19 introduced the development of a Pathology hub and spoke collaborative across the region.

Inpatient

The Elective strategy centres around two organisational services: the delivery of a complex elective surgical service at University Hospital of North Tees (UHNT), supported by critical care infrastructure, and the delivery of less complex elective and day case surgery at University Hospital of Hartlepool (UHH) fully utilising the available theatre capacity at both hospital sites. This will be delivered in the context of the ICP with a greater focus on transformation with local providers, whilst maintaining delivery of locally accessible elective services. Centres of excellence for elective services will be introduced across the ICP, fully utilising available clinical resources.

Women's and Children's Services

The Women's and Children's Strategy, covering Obstetrics, Gynaecology, Paediatrics and Neonatology, is driven by a range of clinical and royal college guidelines and there is a real opportunity to influence the service delivery and pathways across all Women's and Children's services. Neonatology services have been reconfigured during 2018-19, delivering a centre of specialist expertise at the tertiary provider, in line with the Royal College guidance and ICP recommendations, supporting a networked approach.

The recruitment and retention of registrars and junior doctors poses a risk to the Trust and the local health economy footprint with regard to Paediatric services. Resilience and continuity across Women's and Children's services is a focus of the South Integrated Care Partnership, which will deliver a networked approach to sustainable Paediatric services going forward, which meet the needs of the local population.

Out of Hospital – Community Services

Out of Hospital Care has built on previous years' successes and has delivered a significant number of changes to patient's health and social care pathways during the 2018-19 period.

The Health and Social Care system continues to face significant challenges and pressures to ensure that people receive high quality care in a place that meets their needs. Health and social care is at a cross roads, as outlined in the recent publication of the NHS Long Term Plan, which requires sufficient staff and capacity to meet the rising demand of people's complex needs.

The Directorate has delivered on two main areas which have contributed to an improved experience and pathway for our population during the 2018-19 period:

- **Admission avoidance and frailty:** Community Matrons working seven days per week working closely with our GP partners to reduce admissions from Care Homes, ensuring people received care in the community. The Trust has developed a frailty model at the Front of House, which focuses on how people are discharged safely and efficiently without being admitted to hospital, if possible. This includes stepping up care to our nurse led rehabilitation facility. The benefits realised from the Frailty Co-coordinator team includes:
    1. 80% reduction in number of admissions (for the patient cohort pre/post service)
    2. 85% reduction in A+E attenders (for the patient cohort pre/post service)
    3. An increase of 6.9% of patients being discharged within 7 days
    4. A reduction of 3.9% in those patients in hospital for more than 21 days (super stranded)
    5. Only 49 out of the 1328 contacts (to date) have resulted in a readmission (4%)

- **Integrated discharge:** this is a collaborative approach involving our key partners in the local authority and voluntary sector including key colleagues across the Trust. The team identify patients who are fit for discharge or those who could be discharged safely and assessed for care and rehabilitation at home. This approach has resulted in a reduction in Delayed Transfers of Care (DTOC), a reduction in stranded and super stranded patients and an increased number of patients accessing community services following discharge to support reducing readmissions.

To enable care to be delivered in the community, the historic perceived divide between primary and community health needs to be further dissolved. To achieve this, we will develop a greater collaborative focus on population health, driving the formation of integrated health and social care services to overcome the wider population health issues. The Out of Hospital Care Directorate will work across health and social care teams including acute hospital teams to reduce the impact of emergency admissions, proactively identifying, assessing and supporting people at high risk to help them stay independent for longer in their own home.

The service will support timely and safe transfer of care back to the person's local community and, where admission is required to acute care, it will provide a proactive approach to reducing their length of stay through early supported discharge and working closely with our partners in the local authority, GPs and voluntary sector. To do this the Out of Hospital Care Directorate will collaborate as part of the multidisciplinary teams aligned with the formation of Primary Care Networks (PCN).

This will be achieved through expansion of Teams Around the Practice, building on the existing District Nursing model, to include Allied Health Professionals such as Physiotherapists, Podiatrists, Pharmacists, GP's, Social Care Practitioners and the Voluntary Sector, combining to form a fully integrated community-based health and social care system.

Public Health

The health of a population is influenced by a broad range of factors, both medical and non-medical, and the interactions that take place between them are equally wide-ranging. Factors relating to the conditions in which people live, learn and work, and the lifestyle factors they adopt e.g. what they eat, drink, whether they smoke, and

how much physical activity they do. These all contribute to prolonged and protracted reliance on health care services within a locality, and this is exemplified by the number of referrals and admissions to our hospital with respiratory, liver disease, cardiac and stroke related conditions.

The Trust is playing an important part in the joining-up of public and population health management and has developed strong and developing relationships with both public health teams covering the Trust's locality. The Trust is currently working with both Directors of Public Health, and their teams, to understand and fill the gaps in data and intelligence in order to develop medical and non-medical preventative strategies within localities and neighbourhoods, and this will remain a focus for the Trust and its partners across Stockton and Hartlepool.

The Trust has built a strong relationship with the local federation of GP services which stemmed from the implementation of our Integrated Urgent Care Service in 2017, and this relationship has continued (and will grow even further) as the Trust looks to work more closely with its primary care partners on tackling issues surrounding population health. During this period, the Trust has also invested time in developing stronger strategic links with both local authorities in the area, and the involvement of the Trust in the development of the Join Strategic Needs Analysis (JSNA) in both localities has been pivotal to this. In addition, the Trust has been successful in a proposal to support a Consultant in Public Heath placed within the Trust to further the important work associated with public health and the broader prevention agenda.

The Chief Executive of the Trust is a voting member of the Health and Wellbeing Boards for Stockton, Hartlepool and Durham.

Seven Day Working

In response to the publication of the clinical standards (2013, updated 2017) by the 'NHS Services, Seven Days a Week Forum' and as directed by NHS Improvement within the Single Oversight Framework and Delivering the Forward View NHS planning guidance 2016/17-2020/21, the Trust is on track for the delivery of the required four priority standards: 2 – time to first consultant review; 5 – time to diagnostics; 6 – consultant directed interventions; and 8 – on-going review by 2020.

The Trust has participated in five national benchmarked surveys, latterly in April 2018, which provided a positive position on the four priority standards and identified areas on which to focus improvement work. The Trust consistently achieves standards 5 – time to diagnostics, 6 – access to interventions and key services, and 8 – on-going consultant review. Standard 2, time to first consultant review, has not been achieved, however on-going work to improve the position continues and the compliance position is consistent. A recent two-day visit by NHS England/Improvement to review processes, December 2018, was extremely positive, with excellent feedback received.

The Trust participated in the new seven day services Board Assurance Framework self-assessment which was presented to the Board of Directors and 'signed off' prior to submission to NHSI in February 2019.

The Trust is committed to the progression of the remaining six clinical standards during 2019-20: 1 – patient experience; 3 – multi-disciplinary team review; 4 – shift handovers; 7 – mental health; 9 – transfer to community, primary and social care; and quality improvement.

Information and Technology Services (I&TS)

During the period since the last annual report, the Trust has continued to deliver a wide range of digitally enabled service transformations. The key to our organisational success being attributed in the main to; exemplary executive and board of director support, engaged and committed clinical leadership, technical capability and appropriate financial investments. The Trust's Information and Technology Services (I&TS) strategy, continues to support and enable our organisational vision and strategy. The strategy is implicit in our Global Digital Exemplar (GDE FF) journey, implementing the key digital solutions and services outlined in our "Digital Hospital of Things" programme.

Some of the more significant areas of progress include; the successful implementation of the TrakCare Electronic Patient Record (EPR) - Active Clinical Noting (ACN) functionality within the Emergency Department (ED), this solution has essentially removed some of the dependency of paper-based processes in this dynamic environment. The ACN deployment approach will become a catalyst for change in other parts of the organisation, and a blueprint for the national GDE programme by sharing knowledge and best practice. Electronic observations and wireless integration of bedside monitors into the EPR are now in test mode, with plans to implement across the organisation within the current financial year.

Another major success during the year has been the deployment of the Vocera communication platform, this digital solution has significantly enhanced inter-staff communications, primarily, in the "front of house" areas of the organisation. This technology has resulted in more timely and efficient staff communications thereby improving patient flow and ultimately patient outcomes. There are a number of new "use cases" being developed to exploit this technology further across the organisation, the overarching factor in this programme has been the enthusiasm of our various staff groups who have fully

embraced this new technology.

The introduction of our new Business Intelligence (BI) platform commenced during the year, this intuitive digital solution provides a framework to rapidly create and roll-out standardised information and decision support services to all areas of the organisation. Furthermore, the new solution will facilitate greater user self-service and knowledge spread.

One of our key patient safety related initiatives linked to Global Standards and the identification of People, Product and Place through the adoption of barcode tracking and traceability, and part of the National Scan for Safety (Scan4Safety) initiative, is the development of the Trusts "Point of Care" scanning solution CareScan+. The Trust will be delivering this solution to all inpatient wards and selected operating theatres in the next 12 months, in addition the Trust will develop implementation blueprints for broader adoption both regionally and potentially nationally.

In terms of creating an organisational culture of privacy and security by design, during the year, the Trust was accredited with the Cyber Essentials (CE) certification, the next phase of this ambition will be to be independently assessed against Cyber Essentials Plus (CE+) standard, this will provide demonstrable evidence of the organisations commitment to ensure that data and cyber security is a key priority.

A number of regional collaboration developments have taken place, most notably, the evolution of Sustainability and Transformation Partnerships (STP's) and the creation of Integrated Care Systems (ICS) and their associated Integrated Care Partnerships (ICP's). As a result of these changes, the Trust's Chief Information and Technology Officer (CITO) was seconded on a part-time basis into the developing North East and North Cumbria (NENC) ICS in to the newly created role of Chief Digital Officer (CDO), the remit of role being to lead the strategic vision and development of the NENC ICS digital strategy and roadmap.

Finally, two Information and Technology Services related awards and accolades were received during the year, these include; the Trust winning the Health Tech News (HTN) award, in the Impact of the Year category in collaboration with our strategic EPR partner. In addition, the Trusts Chief Information and Technology Officer was nominated for the NHS 70, "Futures Parliamentary award", by Alex Cunningham MP for Stockton North.

Service Developments

The Trust implemented a number of service improvements during 2018-19, with key examples outlined below. The Trust's planned priorities for 2019–20 are reflected on page 36.

Emergency Care

- Implementation of the Vocera system which enables instant, wireless voice communication.
- Introduction of a front of house Pharmacist.
- Frailty Team embedded within the department for early identification of frail patients.

In Hospital Care

- Developed open access cardiology tests for GPs.
- Nurse led haematology clinics for stable patients with lymphoma, myeloma and myeloproliferative disorders.
- Appointment of liver nurse to help with day case paracentesis and provide nurse led follow-up clinics.
- First in the region for introduction of navigational bronchoscopy to reduce reliance on CT-FNA and provide effective and safer access to lung masses.

Orthopaedics

- Implemented virtual (non face to face) fracture clinics.
- Introduced an Ortho Geriatric Clinical Fellow to further support care of the elderly trauma patients.
- Appointment of a Foot and Ankle Surgeon and the development of a Multi-Disciplinary Team (MDT) clinic for chronic diabetic feet in conjunction with the In Hospital Care Directorate.

Surgery

- Further developed the Surgical Decision Unit (SDU) in conjunction with the emergency care collaborative, incorporating trauma assessment, introduction of Hot Gall Bladder list and referral service for venous lines.
- Introduction of Iodine Seed to replace fine wires for breast conserving cancer surgery.
- Unification of the Urology Multi-disciplinary Team (MDT) across South Tees and North Tees.
- Further development of elective surgery provision at the Hartlepool site to support resilience and reduce the risk of cancelled operation during periods of emergency pressures

Out of Hospital

- Established seven-day therapy provision to in hospital areas.
- The nurse led Holdforth Unit has developed and implemented a pathway to facilitate the admission of patients direct from A&E/Urgent Care facilities for patients that require 24-hour support and nursing intervention but do not require an acute hospital admission.
- Successful integration of Community Matrons working as a single team across the locality to provide a reactive and proactive service to all adult nursing and residential care homes north of Tees.
- Delivering integrated ways of working in primary and secondary care to continue innovation and drive forward person centred care and the personalisation agenda.
- By expanding the CIAT service to include nursing provision, a front of house function has been introduced which supports the prevention of avoidable admissions.

Women and Children

- Introduced a 'self-referral' service for the Pregnancy Advisory Clinic (PAC) which has proved very successful. The development of nurse led clinics has also reduced waiting times for first appointments.
- September 2018 saw the second phase of the Neonatal reconfiguration. Neonatal ITU cots transferred to South Tees, creating a Special Care Unit (SCU) on the North Tees site.
- Day case laparoscopic assisted subtotal hysterectomy procedures have commenced on both the North Tees and Hartlepool sites.
- Improved PV Bleed pathway developed in collaboration with A&E and Surgery. Post implementation audit has confirmed the revised streamlined pathway has improving patient experience.

Clinical Support Services

- Direct CT access thrombolysis pathway for acute stroke, which has placed the Trust amongst the fastest in the country at scanning these time critical patients, supporting improved outcomes.
- Delivered on the medicines safety agenda.

- Omnicell (automated medicine dispensing) Phase 4 installed.
- Development of collaborative pathology service delivery model with South Tees.

Corporate Services

- The Trust received the Silver Award as part of the Ministry of Defence's Armed Forces Employer Recognition Scheme. The award recognises the major contribution that the Trust is making to the Defence people agenda, in respect of the support we offer to our Reservist Staff.
- The Trust received accreditation as 'Veteran Aware' from the Veterans Covenant Hospital Alliance.
- Implementation of Trac recruitment system to facilitate a start to end recruitment process resulting in a reduction in time to hire rates and staff back fill costs.
- Successful development and recruitment of Enhanced Care Team.
- Improved Clinical Digital Maturity Index (CDMI) scores – joint first for digital maturity nationally at 95%;
- Implementation of Workstations on Wheels (WoWs) to support clinical mobile working.
- Fully implemented E-referral system for all new GP referrals into the Trust.
- Expansion of Volunteer services with involvement as an early adopter in the Daily Mail and Helpforce national volunteer campaign and success with external funding for innovation in volunteering.

Commercial Ventures

Optimus Health Limited

Optimus Health Limited is a wholly owned subsidiary company of the Trust. It started trading in 2014-15 and continues to operate and deliver the outpatient and retail pharmacy service Panacea, at North Tees Hospital. The appointment of a new Superintendent Pharmacist in September 2018 strengthens its KPI driven service to the Trust, as well as exploring external community services and company growth to other Healthcare facilities.

Since September 2018 Panacea has broadened its available services to better match the needs of our patient demographic. This has seen a growth in the number of oral chemotherapeutic medicines dispensed, a commencement of a dispensing service to the Urgent Care Centre, and a burgeoning relationship with the on-site clinical trials company Synexus. These developments have seen a growth in dispensary workload volume of 13%. In the coming months Panacea are looking to expand further to provide our patients access to both a smoking cessation service, and the emergency hormonal contraception service mirroring those seen in the community pharmacy sector.

North Tees and Hartlepool Solutions Limited Liability Partnership

On 1 March 2018 the Trust established North Tees and Hartlepool Solutions Limited Liability Partnership (LLP). The LLP has been formed with Northumbria Healthcare Facilities Management Limited, which is a subsidiary of Northumbria Healthcare; all profits generated by the LLP are returned to the Trust as its 'parent' organisation.

The subsidiary entity was established initially to deliver estates, facilities, supplies and procurement services with the aim being to deliver an efficient and effective service, incentivising staff performance with a greater focus on delivering key performance indicators, to achieve improved patient satisfaction levels whilst reducing the overall cost of expenditure to the Trust. It also operates as a commercial business entity, mandated to work with external partners and generate revenues to support front line patient services.

During 2018-19 the LLP led the design and management of a £25m major engineering and infrastructure upgrade project for North Tees Hospital in a new Energy Centre. This project has been a significant undertaking for the Trust, which the LLP has successfully managed and the new infrastructure will support the Trust in meeting compliance to the Medium Combustion Plant Directives which came into force in January 2019.

External to the Trust, the LLP have successfully secured contracts in the provision of facilities management services in CSSD, domestic cleaning, waste management, design services, mattress management and decontamination.

With investment in marketing and business development in 2019, a focus for the LLP will be commercial growth outside of the Trust through the provision of facilities management services and commercial industry partnerships and collaborations.

3.1.4 Stakeholder relationships

The Trust continues to build on relationships with its partners, commissioners and local stakeholders, accommodating the changes in the organisational structures in the health and social care economy. It is recognised that this is a crucial element of the Corporate Strategy, for delivery of the Trust's objectives, and meeting the needs of its patients, but also for the future integration of services.

The Trust will maintain a strong focus on the external partnership environment and this will be further developed through the Trust's focus on the prevention agenda. Population health and public health, in general, will remain a key priority for the Trust and the involvement and leadership of clinicians is pivotal to this, and the Trust has gained significant support from the local authority Directors of Public Health as part of this new approach. However, a strong and effective communication and engagement approach is equally important and the Trust will maximise its engagement strategies with the appropriate audience during this period.

Relationships with local stakeholders continue to develop including:

- The North of Tees Partnership Board, whose membership includes the most senior executive team members from the constituent organisations – the Trust, Tees, Esk and Wear Valleys NHS Foundation Trust, the Clinical Commissioning Groups (CCG), the Commissioning Support Unit and Local Authorities.
- Contact with the NHS England Local Area Team.
- Local Healthwatch.
- Local Health Overview and Scrutiny Committees who scrutinise decisions made by the Trust on behalf of the population it serves. Meetings are also held with the Chairs of the Health Scrutiny Forums on a regular basis.
- GP engagement sessions as part of the Trust's marketing and communications strategy continue to provide the opportunity for GPs and Consultants working in the Trust to share good practice and improve communications across local health service providers in primary and secondary care.
- The local universities (Newcastle, Northumbria, Sunderland, Durham and Teesside) who work with the Trust to provide the workforce with the knowledge and skills that enable them to provide a quality service to the patients.
- Local Health and Wellbeing Boards and Partnerships.
- Local community and voluntary sector organisations.
- Regular attendance by the Trust at patient forums and community groups to provide updates on service developments.
- Hartlepool Health and Social Care Planning Programme.

As well as seeking additional opportunities to engage with local GPs to develop a stronger alignment between primary and secondary care, the Trust also continues to build on alliances with neighbouring trusts to improve existing care pathways and initiate new ones including Rheumatology, Haematology, Spinal, Urology, Microbiology and Interventional Radiology.

The Integrated Urgent and Emergency Care service, implemented in April 2017, continues to prove successful and popular with patients. This involves working with the GP Federation on admission avoidance and in partnership to look at opportunities for the future operating model. The emergency care pathways continue to be further developed to improve multidisciplinary service delivery at front of house

Strong stakeholder relationships are key to the development and delivery of the system wide ICPs and, as such, the Trust continues to expand on the collaborative work carried out to date to support further service reform.

3.1.5 Risk and Uncertainties

Economic Context and Financial Pressures

2018-19 Performance

Similar to other providers, the Trust was set a control total for 2018-19 by NHS Improvement. The proposed control total was based on the Trust's historical financial performance a number of years previous and as a result did not reflect the Trust's underlying deficit position. The control total was to achieve a deficit of £0.8m (excluding charitable and exceptional items), which if achieved, would enable the Trust to access £9.7m of Sustainability and Transformation Funding (STF), leading to an overall surplus of £8.9m.

In light of the Trust's underlying deficit position, financial performance in 2017-18 and estimated financial pressures the Trust did not sign up to the proposed control total. The Trust working closely with NHS Improvement, did however agree an initial deficit plan of £24m for 2018-19 which was subsequently improved to a £20m deficit plan in May 2018.

Against the agreed deficit plan of £20m the Trust is reporting a consolidated group (including charity, operational and technical adjustments) deficit of £16.0m. This includes an exceptional item of £0.1m for asset impairments and donated asset income (£0.3m), which would not count against an NHS Improvement control total target. The deficit position following the removal of the exceptional transaction (which is a non-cash technical adjustment) is a deficit of £16.2m. The in-year performance of the Trust is significantly ahead of the plan agreed with NHS Improvement. Given the Trust did not sign up to a control total in 2018-19 the Trust did not receive any core or general STF allocation.

This improved position, is due in part to strengthened financial governance and reporting arrangements, as well as enhancing 'Grip and Control' within the Trust. These measures have been undertaken with the full engagement and support of NHS Improvement. In 2018-19 the efficiency challenge was £11.9m which was delivered successfully.

2019-20 Outlook

In recent years the NHS has been under significant financial constraint and pressure to deliver financial balance. In June 2018, the government announced a new and more generous five-year funding settlement for the NHS with an extra £5bn being added to the NHS budget for 2019-20 – a rise of 3.6% in real terms. Over the full five-year period this equates to a 3.4% real terms increase. A key component of the funding settlement is a renewed expectation that the NHS becomes financially sustainable.

The NHS long term plan, which was published in January 2019, sets out a recovery timetable with an aspiration to halve the number of trusts in deficit in 2019-20 with the provider sector as a whole being returning to financial balance by the end of 2020-21. This financial recovery could be considered a key test of whether the NHS is delivering for the extra NHS investment. Current NHS financial performance is likely to be an important factor in decision making given the proposed spending review, when important decisions on NHS capital and workforce funding and social care will be made.

A number of significant changes have been made to NHS finances from 2019-20 to support the overarching goal of financial recovery and it is expected that the new funding settlement, combined with these changes, will result in a significantly more realistic financial task for Trusts in 2019-20.

The regime of Trust control totals and allocating funding through the Provider Sustainability Fund (PSF) remains in place for 2019-20, and is dependent on achieving financial and performance (A&E) milestones.

Similar to previous years the Trust has been set a control total for 2019-20. The control total requires the Trust to achieve a deficit of £10.2m (excluding charitable and exceptional items), which if achieved, would enable the Trust to access £10.2m of Sustainability and Transformation Funding (STF), Marginal Rate Emergency Threshold (MRET) and Financial Recovery Fund (FRF) leading to an overall breakeven position. Given the Trusts improving financial position the Trust has agreed to the control total and will receive both PSF and FRF funding subject to achievement of financial and performance milestones.

The day-to-day operations of the Trust are funded from agreed contracts with NHS commissioners. The uncertainty and financial risk in the current economic climate has been mitigated by agreeing contracts with Clinical Commissioning Groups and NHS England and these payments provide a reliable stream of funding reducing the organisation's exposure to liquidity and financing problems. In addition, the Trust in conjunction with its lead Clinical Commissioning Group is committed to minimising the overall system deficit and has agreed an innovative risk share contract arrangement for 2019-20. The Trust has also agreed to work on a system wide recovery with the shared aim of reducing costs to the NHS as a whole. The overarching objective is to continue to deliver high quality, safe and caring services to its patients.

In recognition of the challenges the Trust faces, which is similar to the majority of Trusts, it has set a realistic and stretching efficiency target of £15.2m in 2019-20 which will still leave the Trust with an underlying deficit position. The efficiency target for 2019-20 which is approximately 5% of the Trust's turnover is broadly split into a £9.2m internal cost improvement plan and a £6m system efficiency challenge. With a view to addressing these challenges the Trust, with support from NHS Improvement, commenced a Delivering Productivity Programme (DPP) using NHS Improvement's Model Hospital Opportunities Scanner which identifies potential areas for efficiency and savings from peer benchmarked data.

In order to continue to deliver efficient, cost effective services to the population it serves, the Trust will work closely with all partners in tackling the Trust's underlying deficit through the development of robust Integrated Care Plans, which will ensure a system wide approach to future service delivery.

In light of the Trust's plan to achieve financial balance going forward and the continuing recovery planning process, it is anticipated that the Trust will require no revenue support loans to support working capital requirements.

The Trust will play a key part in the Sustainability and Transformation Partnerships (Integrated Care Systems) and acute care reconfiguration, which is a priority for Tees Valley acute providers with the support of NHS Improvement and NHS England. This will address clinical and financial sustainability for the longer term.

The Trust has strengthened its management and governance arrangements; Executive Directors work closely with Clinical Directors, Senior Clinicians and Senior Managers in order to build capacity to enable clearer lines of accountability for not only financial performance but quality, safety and operational. Senior clinical leaders are in place throughout each directorate, who are responsible for driving improvements, supported by highly skilled and competent staff within the Corporate and Support Service functions.

The leadership of the Trust is undertaking all necessary improvements at an accelerated pace to improve the financial position and continue to strengthen financial governance. It embraces the well-led principles and following a planned well-led inspection in December 2017, was rated as 'Good' by the Care Quality Commission. To support governance arrangements, gain external assurance and look for continuous improvements, the Trust has plans in 2019-20 in relation to an external review of compliance with the well-led framework for NHS Trusts published by NHS Improvement and the Care Quality Commission.

During the financial year, the Trust has developed and agreed a 5-year strategy with NHS Improvement which addresses the Trust's underlying financial deficit and returns the Trust to financial balance.

3.1.6 Going Concern

The Trust in preparing the annual statement of accounts has undertaken an assessment of its ability to continue as a going concern. In the short to medium term there continues to be an imbalance between income and expenditure that forms a degree of future risk to the organisation. Any judgement on going concern status should be made in the context of the on-going dialogue with NHS Improvement and the absence of any indication from them of a need to consider any substantial ceasing of current operations within 2019-20. In the context of the flexibilities set out in the regulatory framework for revenue support, the presence of the loans themselves do not constitute a fundamental threat to going concern of individual organisations.

The Trust's financial plan indicates that there may be a potential cash shortfall of £1.6m in March 2020 unless additional funding is received from NHS Improvement. However, that funding is conditional on achieving a cost reduction programme of c.£15.2m and £2.3m of those savings have not yet been identified. As there is uncertainty

as to whether the Trust will meet the conditions required to receive necessary funding, there is a possibility that the Trust will not have sufficient cash to meet its liabilities as they fall due for the entire assessed period.

These circumstances indicate the existence of a material uncertainty which may cast significant doubt about the Trust's ability to continue as a going concern. However, it is the opinion of the Directors, that the Trust will continue as a going concern and therefore the 2018-19 accounts have been prepared on this basis. The directors are aware of the unidentified cost improvements of £2.3 million and are comfortable that the Trust has the processes in place to identify and validate these efficiency plans. These are subject to assurance procedures to ensure patient safety and service quality is maintained.

The cash position of the organisation is the most critical element in terms of going concern and in terms of being able to meet its current liabilities over the next 12-month period from June 2019. The Trust has a comprehensive cash management process in place with weekly cash flow forecasting. It has also reviewed the process for applying for Planned Term Support should the need arise over the course of the financial year, although it does not intend to utilise this support, nor anticipates the need to do so. In the event, the Trust requires short term funding there is an agreed working capital facility in place for 2019-20 to ensure payment obligations will be met.

Notwithstanding the above, the Trust delivers 'commissioner requested services' which are services local commissioners believe must continue to be delivered to local patients should the provider fail to be a going concern. The Trust is working closely with its local commissioners to ensure contracts and a reliable stream of funding exists to reduce and mitigate exposure to liquidity and financial problems.

After making enquiries, the Directors have a reasonable expectation that the North Tees and Hartlepool NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

For further comment in this regard, please see Note 1.2 to the accounts, page 278.

3.2 Performance Analysis

3.2.1 Performance and Development of the Trust's Business

During 2018-19, the Trust has continued to review and re-model its services to meet the needs of the population. The Trust's bed base has been re-aligned to meet the increasing emergency activity coming into the organisation, providing resilience for the periods of seasonal demand and flexibility within service delivery. The elective bed base has been re-configured, providing a flexible week day and weekend resource to achieve maximum operational efficiency. The commitment to the continued review and improvement of patient pathways, through integrated acute and community care and collaborative working with social care and Tertiary centres supports the release of valuable acute resources.

The table below outlines Trust activity within 2018-19. During this time the Trust saw a shift from elective inpatient planned admissions to day case admission, evidence of improved elective care pathway delivery. Outpatient attendances (new and review) have shown a slight increase, with plans to further reduce review appointments, where clinically appropriate, underway, in line with the Long Term Plan commitment. Ward attender activity indicates an increase against the previous year, with additional patients being treated within the ward assessment areas, reducing the need for admission.

2018-19 has seen a significant increase in A&E/Urgent Care attendances, linked to the successful implementation of the Integrated Urgent Care Centres, which deliver both minor injuries and minor illness treatments. Emergency admissions remain high, indicating an increase on the previous year. The Trust has been under significant operational pressure during the latter part of the year with evidence of an increased acuity of patients admitted through the emergency pathways. The Trust continues to see, diagnose and treat a significant number of emergencies through the Ambulatory Care unit, approximately 25% of all emergency presentations, a positive move to reducing avoidable admissions and the subsequent associated pressures within the base wards.

In line with the NHS commissioning structure, negotiation of the contracts has involved local Clinical Commissioning Groups (CCGs), NHS England, Local Authorities and Public Health organisations. The contract poses challenges to system efficiencies and pathway delivery, however, opportunities to deliver as a system alongside organisational commitments.

Point of Delivery	2017 18 Actual	2018-19 Actual	Variance 2018-19 against 2017 18	% Variance 2018-19 against 2017 18
A&E Attendance	161,123	175,584	14,461	8.98%
Day Case Admissions	35,340	36,530	1,190	3.37%
Impatient Planned Admissions	4,951	4,711	-240	-4.85%
Impatient Emergency Admissions	41,689	43,383	1,694	4.06%
Ambulatory Care Attendances	9,973	10,284	851	8.53%
Outpatient Attendances	180,362	180,631	269	0.15%
Ward Attenders	34,808	37,065	2,257	6.48%

Service Line Management –

Service Line Management (SLM) is the mainstream model of working throughout all directorates. The Trust has embedded the principles of SLM across the organisation; equipping staff with the ability to manage and deliver efficient and quality services.

The continuing difficult economic climate, with the requirement of substantial efficiency savings and with service transformation and the overall objective of delivering the clinical services strategy, has posed significant challenges on Service Lines. The Integrated Care Partnership (ICP) brings with it the additional challenge of collaborative working across organisations. The SLM clinical leads are engaging in collaborative conversations with colleagues to shape the future of clinical services.

Clinicians are using SLM as a model to deliver operational and financial efficiencies to improve patients' experience and enhance the quality and safety of the services delivered. Operational, financial and quality metrics are routinely reviewed at a service line level, thus identifying inefficiencies and variance in practice to inform service improvements, developments and Lord Carter principles.

Service Line Reporting (SLR) has been implemented utilising a patient level costing system (PLICS). The finance business partners lead the PLICS discussions with service lines enabling them to analyse and compare detailed financial information from individual clinical cases to address unwarranted variation and realise financial efficiencies, whilst maintaining quality and patient experience.

During 2018–19 the Trust has continued to advocate SLM as its model of working and continues to develop leaders, at all levels, within the organisation. The focus will be to strengthen SLM in all acute clinical, community and non-clinical services.

3.2.2 Performance Review

The Trust is committed to developing and improving service efficiency and productivity in collaboration with our lead Clinical Commissioning Groups (CCG). The Board of Directors, Executive Management Team and Council of Governors receive regular reports on performance via the Integrated Performance Report, covering performance against compliance, operational efficiency, quality and patient safety, workforce and financial metrics, alongside indicators incorporated into the specialty and sub specialty dashboards, to enable detailed review. The Trust has utilised the NHS Improvement Model Hospital data to identify the operational efficiency opportunities across the individual directorates and is progressing delivery of its potential productivity and efficiency opportunities through a structured programme of work, supported by the organisation's Project Management Improvement Office (PMIO) function.

The Trust endeavours to continue with its success in managing service improvements to deliver the operational efficiencies and patient experience through projects identified and implemented using PDSA (Plan Do Study Act), Local Improvement System (LIS) and Quality Improvement methodologies to diagnose and drive change in its in-patient pathway management. The Trust has implemented a number of initiatives to support the delivery of the efficiency agenda with particular improvements noted within lengths of stay, new to review ratios, pre-operative stays, readmissions and depth of coding in comparison to the previous year.

Effective surge management remains a priority within the emergency preparedness agenda, and as such the Trust has a well-developed flexible capacity plan to accommodate surges in demand, which has been effective in managing the significant challenges posed by the seasonal pressures throughout the year and in particular over the latest winter period whilst maintaining compliance against key access standards.

Emergency Preparedness Resilience and Response (EPRR) Assurance 2018-19 -

North Tees and Hartlepool NHS Foundation Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR. Following self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating the following level of compliance against the 2018-19 standards:
Substantial

Core standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	14	13	1	0
Command and control	2	2	0	0
Training and exercising	3	2	1	0
Response	7	6	1	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	5	4	0
CBRN	14	14	0	0
Total	**64**	**57**	**7**	**0**

Deep Dive	Total Standards applicable	Fully compliant	Partially compliant	Non compliant
Incident coordination centres	4	3	1	0
Command structures	4	4	0	0
Total	**8**	**7**	**1**	**0**

Overall assessment:	Substantially compliant

Care Quality Commission rating

The Trust was inspected by the Care Quality Commission (CQC) under the new regime of inspection at the end of 2017. The methodology includes an unannounced inspection which took place from 21-23 November 2017 and a planned well-led inspection which took place from 19-21 December 2017.

The CQC inspection looks at five domains, asking if services are safe, caring, responsive, effective and well-led and rates each of them as inadequate, requiring improvement, good or outstanding

The overall rating from the 2017 inspection was 'Good' in all five of the domains below:

Overall rating for this Trust	Good
Are services at this Trust safe?	Good
Are services at this Trust effective?	Good
Are services at this Trust caring?	Good
Are services at this Trust responsive?	Good
Are services at this Trust well-led?	Good

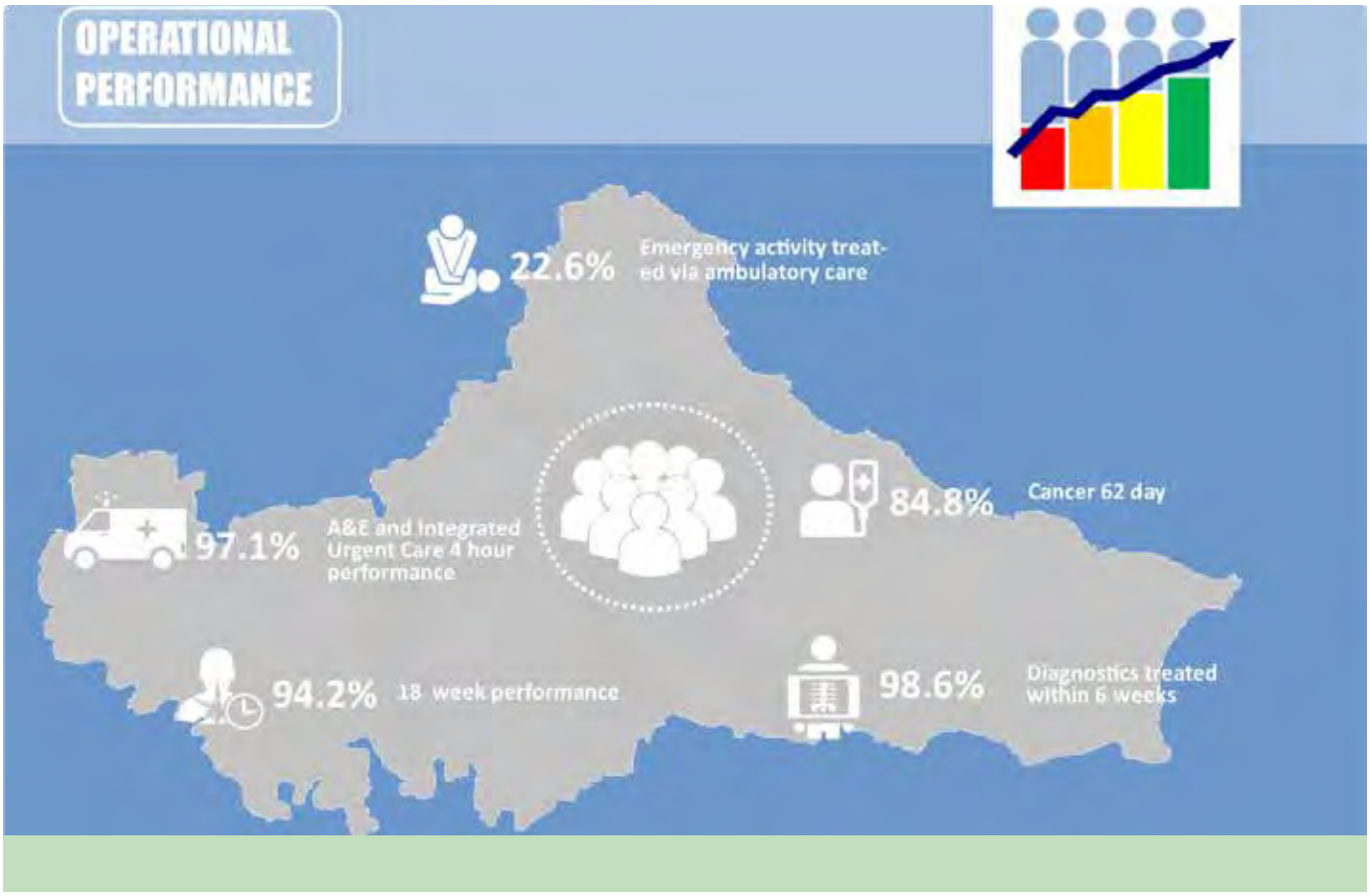
The Trust are now on the Journey to `Outstanding` and there is a strong focus on continuous learning and quality improvement at all levels throughout the organisation. The Trust proactively supports a culture of innovation and improvement with a number of initiatives being driven from the frontline staff. The Trust continues to build upon good, visible and approachable leaders which fosters strong teamwork throughout the organisation. Our focus is to stay in touch with front line services, communicate effectively and promote accountability within all teams across the Trust. Staff engagement is key and is driven by leadership, engaging managers, employee voice and an organisation which lives it values.

It is important to highlight the Trust has recently launched the Quality Improvement Strategy which is aligned to several key sub-strategies and the Trust's vision, mission and values. It underpins continuous improvement in patient care and services by developing effective leaders, engaging support and participation by all relevant staff with an emphasis on team work, innovation and sustainability. Fundamentally `Putting Patients First` is the Trust`s main objective and it is important as a Trust we create a person-centred approach across the organisation, embedding a culture which engages and enables staff to add value to patient experience and that can be demonstrated through patient safety, high quality and effective delivery of care.

The full inspection reports for the Trust are available to the public on the CQC website:
www.cqc.org.uk/provider/RVW

Key Performance Standards

The Trust continues to strive to deliver against the key performance standards throughout the year, and has reported within or above national targets in year for a number of standards. The following graphic displays the year end performance for the key national standards.



Delivery against the C-Difficile standard continued to be a challenge during 2018-19 given the Trust's annual objective which again was set at 13 cases. Whilst the Trust has not achieved against this standard it must be noted that a substantial year on year reduction has been achieved since the introduction of the standard in 2007–08. As such, achievement of the reduced objective was declared at risk by the Board of Directors in the annual planning submission and continues to be recognised as an on-going risk. Work has continued within the organisation to address the number of C-Difficile cases reported, with detailed action plans in place, including peer review and collaborative work to support best practice. Work is also on-going with lead commissioners to review individual root cause analysis reports to identify avoidable and unavoidable cases to support lessons learnt.

Delivery of the Emergency 4-hour standard has been achieved throughout the year, supported by the implementation of the Integrated Urgent Care centres, which has seen the Trust reporting as one of the top performers against the standard, despite emergency pressures over the winter period. The Trust has maintained compliance, reporting regularly within the top 5 performing Trusts nationally.

Delivery of this standard has been further supported by improved discharge process, which has ensured patients are seen in the right setting, by the most appropriate clinical team i.e. Consultant/Nurse Practitioner/GP, first time, through robust streaming at front of house. This has delivered reduced avoidable admissions and a decrease in the delayed transfers of care and super stranded patients (>21-day stay).

The Trust's emergency preparedness and resilience plan, including winter planning, have been fully implemented to support the delivery of emergency services and maintain the safety and quality of patient care. The key to success is the whole system approach to pathway management, service redesign, escalation processes, workforce reviews and the implementation of the integrated urgent care service.

The provision of timely access for cancer diagnosis and treatments is a key priority of the Trust, however consistent delivery against the '62-day urgent referral to treatment standard' continues to be difficult due to a number of influences, some of which are outside the Trust's control. Complex patient pathways, patients requiring multiple diagnostic tests, tertiary pathways, advances in technology and patient choice are some of the key pressures influencing under-achievement against the set standards. The Trust has implemented a cancer recovery plan to support pathway management, however recognises that a system-wide approach to the delivery of cancer pathways is required to influence on-going delivery. The Cancer Alliance Network supports service improvement resource to work collaboratively across the Trust and the tertiary centre to understand and highlight potential delays with the aim of improving cross site pathway management.

The Single Oversight Framework forms the basis upon which the Trust's Annual Plan and in-year reports are presented to the Board of Directors. Regulation and proportionate management remain paramount in the Trust to ensure patient safety is considered across all aspects of operational performance and efficiency delivery. End of year performance against the Single Oversight Framework targets and key commissioner targets is displayed in the table overleaf with comparisons to the previous year.

Single Oversight Framework Indicators	Standard/ Trajectory	2018-19 Performance	2017-18 Performance	Achieved (cumulative)
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	97.18%	97.24%	✔
Cancer 31 day wait for second or subsequent treatment – surgery	94%	98.84%	98.29%	✔
Cancer 31 day wait for second or subsequent treatment – anti cancer drug treatments	98%	100.00%	99.87%	✔
Cancer 31 day wait for second or subsequent treatment – radiotherapy	94%	N/A	N/A	N/A
Cancer 62 Day Waits for first treatment (urgent GP referral for suspected cancer)	85%	84.83%	85.83%	✘
Cancer 62 Day Waits for first treatment (from NHS cancer screening service referral)	90%	96.25%	97.02%	✔
Cancer 31 day wait from diagnosis to first treatment	96%	99.38%	98.55%	✔
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected)	93%	94.11%	93.82%	✔
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected)	93%	96.16%	96.64%	✔
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways	92%	94.21%	93.63%	✔
Referral to Treatment 52 Week Waits	0	0	0	✔
Number of Diagnostic waiters over 6 weeks	99%	98.69%	99.56%	✘
Community care data completeness – referral to treatment information completeness	50%	96.11%	96.81%	✔
Community care data completeness – referral information completeness	50%	96.66%	96.47%	✔
Community care data completeness – activity information completeness	50%	96.84%	95.70%	✔
Community care data completeness – patient identifier information completeness (Shadow Monitoring)	50%	96.84%	95.70%	✔
Community care data completeness – End of life patients deaths at home information completeness (Shadow Monitoring)	50%	83.65%	85.70%	✔
Compliance with access to healthcare for patients with learning disabilities	100%	Full compliance	Full compliance	✔
Other national and contract indicators	**2018-19 Target**	**2018-19 Performance**	**2017-18 Performance**	**Achieved**
Cancelled Procedures for non-medical reasons on the day of op	0.80%	0.41%	0.72%	✔
Cancelled Procedures reappointed within 28 days	100%	99.41%	94.84%	✘
Eliminating Mixed Sex Accommodation	Zero cases	0	0	✔
A&E Trolley waits > 12 hours	Zero cases	0	1	✔
Stroke – 90% of time on dedicated Stroke unit	80%	91.73%	93.49%	✔
Stroke – TIA assessment within 24 hours	75%	91.67%	96.59%	✔
Delayed transfers of care	<3.5%	2.99%	3.42%	✔
VTE Risk Assessment	95%	97.72%	97.89%	✔
Sickness Absence Rate (2018/19)	3.5%	4.39%	4.53%	✘
Mandatory Training Compliance	80%	89.00%	84.00%	✔
Turnover Rate	10.0%	8.70%	14.80%	✔

Operational efficiency indicators	2018-19 Target	2018-19 Performance	2017-18 Performance	Achieved
New to Review Ratio	1.45	1.30	1.18	✓
Outpatient DNA (new)	5.40%	7.98%	8.67%	✗
Outpatient DNA (review)	9.00%	9.76%	10.61%	✗
Length of Stay Elective (Feb 18 – Jan 19)	3.23	1.67	1.86	✓
Length of Stay Emergency (Feb 18 – Jan 19)	4.14	3.48	3.76	✓
Readmission Elective (Apr 18 to Feb 19)	0.00%	4.58%	4.17%	✗
Readmission Emergency (Apr 18 to Feb 19)	9.37%	14.79%	14.60%	✗
Occupancy (Trust) (2018-19)	85%	90.06%	90.97%	✗
Quality Indicators	**Standard/ Trajectory**	**2018-19 Performance**	**2017-18 Performance**	**Achieved**
Clostridium Difficile – meeting the C.Diff objective	12	31	35	✗
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	0	0	4	✓
MMethicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	21	21	25	✓
Escherichia coli (E.coli)	50	39	43	✓
Klebsiella species (Kleb sp) bacteraemia	N/A	20	29	N/A
Pseudomonas aeruginosa (Ps a) bacteraemia	N/A	9	5	N/A
Trust Complaints - Formal CE Letter (Stage 3)	<270	192	183	✓
Trust Complaints Compliance within 25days	95%	89.45%	96.00%	✗
Trust Falls with Fracture	<20	32	26	✗
In Hospital Pressure Ulcers Grade 4	2	2	2	✓
Medication Error	<685	775	670	✗
Friends and Family Test - Would Recommend	95%	96.00%	95.10%	✓
Never Events	0	1	0	✗
Hand Hygiene	95%	97.00%	97.00%	✓
HSMR	100 102	95.80	101.32	✓
SHMI	100 106	100.72	105.91	✓
SPEQS	90%	93.41%	92.23%	✓

* Retinal Screening can have more than 1 offer per patient; therefore can be greater than 100%

3.2.3 Business Planning and Linkages to Key Activities

The Trust has a robust business planning cycle in place with plans for the forthcoming year submitted in November, allowing initial directorate plans to be shared across services, budgets to be aligned and Cost Improvement Plans to be agreed. The Business Planning process takes into account the strategic requirements at operational level, year on year, with robust scrutiny of service development proposals for the following year. In addition, the timely development and focus afforded to directorates and departments through early planning enables a robust and structured approach to contract negotiation. The Trust continues to operate within the context of the economic downturn, more stringent efficiency requirements, a measurable quality drive and new ways of delivering NHS services, as outlined in the requirements of the Long Term Plan.

Service development proposals are submitted within business plans, each of which are progressed through the agreed governance route of the Trust, with final agreement through the Capital Management Group ensuring alignment with strategic priorities, level of risk to quality and patient safety and return on investment. Where appropriate, agreed service developments are shared with commissioners if supporting funding streams are required.

The Trust continues to re-profile services and flex capacity to accommodate changes in service demand, disease profile and patient needs. The resilience in capacity management will continue into the future, especially in the face of limited public spending, further cost improvements and, more specifically, given the planning assumptions expected on growth and efficiency.

The Trust is assessing the viability of provision of the following new services in 2019-20 in contributing to the improved safe provision of efficient and cost effective services.

Planned Service Development Priorities for 2019-20 include:

Emergency Care/EAU and Ambulatory Care

- Building on the capabilities of the 'Vocera' clinical communication system.
- A review of the Rapid Assessment area to improve the clinical environment and allow expansion.
- Redesign of front of house services to fully integrate frailty assessment.

In-Hospital Care

- Increase Nurse Practitioner roles into base wards to compliment medical and nursing teams.
- Roll out of Faecal Immunochemical Testing (FIT) in bowel screening.
- Development of Nurse Led Pulmonary Nodule Service and Multi-disciplinary Team (MDT).
- Continued collaborative working with neighbouring Trusts for the delivery of Haematology and Rheumatology services.

Out of Hospital Care

- Collaborative working with Rheumatology, Orthopaedics and Pain Management to support a patient centred, integrated pathway for MSK patients.
- In collaboration with In Hospital Care, develop a Community Hub model delivering pathways that would historically require a secondary care admission.
- Work with urgent care to support End of Life patients with improved pathways for accessing support for community nursing.

Surgery and Urology

- Continued collaboration with the auspices of the ICP for symptomatic breast services in conjunction with Radiology.
- Collaborative working to further support the emergency urological provision.
- Collaborative working with Orthopaedics to develop the Surgical Decision Unit (SDU) concept to improve the flow of patients and provide a positive response to emergency pathway standards.

Trauma and Orthopaedics

- Continue collaboration through the ICP with regards to Trauma and Spinal Services.
- Continue to develop the nurse practitioner role and ensure high standards of care and competencies are maintained.
- Mainstream implementation of the 'virtual' clinic concept (non face-to-face).

Women and Children

- Increase number of gynaecological procedures into outpatient setting theatre from theatre setting.
- Development of Short Stay Paediatric Assessment Unit in line with the ICP review.
- Development of Paediatric Hot Clinics in conjunction with A&E.

Clinical Support Services

- Investment in a 3rd Cardiac enabled CT Scanner on the North Tees Hospital site providing additional capacity, service improvement and business continuity.
- Further on-going development of robust integrated clinical structure with partner organisations to maintain safe and sustainable service delivery.
- Introduction of a Pre-Assessment Pharmacist to provide advice within pre-assessment clinics, improving patient flow and reducing cancellations on the day.
- Continue to drive Theatre efficiencies through the Delivering Productivity Programme (DPP).

Corporate Services

- Further develop and embed the Trust Engagement Strategy.
- Implementation of the Business Intelligence Unit to further develop performance reporting.
- Use of Kiosks within Outpatients, allowing patients to self-check in.
- Development of an Enhanced Care Suite where by multiple patients can be observed in a comfortable and stimulating environment to support care needs whilst in hospital.
- Development and implementation of Corporate Social Responsibility Strategy.
- Implementation of the Helpforce Volunteer Innovation project.

3.2.4 Future Challenges to Performance Delivery

The NHS Long Term Plan, alongside the Single Oversight Framework, outlines the performance expectations for providers. The overall aim is to develop an integrated approach to healthcare delivery across the whole health economy with key priorities reflected within the Trust's Corporate Strategy and operational business plans.

Future challenges include consistent delivery across the following areas:

- Referral to treatment (RTT) alongside seasonal pressures.
- Emergency Care Standards, including 4-hour target and proposed new outcome standards.
- 62-day referral to treatment cancer standard and the introduction of the new 28 day to diagnosis standard.
- Further reduction in the number of cases of C-Difficile.
- Reduction in Methicillin-sensitive Staphylococcus aureus (MSSA), E-Coli cases, Klebsiella and Pseudomonas blood stream infections.
- Reduction in emergency readmissions
- Reducing avoidable hospital admissions for acute conditions.
- Reducing stranded patients (> 21 day stays).
- Reducing bed occupancy below 90%.
- Delivery of 7 day standards.

The Trust continues to contribute to the wider system planning for resilience and the health of the population through proactive membership of the A&E Delivery Board, the Urgent & Emergency Care Network and the Health and Wellbeing Boards. Further work is being undertaken around the potential of health and social care integration, aligned with the Better Care Fund led initiatives as a grounding for improvement.

Effective surge management remains a priority within the emergency preparedness, response and resilience agenda. The Trust has once again responded well to this year's winter pressures, with a relatively small number of elective procedures cancelled due to a lack of beds in comparison to the previous year supported by robust management of elective procedures across both hospital sites. The Trust has reported a small number of ambulance diverts and kept ambulance handover delays to a minimum, despite peaks in activity.

The Infection Prevention and Control Team continue to work collaboratively across the health and social care economy to standardise. the work to reduce the risk of infection and to ensure that those who do acquire an infection are safely managed to achieve the optimum outcomes and to protect the wider population. The forum established to reduce gram negative blood stream infections is a good example of this cross organisational working.

3.2.5 Corporate Social Responsibility

The Trust is committed to being a Good Corporate Citizen (GCC). During the year it worked hard to strengthen its corporate responsibility programme. Corporate social responsibility touches all areas of the Trust's activities, including the way in which it trains and develops its workforce, the way it purchases goods and services, how it uses energy and how it conducts its relationships with patients, carers, members of staff, governors and members of the public. The Trust continues to improve its GCC rating on an annual basis and is positioned well above the national average.

Having successfully completed the initial phase of its Carbon Management Plan, the Trust, while aiming for continual improvement, has set a target of a further 2% reduction in carbon emissions per year.

The Combined Heat and Power units (CHPs) on both sites continue to provide site electricity whilst contributing to heat generation from free waste-heat energy. Despite the age of the respective CHP units on both main sites, and a significant breakdown limiting the availability of the University Hospital of North Tees CHP in quarter 1, North Tees and Hartlepool Solutions LLP has optimised CHP availability during the rest of the year to ensure the Trust continues to be exempt from both the Carbon Reduction Commitment and the Climate Change Levy on all gas imports through a scheme operated by the Department of Energy and Climate Change.

The Trust was successful in securing £25m of public dividend capital for the replacement and increased capacity of the primary engineering infrastructure at the University Hospital of North Tees. The work includes the replacement of the main electrical sub-stations at the hospital, increasing the incoming electrical supply capacity, replacing the energy centre, and providing new emergency generators which will offer 100% stand-by capacity and 250KW of renewable solar energy. The scheme will provide improved capacity resilience and reliability as well as reducing carbon emissions and utility costs.

The first phase of work replacing the electrical substations was successfully completed in June 2017. The second phase of work to replace the old boiler house with a modern Energy Centre commenced on site in September 2017 and was completed safely and under budget in March 2019. This included the complex transfer of electrical loads from the old electrical substations to the new electrical sub stations affecting all parts of the site under a carefully managed process minimising disruption to clinical services during the 6-month period required to complete this task.

The installation of 125kW of solar panels to the Podium roof of North Tees was completed and became operational in February 2017. A second phase of a further 125kW of solar panels has been installed on the new energy centre roof during the autumn of 2018. The renewable energy powered solar panels are anticipated to provide between 10%-15% of the of North Tees site's electrical demand.

3.2.6 Volunteers

Our volunteers are an integral part of our care teams and play an important role in supporting our services; the Trust currently has over 300 highly motivated and enthusiastic volunteers. Our volunteers provide support to patients, relatives and visitors by offering a wide range of services across the organisation.

The Trust aspires to be an exemplar in NHS volunteering and in so doing will; improve the quality of patients' experience, provide personally rewarding opportunities for volunteers, develop the transparency agenda and patient responsiveness, and strengthen its contribution and reputation within the community. The three-way balance between the needs of the hospital, the needs of the volunteer and most importantly the benefit to patient experience must be struck in order to make best use of the volunteer workforce.

A Volunteer Strategy is under development, which will provide a framework upon which to increase the quality, scale and impact of volunteering in the Trust with plans for targeted growth in areas of greatest impact and innovation. It will set out the Trust's commitment to recruit, involve and develop excellent and committed individuals seeking to invest time and talent for the benefits of our patients, colleagues, services and community.

Helpforce, a national organisation working with hospitals to enhance the benefits of volunteering across the NHS, in partnership with the Daily Mail, ran a joint initiative during December 2018 inviting people to pledge their time to be volunteers for the NHS in 2019. The Trust agreed to be an early adopter, (one of only four across the country), to roll out this initiative at pace. The people who have pledged to volunteer will be welcomed into the Trust during 2019-20.

In addition, Helpforce launched a national initiative whereby it would support 10 Trusts with funding over 18 months to develop new and innovative ideas to support volunteering services. The Trust was successful with a bid to innovate hospital to home/transport volunteering with the strapline 'home, safe, sooner for longer'. Work commenced on this initiative in March 2019 and will progress through 2019-20 in terms of developing and implementing plans, recruiting into volunteer positions and working in partnership with key stakeholders, both internally and externally including local authorities to ensure the success of this innovation.

3.2.7 Environment, Sustainability and Climate Change

During the year, North Tees and Hartlepool Solutions LLP management team has:

- Completed the capital programme for the period 2018-19 to deliver a wide range of patient environment, safety, backlog maintenance and service improvements and developments across the Trust
- Continued with the estates strategy to rationalise the Trust-wide estate, to maximise space-utilisation and to improve cost efficiencies by either generating additional income or by reducing the cost of external rents.
- Commenced the replacement and refurbishment of the lifts on the University Hospital of North Tees site. The project is phased to minimise disruption to clinical services and will continue throughout the 2019-20 financial year. The scope includes 2 x bed evacuation lifts within the Tower block.
- Commencement of the fire alarm replacement on the University Hospital of North Tees site. The project is phased to minimise disruption to clinical services and will continue throughout the 2019-20 financial year.
- A revised detailed 5-year backlog maintenance plan has been developed to address the high backlog maintenance levels within the Trust's Estate.

Clinical, environmental and equipment 'deep cleaning' services were further developed including the work carried out as part of the Infection Prevention Control NHS Improvement programme. This related to decontamination of patient equipment by a suitably trained member of the team delivering a service decontamination of the immediate patient environment. This was supported by a 24-hour rapid response domestic cleaning service and the utilisation of hydrogen peroxide vapour decontamination robots and the decontamination room providing high level disinfection.

In terms of capital investment, the Trust spent a total of £17.4m in the following areas during 2018-19:

- Continuation of the primary engineering infrastructure scheme to complete the new energy center including the new emergency generators to improve capacity, resilience and reliability to the primary engineering services on the University Hospital of North Tees site.
- A comprehensive ward decant programme allowing the upgrading of facilities and dementia friendly decoration and the installation of LED lighting.
- Securing funding from NHS England to carry out further LED lighting replacement schemes throughout the Trust estates over the 2018-19 and 2019-20 financial years.
- Continued rectification of backlog maintenance to renew roofing, carryout concrete repairs, replacement of building management control systems, air conditioning plant and additional fire precaution improvements.
- Replacement of various medical equipment items including a new x-ray and gamma camera on the UHH site as well as investment in non-invasive ventilators, patient monitoring equipment and endoscopy equipment.

North Tees and Hartlepool Solutions LLP and the Trust endorses the views of Saving Carbon, Improving Health (2008) and the aims of the NHS Sustainable Development Unit to reduce the Carbon Footprint of the NHS and to be a good 'Corporate Citizen.'

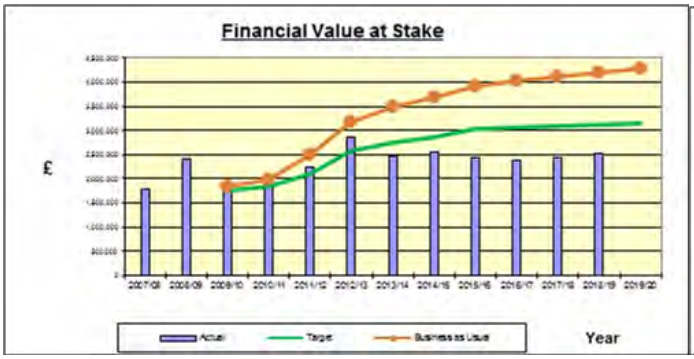
The Trust initially aimed to reduce its 2007 carbon footprint by 10% by 2015, which required it to curb the level of growth in emissions and reverse the trend in absolute emissions and the Environmental, Sustainability and Carbon Governance Committee was initially established to focus resources into deliverable short, medium and long-term goals with an ambitious stretch target of 20% reductions.

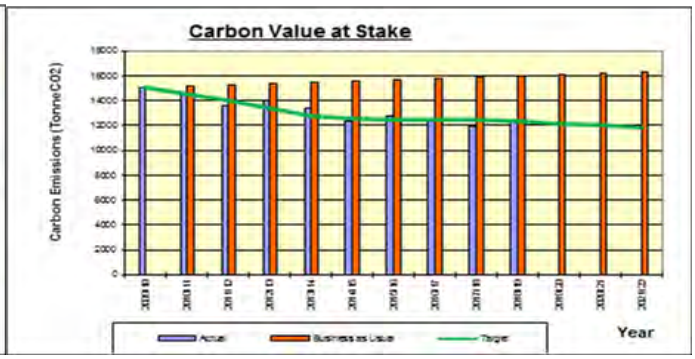
The Trust, through the committee, has supported the implementation of the Carbon Management Plan with the following aims:

- To work towards a low carbon environment across its services that include transport, service delivery and community engagement
- To reduce carbon emission from energy, waste, procurement and transport
- To realise financial savings.

The Trust has now, through participation in the 'Good Corporate Citizen Assessment' model developed by the Sustainable Development Commission and the continued efforts of the multi disciplinary team, achieved and exceeded the target reductions. These successful carbon reductions, together with continued good management of the two combined heat and power units, have also achieved cost avoidance of over £1 million in utilities revenue and tax.

The benefit has been demonstrated through excellent DEC ratings - C for Hartlepool and D for North Tees.





Premises Assurance Model (PAM)

The NHS PAM has been produced for the financial year 2018-19 and includes a self-assessment to better understand the efficiency, effectiveness and level of safety with which the Trust manages its estate and how that links to patient experience. It also includes the 2019-20 corporate action plan.

Annual Statement of Fire Safety

The Trust is committed to maintaining a safe environment for all users of our facilities. There is a requirement for the Trust to confirm compliance with Fire Safety regulations.

All premises owned, managed or occupied by the organisation must have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005. There are no significant risks arising from these fire risk assessments. This compliance has been achieved working in partnership with Cleveland Fire Brigade.

Julie Gillon
Chief Executive

29 May 2019

4 Accountability Report

The previous section provides a comprehensive overview of the Trust's performance, incorporating a review of its business, a summary of its strategy, and a description of the principal risks and uncertainties it faces.

The Accountability Report provides further information on the Trust's performance and services, with particular reference to:

- How the Trust is organised, with description of the structure, membership and functions of the Board of Directors, Governors and various committees (section 4.1).
- A detailed remuneration report (section 4.2).
- The Trust's commitment to its staff, including details on staff engagement, support, training and development, management of equality and diversity, absence management, findings from and action plan to address the issues raised in the Staff Survey 2018 and staffing analysis (section 4.3).
- The NHS Foundation Trust Code of Governance (section 4.4).
- Regulatory performance and ratings (section 4.5).
- The Annual Governance Statement which includes the arrangements in place for quality governance in the Trust (section 4.7).

4.1 Directors' Report

Statement of Directors' Responsibilities

Under the NHS Act 2006, NHS Improvement, in exercise of the powers conferred on Monitor has directed North Tees and Hartlepool NHS Foundation Trust to prepare, for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The Directors are responsible for preparing the accounts on an accrual basis, which gives a true and fair view of the state of affairs of North Tees and Hartlepool NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Directors are required to comply with the requirements of NHS Improvement's Foundation Trust Annual Reporting Manual 2018-19 and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.
- Prepare the financial statements on a going concern basis.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Directors are also responsible for safeguarding the assets of the NHS Foundation Trust and hence take reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors consider the Annual Report and Accounts, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

4.1.1 Organisational Structure

As an NHS Foundation Trust, we are required to comply with specific statutory duties and with arrangements set out by the independent regulator, NHS Improvement, in Monitor's NHS Foundation Trust Code of Governance. These include the composition of the Council of Governors and Board of Directors. The Code of Governance requires the Trust to have a comprehensive framework in place to ensure the organisation is managed and governed properly. The Board of Directors and the Council of Governors ensure application and compliance with the Code.

The Trust was authorised as a Foundation Trust in December 2007; it is led by a Board of Directors who are responsible for exercising the powers of the Trust and is a body that sets the strategic direction, allocates the Trust's resources and monitors its performance. It also has responsibility for ensuring the highest standards of corporate governance, patient safety and quality, and that the Trust operates within a framework of effective controls, which enables risk to be assessed and managed.

The responsibilities of the Board of Directors and the Council of Governors are presented in the Trust's Constitution, Standing Orders and Scheme of Delegation, which sets out the powers reserved to the Board of Directors, and those delegated to individuals.

The Board of Directors composition and its meeting structures are described on pages 52 - 62.

The Council of Governors is responsible for representing the interests of NHS Foundation Trust members, patients, carers, members of the public and stakeholder organisations in the governance of the Trust. It exercises statutory powers, as laid down in Monitor's NHS Foundation Trust Code of Governance, which include the appointment and terms and conditions of the Chairman and Non-Executive Directors, ratification of the appointment of the Chief Executive and approval of the appointment of the Trust's External Auditors.

Governors have a statutory duty to hold the Board of Directors to account for its management and performance of the Trust, ensuring the Trust does not breach its terms of authorisation.

Working Together – the Board of Directors and Council of Governors

The Board of Directors and Council of Governors seek to work together effectively in their respective roles. The types of decisions taken by each are set out within the Trust's Scheme of Delegation, Standing Financial Instructions and Constitution.

There are four Council of Governor meetings each year, with the Chief Executive and Non-Executive Directors in attendance. Executive Directors attend on request and support the schedule of development sessions to ensure interaction between the Governors and the Executive Directors.

In addition, the Trust hosted development and information sessions through the course of the year. At these sessions, insight was provided on priority areas and key issues of interest, which allowed Governors an opportunity to provide valuable feedback regarding work being undertaken, whilst also ensuring they were fully aware of both the challenges being faced by the Trust, and the valuable improvements being made to patient care.

The range of development and information sessions held during 2018-19 focused on the following key themes:

Integrated Care System	Annual Operational Plan 2018-19
Clinical Services Strategy - Trust	Clinical Services Strategy - Tees Wide
Business Planning	Estates Strategy and Optimisation
Absence Management	

Over the last year Governors and Non-Executive Directors have continued to provide invaluable independent input into the Staff, Patient Experience and Quality Standards (SPEQS) reviews. These reviews enable Governors to speak directly to patients and staff to gain assurance that standards are aligned with information reported. Governors support the Trust by ensuring focus is kept on the care of patients whilst also supporting frontline staff to fulfil their roles to deliver safe and high quality care. These are described in section 5.

Members of the Board also attend various sub-committees of the Council of Governors, and therefore engage with Governors on specific issues. There is a Senior Independent Director, who is available to Governors and members for contact in the event of any concerns.

In addition to Council of Governors meetings and subgroups, Governors are also encouraged to attend the public Board of Directors meetings to, observe decision making processes and challenge from Non-Executive Directors.

There is a requirement, within the Code of Governance, for a mechanism to be in place for the resolution of any disagreement between the Board of Directors and the Council of Governors. In the first instance, it is the responsibility of the Chairman, as leader of both forums to attempt to reach a consensus. Failing that, the next formal step would be for the Chairman to receive formal representation from the designated Lead Governor, and seek to arrive at a mutually agreeable position. In 2018-19, the Trust has not needed to have recourse to such action.

4.1.2 Council of Governors

The Trust values the contribution of its Governors and the perspectives they bring to the Trust's development of services.

The Council of Governors Quality Accounts Working Group, established to review the Trust's Quality Report, has provided a third party declaration on behalf of the Council of Governors, which can be found in section 5.

Role and Composition

The Council of Governors comprises 34 Governors who represent the Trust's public and staff constituencies and those stakeholder organisations who are entitled to appoint Governors under the terms of the Trust's Constitution. This is as follows:

11 public Governors from Stockton	6 public Governors from Hartlepool
2 public Governor from Sedgefield	2 public Governors from Easington
1 public Governor from other areas	6 Appointed members
6 Staff Governors	

The Council of Governors has four sub-committees, which are described on page 46-47.

Elections – Public and Staff Governors

Public and staff members are elected to the Council of Governors from the Trust's membership. Governors for both public and staff are elected to office for three years, and may seek re-election for up to a maximum of three further terms (nine years). However, some Governors may be elected for a shorter term of office, as they could be filling a vacancy arising from a resignation.

Elections are held on an annual basis for Governors. The last round of elections were held in the autumn of 2018, and were conducted by Electoral Reform Services (ERS) ballot services who were satisfied they were held in accordance with good electoral practice and constitutional requirements.

The Trust was required to fill the following vacancies at its elections to take effect from 1 December 2018:

Constituency	Number to elect	Positions filled
Hartlepool	3	2
Stockton-on-Tees	5	5
Sedgefield	1	-
Easington	1	-
Staff	3	3

The outcomes of elections are detailed in the table below:

Date of election	Constituency	Number of votes cast	Turnout %	Number of eligible voters
9 October 2018	Hartlepool	Uncontested	-	-
9 October 2018	Stockton-on-Tees	475	18.7	2,556
9 October 2018	Sedgefield	No nomination	-	-
9 October 2018	Easington	No nomination	-	-
9 October 2018	Staff	Uncontested	-	-

Meetings of the Council of Governors

The Council of Governors meetings are held in public, four were held during 2018-19.

In addition to the formal meetings, there are a number of sub-committees in which Governors engage. Each of the sub-committees is aligned to an Executive Director, reflecting the applicable spheres of interest and where possible, the Governors canvass views from representative members of their constituency. These focus on specific areas:

Strategy and Service Development Committee - its aim is to advise on the direction of the Trust, and to receive, review and update information relating to: patient treatment pathways; service performance; compliance; patient experience, involvement and environment.

Membership Strategy Committee – its aim is to raise awareness of the Trust, to enable greater engagement with current members and also develop and implement a strategy to increase the membership of patients and carers to the Trust.

External Audit Working Group – its aim is to appoint and/or remove the external auditors of the Trust.

The Council of Governors has the statutory responsibility for the appointment of the external auditors. The external audit service was last tendered during 2016, Pricewaterhouse Cooper LLP was awarded the contract for two years with the provision for a further two-year extension of the arrangement. During 2018 the External Audit Working Group met to discuss options for service provision and recommended, ratified by the Council of Governors, that the contract with Pricewaterhouse Cooper be extended for 12 months, following which a tender process would commence during 2019-20.

Nominations Committee - the Nominations Committee is responsible for the recruitment, appointment, retention and removal of the Chairman and Non-Executive Directors, including matters of remuneration and conditions of appointment. The Committee has oversight of the appraisal system for the Chairman and Non-Executive Directors.

During 2018, the Nominations Committee, ratified by the Council of Governors, agreed to extend the term of office of Paul Garvin, Chairman, Rita Taylor, Non-Executive Director/Senior Independent Director and Brian Dinsdale, Non-Executive Director/Vice Chair, whose tenure would otherwise have ceased in October 2018, December 2018 and November 2018 respectively. The Nominations Committee also recommended a second three-year term of office for Kevin Robinson and Jonathan Erskine from 1 August 2018, which was ratified by the Council of Governors.

In line with their statutory duties, the Council of Governors is responsible for the appointment of Non- Executive Directors and in 2018 agreed the creation of three Associate Non-Executive Director roles, which would support the wider healthcare developments and succession planning, which would ensure a period for shadowing and transition. The Nominations Committee, oversaw the shortlisting, interviewing and appointment process for the Associate Non-Executive Directors with a recommendation made to the Council of Governors meeting in May 2019, with appointments to be effective from 1 June 2019.

The Senior Independent Director led the appraisal review of the Chairman; members of the Council of Governors and Board Directors completed a questionnaire relating to the Chairman's performance. The outcome was reported to the Nominations Committee and subsequently to the Council of Governors for ratification. The Senior Independent Director shared the analysis of responses with the Chairman and agreed any actions and objectives.

The Chairman undertook appraisals with all of the Non-Executive Directors and reported outcomes to the Nominations Committee.

A cost of living increase was agreed by the Nominations Committee in 2018-19, ratified by the Council of Governors.

Nominations Committee Attendance

Name	Total Number of Meetings Attended	Total Number of Meetings Held
Paul Garvin	4	4
Linda Nelson	-	4
Tony Horrocks	4	4
Alan Smith	3	4
Janet Atkins	3	4
Wendy Gill	4	4
Carol Alexander	3	4
Barbara Bright[1]	3	4

[1] Attends to advise the Committee

Who's who - Council of Governors

Public Governors	Constituency	Appointment	Year term of office ends	Total number of meetings attended	Total number of meetings held	Member of committee (see key)
Pauline Robson	Hartlepool	3 years from 2013, re-elected for 3 years in 2016	2019	3	4	MSC
Thomas Sant	Hartlepool	3 years from 2010 re-elected for 3 years 2013 & 2016	2019	1	4	SSDC
Alan Smith	Hartlepool	3 years from 2015, re-elected for 3 years from 2018	2021	3	4	SSDC, NC
George Lee	Hartlepool	3 years from 2015, re-elected for 3 years from 2018	2021	2	4	-
Roger Campbell	Hartlepool	2 years from 2015 re-elected for 3 years 2017	2020	1	4	SSDC, EAWG
Janet Atkins	Stockton	3 years from 2009 re-elected for 3 years 2012, 2015 & 2018	2021	2	4	SSDC, EAWG, NC, MSC
Ann Cains	Stockton	3 years from 2011 re-elected for 3 years 2014 & 2017	2020	4	4	SSDC, MSC
Margaret Docherty	Stockton	3 years from 2013, re-elected for 3 years 2016	2019	3	4	SSDC
Mark White	Stockton	3 years from 2015, re-elected for 3 years from 2018	2021	1	4	SSDC, EAWG
Val Scollen[1]	Stockton	1 year from 2015, re-elected for 3 years 2016	2019	-	2	SSDC, MSC
Tony Horrocks	Stockton	3 years from 2014, re-elected for 3 years 2017	2020	4	4	SSDC, MSC, NC
Janine Browne[2]	Stockton	3 years from 2017	2020	-	1	SSDC, MSC
James Newton[3]	Stockton	2 years from 2007 re-elected for 3 years 2009, 2012 & 2015	2018	1	3	SSDC
John Edwards	Stockton	3 years from 2014, re-elected for 2 years 2017	2019	4	4	SSDC
Kate Wilson	Stockton	3 years from 2009 re-elected for 3 years 2012 & 2015	2018	3	4	SSDC
Gavin Morrigan	Stockton	3 years from 2018	2021	-	1	-
Victor Manejero	Stockton	2 years from 2018	2020	1	1	-
Mary King	Easington	3 years from 2010 re-elected for 3 years 2013 & 2016	2019	2	4	SSDC, MSC
Wendy Gill	Sedgefield	3 years from 2010 re-elected for 3 years 2013 & 2016	2019	3	4	SSDC, MSC, NC
Alison McDonough	Non-core public	3 years from 2014, re-elected for 3 years 2017	2020	3	4	SSDC
Staff Governors	**Representing**	**Appointment**	**Year term of office ends**	**Total number of meetings attended**	**Total number of meetings held**	**Member of committee (see key)**
Carol Alexander	Staff	3 years from 2011 re-elected for 3 years 2014 & 2017	2020	3	4	MSC, NC
John Hugill	Staff	2 years from 2017	2019	4	4	-
Manuf Kassem	Staff	3 years from 2012 re-elected for 3 years 2015 and 1 year from 2018	2019	4	4	-
Michelle Ferguson[4]	Staff	2 years from 2017	2019	1	1	-
Asokan Krishnaier	Staff	3 years from 2017	2020	4	4	-
Terry Mazzella-Sorby	Staff	3 years from 2018	2021	1	1	-
Dave Russon	Staff	3 years from 2018	2021	1	1	-
Steven Yull[5]	Staff	3 years from 2015	2018	3	3	SSDC

Appointed members	Representing	Total number of meetings attended	Total number of meetings held	Member of committee (see key)
Jim Beall	Stockton-on-Tees Borough Council	2	4	-
Brenda Loynes[6]	Hartlepool Borough Council	-	-	-
Paddy Brown[7]	Hartlepol Borough Council	-	4	-
Eunice Huntington	Durham County council	1	4	-
Andrew Gennery	University of Newcastle Upon Tyne	-	4	-
Tony Alabaster	University of Sunderland	-	4	-
Linda Nelson	University of Teesside	2	4	NC

The cost of Council of Governors meetings and expenses, including travel and subsistence, for 2018-19 was £4,040 (2017-18: £4,209)

Key

1 – Val Scollen resigned with effect 31 December 2018
2 – Janine Brown resigned with effect 31 December 2018
3 – James Newton appointment ended 30 November 2018
4 – Michelle Ferguson resigned with effect 10 August 2018
5 – Steven Yull appointment ended 30 November 2018
6 – Brenda Loynes appointment ended 31 March 2018
7 – Paddy Brown appointment from 1 April 2018

EAWG – External Audit Working Group
MSC – Membership Strategy Committee
NC – Nominations Committee
SSDC – Strategy and Service Development Committee

Register of Interests – Governors

All Governors are asked to declare any interests at the time of their appointment, on election and on an annual basis. A register is maintained and available for inspection by members of the public. If anyone wishes to inspect the Register they can view it by contacting:

Director of Corporate Affairs and Chief of Staff,
North Tees and Hartlepool NHS Foundation Trust,
University Hospital of North Tees,
Hardwick,
Stockton,
TS19 8PE
or email: membership@nth.nhs.uk

Membership of Our Trust

Public and staff are invited to participate in NHS Foundation Trust status by becoming members. Membership brings the important benefits of being able to stand for and vote in the elections for our Governors. As the Trust continues to develop, members can expect to participate more fully and help to shape the delivery of services. The Trust has some 11,234 members, which comprise 5,747 public members and 5,487 staff members:

Constituency	Number of members	Percentage of membership
Hartlepool	1,631	28.4%
Stockton-on-Tees	2,543	44.2%
Easington	840	14.6%
Sedgefield	484	8.5%
Non-Core	249	4.3%
Total	**5,747**	

Core Public members – are those aged 16 years and above that reside in the Trust's core constituent areas of Hartlepool, Stockton-on-Tees, Peterlee, Easington and Sedgefield.

Non-core Public members – these can be people aged 16 years and above who reside outside of the Trust's core constituent areas, covering the whole of England.

Staff members – employees of the Trust who hold an employment contract with the Trust of at least one year, and staff who are based at the Trust but work for a subsidiary company or partner organisation. Staff that meet these requirements are eligible to become members within the staff constituency unless they choose to inform the Trust that they do not wish to be a member. This is outlined in detail within the Trust's Constitution.

The Trust's Membership Strategy sets out: engagement between members, the Trust and Governors; ways to increase and maintain membership levels, ensuring it reflects the population it serves; communication with members (for example Anthem magazine) and providing benefits for members.

Trust member events were held twice in 2018-19, they provide opportunity for members to receive and discuss information relating to our services.

The member events are also attended by Governors, and provide an opportunity for members to raise any issues or ask questions. In addition, the Trust has continued its good practice of communicating with members by email and enabling members to communicate with the Trust using this medium. Members can send emails to their elected Governor through the email account membership@nth.nhs.uk; emails sent to this address are passed on forwarded on by the Trust's Private Office, the contact address is provided in section 8.


