NHS
North Tees and Hartlepool
NHS Foundation Trust

Annual Report and Accounts 2019-20

North Tees and Hartlepool NHS Foundation Trust

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Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

Contents

Welcome

North Tees and Hartlepool NHS Foundation Trust is a Care Quality Commission (CQC) GOOD rated organisation. We are an innovative health care provider of acute and community services to a population of around 400,000 across the Tees Valley, including Stockton-on-Tees, Hartlepool and parts of County Durham.

Based primarily on two principal hospital sites – University Hospital of North Tees and University Hospital of Hartlepool, the trust also has a number of outpatient and outreach clinics across the region including a community hospital in Peterlee and other 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.

Working in partnership with the North East Ambulance Service (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 end emergency care practices at both University Hospital of North Tees and University Hospital of Hartlepool. Accident and Emergency provision is delivered at the North Tees site.

We are recognised as a high performing trust, locally and nationally, with absolute dedication to patient safety and quality of care as our priority. We are one of the region's largest employers, with over 5,500 members of staff working as part of the North Tees and Hartlepool family. Our national staff survey results consistently place us in the highest quartile for satisfaction rates.

The trust is dedicated to an aspirant health care provision for the Tees Valley and the wider region. System working has always been, and continues to contribute to the ongoing successes of the organisation. As part of the Integrated Care Partnership locally, and the Intergrated Care System regionally, we are committed to ensuring a drive for equity in health care provision for the North East and North Cumbria.

1. Chairman's Statement

As Chairman for North Tees and Hartlepool NHS Foundation Trust, I am proud to present our annual report. This publication allows us to review our successes, challenges and perhaps most importantly the opportunities that the past year has presented.

As an organisation, our patients remain at the heart of what we deliver. Delivering safe, quality care to the communities we serve remains our utmost priority. Throughout the course of the year, our commitment to working to support the wider ambitions of our region as a whole have also continued to take great shape, creating and sustaining partnerships that demonstrate a dedication to the Tees Valley as a whole.

Over the course of the last year our clinical pathways have continued to serve the 400,000 population of Stockton, Hartlepool and County Durham, with the very best care.

Our ambitions for our Integrated Care Partnership remains central to our Tees Valley care landscape of tomorrow. We continue to work for the very best for the region to ensure a parity of health care with the rest of the country. Further afield our involvement and contributions to our Integrated Care System remain unwavering. Together we are stronger, and our support network – clinically and behind the scenes continues to make great progress.

Of course this year has presented challenges that we have never before faced as a National Health Service. The arrival of the COVID-19 pandemic has impacted each and every one of us working within the Trust. I am proud to observe, that to date we have responded and indeed continue to respond in delivering new ways of working, adapting and delivering to ensure that those who matter most – our patients are positioned at the heart of what we do.

We have always been pioneers in innovation, and in the current situation this has served us well. We have, with absolute speed and safety, implemented ways of working that are a direct response to the needs of our population. Colleagues that have been redeployed to support at this time must be acknowledged and commended. During these few months, more than ever we have recognised that each and every member of staff at North Tees and Hartlepool NHS Foundation Trust is a **key** worker.

COVID-19 maybe the headline of 2019-20 but it is by no means the only story to be told.

Our A&E department was selected as one of 14 organisations across the country to take part in in trials surrounding urgent and emergency care. Their learning, knowledge and performance will hopefully influence standards of the future for health care trusts across England. The teams involved have been able to offer open and honest feedback to our national team, offering a voice for the North East and North Cumbria.

Digitally, we have progressed ambitions once more, and our trust continues to push for the region to lead in innovations that will support an infrastructure befitting to the entire population. We continue to be recognised locally and nationally with accolades and awards which will be acknowledged later in this report.

Financially, our recovery position remains on track. The hard work of our finance colleagues and the wider trust is to be commended. The plans we implemented to ensure we were lifted from deficit are now being realised.

Our clinical pathways, right across University Hospital of Hartlepool and University Hospital of North Tees, and indeed out in the community and with our key partners are ever moving. We are never complacent, and the energy and openness of our staff, local authorities and other organisations we work with ensure that we are always evolving, always ambitious.

With over 5,500 employees – our continued success, especially in the current climate is owing to them. Their continued commitment, drive and willingness to check and challenge ensures that patient safety and quality care is always our driver. Once more, I would like to extend our sincere thanks to each and every one of our key workers. They ensure we remain ambitious and aspirant for the population health of the Tees Valley and the wider North East and North Cumbria network.

Paul Garvin QPM,DL
Chairman

2. Chief Executive's Statement

For the past three years I have had the absolute privilege and honour of being Chief Executive for the organisation. Now, more than ever, I could not be prouder of our trust and all that we deliver to the communities of the Tees Valley and surrounding areas.

Once more, I am delighted to share our annual report which reflects our ambitions, our successes and our challenges as a CQC GOOD rated Trust for our region. This report allows us to really consider the year as it has unfolded. It offers a time of consolidation and opportunity to consider the health care offer of the future for our region.

Of course we must acknowledge the challenges the past year has presented to us. We are in the midst of unprecedented times. We, alongside all of our partners face the ongoing prospect of how COVID-19 is impacting how we currently operate, and how we will operate in the future. I would like to extend a heartfelt personal thanks to all who work within our trust in the way in which they are dealing, and will continue to deal with this pandemic.

Reflecting on the year at large, our trust continues to show great ambition in supporting aspirant population health for the communities we serve. We have delivered progressive innovations that herald a shift in the way we deliver health and care services. As always our critical partners remain central to this process.

Amid the current situation, we have remained true to the objectives laid out by the Long Term Plan (LTP) be that clinical, digital, workforce or beyond. In readiness for those ambitions North Tees and Hartlepool had employed many of the criteria already to ensure our sustainability for our population. We have celebrated that throughout the year and have been recognised locally and nationally in doing so.

Our commitment to our Integrated Care Partnership (ICP) and Integrated Care System (ICS) should be noted. Working as part of a system has never been so imperative. It is the unification of our ambitions and our aspirations that will ensure that our drive for equity and equality in health care for the North East and North Cumbria is a reality.

The healthcare landscape must, and will change. We have shown that we are able and willing to adapt. We are thought leaders, innovators and ultimately orchestrators of our future. The opportunity we are now presented with is unparalleled and we must take advantage of this.

This report demonstrates a snapshot of our successes. It highlights the innovations, the commitment and willingness to change, grow and evolve; the absolute epicentre of the very fabric of this trust. The absolute reality of the National Health Service in England today.

This year I can highlight so many successes – our financial recovery plans are being realised. We committed to making positive change, to strive beyond deficit. We have made that happen. Our digital footpath continues to forge the way, our staff survey results highlighted our wins, and indeed our areas to improve – there is work to be done, but so much to build upon.

Our patients are our everything, but we must realise what that means. Literally put, that is a person receiving or registered to receive medical treatment. That is over 400,000 individuals we have a responsibility to – we must ensure collaboratively with our partner organisations that we share the meaning of ownership. By empowering our populations to take charge of their own health destiny, we empower a population of health care workers to do things differently. To make positive change.

I am confident that colleagues at North Tees and Hartlepool NHS Foundation Trust will continue to do this. To them, I am thankful, I am proud, I am here to understand and to listen to how we keep taking this further.

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. We were authorised as an NHS Foundation Trust in December 2007. Since then, we have grown and employ over 5,500 staff who provide 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 and has an annual turnover of around £326million;
- The Trust has a Council of Governors with 34 members, representing the public, staff and stakeholder organisations.

Being a foundation trust means the Trust does not report directly to the Department of Health and Social Care; instead, we report to the local people through our Council of Governors and are regulated, independently, by NHS England and NHS Improvement.

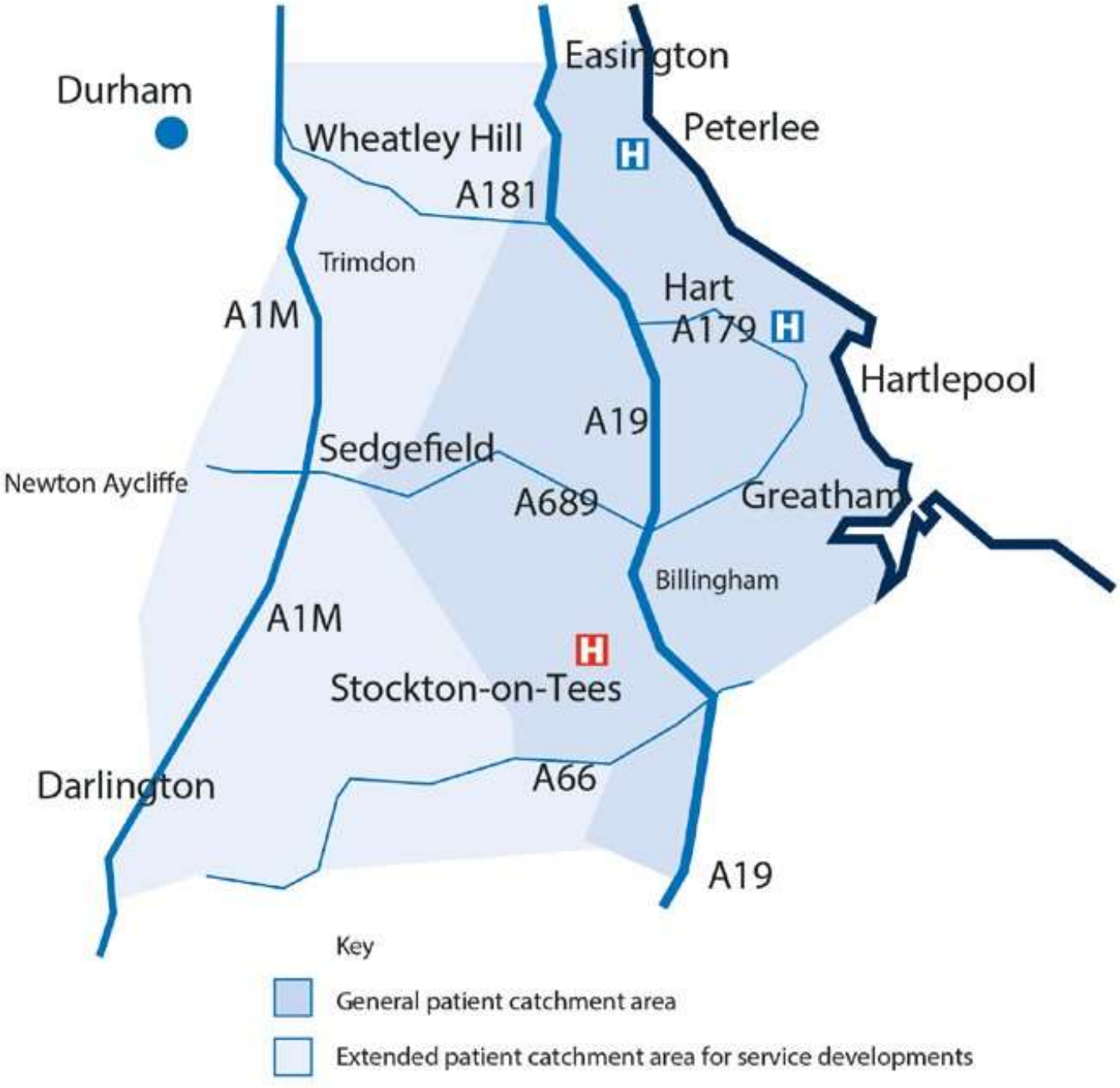
The most important part of being a foundation trust is that it brings the organisation closer to the people who matter most. We want local people, service users and carers and those who support
and represent them, to have much more influence over how services are managed and improved, ensuring accessibility to all. We now have around 11,000 members, drawn from the local community and our staff.

There are also many other benefits of being a foundation trust, such as greater financial freedom. The Trust is able to invest and borrow funds and can reinvest surpluses too. This allows us to plan better for the future, and to take decisions about how services are run, knowing the level of available funding.

Our Geography

The below map 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.

We continue 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 2019 20	
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
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	Single Point of Access (SPA) including Clinical
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	
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 are summarised in the graphic below:

3.1.2 Trust Strategic Direction

The Trust has continued its efforts to transform and improve healthcare services for the population we serve throughout the past 12 months to ensure we continue to provide excellent healthcare for the people of Stockton-on-Tees, Hartlepool, Sedgefield and Easington. In addition to this, the Trust forms a bigger part of the development and delivery of integrated care services across the broader Tees Valley in partnership with its main strategic stakeholders and it is this focus that provides the strategic direction for the Trust moving forward.

The Trust provides high quality services to over half a million residents of the immediate area it covers, with both hospitals playing an important part in the health and social cohesion of the local community. The necessary focus and determination to contribute to the wider prevention agenda, including the reduction of health inequalities, provides the Trust with the legitimacy to be involved in the wider public health agenda, without compromising the core business of providing acute secondary care. We therefore continue to work collaboratively with all partners – primary, secondary, mental health and public health – to explore and develop new models of care and improved pathways that reflect the needs of the patient and the local health economy within the Tees Valley and the wider north east region.

We remain committed to developing integrated healthcare services in a collaborative arrangement with partners at a local level and it is playing a lead role in ensuring that the ambitions set out in the NHS Long Term Plan are fully reflected in the partnership setting.

With a vision of 'providing the best healthcare for everyone in our population', the Trust has signalled that good, strong healthcare provision no longer recognises traditional boundaries and geographies. We are committed to the development and advancement of the integrated care partnership for the region - Tees Valley Health and Care Partnership. The Trust has set its strategy for the next five years with its strategic aims of Putting our population First; Valuing People; Transforming our services and Health and Wellbeing all wrapped around its core values; Collaborative, Aspirational, Respectful and Empathetic which deliver the strapline - 'You matter, We care'.

The Trust is working strategically and operationally to transform services both as a stand-alone district hospital and as a pivotal partner across a number of strategic partnerships within the localities of Stockton, Hartlepool and parts of County Durham and Darlington. This collaboration is a key component of the Trust's strategy, and contributes towards bringing about genuine changes that enhance integrated care to provide the best possible experience for patients and their families. This ensures the delivery of services that are clinically effective, safe, of the highest quality and efficient to run.

As with all other Foundation Trusts in the current climate, there remains a clear imperative to ensure greater financial stability in 2020-21. The current pandemic crisis may provide a serious and significant test for the NHS, and indeed the country as a whole. We are hugely proud of our financial achievements during 2019-20 and it is to the testament of all its staff who have helped to enable the Trust to end the year in the position that it has. Despite this, we remain focused on the need to deliver greater financial productivity and efficiency without compromising the health care needs of the population. The Trust will continue to champion the achievement of financial stability and sustainability, and the enablement of clinically effective pathways, across the system.

3.1.3 Development and Service Improvement

During this reporting period, our Corporate Strategy was refreshed to reflect the many changes that have occurred within the local, regional and national health economy. The new vision and set of values is underpinned by a number of supporting strategies covering the organisation's key functions and responsibilities. The strategy embraces collaborative working, reflects the requirement for a dynamic integrated care partnership and is fully aligned with the relevant priorities set out in the NHS Long Term Plan. In addition to this, the strategic approach has been met by working in partnership with all health and wellbeing boards within the localities, enabling alignment between Trust priorities and those identified with the Joint Strategic Needs Assessments (JSNA) and the health and wellbeing board strategies.

Population Health remains a significant priority for our Trust and the approach of making every contact count is embedded across the organisation. Our planning and partnering with local authority Public Health colleagues has helped us to better understand the communities at greater risk, within deprived areas and what we all need to do to improve the health of the population by tackling the legacy of ill-health leading to conditions such as respiratory, coronary and liver disease, and obesity. This approach has been strengthened by the appointment of a consultant in public health and a specialist registrar to help with the wider prevention agenda in an acute setting.

We are acutely aware that we cannot continue to provide healthcare in the way that we did 15, 10 or even five years ago. The type of healthcare that our Trust will provide in future will be targeted towards individual need with a focus on specific groups in society. This is reflected in the strategic approach the organisation is taking with partners, stakeholders and commissioners when it comes to the integration and redesign of services.

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, so that people within our most deprived communities are able to access the full continuum of services from personalised 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 our Trust will play a critical part in the process. Balancing delivery of high quality services whilst also delivering a challenging cost improvement programme continues to be a high priority for the Board of Directors.

3.1.4 The Evidence Base

The Trust continues to draw focus and influence from a broad evidence base, including the following reviews ensuring their visions, values and ambitions are reflected in our strategic direction:

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

The Trust is keen, and committed to working with our strategic partners and stakeholders at a local level to bring about the changes outlined in the NHS Long Term Plan, to make a real difference in managing preventable disease in conjunction with the core business of a Foundation Trust.

3.1.5 Clinical Services Strategy

The Trust's Clinical Services Strategy is currently under review in order to reflect both the developing clinical strategy across the Tees Valley as part of the Tees Valley Health and Care Partnership and the wider North East and North Cumbria Integrated Care System.

The Trust is involved in shaping and supporting both the North East and North Cumbria Integrated Care System (NENC ICS) and the Tees Valley Health and Care Partnership (TVHCP). This year has seen significant progress in the development of the ICS, with a Long Term Plan outlining the key objectives across the NENC ICS. The TVHCP has linked into the development of the over-arching ICS plan, with objectives agreed for delivery. The graph below, outlines how the organisation will deliver locally the Long Term Plan linked to the wider system objectives. This will work as a bottom up, top down feed to ensure place based planning links through to strategic objectives.

As the Clinical Service Strategy for the TVHCP develops, the progression of managed clinical networks (MCNs) across urgent and emergency care, stroke and women and children's services will support a collaborative approach to service delivery.

Our Trust is committed to driving forward the population health and prevention agenda, working with partner agencies to improve the overall health of the population we serve. Given our long established commitment to partnership working, the appointment to a Consultant in Public Health Medicine has been introduced to further develop the population health agenda.

This role provides advice and input internally, as well as co-ordination and collaboration with external partners. During 2020, the Public Health consultant will be supported by a Specialty Registrar in Public Health, providing further capacity to define and deliver the working agenda.

The introduction of a defined Care Group Directorate structure supports our operational delivery model. Three Care Groups have been implemented which focus on Healthy Lives, Responsive Care and Collaborative Care delivery models.

The following outlines the service provision within each of the Care Groups:

- Women's & Maternity Services
- Paediatrics
- MSK
- Physiotherapy
- Occupational Therapy
- Community Integrated Assessment Team
- Podiatry
- Orthotics
- Palliative Care
- Integrated Single Point of Access
- Speech and Language
- District Nursing
- Audiology
- Integrated Discharge Team
- Wheelchair Services
- Public Health
- Frailty
- Community Respiratory
- Retinal Screening
- Dietetics
- Dentistry

- Urgent & Emergency Services
- Acute Medicine
- Bed Management
- Discharge Lounge
- Hospital at Night
- Diabetes
- Gastroenterology
- In Hospital Respiratory
- Elderly care
- Hematology
- Cardiology
- Stroke
- Endoscopy
- Bowel Screening
- Psychology
- Biochemistry
- Microbiology
- Phlebotomy
- Mortuary
- Cellular Pathology
- Point of Care Testing
- Medical Physics
- Radiology
- Diagnostics
- Pathology

Collaborative Care

- Trauma and emergency surgery
- Breast Screening & Symptomatic
- Critical Care (ITU)
- Pre-assessment
- Cancer pathways
- General Surgery
- Pain Management
- Theatres
- Orthopaedics
- Anaesthetics
- Urology

Service Developments

Over the last year our Care Groups have achieved significant innovation and change, not least demonstrated in March 2020 with the need to move at pace in order to respond, support and address the significant impact of the COVID-19 pandemic on services. In 2019-20 we implemented many improvements for patients, a sample of which is described in this section and recognise the value of what can sometimes be small steps in making a difference to patient experience and continue to encourage innovation and quality improvement across the Trust.

Emergency Care

- National recognition as a high performing emergency service, regional winner of the Excellence in Urgent and Emergency Care Award in the NHS Parliamentary Awards
- Selected as one of 14 field test sites for urgent and emergency care standards, with on-going review and validation of data in partnership with NHS England and NHS Improvement
- Increased medical workforce to support resilience and out of hours' pressures

In Hospital

- Implementation of a diabetic foot pathway to facilitate early intervention
- Implementation of FIT bowel screening with focus on improvement of waiting times to meet cancer standards and thus early diagnosis
- Successful consultant recruitment in medicine and radiology to supported extended working over seven days
- Extension to radiologist on call/working hours to improve evening and weekend out of hours provision and support emergency pathways

Out of Hospital and Outpatients

- Outpatient Transformation - centralisation of outpatients, including the development of virtual clinics by telephone and via "Attend Anywhere" software/app.
- The Holdforth rehabilitation unit has continued as a nurse led model, with improved length of stay achieved through more effective discharge processes. The unit now also includes a "hub" allowing some patients to receive "outpatient" interventions, which would previously have required a hospital admission eg. IV treatments, trials without catheter.
- 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 across Hartlepool and Stockton, with extended service delivery times.
- The Trust's specialist palliative care team is one of eleven successful organisations working with 'Care Opinion' across the UK, providing a specialist online feedback tool.
- Family voice – a tool to improve communication during end of life care is currently used across all adult wards and community settings within the Trust.

Women and Children

- Recruitment of midwives to birth rate + 2015 standards
- National recognition of Maternal and Neonatal Health Safety Collaborative
- Achievement of all ten CNST Maternity Safety Standards (Year 2) 2019
- In the top ten performing Trusts for detection of GROW 2019
- Stabilising the Special Care Baby Unit post reconfiguration and receiving a nomination for accreditation
- Continued development of paediatric consultant and nursing teams
- 12% reduction in non-elective paediatric admissions
- Achieving a 2% reduction in Haemoglobin Hba1C levels for children with diabetes
- Successful consultant recruitment for development of EUS service

Clinical Support Services

- Successful training of four advanced radiographer practitioners to improve reporting provision and turnaround, with extension into new areas of DEXA and cardiac reporting
- A review of Pharmacy services has resulted in the development of a Medicines Optimisation Strategy, to initiate a journey towards achieving excellence as our standard and leading to financial savings of over £2.4million in 2019-20.
- Delivery of Pharmacy Best Practice day which was highly successful and well received
- Host organisation for Digital Imaging programme and Digital Pathology platforms with histopathology 'go live' commenced.
- Successful transfer of cytology human papillomavirus (HPV) screening to regional centre
- Combined mortuary service developed with South Tees Foundation Trust.

General Surgery & Urology Elective

- Implemented the Iodine seed localisation service
- Working across the Tees Valley Health and Care Partnership to develop a breast services strategy to support the needs of the population
- Development of a collaborative approach to delivering urology services across the Tees Valley Health and Care Partnership, including joint consultant appointments to work across hospital trust sites
- Invested in improved laser requirements for urological surgery, to support the increase in range of procedures to be undertaken at University Hospital of North Tees

Trauma and Orthopaedics

- Introduced a diabetic surgical foot service to support a multi-disciplinary team approach to ensure early intervention resulting in improved patient outcomes
- Design of a vertically integrated pathway for management of secondary prevention for fragility fractures in conjunction with Healthy Lives Care Group
- Implemented virtual hand clinics, reducing avoidable face to face appointments
- Appointed additional Consultant Hand Surgeon to increase capacity available for hand trauma and elective services, resulting in improved waiting times

Anaesthetics

- Implemented a 24/7 critical care outreach team
- Appointment of a Critical Care Consultant

Research and Development

- Efficiencies of studies have been achieved through the set up and delivery through the Durham Tees Valley Research Alliance (DTVRA)
- Development Plan for Excess Treatment Costs (ETCs)
- Visibility of research at North Tees and Hartlepool either individually or part of the DTVRA
- Primary care activity to secure future budgets and associated risks

Corporate Services

- In partnership with Successful Futures Tees Valley and Catcote Academy in Hartlepool developed and delivered support to students with additional learning needs.
- Innovative apprenticeship programme developed with Hartlepool Borough Council and Hartlepool College of Further Education.
- Completed an innovative training programme of the first cohort of Nursing Associates.

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 at University Hospital of North Tees. During the course of the year the KPI driven service to the Trust has been strengthened, broadening its available services to better match the needs of patient demographics. 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 relationship with the on-site clinical trials company Synexus. In 2019-20 Panacea expanded services further to provide 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 (NTH Solutions LLP). The LLP has been formed with Northumbria Healthcare Facilities Management Limited, which is a subsidiary of Northumbria Healthcare.

The subsidiary has three core purposes which are: To improve patient experiences whilst maintaining and improving service quality, effectiveness and financial efficiency; to deliver new and existing services to third parties to generate additional profits for reinvestment to the Trust to improve front line patient care; and to facilitate collaboration, innovation and social responsibility.

Building on the energy efficiencies delivered through the new £25m energy centre, the LLP continues to further reduce its carbon footprint with major upgrades to air conditioning, LED lighting and electric/hybrid vehicles. Preparations are also underway for a state of the art clinical waste sterilisation solution. This will not only have major financial efficiency and eco-friendly benefits for the Trust and the local community but for the wider North Eastern health economy.

The LLPs commercial function is growing from strength-to-strength having added significantly to its number of external contracts as well as the introduction of new service lines as we move into the new financial year.

Information and Technology Services (I&TS)

The Trust's Information and Technology Services (I&TS) and digital strategy, continues to support and enable a range clinical and administrative service transformation across our organization.

During the period of this report, we successfully completed the fifth and final milestone within the Global Digital Exemplar (GDE) programme. As GDE Fast Follower (GDE FF), as well as delivering the planned digital ambitions outlined in the 'Digital Hospital of Things' Figure 1 below) programme, the Trust also achieved level 5 maturity status within the; Healthcare Information and Management System Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM). It is the intention to move quickly toward an independently accredited HIMSS level 6 status.

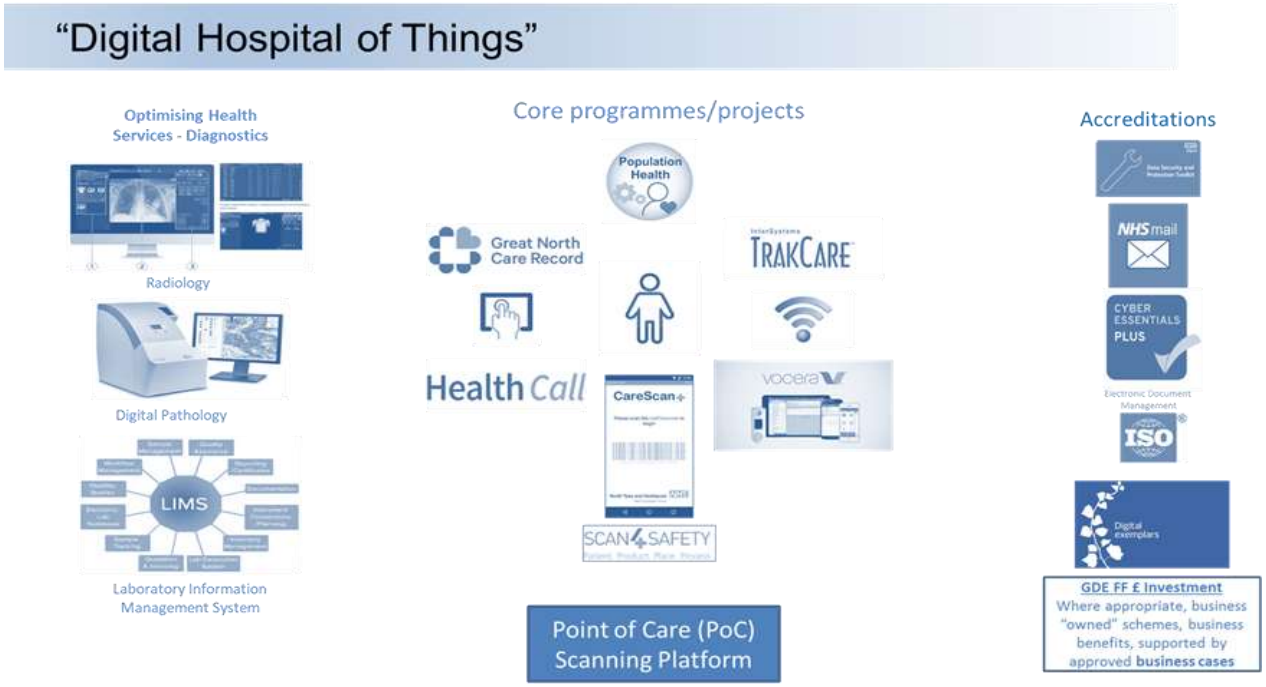


Figure 1.

Further development of functions and features within the TrakCare Electronic Patient Record (EPR) platform continued, this included the expansion of the Active Clinical Noting (ACN) into wider areas of the Trust. In addition, Electronic observations (eObservations) and wireless integration of bedside monitors into the EPR went live and was welcomed positively from clinical staff. This, along with the successful deployment of the Electronic Prescribing and Medicines Administration (EPMA) functions has demonstrated major transformational benefits for our patients and staff.

The Trust is currently testing the integration of the EPR system with the Vocera communication platform; the technology has already resulted in more timely and efficient staff communications processes being delivered. The integration of the EPR and Vocera platforms adds a further transformational dimension that will further improve patient outcomes. The development and internal usage of the Trust designed and built "Point of Care" scanning solution 'CareScan+' continued during the reporting period, this also include a published Blueprint as part of the GDE FF programme.

Data and Cyber security remains a high priority agenda item for our trust, we are on target to implement and be independently assessed against Cyber Essentials Plus (CE+) standard, and this will provide demonstrable evidence of the organisational commitment to ensure that data and cyber security is a key priority.

We remain committed to, and an integral part of, the broader regional collaboration across the NENC ICS and the sub-regional TVHCP. The Trust has led and also supported a number of regional digital programmes linked to optimising health services and information sharing initiatives such as the Great North Care Record (GNCR). Our Chief Information and Technology Officer (CITO) continues to work on part-time basis within the trust and as the Chief Digital Officer (CDO) across the NENC ICS.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North Tees & Hartlepool NHS Foundation Trust
1,000,000,000 likes
North Tees & Hartlepool NHS Foundation Trust #caringtogether

3.1.6 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 and furthering the ambitions contained within the NHS Long Term Plan.

We continue to maintain a strong focus on the external partnership environment and this has been further developed through the Trust's focus on the prevention agenda with colleagues from the Hartlepool and Stockton Clinical Commissioning Group (CCG), Hartlepool Borough Council and Stockton Borough Council' Public Health teams. This has culminated in a significant piece of work to establish strategic interventions aimed at alcohol, smoking and obesity through partnership, and it is an important aspect of the Trust's approach towards improving the health of the population.

Population health and public health, in general, will therefore remain a key priority for the Trust and the involvement and leadership of clinicians is pivotal to this. However, a strong and effective communication and engagement approach is equally important and the Trust has developed effective engagement strategies with the appropriate stakeholders during this reporting 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 Trust staff to share good practice and improve communications across local health service providers in primary and secondary care.
- 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 patients.
- Local Health and Wellbeing Boards and Partnerships covering Stockton, Hartlepool and County Durham and Darlington local authority areas.
- 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 stronger alliances with colleagues at South Tees and County Durham and Darlington Hospitals 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 continues to provide high quality care and support for through a combination of the Trust's Urgent Care Centre (UCC) and a high performing Emergency Department (incorporating Accident & Emergency). The provision of the UCC is a vital component in easing some of the burdens and strains on the A&E department and staff continue to work closely with the GP Federation on admission avoidance and how the Trust can make improvements to its future operating model. Strong stakeholder relationships are key to the development and delivery of the system wide partnerships and the Trust continues to expand on the collaborative work carried out to date to support further service reform.

3.1.7 Issues, opportunities and risks

The Trust has mechanisms in place to manage risk, supported by its Corporate Governance structure and Risk Management Strategy. Further detail on this can be found in the Annual Governance Statement, section 4.7, which also describes how specific risks are identified, assessed and mitigated as part of the Trust's risk management processes.

The Trust was set a control total for 2019-20 by NHS Improvement that required us to deliver a £10.2m deficit position. If we were able to deliver this position, it would be matched by £10.2m of Provider Sustainability Fund ('PSF'), Financial Recovery Fund ('FRF') and Marginal Rate Emergency Threshold ('MRET') income resulting in an overall breakeven position.

The Trust achieved the 2019-20 control total posting an overall surplus of £0.7m. This position included the full £10.2m PSF/FRF/MRET income. The improvement in the financial position demonstrates we are continuing to improve our underlying deficit position and this is underpinned by efficient and effective cost containment controls and processes.

During 2019-20 there was an impairment of £17.6m predominantly relating to the Trust's Energy Centre. This does not impact on control total delivery or the cash position and is an accounting adjustment based on a valuation of the Trust estate by the District Valuer.

The delivery of the continued improved financial position is due in part to the robust financial governance and reporting framework that has operated during 2019-20 which has maintained 'grip and control' over our financial position. The Trust has engaged effectively with NHS Improvement during 2019-20 and successfully delivered the efficiency challenge of £15.2m.

2020-21 Outlook

Pre COVID-19, the Trust was assigned a control total for 2020-21 of a deficit of £1.2m (excluding charitable and exceptional items), which if achieved, would enable the Trust to access £1.2m Financial Recovery Fund (FRF) leading to an overall breakeven position.

Since the emergence of COVID-19 in March 2020, the NHS is facing an unprecedented challenge and as a result, the annual planning process whereby the Trust submits planned financial, workforce and activity figures to NHS England and Improvement has been suspended, as have all contract negotiations between commissioners and providers.

NHS Improvement issued guidance in March 2020 implementing interim financial arrangements across a four-month period (1 April to 31 July 2020). This effectively suspended the formal framework and sought to;

- Ensure the NHS has sufficient money to do what is needed during the next four months;
- Ensure that the costs of dealing with COVID-19 are known and funded; and
- Ensure that good financial governance is maintained throughout the period.

The uncertainty and financial risk relating to COVID-19 has been mitigated in the first four months of 2020-21, with the mandatory implementation of temporary "block contract" payments between commissioners and providers. These contracts are based on historic 2019-20 average spend with the scope for 'top ups' retrospectively paid to providers if there is a material shortfall in funding relating to either COVID-19 expenditure or loss of business as usual income.

The Trust anticipates that from August 2020 onwards these interim arrangements will continue, however, at the time of writing this had not been confirmed. It is worth noting the financial uncertainty around future arrangements however we will continue to focus on cost containment to ensure our underlying financial position is not jeopardised.

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

The Trust will play a key part in the Integrated Care System and Tees Valley Health and Care Partnership, looking at ways to address clinical and financial sustainability for the longer term.

The Trust has strengthened its management and governance arrangements; 2019-20 saw the implementation of Clinical Care Groups within the organisation, which has given autonomy for Care Group Directors, Senior Clinicians and Senior Managers to operate within a well-established financial framework. This framework will be maintained throughout 2020-21, whilst adapted to allow us to support clinicians as effectively as possible throughout the COVID-19 pandemic.

3.1.8 Going Concern

The Trust, in preparing the annual statement of accounts has undertaken an assessment of its ability to continue as a going concern.

The management of the Trust has not, nor does it intend to apply to the Secretary of State for the dissolution of the foundation trust and therefore the accounts should be prepared on a going concern basis.

In terms of the provision of services into the future; a four-month block contract to July 2020 has been nationally mandated between all commissioners and providers during the COVID-19 pandemic. This is to ensure sufficient funding / cash is available to support the national response across the NHS. In due course, commissioners will be required to ensure clinically and financially sustainable services within the hospital and have agreed in principle a contract arrangement with no penalty or other deductions for 2020-21. At present, we are awaiting national planning guidance as to the arrangements following the four-month emergency period, with the expectation that the in-principle contracting arrangements agreed for 2020-21 will be implemented. The accounts should therefore be prepared on a going concern basis.

The draft operational plan and financial plan have been reviewed by NHSI, and at no point has reference been made to the organisation of it not being a going concern. The accounts should therefore be prepared on a going concern basis.

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. The view from the Department of Health is that as long as there is cash available to cover liabilities then NHS organisations remain a going concern.

The Trust has a comprehensive cash management process in place with weekly cash flow forecasting that is updated on a daily basis. The Trust has also reviewed the process for applying for Planned Term Support should the need arise over the course of the financial year. The Trust does not intend to utilise this support, nor anticipates the need to do so. The accounts should therefore be prepared on a going concern basis.

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.

It should be noted that the interim financial arrangements have only been confirmed for four months of 2020-21 and consequently, the Trust is unable to confirm a cash position for the remainder of the financial year. 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. This position is replicated across all providers in the NHS and is a consistent position nationally and represents a material uncertainty as the timing and value of the future cash receipts are unknown. This is being considered nationally by the Department of Health, NHS Improvement and The Treasury. It remains the case that the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. While these allocations may be subject to minor revision as a result of the Covid-19 financial framework, the guidance has been clarified to inform CCGs that they will be provided with sufficient funding for the year. Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this.