Schwartz Rounds
North Tees and Hartlepool NHS

4.1.3 Board of Directors

The Board of Directors is accountable nationally to the foundation trust independent regulator NHS Improvement (Monitor), to the health quality regulator, the Care Quality Commission, and locally to the Council of Governors and members. It has responsibility for ensuring compliance with the terms of authorisation, with mandatory guidance issued by NHS Improvement (Monitor), and with relevant statutory requirements and contractual obligations.

The Board of Directors comprises: a Non-Executive Chairman, five Non-Executive Directors (NED), all of who are independent; five voting Executive Directors and four non-voting Executive Directors. The balance, completeness and appropriateness of the membership of the Board is reviewed periodically and also when vacancies arise.

The general duty of the Board of Directors is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members as a whole and for the public. All directors have a responsibility to take decisions objectively in the interests of the NHS Foundation Trust and all members of the Board have joint responsibility for every decision regardless of their individual skills or status.

Membership of the Board of Directors and biographical details of individual Board Members are displayed on pages 60 – 62. The Trust recognises the need for balance, completeness and appropriateness with regard to its Board Members and believes this is provided as reported in the Directors' experience section pages 60 - 62.

There were a number of changes to Board membership during the year which can be found in the Remuneration Report. The background and experience of all individual Board members as at 31 March 2019 can be found later in the report.

The test of independence for Non-Executive Directors is made both at interview and annually at appraisal meetings. The Trust can confirm the full independence of the Chairman and Non-Executive Directors. The Chief Executive on behalf of all Board Directors can confirm that each Director, who was in office at the time the report was approved, has confirmed:

- So far as the director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware.
- Each director has taken all the steps that they ought to have taken as director to make themselves aware of any relevant audit information and ensured that the Trust's auditor is aware of that information.

The Trust Directors have taken all reasonable steps to ensure that the auditors have been provided with all information required and have executed reasonable care, skill and diligence.

The Board of Directors can confirm, it has met the requirement of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) in that income from the provision of goods and services for the purposes of health services is greater than its income from the provision of goods and services for any other purposes. Income disclosures are included in note 1.4 of the accounts.

The Trust complies with the cost allocation and charging requirements set out in the managing public money guidance from HM Treasury and the Office of Public Sector Information.

The Trust made no political or charitable donations during 2018-19. The Trust acknowledges the Bribery Act 2010 and strong ethical standards are expected from all Trust employees. The Trust has a policy for gifts and hospitality, which is publicly available on its website.

The Trust has signed up to the Better Payments Practice Code, which aims to encourage and promote best practice between the organisation and its suppliers. It aims to pay all suppliers within clearly defined terms, and also commits to ensuring there is a process for dealing with any issues that may arise. This helps the Trust to build stronger relationships with its suppliers. Furthermore, the organisation also abides by a prompt payment code which aims to ensure suppliers are paid on time and as per agreed terms and conditions of the contract to trade.

Better payment practice code	31 March 2019	
	Number	£'000
Non NHS		
Total bills paid in the year	84,021	183,468
Total bills paid within target	48,546	87,049
Percentage of bills paid within target	**57.8%**	**47.4%**
NHS		
Total bills paid in the year	1,122	13,239
Total bills paid within target	444	9,068
Percentage of bills paid within target	**39.6%**	**68.5%**
Total		
Total bills paid in the year	85,146	196,707
Total bills paid within target	48,990	96,117
Percentage of bills paid within target	**57.5%**	**48.9%**

Board of Directors Attendance

Name	Total No. of meetings attended	Total No. of meetings held	Notes
Paul Garvin, Chairman	15	15	
Brian Dinsdale, Non-Executive Director	15	15	Vice Chair
Rita Taylor, Non-Executive Director	8	15	Senior Independent Director
Stephen Hall, Non-Executive Director	15	15	
Kevin Robinson, Non-Executive Director	13	15	
Jonathan Erskine, Non-Executive Director	15	15	
Julie Gillon, Chief Executive	12	15	
Deepak Dwarakanath, Medical Director	9	15	
Robert Toole, Director of Finance (Interim)	2	2	Left the Trust on 30 November 2018
Neil Atkinson, Director of Finance	13	13	Appointed on 1 May 2018
Julie Lane, Director of Nursing, Patient Safety & Quality	15	15	
Alan Sheppard, Director of Workforce	13	15	
Julie Parkes, Director of Operations	15	15	
Lynne Taylor, Director of Planning and Performance	15	15	
Graham Evans, Chief Information & Technology Officer	13	15	
Barbara Bright, Director of Corporate Affairs and Chief of Staff	8	15	

The Board held seven seminars, all of which provided the opportunity for detailed debate and discussion regarding Trust services and developments. The Board also held 15 formal meetings during 2018-19 comprising seven public, eight in committee meetings. The agendas and papers for the public meetings are published on the Trust's website together with dates of future meetings.

The Non-Executive Directors are appointed by the Governors for terms of office of three years, which can be renewed subject to satisfactory performance. The appointment and reviewing of performance is undertaken by the Nominations Committee. In the event that the Council of Governors felt the Chairman or a Non-Executive Director's position was untenable and should be removed from position, the Trust would follow the provisions as set out in the Trust's Constitution.

The Nominations Committee would consider such situations and would make proposals to take to a general meeting of the Council of Governors of which 75% shall be in agreement. The performance evaluation of the Board, its activities and committees is presented throughout this section, and assurance is provided in section 4.7, page 96.

Development and Performance

The Board recognises the benefits of development and taking the time to debate and discuss the impact of governance and legislation matters. The board meets regularly to ensure that it works as a collective entity in developing governance capability in preparation for the future challenges that face the Trust, from both a national, system-wide and local perspective.

The Board of Directors has an annual schedule of business which ensures it focuses on its responsibilities and the long-term strategic direction of the Trust. Board performance is evaluated further through focused discussion, strategic meetings and on-going, in-year review of the Board Assurance Framework.

Well-Led Review

An independent external Well Led review was undertaken by the Good Governance Institute and reported to the Board in October 2018. The review concluded that the organisation is a well-led Trust, with Executive Directors complemented by a number of experienced Non- Executive Directors who work well as a team. There are effective governance arrangements and a satisfactory system of internal control in place, both of which are fit for purpose and operating effectively. The review observed cohesive leadership from the Chief Executive and Chair, and a professionally run Board with high potential. There was evidence of the Trust's investment in leadership and the strong Board-level visibility across the Trust. The review highlighted a positive and patient centred culture and strong governance and leadership, which was well embedded throughout the organisation and at Board level, with clear vision and values.

As part of the review ten recommendations based on findings against the key lines of enquiry were identified, with the Board agreeing actions to be taken forward in order to address these. The Trust's future role and position in a more integrated health and care system was recognised as an area of vulnerability within the review, with a recommendation that further development is needed to establish a cohesive Board position on the nature of system leadership and the intended impact of the Trust in this context. A Board development programme is planned for May 2019-20 to address this and other recommendations.

Internal Control

The Board of Directors is responsible for the Trust's system of internal control and for reviewing its effectiveness, which is designed to manage risk to achieve the Trust's objectives. It provides reasonable, but not absolute, assurance against material misstatement or loss. The Board has established a process which is demonstrated in the Trust's Risk Management Policy that covers identification, evaluation and management of significant risks the Trust may encounter. Further details of the Trust's risk management process can be found within the Annual Governance Statement section 4.7, page 96.

Board Sub-Committees and Membership

Committee Name	Membership
Board Public and In-Committee	Paul Garvin (Chairman) including all members of the Board of Directors
Remuneration Committee	Paul Garvin (Chair), Rita Taylor, Stephen Hall, Kevin Robinson
Audit Committee	Brian Dinsdale (Chair), Rita Taylor, Jonathan Erskine
Finance Committee	Brian Dinsdale (Chair), Steve Hall, Kevin Robinson, Neil Atkinson
Investment Committee	Brian Dinsdale (Chair), Paul Garvin, Kevin Robinson, Jonathan Erskine, Neil Atkinson
Charitable Funds Committee	Brian Dinsdale (Chair), Paul Garvin, Rita Taylor, Jonathan Erskine, Julie Gillon, Neil Atkinson
Patient Safety and Quality Standards Committee	Rita Taylor (Chair), Stephen Hall, Kevin Robinson, Deepak Dwarakanath, Julie Lane
Performance, Planning and Compliance Committee	Kevin Robinson (Chair), Jonathan Erskine, Lynne Taylor, Julie Parkes, Alan Sheppard, Barbara Bright
Transformation Committee	Stephen Hall (Chair), Brian Dinsdale, Jonathan Erskine, Julie Gillon, Lynne Taylor, Barbara Bright

Remuneration Committee

The Remuneration Committee considers and approves the pay and allowances and other terms and conditions of service of the Chief Executive and Executive Directors. The Committee meets annually and the membership is reflected below. It is chaired by the Trust's Chairman.

Name	Total number of meetings attended	Total number of meetings held
Paul Garvin	4	4
Rita Taylor	4	4
Stephen Hall	4	4
Kevin Robinson	4	4
Barbara Bright	Provided reports which the Remuneration Committee considered to enable decisions to be made	

Audit Committee

The Audit Committee is authorised by the Board of Directors and provides the Board with an independent and objective review of financial and corporate governance risk management in the Trust.

The Chair is Brian Dinsdale who is a chartered accountant. The Committee provides independent assurance for external and internal audit, ensuring the standards are set and compliance is monitored for all financial, non-financial and non-clinical areas, and activities of the Trust. The Audit Committee receives its assurance on clinical risk through the interface provided by the responsible Non-Executive Director (Rita Taylor) on the Patient Safety and Quality Standards Committee and independent assurance carried out by internal audit. The Patient Safety and Quality Standards Committee provides a report to the Audit Committee summarising its areas of concern to ensure the Audit Committee is sighted on potential risks and the actions being taken to mitigate these.

The Audit Committee investigates any activity within its terms of reference and seeks information, as required, from any member of staff of the Trust. In discharging these responsibilities, the Committee approves internal and external audit work plans, their final reports and seeks assurance from the Trust that outcomes were implemented.

The Audit Committee met six times during 2018-19 to assess and critically review the key risks facing the Trust and to ensure that the key financial controls were in place and operating effectively.

Internal audit progress reports were reviewed at meetings throughout the year, with a focus on any high level recommendations. Directors and managers attended meetings to provide assurance as required. Update reports were received from the local counter fraud service throughout the year. The Audit Committee has regularly reviewed the executive summaries for the losses and compensation report, statement of debtors over three months old and £5,000, summaries of debts over £20,000 and single tender actions. These documents, in conjunction with assurance from internal and external audit enable the Audit Committee to ascertain that key financial controls are in place and are operating effectively.

The Audit Committee reviews significant risks in year which have included:

- Management override of controls;
- Fraud in revenue recognition;
- Fraud in expenditure recognition;
- Valuation of property, plant and equipment; in particular the impact of the newly formed subsidiary company North Tees & Hartlepool Solutions LLP;
- Financial sustainability; and
- Significant audit and accounting matters.

These have been considered through the presentation of the external audit plan and discussions with our external auditors, PricewaterhouseCoopers LLP and have been included in the Audit Report on page 244.

Documents presented included: the annual plans for external audit and internal audit, annual reports for internal audit and the local counter fraud service, annual quality report (quality accounts 2018-19), external assurance on the quality report 2018-19, annual accounts for 2018-19, external audit report on the 2018-19 audit, Trust annual report and accounts and the annual governance statement. Reports on the Board Assurance Framework were presented quarterly.

The following reports were also presented to the Audit Committee:

- Overdue policies;
- Assurance framework benchmarking report;
- Draft internal audit charter;
- Update on cyber assurance provision;
- Digital strategy board minutes and;
- Report relating to gifts and hospitality.

Name	Total Number of meetings attended	Total number of meetings held
Brian Dinsdale (Chair)	6	6
Rita Taylor	3	6
Jonathan Erskine	6	6
Kevin Robinson	1	1

Finance Committee

The Finance Committee ensures that the Trust's resources are managed efficiently and effectively. The Finance Committee met 11 times during the year to review the financial affairs of the Trust; the long term financial strategy; the monthly cost improvement programme and the monthly financial and contracting performance to the Board of Directors. The Chief Executive, Medical Director, Director of Nursing, Patient Safety and Quality, Director of Operations and Director of Planning and Performance attended meetings to inform and provide assurance in relation to financial control.

The following reports were presented to the Finance Committee:

Cash forecasting	Board Assurance Framework
Corporate finance risks	
Budget setting	Going concern report
Improvement Director reports	Financial performance framework update Directorate performance escalation process
Short term financial plan	Finance Committee terms of reference
Patient level information and costing system updates	Healthcare contracts policy
Brexit Updates	Temporary staffing
Project management and improvement office update	Corporate benchmarking report
5 year capital plan	NHSI plan 2019-20

Investment Committee

The Investment Committee did not meet during the year as there was no requirement for it to do so.

Charitable Funds Committee

The Charitable Funds Committee met twice during the year to monitor arrangements for the control and management of the Trust's charitable funds and to make decisions involving the sound investment of charitable funds in a way that both preserved their capital value and produced a proper return, consistent with cautious and sensible investment. The charitable funds accounts were approved and were submitted to the Charity Commission. The Committee has also monitored the consolidation of smaller restricted funds to better utilise donated funds in furtherance of the aims of the Charity.

The Committee received details of high profile visits to the Trust and major donors.

Patient Safety and Quality Standards Committee

The Patient Safety and Quality Standards Committee is a statutory subcommittee of the Board of Directors and focuses on gaining assurance in relation to quality and safety throughout the Trust to ensure they are of the highest possible standard.

The Committee meets on a monthly basis and is chaired by a Non-Executive Director. The quorum of the Committee also requires at least one Director and two clinicians to be in attendance. The agenda of the Committee is informed by the requisite sections of the Board Assurance Framework and also reflects the domains of the Care Quality Commission:

Are services safe; response to the needs of our patient; caring; effective and well led?

The Committee minutes are received by the Board of Directors and a quarterly summary of activity is provided to the Audit Committee. When necessary, where there are concerns identified, these are escalated to the Board of Directors for appropriate action by the chairperson or an alternative Director.

Regular reports are requested by the Committee across a wide range of services in order to gain assurance in relation to quality, safety, governance and risk management activity. The Committee receives such reports, not only to challenge and question, but also to provide support to staff and clinical teams in the delivery of safe, patient-centred, high quality care.

External reports from national bodies, as a result of peer reviews or inspections, are reviewed by the relevant department, with recommendations and actions implemented as required by the Trust. The Committee is provided with an analysis of any gaps identified where services may need to be reviewed in order to maintain safety and quality. Updates in relation to progress and evaluation of changes are received within agreed timescales following this.

The Committee is responsible for overseeing the investigation of serious incidents and details of these investigations are reported on a monthly basis. The Director of Nursing, Patient Safety and Quality and Medical Director provide an overview of lessons learned and actions taken as a result. Evidence from clinical staff, in relation to gaining positive assurance of improvements following serious incidents, is regularly requested for presentation to the Committee.

In order to ensure an active governance structure covering Ward to Board, the Committee receives the minutes of a number of operational committees and groups across a wide spectrum. This also allows members of the Committee to request details for any areas in the minutes for clarity or further action.

In order to ensure all agreed actions are addressed and completed, the Committee has a forward programme of work that includes target timescales for agreed actions. This programme is updated following each meeting and shared across all departments.

Performance, Planning and Compliance Committee

The Performance, Planning and Compliance Committee is chaired by a Non-Executive Director and has representation from key stakeholders in the Trust. It takes responsibility for overseeing the delivery of the Trust's performance on a regular basis, with the aim of providing assurance to the Board of Directors that governance processes are in place to deliver on-going compliance against the key regulatory standards and service performance standards including operational efficiencies.

During the course of the year, the Committee requested reports and positive assurance from Assistant/Associate Directors and Managers on the overall arrangements for governance, risk management and internal control of performance standards and planning objectives. In addition, the Committee reviewed the work of other groups within the Trust whose work can provide relevant assurance to the Performance, Planning and Compliance Committee. These included the Cancer Strategy Group, Internal Emergency Care Collaborative and Business Performance, Planning and Delivery Group.

Transformation Committee

The Transformation Committee is chaired by a Non-Executive Director and takes responsibility for providing assurance and raising concerns in relation to the delivery of the transformation and improvement agenda. The Committee involves key stakeholders from the Trust and ensures that appropriate and effective plans are in place to deliver clinical services and system changes. The Committee also provides assurance that planning processes deliver a safe, effective transition and transformation plan for existing services, in the context of strategic changes. A review was undertaken during 2018-19, with the terms of reference refreshed to ensure the focus of the Committee was appropriately reflected.

During the course of the year the Committee has monitored the development and delivery of the transformation and improvement agenda, ensuring these are in line and driven by the vision and values of the Trust. It also sought assurance that the transformation and improvement agenda, through the Transformation and Improvement Group and underpinning strategies, was fully integrated into the Board Assurance Framework and supporting risk registers and that the process integrates with developing the Trust's existing key strategies and annual plans e.g. clinical services strategy, workforce strategy, procurement strategy, estates strategy, digital strategy and annual business plans.

Executive Team

The Executive Team consists of the Executive Directors, with other senior managers invited to the meetings as and when required. The role of the Executive Team is to monitor the management of risk, which includes the agreement of any action plans or resources and reviews, and agree detailed business plans and performance contracts. The Team contributes to the development of the Trust's corporate and operational strategy and monitors the delivery of both, including financial objectives. It also develops and monitors the implementation of plans to improve the efficiency, effectiveness and equality of the Trust's services.

Register of Interests – Board of Directors

A Register of Directors' Interests that may conflict with their responsibilities at the Trust is maintained and available for inspection by members of the public. If anyone would like to inspect the Register they can view it on the Trust's website: **www.nth.nhs.uk** or by contacting the:

Director of Corporate Affairs and Chief of Staff,
North Tees and Hartlepool NHS Foundation Trust,
University Hospital of North Tees,
Hardwick,
Stockton,
TS19 8PE

or email: membership@nth.nhs.uk.

Board of Directors – Who's Who

1.

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1. Paul Garvin QPM, DL, Chairman

Appointed as Chairman from 1 November 2009. Appointed as Non-Executive Director on 1 January 2006. Term of office as Chairman concludes on 31 October 2019.

Current commitments include:
Deputy Lord Lieutenant for County Durham,
Chair Durham Association of Clubs for Young People.

Former positions:
Chief Constable of Durham Constabulary,
Chair County Durham Strategic Partnership,
Chair Victim Support County Durham,
Non-Executive Director Police Information Technology Organisation (NDPB), Member Home Office Police Appeals Tribunals.

2. Brian Dinsdale OBE, Non-Executive Director/ Deputy Chairman

Appointed 30 November 2007, Deputy Chairman from 9 March 2010. Term of office as NED until 30 November 2019.

Current commitments include:
Board Member of the Thirteen Housing Group

Former positions:
Chief Executive for Hartlepool Borough Council from 1988,
Chief Executive for Hartlepool (unitary) Council from 1996,
Chief Executive for Middlesbrough Council from 2003,
Efficiency Adviser for 'Office of Government Commerce' 2005 – 2007.
Four interim Chief Executive positions for other Councils throughout UK 2006 – 2011,
Chief Executive of Yorkshire Purchasing Organisations 2009,
Former Non-Executive Director of Government North East and Clerk to Cleveland Fire Authority,
Member of Chartered Institute of Public Finance and Accountancy,
Bachelor of Arts – Social Sciences

3. Rita Taylor, Non-Executive Director/Senior Independent Director

Appointed 1 January 2006. Term of office until 31 December 2019.

Former positions:
Chair of Mordon Parish Council
Non-Executive Director of Durham and Tees Valley Strategic Health Authority,
Sedgefield Town Councillor 26 years,
Head of Darlington Youth Offending Service,
Former teacher in Durham and Tees schools, colleges and prison service.

4. Stephen Hall JP, Non-Executive Director

Appointed 1 March 2007. Term of office until 1 March 2020.

Current commitments include:
Justice of the Peace (JP),
Director of Optimus
Chair of North Tees and Hartlepool Solutions LLP,
Major shareholder in Regional Training Partners Ltd
Trustee/Director of Ad Astra multi academy Trust
Business Advisor,
School Governor

5. Jonathan Erskine, Non-Executive Director

Appointed 1 August 2015. Term of office until 31 July 2021

Current commitments include:
Independent Health Policy Research Consultant
Honorary Research Fellow, Durham University.
Executive Director, European Health Property Network.

Former Positions:
Research Fellow, Centre for Public Policy and Health, School of Medicine, Pharmacy and Health, Durham University
Research Associate, Centre for Clinical Management Development, School of Medicine, Pharmacy and Health, Durham University
Voluntary work with the Citizen's Advice Bureau/Alzheimer's Society.
Director of Information Technology, Escolas Cambridge Lda, Portugal.

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6. Kevin Robinson, Non-Executive Director

Appointed 1 August 2015. Term of office until 31 July 2021

Current commitments include:
Associate with Auriola Consultancy
Associate with North East Commissioning Support
Member of the Darlington Rotary Club

Former Positions:
Chief Executive and Board Chair of Cumbria and Lancashire Community Rehabilitation Company, Carlisle.
Chief Executive of Lancashire Probation Trust, Preston.
Director of Partnership and Development, Northumbria Probation Trust.
National Performance Improvement Manger for National Offender Management Service.
Senior roles within the Probation Service including Northamptonshire, North Yorkshire and Teesside.

7. Julie Gillon, Chief Executive

Date of commencement as Chief Executive 1 October 2017.

Extensive NHS experience at regional and acute level. Lead on a range of complex portfolios, which have included: compliance; quality; governance; strategy; successful resilience planning, financial and operational performance. Appointed as Chief Executive 1 October 2017, and continues to oversee the strategic direction of the trust, working and engaging with clinicians, other staff throughout the organisation and external partners to further develop a clinical and financial sustainability model, within the context of the wider Integrated Care System/Integrated Care Partnership.

Former positions:
Held a range of nursing and senior management positions including Registered General Nurse; Senior Sister; Senior Nurse; Assistant Director and Head of Strategic Planning. Previously held the position of Chief Operating Officer/Deputy Chief Executive at the Trust.

Qualifications include:
Registered Nurse, Diploma in Nursing Practice, BSc Nursing; MSc Research & Statistics, Post Graduate Certificate in NHS Management.

8. Deepak Dwarakanath, Medical Director

Date of commencement 15 June 2016.

Extensive experience in the NHS working across medicine and gastroenterology. Consultant Physician/Gastroenterologist with Trust since 1996 with interests in inflammatory bowel disease and therapeutic endoscopy. Involved in external activity, Secretary for the Royal College of Physicians of Edinburgh for 7 years and Vice-President from 2016 to December 2018.

Former positions:
Registrar in Gastroenterology and Medicine, Research Registrar, Senior Registrar in Gastroenterology, Consultant Physician/ Gastroenterologist, Clinical Director In Hospital Care
MBChB (Wales), F.R.C.P (Edinburgh) 1999, F.R.C.P (London) 2000.

9. Julie Lane, Director of Nursing, Patient Safety & Quality

Date of commencement 1 October 2015.

Experienced Nurse and Midwife having held a number of clinical and senior nurse posts. Led implementation of IT systems in clinical practice in a previous organisation prior to attaining General Manager role and latterly Deputy Director of Nursing role at the Trust.

Former positions:
Deputy Director of Nursing, Quality and Clinical Governance, General Manager – Women's and Children's Services, Senior Nurse - City Hospitals Sunderland, Midwifery Core Team Leader - City Hospitals Sunderland.

BSc(Hons); Advanced Diploma in Midwifery, PGC in Innovation and Improving Performance, PGC in Continuing Education, Registered Nurse

10. Alan Sheppard, Director of Workforce

Date of commencement 1 November 2017.

Alan has extensive NHS experience as a registered nurse, educator and has led functions at general manager and deputy director level. Alan started his NHS career as a student nurse in Hartlepool before working in Darlington and returning to North Tees in his last clinical job on the Stroke Unit at North Tees.

Former positions:
Deputy Director of Workforce, General Manager – Education, Learning and Development, and other senior positions both clinical and non-clinical.

Membership of the Chartered Institute of Personnel and Development and has qualifications in education, nursing and Human Resource Management.

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11. Neil Atkinson - Director of Finance

Date of commencement 1st May 2018

Extensive NHS experience, at a senior level, across a range of finance functions. Fellow of the Chartered Institute of Public Finance and Accountancy.

Former positions:
Transformation Change Director, Operational Director of Finance, Deputy Director of Finance and Information and other senior finance positions in the NHS

12. Dr Graham Evans, Chief Information and Technology Officer

Date of commencement 4 July 2016.

Graham has held a number of national and regional leadership roles relating to health informatics/Information and Communications Technology (ICT), commencing his NHS career with North Tees and Hartlepool NHS Foundation Trust in June 2004 as the director of IM&T. Prior to joining the NHS, Graham worked within the private sector in a range of senior commercial, operational and engineering management positions, predominantly in the chemical, electronics and Fast Moving Consumer Goods (FMCG) industries.

Following periods at the North East Strategic Health Authority (NESHA) and NHS England, Graham returned to the Trust in July 2016 as Chief Information and Technology Officer (CITO), in addition, he led the Digital agenda for the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP footprint. In March 2017, Graham undertook a short assignment to work collaboratively with South Tees Hospitals NHS Foundation Trust, to assist in the development of their digital strategy. In September 2018, Graham was appointed to the role of Chief Digital Officer (CDO) for the developing Integrated Care System (ICS) for the North East and North Cumbria region, whilst maintaining his CITO role within the Trust.

Former positions:
Director of corporate services and corporate chief information officer for NHS England; CIO and director of informatics/CIO for the NESHA; director of HR and information with North Tees and Hartlepool NHS Foundation Trust, past chairman of the Teesside and District Branch of the British Computer Society (BCS).

BA(Hons), MSc, DProf, CEng, CITP, FBCS, FRSA, FCMI, MInstMC, MIET

13. Julie Parkes, Director of Operations (Interim)

Date of commencement 1 October 2017

Began career in the NHS as an Occupational Therapist; experience includes working in acute and community health services and social care services at both local and regional level; with a Regional and National role in leadership and Innovation in relation to Allied Health Professionals

Former positions:
A range of clinical and leadership roles as an O.T including Stockton Local Authority and in acute health care moving to a more general management portfolio: Allied Health Professionals, Pathology and Radiology, more latterly as Associate Director for Out of Hospital Services.

Registered Occupational Therapist; Post Graduate Certificate in Innovation and Improving Performance

14. Lynne Taylor, Director of Planning and Performance (Interim)

Date of commencement 1 October 2017

NHS career commenced within Information Management and Technology before progressing into roles across Performance, Planning and Strategy.

Experience encompasses supporting strategic change projects including the Acute Service Review and the Trust's application for Foundation Trust Status.

Former position:
Associate Director of Strategy, Performance and Planning

Msc Health Information Management

15. Barbara Bright, Director of Corporate Affairs and Chief of Staff

Date of commencement 10 March 2014

Has extensive experience in human resource management and organisational development in public sector organisations, and has previously worked at Board level in the NHS. Joined the NHS in 2004 via the Gateway to Leadership programme. Moved into the Company Secretary role in 2014, with the role refreshed as Director of Corporate Affairs and Chief of Staff in August 2018 where in addition to Company Secretary activities, new responsibilities for communications, marketing and engagement activities where added. She is responsible for promoting, developing and raising awareness of the Trusts strategic direction, corporate and social responsibilities and reputation management.

Former positions:
Deputy Director of HR in the Trust, Associate Director of HR, OD and Workforce at Durham and Darlington PCTs, Head of Planning and Recruitment at NCSC and other senior positions in the public sector.

Chartered Member of the Chartered Institute of Personnel and Development (CIPD) and Masters in Human Resource Management.

4.2 Remuneration Report

This report sets out the salaries, allowances and pension entitlements of the Chief Executive and Executive Directors (senior managers) of the Trust. In addition, the remuneration and expenses of the Chairman and Non-Executive Directors will also be presented. For the purposes of this report those persons in senior positions have authority or responsibility for directing or controlling the major activities of the Trust.

4.2.1 Annual Statement on remuneration

The following information forms part of the unaudited part of the Remuneration Report.

The process the Trust uses for assessing performance of its Chief Executive and Executive Directors is determined by the Remuneration Committee and is reviewed annually to ensure it is fit for purpose and meets current good practice for Board Directors. The Trust's policy on pay is that it will, for all staff groups, endorse any national proposals for pay, subject to the Trust being able to afford to pay any changes/increases. The Trust, for its Directors and Chief Executive, recognises the need to pay in the upper quartile to ensure it both attracts and retains staff as it proceeds with its implementation of the Clinical Services Strategy and transformational change agenda, ensuring alignment with the regional and sub-regional reconfiguration of services. Due regard is also given to the diversity and complexity of the roles undertaken by the Directors when reviewing and benchmarking pay against comparators. Any pay changes/increases will always be subject to formal review of both the individual Directors' performance and also the Trust's performance, taking cognisance of the national framework for pay.

The Remuneration Committee considers the key business objectives as set out in the Trust's Corporate Strategy and objectives allocated to each Executive Director through the appraisal process. Performance is closely monitored and discussed through both an annual and on-going appraisal process. The Chief Executive takes the lead on the evaluation of Directors and the Chairman takes the lead on the Chief Executive's performance. During 2018-19 appraisals were held with the Chief Executive and each Director and all senior managers' remuneration is subject to satisfactory performance.

A number of changes took place during 2018-19 to support the delivery and integration of the Integrated Care System across North East and North Cumbria and to ensure the necessary capacity and capability within the Trust to deliver the challenging agenda:

- The Accountable Officer formally stepped down from his position with the Trust to fully undertake the role of ICS/STP lead for the region;
- Interim Chief Executive was appointed to the role substantively in October 2018;
- Director of Finance was appointed and took up position on 1 May 2018;
- Interim Director of Workforce was appointed to the post substantively from 1 August 2018;
- Interim Director of Planning and Performance was extended in post until 31 March 2019;
- Interim Director of Operations was extended in post until 31 March 2019;
- Changes to the portfolio and responsibilities of the Company Secretary, with the title of the job role to be Director of Corporate Affairs and Chief of Staff; and
- Chief Information and Technology Officer (CITO) was appointed to the role of Chief Digital Officer (CDO) for the developing Integrated Care System (ICS) for the North East and North Cumbria region, whilst maintaining his CITO role within the Trust.

The Nominations Committee is responsible for the recruitment, appointment, retention and removal of the Chairman and Non-Executive Directors, including matters of remuneration and conditions of appointment. The Nomination Committee in 2018-19 approved a cost of living increase and considered the terms of office of the Chairman and four Non-Executive Directors, recommending extension of tenure for all with the recommendations presented and ratified at the Council of Governors meeting in September 2018. Further detail is included in the Nomination Committee section on page 47.

4.2.2 Senior managers' remuneration policy

The following information forms part of the unaudited part of the Remuneration Report.

The Remuneration Committee considered its policies on remuneration and performance in order to satisfy itself that the level of remuneration paid above the threshold of £150,000 to some members of the senior team was justifiable and reasonable; given the diversity and complexity of portfolios, the Remuneration Committee confirmed that the salaries were appropriate.

The Remuneration Committee agreed a cost of living rise for the Chief Executive and Executive Directors in 2018-19. Details of Directors' remuneration and pension entitlements for the year ending 31 March 2019 are published in this Remuneration Report and the Annual Accounts section which is section 7, page 252. There have been no awards made to past senior managers. The dates of commencement of the Executive Directors in their current posts can be found in section 4.1.3, pages 60-62.

Future policy table

Element of pay	Purpose and link to strategic objectives	How operated in practice	Maximum opportunity	Description of performance metrics
Base salary	To help promote the long term success of the Trust and to attract and retain high calibre Executive Directors to implement the strategy. To provide a competitive salary relative to comparable healthcare organisations in terms of size and complexity.	As determined by spot salary on appointment. The Committee recognises the need to pay in the upper quartile to ensure it both attracts and retains staff The Committee considers: ▪ Individual responsibilities, skills, experience and performance; ▪ Salary levels for similar positions in other foundation trusts; ▪ The level of pay increases across other pay grades in the Trust; ▪ Economic and market conditions; and ▪ The performance of the Trust. The Committee retains the right to approve any increase in exceptional cases, such as major changes to roles/duties or internal promotion to the position of Director. Salaries are paid monthly in arrears	There is no prescribed maximum annual increase. The Committee on occasion may need to recognise changes in the role/duties of a Director; movement in comparator salaries; and salary progression for newly appointed Directors.	N/A
Benefits (taxable)	To help promote the long term success of the Trust and to attract and retain high calibre Executive Directors and to remain competitive in the market place.	Benefits for Directors include: Pension related benefits based on NHS pension scheme arrangements. Non-Executive Directors do not receive benefits.	There is no formal maximum	N/A
Pension	To help promote the long term success of the Trust and to attract and retain high calibre Executive Directors and to remain competitive in the market place	The Trust operates the standard NHS pension scheme for senior staff.	As per standard NHS pension scheme	N/A
Annual bonus	To motivate and reward Executive Directors for the achievement of demanding financial objectives and key strategic and performance measures over the financial year. The performance targets set are stretching whilst having regard to the nature and risk profile of the Trust.	The Committee reviews individual performance as measured at the end of the financial year and the level of bonus payable is calculated at that point. Bonus payments will be between 0% - 5% of base salary, dependent on organisational and individual performance. Annual bonus is not pensionable and not consolidated into basic salary.	Maximum earning potential of up to 5% of base salary.	As defined by the Trust Annual Performance Bonus Framework.
Non-Executive Directors' fees (including the Chairman)	To attract and retain high quality and experienced Non-Executive Directors (including the Chairman).	The remuneration of the Non-Executive Directors, including the Chairman, is set by the Council of Governors on the recommendation of the Nomination Committee having regard to the time commitment and responsibilities associated with the role. The remuneration of the Chairman and the Non-Executive Directors is reviewed annually taking into account the fees paid by other foundation trusts. The Non-Executive Directors do no participate in any performance related schemes nor do they receive pension or taxable benefits.	Non-Executive Director fees take into account fees paid by other foundation trusts.	N/A

There are no components to senior manager salaries other than those disclosed within the tables on pages 70-71. Total remuneration includes salary, non–consolidated performance-related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions for 2018-19.

The Remuneration Committee always considers the pay and terms and conditions of service of all Trust employees when making any decisions relating to the Executive Directors' pay and conditions to ensure that levels of responsibility and experience are reflected appropriately and reference pay surveys conducted by NHS Providers, as well as comparisons with other North East trusts.

There have been no special contractual compensation provisions attached to the early termination of a senior manager's contract of employment and there has been no payment for compensation for loss of office paid or receivable under the terms of an approved compensation scheme. The Trust does not make payments for loss of office outside the standard contract terms included in the employment contracts of senior managers.

The Remuneration Committee considered and agreed in 2016 an annual performance bonus framework, based on executive team performance and linked to achievement and delivery of key targets and indicators, which would support the need for significant transformational change over the next 5-10 years.

The performance targets to be achieved within the financial year 2017-18 were determined in August 2017 and reviewed and assessed by the Remuneration Committee in August 2018. The performance related elements of remuneration were set at a maximum of 5% of salary and the performance targets and relevant weighting (where applicable) are identified in the table below:

Performance Bonus Scheme – 2017 18	Target%
Deliver NHS Improvement financial control total target	30
Achieve a CQC rating of good	20
Ensure that mortality (using HSMR) is maintained within a tolerance of 105 – 110 by 31 March 2018	10
Deliver the following performance measures: 4 hour target in A&E (annual) Primary Care Streaming target (annual) All relevant cancer targets (annual) All RTT targets (annual) Infection control MRSA target of zero cases in 2017-18 Cdiff target of no more than 35 cases in 2017-18	 5 5 5 5 5 5
Satisfactory individual appraisal and delivery of core objectives	10

At its meeting on 6 August 2018, the Remuneration Committee agreed that no payment would be made under the terms of the scheme.

The performance targets to be achieved within the financial year 2018-19 were determined in August 2018 and will be reviewed and assessed by the Remuneration Committee in quarter 1: 2019-20. The performance related elements of remuneration were set at a maximum of 5% of salary, under the performance measures linked to access standards; six metrics were identified and it was agreed that all would need to be achieved in order to attain the 40% allocated to this measure. The performance targets and relevant weighting (where applicable) are identified in the table overleaf:

Performance Bonus Scheme – 2018-19	Target%
Deliver NHS financial plan for 2018-19 less than £14million deficit	40
Ensure that mortality (using HSMR) is maintained within a tolerance of 100 – 105 by 31 March 2019	10
Deliver the following performance measures: 4 hour target in A&E (annual) Primary Care Streaming target (annual) All relevant cancer targets e.g. 2 week rule, breast symptomatic, 62 day etc (annual) All RTT targets (annual) Super stranded reduction (per day average) to 68 by December 2018 Infection control o MRSA target of zero cases in 2018-19 o Cdiff target of no more than 30 cases in 2018-19 o 10% reduction in Gram Negative cases in 2018-19	 1 1 15 5 5 4 4 5
Satisfactory individual appraisal and delivery of core objectives	10

Members of the Executive Team, with the exception of the Medical Director, are appointed on permanent contracts with a notice period of three months for them to serve and a period of six months for the Trust to serve. The Medical Director is appointed for a term of office of three years and commenced in post on 1 June 2016.

The Medical Director's salary is in accordance with the terms and conditions of the National Health Service Consultant Contract plus a responsibility allowance payable for the duration of office.

Early termination by reason of redundancy is in accordance with the provision of the NHS redundancy arrangements and in accordance with the NHS pension scheme. Employees above the minimum retirement age that request termination by reason of early retirement are subject to the normal provisions of the NHS pension scheme.

4.2.3 Annual report on remuneration

The Trust's Remuneration Committee membership and roles are reflected in section 4.1.3, page 55, this Committee has responsibility for setting the salaries, allowances and terms and conditions for the Chief Executive and Executive Directors.

The Trust's Nomination Committee sets the remuneration and expenses for the Chairman and Non-Executive Directors. Details of the Nomination Committee can be found in section 4.1.2, page 47. A cost of living increase was agreed by the Nominations Committee in 2018-19, ratified by the Council of Governors.

Expenses paid to directors in the year have been £14,888 (2017-18: £12,532), and for governors £436 (2017-18: £803). Expenses are in relation to travel and subsistence necessarily incurred in the performance of their duties in accordance with Trust policies and in compliance with HMRC regulations or other legislation. As at 31 March 2019 there are 16 (2017-18:15) directors in office, and 16 (2017-18:12) of these have received expenses in 2018-19. As at 31 March 2019 there are 29 (2017-18:30) governors in office, with 4 (2017-18:6) of these having received reimbursement in the form of expenses.

The information in the following paragraph has been subject to audit.

The Trust is required to disclose the median remuneration of the Trust's staff and the ratio between this and the mid-point of the banded remuneration of the highest paid Director. The calculation is based on full-time equivalent staff of the reporting entity at the reporting year end date on an annual basis. The median remuneration of all Trust staff is £25,759 (2017-18: £24,813) and the ratio between this and the mid-point of the banded remuneration of the highest paid director is a ratio of 8.52 (2017-18: 10.44) to the highest paid Director being £215k - £220k (2017-18: £255K - £260K). In 2018-19, 2 employees (2017-18: 1) received remuneration in excess of the highest paid director, remuneration ranged from £280k – £285k (2017-18: £300k – £305k). Two directors earned over £150,000.

The only non-cash elements of senior managers' remuneration packages are pension-related benefits, accrued under the NHS Pensions Scheme. Contributions are made by the Trust and the employee in accordance with the rules of the national scheme which applies to all NHS staff in the scheme.

In the event of any matters of concern, the Trust's normal investigation and disciplinary policies apply to senior managers.

Julie Gillon
Chief Executive

29 May 2019

This table has been subject to audit review.

Name & Title	To 31 March 2019					
	Salary and Fees	All Taxable Benefits	Annual performance related bonuses	Long term performance related bonuses	Pension Related Benefits	Total Remuneration
	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
Mr Paul Garvin Chairman	50 - 55	-	-	-	-	50 - 55
Ms Julie Ann Gillon Chief Executive	185 - 190	9.9	-	-	217.5 – 220	415 - 420
Mr Alan Foster Accountable Officer/STP Lead	140 – 145	-	-	-	-	140 - 145
Dr Anandapuram Dwarakanath Medical Director	215 - 220	-	-	-	0	215 - 220
Mrs Julie Lane Director of Nursing, Patient Safety and Quality	120 – 125	-	-	-	7.5 – 10	125 - 130
Dr Graham Evans Chief Information Technology Officer	135 – 140	-	-	-	12.5 – 15	150 - 155
Mr Alan Sheppard Director of Workforce	110 - 115	-	-	-	167.5 – 170	275 - 280
Mrs Lynne Taylor Director of Planning and Performance	80 – 85	-	-	-	20 – 22.5	100 - 105
Mrs Julie Parkes Director of Operations (Interim)	90 – 95	-	-	-	22.5 – 25	115 - 120
Mrs Barbara Bright Director of Corporate Affairs and Chief of Staff	105 – 110	-	-	-	30 – 32.5	135 - 140
Mr Neil Atkinson Director of Finance commenced 1 May 2018	125 – 130	-	-	-	165 – 167.5	290 - 295
Mr Robert D Toole Director of Finance (Interim) left 07.12.18	110 – 115	-	-	-	22.5 – 25	130 - 135
Mr Peter Mitchell Managing Director of North Tees and Hartlepool Solutions LLP retired 29.06.18	25 – 30	-	-	-	240 - 245	270 -275
Mr Mike Worden Managing Director of North Tees and Hartlepool Solutions LLP commenced 2 January 2019	20 – 25	-	-	-	-	20 – 25
Mr Stephen Hall Non-Executive	15 - 20	-	-	-	-	15 - 20
Mr Stephen Hall Chair of North Tees and Hartlepool Solutions LLP Board (Interim) from 01.05.18	5 – 10	-	-	-	-	5 – 10
Mrs Rita Taylor Non-Executive	15 – 20	-	-	-	-	15 – 20
Mr Brian Dinsdale Non-Executive	15 – 20	-	-	-	-	15 – 20
Mr Jonathan Erskine Non-Executive	15 – 20	-	-	-	-	15 – 20
Mr Kevin Robinson Non-Executive	15 – 20	-	-	-	-	15 – 20

Notes

1. All taxable benefits relate to cars and are expressed in £000's. The method of calculating benefits in kind is based upon HMRC guidance and uses the CO2 emissions rate of the vehicle and the type of fuel used.
2. Remuneration in relation to the Medical Director includes payment for clinical sessions and clinical excellence awards as follows: Dr Anandapuram Dwarakanath clinical sessions £35k-£40k and clinical excellence award of £35k-£40k which is paid by the Department of Health.
3. Mr Alan Foster, Chief Executive/STP Lead has not made contributions into the NHS pension scheme this financial year and has been entitled to claim pension in year.
4. Mr Alan Foster, Chief Executive left the Trust on 25 October 2018. Mr Foster now works for the Integrated Care System (ICS) and although his salary is still paid via the Trust those costs are reimbursed by the ICS. If Mr Foster has remained in Trust employment his salary would have been £250k - £255k
5. Mrs Julie Gillon became substantive Chief Executive from 25 October 2018, her previous role had been Chief Executive (Interim) up to 24 October 2018.
6. Mr Robert Toole, Director of Finance (Interim) left the Trust on 7 December 2018.
7. Mr Neil Atkinson became Director of Finance on 1 May 2018.
8. Mr Peter Mitchell Managing Director of North Tees & Hartlepool Solutions LLP - a subsidiary of the Trust took early retirement on 29 June 2018.
9. Mr Stephen Hall, Non-Executive Director for the Trust is also Chair (Interim) of North Tees and Hartlepool Solutions LLP from 1 May 2018.
10. Mr Michael Worden, Managing Director, North Tees and Hartlepool Solutions LLP commenced on 2 January 2019.
11. Pension - Related Benefits have been calculated in line with the 2018-19 Monitor ARM guidance and have been determined in accordance with the HMRC method of calculating less the amounts paid by employees.

Julie Gillon
Chief Executive

29 May 2019

This table has been subject to audit review.

Name & Title	To 31 March 2018					
	Salary and Fees	All Taxable Benefits	Annual performance related bonuses	Long term performance related bonuses	Pension Related Benefits	Total Remuneration
	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
Mr Paul Garvin Chairman	50 - 55	-	-	-	-	50 - 55
Mr Alan Foster Accountable Officer/STP Lead	250 - 255	-	5 - 10	-	-	255 - 260
Ms Julie Ann Gillon Chief Operating Officer/Deputy Chief Executive until 30.9.17 Chief Executive (Interim) commenced 1.10.17	160 - 165	8.5	5 – 10	-	87.5 - 90	265– 270
Dr Anandapuram Dwarakanath Medical Director	215 - 220	-	0 - 5	-	30 – 32.5	250 - 255
Mrs Julie Lane Director of Nursing, Patient Safety and Quality	120 - 125	0.6	0 - 5	-	72.5 - 75	195 - 200
Dr Graham Evans Chief Information Technology Officer	135 - 140	-	0 - 5	-	47.5 - 50	185 - 190
Mr Alan Sheppard Director of Workforce (Interim) commenced 1.11.17	40 - 45	-	-	-	535 – 537.5	580 - 585
Mrs Lynne Taylor Director of Planning and Performance (Interim) commenced 1.10.17	40 - 45	-	-	-	10 – 12.5	50 - 55
Mrs Julie Parkes Director of Operations (Interim) commenced 1.10.17	45 - 50	-	-	-	15 – 17.5	60 - 65
Mrs Barbara Bright Company Secretary	100 - 105	-	0 - 5	-	37.5 - 40	140 - 145
Mrs Ann Burrell Director of Human Resource and Education (left the Trust 31.10.2017)	75 - 80	-	5 - 10	-	47.5 - 50	125 – 130
Miss Caroline Trevena Director of Finance	95 - 100	-	0 - 5	-	72.5 - 75	175 – 180
Mr Robert Toole Director of Finance (Interim) commenced 30.10.17	60 - 65	-	-	-	212.5 - 215	275 - 280
Mr Peter Mitchell Director of Estates and Facilities	100 – 105	-	0 - 5	-	42.5 - 45	145 - 150
Mr Stephen Hall Non-Executive	15 – 20	-	-	-	-	15 - 20
Mrs Rita Taylor Non-Executive	15 – 20	-	-	-	-	15 - 20
Mr Brian Dinsdale Non-Executive	15 – 20	-	-	-	-	15 - 20
Mr Jonathan Erskine Non-Executive	15 – 20	-	-	-	-	15 - 20
Mr Kevin Robinson Non-Executive	15 – 20	-	-	-	-	15 - 20

Notes

1. All taxable benefits relate to cars and are expressed in £000's. The method of calculating benefits in kind is based upon HMRC guidance and uses the CO2 emissions rate of the vehicle and the type of fuel used.
2. Remuneration in relation to the Medical Director includes payment for clinical sessions and clinical excellence awards as follows: Dr Anandapuram Dwarakanath clinical sessions £75k-£80k and clinical excellence award of £35k-£40k which is paid by the Department of Health.
3. The amount reported in salary and fees for Dr Anandapuram Dwarakanath relates purely to their basic pay and the other salary category includes allowances in connection with medical duties.
4. Mr Alan Foster, Chief Executive has not made contributions into the NHS pension scheme this financial year and has been entitled to claim pension in year.
5. Mrs Julie Gillon Chief Operating Officer/Deputy Chief Executive commenced the role of Chief Executive (Interim) on 1 October 2017.
6. Mr Peter Mitchell Director of Estates and Facilities became Managing Director of North Tees & Hartlepool Solutions LLP - a subsidiary of the Trust on 1 March 2018.
7. Mrs Julie Parkes became Director of Operations (Interim) on 1 October 2017.
8. Mrs Lynne Taylor became Director of Planning and Performance (Interim) on 1 October 2017.
9. Mr Alan Sheppard became Director of Workforce (Interim) on 1 November 2017.
10. Miss Caroline Trevena left the Trust 30 November 2017.
11. Mrs Ann Burrell left the Trust on 31 October 2017.
12. Mr Robert Toole commenced in the role of Director of Finance (Interim) on 30 October 2017. Mr Toole was not in a pensionable post as at 31 March 2017 therefore was not entitled to a Greenbury statement for year ending 31 March 2017
13. Pension - Related Benefits have been calculated in line with the 2017-18 Monitor ARM guidance and have been determined in accordance with the HMRC method of calculating less the amounts paid by employees.

Julie Gillon
Chief Executive

29 May 2019

This table has been subject to audit review.

Salary and Pension Entitlements of Senior Managers - B) Pension Benefits								
Name & Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2018	Lump sum at pension age related to accrued pension at 31 March 2018	Cash equivalent transfer value at 31 March 2017	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2018	Employers contribution to stakeholder pension
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	0
Mr Alan Foster Accountable Officer/STP Lead left 24.10.18					1,718			
Ms Julie Ann Gillon Chief Executive (Interim) to 24.10.18 Chief Executive from 25.10.18	10-12.5	30-32.5	75-80	235-240	1,269	375	1,680	25
Dr Anandapuram Dwarakanath Medical Director	0-2.5	2.5-5	80-85	240-245	1,615	195	1,856	32
Mrs Julie Lane Director of Nursing, Patient Safety and Quality	0-2.5	2.5-5	50-55	150-55	937	130	1,094	17
Dr Graham Evans Chief Information Technology Officer	0-2.5	2.5-5	25-30	75-80	527	85	626	20
Mr Alan Sheppard Director of Workforce	7.5-10	22.5-25	35-40	110-115	520	229	764	17
Mrs Lynne Taylor Director of Planning and Performance (Interim) (from 1.10.2017)	0-2.5		0-5		35	26	62	12
Mrs Julie Parkes Director of Operations (Interim) (from 1.10.2017)	0-2.5	2.5-5	15-20	55-60	376	73	460	13
Mrs Barbara Bright Company Secretary	0-2.5	0-2.5	40-45	105-110	708	118	847	15
Mr Neil Atkinson Director of Finance	7.5-10	17.5-20	35-40	85-90	440	202	673	18
Mr Robert Toole Director of Finance (Interim) (left the Trust 07.12.18)	2.5-5	2.5-5	25-30	70-75	528	38	599	16
Mr Peter Mitchell Managing Director, North Tees and Hartlepool Solutions LLP	0	0	0	0	0	0	0	0

Notes

1. Non-Executive members do not receive pensionable remuneration; there will be no entries in respect of pensions for Non-Executive members.
2. Mr Mike Worden, Managing Director, North Tees and Hartlepool Solutions LLP is not a member of the NHS Pension Scheme, therefore there is no entry in in respect of pensionable remuneration shown.
3. Mr Peter Mitchell, Managing Director, North Tees and Hartlepool Solutions LLP took early retirement on 29.06.18.
4. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries
5. Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Julie Gillon
Chief Executive

29 May 2019

4.3 Staff Report

4.3.1 Awards and Accolades

The Trust supports its staff in seeking both internal and external recognition for its excellent work. The awards and accolades achieved in 2018-19 recognised the hard work, commitment and contribution staff make to enable North Tees and Hartlepool NHS Foundation Trust to be a successful provider of healthcare services.

From April 2017, the Trust replaced 'Employee of the Month', with 'Stars of the Month'. The new monthly award has two winners, a team and an individual.

Star of the Month

Team of the Month

Shining Stars

The Trust held its annual shining stars awards and celebrated the achievements of our staff.

Physician awarded Willam Cullen Prize

Dr Christopher W Wells, Consultant Gastroenterologist at the Trust was awarded the prestigious William Cullen Prize by The Royal College of Physicians of Edinburgh, for his world class teaching programmes for trainee doctors.

The award was presented as the Hospital hosted the prestigious General Medicine Update conference on behalf of The Royal College of Physicians of Edinburgh in 2018.

Consultant Physician wins most inspiring in the country

The Royal College of Physicians of Edinburgh (RCPE) named Dr Catherine Monaghan, Clinical Director and Consultant in Acute and Respiratory Medicine as the most inspiring physician in the country on International Women's Day 2018.

'Top Inspiring Physician' is a prestigious award which recognises an individual for their commitment to medicine, their ability to hold equality and diversity at the centre of their work and an outstanding ability to inspire their peers.

Volunteers win national honour

A selfless team of cancer care volunteers has won a national honour to recognise their contribution to the National Health Service. Volunteers from the Trusts Cancer Information Centre were named as the winner in the Team of the Year (Corporate Functions) category at the Unsung Hero Awards.

Digital First Trust recognition

The Trust has been recognised by the Department of Health and Social Care (DHSC) and NHS England (NHSE) for its exemplary use of Scan4Safety.North Tees and Hartlepool NHS Foundation Trust has been 'Scan4Safety Certified' by the DHSC and NHSE for its Trust-wide implementation of the system.

Macmillan Volunteers double award win

Volunteers offering Trust based Cancer Support have taken home multiple awards from the Macmillan Volunteer Awards Programme from Macmillan Cancer Support. The Cancer Information Centre Volunteers were awarded as the North Region's winner of the Service Team of the Year Award and the service's Craft and Chat group took home the Northern Region's Vicky Clement-Jones Award.

Top ten in UK for Perinatal GROW Protocol

North Tees and Hartlepool NHS Foundation Trust has worked hard to implement the Perinatal GROW protocol which enables the management of Small for Gestational Age (SGA) and Fetal Growth Restriction (FGR) pregnancies. 81% of Trusts in the UK are using the GROW protocol, the Trust places in the top 10 for its detection rates.

Recognition for Improved Urinary Tract Infection (UTIs) rates

The Trust has been recognised for embarking on an improvement journey which has proven a great success. North Tees and Hartlepool NHS Foundation Trust scooped the award for having Come Furthest in their Improvement Journey after being invited to take part in NHS Improvement's latest collaborative looking to tackle the rates of Urinary Tract Infections (UTIs) nationally.

Urgent Care service wins NHS70 Award

The Trust's urgent care service won a prestigious regional award as part of the NHS 70 birthday celebrations.

The service has been recognised with the regional Excellence in Urgent and Emergency Care Award in the NHS70 Parliamentary Awards.

End of Life Care diary recognition

A special diary for relatives of patients on end of life care has had national recognition after the nurse who created it was awarded and had the chance to speak about it to the NHS England national board. Mel McEvoy, a nurse consultant at North Tees and Hartlepool NHS Foundation Trust, had his work highlighted at the Kate Granger Compassionate Care Awards.

Mel (pictured, right, with Dr Kate Granger's widow, Chris Pointon) was presented with a finalist trophy and certificate for work setting up the Family's Voice diary at the Health and Care Innovation Expo, which was part of the NHS England annual general meeting in September.

Trust wins Information and Technology Services awards

In 2018 the Trust won the Health Tech News (HTN) award, in the Impact of the Year category in collaboration with our strategic EPR partner. In addition, the trusts Chief information and Technology Officer was nominated for the NHS 70, "Futures Parliamentary award", by Alex Cunningham MP for Stockton North.

Consultant receives medal from the Queen

Accident and Emergency Consultant and Clinical Lead Kay Adeboye was one of only nine people to pick up an accolade this year for his exemplary service to the Voluntary Reserves.

Kay was awarded the Queen's Volunteer Reserves Medal (QVRM) in the New Year honours list, a military only medal for those who serve in the Voluntary Reserve forces, which he has been part of for the last twenty years.

Haematology Nurse wins' award from British Journal of Nursing Awards

Haematology/Anticoagulation Matron Mercy Cabrega won Third place at the British Journal of Nursing Awards 2019 for Oncology Nurse of the Year.

4.3.2 Keeping Staff Informed

We make significant efforts to listen to and meaningfully consult with staff from all areas of the organisation and we use a wide range of resources and methods of communication to encourage and develop positive engagement.

In early 2019, changes were made to the way in which communication is delivered to our various internal audiences, with the creation of a new Employee Engagement Team. This team is dedicated to ensuring that our staff are engaged, feel valued and are communicated with in a way in which will ultimately enhance staff experience. This is reflected in the range of activities carried out by the Employee Engagement and Employee Relations Teams.

The increased use of social media continues to make a positive impact in relation to engagement with staff, with plans for this to continue further. Our employees continue to make use of the Trust's App (OurNTH), which provides us with another avenue to promote wider communication and engagement with staff. To date, a total of 2000 staff have downloaded the app. The feedback continues to be positive and staff value the flexibility of being able to access information at a time that is convenient to them. The most popular areas of the App are Employee Online, E-rostering and MyESR.

Staff are provided with regular news round-ups twice a week, along with a weekly NT Highlights report, the bi-monthly Chief Executive briefing and a quarterly Anthem magazine. The Occupational Health Department have created a fortnightly Wellbeing Wednesday update, which details the various health and wellbeing services that are available for staff to access.

The Chief Executive hosts regular Coffee Mornings, where all staff groups are invited to attend and encouraged to share their views and discuss issues affecting the Trust and/or the departments in which they work. The sessions are also an opportunity for the Chief Executive to share information regarding the strategic direction of the Trust.

The strands of engagement continue across the Trust with the Joint Forum established for working in partnership with staff side and also the Local Negotiating and Medical Staff Committees for medical colleagues. The 'Our Voice' group is another means of communicating with and seeking views from our staff. The group has committed representatives from various directorates who come together each month to discuss current topics and share information which is then cascaded back to their area of work.

Work continues to take place to encourage our employees to complete the staff friends and family test, which provides us with a quarterly measure of engagement and advocacy. The staff friends and family questions are now included as part of the Staff and Patient Experience and Quality Standards (SPEQS) visits and this has had a positive impact on response rates, which is also reflected in the results of the staff survey.

All of these initiatives are designed to enhance our engagement with staff and promote the Trust's reputation as a great place to work.

Recognition

We encourage managers to embed the principles of reward and recognition as part of their daily practices. We value our staff and recognise the excellent contributions that they make through our Stars of the Month awards, which includes nominations for individuals and teams who have gone the extra mile and who demonstrate and exemplify the Trust's values and behaviours.

The Trust's annual shining stars event is a showcase for recognising excellence in a number of categories across the organisation. The event for 2018 took place at Hardwick Hall, Sedgefield and is firmly embedded in the Trust's Reward and Recognition Strategy, with this being the 7th event held.

In excess of 200 individuals attended the occasion, which included a 3 course meal, entertainment and an acknowledgement from the Chair and the Chief Executive to formally recognise and celebrate the exceptional contributions that our employees make as part of their day to day activities.

As an employer of Armed Forces Reservists, we place great value on their commitment to the armed forces the NHS. The Trust held its second annual recognition event to publically celebrate the important contribution that our reservist staff make to our country and to the NHS. The event was hosted by our previous Chief Executive as Honorary Colonel of the 201 Field Hospital and a number of reservist staff attended a lunch and received a complimentary Wilbers' voucher in recognition of their service.

4.3.3 Supporting Staff

The Employee Relations Team plays a vital role in providing emotional support and guidance to staff that are experiencing difficulties in the workplace. The team works in conjunction with other support networks and, in particular, the Occupational Health and Wellbeing Service, including the Workplace Mental Health Advisor, to ensure the health and wellbeing of all staff.

There has been a steady increase in the uptake of the Trust's internal mediation service with staff opting to try and resolve issues that they have with colleagues via this method rather than pursuing more formal processes. This process has been successful in resolving the majority of the cases referred.

In terms of supporting staff, it is not only important to assist those that have raised concerns but also to obtain the opinion of the wider workforce. In order to achieve this, a retention survey was undertaken to obtain the views of the workforce by asking what it is like to work for the organisation, identify examples of good practice within the organisation as well as areas where improvement was required. Staff were able to complete the form anonymously and they were also given the opportunity to request an informal interview with a member of the Employee Relations Team. Almost 500 responses were received with a number of face to face meetings also taken place.

The feedback obtained from the survey was positive, with 60% of staff reporting that they were happy in their current role, with a further 28% of staff indicating that although they were seeking alternative employment, they wanted to remain in employment with the Trust. The main reason for staff remaining with the Trust was that they liked their job and the support received from their colleagues and the team.

The Culture group continues to develop new initiatives in relation to improving the working lives of our staff and also helps develop initiatives that assist staff, through feedback from the annual staff survey and the health and wellbeing at work agenda.

The appointment of a new Freedom to Speak up Guardian and further promotion of the service has seen an increase in staff feeling comfortable in raising their concerns and confidence that the Trust will act upon concerns raised. This in turn has highlighted areas for improvement.

There has also been further promotion of the First Stop Contact Officers (FSCOs) so that staff are aware of this additional support system. The scheme allows staff to discuss in confidence any issues and concerns they may have and the FSCOs are then able to direct staff to the correct source for further practical support.

There are policies in place to help our workforce maintain a good work-life balance and ensure that they are fit and well and also well looked after at work. By doing so, this will ensure that they are able to provide the best service possible to patients, their carers and families. These policies also ensure that staff are treated fairly and that there is no discrimination or unfair treatment towards any member of staff. They also provide a variety of options to staff in terms of flexible working for those who have other commitments outside the workplace.

Trade Union colleagues play an important part in assisting with the development and review of these policies and we adopt a partnership approach to the implementation of any new initiatives that are undertaken.

The Trust has achieved Veterans Aware status as part of the Veteran's Covenant Hospital Alliance (VCHA). This means that the Trust will develop, share and drive the implementation of best practice that will improve UK Armed Forces veterans care, in line with the commitments set out in the Armed Forces Covenant.

As a result of joining "The Work Perk" scheme we have been able to provide staff with a variety of treats over the past year as a small gesture of thanks for the hard work that they do. These have included lunch snacks and protein bars which were positively received by staff.

The Trust follows best practice and has counter fraud arrangements in place which comply with the NHS Standards for providers: fraud, bribery and corruption. These arrangements are underpinned by accredited local counter fraud specialists and the locally implemented Anti-Fraud policy.

The Trust is committed to supporting our employees to help them cope with the emotional challenges associated with their role. An essential method of achieving this is the implementation of Schwartz Rounds, which we were delighted to introduce in March 2019. Schwartz Rounds are a multidisciplinary forum designed for staff to come together monthly to discuss and reflect on the non-clinical aspects of caring for patients - that is, the emotional and social challenges associated with their jobs. Although we are in the early stages of implementation, the feedback from staff who have attended the sessions has been overwhelming positive with high levels of attendance.

The Trust's Communications and Marketing Team launched the Respect Campaign in November 2018 to demonstrate our commitment to ensuring the safety and wellbeing of all staff who work in our hospitals and community settings - this includes protecting them whilst they are actively delivering care. It is intended that the Respect Campaign will act as a reminder to members of the public that staff work incredibly hard and it is unacceptable for them to be subject to any form of violence or aggression. The campaign uses posters featuring the children of our staff and has received coverage in the local and national media. The campaign will evolve and run consistently throughout the year.

The Trust established a Keeping People Safe group during 2018 and the remit of this group is to further explore the reasons why staff experience violence and aggression from patients and service users, which will enable preventative measures to be put in place to reduce the number of staff experiencing this. A whole system approach has been adopted for this initiative, which includes engagement with the wider community, including the police and crime authority and local drug and alcohol services.

All of these measures help to ensure that staff are able to fulfil their roles to the best of their capability, in the knowledge that there is support available to them if and when they experience any difficulties within the workplace.

Managing Absence

Following an extended period of increased absence rates across the Trust, a new team was implemented within the Workforce Directorate, commencing June 2018 for a 12-month period. The Employee Support Team (EST) comprises of representatives from the Workforce and Occupational Health teams and has a remit of identifying solution focussed approaches aimed at reducing and preventing absence episodes. The team analyse the current issues and trends with an aim to reduce the overall impact and cost of absence across the Trust.

A key element of the EST was to contact employees during the first days of absence to see if early intervention could be identified to aid their recovery which in turn would lead to improved employee engagement, whilst supporting the health wellbeing of our workforce. The wider activities of the team have also helped to identify the difficulties and issues experienced by managers, to allow for any gaps in knowledge or processes to be resolved as part of the exit strategy of the team.

There have been a number of positive indicators resulting from this initiative, for example a reduction in the percentage of MSK absences from 14% to 8%; work-related stress cases are being resolved at an earlier stage and staff have expressed positive feedback that they feel valued as a result of this additional contact from the team.

A further element of the strategy is the development of a new training course which is aimed at line managers and is focused on 'Looking After Your Staff'. There has been a positive uptake during the early stage of rolling-out the course, which demonstrates the importance that managers place on supporting their staff by undertaking 'people management' in the right way.

The collaborative working between the Workforce Team, Occupational Health and departmental managers continues within the organisation to ensure improvements in attendance levels and the wellbeing of staff are implemented and monitored.

Annual Report Sickness Table 2018

Figures converted by DHSC to best estimates of required data items			Statistics Published by NHS Digital from ESR Data Warehouse		Trust data
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sickness Rate 2018
4,570	46,671	10.00	1,668,034	74,089	4.44%

Source: NHS Digital – Cumulative Period From Jan - Dec 2018; data includes Trust, NTH Solutions and Optimus Pharmacy.

Occupational Health and Wellbeing

The Health and Wellbeing team continues to provide a range and accessibility of activities, advice, guidance and training available for staff and managers.

The Trust continues to support staff that may be experiencing stress, either work-related, or otherwise. As a Trust we continue to adopt a number of approaches to try and address this, one of which is the role of the Mental Health Work place advisor. The role provides 1:1 therapy sessions, along-side workshops to raise awareness, tackle stigmatism and discrimination whilst providing opportunity for individuals to develop new coping skills aimed at both employees and managers. We also continue to provide workplace counselling via an external provider.

There was a continuous steady flow of referrals throughout the year, however from October through to March the number of referrals increased.

Statistics taken over the last 12 months of employees seen by the Mental Health Workplace Advisor show 211 employees were seen for 1:1's appointments and 893 sessions were provided.

1:1 sessions show that 91% of staff were seeking help whilst at work and consistently reported the sessions effective in managing their symptoms to remain at work. A further 3% of staff were not at work due to sickness absence and 5% of these returned to work during the course of the sessions, and continued to engage whilst reintegrating into the workplace.

Feedback from individuals who have accessed the Mental Health Workplace Advisor has been very positive. Managers have engaged more proactively this year in requesting bespoke workshops facilitated by the Mental Health Workplace Advisor, to support staff in building skills and resilience regarding particular departmental stressors and work life balance for self-care with regards to managing their experienced mental health symptoms. Stress workshops, mindfulness and relaxation sessions are enabling greater accessibility for staff to excellent advice and guidance.

New initiatives are receiving excellent feedback from staff and managers such as the first staff weekend retreat, study days for managers and relaxation groups.

More recently this year to provide ongoing support for staff and managers there has been the successful introduction of Looking After Your Staff Study Day to help managers recognise the physical and emotional signs of stress, how to maintain and build resilience in their team, what makes a good occupational health referral along with a scenario based session.

For the ninth consecutive year, the Trust has received external recognition, achieving the Better Health at Work Award for "on-going commitment and outstanding practice in the workplace for health and wellbeing". Ambassador status has therefore been maintained as well as gaining the continuing excellence award for the fifth consecutive year.

This year's National Staff Survey results for the trust were encouraging as we gained the top results in the country for our benchmarking group taking a positive approach to staff Health and Wellbeing.

The annual flu campaign engagement with staff remains positive with 71.73% of frontline staff having their 'flu jab' in 2018-19.


Softrapp

4.3.4 Development and Education of Staff

The Trust recognises the importance of high quality education and development for staff in order to sustain a workforce that is confident and competent in delivering care. The directorate continues to contribute to the Trust's strategic aims by supporting the delivery of high quality education and training, which is available to all.

The Apprenticeship Levy continues to be highly utilised for the development of staff within the Trust with over 150 people currently undertaking apprenticeships. Considerable work is on-going to establish collaborative working with our local providers to provide bespoke training and apprenticeships for the Trust.

The team continue to run simulation training within several clinical environments across multiple specialities, including; Paediatrics, Obstetrics & Gynaecology and Outpatient Departments. At University Hospital of Hartlepool medium fidelity simulations have been developed as part of the up-skilling programme for the Advanced Nurse Practitioners, running bi-monthly from April, until the end of the year. This will also provide other on-site staff with acute illness management. Introduction to Simulation courses have been attended by several internal and external staff, who can now competently run their own simulation scenarios. Acute Medical Registrars from around the region attended for a day of simulation training as part of their continuous medical education.

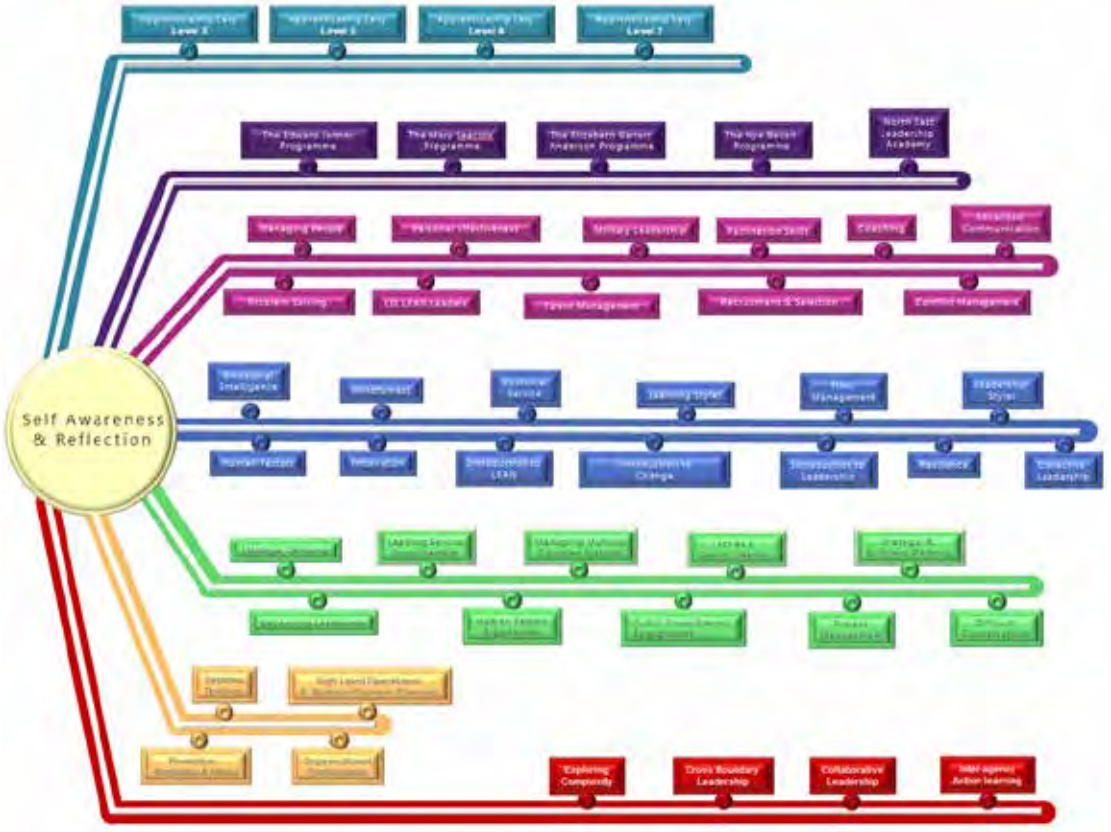
Simulations have been completed for all Foundation Doctors covering key performance targets identified by the Trust including; sepsis, acute kidney injury, anaphylaxis and safe prescribing. Physician Associates are training in the Trust in a variety of acute illness management stations in anticipation of clinical work. All medical trainees are undergoing simulations on non-invasive ventilation. Final year medical students have completed several simulations on a wide variety of topics in anticipation for exams and in preparation of clinical practice. Third Year Undergraduate Medical students spent a day fortifying their learning with Neurology themed simulations in anticipation for their time on the wards.

Newly qualified nurses within their Preceptorship training have completed a number of simulation training scenarios to help prepare them for work on the wards, while increasing their awareness of human factors.

There have been five planned Quality Assurance visits for medical training, all of which received positive feedback from the trainees who reported a good education, training experience and excellent supervisor support at the Trust.

Considering Medical education; there has been full allocation of F1 trainees in 2018. ARCP for Foundation doctors was completed in June 2018 with 86 out of 88 trainees passing panel. Response to regional and national surveys remains high.

The Education team has been part of an innovative project involving an alliance of providers commissioned by Hartlepool and Stockton Clinical Commissioning Group to deliver training within care homes in Stockton and Hartlepool. This involved collaborating with staff from Tees, Esk and Wear Valleys NHS Foundation Trust, Alice House Hospice and Stockton Borough Council to deliver a suite of training modules and introduce National Early Warning Scores using digital technology within the care homes. This is commencing its final year in February 2019 following two successful years with reductions in admissions and highly positive impacts on staff within the care homes.



Leadership Track Diagram

Leadership Development - The Trust remains committed to the development of high quality leadership across the entire organisation on its journey to outstanding. The Organisation Development team have developed the 'Journey into Leadership' concept which centralises the current development opportunities available to all Trust staff groups, and offers bespoke leadership development programmes for individual area/departments. The track allows participants to choose the route that is most suitable for their role and career aspirations. Encouragingly, the track continues to generate significant publicity both in and outside of the Trust with good news stories being shared from staff on its accessibility and effectiveness.

The Culture and Leadership Programme - There is recognition that the strategic aims of the organisation are delivered by its people and success relies on the right, positive organisation culture being established and maintained. This can only be achieved through continuous engagement of all our staff.

An important part of the work of the Trusts' culture group this year has focused on the continuation of the NHS Improvement Culture and Leadership programme. The programme was developed as a diagnostic programme focusing upon the culture and leadership resources within NHS organisations. The three stage programme uses a range of information sources, some already mandatorily required by NHS organisations, that feeds into a "dashboard" indicating overall culture and leadership health.

This year the Trust has completed phase one of the programme and is progressing into phase two the 'design' phase. Phase one findings are being used to identify strengths and areas of improvements within the organisation, by following the NHS Improvement Culture and Leadership programme's recommended corrective tools and techniques a strategy will be created. The main output of the 'design' phase is the creation of a culture and leadership strategy for the Trust.

Mandatory Training - Over the past 18 months there has been significant work undertaken and changes made to mandatory training to move the Trust in line with Regional Streamlining requirements. This created the need for MyESR implementation which has been very successful and has allowed staff to reduce the amount of training completed on commencement of their employment with the Trust when they have been in NHS employment prior to joining us.

Allowing staff access to their own training records and the ability to complete their e-learning also gives the benefit of updating their training record immediately. In turn, this will allow the Trust to have much more timely data around compliance levels and areas of concern. MyESR Employee Self-Service is rolled out across all staff and the next stage is to establish Supervisor Self-service across the whole Trust which will allow reporting of Mandatory training to move away from the RAG report to Business Intelligence reporting.
The CQC provided some areas of feedback around mandatory training in specific areas and significant improvements have been seen within those areas following action plans to improve compliance.
Overall compliance remains at 88% despite winter pressures and high levels of clinical pressure the Trust has faced; the Education Delivery team have worked closely with directorates to increase compliance and will continue to do so.

4.3.5 Equality and Diversity

The Trust is committed to Equality, Diversity and Inclusion (EDI) in all aspects of the services we deliver and the employment of our staff. As a Foundation Trust we adhere to the duties under the Equality Act 2010, which legally protects people from discrimination within the workplace and the wider society. Our annual Equality and Diversity report demonstrates our commitment to this and can be viewed on the Trust website at https://www.nth.nhs.uk/about/equality-diversity/

The Trust is positive about employing disabled people and ensures that as a 'Disability Confident' employer, any applicant who indicates that they have a disability as part of their application and who meets the essential criteria of the post being recruited to, is guaranteed an interview. We require Trust employees to comply with all appropriate policies and procedures, including the equal opportunities policy, when recruiting staff.

The Trust has policies on employing individuals with disabilities, long term conditions and those on ill health and disability redeployment. This includes permanent adjustments to the role an individual undertakes, in order to help retain staff who may have a disability or long term condition. Through the appraisal process, reasonable adjustments are also considered in relation to training and development opportunities.

The Trust participates in Project Choice, which is a scheme that offers young adults with learning difficulties, disabilities or autism the opportunity to receive structured support via a work placement. This enables them to actively contribute and feel valued for what they achieve and in turn, will develop them to become positive role models for others. This project equips students with work-based transferable skills enabling them to be work ready after completion of an academic year and also provides a recognised qualification in employability skills.

The Trust continues to promote the Workforce Race Equality Standard (WRES), which requires us to demonstrate and publish progress against nine indicators of BME workforce representation and progression. We continue to develop and drive further improvements which are monitored by both the EDI Working Group and the Workforce Committee. Our WRES report 2018 is available on our website: https://www.nth.nhs.uk/about/equality-diversity/

The Trust complies with the **Equality Act 2010** (Gender Pay Gap Information) Regulations 2017**.** Our gender pay gap report as of 31 March 2018 (snap shot date) shows that male employees are paid more than females, with an average pay gap of 34.17% and a median pay gap of 18.75%. A further breakdown of the results shows that the average and median pay gap is higher amongst the medical workforce as compared to non-medical staff. Men account for 62% of all Trust medical staff compared to 38% female. There has been an increase in female medical staff commencing employment with the Trust in recent years and if this trend continues, this is likely to have a positive impact on our gender pay gap results.

The Trust is committed to driving out acts of modern slavery and human trafficking from within its own business and supply chains. The Trust acknowledges its responsibility under the Modern Slavery Act 2015 and will ensure transparency is achieved within the organisation so that the objectives of the Act are achieved on a consistent basis.

4.3.6 Staff Survey

The response to the national staff survey for 2018 was published in March 2019.

A new reporting methodology has been adopted for 2018, with the 10 themes scored on a rating of 1 - 10 (with 10 being the highest positive score). The Survey Co-ordination Centre has reviewed the results for previous years and these have been recalculated using the new methodology to allow for trend analysis and 'significance testing' of themes.

It is positive to note a steady and sustained improvement in the Trust's engagement score over the last 5 years, which is a reflection of the range of engagement activities developed and implemented across the organisation.

2018	2017	2016	2015	2014
7.2	7.0	7.1	6.9	6.6

The Trust ranks as above average for 8 themes and average for the remaining 2 themes – Equality, Diversity and Inclusion & Safe Environment – Violence.

The Trust's culture group takes a lead on the staff survey results, ensuring appropriate priorities are identified and actions are put in place where required. This is in line with the previously agreed objectives set by the Trust; considering if these are still fit for purpose or whether new priorities need to be identified.

A vital part of our on-going engagement with staff is communicating the results and asking for their comments, as well as providing feedback on the various initiatives that have been put in place and improved upon, based on what staff are telling us.

Summary of performance

The Trust's response rate in 2018 was 45% accumulated from 565 completed surveys. This is higher than the benchmark average of 41% for Acute and Community Trusts.

The areas where the Trust compares most favourably when compared with other similar trusts are:

Better than Average	2017	2018	Benchmark Group	Best Score
Equality and Diversity				
The organisation acts fairly with regard to career progression regardless of ethnic background, gender, religion, etc.	93.20%	91.0%	85.5%	91.50%
Number of staff who have experienced discrimination at work from their manager/team leader of colleagues	6.3%	4.9%	7.0%	4.5%
Health and Wellbeing				
The organisation takes positive action on health and wellbeing	39.9%	40.2%	27.8%	40.2%
Opportunities for flexibile working patterns	53.8%	56.5%	52.8%	60.3%
Number of staff experiencing MSK problems as a result of work	21.1%	22.0%	27.4%	21.4%
Immediate Managers				
Immediate manager takes a positive interest in staff's health and wellbeing	68.7%	70.7%	67.8%	74.1%
Immediate manager values staff's work	72.2%	75.4%	71.9%	77.0%
Manager provides support to receive training	58.2%	58.1%	54.3%	66.1%
Morale				
Staff receive the respect they deserve from colleagues	N/A	77.4%	72.1%	78.5%
Unrealistic time pressures (never/rarely)	N/A	27.4%	22.5%	27.8%
Relationships ar work are strained (never/rarely)	N/A	48.6%	45.8%	53.5%
Staff thinking about leaving the organisation (low score)	N/A	26%	29%	22%
Staff will leave the organisation as soon as they can find another job (low score)	N/A	13.0%	14.7%	9.7%

	2017	2018	Benchmark Group	Best Score
Quality of Appraisals				
The appraisal left staff feeling valued by the organisation	34.6%	38.0%	31.1%	38.0%
Appraisals help staff to do their job	21.2%	25.0%	21.5%	30.9%
Appraisals help agree clear objectives	32.4%	38.2%	33.3%	43.4%
Quality of Care				
Satisfaction with quality of care given to patients	84.3%	84.4%	80.5%	89.0%
Able to deliver the care they aspire to	75.8%	71.1%	67.3%	78.5%
Staff Environment - Bullying and Harassment				
Experience of B&H from managers	10.3%	8.5%	12.1%	8.0%
Experience of B&H from other colleagues	18.8%	16.5%	18.4%	14.4%
Staff Environment - Violence				
Physical Violence from managers	0.5%	0.0%	0.5%	0.0%
Experience of physical violence from other colleagues	2.1%	1.2%	1.5%	0.6%
Safety Culture				
Staff are confident that the organisation would address their concern	60.8%	67.7%	58.0%	67.7%
Organisation takes action to ensure reported errors/near misses do not happen again	74.3%	78.7%	70.0%	80.9%
Feedback is given about changes made in response to report errors	59.1%	63.6%	58.9%	69.6%
Staff feel secure about raising concerns about unsafe clinical practice	70.7%	75.0%	70.3%	76.4%
Organisation acts on concerns raised by patients	76.6%	79.3%	73.1	83.8
Safety Culture				
Care of patientsis the organisations top priority	77.5%	80.5%	76.5%	88.7%
Staff would recommend the Trust as a place to work	62.7%	67.1%	61.1%	77.3%

The areas where the Trust compares least favourably with other similar Trusts are:

Lower than Average	2017	2018	Benchmark Group	Worst Score
Equality and Diversity (Average)				
Has the employer made adequate adjustments to enable you to carry out your work	83.2%	66.5%	73.3%	52.3%
Morale				
Staff have a choice in deciding how they do their work	N/A	54.2%	56.3%	49.6%
Quality of Appraisals				
The values of the organisation were discussed as part of the appraisal	25.1%	33.1%	35.2%	19.4%
Safe Environment - Bullying and Harassment				
Experience of B&H from patients (higher score than average, although reduced from 2017)	29.9%	27.7%	25.8%	34.1%
Safe Environment - Violence (average)				
Experience of physical violence from patients	14.9%	14.9%	12.6%	17.5%
Staff Engagement - Ability to contribute to improvements				
Staff are able to make improvements happen in their area of work	55.5%	55.2%	56.5%	48.3%

The Trust has achieved the best score within the benchmark of Acute and Community Trusts in the areas of: Positive action on health and well-being; Staff feeling valued by the organisation as part of the appraisal process; Confidence of staff that the organisation would take action to address concerns regarding safety.

There has been a significant reduction in the number of staff experiencing physical violence from other colleagues and is our lowest score for the previous four years.

A refresh of the Staff Survey Directorate Leads was undertaken during 2018, which has resulted in improved engagement at a departmental level and ownership of the results across the organisation. The directorate reports were shared via a schedule of 1:1 session to facilitate the action planning process and a progress review was led by the Deputy Medical Director in early 2019 to close down the action plans in preparation for the 2018 results. A new approach to action planning has been identified for 2019, with a specific focus on improving staff engagement.

Future priorities

Our next steps are to look closely at the specific issues behind the themes in order to identify any gaps in the already established action planning. This includes examining information at a directorate and department level; working with areas to explore their results and assisting with local action plans. This also includes identifying areas across the Trust that are exemplar; learning from them and sharing this good practice in areas that did less positively and publicising this excellence.

It is an indication of the Trust's commitment to the staff survey and improving staff experience that the directorate staff survey action plans are to be incorporated into the performance review process for 2019. This process is led by the Deputy Executive Team and it is intended that this will improve accountability for action plans and ensure that actions are monitored going forward.

4.3.7 Facility Time Publication

On 1 April 2017, the Trade Union (Facility Time Publications Requirements) Regulations 2017 came into force. The current reporting year is for 12 months from 1 April 2017 to 31 March 2018.

Facility time is the provision of paid or unpaid time off from an employee's normal role to undertake Trade Union duties and activities as a Trade Union representative. There is a statutory entitlement to reasonable paid time off for undertaking Trade Union duties. There is no statutory entitlement to paid time off for undertaking Trade Union activities.

The facility time data the Trust is required to collate and publish under the 2017 regulations are:

- **Table 1:** the number of employees who were relevant union officials during the relevant period, and the number of full time equivalent employees.
- **Table 2:** the percentage of time spent of facility time for each relevant union official.
- **Table 3:** the percentage of pay bill spent on facility time.
- **Table 4:** the number of hours spent by relevant union officials on paid trade union activities as a percentage of total paid facility time hours.

The data has now been collated for the reporting year 1 April 2017 to 31 March 2018 and is shown below.

Table 1 - Relevant union officials
What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
20	16.80 FTE

Table 2 - Percentage of time spent on facility time
How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	3
1-50%	17
51%-99%	0
100%	0

Table 3 - Percentage of pay bill spent on facility time
Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	£51,491.69
Provide the total pay bill	£206,686,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.02%

Table 4 - Paid trade union activities
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	12.18%

4.3.8 Disclosure of Concerns (Whistleblowing)

The number of concerns raised under the Trust's Disclosure of Concerns Policy for the period 1 April 2018 to 31 March 2019 are shown in the following table:

Cases carried forward from 2017-18	Cases commenced in 2018-19	Cases concluded in 2018-19 (with outcome)	Total on-going cases carried forward
1	10 14 cases were raised during the reporting period, of which 10 cases were confirmed as a protected disclosure.	5 Concerns resolved /case closed	6

The table shows that 14 new cases were referred to the Freedom to Speak Up Guardian during the period 2018-19, however following a review of the concerns raised, it was identified that 4 of the cases did not qualify as a protected disclosure and the details were forwarded to the Workforce Team for further investigation in accordance with the Trust's Grievance Policy.

The themes for the remaining 11 cases can be summarised as follows (10 new and 1 carried forward):

Quality and Safety (3)

- Concerns raised regarding patient safety. Case has now been resolved.
- Concerns raised regarding patient safety and systems. Case has now been resolved.
- Concerns were raised regarding staffing levels, increased activity and patient safety issues. This case has been investigated and is now closed, however the individual has referred the matter to an Employment Tribunal.

Staffing Levels/Attitudes and Behaviours (1)

- Concerns raised during an Exit Interview regarding a number of issues. A review is on-going.

Staffing Levels (3)

- The disclosure relates to concerns regarding potentially unsafe staffing levels. The case has been closed.

Attitudes and Behaviours (3)

- Concerns raised regarding fraudulent activity and bullying and harassment from peers. A review is on-going (x2 cases).
- The disclosure relates to the intimidating behaviour/actions of an individual. An investigation is on-going.

Equipment and Maintenance (1)

- The disclosure relates to potentially unsafe equipment. The case has been resolved.

In one case, the investigation had already been completed, the Freedom to Speak Up Guardian reviewed the investigation and made recommendations where appropriate. All other cases were referred to Human Resources by the Freedom to Speak Up Guardian and fully investigated. Five cases have since been resolved/closed following investigation, with a further six cases remaining under review with the outcome to be confirmed following conclusion of the investigation process.

4.3.9 Staffing analysis

The Trust employs circa 5,500 staff and the table below shows staff numbers at 31 March 2019. These numbers are inclusive of staff employed within the subsidiary companies, North Tees and Hartlepool Solutions LLP and Optimus Health Limited.

Headcount and FTE figures split by gender as at 31 March 2019

	Headcount		WTE	
	Male	Female	Male	Female
Directors (inc non execs and chairman)	11	6	11	6
Senior Managers	66	118	63.30	107.99
Employees	969	4,317	840.76	3,463.44
Grand Total	**1,046**	**4,441**	**915.06**	**3,577.41**

Average number of employees.
The information in the following table has been subject to audit review.

			2018-19	2017-18
	Permanent	Other	Total	Total
Medical and dental	389	132	521	363
Ambulance staff				-
Administration and estates	1,402	41	1,443	1.041
Healthcare assistants and other support staff	905	17	922	826
Nursing, midwifery and health visiting staff	1,285	89	1,374	1,490
Nursing, midwifery and health visiting learners				10
Scientific, therapeutic and technical staff	396	16	412	710
Healthcare science staff	138	6	144	204
Social care staff				-
Agency and contract staff				-
Bank staff				-
Other				-
Total average numbers	**4,522**	**301**	**4,823**	**4,644**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	-	-

Analysis of staff costs
The information in the following table has been subject to audit review.

			2018-19	2017-18
	Permanent	Other	Total	Total
Salaries and wages	162,831	-	162,831	161,618
Social security costs	14,052	-	14,052	14,003
Apprenticeship Levy	751	-	751	690
Employer's contributions to NHS pensions	17,165	-	17,165	17,475
Pension cost - other	122	-	122	50
Agency/contract staff	-	6,823	6,823	8,061
NHS charitable funds staff	-	-	-	-
Total gross staff costs	194,921	6,823	201,744	201,897
Recoveries in respect of seconded staff				-
Total staff costs	**194,921**	**6,823**	**201,744**	**201,897**

Expenditure on consultancy
The Trust, in 2018-19, spent a total of £505,000 on services provided by external consultancies.

Staff exit packages
The amounts agreed are highlighted below and the information in the table has been subject to audit review.

Exit package cost band	Number of compulsory redundancies 2018-19	Number of other departures agreed 2018-19	Total number of exit packages 2018-19	Number of compulsory redundancies 2017-18	Number of other departures agreed 2017-18	Total number of exit packages 2017-18
<£10,000	-	1	1	1	-	1
£10,001 - £25,000	-	-	-	2	-	2
£25,001 - £50,000	1	1	2	3	-	3
£50,001 - £100,000	-	-	-	1	-	1
£100,001 - £150,000	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	1	2	3	7	-	7
Total resource cost (£)	**£28,000**	**£41,000**	**£69,000**	**£173,792**		**£173,792**

The Trust had two non-compulsory departure payments in 2018-19, none in 2017-18.

Off-payroll arrangements

The Trust, as of 31 March 2019, had no off-payroll engagements for more than £245 per day and that lasted for longer than six months.

The Trust had no new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that lasted longer than six months.

The Trust had no off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019.

The Trust has a policy of not employing senior staff, directors and senior managers via off payroll arrangements. For other staff, the Trust ensures that contracted individuals declare that they are paying an appropriate level of tax to HMRC. The Trust implemented procedures to ensure that new IR35 regulations were followed as of April 2017.

	Number of engagements 2018-19
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/ or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	17

4.4 Code of Governance

The Board of Directors and the Council of Governors of the Trust are committed to the principles of good corporate governance as detailed in the NHS Foundation Trust Code of Governance.

North Tees and Hartlepool NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

4.5 NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

North Tees and Hartlepool NHS Foundation Trust has been placed into segment 3 within the Single Oversight Framework risk assessment, with enforcement actions in place aligned to the Trust's financial deficit position.

This segmentation information is the Trust's position as at 31 March 2019. Financial recovery continues to be the Trust's key challenge, with the organisation's Single Oversight Framework segmentation reflecting the current financial deficit position, however with recognition that significant improvement has been achieved during 2018-19, with the Trust indicating a strong recovery against the agreed financial plan. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Use of Resources

The finance and use of resources theme is based on the scoring of five measures from ''1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2018-19				2017 18 scores			
		Quarter 4	Quarter 3	Quarter 2	Quarter 1	Quarter 4	Quarter 3	Quarter 2	Quarter 1
Financial sustainability	Capital Service Capacity	4	4	4	4	4	4	4	4
	Liquidity	4	3	3	3	3	1	1	1
Financial efficiency	I&E margin	4	4	4	4	4	4	4	4
Financial Controls	Distance from financial plan	1	1	1	1	4	4	4	4
	Agency spend	1	1	1	1	1	1	1	1
Overall scoring		3	3	3	3	3	3	3	3

The Trust has continued to strive to achieve clinical and financial success during 2018-19, which has resulted in overall adherence to the Licence Conditions.

In reviewing the current and future position the Board of Directors has considered the impact of an acute focused resilience requirement, the impact on the financial position and the economic and subsequent contract risks to compliance. Balancing this with a strong historical performance, despite the financial position, further radical solutions remain necessary to assure quality, safety and delivery of key healthcare standards.

In addition to the emergency pressures, the Trust experienced pressures in delivery of the cancer standards, particularly with Cancer 62-day urgent referral to treatment standard. The Trust further reviewed the agreed actions within its cancer recovery plan, evaluating all elements of cancer management including, governance, pathway management, escalation procedures, tracking processes, Multi-disciplinary Team (MDT) management and capacity and demand. The Trust achieved compliance against all the cancer standards with the exception of the 62-day urgent referral to treatment standard, reporting just under target at 84.83%. Key pressures are a result of complex pathways, multiple diagnostic investigations and patient choice.

The Trust continues to focus on delivery of all the key performance standards, as outlined within the Single Oversight Framework, supported by the Trust's Performance Improvement Framework.

The Trust has, in the main, consistently delivered against the core standards historically, with robust operational plans in place to mitigate against the risk of under-achievement with regard to variables, within its control, however it recognises external influences can impact on the delivery against the key indicators with the Cancer 62-day standard identified as an on-going risk for under-achievement during 2019-20, as outlined within the Board Assurance Framework.

4.6 Statement of the Chief Executive Officer

Statement of the chief executive's responsibilities as the accounting officer of North Tees and Hartlepool NHS Foundation Trust.

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require North Tees and Hartlepool NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of North Tees and Hartlepool NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Office is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- make judgements and estimates on a reasonable basis.
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements.
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Julie Gillon
Chief Executive

29 May 2019

4.7 Annual Governance Statement

1. Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North Tees and Hartlepool NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North Tees and Hartlepool NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the Annual Report and Accounts.

3. Capacity to Handle Risk

Leadership
The Trust is committed to a Risk Management Strategy which minimises risk to all of its stakeholders through a comprehensive system of internal controls, based on support and leadership offered by the Board of Directors, its Committees, and the Executive Management Team. The Risk Management Strategy provides a framework for taking this forward which encompass strategic, quality, operational performance, financial, reputational and health and safety risks. Its aim is to ensure the safety of patients, staff and the public and to deliver quality, patient-centred services that achieve excellent results and promote the best possible use of public resources, through an integrated approach to managing risks from all sources. The strategy also seeks to support consistency and standardisation through the gathering and dissemination of intelligence on risks and mitigation control measures amongst all staff.

The Board of Directors brings together the corporate, financial, workforce, clinical and non-clinical, information and health and safety governance risk agendas. The Board Assurance Framework (BAF) ensures that there is clarity about the risks that may impact on the Trust's ability to deliver its strategic objectives together with any gaps in control or assurance. The Executive team work within the parameters of the agreed level of risk, the 'risk appetite', agreed by the Board of Directors.

The high level Board committee structure discharges overall responsibilities for risk management and maintaining and reviewing the effectiveness of the system of internal control is outlined within the Terms of Reference of the Board Committees which are reflected in section 4.1.3, page 52 and include:

- The Board of Directors is responsible for establishing principal strategic and corporate objectives and for driving the organisation forward to achieve these. It is also responsible for ensuring that effective systems are in place to identify and manage the risks associated with the achievement of these objectives through the Board Assurance Framework and the Corporate Risk Register;
- The Audit Committee, on behalf of the Board, reviews the establishment and maintenance of an effective system of internal control and risk management across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives and also ensures effective internal and external audit;
- The Finance Committee is responsible for scrutinising aspects of financial performance as requested by the Board, ensuring that the Trust's resources are being managed efficiently and effectively;
- The Patient Safety and Quality Standards Committee ensures the highest possible standards of clinical

practice within the Trust and ensures the Trust has in place the systems and the processes to support individuals, teams and corporate accountability for the delivery of safe, patient-centred, high-quality care. To ensure the Quality Report/Accounts are discharged and that lessons are learned and disseminated to all professionals within the Trust;

- The Planning, Performance and Compliance Committee assesses the service performance, business planning and operational efficiency delivery, monitoring overall compliance, with a view to supporting a level of assurance with regard to self-certification;
- The Transformation Committee provides assurance and raises any concerns to the Board of Directors in relation to the delivery of the transformation and improvement agenda through partnership and collaboration.
- The Workforce Committee is responsible for providing leadership and oversight for the Trust on workforce issues that support the delivery of the workforce objectives; and for monitoring operational performance of the Trust in people management, recruitment, retention and development, and employee health and wellbeing;
- The Digital Strategy Board is responsible for determining the strategic use of Information and Technology Services (I&TS) to underpin the annual business plans and will ensure all risks relating to the delivery of the strategic objectives and achievement of business plans are reviewed as a standing item and are fully outlined within the Board Assurance Framework; and
- The Executive Team directs the strategic, operational, clinical and financial agenda of the Trust, proactively identifying, managing and controlling risk;
- The Trust Directors Group has responsibility for achieving the corporate objectives identified by the Board of Directors. Specifically, the day to day business and escalation of risk, lessons learned and proactive delivery.

The Director of Nursing, Patient Safety and Quality and the Medical Director have delegated responsibility to lead the Trust's risk management and governance processes. All Executive Directors have responsibility for the delivery of a robust risk management and governance process in both their functional and corporate roles. The Senior Information Risk Owner at Board level is the Chief Information and Technology Officer.

In strengthening its risk management processes, the Trust has devolved responsibility and leadership at directorate level in order to build capacity to enable clearer lines of accountability to risks to quality, safety, operational and financial performance. Senior clinical leaders are in place throughout each directorate, who are responsible for driving improvements to quality, safety, operational and financial performance and actively supporting staff in the identification and management of identified risks. Clinical Directorates are supported through highly skilled and competent staff within the Corporate and Support Service functions that are a central resource for training, advice and guidance on all areas of risk management.

Training

The Board of Directors participates in an annual review of skills and competence to undertake the challenges of interpreting strategy into delivery and this is accompanied by regular training, networking and attendance at nationally led events. This enables the Board of Directors to contribute to the whole Trust agenda and in particular safety and quality at a strategic level whilst challenging the delivery of performance and scrutinising the impact of risks. A Senior Independent Director at Non-Executive Board level holds regular meetings with Governors and provides a conduit for Governors to raise concerns on an informal basis.

All members of staff have responsibility for participation in the risk/patient safety management system and have access to training in areas such as information governance, risk management, reporting systems and guidance on how to understand the processes for managing risks, which are appropriate to their authority and duties. Following the introduction of the revised Risk Management Strategy, particular focus has continued in relation to the development and roll-out of training in respect to risk management and risk registers to ensure consistency and standardisation of application and process.

Staff of all grades can access this training in areas such as risk assessment, risk management and the use of the Trust's risk reporting system. The training opportunities include a variety of direct training sessions, a paper based

work book and also an e-learning package. All learning from good practice and training is shared appropriately across the Trust; this is described further under 'The Risk and Control Framework' below.

4. The Risk and Control Framework

The Board of Directors is committed to leadership of the risk management and governance functions in the Trust. Each Executive Director has within their portfolio a responsibility for some aspect of risk management and governance; this also includes Non-Executive Directors Chairing Board Committees, for example, Audit, Finance and Patient Safety and Quality Standards. The Constitution and terms of reference for all standing committees of the Board are reviewed periodically and any proposed amendments are subject to Board endorsement. The minutes of all committees are presented to the Board of Directors as a standing agenda item.

The Risk Management Strategy sets out the strategic direction, structures and processes for the identification, evaluation and control of risk, as well as the system of internal control. Delivery of this strategy is overseen by the Executive Management Team with individual officers having specific delegated responsibilities. The Strategy has been developed to support the delivery of the Trust's Strategic Aims and Objectives. Its priorities are to ensure all strategic risks are managed in line with the Board's risk appetite and to ensure that risks that could prevent objectives being achieved are proactively identified, quantified and managed to an acceptable level and in doing so provide a robust risk management framework with appropriate reporting arrangements and individual responsibilities clearly identified.

The Board Assurance Framework assesses and evaluates the principal risks to the achievement of the strategic priorities and there is an alignment between the framework and the risks currently outlined on the strategic risk register. The Board Assurance Framework is reported on a quarterly basis through the committee structure to the Board. The end of year position was received by the Audit Committee and the Board of Directors. The Board Assurance Framework also provides assurance that effective controls and monitoring arrangements are in place. It is also the key document that underpins this Annual Governance Statement.

To promote the sharing of good practice the Trust uses an integrated approach to the identification and management of risk. Risks are identified through a variety of mechanisms, both reactive and proactive. Proactive identification may arise from local risk assessments, impact assessments and gap analyses of published reports on healthcare subjects of inspections of other providers. Reactive identification can be flagged as a result of a serious incident, a trend in incidents or complaints or as a result of an audit, either internal or external. In 2018-19 significant work was undertaken in the identification of an issues log to proactively correlate themes and drive continuous improvement.

To ensure risk management is embedded in all Trust activities, care is taken to ensure that Directorate Business Plans and projects introduced to support the organisation's strategic objectives are informed by reference to the Trust's Risk Assessment process and where necessary included in the risk register. In order to ensure service changes are reviewed effectively, the Trust has continued to utilise Quality Impact Assessments (QIA's). This tool is used during early planning stages to support the introduction of change within services, allowing assessment of:

- Patient Safety;
- Clinical Effectiveness;
- Patient Experience;
- Equality and Diversity

All QIAs are reviewed and approved by the Director of Nursing, Patient Safety and Quality and the Medical Director prior to implementation. Initially QIAs were introduced to support the planning of changes within the service improvement and efficiency programme, however, it was recognised this assessment could be utilised across all areas of service improvement, transformation and change. An integral part of this process is to identify measures to be used to assess the achievement of the identified improvements in quality following the implementation of change. During 2018-19 the QIA process has been enhanced further by the inclusion of additional monitoring of quality impact across the whole change process

The Trust recognises that it is operating in a competitive healthcare economy where patient safety, quality of service and organisational viability are vitally important. The Trust also recognises that there is always a level of inherent risk in the provision of healthcare which must be accepted or tolerated, but which must also be actively and robustly

monitored, controlled and scrutinised.

The resources available for managing risk are finite and so the aim is to achieve an optimum response to risk, prioritised in accordance with an initial evaluation. Risk is unavoidable, and every organisation needs to take action to manage risk in a way that it can justify to a level which it considers tolerable. The amount of risk that is judged to be tolerable and justifiable is explored and outlined in the "risk appetite".

It is important for the Trust to know about and operate its risk appetite because if the organisation's collective appetite for risk is set at a certain level and the reasons for it are not known, then this may lead to erratic or inopportune risk taking, thereby exposing the organisation to a risk it cannot tolerate. Conversely an overly cautious approach can be taken which may stifle growth and development. If the leaders of the organisation do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient outcomes affected.

The Trust periodically reviews its appetite for and attitude to risk, updating these where appropriate. This includes the setting of risk tolerances at the different levels of the organisation, thresholds for escalation and authority to act, and evaluating the organisational capacity to handle risk.

Systems are in place to ensure the Trust complies with its duty to operate efficiently, effectively and economically, with timely and effective scrutiny and oversight by the Board, including securing compliance with healthcare standards as specified by the Secretary of State for Health and Social Care, the Care Quality Commission, NHS England, NHS Improvement and statutory regulators of healthcare professions.

There were a number of changes to Board membership during the year. Further details about Board members and changes to Board membership during the year can be found in the Directors' Report and the Remuneration Report.

During the course of 2018-19 the highest scoring risk identified via the Board Assurance Framework related to the Trust's ability to deliver the 2018-19 financial plan as submitted to NHS Improvement. Significant actions and plans were identified and progressed through the year which included robust grip and control processes and governance arrangements that were strengthened to ensure support for the appropriate management, monitoring and implementation of actions. As a result the Trust achieved a year end position of an operational deficit of £(16.2)m which is £2.7m ahead of the NHSI plan.

North Tees and Hartlepool NHS Foundation Trust was placed into segment 3 within the Single Oversight Framework risk assessment during 2018-19, with enforcement actions in place aligned to the Trust's financial deficit position. Financial recovery continues to be the Trust's key challenge, with the organisation's Single Oversight Framework segmentation reflecting the current financial deficit position, however with recognition that significant improvement has been achieved during the year, with a strong recovery against the agreed financial plan. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

The system of quality governance is designed to ensure there is an integration of systems, structures and processes from Ward to Board level. In this way, appropriate actions are taken to ensure required standards are achieved; any variance or risks associated with these can be identified early, investigated and appropriate action introduced. This on-going process of quality assessment can improve planning and supports the drive for continuous improvement. The Trust's committee and governance structure provides for direct escalation to Board and Executive level if required.

To comply with the governance conditions of the NHS Provider Licence, the Trust is required to provide a governance statement to Monitor (operating under the name NHS Improvement) that sets out any risks to compliance with the governance conditions and the actions taken or being taken to maintain future compliance. The statement sets out a number of key questions essential for quality governance, with evidence gathered through self-assessment or review. The Board of Directors certifies on-going compliance with the governance condition, via the Corporate Governance Statement, using performance against governance indicators, financial performance, exception reports and third party information to test the certification.

The Trust, throughout the year, has maintained good working relations with NHS Improvement and ensured they were notified of any significant risks to compliance or service continuity either via the regular Quarterly Review

Meetings or specific meetings to discuss such concerns, for example in relation to the financial position. In addition, collaborative meetings have also been held involving NHS Improvement, NHS England and local commissioners to discuss and progress system wide risks and issues.

Each directorate across the Trust annually refreshes the strategic vision for their service(s) within a business plan including a fully scoped workforce plan for the coming financial year. This includes, details of any predicted gaps in workforce and any skills deficit by staff group, taking account of gaps from a demographic perspective, consideration of age profile and difficult to recruit to positions and affordable solutions to overcome these challenges. Acknowledging that the future position is likely to be exacerbated by national and regional workforce shortages and a local ageing workforce.

A Workforce Strategy has been developed which describes the overarching direction for the Trust for the next five years and provides the framework by which the Trust plans, delivers, monitors and manages its workforce to deliver the Trust's Clinical Services Strategy. The concept of Attract, Develop and Retain runs through the strategy; it is a simple way of expressing the complexity of ensuring the Trust has the right people with the right skills in the right place at the right time. Patient safety and workforce sustainability are at the forefront of Trust thinking, ensuring staff are individually and collectively responsible for making judgements about staffing and delivering safe, effective, compassionate and responsive care within available resources.

The Trust was inspected by the Care Quality Commission (CQC) under the new regime of inspection at the end of 2017. The new inspection included an unannounced inspection which took place from 21-23 November 2017 and a planned well-led inspection which took place from 19-21 December 2017. The overall rating for the Trust improved from requires improvement to good in all five of the domains (announced March 2018).

Governance arrangements are in place to ensure on-going monitoring and compliance with CQC requirements and implementation of improvement plans. The Trust is fully compliant with the registration requirements of the Care Quality Commission. The full inspection reports for the Trust are available to the public on the CQC website: www.cqc.org.uk/provider/RVW

An independent external Well Led review was undertaken by the Good Governance Institute and reported to the Board in October 2018. The review concluded that the organisation is a well-led Trust, with Executive Directors, with effective governance arrangements and a satisfactory system of internal control in place. The review observed cohesive leadership, a professionally run and visible Board with strong investment in leadership.

As part of the review recommendations based on findings against the key lines of enquiry were identified. The Trust's future role and position in a more integrated health and care system was recognised as an area of vulnerability within the review, with a recommendation that further development is needed to establish a cohesive Board position on the nature of system leadership and the intended impact of the Trust in this context. A Board development programme is planned for May 2019-20 to address this and other recommendations.

The Trust recognises that balancing high quality care with long term financial sustainability and delivering integrated care are significant and challenging strategic risks and are integral to the BAF. The Trust is working with partners in the Integrated Care Partnership footprint spanning Durham, Darlington Tees Valley, Hambleton, Richmondshire and Whitby to find workable solutions to these very challenging strategic risks.

The Trust is part of a System Transition Board that has been established with South Tees Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation as well as the Clinical Commissioning Group. These organisations agree that quality and sustainable (clinically, operationally and financially) service provision will not be achieved through traditional service and cost improvement approaches and therefore agree to work collaboratively together to reduce duplication and costs, and support the future delivery of sustainable services for the benefit of patients.

The Trust has actively supported and assisted the development of STPs/ICSs, providing data, challenging evidence and enabling its clinical leaders to contribute to the development of robust clinical models. The STP seeks to address challenges in providing services which meet best practice clinical standards by the most appropriate workforce in the correct setting. It is critically important that these proposals are supported by robust evidence, by clinical opinion and engagement and consultation. Time must therefore be taken to develop and consult on robust proposals.

Going forward, there is a requirement to be cognisant of the ICS and ICP developments and the requirement to diversify and work collaboratively with all key stakeholders in order to deliver optimal care across pathways without

boundaries. The current model of operation across the clinical services is very traditional, in order to ensure the Trust has the necessary capacity and capability to deliver the challenging agenda whilst also ensuring continuity and stability of service provision there is a need to move at pace to manage the changing context and maximise the strength of the current position. A new Care Group structure has been developed along with the changes required for implementation. The new Care Group structure reflects the direction of travel that the Trust has already embarked upon, and acknowledges a radical shift away from a traditional acute hospital model in its ambition and responsibilities.

The new model requires a change of role for the Executive Team, for individual executives and for the management of the Care Groups, implying different skills approaches and mind-sets, and challenges the rigid boundaries which have defined sites, organisations, professions, the notion of Acute care and the unhelpful separation between health and social care services. As such, it therefore describes a new role for the Trust. The new model describes a fast moving leadership team, comfortable in an adaptive landscape, in which conventional approaches to performance, risk and board assurance are outmoded, and the real overarching measure of success will be the improvement in the health of the local population, their improved experience of services and an economic model which gives confidence through sustainability. The Board of Directors fully supports the new operating model and direction of travel which will be implemented from April 2019.

The Board of Directors is committed to, and actively promotes the identification, sharing and delivery of best practice; this includes identifying and managing current risks to the quality of care; as well as scoping for any future issues that may impact on this. The internal control mechanisms support the management of risk to a reasonable level rather than to eliminate all risk of failure to achieve patient safety and quality; the infrastructure of support therefore provides reasonable, and not absolute, assurance of effectiveness.

The Patient Safety and Quality Standards Committee receives reports and updates from appropriate departments in relation to any external assurance visits undertaken to assess compliance with national standards. The Committee also request reviews of published national reports, to establish if there are any identified gaps in service provision in the organisation as a result of findings and recommendations made. The Trust has a policy advising on the process of follow up of external reports and inspections to ensure agreed actions are implemented accordingly. Three Non-Executive Directors are members of the Patient Safety and Quality Standards Committee, one of whom chairs the meeting.

The Board understands and promotes staff empowerment in relation to quality. This ensures all staff, including front line staff, are involved and therefore empowered to implement Trust practices and behaviours and, where appropriate, challenge colleagues who have not followed Trust procedures. A "just" approach is taken in relation to incident reporting as the organisation actively promotes a culture of safety, quality improvement and continuous learning and encourages incident reporting from all staff.

Examination of any human factors and system problems linked with safety incidents permits actions to be implemented to mitigate against recurrence where possible. In line with the Trust's approach to a just culture, if, following investigation of any incident, it is shown that professional or clinical standards or Trust policies have been breached then an appropriate investigation will be initiated. All serious incidents are scrutinised and monitored on behalf of the Board of Directors by the Patient Safety and Quality Standards Committee supported by a robust governance process.

The Board promotes a shared governance approach and encourages multidisciplinary investigations across the organisation in order to obtain the maximum learning from any incident. During 2018-19 the Trust has been supported by NHS Improvement in relation to training and development of staff who are involved in undertaking investigations; this is planned to be developed further in 2019-20 in line with the expected review of the national serious incident framework.

A weekly multidisciplinary Safety Panel is led by the Director of Nursing, Patient Safety and Quality and Medical Director. This panel reviews a range of information related to safety, quality and risk from the previous week in order to evaluate any immediate actions and where necessary initiate further actions. Close involvement of the Education team in safety and quality work permits rapid use of lessons learned within educational opportunities such as mandatory training or Simulation training. A variety of internal communications disseminates information in relation to quality initiatives and improvement activity. There has been one Never Event reported in the period of 2018-19, this occurred in October 2018. The never event was for a wrong implant prosthesis and was linked to a patient safety alert. This is undergoing further scrutiny.

The Trust actively promotes patient and public involvement in the development and evaluation of quality initiatives with members of the Hospital Users Group (HUG) attending the newly established Patient and Carer Experience committee

alongside patient representatives and HealthWatch representatives. Reports from a range of national patient surveys alongside the NHS staff survey are presented to the Patient Safety and Quality Standards Committee as well as other linked committees or groups.

Information obtained through the Friends and Family Test (FFT) for both patients and staff is analysed and reviewed on a regular basis, further information can be found in the Quality Report, Section 5. The national Staff Survey results are analysed and examined to identify where issues have been identified so that initiatives can be introduced to support improvements; the Board of Directors is actively involved in this planning.

Patient stories, both positive and negative, are regularly used throughout the organisation in order to promote the impact of issues that are raised and remind all staff that behind each complaint or incident is a patient and their family.

The Trust Board has, over the last year continued to implement the requirements in line with the "Learning from Deaths" guidance published by the National Quality Board in 2017. The Trusts "Learning from Deaths policy" identifies how this national guidance is being applied. The policy outlines specific mortality cases to be reviewed within the Trust to ensure there is a robust approach towards identifying any preventable deaths and also opportunities to learn from any reviews undertaken.

During 2018-19 the Trust has seen a continued reduction in the published Hospital Standardised Mortality Rate (HSMR) and Summary Hospital-Level Mortality Index (SHMI); both are now currently within national "as expected" ranges.

The Foundation Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Further information can be found in the Staff Report, section 4.3.5.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. Review of economy, efficiency and effectiveness of the use of resources

The Trust has arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements include seeking to ensure that the financial strategy is aligned to the service strategy and is affordable. Savings plans are scrutinised to ensure compliance with terms of authorisation. Individual objectives are co-ordinated with corporate objectives as identified in the Annual Plan, to ensure the aims of the Trust are delivered.

The in-year performance of the Trust is significantly ahead of the plan agreed with NHS Improvement. This improved position, is due in part to strengthened financial governance and reporting arrangements, as well as enhancing 'Grip and Control' within the Trust. These measures have been undertaken with the full engagement and support of NHS Improvement. In 2018-19 the efficiency challenge was £12m which was delivered successfully.

The following processes and mechanisms were in place or have been enhanced in year:

Agreeing an operational plan, which sits within the context of the Trust's overarching strategy, with a level of financial, workforce and operational detail to evidence the resilience and sustainability of the Trust and highlighting potential risks and challenges ahead;

- Given the economic and financial environment of the Trust, the Board of Directors has refreshed the corporate services which clearly sets out the ambitions and direction of travel into the future;
- Monthly reporting to the Finance Committee and Board of Directors on key performance indicators; including

contract income position; expenditure run rates; capital investments; cash position and forecasts.

- Strengthened governance arrangements to ensure greater 'grip and control' with an Executive Financial Management Group established and regular presentations from service areas on performance against plan and targets;
- The introduction of a robust financial performance framework with appropriate levels of escalation and specific focus on forecasting;
- Weekly reporting to Executive Management Team meeting on key factors effecting the Trusts' financial position and performance such as the efficiency programme;
- Establishment of a Financial Recovery Group with the lead Clinical Commissioning Group;
- Programme of 'Delivering Productivity' in partnership with NHS Improvement to identify and configure services to drive quality and productivity and hence make them more cost efficient;
- A more rigorous process of setting annual budgets with underpinning service improvement, run-rate and efficiency programmes presented and approved by the Board of Directors or a delegated sub-committee of the Board prior to the start of the financial year;
- Daily, weekly and monthly cash flow monitoring and a rolling 12-month cash flow projection in accordance with the approved Treasury Management Policy;
- Regular review of Standing Orders, Standing Financial Instructions and Scheme of Delegation;
- Development of service line reporting/management and patient level information and costing system (PLICs) to support directorates to better understand and manage their relative efficiency and profitability, and to make informed business decisions;
- New joint collaborative procurement arrangements put in place to ensure best value through purchasing contracts;
- Estate rationalisation, workforce skill mix review and staffing reviews linked to Key Performance Indicators (KPIs) and key strategic objectives, and;
- Regular reporting and meetings with NHS Improvement and Clinical Commissioning Groups

The Trust is cognisant of the need to ensure financial viability and sustainability in the short term, but more importantly the need to address the longer term challenges; therefore during the financial year, the Trust has developed and agreed a 5-year strategy with NHS Improvement which addresses the Trusts underlying financial deficit and returns the Trust to financial balance.

The Board of Directors delegates responsibility for reviewing the economy, efficiency and effectiveness of the use of resources to the Audit Committee and Finance Committee. This is supported throughout the year with:

- Agreeing and approving the Annual Plan;
- Detailed monthly review of financial performance, financial risk and monitoring the delivery of the service improvement and efficiency programme; and
- Reviewing and agreeing all plans for major capital investment and disinvestment.

The Board of Directors also gains assurance from:

- Internal audit reports, including value for money audits;
- External audit reports;
- The Care Quality Commission inspection report;
- Ad-hoc service reviews;
- Benchmarking; and
- Various other external accreditation bodies.

In order to maintain the high level of quality, financial and performance levels historically achieved, the Trust recognises that there are insufficient resources to stabilise and sustain services going forward without radically changing the way the services are delivered to meet the complex health needs of the population served.

Furthermore, there is recognition that there is little financial flexibility to support transition between present and

desired service models unless the wider health and social care system work together to understand how such a transition will be managed for the benefits of the patients the Trust serves. The Integrated Care System being developed across Cumbria and the North East will set the foundations for the future direction of travel.

In developing this approach, the Trust continues to work with a number of stakeholders including clinicians and staff; commissioners; Local Authority providers; NHS Improvement; GP federations and individual practices and GPs; Health and Wellbeing Boards; local scrutiny functions; Public Health departments; and patient representatives, including local Health-watch organisations; NHS England local area team, and Foundation Trust providers.

The Trust continues to pursue its vision of achieving fully-integrated healthcare, as described in section 3.1.2, page 15.

6. Information governance

The confidentiality and security of information regarding patients and staff is monitored and maintained though the implementation of the Trust Governance Framework which encompasses the elements of law and policy from which applicable information governance (IG) standards are derived.

Personal information is increasingly held electronically within secure IT systems. It is inevitable that in complex NHS organisations especially where there is a continued reliance upon manual paper records during a transitional phase to paperless or a paper-light environment, that a level of data security incidents can occur.

Any incident involving loss or damage to personal data is comprehensively investigated by the Trust in line with its Data and Cyber Breach Management Policy and graded in line with the NHS Digital 'Guide to the Notification of Data Security and Protection Incidents' which now encompasses guidance on reporting incidents post General Data Protection Regulations (GDPR).

All incidents are graded using the NHS Digital breach assessment criteria and the Trust risk assessment tool according to the significance of the breach and the likelihood of those serious consequences occurring. The incidents are also graded according to the impact on the individual or groups of individuals rather than the on the Trust. Those incidents deemed to be of a high risk are reportable to the Information Commissioners Office (ICO) via the Data Security Protection Toolkit within 72 hours of being reported to the Trust.

The Trust has continued to see improvements in its incident levels with the number of serious/high risk incidents falling from thirteen in 2014-15 to two reported in 2018-19. Incidents reported to the ICO during 2018-19 include an instance of 'disclosure in error' regarding diagnosis outcome and an incident of 'unauthorised accesses' to electronic records by a staff member.

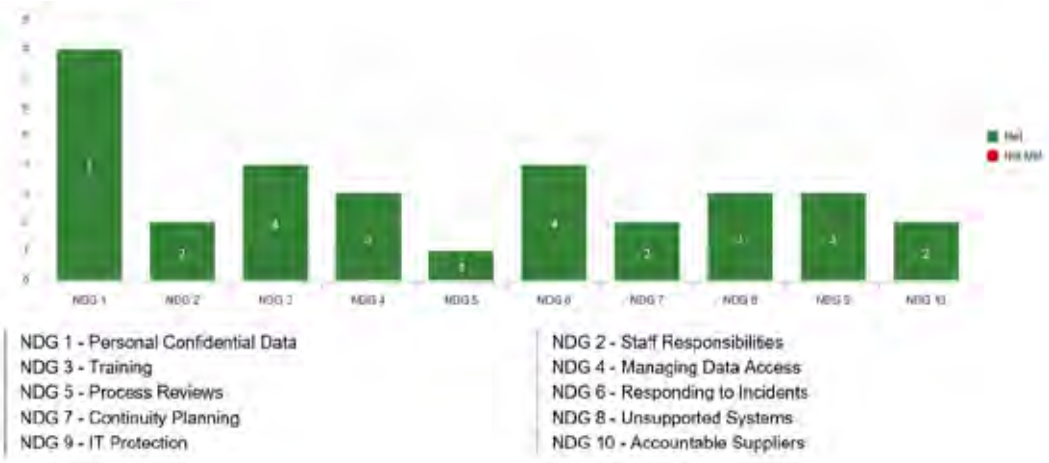
The ICO were satisfied that the actions taken by the Trust in regard to these incidents were appropriate; the incidents have since been closed by the ICO with no further actions. However, in order to further strengthen existing Trust policy and to prevent repeat incidents in areas where incidents have occurred during 2018-19 the following key actions were undertaken:

- Review of IG policies and SOP's to ensure that they reflect the specific needs and practicalities of each internal department and that they reflected the changing needs of legislation in light of the updated Data Protection Act 2018 and the General Data Protection Regulations (GDPR)
- Increased the programme of comprehensive quality assurance and spot checks to ensure all departments are complying with Trust polices relating to the protection of personal data
- Continue to provide annual Data Security Training inclusive of Cyber Security and the provision of targeted training in areas of non-compliance
- Action has been taken to raise awareness with staff of the need to keep Smartcards safe and secure, additionally the Trust has also introduced a replacement fee chargeable to staff for lost Smartcards.
- Robust monitoring of departmental action plans following incidents to ensure appropriate actions have been implemented via the Information Management and Information Governance committee
- Full review of information assets and information flows thought the Trust within a redesigned framework to comply with GDPR requirements
- Setup of an Information Asset Owner (IAO) / Information Asset Administrator (IAA) forum to meet on a quarterly basis to ensure IAO/IAA's are fully supported in maintaining IG policy
- Further embed the principles of privacy by design and mandate the completion of Data privacy impact assessments (DPIA) for any new or change in process relating to personal identifiable data

- HR processes followed where repeated non-compliance has been found

Assurance continues to be provided to the Board of Directors that systems and processes are being constantly assessed and improved to ensure that information is safe. The Data Security and Protection Standards for health and care are set out in the National Data Guardian's (NDG) ten standards and are measured though the completion of the Data Security Protection Toolkit (DSPT). All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data security and that personal information is handled correctly.

The DSPT sets out 100 mandatory evidence items in 40 assertions (32 Mandatory) which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance. For 2018-19 the Trust has compliance against all mandatory items and has achieved the required 'Standards Met' rating as shown in the chart below.



The 2018-19 toolkit was also subject to external audit, with 25 of the 100 mandatory evidence items being audited by Audit One during March 2019 with no remedial actions for the fourth consecutive year.

Staff training and awareness of Information Governance is a key indicator, in 2018-19 we again were required to ensure that 95% of all of our staff had received data security training. The training compliance was achieved for the seventh year running.

7. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The following steps have been implemented to provide assurance to the Board of Directors that the Quality Report presents a balanced view and there are appropriate controls in place to ensure the accuracy of data:

- The draft Quality Report/Account was issued to key stakeholders in April 2019 with the Third Party Declarations received by May 2019. Stakeholders were consulted throughout the year starting in November 2018 and concluding in April 2019; the Stakeholders requested to review the Quality Accounts document and comment on whether they felt it accurately reflected their understanding of the Trust position in relation to quality.
- The quality reporting structure is fully embedded within the organisation with the quality dashboard and alternative sources of benchmarking data and assurance (North East Quality Observatory Service, NHS Digital and Healthcare Evaluation Data) are used to validate conclusions and recommendations.

The Council of Governors was asked to review the document as a key stakeholder:

- A working group of the Council of Governors reviewed the Quality Report on 10 April 2019 with an agreed Third Party Declaration being received on 23 April 2019 (section 5, page 232).

- Third-party narratives have been received from commissioners and key stakeholders and these are included in the Quality Account and Quality Report.
- The External Auditors reviewed the Quality Report/Account in May 2019 and their report is contained in section 5, page 236.

The external auditors have provided a report on the content of the quality report and mandated indicators in the annual report. The report concludes with regard to the A&E 4 hour standard; as a result of a small sample audit, 0.03% (55/175,584), carried out to check system records against manual clinical records. Two records out of the sample indicated a variance between the system time stamp and the manual recorded clinical notes, however recognising clinical notes are regularly completed retrospectively.

The Trust has agreed governance and oversight procedures for the recording and reporting of performance standards. This is supported by an internal independent audit programme for all key performance indicators, including the A&E 4 hour standard, with the most recent audit carried out in September 2018. This audit was allocated a 'Good' assurance level, providing the organisation with internal assurance of the validity of the reported data.

The Trust has acknowledged the issue flagged in the report and has taken steps to apply further testing of A&E records to provide internal assurance, with additional spot check audits planned weekly to monitor on-going compliance to data reliability. The Trust has also recently implemented electronic 'active clinical notes' within the A&E system, removing the requirement for manual records to be kept outside of the system, providing 'real time' data entry.

The Trust reported an average performance of 97.18% during 2018-19, significantly above the 95% standard.

8. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the Executive Directors and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and Patient Safety and Quality Standards Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Assurance Framework is well established and is designed to meet the requirements of the 2018-19 Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principle risks identified by the organisation. A plan to address the weaknesses and ensure continuous improvement of the system is in place.

Key Review Bodies:

The Role of the Board of Directors and its Committees in maintaining and reviewing the Trust's systems of internal control is described in section 3 of the Annual Governance Statement.

Internal Audit provides an independent, objective assurance and consulting activity designed to add value, and improve the Trust's operations. Through an active audit programme, it assists the Trust to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. The Head of Audit, as part of his requirements, provides me with an annual opinion based upon all internal audit work undertaken during the year and the arrangements for gaining assurance via the Assurance Framework.

In his opinion, from his review of our systems of internal control, he is providing good assurance that there is a sound system of internal control, designed to meet the Trust's objectives, and that controls are generally being applied consistently. It is also the Head of Audit's opinion that there are no significant control issues which he would wish to bring to my attention for potential disclosure/inclusion within this statement. In addition to this, the Trust's Executive

Directors have reviewed the finding of all internal audit work throughout the year and have not identified any significant control weaknesses for disclosure.

External Audit provides an independent opinion on the review of resources and the financial aspects of corporate governance as set out in their Code of Audit Practice.

NHS Improvement (Monitor) – is responsible for overseeing the performance of foundation trusts as the independent regulator. The Single Oversight Framework is based on the principle of earned autonomy which segments providers according to the extent to which they meet the definition of success. The Trust has worked closely with the regulator over the last 12 months via regular reporting, Quarterly Review Meetings, as well as financially focused meetings.

Care Quality Commission – In 2015 the CQC published guidance regarding how it expects NHS Bodies to comply with the Fundamental Standards identified in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The CQC inspection regime ensures the Trust is compliant with these Fundamental Standards. The Trust continued to comply with the CQC registration without conditions and continued to deliver against key standards.

Clinical Commissioning Group – The local Clinical Commissioning Groups (CCG's) have undertaken assurance visits during 2018-19. Reports have been provided for all visits and any recommendations made have either been acted on immediately at the time of the visits, or action plans have been initiated. However, none of the assurance visits have raised any significant concern about safety or quality within the Trust's services.

Review and assurance mechanisms are in place but continue to be developed and ensure that:

- All managers including the Board regularly review the risks and controls for which they are responsible;
- All reviews are monitored, documented and reported to the next level of management;
- Any changes to priorities or controls are documented and appropriately referred or actioned;
- Lessons which can be learned from both successes and failures are identified and promulgated to those who can gain from them, both within and out of the organisation.

An appropriate level of independent assurance is provided on the whole process of risk identification, evaluation and control.

The Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Conclusion

The Board of Directors have considered the Annual Governance Statement and I can confirm that there are no significant internal control issues within the Trust.

Signed:

Julie Gillon
Chief Executive

29 May 2019

5 Quality Report

Contents

PART 1
Statement on Quality from the Chief Executive

Our approach to Quality: An Introduction to this Annual Quality Account from the Chief Executive

I am delighted to introduce the North Tees and Hartlepool NHS Foundation Trust Quality Accounts for 2018-19, which is a continued excellent illustration of the Trust's commitment to provide the best quality of care possible for our patients. It details our performance over the last year as well as outlining our key priorities for 2019-20.

2018-19 has seen a continuous demand for services and financial challenges placed upon the whole health and care system, which is likely to continue, however, despite this the Trust has maintained a good level of performance throughout the year. None of this would be possible without the dedication and hard work of our staff, who are highly valued. This commitment from our staff continues to be recognised throughout the year both internally and externally, including staff being nominated for various awards. As a Trust we are also very fortunate to have volunteers, governors, members and other partners who support the excellent work we do.

Julie Gillon
Chief Executive

31 May 2019

During 2018-19, there was a maintained commitment ensuring that the improved performance from previous years in relation to our Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) mortality values was maintained. This continued hard work and commitment has seen the Trust's recent HSMR and SHMI values return to around the 100 mark (where the number of people died met the expected number) and well within the 'as expected' range. I would like to thank all staff who have contributed to this valuable work. To continuously improve the good work being carried out and to constantly strive for improvement, the Trust regularly seeks assurance from external organisations.

The Trust continues to be set a very challenging Clostridium difficile target by our commissioners of no more than 13 hospital acquired infections. Despite the Trust exceeding this target, there have been a number of important initiatives undertaken to lower future infection rates which are outlined in this report.

The latest Care Quality Commission (CQC) unannounced inspection of services was undertaken in November 2017 and a Well-Led inspection in December 2017, following which the Trust has been rated as 'Good'. During 2018-19 the Trust has utilised the findings within inspections reports, building on the key successful areas, but also to look at the areas that required further improvement, this forms part of the Trust 'Journey to Outstanding' strategy.

The Trust actively engages with its key stakeholders throughout the year regarding all aspects of safety and quality work and the Quality Account priorities for 2019-20. These priorities have been jointly developed with patients, carers, staff, governors, commissioners and with key stakeholders including health scrutiny committees, local involvement networks (Healthwatch) and Healthcare User Group (HUG).

The Trust continues to receive regular comments and reviews from patients, carers and family members on NHS Choices and are currently rated as follows:

- University Hospital of North Tees is rated at **4.0** out of 5
- University Hospital of Hartlepool is rated at **4.0** out of 5

Putting patients first remains our number one priority every day, striving for excellent patient experience and patient safety for all our patients.

To the best of my knowledge the information contained in this document is an accurate reflection of outcome and achievement.

What is the Quality Report/Accounts?

Quality Accounts are the Trust's annual reports to the public about the quality of healthcare services that we provide. They are both retrospective and forward looking as they look back on the previous year's data, explaining our outcomes and, crucially, look forward to define our priorities for the next year to indicate how we plan to achieve these and quantify their outcomes.

Our Quality Pledge

Our Board of Directors receive and discuss quality, performance and finance at every Board meeting. We use our Patient Safety and Quality Standards (PS & QS) Committee and our Audit Committee to assess and review our systems of internal control and to provide assurance in relation to patient safety, effectiveness of service, quality of patient experience and to ensure compliance with legal duties and requirements. The PS & QS and Audit Committees are each chaired by non-executive directors with recent and relevant experience, these in turn report directly to the Board of Directors.

The Board of Directors seek assurance on the Trust's performance at all times and recognise that there is no better way to do this than by talking to patients and staff at every opportunity.

Listening to Patients and Meeting their Needs

We recognise the importance of understanding patients' needs and reflecting these in our values and goals. Our patients want and deserve excellent clinical care delivered with dignity, compassion, and professionalism and these remain our key quality goals.

Over the last year we have spoken with over **45,000** patients in a variety of settings including their own homes, community clinics, and our inpatient and outpatient hospital wards as well as departments. We always ask patients how we are doing and what we could do better.

Quality Standards and Goals

The Trust greatly values the contributions made by all members of our organisation to ensure we can achieve the challenging standards and goals which we set ourselves in respect of delivering high quality patient care. The Trust also works closely with commissioners of the services we provide to set challenging quality targets. Achievement of these standards, goals and targets form part of the Trust's four strategic quality aims.

Unconditional CQC Registration

During 2018-19 the Trust met all standards required for successful and unconditional registration with the Care Quality Commission (CQC) for services across all of our community and hospital services.

CQC Rating

The most recent CQC visit took place during November 2017 utilising revised inspection format, with the well-led element taking place during the week commencing 18 December 2017. The Trust has been rated as 'Good', for all domains additional detail regarding the recent visit is located in the CQC section on page 193.

2018-19 Achievements

The monthly award has two winners, a team and an individual.

PART 2
Section 2A: 2018-19 Quality Improvement Priorities

Part 2 of the Quality Account provides an opportunity for the Trust to report on progress against quality priorities that were agreed with external stakeholders in 2017-18. We are very pleased to report some significant achievements during the course of the year.

Consideration has also been given to feedback received from patients, staff, governors and the public.

Presentations have been provided to various staff groups with the opportunity for staff to comment on with feedback forms provided to obtain patients views.

Progress is described in this section for each of the 2018-19 priorities.

Stakeholder priorities 2018-19

The quality indicators that our external stakeholders said they would like to see reported in the 2018-19 Quality Accounts were:

Patient Safety	Effectiveness of Care	Patient Experience
Mortality	Safety Thermometer	Palliative Care & Care for Dying Patient (CFDP)
Dementia	Discharge Processes	
Mental Health	Safety and Quality Dashboard	Is our Care Good? (Patient Experience Surveys)
Safeguarding (Adult & Children's)	Learning from Deaths	
Infections		Friends and Family Test

"Staff very hard working with attention to detail, patient's needs were at the forefront of their care." [sic]

Priority 1: Patient Safety
Mortality

Rationale: To reduce avoidable deaths within the Trust by reviewing all available mortality indicators.

Overview of how we said we would do it

The Trust used the Healthcare Evaluation Data (HED) benchmarking tool to monitor and interrogate the data to determine areas that require improvement. We will also review/improve existing processes involving palliative care, documentation and coding process.

The Trust continues to work with the North East Quality Observatory System (NEQOS) for third party assurance.

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
HSMR (Hospital Standardised Mortality Ratio)	Report to board of directors	Reported to Board of Directors	✔
SHMI (Summary Hospital- level Mortality Indicator)	Report quarterly to the commisioners	Reported to the Commissioners	✔
We will utilise nationally/regionally agreed tools to assist in assessing levels of clinical care.	Report to the Trust Outcome Performance Delivery Operational Group	Reported to the Trust Outcome Performance Delivery Operational Group	✔

The Trust Board of Directors continues to understand the values of both Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). The Trust has achieved reductions for both metrics, to such an extent they are now consistently in the **'as expected'** range.

The Trust, while using national mortality measures as a warning sign, is investigating more broadly and deeply the quality of care and treatment provided. The Trust established a clinical link between consultants and the Trusts Coding Department, this work throughout 2018-19 has reaped great rewards in respect of depth of coding. This increase from around an average of four co-morbidities per patient to over seven, has had a profound effect on the HSMR and SHMI values, as well as giving a more accurate reflection of the patients true level of sickness.

Further progress this year will be supported by the following:

- To aid in collaborative thinking the Trust remains part of the Regional Mortality Group, this group has representation from all eight North East Trusts where all key mortality issues are discussed.
- Twice weekly centralised mortality reviews continue to be undertaken, with mortality workshops being held once a month for clinicians to attend to gain an understanding of the Trust's position and how they play a key part in future improvements.

The following data is from the two nationally recognised mortality indicators of Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).

Hospital Standardised Mortality Ratio (HSMR)
March 2018 to February 2019

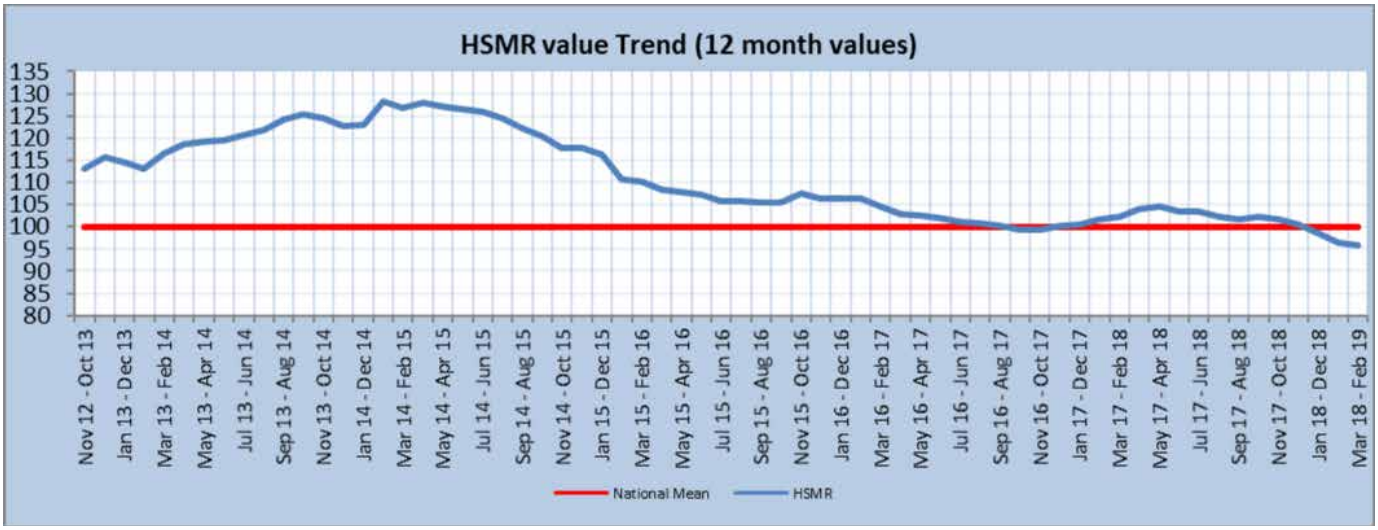
The Trust HSMR value is **95.80** for the reporting period from March 2018 to February 2019; this value continues to place the Trust in the **'as expected'** range. The National Mean is 100, which denotes the same number of people dying as expected by the calculations, any value higher means more people dying than expected.

Reporting Period	HSMR		*CMR	
Jan 17 - Dec 17	100.53		3.51%	
Feb 17 - Jan 18	101.61	↑	3.58%	↑
Mar 17 - Feb 18	102.41	↑	3.64%	↑
Apr 17 - Mar 18	104.09	↑	3.73%	↑
May 17 - Apr 18	104.54	↑	3.74%	↑
Jun 17 - May 18	103.43	↓	3.68%	↓
Jul 17 - Jun 18	103.53	↑	3.68%	↔
Aug 17 - Jul 18	102.26	↓	3.65%	↓
Sep 17 - Aug 18	101.81	↓	3.61%	↓
Oct 17 - Sep 18	102.30	↑	3.60%	↓
Nov 17 – Oct 18	101.56	↓	3.61%	↑
Dec 17 – Nov 18	100.55	↓	3.64%	↑
Jan 18 – Dec 18	98.39	↓	3.55%	↓
Feb 18 - Jan 19	96.17	↓	3.45%	↓
Mar 18 - Feb 19	**95.80**	↓	**3.41%**	↓

*Crude Mortality Rate (CMR)

Trust HSMR Continued Improvement

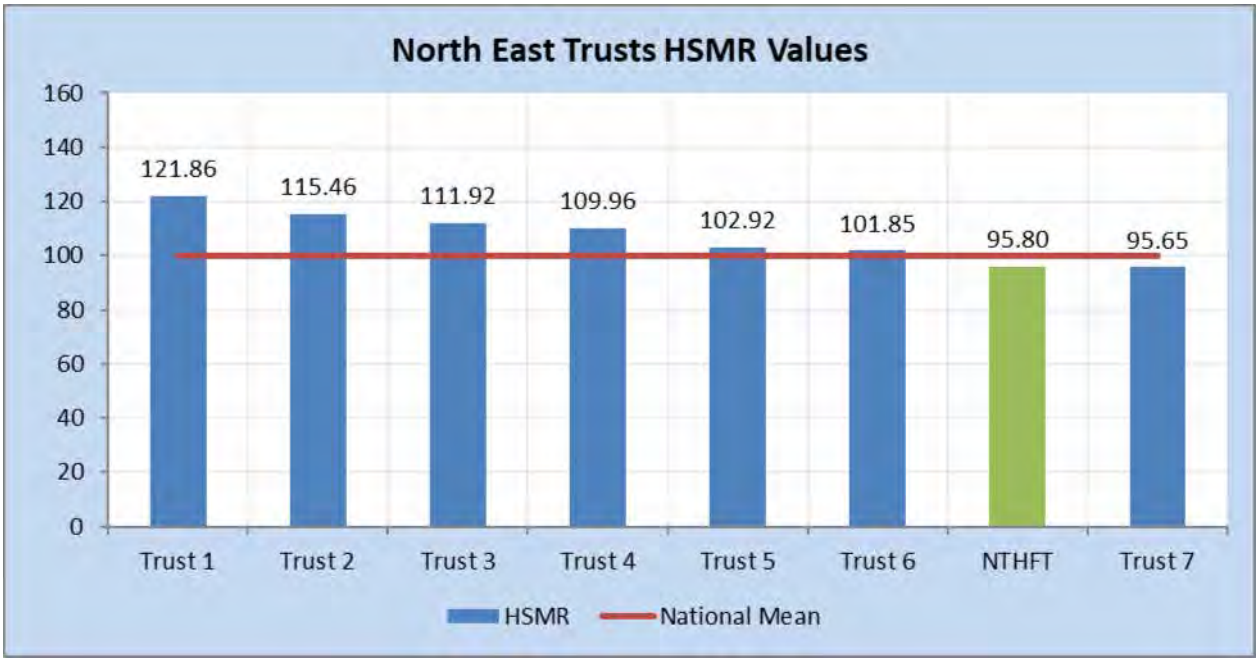
The following graphic demonstrates the Trust improvement since the high during February 2014 – January 2015, reducing the HSMR value to **95.80 (March 2018 to February 2019;)** from 128.26, the Trust continues to reside in the **'as expected'** range.



*Data obtained from the Healthcare Evaluation Data (HED)

The following HSMR chart demonstrates the Trust's 12 month HSMR value throughout the reporting period from **March 2018 to February 2019**, benchmarked against the other North East Trusts.

The Trusts 12-month average for HSMR is currently **95.80** which is within the 'as expected' range.



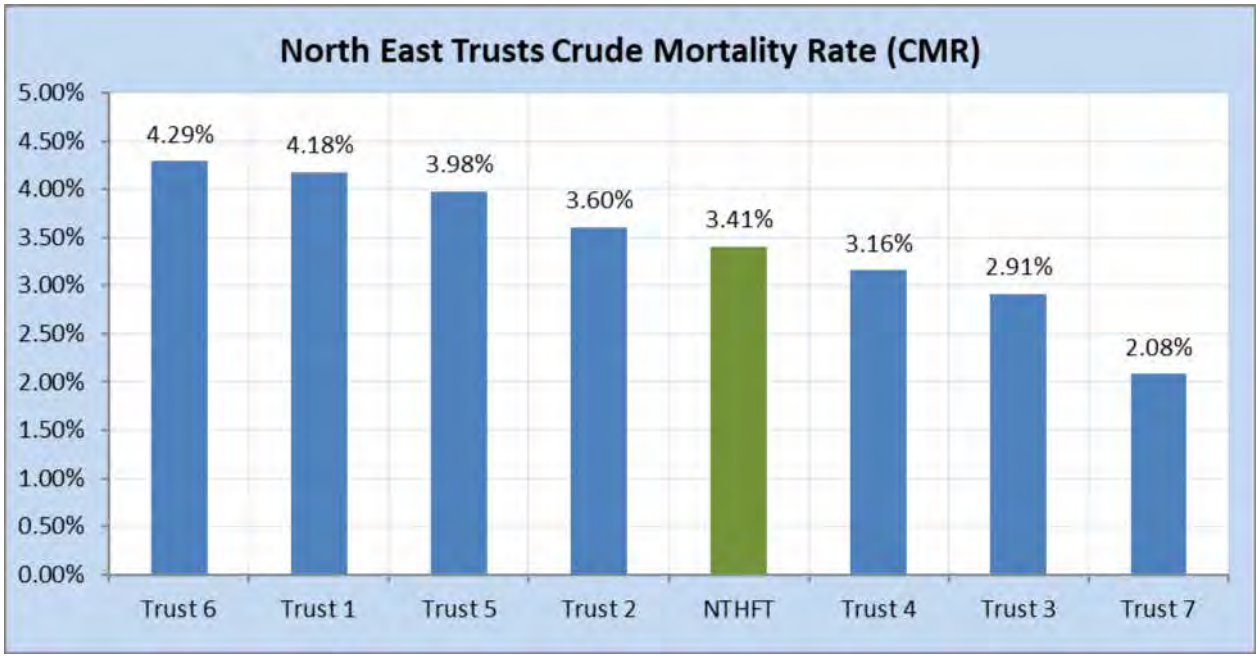
*Data obtained from the Healthcare Evaluation Data (HED)

HSMR Crude Mortality Rate - 3.41%

March 2018 to February 2019

The following HSMR chart demonstrates the Trusts 12 month Crude Mortality Rate value throughout the reporting period from **March 2018 to February 2019**, benchmarked against the other North East Trusts.

The Trusts 12-month average Crude Mortality Rate (number of deaths/number admitted*100) is currently **3.41%.**



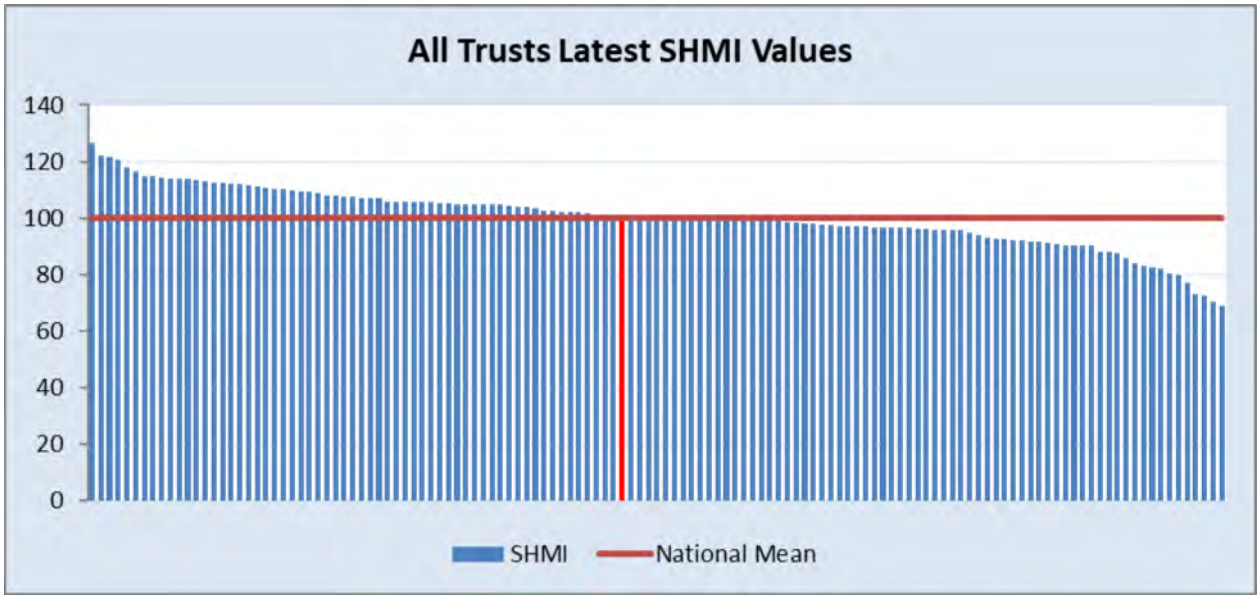
*Data obtained from the Healthcare Evaluation Data (HED)

Summary Hospital-level Mortality Indicator (SHMI)
October 2017 to September 2018

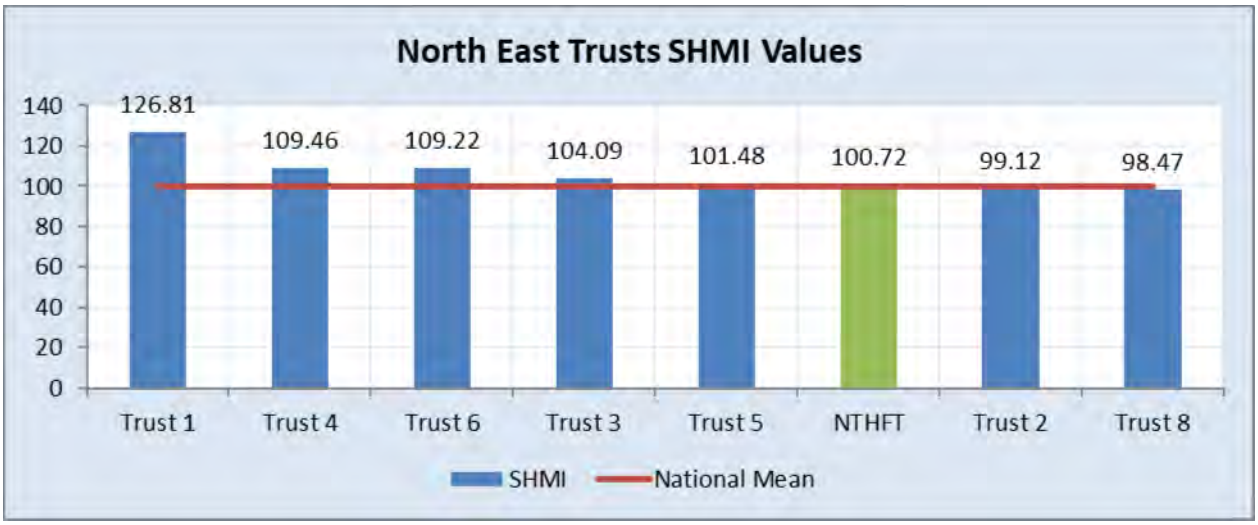
The **SHMI** indicator provides an indication on whether the mortality ratio of a provider is as expected, higher than expected or lower than expected when compared to the national baseline in England.

SHMI includes deaths up to 30 days after discharge and does not take into consideration palliative care.

The following graphic demonstrates the Trust (red) National position with a SHMI value of **100.72 (October 2017 to September 2018)**, this value continues to reside in the **'as expected'** range.

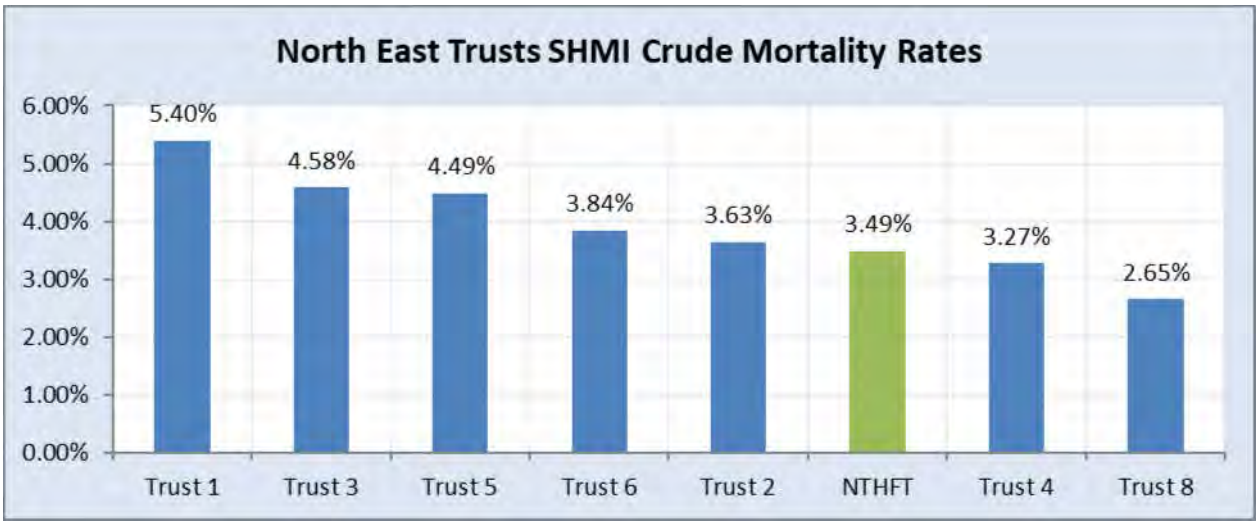


The following chart and table demonstrate the Trust's current SHMI position utilising the latest time period of **October 2017 to September 2018**, the other North East Trusts have been anonymised.



*Data obtained from the Healthcare Evaluation Data (HED)

The following SHMI chart demonstrates the Trusts 12 month Crude Mortality Rate value throughout the reporting period from **October 2017 to September 2018**, benchmarked against the other North East Trusts. The Trusts 12-month average Crude Mortality Rate (number of deaths/number admitted*100) is currently **3.49%.**



*Data obtained from the Healthcare Evaluation Data (HED)

Trust Raw Mortality

The following table and chart demonstrates the raw number of mortalites the Trust has experienced since 2016-2017. For the current financial year of 2018-19, the Trust has experienced 1,341 mortalities, when compared to the previous year (2017-18) this is currently 109 mortalities fewer (as of end of February 2019).

	Cumulative Totals											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016-17	142	273	396	515	622	719	851	970	1114	1269	1405	1541
2017-18	126	254	357	461	566	686	807	936	1118	1312	1450	1613
2018-19	**135**	**239**	**341**	**455**	**547**	**655**	**794**	**928**	**1060**	**1209**	**1341**	**1454**
Diff	9	-15	-16	-6	-19	-31	-13	-8	-58	-103	-109	**-159**

Priority 1: Patient Safety
Dementia

Rationale: There are currently approximately 14,000 (last report 2014) people with a diagnosis of dementia across County Durham & Darlington and Tees. NHS Hartlepool/Stockton-on-Tees has the highest projected increase of dementia across the North East by 2025. All stakeholders identified dementia as a key priority.

Overview of how we said we would do it

- We will use the Stirling Environmental Tool to adapt our hospital environment
- We will make it mandatory that all patients over 65 receive an Abbreviated Mental Test (AMT) and are, where appropriate, referred for further assessment.
- Patients with Dementia will be appropriately assessed and referred on to specialist services if needed.
- Creation of a separate room in Accident and Emergency where people with acute confusion or dementia can wait to be seen in a more private and less stimulating environment than the main waiting room.
- Cross referencing people regarding a dementia diagnosis on North Tees and Hartlepool Trust Trakcare and Datix systems with (Tees, Esk and Wear Valleys NHS Foundation Trust) TEWV Paris system (electronic care record system) to confirm if a clinical diagnosis has been given by mental health services. If confirmed an alert will be added to Trakcare to ensure staff are aware of a definite diagnosis of dementia.

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
The Stirling Environmental audit assessment tool will be used to monitor the difference pre and post environmental adaptation.	Report to the Vulnerability Committee	Reported to the Vulnerability Committee	✔
Wards within the Trust have had the Stirling audit completed on them.	Monthly UNIFY	Discussed locally in Dementia groups when appropriate	✔
The percentage of patients who receive the AMT and, where appropriate, further assessment will be reported monthly via UNIFY.			
We will continue with the prevalence audit for the number of patients that have cognitive screening over the age of 75 admitted as an emergency that are reported as having a known diagnosis of dementia, or have been asked the dementia case finding questions.			
National Audit for dementia			

Carers Support

- Carers' information packs are reviewed and updated regularly.
- This aims to reduce risk of carer breakdown, and information on how they can access individual carer's assessment
- Informs carers what services they have access to.
- Increases information on how they can access individual carer's assessment.
- Both Local authorities gave detailed directory of services to support the low level interventions required for people in their own homes.