For further comment in this regard, please see note 1.2 to the accounts, page 271.

3.2 Performance Analysis

3.2.1 Performance and Development of the Trust's Business

During 2019-20, the Trust has continued to review and re-model our 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 introduction of the Care Group Directorate structure has further enabled a continued review and improvement of patient pathways, supported by fully integrated acute and community care and collaborative working with social care and Tertiary partners.

The table below outlines the Trust activity within 2019-20. A number of the points of delivery indicate a reduction on the previous year's activity, however it should be noted that the impact of the Covid-19 pandemic on day to day attendances and admissions had already started to have an impact at the end of March 2020. This needs to be taken into consideration when reviewing the two years' comparative data.

2019-20 has continued to see high levels of activity across the 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.

Overall emergency admissions remain high, however the Trust continues to see, diagnose and treat a significant number of emergencies through the Ambulatory Care unit, approximately 26% of all emergency presentations, a positive move to reducing avoidable admissions and the subsequent associated pressures within the base wards.

Outpatient attendances indicate a decrease, in line with a move to reduce review outpatients and a shift towards non-face to face appointments.

Point of Delivery	2018 19 Actual	2019 20 Actual	Variance against 2018 19	%Variance against 2018 19
A&E Attendances	175,584	173,120	-2,464	-1.40%
Day Case Admissions	36,530	35.598	-932	-2.55%
Inpatient Planned Admissions	4,711	4,578	-133	-2.82%
Inpatient Emergency Admissions	43,383	41,216	-2,167	-5.00%
Ambulatory Care Attendances	10,824	11,653	829	7.66%
Outpatient Attendances (New and Review)	180,221	166,394	-13,827	-7.67%
Ward Attendances	37,089	39,303	2,214	5.9%

The movement towards reduced review appointments and increased short stay (ambulatory care) admissions is in line with the requirements of the NHSE/I Long Term Plan commitments.

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 uses the NHS Improvement Model Hospital data to identify the operational efficiency opportunities across the individual directorates and is progressing delivery of potential productivity and efficiency opportunities through a structured programme of work, supported by our organisation's Project Management Improvement Office (PMIO) function.

Continuous service improvement is recognised as key to delivering enhanced operational efficiency, increased productivity and quality patient pathways. Projects are 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.

The Trust also monitors the quality of care provided and the extent to which the annual priorities for quality improvement are being met. Sources of information which are used to inform how the Trust is performing from a quality perspective include:

- Patient experience data
- Inspections
- Complaints and patient feedback
- Clinical audit

Further details on the monitoring of quality improvements is outlined in the Quality Accounts in Section 5. 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.

3.2.3 Emergency Preparedness Resilience and Response (EPRR) Assurance 2019-20

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, we declared ourselves as demonstrating the following level of compliance against the 2019-20 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	3	0	0
Response	7	7	0	0
Warning and informing	3	3	0	0
Co-operation	4	4	0	0
Business continuity	9	6	3	0
CBRN	14	14	0	0
Total	64	60	4	0

Deep Dive	Total Standards Applicable	Fully Compliant	Partially compliant	Non Compliant
Severe Weather response	15	15	0	0
Long Term Adaptation planning	5	3	2	0
Total	20	18	2	0

Overall assessment:	**Substantially compliant**

3.2.4 Care Quality Commission

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 improved to '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 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 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.

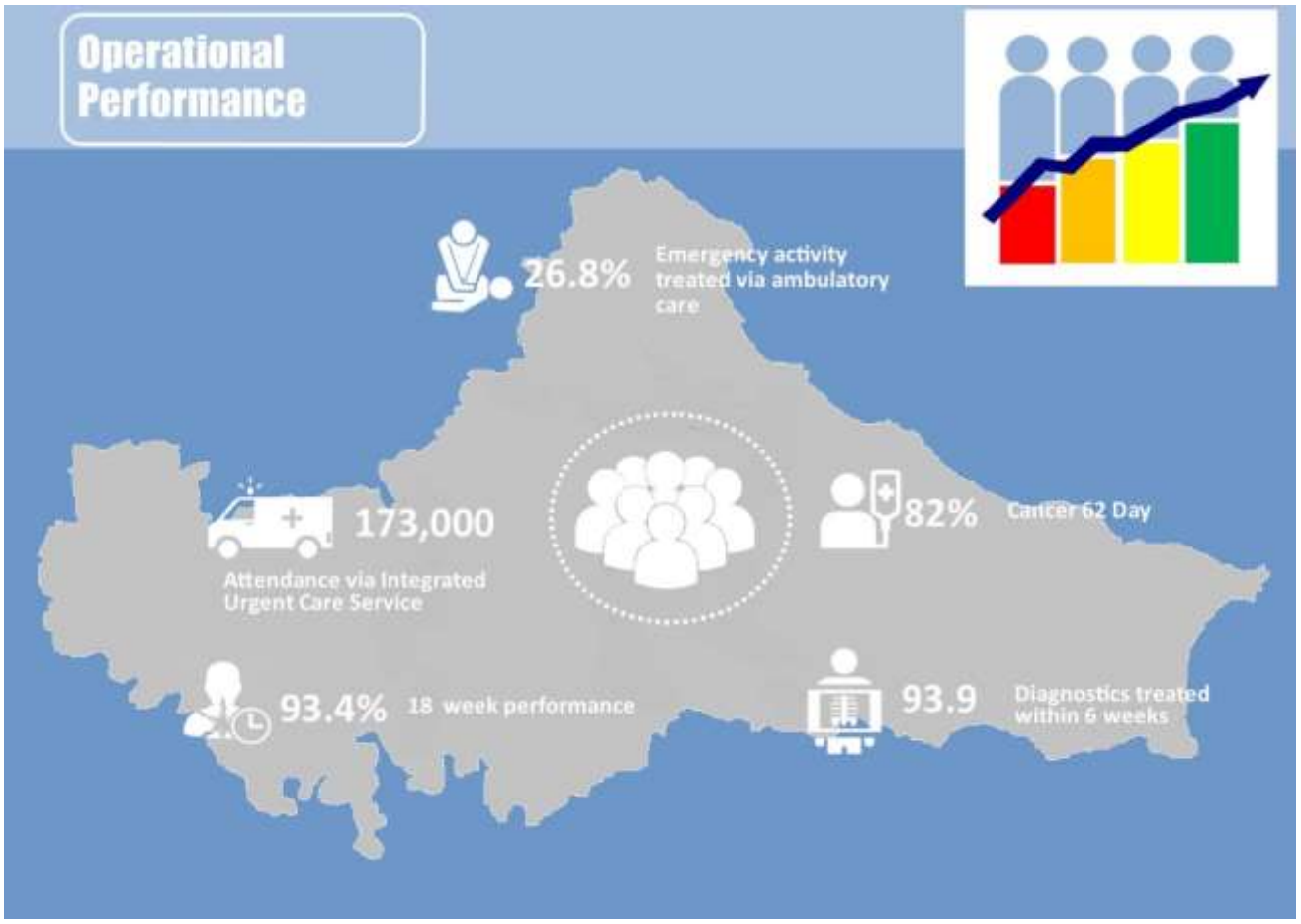
We are now working towards achieving an `Outstanding` rating and there is a strong focus on continuous learning and quality improvement at all levels throughout the organisation. The trust proactively supports a culture of innovation and improvement with a number of initiatives being driven from the 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 organisation. 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 our Population First` is our main objective and it is important the Trust creates 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.

3.2.5 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 2019-20, with the Trust's annual objective set at 56 cases. However, despite the revised standard, we achieved the set objective reporting 53 cases overall. 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.

During 2019-20, our Trust was chosen to take part in the pilot of the revised Emergency Care standards, alongside 13 other organisations. As such, the Trust was not required to monitor and report the inherent A&E 4-hour standard in-year, therefore this standard is not reported with this Annual Report.

To support the continuous improvement in flow at the front of house, alongside the monitoring of the revised 'pilot 'emergency care standards, admission and discharge processes have been further reviewed to ensure 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 our control. This is in line with the national picture, with influencing factors including complex patient pathways, patients requiring multiple diagnostic tests, tertiary pathways, advances in technology and patient choice being some of the key pressures impacting on the 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	2019 20 Performance	2018 19 Performance	Achieved (cumulative)
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	N/A	97.18%	N/A
Cancer 31 day wait for second or subsequent treatment – surgery (2019-20 Provisional)	94%	95.00%	98.84%	✓
Cancer 31 day wait for second or subsequent treatment – anti cancer drug treatments (2019-20 Provisional)	98%	99.22%	100.00%	✓
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) (2019-20 Provisional)	85%	82.79%	84.83%	x
Cancer 62 Day Waits for first treatment (from NHS cancer screening service referral) (2019-20 Provisional)	90%	94.53%	96.25%	✓
Cancer 31 day wait from diagnosis to first treatment (2019-20 Provisional)	96%	98.69%	99.38%	✓
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected) (2019-20 Provisional)	93%	92.43%	94.11%	x
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected) (2019-20 Provisional)	93%	94.70%	96.16%	✓
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways (2019-20)	92%	93.42%	94.21%	✓
Referral to Treatment 52 Week Waits (2019-20)	0	0	0	✓
Number of Diagnostic waiters over 6 weeks (2019-20)	99%	93.82%	98.69%	x
Community care data completeness – referral to treatment information completeness(Apr 19 - Feb 20)	50%	96.20%	96.11%	✓
Compliance with access to healthcare for patients with learning disabilities	100%	Full compliance	Full compliance	✓
Other National and Contract Indicators	**2019 20 Target**	**2019 20 Performance**	**2018 19 Performance**	**Achieved**
Cancelled Procedures for non-medical reasons on the day of op (2019-20)	0.80%	0.51%	0.41%	✓
Cancelled Procedures reappointed within 28 days (2019-20)	100%	95.57%	99.41%	x
Eliminating Mixed Sex Accommodation	Zero cases	0	0	✓
A&E Trolley waits > 12 hours	Zero cases	0	0	✓
Choose and Book slot issues (Apr 19 – Feb 20)	<4%	4.60%	3.60%	x
Stroke – 90% of time on dedicated Stroke unit (Apr 19 - Jan 20)	80%	92.81%	91.73%	✓
Stroke – TIA assessment within 24 hours (Apr 19 - Feb 20)	75%	85.45%	91.67%	✓
Delayed transfers of care (2019-20)	<3.5%	2.09%	2.99%	✓
VTE Risk Assessment (2019-20)	95%	97.21%	97.72%	✓
Mandatory Training Compliance (Mar 20)	80%	90.00%	89.00%	✓
Turnover Rate (Mar 20)	10.0%	9.42%	8.70%	✓

Operational Efficiency Indicators	2019 20 Target	2019 20 Performance	2018 19 Performance	Achieved
New to Review Ratio (2019- 20)	1.45	1.33	1.30	✓
Outpatient DNA (new) (2019-20)	5.40%	7.86%	7.98%	x
Outpatient DNA (review) (2019-20)	9.00%	10.02%	9.76%	x
Length of Stay Elective (Jan 19 – Dec 19) (HED)	3.33	2.16	1.67	✓
Length of Stay Emergency (Jan 19 – Dec 19) (HED)	4.26	3.43	3.48	✓
Quality Indicators	**Standard/ Trajectory**	**2019 20 Performance**	**2018 19 Performance**	**Achieved**
Clostridium Difficile – variance from plan (objective) (2019-20)	56	53	35	✓
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia (2019-20)	0	0	4	✓
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia (2019-20)	21	26	25	x
Escherichia coli (E.coli) (2019-20)	50	52	43	x
Trust Complaints - Formal CE Letter (Stage 3) (2019-20)	<270	150	183	✓
Trust Complaints Compliance within agreed timescales (Apr 19 – Jan 20 19)	95%	97.60%	96.00%	✓
Trust Falls with Fracture (2019-20)	<20	18	26	✓
Friends and Family Test - Would Recommend (2019-20)	95%	95.00%	95.10%	✓
Never Event (2019-20)	0	1	0	x
Hand Hygiene (2019-20)	95%	98.00%	97.00%	✓
Hospital Standardised Mortality Ratio (HSMR) (Dec 18 – Nov 19)	< 102	91.3	103.12	✓
Summary Hospital-level Mortality Indicator (SHMI) (Nov 18 – Oct 19)	< 106	98.53	105.91	✓

3.2.6 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 agreement. 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 2020-21, linked to the provision of safe, efficient and cost effective services:

Planned Service Development Priorities for 2020-21 include:

Emergency Care / EAU and Ambulatory Care

- Building on the capabilities of the 'Vocera' clinical communication system across the Care Group.
- Further expansion of Rapid Assessment with consideration of 24-hour service linking closely with urgent care.

In-Hospital Care

- Review and development of nursing associates and advanced clinical practitioners to compliment the workforce.
- Development of commission EUS service.
- Development of 7-day cardiology service.
- Review of artificial intelligence for use in stroke services and intervention.

Out of Hospital Care (including Outpatients)

- Partnership working with Primary Care Networks to enhance service provision including, support to care homes, anticipatory care and first contact practitioners.
- Service development of integrated MSK model (pain/rheumatology)
- Development of an integrated respiratory pathway.
- Further develop and implement virtual video clinics, 'Attend Anywhere'.
- Establish digitalisation of 2-way communication between the Trust and patients.
- Introduction of Active Hospital principles – to embed physical activity across care pathways

General Surgery and Urology

- Work with key stakeholders to develop cross hospital site urological pathways in line with the Getting it Right First Time recommendations
- Expansion of breast services in line with agreed programme of change across the Tees Valley.
- Introduction of multi-site iodine seed to support breast localisation procedures on the Hartlepool hospital site

Trauma and Orthopaedics

- Expansion of diabetic foot management pathway working collaboratively across the Tees Valley.
- Increase in upper limb trauma services supported by nurse practitioners and specialist physiotherapy.
- Introduction of acute back pain pathway in conjunction with A&E and MSK to support patients in the community setting and thus reduce emergency admissions.

Anaesthetics

- Development of the anaesthetic clinical workforce including the introduction of Advance Critical Care Practitioners
- Estate improvements to ensure theatres are fit for future purpose with the changing case mix of surgical procedures.
- Introduce revised chronic pain service delivery model in conjunction with MSK

Women and Children

- Development of Paediatric Hub with Single Point of access to integrate paediatric multidisciplinary care pathways
- Introduction of maternity hub at University Hospital of Hartlepool including delivery of low risk births.
- Improvements to the patient pathway for Urogynaecology.
- Development of outpatient procedures to support women, including manual vacuum aspiration (MVA) and post-menopausal bleeding (PMB)
- Establish a specialised obstetric perineal clinic
-

Clinical Support Services

- Development of business and operating models for collaborative Pathology Services
- Investment in a Cardiac enabled CT Scanner providing additional capacity, service improvement and business continuity.
- Increased provision of ultrasound diagnostics in the community.
- Development of service improvements to support medicines management optimisation.
- Development of DNA analysis in-house.

Corporate Services

- Implementation of Patient Safety Specialist
- Development of technology systems to support the National Accessibility Standard
- Further develop the Incident management system.
- Exploration of collaborative opportunities with partners for example, integrated apprenticeships and use of robotics.
- Development and implementation of a Sustainability Management Strategy
- Expansion and further development of the Volunteer services.

3.2.7 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 and pandemic pressures.
- Emergency Care Standards, including the proposed new outcome and critical hour 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, alongside the Long Term Plan commitment to increase Same Day Emergency Care pathways.
- 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, supported by robust management of elective procedures across both hospital sites. We have absorbed a significant number of ambulance diverts from other organisations during the winter period, however 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 landscape 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.

3.2.8 Environment, Sustainability and Climate Change

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

- Completed the capital programme for the period 2019-20 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;
- Year 1 of the 5-year backlog maintenance plan has been completed to address the high backlog maintenance levels within the Trust Estates.

In terms of capital investment, the Trust spent a total of £13.86m, against a budget of £14.7m, which is 94% of the Trust's planned spend for the 2019-20 year.

- Medical Equipment replacement allocation in the 2019-20 financial year was £2.49m.
- The backlog maintenance costs across our whole estate was reduced by £2.65m, from £40.5m to a revised total of £37.85m. High risk backlog maintenance was reduced from £5.1m to £3.7m.
- The Trust successfully secured £459K of external funding to replace the CT scanner on the Hartlepool site.
- North Tees and Hartlepool Solutions LLP successfully secured £300,000 of external funding to replace existing lighting with LED equivalents across the Trust estate.
- Work continues on the replacement fire alarm system on the North Tees site. This project is anticipated to be completed by quarter 2 of 2020-21 and be delivered within budget, although work has been paused due to COVID-19.
- The replacement and refurbishment of lifts on the North Tees site is well underway and was phased over a number of years, with final completion due in 2020-21, although work has been paused due to COVID-19.

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'.

Through the Environmental, Sustainability and Carbon Governance Committee we initiated a Carbon Management Plan in 2010 with the following aims:

- To work towards a low carbon environment across our 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 initially aimed to reduce its 2007 carbon footprint by 10% by 2015, which required us to curb the level of growth in emissions and reverse the trend in absolute emissions and this was initially established to focus resources into deliverable short, medium and long-term goals with an ambitious stretch target of 20% reductions.

The initial period of the Carbon Management Plan (CMP) was completed successfully in 2016, achieving the ambitious CO_2 emissions reduction targets: 17% over the 5-year programme and 20% against the Government benchmark year of 2007-08. Continuing the reduction in the Carbon Footprint, a further reduction target of 2% per year was set. This target has been exceeded and the value is now over 30% down against the Government benchmark.

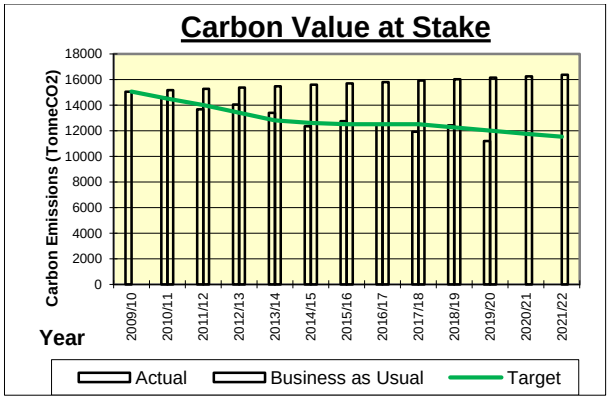
In 2019-20, the Trust has seen its annual Carbon Footprint reduced by a further 10% through good Combined Heat and Power (CHP) running, reduced demands and further Capital funding:

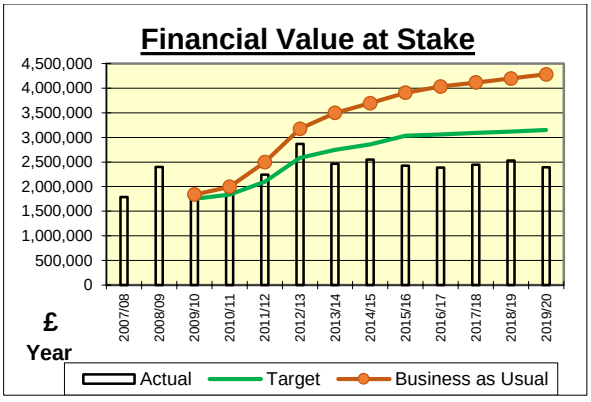
- Significant investment in LED lighting – aided by £300,000 fund from NHS Improvement.
- Installation of modern energy efficient and compliant air conditioning plant.

- Solar PV generation from the 2 arrays on Podium and Energy Centre roofs.
- Incremental enhancements of bringing the new Energy Centre on line, with improved insulation, energy management controls and optimisation of the CHP heat recovery.

From these schemes, previous successes in carbon reduction, participation in the 'Good Corporate Citizen Assessment' model developed by the Sustainable Development Commission and the continued efforts of the multi-disciplinary team, we have achieved and exceeded our targets saving over £10m in accumulated cost avoidance from the programme, against the Carbon Trust's predicted Business as Usual modelled costs.

The benefit has been demonstrated through excellent DEC ratings, both sites at Hartlepool and North Tees have been graded C (an improvement on last year, which was C /D respectively).





Premises Assurance Model (PAM)

The NHS PAM has been produced for the financial year 2019-20 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 2020-21 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 in accordance with the Regulatory Reform (Fire Safety) Order 2005. There are no significant risks arising from these fire risk assessments. Compliance is being achieved due to internal provisions within the Trust & North Tees Solutions LLP and with regular advice from our Authorising Engineer (Fire) CFB Risk Management who also supply an Annual Report. Assurance is further enhanced by regular Fire Safety audits undertaken by Cleveland Fire Brigade for Hartlepool and North Tees sites and by Durham and Darlington Fire and Rescue Service for Peterlee Community Hospital who are the Regulatory bodies responsible for enforcement of the Fire Safety Order.


Patients Name
Consultant
My Nurse today is:

4. Accountability Report

The previous section offers a comprehensive overview of our performance, incorporating a review of our business, a summary of our strategy, and a description of the principal risks and uncertainties we face.

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 staff, including details on staff 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 2019 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 2019-20 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. The Board of Directors and the Council of Governors ensure application and compliance with the Code to ensure the organisation is managed and governed properly.

The Trust was authorised as a Foundation Trust in December 2007; led by a Board of Directors who are responsible for exercising the powers of the Trust and a body that sets the strategic direction, allocates the Trust's resources and monitors its performance. The Board of Directors 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 44-50.

The Council of Governors is responsible for representing the interests of NHS Foundation Trust members, patients, carers, members of the public and stakeholder organisations across the areas served by the Trust. It exercises statutory powers, 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.

There are five 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 covering topical issues and key areas of interest providing useful opportunities to interact with the Governors.

The range of development and information sessions held during 2019-20 focused on the following key themes:

NHS Staff Survey	Organisational Form
Governor Roles and Responsibilities	Quality and Safety

Members of the Board also attend various sub-committees of the Council of Governors to engage with Governors on specific issues. Formal pre-Council of Governor meetings are held which provide a great opportunity for open debate with the Non-Executive Directors.

Governors are invited to attend the public Board of Directors meetings to, observe decision making processes and challenge from Non-Executive Directors.

There has not been a requirement during 2019-20 to seek resolution for disagreement between the Board of Directors and the Council of Governors. There is an appointed Senior Independent Director, who is available to Governors and members for contact in the event of any concerns.

4.1.2 Council of Governors

Our Trust values the contribution of its Governors and the plethora of experience they bring. 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.

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	

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). After which requests in writing can be made to be considered for single terms of office. 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 2019, and were conducted by Electoral Reform Services (ERS) 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 2019:

Constituency	Number to elect	Positions filled
Hartlepool	3	3
Stockton-on-Tees	4	4
Sedgefield	2	2
Easington	2	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
11 November 2019	Hartlepool	245	15.4	1,587
11 November 2019	Stockton-on-Tees	419	17.1	2,449
11 November 2019	Sedgefield	105	22.3	471
11 November 2019	Easington	Unconstested	-	-
11 November 2019	Staff	649	11.6	5,602

Meetings of the Council of Governors

The Council of Governors meetings are held in public, five were held during 2019-20.
In addition to the formal meetings, there are a range of sub-committees in which Governors engage. The sub-committees are aligned to an Executive Director's portfolio and focus on specific areas:

Strategy and Service Development Committee – aimed at advising 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 – aimed at raising 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 – aimed at appointing and/or removing 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, Price Waterhouse Cooper LLP was awarded the contract for two years with the provision for a further two-year extension. During 2018 and 2019 the External Audit Working Group met to discuss options for future service provision and recommended that the contract with Price Waterhouse Cooper be extended for 12 months each year utilising the two-year extension arrangement ratified by the Council of Governors. A tender process would be required for the period 2020-21 onwards.

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 2019, 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 Steve Hall for a further one-year term of office. It was noted that Brian Dinsdale, Non-Executive Director/Vice Chair, would stand down as Vice Chair on 31 December 2019 and he assumed the role of Independent Chair of NTH Solutions LLP with effect from 1 January 2020.

The Nominations Committee, also oversaw the shortlisting, interviewing and appointment process for the three new Associate Non-Executive Directors as part of succession plans and to support the wider health agenda. The appointments were effective from 1 July 2019. The new Associate Non-Executives commenced a period of shadowing and transition with existing Non-Executives prior to taking over the chairmanship of the various committees on a phased basis.

In advance of Rita Taylor and Brian Dinsdale stepping down from their roles, Ann Baxter and Philip Craig took over the committee duties and were appointed as full Non-Executive Directors. In addition, Philip Craig was appointed at the new Senior Independent Director replacing Rita Taylor with effect from 1 April 2020. Steve Hall was appointed as the Vice Chair with effect from 1 January 2020. To continue to support the wider system agenda Rita Taylor elected to continue her tenure in the role of Associate Non-Executive Director.

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.

Nominations Committee Attendance

Name	Total Number of Meetings Attended	Total Number of Meetings Held
Paul Garvin	2	2
Linda Nelson	1	2
Tony Horrocks	2	2
Alan Smith	2	2
Janet Atkins	1	2
Wendy Gill	2	2
Carol Alexander	2	2
Barbara Bright	2	2

Who's who – Council of Governors

Appointed Governors	Representing	Total number of meetings attended	Total number of meetings held	Member of committee (see key)
Jim Beall	Stockton-on-Tees Borough Council	3	5	-
Lee Cartwright[1]	Hartlepool Borough Council	-	1	-
Mike Young[2]	Hartlepool Borough Council	1	3	-
Eunice Huntington	Durham County Council	2	5	-
Andrew Gennery[3]	Newcastle University	-	4	-
Dominic Johnson[4]	Newcastle University	-	1	
Tony Alabaster	University of Sunderland	-	5	-
Linda Nelson	University of Teesside	3	5	NC

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	5	5	MSC, NC
John Hugill	Staff	2 years from 2017	2019	3	3	-
Manuf Kassem	Staff	3 years from 2012 re-elected for 3 years 2015, 1 year from 2018 & 3 years 2019	2022	5	5	-
Asokan Krishnaier	Staff	3 years from 2017	2020	4	5	-
Terry Mazzella-Sorby[5]	Staff	3 years from 2018	2021	1	2	-
Dave Russon	Staff	3 years from 2018	2021	5	5	SSDC,
Andy Simpson	Staff	3 years from 2019	2022	1	1	
Siva Kumar	Staff	2 years from 2019	2021	1	1	

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 2016 & 2019	2022	4	5	MSC
Thomas Sant[6]	Hartlepool	3 years from 2010 re-elected for 3 years 2013 & 2016	2019	0	4	
Alan Smith	Hartlepool	3 years from 2015, re-elected for 3 years from 2018	2021	5	5	SSDC, MSC, NC & EAWG
George Lee	Hartlepool	3 years from 2015, re-elected for 3 years from 2018	2021	4	5	SSDC
Roger Campbell	Hartlepool	2 years from 2015 re-elected for 3 years 2017	2020	1	5	
Geoff Northey	Hartlepool	1 year from 2019	2020	1	1	
Ian Simpson	Hartlepool	3 years from 2019	2022	1	1	
Janet Atkins	Stockton	3 years from 2009, re-elected for 3 years 2012, 2015 & 2018	2021	4	5	SSDC, EAWG, NC, MSC
Ann Cains	Stockton	3 years from 2011 re-elected for 3 years 2014 & 2017	2020	3	5	SSDC, MSC
Margaret Docherty	Stockton	3 years from 2013, re-elected for 3 years 2016 & 2019	2022	4	5	SSDC
Mark White	Stockton	3 years from 2015, re-elected for 3 years from 2018	2021	5	5	SSDC, EAWG
Tony Horrocks	Stockton	3 years from 2014, re-elected for 3 years 2017	2020	4	5	SSDC, MSC, NC & EAWG
John Edwards	Stockton	3 years from 2014, re-elected for 2 years 2017 and 3 years 2019	2022	5	5	SSDC, EAWG
Kate Wilson	Stockton	3 years from 2009 re-elected for 3 years 2012, 2015 & 2018	2021	3	5	SSDC
Gavin Morrigan	Stockton	3 years from 2018	2021	3	5	SSDC,
Jean Kirby	Stockton	3 years from 2019	2022	1	1	
Pat Upton	Stockton	1 year from 2019	2020	1	1	
Victor Manejero	Stockton	2 years from 2018	2020	3	5	EAWG
Mary King	Easington	3 years from 2010 re-elected for 3 years 2013, 2016 & 2019	2022	5	5	SSDC, MSC
Wendy Gill	Sedgefield	3 years from 2010 re-elected for 3 years 2013,	2022	4	5	SSDC, MSC, NC
Carole Lawford	Sedgefield	1 year from 2019	2020	1	1	
Alison McDonough	Non-core public	3 years from 2014, re-elected for 3 years 2017	2020	3	5	SSDC

The cost of Council of Governors meetings and expenses, including travel and subsistence, for 2019-20 was £2,560 (2018-19: £4,040)

Key:

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

[1] Lee Cartwright was appointed in May 2019 and stood down in August 2019
[2] Mike Young was appointed in September 2019
[3] Andrew Gennery stood down in December 2019
[4] Dominic Johnson was appointed in January 2020
[5] Terry Mazzella-Sorby resigned with effect 10 August 2019
[6] Tom Sant did not stand for re-election in December 2019, and sadly passed away in February 2020

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

Trust Membership

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 11,042 members, which comprise 5,494 public members and 5,548 staff members:

Constituency	Number of members	Percentage of membership
Hartlepool	1,565	28.49%
Stockton-on-Tees	2,403	43.74%
Easington	810	14.74%
Sedgefield	466	8.48%
Non-Core	250	4.55%
Total	**5,494**	

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 our organisation 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.

Two Trust member events were held twice in 2019-20, they provide opportunity for members to receive and discuss information relating to our services. In this period, we showcased population health and clinical research opportunities.

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 to communicate with its members via email to circulate bulletins and keep them up to date with new announcements. Members can also send emails to their elected Governor via the Trust's website. Social media has become a very productive medium to keep our members abreast of new developments.

4.1.3 Board of Directors

As a Foundation Trust, the Board of Directors are accountable to the independent regulator NHS Improvement (Monitor), to the health quality regulator, the Care Quality Commission, and locally to the Council of Governors and members. The Board of Directors 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 Chair, six Non-Executive Directors (NED), who are voting and two Associate Non-Executive Directors who are all independent; with 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 51-54. 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 51-54.

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 2020 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 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 2019-20. 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 2020	
	Number	£'000
Non NHS		
Total bills paid in the year	75,921	200,794
Total bills paid within target	53,371	130,991
Percentage of bills paid within target	**70.3%**	**65.2%**
NHS		
Total bills paid in the year	1,639	33,262
Total bills paid within target	896	12,577
Percentage of bills paid within target	**54.7%**	**37.8%**
Total		
Total bills paid in the year	77,560	234,056
Total bills paid within target	54,267	143,568
Percentage of bills paid within target	**70.0%**	**61.3%**

Board of Director's Attendance

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 2019-20 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.

Due to the outbreak of Coronavirus the Board of Directors meeting held on 26 March 2020 was held virtually; the decision was also taken for key sub committees to be conducted using this medium with the exception of the weekly Executive Team Meetings, and all non-essential meetings were cancelled to allow for the appropriate management of the pandemic.

The performance evaluation of the Board, its activities and committees is presented throughout this section, and assurance is provided in section 4.7, page 82.

Board 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.

Board of Director's Attendance

Name	Total No. of meetings attended	Total No. of meetings held	Notes
Paul Garvin, Chairman	15	15	
Brian Dinsdale, Non-Executive Director	13	15	Vice Chair to 31 December 2019
Stephen Hall, Non-Executive Director	15	15	Vice Chair from 1 January 2020
Rita Taylor, Non-Executive Director	11	15	Senior Independent Director
Kevin Robinson, Non-Executive Director	15	15	
Jonathan Erskine, Non-Executive Director	13	15	
Philip Craig, Non-Executive Director	11	11*	Commenced 1 July 2019
Ann Baxter, Associate Non-Executive Director	11	11*	Commenced 1 July 2019
Neil Schneider, Associate Non-Executive Director	11	11*	Commenced 1 July 2019
Julie Gillon, Chief Executive	14	15	
Deepak Dwarakanath, Medical Director/Deputy Chief Executive	15	15	
Levi Buckley, Chief Operating Officer	8	8*	Commenced 4 November 2019
Neil Atkinson, Director of Finance	13	15	
Julie Lane, Chief Nurse/Director of Patient Safety & Quality	14	15	
Alan Sheppard, Chief People Officer	13	15	
Lynne Taylor, Director of Planning & Performance	14	15	
Graham Evans, Chief Information & Technology Officer	15	15	
Barbara Bright, Director of Corporate Affairs & Chief of Staff	13	15	

(*) Total number of meetings that could be attended following membership.

Well Led

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.

Following the independent external Well Led review in 2018 it was recognised that the Trust's future role and position in a more integrated health and care system was identified as an area of vulnerability with a recommendation that further development was 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 two-day programme took place in May 2019 to address this and other recommendations, with a follow-up session in July. The development sessions enabled discussion regarding system development and key risks to the organisation which were considered as part of a refresh of the Board Assurance Framework along with risk appetite. A Consultant in Public Health was appointed by the Trust to drive forward the population health and health prevention agenda.

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. The Board of Directors 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 82.

To provide the appropriate level of challenge and oversight the formal sub-Committees of the Board of Directors are each chaired by a Non-Executive Director with the exception of the Remuneration Committee which is chaired by the Trust Chairman.

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.

Name	Total number of meetings attended	Total number of meetings held
Paul Garvin	4	4
Rita Taylor	3	4
Stephen Hall	4	4
Kevin Robinson	2	4
Brian Dinsdale	1	4
Jonathan Erskine	1	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 of the Committee from 1 April 2019 to 31 December 2019 was Brian Dinsdale, a chartered accountant. There was a change in Chair from 1 January 2020, Philip Craig became Chair who is also 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 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 five times during 2019-20 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 now established wholly owned subsidiary company North Tees & Hartlepool Solutions LLP;
- Financial sustainability; and
- Significant audit and accounting matters.

These risks 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 249.

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 2019-20), external assurance on annual accounts for 2019-20, Trust annual report and accounts and the annual governance statement. Reports on the Board Assurance Framework were presented quarterly. Due to the impact of COVID-19, an annual quality report (quality accounts 2019-20) has not been formally required to be submitted or required to be audited externally, however, the Trust has still produced the annual report which will be submitted.

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;
- Report relating to gifts and hospitality.

Name	Total Number of meetings attended	Total number of meetings held
Brian Dinsdale (Chair) – to 31 December 2019	5	5
Philip Craig (Chair) – from 1 January 2020	3	3*
Rita Taylor	4	5
Jonathan Erskine	3	5
Neil Schneider	1	1*

(*) Total number of meetings that could be attended following membership.

Finance Committee

The Finance Committee ensures that the Trust's resources are managed efficiently and effectively. The Finance Committee met 12 times during the year to review the financial affairs of the Trust; the medium 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 Planning and Performance and Care Group Directors attended meetings to inform and provide assurance in relation to financial control.

The following reports were presented to the Finance Committee:

NHSI plan 2019-20	Budget setting
Board Assurance Framework	Cash forecasting
Corporate finance risks	Going concern report
5 year capital plan	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

Investment Committee

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

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.

Patient Safety and Quality Standards Committee

The Patient Safety and Quality Standards Committee is one of the statutory subcommittees of the Board of Directors with a key focus of gaining assurance in relation to quality, safety, governance and risk management activity throughout the Trust.

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?

Regular updates are requested by the Committee across a wide range of services in order to challenge and question including the overseeing of serious incidents; it also provides support to staff and clinical teams in the delivery of safe, patient- centred, high quality care. Where required action plans and gap analysis are provided for areas requiring improvements to be made.

Performance, Planning and Compliance Committee

The Performance, Planning and Compliance Committee provides the appropriate level of scrutiny and oversight regarding the Trust's delivery against the key regulatory and performance standards. It provides assurance to the Board of Directors that governance processes are in place to monitor on-going compliance. The Committee also reviews the work of other groups which include the Cancer Strategy Group, Internal Emergency Care Collaborative and Business Performance, Planning and Delivery Group.

Transformation Committee

The Transformation Committee takes responsibility for providing assurance and challenge in relation to the delivery of the transformation and improvement agenda ensuring appropriate and effective plans are in place to deliver clinical services and system changes. It also seeks assurance that the transformation and improvement agenda is fully integrated into the Board Assurance Framework and supporting risk registers are managed through the Transformation and Improvement Group and aligned to the Trust's existing key strategies.