- If carers feel more supported, there is less risk of admission of the people they care for.
- Supports financial and social benefit.
- Continue to promote John's Campaign (www.Johnscampaign.org.uk) with the Trust lead. This supports carers to outline which elements of care/support they would prefer to do for the patient whilst in hospital, and which elements they would prefer staff to complete. It also outlines allowances for carers and family i.e. if family/ carers are spending significant amounts of time visiting, allowing flexible visiting, ability to order from the hospital menu for themselves and the Trust is in discussions with Parking Eye regarding parking allowances.
- Carers packs are now proactively delivered to the wards when a DoLS application is received by adult safeguarding that lists the cognitive problem as 'Dementia.'
- University Hospital of North Tees has become part of Dementia Friendly Stockton. The aim is to continue to develop close and consistent links with relevant local agencies.

Patients admitted to the Trust with a diagnosis of Dementia/Delirium

***Data from Information Management Department, 2018-19 data up to end of February 2019**

The challenges the Trust faces regarding patients admitted with a diagnosis of Dementia/Delirium is an unfortunate increasing trend.

Dementia Assessment and Referral 2018-19

This data collection reports on the number and proportion of patients aged 75+ admitted as an emergency for more than 72 hours in England who have been identified as potentially having dementia, who are appropriately assessed and who are referred on to specialist services.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number to whom case finding is applied	1,240	1,354	1,328	1,220
Number of emergency admissions	1,240	1,354	1,328	1,220
Percentage to whom case finding is applied	**100%**	**100%**	**100%**	**100%**

Number who had a diagnostic assessment	221	207	310	285
Number with positive case finding question	221	207	310	285
Percentage with a diagnostic assessment	**100%**	**100%**	**100%**	**100%**

Number of cases referred	56	71	88	85
Number with a positive or inconclusive diagnostic assessment	56	71	88	85
Percentage of cases referred	**100%**	**100%**	**100%**	**100%**

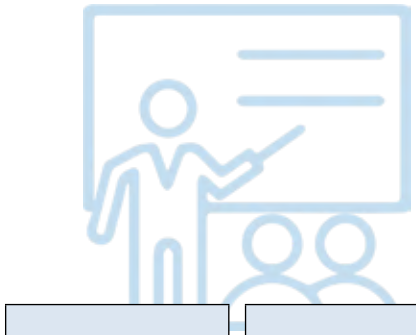
***Data obtained from NHS Digital**

Dementia Training Levels

Tier 1 - Dementia Awareness Raising	Tier 2 – Knowledge, skills and attitudes for roles that have regular contact with people living with dementia	Tier 3 – Enhancing knowledge, skills and attitudes for key staff in a leadership role
This is mandatory to the entire workforce in health and care, involving the completion of 'Essential Dementia Workbooks' at the appropriate level according to job role. The team also provide a 1.5 hour face to face training session. This is constantly evaluated and updated. It is also delivered to all new recruits to the Trust- overseas nurses, newly qualified staff, students, return to practice nurses, Trust induction and can be delivered on request for team days. There has been an identified training need for the Trust volunteers in relation to dementia. We are currently planning this, and this will be based around the development of increased knowledge and practical skills to equip our volunteers with extra awareness of dementia when supporting people with a dementia diagnosis.	This is the level of 'Trust Dementia Champions' To support this level of training we have the Trust Dementia Champion programme which, following feedback, has been reviewed and now runs over two consecutive days on alternate months. The purpose of the Dementia Champions is to create an individual with a high level of knowledge of dementia. The 6 stages of 'Barbara's Story' is used and discussed. This training involves support from other multi-disciplinary teams as well as guest speakers. It is open to all staff, of any profession or grade, either inpatient or community. This new programme enables it to be carried out 6 times a year, as opposed to being carried out over 2 hour sessions monthly over 11 months. We are also placing more emphasis on the role of the Dementia Champions and have compiled a list of expectations which outline their responsibilities following the course.	The dementia team do not deliver this but this is relevant to staff working intensively with people affected by dementia; for example, university modules / bespoke study days in relation to dementia care.

Dementia Level Training

The training content for tier 1 and tier 2 dementia training is reported to Health Education North East (HEE) 5 times a year. This meeting involves all NHS Trusts in the North East and is used to discuss training content and numbers. This forum is also used for obtaining Health Education England approval for training. This ensures consistency to the training across all Trusts in relation to content, it also allows Trusts to share information and discuss/advise on new content, both nationally and locally.



Dementia Tier 1	Dementia Tier 2	Dementia Tier 3
98%	90%	86%

*Data obtained from the Trust dementia training

Priority 1: Patient Safety
Mental Health

Rationale: Post Stakeholder engagement, this was decided to be a key metric going forward for measurement.

Overview of how will measure it

The Trust will benchmark current and future practice against the Treat as One Guidance; undertaking further audit in relation to recommendations in line with the above and Staff and patient engagement (survey).

Overview of how we will report it

The Trust will establish a Treat as One group chaired by an Executive Board Member; audit results will be reported to ACE Committee and Performance & Quality Standards Committee.

High quality mental healthcare offered to patients across the services we provide is our aim. Integrating mental and physical health and social care will improve patient experience and outcomes, as well as staff experience, and reduce system costs and inefficiencies. However, good integrated care for people with mental health conditions often appears to remain the exception rather than the rule, with physical healthcare and mental healthcare largely disconnected. There has been, and still are, many drivers to try and change the situation, to improve the care for this patient group.

By focusing on the whole person, healthcare professionals will be knowledgeable and confident in understanding and managing mental health conditions and knowing when and how to access mental health services for the patients they see. The integration of all healthcare professionals to provide care as needed for each patient is a crucial part of the solution to providing a higher quality of care to all patients.

Will aim to:

- embed integrated mind and body care as common practice, joining up and delivering excellent mental and physical health care, research and education so that we treat the whole person.
- improve patient care and staff experience through the sustainable provision of effective learning and development of our workforce.
- provide services where users routinely access care that addresses their physical and mental health needs simultaneously provided by services and staff who feel valued, supported and empowered to do so.

To achieve the 3 aims the objective will be to:

- Foster positive attitudes towards integrated mental and physical health, combatting stigma.
- Improve recognition and support for both the mental and physical health needs of patients.
- Assist staff to access support and resources for working with mind and body.
- Ensure that mind and body care is addressed at all levels of healthcare.
- Engage local partners in improving mind and body training and subsequently care.

Priority 1: Patient Safety
Safeguarding (Adult and Children's)

Rationale: Adult Safeguarding is defined by the Care Act (2014) and is carried out where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Overview of how we said we would do it

- Ensure staff are well equipped to deal with Adult Safeguarding issues and have a good understanding of the categories of abuse.
- Staff are aware of how to raise a safeguarding concern.
- Continue to increase the visibility of the Adults Safeguarding Team.
- Audit the policy to look at good practice and areas for improvement.
- Local quality requirements (LQR) as defined by the commissioners will be monitored on a quarterly basis.
- Quality assessment frameworks (QAF) on adult safeguarding will be produced, RAG rated and audited by Tees-wide Safeguarding Board (TSAB).

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
Audits will be carried out on DoLS and Adult Safeguarding and results reported	Audit results and action plans to be reported to Adult Safeguarding Group quarterly	Audit plans and results presented to Adult Safeguarding Group quarterly	✔
Compliance of training figures	Report activity into Teeswide Safeguarding Adults Board	The Trust reported activity into Teeswide Safeguarding Adults Board	✔
Concerns raised by the Trust and against the Trust	To submit the QAF to the TSAB	QAF has been submitted to the TSAB, awaiting formal response	✔

Safeguarding Adults

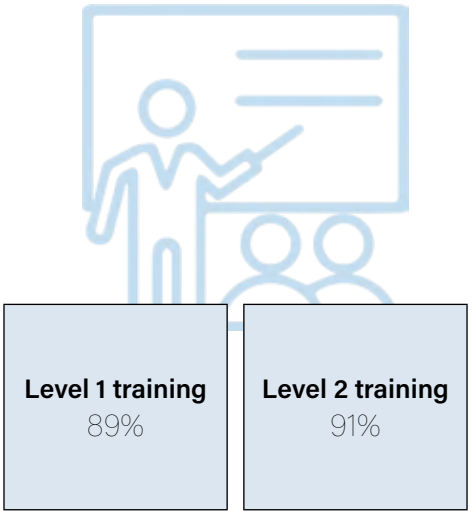
The Trust continues to work to enhance and develop standards for safeguarding adults across hospital and community services. The Care Act (2014) has been embedded in practice and close working with the Teeswide Adults Safeguarding Board has helped to update policies and procedures in a coordinated approach.

The Adults Safeguarding team continue to raise the profile and visibility of Adult Safeguarding; this is in the form of walkabouts, increased teaching and attendance at staff meetings.

The safeguarding team have developed level 2 training to give key staff more intensive training and understanding of Adult Safeguarding.

Training activity 2018-19
(up to Q3 2018-19)

Tees-wide multi agency training is undertaken at level one via workbook and e-learning which is distributed at induction and following completion is marked and discussed with the line manager before being signed off. The target audience for level 1 and level 2 has now been changed from once only to 3 yearly.



Trust Reporting

For each quarter the Trust produces an Adult Safeguarding report. The purpose of this report is to provide the Trust Safeguarding Vulnerable Adults Steering Group members with an overview of safeguarding activity, with the objective that information relevant to their areas of representation may be disseminated.

Additionally, the importance of two way communications are recognised as vital to ensure safeguarding adult activity is embedded within practice across adult health and social care. Therefore this report highlights areas of good practice within all service areas requiring development as well as providing actions agreed from discussion within the group.

The data contained in the reports includes:

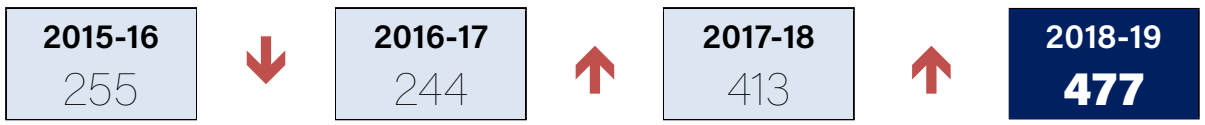
- Number of referrals
- Number of alerts raised by location
- Number of alerts raised by theme
- Incidents raised by type of abuse, Trust role and outcome

Number of Concerns

The Trust continues to use and develop further an in-house adult safeguarding database. This tool helps to collate, trend and theme the data. The data produced is governed through the quarterly Safeguarding Vulnerable Adults Steering Group to Patient Safety & Quality Standards Committee (PS & QS)

Number of Concerns/enquiries raised within the Trust

There have been 477 concerns raised by the Trust. This trend demonstrates that there has been a sharp increase in concerns in 2017-18 and is steadily continuing to increase. The rise in concerns can be attributed to a number of factors including training and awareness which is evidenced by a higher number of concerns raised by the Trust staff in 2017-18 & 2018-19 than the total number of concerns the Trust has had input with in previous years.



Types of Concerns

The following tables detail the allegation types raised across all three Local Authorities, it is important to note that there can be multiple allegation types per referral.

Type of Concern	Q1	Q2	Q3	Q4	Total
Neglect and Acts of Omission	49	46	38	58	**191**
Physical	31	26	40	30	**127**
Self-Neglect	29	36	26	30	**121**
Domestic Abuse	17	8	8	6	**39**
Financial or Material	10	7	8	7	**32**
Psychological	3	5	4	11	**23**
Organisational	9	1	3	3	**16**
Sexual Abuse	3	5	1	3	**12**
Sexual Exploitation	0	1	2	1	**4**
Discriminatory	2	0	0	0	**2**
Modern Day Slavery	0	1	0	0	**1**
Total	**153**	**136**	**130**	**149**	**568**

***Data from the Trusts Adult Safeguarding database**

Concerns around physical abuse have continued to rise. The most prominent change is the large increase in concerns around neglect across all localities. Self-neglect and domestic abuse are continuing to rise, although this is to be expected as there are new categories introduced by the Care Act (2014), so this may be due to increased awareness and training.

Alerting Areas

Alerting Areas	Q1	Q2	Q3	Q4	Total
Emergency Care	25	37	32	33	**127**
Out of Hospital Care	30	25	22	32	**109**
Medicine	7	9	11	9	**36**
Surgery, Urology & Orthopaedics	4	1	6	6	**17**
Nursing Quality & Patient Safety	1	6	2	3	**12**
Anaesthetics	4	1	3	1	**9**
Allied Health Professionals	0	2	1	0	**3**
Outpatients Departments	0	0	0	3	**3**
Pharmacy	0	1	0	0	**1**
Radiology	0	0	0	1	**1**
Women's & Children's Services	1	0	0	0	**1**
Estates	0	0	0	0	**0**
Human Resources	0	0	0	0	**0**
Pathology	0	0	0	0	**0**
Total	**207**	**216**	**195**	**242**	**327**

Emergency Care continues to be the highest referrer, although this is expected as this is the main gateway into the hospital.

Number of concerns against the Trust

There have been 90 concerns against the Trust, this is the highest number of concerns raised against the Trust so far, however, this is in line with the general increase in alerts received by the local authorities, due to the raised awareness of Adult Safeguarding within the Trust and the community, the local authorities have all seen a rise in concerns.

Themes of Alerts against the Trust

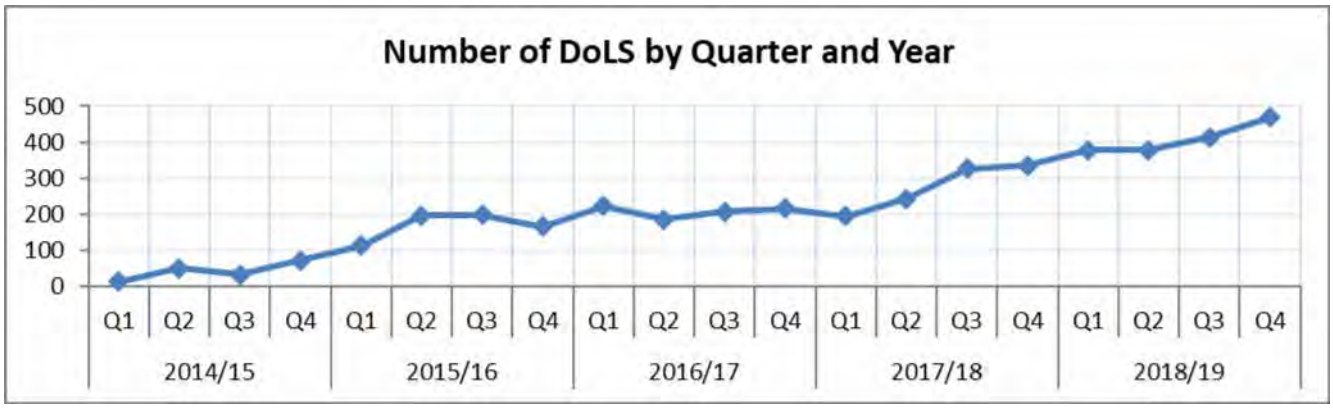
Themes of Alerts	Q1	Q2	Q3	Q4	Total
Discharge Issue	8	9	6	9	**32**
Delay / Failure of Intervention	9	5	6	8	**28**
Pressure Damage / Ulcer	5	5	5	9	**24**
Medication Error	3	2	2	5	**12**
Communication	2	5	1	3	**11**
Documentation	2	2	0	1	5
Unexplained Injury	1	0	1	3	**5**
Assault	1	1	0	2	**4**
Moving and Handling	1	0	1	0	**2**
Psychological	1	1	0	0	**2**
Acopia	1	0	0	0	**1**
Dehydrated	0	1	0	0	**1**
Self Neglect	0	0	1	0	**1**
Sexual	1	0	0	0	**1**
Unkempt	0	1	0	0	**1**
Unwitnessed fall	1	0	0	0	1
Domestic Abuse	0	0	0	0	**0**
Harassment	0	0	0	0	**0**
Material	0	0	0	0	**0**
Modern Day Slavery	0	0	0	0	**0**
Monetary	0	0	0	0	**0**
Theft	0	0	0	0	**0**
Total	**36**	**32**	**23**	**40**	**131**

***To note: one concern can cover multiple themes**

Work is on-going within the Trust on discharge and pressure related incidents. In relation to concerns around Medication Errors. Ward Pharmacists are continuing to working closely with Medical, Nursing and Midwifery Staff to provide support and Education.

Deprivation of Liberty Safeguards (DoLS)

Provision of specialist advice relating to implementation of The Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and the Human Rights Act provides added assurance that the Trust remains compliant with legislation. The Trust continues to provide education regarding the awareness of DoLS; improvements have been made to the paperwork to assist staff in its completion.



The Trust has seen a 48.90% increase on the total number of applications from last year. If this continues next year the Trust will be looking at 2,220 applications per annum, this is not sustainable and the Trust has been far exceeding the national increase since Cheshire West but this report suggests we have not and the increase is normal. The Trust has been seeing increases much higher than the national average.

2015-16		2016-17		2017-18		2018-19
673	↑	832	↑	1,100	↑	**1,638**

Trust Adult Safeguarding Governance Arrangements

The Director of Nursing, Patient Safety and Quality is the executive lead for safeguarding adults with the Deputy Director of Nursing Patient Safety and Quality holding operational responsibility.

Directorate management teams are responsible for practices within their own teams and individual clinicians are responsible for their own practice.

The Trust Adult Safeguarding Committee has been revised and includes representatives from key Trust clinical and non-clinical directorates and partners from Local Authority and Harbour who are experts in domestic abuse. The Trust Adult Safeguarding Committee reports to Patient Safety and Quality Standards Committee (PS & QS).

The Trust is represented at the Tees-wide Adult Safeguarding Board, and its subgroups.

The Trust Strategy groups for adult safeguarding, learning disability and dementia, have now been amalgamated to ensure reciprocal standard agenda items and membership. This supports sharing of information and lessons learnt so that they can be incorporated into relevant work streams relating to the most vulnerable groups.

Adult Safeguarding - Prevent

Throughout 2018-19 Adult Safeguarding has continued to make positive strides towards its objectives.

The aim of PREVENT is to stop people from becoming terrorists or supporting terrorism.

PREVENT has continued to be addressed within the adult safeguarding portfolio. The Trust currently has PREVENT trainers across the Trust who deliver the nationally agreed Workshop to Raise Awareness of PREVENT (WRAP). Global events have continued to ensure the principles of counter terrorism outlined below remain in the NHS workforce agenda.

An e-learning package has been developed for staff to complete. On the Trusts Training Needs Analysis (TNA) the staff that require Prevent awareness require Level 2 Adult Safeguarding Training or Level 3 Children's Safeguarding training will receive WRAP – face to face.

The 'Named Nurse' for Adult Safeguarding represents the Trust at a multi-disciplinary meeting (Silver command) around PREVENT.

Training figures 2018-19

PREVENT	WRAP
80%	74%

Children's Safeguarding and Looked After Children (LAC)

A child/young person is defined as anyone who has not yet reached their 18th birthday.

North Tees and Hartlepool NHS Foundation Trust has a duty in accordance with the Children Act 1989 and Section 11 of the Children Act 2004 to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children and young people. The Trust recognises the importance of partnership working between children/young people, parents/carers and other agencies to prevent child abuse, as outlined in Working Together to Safeguard Children and their Families, 2018. In addition, arrangements to safeguard and promote the welfare of children must also achieve recommendations set out by the CQC Review of Safeguarding: A review of arrangements in the NHS for safeguarding children, 2009 and give assurance as outlined in the National Service Framework for Children, Young People and Maternity Services, 2004 (Standard 5). The Trust continues to demonstrate robust arrangements for safeguarding and promoting the welfare of children.

Children & Young People Governance Arrangements

The Trust has maintained a robust board level focus on Safeguarding and Looked after Children led by the Director of Nursing, Patient Safety and Quality. A bi-monthly steering group, chaired by a Non- Executive Director maintains responsibility for the performance monitoring of the Children's Safeguarding work program. This group also brings together commissioner and provider with representation from Hartlepool and Stockton on Tees CCG (Designated Doctor and Nurse Safeguarding and Looked after Children) and Designated Nurse Safeguarding and Looked after Children Durham, Darlington, Easington & Sedgefield.

The Director of Nursing, Patient Safety and Quality has delegated authority to the Deputy Director of Nursing, Patient Safety and Quality who has direct line management of the Safeguarding Children Team.

The Trust has maintained membership and has made active contributions at senior level on the three Local Safeguarding Children Boards (LSCB), Stockton (SLSCB), Hartlepool (HSCB) and County Durham LSCB and on the HSCB Executive group.

The Trust has maintained representation and in some cases chairing of a number of LSCB subgroups including;

- Learning and Improving Practice sub Group (LIPSG) - Hartlepool and Stockton LSCB
- Performance Management - Hartlepool and Stockton LSCB
- The Children's Hub implementation and strategic group for Stockton and Hartlepool
- Hartlepool and Stockton Strategic Vulnerable, Exploited, Missing and Trafficked (VEMT) group
- Tees procedures policy group
- Stockton and Hartlepool LSCB Training sub group with Trust nominated chair of the group
- County Durham LSCB Missing Exploited group (MEG)
- County Durham MASH Board
- County Durham Neglect Sub Group

Representatives from across all directorates take a lead role or act as a champion for children safeguarding for example in Accident and Emergency (A&E) and Women and Children's services. Meetings take place on a monthly basis bringing together safeguarding professionals to ensure momentum of the Safeguarding and Looked after Children's agenda.

In July 2018 Durham and Darlington locality underwent a Joint Targeted Area Inspection into Domestic Abuse. The subsequent recommendations and action plan continues to be delivered and monitored although recommendations for NTHFT were minimal.

Children's Safeguarding Work Program

The Children's Safeguarding Work Program sets out the work for the year - it is divided into 2 parts.

Part 1 Improvement - action plans from serious case reviews; learning lesson reviews, Domestic Homicide Reviews and internal incidents.

Part 2 Safeguarding children professionals' development work - the safeguarding children annual audit and assurance program and the planned response to key national drivers which may impact on the work of safeguarding children professionals in the Trust.

Part 1 - Learning Lessons from Serious Case Reviews (SCR)

In Durham the Trust has had significant involvement in one SCR. The Named Nurse and Specialist Safeguarding Midwife are members of the serious case review team which continues to meet. The findings and recommendations from this will not be published until criminal proceedings are complete

Stockton LSCB has commissioned 1 serious case review and the Named Nurse is a member of the review team which continues to meet. The findings and recommendations will not be published until the criminal proceedings are complete.

Any joint action plans, once published will be monitored through the Trust's Safeguarding Children's Steering Group and jointly through the Learning and Improvement Sub Group of the Hartlepool LSCB Board.

Part 2 - Development Work

Children Not Brought for Appointments by Parents/Carers' Policy

The policy and assurance process is embedded across the Trust in response to a local serious case and learning lessons review, enabling practitioners to respond appropriately and recognise possible early indicators of neglect when a child has not been brought to appointments. The Trust can now also identify children whose appointments are frequently rescheduled by parents/carers alongside those that do not attend.

Safeguarding Children Policy

The Safeguarding Children Supervision and Safeguarding Policy was revised and ratified in 2016. The main change in the Supervision Policy is a significant move away from Senior Nurse Safeguarding case management approach towards a more reflective and autonomous framework which empowers and enables the practitioner to transfer their learning from supervision to other cases within their caseload. The revised Safeguarding Policy also ensures that Trust staff understand and are supported in their responsibility under current legislation to safeguard and promote the welfare of children and to enable the Trust to meet its statutory duties in this regard.

Safeguarding Children Supervision

The local quality and performance indicators include safeguarding children supervision of Trust staff. Safeguarding supervision is recognised as being fundamental for safe practice therefore the team supports this in the delivery of mandatory supervision for every staff member who has contact with children and young people within their caseload (predominantly Health Visitors and School Nurses in Hartlepool, Midwives and Community Paediatric Nurses). Speech and Language Therapists now receive a rolling program of group supervision.

1:1 supervision is undertaken with a senior nurse on a three monthly basis. Compliance is reported via the quarterly dashboard and demonstrated in the table below. Staff sickness is not included in compliance figures.

Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19
98%	98%	98%	97%

North of Tees Childrens' Hub

The Trust is an integral part of the HUB and although the senior nurses in the safeguarding team are not co-located within the Hub they continue to provide support and advice remotely.

Child Sexual Exploitation (CSE)

CSE continues to be a growing concern. The Stockton and Hartlepool VEMT (Vulnerable, Exploited, Missing Trafficked) subgroup and the Missing Exploited group (MEG) in County Durham identifies those children and young people at risk, allows for the sharing of information between practitioners and helps to put safety measures in place to attempt to reduce risk. A CSE risk assessment is completed on all LAC children over the age of 11 years and on all children who attend unscheduled care within the Trust if they fit within an agreed criteria of risk. This risk assessment will be rolled out to other areas such as Paediatric wards and the Early Pregnancy Problem Clinic in 2019.

Domestic Violence & Abuse

The Trust is represented at Multi Agency Risk Assessment Conferences (MARAC) in Hartlepool and Stockton where high risk victims of domestic abuse are identified and safety plans put in place. A Domestic Abuse Policy is in place across the Trust.

Local Authority Designated Officer (LADO)

Regular meetings have been established between the Named Nurse and staff within the Human Resources (HR) department to improve communication and referrals to the LADO. Additional safeguarding training has been delivered to Trust senior managers to increase their awareness of adult risky behaviors that may require safeguarding intervention when supporting staff on sickness/absence or there are capability issues.

Signs of Safety

Hartlepool and Stockton Local Authorities have implemented the Signs of Safety model in the assessment of risk and safety planning process when working with cases that reach the threshold for childrens' social care intervention. Frontline community health practitioners attended training to equip them with the knowledge and skills in using this approach with children and families. The Senior Nurses in the Childrens' Safeguarding Team have attended the five day intensive training.

Voice of the Child

Following recommendations from the CQC report 'Not Seen, Not Heard' the Trust is taking forward a number of actions to further improve how we listen to children and gain their wishes and feeling around the care they receive. This plan is monitored via the Childrens' Committee.

Bruising in Immobile Babies Policy

Bruising in non-mobile children is rare and therefore there is a significant risk that bruising may indicate abusive or neglectful care. Unfortunately nationally and locally bruising is not always responded to appropriately by health practitioners. As a result a significant number of abusive events have been missed nationally resulting in children being placed at risk, serious untoward incidents and serious case reviews. In response to this Tees Procedures Group reviewed the existing procedure and significant changes were made and ratified by all four safeguarding Boards represented in the Tees Procedures group. The immobile baby pathway is now being implemented across the Trust. This pathway requires all professionals to refer bruising in non- mobile children for assessment by a Consultant Paediatrician and Children's Social Care.

Joint working with Adult Safeguarding

A Senior Nurse in the Vulnerabilty Unit has been recruited and they provide both adult and children's safeguarding training across the Trust including Female Genital Mutilation (FGM), Prevent, Forced Marriage and Modern Slavery.

Audit

The audit forward plan has a strong focus on quality and improving outcomes for children and young people. Examples include:

Adult Risky Behaviours A&E Audit	Child Protection Flagging Audit
Staff Satisfaction Audit	Safer Referral Audit
NICE Guideline 89 Audit	On-going participation in Childrens' Hub referral audits
On-going participation in multi-agency case file audits	Immobile Baby Pathway Audit
Case file audits of 0-19 service	Children Not Brought for Appointments by Parents/ Carers Policy Audit

Key Achievements 2018

- Provision of bespoke training in response to lessons from a serious untoward incident investigation
- Recruitment of a Senior Nurse to the Vulnerabilty Unit who provides both adult and children's safeguarding training
- The introduction of scenario based safeguarding children's training with a requirement to complete a Safer Referral
- Sustained high compliance for safeguarding supervision
- A robust Children Not Brought to Appointments by Carer's/Parents Policy strengthened by a new system to identify those appointments that are repeatedly cancelled or rearranged
- Successful implementation of the Bruising in Immobile Baby Pathway
- The introduction of a rolling program of safeguarding supervision for Speech and Language Therapists

Key Priorities 2019

1. Align key priorities of the Trust to the priorities of the 3 LSCBs
2. Achieve 100% compliance for all local safeguarding children quality requirements
3. Continue to enhance the Trust safeguarding children training program
4. To continue to raise awareness of the VEMT agenda in the Trust utilising agreed risk assessment tools to improve outcomes for children and young people who may be vulnerable, exploited, missing or trafficked
5. To continue to develop and monitor any action plans following recommendations from the Joint Targeted Area Inspections and local SCR's
6. To continue to monitor progress of the Voice of the Child Action Plan via the Childrens' Committee

Safeguarding Children Training Programme

Throughout 2018 the Trust's in-house Safeguarding Children Training Programme has continued to provide mandatory foundation and update single agency training for all staff employed within the organisation. The training is in-line with the requirements of Safeguarding Children and Young people: roles and competences for health care staff; Intercollegiate Document (2014) and the Trust's Safeguarding Children Training Policy. This includes:

- **Level 1 –** All non-clinical staff working in health care settings. For example, receptionists, administrative, porters
- **Level 2 –** All clinical staff who have any contact with children, young people and/or parents/carers. This includes health care students, clinical laboratory staff, pharmacists, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services, allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians
- **Level 3 –** All clinical staff working with children, young people and/or their parents/carers who could potentially contribute to assessing, planning, intervening and evaluating. The needs of a child or young person and parenting capacity where there are safeguarding/child protection concern. This includes paediatric allied health professionals, all hospital paediatric nurses, hospital based midwives, accident and emergency/minor injuries unit staff, urgent care staff, obstetricians, paediatric radiologists, paediatric surgeons, children's/paediatric anaesthetists, and paediatric dentists.

Level 1 and 2 Safeguarding Children Training is also aligned to the regional Core Skills Framework.

Level 3 Safeguarding training content has been refreshed and now includes scenario based training with the requirement to complete a Safer Referral included.

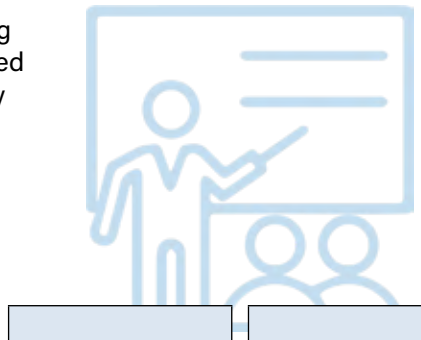
Where appropriate staff are required and supported to attend multi-agency training provided by the LSCB and other external providers and this is a mandatory requirement for those staff groups identified as requiring Level 3 plus competencies.

Bespoke training is developed and provided as required and mandatory in-house training is continually updated and reviewed in response to learning identified in practice, during supervision, appraisals, Datix themes, Learning Lessons Reviews, Serious Case Reviews, and new and changing national guidance and legislation.

The Safeguarding Children Trainers co-facilitate a core foundation multiagency training course with Hartlepool and Stockton LSCB and are involved in developing and facilitating LSCB Active Learning Events. The Safeguarding Children Trainer and Named Clinician also jointly facilitate Safeguarding Babies training for Stockton and Hartlepool LSCB.

Overall Trust Compliance for Safeguarding Children Training

Training compliance is monitored by the Safeguarding Steering Group and an action plan has been developed to address the reduced compliance. ESR competency reporting covers compliance for 12 months.



Level 1	Level 2	Level 3
93%	85%	89%

*Data obtained from the Trust safeguarding training

Looked After Children (LAC)

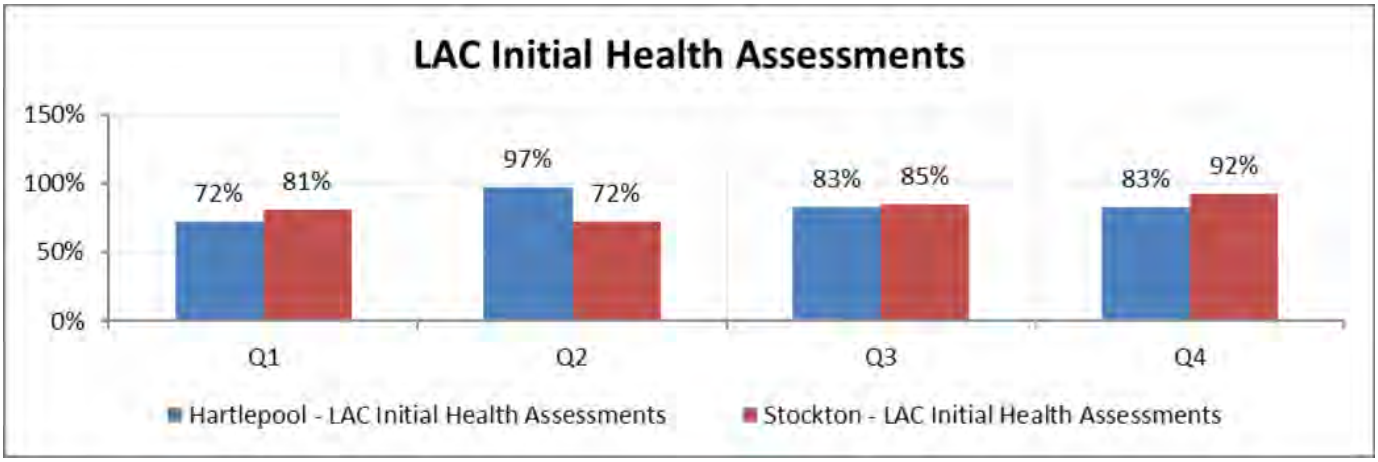
The services and responsibilities for LAC are underpinned by legislation, Statutory guidance and good practice guidance which include: "Statutory Guidance on Promoting the Health and Well-being of Looked After Children" (DH, 2015) and "Promoting the Quality of Life of Looked After Children and Young People" (NICE, 2010). The importance of the health of children and young people in care cannot be overstated; many children in care are likely to have had their health needs neglected prior to coming into care. The health of looked after children is everyone's responsibility, so partnership working is essential to ensure optimum health for each individual child and young person.

- LAC health provision is an integral part of the Trust Safeguarding and LAC Steering Group work programme which reports to the Trusts Children's Safeguarding Steering Group and Patient Safety Committee.
- The Trust continues to be represented and is an active member of the Children in Our Care Council in Stockton and Corporate Parenting Group in Hartlepool.

Looked After Arrangements and Provision

Initial Health Assessments (IHA) are a statutory requirement. All LAC must be offered an IHA by a suitably qualified medical practitioner, which should result in a Health Care Plan by the time of the child's first Looked after Review (LAR) 20 working days after becoming LAC.

Table 1 below demonstrates compliance when children are notified to the service that they are in care:



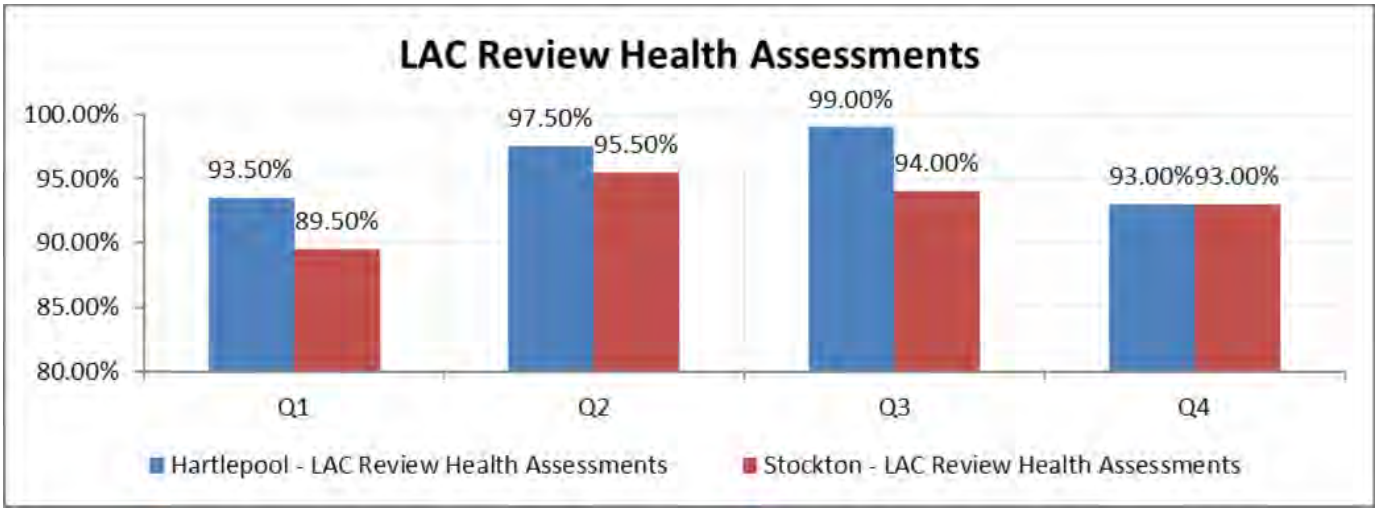
Regular LAC Performance Management Team Meetings identify any predicted increases in service demand so that resilience plans can be implemented to ensure sufficient capacity to respond. Points to note in relation to reduced compliance include:

- Not receiving timely and appropriate consent for IHAs affects the overall compliance rate and;
- Cancellations by carers continue to affect the rates of compliance. These issues are addressed with partner agencies and carers at the time.

Review Health Assessments

- Review Health Assessments must be undertaken at 6 monthly intervals for children under five years and annually for those over five up until they turn 18 years old.
- Reviews are designed to identify and monitor health needs of LAC and are a statutory obligation. In Stockton the service model includes Health Visitors and School Nurses who undertake the RHA for those LAC accessing universal services. Health Visiting and School Nursing are a Public Health commissioned service. In Hartlepool the IHA's are undertaken by The Trust's LAC team. To support this activity additional staff nurses have been recruited

Table 2 below demonstrates compliance of review health assessments and Children & Young People registered with services.



The data has identified a number of issues where compliance has not been maintained and include:

- Capacity to undertake the RHA in services provided by out of area Providers
- Review assessments cancelled by carers
- Movement of placement without notification to the LAC Team

In response to the issues identified the Standard Operational Procedure was reviewed and updated. More recently an escalation pathway is sent out with every out of area request so that all agencies are aware of expected timescales and actions our LAC team will take if the RHA cannot be completed within timescales.

Closer working with current providers of the Stockton IHAs has been enhanced with the agreement of the LAC Service Specification.

Key Achievements 2018-19

- Ongoing updates and improvements to the Electronic Health Care Record to improve the identification of health trends in the LAC population;
- The sustained significant improvement in the completion of IHAs and RHAs within statutory timescales;
- All new LAC are now flagged within the child's health care record, including Systmone and Trak enabling early identification of vulnerability;
- CSE screening tool used on all LAC children over the age of 11 and;
- The recruitment of additional staff nurses to support the improvements to quality and timeliness of RHA's in Hartlepool.

Sensory Loss

The Trust has legal duties to meet individual's information, communication and support needs.

The Equality Act became law in October 2010; the act is aimed to improve and strengthen patients experiences by ensuring all service providers take steps to make reasonable adjustments in order to avoid putting a disabled person at a disadvantage when compared to a person who is not disabled and/or has some degree of sensory loss or impairment. The Act is explicit in including the provision of information in an accessible format as a reasonable step to be taken.

The Care Act 2014 details specific duties for local authority colleagues concerning provision of advice and information, additionally the NHS Constitution states that "You have the right to be involved in discussions and decisions about your health and care and to be given information to enable you to do this".

The Accessible Information Standard launched by NHS England in 2016 builds upon the existing legal duties which public sector bodies and all service providers are already obligated to follow, the aim being to improve healthcare for millions of people with sensory loss and other disabilities.

The Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents where their needs relate to a disability, impairment or sensory loss. The Standard required all NHS and adult social care organisations to meet the communication needs of people with a disability, impairment or sensory loss by 31 July 2017.

The Trust set up a task and finish group to oversee implementation of the Standard and has worked with colleagues to meet the key milestones and to ensure compliance and achievement of the Standard within the Trust's sphere of control.

The Trust continues to make improvements to the care provided to patients with sensory loss, these include:

Identifying Patients with Sensory loss

Significant changes have been made to Core Admission Documentation to identify, more clearly, patients who have a sensory loss / impairment. The planning of care document has also been improved to include recording in relation to any reasonable adjustments required to support the patient during their hospital stay. This is followed by the provision and application of associated care plans; these are reviewed and evaluated as part of daily assessments and rounding by the Matrons. Work is also progressing to update current electronic systems used in acute and community settings to ensure inclusion of the requirements of the Accessibility Standards i.e. identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents where their needs relate to a disability, impairment or sensory loss.

Patient Experience

Sensory loss resource packs have been provided to all clinical areas to support staff and raise awareness of the different ways to communicate in addition to further specialist training sessions for nominated staff champions. There are plans to develop this further and to examine the feasibility of the provision of sensory loss packs containing relevant equipment that can be available at all times for immediate use.

Specialist Equipment

A previous audit of fixed hearing loop provision throughout the Trust highlighted the need to maintain and review the placement of the equipment to maximise its use. Since this audit there has been some focussed work to raise awareness amongst staff in relation to what equipment is available in their clinical areas.

Following the audit the portable hearing loops were removed from the wards and stored in the medical equipment library so they are available to all when needed on a 24 hour basis. A Portable hearing loop is also kept in the resilience offices on both sites for emergency use. Over the coming year the Trust will be repeating the audit of hearing loops but also looking at what other specialist equipment is available for use.

Care Quality Commission Equality Objectives

CQC is legally required under the Equality Act 2010 to set quality objectives at least every four years. The new objectives for 2017 -19 include a section on Accessible information and communication.

The section examines how well providers meet the standard as part of CQC Regulation using agreed measures of success. It is proposed that providers meeting this standard can help improve:

- Access to services;
- How people experience care and treatment;
- The outcomes people receive; and
- The recent CQC inspection awarded the Trust an overall rating of **Good**.

Priority 1: Patient Safety
Infections

Rationale: The Trust continues to report on infections of:

- Clostridium difficile (C.diff),
- Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia;
- Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia; and
- Escherichia coli (E.coli)
- Klebsiella species (Kleb sp) bacteraemia; and
- Pseudomonas aeruginosa (Ps a) bacteraemia.

Overview of how we said we would do it

- We will closely monitor testing regimes, antibiotic management and repeat cases and ensure we understand and manage the root cause wherever possible.

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
We will monitor the number of Trust and non-Trust attributed cases	Report to Board of Directors	Reported to Board of Directors	✔
We will undertake a multi-disciplinary Root Cause Analysis (RCA) within 3 working days for all Trust attributed cases	Council of Governor meetings (CoG)	Reported at every Council of Governors meeting	✔
We will benchmark our progress against previous months and years	Infection Control Committee (ICC)	Discussed at each Infection Control Committee	✔
We will benchmark our position against Trusts in the North East and peers across England in relation to number of cases reported and number of samples tested	Patient Safety and Quality Standards Committee (PS & QS)	Reported to the Patient Safety and Quality Standards Committee (PS & QS)	✔
	To frontline staff through Chief Executive brief	Reported in detail to NHS Improvement	✔
	Safety, Quality and Infections Dashboard	Safety, Quality and Infections Dashboard contains infection data	✔
	Clinical Quality Review Group (CQRG)	Discussed in detail at Audit Committee and Directorate meetings	✔

Infection totals for 2018-19 - Hospital Acquired

The following demonstrates the total number of Hospital Onset infections the Trust acquired during 2018-19.

Infection	Infection Abbreviation	2018-19 Number of Hospital Onset Infections
*Clostridium difficile	C.diff	31
Methicillin-Resistant Staphylococcus Aureus bacteraemia	MRSA	0
Methicillin-Sensitive Staphylococcus Aureus	MSSA	21
Escherichia coli	E.coli	39
Klebsiella species bacteraemia	Kleb sp	20
Pseudomonas aeruginosa bacteraemia	Ps a	9

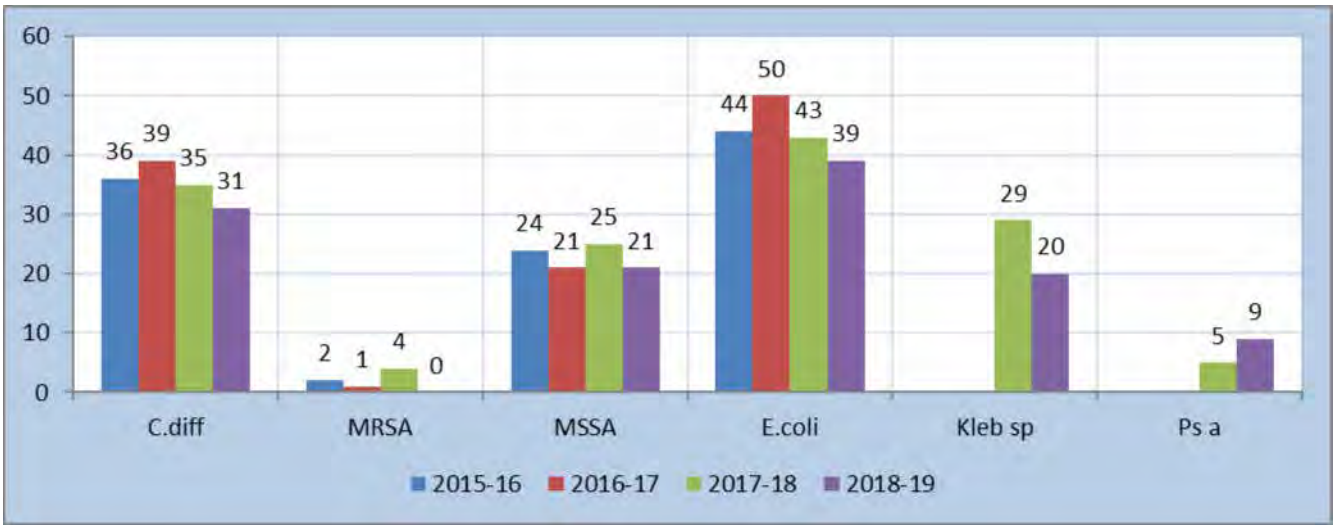
*NHS Improvement Objective 12

Hospital Acquired Infection Trends from 2015 to 2019

The following tables demonstrate the last three years of reporting for the six infections:

Infection Abbreviation	2015-16	2016-17	2017-18	2018-19	Trend
*Clostridium difficile	36	39	35	31	
Methicillin-Resistant Staphylococcus Aureus bacteraemia	2	1	4	0	
Methicillin-Sensitive Staphylococcus Aureus	24	21	25	21	
Escherichia coli	44	50	43	39	
Klebsiella species bacteraemia			29	20	
Pseudomonas aeruginosa bacteraemia			5	9	

**Data from Trust Infections team database



Clostridium difficile (C.difficile)

Clostridium difficile is a bacterium that is found in the gut of around 3% of healthy adults. It seldom causes a problem as it is kept under control by the normal bacteria of the intestine. However certain antibiotics can disturb the bacteria of the gut and Clostridium difficile can then multiply and produce toxins which cause symptoms such as diarrhoea.

During 2018-19 the Trust did not achieve the Clostridium difficile objective having reported 31 Trust attributed cases against a trajectory of 12 cases. This is disappointing given the reductions achieved in previous years and the continued efforts by staff, but not entirely unexpected as the trajectory was always going to be challenging. However in this reporting year we have seen an improvement compared to the previous year. Our staff continue with all efforts to control and reduce opportunity for infections to spread whether we treat people in our clinical premises or in their own homes. The Trust has maintained a consistent approach to cleanliness across all areas of our environment including enhanced decontamination with hydrogen peroxide vapour, the introduction of alternative technologies such as Ultra Violet light and the continued improved use of the internal mattress decontamination facility. The focus on antimicrobial stewardship has continued with the identification of further 'champions' across all directorates with a wider group of staff volunteering and Antibiotic Guardians in line with the Public Health England campaign. The importance of adherence to high standards of hand hygiene has continued to be a core element of our strategy and our hand hygiene champions are issued a monthly challenge to undertake to raise awareness and knowledge.

The Trust C difficile improvement plan has been developed in conjunction with clinical staff and is reviewed monthly. Progress against the plan is reported to the Healthcare Associated Infection Operational Group and Infection Control Committee and is regularly shared and discussed with commissioners.

The following table identifies the number of hospital and community onset cases of C.difficile reported by our laboratory.

	Hospital Onset	Community Onset
2013-14	30	95
2014-15	20	71
2015-16	36	68
2016-17	39	73
2017-18	35	60
2018-19	**31**	**83**

***Trust Clostridium difficile cases 2013-19**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system

NHS Improvement have published the new CDI objectives for 2019-20. The changes are:

- Adding a prior healthcare exposure element for community onset cases
- Reducing the number of days to identify hospital onset cases from ≥3 days to ≥2 days following admission.

There will now be four categories for cases to be assigned:

1. Healthcare onset healthcare associated – these are cases that are identified 3 or more days after admission with the day of admission being day 1.
2. Community onset healthcare associated – these are cases that occur in the community or within 2 days of admission but where the patient has been in the trust in the previous 4 weeks
3. Community onset indeterminate association – these are cases that occur in the community or within 2 days of admission but where the patient has been in the trust in the previous 12 weeks but not the previous 4 weeks
4. Community onset community associated – these are cases that occur in the community or within 2 days of admission where the patient has not been admitted to the trust in the previous 12 weeks

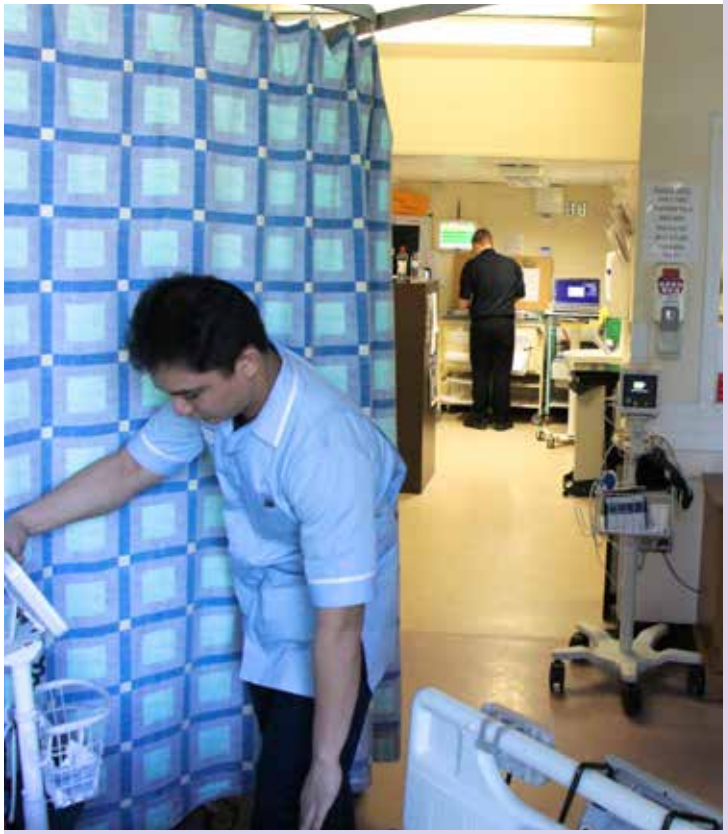
The Trust objective for 2019-20 will be **56** cases and will encompass cases that fall into categories 1 and 2. This will continue to be a challenging reduction objective for the Trust and work is underway to identify any additional actions required as a result of the changes.

Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia

Staphylococcus Aureus is a bacterium commonly found on human skin which can cause infection if there is an opportunity for the bacteria to enter the body. In serious cases it can cause blood stream infection. MRSA is a strain of these bacteria that is resistant to many antibiotics, making it more difficult to treat.

Many patients **carry MRSA** on their skin and this is called colonisation. It is important that we screen some groups of high risk patients when they come into hospital so that we know if they are carrying MRSA. Screening involves a simple skin swab. If positive, we can provide special skin wash that helps to get rid of MRSA, this measure reduces the risk of an infection developing.

In 2018-19 our organisation reported zero hospital onset cases of MRSA bloodstream infection, which is an improvement on the previous year and in line with the national zero tolerance trajectory. No community onset cases have been reported this year.



	Hospital Onset	Community Onset
2013-14	0	4
2014-15	1	2
2015-16	2	3
2016-17	1	2
2017-18	**4**	**2**
2018-19	**0**	**0**

***Trust MRSA bacteraemia cases 2013-19**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system

Methicillin-Sensitive Staphylococcus Aureus (MSSA)

MSSA is a strain Staphylococcus Aureus that can be effectively treated with many antibiotics. It can cause infection if there is an opportunity for the bacteria to enter the body and in serious cases it can cause blood stream infection.

In 2018-19 we reported 21 cases of hospital onset MSSA bacteraemia. This is an improvement on the previous year. Each case is subject to a root cause analysis and the analysis of these investigations has shown that there are no apparent trends in terms of linked cases or frequently seen sources of infection. In many cases the source has been a chest or skin infection which would have been difficult to prevent.

However, the Trust recognises that further improvement can be achieved in this infection and increased emphasis on clinical practices continues to be a focus of our work to reduce the number of MSSA bacteraemia. A significant increase in community onset cases was seen this year. This may be due in part to an increased use of the sepsis screening protocol and an increase in the number of blood cultures sampled.The Trust will work with commissioners to understand why cases have increased.

	Hospital Onset	Community Onset
2013-14	13	30
2014-15	18	41
2015-16	24	64
2016-17	21	57
2017-18	25	71
2018-19	**21**	**93**

***Trust MSSA bacteraemia cases 2013-19**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system

Escherichia coli (E.coli)

Escherichia coli is a very common bacterium found in the human gut which can cause serious infections such as blood poisoning.

The numbers of E coli bacteraemia (blood stream infection) reported across the Trust for the year are shown in the table below. As the majority of these cases are those that are identified within the first 48 hours of hospital admission, work is required across all healthcare settings to achieve improvements. A national objective to reduce gram negative blood stream infections (E coli, Klebsiella and Pseudomonas) by 50% by 2021 is in place and within this to reduce E coli bacteraemia by 10% each year.

Root cause analysis is completed for cases deemed to have been hospital onset and action plans are developed where actions are identified. In many cases these infections are related to urine infections and are thought to be not preventable with only a very small percentage of cases being in patients with a urinary catheter where there may be potential for improved practices. In 2018-19 the Trust participated in an initiative facilitated by NHS Improvement to reduce urinary tract infections (UTI) and our projects were very successful, achieving an 80% reduction in UTI for residents of the pilot care home. The lessons learned are now being rolled out further.

	Hospital Onset	Community Onset
2013-14	22	169
2014-15	28	176
2015-16	44	224
2016-17	50	267
2017-18	43	304
2018-19	**39**	**317**

***Trust E.coli bacteraemia cases 2013-19**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system

Klebsiella species (Kleb sp) bacteraemia

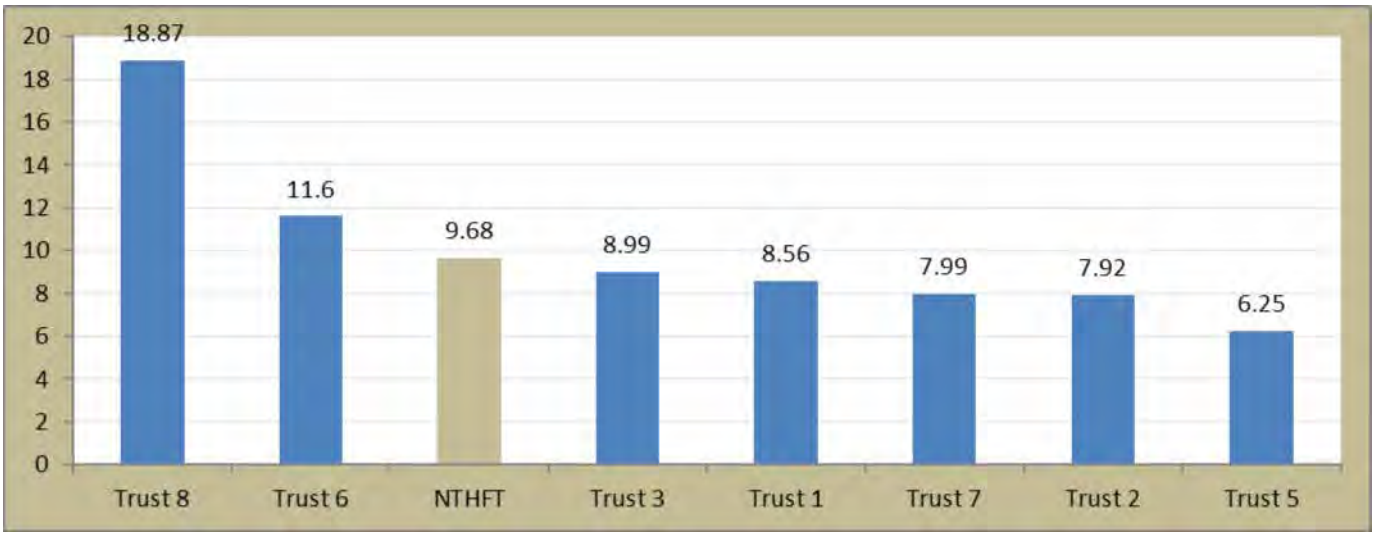
Klebsiella species are a type of bacteria that are found everywhere in the environment and also in the human gut, where they do not usually cause disease. These bacteria can cause pneumonia, bloodstream infections, wound and surgical site infections and can be associated with invasive procedures such as venous cannulation or urinary catheterisation.

In 2018-19 the Trust reported 20 Klebsiella species bloodstream infections which is an improvement on the previous year. There is no reduction target associated with this infection currently. Enhanced data collection is carried out on each case to understand if there are any common themes to the infections. This allows us to target our efforts effectively to reduce the number of cases further.

	Hospital Onset	Community Onset
2017-18	29	42
2018-19	***20***	***40***

***Trust Kleb sp bacteraemia cases 2017-19**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system and
**Data obtained from the Healthcare Evaluation Data (HED) Apr 18 – Jan19



Pseudomonas aeruginosa (Ps a) bacteraemia

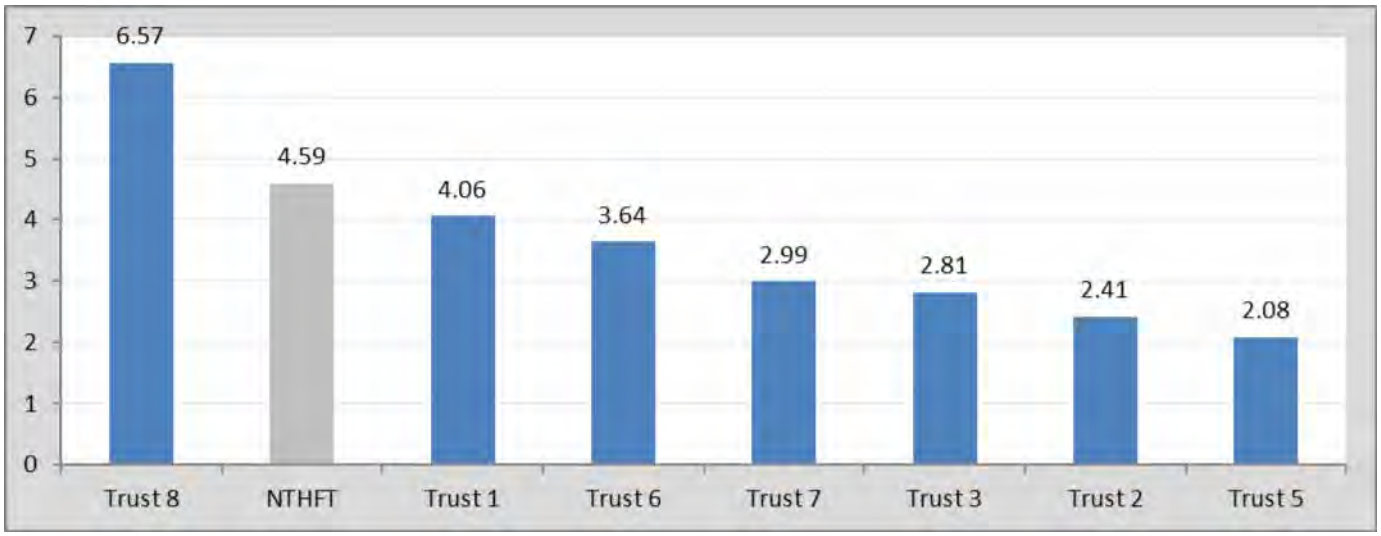
Pseudomonas aeruginosa is a bacterium often found in soil and ground water. It rarely affects healthy individuals but can cause a wide range of infections particularly in those with a weakened immune system. P aeruginosa is resistant to many commonly used antibiotics.

In 2018-19 the Trust reported **9** Trust attributed cases of Pseudomonas aeruginosa bloodstream infections which is an increase on the previous year, although still very small numbers. Many of these cases are considered to be unpreventable As with Klebsiella there is no reduction target assigned and enhanced data collection continues to better understand the sources of these infections.

	Hospital Onset	Community Onset
2017-18	5	19
2018-19	**9**	**20**

***Trust Ps a bacteraemia cases 2017-19**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system and
**Data obtained from the Healthcare Evaluation Data (HED) Apr 18 – Jan19



Sepsis

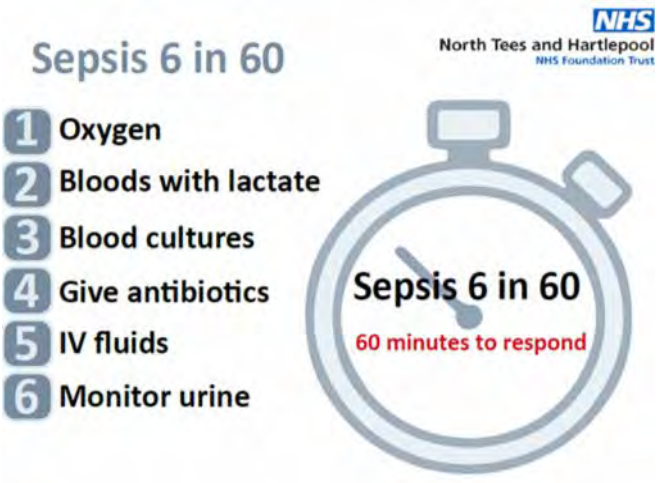
Sepsis, also known as blood poisoning, is the immune system's overreaction to an infection or injury. Normally the immune system fights infection, but sometimes for reasons that are not yet understood, it attacks the body's own organs and tissues. If not treated, sepsis can result in organ failure and death. Yet with early diagnosis it can be treated with antibiotics

In 2018-19 the Trust participated in data collection for a sepsis CQUIN, reviewing records from emergency care and in patient areas to assess compliance with screening processes, timely treatment and appropriate senior review of antibiotics. This information has been used to target education and awareness raising around sepsis. The compliance data can be seen below

	Q1	Q2	Q3	Q4
Number of cases reviewed	300	321	304	305
Number eligible for screening	289	296	273	275
screening compliance %	73%	73%	78%	85%
Treatment within 1 hour %	85%	89%	82%	89%
Antibiotic review within 24-72 hours	89%	99%	99%	99%

Actions taken to improve the recognition and treatment of sepsis include:

- Review of the sepsis screening tool with regional agreement on a standard approach
- Introduction of an e observation programme
- Introduction of electronic prescribing and medication administration (EPMA) system which improves accuracy of records and facilitates audit
- Introduction of the NEWS2 observation record with training to support this
- Introduction of changes to ICE laboratory system to ensure requests for blood cultures now automatically results in a request for lactate level
- Identification of directorate sepsis champions with responsibility for prospective communication, audit and training
- Teaching sessions on sepsis diagnosis and management
- Use of a sepsis reminder as a screensaver




Laparoscopy Suite

Priority 2: Effectiveness of Care
Safety Thermometer

Rationale: The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

Overview of how we said we would do it

- The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time.

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
This indicator will continue to be audited on one day per month across the Trust and community services and the data submitted to NHS Digital	Report to Board of Directors	Reported to Board of Directors	✔
	Report at every Council of Governors meeting	Reported at every Council of Governors meeting	✔
	On the Safety, Quality and Infections Dashboard	Reported on the Safety, Quality and Infections Dashboard	✔

Safety Thermometer Data

The Safety Thermometer data can be found at: https://www.safetythermometer.nhs.uk/index.php

Safety Thermometer is split into five audits; these are Classic, Medication, Mental Health, Maternity and Children & Young People. The Trust does not partake in the Mental Health survey, as the Trust is not a Mental Health Trust, the audits the Trust participates in are as follows:

The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Data is collected through a point of care survey on a single day each month on 100% of patients. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.

The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

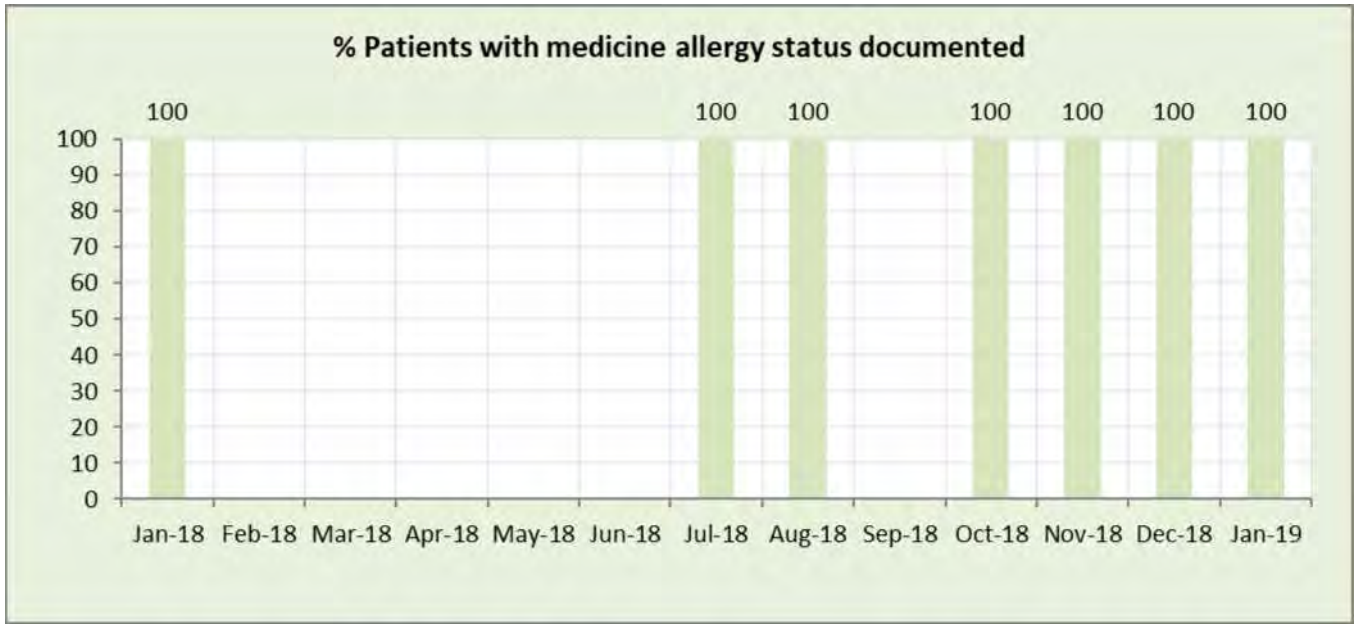
	Jan-18	Feb 18	Mar-18	Apr-18	May 18	Jun-18	Jul-18	Aug 18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Harm Free %	**98.70**	**97.29**	**97.82**	**98.57**	**98.12**	**97.32**	**98.55**	**98.42**	**98.57**	**98.13**	**98.47**	**97.95**	**97.86**
Ulcer %	0.36	0.25	0.48	0.66	0.71	1.22	0.22	0.61	0.39	0.23	0.71	1.03	1.18
Falls %	0.00	1.11	1.45	0.33	0.47	0.37	0.34	0.00	0.26	0.35	0.12	0.39	0.00
VTE %	0.71	0.49	0.12	0.22	0.47	0.73	0.45	0.85	0.39	0.70	0.59	0.26	0.85
UTI %	0.24	0.98	0.12	0.33	0.24	0.61	0.45	0.12	0.39	0.58	0.12	0.39	0.11

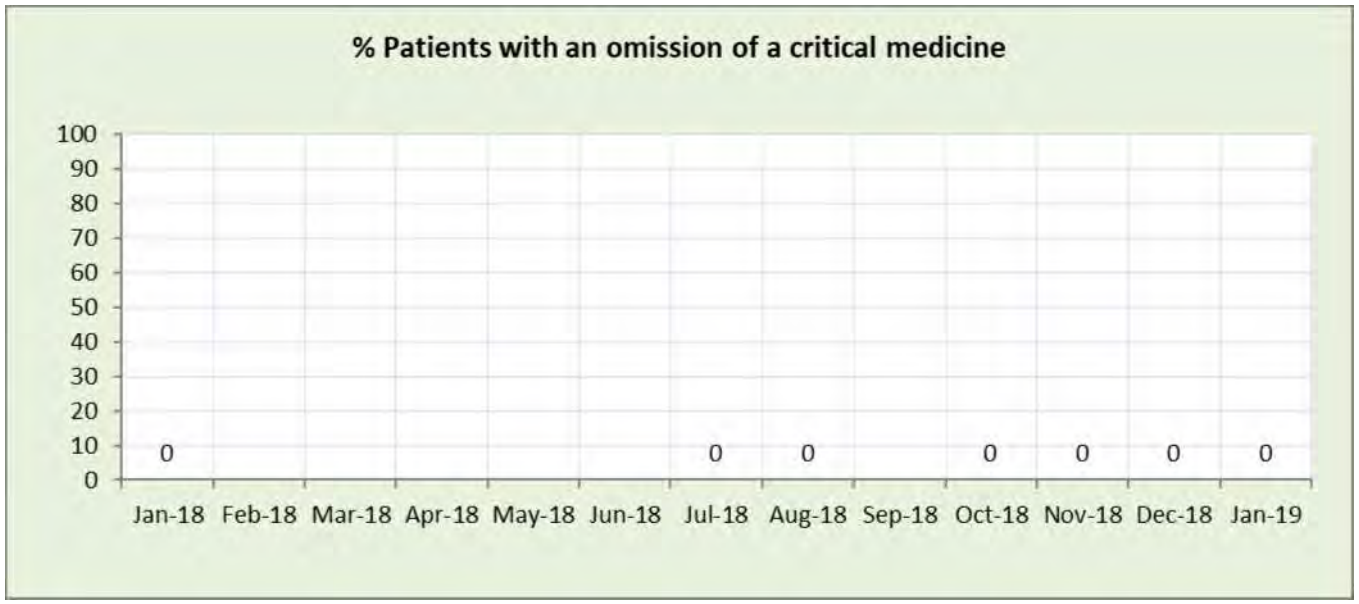
*All data from www.safetythermometer.nhs.uk/index.php

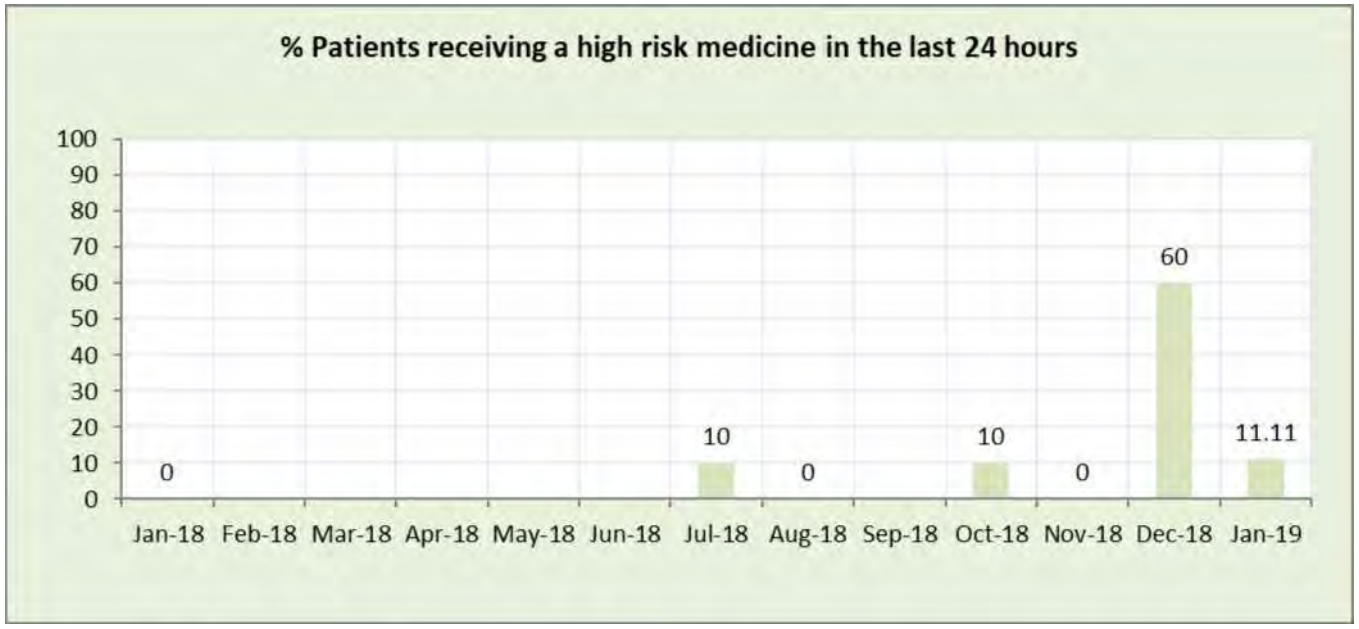
The Medication Safety Thermometer is a measurement tool for improvement that focuses on: medication reconciliation, allergy status, medication omission, and identifying harm from high risk medicines.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
% Patients with medicine allergy status documented	100						100	100		100	100	100	100
% Patients with an omission of a critical medicine	0.00						0.00	0.00		0.00	0.00	0.00	0.00
% Patients receiving a high risk medicine in the last 24 hours	0.00						10	0.00		10	0.00	60	11.11

For the month of Feb 18 to Jun 18 and Sept 18 – no data was returned
*All data from www.safetythermometer.nhs.uk/index.php


% Patients with medicine allergy status documented
100
100
100
100
100
100
100
100
100
90
80
70
60
50
40
30
20
10
0
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19

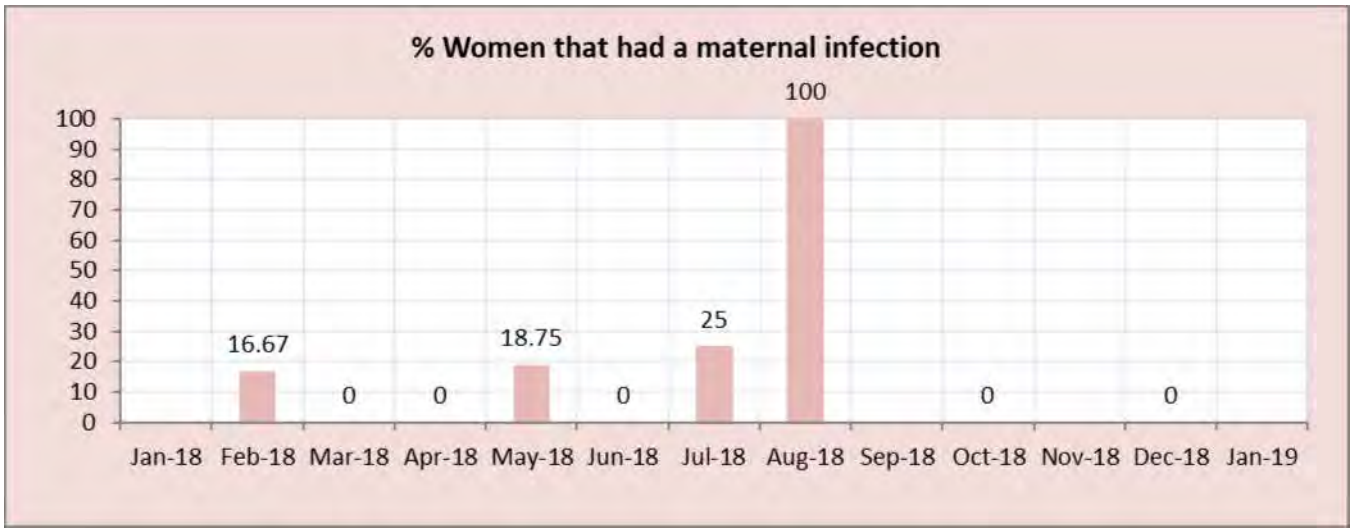

% Patients with an omission of a critical medicine
100
90
80
70
60
50
40
30
20
10
0
0
0
0
0
0
0
0
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19


% Patients receiving a high risk medicine in the last 24 hours
100
90
80
70
60
50
40
30
20
10
0
0
10
0
10
0
60
11.11
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19

The Maternity Safety Thermometer is a measurement tool for improvement that focuses on: perineal and abdominal trauma, post-partum haemorrhage, infection, separation from baby and psychological safety.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
% Women that had a maternal infection		16.67	0	0	18.75	0	25	100		0		0	
% women who were left alone at a time that worried them		0	14.29	0	0	11.11	0	0		0		0	

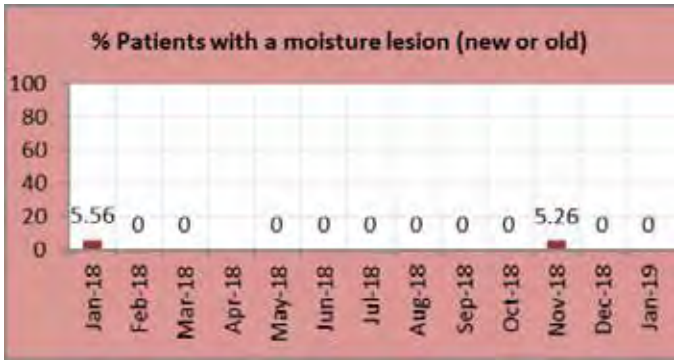
For the months of Jan 18, Sep 1, Nov 18 and Jan 19 – no data was returned
*All data from www.safetythermometer.nhs.uk/index.php

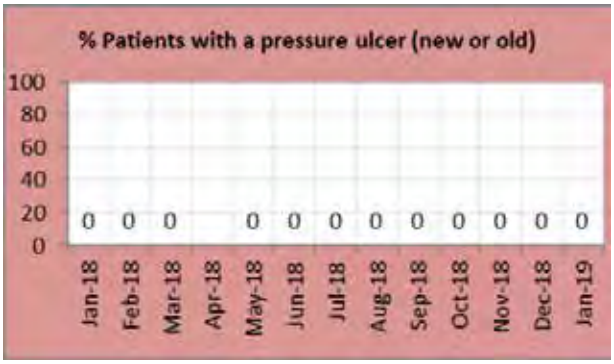


The Children and Young People's Services Safety Thermometer is a national tool that has been designed to measure commonly occurring harms in people that engage with children and young people's services.