Executive Team

The Executive Team is made up of the Executive Directors. Its role is to monitor the management of risk, oversee the development and delivery of the Trust's corporate and operational strategy, manage the delivery of performance metrics and financial objectives and agree detailed business plans and performance contracts, and ensure the delivery of effect, efficient and quality 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

Paul Garvin QPM, DL,
Chairman

Stephen Hall JP,
Non-Executive Director

Jonathan Erskine
Non-Executive Director

Kevin Robinson
Non-Executive Director

Rita Taylor
Non-Executive Director

Philip Craig
Non-Executive Director

Ann Baxter
Associate Non-Executive Director

Neil Schneider
Associate Non-Executive Director

Brian Dinsdale
Chair of North Tees and Hartlepool Solutions LLP

Julie Gillon
Chief Executive

Deepak Dwarakanath
Medical Director/ Deputy Chief Executive

Neil Atkinson
Director of Finance

Barbara Bright
Director of Corporate Affairs & Chief of Staff

Levi Buckley
Chief Operating Officer

Graham Evans
Chief Information &Technology Officer

Julie Lane
Chief Nurse/Director of Patient Safety & Quality, Director on Infection Prevention and Control

Alan Sheppard
Chief People Officer

Lynne Taylor
Director of Planning and Performance

Name & position	Background
Paul Garvin QPM, DL Chairman Appointed as Chairman from 1 November 2009. Term of office as Chairman until 31 October 2020.	**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
Stephen Hall, JP Non-Executive Director/ Vice Chair Appointed 1 March 2007. Term of office until 1 March 2021. Vice Chairman with effect from 1 January 2020	**Current commitments include:** Justice of the Peace (JP) Director of Optimus Health Ltd (Trust wholly owned subsidiary) Major shareholder in Regional Training Partners Ltd
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 Independent Health Policy Research Consultant Executive Director, European Health Property Network Honorary Professor, The Bartlett School of Construction and Project Management, UCL
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 & 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
Rita Taylor Non-Executive Director Appointed 1 January 2006. Term of office until 31 March 2020.	**Former positions:** Non-Executive Director of Durham and Tees Valley Strategic Health Authority, Sedgefield Town Councillor 26 years, Former teacher in Durham and Tees schools, colleges and prison service
Philip Craig Non-Executive Director Appointed: 1 July 2019 as Associate Non-Executive Director became Non-Executive Director on 1 November 2019. Term of office until 30 June 2022	**Former Positions:** Director of Finance and Performance – Durham Tees Valley Probation Trust Senior Accountant – Redcar and Cleveland Council Senior Auditor – South Cleveland Health Authority
Ann Baxter Associate Non-Executive Director Appointed: 1 July 2019. Term of office until 30 June 2022	**Current commitments include:** Independent Chair of Tees Safeguarding Vulnerable Adult Board Independent Scrutiny – Darlington Independent Consultancy – Ann Baxter Ltd **Former Positions:** Regional Children's Improvement Advisor – Local Government Association Independent Chair of Darlington Safeguarding Vulnerable Adult Board Independent Consultant for a number of projects, quality assurance reviews, overview panels regionally and nationally Director of Children, Schools and Families – London Borough of Camden Director of Children and Adult Services – Stockton Borough Council

Neil Schneider Associate Non-Executive Director Appointed: 1 July 2019. Term of office until 30 June 2022	**Current commitments include:** Director of Optimus Health Ltd (Trust wholly owned subsidiary) Director of the Flying Geese Leadership and Development Company **Former positions:** Chief Executive Officer, Stockton Borough Council Corporate Director, Regeneration Director of Housing & Direct Services Chief Housing Officer
Brian Dinsdale Chair of North Tees and Hartlepool Solutions LLP Appointed 30 November 2007, Term of office ends 31 March 2020. Appointed as Chair of NTH Solutions LLP with effect from 1 January 2020	**Former positions:** Non-Executive Director/Vice Chair, North Tees and Hartlepool NHS Foundation Trust 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
Julie Gillon Chief Executive Date of commencement as Chief Executive 1 October 2017. Registered Nurse, Diploma in Nursing Practice, BSc Nursing; MSc Research & Statistics, Post Graduate Certificate in NHS Management, Post Graduate Certificate in Global Health System Leadership, Yale University	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 clinically 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; Deputy Director and Head of Strategic Planning. Previously held the position of Chief Operating Officer/Deputy Chief Executive at the Trust.
Deepak Dwarakanath Medical Director/ Deputy Chief Executive Date of commencement 15 June 2016. Appointed Deputy Chief Executive April 2019 MBChB (Wales), F.R.C.P (Edinburgh) 1999, F.R.C.P (London) 2000	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 Gastroenterologly, Consultant Physician / Gastroenterologist, Clinical Director in Hospital Care
Neil Atkinson Director of Finance Date of commencement 1st May 2018. Fellow of the Chartered Institute of Public Finance and Accountancy.	Extensive NHS experience, at a senior level, across a range of finance functions **Former positions:** Transformation Change Director, Operational Director of Finance, Deputy Director of Finance and Information and other senior finance positions in the NHS
Barbara Bright Director of Corporate Affairs & Chief of Staff Date of commencement 10 March 2014. Masters in Human Resource Management.	Has extensive experience in human resource management and organisational development in public sector organisations, and has previously worked at Board level. Joined the NHS in 2004 and commenced the Company Secretary role in 2014, with the role refreshed as Director of Corporate Affairs and Chief of Staff in August 2018 with the addition of communications, marketing and engagement; 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.
Levi Buckley Chief Operating Officer Date of commencement 4 November 2019. BA in Town Planning	Appointed as chief operating officer in November 2019, joining from Tees, Esk and Wear Valley NHS Foundation Trust. He has held senior management and director positions for 15 years in a variety of challenging roles, enabling him to successfully improve services across the north east with a strong focus on partnership working. Working life started in health promotion and community development before joining the NHS in 1998 as a management trainee working at Newcastle Hospitals Trust and Newcastle PCT. Having worked in the health and social care sector for over 25 years,

Masters in Health Economics and Health Policy	he is committed to the values of the Trust and working in partnership to make a difference for staff and the communities served.
Graham Evans Chief Information & Technology Officer/SIRO Date of commencement 4 July 2016. Chief Digital Officer NENC – Integrated Care System Honorary Professor Teesside BA(Hons), MSc, DProf, CEng, CITP, FBCS, FRSA, FCMI, MInstMC, MIET	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, in September 2018, Graham was appointed to the role of Chief Digital Officer (CDO) for the 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).
Julie Lane Chief Nurse/Director of Patient Safety & Quality, Director on Infection Prevention and Control Date of commencement 1 October 2015. BSc(Hons); Advanced Diploma in Midwifery PGC in Innovation & Improving Performance PGC in Continuing Education Registered Nurse	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. Executive Reviewer for CQC Well Led Inspections. **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.
Alan Sheppard Chief People Officer Date of commencement 1 November 2017. Membership of the Chartered Institute of Personnel & Development Registered Nurse	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.
Lynne Taylor Director of Planning & Performance Date of commencement 1 October 2017. Msc Health Information Management	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


Bed holding bay
Fire exit

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 2019-20 appraisals were held with the Chief Executive and each Director and all senior managers' remuneration is subject to satisfactory performance. In addition, during 2019-20 the Chairman and Chief Executive held joint appraisals with each Director in relation to their Board role.

A number of changes took place during 2019-20 in the need to support the challenging and changing environment in which the Trust is operating, with consideration given to the senior level structure going forward to ensure the organisation has the necessary capacity and capability to deliver whilst also ensuring continuity and stability of service provision. The most significant was the development of a Care Group structure and implementation of a new operating model, which reflects the direction of travel and acknowledges a radical shift away from a traditional acute hospital model in its ambition and responsibilities. In addition, changes were implemented in relation to the portfolios and remuneration of the Chief Executive and a number of Directors as follows:

- Introduction of three new Care Groups, led by a Care Group Director and supported by a Care Group Clinical Lead;
- Appointment to the role of Chief Operating Officer with effect 4 November 2020;
- Proposals agreed in relation to remuneration of the Chief Executive, Director of Planning and Performance and Director of Corporate Affairs and Chief of Staff;
- Interim Director of Planning and Performance appointed to the post substantively from 1 April 2019;
- A further three-year term agreed for the Medical Director from 1 June 2019.
- Chief Information and Technology Officer (CITO) continued for a further 12 months in the role of Chief Digital Officer (CDO) for the 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 2019-20 considered the terms of office of the Chairman and 2 Non-Executive Directors, recommending extension of tenure for all.

As part of succession plans and to support the wider health agenda, the Nominations Committee agreed the role of Associate Non-Executive Director. Following a recruitment process in accordance with the NHS Foundation Trust Code of Governance and Trust Constitution, appointment to 3 Associate Non-Executive Director posts were made from 1 July 2019. All recommendations were presented and ratified at the Council of Governors meeting in October 2019. Further detail is included in the Nomination Committee section on page 40.

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 2019-20. Details of Directors' remuneration and pension entitlements for the year ending 31 March 2020 are published in this Remuneration Report and the Annual Accounts section which is section 7, page 256. 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 52-54.

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 61-63. 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 2019-20.

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 2018-19 were determined in August 2018 and reviewed and assessed by the Remuneration Committee in October 2019. 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 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
  ○ MRSA target of zero cases in 2018-19
  ○ Cdiff target of no more than 30 cases in 2018-19
  ○ 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
	100

At its meeting on 17 October 2019, the Remuneration Committee agreed to award a 1% performance bonus payment under the terms of the scheme.

The performance targets to be achieved within the financial year 2019-20 were determined in October 2019 and will be reviewed and assessed by the Remuneration Committee in quarter 2: 2020-21. 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 35% allocated to this measure. The performance targets and relevant weighting (where applicable) are identified in the table below:

Performance Bonus Scheme 2019 20	**Target %**
Delivery of NHS financial control total and surplus of between £3-£4 million (£10.2m deficit with PSF/FRF/MRET income to breakeven position)	25
Under the Single Oversight Framework, achieve and maintain a segment 2 position	10
Achieve a Use of resources rating of 'Good'	10
Achieve a Well Led rating of 'Good'	15
Deliver the following performance measures: - 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 64 by March 2019 - Same day emergency care target of 33% - Infection control o MRSA target of zero cases in 2019-20 o Cdiff target of no more than 56 cases in 2019-20	10 5 5 5 5 5
Satisfactory individual appraisal and delivery of core objectives	5
	100

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, which was extended for a further period on 1 June 2019.

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 47, 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 40. No cost of living increase was agreed by the Nominations Committee in 2019-20.

Expenses paid to directors in the year have been £14,071 (2018-19: £14,888), and for governors £484 (2018-19: £436). 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 2020 there are 17 (2018-19:16) directors in office, and 16 (2018-19:16) of these have received expenses in 2019-20. As at 31 March 2020 there are 33 (2018-19:29) governors in office, with five (2018-19:4) 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 £26,884 (2018-19: £25,759) and the ratio between this and the mid-point of the banded remuneration of the highest paid director is a ratio of 8.38 (2018-19: 8.52) to the highest paid Director being £225k - £230k (2018-19: £215K - £220K). In 2019-20, three employees (2018-19:2) received remuneration in excess of the highest paid director, remuneration ranged from £275k – £280k (2018-19: £280k – £285k). 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
24 June 2020

This table has been subject to audit review.

Name and Title	To 31 March 2020					
	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 Gillon – Chief Executive	220-225	11	0-5	-	425-427.5	655-700
Mr Anandapuram Dwarakanath – Medical Director	220-225-	-	0-5	-	27.5-30	255-260
Mrs Julie Lane – Chief Nurse/Director of Patient Safety & Quality	120-125	-	0-5	-	7.5-10	130-135
Professor Graham Evans – Chief Information & Technology Officer	135-140	-	0-5	-	12.5-15	155-160
Mr Alan Sheppard – Chief People Officer	110-115	-	0-5	-	22.5-25	135-140
Mrs Lynne Taylor – Director of Planning & Performance	95-100	-	0-5	-	22.5-25	120-125
Mr Levi Buckley – Chief Operating Officer from 4.11.2019	50-55	-	-	-	7.5-10	55-60
Mrs Barbara Bright – Director of Corporate Affairs & Chief of Staff	115-120	-	0-5	-	85-87.5	200-205
Mr Neil Atkinson – Director of Finance	135-140	-	0-5	-	-	140-145
Mrs Julie Parkes – Director of Operations until 14.4.2019	0-5	-	0-5	-	0-2.5	5-10
Mr Mike Worden – Managing Director of NTH Solutions LLP	105-110	-	-	-	-	105-110
Mr Stephen Hall – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Stephen Hall – Chair of NTH Solutions LLP (Interim) until 31.12.2019	5-10	-	-	-	-	5-10
Mrs Rita Taylor – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Brian Dinsdale – Non-Executive Director until 31.3.2020	15-20	-	-	-	-	15-20
Mr Brian Dinsdale – Chair of NTH Solutions LLP from 1.1.2020	0-5	-	-	-	-	0-5
Mr Jonathan Erskine – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Kevin Robinson – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Philip Craig – Non-Executive Director from 1.7.2019	10-15	-	-	-	-	10-15
Mr Neil Schneider – Associate Non-Executive Director from 1.7.2019	10-15	-	-	-	-	10-15
Ms Elizabeth Ann Baxter – Associate Non-Executive Director from 1.7.2019	10-15	-	-	-	-	10-15

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 a level 9 clinical excellence award as follows: Dr Anandapuram Dwarakanath clinical sessions £35k-£40k and a level 9 clinical excellence award of £35k-£40k which is paid by the Trust – previously the Department of Health had paid for this award.*
3. *Professor Graham Evans is over NRA therefore a CETV calculation is not applicable.*
4. *Mrs Julie Parkes is now claiming her pension therefore CETV is not applicable.*
5. *Mrs Julie Parkes became Care Group Director: Healthy Lives from 15 April 2019 and therefore ceased to be a member of the Board of Directors on 14 April 2019.*
6. *Mr Levi Buckley, Chief Operating Officer commenced in post 4 November 2019.*
7. *Mr Philip Craig became a Non-Executive Director from 1 July 2019.*
8. *Mr Neil Schneider became an Associate Non-Executive Director from 1 July 2019.*
9. *Ms Elizabeth Ann Baxter became an Associate Non-Executive Director from 1 July 2019.*
10. *Mr Stephen Hall, Non-Executive Director for the Trust was also Chair (Interim) of North Tees and Hartlepool Solutions LLP until 31 December 2019.*
11. *Mr Brian Dinsdale, Non-Executive Director for the Trust became Chair of North Tees and Hartlepool Solutions LLP from 1 January 2020.*
12. *Pension - Related Benefits have been calculated in line with the 2019-20 NHSI ARM guidance and have been determined in accordance with the HMRC method of calculating less the amounts paid by employees.*

Julie Gillon
Chief Executive
24 June 2020

This table has been subject to audit review.

Name and 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 Gillon – Chief Executive (Interim) until 24.10.2018 Chief Executive from 25.10.2018	185-190	9.9	-	-	217.5-220	415-420
Mr Alan Foster – Chief Executive/STP Lead until 25.10.2018	140-145	-	-	-	-	104-145
Mr Anandapuram Dwarakanath – Medical Director	215-220	-	-	-	0	215-220
Mrs Julie Lane – Chief Nurse/Director of Patient Safety & Quality	120-125	-	-	-	7.5-10	125-130
Professor Graham Evans – Chief Information & Technology Officer	135-140	-	-	-	12.5-15	150-155
Mr Alan Sheppard – Chief People Officer	110-115	-	-	-	167.5-170	275-280
Mrs Lynne Taylor – Director of Planning & Performance	80-85	-	-	-	20-22.5	90-95
Mrs Julie Parkes – Director of Operations	90-95	-	-	-	22.5-25	115-120
Mrs Barbara Bright – Director of Corporate Affairs & Chief of Staff	105-110	-	-	-	30-32.5	135-140
Mr Neil Atkinson – Director of Finance commenced 1.5.2018	125-130	-	-	-	165-167.5	290-295
Mr Robert Toole – Director of Finance (Interim) until 7.12.2018	110-115	-	-	-	22.5-25	130-135
Mr Peter Mitchell – Managing Director of NTH Solutions LLP retired 29.6.2018	25-30	-	-	-	240-245	270-275
Mr Mike Worden – Managing Director of NTH Solutions LLP commenced 2.1.2019	20-25	-	-	-	-	20-25
Mr Stephen Hall – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Stephen Hall – Chair of NTH Solutions LLP (Interim) commenced 1.5.2018	5-10	-	-	-	-	5-10
Mrs Rita Taylor – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Brian Dinsdale – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Jonathan Erskine – Non-Executive Director	15-20	-	-	-	-	15-20
Mr Kevin Robinson – Non-Executive Director	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:*
3. *Dr Anandapuram Dwarakanath clinical sessions £35k-£40k and clinical excellence award of £35k-£40k which is paid by the Department of Health.*
4. *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.*
5. *Mr Alan Foster, Chief Executive/STP Lead left the Trust on 25 October 2018, Mr Foster has been undertaking a regional role as SPT Lead and is now seconded to the Integrated Care System (ICS) as the ICS/STP Lead for North East and North Cumbria, although his salary is still paid via the Trust, these costs are reimbursed from the ICS.*
6. *Mrs Julie Gillon became substantive Chief Executive from 25 October 2018, her previous role had been Chief Executive (Interim) up to 24 October 2018.*
7. *Mr Robert Toole, Director of Finance (Interim) left the Trust on 7 December 2018.*
8. *Mr Neil Atkinson became Director of Finance on 1 May 2018.*
9. *Mr Peter Mitchell Managing Director of North Tees & Hartlepool Solutions LLP - a subsidiary of the Trust took early retirement on 29 June 2018.*
10. *Mr Stephen Hall, Non-Executive Director for the Trust is also Chair (Interim) of North Tees and Hartlepool Solutions LLP from 1 May 2018.*
11. *Mr Michael Worden, Managing Director, North Tees and Hartlepool Solutions LLP commenced on 2 January 2019.*
12. *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
24 June 2020

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 2020	Lump sum at pension age related to accrued pension at 31 March 2020	Cash equivalent transfer value at 1 April 2019	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2020	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
Ms Julie Gillon Chief Executive	17.5-20	57.5-60	100-105	300-305	1,680	477	2,197	25
Dr Anandapuram Dwarakanath Medical Director	2.5-5	7.5-10	85-90	255-260	1,856	108	2,009	32
Mrs Julie Lane Chief Nurse/Director of Patient Safety & Quality	0-2.5	2.5-5	50-55	155-160	1,094	53	1,174	17
Professor Graham Evans Chief Information & Technology Officer	0-2.5	2.5-5	25-30	80-85	627	0	0	20
Mr Alan Sheppard Chief People Officer	0-2.5	5-7.5	35-40	115-120	764	55	838	17
Mrs Lynne Taylor Director of Planning & Performance	0-2.5	0	5-10	0	62	30	94	12
Mr Levi Buckley Chief Operating Officer (from 4.11.2019)	0-2.5	0	40-45	50-55	518	12	559	7
Mrs Barbara Bright Director of Corporate Affairs & Chief of Staff	2.5-5	5-7.5	45-50	115-120	847	103	970	15
Mr Neil Atkinson Director of Finance	0	0	35-40	75-80	673	0	641	18
Mrs Julie Parkes Director of Operations until 14 April 2019	0-2.5	0-2.5	15-20	60-65	460	0	0	13

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. *Mrs Julie Parkes became Care Group Director: Healthy Lives with effect from 15 April 2019 therefore ceased being a member of the Board of Directors on 14 April 2019. Mrs Parkes is now claiming her pension therefore CETV is not applicable.*
4. *Professor Graham Evans is over NRA therefore a CETV calculation is not applicable.*
5. *Mr Levi Buckley, Chief Operating Officer commenced in post 4 November 2019.*
6. *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*
7. *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
24 June 2020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4.3. Staff Report

The Trust has worked hard to focus on quality, employee engagement and leadership as a means of embedding excellence as our standard, and a drive towards achieving 'outstanding' CQC status.

In January 2019, NHS England published its long-awaited plan for the NHS, setting out an overall vision for how the NHS should change over the next ten years which is complemented by an Interim People Plan.

As a Trust, our aim is to deliver high quality patient care which is supported by a workforce who are engaged and highly skilled and who are representative of the community we serve. The quality of service user outcomes and experiences are a direct result of interaction and interconnection with staff.

The response rate for this year's annual staff survey was recorded as 55% which was a 10% improvement from the previous year. This hard work has been reflected in the Trust scoring above average for eight of the themes and average for the remaining three in the 2019 staff survey which resulted in an overall staff engagement score of 7.2 (7.1 average/best in benchmark 7.6.) There are 54 questions that are measured across the 11 themes and it is positive to note that 51 are above the national average.

Work continues in the workforce directorate to support the agenda of being an 'employer of choice', attracting and retaining excellent, motivated and engaged people; supporting them with continued development, identifying talent to plan for the future and creating a flexible workforce that can adapt to the ever changing environment whilst maintaining financial stability. Frequent use of social media platforms continues with particular focus on promoting the Trust as the employer of choice. This provides information to the public around vacancies and opportunities within the Trust.

Communications within the Trust consists of two weekly staff bulletins – one including important information / announcements and the second detailing news from across the Trust. Additionally, we also send out a weekly Chief Executive brief, a monthly Chairman's brief and a twice monthly education news bulletin.

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.

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.

4.3.1 Staff 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.

This year, we have seen the development of a Customer Care charter which has been created after asking staff 'what are our values?' It was recognised that whilst staff may not always fully articulate the Trust values, they can however explain that we have a Trust triangle and that patients are at the top of the triangle. As a result, a number of engagement activities to review the Trust's values have been taking place including walk-arounds, listening events and patient feedback. This led to the development of the CARE acronym which encapsulates the vision and values expected in the Trust.

The Trust's annual Shining Stars event is a showcase for recognising excellence in a number of categories across the organisation. The event for 2019 took place at Hardwick Hall, Sedgefield and is firmly embedded in the Trust's Reward and Recognition Strategy, with this being the 8th event held. In excess of 200 individuals attended to celebrate the exceptional contributions that our employees make as part of their day to day activities.

4.3.2 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 seeking to try and resolve issues that they may have relating to working relationships with colleagues via this method rather than pursuing more formal processes. Mediation allows staff to reflect on relationships in a confidential and safe environment and this 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 in 2018-19 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. The intention was to carry out a second survey for 2019-20, however due to improvements made to the national staff survey and the addition of a number of new questions focused specifically on retention, it was agreed to use the responses from the staff survey as a measure of staff satisfaction with their role and their employment with the Trust. The Trust opted to include a number of additional bespoke questions to the national survey to allow for direct comparison with the Trust's 2018-19 retention survey.

The feedback obtained from the survey was positive, with almost three quarters of staff feeling enthusiastic about their job, more than seven out of ten staff would recommend the organisation to family and friends for treatment and even more staff their year were satisfied with the support they receive from their managers. 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.

There has also been further promotion of the Freedom to Speak Up Guardian and 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.

Policies are 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.

The 'Work Perk' initiative continues to be rolled out across the Trust. This year has seen the Trust being able to provide staff with a variety of treats as a small gesture of thanks for the hard work that they do. The delivery of work perk has allowed the employee engagement and employee relations team to engage with staff in their own working environment and share information and support.

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 early 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. Since implementation, the feedback from staff who have attended the sessions has been overwhelmingly positive with high levels of attendance.

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.

As part of an ongoing Treat as One initiative within the Trust (bridging the gap between mental and physical health), the Trust has committed to signing the Employer Time to Change Pledge. The Employer Time to Change Pledge aims to end mental health discrimination and is based upon the Thriving at Work review of mental health in the workplace. The review sets out six mental health core standards for employers, drawn from best practice and available evidence.

4.3.3 Managing Absence

It is recognised that we provide care and services to some of the most deprived areas in the country, which brings with it specific, acute and long term complexities. The fact that many individuals employed across the Trust actually live within those deprived areas creates a further necessity to ensure our staff are appropriately supported. It is acknowledged that there are many other influencing factors affecting the sickness absence position within the Trust. These include ensuring effective engagement of staff, ensuring our people are appropriately communicated with, recognised and rewarded, appropriate occupational health services and advice is provided, and ensuring the health and wellbeing of our employees is considered and supported from both a physical and a mental health perspective.

The on-going activity in relation to effectively managing absence is supported by the robust health and wellbeing agenda in place across the Trust; led and managed via the Occupational Health and Wellbeing team. A full programme of support and activities are widely available to all staff; including sleep workshops, mindfulness, exercises classes, counselling and physiotherapy services. A full study day for managers has been developed and implemented during 2019, providing support, advice and guidance on the effective management of absence; with particular focus on mental health support. This study day was very well attended and very positively evaluated.

To support line managers in managing short-term sickness absence, the Trust has recently invested in a number of study days focusing on this issue which have evaluated positively. The introduction of an external advice line from a legal perspective has been commissioned and will be piloted in three areas of the Trust

(one in each Care Group) in early 2020. Preparatory work in currently underway in implementing these pilots with engagement of managers and areas planned alongside appropriate training. It is anticipated that this will provide managers with additional tools to innovatively address areas of concern from an absence perspective.

The Trust has implemented a phased rollout of ESR Employee Self Service. This is a component of our joint HR and payroll system, allows managers within the Trust to manage annual leave, sickness and mandatory training for their team members in a timely manner.

The collaborative working between workforce, 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 2020

Average FTE	Adjusted FTE Days Lost to Cabinet Office Definitions	Average Sick Days per FTE	FTE Days Available	FTE Days Lost to Sickness Absence
4,465	48,635	10.9	1,629,749	78,896

Average Sickness Rate 2019
4.84%

Source: NHS Digital – Cumulative Period From Jan - Dec 2019; data includes Trust, NTH Solutions and Optimus Pharmacy.

4.3.4 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 counselling service show that 273 employees were seen for 1:1 appointments with over 900 sessions provided. As at 31 March 2020, the average waiting time from referral to assessment was 9 days, with 49% of employees seen within 5 days and 80% within 10 days. End of Service feedback indicates high levels of employee satisfaction, with 90% of employees strongly agreeing that the counselling service had helped them to deal with their issues and that they are coping better since accessing support.

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.

For the tenth 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 sixth consecutive year.

The annual flu campaign engagement with staff remains positive with 80% of frontline staff having their ‘flu jab’ in 2019-20. For every staff member who receives a free flu vaccine the Trust donates a vaccine to Unicef to protect children around the world.

The Trust is committed to supporting employees with a terminal illness and recognise that some individuals may want to continue working for as long as they are able, either because they need the financial security or because they find that their work can be a helpful distraction from their illness. We were pleased to sign the Dying to Work Charter in October 2019, which is being led by the TUC and sets out an agreed way in which employees will be supported, protected and guided throughout their employment following a terminal diagnosis.

4.3.5 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 264 people currently undertaking apprenticeship programmes in areas such as medical administration, team leading, customer service, IT specialist, management programmes, nursing associate, assistant practitioner, occupational therapy, business administration, CIPD, digital marketing, advanced clinical practitioner, accountancy, health care assistant, senior health care support, medical engineering, adult care worker, engineering, science industry maintenance technician and global leadership. The Trust is also looking to become a national centre of excellence for mortuary apprenticeships in conjunction with Health Education England North East and has developed an integrated health and care apprenticeship in conjunction with Hartlepool Borough Council.

The team continue to run simulation training within several clinical environments across multiple specialties, including; Paediatrics, Obstetrics and 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. 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.

In September, the Trust successfully ran a pilot, 'Supporting Doctors Returning to Training Programme (suppoRTT).' This was funded by Health Education England North East; we were the only Trust in the region selected to facilitate this course.

Medical simulations continue to run for doctors from undergraduate final years, through Foundation to Core Medical training covering a range of scenarios relevant to each group's curricula and programmes of practice. In-situ simulations continue to be delivered across both sites for various allied healthcare staff with good feedback, with chemotherapy day unit in-situ simulations having commenced in September 2019.

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.

Medical Education continues to be busy with both undergraduate and postgraduate trainees. We will continue to embed the changes within curriculum which will see an increase in students from 2020-2021.

There have been four planned Quality Assurance visits and the Annual Dean's Quality Monitoring Visit which covers all Medical and Multi-professional training. The Trust has not been required to report back on any issues.

With regards to medical education; the Trust had a full allocation of F1 trainees however one was not granted GMC provisional license and one resigned in December 2019. This has left us with two gaps since December. In terms of national surveys, the Your School Your Say was 100% completed by our trainees whilst the GMC survey has been postponed due to Covid-19.

The Education team continue to deliver training within care homes in Stockton and Hartlepool as commissioned by Hartlepool and Stockton Clinical Commissioning Group. This involves 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.

The Trust is working with local education providers with a view to sustaining future supply and therefore our future workforce. This includes working with children in both schools and colleges to educate them about working in the NHS as a career option and the variety of different job roles and opportunities the NHS can offer. The Trust also facilitates work experience opportunities for college level students in a variety of job settings as a means of positively influencing future career choices of young people in our community.

Leadership Development - The Trust remains committed to the development of high quality leadership across the entire organisation on its journey to outstanding. The 'Journey into Leadership' concept is still being embedding in the Trust; this model 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.

The Trust has developed a variety of offers, with regards to leadership development, available to staff across the organisation. The Trust has received positive evaluation for its second local Mary Seacole programme which was attended by staff from across the Integrated Care System.
Following a successful bid for funding from the North East Leadership Academy, there has been work undertaken to develop an internal coaching network within the Trust with a view to promoting staff having coaching conversations with one another.

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 that feeds into a "dashboard" indicating overall culture and leadership health.

This year the Trust has been working towards completing phase three of the programme known as the "deliver" phase. With the main output of this phase is the implementation of a culture and leadership strategy for the Trust.

As a means of positively reinforcing culture, the Trust has developed an on-boarding support package for new starters as a means of aiding longer-term retention of staff. Information from new starters to the Trust is being collated and themes analysed to make improvements for our future staff.

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 the Great Place to Work Programme Regional requirements. Successful implementation of MyESR 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. The ESR team are continuing to rollout supervisor self-service across the Trust across all three of the Care Groups as well as working with remaining areas in Corporate and North Tees and Hartlepool Solutions. As part of the rollout the team are also continuously maintaining the hierarchies that are set up within the system and providing support for managers with the recording of sickness absence and dealing with annual leave queries.

4.3.6 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 works in partnership with 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 2019 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 and the Gender Pay Gap report as at 31 March 2019 (snap shot date) shows that male employees are paid more than females, with an average pay gap of 35.27% and a median pay gap of 20.58%. 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 64% of all Trust medical staff compared to 36% 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 gender pay analysis can be found at https://www.nth.nhs.uk/about/trust/how-we-are-doing/gender-pay/

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.

4.3.7 Staff Survey

The response to the national staff survey for 2019 was published in February 2020.

The reporting methodology for 2019 remains the same as the previous year with the inclusion of a teamwork theme, with the 11 themes scored on a rating of 1 - 10 (with 10 being the highest positive score). The Survey Co-ordination Centre analysing the data in this way allows for trend analysis and 'significance testing' of themes.

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

2019	2018	2017	2016	2015	2014
7.2	7.2	7.0	7.1	6.9	6.6

The Trust ranks as above average for 8 themes and average for the remaining three themes – quality of appraisals, safe environment – violence and safe environment – bullying and harassment.

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. This year has seen the addition of Care Groups which means information can be shared by Care group highlighting key priorities for each group.

Summary of performance

The Trust's response rate in 2019 was 55% accumulated from 2,444 completed surveys. This is higher than the benchmark average of 46% for Combined Acute and Community Trusts.

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

Better than Average	2019	2018	Benchmark Group	Best Score
Equality and Diversity				
The organisation has made reasonable adjustments.	78.7%	66.3%	73.1%	91%
The organisation acts fairly with regard to career progression regardless of ethnic background, gender, religion, etc.	88.9%	91.1%	85.6%	95.3%
Health and Wellbeing				
Opportunities for flexible working patterns	56%	53.8%	53.8%	61.4%
The organisation takes positive action on health and wellbeing	36.9%	40.2%	27.8%	47.6%
Immediate Managers				
Immediate manager takes a positive interest in staff's health and wellbeing	71.4%	70.7%	69.2%	77.4%
The support from immediate manager	73.4%	69.2%	70.6%	77.7%
Manager provides support to receive training	59.5%	58.1%	55.8%	65.9%
Morale				
I am involved in deciding on changes in my team/department	55.9%	54.2%	52.8%	60.6%
Immediate manager encourages people at work	71.2%	69.1%	70.6%	77.9%
Staff will leave the organisation as soon as they can find another job (low score)	12.4%	13.0%	14%	7.7%

	2019	2018	Benchmark Group	Best Score
Quality of Appraisals				
Appraisals help staff to do their job	23.5%	25.0%	21.7%	32.5%
Appraisals help agree clear objectives	37.9%	38.2%	34.8%	44.3%
Quality of Care				
Role makes a difference to patient care	91.2%	89.4%	90.3%	94.9%
Able to deliver the care they aspire to	72.7%	71.1%	69%	79.2%
Staff Environment - Bullying and Harassment				
Experience of B&H from other colleagues	15.9%	16.5%	18%	11.7%
Staff Environment - Violence				
Experience of physical violence from other colleagues	1%	1.2%	1.1%	0.5%
Safety Culture				
Organisation takes action to ensure reported errors/near misses do not happen again	79.7%	78.7%	71.3%	82.4%
Staff feel secure about raising concerns about unsafe clinical practice	75.9%	75.0%	71.7%	79.3%
Organisation acts on concerns raised by patients	80.1%	79.3%	73.9%	87.8%
Employee Engagement				
Care of patients is the organisations top priority	81.7%	80.5%	78%	89.9%
Frequent opportunities to show initiative	75.5%	72.9%	73.5%	79.7%
Staff feel able to make suggestions to improve their work	79.2%	76.4%	75.1%	83%
Teamwork				
The team has a set of shared objectives	78.5%	75.2%	72.8%	83.1%

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

Lower than Average	2019	2018	Benchmark Group	Worst Score
Morale				
Staff have a choice in deciding how they do their work	54.6%	54.2%	56.3%	50.3%
Quality of Appraisals				
The values of the organisation were discussed as part of the appraisal	32.5%	33.1%	38.7%	19.2%
Safe Environment - Violence (average)				
Experience of physical violence from patients	14%	14.9%	13%	18.4%

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 five years. Violence from patients, relatives or other members of the public has seen a positive decrease and the best result in five years but it does however remain above the national benchmarked average, the decrease is testament to the hard work undertaken in the keeping staff safe group.

Within the local TVHCP we achieved the highest scores against ten of the themes and the same score for the remaining theme. We recognise that such an achievement for this Trust does not happen accidentally and it is important that we highlight that our performance in this area is testament to the way in which we invest in our staff and value the contribution that they make. We continuously strive to be an employer of choice to attract and retain quality staff and support them with continued development throughout their employment. By enhancing our staff engagement function and continuing to invest in organisational development activities, we believe that this has had a significant impact on our performance.

It is important that we consider the Trust's position from a national perspective. Listening Into Action (LIA) have analysed the results of the national staff survey and they have created, for the 9th year running, the LIA scatter map. This provides a 'helicopter view' of how staff across the 230 NHS Providers rate their Trust and they can be compared as a whole not segmented into cohorts or different types of trusts.

This year the map shows ‘quality and safety of care’ on the y axis, with ‘workforce at risk’ on the x axis. The quality and safety of care section incorporates the themes quality, safety and teamwork and the workforce at risk section incorporates the themes of morale and staff engagement.

The map places each provider into one of four quadrants, with the top right quadrant being the best position. The higher the Trust’s placement, the better the quality and safety of care in comparison with others, according to its staff. The further to the right a trust is, the more it is likely to have a stable, supported and enabled workforce. We are delighted that the Trust is placed within the top right quadrant which acknowledges an above average performance and maintains our positioning from last year. Our position demonstrates that how we look after our staff has a direct link with the quality and safety of care we provide as an organisation.

Last year saw a focus on improving staff engagement, leadership and quality through the introduction of focused dashboards which allowed areas to review their results for the 27 key questions, a ‘how to’ guide was created sharing Organisation Development (OD) knowledge around how to increase each of these questions. The results positively showed 25 of the questions had shown improvements from the previous year. Masterclasses were delivered to the staff survey leads to help them make changes in their scores. Reports were shared utilising a 1:1 session facilitated by the OD team to allow action planning.

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 Care Group 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.

This year information will be provided at a Care Group level allowing each group the opportunity to consider their key areas of focus, Think On methodology will be applied to help understand actions that need to be made to make improvements. The organisation development team will work with managers in areas to help them understand their staff survey results and help with development of action plans. We will maintain our focus on engagement, leadership and quality.

4.3.8 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 2019 to 31 March 2020.
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 2019 to 31 March 2020 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
17	13.71 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%	5
1-50%	12
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	£32,412.44
Provide the total pay bill	£201,798,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%

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	7.57%

4.3.9 Disclosure of Concerns (Whistleblowing)

The number of concerns raised under the Trust's Disclosure of Concerns Policy for the period 1 April 2019 to 31 March 2020 are shown in the following table:

Cases carried forward from 2018 19	Cases commenced in 2019 20	Cases concluded in 2019 20 (with outcome)	Total on going cases carried forward
4	**13**	**9**	**8**

The table shows that 13 new cases were referred to the Freedom to Speak Up Guardian during the period 2019-20 and four cases were brought forward from 2018-19.

The themes for the 13 new cases can be summarised as follows:

Systems and Process (1)

- Concerns were raised anonymously during an exit interview regarding reasonable adjustments for staff. Case has now been resolved.

Bullying and Harassment (8)

- Disclosures raised around fraudulent activity, culture, abuse of power, malpractice. A review is on-going
- Concerns raised regarding timekeeping, culture and management in department. Case has been closed.
- Disclosures raised regarding management and culture in department. (Four) Cases are ongoing.
- Disclosures raised relating to the culture and management in community settings (two). Cases ongoing.

Behaviour and Relationships (1)

- Concerns raised anonymously regarding fraudulent activity and management of staff. Case has been closed.

Staff and Patient Safety (3)

- Concerns raised around security of patient and staff. Case has now been closed.
- Concerns raised around infection control. Case is on-going.
- Department raised concerns around patient safety during the pandemic. Case has now been closed.

Nine cases have been investigated, resolved and closed, with a further eight cases remaining under review with the outcome to be confirmed following conclusion of the investigation process.

A further three staff members raised concerns regarding COVID-19 and were advised to speak to Workforce.

4.3.10 Staffing Analysis

The Trust employs circa 5,500 staff and the table below shows staff numbers at 31 March 2020. These numbers are inclusive of staff employed within the subsidiary companies, North Tees and Hartlepool Solutions LLP and Optimus Health Limited.

Headcount and FTE/WTE figures split by gender as at 31 March 2020

	Headcount		WTE	
	Male	Female	Male	Female
Directors (including Non-Executive directors and chairman)	13	8	14.00	8.00
Senior Managers	72	138	68.68	120.43
Employees	988	4,329	852.80	3,491.52
Grand Total	**1,073**	**4,475**	**935.48**	**3,619.95**

*(*headcount figures include Bank and Locum staff)*

Average number of employees

The information in the following table has been subject to audit review.

			2019 20	2018 19
	Permanent	Other	Total	Total
Medical and dental	535	-	535	521
Ambulance staff	-	-	-	-
Administration and estates	1,440	11	1,451	1,443
Healthcare assistants and other support staff	823	127	950	922
Nursing, midwifery and health visiting staff	1,318	63	1,381	1,374
Nursing, midwifery and health visiting learners	-	-		-
Scientific, therapeutic and technical staff	397	2	399	412
Healthcare science staff	139	3	142	144
Social care staff	-	-	-	-
Agency and contract staff	-	-	-	-
Bank staff	-	-	-	-
Other	9	-	9	7
Total average numbers	**4,661**	**206**	**4,867**	**4,823**
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.

			2019 20	2018 19
	Permanent	Other	Total	Total
			£000	**£000**
Salaries and wages	166,870	-	166,870	162,831
Social security costs	14,557	-	14,557	14,052
Apprenticeship Levy	771	-	771	751
Employer's contributions to NHS pensions	25,091	-	25,091	17,165
Pension cost - other	214	-	214	122
Agency/contract staff	-	8,857	8,857	6,823
NHS charitable funds staff	-	-	-	-
Total gross staff costs	**207,503**	**8,857**	**216,360**	**207,744**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**207,503**	**8,857**	**216,360**	**201,744**

Expenditure on consultancy

The Trust, in 2019-20, spent a total of £572,000 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 2019 20	Number of other departures agreed 2019 20	Total number of exit packages 2019 20	Number of compulsory redundancies 2018 19	Number of other departures agreed 2018 19	Total number of exit packages 2018 19
<£10,000	1	2	3	-	1	1
£10,001 - £25,000	-	1	1	-	-	-
£25,001 - £50,000	2	-	2	1	1	2
£50,001 - £100,000	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	3	3	6	1	2	3
Total resource cost (£)	**£94,000**	**£20,000**	**£104,000**	**£28,000**	**£41,000**	**£69,000**

The Trust had three non-compulsory departure payments in 2019-20, and two in 2018-19.

Off-payroll arrangements

The Trust, as of 31 March 2020, 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 2019 and 31 March 2020, 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 2019 and 31 March 2020.

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 and a review of these procedures took place during 2019 to ensure continued compliance with the regulations.

For all off payroll engagements as of 31 March 2020, for more than £245 per day and that last for longer than six months.	**Number of existing engagements as of 31 March 2020**
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

For all new off payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months.	Number of new engagements between 1 April 2019 and 31 March 2020
Number assessed as within the scope of IR35	0
Number assessed as not within scope of IR35	0
Number engaged directly (via PSC contracted to the trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0
	Number of engagements 2019 20
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.	18

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.

The Board of Directors attaches great importance to ensuring that the Trust operates to high ethical and compliance standards and 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. The Board of Directors considers that the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, operations and strategy.

4.5 NHS Oversight Framework

NHS England and 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 remains in segment 3 within the Single Oversight Framework risk assessment. The enforcement of undertakings relating to finance has been removed in 2019-20, reflecting the Trust's improving financial position.

However, enforcement of undertakings relating to strategy remains in place. The Trust continues to make significant contributions to the wider local health economy and maintains regular engagement with NHS Improvement.

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 below.

Area	Metric	2019 20				2018 19			
		Quarter 4	Quarter 3	Quarter 2	Quarter 1	Quarter 4	Quarter 3	Quarter 2	Quarter 1
Financial sustainability	Capital Service Capacity	1	1	1	4	4	4	4	4
	Liquidity	4	4	4	4	4	3	3	3
Financial efficiency	I&E margin	2	2	2	4	4	4	4	4
Financial Controls	Distance from financial plan	1	1	1	1	1	1	1	1
	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 2019-20, 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 6-week diagnostic standard and cancer standards, particularly with *Cancer 62-day urgent referral to treatment standard* with performance variable throughout the year. This was a similar trend seen nationally and locally. The Trust 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, capacity and demand and working in collaboration with its Tertiary centre and the Cancer Alliance. 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 key indicators with all key access standards identified as an on-going risk for under-achievement during 2020-21, mainly as a result of the COVID-19 pandemic and outlined within the Board Assurance Framework.

4.6 Statement of accounting officer's responsibilities

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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, 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; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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
24 June 2020

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 2020 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, the Chief Executive and the Executive Management Team. The Risk Management Strategy provides a framework for taking this forward through internal controls and procedures, which encompass strategic, quality, compliance, 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, 'risk appetite', agreed by the Board of Directors. A recent audit undertaken by AuditOne in February 2020 identified that the governance, risk management and control arrangements provided a good level of assurance that risks identified are being managed effectively, with a high level of compliance with the control framework.

The high level Board committee structure discharges overall responsibilities for risk management and maintaining and reviewing the effectiveness of the systems of internal control 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. It receives all audit reports from internal and external auditors and monitors progress against agreed recommendations, where gaps in control are identified management action is agreed;
- 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 learned and disseminated to all professionals within the Trust and that patient outcomes do not demonstrate the Trust as an outlier;

- The Planning, Performance and Compliance Committee assesses the service performance, business planning and operational efficiency, 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.
- 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 Chief Nurse/Director of 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 April 2019 a new Care Group structure was introduced to reflect the direction of travel the Trust had already embarked upon, and acknowledged a radical shift away from a traditional acute hospital model in its ambition and responsibilities. Under the leadership and oversight of the Chief Operating Officer, 3 Care Groups were established each having a Care Group Director and Clinical Lead with responsibility for the effective and efficient use of resources, including the proactive identification and mitigation of risks to the delivery of annual business plans. They have responsibility for providing leadership to, and ensuring appropriate oversight of the achievement of Care Group objectives, quality, operational and financial performance, through mitigation of risk and review of relevant assurance. The Care Groups 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 is available and holds regular meetings with Governors in order to provide a conduit for Governors to raise concerns on an informal basis, if required.

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 are tailored to the needs of staff and services utilise a range of approaches. 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 system of internal control is designed to manage risk to a reasonable level. 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 strategic 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 approach to managing quality, operational, regulatory and financial risk follows the same core principles. The management of these risks is approached systematically to identify, analyse, evaluate and ensure economic control of existing and potential risks posing a threat to patients, visitors, staff, and reputation of the organisation.

Risks are identified through third-party inspections, recommendations, comments and guidelines from external stakeholders and internally through incident forms, complaints, risk assessments, audits (including clinical and internal), information from the Patient Experience Team, benchmarking and claims and national survey results. External stakeholders include the Care Quality Commission, NHS England/NHS Improvement, the Health and Safety Executive, NHS Resolution (previously the NHS Litigation Authority) and the Information Commissioner's Office. In 2019-20 significant work was undertaken to develop the reporting system in the trust to support coordination of key aspects of risk management and governance. This development will continue in 2020-21, supporting the correlation of themes, supporting the governance structure and driving continuous improvement of quality and risk management.

The Care Group and Directorate management teams ensure that operational staff identify and mitigate risk with the Sub-Committees of the Board providing assurance to the Board of Directors that the mitigations are effective and the risks are adequately controlled. Risk is monitored and communicated via these committees reporting to the Audit Committee and ultimately the Board. The clinical audits, internal audit programme and external reviews of the organisation are the sources used to provide assurance that these processes are effective and risk monitoring is fully embedded.

The Audit Committee oversees and monitors the performance of the risk management system, and internal auditors and external auditors (Pricewaterhouse Coopers) work closely with this committee. The internal auditors undertake reviews and provide assurances on the systems of control operating within the Trust.

To ensure risk management is embedded in all Trust activities, care is taken to ensure that Care Group and 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 Chief Nurse/Director of 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.

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 the “risk appetite”.

It is important for the Trust to know about 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.

The Board Assurance Framework is reviewed by each Sub-Committee of the Board at their meetings in relation to the risks linked to the Committee’s terms of reference. The Board Assurance Framework includes and assessment of the source and level of assurance received as well as gaps in assurance. There were thirteen risks on the Board Assurance Framework aligned to the strategic objectives during 2019-20 as follows:

Putting our Population First

- There is a risk that the organisation will fail to implement safe and effective clinical practice.
- There is a risk that patients and service users do not receive high quality care which impacts on patient and carer experience.
- There is a risk that the performance management framework does not identify and manage risk to compliance in a timely way.

Valuing People

- There is a risk that the People Strategy principles are not fully embraced or embedded across the Trust resulting in not attracting, developing or retaining the workforce we need in order to take forward the Corporate Strategy and Clinical Services Strategy.

Transforming our Services

- There is a risk of failure to develop a system wide approach with adverse impact upon flow and capacity within the system.
- There is a risk of failure to deliver transformational improvements that are sustainable, financially effective, aligned with local and national requirements, beneficial and which have secured commissioner support.
- The Trust does not deliver the 2019-20 financial plan as submitted to NHSI/NHSE (including future years).
- There is a risk that the integrity and robustness of systems, and the use of those systems, will not support the business.
- The Integrated Care Partnership fails to deliver its financial objective and strategy and therefore a sustainable model of integrated services that meet the needs of the population across Stockton and Hartlepool, and puts at risk the longer term sustainability of healthcare services across the locality and the wider region in the system delivery against the four elements of the work programme.

Health and Wellbeing

- The Trust fails to effectively address population health, prevention issues and strategic co-ordination of the public health agenda across Stockton, Hartlepool and the wider geographies as evidenced by an increase in admissions and patient pathways.

The highest scoring risk identified via the Board Assurance Framework related to the Trust's ability to deliver the 2019-20 financial plan as submitted to NHS Improvement. The Finance Committee has maintained close overview of the Trust's performance against financial plan throughout the course of the year. 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.

In addition, an earned autonomy financial framework to support the introduction of the newly created Care Groups, was introduced during 2019-20. This included an internal single oversight framework, associated governance structure and escalation process. This structure enabled strategic plans to be reviewed, potential strategic and operational risks to be identified and support structure developed to ensure delivery. As a result, the Trust achieved a year end position of a surplus of £(0.6)m which is £0.6m ahead of the NHSI plan. At the latter part of 2019-20 the earned autonomy framework was expanded to include quality and performance into an overarching accountability framework upon which to monitor and assess on-going delivery and address and mitigate any risks.

The Trust was placed into segment 3 within the Single Oversight Framework risk assessment during 2018-19, with enforcement actions in place aligned to the financial deficit position. However, there has been significant improvement on this position in 2019-20, demonstrating strong recovery against the agreed financial plan with the subsequent removal of the finance enforcement undertakings. The Trust has plans to continue to improve this position in 2020-21 with a view to ensuring continued sustainability and will work closely with NHS Improvement in respect to assessment of segmentation.

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 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 England/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 England/NHS Improvement and local commissioners to discuss and progress system wide risks and issues.

Each Care Group and corporate 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 which is aligned and ultimately achievable with service and financial planning. Aligning service, finance and workforce planning fosters relationship building between specialists in each area providing creativity and professional challenge in considering and designing a multidisciplinary workforce who can contribute to new or changing service demands and need. Plans include 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 well-led Trust, 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. A number of recommendations were identified based on findings against the key lines of enquiry including the Trust's future role and position in a more integrated health and care system and further development in relation to system leadership and the intended impact of the Trust in this context. A Board development two-day programme took place in May 2019 to address this and other recommendations, with a follow-up session in July. The development sessions enabled discussion regarding system development and key risks to the organisation which were considered as part of a refresh of the Board Assurance Framework along with risk appetite.

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 Tees Valley Health and Care Partnership to find workable solutions to these very challenging strategic risks. In addition, during 2019-20 the Trust was part of a System Transition Board established with South Tees Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust. The trusts in the Tees Valley 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 and in partnership 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 the North East and North Cumbria ICS, providing data, challenging evidence and enabling its clinical leaders to contribute to the development of robust clinical models. The ICS 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.

The Care Group structure supported the expansion of boundaries across the organisation to support the development of structures focused on patient pathways, supporting adaptive and creating thinking to adapt to the evolving healthcare landscape. This supports an agile organisation that can respond to changing and developing needs to effectively meet the organisations objectives working with less borders, to deliver objectives efficiently, safely and to a high quality. The Care Group structure reduces the notion of Acute care and Community Care, and the unhelpful separation between health and social care services, supporting 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 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 Board of Directors assesses its performance and discusses associated risks at each meeting, through the presentation of the Integrated Performance Report, which includes all NHS Improvement Single Oversight Framework metrics. An exception report on these measures is discussed in more detail at the Planning, Performance and Compliance Committee and the more detailed quality issues at the Patient Safety and Quality Standards Committee.

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 Trusts 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 2019-20 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 2020- with the development of an integrated investigation process across the organisation, supported by the new role of Patient Safety Specialist in line with the NHS Patient Safety Strategy, released in 2019–20.

A weekly multidisciplinary Safety Panel is led by the Chief Nurse/Director of 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 2019-20 in relation to wrong site surgery, chest drain

procedure commenced, which was investigated, processes and procedures have been changed in response to the findings.

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 Patient and Carer Experience committee alongside patient representatives and HealthWatch representatives. The Accessibility Group has been newly established to support patients and carers with physical and mental health needs access the trusts services, helping the trust improve its services to ensure that they are accessible to all. 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, in 2019-20 the trust implemented a text based system for feedback for FFT, increasing the number and quality of feedback through this process. To support analysis this is shared with departments through the yellowfin business intelligence software, in 2020 – 21 word clouds will be available to display clearly patients and carers quality feedback received by wards and departments 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 has 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 2019-20 the Trust has seen a sustained 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 on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by Trust with reference to the guidance) 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.

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. COVID-19 Pandemic

The Trust must plan for and be able to respond to a wide range of emergencies and business continuity incidents that could affect health or patient care. Under the Civil Contingencies Act (2004), the Trust is designated as a Category 1 responder, which means it must be able to provide an effective response in emergencies whilst still maintaining service provision. The Trust is subject to the full range of civil protection duties, including risk assessment to inform contingency planning and sharing information with other responders to enhance co-ordination, which is referred to as Emergency Preparedness, Resilience and Response (EPRR).

In response to the unprecedented situation presented by COVID-19 the Trust enacted its business continuity and incident management plans, led by the Executive Team to oversee key decision making and ensure leadership through the crisis. The Executive Team ensures a broad, holistic view of both challenges and opportunities, maintaining well directed management. The long view and anticipating risk and recovery into the future enables support and guidance based on experience and expertise. The structure enables responsive delegated leadership in the incident command and control infrastructure, whilst uniting all efforts as a cohesive clinical, operational and strategic approach.

To support the strategic oversight, a Strategy Group was established to coordinate the strategic planning and provide guidance to support operational response to the management of COVID19. This group is supported by tactical groups who coordinate activity associated with the strategic priorities: a key group being the Clinical Advisory Group which provides clinical leadership and advise in response to the operational implementation of plans.

The Trust also mobilised an Incident Command Centre (ICC) in order to facilitate systematic co-operation between responders; ensure robust performance management; coordinate emergency plans and daily surge management; and collate information and escalation through the appropriate governance process.

During this period the Board's leadership role is extremely important and governance arrangements around the Board of Directors, Sub-Committees and the Council of Governors are managed in a way which is proportionate to the current circumstances, recognising national/regional guidance and taking due account of the legal responsibilities for the effective management of a public organisation. Effective measures were established to maintain corporate governance arrangements, whilst also recognising the operational pressures being experienced by the executive, clinical and operational teams.

The impact of the current Covid-19 surge is an emerging picture of its impact clinically on patient and their families, Trust staff, service delivery and finance. The governance structures described above support the recording and management of identified risks through the risk register. The rapid development of the pandemic has altered the risk landscape in a short time, the risk register is updated often in response to the evolving situation. This fluidity limits the overview of the Sub-Committee structure as new risks are identified, mitigated and monitored, however, information is reported via embedded processes for appropriate scrutiny. In addition, the Board Assurance Framework was updated at the end of quarter 4:2019-20 to reflect the impact of COVID1-9 on the strategic risks, ensuring controls and assurances were aligned accordingly. Going forward into 2020-21, an additional risk, Emergency Preparedness Resilience and Response (Corporate) will be developed to focus on the strategic high level assurance that the Board needs in light of the current pandemic crisis but also the potential for other national or local emergencies to have significant impact on the workings of the Trust.

6.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 financial performance of the Trust was 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. In 2019-20 the efficiency challenge was £15.2m 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 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 13.

7. Information governance

The confidentiality and security of information regarding patients and staff is monitored and maintained through 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'.

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 seen improvements in its incident levels with the number of serious/high risk incidents falling over the past five-year period, the Trust reported four incidents to the ICO during 2019-20 which were instances of 'disclosure in error'.

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 pending actions. However, in order to further strengthen existing Trust policy and to prevent repeat incidents in areas where incidents have occurred during 2019-20 the following key actions were undertaken:

- Review of IG policies and standard operating procedures to ensure they reflect the specific needs and practicalities of each internal department and they reflect 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.
- Robust monitoring of departmental action plans following incidents to ensure appropriate actions have been implemented via the Information Management and Information Governance Committee.
- Full annual review of information assets and information flows thought the Trust within a redesigned framework to comply with GDPR requirements.
- HR processes followed where repeated non-compliance has been found.

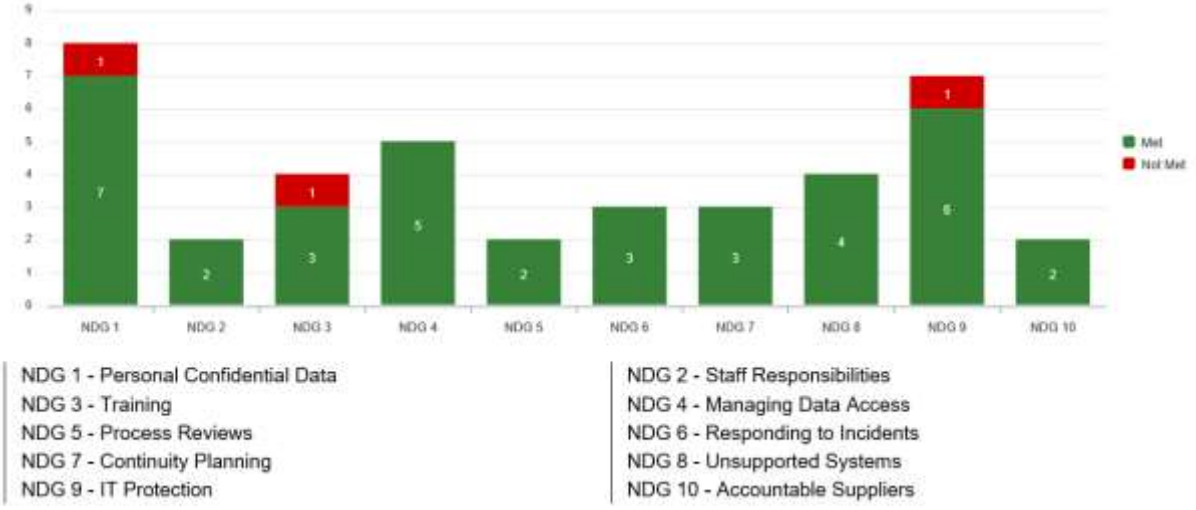
Assurance continues to be provided to the Board of Directors that systems and processes are being constantly assessed and improved to ensure that information is safe. The Data Security and Protection Standards for health and care are set out in the National Data Guardian's (NDG) ten

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 116 mandatory evidence items in 44 assertions (40 Mandatory) which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance.

For 2019-20 the deadline for submission of the DSPT has been moved from 31 March 2020 to 31 September 2020 due to the advent of Covid-19. At the time of writing the Trust was in compliance with 113 of the 116 evidence items and have confirmed compliance with 41 of the 44 assertions. The Trust remains on plan to submit the remaining evidence items by the new September 2020 deadline.

The current position is reflected in the chart below:



The 2019-20 DSPT was also subject to external audit, the audit found that governance, risk management and control arrangements provide a good level of assurance that the DSPT Toolkit assertions are being managed effectively managed. A high level of compliance with DSPT Toolkit assertions was found to be taking place.

8. Data Quality and Governance

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 2020 with the Third Party Declarations received by May 2020. Stakeholders were consulted throughout the year starting in January 2020 and concluding in March 2020; 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; and
- 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 was planned, but due to COVID-19, the review took place virtually with an agreed Third Party Declaration being received on 21 May 2020 (section 5, page 97);
- Third-party narratives have been received from commissioners and key stakeholders and these are included in the Quality Account and Quality Report.

Performance Governance Framework

The Trust has a structured performance framework in place to support 'Board to Ward' oversight. This includes a robust governance framework aligning operational delivery to the Trust's strategy objectives, as outlined in the organisation's Corporate Strategy.

The framework encompasses compliance, quality and patient safety, workforce, efficiency and productivity and financial delivery, strategic and transformational delivery. Oversight of operational delivery is monitored through the Care Group structure and Executive Management Team, with the Board of Directors and Council of Governors providing strategic oversight.

An appropriate level of earned autonomy, oversight and scrutiny is applied to the governance of individual directorates through an internal accountability and improvement framework, which is based on the NHSE/I Single Oversight Framework segmentation methodology. Triggers of escalation identify directorates requiring additional support, based on key performance standards, with corporate resource available to provide further assistance.

The impact of the COVID-19 pressures has significantly impacted on day to day service delivery and the associated performance standards; however, this has been managed through the robust planning and implementation of revised patient pathways, encompassing the need to manage COVID and non COVID attendances and admissions. This is acknowledged as a key risk going forward into 2020-21.

9. 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 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 2019-20 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 Group has undertaken quarterly assurance visits during 2019-20. 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 without 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
24 June 2020


Occupational
Therapist
NHS

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 2019-20, which highlight the excellent work we are doing to ensure we provide the very best safe, quality care for our patients.

It makes me proud to lead an organisation with such committed and passionate staff that make these achievements possible, and allow us to grow and develop to meet the ever changing needs of the population we serve. As a Trust we are also very fortunate to have volunteers, governors, members and other partners who support the work we do and our ambitions for the future.

We continue to be one of the best performing trusts in the country and during 2019-20 we were able to maintain our improved performance in relation to the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) mortality values, reporting within the 'as expected' range and below the national average, which is really positive. I would like to thank all staff who have contributed to this progressive improvement.

Changes were made to the Clostridium difficile reporting criteria for this year, and the target set by our commissioners was no more than **56** hospital onset acquired infections, which is a challenging target to meet. The Trust continually monitors infection rates and always strives for improvement by implementing new initiatives and innovations, which are outlined in this report. The Trust reported **53** cases during 2019-20. The forthcoming year will see further challenges in the work toward improving infection, prevention and control, and this remains a priority for 2020-21.

Following the Care Quality Commission (CQC) unannounced inspection of our services in November 2017 and a Well-Led inspection in December 2017, the Trust was rated as 'Good'. Since that time the Trust has utilised the findings within our inspection reports to build on the successful areas and review, grow and develop the areas that required further improvement where appropriate. During 2019-20 this work was developed to form the Trust's 'Excellence as our Standard' strategy, supporting our aim to achieve even greater success, but more importantly embedding excellence in our approach to everything we deliver as an organisation.

A valuable aspect of validating our performance is through our engagement with our stakeholders and partners, and this occurs throughout the year, of which the Quality Accounts is a key aspect. The Quality Accounts set out our priorities for the forthcoming year, and the priorities are 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). This is particularly important now as partnership and system working is vital for the future of health and care services. We need to ensure care is provided at the right time and in the right place to improve health outcomes for those we serve. As we make great strides as part of the Integrated Care Partnership to unify services across our area I am positive for an aspirant future for population health across our region. The Trust continues to ensure that our patients remain at the centre of all we do.

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

Julie Gillon
Chief Executive
24 June 2020

What is a 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.

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 2019-20 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.

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 **30,000** 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.

CQC Rating - The most recent CQC visit took place 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.

Part 2a: 2019-20 Quality Improvement

Part two of the Quality Account provides an opportunity for the Trust to report on progress against quality priorities that were agreed with external stakeholders in 2018-19. We are very pleased to report some significant achievements during the course of the year.

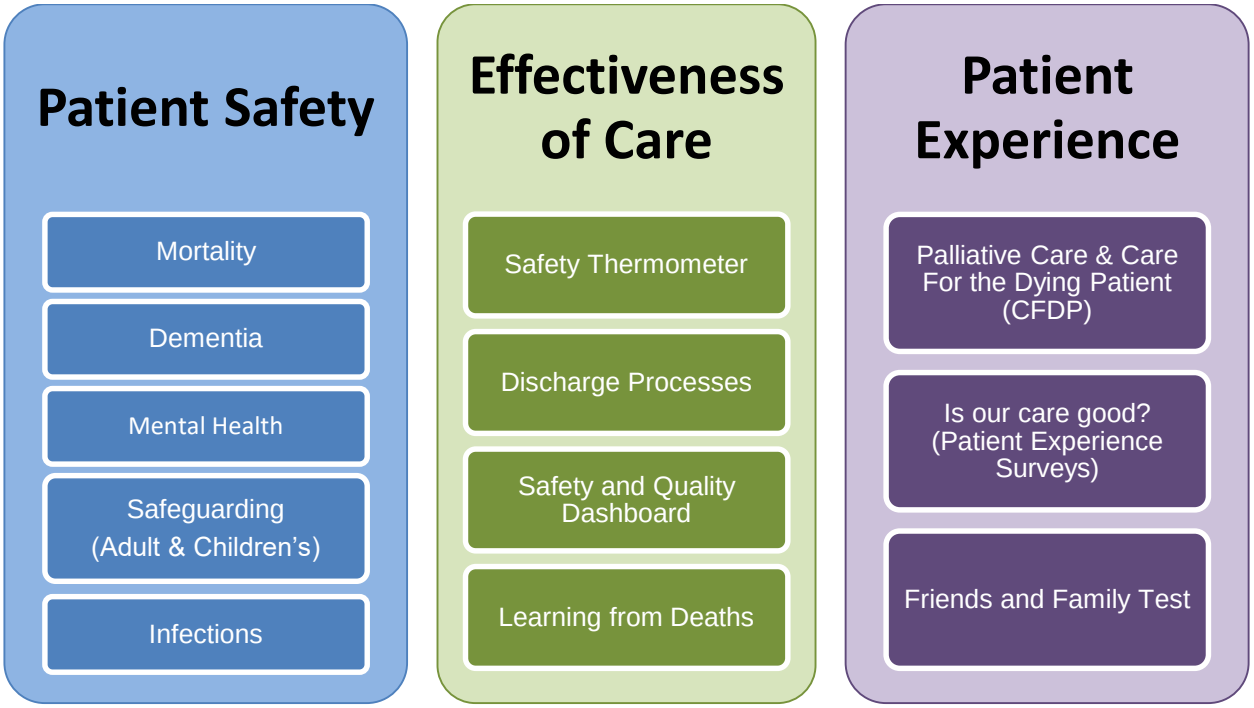
Consideration has also been given to feedback received from patients, staff, governors and the public.

Presentations have been undertaken with various staff groups, providing the opportunity for staff to comment on any feedback and views obtained from patients.

Progress is described in this section for each of the 2019-20 priorities.

Stakeholder priorities 2019-20

The quality indicators that our external stakeholders said they would like to see reported in the 2019-20 Quality Accounts were:



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

Priority 1: Patient Safety

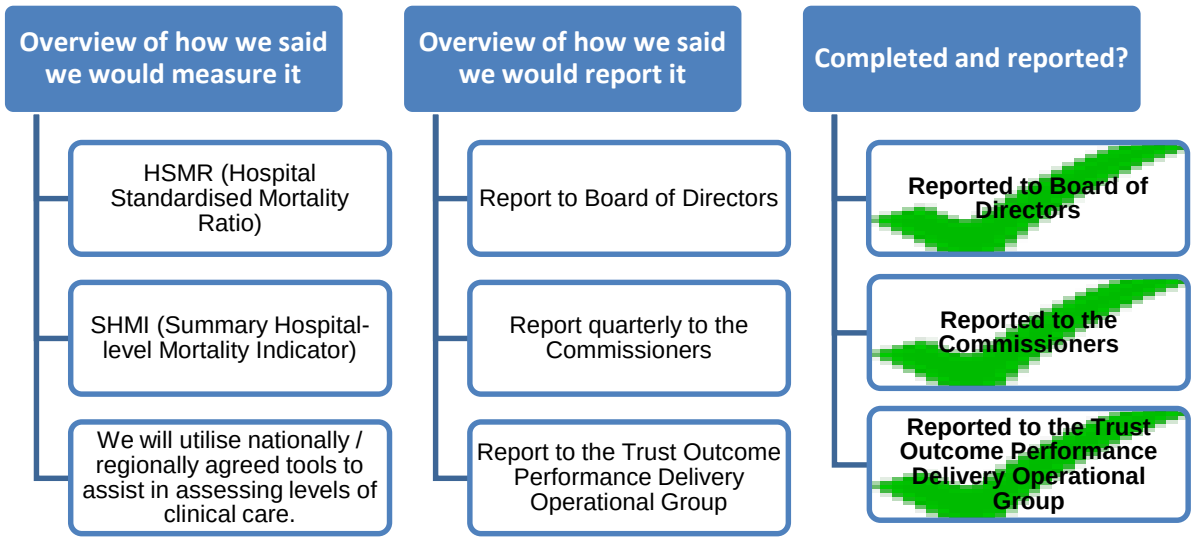
Mortality

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.



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 2019-20 continues to reap great rewards in respect of depth of coding. This increase in the number of co-morbidities being captured and documented per patient to over seven, from the lows of just over three, has had a profound effect on the HSMR and SHMI values, as well as giving a more accurate reflection of the patient's true level of sickness.

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)
December 2018 to November 2019

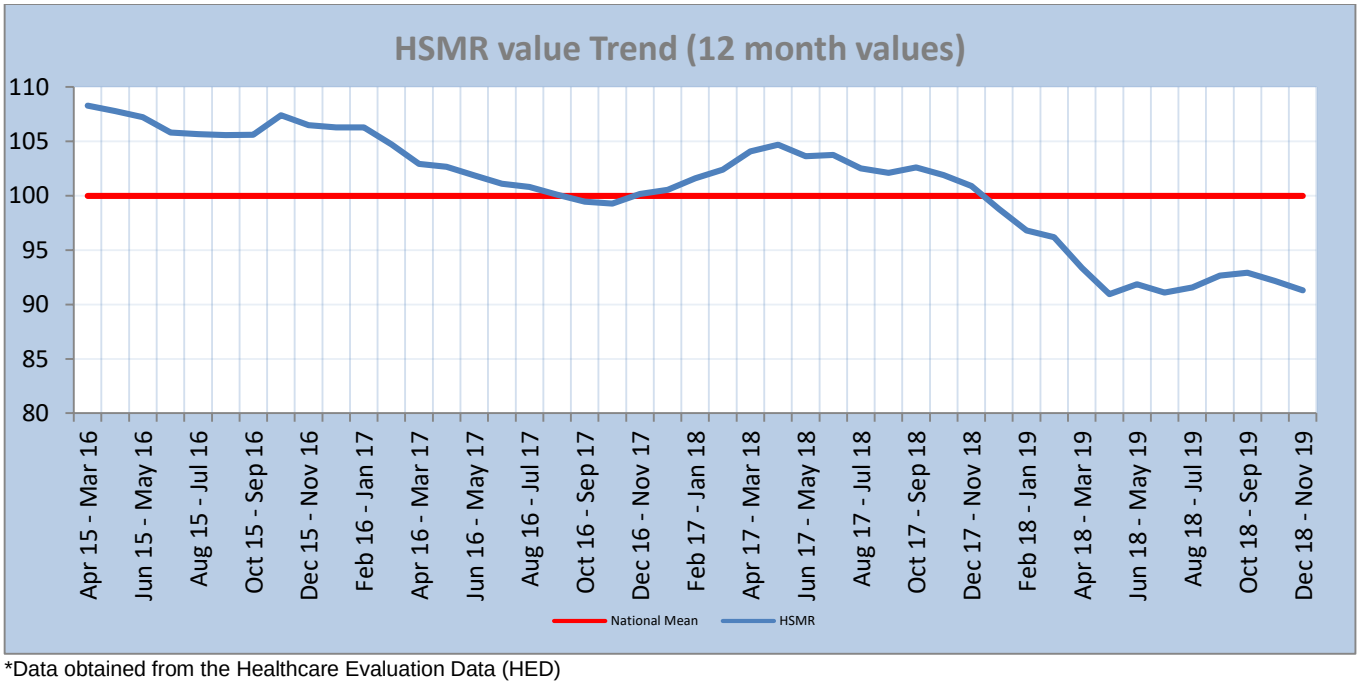
The Trust **HSMR** value is **91.30** for the reporting period from **December 2018 to November 2019**; this value continues to place the Trust in the **'as expected'** range. The National Mean is 100, which denotes the same number of people dying as expected by the calculations, any value higher means more people dying than expected.

Reporting Period	HSMR	CMR
Dec 18 Nov 19	**91.30**	**3.37%**
Nov 18 - Oct 19	92.17	3.43%
Oct 18 - Sep 19	92.91	3.45%
Sep 18 - Aug 19	92.65	3.40%
Aug 18 - Jul 19	91.55	3.32%
Jul 18 - Jun 19	91.09	3.28%
Jun 18 - May 19	91.85	3.30%
May 18 - Apr 19	90.96	3.22%
Apr 18 - Mar 19	93.37	3.29%
Mar 18 - Feb 19	96.20	3.41%
Feb 18 - Jan 19	96.81	3.45%
Jan 18 - Dec 18	98.78	3.55%

*Crude Mortality Rate (CMR)

Trust HSMR Continued Improvement

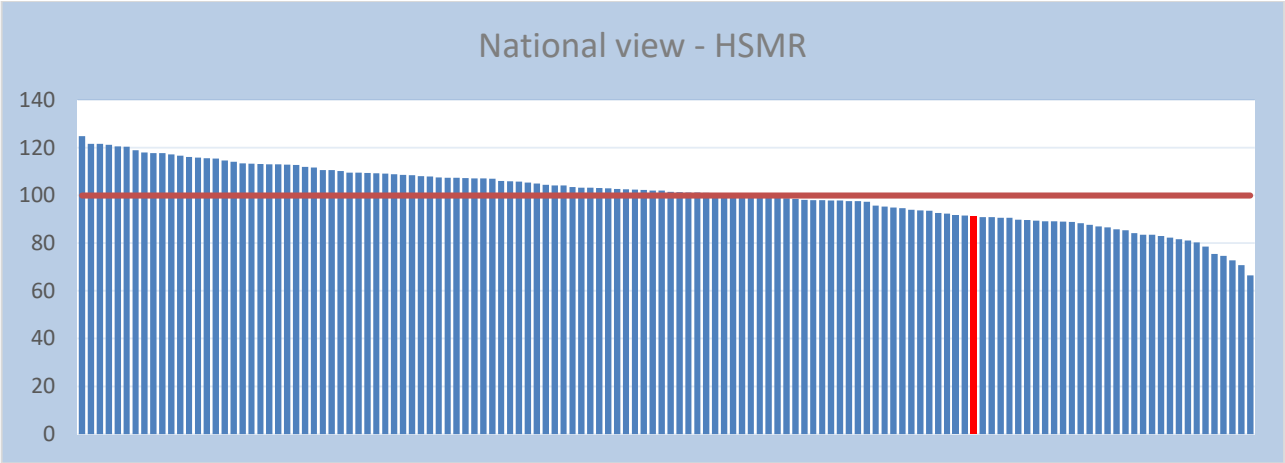
The following graphic demonstrates the Trust improvement since the high during February 2014 – January 2015, reducing the HSMR value to **91.30 (December 2018 to November 2019)** from 128.26, the Trust continues to reside in the **'as expected'** range.