	Jan-18	Feb 18	Mar-18	Apr-18	May 18	Jun-18	Jul-18	Aug 18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
% Harm Free Care	72.22	38.46	72.22		80.00	92.31	16.67	100.00	61.54	100.00	57.89	100.00	83.33
% Patients with a moisture lesion (new or old)	5.56	0	0		0	0	0	0	0	0	5.26	0	0
% Patients with a pressure ulcer (new or old)	0	0	0		0	0	0	0	0	0	0	0	0

For the month of Apr 18,– no data was returned
*All data from www.safetythermometer.nhs.uk/index.php





Priority 2: Effectiveness of Care

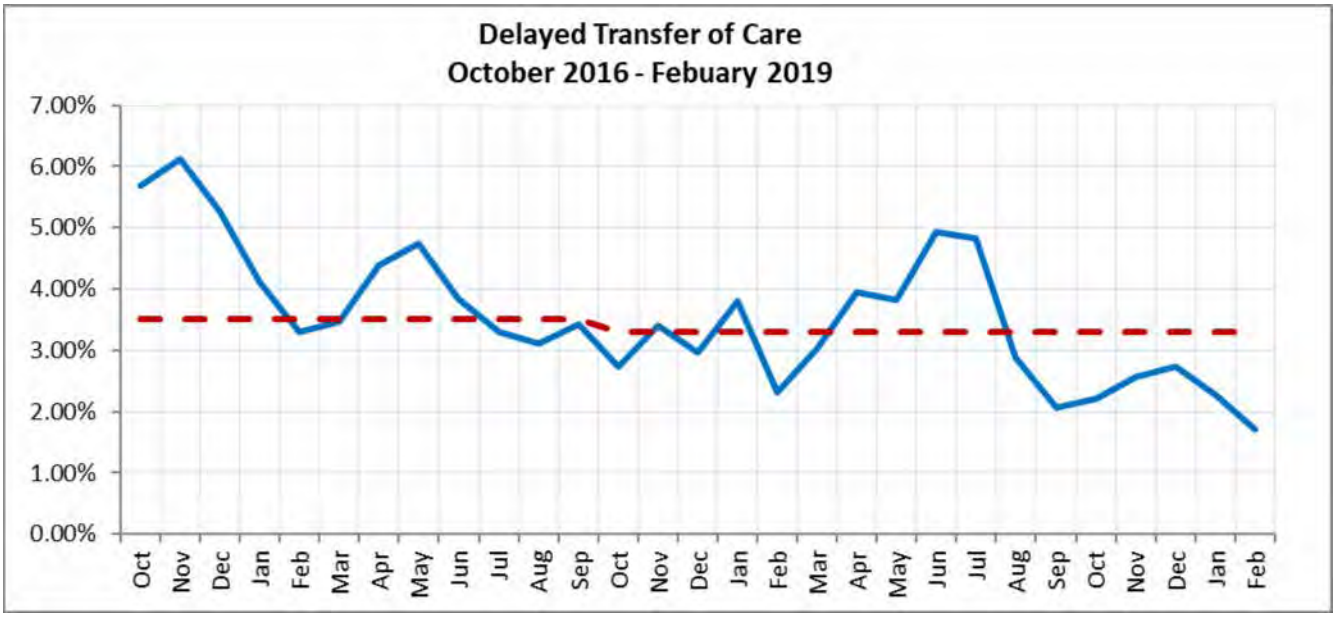
Discharge Processes

Rationale: All patients must have a safe and timely discharge once they are able to go back home.

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
Via national and local patient surveys Quarterly analysis of discharge incidents on Datix	National inpatient survey report to PS & QS	Reported National inpatient survey report to PS & QS	✔
	To the Discharge Steering Group	Reported to the Discharge Steering Group	✔

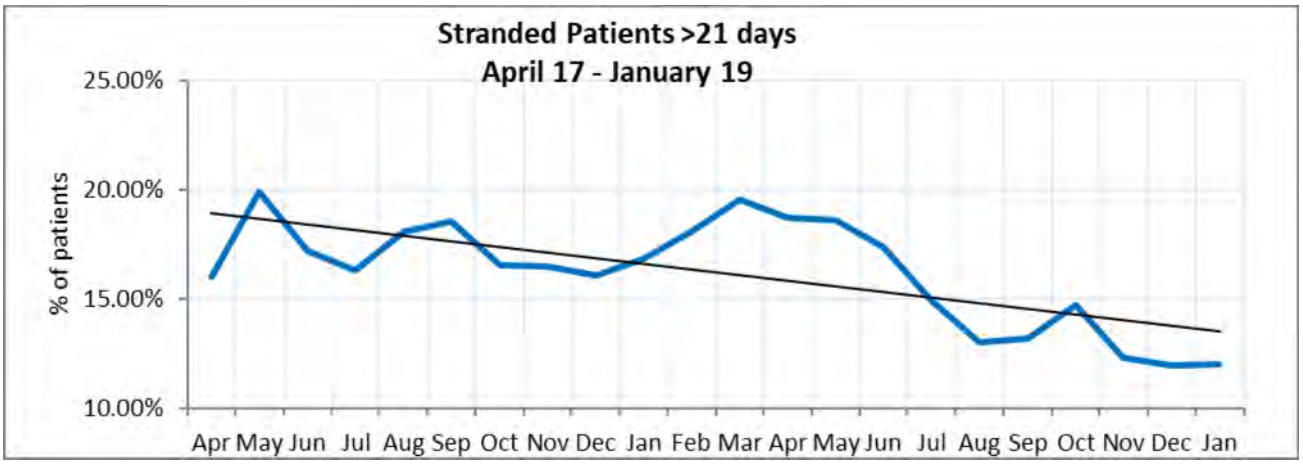
Delayed transfers of care (DToC) – October 2016 to February 2019

The Trust and our partners in social care and commissioning have worked together to reduce the number of delayed transfers of care from our Hospitals. The graph below demonstrates the significant reduction in delayed discharges and this is testament to all of the hard work in this area.



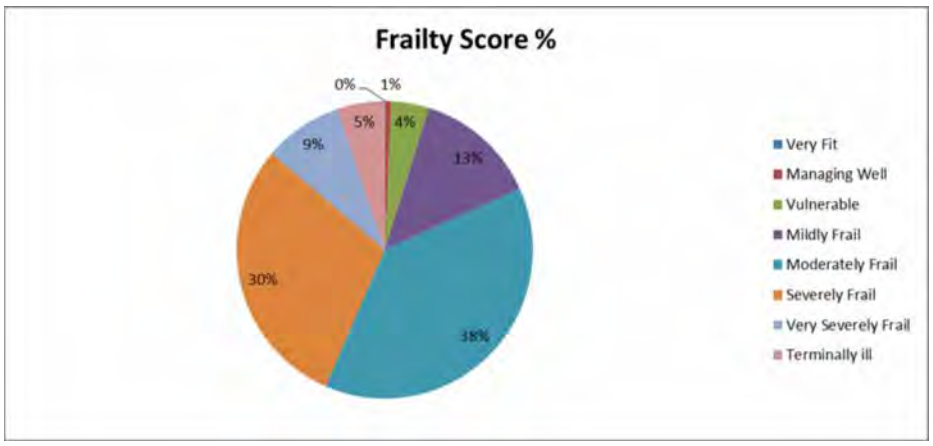
Super stranded patients

The graph below demonstrates the continued reduction of patients that remain in hospital after 21 days. The Organisation has worked hard to implement a weekly super stranded audit to understand why patients are in hospital for prolonged periods of time and to take actions to influence any themes that have been identified. This approach has been recognised by NHS Improvement and our front line teams are embracing the weekly review.



Frailty Coordinators

The frailty coordinator pilot was introduced in January 2018 and has been extended to the present time. To date the coordinators have had involvement with over 1300 patients. The coordinators work across 7 days and support both admission avoidance work as well as expediting discharge from in hospital areas. The graph below demonstrates the severity of the frailty that this cohort of patients has presented with as well as the average Length of Stay (LOS) for each patient. The pilot has been extended to support the winter months due to the positive feedback the service has had from patients, their families and carers and staff across the areas.



NHSi Allied Health Professional (AHP) Challenge

A team of Physiotherapists and Occupational Therapists took part in the 90 day challenge to deliver an improvement project to support patient flow. The team led by one of the Trust's Frailty coordinators delivered a project looking at getting patients home before 12pm. The team focused on two in hospital areas and 'tested' out short cycles of improvement looking at therapy led discharge, facilitating transport home and working with other members of the multidisciplinary team to remove any barriers. The team have attended an improvement summit in Birmingham and will be working with stakeholders to role this approach out to other areas.

Low level support pathways

During 2018 – 19 the integrated discharge team have been supported by teams from local communities to facilitate low level practical support when people are leaving hospital. The schemes were very well received by the staff and patients, the support workers were able to take patients home and check they had everything they needed to manage back in their home environments.

Help Force

North Tees and Hartlepool have been successful in securing a partnership with Help Force the national organisation for volunteers working in the NHS. The project will be led by the Trust's Volunteer coordinator who will be delivering a 'Home in time for lunch – buddy volunteer' service that will support patients to get home in a safe and timely manner. The scheme which is due to go live in April 2019 will be supported by existing Trust volunteer drivers and additional volunteers that will be recruited as part of the project.

New discharge pathways

In December 2018 the Trust launched new discharge pathway arrangements in partnership with local authorities. The drivers behind the changes were to increase the number of patients being discharged safely to their usual place of residence and to reduce the number of continuing healthcare assessments completed in hospital. The referral process has been streamlined and this is saving time for ward staff giving them more time to care for their patients. Evaluation of the changes will happen in due course however early indications suggest that key performance metrics are heading in the right direction.

7 day working for therapy service

The Physiotherapy and occupational therapy teams started to work across 7 days in December 2017. The team work across all in hospital areas to support patient flow, remove barriers for discharge and where possible prevent admissions. The support on a weekend has been very well received by nursing and medical staff and we continue to work with colleagues in hospital to embed weekend huddles.

Community integrated assessment team (CIAT)

CIAT a team of therapists, nurses and therapy assistants provide a 7 day extended hour service to emergency care and community areas. The team work together with community teams to prevent patients being admitted to hospital and respond to crisis in the community. Recently, the team have been working with the North East Ambulance Service (NEAS) to avoid patients arriving at emergency care inappropriately when care can be delivered in the community. The team are building on the work that the emergency care therapy team have been delivering for several years. In July 2018 a rapid response nurse joined the team and has been working with acute based medical and nursing teams to encourage care in the community.

Integrated single point of access pilot (ISPA)

Out of hospital care staff are working closely with staff from Hartlepool Borough Council to pilot an integrated approach to supporting patients and their families. The drivers behind the project have been to stream line services for our people, preventing a duplicated approach to care and ensuring patients receive the right care in the right place delivered by the right people. The pilot is supporting hospital staff in terms of facilitating discharge.

Priority 2: Effectiveness of Care

Safety and Quality Dashboard

Rationale: The Safety and Quality Dashboard will support close monitoring of nurse sensitive patient indicators on a day-to-day basis. It will support sharing of best practice and speedy review of any potential areas of concern.

Overview of how we said we would do it

- Training will be completed and each department will evidence that their results have been disseminated and acted upon.
- Ward matrons will present their analysis on a public area of the ward for patients and staff to see. The results will be discussed and minutes taken.

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
Senior Clinical Matrons (SCMs) will monitor ward areas to ensure that data is up to date, accurate and displayed in a public area	Report to Board of Directors	Reported to Board of Directors	✔
	Report at every Council of Governors meeting	Reported at every Council of Governors meeting	✔

The purpose of the dashboard is for the Trust to have an overview of what is going on at ward level and to identify any issues/trends identified by having all of the data located in one place.

The areas covered by the dashboard are:

- Complaints, Stage 1 to 3
- Patient Falls
- Pressure Ulcers Grade 1 to 4
- Infection Control
- Medication Errors
- Falls Audit Information
- Patient and Staff Experience Surveys
- Hand Hygiene Audit
- Nurse Staffing Rates (UNIFY Data)
- Temporary Staffing
- Sickness Rates (%)
- Appraisal Rates (%)
- Friends and Family Test
- Learning Environment (Student placement feedback)
- Safety Thermometer

Trust_Position

Trust Position

Safety & Quality Dashboard

NHS North Tees and Hartlepool NHS Foundation Trust

Heatmap | Open Incidents | Open Complaints | Print Page

Previous 6 days | Latest | Month on Month

Complaints	Tuesday 28/08/2018	Wednesday 29/08/2018	Thursday 30/08/2018	Friday 31/08/2018	Saturday 01/09/2018	Sunday 02/09/2018	Monday 03/09/2018	August	September	Vs Previous Month	Financial Year to date	
Stage1 - Informal	5	2	4	3				77	0	⇩	306	Complaints Dashboard
Stage2 - Formal meeting								6	0	⇩	42	
Stage3 - Formal CE letter	2	1						15	0	⇩	73	

Falls	Tuesday 28/08/2018	Wednesday 29/08/2018	Thursday 30/08/2018	Friday 31/08/2018	Saturday 01/09/2018	Sunday 02/09/2018	Monday 03/09/2018	August	September	Vs Previous Month	Financial Year to date	
Patient Fall NO Injury	3	4	4		2	1		79	3	⇩	484	Falls Dashboard
Patient Fall Injury NO Fracture		1						7	0	⇩	99	
Patient Fall FRACTURE								0	0	⇨	6	

Pressure Ulcers	Tuesday 28/08/2018	Wednesday 29/08/2018	Thursday 30/08/2018	Friday 31/08/2018	Saturday 01/09/2018	Sunday 02/09/2018	Monday 03/09/2018	August	September	Vs Previous Month	Financial Year to date	
Grade 1								18	0	⇩	94	Pressure Ulcers Dashboard
Grade 2	5	2	2	3	2			88	5	⇩	357	
Grade 3			1	1	2			18	3	⇩	78	
Grade 4					1			0	1	⇧	9	

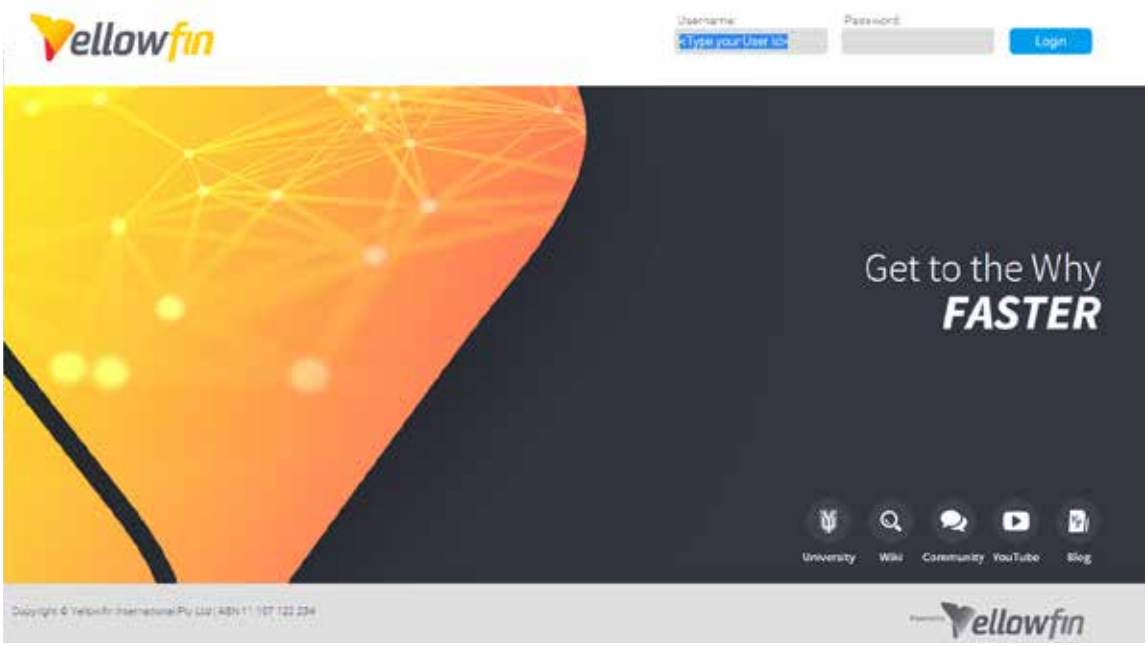
Infections	Tuesday 28/08/2018	Wednesday 29/08/2018	Thursday 30/08/2018	Friday 31/08/2018	Saturday 01/09/2018	Sunday 02/09/2018	Monday 03/09/2018	August	September	Vs Previous Month	Financial Year to date	
Cdiff		1						4	0	⇩	12	Infections Dashboard
MRSA								0	0	⇨	0	
MSSA								2	0	⇩	6	
Ecoli								1	0	⇩	19	
Klebsiella species (Kleb sp)								1	0	⇩	8	
Psuedomonas aeruginosa (Ps a)								0	0	⇨	2	
CAUTI								0	0	⇨	55	

Medication Errors	Tuesday 28/08/2018	Wednesday 29/08/2018	Thursday 30/08/2018	Friday 31/08/2018	Saturday 01/09/2018	Sunday 02/09/2018	Monday 03/09/2018	August	September	Vs Previous Month	Financial Year to date	
Number of Medication Errors	1	1	1			1		42	1	⇩	286	Medications Dashboard

Business Inteligence (BI)

During quarter 4 2018-19 the Trust procured a dedicated Business Intelligence software product, Yellowfin. This software will be used to create dashboards within the organisation, to automate reporting of some data, reduce manual intervention and to move the Trust forward in how data is used, displayed and understood throughout the organisation.

There is a programme of works which has been established to rollout differing dashboards throught the new financial year.



Priority 2: Effectiveness of Care
Learning from Deaths

Learning from deaths of people in their care can help providers improve the quality of the care they provide to patients and their families, and identify where they could do more.

In March 2017, the National Quality Board (NQB) introduced new guidance for NHS providers on how they should learn from the deaths of people in their care.

For overiew of how we said we would do it, see page 182.

During **April 2018 to March 2019**, 1,462 of North Tees and Hartlepool NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

342 in the first quarter;
317 in the second quarter;
406 in the third quarter;
397 in the fourth quarter.

By **31 March 2019**, 194 case record reviews and **16** investigations have been carried out in relation to **194** of the deaths included above.

In **16** cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

4 in the first quarter;
9 in the second quarter;
0 in the third quarter.
3 in the fourth quarter.

0 representing **0%** of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. To date there remain 5 investigations that are ongoing.

In relation to each quarter, this consisted of:

0 representing **0%** for the first quarter;
0 representing **0%** for the second quarter;
0 representing **0%** for the third quarter;
0 representing **0%** for the fourth quarter;

This number have been identified using the "Prism 2" methodology; this provides a structured review of a case record, carried out by clinicians, to determine whether there were any problems in care. Where a case has also been reported as a Serious Incident, a comprehensive investigation is completed to identify the root cause of the case and identify service and care delivery problems where improvements may be required.

Learning Disabilities

The Trust has continued to be involved in the national Learning Disabilities Mortality Review (LeDeR) process specifically looking at all deaths of people with a learning disability, these reviews are comprehensive, looking at the full life span of the person and identifying areas where care could be improved to enable the person to live a longer life, we also identify good practice.

Nationally these reviews have been scrutinised and four areas for development have been identified with actions being developed regionally and nationally. The areas are:

- aspiration pneumonia
- easy read health promotion
- constipation
- carers recognising the deteriorating patient.

Fact sheets have been developed by LeDeR for these four areas and are available on the national LeDeR website. Regionally, the Learning Disability team have developed a STOP and WAIT tool to work with non-hospital carers to help identify deteriorating patients to then ensure appropriate and timely access to health care.

Within the Trust reviews we have identified good practice, including evidence of multi-agency work to reduce the risk of self-neglect behaviour with good effect and excellent evidence of using community services to help complex patients avoid a hospital admission. We have identified one area for action, which was the follow up treatment and advice for someone who was obese and presenting to hospital. As a result of looking at this from a multi-agency point of view, we have identified that North of Tees Learning Disability Community Team does not have a specialist dietician where equivalent regional teams have this provision.

In order to encourage people with a learning disability to access bowel screening, the Trust bowel screening team

have completed a refresh of their website which includes easy read information and accessible information. This has been shared with community learning disability teams, local carers groups and local Learning Disability Partnership boards for information and feedback.

In order to increase overall knowledge and awareness the Trust is also including Learning Disability and Autism awareness sessions as part of the mandatory training for all staff groups during 2019-20.

Avoiding admissions in the frail and elderly

The Trust has also become part of collaborative work with the local care homes based around improving care to frail, elderly patients and reducing the need to admit these patients into hospital. The North Tees and Hartlepool Education Alliance is a partnership of local care providers (NHS, charitable and private), commissioners and local authorities which aims to transform the care provided across all sectors.

The overall aims of this alliance are:

- Promotion of well-being for residents within care homes
- To improve quality of care provision
- Equip staff with the knowledge to recognise signs and symptoms of deterioration within the residents
- Reduce admissions and readmissions to hospital
- Increase the confidence and knowledge of staff when referring to other services
- Encourage collaborative working

In order to assist in achieving this, the Trust is coordinating the provision of training around various topics and the Alliance is continually evaluating the overall impact; one of its measurable outcomes it the reduction of emergency admissions from care home and it has been identified that this has already been achieved. The Alliance will be continuing to ensure this positive improvement on the care provided to the frail and elderly continues.

End of Life care

Subsequent to learning from mortality reviews, end of life care planning across the organisation, supported by the Specialist Palliative Care Team (SPCT) as a part of the Out of Hospital Care Directorate (OOHC) has continued to develop and progress.

This has included work undertaken to update the Trust Resuscitation policy; with an addendum now added to enable suitably trained Senior Nurses, Clinical Nurse Specialists and Allied Healthcare Professionals (AHP's) to be able to complete regional Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. Advance Care Planning remains a priority topic in teaching across the organisation and beyond and is now delivered to nurses, medics and students across the disciplines. This includes the proposed Trust-wide rollout of the AMBER Care Bundle.

Changes to the way we use our IT Systems has enabled integration into the Trust SystmOne modules, the ability to pass "Special Patient Notes" directly to the North East Ambulance Service (NEAS) Control Room via secure electronic system. This is promoting greater partnership working and also improved patient experience should our emergency service colleagues need to attend the patient in their place of residence.

To enable and empower patients and those close to them to tell of their experience around palliative and end of life care, the Trust continues to be part of the Palliative & End of Life Project (PEOLC) run by Care Opinion/ Hospice UK, supported by the Scottish Government. The project is supporting 12 clinical teams, selected through an application process and representing a diversity of hospice, hospital and community care services in different parts of the UK, with North Tees & Hartlepool NHS Foundation Trust being one of the 12.

The Care Opinion project has encouraged patients, and those close to them, to share their stories of palliative and end of life care. Whilst there are only few stories to date, they have started to tell us what we do well and what could be done better. Reviewing this information in such a timely manner has enabled us to look at making improvements quickly as issues come to light.

To ensure there is additional resilience in the Specialist Palliative Care Team to be able to support clinical teams with end of life care, we developed an innovative approach of a Specialist Palliative Care Nursing Bank. We have become the first Trust regionally to establish Specialist Bank staffing in partnership with NHS Professionals.

Greater work on pathway design and strategic development around palliative and end of life care services continues to be ongoing between the organisation and strategic stakeholders across the North Tees & Hartlepool NHS Foundation Trust geographical footprint.

The introduction of the "e-observations" module as part of the electronic patient record will support improvements in the identification and monitoring of the deteriorating patient. This will potentially highlight patients who may then be identified as approaching end of life care, through the decision to stop routine clinical physiological observation. We are looking to work with IT colleagues to introduce monitoring of 'Comfort Observations' at that time; these observations will look at

comfort, symptoms and care of the patient and family, in accordance with the regional 'Caring for a Dying Patient Document (CDP).

There are further plans to enhance the collaborative working between the specialist palliative and end of life care team (SPCT) and Critical Care Outreach Team (CCOT), this is in order to improve and support smoother transition of care, ceilings of treatment, management planning and identification of patients with uncertain recovery. This will be developed alongside the planned stratified introduction of the AMBER Care Bundle across the inpatient areas of the organisation.

The development of an End of Life Forum within the organisation has been identified as a key priority for the coming year; this work will be led by the Macmillan Lead Nurse for End of Life Care & the Lead Chaplin. This will support the development of 'Role Champions' across all clinical areas to raise the profile of Palliative and End of Life care which is also planned across the coming year.

In a drive to improve awareness around the importance of palliative and end of life care, in conjunction with our communications team colleagues, the SPCT will be developing a strategy to improve public facing information around palliative care, end of life care, Advance Care Planning and Priorities of Care. This will include the development of a 'Care Opinion Wall', social media campaign and events in the annual 'Dying Matters Week.'

The Trust will be continuing its on-going commitment to supporting national developments around uncertain recovery, palliative care and end of life care with representation in the AMBER Care Bundle Strategic Network, along with a clinical advisor representative in the national EOLC Practitioners Network, being developed by NHS Improvement. Education of staff across all professional groups will continue to remain a high priority around end of life care, with study days and opportunities planned throughout the coming year, including a Collaborative GP/Consultant event.

Engagement with families/carers

The Trust has for the last 2 years actively encouraged feedback from families and carers in relation to how they feel bereavement is handled. All families are provided with a "bereavement survey" to complete, when they feel ready, to provide information on their experiences and if they think there is something staff can do to improve care and communication at such a difficult time.

Since the introduction of the survey there have been 151 completed and returned to date. The majority of these provide very positive feedback about the care provided and this is passed on to the relevant ward and staff involved. There are others where concerns have been identified; these have been shared with the relevant areas and also the Trusts Patient Experience team, a number of these have been handled through the Trusts complaints process. Many of the issues raised through the survey relate to communication and compassion; these are disseminated across the organisation for overall learning but are also taken into account through the updates and training provided by the SPCT as described in the previous section.

The survey also gives families an opportunity to request that a mortality review is completed by the Trust; families are asked to supply the details of the patient to support this. To date in 2018-19, 20 such requests have been made. Many of the requests for reviews are made despite positive feedback being provided on the survey; there are also a significant number of surveys returned where concerns are raised but no details are given to support identifying the patient involved. As a result the Trust is looking at changing the wording on the survey to help support families and carers. All requests for reviews are followed up and completed; to date none have had to be escalated as a result of possibly being preventable.

Perinatal Mortality Review Tool

In response to the recommendations of the MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK) reports, the Department of Health on December 2017 issued guidance that all Trusts should ensure that all stillbirths and neonatal deaths are reviewed by an appropriate multidisciplinary team using a standardised mortality review tool and process. Recommending that MBRRACE-UK should work closely with Trusts in order to build on the skills and experience developed through stillbirth audit to establish a process for ongoing quality assurance of local mortality to identify learning from cases.

The standardised Perinatal Mortality Review tool (PMRT) has been introduced to support this work and the Trust has implemented the use of this tool to support the completion of high quality reviews of stillbirths and neonatal deaths. The PMRT is designed to facilitate robust, systematic, multidisciplinary reviews with parental involvement and come to a clear understanding of why each baby died and whether with different actions the death of their baby might have been prevented. The tool development is an iterative process with on-going opportunities to develop and improve the tool during the two-year pilot 2018-20.

The overall aim of the clinical review process for stillbirths is to try to explain to parents why their baby may have died and secondly, to support the Trust to identify areas for learning. The use of tools such as PMRT, as a framework to support case review, is standardising processes and preventing conclusions

being drawn without full analysis of the facts. However, the value of multi-professional, cross organisational discussions is central to good review of care. External review to provide objectivity undoubtedly has a role to play in quality assuring processes, and also demonstrating transparency to families and the wider public. It is necessary that only those staff with in-depth local knowledge of systems, processes and culture will be able to provide the appropriate context and understanding required to identify and solve problems. Relevant clinical staff may benefit from additional training to lead and/or participate in reviews and this will be examined as this work progresses.

Sepsis diagnosis and management

As a result of undertaking mortality reviews, the Trusts Sepsis group have further enhanced multiprofessional education and training in relation to sepsis screening, supporting rapid recognition and management. The Sepsis guidance is being reviewed; this is based on the regional guidance. Across the Trust there are "Sepsis Champions" identified to support application of these guidelines; however the Trust recognises the importance of this being a multidisciplinary approach and that all staff have responsibility for this.

Part of the ongoing work in relation to sepsis is to examine ways of promoting early recognition of sepsis. The Trust will be continuing engagement with primary care professional teams and NEAS to support this, alongside the work being undertaken by the Alliance as described earlier.

The Trust are planning to hold a "Sepsis" week in September, this is being timed to coincide with World Sepsis Day. On this day the Trust will be focussing on raising awareness with patients, the public and staff. A specific multiprofessional Sepsis training day is also being planned to include awareness/teaching sessions and clinical simulation opportunities.

Intensive Treatment Unit

The Intensive Treatment Unit (ITU) team undertake mortality reviews for all patients that pass away in the department; these form the larger part of the Trusts agreed mandatory reviews. Many of the patients who die on ITU are there for short periods, often being admitted to the Trust in a critical condition with a high risk of a poor outcome. However, there are a small number of patients who have a prolonged stay on the unit having active treatments for their illness.

As a result of undertaking the mortality reviews, the ITU team have identified that there were occasionally inconsistent management plans and communication in relation to patients who had prolonged stays in the unit. In order to impact upon this the team have

introduced the need for a multidisciplinary team (MDT) planning meeting for all of these patients to occur every Wednesday. This MDT planning meeting includes an update on progress, details of what has been discussed with the patients' family, agreement in relation to MDT decision making and agreements about the levels of care to be offered/provided.

The current evaluation from staff involved in these MDT planning meetings is that these are having a positive impact and that the team approach has led to fewer isolated decisions being made. There has been suggestion made by the team that a fixed proforma to record the discussion should be developed to reduce discussion duplication and confirm previous agreed action points. It is hoped that this approach will support the families and carers of the patient during this time by ensuring there is consistent communication during this difficult period of time and also allowing them to feel they have been included in planning. Currently the evaluation has been from staff as the process has been developed; the feedback from families will be reviewed over the coming year.

Urinary Tract Infections

Over the last 2-3 years the Trust has completed record reviews where patients had been admitted and diagnosed with urinary tract infections (UTI). Following analysis of the reviews completed it was identified that all of the patients involved were frail and elderly; and in around 50% of cases the diagnosis of a UTI had not been confirmed and it was possible that some of these patients may not have needed admission into hospital.

Part of the improvements suggested from the reviews was for the Trust to examine ways of improving the diagnosis and management of UTI in the elderly. The Trust participated in a UTI Collaborative facilitated by NHS Improvement, with the outcomes of two change projects presented in January 2019.

The initial projects related to care home and in-patient ward settings. A reduction in inappropriate urine samples and an 81% reduction in treatment for UTI in the pilot care home were noted. In January 2019, the project was extended to a further 3 care homes, with support from the community dementia nurse. Other homes are also independently implementing aspects of the project to improve hydration in their residents and increase awareness of recognition and diagnosis of UTI. The hospital based project saw a 70% reduction in catheter associated UTI on a pilot ward, comparing a 3 month baseline period with October – December 2018. This project has now been extended to a second ward and once data collection is complete a cost benefit analysis will be undertaken prior to a decision on further rollout.

The quality of diagnosis and management of suspected UTIs continues to be a high priority for the Trust, and is subjected to regular audit against NICE standards (Quality Standard 90). The latest audit was completed in 2018, and overall showed several areas of improvement compared to the previous audit. These overall results were presented to a general medical audience in July 2018 where areas requiring further improvement were also highlighted.

The Trust is also taking part in a trial regarding antibiotic prescription, the ARK (Antibiotic Review Kit) trial. This trial addresses the issue of antibiotic stewardship, with the intention of promoting effective antibiotic prescription and the empowerment of clinicians to stop antibiotics when appropriate. While relevant to all antibiotic prescriptions, this is of direct relevance to those with suspected UTI. The results of this trial will inform changes in practice as they are identified.

Acute Kidney Injury

As part of another focused review of deaths where the patients had been recorded as being admitted with acute kidney injury (AKI, also referred to as acute renal failure); it was identified that the group of patients represent a population of frail, elderly patients with multiple significant co-morbidities including for many of them, chronic kidney disease. Analysis of the review findings identified that many of the patients may have had renal failure when they were admitted into the Trust; this was treated appropriately and the patients later died as a result of one of their other long term co-morbidities or a secondary illness.

The Trust has undertaken a programme of quality improvement over the last 2-3 years in relation to effectively identifying patients with AKI; which as a result has impacted on the overall management of this. A number of clinical audits undertaken over this time have shown key areas of improvement that have been supported by a statistical reduction in deaths of patients who were admitted with AKI. The quality improvement work in relation to AKI is to continue however this repeat focused case review has assisted in the positive evaluation of the work being undertaken across the Trust.

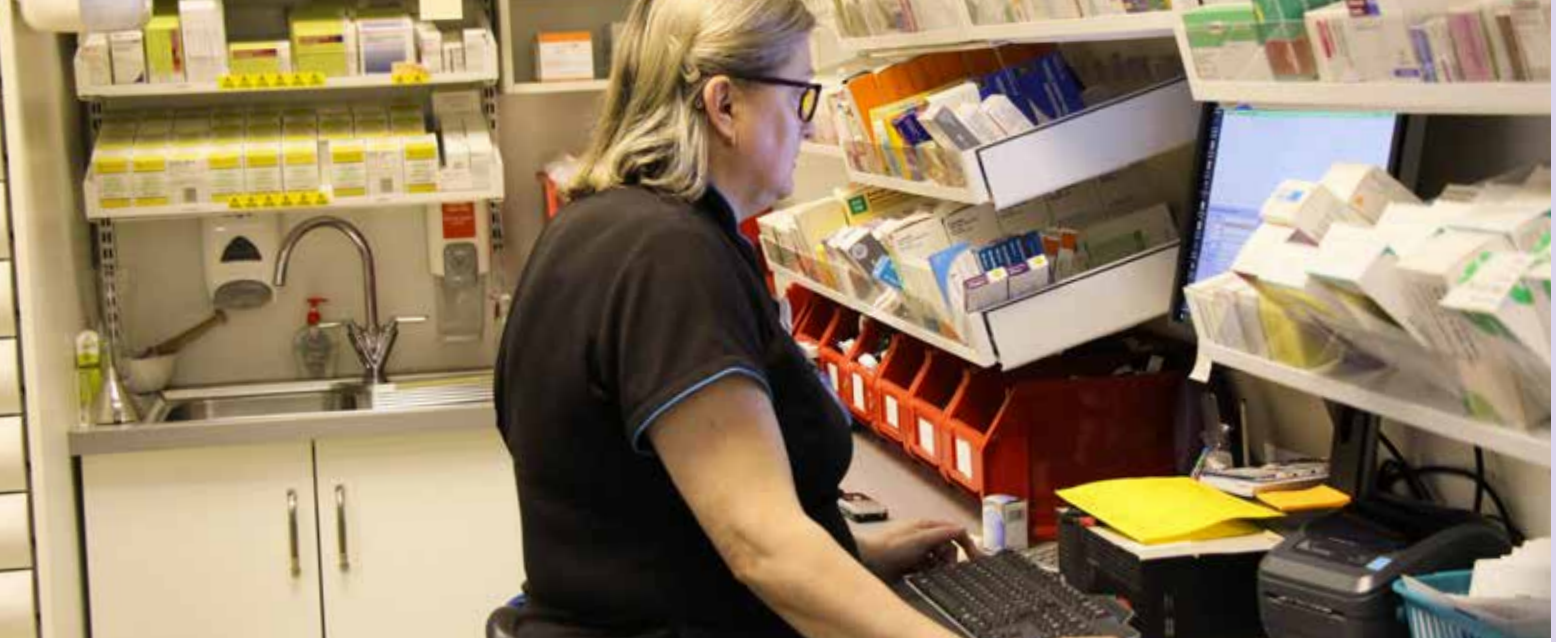
Clinical documentation and coding

The overall focus of all of the mortality reviews is to support the Trust in identifying areas where clinical practice or services can be changed to enhance the overall quality and safety of the care given to patients anywhere in the Trust and to also support patients, carers and staff when managing care when the overall outcome of their illness may be uncertain.

The Trust has in the past been reported as having increased Hospital Standardised Mortality Rates (HSMR) and Standardised Hospital Mortality Indices. These are both nationally agreed figures that use some areas of healthcare data (Charlson co-morbidities) to assist in benchmarking Trusts nationally. By examining ways of making improvements, in these nationally published measures, the Trust feels that it has not only improved quality and safety, but has also helped to allay some concerns patients, families and carers may have as a result of media coverage, during times of critical illness.

As a result of the mortality reviews it has been identified that records made may not fully reflect all health problems (co-morbidities) an individual patient has or that the records may not clearly identify the diagnosis of the problems being treated. This impacts on communication of management plans between healthcare professionals providing care across primary and secondary areas, but can also impact on the healthcare data collected for national statistical analysis.

In order to improve the records made and to support clearer communication a number of teaching sessions have been held with various clinical teams. The sessions



are multi-disciplinary and raise awareness around the importance of accurately and comprehensively recording co-morbidities. They cover the mortality indicators and demonstrate the positive impact it has on trust HSMR and SHMI rates when the coding gives an accurate clinical picture of the patients who are treated in hospital. The depth (number of codes for each patient) of coding of co-morbidities is monitored on a monthly basis, with particular emphasis being placed on the depth of coding for Charlson co-morbidities. Following regional benchmarking it showed the Trust was falling behind in the recording of chronic kidney disease (CKD), metastatic cancer and hemiplegia. The Trust has implemented some remedial actions to resolve the issues identified and the impact of these will be monitored closely.

Following various internal focused reviews of groups of cases where there has been a clinical diagnosis linked to senility, pneumonia or stroke; audits have been completed to ensure all conditions documented within the case notes have been coded. Following the coding review clinician validation has been introduced to ensure all relevant co-morbidities and conditions have been documented. A recent analysis has shown the average Charlson co-morbidity score for pneumonia patients has increased from 12.2 to 13.3. For stroke patients the average Charlson co-morbidity score has increased from 10.1 to 14.5. Also any patient who dies in hospital, who has a primary diagnosis of delirium or dementia assigned, the coding will be sent to be validated by a clinician.

As a result of the ongoing work examining areas where quality and safety of care can be enhanced; and also because of the improvements in clinical documentation and consequently the clinical coding; the Trusts HSMR and SHMI rates have been within the national "as expected" range for 12 consecutive quarters.

Medical Examiners

Over recent years a national Coronial review has been completed; this review identified a variety of recommendations one of which relates to the introduction of a "Medical Examiners" (ME) role that is responsible for reviewing deaths and speaking with families in relation to any concerns they may have. The role of the ME has been extensively discussed at the Regional Mortality meeting, which the Trust is part of, however, no consensus has been reached. A neighbouring Trust has already successfully implemented a ME team; some Trusts are not planning on developing this role until there is clarity around funding or if it is mandated. The Trust feels that we should develop this role in order to improve quality of death certification and also improve liaison with the bereaved.

At this time a business case to support implementation over the next year is currently being developed for consideration through the normal Trust procedures. It is envisaged that as this role is implemented, there will be changes to the mortality review processes already in place; however it is considered that this will only improve the overall analysis of mortalities.

86 case record reviews and **6** investigations were completed after 31 March 2018, which related to deaths which took place before the start of the reporting period.

0 representing **0%** of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the "Prism 2" methodology; this provides a structured review of a case record, carried out by clinicians, to determine whether there were any problems in care. Where a case has also been reported as a Serious Incident, a comprehensive investigation is completed to identify the root cause of the case and identify service and care delivery problems where improvements may be required.

0 representing **0%** of the patient deaths during January to March 2018 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Priority 3: Patient Experience

Palliative Care and Care for the Dying Patient

Rationale: The Trust used the Care For the Dying Patient (CFDP) and Family's Voice. Stakeholders and the Trust believe that this needs to remain a priority in 2018-19 both in hospital and in the community.

The review of the Liverpool Care Pathway (LCP) was commissioned by Care and Support Minister Norman Lamb in January 2013 because of serious concerns arising from reports that patients were wrongly being denied nutrition and hydration whilst being placed on the Pathway.

The Care For the Dying Patient document has now been established within the Trust to consider the contents of the Independent Review of the Liverpool Care Pathway led by Professor Julia Neuberger.

Overview of how we said we would do it

- We will continue to use the Family's Voice in hospital and continue to roll its use out in the community

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
We will evaluate feedback in relation to pain, nausea, breathlessness restlessness, care for the patient and care for the family	Quarterly to IPB	Reported to IPB and quarterly	✔
	Annually to PS & QS	Reported to PS & QS annually	✔

"No – Excellent care. We were involved in every aspect of care. The Oasis suite is fabulous and all the staff today have been caring and compassionate. Mam died so peacefully." [sic]

Specialist Palliative Care

Trust instigated a number of changes to the palliative care process and team during 2018-19, to improve patient experience, quality of care given and more accurate data collection.

The number of patients seen by the Specialist Palliative Care Team has seen a year on year increase for 2014-15 to 2016-17, with a decrease occurring in 2017-18 and 2018-19. The decrease in numbers has been attributed to the way the data is being captured. A full process review is underway to ensure that the data capture is robust and consistent as in previous years.

2015-16		2016-17		2017-18		2018-19
1,040	↑	1,436	↑	1,108	↓	**1,072**

*Data obtained from the Information Department

Educational Strategy for Palliative Care

North Tees and Hartlepool NHS Foundation Trust continues to recognise the importance of delivering the best possible care to palliative patients and patients in the last days of life. Specialist Palliative Care, alongside the greater Out of Hospital Care Directorate are working alongside other stakeholders locally, regionally and nationally, to continue developing our strategy and Trust focus around palliative and end of life care.

Good communication skills are essential and underpin the care given. Health care professionals caring for all patients need to be trained in communication skills. However the importance of good communication becomes even more pronounced when caring for palliative patients and patients in the last days of life due to the sensitive nature of discussions.

An understanding of the importance of a holistic assessment is essential. It is important that a patient's physical, psychological, spiritual and social needs are addressed and that the family and carers are well supported.

Education continues to be delivered by members of the Specialist Palliative Care Team, alongside colleagues from Chaplaincy and Mortuary & Bereavement services, to both Trust and non-Trust staff across the Trust geographical area. These sessions are aimed to improve understanding around the importance of communication, identification and planning of care for patients who may be palliative or at the end of their life.

Development Nurse Programme

The Macmillan supported 'Development Nurse Programme' for interested and experienced band 5 or above nurses, to develop skills and knowledge required for a CNS role, has enabled effective succession planning. The 2 year programme supporting the Out of Hospital Care Directorate to provide Clinical Nurse Specialist development within Specialist Palliative Care has now come to an end, with all of those who undertook the programme moving into Clinical Nurse Specialist roles.

AMBER Care Bundle

Following a successful pilot of the use of the AMBER Care Bundle on three of its wards in medicine, the Trust is looking to develop a Trust-wide implementation of the AMBER Care Bundle in the coming 12-24 months. The AMBER care bundle improves the quality of care of people in hospital whose recovery is uncertain. It is for people who are at risk of dying during their current episode of care despite receiving active treatment. The AMBER care bundle helps identify patients who may have end of life care needs and looks to supports staff to be clear about the plan of care, to start conversations about uncertainty and gives patients, carers and others close to them time to prepare.

Palliative Care Register

We continue to develop the Trust Palliative Care Register and by utilising the Supportive & Palliative Care Indicator Tools (SPICT), encourage teams to identify patients they feel are palliative earlier in their illness.

Virtual Wards

Alongside the development of the Palliative Care Register, the use of the Trust Virtual Wards as part of on-going Trakcare development is essential. There are now three virtual wards used by the team – the Palliative Register (Green Swan), AMBER Care Bundle (Amber Swan) and End of Life Care (Red Tree). These virtual wards enable staff to identify inpatients who may need support or guidance through their admission.

Care Opinion/Hospice UK Palliative & End of Life Care National Project

Now in it's 2nd year, this is a UK wide project being run by Care Opinion and Hospice UK. Supporting 12 clinical teams for two years, this innovative programme is a partnership with Hospice UK and supported by the Scottish Government. The teams were selected in an open, competitive application process and represent a diversity of hospice, hospital and community care services in different parts of the UK, with North Tees & Hartlepool NHS Foundation Trust being one of the 12.

DNACPR signing by specialist Nurses

In an effort to improve patient safety, experience and outcomes, a small working group has looked at a policy amendment to empower senior nurse specialists across the organisation to sign DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms. Given the nurse specialist is often the staff member most involved in planning and co-ordinating care, they have often broached the difficult conversations and the move sits very well into the regional Deciding Right approach.

Locality--wide Specialist Palliative Care MDT

The Locality wide SPC MDT meeting held weekly, video-conferenced between both hospital sites discussing complex patient management with core membership of:

Specialist Palliative Care Consultants, Clinical Nurse Specialists, Allied Health Professionals, Psychology, Chaplaincy and both Alice House & Butterwick Hospices.

This Specialist MDT promotes best practice, good clinical governance and shared decision making, is held as best practice, with recognition regionally and nationally of benefits seen by patients.

North of Tees Palliative Transformation & Locality Group

Reporting into the regional Supportive, Palliative & End of Life Care Group, this locality group is made up of all key stakeholders in Palliative & End of Life Care from the Trust, CCG, hospices, patient groups and local authority. Whilst it is seen as the 'Gold Standard' in regional and locality development of services, there has been regional recognition for North of Tees Palliative Transformation & Locality Group being the only locality able to achieve the group.

Specialist Nursing bank development with NHS Professionals

We continue to follow the innovative approach to ensuring Specialist Palliative Care provision is robust across the Trust. Working closely with our NHSP partners, we have become the first Trust regionally to establish Specialist Bank staffing in partnership with NHS Professionals.

Presenting at National and Regional Conferences

Mel McEvoy, Nurse Consultant and John Sheridan, Macmillan Lead Nurse, End of Life Care have both been involved in presenting on Palliative and End of Life Care issues, both regionally and nationally.

Mel McEvoy, Nurse Consultant had his work highlighted at the Kate Granger Compassionate Care Awards. Mel was presented with a finalist trophy and certificate at the NHS England annual general meeting & National Health and Care Innovation Expo 2018 for work setting up the Family's Voice diary, which was part of the last week.

"It was as caring, helpful compassionate and cheerful as it could be." [sic]

"Today my mam passed away. Amazing support from staff." [sic]

Care for the Dying Patient (CFDP)

The CFDP diary continues to be given out to relatives within the Trust and the community.

Between April 2018 and March 2019, the Trust has handed out 134 diaries, currently the average score has decreased to 20.51 from the previous average of 20.60.

The Trust has endeavoured to improve the uptake of the CFDP with greater support from the chaplains who review every patient on the Care of the Dying Document. If the document has not been given out, it is pointed out and the next occasion they offer to accompany the staff in giving it out.

The following are results since April 2014; there has been a significant fall in giving out the Family's Voice. The current rate compared to previous years is as follows:

Reporting Period	Number of Patients	Average Daily Score (Max 24.00)
April 2014 to March 2015	131	21.10
April 2015 to March 2016	167	20.80
April 2016 to March 2017	171	20.40
April 2017 to March 2018	147	20.60
April 2018 to March 2019	134	20.51

*Data obtained from the Trusts Family's Voice database

"Mum has been much more settled today after such a distressing week. The staff have been friendly and professional throughout and have respected my families wishes without question." [sic]

"The staff on ward 25 have gone above and beyond the call of duty to care for my mam (Thank You)" [sic]

"Disappointed have not received information regarding last days of life. Leaflet was not explained" [sic]

Spiritual and emotionall care of patients at the end of their life

In March 2015, the NHS England published NHS Chaplaincy Guidelines. The guidelines recognise the development of chaplaincy in a range of specialties including General Practice and in areas such as Paediatrics and Palliative care, describing the importance of spiritual and religious support to patients approaching end of life. The guidelines support and promote the approach that our Trust has taken since July 2009 to meet the needs of patients and families when faced with the knowledge that end of life is near.

Actions taken by the Trust:
Since July 2009, the Trust has routinely referred patients on the end of life care pathway to the chaplaincy team. During 2018-19, **302** patients were referred by our staff to this pioneering service provided by the Trust chaplains. They provide **spiritual, pastoral and emotional support** to patients, families and staff. **6** patients declined support during the reporting year. **198** patients welcomed and received multiple visits. This service offers added value to the quality of overall care provided to patients and their loved ones and has highlighted the importance of this aspect of support to the dying patient.

The Trust continues to address the spiritual and pastoral needs of patients in the community. Initially, this was for patients on or near the end of life, but practice has indicated that the service needs to be offered to patients earlier in the palliative care stage, in order to build up a relationship with the patient and offer a meaningful service.

When this service is allied to the use of the Family's Voice, we believe that our philosophy of care results in a better experience for patients, relatives and carers as well as better job satisfaction for clinical staff and chaplains.

Chaplain Referrals, Received more than 1 visit and declined support

The following table demonstrates a year-on-year comparison:

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Referrals	397	424	437	401	359	**302**
Received more than 1 visit	233	272	274	298	244	**198**
Declined Support	3	1	3	4	2	**6**

*Data from the Trusts chaplain service

Multi Faith

The Trust holds a directory of all the local faith groups in the area, If there is a request for the Imam (Muslim) or the Hindu Priest, Buddhist or any other faith, the chaplains would contact the Trust link person and arrange a visit.

Priority 3: Effectiveness of Care
Is our care good?

Rationale: Trust and key stakeholders believe that it is important to ask this question through internal and external reviews.

Overview of how we said we would do it

- We will ask the question to every patient interviewed in the Patient and Staff Experience Survey visit
- We will ask the question in all Trust patient experience surveys
- We will monitor patient feedback from national surveys

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
Analysis of the feedback from the Patient and Staff experience/ national surveys	Reports to Board of Directors	Reported to Board of Directors	✔

"Every team member were efficient, a really nice ward, has a great atmosphere and very clean." [sic]

"Problem wasn't resolved, not very understanding to needs. Some very nice nurses" [sic]

"North Tees hospital literally saved my life again and the nurses and doctors do a wonderful job. The nursing staff are especially helpful and caring." [sic]

Patient Experience Surveys

Below are a list of the surveys that the Trust carried out between April 2018 and March 2019. The 'Number of patients surveyed' column shows the number of patients who were eligible to take part.

National Surveys

Survey	Month Survey published	Number of patients surveyed
National Cancer Patient Experience Survey 2017	September 2018	694 (68%)
CQC National Inpatient Survey 2017	June 2018	1,250 (39%)
CQC National Maternity Survey 2018	January 2019	300 (34%)
CQC National Inpatient Survey 2018	June 2019	1,250 (43%)
CQC National Emergency Survey 2018	Autumn 2019	893 (32%)
CQC National Children and Young People's Survey 2019	Autumn 2019	1250 (Fieldwork in progress)
NACEL Care of the Dying Survey for Relatives/Carers	February 2019	45 (11%)

Local Surveys

Survey	Survey results compiled	Number of Patients Surveyed
Endoscopy Patient Survey 2018	April 2018	499 (40%)
Shoulder school 2018/19	January 2019	44 surveys
Acute Oncology Survey 2018	November 2018	75 (49%)
Upper GI Cancer Survey 2018	March 2019	113 (33%)
Tissue Viability Nurse Survey 2019	March 2019	70 (fieldwork in progress)
Bereavement Survey 2018/2019	January 2019	1,400 (9%)
Surgical Decisions Unit Survey 2019	March 2019	200 (fieldwork in progress)
CQUIN Bowel Screening Awareness Survey 2018	February 2019	220 surveys
Colposcopy Survey	November 2018	166 (100%)
Orthopaedic Virtual Clinics – Patient Survey	November 2018	150 (26%)
Stop smoking Survey	August 2018	190 (89%)
Family Health Counselling Survey	September 2018	41 surveys
Dexa Scan Survey	August 2018	138 (30%)
Inflammatory Bowel Disease Survey	June 2018	88 (31%)

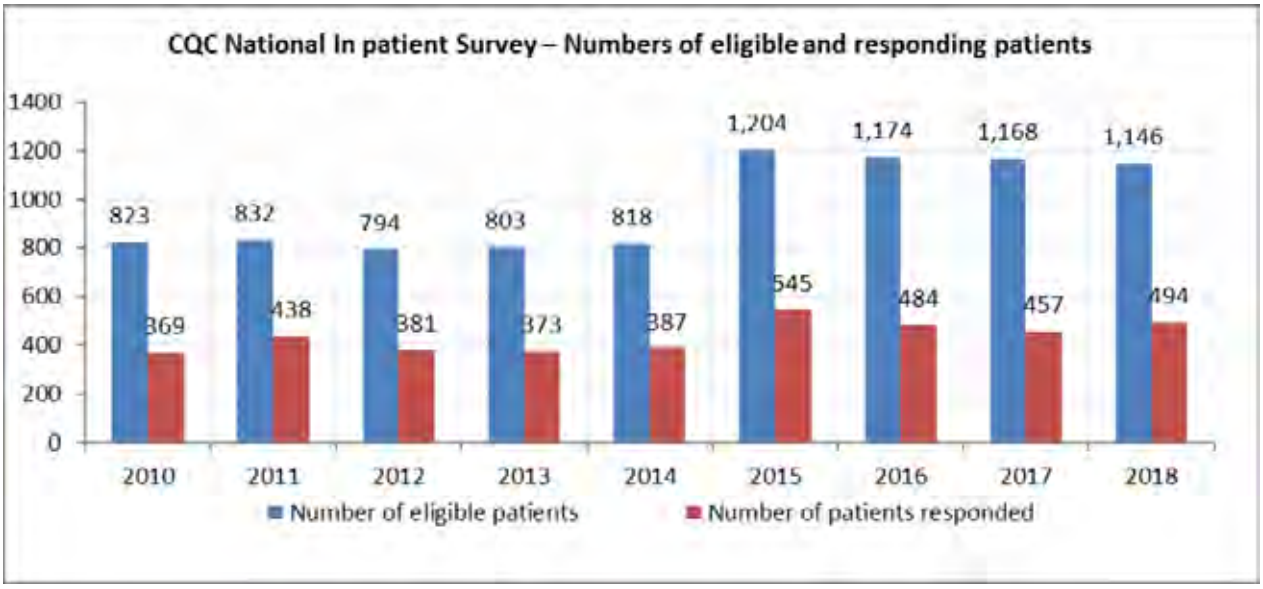
National Surveys

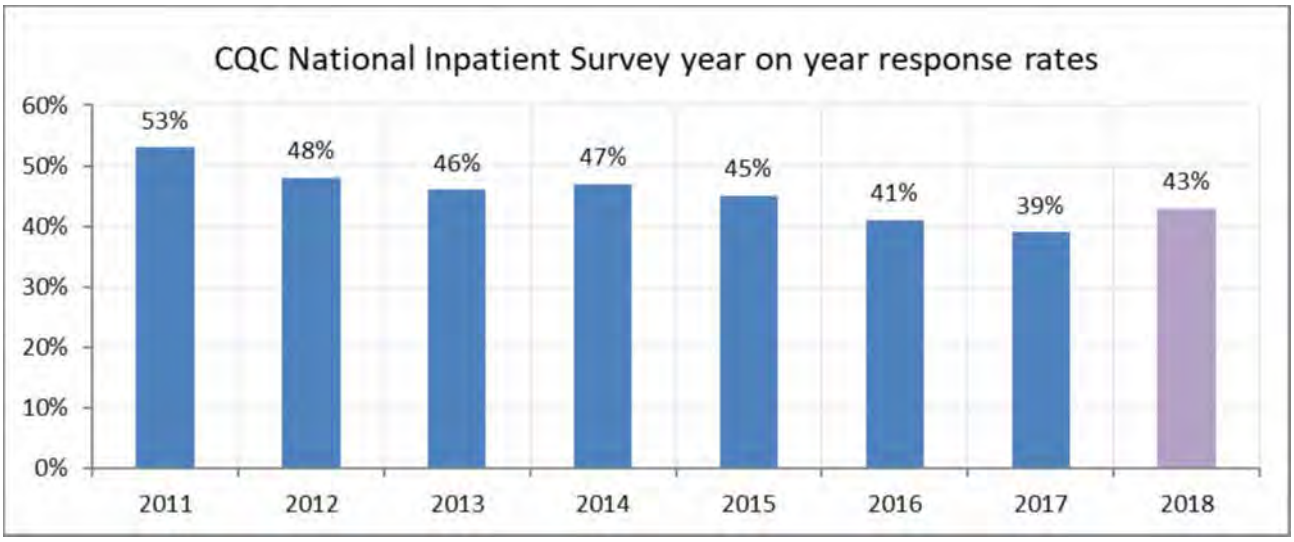
CQC National Inpatient Data 2018

This survey is a Care Quality Commission (CQC) requirement for all Acute NHS Trusts. Each Trust randomly selects adults who are inpatient admission during July 2018 (age over 16 years).

There were **494** responses from the patients that received a survey, this equates to a response rate of **43%.** Results are not published until June 2019.

Survey Period	Number of patients eligible to be Surveyed	Number of patients Surveyed	Response Rate
2010	823	369	44.84%
2011	832	438	52.64%
2012	794	381	47.98%
2013	803	373	46.45%
2014	818	387	47.31%
2015	1,204	545	45.26%
2016	1,174	484	41.23%
2017	1,168	457	39.13%
2018	**1,146**	**494**	**43.10%**





CQC National Inpatient Survey 2017: Key Results

Please note that results are only available for the 2017 survey. 2018 results will not be available until June 2019.

Where we have improved: Discharge

All Scores out of 10

	2013	2014	2015	2016	2017
Discharge delayed due to wait for medicines / to see doctor/ for ambulance?	**6.5**	**5.8**	**6.4**	**6.4**	**7.2** (significantly improved)
How long was the delay to discharge?	**7.6**	**7.1**	**7.8**	**7.7**	**8.3** (significantly improved)
Did you get enough support from health and social care professionals to help you recover & manage your condition?	Question not asked		**6.9**	**7.2**	**7.5**
When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing your care?	Question not asked		**7.8**	**6.9**	**7.1**

Where we could be better:

	2013	2014	2015	2016	2017
Did the hospital staff explain the reasons for being moved during the night in a way you could understand? (answered only by those respondents who moved wards during night)	Question not asked				**5.9**
Q.40 Were you given enough privacy when being examined or treated?	**9.4**	**9.3**	**9.5**	**9.5**	**9.3**

National Cancer Patient Experience Programme 2018 National Survey

We have a **65%** response rate against the current national response rate of 63%.

The survey was conducted with patients with a primary diagnosis of cancer who had an inpatient or day case attendance who were discharged during April, May and June 2018.

The 2018 results will not be published until August or September 2019.

National Cancer Patient Experience Survey 2017

As the 2018 survey results are not expected to be published until August 2019 below are some key results taken from the National Cancer Patient Experience Programme 2017. This survey was sent to all adult patients with a confirmed diagnosis of cancer discharged after an inpatient or day case patient attendance for a cancer related treatment during April, May and June 2017. Our response rate was 68%, (national average response rate was 63%).

38% of questions asked scored "better than expected", 62% of questions scored "within expected range" and 0% of questions scored "worse than expected".

Below are questions where we scored better than expected for a trust of our size and profile.

Questions	2017	National Score
Patient thought they were seen as soon as necessary	88%	84%
The length of time waiting for the test to be done was about right	92%	88%
Patient completely understood the explanation of what was wrong	79%	73%
Patient felt that treatment options were completely explained	88%	83%
Possible side effects explained in an understandable way	84%	73%
Patient given practical advice and support in dealing with side effects of treatment	75%	67%
Patient definitely told about side effects that could affect them in the future	65%	56%
Patient definitely involved in decisions about care and treatment	83%	79%
Patient found it easy to contact their CNS	94%	86%
Hospital staff gave information on getting financial help	67%	58%
Patient had confidence and trust in all ward nurses	83%	76%
Patient was able to discuss worries or fears with staff during inpatient visit	61%	53%
Patient was able to discuss worried or fears with staff during day patient / outpatient visit	79%	71%
Doctor had the right notes and other documentation with them	98%	96%
Beforehand patient had all information needed about radiotherapy treatment	95%	87%
Patient given understandable information about whether radiotherapy was working	69%	59%
Beforehand patient had all information needed about chemotherapy treatment	90%	84%
Hospital and community staff always worked well together	69%	62%
Overall the administration of the care was very good / good	93%	90%
Length of time for attending clinics and appointments was right	83%	69%

Below is a selection of questions where we scored within the expected range for a trust of our size and profile.

Questions	2017	National Score
Patient given the name of the CNS who would support them through their treatment	88%	91%
Hospital staff told patient they could get free prescriptions	79%	81%
Patient's family definitely had opportunity to talk to doctor	74%	73%
Patient definitely given enough care from health or social services during treatment	57%	53%
Patient definitely given enough care from health or social services after treatment	47%	45%
Patient given a care plan	35%	35%
Q.58 Taking part in cancer research discussed with patient	25%	31%

National Maternity Survey 2018

This annual CQC national survey asked women who had a live birth during February 2018 about their antenatal, labour and postnatal experiences. The survey was published in January 2019. 101 women responded to the survey, a response rate of 34% (national response rate was 36.8%).

There were no questions that scored "better" when compared to other trusts nationally. There were 2 questions that the trust score was significantly better when compared to the results of the 2017 survey.

Questions	*2018
During your antenatal check ups, did a midwife ask you how you were feeling emotionally?	8.2
At the very start of your labour, did you feel you were given appropriate advice and support when you contacted a midwife or the hospital?	9.0

***All Scores out of 10**

There were 2 questions that scored **"worse"** when compared to other trusts nationally.

Questions	*2018
Care during hospital stay after birth: Were you able to get a member of staff to help you within a reasonable time?	6.3 (Scored significantly worse than 2017)
Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?	**6.3**

***All Scores out of 10**

The remaining questions of the survey scored **"about the same"** as other trusts nationally.

Priority 3: Effectiveness of Care

Friends and Family Test

Rationale: The Department of Health require Trusts to ask the Friends and Family recommendation questions from April 2013. Stakeholders agreed that this continues to be reported in the 2018-19 Quality Accounts.

Overview of how we said we would do it

- We ask patients to complete a questionnaire on discharge from hospital

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?	
We analyse feedback from all Friends and Family questionnaires	Reports to Board of Directors	Reported to Board of Directors	✔
	Report at every Council of Governors meeting	Reported at every Council of Governors meeting	✔
	On the Safety, Quality and Infections Dashboard	Reported on the Safety, Quality and Infections Dashboard	✔

"Professional, kind and thank you for looking after me. Lovely Staff. Thank you." [sic]

"Lack of adequate bedding, noisy ward and freezing during the night. The heating was clearly switched off." [sic]

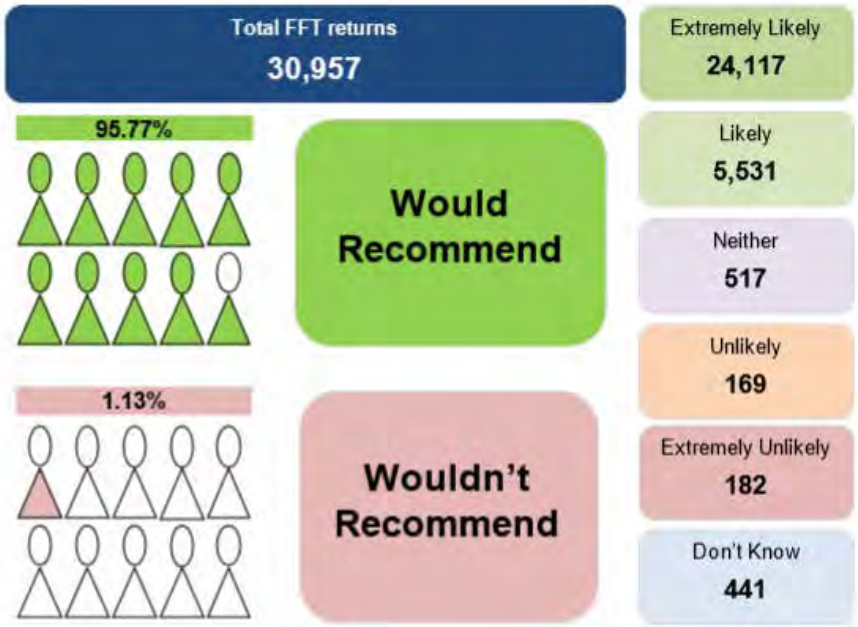
The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The Friends and family data can be found at:
https://www.england.nhs.uk/fft/friends-and-family-test-data/

The Trust has created and developed an in-house data collection and reporting system that covers **70** areas for Friends and Family across both sites and community.

North Tees and Hartlepool NHS Foundation Trust
Returns for April 2018 to March 2019

The Trust continuously monitors the positive and negative comments on a weekly basis to ensure that any similar issues or concerns can be acted upon by the ward matrons. This helps in reducing the reoccurrence of similar issues in the future.



*Data from Trusts Friends and Family database

North Tees and Hartlepool NHS Foundation Friends and Family word bubble

What our patients have said about their hospital experience
(taken from the Trust's Friends and Family Test Comments April 2018 – March 2019)

"Staff in colposcopy clinic were amazing! Made me feel at ease and lovely ladies. Nothing was too much trouble. Thank you" [sic]

"No receptionist available and had to wait over 10 mins for one to appear. Large queue had formed." [sic]

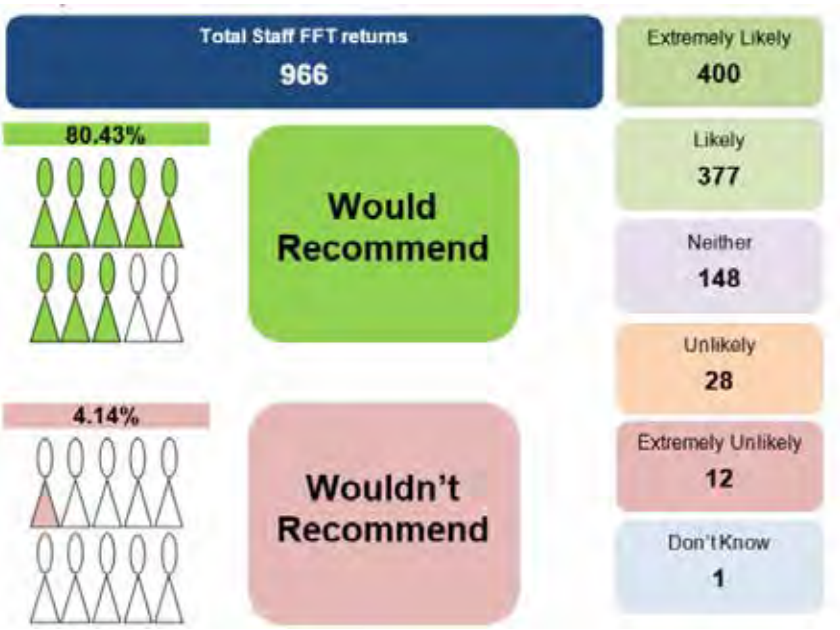
"Delay in time even though appointment was 09.00." [sic]

Staff - Friends and Family Test

The Trust continues to ask staff the Friends and Family Test, thus allowing staff feedback on NHS Services based on recent experience. Trust Staff are asked to respond to two questions.

Staff Friends and Family Test is conducted on a quarterly basis **(*excluding Quarter 3 when the existing NHS Staff Survey takes place).**

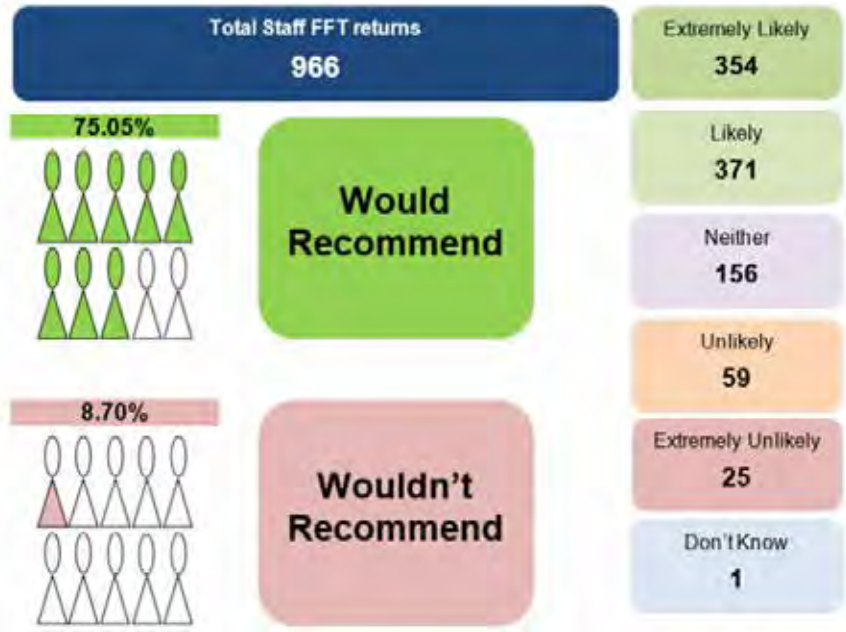
The following data refers to the full 2018-19 financial year.



*Data from Trusts Human Resources Department data

Breakdown of Responses - Care

Care: 'How likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care.'



*Data from Trusts Human Resources Department data

Breakdown of Responses - Work

Work: 'How likely staff would be to recommend the NHS service they work in to friends and family as a place to work.'

"The service I received when I am here is excellent and staff are very friendly" [sic]

Section 2B: 2019-20 Quality Improvement Priorities

Introduction to 2019-20 Priorities

Key priorities for improvement for 2019-20 have been agreed through numerous consultation events with our patients (via surveys), staff, governors, Healthwatch colleagues, commissioners, local health scrutiny committees, healthcare user group and the Board of Directors.

Consultation commenced in December 2018 allowing stakeholders a significant opportunity to consider and suggest priorities that they would like to see the Trust address.

Stakeholder Priorities for 2019-20

The quality indicators that our external stakeholders said they would like to see included in next year's Quality Accounts were:

Patient Safety	Effectiveness of Care	Patient Experience
Mortality	Safety Thermometer	Palliative Care & Care for Dying Patient (CFDP)
Dementia	Discharge Processes	
Mental Health	Safety and Quality Dashboard	Is our Care Good? (Patient Experience Surveys)
Safeguarding (Adult & Children's)	Learning from Deaths	
Infections		Friends and Family Test

Rationale for the selection of priorities for 2019-20

Through the Quality Accounts stakeholder meetings and other engagement events we provided an opportunity for stakeholders, staff and patients to suggest what they would like the Trust to prioritise in the 2019-20 Quality Accounts.

We then chose indicators from each of the key themes of Patient Safety, Effectiveness of Care and Patient Experience.

The Trust will continuously monitor and report progress on each of the above indicators throughout the year by reporting to the Board.

The following details for each selected priority include how we will achieve it, measure it and report it.

Patient Safety

Priority 1 - Mortality

To reduce avoidable deaths within the Trust.

Overview of how we will do it
We will review all available indicators

We will use the Healthcare Evaluation Data (HED) benchmarking tool to monitor and interrogate the data to determine areas that require improvement. We will also review/improve existing processes involving palliative care, documentation and coding process.

Overview of how will measure it
We will monitor mortality within the Trust using the two national measures of Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).

Overview how we will monitor it
Monitored by the Mortlaity Dashboard

Overview of how we will report it
Report to Board of Directors meeting
Report to Council of Governors meeting
Report quarterly to the Commissioners
Report to Trust Outcome Performance Delivery Operational Group (TOPDOG)

Priority 2 - Dementia

All hospital patients admitted with dementia will have a named nurse and an individualised plan of care.

Overview of how we will do it
We will use the Stirling Environmental Tool to adapt our hospital environment.

We will make it mandatory that all patients over 65 receive an Abbreviated Mental Test (AMT) and are, where appropriate, referred for further assessment.

Patients with dementia will be appropriately assessed and referred on to specialist services if needed.

We will ensure that we have the most up to date information for patients with a diagnosis of dementia by accessing Datix systems and the Tees Esk Wear Valleys Foundation Trust Paris system. This will confirm if the patient has a clinical diagnosis from mental health services. If confirmed an alert will be added to Trakcare to ensure staff are aware of the diagnosis of dementia.

Overview of how we will measure it
The Stirling Environmental audit assessment tool will be used to monitor the difference pre and post environmental adaptation.

Wards 36, 37, 39 & 40 and 42 have been adapted to be dementia friendly; Wards 24, 25, 26, 27, and 29 have had the Stirling audit complete. Any improvements will be in line with the audits recommendations.

The percentage of patients who receive the Abbreviated Metal Test and, where appropriate, further assessment will be reported monthly via UNIFY.

We will continue with the prevalence audit for the number of patients that have cognitive screening over the age of 75 admitted as an emergency that are reported as having a known diagnosis of dementia, or have been asked the dementia case finding questions.

We will continue to undertake the National Audit for dementia.

Overview how we will monitor it
Monthly data from the Trust Inforamtion Management Department.

Overview of how we will report it
Vulnerability Committee
Monthly UNIFY

Priority 3 - Mental Health

To achieve high quality mental health healthcare offered to patients who access general hospital services achieving parity of physical health needs with mental health needs across the Trust; healthcare professionals in general secondary care will feel knowledgeable and confident in understanding and managing mental health conditions and knowing when and how to access mental health services for the patients they see. The integration of all healthcare professionals to provide care as needed for each patient is a crucial part of the solution to providing a higher quality of care to all patients.

The Trust will review and implement recommendations from the NCEPOD guidance Treat as One. The Trust will identify and involve all stakeholders in reviewing the Treat as One guidance and undertaking a gap analysis to develop appropriate work streams; including but not exclusive to:

- Patients who present with known co-existing

mental health conditions should have them documented and assessed along with any other clinical conditions that have brought them to hospital;
- Liaison psychiatry review should provide clear and concise documented plans in the general hospital notes at the time of assessment;
- All Trust staff who have interaction with patients, including clinical, clerical and security staff, should receive training in mental health conditions;
- In order to overcome the divide between mental and physical healthcare, liaison psychiatry services should be fully integrated into the Trust. The structure and staffing of the liaison psychiatry service should be based on the clinical demand both within working hours and out-of-hours so that they can participate as part of the multidisciplinary team;
- Record sharing (paper or electronic) between mental health hospitals and the Trust will be improved. As a minimum patients should not be transferred between the different hospitals without copies of all relevant notes accompanying the patient.

Overview of how will measure it
The Trust will benchmark current and future practice against the Treat as One Guidance; undertaking further audit in relation to recommendations in line with the above and Staff and patient engagement (survey).

Overview of how we will report it
The Trust will establish a Treat as One group chaired by an Executive Board Member; audit results will be reported to ACE Committee and Performance & Quality Standards Committee.

Priority 4 - Safeguarding

The Trust continues to work to enhance and develop standards for safeguarding adults and children.

Overview of how we will do it
Provision of specialist advice relating to implementation of The Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and the Human Rights Act provides added assurance that the Trust remains compliant with legislation.

The Trust has maintained a robust board level focus on Safeguarding and Looked after Children led by the Director of Nursing, Patient Safety and Quality. A bi-monthly steering group, chaired by a Non- Executive Director maintains responsibility for the performance monitoring of the Children's Safeguarding work program.

The Trust has maintained membership and has made active contributions at senior level on the three Local Safeguarding Children Boards (LSCB); Stockton (SLSCB), Hartlepool (HSCB) and County Durham LSCB and on the HSCB Executive group.

Overview of how will measure it
Audits will be carried out and improvements undertaken.

Overview how we will monitor it
Monitored by audit result improvement plans

Overview of how we will report it
Audit results and improvement plans will be reported to Adult Safeguarding Group.

Audit results and improvement plans will be reported to the three Local Safeguarding Childrens Boards.

Priority 5 - Infections

Key stakeholders asked us to report on infections in 2019-20 due to the increase in Ecoli infections and scrutiny towards Cdifficile.

Overview of how we will do it
We will closely monitor testing regimes, antibiotic management and repeat cases to ensure we understand and manage the root cause wherever possible.

Overview of how we will measure it
We will monitor the number of hospital and community acquired cases;
We will undertake a multi-disciplinary Root Cause Analysis (RCA) within 3 working days;
We will define avoidable and unavoidable for internal monitoring;
We will benchmark our progress against previous months and years;
We will benchmark our position against Trusts in the North East in relation to number of cases; and reported, number of samples sent for testing and age profile of patients.

Overview how we will monitor it
Monitored by the Safety and Quality Dashboard

Overview of how we will report it
Board of Director Meetings, Council of Governor Meetings (CoG), Infection Control Committee (ICC), Patient Safety and Quality Standards Committee (PS & QS), To frontline staff through Chief Executive brief, Safety and Quality Dashboard and Clinical Quality Review Group (CQRG)

Effectiveness of Care

Priority 6 - Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm and 'harm free' care. Using the classic Safety Thermometer survey, along with the new Medications, Maternity and Children & Young Persons measures.

Overview of how we will do it
This indicator will continue to be audited on one day per month across the Trust and the data submitted to NHS Digital.

Overview of how will measure it
Monthly data collection survey.

Overview how we will monitor it
Monitored by the Safety and Quality Dashboard

Overview of how we will report it
Report to PS & QS;
Report to Board of Directors meeting;
Report to Council of Governors meeting ; and
Safety and Quality Dashboard

Priority 7 - Discharge Processes

Overview of how we said we would do it
All patients should have a safe and timely discharge.
All concerns and/or incidents raised onto the Trust's Datix system.

Overview of how we said we would measure it
Via national and local patient surveys.
Quarterly analysis of discharge incidents on the Datix system.

Overview how we will monitor it
Monitored by the Senior Clinical Professionals weekly huddle

Overview of how we said we would report it
National inpatient survey report to PS & QS.
To the Discharge Steering Group.

Priority 8 - Safety and Quality Dashboard

The Safety and Quality Dashboard will support close monitoring of nurse sensitive patient indicators on a day-to-day basis. It will support sharing of best practice and speedy review of any potential areas of concern.

Overview of how we will do it
Training will be undertaken and each department will evidence that their results have been disseminated and acted upon.

Ward matrons will present their analysis on a public area of the ward for patients and staff to see. The results will be discussed at ward meetings.

Overview of how we will measure it
The dashboard will be used during the weekly Quality Reference Group meetings with the wards/areas. Quarterly meetings with wards/areas will be held to ensure that data is up to date, accurate and displayed in public areas.

Overview how we will monitor it
Monthly dashboard analysis to the Director of Nursing, Patient Safety and Quality

Overview of how we will report it
Weekly data presented from the dashboard in the Quality Reference Group
Health Professional Interprofessional Board (IPB)
Report to Board of Directors meeting
Report to Council of Governors meeting

Priority 9 - Learning from Deaths

Within the National Guidance on learning from deaths there is now a mandated requirement to report learning from deaths in the Quality Accounts.

Overview of how we will do it
By undertaking twice weekly mortality review sessions
By allowing Directorates to undertake their own mortality reviews (as long as the person reviewing was not part of that patients final care episode)

Overview of how we will measure it
All data will be captured on the Trusts Clarity ® mortality learning from deaths database

Overview how we will monitor it
Monitored by the Mortality Dashboard

Overview of how we will report it
Report to Board of Directors meeting

Patient Experience

Priority 10 - Palliative Care and Care for the Dying Patient (CFDP)

The Trust has continued to use the Care for the Dying Patient (CFDP) and Family's Voice. Stakeholders and the Trust believe that this still needs to remain a priority in 2019-20.

Overview of how we will do it
We will continue to embed the use of the Family's Voice in hospital and monitor use in community.

Overview of how we will measure it
We will evaluate feedback in relation to pain, nausea, breathlessness restlessness, care for the patient and care for the family.

Overview how we will monitor it
Monitored by the Safety and Quality Dashboard

Overview of how we will report it
Quarterly to IPB
Annually to Patient Safety and Quality Standards (PS & QS)

Priority 11 - Is our care good? (Patient Experience Surveys)

Trust and key stakeholders believe that it is important to ask the Friends and Family question through internal and external reviews.

Overview of how we will do it
We will ask every patient interviewed in the Patient and Staff Experience reviews. We will also ask the question in all Trust patient experience surveys, along with monitoring patient feedback from national surveys.

Overview of how will measure it
Analysis of feedback from Staff and Patient Experience reviews along with feedback from the patient experience/national surveys.

Overview how we will monitor it
Monitored by the Safety and Quality Dashboard

Overview of how we will report it
Reports to Board of Directors

Priority 12 - Friends and Family Test

The Department of Health have required Trusts to ask the Friends and Family recommendation questions from April 2013.

Overview of how we will do it
We currently ask patients to complete a questionnaire on discharge from hospital for in-patients, Accident & Emergency and Maternity as well as Outpatients, Day Case Units, Community Clinics, Community Dental, Radiology and Paediatrics.

Overview of how we will measure it
We will analyse feedback from patient surveys and discharge questionnaires.

Overview how we will monitor it
Monitored by the Safety and Quality Dashboard

Overview of how we will report it
Reports to Board of Directors
Reported directly back to ward/areas.

Section 2C: Statements of Assurance from the Board

Review of Services

During 2018-19 the North Tees and Hartlepool NHS Foundation Trust provided and/or subcontracted **64** relevant health services. The majority of our services were provided on a direct basis, with a small number under sub-contracting or joint arrangements with others.

The North Tees and Hartlepool NHS Foundation Trust has reviewed all the data available to them on the quality of care in **64** of these relevant health services.

The income generated by the relevant health services reviewed in 2018-19 represents **100%** of the total income generated from the provision of relevant health services by the North Tees and Hartlepool NHS Foundation Trust for 2018-19.

Participation in clinical audits

All NHS Trusts are audited on the standards of care that they deliver and our Trust participates in all mandatory national audits and national confidential enquiries.

The Healthcare Quality Improvement Partnership (HQIP) provides a comprehensive list of national audits which collected audit data during 2018-19 and this can be found on the following link:

http://www.hqip.org.uk/national-programmes/quality-accounts/

During 2018-19, **39** national clinical audits and **5** national confidential enquiries covered the relevant health services that North Tees and Hartlepool NHS Foundation Trust provides.

During 2018-19, North Tees and Hartlepool NHS Foundation Trust participated in **97%** of national clinical audits and **100%** of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that North Tees and Hartlepool NHS Foundation Trust was eligible to participate in during 2018-19 are as follows:

Mandatory National Clinical Audits
Adult Community Acquired Pneumonia (BTS)
BAUS Urology Audit - Nephrectomy
ICNARC Case Mix Programme (CMP)
Elective Surgery (National PROMs Programme)
Falls and Fragility Fractures Audit Programme (FFFAP)
Feverish Children (care in emergency departments)
Inflammatory Bowel Disease programme / IBD Registry
Learning Disability Mortality Review Programme (LeDeR)
Major Trauma Audit (TARN)
MBRRACE-UK Maternal, Newborn and Infant Clinical Outcome Review Programme
Myocardial Ischaemia National Audit Project (MINAP)
National Asthma and COPD Audit Programme (NACAP) ▪ Adult Asthma ▪ Paediatric Asthma ▪ Adult COPD ▪ Adult Pulmonary Rehabilitation

Mandatory National Clinical Audits
National Audit of Breast Cancer in Older People (NABCOP)
National Audit of Care at the End of Life (NACEL)
National Audit of Dementia
National Bariatric Surgery Registry (NBSR)
National Bowel Cancer Audit (NBOCAP)
National Cardiac Arrest Audit (NCAA)
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)
National Comparative Audit of Blood Transfusion programme
National Diabetes Audit – Adults
National Emergency Laparotomy Audit (NELA)
National Heart Failure Audit
National Joint Registry (NJR)
National Lung Cancer Audit (NLCA)
National Maternity and Perinatal Audit (NMPA)
National Neonatal Audit Programme (NNAP)
National Oesophago-gastric Cancer (NAOGC)
National Paediatric Diabetes Audit (NPDA)
National Prostate Cancer Audit
Non-Invasive Ventilation - Adults (BTS)
Sentinel Stroke National Audit programme (SSNAP)
Seven Day Hospital Services
Vital Signs in Adults (care in emergency departments)
VTE risk in lower limb immobilisation (care in emergency departments)
National Audit of Seizure Management in Hospitals (NASH)

National Confidential Enquiries (NCEPOD)
Heart Failure
Peri-operative Diabetes
Pulmonary Embolism
Acute Bowel Obstruction Study
Long Term Ventilation Study

The national clinical audits and national confidential enquiries that North Tees and Hartlepool NHS Foundation Trust participated in during 2018-19 are as follows:

Mandatory National Clinical Audits
Adult Community Acquired Pneumonia (BTS)
BAUS Urology Audit - Nephrectomy
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Feverish Children (care in emergency departments)
Inflammatory Bowel Disease programme/IBD Registry
Learning Disability Mortality Review Programme (LeDeR)
Major Trauma Audit (TARN)
MBRRACE-UK Maternal, Newborn and Infant Clinical Outcome Review Programme
Myocardial Ischaemia National Audit Project (MINAP)
National Asthma and COPD Audit Programme (NACAP) ▪ Adult Asthma ▪ Paediatric Asthma ▪ Adult COPD ▪ Adult Pulmonary Rehabilitation
National Audit of Breast Cancer in Older People (NABCOP)
National Audit of Care at the End of Life (NACEL)
National Audit of Dementia
National Bariatric Surgery Registry (NBSR)
National Bowel Cancer Audit (NBOCAP)
National Cardiac Arrest Audit (NCAA)
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)
National Comparative Audit of Blood Transfusion programme
National Diabetes Audit – Adults
National Emergency Laparotomy Audit (NELA)
National Heart Failure Audit
National Joint Registry (NJR)
National Lung Cancer Audit (NLCA)
National Maternity and Perinatal Audit (NMPA)
National Neonatal Audit Programme (NNAP)
National Oesophago-gastric Cancer (NAOGC)
National Paediatric Diabetes Audit (NPDA)
National Prostate Cancer Audit
Non-Invasive Ventilation - Adults (BTS)
Sentinel Stroke National Audit programme (SSNAP)
Seven Day Hospital Services
Vital Signs in Adults (care in emergency departments)
VTE risk in lower limb immobilisation (care in emergency departments)
National Audit of Seizure Management in Hospitals (NASH)

National Confidential Enquiries (NCEPOD)
Heart Failure
Peri-operative Diabetes
Pulmonary Embolism
Acute Bowel Obstruction Study
Long Term Ventilation Study

The national clinical audits and national confidential enquires that North Tees and Hartlepool NHS Foundation Trust participated in, and for which data collection was completed during 2018-19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Mandatory National Clinical Audits	Participation	% cases submitted
Adult Community Acquired Pneumonia (BTS)	Yes	100%
BAUS Urology Audit - Nephrectomy	Yes	100%
ICNARC Case Mix Programme (CMP)	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Hip replacement: 98% Knee replacement: 99%
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	100%
Feverish Children (care in emergency departments)	Yes	100%
Inflammatory Bowel Disease programme/IBD Registry	Yes	0%
Learning Disability Mortality Review Programme (LeDeR)	Yes	100%
Major Trauma Audit (TARN)	Yes	100%
MBRRACE-UK Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100%
Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%
National Asthma and COPD Audit Programme (NACAP) ▪ Adult Asthma ▪ Paediatric Asthma ▪ Adult COPD ▪ Adult Pulmonary Rehabilitation	Yes	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	100%
National Audit of Care at the End of Life (NACEL)	Yes	100%
National Audit of Dementia	Yes	100%
National Bariatric Surgery Registry (NBSR)	Yes	100%
National Bowel Cancer Audit (NBOCAP)	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	100%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Yes	Ongoing
National Comparative Audit of Blood Transfusion programme	Yes	100%
National Diabetes Audit – Adults	Yes	Ongoing
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Heart Failure Audit	Yes	100%
National Joint Registry (NJR)	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	100%
National Oesophago-gastric Cancer (NAOGC)	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Prostate Cancer Audit	Yes	100%
Non-Invasive Ventilation - Adults (BTS)	Yes	100%
Sentinel Stroke National Audit programme (SSNAP)	Yes	100%
Seven Day Hospital Services	Yes	100%
Vital Signs in Adults (care in emergency departments)	Yes	100%
VTE risk in lower limb immobilisation (care in emergency departments)	Yes	100%
National Audit of Seizure Management in Hospitals (NASH)	Yes	Ongoing

National Clinical Audits

The reports of **16** national clinical audits were reviewed by the provider in 2018-19 and North Tees and Hartlepool NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Audit title	Actions taken/in progress
Major Trauma Audit (TARN)	Case ascertainment requires improvement.
National Pulmonary Rehabilitation Audit	Increasing delivery of local education programme for patients, including COPD app.
Sentinel Stroke National Audit Programme (SSNAP)	Business case in process to improve shortfalls in Physiotherapy and Speech & Language Therapy input.
NCEPOD Non Invasive Ventilation	Working on prioritisation of training programme with clinical teams. Updating trust NIV protocol and observation chart.
National Dementia Audit	Working with clinical teams to improve documentation of issues relevant to dementia.
National Red Cell and Platelet Transfusion Audit	Local blood transfusion guideline being drafted.
NCEPOD Mental Health in Acute Hospitals	"Treat as one" group established, across organisations in the region to support consistent approach to care.
Transfusion Associated Circulatory Overload (TACO)	Developing a blood transfusion "bundle".
National Hip Fracture Database	Implementing new anticoagulation pathway.
National Maternity and Perinatal Audit (NMPA)	Improvement plan to promote breast feeding is required.
National Emergency Laparotomy Audit (NELA)	Pathway to be in place to support achievement of the upcoming Best Practice Tariff.
ICNARC Case Mix Programme (CMP)	Re-admission rates to be reviewed.
Paediatric Community Acquired Pneumonia Audit	New local guideline drafted to improve consistency of diagnosis and management.
National COPD Audit	Timely identification of new admissions required in order to support achievement of the Best Practice Tariff.
NCEPOD Chronic Neurodisability Study	Outpatient and Emergency Care systems need improvement to allow for more comprehensive coding. Specialist Nursing input required.
National Falls and Fragility Fracture Audit Programme	Better identification of incidental vertebral fractures required. Patient follow-up after osteoporosis diagnosis requires improvement.

Local Clinical Audits

The reports of **156** local clinical audits were reviewed by the provider in 2018-19 and North Tees and Hartlepool NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Audit title	Actions taken/in progress
Sedation in Children and Young People – (NICE CG 112) - Community Dental	All staff and dental core trainees to be made aware of updated policy on inhalational sedation.
Management of Supracondylar Fractures in Children (BOAST 11)	Ankle fracture surgery to be prioritised on the trauma theatre lists. Poster developed to effectively summarise neurovascular screening examination in upper limb injuries.
Paediatric community acquired pneumonia audit	Reduced the amount of blood tests in uncomplicated pneumonia as they are not required.
Blood Usage in Elective Orthopaedic Surgery	Reduce unnecessary intra-operative blood transfusions.
Paediatric Urinary Tract Infection Audit	The trust follows the Newcastle regional guideline variation rather than NICE guidance. The audit showed that treatment of 9 children would have been missed if NICE had been followed. The Clinical Effectiveness Advisor and Lead Clinician wrote to NICE to share local evidence gained from this audit to challenge the current NICE guidance.
Fluid balance audit	Training to be incorporated into Registered Nurse clinical days and Acute Kidney Injury specific study days, to improve awareness of documentation.
Acute Kidney Injury and Sepsis Audit	Task and finish group to be established to work on improved recognition and timely treatment of patients before deterioration.
Hypertension in Pregnancy (NICE CG 107 & QS 35)	Discharge proforma to be produced.
Quitting smoking in pregnancy and following childbirth (NICE PH 26)	Monitor carbon monoxide readings on all antenatal admissions.
Coding in elective orthopaedic procedures	Improvements required in specificity of discharge diagnosis, which will lead to increase in income for episode of care.

All national audit reports are considered by the Audit and Clinical Effectiveness (ACE) Committee which reports to the Patient Safety and Quality Standards (PS & QS) committee, PS & QS reports directly to the Board of Directors.

The Trust participated in all 5 national confidential enquiries (100%) that it was eligible to participate in, namely:

National Confidential Enquiries (NCEPOD):

NCEPOD study	Participation	% cases submitted
Heart Failure	Yes	100%
Peri-operative Diabetes	Yes	100%
Pulmonary Embolism	Yes	Ongoing
Acute Bowel Obstruction Study	Yes	Ongoing
Long Term Ventilation Study	Yes	Ongoing

* Data as of 17 April 2019

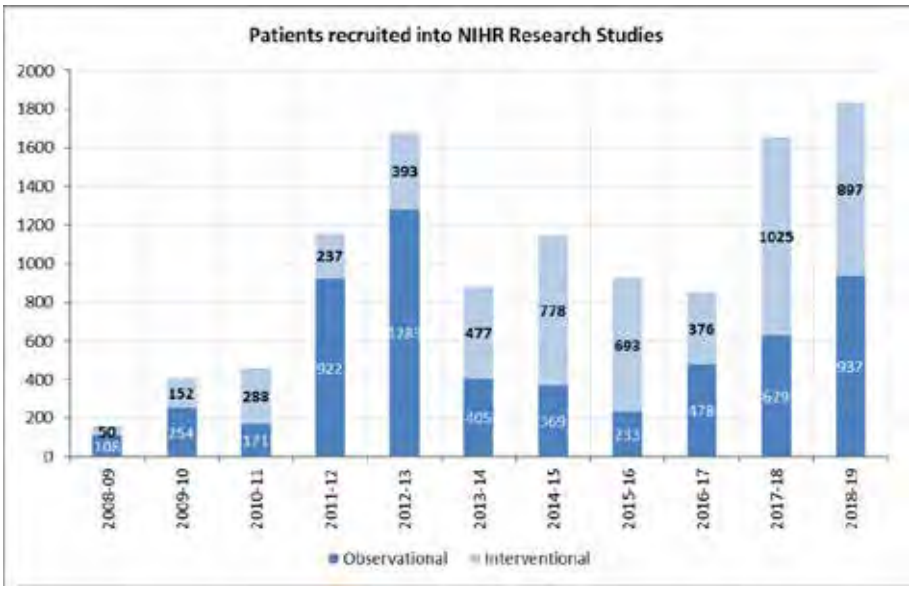
Research Performance Data

The Government indicated in 2009 that it wanted to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating and delivering clinical research. The aim was to increase the number of patients who have the opportunity to participate in research and to enhance the nation's attractiveness as a host for research by faster approvals and delivering to time and target.

26 research staff are employed within the Trust contributing to the delivery of research. 89% of the funding for these posts is from external sources (NIHR Clinical Research Network: North East North Cumbria (CRN:NENC) or commercial income).

The number of patients receiving relevant health services provided or sub-contracted by North Tees and Hartlepool NHS Foundation Trust in 2018-19 that were recruited during that period to participate in research approved by a research ethics committee was **1,834** (target 1,408). This is our highest ever number of patients recruited into NIHR portfolio Studies in any year.

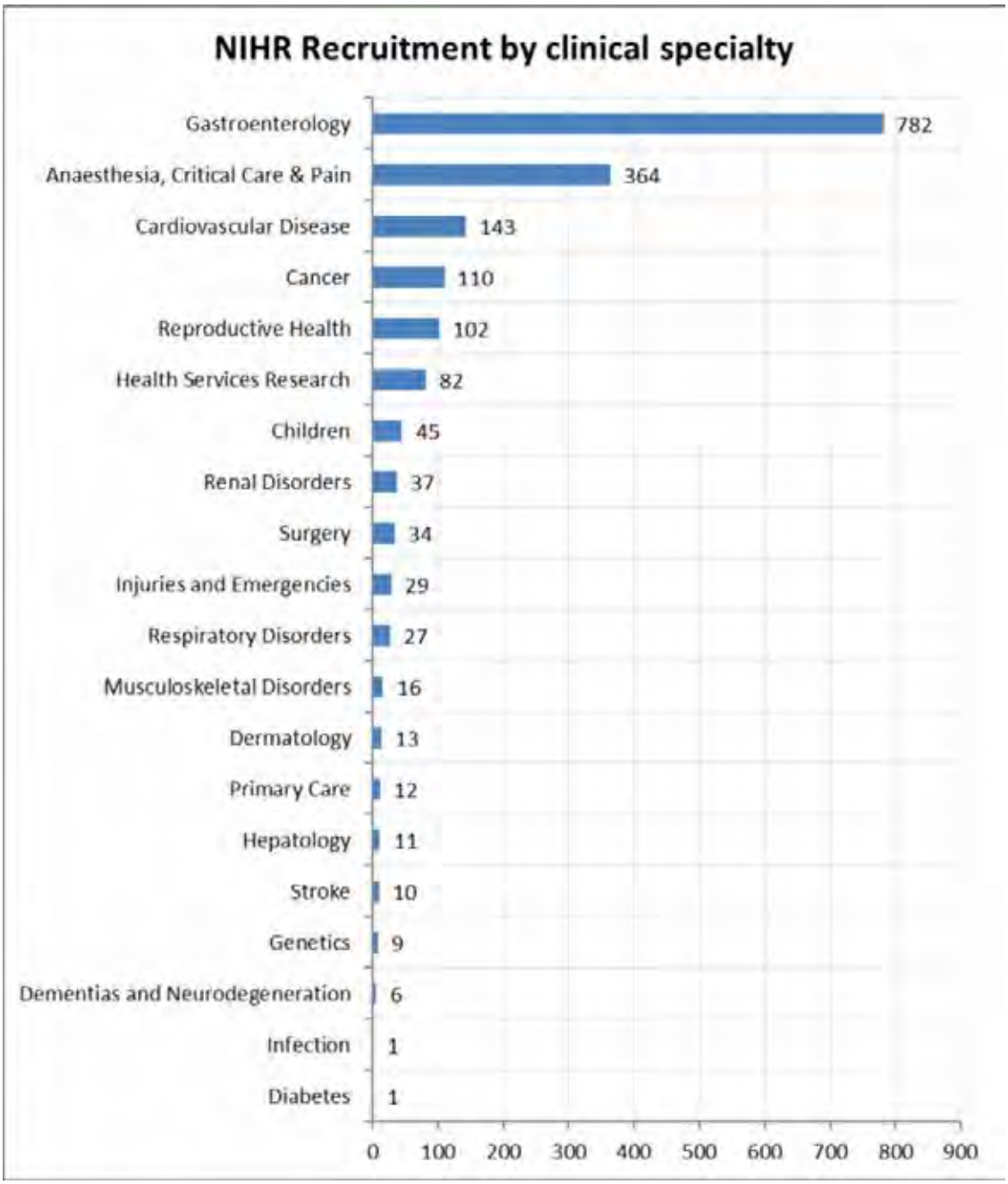
Total year on year recruitment into National Institute for Health Research (NIHR) portfolio research is shown below:



2018-19 Study Participation - number of studies

The NIHR CRN portfolio is a database of clinical research studies that are supported by the NIHR CRN in England. In 2018-19 the Trust was actively recruiting patients into **74 portfolio studies** (77 in 2017-18). **49%** of patients were recruited into the more complex interventional studies. This is a high figure of interventional trials compared with either the regional (32%) or national figures (24%). Interventional studies, also called experimental studies, are those where the researcher intervenes in routine clinical care as part of the study design through a new drug, new surgical procedure or device.

Participation in research is now beginning to be embedded within every clinical directorate as evidenced by the spread of our research activity by specialism in the chart below:



Quality Improvement (QI) Metrics

In addition to the above we are set annual "Quality Improvement" metrics by the Clinical Network for North East & N Cumbria. This year these related to the accuracy and completeness of information on our R&D Database called "LPMS". Data for our Trust is shown overleaf and resulted in us securing additional income from the Research network for both R&D (£10K) and the Pharmacy Department (£6K).

QI metric	Trust performance
100% data completeness in LPMS for High Level Objective (HLO) 2A and 2B	100%
100% data completeness in LPMS for HLO 4 Study set up data	100%
90% data completeness for Pharmacy set up data recording in LPMS	100%

Within the Trust there are **64 members of staff with valid Good Clinical Practice** (GCP) training. Most specialisms and all directorates are now participating in research with a few notable areas where research is embedded within the entire clinical team.

There are **107 members of staff acting as principal investigators/local collaborators in research** approved by a research ethics committee within the Trust, some of whom have up to 8 studies in their research portfolio.

Commercially Sponsored Studies

There are **6 commercially sponsored studies actively recruiting patients** within the Trust this year and more where patients are in "follow-up". The studies are open within Cardiology, Cancer and Obs & Gynae. Additionally, we have one commercial study in neonates where we act as a Participant Identification Centre (PIC).

From 2013, government funding for research to the Trust became conditional on meeting national benchmarks. One of which relates to the Trust's performance in recruiting to time and target for commercially sponsored studies. The Trust reports quarterly to the Department of Health (DH) on the following performance measure.

Commercial studies: Recruitment to time and target stated in clinical trial agreement (studies closed within 2018/19)		
Time and target met	**Number of studies**	
Yes	3	100%
No	0	

In previous years we were obliged to report on meeting a 70-day target to open studies and recruit the first patient. This metric has now been discontinued.

Commissioning for quality and innovation (CQUIN)

A proportion of North Tees and Hartlepool NHS Foundation Trust income in 2018-19 was conditional upon achieving quality improvement and innovation goals agreed between North Tees and Hartlepool NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

2017-18 CQUIN

Approximate CQUIN money available in line with agreed contract values (across several contracts) was **£5.1m** – of this, approximately **£4.7m** was achieved (92%).

It should be noted that the final financial return is based upon an actual contract performance figure at year end rather than the indicative value at beginning of the contract. This final precise figure is not available at time of writing however would expect to be close to the figure previously quoted.

2018-19 CQUIN

The total income available for 2018-19 up to Q3 is £3,450,000. In Q1 to Q3 2018-19 **£3,450,000** from (100%) has been achieved across all indicators. This value was conditional upon achieving quality improvement and innovation goals monetary total for the associated payment (2017-18). Q4 data not available at the time of print

Further details of the agreed goals for 2018-19 and the following 12 month period are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/

Care Quality Commission (CQC)

North Tees and Hartlepool NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is **registered without conditions for all services provided.**

The Trust has taken part in three joint thematic inspections led by CQC and Ofsted; the focus of the thematic has been Special Educational Needs Disability for both Hartlepool and Durham, Neglect (children) for Stockton. The Trust supported the Hartlepool Local Authority appreciative review undertaken by CQC which considered the health and social care system within a local area, rather than being focused only on the Local Authority's role.

The Care Quality Commission (CQC) has not taken enforcement action against North Tees and Hartlepool NHS Foundation Trust during 2018-19. North Tees and Hartlepool NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The Trust was inspected by the Care Quality Commission (CQC) under the new regime of inspection at the end of 2017. The new inspection includes an unannounced inspection which took place from 21 to the 23 November 2017 and a planned well-led inspection which took place from the 19 to the 21 December 2017.

The CQC inspection looks at five domains, asking are services safe, caring, responsive, effective and well-led and rates each of them from inadequate, requiring improvement, good and outstanding.

The overall CQC rating from the recent inspection improved to 'Good.'

CQC identified significant levels of good practice in all areas inspected which must be celebrated and built upon to sustain and continue improvements to patient care. This good practice included direct care provision, responding to individual needs of women, access and flow across the trust, improved Referral to Treatment time and improvements in discharge and length of stay lower than the England average for elective and non-elective medical patients.

The CQC inspection and subsequent report identified a number of areas for improvement including 11 'should do's' split across the three areas of Emergency Care, In hospital care and Maternity.

The well-led element of inspection was also rated as good noting that there was a clear statement of vision, driven by quality and sustainability and those leaders at every level were visible and approachable. However sustainable delivery of quality care was at risk by the financial challenge we face.

2017-18 Overall ratings for the Trust

Overall rating for this Trust	**Good**
Are services at this Trust safe?	**Good**
Are services at this Trust effective?	**Good**
Are services at this Trust caring?	**Good**
Are services at this Trust responsive?	**Good**
Are services at this Trust well-led?	**Good**

The full inspection report can be found on the CQC website: http://www.cqc.org.uk/provider/RVW

Rating for Acute Services/Acute Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good > Mar-18	Good ^ Mar-18	Good > Mar-18	Good > Mar-18	Requires Improvement > Mar-18	Good ^ Mar-18
Community	Good Feb 16	Good Feb 16	Good Feb 16	Good Feb 16	Good Feb 16	Good Feb 16
Overall Trust	Good > Mar-18	Good ^ Mar-18	Good > Mar-18	Good > Mar-18	Good ^ Mar-18	Good ^ Mar-18

The Trust are now working towards achieving an `Outstanding` rating and there is a strong focus on continuous learning and quality improvement at all levels throughout the organisation. The trust proactively supports a culture of innovation and improvement with a number of initiatives being driven from the frontline staff. The Trust continues to build upon good, visible and approachable leaders which fosters strong teamwork throughout the organisation. Our focus is to stay in touch with front line services, communicate effectively and promote accountability within all teams across the Trust. Staff engagement is key and is driven by leadership, engaging managers, employee voice and an organisation which lives it values.

It is important to highlight the Trust has recently launched the Quality Improvement Strategy which is aligned to several key sub-strategies and the Trusts Vision, mission and values. It underpins continuous improvement in patient care and services by developing effective leaders, engaging support and participation by all relevant staff with an emphasis on team work, innovation and sustainability. Fundamentally `Putting Patients First` is the Trust`s main objective and it is important as a Trust we create a person-centred approach across the organisation, embedding a culture which engages and enables staff to add value to patient experience and that can be demonstrated through patient safety, high quality and effective delivery of care.

The full inspection reports for the Trust are available to the public on the CQC website:
www.cqc.org.uk/provider/RVW

CQC Contact and Communication

The Trust has regular engagement meetings with our CQC Relationship Manager. In addition to these meetings, regular telephone contact is maintained. Prior to the engagement meetings, the Trust shares a comprehensive monitoring document. The document is based around the five domains and encompasses details related to incidents, complaints, staffing, and also allows the Trust to share any information it wishes. This has included examples of excellence in practice, awards Trust staff have been short-listed for and major developments within service delivery.

As part of the engagement meetings, there has been the opportunity for CQC staff to make informal visits to clinical areas at their request.

Some information related to the Trust's CQC actions is available to the public on the Trust's website
http://www.nth.nhs.uk/patients-visitors/cqc/

Quarterly news bulletins are being published and are available to the public on the Trust's website.
http://www.nth.nhs.uk/patients-visitors/cqc/news-bulletin/

Seven Day Hospital Services

In response to the publication of the clinical standards (2013, updated 2017) by the 'NHS Services, Seven Days a Week Forum' and as directed by NHS Improvement within the Single Oversight Framework and Delivering the Forward View NHS planning guidance 2016/17-2020/21, the Trust is committed to delivering the four priority standards: 2 – time to first consultant review; 5 – time to diagnostics; 6 – consultant directed interventions; and 8 – on-going review by 2020.

The Trust has participated in three national benchmarked surveys which provided a positive position on the four priority standards and identified areas on which to focus improvement work. The survey was repeated in April 2018 with similar results. The Trust is currently completing the Board Assurance Framework for sign off and submission in February 2019.

By 2020 the Trust will also demonstrate that progress has been made on the other six clinical standards: 1 – patient experience; 3 – multi-disciplinary team review; 4 – shift handovers; 7 – mental health; 9 – transfer to community, primary and social care; and quality improvement.

The above clinical standards are being progressed and monitored by a working group with robust clinical leadership and significant work is on-going to address any gaps in service provision. The Trust is also participating in a peer support group organised by NHS England.

Duty of Candour

Duty of Candour is the process of being open and transparent with people who use the Trust's services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. Trusts are set specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The Trust policy has been in place since the regulations were introduced. The policy details for staff how application of the regulations should be communicated to patients and their families/carers and then recorded. This is supported by the provision of a healthcare document to be completed and stored in the patients records, full completion of this records sheet will ensure all of the necessary regulatory points are recorded.

On a weekly basis the Trust's Safety Panel reviews all incidents where harm has been reported as moderate harm or above. This highlights cases to the panel members and provides details of the application of the regulations within clinical areas where necessary challenges may be made around these decisions.

There are continuing training and update sessions available to all staff in relation to Duty of Candour and details of any external seminars are shared to enhance wider knowledge of the regulations. From April 2018 Duty of Candour training has been mandated for all staff grade 6 and above; the training is provided monthly on a face to face basis but also available as e-learning. Training levels are monitored monthly through the Trusts mandatory training reports.

Monitoring of compliance is reported to the Trust Board and also to the Trust's Commissioners.

Commissioners Assurance

The Trust has had two announced and one unannounced Commissioner Assurance visits during 2018-19. The ward or department to be visited is not known until the day of the visit.

These visits took place to Holdforth Unit in May 2018, Urgent Care/Accident and Emergency and Paediatric Ward in September 2018, Ward 25 in November 2018 and Ward 28 in March 2019.

An action plan has been developed for any issues identified at each of these visits and these have been shared with the commissioners.

Freedom to Speak Up (FTSU)

Guidance

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.

Background to the Freedom to Speak Up Guardian

Following the public enquiry by Sir Robert Francis, into the failures in care in Mid Staffordshire Hospital in 2013, where staff were raising concerns around patient safety and were not being listened to or taken seriously, which led on to the avoidable deaths of patients and a sub standard quality of care.

The Francis Report raised 290 recommendations. One of the recommendations was to have a designated person who was impartial and independent working in every Trust, for staff to speak to in confidence, regarding any public interest disclosure. Staff would be listened to, taken seriously and would not suffer detriment for speaking up.

Philosophy

This role takes in the recommendations of Sir Robert Francis, following his review into whistleblowing in the NHS. It is intended that this will help normalise the raising of concerns for the benefit of all patients.

The Trust positively encourages all employees to speak up if they have a concern about risk, malpractice or wrongdoing, if they feel that this is harming the services that the Trust delivers. Examples may include (but are by no means restricted to):

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Professional malpractice
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud (which can also be reported to our local counter-fraud team)
- A bullying culture (across a team or organisation rather than individual instances of bullying)
- A person has failed, is failing or is likely to fail to comply with any legal or professional/regulatory obligation to which he or she is subject
- Suspicion that a bribe has been either offered, promised, agreed, requested or accepted
- Conduct which is likely to damage the reputation of the Trust;
- Breach of the Trust's policies and procedures
- A criminal offence has been, or is being committed, or is likely to be committed
- Issues relating to the prevention of violent extremism
- Any misrepresentation of the true state of affairs of the Trust
- The environment has been, is being or is likely to be damaged
- The deliberate concealment of any of the above matters or information which has been or may be deliberately concealed.

Trust progress:

- The Trust has appointed and supports a Freedom To Speak Up Guardian (FTSUG) and six First Stop Contact officer (FSCO).
- The Trust gives the FTSUG access to all members of staff including immediate contact with the Chief

Executive if needed and all documents for the purpose of the disclosure.

- Receives challenges from the guardian openly and honestly.
- Provides telephone/Email/Face to face contact openly, confidentially or anonymously.
- Protects staff from suffering detriment by maintaining confidentially for the disclosee if this does not affect patient safety. Gives feedback to the disclosee.
- Trust investigates all disclosures, actions are taken and lessons learnt.
- Promotes a culture that encourages speaking up – particularly from minority and vulnerable groups, via the culture group, walk rounds by the Employee Relations team, meeting with staff.
- Posters on all wards/departments displayed in staff areas. Flyers handed out with contact details. Emails introducing the role to heads of service with contact details.
- Pens/keyrings/business cards with contact details on for staff.
- FTSUG attends inductions/student nurse inductions/junior doctors forums/culture group/community staff meetings, Our Voice, Heads of Service meetings. Training and education with staff through managers of departments. Walkabouts by the guardian.
- Communications advertise the role on the intranet, anthem and regular communication emails throughout the Trust and Facebook.
- Reports to the National Guardians Office quarterly on staff who speak up, reporting on themes and if staff have suffered detriment.
- Staff are able to speak up openly, in confidence or anonymously.
- Staff and guardian advise if staff member has suffered detriment from speaking up and this is fed back to the Trust board and National Guardians Office and investigation carried out.
- Awareness session for the workforce team.
- Develop sharepoint site with guidance for staff and managers.
- Support the FTSUG to work as the deputy regional chair for the North East.
- Support the guardian on development days and encourage learning for the guardian with peers and launch days.
- Keeps up to date and accurate, confidential data base for auditing themes or areas of culture.

NHS Number and general medical practice validity

North Tees and Hartlepool NHS Foundation Trust submitted records during 2018-19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics (HES) which are included in the latest published data.

The percentage of records in the published data:

Which included the patient's valid NHS number was:	%	Which included the patient's valid general medical practice code was:	%
Percentage for admitted patient care**	**99.90**	Percentage for admitted patient care	**100**
Percentage for outpatient care	**100**	Percentage for outpatient care	**100**
Percentage for accident and emergency care	**99.50**	Percentage for accident and emergency care	**100**

*Data for April 2018 to December 2018
** NHS number low because of anonymised data sent to SUS for sensitive patients

Information governance (IG)

Information governance means keeping information safe. This relies on good systems, processes and monitoring. Every year we audit the quality of information governance through the national Data Security Protection Toolkit (DSPT). The DSPT is an online self-assessment tool which allows orgianistions to assess themselves against the Data Security and Protection Standards for health and care set out in the National Data Guardian's (NDG) data security ten standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data security and that personal information is handled correctly. The DSPT sets out 100 mandatory evidence items in 40 assertions (32 Mandatory) which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance.

The Trust for 2018-19 have self-assessed compliance with all 100 mandatory evidence items and are scored as 'Standards Met' for the 32 mandatory assertions shown below:

The Trust has also submitted compliance against five of the eight non-mandatory assertions.

The 2018-19 DSPT was also subject to external audit, a sample of 25 of the 100 mandatory evidence items were audited by AuditOne during March 2018 prior to the DSPT submission.

Staff training and awareness of Information Governance is a key indicator, in 2018-19 we again had to ensure that 95% of all of our staff had received data security training. The training compliance was achieved for the seventh year running.

Freedom of Information (FOI)

The Trust continues to respond to Freedom of Information requests from members of the public on a range of topics across all services and departments, complying with the 20 working day limit to do so. The act is regulated and enforced by the Information Commissioners Office (ICO). The ICO hold powers to enforce penalties against the Trust when it does not comply with the act, including but not limited to monetary fines. For the year 2018/19 the Trust received 630 requests with a compliance level as of the end of March 2019 of 94% with complete compliance data available after 30 April 2019 (a further 47 have a completion date between 1 April and 30 April 2019). This reflects improvements made to the internal FOI process, with a previous compliance figure of 91% for 2017-18.

Clinical coding error rate

Clinical coding translates medical terms written by clinicians about patient diagnosis and treatment into codes that are recognised nationally.

North Tees and Hartlepool Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

The Audit Commission no longer audits every Trust every year where they see no issues. The in-house clinical coding audit manager conducts a 200 episode audit every year as part of the IG Toolkit and also as part of continuous assessment of the auditor.

	2015-16	2016-17	2017-18	2018-19
Primary diagnoses correct	91.50%	91.00%	90.50%	**91.00%**
Secondary diagnoses correct	89.94%	87.65%	81.88%	**93.56%**
Primary procedures correct	91.43%	92.74%	93.65%	**93.75%**
Secondary procedures correct	83.41%	87.50%	86.21%	**88.33%**

The services reviewed within the sample were 200 finished consultant episodes (FCEs) in consultant episodes taken from a random sample of all specialties. The results should not be extrapolated further than the actual sample audited.

The errors include both coder and documentation errors of which the coding errors will be fed back to the coders as a group and individually. The documentation errors will be taken to directorate meetings.

Depth of coding and key metrics is monitored by the Trust in conjunction with mortality data. Targeted internal monthly coding audits are undertaken to provide assurance that coding reflects clinical management. Any issues are taken back to the coder or clinician depending on the error. The clinical coders are available to attend mortality review meetings to ensure the correct coding of deceased patients.

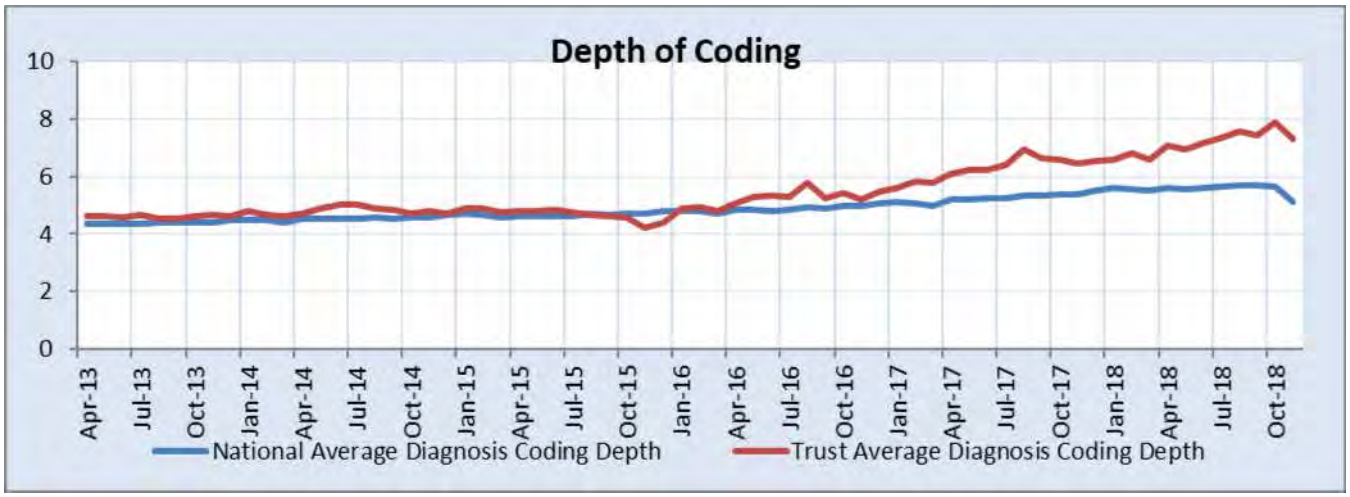
Our coders organise their work so that they are aligned to the clinical teams. This results in sustained improvements to clinical documentation. This supports accurate clinical coding and a reduction in the number of Healthcare Resource Group changes made. This is the methodology which establishes how much we should get paid for the care we deliver. We will continue to work hard to improve quality of information because it will ensure that NHS resources are spent effectively.

Specific issues highlighted within the audit have been fed back to individual coders and appropriate training planned where required. **North Tees and Hartlepool NHS Foundation Trust will be taking the following actions to improve data quality**. The coding department has undergone a re-structure in order to facilitate coding medical episodes from case notes.

A gradual roll out has taken place and the majority of medical wards are now coded from the case notes. It is hoped this will improve the capture of additional co-morbidities that are used to calculate HSMR and SHMI. The only wards currently outstanding are EAU, ward 37 and ward 38 but the resultant increase in daily workload coupled with the imbalance in the team dynamic means that maintaining coding accuracy while continuing to achieve 100% of coding within the mandatory time deadlines is increasingly challenging. Due to the current shortage of trained and experienced coders working within the team the remaining rollout of coding medical wards from case notes has been put on hold. In order to improve the flow of medical case notes being sent to the coding department a temporary red sticker has been piloted on the medical base wards. The sticker instructs whoever has the case notes at that time to send them to the coding department. If the pilot is deemed successful this system will be rolled out to all wards across the Trust.

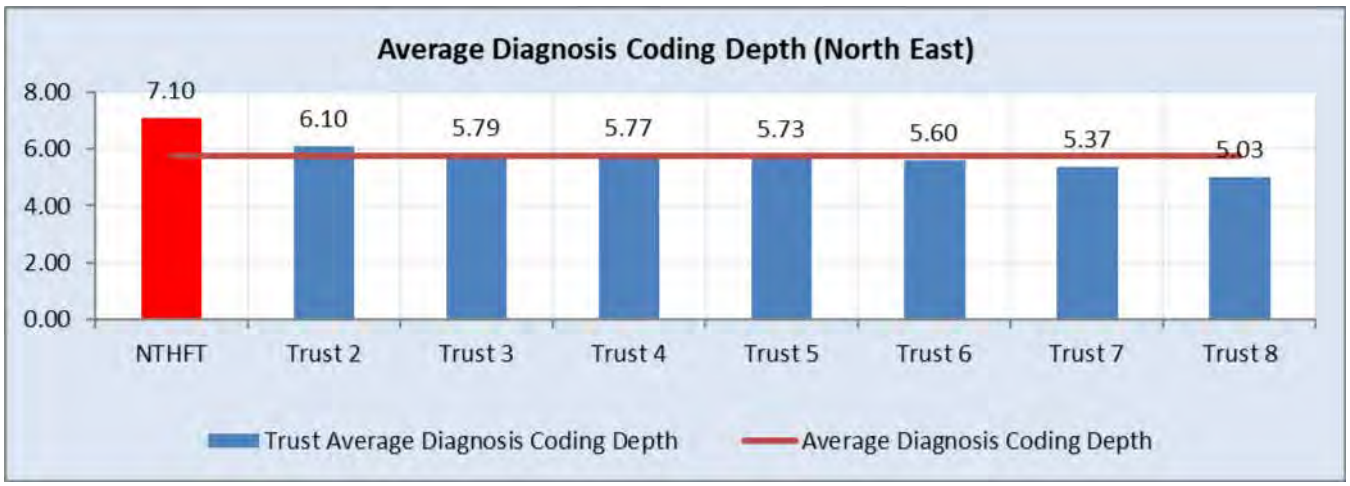
Diagnosis Coding Depth National and Trust Trend (April 2013 to November 2018)

The Trust has made great strides in improving the accuracy and depth of patient coding, the following chart demonstrates the increase (red) against the national average (blue). The Trust has Improved the quality of discharge documentation and actively engaged clinicians to work closely with Clinical Coding.



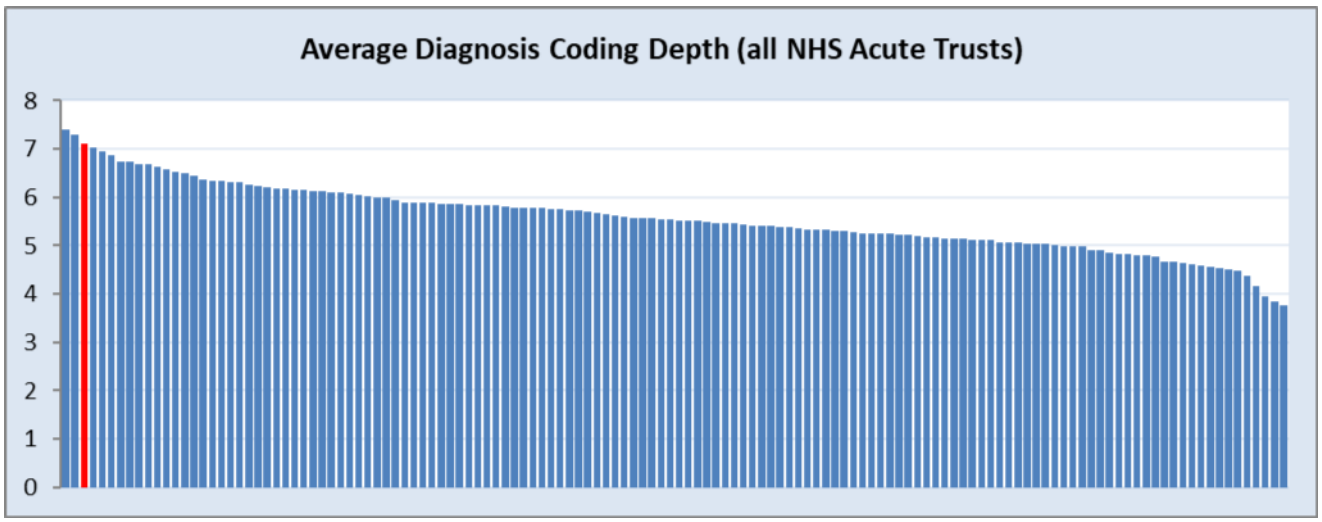
Diagnosis Coding Depth - North East Trusts (December 2017 to November 2018)

The following chart demonstrates the North East average depth of coding.



*Data taken from Data Quality Clinical Coding in HED and up to November 2018

The following chart details where the Trust **(red)** sits nationally with regards to depth of coding.




eros
coffee

Section 2D: Core set of Quality Indicators

Measure	Measure Description	Data Source
1a	The data made available to the trust by NHS Digital with regard to — the value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period **January 2018 – December 2018.**	NHS DIGITAL

SHMI Definition

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.

Summary Hospital-level Mortality Indicator (SHMI) – Deaths associated with hospitalisation, England, **January 2018 – December 2018**

Time period	Over-dispersion banding	Trust Score	National Average	Highest – SHMI Trust Value in the country	Lowest – SHMI Trust Value in the country
Oct 2015 – Sep 2016	Band 2 (As Expected)	1.1195	1.00	1.1638	0.6897
Jan 2016 – Dec 2016	Band 2 (As Expected)	1.1029	1.00	1.1894	0.6907
Apr 2016 – May 2017	Band 2 (As Expected)	1.0942	1.00	1.2123	0.7075
Jul 2016 – Jun 2017	Band 2 (As Expected)	1.0801	1.00	1.2277	0.7261
Oct 2016 – Sep 2017	Band 2 (As Expected)	1.0591	1.00	1.2473	0.7270
Oct 2017 – Sep 2018	Band 2 (As Expected)	1.0072	1.00	1.2681	0.6917
Jan 2018 - Dec 2018	**Band 2 (As Expected)**	**1.0018**	**1.00**	**1.2264**	**0.6993**

SHMI Regional – January 2018 – December 2018

Trust	Trust Score	OD banding
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	1.0993	2
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	1.0759	2
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1.0670	2
GATESHEAD HEALTH NHS FOUNDATION TRUST	1.0507	2
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	1.0152	2
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**1.0018**	**2**
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.9867	2

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reason. SHMI mortality data when reviewed against other sources of mortality data including Hospital Standardised Mortality Ratio (HSMR) and when benchmarked against other NHS organisations will provide an overview of overall mortality performance either within statistical analysis or for crude mortality.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this indicator and so the quality of its services. The Trust continues to undertake mortality reviews over two sessions each week, this is in line with the Secretary of State for Health requirements for all Trusts to undertake mortality reviews; this continues to be supported by the CQC. This has been supported by the inclusion of the mortality reviews in the quality work undertaken by all consultant staff as part of their annual appraisal. The information is input directly onto a dedicated database, this is then used to extract data for reporting.

The clinical reviews undertaken provide the organisation with the opportunity to assess the quality of care being provided as this will continue to be the priority over and above the statistical data. The Trust's review process is linked closely with the work being undertaken regionally and the Trust is working jointly with local Trusts to utilise a web based system to store mortality reviews that can be linked into the national system once this is agreed and in place. All Trusts in the region are undertaking reviews and the Trust staff meet with them on a regular basis to share best practice and to also consider areas of focus across the region as well as locally.

The multiple work streams that have been delivered during 2018-19 have continued to make an impact on the HSMR and SHMI values, and have led to both of these statistics being reported as being "within expected" ranges. Whilst the Trust recognises that this is an excellent reduction the actions already initiated are being followed to completion and there are further areas being identified for review, and potential improvement work, from the analysis of a wide variety of data and information sources on a regular basis.

Measure	Measure Description	Data Source
1b	The data made available to the trust by NHS Digital with regard to — The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust - **January 2018 – December 2018**	NHS DIGITAL

Percentage of deaths with palliative care coding, January 2018 – December 2018

Time period	Diagnosis Rate	Diagnosis Rate National Average	Highest – Diagnosis Rate	Lowest – Diagnosis Rate
Jul 2015 – Jun 2016	35.88	29.39	54.83	0.57
Oct 2015 – Sep 2016	36.42	29.60	56.27	0.39
Jul 2016 – Jun 2017	39.00	30.80	58.30	11.20
Oct 2016 – Sep 2017	36.70	31.20	59.50	11.50
Oct 2017 – Sep 2018	35.80	33.40	59.50	14.20
Jan 2018 – Dec 2018	**37.00**	**34.00**	**60.00**	**15.00**

Latest Time Period benchmarking position – January 2018 – December 2018

Provider	Diagnosis Rate
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	42.00
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	41.00
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**37.00**
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	32.00
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	29.00
GATESHEAD HEALTH NHS FOUNDATION TRUST	29.00
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	24.00
National Average	**34.00**

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reason. The use of palliative care codes within the Trust is now a fully embedded practice. The processes and procedures are continuously reviewed to ensure that the Specialist Palliative Care team are reviewing patients in a timely manner.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this number, and so the quality of its service. The review of case notes continues to demonstrate that there are a high number of patients who have been discharged home to die in accordance with their wishes and this has affected the hospital HSMR and SHMI value.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this number, and so the quality of its service. The review of case notes continues to demonstrate that there are a high number of patients who have been discharged home to die in accordance with their wishes and this has affected the hospital HSMR and SHMI value.

In an effort to visibly support clinical teams, the Specialist Palliative Care team are promoting a more proactive approach to identification and support of those patients who may be dying. There is a holistic approach taken to their care, with the host team remaining key workers with the support of Specialist Palliative Care Clinicians, Clinical Nurse Specialists, End of Life Co-ordinator and Chaplaincy in advisory and supportive roles. All patients who may be dying or have an uncertainty to their recovery, can be identified through TRAKCARE via the Palliative Care Alert, or the End of Life Care Alert, or can be referred to the service directly by any staff member. Over the last year the Trust has continued Care or End of Life Care, to ensure that this activity is included in the data collection from clinical coding. To promote appropriate and timely referral, the Trust has provided a detailed training course facilitated by the Specialist Palliative Care team to increase education for senior clinical staff, this along with the changes made to documentation will improve the quality of documentation and in turn the quality of the Trust's clinical coding. The Specialist Palliative Care team follow up on all patients who are referred through the various methods and advise, support and signpost accordingly.

The Trust continues to work with commissioners to review pathways of care and support patient choice of residence at end of life wherever possible. Further work is also on-going with GPs to try and reduce inappropriate admissions to the Trust.

Measure	Measure Description	Data Source	Value
2	The data made available to the trust by NHS Digital with regard to the trust's patient reported outcome measures scores for— 1. Groin hernia surgery 2. Varicose vein surgery 3. Hip replacement surgery, and 4. Knee replacement surgery during the reporting period	NHS DIGITAL	Adjusted average health gain EQ-5D Index

The data for hips and knee replacements is now split between primary and revisions.

April 16 to March 17	Groin hernia	Varicose vein	Hip replacement – Primary	Hip replacement – Revisions	Knee replacement – Primary	Knee replacement – Revisions
Trust Score	0.073	**No data**	0.432	**No data**	0.362	**No data**
National Average	0.087	0.092	0.444	0.292	0.323	0.266
Highest National	0.132	0.154	0.540	0.367	0.403	0.294
Lowest National	-0.009	0.015	0.305	0.235	0.245	0.233

April 17 to March 18	*Groin hernia	*Varicose vein	Hip replacement – Primary	Hip replacement – Revisions	Knee replacement – Primary	Knee replacement – Revisions
Trust Score	No data	**No data**	0.489	**No data**	0.362	**No data**
National Average	0.089	0.096	0.470	0.293	0.340	0.291
Highest National	0.140	0.134	0.581	0.353	0.418	0.338
Lowest National	0.000	0.000	0.398	0.191	0.217	0.304

*Groin Hernia and Varicose Vein data up to Sept 2017

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust continues to have a lower than the national average 'adjusted average health gain' score in relation to groin hernia surgery, however the position is improving. In relation to primary knee replacement, the Trust's position continues to demonstrate good results.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this score and so the quality of its service. The Trust continues to carry out multiple reviews, the reviews occur at 6 weeks and 6 months with the final review being at 12 months. The reviews will be carried out by the joint replacement practitioners unless otherwise identified.

The Trust continues to use the telephone review clinics, thus ensuring that communication remains open with the patient listening and acting upon any issues/concerns that they may have.

Measure	Measure Description	Data Source
3	The data made available to the trust by NHS Digital with regard to the percentage of patients aged— (i) 0 to 15; and (ii) 16 or over. readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	NHS DIGITAL

Age Group	Value	Emergency readmissions within 28 days of discharge from hospital Apr 2017 to Mar 2018	Emergency readmissions within 28 days of discharge from hospital Apr 2016 to Mar 2017
0 to 15	Trust Score	**12.90**	11.40
	National Average	**11.90**	11.60
	Band	**Significantly higher than the national average at the 95% level but not at the**	National average lies within expected variation (95% confidence interval)
	Highest National	**32.90**	68.40
	Lowest National	**1.30**	1.60
16 or over	Trust Score	**13.80**	13.70
	National Average	**14.10**	13.60
	Band	**National average lies within expected variation (95% confidence interval)**	National average lies within expected variation (95% confidence interval)
	Highest National	**46.40**	121.50
	Lowest National	**1.80**	0.90

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust monitors and reports readmission rates to the Board of Directors and Directorates on a monthly basis. The November 2018 position (latest available data) indicates the Trust has an overall readmission rate of 9.46% against the internal stretch target of 7.70%, indicating the Trust's readmission rates have slightly increased by 0.96% compared to the same period in 2017.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve the rate and so the quality of its service. The Trust recognises further work is required to reduce potential avoidable readmissions and so a revised process has been agreed which has seen the development of a standardised template to capture data which will be clinically led. Results will be presented to the Learning and Improvement Committee and Business Team. Patient pathways continue to be redesigned to incorporate an integrated approach to collaboration with health and social care services. Initiatives continue including: a discharge liaison team of therapy staff to actively support timely discharge, social workers within the hospital teams to facilitate discharge with appropriate packages of care to prevent readmission; utilisation of ambulatory care and rapid assessment facilities; emergency care therapy team in A&E to facilitate discharge and prevent admissions; community matrons attached to care homes and the community integrated assessment team supporting rehabilitation to people in their own homes including care homes. These actions have seen a significant reduction in stranded patients and delayed transfers of care which have assisted in the successful management of winter pressures.

Measure	Measure Description	Data Source
4	The data made available to the trust by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	NHS DIGITAL

Period of Coverage	National Average	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (out of 100)
***2018-19**	**Not Available**	**Not Available**
2017-18	**68.60**	**68.70**
2016-17	68.10	67.20
2015-16	69.60	67.70
2014-15	68.90	68.10
2013-14	68.70	69.00
2012-13	68.10	68.70

*2018-19 data not available at the time of print – Available August 2019

Benchmarked against over North East Trusts for 2017-18;

Trust	Overall Score (out of 100)
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	74.90
Northumbria Healthcare NHS Foundation Trust The	74.40
Gateshead Health NHS Foundation Trust	73.80
South Tees Hospitals NHS Trust	72.00
South Tyneside NHS Foundation Trust	72.00
City Hospitals Sunderland NHS Foundation Trust	70.30
County Durham and Darlington NHS Foundation Trust	69.30
North Tees & Hartlepool NHS Foundation Trust	**68.70**

NB: Average weighted score of 5 questions relating to responsiveness to inpatients' personal needs (Score out of 100)

The scores are out of 100. A higher score indicates better performance: if patients reported all aspects of their care as "very good" we would expect a score of about 80, a score around 60 indicates "good" patient experience. The domain score is the average of the question scores within that domain; the overall score is the average of the domain scores. The Trust has worked hard in order to further enhance its culture of responsiveness to the personal needs of patients.

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust has developed its Patients First strategy and understanding patient views in relation to responsiveness; and personal needs helps us to understand how well we are performing.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this score and the quality of its services, by delivering accredited programmes that focus on responsiveness of patient and carers for both registered and unregistered nurses. We use human factors training to raise awareness of the impact and of individual accountability on patient outcomes and experience. When compared against the national average score the Trust continues to be rated well by patients.

Measure	Measure Description	Data Source
5	The data made available to the trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	NHS DIGITAL

All NHS organisations providing acute, community, ambulance and mental health services are now required to conduct the Staff Friends and Family Test each quarter.

The aim of the test is to:

- "Encouraging improvements in service delivery" – by "driving hospitals to raise their game"

The Trust believes that the attitude of its staff is the most important factor in the experience of patients. We will continue to work with staff to develop the leadership and role modeling required to further enhance the experience of patients, carers and staff.

National NHS Staff Survey

Question: If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust

	Survey Year	
Trust Name	**2017**	**2018**
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	77	83
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	58	59
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**67**	**71**
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	89	90
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	69	71
GATESHEAD HEALTH NHS FOUNDATION TRUST	81	81
SOUTH TYNESIDE NHS FOUNDATION TRUST	62	65
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	71	72
North East	72	74
England	70	70
National High	**86**	**95**
National Low	**47**	**41**

Friends and Family Test - Staff

Care: 'How likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care.'

	*Q1	*Q2	**Q3	*Q4
Percentage Recommended – Care	92.70%	93.90%	71.00%	97.30%
Percentage Not Recommended – Care	1.70%	2.00%	6.00%	0.00%

*Q1, Q2 and Q4 data obtain from the Friends and Family Test for Staff
**Q3 information taken from the NHS National Staff Survey

Work: 'How likely staff would be to recommend the NHS service they work in to friends and family as a place to work.'

	*Q1	*Q2	**Q3	*Q4
Percentage Recommended – Work	84.70%	86.90%	67.10%	91.67%
Percentage Not Recommended – Work	6.20%	3.00%	12.00%	0.00%

*Q1, Q2 data obtain from the Friends and Family Test for Staff
**Q3 information taken from the NHS National Staff Survey

More detail can be found for the Friends and Family Test in Part 3: Review of Quality Performance 2017-18, under Priority 3: Patient Experience – Friends and Family recommendation, point 3.

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust continue to actively engage with and encourage staff to complete and return the Staff Survey along with the quarterly Staff Friends and Family Test. It is important that the results of these surveys are communicated to our staff and we utilise a 'you said, we did' approach to facilitate this. A new approach to action planning has been identified for 2019, with a specific focus on improving staff engagement. We are also incorporating staff survey action plans into the directorate performance reviews, which will improve accountability for action plans and ensure that actions are monitored going forward.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to further improve this percentage, and so the quality of its services, by involving the views of the staff in developing a strategy for care. Understanding the views of staff is an important indicator of the culture of care within the organisation and the Workforce directorate is carrying out projects to understand the culture of the organisation. We have now commenced Phase 2 of the Culture and Leadership programme, which involves developing a collective leadership strategy for high quality, continuously improving, and compassionate care. The Culture Dashboard reports on a number of key staff survey metrics which can then be shared with the directorates for consideration and action where required.

National Staff Survey

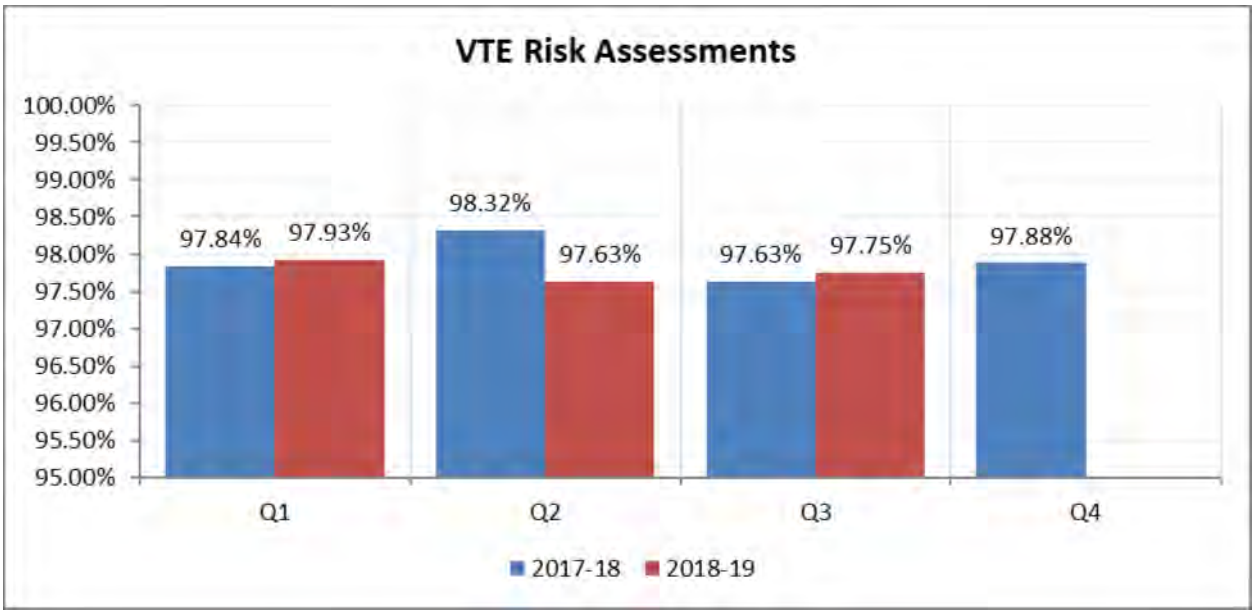
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

2014	2015	2016	2017	2018	2018 National Average
21%	26%	20%	24%	20%	**24%**

Percentage believing that Trust provides equal opportunities for career progression or promotion:

2014	2015	2016	2017	2018	2018 National Average
90%	90%	91%	93%	91%	**83%**

Measure	Measure Description	Data Source
6	The data made available to the trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	NHS DIGITAL



Two year reporting trend

Measure	Reporting Year	2017-18				2018-19			
	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	*Q4
Venous Thromboembolism	Value	97.84%	98.32%	97.63%	97.88%	97.96%	97.63%	97.75%	
	National Average	95.20%	95.25%	95.36%	95.21%	95.63%	95.49%	95.65%	
	Highest National	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Lowest National	51.38%	71.88%	76.08%	67.04%	75.84%	68.67%	54.86%	

*Q4 data not available at time of print

North East Trust benchmarking 2018-19

	2018-19			
Trust	Q1	Q2	Q3	*Q4
City Hospitals Sunderland NHS Foundation Trust	98.73%	98.61%	98.79%	
County Durham and Darlington NHS Foundation Trust	96.97%	96.23%	95.65%	
Gateshead Health NHS Foundation Trust	99.52%	99.24%	99.10%	
North Tees & Hartlepool NHS Foundation Trust	**97.96%**	**97.64%**	**97.75%**	**97.53%**
Northumbria Healthcare NHS Foundation Trust	96.11%	96.62%	98.39%	
South Tees Hospitals NHS Trust	95.58%	95.16%	95.14%	
South Tyneside NHS Foundation Trust	96.37%	98.73%	96.41%	
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	96.49%	95.72%	97.23%	

*Q4 data not available at time of print

The Trust has promoted the importance of doctors undertaking assessment of risk of VTE for all appropriate patients in line with best practice.

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. By understanding the percentage of patients who were admitted to hospital who were risk assessed for VTE helps the Trust to reduce cases of avoidable harm. The Trust has ensured that a robust reporting system is in place and adopts a systematic approach to data quality improvement.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to continue to improve this percentage, and so the quality of its services, by updating the training booklets to keep them relevant, ensuring that VTE is part of the mandatory training and providing guidance on the importance of VTE risk assessment at induction of clinical staff. Consultants continue to monitor performance in relation to VTE risk assessment on a daily basis.

The Trust ensures that each Directorate clinical lead is responsible for monitoring and audit of compliance of NICE VTE guidelines and this is presented yearly to the Audit and Clinical Effectiveness (ACE) CVommittee.

The following value demonstrates the venous thromboembolism (VTE) mandatory training for the whole Trust:

***VTE Training (Compliance)**
90%

*Data obtained from the Trust training department
*Data for 2018-19

Measure	Measure Description	Data Source
7	The data made available to the trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	NHS DIGITAL

	Rate per 100,000 bed-days for specimens taken from patients aged 2 years and over				
Reporting Period	Trust C difficile cases	Trust Rate	National Average	Highest National rate	Lowest National rate
Apr 2018 – Mar 2019	**31**	**Not Available**	**Not Available**	**Not Available**	**Not Available**
Apr 2017 – Mar 2018	35	17.80	13.70	91.00	0.00
Apr 2016 – Mar 2017	39	18.40	13.20	82.70	0.00
Apr 2015 – Mar 2016	36	17.40	14.90	67.20	0.00
Apr 2014 – Mar 2015	20	10.20	15.00	62.60	0.00

* 2018-19 data not available at the time of print

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust has a robust reporting system in place and adopts a systematic approach to data quality checks and improvement.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this rate, and so the quality of its services:

- Enhanced ward cleaning and decontamination of patient equipment, including the use of steam, hydrogen peroxide and Ultraviolet (UV) light.
- Exploration of new patient products such as commodes to ensure they are easy to clean and fit for purpose.
- The continued use of the mattress decontamination service to reduce the risk of infection and improve quality of service to patients.
- Raised awareness and audit of antimicrobial prescribing and stewardship including the identification of antibiotic champions for each directorate and the introduction of competency assessments for prescribers. The Trust again participated in European Antibiotic Awareness day with displays for staff around prudent prescribing. Awareness has also been raised via the CQUIN scheme to reduce overall antibiotic consumption and ensure that prompt review of antibiotics takes place.
- Continued emphasis on high standards of hand hygiene for staff and patients, utilising hand hygiene champions and a monthly RAG report.
- Monitoring of the management of affected patients to support ward staff and ensure guidance is being adhered to.
- The continuation of annual update training in infection prevention and control for all clinical staff.
- Review of all hospital onset cases by an independent panel to ascertain whether the infection was avoidable and the ensure all learning has been identified.
- Collaborative working with partner organisations to standardise guidance and promote seamless care for patients who move between care providers.

The Trust will continue with these measures and will explore every opportunity to minimise C difficile cases in the future.

Measure	Measure Description	Data Source
8	The data made available to the trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	NHS DIGITAL

Reporting and understanding patient safety incidents is an important indicator of a safety culture within an organisation.

Provider: Acute (Non Specialist) – Organisational incident data by organisation in 6-month period, **October 2017 – March 2018**

	Based on occurring dataset (Degree of Harm – All)		National			Our Trust	
			Degree of harm Severe or Death			Degree of harm Severe or Death	
Report period	**Number of incidents occurring**	**Rate per 1000 Bed Days**	**Average %**	**Highest %**	**Lowest %**	**Number of incidents**	**%**
Oct 17 – Mar 18	**4,582**	**44.80**	**0.15**	**0.55**	**0.00**	**18**	**0.18**
Oct 16 – Mar 17	3,087	29.80	0.15	0.53	0.01	5	0.05

Regional Benchmarking

	October 2017 – March 2018	
Trust	**Degree of Harm (All) – Rate per 1000 bed days**	**Degree of Harm (Severe or Death) Rate per 1000 bed days**
City Hospitals Sunderland NHS Foundation Trust	44.80	0.03
North Tees & Hartlepool NHS Foundation Trust	**44.80**	**0.15**
Northumbria Healthcare NHS Foundation Trust	42.70	0.06
Gateshead Health NHS Foundation Trust	37.80	0.35
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	36.50	0.09
County Durham and Darlington NHS Foundation Trust	35.60	0.07
South Tees Hospitals NHS Trust	29.60	0.06
South Tyneside NHS Foundation Trust	24.20	0.00

*Data for Oct 17 – Mar 18

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust endeavours to foster and promote a positive culture of reporting across all teams and services. This is enhanced by encouraging timely reporting of incidents, regardless of level of harm, and reinforcing that the purpose of reporting is to learn from the investigation of incidents and to promote a culture of openness and honesty across the organisation. The investigations undertaken support the development of systems and processes to prevent future patient harm. The quality of the incident reporting is checked at various stages of the reporting and investigation process.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve the proportion of this rate and so the quality of its services. It is acknowledged that a positive safety culture is associated with increased reporting and as such, the Trust continuously monitors the frequency of incident reporting and strives to increase reporting in all areas. The Trust is targeting the reporting of no and low harm incidents, which can provide valuable insights into preventing future incidents of patient harm. In relation to frequently occurring incidents such as falls and pressure damage, the Trust have developed templates within the incident reporting system to identify contributory factors of incidents, identify trends, develop improvements and evaluate the impact of these.

All reported incidents are reviewed internally within the local departments for accuracy in regards the level of harm, and there are various processes in place in the organisation to provide assurance that the recorded level of harm reflects the nature of the incident.

The weekly multidisciplinary Safety Panel reviews all incidents of moderate harm or above, the panel agrees the level of investigation and reviews the application of Duty of Candour regulations by the clinical directorates. Where there is any discrepancy, the investigating team are asked to provide further details for review and discussion. In complex cases, where the identification of the required level of investigation is unclear, the incident, and all evidence collated through the investigation to date, is reviewed by the Medical Director and / or Director of Nursing for a decision. Incidents of significant harm are managed within the National Framework for Serious Incidents and the current requirements for both the national NHS contract and the local Clinical Commissioning Groups (CCGs).

On conclusion of a Serious Incident investigation, the weekly Safety Panel reviews and approves the Comprehensive Investigation report and reviews the actions that have been initiated to seek assurance that these will reduce the risk of future recurrence. Once agreed by the panel, the reports and action plans are forwarded to the CCG for external review and approval prior to closure. Information in relation to the fundamental cause of an incident, the recommendations made following investigation and actions initiated are recorded on the national Strategic Executive Information System (STEIS).This allows NHS Improvement and the Care Quality Commission (CQC) to review overall learning and identify any trends that may require inclusion in national action.

The Trust works in close collaboration with the local CQC inspectors in relation to incident reporting and regularly communicates in relation to serious incident investigations and also overall trend in incident reporting.

Where an incident does not meet the criteria within the national framework for serious incidents, but the Trust identifies that lessons can be learnt locally within a team or wider across the organisation, an internal process of investigation is initiated which mirrors the national framework. This proactive approach to safety and quality allows the Trust to internally consider areas of service provision with recourse to escalate more serious concerns if they become apparent through the investigation.

The Trust reports all patient related reported incidents into the National Learning and Reporting System (NRLS), this allows a national view to be obtained in relation to all patient safety incidents reported, regardless of harm level. The national analysis of this information provides information for NHS Improvement to review and consider where actions need to be taken in relation to national trends in lower level incidents. This analysis can lead to a national safety alert being published; the Trust is fully compliant with all of the National Patient Safety Alerts that have been published in relation to this analysis. Processes are in place to ensure there is continual review of processes in order to provide on-going assurances.


NHS

PART 3

Section 3A: Additional Quality Performance measures during 2018-19

This section is an overview of the quality of care based on performance in 2018-19. In addition to the three local priorities outlined in Section 2, the indicators below further demonstrate that the quality of the services provided by the Trust over 2018-19 has been positive overall.

The following data is a representation of the data presented to the Board of Directors on a monthly basis in consultation with relevant stakeholders for the year 2018-19. The indicators were selected because of the adverse implications for patient safety and quality of care should there be any reduction in compliance with the individual elements.

Patient Safety

Falls

Following consultation with key stakeholders it was evident that falls continue to be one of the Trust's key harm measures to monitor and improve upon.

Whenever a "fall" occurs this is recorded per the Datix System. A fall is defined as an unexpected event in which the participant comes to rest on the ground, floor or lower level.

A post falls checklist is completed and is used to help categorise the fall into one of the following:

- Fracture
- Injury, no fracture
- No injury

Falls with Fracture

During **2018-19** the Trust has experienced **32** falls resulting in fracture; this has increased from **25** in the 2017-18 reporting period.

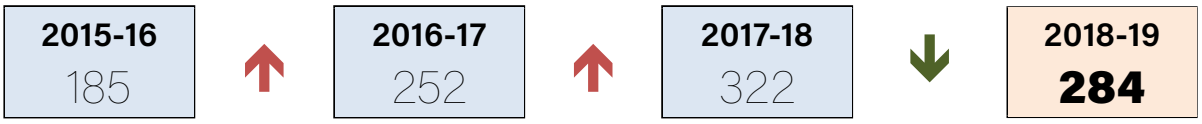
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	4	3	11	1	4	1	1	0	2	0	2	3	**32**
2016-17	3	1	1	1	3	1	0	0	3	1	3	3	**20**
2017-18	1	2	5	5	2	2	3	0	0	2	1	2	**25**
2018-19	**3**	**1**	**2**	**4**	**3**	**2**	**3**	**2**	**4**	**2**	**2**	**4**	**32**

*Data obtained via the Trusts Incident Reporting database (Datix)

The Trust has a robust system in place to understand the background to all falls that result in significant injury; these incidents are shared with staff for future learning.

Falls injury, No Fracture

During **2018-19** the Trust has experienced **284** falls resulting in an injury and no fracture; this has decreased from **322** in the 2017-18 reporting period.

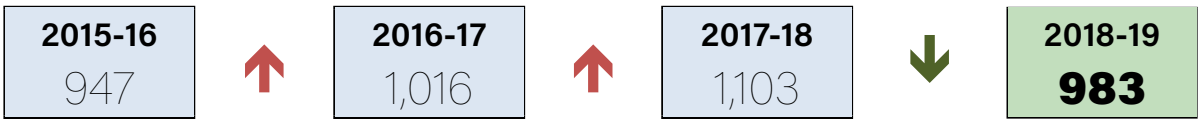


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	13	19	9	14	19	16	13	13	20	15	13	21	**185**
2016-17	15	17	19	24	26	24	23	10	26	26	22	20	**252**
2017-18	18	27	20	36	23	31	28	32	24	32	27	24	**322**
2018-19	**30**	**29**	**20**	**35**	**20**	**21**	**20**	**22**	**23**	**27**	**23**	**14**	**284**

*Data obtained via the Trust's Incident Reporting database (Datix)

Falls with No Injury

During **2018-19** the Trust has experienced **983** falls resulting in no injury; this has decreased from **1,103** in the 2017-18 reporting period.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	65	69	91	56	93	72	76	95	71	88	85	86	**947**
2016-17	73	88	95	76	72	102	89	82	92	79	76	92	**1,016**
2017-18	99	74	75	88	85	95	79	99	106	90	107	106	**1,103**
2018-19	**112**	**90**	**70**	**72**	**70**	**83**	**83**	**81**	**83**	**86**	**74**	**79**	**983**

*Data obtained via the Trust's Incident Reporting database (Datix)

Reporting to date for 2018-19 would indicate that a similar numbers of falls will be reported for this financial year as the previous financial year. The proportion of falls with no harm, low harm and moderate harm remains similar, with incidents of moderate harm accounting for just 2% of all patient falls. The number of patients sustaining a fractured neck of femur remains similar to last year, however, the Trust was proud to achieve 140 days without an inpatient fractured neck of femur during Q3.

The post falls checklist has been introduced and embedded this year, the checklist prompts staff to immediately document relevant factors about the circumstances of the fall which allows the investigator to complete a review within 24 hours and ensure relevant improvements are taken to reduce further falls. The form is now completed electronically via Datix which will allow audit of the results and trend analysis.

Never Events

The Trust continues to work hard to improve patient safety therefore stakeholders and the Board wanted to reflect the low numbers of Never Events in the organisation.