*Data obtained from the Healthcare Evaluation Data (HED)

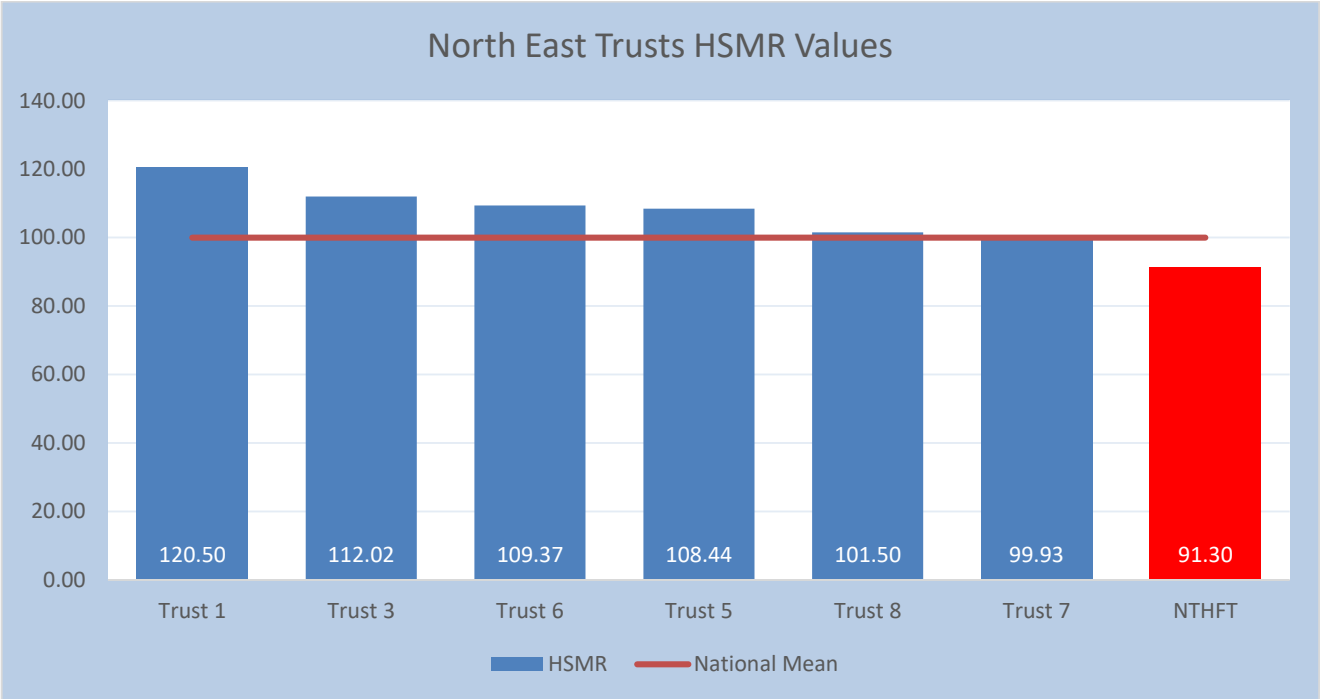
HSMR - National View

With a value of **91.30 (December 2018 to November 2019)**, this places the Trust with the **35th** lowest HSMR in the country (red).



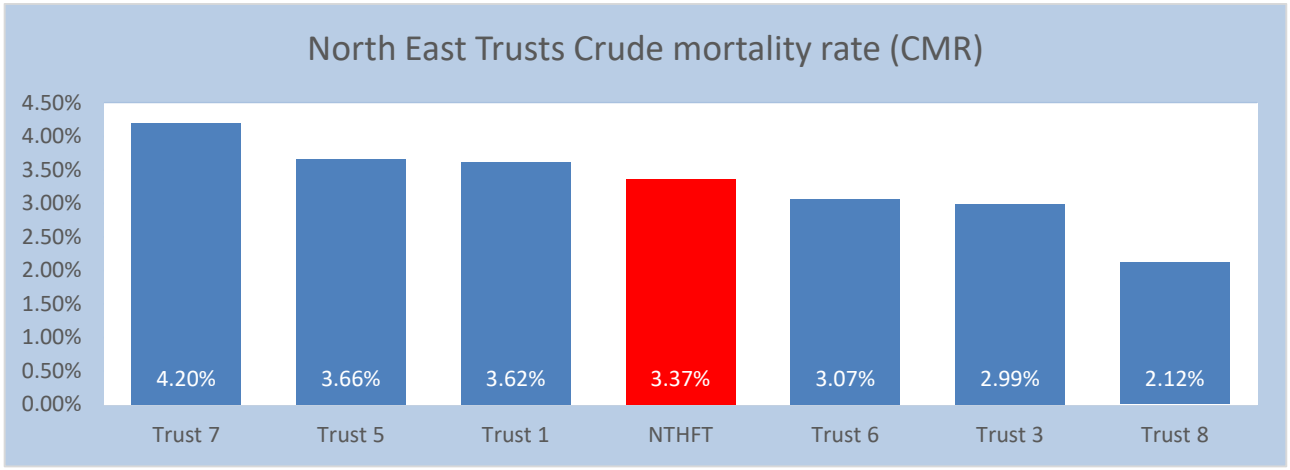
The following HSMR chart demonstrates the Trust's 12 month HSMR value throughout the reporting period from **December 2018 to November 2019**, benchmarked against the other North East Trusts. The Trusts 12-month average for HSMR is currently **91.30** which is within the 'as expected' range.

*Data obtained from the Healthcare Evaluation Data (HED)



HSMR Crude Mortality Rate – 3.37%
December 2018 to November 2019

The following HSMR chart demonstrates the Trusts 12-month Crude Mortality Rate value throughout the reporting period from **2018 to November 2019**; benchmarked against the other North East Trusts. The Trusts 12-month average Crude Mortality Rate (number of deaths/number admitted*100) is currently **3.37%**.



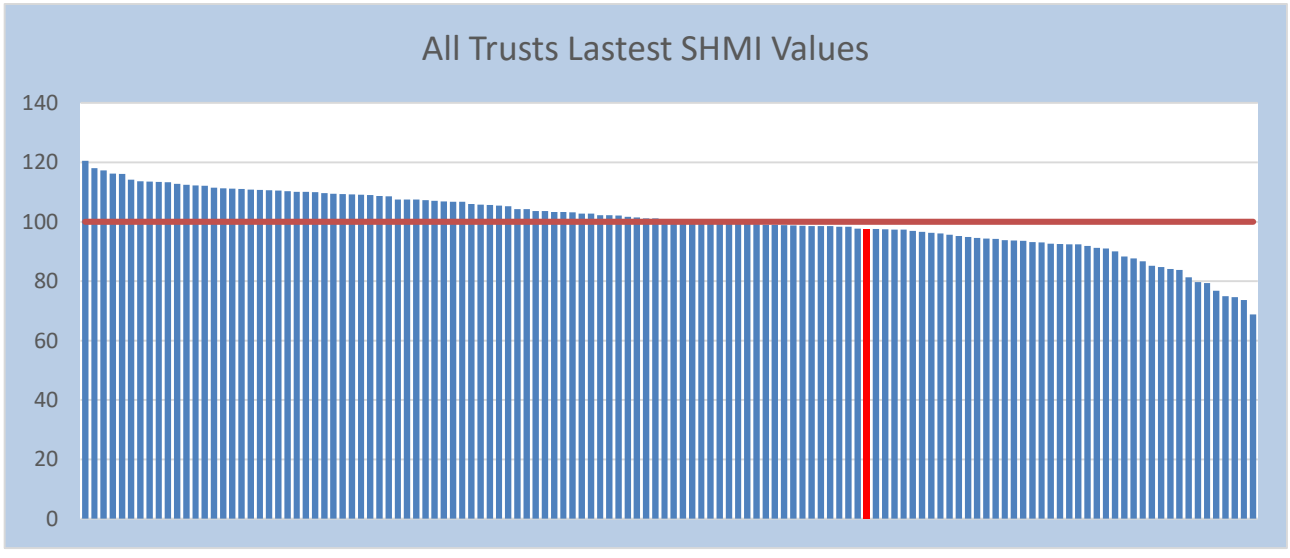
*Data obtained from the Healthcare Evaluation Data (HED)

Summary Hospital-level Mortality Indicator (SHMI)
September 2018 to August 2019

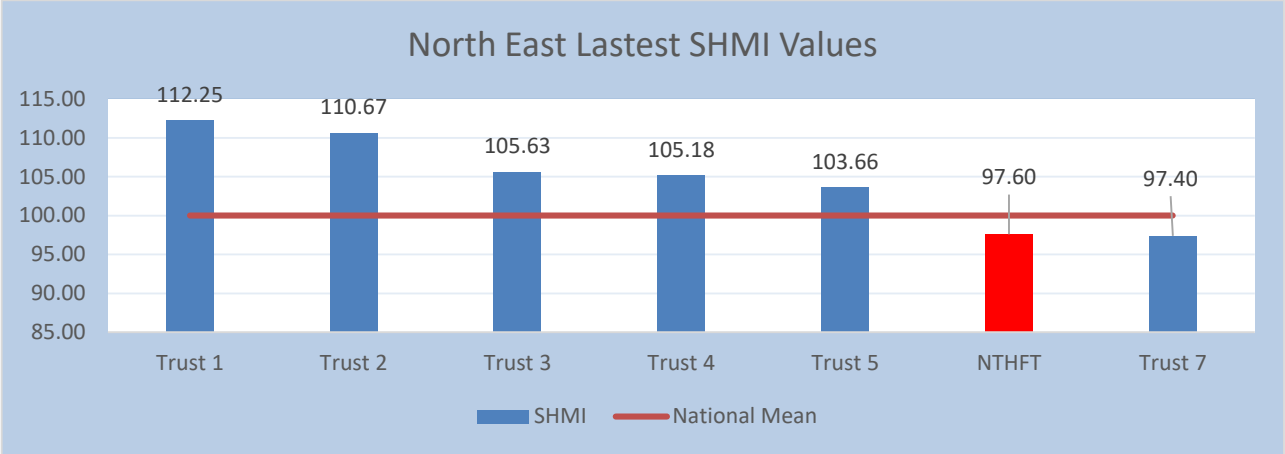
The **SHMI** indicator provides an indication on whether the mortality ratio of a provider is as expected, higher than expected or lower than expected when compared to the national baseline in England.

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 **97.60 (September 2018 to August 2019)**, this value continues to reside in the **'as expected'** range.

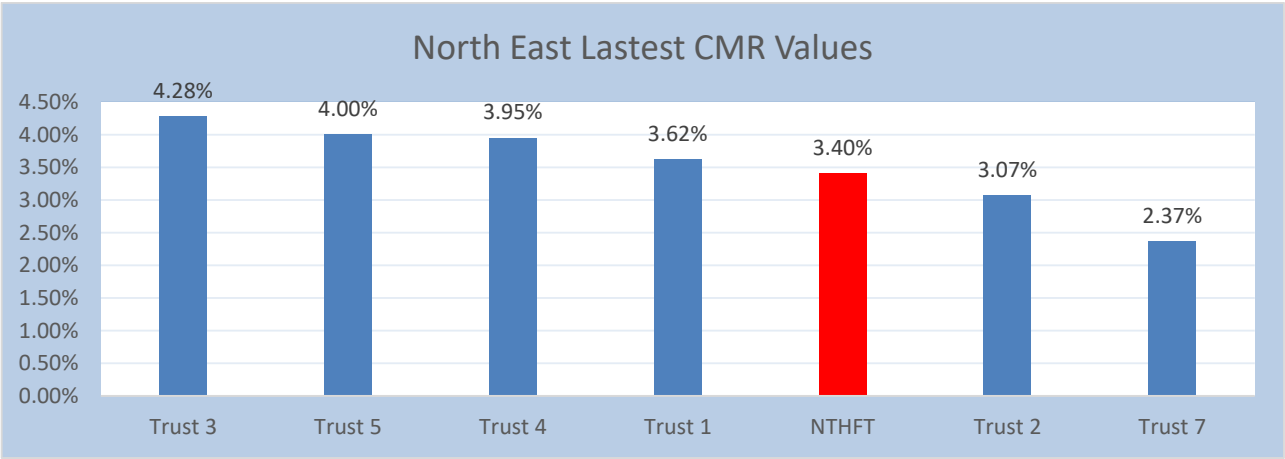


The following chart and table demonstrate the Trust's current SHMI position utilising the latest time period of **September 2018 to August 2019**, the other **North East Trusts** have been anonymised.



*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 **September 2018 to August 2019**, benchmarked against the other North East Trusts. The Trusts 12-month average Crude Mortality Rate (number of deaths/number admitted*100) is currently **3.40%**.



*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 2016-17. For the current financial year of 2019-20, the Trust has **experienced 1,485** mortalities, this is 31 more mortalities than experienced in 2018-19.

	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
2019 20	**106**	**248**	**338**	**456**	**573**	**697**	**823**	**948**	**1105**	**1251**	**1367**	**1485**
Diff	**-29**	**9**	**-3**	**1**	**26**	**42**	**29**	**20**	**44**	**42**	**26**	**31**

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

- Introduce the 4at delirium assessment tool into the new falls pathway in nursing notes, to identify and delirium sooner after admission
- 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 the diagnosis of dementia is confirmed, then an alert will be added to Trakcare system. This alert will aid and assist a dementia champion that is available on every ward.

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 the 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 now has an agreement with Parking Eye regarding parking allowances for eligible families and carers.
- We now have John's campaign as an alert on Trakcare for staff awareness. We have also negotiated a discount at Costa and staff discount in the canteen. We have produced a card that the carers can produce to get this discount.
- PET team are doing follow ups questions for families and carers that have used John's campaign, so we can evaluate data and improve the service further.
- 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. University hospital of Hartlepool is part of Dementia friendly Hartlepool.

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

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

Financial Year	Patients admitted to the Trust with a diagnosis of Dementia/Delirium	Increase or Decrease from Previous Year
2016-17	3,298	+587
2017-18	3,614	+316
2018-19	4,218	+604
2019 20	3,784	

*Data from Information Management Department – up to Feb 2020

Dementia Assessment and Referral 2019-20

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.

Dementia	Q1	Q2	Q3	Q4
Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	100%	100%	100%	100%
Dementia - % of patients undergone a diagnostic assessment	100%	100%	100%	100%
Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	100%	100%	100%	100%

Dementia Training Levels

Tier 1 - Dementia Awareness Raising

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.

Tier 2 – Knowledge, skills and attitudes for roles that have regular contact with people living with dementia

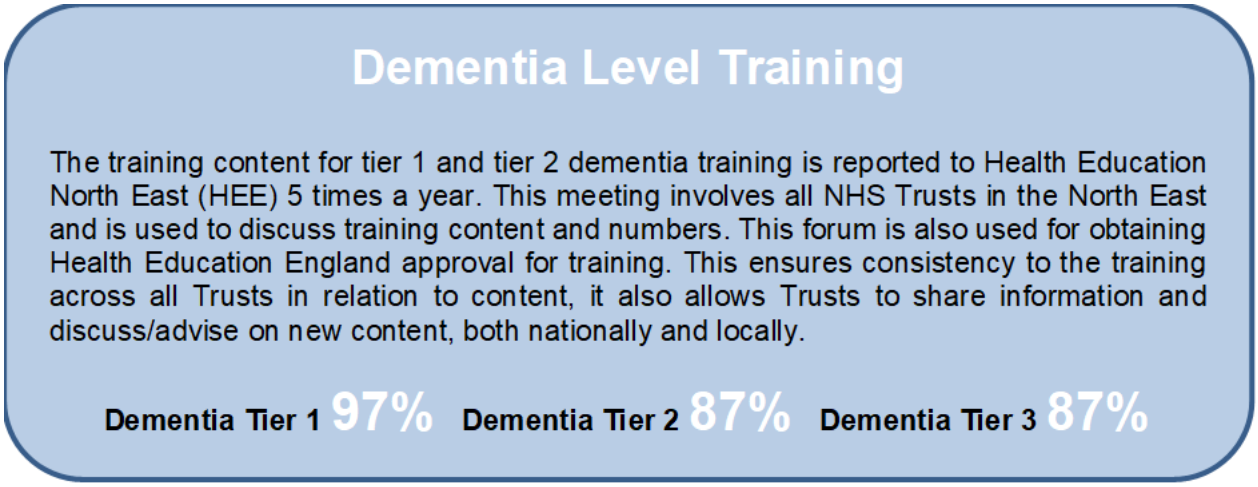
This is the level of 'Trust Dementia Champions'

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.

Tier 3 – Enhancing knowledge, skills and attitudes for key staff in a leadership role

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.



*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
- Through Treat as One, develop a 1 day, tier 2 course to ensure that appropriate staff has a more in-depth understanding of how mental health and physical health are linked.

Priority 1: Patient safety

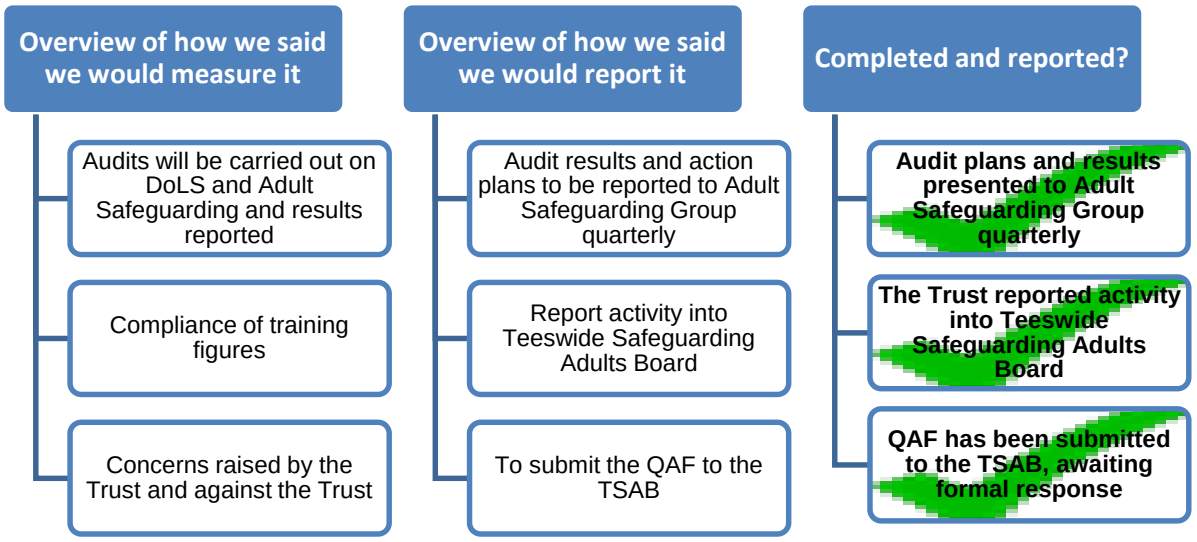
Safeguarding (Adults & Children's)

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)
-



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 2019-20

In August 2018 the new Intercollegiate document for Adult Safeguarding was introduced, this document outlined the recommendations required for training, introducing a third level of training.

There is an expectation that the Trust will be fully complaint within three years and 50% of the training is required to be face to face. The Trust has mapped the current training provided, with the Level 2 training provided equates to the new Level 3. A new Level 2 training programme has been developed. Level 1 training will remain the same.

As from April 2019 the training needs analysis for all staff have been updated to reflect the new levels. Training sessions for Level 2 have been arranged for the last Thursday of every month to enable new starters to have training within the first month.

Level 1 training 95% Level 2 Training 82%

Level 3 Training 77%

*Date provided by the Safeguarding team and is as of Q3 2019-20

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 / Enquiries raised within the Trust

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).

There have been **477** concerns raised by the Trust. This trend demonstrates that there has been a decrease in concerns in 2019-20.

2015-16	2016-17	2017-18	2018-19	2019 20
255	244	413	484	**477**

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
Discriminatory	0	0	0	0	**0**
Domestic Abuse	9	17	21	17	**64**
Financial or Material	7	13	15	9	**44**
Modern Day Slavery	0	1	1	1	**3**
Neglect and Acts of Omission	51	56	61	67	**235**
Organisational	3	4	5	5	**17**
Physical	16	14	24	22	**76**
Psychological	3	4	9	6	**22**
Self-Neglect	32	31	47	34	**144**
Sexual Abuse	3	6	4	2	**15**
Sexual Exploitation	0	1	1	0	**2**
Total	**124**	**147**	**188**	**163**	**622**

*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
Allied Health Professionals	0	0	2	0	**2**
Anaesthetics	0	2	2	1	**5**
Emergency Care	30	30	32	39	**131**
Estates	0	0	0	0	**0**
Human Resources	0	0	0	0	**0**
In Hospital Care	7	14	6	12	**39**
Nursing Quality & Patient Safety	6	2	1	6	**15**
Out of Hospital Care	28	22	50	32	**132**
Outpatients Departments	0	1	0	0	**1**
Pathology	0	0	0	0	**0**
Pharmacy	0	0	0	0	**0**
Radiology	0	1	1	0	**2**
Surgery, Urology & Orthopaedics	1	4	1	3	**9**
Women's & Children's Services	2	2	3	0	**7**
Total	**74**	**79**	**97**	**93**	**343**

Number of concerns against the Trust

There have been **79** concerns against the Trust.

2015-16	2016-17	2017-18	2018-19	2019 20
514	50	79	79	**79**

Themes of Alerts against the Trust

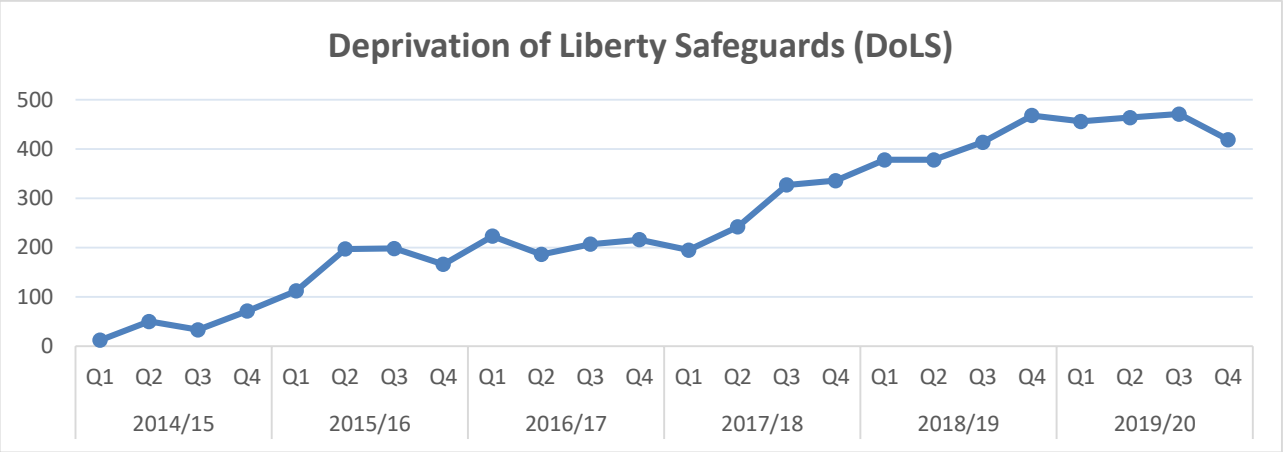
Themes of Alerts	Q1	Q2	Q3	Q4	Total
Acopia	0	0	0	0	**0**
Assault	1	1	0	0	**2**
Communication	2	4	4	1	**11**
Dehydrated	0	0	0	0	**0**
Delay / Failure of Intervention	0	0	0	0	**0**
Discharge Issue	10	8	5	8	**31**
Documentation	1	2	2	2	**7**
Domestic Abuse	0	0	0	0	**0**
Harassment	0	0	0	0	**0**
Material	0	0	0	0	**0**
Medication Error	4	4	0	8	**16**
Modern Day Slavery	0	0	0	0	**0**
Monetary	0	0	0	0	**0**
Moving and Handling	3	0	0	1	**4**
Pressure Damage / Ulcer	11	1	6	2	**20**
Psychological	1	0	0	0	**1**
Self Neglect	0	0	0	0	**0**
Sexual	0	0	2	1	**3**
Theft	0	1	0	0	**1**
Unexplained Injury	2	2	0	2	**6**
Unkempt	2	1	3	1	**7**
Unwitnessed fall	0	0	0	0	**0**
Total	**37**	**24**	**22**	**26**	**109**

*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 **1,810** applications during the first three quarters of 2019-20.

2015-16	2016-17	2017-18	2018-19	2019 20
673	832	1,100	1,638	**1,810**

Trust Adult Safeguarding Governance Arrangements

The Chief Nurse/Director of Patient Safety and Quality is the executive lead for safeguarding adults with the Deputy Chief Nurse 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 2019-20 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 training.

The 'Named Nurse' for Adult Safeguarding represents the Trust at a multi-disciplinary meeting (Silver command) around PREVENT.

Training Figures 2019-20

PREVENT 85% **WRAP 83%**

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 Chief Nurse/Director of 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 commissioners and providers 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 from Durham, Darlington, Easington & Sedgefield.

The Chief Nurse/Director of Patient Safety and Quality has delegated authority to the Deputy Chief Nurse who has direct line management of the Safeguarding Children Team.

The Trust has made active contributions at senior level to the Hartlepool and Stockton Safeguarding Children Partnership (HSSCP) and the Durham Safeguarding Children Partnership (DSCP).

The Trust has maintained representation on a number of Safeguarding Partnership subgroups including:

- Tees procedures policy group
- Tees Engine room
- County Durham MASH Board
- County Durham Neglect Sub Group
- County Durham Safeguarding Health Leads
- County Durham Missing Exploited group (MEG)

Representatives from across all directorates take a lead role or act as a champion for children safeguarding for example in the Emergency Department (ED) 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.

Children's Safeguarding Work Programme

The Children's Safeguarding Work Programme sets out the work for the year including:

1. Action plans from serious case reviews; learning lesson reviews, Domestic Homicide Reviews and internal incidents.
2. The safeguarding children annual audit and assurance programme

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. The findings and recommendations from this will not be published until criminal proceedings are complete. The action plan from the Freddie SCR was monitored via Steering Group and is now complete.

HSSCP has commissioned three Safeguarding Children Practice Reviews and the Trust has had significant involvement in one of those; the Named Nurse is a member of the review team. The findings and recommendations will not be published until the criminal proceedings are complete however a single agency report is complete and the subsequent agency action plan is monitored by the Steering Group.

The Eve SCR from 2018 is yet to be published however the early identified learning and action plan is monitored through the Steering Group.

Any joint action plans, once published will be monitored through the Trust's Safeguarding Children's Steering Group and jointly through the HSSCP Engine Room and Durham Safeguarding Children Partnership.

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 Policy 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. This policy is currently under review.

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 programme 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 98% **Q2** 98% **Q3** 86% **Q4** 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) practitioners group 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.

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 and the Trust also contribute to Multi Agency Tasking and Coordination (MATAC).
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 Workforce 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 are on sickness/absence or there are capability issues.

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. The LAC team have devised new health assessment forms that enable the practitioner to capture the wishes and feelings of children in care receiving health assessments. Electronic health care records for children receiving care within the Trust now incorporate prompts for practitioners to gain the voice of the child during contacts/assessments.

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 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 embedded 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 Vulnerability 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. The Named Nurses for Adult and Children's safeguarding both equally contribute to the Safeguarding Children's Steering Group and the Adult Vulnerability Committee.

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 Medical Assessment Audit**
Section 11 Audit	**Safer Referral Audit**
NICE Guideline 89 Audit	**Looked After Children Review Health Assessment Audit**
Midwifery Quality Assurance Record Audit	**Immobile Baby Pathway Audit**
Paediatrics Quality Assurance Record Audit	**Children Not Brought for Appointments by Parents/Carers Policy Audit**

Key Achievements 2019-20

- Provision of bespoke training in response to lessons from a serious untoward incident investigation
- The introduction of scenario based safeguarding children's training with a requirement to complete a Safer Referral
- Sustained high compliance for safeguarding supervision
- Increased Visibility of Safeguarding Nurses in high demand areas such as A&E and UCC
- Implementation of the Child Protection Information System (CP-IS)

Key Priorities 2020-21

a. Align key priorities of the Trust to the priorities of HSSCP and DSCP
b. Achieve 100% compliance for all local safeguarding children quality requirements
c. Continue to enhance the Trust safeguarding children training programme
d. 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;
e. To continue to develop and monitor any action plans following recommendations from the Joint Targeted Area Inspections and local Safeguarding Children Practice Reviews;

Safeguarding Children Training Programme

Throughout 2019 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 Safeguarding partnerships 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, incident (Datix) themes, Learning Lessons Reviews, Serious Case Reviews, and new and changing national guidance and legislation.

Overall Trust Compliance for Safeguarding Children Training

*Data obtained from the Trust safeguarding training

Looked After Children (LAC)

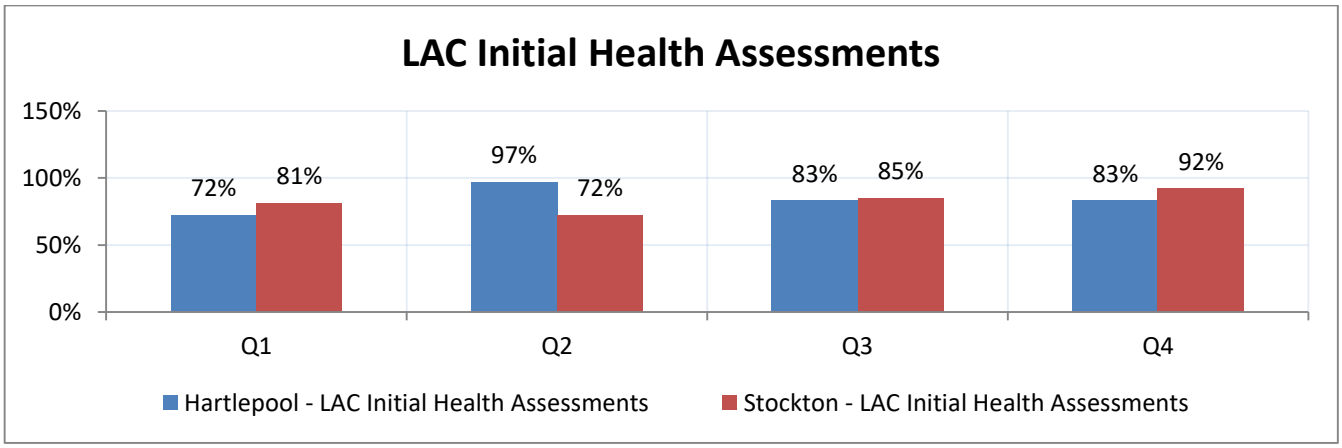
The services and responsibilities for LAC are underpinned by legislation, Statutory guidance and good practice guidance which include: *Statutory Guidance on Promoting the Health and Well-being of Looked After Children* (DH, 2015) and *Promoting the Quality of Life of Looked After Children and Young 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:

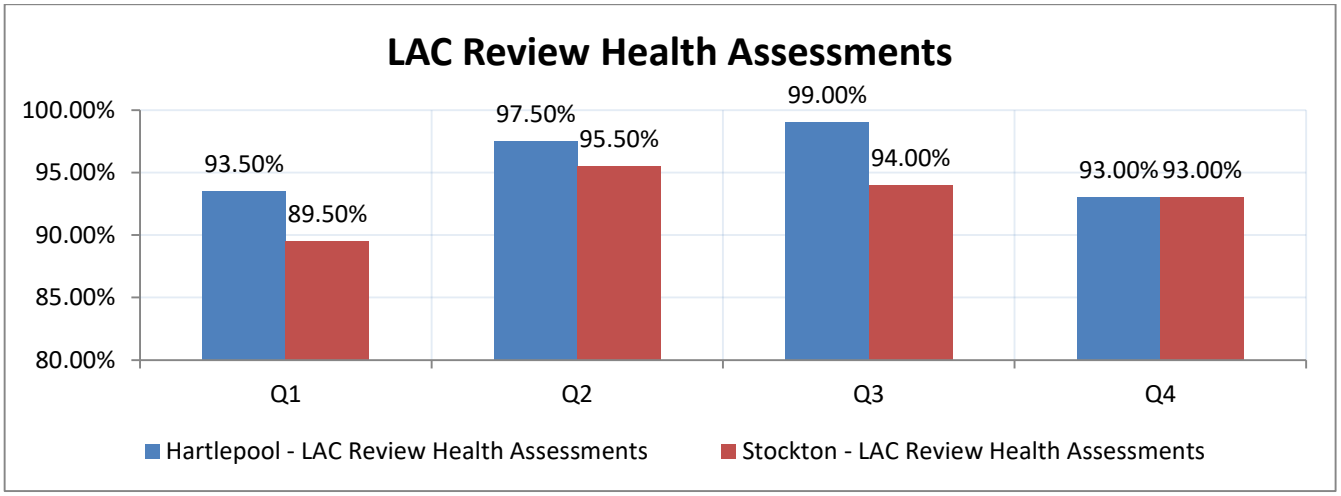
- Not receiving timely and appropriate consent for IHAs affects the overall compliance rate
- Cancellations by carers continue to affect the rates of compliance. These issues are addressed with partner agencies and carers at the time

Review Health Assessments

Review Health Assessments must be undertaken at six 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 RHA'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 and more recently an escalation pathway is sent out with every out-of-area request. This supports all agencies to be aware of expected timescales and actions the LAC team will take if the RHA cannot be completed within timescales.

Key Achievements 2019-20

- 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 Trakcare enabling early identification of vulnerability
- CSE screening tool used on all LAC children over the age of 11
- The recruitment of additional staff nurses to support the improvements to quality and timeliness of RHA's in Hartlepool.
- The introduction of new review and initial assessment paperwork which enables practitioners completing the assessment to effectively capture the voice of the child


3
2
1
Plaster Room
Plaster Room
Way out

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

The trust has been actively involved in Sensory loss planning and provision with external stakeholders. Trust representation is visible within the Hartlepool sensory loss strategy group, a working partnership to improve sensory loss provision and knowledge across the Hartlepool area.

A trust Accessibility group has been established which meets monthly and core members from external stakeholder organisations are invited. The group action plans improvements ideas, receives input from experts in accessibility relating to improvement projects and outlines and agrees task to finish groups based on improvements.

The trust has been offered the opportunity to participate in free sensory loss training as part of the ongoing accessibility work, this is currently under review from Learning and Development.

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

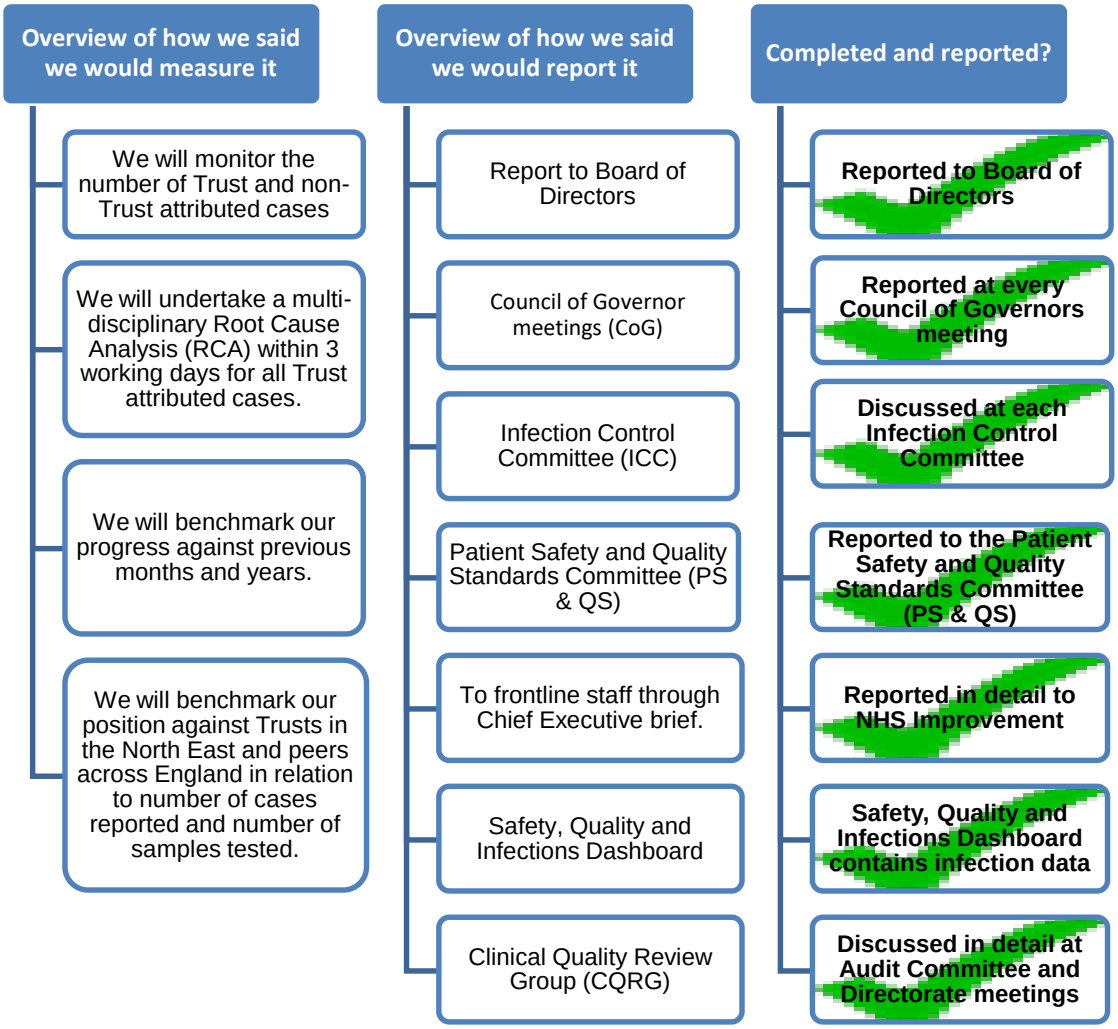
Infections

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.



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 2019 - 20 the Trust **achieved** the Clostridium difficile objective having reported **53** Trust attributed cases against a trajectory of **56** cases. The criteria for inclusion as a case attributed to the Trust changed from April 2019, making comparison with previous years difficult.

Our staff continue their efforts to control and reduce opportunities 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, and the provision of a hygienist team to support additional cleaning. The focus on antimicrobial stewardship has continued and is led by a Consultant Microbiologist and Antimicrobial Pharmacist. The importance of adherence to high standards of hand hygiene has continued to be a core element of our strategy.

Actions to reduce C difficile are within an integrated HCAI improvement plan covering all infections and practices 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.

Trust Clostridium difficile cases 2016-19

	Hospital Onset	Community Onset
2016-17	39	73
2017-18	35	60
2018-19	31	83

Data reporting using the new requirements

- Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

	Cases allocated to the Trust	Cases allocated to commissioners
2018-19	61	54
2019-20	**53**	**39**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system

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 2019-20 our organisation reported **zero** hospital onset cases of MRSA bloodstream infection, which represents a sustained improvement and is in line with the national zero tolerance trajectory. Two community onset cases have been reported this year with no learning for the Trust identified from either case.

***Trust MRSA bacteraemia cases 2016-20**

	2016-17	2017-18	2018-19	2019 20
Hospital Onset	1	4	0	**0**
Community Onset	2	2	0	**2**

*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 2019-20 we reported **26** cases of hospital onset MSSA bacteraemia. This is a deterioration from 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 high number of community onset cases has continued to be 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 promptly in the emergency department and emergency assessment unit.

***Trust MSSA bacteraemia cases 2016-20**

	2016-17	2017-18	2018-19	2019 20
Hospital Onset	21	25	21	**26**
Community Onset	57	71	93	**75**

*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 by 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 2023 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.

***Trust E.coli bacteraemia cases 2016-20**

	2016-17	2017-18	2018-19	2019 20
Hospital Onset	50	43	39	**52**
Community Onset	267	304	317	**279**

*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.

***Trust Klep sp bacteraemia cases 2017-20**

	2017-18	2018-19	2019 20
Hospital Onset	29	20	**10**
Community Onset	42	40	**49**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system and **Data obtained from the Healthcare Evaluation Data (HED)

In 2019-20 the Trust reported **10** Klebsiella species bloodstream infections which is a significant 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.

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.

***Trust Ps a bacteraemia cases 2017-20**

	2017-18	2018-19	2019 20
Hospital Onset	5	9	**3**
Community Onset	19	20	**17**

In 2019-20 the Trust reported **3** Trust attributed cases of Pseudomonas aeruginosa bloodstream infections which is a significant improvement on the previous year. It is not possible to identify trends from such low numbers of cases. 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.

Catheter-associated urinary tract infection (CAUTI)

A catheter-associated urinary tract infection (CAUTI) is one of the most common infections a person can contract in the hospital, according to the American Association of Critical-Care Nurses. Indwelling catheters are the cause of this infection. An indwelling catheter is a tube inserted into your urethra.

	2019 20
Hospital Onset	**360**

In 2019-20 the Trust reported **360** Trust attributed cases of catheter-associated urinary tract infection (CAUTI), it was not a mandated reporting requirement for the previous years. However, the Trust will be reporting CAUTIs to the Trust Board and Executive team each month in the Integrated Board Paper.

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 2019-20 the Trust continues to participate in data collection for Sepsis, although they have removed it as a CQUIN, it effectively remains the same as the requirement has moved to being a core national KPI within the contract. The core requirement is 'the proportion of service users presenting as emergencies or as service user inpatients, who undergo sepsis screening and where screening is positive, receive IV antibiotics within 1 hour of diagnosis. 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	220	128		
Number eligible for screening	220	128		
screening compliance %	86%	55%		
Treatment within 1 hour %	87%	59%		
Antibiotic review within 24-72 hours	99%	100%		

*Q3 and Q4 data not yet available

Actions taken to improve the recognition and treatment of sepsis include:

- Introduction of electronic prescribing and medication administration (EPMA) system which improves accuracy of records and facilitates audit
- Implementation of NEWS2 into the trust in February 2019
- Introduction of E-observations, roll out programme complete March 2020
- Introduction of changes to ICE laboratory system to ensure requests for blood cultures now automatically results in a request for lactate level
- 24/7 Outreach team all trained in arterial blood gas sampling
- Identification of directorate sepsis champions with responsibility for prospective communication, audit and training
- Teaching sessions on sepsis diagnosis and management
- Bi-monthly sepsis meeting
- Use of a sepsis reminder as a screensaver
- World Sepsis Day – promotion through BBC radio Tees, trust social media and face to face interaction

Future plans;

- Use trakCare to provide sepsis dashboard allowing a more transparent and live reporting system
- To encompass CCG9 CQUIN into sepsis reporting.

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.

Safety Thermometer Data

The Safety Thermometer data can be found at: https://www.safetythermometer.nhs.uk/index.php

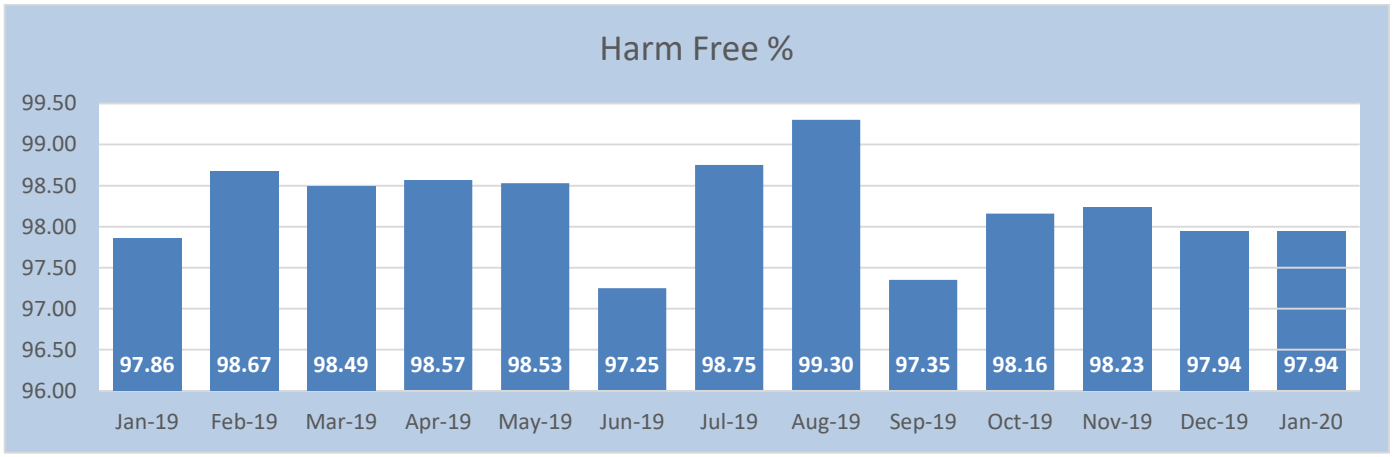
The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

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 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20
Harm Free %	**97.86**	**98.67**	**98.49**	**98.57**	**98.53**	**97.25**	**98.75**	**99.30**	**97.35**	**98.16**	**98.23**	**97.94**	**97.94**
Ulcer %	1.18	0.80	0.63	0.52	0.37	1.18	0.70	0.58	0.79	0.79	0.47	0.59	1.03
Falls %	0.00	0.13	0.50	0.13	0.37	0.78	0.28	0.00	0.00	0.00	0.35	0.00	0.29
VTE %	0.85	0.27	0.13	0.65	0.24	0.65	0.14	0.12	1.06	0.53	0.95	1.18	0.59
UTI %	0.11	0.13	0.25	0.13	0.49	0.13	0.14	0.00	0.79	0.53	0.12	0.29	0.15

*All data from www.safetythermometer.nhs.uk/index.php



To note; the proposed changes from NHS England for 2020-2021 after feedback from Trusts is that the existing requirements on use of the Safety Thermometer are creating too great a bureaucratic burden, and not facilitating learning. Therefore, the specific requirements relating to use of the Safety Thermometer will be removed and, instead, introduce a higher-level obligation on acute providers to ensure and monitor standards of care in the four clinical areas which the Safety Thermometer addresses – venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers.

Priority 2: Effectiveness of Care

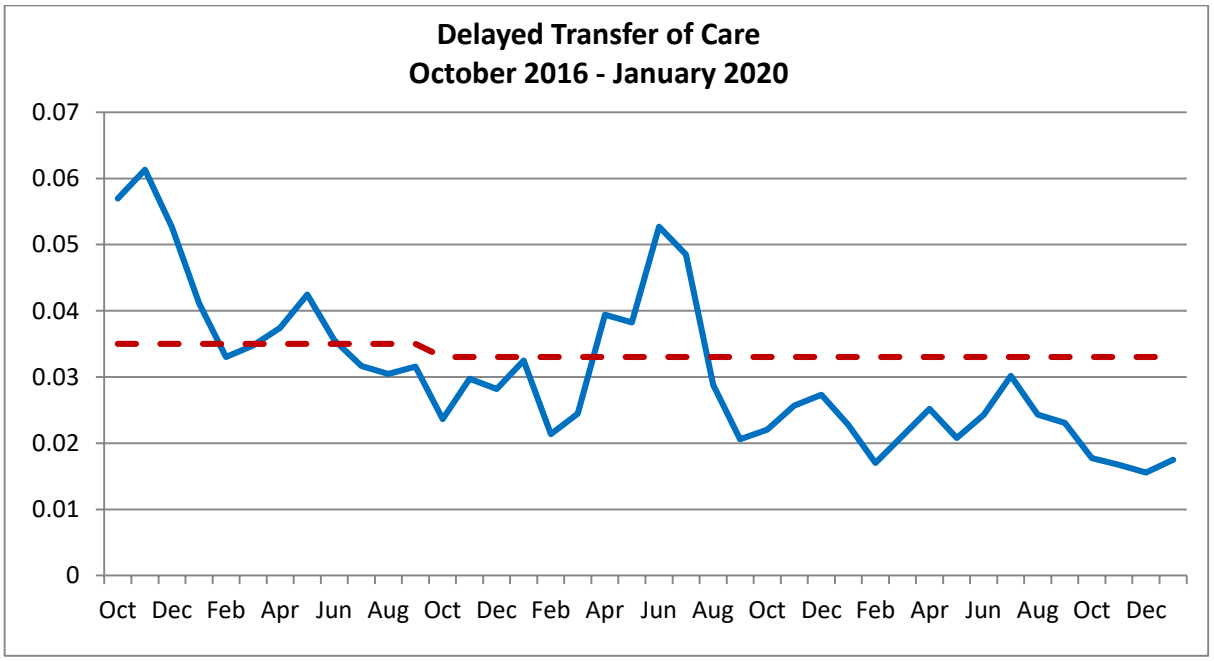
Discharge Processes

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

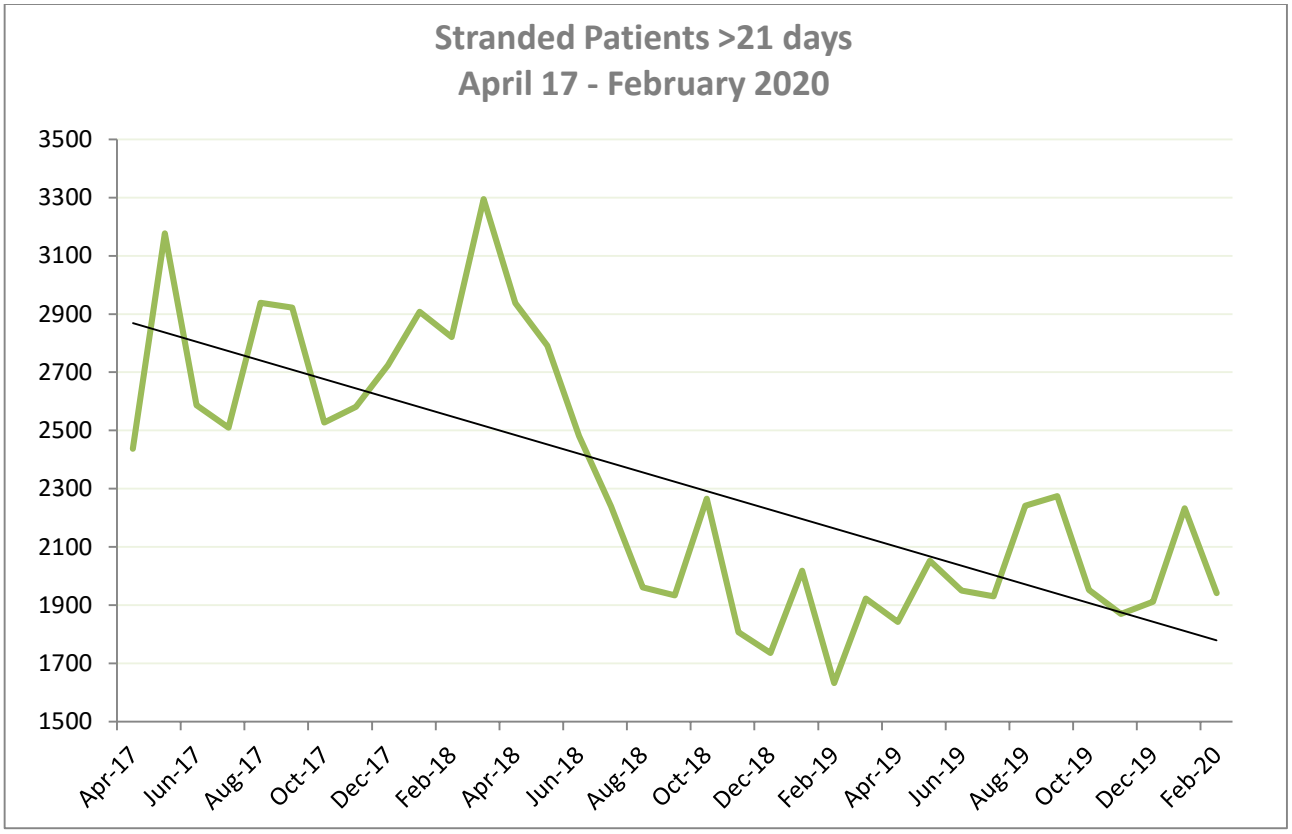
Delayed transfers of care (DToC) – October 2016 to January 2020

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. Throughout 2019-20 we have remained under the 3.5% the national target which is a significant achievement.



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. Our approach has been recognised by NHS Improvement and our front line teams are embracing the weekly review.



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.

As this project has gathered momentum we have seen a significant reduction in the number of assessments taking place in the Hospital. The changes are currently being evaluated, evidence suggests a significant reduction in the in hospital assessments.

Trusted Assessor pathways

The Trust has developed a trusted assessor pathway for patients accessing residential rehabilitation following a stay in Hospital. The trusted assessors work with patients, their families and staff on the ward to transfer patients in a safe and timely manner. The trusted assessor model has reduced the time it takes from referral to transfer to 1.5 days, a fantastic achievement. The model is fully supported by our Partners in Hartlepool & Stockton Borough Council.

Five Lamps Home from Hospital Service

The project provides a ‘good neighbour’ approach to those people over the age of 65 who find themselves attending the emergency department or those who have had a hospital admission.

The service is accessed by people aged over 65 who live in the Stockton Borough who may find themselves in Hospital who require some low level support to help them manage back in their own home. The Service is initiated prior to a hospital discharge and can provide support for up to 7 days following return home. The project delivers on two key initiatives, firstly the provision of a safe and timely discharge and secondly the coordinated and timely link to social inclusion opportunities for example our lunch clubs.

Support within the 7 days includes:

- Transport home from hospital
- Fetch prescriptions
- Visit for a friendly chat
- Help you sort out bills and other paperwork that may have gathered whilst they have been in hospital
- Liaison with a wide range of statutory, voluntary and commercial services
- Referral to lunch clubs

Help Force Home but not alone scheme

A volunteer led and delivered service to support patients through the discharge process.

This programme is currently being piloted on 6 wards across the Trust. Those patients who are aged over 65years old, live on their own and would like someone to talk to are referred onto the programme. Volunteers meet them and discuss their needs upon discharge and post discharge.

Our volunteers have access to local Foodbank’s emergency food parcels and clothes for those in need. Our volunteer driver service can transport these patients home following a period of hospitalisation. Drivers can also deliver medication when appropriate.

Our volunteer team can travel home with those patients who need support, when doing this they help the patients to settle back at home, (checking that heating/TV works and they get a cup of tea).

Volunteers follow up upon discharge for 28 days to encourage the patients to get involved in local befriending services, involvement in local community activities, also to take advice from support networks e.g. CAB, etc.

7 day working focus on weekend discharges

There have been a range of developments to support discharge over the weekend as well as out of hours.

There has been a change to the medical workforce on the Emergency Assessment Unit and medical base wards to address a number of issues; changes to post graduate medical training, the out of hour workload and associated increased admissions between 11-7pm. The change provides increased numbers of staff out of hours and at peak times to improve the resilience for more timely patient assessments and discharge planning. Alternative workforce models with Physician Associates and Advanced Practitioners have been used to support this. Different ways of working have been explored and capacity prioritised to ensure best use of resources, e.g. “Weekend working teams”, 'Home Safe Sooner' work streams and huddle/board rounds.

The Trust has a ‘Hospital at Night’ team to support appropriate allocation of tasks and triage to allow the appropriate staff to be available to ensure timely interventions. This also allows the appropriate use of the medical resource to be available for the more complex interventions.
Seven-day pharmacy is available, providing extended hours.

Seven-day physiotherapy, occupational therapy, district nurses and community matrons is provided and there is equipment provision for basic items.

Patient transport is available 7 days a week to support patient discharge, if required.
Increased senior clinical matrons on a weekend to increase senior decision making.

Integrated single point of access pilot (ISPA)

The integrated single point of access (ISPA) has been operational for 18 months and has demonstrated to be effective in improving patient journeys across health and social care services, supporting people to remain in their own homes and providing an integrated approach to hospital discharge. This can be clearly evidenced within the latest better care fund performance figures, particularly those relating to the significant reduction in delayed discharges since the development of the iSPA.

The service manages a broad set of pathways and the work currently delivered in iSPA has a range of complexity which is all delivered through a multi professional group of staff which includes, nursing, therapy and social care. The ISPA has demonstrated effectiveness in the triage and clinical assessment of those patient's requiring urgent response to remain in the community and avoid unnecessary acute admissions. The team within the ISPA have a broad knowledge of community health and social care services as well as the voluntary sector and are able to make decisions on appropriate pathways of care. Primary Care Networks are also key partners in the development of the iSPA through our System Design and Delivery Groups.

District Nursing in reach project

During 2019-20 we have been able to pilot an in reach district nursing service. The district nursing team are providing two Nursing Sisters, one from Stockton and one from Hartlepool and the staff are working alongside the Integrated Discharge Team. The nurses provide support to patients in the Hospital, providing an experienced voice to alleviate concerns that patients and their families might have when hospital discharge is approaching.

The team have been able to reduce delays by providing timely information and advice and coordinating complex discharges. This has added quality to our discharge pathways, specifically the fast track discharge pathway for patients who are reaching the last days of their lives.

The Hospital staff have also provided very positive feedback about the new initiative.

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.

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.

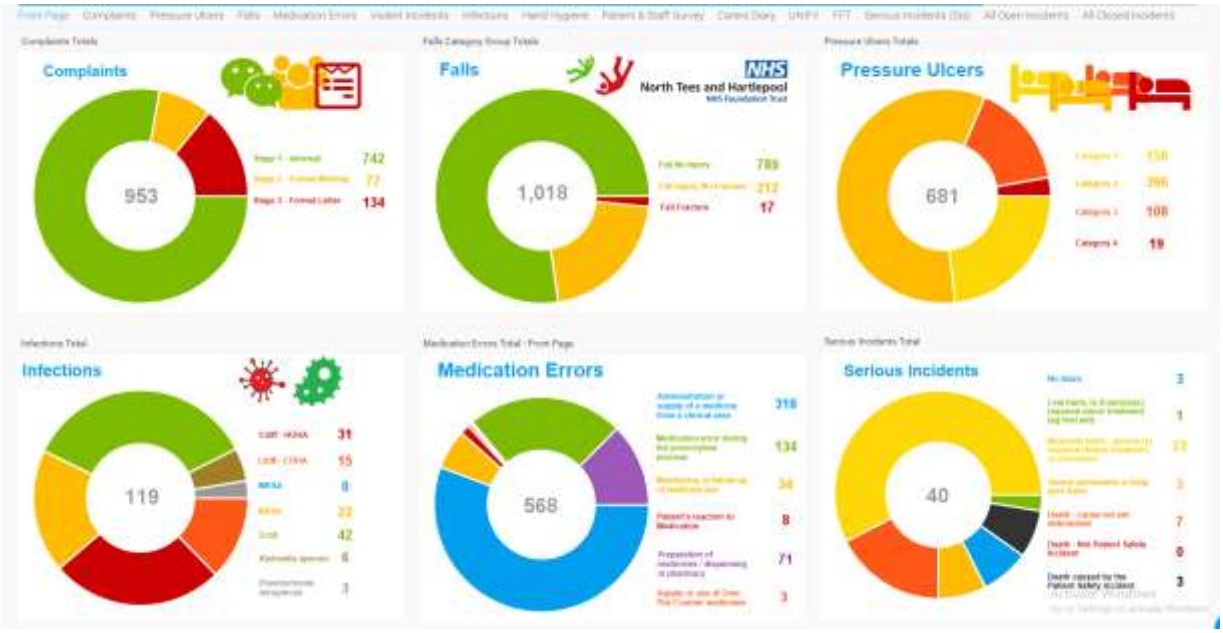
The areas covered by the dashboard are:

- 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
- Friends and Family Test

Business Intelligence (BI)

During Q4 2018-19 the Trust procured a dedicated Business Intelligence Software called Yellowfin.

This software is used to create dashboards within the organisation, to automate reporting of data, reduce manual intervention and to move the Trust forward in how data is used, displayed and understood throughout the organisation.



Dashboards created:

- Safety & Quality Dashboard
- A&E Dashboard
- Corporate Dashboard
- Audit Dashboard
- Radiology
- Theatres

Dashboards Under Development:

- Care Group Dashboards
- Internal Single Oversight Framework (SOF)
- SitRep
- Workfore Dashboard

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.

During **April 2019 to March 2020**, **1,485** 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:

338 in the first quarter;
359 in the second quarter;
408 in the third quarter;
380 in the fourth quarter.

By **31 March 2020**, **62** case record reviews and **16** investigations have been carried out in relation to **62** of the deaths included above.

In **15** 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:
8 in the first quarter;
2 in the second quarter;
5 in the third quarter.
5 in the fourth quarter.

1 representing **1%** of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient. To date, 1 investigation remains ongoing, there are some cases from 2019-20 which are also awaiting information from Coronial review.

In relation to each quarter, this consisted of:
0 representing **0%** for the first quarter;
1 representing 3**%** 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 Mortality Reviews (LeDeR)

The Trust has continued to undertake LeDeR reviews alongside the internal mortality review process. The LeDeR reviews are undertaken for all deaths of patients who have diagnosed learning disability from the age of 4; the reviews are not only undertaken by the trust but by all services who have been involved in the patients care during their lifetime. Information is then shared with this multiprofessional group to obtain an overall picture of the patient and their care; this allows all the opportunity to recognise if any different care or management may have delayed the patient's death. The overarching reviews are led by the Trusts commissioners with learning and actions taken being linked into the national LeDeR process.

The Trust has, from these reviews, identified areas for improvement within the organisation. One of these relates to the use of the hospital "passport"; this document is developed, by any care provider, with families and carers in order to provide clear information about the patient and what their specific needs are when in

hospital. There was one review where we identified that the passport was not available in the hospital records; however, having one available for all other cases was felt to be positive. The Trust has this year introduced learning disability training for all staff; as part of this training the importance of using the passport is a key area of focus.

Another opportunity for families and carers, of patients with learning disabilities (LD), to be involved in the care of the patients whilst they are in hospital is by the use of "Johns Campaign". This is a national campaign highlighting the role of informal carers in contributing to the provision of safe and responsive care to their relatives and friends. The Trust has this year introduced its own local guidance for staff. By implementing the principles of John's Campaign it is anticipated that vulnerable patients will suffer the least disruption to aspects of their everyday life during their stay in hospital. Additional benefits of this are that this group of patients will have their experience enhanced through greater involvement of their informal carers. The campaign itself is also covered in the mandatory training mentioned earlier, and the overall impact of implementation will be monitored through family feedback surveys. As results are received then any relevant actions will be initiated; the improvements identified will be shared in future reports.

In order to ensure staff, providing care for any patients with LD, have direct access for advice from the Trusts LD Specialist Nurse; the trust is developing a procedure identifying how to make a referral to this service and when this may be required. This will alert the LD Specialist nurse and allow for early contacts to be made to support planning for the care and management of a patient; and also to support in the provision of any reasonable adjustments that need to be made.

The following are a few good practice points noted from the reviews:

- Reasonable adjustments made to enable a patient to become engaged with and attend cancer screening services.
- Good communication with other services to support personalised end of life care.
- Clear multidisciplinary communication and working across organisations.
- Detailed plans for transition from children to adult services.

In order to widely share learning from the reviews across the organisation; summaries of all are to be presented at the Trusts Vulnerability Committee.

Bereavement surveys

The Trust has had a bereavement survey in place for several years; this survey is provided as a part of a pack of information given to families when they meet with the Trust bereavement team. The survey is provided with a self-addressed envelope and invites families to provide feedback on the care of their relative leading up to and also following their death; this also includes how the family were treated during this time and also offers them an opportunity to request a review of the care and management provided. A number of families have taken up this offer, around 27%; and in several cases the families have been very complimentary about care despite their request. None of the reviews completed to date have been identified as avoidable deaths.

In order to get the maximum benefit from returned surveys, all are reviewed and the overall information, positive and negative, is collated; and then shared with various committees and groups in the Trust to ensure learning is identified and actions implemented as needed. Where concerns are raised about the care of a patient these are linked to the relevant team of staff involved and the Patient Experience Team so that direct action can be taken and where necessary families contacted to respond to their concerns or questions.

Perinatal Mortality Review Tool (PRMT)

The Perinatal Mortality Review Tool (PMRT) is a national standardised review tool to support high quality local 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 about 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 its two-year pilot 2018/2020.

Lessons Learnt:

In response to the recommendations of the MBRRACE-UK reports, the Department of Health in 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', and that 'MBRRACE, working closely with Trusts, should build on the skills and experience developed through the stillbirth audit to establish a process for ongoing quality assurance of local mortality to identify learning from cases.

Aim of PMRT:

- Based on recognised national standards, undertake a multidisciplinary case note review of the antenatal, intrapartum and postpartum care provided to all women who experienced a still birth.
- Learning from good practice.
- Identify professionals from clinical networks and Trusts to review cases and provide external opinions to provide objectivity, guidance, support and enhanced training.
- Identify clinical and organisational learning from the case note review.
- Improve clinical skills to support the ongoing review of stillbirths.
- Use the process to further develop local expertise and clinical leadership for perinatal mortality review in each Trust area.
- Where possible, consider any wider environmental, cultural, human factors and professional issues which may have had an impact on care provided.

Lessons Learnt:

- Alcohol Risk Assessment: The importance of good antenatal care is preventing complications, optimising both maternal and fetal outcomes by the management of risk, which is seen as central to the entire pathway so that women who have pre-existing conditions, risks associated with a higher incidence of stillbirth or those that develop complications during pregnancy are managed appropriately. Alcohol dependency has been recognised as an increasing concern this year linked with poor pregnancy outcomes and has been identified by the maternity team following PMRT, as an area for improvement. The service is part of a pilot lead by Public Health England (PHE) and the Local Maternity System (LMS), in the development of a regional risk assessment and management pathway being developed

Action:

- Risk assessment in line with good practice as outlined in NICE Clinical Guidelines
- The Alcohol Pregnancy risk assessment should be undertaken at booking and throughout pregnancy. Any changes to the antenatal risk profile (either escalation OR de-escalation) should be recorded in maternity notes, with the rationale and a clinical management plan clearly documented.
- Risk assessment documentation to be introduced following pilot and education included in Maternity mandatory training and Team meetings.
- Review actions disseminated through "Risky Business", an internal safety and news bulletin.
- Cross boundary Trusts informed and actions disseminated
- Annual Audit and actions (Included within Vulnerabilities)
- Cross boundary working with other Trusts to be included in up-dates of new documentation and pathways of care.

Communication: Communication issues were highlighted in the reviews which related to interactions with families which could have a negative impact on the family experience. Communication issues were noted in relation to seeking family's opinions and questions following their pregnancy loss. This is an area the Team felt required further development and a lead professional to manage, to ensure clarity and that the patients voice is heard.

Actions:

- Funding from LMS to fund Band 7 midwife to support bereaved parents and De-Brief following birth
- All health professionals must record clear plans of communication and these plans must be communicated to the relevant professionals verbally in high risk cases or situations.
- Communication/Human factors is included in maternity mandatory training and is emphasised within the simulation scenarios.

Evaluation of actions initiated 2019-20:

- Up-dating knowledge through one-to-one sessions, team education sessions and mandatory training in relation to routine booking investigations and documentation.
- "Every Contact Counts" training undertaken by Midwives
- Development of on-line booking proforma to be launched October 2019 to promote women booking by 10 weeks' gestation.
- Launch of the Yale project to tackle smoking during pregnancy, led by the Trusts Chief Executive.

The aim of the clinical review process for stillbirths is to try to explain to parents why their baby may have died and secondly, it is for the service to identify learning. The use of tools such as PMRT as a framework to support review assists in standardising processes and preventing premature jumping to conclusions. However, the value of multi-professional, cross organisational discussions is central to good review of care. External review to provide objectivity has undoubtedly a role to play in quality assurance processes, also demonstrating transparency to families and the wider public. It is necessary to remember that only those staff with in-depth local knowledge of the systems, processes and culture will be able to provide the context and understanding required to identify and solve problems. Relevant clinical staff may benefit from additional training to lead and/or participate in reviews; this must be recognised moving forward. The costs associated with training and supporting teams to lead and participate in robust review processes is offset by the potential for impact and the reduction in stillbirth numbers. Most of the reviews completed have included the views and experiences of parents and families involved which is a vital component towards learning and improvement.

Sepsis diagnosis and management

The Trust utilises NEWS as it is a well validated track and trigger early warning score to assist in identifying and responding to patients at risk of deteriorating. The Trust has adopted the recent changes to NEWS, namely NEWS2, which supports early recognition of sepsis, this is now well embedded into all clinical areas. NEWS2 is endorsed by NHS England and NHS Improvement for use in the acute and also ambulance settings.

Through the standardisation brought by NEWS2 the Trust can reduce the number of patients whose conditions deteriorate whilst in hospital and identify this earlier when it does occur. The NEWS was initially introduced in paper format during February 2019, but the Trust is now ready to launch the electronic solution from November 2019.

The Trusts Sepsis group have further enhanced multiprofessional education and training in relation to sepsis screening, supporting rapid recognition and management. The guidance for adult sepsis is based on the regional guidance and continues to be supported by the regional deteriorating patients group. Womens and children services have adopted the UK Sepsis Trust guidance tools to support clinical decision making in this specialist area. Across the organisation 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 to identify and respond to sepsis accordingly.

The planned introduction of E-observations should support the early identification of potential sepsis and alert health care professionals namely Critical Care Outreach (CCOR) to identify and respond quickly to the deteriorating patient. The CCOR team also support the coordination of 'treatment escalation plans' to provide realistic expectations and appropriate decision making.

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 supported world sepsis day and promoted the message through face to face discussion, social media and radio coverage. The Trust will be focussed on raising awareness with patients, the public and staff. We also held our first Sepsis simulation training day with positive evaluation. This included utilising SEIPS 2.0 (human factors framework) looking at historic sepsis mortality cases and identifying learning points to promote across the organisation. Members of each care group have also recently attended a Train the Trainer event hosted by the UK Sepsis Trust (UKST) to further enhance education, recognition and response across the organisation.

The Trust continues to audit up to 100 cases of sepsis, regardless of the outcome, each month from accident and emergency and in-patient areas through prospective and retrospective auditing to provide assurance around sepsis recognition, response and review across the organisation.

Critical Care update

The Critical Care team review all mortalities and have identified areas for improvement in relation to the continuing management of patients who have a prolonged stay. In order to ensure full multidisciplinary team (MDT) involvement in these patients the team introduced a MDT review every 10 days to review care plans and evaluate progress. This had been introduced informally but has now been included in the prompts within the daily care plans. The prompts are also going to include early referrals to the Specialist Palliative Care Team and also increased, and early involvement of the Senior Nurse for Organ Donation. The Critical Care team will be introducing this updated daily care plan over this year and will be able to ascertain the impact it is having following evaluation

End of Life care

The development of cohesive and planned care for those patients in the last year of their life remains a priority for the Trust. Education around the importance of early identification of life-limiting disease, illness and conditions is something we continue to deliver as part of educational programs. Greater links between cancer site specific teams, frailty, Critical Care Outreach and Specialist Palliative Care Team (SPCT) are currently in development, with the hope there is greater ability to deliver the right care, in the right place, at the right time.

The importance of accurate and timely decision making and care planning, through greater promotion of the regional ‘Deciding Right’ approach continues to be integral to the Trusts commitment to ensuring discussions around Ceilings of Treatment, DNACPR and Advanced Care Planning occur during a patient’s episode of care. Whilst some work within the trust modules in SystmOne has been developed to highlight information sharing and identifying of core elements of future care planning, there is further work being undertaken during development of the Trusts electronic patient record (EPR - Trakcare) around ensuring patients who may be ‘ill enough to die’ have their care optimised, by early identification, communication and monitoring. Some of this will be through use of established tools such as the AMBER Care Bundle.

The AMBER Care Bundle continues to be used across our respiratory and gastroenterology inpatient wards. Further trust-wide rollout is planned, with the hope the development of Trust EPR enabling teams will support more patients through appropriate early identification. Where patients have an uncertain recovery and there may be a risk of dying during an episode of care, early, honest conversation regarding uncertain recovery is important to ensure patients and their families or carers are empowered to be involved in their care planning.

The development of the Trusts end of life care strategy, ensuring the national 5 Priorities of Care for Patients at the End of Life, continues to be planned. Establishment of a trust ‘End of Life Forum’ is planned, with direct support from the Deputy Chief Nurse. This, along with the on-going strategic development around palliative and end of life care services between the organisation and strategic stakeholders and across North Tees & Hartlepool NHS Foundation Trust.
Early planning of the Trusts participation in the national ‘Dying Matters’ awareness week in May 2020 has begun, in an effort to raise the profile in the importance of planning for the future and awareness of death and dying. In addition, the Trust will be continuing its on-going commitment to supporting national

developments around uncertain recovery and palliative and end of life care, with continued representation in the AMBER Care Bundle Strategic Network, and representation in the national End of Life Care Practitioners Network, developed by NHS Improvement.