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

Since 2014 the Trust has had 5 Never Events and they are broken down as follows:

2014-15	2015-16	2016-17	2017-18	2018-19
1	2	1	0	**1**

The NHS England report can be accessed via:
https://improvement.nhs.uk/resources/never-events-data/

There has been one Never Event reported in the period of 2018-19, this occurred in October 2018 . The never event was for a wrong implant prosthesis and was linked to a patient safety alert. (currently under review)

Additional Patient Safety indicators are in Part 2 of these accounts, pages 113 to 146.

Effectiveness of Care

Patient and Staff Experience

Patient and staff experiences are what drive the Trust in ensuring that the standard of care being provided is of a high standard. The following data for Patient and Staff Experience Audits is an internal reporting tool used when visits have taken place. This process for 2018-19 has been developed to make use of existing audits to avoid duplication and to provide a robust review.

This audit is led by the Deputy Director of Nursing, Patient Safety and Quality and/or the Head of Nursing Quality. The audit is undertaken by various members ranging from Senior Clinical Matrons, members of the Board, Assistant Directors and Governors.

The following table provides data relating to the **249** visits undertaken during the 2018-19 visits:

*Data obtained from the Trusts Patient and Staff Experience Audits

Medication Errors

Work is on-going to increase awareness around medicines incident reporting and improve the way we manage the investigation process. The aim of this work is to ensure we learn from medicines incidents; share good practice and ultimately improve our processes and patient safety.

In **2017-18** there were 670 medicines incident reports via Datix. In **2018-19** there has been **775** incident reports. A small number of these incidents originate from external organisations such as GPs and care homes.

Type of incidents	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Prescribing	124	147	224	138	141	**172**
Administration	256	314	321	413	386	**468**
Dispensing	41	43	48	72	78	**61**
Other	56	50	16	62	65	**74**
Total	**477**	**554**	**609**	**685**	**670**	**775**

*Data from the Trusts Datix system

2018-19 Trust Medication Error Categories

Trust Medication Error Category	Q1	Q2	Q3	Q4	Total
Administration or supply of a medicine from a clinical area	133	104	112	119	**468**
Medication error during the prescription process	37	43	36	56	**172**
Preparation of medicines / dispensing in pharmacy	16	13	17	15	**61**
Monitoring or follow up of medicine use	5	15	13	13	**46**
Patient's reaction to Medication	1	1	0	4	**6**
Advice	2	2	3	2	**9**
Supply or use of Over the Counter medicines	0	0	1	1	**2**
Other	5	1	5	0	**11**
Total	**199**	**179**	**187**	**69**	**775**

*Data from the Trusts Datix system

Safe Medication Practices Group (SMPG)

Medicines incident data is reviewed bi-monthly by the Safe Medication Practices Group (SMPG). The aim is to:

- Analyse and theme incidents;
- Introduce system changes to reduce errors; and
- Engage with users.

The use of the Management and Investigation of Medication Incidents guideline is being encouraged. It was updated to provide a framework to support managers through the process of medication incident management and investigation and to encourage shared learning.

Electronic prescribing and medicines administration continues to be rolled out in the Trust and is now live on all in-patient areas and two out-patient areas. This system has the potential to reduce medicines errors through:

- Greater legibility of prescription which should result in less reader error
- Increased access to prescription means that a medicine chart no longer needs to be sent to pharmacy for clinical checking, resulting in fewer delays in administration
- No more missing medicine administration chart
- Includes some prescriber support
- Clear identification of due dose with less risk of missed doses
- Clear audit trail of who did what, for both prescribing and administration
- Reduction in transcription errors
- We are awaiting safety metrics being produced to measure the above factors

Pharmacy are currently working with Rosedale Rehabilitation and Assessment Centre to support the transition of patient medicines from hospital discharge to admission to Rosedale. The aim is to improve the discharge process and increase medicines safety post discharge.

Pharmacy staff are now utilising a 'good catch log' to highlight near miss errors before the medication has been released to wards and patients. The aim of this is to encourage a 'no blame' reporting culture thereby promoting thorough checking of dispensed items to reduce the potential risk of patients receiving incorrect medication therefore improving patient safety. This work has been published on the Specialist Pharmacy Services website and can be accessed via link: https://www.sps.nhs.uk/repositories/good-catch-encouraging-a-no-blame-reporting-culture-for-near-misses-in-our-dispensing-areas/

A business case submitted for the expansion of ward based pharmacy services has been approved and jobs have gone to advertisement for employment of staff to fill the new posts. This expansion will provide more wards with a designated pharmacist and supporting technicians to improve the safe supply of medications for patients and increase accurate and speedier supply of medication at the point of discharge.

"Very friendly explained the procedure kept me informed throughout. Made me feel relaxed and calm. Fully explained after care and medication... " [sic]

"Nurses were late changing the infusion medication. I noticed that there were only two not three medications included so asked another nurse later. This was an error and needed to be replaced. Nan is also in pain today after eating (trying to eat possibly because she has not been given her regular medication for stomach ulcers." [sic]

Clinical Effectiveness Indicators

These indicators for Clinical Effectiveness are covered under the section of Effectiveness of Care. The Trust has decided to include more detail around some of the Clinical Effectiveness indicators; this will be built on year on year, including more detailed data around the Monitor Compliance Framework.

For this report the Trust has chosen high risk Transient Ischemic Attack (TIA) and Stroke indicators.

The following table demonstrates the quarter on quarter performance with a benchmark position against 2017-18 data and against the 2018-19 performance target.

	2017-18 Performance	2018-19 Target	Q1	Q2	Q3	*Q4	2018-19 Performance
Stroke – 80% of people with stroke to spend at least 90% of their time on a stroke unit	93.90%	**80%**	89.81%	91.72%	93.44%	94.79%	**92.44%**
Percentage high risk TIA cases treated within 24 hours	96.98%	**75%**	91.43%	95.24%	92.31%	88.24%	**91.81%**

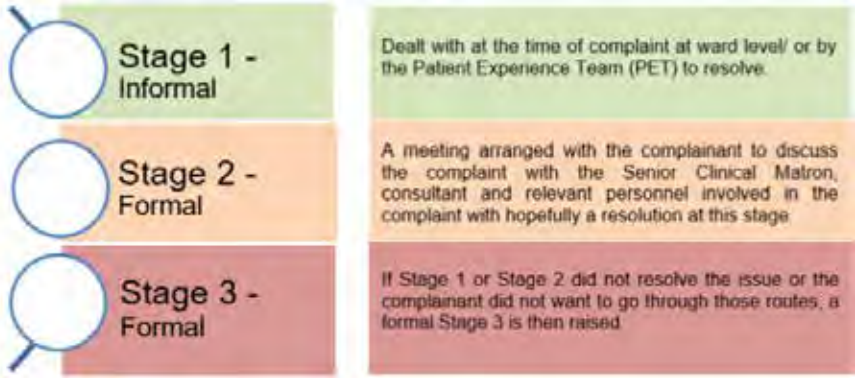
*Data from Trust Clinical Effectiveness Team and upto and including February 2019

Patient Experience

Complaints

The Trust continues to work hard to improve customer satisfaction through patient experience.

We do recognise that we don't always get things right and this is why we have a dedicated **patient experience team** to listen to and investigate any concerns or complaints.



Number of Complaints - 2018-19

The Trust received **1,017** complaints in 2018-19; the following demonstrates how many were concluded during stage 1, stage 2 and stage 3.

*Data for 2018-19 obtained from Datix

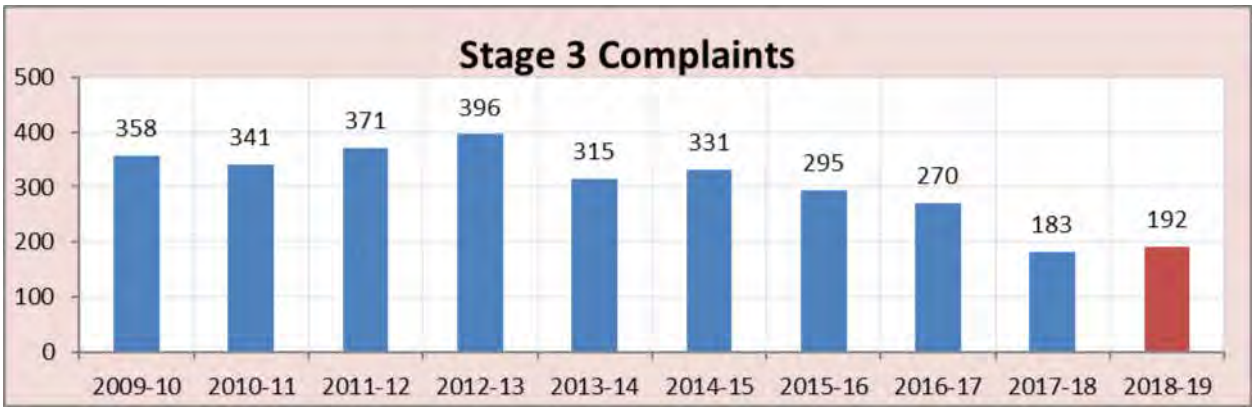
2018-19 Complaints by complaint type:
From the **1,017** complaints received in 2018-19 there are **995** with a sub-subject description.
Please see the following breakdown of the **top 10 complaint types.**

Complaint Subject	Total
Communication - verbal/non verbal	259
Attitude of staff	109
Treatment and procedure delays	88
Outpatient delay	82
Delay to diagnosis	68
Competence of staff member	52
Discharge arrangements	36
Outpatient cancellation	32
Car Parking	29
Length of time to be given appointment	27

*Data obtained from Trust complaints dept.

Since April 2018, the Trust has received **1,017** complaints of which **192** have gone onto the formal complaint process, this only equates to **18.88%** of the complaints.

The number of formal complaints received over the last 10-years is shown in the following table:



*Data obtained from Trust complaints dept. up to 28 February 2019

All lessons learned from complaints are taken back into the clinical teams and managed proactively.

The themes are collated and aggregated analysis is considered in the Trust's quarterly Complaints, Litigation, Incidents and Performance (CLIP) report. The Directorates identify the top themes within their area and provide actions for improvement which is then followed up in the subsequent quarterly CLIP report.

The Trust continually monitors the percentage of formal complaints that the Trust responds to in an agreed timeframe with the complainant.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Compliance Rate	93%	93%	85%	80%	83%	100%	84%	100%	91%	82%	93%	82%

*Data obtained from Trust complaints dept.

Compliments

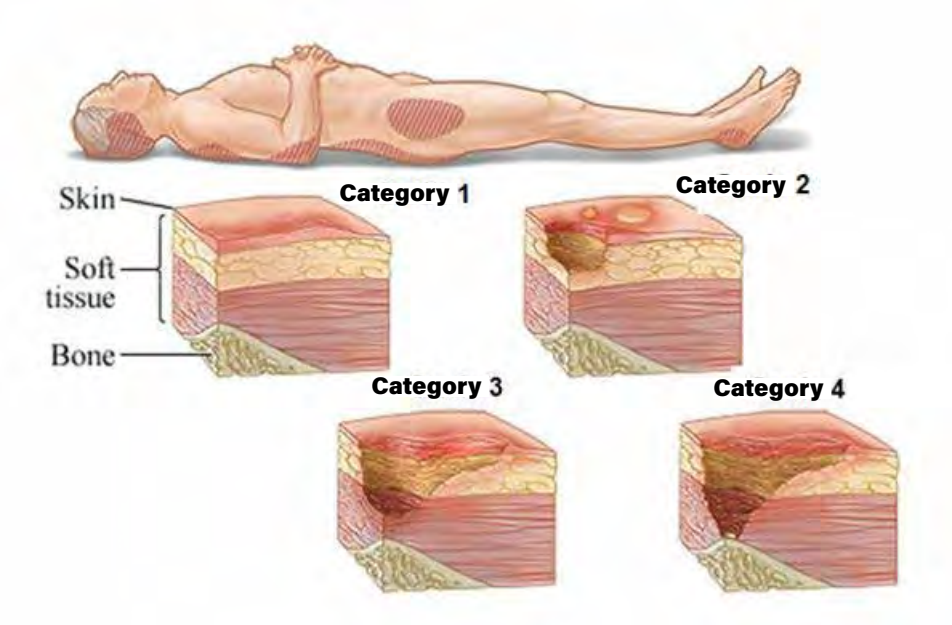
The Trust records the number of **compliments** received within each area. The trends in the number of compliments received can be seen in the following table and chart.

2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
2,212	3,786	5,097	5,414	9,296	11,357	11,367	11,818	11,732	**11,849**

*Data obtained from Trust dashboard database

Pressure Ulcers

Pressure ulcers, also known as **pressure sores, bedsores** and **decubitus ulcers**, are localised damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of **pressure**, or **pressure** in combination with shear and/or friction.



Year on Year Comparison – In-Hospital Acquired

Reporting Period	2014-15	2015-16	2016-17	2017-18	2018-19
Category 1	114	78	39	38	54
Category 2	326	258	128	189	198
Category 3	18	12	9	20	35
Category 4	2	1	1	2	2
Total	**460**	**349**	**177**	**249**	**289**

*Data obtained via the Trusts Incident Reporting database (Datix)

Year on Year Comparison – Out of Hospital Acquired

Reporting Period	2014-15	2015-16	2016-17	2017-18	2018-19
Category 1	118	83	68	159	55
Category 2	667	337	253	359	173
Category 3	74	21	36	85	69
Category 4	25	8	5	21	9
Total	**884**	**449**	**362**	**624**	**306**

*Data obtained via the Trusts Incident Reporting database (Datix)

Actions taken by the Trust:

Pressure damage is one of the top 5 reported incidents within the Trust; with risk assessment, prevention and management being guided through the application of NICE guidelines and quality standards. The incidents are reported via datix and the Trust has developed a checklist within the system to capture the overall data in relation to pressure ulcer incident reporting. The checklist also supports colleagues reviewing such incidents by providing

a consistent approach towards decision making in relation to the level of investigation required. The numbers of pressure ulcer incidents are discussed at the Senior Clinical Professionals Huddle each week and monitored through the monthly Tissue Viability Operational Group, Quality Reference Group which informs the integrated professional Board meeting.

The Tissue Viability Group has the remit of reviewing the Trust Tissue Viability improvement plan, Trust policies and guidelines. Following the review of our audit process within the Trust, quarterly audits by the directorates are undertaken. Following the moderation of results an improvement plan is negotiated with the Directorate Leads to provide assurance that there is evidence of continuous improvement and performance. The Trust continues with "Our Journey to Outstanding" and the Quality Improvement Strategy aims to place quality improvement at the heart of everything the Trust does, with a focus on the needs of our patients, families and carers. Therefore, as part of this journey the Trust is taking part in an In-House Pressure Ulcer Collaborative which will support education, learning and sharing best practice across directorates. This will empower the staff and reduce unwarranted variation providing the very best care to every patient, every day. The collaborative will be underpinned by evidence, research and best practice with measurable outcomes ensuring we do the right thing at the right time.

Education remains a key focus for the Tissue Viability Team so working with the departmental staff and managers is critical in the maintenance of a network of Tissue Viability Champions who meet bi-monthly for updates on wound care and all matters related to tissue viability. This meeting is well attended and the training topics at the meeting are chosen by the Champions themselves and delivered by either the Tissue Viability team or colleagues from the wound industry. The annual "Stop the Pressure" event was again very successful in November 2018 and this will be repeated in 2019.

There is Information and resources for staff which are available on the Trust intranet site which provides resources and advice to staff when a tissue viability nurse is not available. The referral criteria for the tissue viability service have now been reviewed and available on ICE.

Communication between services continues to be promoted in order to provide seamless holistic care for our patients moving between hospital and community. A key element of this is ensuring wound care information is passed onto the next care provider. There is also work in progress regionally to streamline policies and reduce unwarranted variation across local providers. This forms part of the Alliance work with the care homes and education within the GP practices in support of improving integration across pathways both in and out of hospital.

Section 3B: Performance from key national priorities from the Department of Health Operating Framework, Appendix B of the Compliance Framework

The Trust continued to deliver on key cancer standards throughout the year; two week outpatient appointments, 31 days diagnosis to treatment and 62 day urgent referral to treatment access targets. The Trust demonstrated a positive position with evidence of continuous improvement against the cancer standards introduced in the Going Further with Cancer Waits guidance (2008).

www.connectingforhealth.nhs.uk/nhais/cancerwaiting/cwtguide7.pdf

The compliance framework forms the basis on which the Trusts' Annual Plan and in year reports are presented. Regulation and proportionate management remain paramount in the Trust to ensure patient safety is considered in all aspects of operational performance and efficiency delivery. The current performance against national priority, existing targets and cancer standards are demonstrated in the table with comparisons to the previous year.

Single Oversight Framework Indicators	Standard/ Trajectory	2018-19 Performance	2017-18 Performance	Achieved (cumulative)
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/ discharge	95%	A 97.18%	97.24%	✓
Cancer 31 day wait for second or subsequent treatment – surgery	94%	98.84%	98.29%	✓
Cancer 31 day wait for second or subsequent treatment – anti cancer drug treatments	98%	100.00%	99.87%	✓
Cancer 31 day wait for second or subsequent treatment – radiotherapy	94%	N/A	N/A	N/A
Cancer 62 Day Waits for first treatment (urgent GP referral for suspected cancer)	85%	A 84.83%	85.83%	✗
Cancer 62 Day Waits for first treatment (from NHS cancer screening service referral)	90%	96.25%	97.02%	✓
Cancer 31 day wait from diagnosis to first treatment	96%	99.38%	98.55%	✓
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected)	93%	94.11%	93.82%	✓
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected)	93%	96.16%	96.64%	✓
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways	92%	94.21%	93.63%	✓
Referral to Treatment 52 Week Waits	0	0	0	✓
Number of Diagnostic waiters over 6 weeks	99%	98.69%	99.56%	✗
Community care data completeness – referral to treatment information completeness	50%	96.11%	96.81%	✓
Community care data completeness – referral information completeness	50%	96.66%	96.47%	✓
Community care data completeness – activity information completeness	50%	96.84%	95.70%	✓
Community care data completeness – patient identifier information completeness (Shadow Monitoring)	50%	96.84%	95.70%	✓
Community care data completeness – End of life patients deaths at home information completeness (Shadow Monitoring)	50%	83.65%	85.70%	✓
Compliance with access to healthcare for patients with learning disabilities	100%	Full compliance	Full compliance	✓

Other National and Contract Indicators	2018-19 Target	2018-19 Performance	2017 18 Performance	Achieved
Cancelled Procedures for non-medical reasons on the day of op	0.80%	0.41%	0.72%	✓
Cancelled Procedures reappointed within 28 days	100%	99.41%	94.84%	✗
Eliminating Mixed Sex Accommodation	Zero cases	0	0	✓
A&E Trolley waits > 12 hours	Zero cases	0	1	✓
Stroke – 90% of time on dedicated Stroke unit	80%	91.73%	93.49%	✓
Stroke – TIA assessment within 24 hours	75%	91.67%	96.59%	✓
Delayed transfers of care	<3.5%	2.99%	3.42%	✓
VTE Risk Assessment	95%	97.72%	97.89%	✓
Sickness Absence Rate (2018/19)	3.5%	4.39%	4.53%	✗
Mandatory Training Compliance	80%	89.00%	84.00%	✓
Turnover Rate	10.0%	8.70%	14.80%	✓
Operational Efficiency Indicators	**2018-19 Target**	**2018-19 Performance**	**2017 18 Performance**	**Achieved**
New to Review Ratio	1.45	1.30	1.18	✓
Outpatient DNA (new)	5.40%	7.98%	8.67%	✗
Outpatient DNA (review)	9.00%	9.76%	10.61%	✗
Length of Stay Elective (Feb 18 – Jan 19)	3.23	1.67	1.86	✓
Length of Stay Emergency (Feb 18 – Jan 19)	4.14	3.48	3.76	✓
Readmission Elective (Apr 18 to Feb 19)	0.00%	4.58%	4.17%	✗
Readmission Emergency (Apr 18 to Feb 19)	9.37%	14.79%	14.60%	✗
Occupancy (Trust) (2018-19)	85%	90.06%	90.97%	✗
Quality Indicators	**Standard/ Trajectory**	**2018-19 Performance**	**2017 18 Performance**	**Achieved**
Clostridium Difficile – meeting the C.Diff objective	12	31	35	✗
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	0	0	4	✓
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	21	21	25	✓
Escherichia coli (E.coli)	50	39	43	✓
Klebsiella species (Kleb sp) bacteraemia	N/A	20	29	N/A
Pseudomonas aeruginosa (Ps a) bacteraemia	N/A	9	5	N/A
Trust Complaints - Formal CE Letter (Stage 3)	<270	192	183	✓
Trust Complaints Compliance within 25days	95%	89.45%	96.00%	✗
Trust Falls with Fracture	<20	32	26	✗
In Hospital Pressure Ulcers Grade 4	2	2	2	✓
Medication Error	<685	775	670	✗
Friends and Family Test - Would Recommend	95%	96.00%	95.10%	✓
Never Events	0	1	0	✗
Hand Hygiene	95%	97.00%	97.00%	✓
HSMR	100 102	95.80	101.32	✓
SHMI	100 106	100.72	105.91	✓
SPEQS	90%	93.91%	92.23%	✓

Additional Assurance:

The following indicators have been subject to assurance by the independent auditors Pricewaterhouse-Coopers:

Further assurance indicators	Criteria Identified
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.	We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report: ▪ The indicator is defined within the technical definitions that accompany Everyone counts: planning for patients 2014/15 - 2018/19 and can be found at: www.england.nhs.uk/wpcontent/uploads/2014/01/ec-tech-def-1415-1819.pdf ▪ Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at: https://www.england.nhs.uk/statistics/wpcontent/uploads/sites/2/2013/
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	The Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report: the indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer; an urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant; the indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait); the clock start date is defined as the date that the referral is received by the Trust; and the clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice. In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

Annex A: Third Party Declarations

We have invited comments from our key stakeholders. Third party declarations from key groups are outlined below:

Collaborative statement from NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (HAST), Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group, and Darlington Clinical Commissioning Group for NHS North Tees and Hartlepool Hospital Foundation Trust (NTHFT) Quality Account 2018/19, 21 May 2019.

NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (HAST CCG) commission healthcare services for the population of Hartlepool and Stockton-On-Tees. NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) commission services for its respective populations and Darlington Clinical Commissioning Group (CCG) for its respective population. The CCGs welcome the opportunity to submit a statement on the Annual Quality Account for North Tees and Hartlepool NHS Foundation Trust (NTHFT).

The quality of services delivered and associated performance measures are the subject of discussion and challenge at the Clinical Quality Review Group (CQRG) meetings. These provide an opportunity for both CCGs and the Trust to gain assurance that there are effective systems and processes in place to promote the delivery of safe, effective and high quality care. The CCGs welcome that Quality remains the Trust's number one priority for 2019/20 and it is positive to see that the priority areas include mental health, safeguarding and infections.
We are pleased that the Chief Executive's overview to the Quality Account confirms the commitment to continuously improve the Trust's CQC rating, and already improvement initiatives are under way to strive for the 'Outstanding' rating. The Chief Executive's Overview recognises the importance of the dedicated and hardworking Trust staff that contributes to the delivery of safe and effective NHS care.

The CCGs acknowledge that mortality performance is demonstrating signs of improvement and the achievement made in 2018/19 reducing both metrics to 'as expected' range. We also acknowledge the positive steps taken in terms of establishing a clinical link between consultants and the Trust's Coding Department and the rewards seen throughout 2018/19 in terms of the improvement in the depth of clinical coding. The CCGs will continue to provide robust scrutiny and challenge in relation to mortality during 2019/20 and will continue working with the Trust to identify opportunities for shared learning across the health economy.

The CCGs recognise the challenges the health economy faces in terms of the dementia agenda and are very pleased to see the Trust's commitment to improving care for patients with dementia. This work undertaken in raising awareness and developing skills and roles is fully supported by the CCG's. We acknowledge developing the knowledge and skills of the workforce is very important and the Trust has been working hard to ensure the whole workforce in health and care completes the 'Essential Dementia Workbooks' as part of mandatory training and continues to support the Dementia Champaign Programme.

The CCGs welcome the safeguarding adult's team continued efforts to raise the profile and visibility within the Trust; noting that this has been in the form of walkabouts, increased teaching and attendance at staff meetings. Also level 2 training has been developed to give key staff more intensive training and understanding of adult safeguarding. The CCGs acknowledge the positive mandatory training compliance in 2018/19.

The CCGs would like to offer support to understand the rise in concerns around physical abuse, in particular the large increase around neglect across the localities.

Further to discussions at the Clinical Quality Review Group (CQRG) the CCGs acknowledges the increase in the number of Deprivation of Liberty (DoLs) applications and the ongoing commitment from the Trust to manage this increase. The CCGs would like to continue to monitor the number of applications and work with the Trust to ensure this service does not become a risk.

The CCGs support the amalgamation of the Trust's strategy group for adult safeguarding, learning disability and dementia and is pleased to see this supports sharing of information and lessons learnt for work streams in future. The CCGs are pleased to see the development work that has been undertaken for children 'not brought' for appointments in terms of the embedding of the policy and assurance process. It is very positive to see the Trust take action from a local serious review case and lessons learnt review to recognise possible early indicators of neglect when a child is not brought to appointments. This process will also identify those children whose appointments are frequently rescheduled by parents/carers.

The CCGs acknowledge the implementation of the revised immobile baby pathway, and will be keen to understand the impact this has on non-mobile children with bruising and how we can reduce the number of abusive events that are missed.

It is pleasing to see a key priority for 2019/20 is to achieve 100% compliance for all local safeguarding children quality requirements.

The CCG's would like to congratulate the Trust on the improved LAC performance and the close working relationships that have been developed with current providers of the Stockton IHAs.

The focus on Health Care Associated Infection (HCAI) in the Quality Account is welcome and we acknowledge the challenging target for Clostridium Difficile infections. The overall number of Clostridium Difficile Infections for 2018/19 is disappointing and above trajectory and so the CCGs support this priority and will continue to work collaboratively with the Trust in order to manage the number of infections. The CCGs acknowledge the improved performance for Methicillin-Resistant Staphylococcus Aureus infections in 2018/19 with a positive outcome of zero cases.

It is very positive to see the good work that has been undertaken throughout 2018/19 on the NHS Improvement project to reduce urinary tract infections (UTI) and the CCGs are pleased to see the Trust has been successful in achieving an 80% reduction on UTIs for residents of a pilot care home. We look forward to seeing the outcome from rolling this pilot out further to involve more care homes.

The CCGs would like to commend the Trust for the significant improvement shown in the number of patients experiencing a delayed transfer of care from the hospital. Collaborative working with partners in social care and commissioning has significantly reduced the number of delays. The CCGs are delighted to hear the weekly super stranded audit has been successful and the recognition the Trust has received from NHS Improvement.

In 2018/19 it is encouraging to see the Trust continued to engage in the LeDeR programme and work has commenced to deliver the improvement actions that have been identified from these reviews. It is also good to see the collaborative work the Trust has been involved in as part of the North Tees and Hartlepool Education Alliance.
It is encouraging to see the commitment and dedication shown by the Trust throughout 2018/19 to improve Specialist Palliative Care. The CCGs support all the initiatives the Trust have implemented, in particular the innovative approach taken to develop a Specialist Palliative Care Nursing Bank. We are delighted to hear the AMBER Care Bundle pilot was a success and the Trust are looking at developing this Trust wide.

The CCGs would like to congratulate the Trust on their Duty of Candour process and their success in being an open and transparent organisation. In 2018/19 there has been a significant increase in the number of incidents reported per 1000 bed days, which is a result of promoting a culture of openness and honesty. It has been positive to see the learning that has been identified and action taken to improve quality of care.

In 2018/19 the Trust has reported one never event in relation to a surgical/invasive procedure, the incident is currently being managed through the Serious Incident process and the CCGs will continue to work with the Trust to identify learning and appropriate action.

The CCGs can confirm to their best knowledge that, the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2018/19. It is clearly presented in the format required and the information it contains accurately represents the Trust's Quality profile.

The CCGs would like to congratulate the Trust on the hard work and dedication shown throughout 2018/19 and the CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2019/20.

Yours sincerely

Dr N O'Brien
Chief Clinical Officer
NHS Hartlepool and Stockton-on-Tees, Darlington and South Tees CCG

Hartlepool Healthwatch - 09 May 2019

Thursday 9th May 2019

HealthWatch Hartlepool third party narrative - Annual Quality Account of North Tees and Hartlepool NHS Foundation Trust

Following receipt of the draft quality account, HealthWatch Hartlepool wish to make a formal response to the approach taken by the Trust with regards to quality. This response encompasses the views of Healthwatch members. Please note this opinion is based on the draft account provided to Healthwatch Hartlepool, referrals received into Healthwatch Hartlepool as part of our Enter & View activity and actual patient experience of Healthwatch Hartlepool members.

Our view of future priorities would be the addressing of concerns raised in our previous statements in relation to Mortality albeit we are encouraged by the overall trajectory of performance over the last year. A concern from our engagement with the wider public continues to highlight transport to hospital as a problem particularly around the Trust's adherence to the key principles within the Equality Act 2010. Many patients are still excluded from access to services due to no transport being available or transport that is not compliant with the Act. In previous years assurances were given that ALL patients would also be made aware of the Healthcare Travel Costs Scheme (HTCS) at the time of notification of appointments, which once again has not happened.
Hartlepool H

Other areas of concern Healthwatch Hartlepool would wish to highlight are in respect of the huge increase in DOL's cases and the interventions required when SEPSIS is diagnosed. It is imperative greater work needs to be undertaken to understand why this has happened.

Overall, HealthWatch Hartlepool welcomes the opportunity to respond to the Draft Quality Account and we must praise the Trust on the work they have undertaken in ensuring no cases of MRSA as well as the welcome our Enter & View teams have been given throughout the year.

Yours Sincerely,

Christopher Akers-Belcher – Healthwatch Manager

Stockton Healthwatch - 26 April 2019

healthwatch Stockton-on-Tees

North Tees and Hartlepool NHS Foundation Trust Quality Accounts

Healthwatch Stockton 3rd Party Declaration

Healthwatch Stockton-on-Tees are pleased to see lots of useful data explaining how North Tees and Hartlepool NHS Foundation Trust is performing against other Trusts in the region and nationally. The Quality Accounts is generally well written and provides good overview of how the Trust is performing and how it manages quality services.

It is evident that the Trust has made a number improvements over the last year with regards to the quality of care for patients with dementia. We are pleased to see that the Trust has recruited and trained over 170 staff to become Dementia Champions with further training for additional staff planned in the future. A number of actions have been taken and processes implemented to ensure that patients with dementia, their families and carers have a good experience and their needs are met during their stay. Some of the positive changes made include a number of elderly care wards being adapted to be more dementia friendly and adding an alert to Trakcare to ensure staff are aware of patients who have a diagnosis of dementia. It is encouraging to see that dementia is also a priority for 2019/20 with a number of further actions planned including continuing to undertake the National Audit for dementia.

Some of the Trust's key priorities identified for 2019/20 reflect similar priorities for Healthwatch Stockton-on-Tees in particular, Mental Health. As a stakeholder, Healthwatch Stockton-on-Tees are keen to support the work of the Trust in this area over the next year supporting the review of the 'Treat as One' guidance and feeding in local intelligence to support a gap analysis and conducting investigations as necessary.

Healthwatch Stockton-on-Tees have conducted a number of Enter and View visits and investigations within the Trust over the last year therefore we would like to recommend a short section in future Quality Accounts about the Trust's engagement with local Healthwatch covering role, responsibilities and Enter & View in a similar way as the CQC Contact and Communication section of the report.

Healthwatch Stockton-on-Tees has built a strong working relationship with the Trust over the last year and will continue to work with and support the Trust with the aim of further improving the quality of services provided and maximising patient experience.

Statement from Adult Services and Health Select Committee, Stockton-on-Tees BC – 01 May 2019

Adult Social Care and Health Select Committee
Third Party Declaration 2018-19

The Committee welcomes the opportunity to again consider and comment on the quality of services at the Trust.

Members have once again engaged with the Trust in a positive manner during 2018-19. The Committee has met once with Trust representatives to consider the quality priorities and overall performance.

The Committee continues to monitor the mortality data and is pleased to see the continued improvement in these figures which now stand well within the expected range.

Members have been impressed by the scale of the work that has been undertaken to tackle this issue. This has included work across several themes and diagnosis groups. It was reassuring to note that the Trust's own internal processes and 'heat mapping' appeared to be operating well, and had recently identified concerns prior to the national alerts on the same topics being issued.

The Committee is pleased to see the ongoing commitment to working with peers and regional groups in order to benchmark the Trust's position, and supports the continued inclusion of Mortality as a priority for 2019-20.

A relatively new development for NHS Trusts is the requirement to have processes in place to learn from deaths, including improved support for carers and families. The CQC reviews the implementation of this national guidance as part of the 'well-led' element of its inspections.

The CQC has found that nationally, some organisations need to do more to on this agenda. The Quality Account therefore represents a good opportunity to review the Trust's approach, and the inclusion of Learning from Deaths as a specific priority is supported.

The summary of progress for 2018-19 confirms that a review process is in place, and this complements the wider work on mortality outlined above. It is reassuring that of those cases investigated to date, no patient deaths had – more likely than not – been due to problems with care. It is however not clear within the Account what criteria was used to select which deaths should be subject to a case record review or investigation. It may be of benefit to clarify this in future Accounts.

The care of people with learning disabilities continues to be of interest to the Committee, and it was positive to see reference to the LeDeR programme within this priority. A specific example of local improvement work is the recognition of the need to include a specialist dietician within the Learning Disability Community Team, and to improve easy read promotional material for bowel screening. The Committee has been closely monitoring the provision of primary care to people with learning disabilities and would encourage this work wherever possible.

Also within this theme, the work to improve care for frail elderly patients in local care homes, through the North Tees and Hartlepool Education Alliance, is welcomed. Improving the quality of local commissioned care services has been a high priority for the Committee and is due to form a major part of its work programme during 2019-20. Dementia awareness and identification continues to be a priority for both the Trust and Council; increasing detection rates requires the Trust to continually adapt its approach to care for patients with dementia and delirium, including ongoing staff training and 'dementia passports'. It remains key to take a whole system approach, and the Committee was reassured to hear that the Trust was receiving responsive and timely support from the Tees, Esk and Wear Valleys NHS Foundation Trust Psychiatric Liaison Service.

The Committee supported the inclusion of mental health in the priorities for 2018-19 as this recognised the need to treat all patients in a holistic way. In the draft Account there was however limited information on progress against this priority. The Trust proposes to continue to include this as a priority for 2019-20, and Members look forward to receiving updates on this work.

In relation to infection control the Committee was pleased to see the generally good performance, and noted the need to closely monitor the impact of emerging infections including Klebsiella and Pseudomonas. Again, a whole

system approach is necessary to tackle this issue. The Committee was pleased to see where the Trust was placed in comparison to other Trusts.
Members received assurance on how quickly both positive and negative feedback from the Friends and Family Test was reported to the relevant ward. Compared to the previous year it is possible to see improvements in the levels of positive feedback from staff in terms of both recommending the Trust as a place to receive treatment, and a place to receive care.

The Committee sought and received further data on complaints, and also the number of cases raised with the Trust by the Ombudsman. Information on Ombudsman referrals may be worth including in the published version of the Account. Members were pleased to note the continuing high numbers of compliments received.

During 2018-19, health and local authority services in Stockton-on-Tees were subject to a joint inspection by CQC and Ofsted in relation to the effectiveness of services for children and young people with Special Education Needs and Disabilities. Reference to relevant results of the inspection will be reviewed in future consideration of the Account. Given the overall pressures on the NHS and social care workforce, the Committee was very pleased to note that the Trust recorded the lowest level of clinical vacancies in the country. This was especially pleasing recognising the nature of working across two main sites, and other Trusts were seeking to learn from the Trust in terms of how it recruits.

During the period of the Committee's consideration of the Quality Account (March 2019) it was confirmed that the Trust had the best performance in England in relation to the 4-hour Accident and Emergency Target. The Committee would like to praise all staff involved in ongoing delivery of urgent and emergency care.

The Committee, through its partnership working with other Local Authorities, continues to monitor the reconfiguration of local NHS services, and will consider the impact on quality of any future proposals for service change.

The Trusts Council of Governors – 23 April 2019

Council of Governors
(third party declaration)

On behalf of the Council of Governors, members of the Quality Account Working Group are able to confirm Governors involvement regarding the preparation of the Trust's Annual Quality Account, and during 2018-19 have been briefed in respect of specific aspects of its content around the Trust's performance.

The role of the Governor Quality Account Working Group is to act on behalf of the Council of Governors in reviewing the draft Annual Quality Account, providing challenge and seeking assurance regarding its content, in addition to making constructive comments in respect of design, layout and language. Members of the Group also select an additional priority to be audited by the Trust's External Auditors to provide greater assurance around the Trust's performance in this area.

In order to ensure the Council of Governors are kept fully informed on priority areas and key issues particularly during such a period of significant change across the whole health and care sector development sessions have been facilitated throughout the course of the year. Topics covered in these sessions included: Integrated Care Systems; Clinical Services Strategy – Trust and System wide; Trust Estate's Strategy & Optimisation; Absence Management and Clinical Services Strategy – Tees Wide. Pre-Council of Governors meetings are now scheduled a week before the Council of Governors meeting, which although informal in structure provide valuable time for discussion and debate, replacing the previously arranged Governor Coffee Mornings. These sessions help to inform future agenda items for key Committees and Meetings to ensure assurance is provided on any given subject.

A Schedule of Reports is refreshed annually, which sets out the range of reports to be presented to the Council of Governors at each meeting to highlight the performance, compliance and quality of the services provided by the Trust against the range of indicators and targets that are measured by NHS Improvement and the Care Quality Commission. The reports ensure that the Governors are appraised of the valuable improvements being made to patient care and pathways, including the work surrounding the Corporate Strategy and Clinical Services Strategy, as well as being aware of the challenges that the Trust faces on an on-going basis. Despite the past year being another challenging period for the health service within a national context of rising demand for services, increased performance standards and continued financial pressures; the Trust has performed well and despite facing financial challenges has ensured quality remains the top priority. The Council of Governor meetings provide a valuable

opportunity for the Governors to review performance and seek assurance on actions, raising any concerns with the Board of Directors present.

The Governor Sub-committees continued throughout 2018-19, which include: Nominations Committee; Membership Strategy Committee, Strategy and Service Development Committee, and the External Audit Working Group. This Committee is required to meet when the provision of external audit to the Trust is under review, and to fulfil this remit it met three times during 2018. The remaining Sub-Committees allow detailed debate and discussion around key topics, allowing the Governors to take an active part in shaping Trust strategies. This is particularly evident in the Strategy and Service Development Committee which facilitated presentations regarding: Integrated Performance Report; Quality Improvement Strategy; Clinical Services Strategy; Winter Planning; Stranded Patients; Delivering Productivity and Performance – Corporate Services; Well Led Review; Communication and Engagement Strategy; CQC Journey to Outstanding; Annual Plan and NHS Long Term Plan.

New opportunities across a wide range of service areas arise often for Governors to become involved with which include Healthcare User Group; Trust Patient Information Panel; Trust Research Awareness and Governance Group; Menu Review Group and Essential Nutrition Group. In addition, Governors and other stakeholders are invited to attend ad hoc events such as department openings, Trust member events and taking part in the Patient and Staff Experience surveys to showcase the work we do.

Overall, the Governors confirm that the report provides enough detail on progress against our quality objectives from last year, it identifies the areas where the trust still needs to improve, and is clear about what the quality objectives are for 2019-20 and how these will be measured.

Hartlepool Borough Council – Audit and Governance Committee – 03 May 2018

Audit and Governance Committee – Third Party Declaration

Following consideration of the North Tees and Hartlepool NHS Foundation Trust Quality Accounts in March 2019, Hartlepool Borough Council's Audit and Governance Committee would like the following comments to be included in this year's Quality Account:-

In relation to quality improvement priorities identified for 2018-19, the Committee commended the Trust on their success in:

- Improving the Hospital Standardised Mortality Ratio (HSMR) and Summary Level Hospital Mortality Indicator (SHMI);
- Increasing dementia / delirium diagnosis rates and appointing 200 Dementia Champions across the organisation; and
- Reducing nursing staff vacancy levels to their lowest for a number of years.

The Committee supported the quality improvement priorities identified for 2019-20, with accompanying actions, and welcomed the Trust ongoing focus on mortality and dementia.

Yours faithfully

COUNCILLOR BRENDA LOYNES

Third Party Statement from the Healthcare User Group (HUG) – 01 May 2019

Third Party Statement from the Healthcare User Group (HUG)

The main role of the Healthcare User Group (HUG) is to assist the Trust with the Patient and Public Involvement (PPI) agenda. This is achieved through independent visits to inpatient wards and outpatient clinics, talking to staff and patients. HUG is also represented on several Trust committees including the Audit & Clinical Effectiveness Group (ACE), Patient & Carer Experience Committee (PCEC), Discharge Steering Group, Infection Control Committee (ICC) and Patient Quality & Safety Standards Group (PS & QS). A HUG representative also attends the Trust Board.

HUG has reviewed the Quality Accounts and concludes that they represent a true and fair reflection on what we have seen during our visits to the Trust's wards and clinics.
The continued progress in improving mortality rates is pleasing and reflects the work within the Trust to improve processes to aid the reduction.

The Trust is very diligent in tackling infection against some very challenging targets. Whilst the Trust has not met all these targets, we know staff strive to improve infection rates.

Staff are aware of their requirements towards patients with dementia, hence the Dementia Champions programme and training. We have evidenced this from our impatient visits.

The Trust takes safeguarding (adults and children) and mental health very seriously. HUG is aware of the development of standards and reporting, and the raising of the profile of these issues.

The Chief Executive points out the valued work of staff, and our visits throughout the year have highlighted that patients highly value the care, compassion and dedication of all staff during their stay in hospital.

The key priorities for 2019/20 are relatively unchanged from the previous year, but HUG supports this and has had the opportunity to comment on these priorities.

Healthcare User Group
April 2019

Annex B: Quality Report Statement

Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018-19 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2018 to April 2019
  - Papers relating to Quality reported to the Board over the period April 2018 to April 2019
  - Feedback from commissioners dated 17 May 2018
  - Feedback from governors dated 23 April 2019
  - Feedback from local Healthwatch organisations dated 26 April 2019 & 9 May 2019
  - Feedback from the Adult Services and Health Select Committee and Audit and Governance Committee dated 1 May 2019 & 3 May 2018
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q3 2018-19
  - The latest national patient survey 2017
  - The latest national staff survey 2018
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 16 May 2019
  - CQC Quality Report – Inspection Report 14 March 2018
  - The Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered;
  - The performance information in the Quality Report is reliable and accurate;
  - There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
  - The data underpinning the measures of performance in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
  - The Quality Report has been prepared in accordance with NHS Improvements annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

Chief Executive.....

Date: 29 May 2019

Chairman.....

Date: 29 May 2019

Annex C: Independent Auditors' Limited Assurance Report

Independent Auditors' Limited Assurance Report to the Council of Governors of North Tees and Hartlepool NHS Foundation Trust on the Annual Quality Report

Independent Auditors' Limited Assurance Report to the Board of Governors of North Tees and Hartlepool NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Board of Governors of North Tees and Hartlepool NHS Foundation Trust to perform an independent assurance engagement in respect of North Tees and Hartlepool NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance (the "specified indicators") marked with the symbol Ⓐ in the Quality Report, consist of the following national priority indicators as mandated by Monitor (operating as NHS Improvement) ("NHSI"):

Specified Indicators	*Specified indicators criteria*
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.	Criteria can be found on page 226 of the Annual Report and Accounts.
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.	Criteria can be found on page 226 of the Annual Report and Accounts.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the 'Detailed requirements for quality reports 2018/19' issued by NHSI. The Directors are also responsible for the conformity of the specified indicators criteria with the assessment criteria set out in the FT ARM and the 'Detailed requirements for external assurance for quality reports 2018/19' issued by NHSI and for reporting the specified indicators in accordance with those criteria, as referred to on the pages of the Quality Report listed above.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the 'Detailed requirements for quality reports 2018/19';
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the 'Detailed requirements for external assurance for quality reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the 'Detailed requirements for quality reports 2018/19'; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially consistent with the following documents:

- Board minutes for the financial year, April 2018 and up to the date of signing this limited assurance report ("the period");
- Papers relating to quality reported to the Board over the period April 2018 to the date of signing this limited assurance report;
- Collaborative statement from NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (HAST) and Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group, for NHS North Tees and Hartlepool Hospital Foundation Trust (NTHFT) dated 21st May 2019;
- Feedback from Governors dated 23rd April 2019;
- Feedback from local Healthwatch organisations: Healthwatch Hartlepool dated 9th May 2019 and Healthwatch Stockon-on-Tees dated 26th April 2019;
- Feedback from the Overview and Scrutiny Committee: the Adult Services and Health Select Committee Stockton on Tees BC dated 1st May 2019;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q3 2018-19;
- Care Quality Commission inspection, dated 14th March 2018;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 23rd May 2019; and
- Representation from Healthcare User Group (HUG).

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We complied with the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Board of Governors of North Tees and Hartlepool NHS Foundation Trust as a body, to assist the Board of Governors in reporting North Tees and Hartlepool NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors as a body and North Tees and Hartlepool NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and the 'Detailed requirements for quality reports 2018/19';

- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis, of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the FT ARM and 'Detailed requirements for quality reports 2018/19'.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by North Tees and Hartlepool NHS Fou ndation Trust.

Basis for Adverse Conclusion – patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

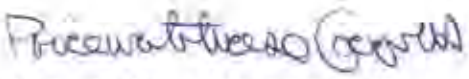
In our sample testing of 55 Type 1 A&E records the patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge, we found two errors when comparing electronic records to manual clinical records. These related to the clock stop time being recorded earlier on the system than written evidence within the clinical notes, resulting in a non-breach being recorded when a breach should have been. In addition we noted a further case of one record where the Trust validation process had incorrectly recorded an item as non-breach when a breach should have been recorded.

Adverse Conclusion
In our opinion, because the significance of the matters as described in the Basis for adverse conclusion paragraph above, the percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge has not been prepared in all material respects in accordance with the criteria.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2019:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the 'Detailed requirements for quality reports 2018/19';
- The Quality Report is not consistent in all material respects with the documents specified above; and
- The specified indicator 'Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers' have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the 'Detailed requirements for external assurance for quality reports 2018/19'.



PricewaterhouseCoopers LLP
Newcastle upon Tyne
29 May 2019

The maintenance and integrity of the North Tees and Hartlepool NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Annex D: We would like to hear your views on our Quality Accounts.

North Tees & Hartlepool NHS Foundation Trust value your feedback on the content of this year's Quality Account.

Please fill in the feedback form below, tear it off and return to us at the following address:

Patient Experience Team
North Tees & Hartlepool NHS Foundation Trust
Hardwick Road
Stockton-on-Tees
Cleveland
TS19 8PE

Thank you for your time.

Feedback Form (please circle all answers that are applicable to you)

What best describes you: Patient Carer Member of public Staff Other

Did you find the Quality Account easy to read?	Yes	No	
Did you find the content easy to understand?	Yes all of it	Most of it	None of it
Did the content make sense to you?	Yes all of it	Most of it	None of it
Did you feel the content was relevant to you?	Yes all of it	Most of it	None of it
Would the content encourage you to use our hospital?	Yes all of it	Most of it	None of it
Did the content increase your confidence in the services we provide?	Yes all of it	Most of it	None of it

Are there any subjects/topics that you would like to see included in next year's Quality Account?

In your Opinion, how could we improve Our Quality Account?

Alternatively you can email us at: Patientexperience@nth.nhs.uk With the Subject **Quality Accounts**

Glossary

A&E	Accident and Emergency
ACE Committee	Audit and Clinical Effectiveness Committee – the committee that oversees both clinical audit (i.e. monitoring compliance with agreed standards of care) and clinical effectiveness (i.e. ensuring clinical services implement the most up-to-date clinical guidelines)
ACL	Anterior Cruciate Ligament – one of the four major ligaments of the knee
AKI	Acute Kidney Injury
AMT	Abbreviated Mental Test
AquA	Advancing Quality Alliance
CABG	Coronary Artery Bypass Graft (or "heart bypass")
CFDP	Care For the Dying Patient
CCG	Clinical Commissioning Group
CCOT	Critical Care Outreach Team
CDI	Clostridium difficile Infection
CHKS	Comparative Health Knowledge System
CIAT	Community integrated assessment team (CIAT)
Clostridium Difficile (infection)	An infection sometimes caused as a result of taking certain antibiotics for other health conditions. It is easily spread and can be acquired in the community and in hospital
CLRN	Comprehensive Local Research Network
COPD	Chronic Obstructive Pulmonary Disease
CSP	Co-ordinated System for gaining NHS Permission
CQC	The Care Quality Commission – the independent safety and quality regulator of all health and social care services in England
CQRG	Clinical Quality Review Group
CQUIN	Commissioning for Quality and Innovation – a payment framework introduced in 2009 to make a proportion of providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care
DAHNO	Data for Head and Neck Oncology (Head and Neck Cancer)
DARs	Data Analysis Reports
DLT	Discharge Liaison Team
DoLS	Deprivation of Liberty Safeguards
DVLA	Driver and Vehicle Licensing Agency
EAU	Emergency Assessment Unit
E coli (infection)	Escherichia coli – An infection sometimes caused as a result of poor hygiene or hand-washing
EMSA	Eliminating mixed sex accommodation
EOL	End of Life
EWS	Early Warning Score – a tool used to assess a patient's health and warn of any deterioration
FCE	Finished Consultant Episode – the complete period of time a patient has spent under the continuous care of one consultant
FGM	Female Genital Mutilation
FICM	Faculty of Intensive Care Medicine
FOI (act)	The Freedom of Information Act – gives you the right to ask any public body for information they have on a particular subject
FFT	Friends and Family Test
FSCO	First Stop Contact officer
FTSUG	Freedom To Speak Up Guardian
Global trigger tool (GTT)	Used to assess rate and level of potential harm. Use of the GTT is led by a medical consultant and involves members of the multi-professional team. The tool enables clinical teams to identify events through triggers which may have caused, or have potential to cause varying levels of harm and take action to reduce the risk
GCP	Good Clinical Practice

GM	General Manager
HCAI	Health Care Acquired Infection
HED	Healthcare Evaluation Data (A major provider of healthcare information and benchmarking)
HEE	Health Education England
HES	Hospital Episode Statistics
HMB	Heavy Menstrual Bleeding
HQIP	Healthcare Quality Improvement Partnership
HRG	Healthcare Resource Group – a group of clinically similar treatments and care that require similar levels of healthcare resource
HSMR	Hospital Standardised Mortality Ratio – an indicator of healthcare quality that measures whether the death rate in a hospital is higher or lower than you would expect
HUG	Healthcare User Group
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care National Audit and Research Centre
ICS	Intensive Care Society
IMR	Intelligent Monitoring Report tool for monitoring compliance with essential standards of quality and safety that helps to identify where risks lie within an organisation
LD	Learning Difficulties
IG	Information Governance
Intentional rounding	A formal review of patient satisfaction used in wards at regular points throughout the day
IPB	Integrated Professional Board
IPC	Infection Prevention and Control
Kardex (prescribing ardex)	A standard document used by healthcare professionals for recording details of what has been prescribed for a patient during their stay
KEOGH	Sir Bruce Keogh
LAC	Looked After Children
LD	Learning disabilities
Liverpool End of Life Care Pathway	Used at the bedside to drive up sustained quality of care of the dying patient in the last hours and days of life
LPS	Liberty Protection Systems
MBRRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK
MCA	Mental Capacity Act
MHA	Mental Health Act
MHRA	Medicines and Healthcare products Regulatory Agency
MIU	Minor Injuries Unit
MINAP	The Myocardial Ischaemia National Audit Project
MRSA	Methicillin-Resistant Staphylococcus Aureus – a type of bacterial infection that is resistant to a number of widely used antibiotics
MUST	Malnutrition Universal Screening Tool
NCEPOD	The National Confidential Enquiry into Patient Outcome and Death
NCRN	National Cancer Research Network
NEEP	North East Escalation Plan
NEPHO	North East Public Health Observatory
NEQOS	North East Quality Observatory System
NEWS	National Early Warning Score
NHS Improvements	The independent regulator of NHS foundation Trusts
NICE	The National Institute of Health and Clinical Excellence
NICOR	The National Institute for Cardiovascular Outcomes Research
NIHR	National Institute for Health Research
NNAP	National Neonatal Audit Programme
NQB	National Quality Board
NTHFT	North Tees and Hartlepool Foundation Trust
OFSTED	The Office for Standards in Education
PALS	Patient Advice and Liaison Service

PAS	Patient Administration System
Patient Safety and Quality Standards (Ps&Qs) Committee	The committee responsible for ensuring provision of high quality care and identifying areas of risk requiring corrective action
PHE	Public Health England
PICANet	Paediatric Intensive Care Audit Network
PREVENT	the government's counter-terrorism strategy
PROMs	Patient Reported Outcome Measures
Pseudonymisation	A process where patient identifiable information is removed from data held by the Trust
R&D	Research and Development
RAG	Red, Amber, Green chart denoting level of severity
RCA	Root Cause Analysis
RCOG	The Royal College of Obstetricians and Gynaecologists
RCPCH	The Royal College of Paediatric and Child Health
REPORT-HF	International Registry to assess Medical Practice with longitudinal observation for Treatment of Heart Failure
RESPECT	"Responsive, Equipped, Safe and secure, Person centered, Evidence based, Care and compassion and Timely" – a nursing and midwifery strategy developed with patients and governors aimed at promoting the importance of involving patients and carers in all aspects of healthcare
RMSO	Regional Maternity Survey Office
SBAR	Situation, Background, Assessment and Recommendation – a tool for promoting consistent and effective communication in relation to patient care
SCM	Senior Clinical Matron
SCMOoH	Senior Clinical Matron Out-of-Hours
SHA	Strategic Health Authority
SHMI	Summary Hospital Mortality-level Indicator – a hospital-level indicator which reports inpatient deaths and deaths within 30-days of discharge at Trust level across the NHS
sic	The Latin adverb sic ("thus"; in full: sic erat scriptum, "thus was it written"), inserted immediately after a quoted word or passage, indicates that the quoted matter has been transcribed exactly as found in the source text, complete with any erroneous or archaic spelling, surprising assertion, faulty reasoning, or other matter that might otherwise be taken as an error of transcription.
SINAP	Stroke Improvement National Audit Programme
SPCT	Specialist Palliative Care Team
SPEQS	Staff, Patient Experience and Quality Standards
SPOC	Single point of contact
SSKIN	Surface inspection, skin inspection, keep moving, incontinence and nutrition
SSU	Short Stay Unit
STAMP	Screening Tool for the Assessment of Malnutrition in Paediatrics
STEIS	Strategic Executive Information System
STERLING	Environmental Audit Assessment Tool
TRAKCARE	Electronic Patient Record System
Tough-books	Piloted in 2010, these mobile computers aim to ensure that community staff has access to up-to-date clinical information, enabling them to make speedy and appropriate clinical decisions
UHH	University Hospital of Hartlepool
UNIFY	Unify2 is an online collection system used for collating, sharing and reporting NHS and social care data.
UHNT	University Hospital of North Tees
VEMT	Vulnerable, exploited, missing, trafficked
VSGBI	The Vascular Society of Great Britain and Ireland
VTE	Venous Thromboembolism
WRAP	Workshop to Raise Awareness of PREVENT
WTE	Whole Time Equivalent - is a unit that indicates the workload of an employed person in a way that makes workloads or class loads comparable

6 External Audit Opinion

Independent auditors' report to the Council of Governors of North Tees and Hartlepool NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion, North Tees and Hartlepool NHS Foundation Trust's Group and Trust financial statements (the "financial statements"):

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2019 and of the Group's income and expenditure and the Group's and Trust's cash flows for the year then ended; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

We have audited the financial statements, included within the Annual Report and Accounts (the "Annual Report"), which comprise: the Consolidated and Trust's Statement of Financial Position as at 31 March 2019; the Consolidated Statement of Comprehensive Income for the year then ended; the Consolidated and Trust's Statement of Cashflows for the year then ended; the Consolidated and Trust's Statements of Changes in Equity for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code of Audit Practice"), International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Material uncertainty relating to going concern

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosure made in note 1.2 to the financial statements concerning the Group's and the Trust's ability to continue as a going concern.

The Department of Health and Social Care Group Accounting Manual 2018/19 requires that the financial statements of the Trust should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

In reaching the decision to adopt the going concern basis of preparation, the directors have assessed the Trust's and the Group's ability to continue as a going concern for the period to June 2020. In the period up to June 2020 there continues to be a deficit that forms a future risk to the organisation.

The Trust's and the Group's financial plan indicates that there may be a potential cash shortfall of £1.6m in March 2020 unless additional funding is received from NHS Improvement. However, that funding is conditional on achieving a cost reduction programme of c.£15.2m and £2.3m of those savings have not yet been identified. As there is uncertainty as to whether the Trust will meet the conditions required to receive necessary funding, there is a possibility that the Trust will not have sufficient cash to meet its liabilities as they fall due for the entire assessed period.

These conditions, along with the other matters explained in note 1.2 to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Group's and the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Group or the Trust were unable to continue as a going concern.

What audit work we performed

Given the anticipated challenges to the financial position in 2019/20 we performed the following procedures to test management's projections and to determine that it is appropriate to prepare the Group's and Trust's financial statements on a going concern basis:

- Understood the Trust's 2018/19 financial performance and outturn against budget to assess management's forecasting ability;
- Challenged the Trust's composition of the 2019/20 budget and cash flow forecast to June 2020 through consideration of the assumptions built into the budget and assessing if they are reasonable;
- Obtained the Trust's Cost Improvement Plan for 2019/20 to assess the measures adopted by the Trust to identify efficiencies and assessed the levels of CIP's that remained unallocated;
- Inspected correspondence with all Clinical Commissioning Groups (CCG's) and where available inspected signed contracts for 2019/20 to test assumptions made by the Trust about future income; and
- Challenged the Trust's ability to deliver against its 2019/20 annual plan and stress tested the impact of the timing of cash receipt and non-payment on the Trust's forecast.

In considering the Trust's cash flow forecast we obtained the forecast monthly cash requirements and agreed a sample of inputs to supporting documentation where possible e.g. income to signed revenue contracts and capital expenditure to board approval. We performed sensitivity analysis over the cash flow forecasts to test the impact of differences between the assumptions and the outturn on the Trust's ability to meet its liabilities as they fall due.

Our audit approach

Context

Our audit for the year ended 31 March 2019 was planned and executed having regard to the fact that the Group's and Trust's operations and financial stability were largely unchanged in nature from the previous year. In light of this, our approach to the audit in terms of scoping and key audit matters was largely unchanged.

Overview

- Overall Group materiality: £5,831,000 (2018: £5,613,380) which represents 2% of total revenue.
- The audit work was conducted at the Trust's hospital site in Stockton, the University of North Tees, where the Finance function is based.
- In establishing our overall approach we assessed the risks of material misstatement and applied our professional judgement to determine the extent of testing required over each balance in the financial statements.
- Going concern
- Risk of management override of controls
- Fraud in revenue recognition
- Fraud in expenditure recognition
- Valuation of property plant and equipment

The scope of our audit

As part of designing our audit, we determined materiality and assessed the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain.

As in all of our audits we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

Key audit matters

Key audit matters are those matters that, in the auditors' professional judgement, were of most significance in the audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by the auditors, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters, and any comments we make on the results of our procedures thereon, were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to going concern, described in the 'Material uncertainty relating to going concern' section above, we determined the matters described below to be the key audit matters to be communicated in our report. This is not a complete list of all risks identified by our audit.

Key audit matter	*How our audit addressed the key audit matter*
Valuation of Property, Plant and Equipment - Trust	
We focused on this area because Property Plant and Equipment ("PPE") represents the largest balance in the Trust's statement of financial position and is an area of judgement. As at 31st March 2019 the carrying value of PPE is £124.1m of which 66% relates to land and buildings that have been to subject to revaluation in year. Land and buildings are initially measured at cost and subsequently measured at fair value. The valuations are carried out by the District Valuer using the Modern Equivalent Asset Method of valuation, which involves a range of assumptions being used. The District Valuer is an external independent valuer of the Trust who is a professionally qualified member of the Royal Institute of Chartered Surveyors. Valuations are required to be performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date. A full revaluation of the Trust's portfolio of land and buildings was undertaken during 2018/19 by the Trust's valuation experts resulting in a decrease of £2.9m. Specific areas of risk include: • The accuracy and completeness of detailed information on assets; • Whether the Trust's assumptions underlying the classification of properties are appropriate; and The valuers' methodology, assumptions and underlying data, and our access to these.	We obtained direct from the valuer and read the relevant sections of the full valuation performed by the Trust's valuers. We used our valuation experts and our knowledge of the Trust to evaluate and challenge the assumptions and methodology applied in the valuation exercise. We found the assumptions and methodology applied to be consistent and in line with our expectations. The valuation continued to be prepared net of VAT as the LLP would procure this site on behalf of the Trust. We assessed the competence and objectivity of the Trust's valuers, performing a review of the qualifications, resources, objectivity and approach in respect of their work for NHS bodies. We compared that the useful economic lives assigned to assets by the Trust agreed to the useful ecomoic lives assigned by the District Valuer. Management have also included commentaries in the financial statements outlining the basis for the valuation and represented to us that valuing on an alternative site basis, exclusive of VAT, is the most appropriate method. We have ontained management's business case for providing the Trust's services on a single site. We have compared the capacity of the single site against the current operating capacity of the current site. We checked whether the change in valuation was appropriately disclosed in the Annual Report and that the accounting treatment had been recorded appropriately in the Trust's financial statements. We physically verified a sample of assets to confirm existence and completeness and in doing so assessed if there was any indication of physical obsolescence which would indicate potential impairment. No issues were noted on our work in respect of this key audit matter.
Management override of controls - Group	
We focused on this area because there is a heightened risk that the Trust's results will be materiality misstated due to: • The incentive of management to ease pressures going forward to assist in the achievement of the 2019/20 control total due to the additional funding available; • The number of judgemental areas including valuation of property plant and equipment, accruals and accrued income; • The inherent complexities in a number of contractual arrangements entered into by the Trust; and • The timing and complexity of intra-NHS balance reconciliation process In the main we would expect a misstatement to be through the processing of journals or through bias in exercising judgement when calculating any significant estimates.	*Journals* We have used data analysis techniques to identify journals with higher risk characteristics for detailed review. Our sample of journal transactions selected, focused in particular on those with a combination of the following characteristics: • Unusual account combinations that would result in an increase in expenditure or a reduction in revenue We traced these journal entries to supporting documentation (for example invoices, cash receipt and payments) and confirmed they were recognised in the correct accounting year. *Contracts* We reconciled the income received from the CCGs to the signed contracts and traced significant contract variations to supporting documentation. We have reviewed a sample of contracts and assessed the impact of IFRS 15 on each. *Management estimates* For each sample we:

- Understood the rationale for the transaction to confirm that the asset or liability was appropriately recognised in line with the requirements of the Department of Health Group Accounting Manual 2018/19 ("DH GAM").
- Looked for indications of management bias by inspecting underlying assumptions; and
- Agreed a sample of transactions from within underlying data to source documentation.

Intra-NHS balances

We obtained the Trust's mismatch reports received from NHS Improvement (Monitor) which identified balances (debtor, creditor, income or expenditure balances) that did not match the balances disclosed by the counterparty organisation. We considered the results of the Trust's investigation into significant mismatches and agreed the results to correspondence with the counter-party. Where the mismatch remained unresolved and was greater than £300,000 we obtained supporting documentation for the values recognised by the Trust in order to confirm the reported position.

Risk of fraud in revenue and expenditure recognition – Trust

We focused on this area because there is heightened risk due to:

- The Trust being incentivised to achieve the 2019/20 control total due to the funding available on achievement;
- The inherent complexities in a number of contractual arrangements entered into by the Trust; and
- The timing and complexity of the intra-NHS balance reconciliation process.

Income

The Trust's principal source of income is from Clinical Commissioning Groups ("CCGs") and NHS England, accounting for 88% and 9% respectively of income during the year. The most significant of these are with Hartlepool and Stockton on Tees CCG and Durham, Darlington and Easington CCG (the "CCGs"). The contracts with the CCGs are renegotiated annually, with variations to the contract made for additional funding that becomes available throughout the year.

Expenditure

We focused our work on the elements of expenditure that are the most susceptible to manipulation, being operating expenses (excluding payroll costs), including non-standard journal transactions and transactions occurring around the period end to ensure these have been recorded in the correct period, considering specifically the date of service delivery to verify existence/occurrence in 2018/19.

Assertions

The Trust did not sign up to a control total for 2018/19 but have for 2019/20 where achievement would result in funding for the Trust. On this basis we have

Income

We reconciled the income received from the CCGs to the signed contracts and traced significant contract variations received in year to correspondence from the CCGs. We traced all material invoices and a sample of immaterial invoices raised to cash receipt.

We traced a sample of cash receipts to supporting documentation and to the general ledger to assess completeness of the revenue balance disclosed in the financial statements.

Intra-NHS balances

Our procedures over Intra-NHS balances are outlined above under the risk of management override of controls.

Expenditure

For a sample of transactions recognised during the year and around (both before and after) the year end, we confirmed that the expenditure had been recognised in line with the accounting policies and in the correct accounting period by agreeing the transactions, including the date of delivery of the goods or services, to the supporting invoice to ensure that the service/receipt of goods had occurred in the period in which the expense/liability was recorded.

We have performed a high level analytical review of payroll costs, as well as testing a sample of monthly payments from payroll records to bank clearance, performed a year end payroll reconciliation and tested a number of payroll controls to gain evidence over the standing data on the ESR system.

considered the risk to be that income could be deferred into 2019/20 and expenditure accelerated and recognised in 2018/19 in order to assist in the achievement of the 19/20 control total.
Our work therefore focused on the completeness and cut-off of income; and existence/occurrence of expenditure.

Other than the matters noted in the 'Material Uncertainty relating to going concern' and 'Arrangements for securing economy, efficiency, and effectiveness in the use of resources' paragraphs, we determined that there were no further key audit matters relating to the financial statements of the Group to communicate in our report.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Trust and the Group, the accounting processes and controls, and the environment in which the Group operates.

The Group includes the parent, North Tees and Hartlepool NHS Foundation Trust, the charitable funds controlled by the Trust, North Tees and Hartlepool NHS Foundation Trust General Charitable Fund, a second subsidiary, Optimus Health Limited, and a Limited Liability Partnership, North Tees and Hartlepool Solutions which are consolidated into the group accounts.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	Group financial statements	Trust financial statements
Overall materiality	£5,831,000 (2018: £5,613,380)	£5,708,040 (2018: £5,613,380)
How we determined it	2% of revenue (2018: 2% of revenue)	2% of revenue (2018: 2% of revenue)
Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.

For each component in the scope of our group audit, we allocated a materiality that is less than our overall group materiality. The range of materiality allocated across components was £7,000 to £5,708,000. Certain components were audited to a local statutory audit materiality that was also less than our overall group materiality.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £50,000 (Group audit) (2018: £50,000) and £50,000 (Trust audit) (2018: £50,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Performance Report and the Accountability Report, we also considered whether the disclosures required by the NHS Foundation Trust Annual Reporting Manual 2018/19 have been included.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) and the Code of Audit Practice require us also to report certain opinions and matters as described below.

Performance Report and Accountability Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Performance Report and Accountability Report for the year ended 31 March 2019 is consistent with the financial statements and has been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

In light of the knowledge and understanding of the Group and the Trust and their environment obtained in the course of the audit, we did not identify any material misstatements in the Performance Report or Accountability Report.

In addition, the parts of the Remuneration and Staff reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report set out on page 43, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19, and for being satisfied that they give a true and fair view. The directors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Group's and Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Group and Trust or to cease operations, or have no realistic alternative but to do so.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

We are required under Schedule 10 (1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our work in accordance with the Code of Audit Practice, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based our on risk assessment, we undertook such work as we considered necessary.

Our audit did not consider any impact that the United Kingdom's withdrawal from the European Union may have on the Trust as the terms of withdrawal are not clear, and it is difficult to evaluate all of the potential implications on the Trust's activities, patients, suppliers and the wider economy.

Use of this report

This report, including the opinions, has been prepared for and only for the Council of Governors of North Tees and Hartlepool NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report, by exception, if we conclude we are not satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Qualified opinion

Except for as set out in the basis for qualified opinion and key audit matter paragraph below, we have nothing to report as a result of this requirement.

Basis for qualified opinion and Key Audit Matter

The Trust's deficit position was £17.2m for the year ended 31 March 2019 and the Trust received notification from NHS Improvement dated 19 April 2018 stating that the Trust has been placed into segment 3 within the Single Oversight Framework. Despite the deficit position the Trust have in place a 5 year financial plan to return the Trust to financial stability progress against this plan is being monitored. For 2018/19 the Trust delivered ahead of this financial plan for 2018/19.

What audit work we performed

We performed the following procedures:

- Reviewed the outcomes of regulatory findings including the 2018 CQC inspection;
- Considered financial performance and financial sustainability by reviewing 2018/19 outturn, future budgets and achievement of cost improvement targets;
- Considered the level of agency spend in light of recent government focus in this area;
- Reviewed performance against significant contracts in year, including adherence to requirements within those contracts;
- Reviewed performance against Quality Improvement Priorities;
- Reviewed the work of Internal Audit; and
- Reviewed the Trust's risk register and assessed risks applicable to Value for Money.

As a result of these conditions, along with the other matters explained in the material uncertainty paragraph, we have included a qualified conclusion in relation to economy.

Other matters on which we report by exception

We are required to report to you if:

- the statement given by the directors on page 43, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable, and provides the information necessary for patients, regulators, and other stakeholders to assess the Group's and Trust's performance, business model, and strategy is materially inconsistent with our knowledge of the Group and Trust acquired in the course of performing our audit.
- the section of the Annual report on page 55, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.
- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 or is misleading or inconsistent with our knowledge acquired in the course of performing our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.
- we have referred a matter to Monitor under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.
- we have issued a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006.
- we have not received all the information and explanations we require for our audit.

We have no exceptions to report arising from this responsibility.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code of Audit Practice.

Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Newcastle upon Tyne
29 May 2019

7 Financial Performance 2018-19

7.1 Foreword to the accounts

These accounts, for the year ended 31 March 2019, have been prepared by North Tees and Hartlepool NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph (4) (a) of the National Health Service Act 2006; and have been audited by PricewaterhouseCoopers LLP (PWC) the Trust's external auditors.

The accounts have received an unqualified opinion that they give a true and fair view of the state of affairs of the Trust as at 31 March 2019 including its income and expenditure for the period.

This report contains the four primary financial statements:

- the statement of comprehensive income;
- the statement of financial position;
- statement of changes in equity;
- statement of cash flows.

Also included for information are the supporting notes to the accounts.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Julie Gillon
Chief Executive

29 May 2019

7.2 Financial Performance 2018-19

The challenging demands on NHS services and wider economic environment continues to impact on the Trust increasing the financial challenge it faces and which has led this year to a significant deficit position. This emphasises that under the current funding system the Trust operates in an underlying deficit position. Notwithstanding this, there remains a continuing focus on delivering high quality patient care, which has been achieved throughout the year, as demonstrated by the CQC rating the Trust as good in all categories including well-led.

The Trust complies with IFRS 10 which requires the preparation of consolidated accounts for a group of entities under the "control" of a parent. Control is defined as "the power to govern the financial and operating policies of an entity so as to obtain benefit from its activities".

The Trust has therefore consolidated the Charitable Funds and its subsidiary companies into the Group position for 2018-19.

This is the third year that the Trust has consolidated the accounts of its wholly owned subsidiary, Optimus Health Limited. This company trades as Panacea Pharmacy and offers a dispensing service for outpatients on the North Tees site, as well as retail goods to all visitors and staff. This is the second year the Trust has also consolidated North Tees and Hartlepool Solutions, a subsidiary company, established on 1 March 2018.

Analysis of Surplus/(Deficit) for the year	Group	
	2018-19	2017-18
	£000	£000
Surplus/(Deficit) from continuing operations - before consolidation of the charity	**(16,085)**	**(40,086)**
Movement in fair value of investment property and other investments	135	(11,439)
Gain losses on asset disposals	-	-
Remove capital donations/grants I&E impact	(324)	953
Surplus/(Deficit) for the financial period before impairments, revaluations and charitable funds including STF	**(16,237)**	**(27,694)**
Remove impact of STF	-	(1,187)
Surplus/(Deficit) for the financial period before impairments	**(16,237)**	**(28,881)**
The result for the financial period before impairment, revaluation and the impact of the charitable funds is one of the primary financial KPIs used by the Trust and Monitor/ (NHSI). This Non-GAAP measure has been referred to as 'Operational Deficit' in the Annual Report.		

The further consolidated group (including charity adjustments) is a deficit of £ (16.084) m. This includes an exceptional item of £ (0.135) m of asset impairments, which, along with donated asset and asset disposal adjustments, does not count against NHS Improvement control total target. This exceptional item arose because the Trust is required to report its capital assets at fair value. This is a non-cash technical adjustment and it is appropriate to show this loss in the statement of comprehensive income for the year. There are a number of other exceptional items impacting upon the 2018-19 financial position; these include Historical Balance Sheet items and settlement of Prior Year contracts. These items are identified in the table below which identifies the normalised position of the Trust (i.e. the position excluding these non-recurrent items).

Normalised Statement of Comprehensive Income (SoCI) Group Position excluding charity			
Reporting period 1 April 2018 to 31 March 2019	**Actual**	**Exceptional Items**	**Normalised Position**
	£000	**£000**	**£000**
Income	**291,109**	**1,769**	**289,340**
Pay expenditure	201,714		201,714
Non pay expenditure	92,580	1,691	90,889
Total expenditure	**294,294**		**292,603**
EBITDA	**(3,185)**		**(3,263)**
Depreciation	9,551		9,551
Interest receivable	(106)		(106)
Interest payable	687		687
PDC	2,596		2,596
Interest. Depreciation and PDC	**12,728**		**12,728**
Surplus/(Deficit) before impairments	**(15,913)**		**(15,991)**
Impairment	135	1,276	-
Surplus/(Deficit) after impairments	**(16,048)**		**(15,991)**
STF Income	-	-	-
Total Trust Surplus/(Deficit)	**(16,048)**		**(15,991)**

The Trust opted not to accept a control total from NHS Improvement at the start of the financial year, due to the significant variance from the anticipated deficit in the annual operating plan. Subsequently, the Trust was not entitled to an STF income allocation in 2018-19.

Operational pay budgets for the Directorates have remained under pressure with recourse to locum and agency staff to meet the demand for services. For the second successive year, the Trust has made substantial progress in reducing Locum and Agency Costs. Agency and Bank spend was cumulatively £1.4m reduced compared to equivalent spend in 2017-18.

The significant Efficiency Savings (£11.9m) Programme was met.

The table below summarises the financial performance 2018-19 and 2017-18.

Income and expenditure Summary as at 31 March 2019 (including consolidation of Charity)		Group
	2018-19	**2017-18**
	£000	**£000**
Operating income from patient care activities	269,495	257,440
Other operating income	22,057	22,771
Operating expenses	(304,169)	(315,914)
Operating surplus(deficit) from continuing operations	**(12,617)**	**(35,703)**
Finance income	148	93
Finance expenses	(687)	(334)
PDC dividends payable	(2,596)	(4,401)
Net finance costs	**(3,135)**	**(4,642)**
Other gains/(losses)	(332)	(75)
Surplus/(deficit) for the year	**(16,084)**	**(40,420)**
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	-	(7,302)
Revaluations	1,205	6,706
Other reserve movements	-	-
May be reclassified to income and expenditure when certain conditions are met:		
Fair value gains/(losses) on available-for-sale financial investments	98	39
Total comprehensive income/(expense) for the period	**(14,781)**	**(40,977)**
Surplus/(deficit) for the period attributable to:		
North Tees and Hartlepool NHS Foundation Trust	(16,084)	(40,420)
Total	**(16,084)**	**(40,420)**
Total comprehensive income/(expense) for the period attributable to:		
North Tees and Hartlepool NHS Foundation Trust	(14,781)	(40,977)
Total	**(14,781)**	**(40,977)**

Table 1 – Financial Performance against Plan 2018-19

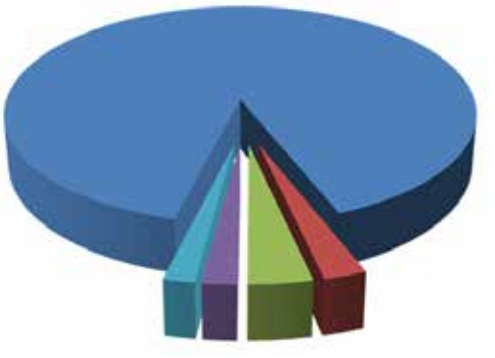
	Plan	Actual	Variance
Closing Cash Balance (Excluding Charitable Funds)	£2.003m	£12.754m	£10.751m
Delivery of Cost Efficiencies - Recurring & Non Recurring	£6.933m	£6.933m	-

7.3 Income and contract performance

Income in 2018-19 totalled £291.552m. The majority of the Group's income (£262.331m, 90%) was derived from Clinical Commissioning Groups (CCGs) and NHS England in relation to healthcare services provided to patients during the year. Other operating income relates to services provided to other Trusts, including training and education and miscellaneous fees and charges.

A summary of total income is provided in table 2 and the chart below:

Table 2 – Analysis of Sources of Operating Income 1 April 2018 to 31 March 2019

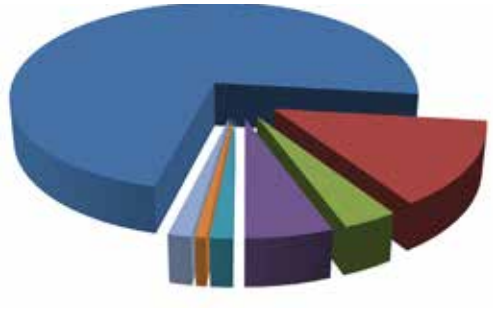


Operating Income	£m's	%
CCGs and NHS England	262.331	90%
Other Patient Care Income	7.164	2%
Education, Training and R&D	10.763	4%
Non-patient Care Services to Other Bodies	5.666	2%
Other	5.628	2%
Total Operating Income	291.552	100%

Services provided to the patients of Hartlepool and Stockton CCG accounted for 73% of total income received from Clinical Commissioning Groups.