Clinical documentation and coding

The Trust continues to focus on learning from mortality reviews in order to support 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 (SHMI). These are both nationally agreed figures that use some areas of healthcare data (Charlson co-morbidities) to assist in benchmarking Trusts nationally. As a result of the mortality reviews it was recognised that records may not fully reflect all a patient's individual health problems (co-morbidities) or that the records may not clearly identify the diagnosis of the problems being treated. Making improvements in overall record keeping impacts on inter-professional communication of management plans, assisting in providing seamless care across primary and secondary areas, but can also impact on the healthcare data collected for national statistical analysis.

The Trust is continuing, during training and update multi-disciplinary sessions to raise awareness around the importance of accurately and comprehensively recording co-morbidities. The information covers the background to the mortality indicators and demonstrates the positive impact good documentation and record keeping can have on the Trusts HSMR and SHMI rates when the resultant coding can provide an accurate clinical picture of the patients who are treated in hospital.

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 16 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. A business case to support implementation of this role is currently being considered through the normal Trust procedures, but currently there is a significant shortfall in funding even implementing a 5-day service and the discussions around how this shortfall could be mitigated are still being explored. It is expected that there may be some national funding made available and the team are seeking clarification around this. 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.

39 case record reviews and **3** investigations were completed after 31 March 2019, 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 2019 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

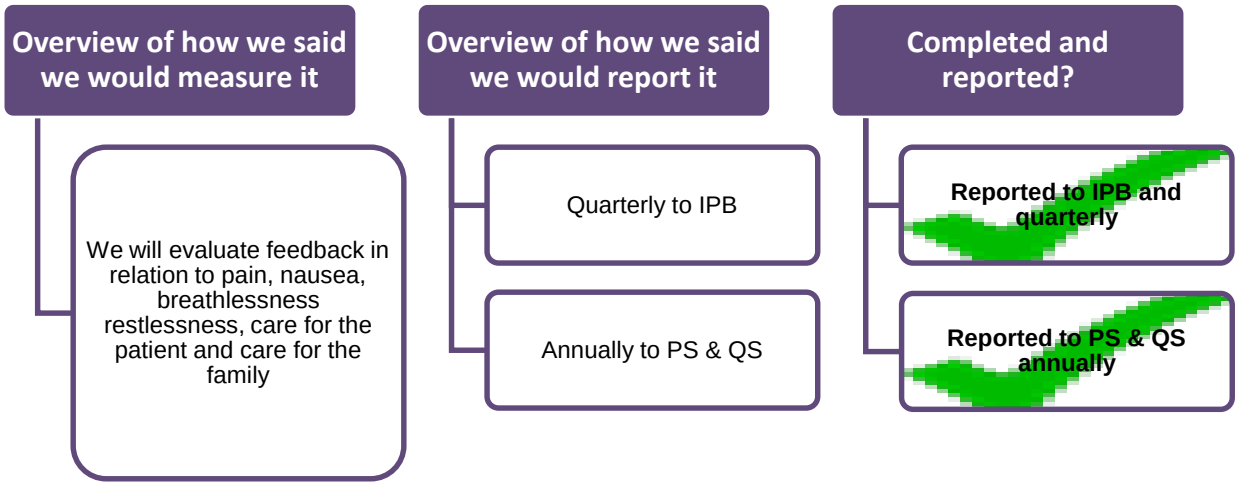
Rationale: The Trust used the Care For the Dying Patient (CFDP) and Family's Voice. Stakeholders and the Trust believe that this needs to remain a priority in 2019-20 both in hospital and in the community.

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



"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]

"End of life Pathway explained fully and sympathetically." [sic]

Specialist Palliative Care

The Trust instigated a number of changes to the palliative care process and team during **2019-20**, 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	2019 20
1,040	1,436	1,108	1,072	**1,102**

*Data obtained from the Information Department

AMBER Care Bundle

Following an initial successful pilot of the use of the AMBER Care Bundle on four of its wards in medicine, the Trust is implementing the Amber Care Bundle in the coming 6 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. With the management of deteriorating patients high on the trust agenda, it supports greater shared decision making, Advance Care Planning and collaborative working across health and social care.

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.

DNACPR signing by Specialist Nurses and AHPs

In an effort to improve patient safety, experience and outcomes, the Trust has empowered senior nurse specialists and AHPs across the organisation to assess patients DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) when they are a key worker in that patient's care. Given the nurse specialist or AHP are 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 the North of Tees Palliative Transformation & Locality Group being the only locality able to achieve this level of service.

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.

"It was as caring, helpful compassionate and cheerful as it could be." [sic]

"Today my mam passed away. Amazing support from staff." [sic]

The Family Voice Diary

The Family Voice Diary continues to be used in the Trust, where it was created by Mel McEvoy, Nurse Consultant in Palliative Care. It continues to support families and carers to be integral to the patients care and experience, enabling them to be key to the effective end of life care of their loved one. The diary has been highlighted as best practice nationally, with the diary being used by a number of organisations across the country.

End of Life Care Steering Group

In recognition of the priority palliative & end of life care issues often pose, it was recognised that to encourage greater collaboration around developments across the organisation, whilst acknowledging national and regional guidance and recommendations, the trust has developed an End of Life Steering Group, which will enable greater co-ordination of strategy, developments and quality assurance. This group reports to the executive care group and feeds into the locality group on progress, challenges and opportunities.

NHSE / I work

We have continued to support work at national level, with John Sheridan, Macmillan Lead Nurse for Palliative & End of Life Care supporting as a Clinical Advisor to the NHS England & Improvement End of Life Lead Nurse. This work is ongoing and will highlight the trust commitment to palliative and end of life care strategy and work plan development, as part of a team of supporting organisations nationally.

Care For the Dying Patient (CFDP)

The CFDP diary continues to be given out to relatives within the Trust and the community.

Between April 2019 and February 2020, the Trust has had returned **139** diaries, currently the average score has decreased to **20.11** from the previous average of 20.51.

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:

	2015-16	2016-17	2017-18	2018-19	2019 20
Number of Patients	167	171	147	134	**139**
Average Daily Score (Max 24.00)	20.80	20.40	20.60	20.51	**20.11**

*Data obtained from the Trusts Family's Voice database

Quotes from family members/carers for the dying patient

> “Nurses were amazing and so kind, helpful and compassionate.” [sic]

> “Moved to ward 26 and staff are caring to both my mam and her family”. [sic]

> “Not sufficient staff on duty to be available when needed.” [sic]

> “I feel the care and support received from NTH Staff has been absolutely brilliant.” [sic]

Spiritual and emotional 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:

The Trust has routinely referred patients on the end of life care pathway to the chaplaincy team. During 2019-20, **376** 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. **8** patients declined support during the reporting year. **213** 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	2019 20
Referrals	397	424	437	401	359	302	**400**
Received more than 1 visit	233	272	274	298	244	198	**225**
Declined Support	3	1	3	4	2	6	**8**

*data from the Trusts chaplain service

> “Dad passed away peacefully this morning. Chaplain has been and given great comfort. Staff here were so kind and caring and supportive and we cannot say thank 'You' enough to them. It is a comfort to us to know they were making him comfortable at the end of his journey.” [sic]

> “Mam slipping away. The chaplain said a prayer for her everyone has been kind and caring.” [sic]

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.

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

> "The kindness and compassion and professionalism shown was second to none. Well done NHS." [sic]

> "Everything that was given the job of getting me better was so professional, as well as caring and understanding, and so genuine." [sic]

> "Poor care, lack of communication between staff on ward, other agency and family." [sic]

Patient Experience Surveys

Below are a list of the surveys that the Trust carried out between April 2019 and March 2020. 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 2018	September 2019	456 (66%)
CQC National Inpatient Survey 2018	June 2019	494 (42%)
CQC National Maternity Survey 2018	January 2020	74 (25%)
CQC National Emergency Survey 2018	October 2019	Type 1 291 (33%) Type 3 (110 (27%)
CQC National Children and Young People's Survey 2019	November 2019	233 (40%)
NACEL Care of the Dying Survey for Relatives/Carers 2019	October 2020	TBA
National Cancer Patient Experience Survey 2018	September 2019	456 (66%)

Local Surveys

Survey	Survey results compiled	Number of Patients Surveyed
Endoscopy Patient Survey 2019	April 2019	155 (40%)
Shoulder school 2019	December 2020	180 surveys
Acute Oncology Survey 2019	December 2020	19 (66%)
Upper GI Cancer Survey 2019	December 2019	36 (47%)
Tissue Viability Nurse Survey 2019	October 2019	27 (20%)
Bereavement Survey 2019-20	April 2020	72 surveys
Surgical Decisions Unit Survey 2019	August 2019	62 (31%)
Colposcopy Survey	December 2019	123 (62%)
Family Health Counselling Survey	September 2020	23 surveys
Breast screening Survey	November 2019	612 (77%)
DNA Breast Clinic Telephone Survey	September 2019	32 telephone surveys
Endoscopy Patient Survey 2019	April 2019	155 (40%)
Shoulder school 2019	December 2020	180 surveys
Acute Oncology Survey 2019	December 2020	19 (66%)

National Surveys

We take part in the national survey programme. This is a mandatory Care Quality Commission (CQC) requirement for all acute NHS trusts. Each question is nationally benchmarked so we can understand how we scored when compared with other trusts. The coloured bars below show how the trust scored. The calculation of expected range takes into account the number of respondents from each trust, as well as the scores for all other trusts, and allows us to identify which scores we can confidently say are "better" or "worse" than the majority of other trusts.

Better than other trusts	Scored about the same as other trusts	Scored worse than other trusts

Indicate where a question scored significantly better or worse than the previous year's score.

CQC National Inpatient Data 2018 Key Results

The Trust randomly selected adult inpatients discharged during July 2019. We had a 42% response rate with 494 surveys completed. ***All Scores out of 10***

Where we could do better	2017	2018
From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.1	7.6 ↓
How much information about your condition or treatment was given to you?	8.6	8.4 WORSE
Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	8.8	9.0 ↓
When you left hospital, did you know what would happen next with your care?	7.1	6.3 ↓
Did a member of staff tell you about medication side effects to watch for when you went home?	5.3	4.4 ↓
Did a member of staff tell you about any danger signals you should watch for after you went home?	5.4	4.6 ↓
Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	6.7	5.8 ↓

Areas of good practice	2017	2018
Did the hospital staff explain the reasons for being moved in a way you could understand?	**5.9**	**6.6**
Did nurses talk in front of you as if you weren't there?	**9.0**	**9.0**
Were you given enough privacy when being examined or treated?	**9.3**	**9.5**

National Emergency Survey 2018

This annual CQC national survey looked at two services; Emergency Department (type 1) and the Integrated Urgent Care Centre (type 3). Both surveys sampled patients seen in the department in September 2018.

- ***Emergency survey (type1)***

A total of 291 surveys were returned, a response rate of 33%. The national response rate was 30%. All questions scored **about the same** as other trusts nationally. There was 1 question that scored significantly lower this year: ***All Scores out of 10***

Areas of good practice	2016	2018
While you were in the A&E department, how much information about your condition or treatment was given to you?	**9.1**	**8.5** ⇩

- ***Integrated Urgent Care Centre (type 3)***

A total of 110 surveys were returned, a response rate of 27%. The national response rate was 29%). The survey scored better than on other trusts in 2 questions:

Areas of good practice	2016	2018
Did the health professional listen to what you had to say?	*Type 3 survey not performed*	**9.7**
Did you have confidence and trust in the health professional examining and treating you?	*Type 3 survey not performed*	**9.6**

National Maternity Survey 2019

This survey asked women who had a live birth during February 2019 about their antenatal, labour and postnatal experiences. The survey was published in January 2020. 74 women responded to the survey, a response rate of 25% (national response rate was 37%). ***All Scores out of 10***

Where we could do better	2018	2019
Were you offered any of the following choices about where to have your baby?	**3.2**	**3.1**
When you were at home after the birth of your baby, did you have a telephone number for a midwifery or health visiting team that you could contact?		**8.7**
Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	**7.4**	**5.8**
Were you given information about any changes you might experience to your mental health after having your baby?		**6.2**
In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?	**8.1**	**6.7** ⇩
Were you (and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?	**8.5**	**7.0** ⇩

Areas of good practice	2018	2019
During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	**8.6**	**8.8**
During your antenatal check-ups, did the midwives listen to you?	**8.9**	**9.0**
Thinking about your antenatal care, were you spoken to in a way you could understand?	**9.4**	**9.6**
Thinking about your antenatal care, were you involved enough in decisions about your care?	**8.4**	**8.9**
Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	**8.7**	**9.1**
Did the staff treating & examining you introduce themselves?	**9.0**	**9.2**
Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	**7.3**	**8.0**

Areas of good practice	2018	2019
Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	**8.1**	**8.4**
Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	**8.6**	**8.9**
Were your decisions about how you wanted to feed your baby respected by midwives?	**9.2**	**9.3**
Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	**7.4**	**7.7**

National Children and Young People's survey 2018

Children and young people who were admitted to hospital as an inpatient or day case discharged between 1 November – 31 December 2018 were sent a survey. Parents/guardians were invited to complete for children aged 0-7 years of age. A total of 233 responded to the survey, a response rate was 40%.
All Scores out of 10

Where we could do better	2018	2019
Did you like the hospital food? ***(children & young people 8-15 years)***	**7.6**	**6.1**
Was it quiet enough for you to sleep when need in the hospital? ***(children & young people aged 8-15 years)***	**6.8**	**6.3**
Did staff play with your child at all while they were in hospital? ***(answered by parents/careers of 0-7 years)***	**8.4**	**7.3**
When the hospital staff spoke with you, did you understand what they said? ***(children/young people aged 8-15 years)***	**8.9**	**8.0** ⬇
If you felt pain while you were at the hospital, do you think staff did everything they could to help you? ***(parents/carers of 8-15 years)***	**9.3**	**8.3**
Areas of good practice	**2018**	**2019**
Did the hospital change your child's admission date at all? ***(parents/carers of children aged 0-7 years)***	**9.7**	**9.7**
Appropriate ward area for your child's stay? ***(parents/carers of 0-15 years)***	**9.9**	**10**
Did you feel able to ask staff questions? ***(children/young people aged 8-15 years)***	**9.6**	**9.8**
Did the hospital staff answer your questions? ***(children/young people aged 8-15 years)***	**9.7**	**9.8**
If you had any worries, did a member of staff talk with you about them? ***(children/young people aged 8 to 15 years)***	**-**	**9.8**
Were you given enough privacy when you were receiving care & treatment? ***(children/young people aged 8 to 15 years)***	**9.2**	**9.5**

National Cancer Patient Experience Survey 2018

This annual survey was sent to a sample of patients with a primary diagnosis of cancer who had an inpatient or day case attendance and who were discharged during April, May and June 2018. We had a 66% response rate with 456 surveys completed.

Where we could do better	2017	2018
Patient given the name of the CNS who would support them through their treatment.	88%	88%
Patient had confidence and trust in all ward nurses.	83%	68%
Always treated with respect and dignity by staff	92%	83%

Areas of good practice	2017	2018
Patient thought they were seen as soon as necessary	88%	87%
Patient told they could bring a family member or friend when first told they had cancer	83%	84%
Possible side effects of treatment explained in an understandable way	84%	80%
Patient given practical advice and support in dealing with side effects of treatment	75%	72%
Patient found it easy to contact their CNS	94%	91%
GP given enough information about patient's condition and treatment	96%	97%
Hospital and community staff always worked well together	69%	67%
Length of time for attending clinics and appointments was right	83%	83%

"Very caring nurse explained what she was doing. [sic]"

"Well cared for and explained all I asked. [sic]"

Action plans

When survey reports are published or locally compiled, the results are fedback to the clinical team via: senior clinical practitioner meetings, directorate and ward meetings, strategy groups, external committees where patient representatives are present such as the Cancer Patient and Carer group and the Patient and Carer Experience Committee. Results are also feedback via clinical governance and education sessions.

Action plans are developed after feedback, review and reflection. These include:

To improve:	Change ideas
Patient information:	• Via consent process. • Via pre assessment. • Procedure/operation specific information leaflets. • Education classes for some orthopaedic procedures/operations.
Discharge information:	• Always Events programme – dedicated appointments to meet with clinical teams to discuss discharge and next steps of care. • Pilot of providing SPA referral upon discharge for some wards. • Family invited to MDT discussions for more complex cases. • Therapy teams now involved in ward huddles. • Home Safe, Sooner programme. • Hospital from Home Service.
Medication purpose & side effects	• Increase pharmacy teams on wards • To increase the roll out of medication being supplied in original pack which will contain the manufacturer's information leaflet. • Discharge checking procedure for nursing staff which covers medication side effects. Training included in Preceptorship. • Ward staff must access the support of specialist nurses to provide support/advice regarding some condition specific medication, e.g. palliative care/rheumatology/Parkinson's etc.
Free prescriptions for cancer patients	• To continue to reinforce to CNS and Cancer Information centre staff that patients know they are entitled to free prescriptions during treatment. • Free prescription booklets are now in all information packs. • To ensure ward staff give this information. Cascade via senior clinical matrons.
Respect & dignity (NCPES)	• Shared with staff via senior clinical matrons. Small, snap shot surveys planned to understand issues on the ward.
Care plan provision (NCPES)	• Care plan rollout with CNS as part of recovery package but also disseminated to ward matrons as part of on-going care project. • Funding is now available for a Project Manager for Personalised Care Project. Part of their role is to take the personalised care plan forward.

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 2019-20 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	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

"The district nurses who visit daily are excellent and very professional and caring in their care" [sic]

"wouldn't want to recommend a hospital stay. if I had to id say not bad . nice staff." [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/

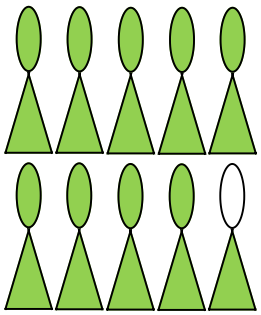
The Trust has created and developed an in-house data collection and reporting system that covers **70** areas for Friends and Family across both sites and community.

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.

Total FFT returns

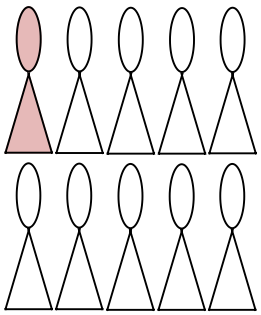
23,337

95%



Would Recommend

2%



Wouldn't Recommend

Extremely Likely	17,865
Likely	4,269
Neither	489
Unlikely	190
Extremely Unlikely	255
Don't Know	269

*Data from Trusts Friends and Family database and Inhealthcare

"Always extremely helpful very efficient even though overloaded with patients." [sic]

"Seen quite quick by very professional staff with patients." [sic]

“Very friendly staff. Explained everything well. Made you feel at ease. Very clean and tidy.” [sic]

“Far too long to wait beyond appt time. We were about to leave [sic]

“I arrived 5 mins before my appointment at 11.40 and I wasn’t seen until 2.10pm. No one informed me of the delay or spoke to me during my wait to inform me of how long the delay or an apology I would of made another appointment if I was aware as I had come out of work for my appointment.” [sic]

Text based FFT Service for Patients

inhealthcare

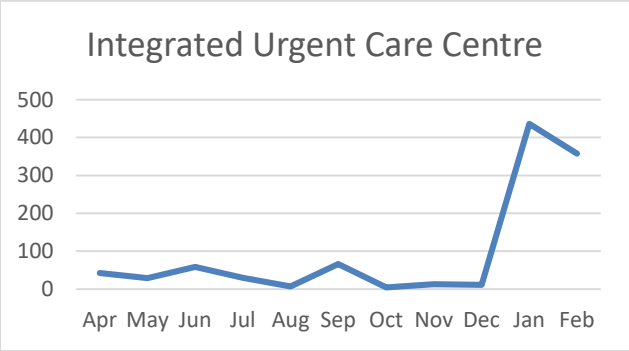
As of the 1 January 2020, the Trust has rolled out a text based system for FFT feedback for inpatients, Outpatients, Maternity, Community Clinics and Emergency Care. The process for delivering the texts is in conjunction with inhealthcare who already provide a text solution for other services within the Trust.

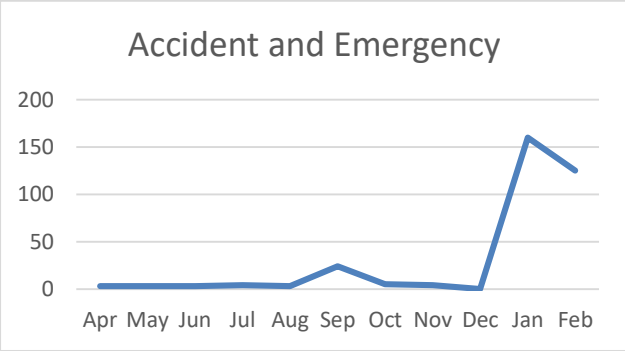
There is a rigorous validation process in place prior to releasing the texts. This process also incorporates any patients that decide to opt-out of the service.

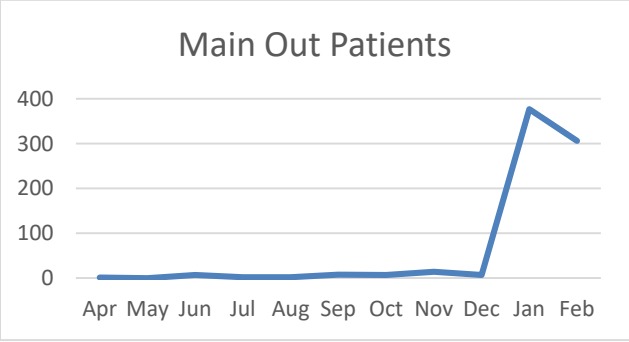
There is still an option for the patients that would still prefer a paper copy, this is still available on the ward/area for completion.

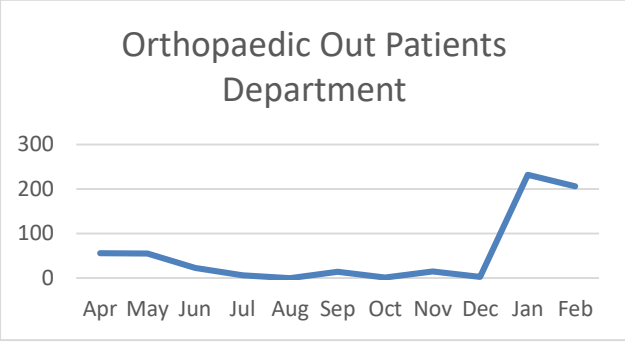
Text based FFT Improved returns

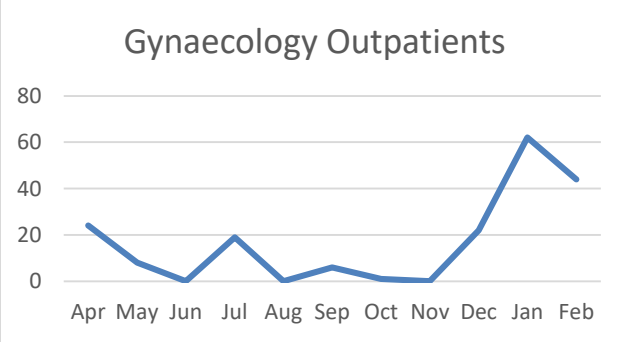
The following 8 charts, detail the increase in returns for January & February 2020 (utilising the Text methodology), against the precious 9 months:

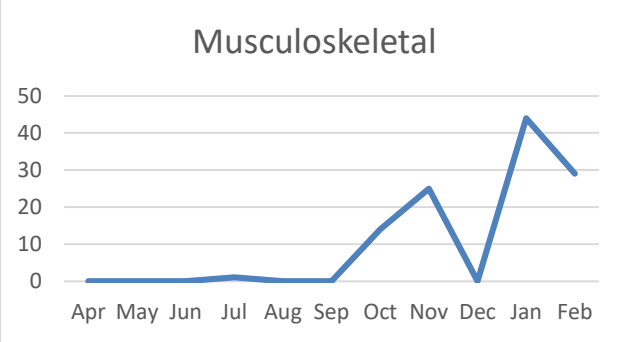


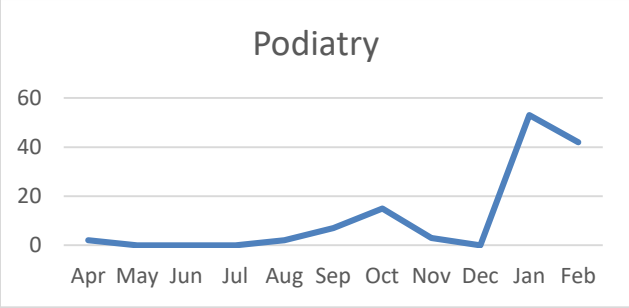


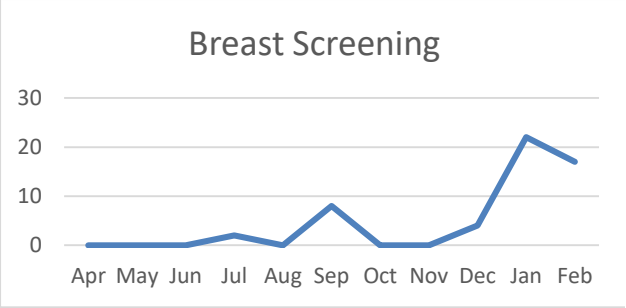




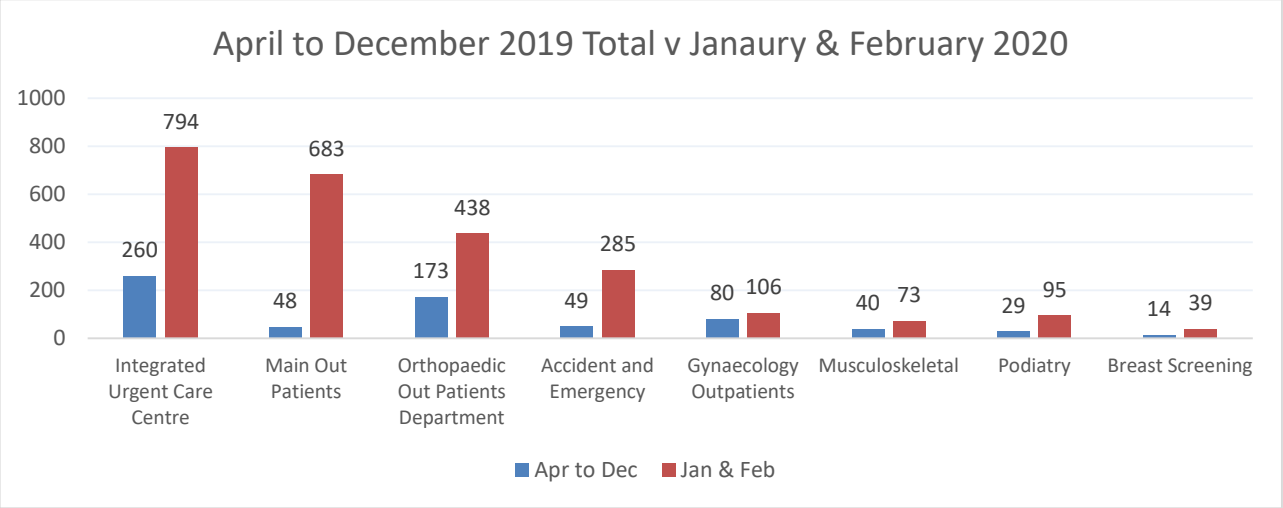








Comparison between January & February 2020 (New FFT process inc Text) and the previous period of April to December 2019 Months.



The increase in returns completing a comment has increased from around 20% to 80%, therefore the qualitative information has dramatically improved. The Trust will be able to use this increase in information to improve processes and services where required.

2019-20 Friends and Family Test Word Cloud

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 2019-20 financial year.

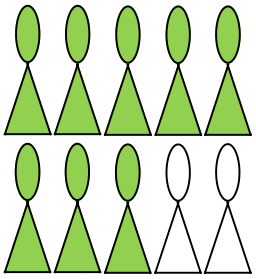
Breakdown of Responses Care

Care: 'How likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care'.

Total Staff FFT returns

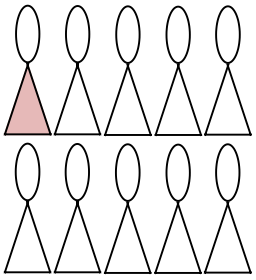
966

80.43%



Would Recommend

4.14%



Wouldn't Recommend

Extremely Likely	**400**
Likely	**377**
Neither	**148**
Unlikely	**28**
Extremely Unlikely	**12**
Don't Know	**1**

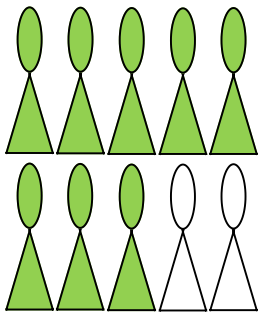
Breakdown of Responses Work

Work: 'How likely staff would be to recommend the NHS service they work in to friends and family as a place to work'.

Total Staff FFT returns

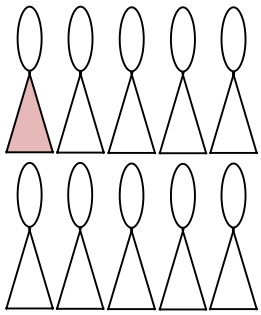
966

75.05%



Would Recommend

8.70%



Wouldn't Recommend

Extremely Likely	**354**
Likely	**371**
Neither	**156**
Unlikely	**59**
Extremely Unlikely	**25**
Don't Know	**1**

*Data from Trusts Human Resources Department data

"Staff are caring and knowledgeable. I have been well cared for. All staff physio and nurses domestic and student nurses all have the same aim: to keep you comfortable and get the best out of the surgery." [sic]

"The service I received when I am here is excellent and staff are very friendly." [sic]

Part 2b: 2020-21 Quality Improvement

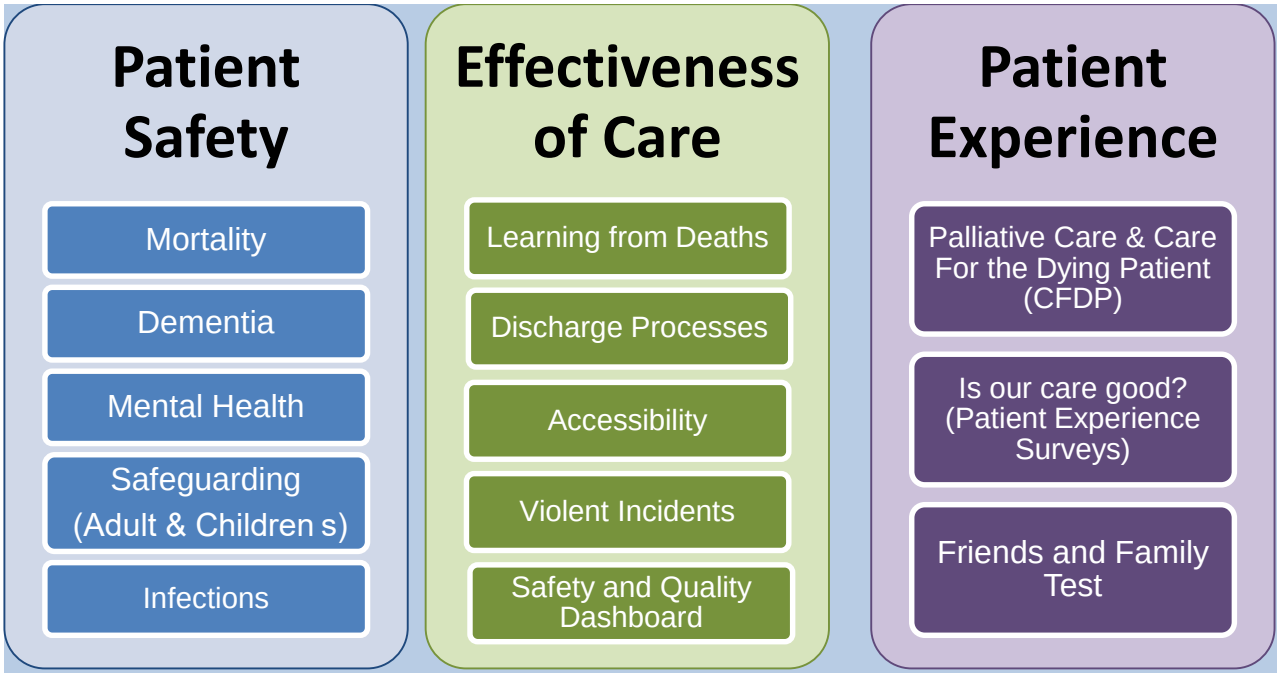
Introduction to 2020-21 Priorities

Key priorities for improvement for 2020-21 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 January 2020 allowing stakeholders a significant opportunity to consider and suggest priorities that they would like to see the Trust address. It was agreed that Safety Thermometer was removed, as it is covered by individual indicators. There were two new additions, Accessibility and Violent Incidents.

Stakeholder Priorities for 2020-21

The quality indicators that our external stakeholders said they would like to see included in next year's Quality Accounts were:



Rationale for the selection of priorities for 2020-21

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 2020-21 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 Mortality 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

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 Information 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 undertake 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 Patient Safety and & 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 Chief Nurse/Director of 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 – 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

Priority 7 – Discharge Processes

All patients must have a safe and timely discharge once they are able to go back home.

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 – Accessibility

The trust is committed to ensuring that the Accessible information standard is met and all of the services we provide are able to make reasonable adjustments for those in need as required.

Overview of how we will do it
The trust has set up an Accessibility group which includes representatives from stakeholder organisations, patient experience, dementia and learning disability specialist nurses, senior clinical staff, learning and development, estates, governance and project management. Key accessibility projects and task to finish groups are set up and outlined with deliverable aims discussed.

A training package has been developed by a stakeholder organisation who have provided access for the trust with training for dual sensory impairment.

Overview of how we will measure it
Monitoring and evaluation of complaint themes, any complaints relating to accessibility are reviewed by the trust Patient Experience Manager and are highlighted and discussed at the Accessibility Group. Numbers of staff who gave completed the training package are available for the trust to evaluate the percentage who are trained.

Stakeholders for organisations representing those with additional requirements will feed back to the group any areas which their service users have highlighted to them.

Overview how we will monitor it
Analysis of complaints trends to the Chief Nurse/Director of Patient Safety and Quality.

Overview of how we will report it
Accessibility Group
Monthly complaints report

Priority 9 – Violent Incidents

With the ever increasing number of violent incidents occurring to members of staff from patients and other persons, the Trust will monitor the numbers of violent incidents that are occurring across which areas.

Overview of how we will do it
Utilise the Violent Incidents data held within the Trusts incidents reporting software (Datix).

Overview of how we will measure it
The Safety& Quality dashboard will be used during the weekly Senior Clinical Professionals huddles with the wards/areas.

Overview how we will monitor it
Data presented on the Safety & Quality Dashboard daily
Weekly data presented from the dashboard to the Senior Clinical Professionals Huddles

Overview of how we will report it
Data presented on the Safety & Quality Dashboard daily
Weekly data presented from the dashboard to the Senior Clinical Professionals Huddles

Priority 10 – Safety and Quality Dashboard – Business Intelligence

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 Chief Nurse/Director of 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

Patient Experience

Priority 9 – 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 2020-21.

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 10 – 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 11 – 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, Urgent Care 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.

Part 2c: Statements of Assurance from the Board

Review of Services

During 2019-20 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 2019-20 represents **100%** of the total income generated from the provision of relevant health services by the North Tees and Hartlepool NHS Foundation Trust for 2019-20.

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 2019-20 and this can be found on the following link:

http://www.hqip.org.uk/national-programmes/quality-accounts/

During 2019-20, **42** national clinical audits and **3** national confidential enquiries covered the relevant health services that North Tees and Hartlepool NHS Foundation Trust provides.