A summary of income from Clinical Commissioning Groups and NHS England is provided in table 3 and the chart below:

Table 3 – Analysis of Income from Clinical Commissioning Groups and NHS England 1 April 2018 to 31 March 2019

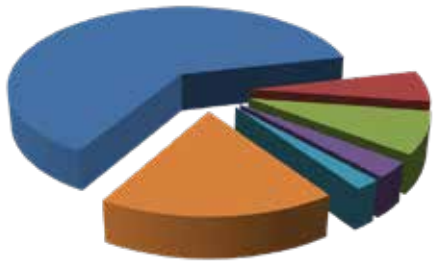


CCGs and NHS England	£m's	%
NHS Hartlepool & Stockton-on-Tees CCG	190.931	73%
NHS Durham, Dales, Easington & Sedgefield CCG	36.699	14%
Cumbria, Northumberland, Tyne and Wear Area Team	9.465	4%
North East Commissioning Hub	15.327	6%
NHS South Tees CCG	3.996	2%
NHS Darlington CCG	1.883	1%
Other CCGs and NHS England	4.030	2%
Total CCGs and NHS England Income	262.331	100%

Expenditure

An analysis of the Group's operating expenditure is presented in table 4 and the chart below:

Table 4 – Analysis of Operating Expenses 1 April 2018 to 31 March 2019

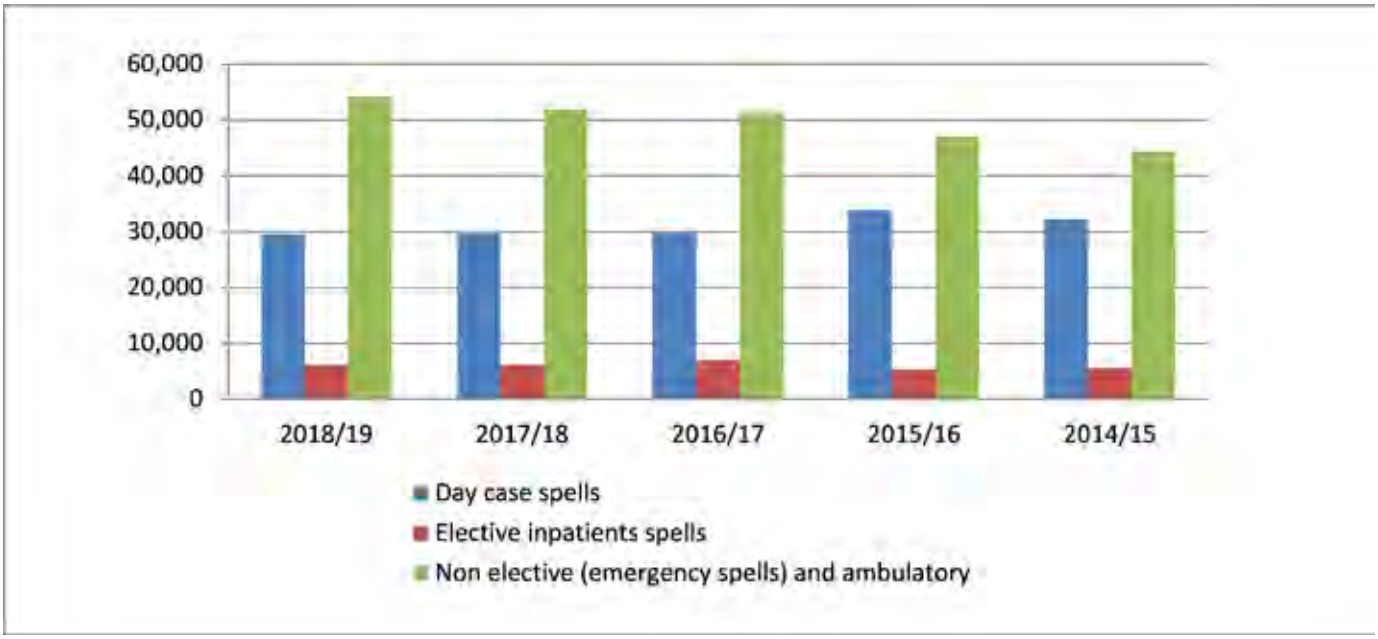


Operating Expenses	£m's	%
Employee Expenses	201.714	66%
Drugs Costs	20.049	7%
Supplies and services - clinical (excluding drug costs)	23.693	8%
Supplies and services - general	4.594	2%
Services from NHS Organisations	4.243	1%
Other Costs	49.876	15%
Total Operating Expenses	304.169	100%

Tables 5 and 6 below show the Trust's activity profile over current and previous years. The key highlights to note are as follows:

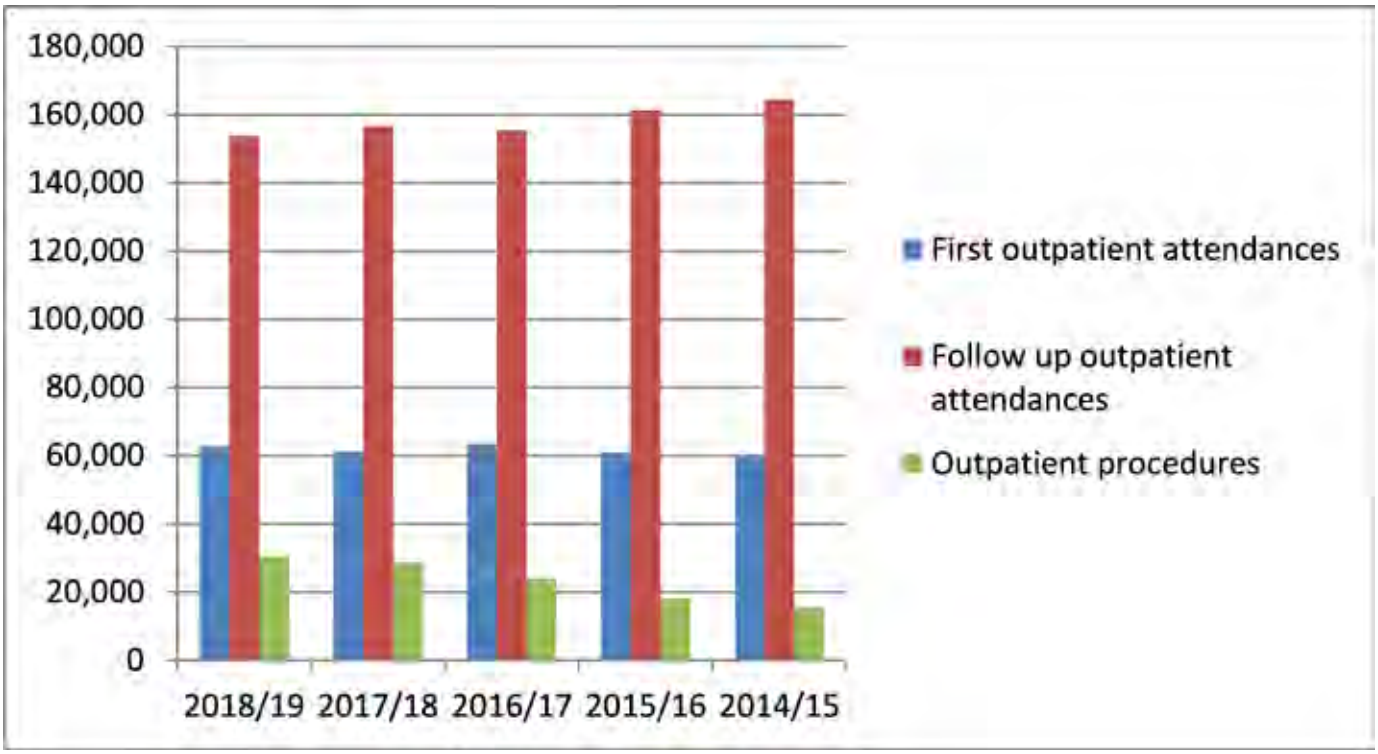
- Elective performance shows an increase of 56 (+1%) spells compared to 2017-18;
- Non-elective performance shows an increase of 2,278 (+4.4%) spells;
- First outpatient attendances have decreased by 1,142 (+1.9%);
- Follow-up attendances have increased by 1,719 (+1.1%); and
- Outpatient procedures have increased by 1,729 (+6%).

Table 5 – Analysis of the financial components of the 2018-19; 2017-18; 2016-17; 2015-16; and 2014-15 Contract Activity



Analysis of Activity	2018-19	2017-18	2016-17	2015-16	2014 15
Day Case Spells	29,490	29,671	29,747	33,839	32,267
Elective Inpatient Spells	6,123	6,099	7,038	5,318	5,506
Non Elective (Emergency Spells) and Ambulatory	54,172	51,907	51,317	47,069	44,288

Table 6 – Analysis of the 2018-19; 2017-18; 2016-17; 2015-16; and 2014-15 Contract Outpatient Activity



Analysis of Activity	2018-19	2017-18	2016-17	2015-16	2014 15
First Outpatient Attendances	62,840	61,204	63,330	61,004	60,091
Follow-up Outpatient Attendances	153,672	156,632	155,484	161,277	164,475
Outpatient Procedures	30,522	28,794	23,957	18,098	15,482

7.4 Capital Investment

The Trust invested £17,435m in the following areas during 2018-19:

- Medical Equipment – £2.832m
- ICT schemes – £3.220m
- GDEFF - £0.555m
- Service developments and transformation – £0.148m
- Estates and backlog maintenance schemes – £0.907m
- Estates Infrastructure and Energy Centre scheme – £9.481m
- Donated Assets from Charitable Funds – £0.291m

7.5 Financial Outlook for 2019-20

Financial Overview

The Trust financial plan aims to improve its financial position from the out-turn position, reducing its operational deficit to £(10.2)m without negatively impacting on patient safety or the quality of care that patients receive. The financial plan supports the longer term strategic direction of the Trust as it focuses on the Clinical Services Strategy over the next five years. Achievement of the annual operating plan would subsequently allow the Trust to access non-recurrent funding of £10.2m, in order to achieve a break-even financial position in 2019-20.

The planned deficit is predicated on delivering an internal c£9.2m cost improvement target, with an additional c£6.0m system related efficiencies required.

The Board of Directors recognises the need to balance the requirement for maintaining high quality and safe care against delivering efficiency savings. The ability to continually deliver efficiencies which reduce costs over the next year and into the future will continue to be extremely challenging.

Financial Outlook

In recent years the NHS has been under significant financial constraint and pressure to deliver financial balance. In June 2018, the government announced a new and more generous five-year funding settlement for the NHS with an extra £5bn being added to the NHS budget for 2019-20 – a rise of 3.6% in real terms. Over the full five-year period this equates to a 3.4% real terms increase. A key component of the funding settlement is a renewed expectation that the NHS becomes financially sustainable.

The NHS long term plan, which was published in January 2019, sets out a recovery timetable with an aspiration to halve the number of trusts in deficit in 2019-20 with the provider sector as a whole being returning to financial balance by the end of 2020-21. This financial recovery could be considered a key test of whether the NHS is delivering for the extra NHS investment. Current NHS financial performance is likely to be an important factor in decision making given the proposed spending review, when important decisions on NHS capital and workforce funding and social care will be made.

A number of significant changes have been made to NHS finances from 2019-20 to support the overarching goal of financial recovery and it is expected that the new funding settlement, combined with these changes, will result in a significantly more realistic financial task for Trusts in 2019-20.

The regime of Trust control totals and allocating funding through the Provider Sustainability Fund (PSF) remain in place for 2019-20, and is dependent on achieving financial and performance (A&E) milestones.

Similar to previous years the Trust has been set a control total for 2019-20. The control total requires the Trust to achieve a deficit of £10.2m (excluding charitable and exceptional items), which if achieved, would enable the Trust to access £10.2m of Sustainability and Transformation Funding (STF), Marginal Rate Emergency Threshold (MRET) and Financial Recovery Fund (FRF) leading to an overall breakeven position. Given the Trusts improving financial position the Trust has agreed to the control total and will receive both PSF and FRF funding subject to achievement of financial and performance milestones.

The day-to-day operations of the Trust are funded from agreed contracts with NHS commissioners. The uncertainty and financial risk in the current economic climate has been mitigated by agreeing contracts with clinical commissioning groups and NHS England and these payments provide a reliable stream of funding reducing the organisation's exposure to liquidity and financing problems. In addition, the Trust in conjunction with its lead Clinical Commissioning Group is committed to minimising the overall system deficit and has agreed an innovative risk share contract arrangement for 2019-20. The Trust has also agreed to work on a system wide recovery with the shared aim of reducing costs to the NHS as a whole. The overarching objective is to continue to deliver high quality, safe and caring services to its patients.

In recognition of the challenges the Trust faces, which is similar to the majority of Trusts, it has set a realistic and stretching efficiency target of £15.2m in 2019-20 which will still leave the Trust with an underlying deficit position. The

efficiency target for 2019-20 which is approximately 5% of the Trusts turnover is broadly split into a £9.2m internal cost improvement plan and a £6m system efficiency challenge. With a view to addressing these challenges the Trust, with support from NHS Improvement, commenced a Delivering Productivity Programme (DPP) using NHS Improvement's Model Hospital Opportunities Scanner which identifies potential areas for efficiency and savings from peer benchmarked data.

In order to continue to deliver efficient, cost effective services to the population it serves, the Trust will work closely with all partners in tackling the Trusts underlying deficit through the development of robust Integrated Care Plans, which will ensure a system wide approach to future service delivery.

In light of the Trusts plan to achieve financial balance going forward and the continuing recovery planning process, it is anticipated that the Trust will require no revenue support loans to support working capital requirements.

The Trust will play a key part in the Sustainability and Transformation Partnerships (Integrated Care Systems) and acute care reconfiguration, which is a priority for Tees Valley acute providers with the support of NHS Improvement and NHS England. This will address clinical and financial sustainability for the longer term.

The Trust has strengthened its management and governance arrangements; Executive Directors work closely with Clinical Directors, Senior Clinicians and Senior Managers in order to build capacity to enable clearer lines of accountability for not only financial performance but quality, safety and operational. Senior clinical leaders are in place throughout each directorate, who are responsible for driving improvements, supported by highly skilled and competent staff within the Corporate and Support Service functions.

The leadership of the Trust is undertaking all necessary improvements at an accelerated pace to improve the financial position and continue to strengthen financial governance. It embraces the well-led principles and following a planned well-led inspection in December 2017, was rated as 'Good' by the Care Quality Commission. To support governance arrangements, gain external assurance and look for continuous improvements, the Trust has plans in 2019-20 in relation to an external review of compliance with the well-led framework for NHS Trusts published by NHS Improvement and the Care Quality Commission.

During the financial year, the Trust has developed and agreed a 5-year strategy with NHS Improvement which addresses the Trusts underlying financial deficit and returns the Trust to financial balance.

Capital Planning

Significant capital investment will be required on the North Tees site in the next 5 years and the 2019-20 capital programme reflects this position. The capital plan for 2019-20 includes PDC funding drawdown and carry forward external funding of £5.973m and internal funding of £8.554m. The main element of PDC funding within 2019-20 relates to Global Digital Exemplar Fast Follower (GDEFF) funding (£5m has been secured between the years of 2017-18 and 2019-20).

In total the capital programme is funded to the value of £14.527m in 2019-20 with the Trust continuing to invest in equipment replacement plans to ensure patients receive high quality care. The capital allocations are categorised into the following main areas of work:

	2019-20
	£m
Estates Backlog	3.68
Medical Equipment and Service Developments (including Donated)	2.70
ICT & Electronic Patient Record & GDEFF	7.22
Investment in New Build (Energy Centre)	0.92
Total	**14.52**

7.6 Summary

In setting the financial plan for 2019-20 the Board of Directors recognised the need to maintain high quality and safe care and deliver financial balance. The efficiency target of c. £15.2m set within the plan is challenging and the Trust will continue to build on work to address unwarranted variation arising from analysis of the model hospital data.

The Trust will continue to deliver a capital programme that will result in a significant upgrade to the site infrastructure and an ambitious technology programme which will ultimately drive future efficiencies and improve both patient safety and the delivery of patient care. This will complement the development of the Sustainability and Transformation Plan that is being developed across the wider health and social care economy.

7.7 Key Performance Targets

The Trust will meet a number of targets, as set out by NHS Improvement and detailed in the Single Oversight framework.

Regulatory Ratings

A number of key financial measures are translated into the Use of Resources (UOR) rating, which are reviewed on a monthly basis, based on the Trust's actual performance. The risk rating represents NHS Improvement's assessment of how likely the organisation is in relation to breaching its operating licence. There are five elements: liquidity, capital servicing capacity, agency spend, income and expenditure margin and variance from plan in relation to the income and expenditure margin. The Trust aims to improve performance against the UOR rating in 2019-20.

7.8 Annual Accounts 2018-19 including Financial Statements and Notes

Statement of Comprehensive Income (for the year ended 31 March 2019)		Group	
		2018-19	**2017-18**
	Note	**£000**	**£000**
Operating income from patient care activities	3	269,495	257,440
Other operating income	4	22,057	22,771
Operating expenses	6, 8	(304,169)	(315,914)
Operating deficit from continuing operations		**(12,617)**	**(35,703)**
Finance income	11	148	93
Finance expenses	12	(687)	(334)
PDC dividends payable		(2,596)	(4,401)
Net finance costs		**(3,135)**	**(4,642)**
Other losses	13	(332)	(75)
Deficit for the year from continuing operations		**(16,084)**	**(40,420)**
Surplus/(deficit) on discontinued operations and the gain/(loss) on disposal of discontinued operations		0	0
Deficit for the year		**(16,084)**	**(40,420)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	0	(7,302)
Revaluations	20	1,205	6,706
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains on financial assets mandated at fair value through OCI	21	98	39
Total comprehensive expense for the year		**(14,781)**	**(40,977)**
Surplus/(deficit) for the year attributable to:			
non-controlling interest, and		0	0
North Tees and Hartlepool NHS Foundation Trust		(16,084)	(40,420)
TOTAL		**(16,084)**	**(40,420)**
Total comprehensive expense for the year attributable to:			
Non-controlling interest, and		0	0
North Tees and Hartlepool NHS Foundation Trust		(14,781)	(40,977)
TOTAL		**(14,781)**	**(40,977)**
Adjusted financial performance (control total basis):			
Deficit for the year		(16,084)	(40,420)
Remove impact of consolidating NHS charitable fund		36	335
Remove net impairments not scoring to the Departmental expenditure limit		135	11,439
Remove I&E impact of capital grants and donations		(324)	953
Adjusted financial performance surplus / (deficit)		**(16,237)**	**(27,693)**

Statement of Financial Position		Group		Trust	
		31 March 2019	31 March 2018	31 March 2019	31 March 2018
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	15 & 16	22	36	15	36
Property, plant and equipment	17 & 18	124,062	115,420	124,062	115,420
Other investments/financial assets	21	1,155	1,257	0	0
Receivables	25	1,050	1,488	32,352	2,446
Total non-current assets		**126,289**	**118,201**	**156,429**	**117,902**
Current assets					
Inventories	24	5,728	5,236	5,548	5,120
Receivables	25	11,794	21,120	15,093	38,723
Cash and cash equivalents	27	12,948	12,229	12,605	11,973
Total current assets		**30,470**	**38,585**	**33,246**	**55,816**
Current liabilities					
Trade and other payables	28	(34,702)	(38,386)	(53,486)	(56,483)
Borrowings	30	(1,292)	(429)	(1,292)	(429)
Provisions	32	(1,751)	(278)	(1,752)	(278)
Other liabilities	29	(527)	(2,138)	(527)	(2,123)
Total current liabilities		**(38,272)**	**(41,231)**	**(57,057)**	**(59,313)**
Total assets less current liabilities		**118,487**	**115,554**	**132,618**	**114,404**
Non-current liabilities					
Trade and other payables	28	0	0	0	0
Borrowings	30	(23,445)	(12,033)	(23,445)	(12,033)
Other financial liabilities	31	0	0	(15,152)	0
Provisions	32	(1,344)	(1,214)	(1,344)	(1,214)
Other liabilities	29	(1,754)	(1,054)	(1,754)	(842)
Total non-current liabilities		**(26,543)**	**(14,301)**	**(41,695)**	**(14,089)**
Total assets employed		**91,944**	**101,252**	**90,923**	**100,315**
Financed by					
Public dividend capital		138,639	133,166	138,639	133,166
Revaluation reserve		2,388	1,183	2,388	1,183
Income and expenditure reserve		(50,407)	(34,359)	(50,104)	(34,034)
Charitable fund reserves	23	1,324	1,262	0	0
Total taxpayers' equity		**91,944**	**101,252**	**90,923**	**100,315**

The notes on pages 267 to 305 form part of these accounts.

Julie Gillon
Chief Executive

29 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

Group	Public dividend capital	Revaluation Reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**133,166**	**1,183**	**(34,359)**	**1,262**	**101,252**
Surplus/(deficit) for the year	0	0	(16,048)	(36)	**(16,084)**
Revaluations	0	1,205	0	0	**1,205**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	0	0	0	98	**98**
Public dividend capital received	5,633	0	0	0	**5,633**
Public dividend capital repaid	(160)	0	0	0	**(160)**
Taxpayers' and others' equity at 31 March 2019	**138,639**	**2,388**	**(50,407)**	**1,324**	**91,944**

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2018

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**130,906**	**1,779**	**5,726**	**1,558**	**139,969**
Prior year adjustment	0	0	0	0	**0**
Taxpayers' and others' equity at 1 April 2017 - restated	**130,906**	**1,779**	**5,726**	**1,558**	**139,969**
Surplus/(deficit) for the year	0	0	(40,086)	(336)	**(40,421)**
Impairments	0	(7,302)	0	0	**(7,302)**
Revaluations	0	6,706	0	0	**6,706**
Fair value gains/(losses) on available-for- sale financial investments	0	0	0	39	**39**
Public dividend capital received	2,260	0	0	0	**2,260**
Taxpayers' and others' equity at 31 March 2018	**133,166**	**1,183**	**(34,359)**	**1,262**	**101,252**

Statement of Changes in Equity for the year ended 31 March 2019

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**133,166**	**1,183**	**(34,034)**	**100,315**
Deficit for the year	0	0	(16,070)	**(16,070)**
Revaluations	0	1,205	0	**1,205**
Public dividend capital received	5,633	0	0	**5,633**
Public dividend capital repaid	(160)	0	0	**(160)**
Taxpayers' and others' equity at 31 March 2019	**138,639**	**2,388**	**(50,104)**	**90,923**

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2018

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	**£000**	**£000**	**£000**
Taxpayers' and others' equity at 1 April 2017- brought forward	**130,906**	**1,779**	**6,001**	**138,686**
Prior year adjustment	0	0	0	**0**
Taxpayers' and others' equity at 1 April 2017 – restated	**130,906**	**1,779**	**6,001**	**138,686**
Deficit for the year	0	0	(40,035)	**(40,035)**
Impairments	0	(7,302)	0	**(7,302)**
Revaluations	0	6,706	0	**6,706**
Public dividend capital repaid	2,260	0	0	**2,260**
Taxpayers' and others' equity at 31 March 2018	**133,166**	**1,183**	**(34,034)**	**100,315**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve/Available-for-sale investment reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 27.

Statement of Cash Flows for the year ended 31 March 2019

		Group		Trust	
		2018-19	2017-18	2018-19	2017-18
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus/(deficit)		(12,617)	(35,703)	(13,812)	(35,270)
Non-cash income and expense:					
Depreciation and amortisation	6.1	9,551	8,469	9,551	8,469
Net impairments	7	135	11,439	135	11,439
Income recognised in respect of capital donations	4	(324)	953	(324)	953
Decrease/(Increase) in receivables and other assets		10,124	2,035	(5,899)	(15,074)
(Increase)/decrease in inventories		(492)	3,162	(428)	3,176
(Decrease)/increase in payables and other liabilities		(3,427)	9,590	12,577	26,100
Increase in provisions		1,583	33	1,604	52
Movements in charitable fund working capital		147	424	0	0
Other movements in operating cash flows		43	(1,083)	359	(18)
Net cash flows generated from/(used in) operating activities		**4,723**	**(681)**	**3,763**	**(173)**
Cash flows from investing activities					
Interest received		106	44	980	44
Purchase of PPE and investment property		(18,296)	(13,471)	(18,296)	(14,091)
Sales of PPE and investment property		0	17	0	17
Receipt of cash donations to purchase assets		291	207	291	207
Net cash flows from charitable fund investing activities		42	49	0	0
Net cash used in investing activities		**(17,857)**	**(13,154)**	**(17,025)**	**(13,823)**
Cash flows from financing activities					
Public dividend capital received		5,633	2,260	5,633	2,260
Public dividend capital repaid		(160)	0	(160)	0
Movement on loans from DHSC		12,232	8,300	12,274	8,300
Capital element of PFI, LIFT and other service concession payments		(39)	(161)	(39)	(161)
Interest on loans		(651)	(199)	(651)	0
Interest paid on finance lease liabilities		0	0	0	(112)
Interest paid on PFI, LIFT and other service concession obligations		(36)	(112)	(36)	(199)
PDC dividend paid		(3,126)	(4,401)	(3,126)	(4,401)
Cash flows used in other financing activities		0	0	0	0
Net cash flows generated from/(used in) financing activities		**13,853**	**5,687**	**(13,895)**	**5,687**
Increase/(decrease) in cash and cash equivalents		**719**	**(8,148)**	**632**	**(8,309)**
Cash and cash equivalents at 1 April - brought forward		**12,229**	**20,377**	**11,973**	**20,282**
Prior period adjustments		0	0	0	0
Cash and cash equivalents at 1 April - restated		**12,229**	**20,377**	**11,973**	**20,282**
Cash and cash equivalents at start of year for new FTs		**0**	**0**	**0**	**0**
Cash and cash equivalents transferred under absorption accounting		0	0	0	0
Unrealised gains / (losses) on foreign exchange		0	0	0	0
Cash transferred to NHS foundation trust upon authorisation as FT		0	0	0	0
Cash and cash equivalents at 31 March	**27**	**12,948**	**12,229**	**12,605**	**11,973**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the accounts of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following accounts have been prepared in accordance with the GAM 2018-19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

The Department of Health and Social Care Group Accounting Manual 2018-19 requires that the financial statements of the Trust should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

In reaching the decision to adopt the going concern basis of preparation, the directors have assessed the Trust's and the Group's ability to continue as a going concern for the period to June 2020. In the short to medium term there continues to be a deficit that forms a future risk to the organisation.

The Trust's and the Group's financial plan indicates that there may be a potential cash shortfall of £1.6m in March 2020 unless additional funding is received from NHS Improvement. However, that funding is conditional on achieving a cost reduction programme of c.£15.2m and £2.3m of those savings have not yet been identified. As there is uncertainty as to whether the Trust will meet the conditions required to receive necessary funding, there is a possibility that the Trust will not have sufficient cash to meet its liabilities as they fall due for the entire assessed period.

These circumstances indicate the existence of a material uncertainty which may cast significant doubt about the Group's and the Trust's ability to continue as a going concern.

However, it is the opinion of the directors, that the Trust and Group will continue as a going concern and therefore the 2018-19 accounts have been prepared on this basis. The directors are aware of the unidentified cost improvements of £2.3 million and are comfortable that the Trust has the processes in place to identify and validate these efficiency plans. These are subject to assurance procedures to ensure patient safety and service quality is maintained. The cash position of the organisation is the most critical element in terms of going concern and in terms of being able to meet its current liabilities over the next twelve month period from June 2019. The Trust has a comprehensive cash management process in place with weekly cash flow forecasting. The Trust has also reviewed the process for applying for Planned Term Support should the need arise over the course of the financial year, although it does not intend to utilise this support, nor anticipates the need to do so. In the event, the Trust requires short term funding there is an agreed working capital facility in place for 2019-20 to ensure payment obligations will be met.

Note 1.3 Consolidation

North Tees and Hartlepool NHS Foundation Trust General Charitable Fund
The Trust is the corporate trustee to North Tees and Hartlepool NHS Foundation Trust General Charitable Fund. The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with

the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Optimus Health Limited and North Tees and Hartlepool Solutions LLP
Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The Trust has two such subsidiaries - Optimus Health Limited and North Tees and Hartlepool Solutions LLP. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The LLP will publish its first set of accounts which will cover a 13 month trading year of which 12 months are captured in the Group position for this financial year.

The amounts consolidated are drawn from the published accounts of the subsidiaries for the 12 month year to 31 March 2019 for Optimus Health Limited and for North Tees and Hartlepool Solutions LLP.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and 'fair value less costs to sell.'

Note 1.4 Income

Note 1.4.1 revenue from contracts with customers
Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018-19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future year, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the year in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the year is recognised in the accounts to the extent that employees are permitted to carry-forward leave into the following year.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme
Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme

liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5k, or
- collectively, a number of items have a cost of at least £5k and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting year. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the year in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income.'

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.7.6 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Land	999	999
Buildings, excluding dwellings	18	88
Dwellings	91	91
Plant & machinery	1	25
Transport equipment	7	15
Information technology	1	10
Furniture & fittings	5	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Software licences	7	7

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial asets and financial liabilities

Note 1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

The Trust has irrevocably elected to measure the following financial assets / financial liabilities at fair value through income and expenditure:

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise: Cash at bank and in hand, NHS receivables, accrued income and 'other receivables.'

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter year, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities
All 'other' financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter year, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the statement of financial position.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For all Non NHS debtors:

- 100% expected credit losses is assumed on all invoices over 12 months old.
- 50% expected credit losses is assumed on average for invoices between 6 months and 12 months.
- 56% expected credit losses is assumed on average for invoices between 3 months and 6 months (this has been applied to specific invoices based on correspondence with debtors).
- 3% expected credit losses is assumed on average for invoices between 0 months and 3 months

For NHS, expected credit losses have only been assumed on specific disputed invoices

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.11.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.12.1 The Trust as lessee

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the year in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.12.2 The Trust as lessor

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 38.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 39 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 39, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Corporation tax

Foundation Trusts are exempt from corporation tax on their principal healthcare income streams under section 519A Income and Corporation Taxes Act 1988. In determining whether other income may be taxable, a three-stage test must be employed which asks whether the activity is an authorised activity related to the provision of core healthcare, whether the activity is actually or potentially in competition with the private sector, and whether the annual profits of the activity are in excess of £50,000 per trading activity. The Trust has assessed its car parking and catering income against this criteria and does not have any corporation tax liability in the current or prior year.

Optimus Health Limited has carried out its own tax computation and no corporation tax is payable on its trading year. The Foundation Trust has assessed that no tax liability arises from North Tees and Hartlepool Solutions LLP.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the accounts:

a) Going Concern. see note 1.2. There is assumptions within the financial plan for 2019-20 in relation to CIP delivery and associated conditional funding from NHS Improvement.

b) Material provision for redundancy £1.3m
A redundancy provision has been included within the accounts for 2018-19. This relates to the certain cessation of the provision of some services by the Trust in 2019-20 and the restructuring of the Trusts management structures. In both instances, potential costs arise from decisions made and communicated in 2018-19. Estimations have been made on the exact value of these liabilities, however the Trust expects both of these events to occur with certainty at the time the accounts were prepared.

c) MEA land and buildings valuation
This is referenced in note 20.

Note 1.22 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Trade receivables mainly consist of transactions with commissioners under contractual terms that require settlement of obligation within a time frame established generally by the Department of Health. The amounts included within accrued income reflect the best estimate of amounts due in respect of performance against contracts with commissioners which have yet to be agreed. Accrued income is based upon the performance data held by the Trust. The Trust has assessed assumptions in arriving at expected revenues from healthcare contracts relatng to 2018-19 or earlier where these contracts are not yet settled. These risks specifically relate to contract challenges relating to coding and counting and value based commissioning. The Trust continues to pursue recovery but has judged these revenues sufficiently uncertain to derecognise revenues associated them.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018-19.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

There are no standards, amendments and interpretations in issue but not yet effective or adopted and there are no early adoptions. The DHSC GAM does not require IFRS 16 and Interpretation to be applied in 2018-19. This standard is still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21.

The new leases standard IFRS 16 may see a number of operating leases currently included within note 10 operating lease expenses being included in the statement of financial position. As this change is expected from 2020-21 detailed work has not yet been undertaken to quantify the impact. There will be no significant impact from the other standards.

Note 2 Operating Segments

The Board of Directors act as the Chief Operating Decision Maker for the Foundation Trust and the monthly financial position of the Foundation Trust is presented/reported to them as a single segment.

The Trust conducts the majority of its business with Health Bodies in England. Transactions with entities in Scotland , Ireland and Wales are conducted in the same manner as those within England.

Organisations which contribute 5% or more of the Trust's income in either year are set out in the table below. Further information can be found in note 47, Related Party transactions.

	2018-19	2017-18
Hartlepool and Stockton-On-Tees Clinical Commissioning Group	66%	64%
Durham Dales, Easington and Sedgefield Clinical Commissioning Group	12%	12%
Cumbria, Northumberland, Tyne and Wear Area Team	4%	3%
North East Commissioning Hub	5%	5%

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)

	2018-19	2017-18
	£000	£000
Acute services		
Elective income	33,407	32,865
Non elective income	92,743	87,476
First outpatient income	13,868	13,361
Follow up outpatient income	13,195	13,203
A&E income	13,955	12,577
High cost drugs income from commissioners	13,686	0
Other NHS clinical income	51,855	59,565
Community services		
Community services income from CCGs and NHS England	32,710	33,410
Income from other sources (e.g. local authorities)	564	4,983
All services		
Private patient income	0	0
Agenda for Change pay award central funding	3,512	0
Other clinical income	0	0
Total income from activities	**269,495**	**257,440**

Note 3.2 Income from patient care activities (by source)

	2018-19	2017 18
Income from patient care activities received from:	**£000**	**£000**
NHS England	25,049	25,998
Clinical commissioning groups	237,282	223,476
Department of Health and Social Care	3,512	0
Other NHS providers	645	649
NHS other	284	277
Local authorities	828	5,334
Non-NHS: private patients	167	113
Non-NHS: overseas patients (chargeable to patient)	139	93
NHS injury cost recovery scheme	735	713
Non NHS: other	854	787
Total income from activities	**269,495**	**257,440**
Of which:		
Related to continuing operations	269,495	257,440
Related to discontinued operations	0	0

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018-19	2017-18
	£000	**£000**
Income recognised this year	139	93
Cash payments received in-year	97	33
Amounts added to provision for impairment of receivables	268	199
Amounts written off in-year	0	0

Note 4 Other operating income (Group)

	2018-19	2017-18
Other operating income from contracts with customers:	**£000**	**£000**
Research and development (contract)	1,233	992
Education and training (excluding apprenticeship levy income)	9,530	8,767
Non-patient care services to other bodies	5,666	2,402
Provider sustainability/sustainability and transformation fund income (PSF / STF)	0	1,187
Income in respect of employee benefits accounted on a gross basis	0	0
Other contract income	4,362	9,689
Other non-contract operating income:		
Research and development (non-contract)	0	0
Education and training - notional income from apprenticeship fund	0	0
Receipt of capital grants and donations	324	(953)
Charitable and other contributions to expenditure	0	0
Support from the Department of Health and Social Care for mergers	0	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	499	458
Amortisation of PFI deferred income / credits	0	0
Charitable fund incoming resources	443	229
Other non-contract income	0	0
Total other operating income	**22,057**	**22,771**
Of which:		
Related to continuing operations	22,057	22,771
Related to discontinued operations	0	0

Other income includes revenue from car parking , catering, and the Quality Control Lab..

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the year

	2018-19
	£000
Revenue recognised in the reporting year that was included in within contract liabilities at the previous year end	2,138
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous years	0

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2019
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	**£000**
within one year-	0
after one year, not later than five years	0
after five years	0
Total revenue allocated to remainig performance obligations	**0**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018-19	2017-18
	£000	£000
Income from services designated as commissioner requested services	258,417	245,835
Income from services not designated as commissioner requested services	33,135	34,376
Total	**291,553**	**280,211**

Note 6.1 Operating expenses (Group)

	2018-19	2017-18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,932	3,784
Purchase of healthcare from non-NHS and non-DHSC bodies	311	1,020
Purchase of social care	0	6
Staff and executive directors costs	201,794	201,136
Remuneration of Non-Executive directors	84	138
Supplies and services - clinical (excluding drugs costs)	23,693	25,123
Supplies and services - general	4,594	8,260
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	20,049	20,383
Inventories written down	125	1,710
Consultancy costs	546	675
Establishment	4,522	5,253
Premises	16,639	13,774
Transport (including patient travel)	395	274
Depreciation on property, plant and equipment	9,530	8,430
Amortisation on intangible assets	21	39
Net impairments	135	11,439
Movement in credit loss allowance: contract receivables/contract assets	(1,199)	0
Decrease in provision for impairment of receivables	3,973	(53)
Increase in other provisions	1,551	59
Change in provisions discount rate(s)	237	0
Audit fees payable to the external auditor		
audit services- statutory audit	67	97
other auditor remuneration (external auditor only)	13	0
Internal audit costs	256	0
Clinical negligence	9,852	10,888
Legal fees	226	369
Insurance	348	208
Research and development	14	0
Education and training	674	654
Rentals under operating leases	1,285	1,216
Early retirements	0	0
Redundancy	0	174
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI/LIFT)	57	307
Charges to operating expenditure for off-SoFP PFI/LIFT schemes	0	0
Car parking & security	21	30
Hospitality	0	0
Losses, ex gratia & special payments	0	6
Grossing up consortium arrangements	0	0
Other services, e.g. external payroll	0	0
Other NHS charitable fund resources expended	437	428
Other	(13)	88
Total	**304,169**	**315,9145**
Of which:		
Related to continuing operations	304,169	315,915
Related to discontinued operations	0	0

Note 6.2 Other auditors remuneration (Group)

	2018-19	2017-18
Other auditor remuneration paid to the external auditor:	**£000**	**£000**
1. Audit of accounts of any associate of the Trust	0	0
2. Audit-related assurance services	13	0
3. Taxation compliance services	0	0
4. All taxation advisory services not falling within item 3 above	0	0
5. Internal audit services	0	0
6. All assurance services not falling within items 1 to 5	0	0
7. Corporate finance transaction services not falling within items 1 to 6 above	0	0
8. Other not-audit services not falling within items 2 to 7 above	0	0
Total	**13**	**0**

Note 6.3 Limitation on auditors' liability (Group)

The limitation on auditors' liability for external audit work is £1m (2017-18: £1m).

Note 7 Impairment of assets (Group)

	2018-19	2017-18
	£000	**£000**
Net impairments charged to operating surplus/deficit resulting from:		
Changes in market price	135	10,048
Other	0	1,391
Total net impairments charged to operating surplus/deficit	**135**	**11,439**
Impairments charged to the revaluation reserve	0	7,302
Total net impairments	**135**	**18,741**

Changes in market price £1.3m relate to MEA valuation for March 2019 and corresponding decreases in individual building valuations. A number of individual building assets increased as a result of the MEA valuation at March 2019 and the revaluation reserve has increased by £2.3m also but the assets impaired held no revaluation reserve and therefore have been charged as an impairment through the statement of comprehensive income.

Note 8 Employee benefits (Group)

	2018-19	2017-18
	Total	**Total**
	£000	**£000**
Salaries and wages	162,831	161,618
Social security costs	14,052	14,003
Apprenticeship levy	751	690
Employer's contributions to NHS pensions	17,165	17,475
Pension cost - other	122	50
Temporary staff (including agency)	6,823	8,061
NHS charitable funds staff	80	181
Total gross staff costs	**201,824**	**202,078**
Recoveries in respect of seconded staff	-	-
Total staff costs	**201,824**	**202,078**
Of which		
Costs capitalised as part of assets	30	942

Further details on employee benefits and staff numbers can be found in the staff report.

Note 8.1 Retirements due to ill-health (Group)

During 2018/19 there were 4 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £228k (£220k in 2017-18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8.2 Directors' remuneration

The aggregate amounts payable to directors were:

	Group	
	2018-19	**2017-18**
	£000	**£000**
Salary	1,606	1,468
Taxable benefits	10	9
Other remuneration	0	157
Employer's pension contributions	189	172
Total	**1,805**	**1,806**

Further details of directors' remuneration can be found in the remuneration report.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting year.

In order that the defined benefit obligations recognised in the accounts do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the year between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

The employer contribution rates for 2018-19 will remain at the 2016-17 rate of 14.3%.

The Trust and its subsidiaries, North Tees and Hartlepool Solutions LLP and Optimus Health Limited also offers the National Employment Savings Scheme (NEST) to employees.

Note 10 Operating leases (Group)

Note 10.1 North Tees and Hartlepool NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where North Tees and Hartlepool NHS Foundation Trust is the lessor.

The Trust receives rental income from a number of agreements in relation to the leasing of land and accommodation space. No contingent rent is payable.

	2018-19	2017-18
	£000	£000
Operating lease revenue		
Minimum lease receipts	499	458
Total	**499**	**458**
	31 March 2019	**31 March 2018**
	£000	**£000**
Future minimum lease receipts due:		
- not later than one year;	499	458
- later than one year and not later than five years;	1,934	1,712
- later than five years.	1,828	1,606
Total	**4,261**	**3,776**

Note 10.2 North Tees and Hartlepool NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where North Tees and Hartlepool NHS Foundation Trust is the lessee.

The Foundation Trust leases certain items of equipment where financial assessment has determined that leasing represents better value than the outright purchase of the equipment. The majority of agreements are in relation to lease vehicles over a three year year. Other agreements include the provision of medical equipment.

	2018-19	2017-18
	£000	£000
Operating lease expense		
Minimum lease payments	1,285	1,216
Total	**1,285**	**1,216**
	31 March 2019	**31 March 2018**
	£000	**£000**
Future minimum lease payments due:		
- not later than one year;	905	1,216
- later than one year and not later than five years;	2,307	1,919
- later than five years.	227	218
Total	**3,439**	**3,353**
Future minimum sublease payments to be received	0	0

Note 11 Finance income (Group)

Finance income represents interest received on assets and investments in the year.

	2018-19	2017-18
	£000	£000
Interest on bank accounts	106	44
Interest income on finance leases	0	0
Interest on other investments/financial assets	0	0
NHS charitable fund investment income	42	49
Other finance income	0	0
Total	**148**	**93**

Note 12.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018-19	2017-18
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	631	199
Main finance costs on PFI and LIFT schemes obligations	36	22
Contingent finance costs on PFI and LIFT scheme obligations	0	93
Total interest expense	**667**	**315**
Unwinding of discount on provisions	20	20
Total finance costs	**687**	**335**

Note 12.2 The late payment of commercial debts (interest) Act 1998/Public Contract Regulations 2015 (Group)

	2018-19	2017-18
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	0	0
Amounts included within interest payable arising from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0

Note 13 Other losses (Group)

	2018-19	2017-18
	£000	£000
Gains on disposal of assets	0	0
Losses on disposal of assets	(332)	(75)
Gains/losses on disposal of charitable fund assets	0	0
Total losses on disposal of assets	**(332)**	**(75)**
Gains/(losses) on foreign exchange	0	0
Fair value gains/(losses) on investment properties	0	0
Fair value gains/(losses) on financial assets/investments	0	0
Fair value gains/(losses) on charitable fund investments & investment properties	0	0
Fair value gains/(losses) on financial liabilities	0	0
Recycling gains/(losses) on disposal of available-assets mandated as fair value through OCI	0	0
Total other losses	**(332)**	**(75)**

In 2018-19 the Trust has carried out full physical asset verification and this has resulted in a number of disposals in year. Disposal forms are completed for all of these assets.

Note 14 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus/(deficit) for the year was £16.1 million (2017-18: £40.4 million). The Trust's total comprehensive income/(expense) for the year was £14.8 million (2017-18: £41.0 million).

Note 15.1 Intangible assets - 2018-19

Group	Software licences	Licences and trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	**469**	**0**	**469**
Disposals / derecognition	(255)	0	(255)
Valuation / gross cost at 31 March 2019	**214**	**0**	**214**
Amortisation at 1 April 2018 - brought forward	**426**	**0**	**426**
Provided during the year	21	0	21
Disposals / derecognition	(255)	0	(255)
Amortisation at 31 March 2019	**192**	**0**	**192**
Net book value at 31 March 2019	**22**	**0**	**22**
Net book value at 1 April 2018	**43**	**0**	**43**

Note 15.2 Intangible assets - 2017-18

Group	Software licences	Licences and trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2017 – as previously stated	**1,331**	**0**	**1,331**
Prior year adjustments	7	0	7
Valuation / gross cost at 1 April 2017 - restated	**1,338**	**0**	**1,338**
Reclassifications	(869)	0	(869)
Valuation / gross cost at 31 March 2018	**469**	**0**	**469**
Amortisation at 1 April 2017 – as previously stated	**1,248**	**0**	**1,248**
Prior year adjustments	0	0	0
Amortisation at 1 April 2017 – restated	**1,248**	**0**	**1,248**
Provided during the year	39	0	39
Reclassifications	(861)	0	(861)
Amortisation at 31 March 2018	**426**	**0**	**426**
Net book value at 31 March 2018	**43**	**0**	**43**
Net book value at 1 April 2017	**90**	**0**	**90**

Note 16.1 Intangible assets - 2018-19

Trust	Software licences	Licences and trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	**462**	**0**	**462**
Disposals/derecognition	(255)	0	(255)
Valuation / gross cost at 31 March 2019	**207**	**0**	**207**
Amortisation at 1 April 2018 - brought forward	**426**	**0**	**426**
Provided during the year	21	0	21
Disposals / derecognition	(255)	0	(255)
Transfer to FT upon authorisation	-	0	-
Amortisation at 31 March 2019	**192**	**0**	**192**
Net book value at 31 March 2019	**15**	**0**	**15**
Net book value at 1 April 2018	**36**	**0**	**36**

Note 16.2 Intangible assets - 2017-18

Trust	Software licences	Licences and trademarks	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2017 - as previously stated	**1,324**	**0**	**1,324**
Prior year adjustments	7	0	7
Valuation / gross cost at 1 April 2017 - restated	**1,331**	**0**	**1,331**
Reclassifications	(869)	0	(869)
Valuation/gross cost at 31 March 2018	**462**	**0**	**462**
Amortisation at 1 April 2017 - as previously stated	**1,248**	**0**	**1,248**
Provided during the year	39	0	39
Reclassifications	(861)	0	(861)
Amortisation at 31 March 2018	**426**	**0**	**426**
Net book value at 31 March 2018	**36**	**0**	**36**
Net book value at 1 April 2017	**83**	**0**	**83**

Note 17.1 Property, plant and equipment - 2018-19

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**6,018**	**77,063**	**230**	**11,742**	**31,591**	**909**	**17,312**	**1,519**	**0**	**146,386**
Additions	0	2,088	6	8,892	2,886	13	3,431	118	0	**17,434**
Impairments	0	(1,891)	0	0	0	0	(4)	0	0	**(1,895)**
Reversals of impairments	0	(121)	0	0	0	0	0	0	0	**(121)**
Revaluations	0	(865)	(6)	0	0	0	0	0	0	**(871)**
Reclassifications	0	0	0	114	(3)	0	(111)	0	0	**0**
Disposals/derecognition	0	0	0	0	(7,115)	(147)	(1,965)	(173)	0	**(9,400)**
Valuation/gross cost at 31 March 2019	**6,018**	**76,274**	**230**	**20,748**	**27,359**	**775**	**18,663**	**1,464**	**0**	**151,533**
Accumulated depreciation at 1 April 2018 - brought forward	**0**	**0**	**(0)**	**0**	**21,718**	**772**	**7,328**	**1,146**	**0**	**30,966**
Provided during the year	0	3,950	6	0	2,382	33	3,069	90	0	**9,530**
Impairments	0	(618)	0	0	0	0	(1)	0	0	**(619)**
Reversals of impairments	0	(1,262)	0	0	0	0	0	0	0	**(1,262)**
Revaluations	0	(2,070)	(6)	0	0	0	0	0	0	**(2,076)**
Disposals/derecognition	0	0	0	0	(6,817)	(148)	(1,934)	(169)	0	**(9,068)**
Accumulated depreciation at 31 March 2019	**0**	**0**	**(0)**	**0**	**17,283**	**657**	**8,462**	**1,067**	**0**	**27,471**
Net book value at 31 March 2019	**6,018**	**76,274**	**230**	**20,748**	**10,076**	**118**	**10,201**	**397**	**0**	**124,062**
Net book value at 1 April 2018	**6,018**	**77,063**	**230**	**11,743**	**9,875**	**136**	**9,984**	**371**	**0**	**115,418**

Note 17.2 Property, plant and equipment - 2017-18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 – as previously stated	**6,013**	**86,665**	**400**	**12,187**	**45,046**	**1,084**	**22,024**	**4,957**	**0**	**178,376**
Prior year adjustments	0	0	0	0	0	0	0	0	0	**0**
Valuation/gross cost at 1 April 2017 – restated	**6,013**	**86,665**	**400**	**12,187**	**45,046**	**1,084**	**22,024**	**4,957**	**0**	**178,376**
Transfers by absorption	0	0	0	0	0	0	0	0	0	**0**
Additions	0	2,012	76	9,123	1,793	5	1,000	80	0	**14,090**
Impairments	(331)	(15,816)	(119)	(2,053)	(475)	(1)	(92)	(60)	0	**(18,948)**
Revaluations	0	6,706	0	0	0	0	0	0	0	**6,706**
Reclassifications	336	(2,504)	(127)	(7,516)	(14,093)	(164)	(5,620)	(3,454)	0	**(33,143)**
Disposals / derecognition	0	0	0	0	(679)	(14)	0	(4)	0	**(697)**
Valuation/gross cost at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**31,591**	**909**	**17,312**	**1,519**	**0**	**146,384**
Accumulated depreciation at 1 April 2017 – as previously stated	**0**	**0**	**(0)**	**0**	**33,816**	**1,014**	**18,229**	**3,438**	**0**	**56,497**
Prior year adjustments	0	0	0	0	0	0	0	0	0	**0**
Accumulated depreciation at 1 April 2017 – restated	**0**	**0**	**(0)**	**0**	**33,816**	**1,014**	**18,229**	**3,438**	**0**	**56,497**
Transfers by absorption	0	0	0	0	0	0	0	0	0	**0**
Provided during the year	0	1,710	3	0	3,282	63	3,096	276	0	**8,430**
Impairments	0	(85)	0	0	(92)	(1)	(18)	(12)	0	**(206)**
Reclassifications	0	(1,625)	(3)	0	(14,700)	(290)	(13,979)	(2,553)	0	**(33,149)**
Disposals / derecognition	0	0	0	0	(588)	(14)	0	(2)	0	**(604)**
Accumulated depreciation at 31 March 2018	**0**	**0**	**(0)**	**0**	**21,717**	**772**	**7,328**	**1,146**	**0**	**30,968**
Net book value at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**9,874**	**137**	**9,984**	**371**	**0**	**115,417**
Net book value at 1 April 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,518**	**0**	**121,879**

Note 17.3 Property, plant and equipment financing - 2018-19

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	6,018	75,790	230	20,748	9,547	118	10,045	195	**122,691**
Owned – donated	0	484	0	0	529	0	156	202	**1,371**
NBV total at 31 March 2019	**6,018**	**76,274**	**230**	**20,748**	**10,076**	**118**	**10,201**	**397**	**124,062**

Note 17.4 Property, plant and equipment financing - 2017-18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned – purchased	6,018	77,063	230	11,742	9,812	136	9,984	371	**115,356**
On-SoFP PFI contracts and other service concession arrangements	0	0	0	0	62	0	0	0	**62**
NBV total at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**9,874**	**136**	**9,984**	**371**	**115,418**

Note 18.1 Property, plant and equipment - 2018-19

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**6,018**	**77,063**	**230**	**11,742**	**31,591**	**909**	**17,312**	**1,519**	**146,386**
Additions	0	2,088	6	8,892	2,886	13	3,431	118	**17,434**
Impairments	0	(1,891)	0	0	0	0	(4)	0	**(1,895)**
Reversals of impairments	0	(121)	0	0	0	0	0	0	**(121)**
Revaluations	0	(865)	(6)	0	0	0	0	0	**(871)**
Reclassifications	0	0	0	114	(3)	0	(111)	0	**0**
Disposals/derecognition	0	0	0	0	(7,115)	(147)	(1,965)	(173)	**(9,400)**
Valuation/gross cost at 31 March 2019	**6,018**	**76,274**	**230**	**20,748**	**27,359**	**775**	**18,663**	**1,464**	**151,533**
Accumulated depreciation at 1 April 2018 - brought forward	**0**	**0**	**0**	**0**	**21,718**	**772**	**7,328**	**1,146**	**30,966**
Provided during the year	0	3,950	6	0	2,382	33	3,069	90	**9,530**
Impairments	0	(618)	0	0	0	0	(1)	0	**(619)**
Reversals of impairments	0	(1,262)	0	0	0	0	0	0	**(1,262)**
Revaluations	0	(2,070)	(6)	0	0	0	0	0	**(2,076)**
Disposals/derecognition	0	0	0	0	(6,817)	(148)	(1,934)	(169)	**(9,068)**
Accumulated depreciation at 31 March 2019	**0**	**0**	**0**	**0**	**17,283**	**657**	**8,462**	**1,067**	**27,471**
Net book value at 31 March 2019	**6,018**	**76,274**	**230**	**20,748**	**10,076**	**118**	**10,201**	**397**	**124,062**
Net book value at 1 April 2018	**6,018**	**77,063**	**230**	**11,742**	**9,873**	**137**	**9,984**	**373**	**115,418**

Note 18.2 Property, plant and equipment - 2017-18

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 – as previously stated	**6,013**	**86,665**	**400**	**12,187**	**45,046**	**1,084**	**22,024**	**4,957**	**178,376**
Additions	0	2,012	76	9,123	1,793	5	1,000	80	**14,090**
Impairments	(331)	(15,816)	(119)	(2,053)	(475)	(1)	(92)	(60)	**(18,947)**
Revaluations	0	6,706	0	0	0	0	0	0	**6,706**
Reclassifications	336	(2,504)	(127)	(7,516)	(14,093)	(164)	(5,620)	(3,454)	**(33,142)**
Disposals/derecognition	0	0	0	0	(679)	(14)	0	(4)	**(697)**
Valuation/gross cost at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**31,592**	**910**	**17,311**	**1,519**	**146,385**
Accumulated depreciation at 1 April 2017 – as previously stated	**0**	**0**	**(0)**	**0**	**33,816**	**1,014**	**18,229**	**3,438**	**56,497**
Provided during the year	0	1,710	3	0	3,282	63	3,096	276	**8,430**
Impairments	0	(85)	0	0	(92)	(1)	(18)	(12)	**(208)**
Reclassifications	0	(1,625)	(3)	0	(14,700)	(290)	(13,979)	(2,553)	**(33,150)**
Disposals/derecognition	0	0	0	0	(588)	(14)	0	(2)	**(604)**
Accumulated depreciation at 31 March 2018	**0**	**0**	**(0)**	**0**	**21,718**	**772**	**7,328**	**1,147**	**30,964**
Net book value at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**9,874**	**138**	**9,983**	**372**	**115,418**
Net book value at 1 April 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,519**	**121,879**

Note 18.3 Property, plant and equipment financing - 2018-19

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	6,018	75,790	230	20,748	9,547	118	10,045	195	**122,691**
Owned – donated	0	484	0	0	529	0	156	202	**1,371**
NBV total at 31 March 2019	**6,018**	**76,274**	**230**	**20,748**	**10,076**	**118**	**10,201**	**397**	**124,062**

Note 18.4 Property, plant and equipment financing - 2017-18

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	6,018	77,063	230	11,742	9,812	136	9,984	371	**115,356**
On-SoFP PFI contracts and other service concession arrangements	0	0	0	0	62	0	0	0	**62**
NBV total at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**9,874**	**136**	**9,984**	**371**	**115,418**

Note 19 Donations of property, plant and equipment

Fixed asset donations 2018-19 were as follows:

	£000
Chemotherapy ward alterations	135
Software and cabinet	61
Bronchoscope	27
Incubator	25
Furniture	19
Baby mattress heater	8
Liftup raiser lifting device/trolley x 2	6
Resuscitation cart	6
Phototherapy light system	4
Total	**291**

Total donations for 2017-18 were £207k.

Note 20 Revaluations of property, plant and equipment

During the year the assets were revalued by the District Valuer, who is independent to the Trust and the following adjustments have been made (Please note there is another imapirment in 2018-19 £3k which is not in relation to MEA valuation):

	2018-19	2017-18
	£000	£000
Impairment charged/(credited) to the Statement of Comprehensive Income		
Dwellings	0	119
Land	0	331
Buildings excluding Dwellings	132	15,365
Total	**132**	**15,815**
Increase in Revaluation Reserve	**2018-19**	**2017-18**
	£000	**£000**
Buildings excluding dwellings	1,202	6,706
Dwellings	3	0
Land	0	0
Total	**1,205**	**6,706**

The effective date of the DV valuation is 31 March 2019

Note 21 Other investments/financial assets (non-current)

	Group		Trust	
	2018-19	2017-18	2018-19	2017-18
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**1,257**	**1,568**	**0**	**0**
Prior year adjustments	0	0	0	0
Carrying value at 1 April - restated	**1,257**	**1,568**	**0**	**0**
Movement in fair value through OCI	98	39	0	0
Disposals	(200)	(350)	0	0
Carrying value at 31 March	**1,155**	**1,257**	**0**	**0**

Note 21.1 Other investments / financial assets (current)

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Loans receivable within 12 months transferred from non-current financial assets	0	0	0	0
Deposits with the National Loans Fund	0	0	0	0
Other current financial assets	0	0	0	0
Total current investments / financial assets	**0**	**0**	**0**	**0**

Note 22 Disclosure of interests in other entities

The Trust Group Accounts include North Tees and Hartlepool NHS Foundation Trust and two subsidiaries, Optimus Health Limited and North Tees and Hartlepool Solutions LLP. Optimus Health Limited is a wholly owned subsidiary and North Tees and Hartlepool Solutions LLP is 95% shareholding with the Trust and 5% Northumbria Healthcare NHS Foundation Trust.

Note 23 Charitable fund reserves

The Trust has consolidated the accounts of the North Tees and Hartlepool NHS Foundation Trust General Charitable Fund within these statements.

	31 March 2019	31 March 2018
	£000	**£000**
Unrestricted funds:		
Unrestricted income funds	259	96
Restricted funds:		
Other restricted income funds	1,065	1,166
	1,324	**1,262**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 24 Inventories

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Drugs	1,184	1,441	1,005	1,325
Consumables	4,544	3,795	4,544	3,795
Total inventories	**5,728**	**5,236**	**5,549**	**5,120**
of which:				
Held at fair value less costs to sell	0	0	0	0

Inventories recognised in expenses for the year were £40,412k (2017-18: £41,321k). Write-down of inventories recognised as expenses for the year were £125k (2017-18: £1,710k).

Note 25.1 Receivables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Contract receivables*	11,464	0	16,759	0
Trade receivables*	0	17,711	0	14,543
Accrued income*	0	2,190	0	2,759
assets*	0	0	0	0
Allowance for other impaired receivables	(3,973)	(1,199)	(3,973)	(1,199)
Prepayments (non-PFI)	2,149	2,213	-	2,067
PDC dividend receivable	376	0	376	0
VAT receivable	1,583	0	1,758	(200)
Other receivables	183	185	174	20,734
NHS charitable funds: trade and other receivables	11	20	-	20
Total current trade and other receivables	**11,793**	**21,120**	**15,093**	**38,724**
Non-current				
Contract receivables*	1,050		0	0
Other receivables	0	1,488	32,352	2,446
Total non-current receivables	**1,050**	**1,488**	**32,352**	**2,446**
Of which receivables from NHS and DHSC group bodies:				
Current	7,401	14,025	7,896	13,747
Non-current	0	0	0	0

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 25.2 Allowances for credit losses - 2018-19

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April 2018 – brought forward	**0**	**1,199**	**0**	**1,199**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,199	(1,199)	1,199	(1,199)
New allowances arising	(1,199)	3,973	(1,199)	3,973
Allowances as at 31 March 2019	**0**	**3,973**	**0**	**3,973**

Note 25.3 Allowances for credit losses - 2017-18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current year disclosure.

	Group	Trust
	All receivables	All receivables
	£000	£000
Allowances as at 1 April 2017 – as previously stated	**1,233**	**1,233**
Prior year adjustments	0	0
Allowances as at 1 April 2017 – restated	**1,233**	**1,233**
Transfers by absorption		
Increase / (decrease) in provision	(53)	(53)
Amounts utilised	19	19
Allowances as at 31 March 2018	**1,199**	**1,199**

Note 25.4 Exposure to credit risk

The majority of the Trust's income comes from contracts with other public sector bodies, the Trust therefore has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the Trade and other receivables note.

Note 26 Non-current assets held for sale and assets in disposal groups

Non-operational land at Hartlepool valued at £1,485k some of which is expected to be sold in 2019-20.

Note 27.1 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2018-19	2017-18	2018-19	2017-18
	£000	£000	£000	£000
At 1 April	**12,229**	**20,377**	**11,973**	**20,282**
Prior year adjustments	0	0	0	0
At 1 April (restated)	**12,229**	**20,377**	**11,973**	**20,282**
Transfers by absorption	0	0	0	0
Net change in year	719	(8,148)	632	(8,309)
At 31 March	**12,948**	**12,229**	**12,605**	**11,973**
Broken down into:				
Cash at commercial banks and in hand	539	532	196	276
Cash with the Government Banking Service	12,409	11,697	12,409	11,697
Total cash and cash equivalents as in SoFP	**12,948**	**12,229**	**12,605**	**11,973**
Bank overdrafts (GBS and commercial banks)	0	0	0	0
Drawdown in committed facility	0	0	0	0
Total cash and cash equivalents as in SoCF	**12,948**	**12,229**	**12,605**	**11,973**

Note 27.2 Third party assets held by the trust

North Tees and Hartlepool NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Bank balances	14	17
Monies on deposit	0	0
Total third party assets	**14**	**17**

Note 28.1 Trade and other payables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Trade payables	10,608	17,004	29,164	24,457
Capital payables	566	1,427	566	14,104
Accruals	17,569	12,614	18,009	11,023
Receipts in advance and payments on account	0	0	0	0
Social security costs	6,055	6,187	5,697	5,843
VAT payables	0	783	0	783
Other taxes payable	0	0	0	0
PDC dividend payable	0	154	0	154
Accrued interest on loans*	0	92	204	92
Other payables	(132)	27	(155)	27
NHS charitable funds: trade and other payables	36	98	0	0
Total current trade and other payables	**34,702**	**38,386**	**53,486**	**56,483**
Of which payables from NHS and DHSC group bodies:				
Current	5,638	7,333	5,504	7,333
Non-current	0	0	0	0

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 35. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 28.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

Group and Trust	31 March 2019	31 March 2019	31 March 2018	31 March 2018
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	0	0	0	0
- number of cases involved	0	0	0	0

Note 29 Other liabilities

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	317	2,138	317	2,123
Deferred grants	210	0	210	0
Total other current liabilities	**527**	**2,138**	**527**	**2,123**
Non-current				
Deferred income: contract liabilities	0	1,054	0	842
Deferred grants	1,754	0	1,754	0
Total other non-current liabilities	**1,754**	**1,054**	**1,754**	**842**

Note 30 Borrowings

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Loans from DHSC	1,292	267	1,292	267
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	0	162	0	162
Total current borrowings	**1,292**	**429**	**1,292**	**429**
Non-current				
Loans from DHSC	23,445	12,033	23,445	12,033
Total non-current borrowings	**23,445**	**12,033**	**23,445**	**12,033**

The interest rate on the loan is 2.43%.

Note 30.1 Reconciliation of liabilities arising from financing activities

Group	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2018	**12,300**	**0**	**0**	**162**	**12,462**
Cash movements					
Financing cash flows – payments and receipts of principal	12,232	0	0	(39)	**12,193**
Financing cash flows – payments of interest	(651)	0	0	(159)	**(810)**
Non-cash movements					
Impact of implementing IFRS 9 on 1 April 2018	92	0	0	0	**92**
Application of effective interest rate	763	0	0	36	**799**
Carrying value at 31 March 2019	**24,736**	**0**	**0**	**0**	**24,736**

Trust	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2018	**12,300**	**0**	**0**	**162**	**12,462**
Cash movements					
Financing cash flows – payments and receipts of principal	12,232	0	0	0	**12,232**
Financing cash flows – payments of interest	(651)	0	0	(162)	**(813)**
Non-cash movements					
Impact of implementing IFRS 9 on 1 April 2018	92	0	0	0	**92**
Other changes	763	0	0	0	**763**
Carrying value at 31 March 2019	**24,736**	**0**	**0**	**0**	**24,736**

Note 31 Other financial liabilities

The £15.2k included in other financial liabilities (non current liabilities) for the Trust (not the Group) relates to related party payables transactions with North Tees and Hartlepool Solutions for the capital finance creditor due from the Trust.

Note 32.1 Provisions for liabilities and charges analysis(Group)

Group	Pensions - early departure costs	Pensions – injury benefits*	Legal claims	Re structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Charitable fund provisions	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2018	**590**	**750**	**153**	**0**	**0**	**0**	**0**	**0**	**1,493**
Change in the discount rate	201	36	0	0	0	0	0	0	**237**
Arising during the year	0	0	60	0	0	1,296	195	0	**1,551**
Utilised during the year	(78)	(48)	(79)	0	0	0	0	0	**(205)**
Unwinding of discount	12	8	0	0	0	0	0	0	**20**
At 31 March 2019	**725**	**746**	**134**	**0**	**0**	**1,296**	**195**	**0**	**3,096**
Expected timing of cash flows:									
- not later than one year;	80	46	134	0	0	1,296	195	0	**1,751**
- later than one year and not later than five years;	320	184	0	0	0	0	0	0	**504**
- later than five years.	325	516	0	0	0	0	0	0	**841**
Total	**725**	**746**	**134**	**0**	**0**	**1,296**	**195**	**0**	**3,096**

A redundancy provision has been included within the accounts for 2018-19. This relates to the certain cessation of the provision of some services by the Trust in 2019-20 and the restructuring of the Trusts management structures. In both instances, potential costs arise from decisions made and communicated in 2018-19. Estimations have been made on the exact value of these liabilities, however the Trust expects both of these events to occur with certainty at the time the accounts were prepared.

* In 2018-19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous years, these provisions were included within other provisions.

Note 32.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions - early departure costs	Pensions – injury benefits*	Legal claims	Re structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2018	**590**	**750**	**153**	**0**	**0**	**0**	**0**	**1,493**
Change in the discount rate	201	36	0	0	0	0	0	**237**
Arising during the year	0	0	60	0	0	1,296	195	1,551
Utilised during the year	(78)	(48)	(79)	0	0	0	0	**(205)**
Unwinding of discount	12	8	0	0	0	0	0	**20**
At 31 March 2019	**725**	**746**	**134**	**0**	**0**	**1,296**	**195**	**3,096**
Expected timing of cash flows:								
- not later than one year;	80	46	134	0	0	1,296	195	**1,751**
- later than one year and not later than five years;	320	184	0	0	0	0	0	**504**
- later than five years.	325	516	0	0	0	0	0	**841**
Total	**725**	**746**	**134**	**0**	**0**	**1,296**	**195**	**3,096**

A redundancy provision has been included within the accounts for 2018-19. This relates to the certain cessation of the provision of some services by the Trust in 2019-20 and the restructuring of the Trusts management structures. In both instances, potential costs arise from decisions made and communicated in 2018-19. Estimations have been made on the exact value of these liabilities, however the Trust expects both of these events to occur with certainty at the time the accounts were prepared.

* In 2018-19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous years, these provisions were included within other provisions.

Note 32.3 Clinical negligence liabilities

At 31 March 2019, £198,004k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Tees and Hartlepool NHS Foundation Trust (31 March 2018: £191,824k).

Note 33 Contingent assets and liabilities

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Value of contingent liabilities				
Other	0	(50)	0	(50)
Gross value of contingent liabilities	**0**	**(50)**	**0**	**(50)**
Amounts recoverable against liabilities	0	0	0	0
Net value of contingent liabilities	**0**	**(50)**	**0**	**(50)**
Net value of contingent assets	**0**	**0**	**0**	**0**

The Trust has a contingent Liability relating to a claim for rates rebates and potential legal costs . This is estimated at c. £50k.

Note 34 Contractual capital commitments

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Property, plant and equipment	8,460	10,506	8,460	10,506
Intangible assets	0	0	0	0
Total	**8,460**	**10,506**	**8,460**	**10,506**

Note 35 Defined benefit pension schemes

The Trust (via its subsidiaries, North Tees and Hartlepool Solutions LLP and Optimus Health Limited) offers the National Employment Savings Scheme (NEST) to employees. The Trust has consolidated twelve month of accounts from both subsidiaries into the Group accounts.

NEST payments	£000
North Tees and Hartlepool NHS Foundation Trust	100
North Tees and Hartlepool Solutions LLP	18
Optimus Health Limited	5
	123

Note 36 On-SoFP PFI, LIFT or other service concession arrangements

The scheme is for the redevelopment of the Energy Plant at the University Hospital of Hartlepool. The plant was commissioned in November 2002. The agreement is with Dalkia Utilities and the service they provide is that of electricity to the hospital. The contract price is uplifted in line with the RPI annually. At the end of the 15 year agreement, the asset reverts to the Trust.

Note 36.1 Imputed finance lease obligations

The following are obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Gross PFI, LIFT or other service concession liabilities	**0**	**162**	**0**	**162**
Of which liabilities are due				
- not later than one year;	0	162	0	162
Net PFI, LIFT or other service concession arrangement obligation	**0**	**162**	**0**	**162**
- not later than one year;	0	162	0	162
- later than one year and not later than five years;	0	0	0	0
- later than five years	0	0	0	0

Note 36.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**0**	**162**	**0**	**162**
Of which liabilities are due:				
- not later than one year;	0	162	0	162
- later than one year and not later than five years;	0	0	0	0
- later than five years.	0	0	0	0

Note 36.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2018-19	2017-18	2018-19	2017-18
	£000	£000	£000	£000
Unitary payment payable to service concession operator	132	583	0	583
Consisting of:				
- Interest charge	36	23	0	23
- Repayment of finance lease liability	39	161	0	161
- Service element and other charges to operating expenditure	57	307	0	307
- Contingent rent	0	93	0	93
Total amount paid to service concession operator	**132**	**584**	**0**	**584**

Note 37 Financial instruments

Note 37.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Foundation Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the Trade and other receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Future liquidity is dependent on delivery of the Cost Improvement Programme and receipt of the Sustainability and Transformation Funding. Further details are given in Note 1 (Accounting Policies - Going Concern)

Note 37.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non-financial assets	8,725	0	0	**8,725**
Cash and cash equivalents	12,754	0	0	**12,754**
Consolidated NHS Charitable fund financial assets	1,360	0	0	**1,360**
Total at 31 March 2019	**22,839**	**0**	**0**	**22,839**

Group	Loans and receivables	Assets at fair value through I&E	Held to maturity	Available for sale	Total book value
	£000	£000		£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non-financial assets	20,086	0	0	0	**20,086**
Other investments / financial assets	0	0	0	0	**0**
Cash and cash equivalents	12,146	0	0	0	**12,146**
Consolidated NHS Charitable fund financial assets	20	1,340	0	0	**1,360**
Total at 31 March 2018	**32,252**	**1,340**	**0**	**0**	**33,592**

Trust	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non-financial assets	12,938	0	0	**12,938**
Other investments / financial assets	30,256	0	0	**30,256**
Cash and cash equivalents	12,605	0	0	**12,605**
Total at 31 March 2019	**55,799**	**0**	**0**	**55,799**

Trust	Loans and receivables	Assets at fair value through I&E	Held to maturity	Available for sale	Total book value
	£000	£000		£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non-financial assets	38,036	0	0	0	**38,036**
Cash and cash equivalents	11,973	0	0	0	**11,973**
Total at 31 March 2018	**50,009**	**0**	**0**	**0**	**50,009**

Note 37.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	24,736	0	24,736
Trade and other payables excluding non financial liabilities	28,611	0	28,611
Provisions under contract	3,095	0	3,095
Total at 31 March 2019	**56,442**	**0**	**56,442**

Group	Loans and receivables	Assets at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	12,300	0	**12,300**
Obligations under PFI, LIFT and other service concession contracts	162	0	**162**
Trade and other payables excluding non financial liabilities	38,134	0	**38,134**
Provisions under contract	1,492	0	**1,492**
Total at 31 March 2018	**52,088**	**0**	**52,088**

Trust	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	24,736	0	**24,736**
Trade and other payables excluding non financial liabilities	62,943	0	**62,943**
Other financial liabilities	0	0	**0**
Provisions under contract	3,095	0	**3,095**
Total at 31 March 2019	**90,774**	**0**	**90,774**

Trust	Loans and receivables	Assets at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	12,300	0	**12,300**
Obligations under PFI, LIFT and other service concession contracts	162	0	**162**
Trade and other payables excluding non financial liabilities	56,257	0	**56,257**
Other financial liabilities	13,292	0	**13,292**
Provisions under contract	1,492	0	**1,492**
Total at 31 March 2018	**83,503**	**0**	**83,503**

Note 37.4 Maturity of financial liabilities

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
In one year or less	31,654	38,574	50,833	56,697
In more than one year but not more than two years	0	504	0	504
In more than two years but not more than five years	504	710	504	710
In more than five years	24,284	12,300	39,437	12,300
Total	**56,442**	**52,088**	**90,774**	**70,211**

Note 38 Losses and special payments

Group and Trust	2018-19		2017-18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	13	3	27	52
Stores losses and damage to property	2	0	0	0
Total losses	**15**	**3**	**27**	**52**
Special payments				
Compensation under court order or legally binding arbitration award	0	0	1	1
Ex-gratia payments	12	10	22	9
Total special payments	**12**	**10**	**23**	**10**
Total losses and special payments	**27**	**13**	**50**	**62**
Compensation payments received	0	0	0	0

NHS Foundation Trusts are required to report to the Department of Health any losses or special payments, as the Department still retains responsibility for reporting these to Parliament.

By their very nature such payments should not arise, and they are therefore subject to special control procedures compared to payments made in the normal course of business.

There were no payments which exceeded £300,000.

The Trust has not made any losses or special payments other than those disclosed in the table above.

Note 39.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £92k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £140k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £2,101k (£1,051k within one year and £1,050k more than one year).

Note 39.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 40 Related parties

Ultimate parent
North Tees and Hartlepool NHS Foundation Trust is a public benefit corporation established under the National Health Service Act 2006. Monitor (NHS Improvement), the Independent Regulator for NHS Foundation Trust, has the power to control the Trust within the meaning of IAS27 "Consolidated and Separate accounts.

NHS Improvement does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts. The NHS FT Consolidated Accounts are included within the Whole of Government Accounts. NHSI is accountable to the Secretary of State for Health and therefore the Trust's ultimate parent is HM Government.

Wider Government Accounting
All government bodies which fall within the Whole of Government accounts boundary are regarded as related parties because they are all under the common control of HM Government and Parliament. This includes for example all NHS bodies, all local authorities and central government bodies. Significant transactions and balances with other NHS bodies are detailed below:

	31 March 2019				31 March 2018			
	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£	£	£	£	£
Mr Paul Garvin Family member employed by the Trusts legal advisors Wardhadaway	0	0	0	0	0	0	0	0
Mr Neil Atkinson Treasurer, Durham Post Graduate Charity at County Durham and Darlington NHS FT	0	0	0	0	0	0	0	0
Mr Jonathon Erskine - Honorary Research Fellow at Durham University Executive Director of European Health Property Network and Self Employed Research Consultant	0	0	0	0	0	0	0	0
Mr Brian Dinsdale - Board Director of the Thirteen Housing Group and Treasurer, St Marys Church, Nunthorpe	0	0	0	0	**0**	0	0	180
Mr Stephen Hall Trustee AdAstra Academy Trust, Hartlepool	0	2,394	0	0	0	2,418	0	286
Mr Stephen Hall Shareholder in Regional Training Partners Limited	0	0	0	0	0	0	0	0
Mr Kevin Robinson Consultant with Auriola Consulting (Justice Services)	0	0	0	0	0	0	0	0
Dr Graham Evans Designated Board member for Health Call, Chief Digital Officer for NENC Integrated Care System	0	0	0	0	0	0	0	0
Mrs Julie Lane Executive Reviewer for the Care Quality Commission	0	0	0	0	0	0	0	0
Mrs Julie Parkes Parish Councillor, Ovington Parish Council	0	0	0	0	0	0	0	0
Mr Robert D Toole Director of RDT Management Services Limited	0	0	0	0	14,400	0	0	0

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the NHS Foundation Trust Board.

The audited accounts of the Funds held on Trust are available from the Charity Commission website www.charity-commission.gov.uk.

8 Contact Information

Chief Executive

Julie Gillon, Chief Executive
Tel: 01642 617617
Email: communications@nth.nhs.uk

Patient Experience Team

If you would like information, support or advice about the Trust's services, contact:

Tel: 01642 624719 or 07795061883 or freephone 0800 0920084
Email: patientexperience@nth.nhs.uk

Membership

If you would like to become a member of our NHS Foundation Trust, contact:

Tel: 01642 383765
Email: membership@nth.nhs.uk

Recruitment

If you are interested in becoming a member of staff at North Tees and Hartlepool NHS Foundation Trust, contact;

Tel 01642 624023 or 01642 624020
Email: resourcing@nth.nhs.uk
www.nhs.jobs.uk

Further information

If you have a media enquiry or require further information, contact:

Tel: 01642 624339
Email: communications@nth.nhs.uk
www.nth.nhs.uk

Trust address

If you wish to write to the Trust the postal address is:

North Tees and Hartlepool NHS Foundation Trust
University Hospital of North Tees
Hardwick
Stockton-on-Tees
TS19 8PE

NHS
North Tees and Hartlepool
NHS Foundation Trust