During 2019-20, North Tees and Hartlepool NHS Foundation Trust participated in **83%** 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 2019-20 are as follows:

Mandatory National Clinical Audits	
Project name	**Provider organisation**
Assessing Cognitive Impairment in Older People / Care in Emergency Departments	Royal College of Emergency Medicine (RCEM)
BAUS Urology Audit - Female Stress Urinary Incontinence	British Association of Urological Surgeons (BAUS)
BAUS Urology Audit - Nephrectomy	British Association of Urological Surgeons (BAUS)
BAUS Urology Audit - Percutaneous Nephrolithotomy	British Association of Urological Surgeons (BAUS)
Care of Children in Emergency Departments	Royal College of Emergency Medicine (RCEM)
Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)
Elective Surgery - National PROMs Programme	NHS Digital
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons (BAETS)
Falls and Fragility Fractures Audit programme (FFFAP)	Royal College of Physicians (RCP)
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	IBD Registry Ltd
Major Trauma Audit	Trauma Audit Research Network (TARN)
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Public Health England (PHE)
Maternal, Newborn and Infant Clinical Outcome Review Programme	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)
Mental Health - Care in Emergency Departments	Royal College of Emergency Medicine (RCEM)

National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Royal College of Physicians (RCP)
National Audit of Breast Cancer in Older People (NABCOP)	Royal College of Surgeons (RCS)
National Audit of Cardiac Rehabilitation (NACR)	University of York
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network
National Audit of Dementia (Care in general hospitals)	Royal College of Psychiatrists (RCPsych)
National Audit of Seizure Management in Hospitals (NASH3)	University of Liverpool
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Royal College of Paediatrics and Child Health (RCPCH)
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK
National Cardiac Audit Programme (NCAP)	Barts Health NHS Trust
National Diabetes Audit – Adults	NHS Digital
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology (BSR)
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists (RCOA)
National Gastro-intestinal Cancer Programme	NHS Digital
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)
National Lung Cancer Audit (NLCA)	Royal College of Physicians (RCP)
National Maternity and Perinatal Audit (NMPA)	Royal College of Paediatrics and Child Health (RCPCH)
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health (RCPCH)
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health (RCPCH)
National Prostate Cancer Audit	Royal College of Surgeons (RCS)
National Smoking Cessation Audit	British Thoracic Society (BTS)
Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)
Sentinel Stroke National Audit programme (SSNAP)	King’s College London
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Society for Acute Medicine (SAM)
Surgical Site Infection Surveillance Service	Public Health England (PHE)
UK Parkinson’s Audit	Parkinson’s UK

National Confidential Enquiries (NCEPOD)
Acute Bowel Obstruction Study
Dysphagia in Parkinson’s Disease Study
Out of Hospital Cardiac Arrest Study

The national clinical audits and national confidential enquiries that North Tees and Hartlepool NHS Foundation Trust participated in during 2019-20 are as follows:

Mandatory National Clinical Audits	
Project name	**Provider organisation**
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BAUS Urology Audit - Nephrectomy	British Association of Urological Surgeons (BAUS)
BAUS Urology Audit - Percutaneous Nephrolithotomy	British Association of Urological Surgeons (BAUS)
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Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)
Elective Surgery - National PROMs Programme	NHS Digital
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons (BAETS)
Falls and Fragility Fractures Audit programme (FFFAP)	Royal College of Physicians (RCP)
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	IBD Registry Ltd
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Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Public Health England (PHE)
Maternal, Newborn and Infant Clinical Outcome Review Programme	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)
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National Audit of Breast Cancer in Older People (NABCOP)	Royal College of Surgeons (RCS)
National Audit of Cardiac Rehabilitation (NACR)	University of York
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network
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National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Royal College of Paediatrics and Child Health (RCPCH)
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK
National Cardiac Audit Programme (NCAP)	Barts Health NHS Trust
National Diabetes Audit – Adults	NHS Digital
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology (BSR)
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists (RCOA)
National Gastro-intestinal Cancer Programme	NHS Digital
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)

National Lung Cancer Audit (NLCA)	Royal College of Physicians (RCP)
National Maternity and Perinatal Audit (NMPA)	Royal College of Paediatrics and Child Health (RCPCH)
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health (RCPCH)
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health (RCPCH)
National Prostate Cancer Audit	Royal College of Surgeons (RCS)
National Smoking Cessation Audit	British Thoracic Society (BTS)
Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists
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Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Society for Acute Medicine (SAM)
Surgical Site Infection Surveillance Service	Public Health England (PHE)
UK Parkinson's Audit	Parkinson's UK

National Confidential Enquiries (NCEPOD)
Acute Bowel Obstruction Study
Dysphagia in Parkinson's Disease Study
Out of Hospital Cardiac Arrest 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 2019-20, 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
Assessing Cognitive Impairment in Older People / Care in Emergency Departments	Yes	100%
Care of Children in Emergency Departments	Yes	100%
Case Mix Programme (CMP)	Yes	100%
Elective Surgery - National PROMs Programme	Yes	100%
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	100%
Major Trauma Audit	Yes	100%
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100%
Mental Health - Care in Emergency Departments	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Yes	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	100%
National Audit of Cardiac Rehabilitation (NACR)	Yes	100%
National Audit of Care at the End of Life (NACEL)	Yes	100%
National Audit of Dementia (Care in general hospitals)	Yes	100%

National Audit of Seizure Management in Hospitals (NASH3)	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	TBC
National Bariatric Surgery Registry (NBSR)	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	100%
National Cardiac Audit Programme (NCAP)	Yes	100%
National Diabetes Audit – Adults	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	TBC
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Gastro-intestinal Cancer Programme	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 - Neonatal Intensive and Special Care (NNAP)	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Prostate Cancer Audit	Yes	100%
National Smoking Cessation Audit	Yes	100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Yes	100%
Sentinel Stroke National Audit programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	100%
Surgical Site Infection Surveillance Service	Yes	100%
UK Parkinson's Audit	Yes	100%

National Clinical Audits

The reports of **29** national clinical audits were reviewed by the provider in 2019-20 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
Trauma Audit & Research Network – case ascertainment and data accreditation (quality markers) are above national average. Improvements since last report with outcome at 30 days and time to CT scan.	Chest injury pathway reviewed and updated.
Heart Failure: NCEPOD & National Audit – the trust scored excellent at discharge planning and follow-up arrangements.	Quality of discharge letters currently under review.
National Paediatric Diabetes Audit – 100% patients received thyroid and coeliac screening at diagnosis. Eye and foot checks were also better than regional and national averages.	Improvements have been made to the local insulin prescription chart. Some quality improvement work had been undertaken to reduce wasted clinic time, which had had significant positive impact on clinic efficiency.
National Oesophago – Gastric Cancer Audit – excellent results with case submission, use of CT staging and surgical outcome. Curative to Palliative rates were in line with national average.	Improvement work required to reduce rates of emergency presentation, in partnership with commissioners.

NCEPOD Non Invasive Ventilation (NIV) study	Compulsory SIM NIV training has been established for all core medical trainees. Trust NIV protocol and monitoring chart have been revised and improved. Critical Care Outreach Team have increased their support re NIV education. Patient education project on-going re potential harms of oxygen use.
National Audit of Breast Cancer in Older People (NABCOP) – trust results are amongst the best in the country in terms of data quality and completeness, triple assessment, involvement of Breast Care Nurse and time to treatment.	Service remodelling currently in progress to look at increasing workload.
National Dementia Audit – Results were above the national average for assessments for continence, mobility, BMI, nutritional status and pressure ulcers. There was also evidence of positive feedback from carers. There was an overall decrease in compliance relating to cognitive impairment being summarised and recorded as part of discharge process. There are now 170 'Dementia Champions' in the trust.	Local audit requested to look at documentation of cognitive impairment on discharge.
National Lung Cancer Audit – all audit measures in relation to the diagnosis and management of lung cancer compare favourably with the national averages.	Areas being reviewed include chemotherapy for small cell lung cancer and involvement of the Lung Cancer Specialist Nurse.
Sentinel Stroke National Audit Programme (SSNAP) – the trust remains amongst the best in the country at achieving a CT scan within 1 hour of arrival.	Speech & Language Therapy support was highlighted as the area of poor performance – lead clinician has been working with Executive Team in order to increase resource in this area.
Learning Disabilities Mortality Review (LeDeR) – majority of cases reviewed demonstrated good practice, with excellent performance by the palliative care team.	Learning Disabilities mandatory training is now in place within the trust
National Rheumatology Audit – The trust had previously been identified as an outlier against the target to see patients within 3 weeks of their GP referral.	A local audit has been undertaken in order to better understand reasons for failure. Designated clinic slots for new referrals have been allocated in close liaison with the booking office. Early results show improvement. On-going monitoring.
Royal College of Emergency Medicine (RCEM) National Audits: VTE Prophylaxis	Documentation of VTE risk assessment and provision of patient information leaflet to be improved. New pathway has been introduced and a local audit will be undertaken soon to confirm positive effect.
Royal College of Emergency Medicine (RCEM) National Audits: Feverish Children – above national average for observations, NICE traffic light scoring and senior review.	Working with Paediatric team to produce an improved audit tool for sepsis.
National Audit of Care at the End of Life (NACEL) – Overall results shown were lower than the national average in terms of social, physical and spiritual needs.	Promotion of the use of Care of the Dying patient document, increased training, establishment of an End of Life Forum and the roll out of Amber Care Bundle.

National Cardiac Arrest Audit – Although numbers of patients were small in this annual report, results were below the national average for both return of spontaneous circulation and survival to discharge.	Letters are now sent to matrons and consultant to remind about DNACPR. More recent results for the new year show some improvements to date.
National COPD Audit – Difficulty achieving Best Practice Tariff (BPT) as patients cannot always be seen within 24 hours of admission, particularly when admitted over the weekend.	Lead Clinician is in liaison with IM&T to implement a more rapid patient identification system.
National Maternal Anaemia Audit – Areas of good performance included: Full Blood Count screening, involvement of secondary care in late pregnancy anaemia, assessing Hb in labour (if history of anaemia) and active management of 3rd stage in anaemic patients.	Work ongoing to improve initiation of oral iron within 2 weeks of diagnosis of anaemia and documentation of written advice on iron supplementation.
NCEPOD Perioperative Diabetes Study	A local guideline has now been approved and is available on the trust intranet site. Training of theatre/access lounge staff has now taken place. A lot of ward staff training is ongoing with small group teaching in the wards and junior doctors teaching sessions being held. There is a need for procurement of new ketone machines which, once in place, will be supported by local training from the Biochemistry Team.
National Diabetes Audits – The Diabetes service has a relatively heavy workload in terms of mandatory national audits, plus numbers of relevant NICE guidelines.	Foot care – appointing orthopaedic surgeons with interest in the diabetic foot. Inpatient care – business case has been submitted for a 7-day service. Insulin pumps – improvements to be made re annual reviews. Transitional care – work towards achievement of Best Practice Tariff (BPT).
BTS Adult Community Acquired Pneumonia (CAP) Audit – This audit had highlighted that there were increased delays to chest x-rays being carried out and the administration of antibiotics	Clinical lead investigating delays to chest x-ray and antibiotic prescribing.

Local Clinical Audits

The reports of **113** local clinical audits were reviewed by the provider in 2019-20 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
Fluid balance management in adults.	Developing electronic fluid balance documentation.
Newborn Infant Physical Examination (NIPE) Audit.	Developmental dysplasia of the hip guideline and pathway being updated.
Red Tray Audit (NICE guidance).	Increasing provision of assistance for feeding.
Infection Prevention and Control Audit Programme (NICE guidance).	Quicker decolonisation treatment to be prescribed and administered to reduce risk to other vulnerable patients.
Catheter Maintenance - Infection Prevention and Control (NICE guidance).	Patient education re hand hygiene.
Unplanned admissions of elective surgical patients to HDU/ITU.	Lidocaine infusions to be managed by the Surgical Wards rather than Critical Care.
Sepsis audit (NICE guidance).	Establishing roles of “Sepsis Champions” on Wards.
Adult Safeguarding.	Improving feedback to areas raising safeguarding issues.
Trust Handover Policy Audit – Paediatrics.	Central folder to be established for handover information to replace previous multiple sources.
Community Consent Audits – Podiatric Surgery	Work ongoing to improve documentation of capacity to consent, copy given to patient and date consent taken.

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 **3** national confidential enquiries (100%) that it was eligible to participate in, namely:

National Confidential Enquiries (NCEPOD):

NCEPOD study	Participation	% cases submitted
Acute Bowel Obstruction Study	Yes	57%
Dysphagia in Parkinson’s Disease Study	Yes	100%
Out of Hospital Cardiac Arrest Study	Yes	100%

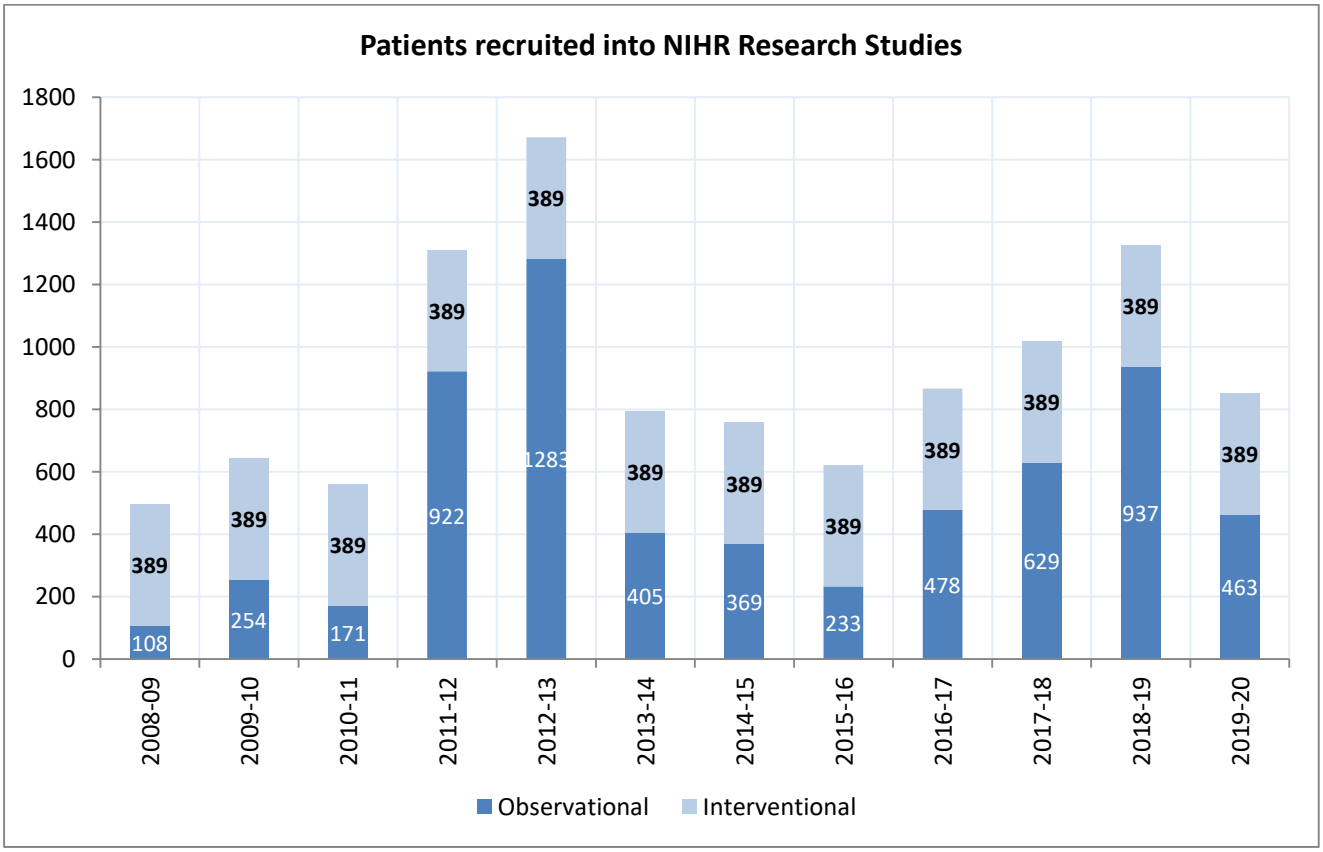
Research Performance Data

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.

27 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 2019-20 that were recruited during that period to participate in research approved by a research ethics committee was **852** (target 1000). Activity is, as predicted lower this year due to the closure of some high recruiting studies, most noticeably the Trust sponsored GI Study "WASh". This also reflects a regional and to some extent national trend for recruitment.

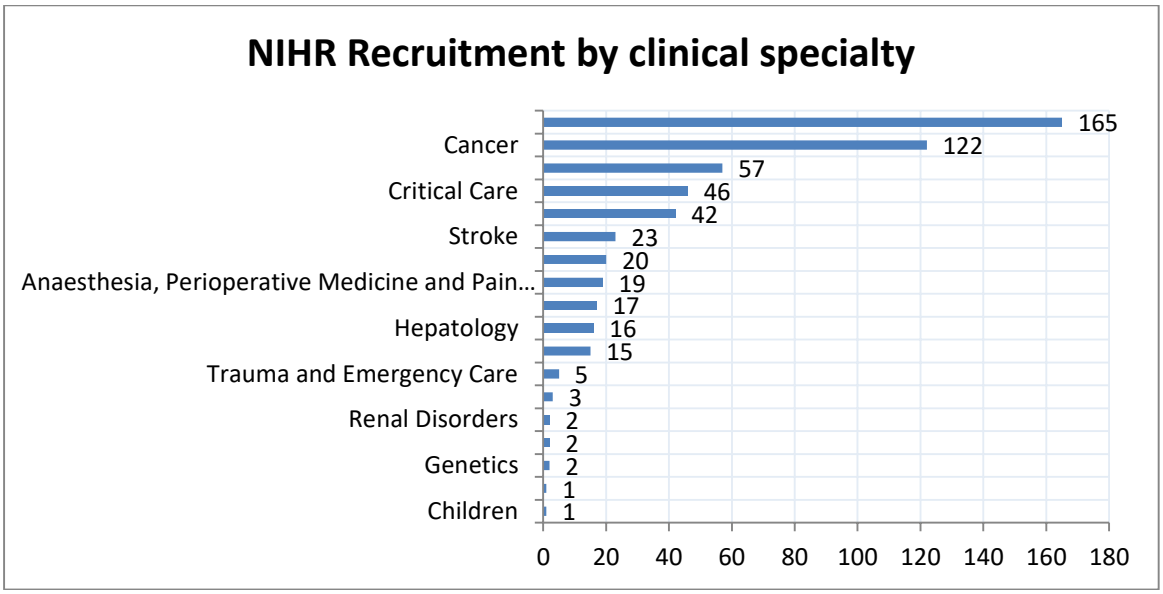
Total year on year recruitment into National Institute for Health Research (NIHR) portfolio research is shown below:



2019-20 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 2019-20 the Trust was actively recruiting patients into **67 portfolio studies** (74 in 2018-19). **54%** of patients were recruited into the more complex interventional studies. This is a high figure of interventional trials compared with either the regional (26%) or national figures (28%). 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 & North Cumbria. The Quality Improvement Incentive Initiative for 2019-20 assesses data completeness in our research database (LPMS) to support the national project to connect LPMS to the Central Portfolio Management System (CPMS) and to have all Study Recruitment Activity (RA) uploaded automatically from LPMS to CPMS.

QI metric	Trust performance
First Phase 1. Total variance for RA should be < or= 5%, for all studies with RA from 01/04/18, by 31/03/2019 2. Variance for RA to be >/=0% for 95% of all study-sites, with RA from 01/04/18, by 31/03/19	**Achieved**
Second Phase 1. Total variance for RA should be < or= 0%, for all studies with RA from 01/04/18, by 30/06/19 2. Variance for RA to be >/=0% for 95% of all study-sites, with RA from 01/04/18, by 30/06/19	**Achieved**

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 were **5 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 Gastroenterology 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 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 2019-20)	
Time and target met	**Number of studies**
Yes	1
No	3*

*recruitment to 2 of the 3 commercial studies that did not achieve target was delayed by external factors (e.g. study closing early globally)

Commissioning for quality and innovation (CQUIN)

A proportion of North Tees and Hartlepool NHS Foundation Trust income in 2019-20 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.

In 2019-20 our contract with our main commissioners has been an "Aligned Incentive Contract". This means that our level of income was set at the outset, reducing the risk and uncertainty faced by the Trust, in return for increased flexibility in delivering positive patient outcomes, both internally and as part of a wider "system". As part of this, full CQUIN attainment was assumed, but with continued, albeit light touch, review by the Commissioners of achievement.

The total figure for 2018-19 was **£5,746,000**, the latest forecast for 2019-20 is **£3,230,000**.

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 2019-20. 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.

In 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 of Directors and also to the Trust's Commissioners.

Commissioners Assurance

The Trust has had three Commissioner Assurance visits during 2019-20. The ward or department to be visited is not known until the day of the visit.

These visits took place to Emergency Assessment Unit in June 2019, Maternity in August 2019 and Paediatric Outpatients Hartlepool in January 2020.

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 (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 term 'Whistleblowing' has now been replaced with 'Speaking Up' nationally as it was found the wording was felt to be negative, the Trust policy and all documentation has been amended accordingly).

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 appointed a Freedom to Speak Up Guardian in May 2018 and is supported by 5 Champions and looking to recruit 2 more Champions for the LGBT+ and BME communities.
- 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 and an online tool on sharepoint site, 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.
- The Trust investigates all disclosures, if needed actions are taken and lessons learnt, which will be shared across the Trust via Excellence as Our Standard and the Trust website, also National Guardians Office case reviews will be shared via Excellence as Our Standard.
- Promotes a culture that encourages speaking up – particularly from minority and vulnerable groups, via the culture group, walk rounds by the Freedom to Speak Up Guardian, Guardian attending LGBT+ meetings and recruiting champions from LGBT+ and BME communities, also attending meetings for accessibility.
- Posters on all wards/departments displayed in staff areas and on screensavers on all Trust computers. Emails introducing the role to heads of service with contact details.
- Pens/keyrings/business cards with contact details on for staff handed out at Trust inductions and on walkabouts.
- FTSUG attends Corporate inductions/student nurse inductions/junior doctors forums/culture group/community staff meetings, Our Voice, Heads of Service meetings and volunteer forums and inductions. Learning, Training and education have incorporated links to Freedom to Speak Up training on ESR training, link will be incorporated on mandatory training. Walkabouts by the guardian.
- Communications advertise the role on the intranet, anthem and regular communication emails throughout the Trust and Facebook. Speak Up Month walkabout in October was highlighted on facebook and communications.
- Reports to the National Guardians Office quarterly on staff who speak up, reporting on themes and if staff have suffered detriment.
- Staff and guardian advise if staff member has suffered detriment from speaking up and this is fed back to the Trust Board of Directors and National Guardians Office and investigation carried out.
- Awareness session to be arranged for the Guardian with the workforce team manager on investigation process and policies.
- Develop sharepoint site with guidance for staff and managers ongoing with access to the online tool.
- 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 concern.
- Supports the Guardian with wellbeing via operational manager, occupational health and Non-Executive Director. Guardian attended Mental Health First Aid Training.
- Policy and flowchart has been updated.
- SOP produced.
- Attending quarterly board meetings.
- Link to contact details for guardian on incident reporting tool.
- Addressing resilience for guardian role.
- Working with staff side and workforce on 'dealing with stress' project for staff.

Since May 2018 to February 2020 there has been an increase in staff Speaking Up in the Trust, from 2 cases to 24 cases and only 3 cases were raised anonymously, this coincides with the national data with the total number of cases raised in 2018-19 73% higher than the previous year and 12% of cases raised anonymously in 2018-19 compared to 18% raised anonymously in the previous year.

NHS number and general medical practice validity

North Tees and Hartlepool NHS Foundation Trust submitted records during 2019-20 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**	**99.91**	Percentage for admitted patient care	**100**
Percentage for outpatient care	**99.98**	Percentage for outpatient care	**100**
Percentage for accident and emergency care	**99.53**	Percentage for accident and emergency care	**100**

*Data for April 2019 to February 2020

** NHS number low because of anonymised data sent to SUS for sensitive patients

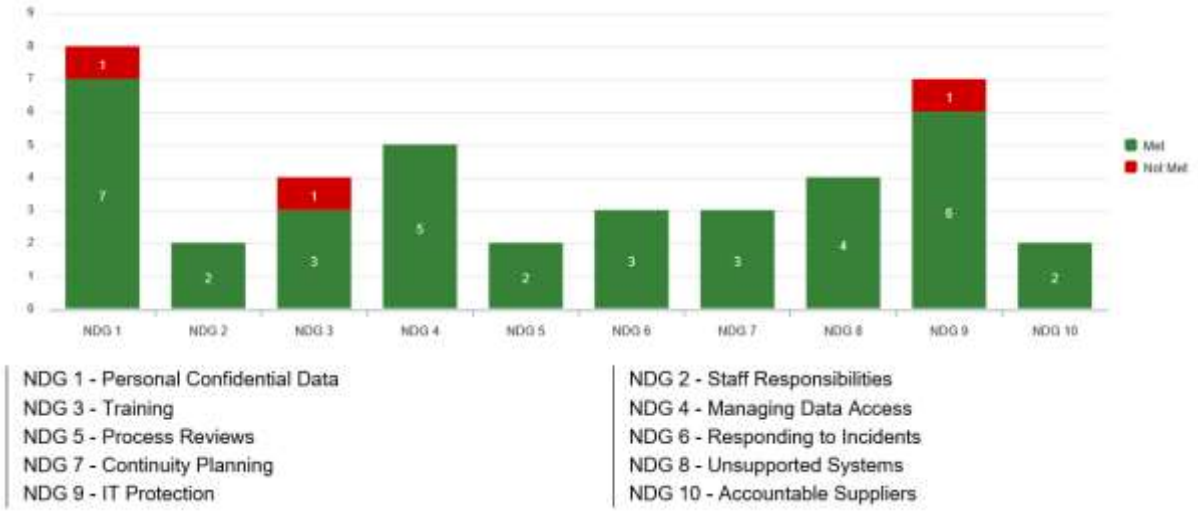
Information governance (IG)

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 116 mandatory evidence items in 44 assertions (40 Mandatory) which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance.

For 2019-20 the deadline for submission of the DSPT has been moved from 31 March 2020 to 31 September 2020 due to the advent of Covid-19. At the time of writing the Trust was in compliance with 113 of the 116 evidence items and have confirmed compliance with 41 of the 44 assertions. The Trust remains on plan to submit the remaining evidence items by the new September 2020 deadline.

The current position is reflected in the chart below:



NDG 1 - Personal Confidential Data
NDG 2 - Staff Responsibilities
NDG 3 - Training
NDG 4 - Managing Data Access
NDG 5 - Process Reviews
NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning
NDG 8 - Unsupported Systems
NDG 9 - IT Protection
NDG 10 - Accountable Suppliers

The 2019-20 DSPT was also subject to external audit, the audit found that governance, risk management and control arrangements provide a good level of assurance that the DSPT Toolkit assertions are being managed effectively managed. A high level of compliance with DSPT Toolkit assertions was found to be taking place.

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 2019-20 the Trust received 586 requests with a compliance level, as of 26 February 2020, of 96% with complete compliance data available after 28 April 2020. This reflects further improvements made to internal FOI process, with a previous compliance figure of 94% for 2018-19 and 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.

	2016-17	2017-18	2018-19	2019 20
Primary diagnoses correct	91.00%	90.50%	91.00%	**90.50%**
Secondary diagnoses correct	87.65%	81.88%	93.56%	**93.72%**
Primary procedures correct	92.74%	93.65%	93.75%	**90.82%**
Secondary procedures correct	87.50%	86.21%	88.33%	**91.49%**

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.

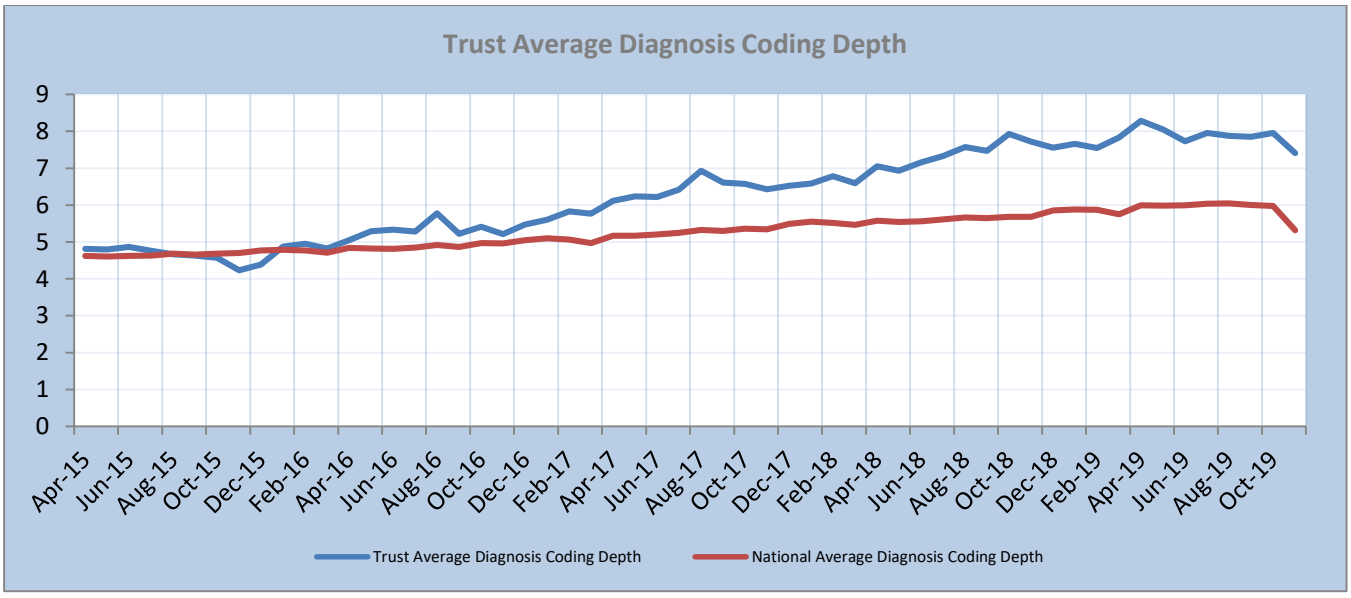
Specific issues highlighted within the audit have been fed back to individual coders and appropriate training planned where required. **North Tees and Hartlepool NHS Foundation Trust** will be taking the following actions to improve data quality. The coding department has undergone a re-structure in 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 and ambulatory 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.

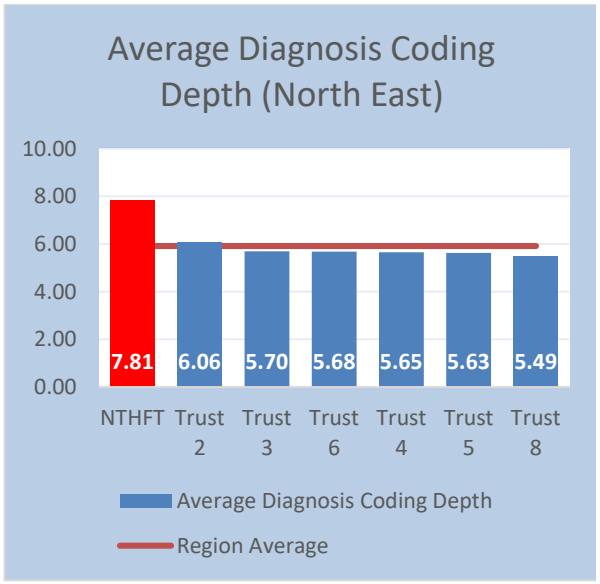
Diagnosis Coding Depth National and Trust Trend (April 2013 to November 2019)

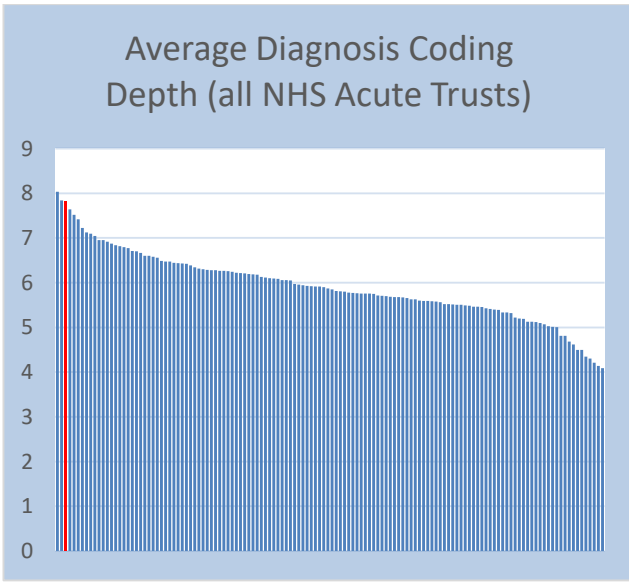
The Trust has continued to make great strides in improving the accuracy and depth of patient coding, the following chart demonstrates the increase (blue) against the national average (red). The Trust has Improved the quality of discharge documentation and actively engaged clinicians to work closely with Clinical Coding. The latest depth of coding shows the Trust having an Average Diagnosis Depth of **7.40** (November 2019) compared with the National average of **5.31.**



Diagnosis Coding Depth – North East Trusts (December 2018 to November 2019)

The chart on the left demonstrates the North East average depth of coding. The chart on the right details where the Trust **(red)** sits nationally with regards to depth of coding. 3rd Highest Depth of Coding in the Country.





*Data taken from Data Quality Clinical Coding in HED and up to November 2019.

Part 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 **September 2018 – August 2019**.	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, **September 2018 – August 2019**

Time period	Over-dispersion banding	Trust Score	National Average	Highest – SHMI Trust Value in the country	Lowest – SHMI Trust Value in the country
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
Sep 2018 Aug 2019	Band 2 (As Expected)	**0.9755**	**1.00**	**1.1886**	**0.6871**

SHMI Regional – September 2018 – August 2019

Trust	Trust Score	OD banding
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	1.132	1
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1.107	2
GATESHEAD HEALTH NHS FOUNDATION TRUST	1.055	2
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	1.051	2
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	1.035	2
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**0.976**	**2**
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.961	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 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 awareness, work and engagement has been delivered during 2019-20, this continues 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 the values have maintained an excellent position over a number of months, 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 - **September 2018 – August 2019**	NHS DIGITAL

Percentage of deaths with palliative care coding, September 2018 – August 2019

Time period	Diagnosis Rate	Diagnosis Rate National Average	Highest – Diagnosis Rate	Lowest – Diagnosis Rate
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
Sep 2018 Aug 2019	**40.00**	**36.00**	**58.00**	**13.00**

Latest Time Period benchmarking position – September 2018 – August 2019

Trust	Diagnosis Rate
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	41.00
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	40.00
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**40.00**
GATESHEAD HEALTH NHS FOUNDATION TRUST	35.00
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	32.00
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	31.00
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	23.00

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 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

April 18 to March 19	*Groin hernia	*Varicose vein	Hip replacement – Primary	Hip replacement – Revisions	Knee replacement – Primary	Knee replacement – Revisions
Trust Score	**No data**	**No data**	**0.456**	**No data**	**0.369**	**No data**
National Average	**No data**	**No data**	**0.469**	**0.284**	**0.341**	**0.290**
Highest National	**No data**	**No data**	**0.550**	**0.398**	**0.411**	**0.296**
Lowest National	**No data**	**No data**	**0.333**	**0.231**	**0.254**	**0.380**

*Provisional Apr 18 to Mar 19, Data from NHS Digital

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**

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 2018 to Mar 2019	Emergency readmissions within 28 days of discharge from hospital Apr 2017 to Mar 2018
0 to 15	Trust Score	**13.50**	**12.90**
	National Average	12.50	11.90
	Band	Significantly higher than the national average at the 95% level but not at the 99.8% level	Significantly higher than the national average at the 95% level but not at the 99.8% level
	Highest National	69.20	32.90
	Lowest National	1.80	1.30
16 or over	Trust Score	**13.50**	**13.80**
	National Average	14.60	14.10
	Band	National average lies within expected variation (95% confidence interval)	National average lies within expected variation (95% confidence interval)
	Highest National	57.50	46.40
	Lowest National	2.10	1.80

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 December 2019 position (latest available data) indicates the Trust has an overall readmission rate of 10.01% against the internal stretch target of 7.70%, indicating the Trust's readmission rates have slightly decreased by 0.95% from the same period in the previous year (10.96% - December 2018).

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)
*2019 20	Not Available	Not Available
2018-19	67.20	65.20
2017-18	68.60	68.70
2016-17	68.10	67.20
2015-16	69.60	67.70
2014-15	68.90	68.10

*2019-20 data not available at the time of print – Available August 2020

Benchmarked against over North East Trusts for 2018-19;

Trust	Overall Score
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	73.10
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	70.40
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	70.20
SUNDERLAND NHS FOUNDATION TRUST	70.20
GATESHEAD HEALTH NHS FOUNDATION TRUST	69.90
SOUTH TYNESIDE NHS FOUNDATION TRUST	69.40
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	68.10
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**65.20**

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**	**2019**
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	77	83	88
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	58	59	61
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**67**	**71**	**72**
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	89	90	91
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	69	71	64
GATESHEAD HEALTH NHS FOUNDATION TRUST	81	81	82
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST			70
North East	72	74	75
England	70	70	71
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	83%	82%	72%	

*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	70%	79%	68%	

*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 2019-20, 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.

In the last 12 months have you experienced harassment, bullying or abuse at work from other colleagues? (Q13c – National Staff Survey)

2015	2016	2017	2018	2019	2019 National Average
19.90%	16.10%	18.90%	16.60%	**15.90%**	**19.00%**

Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? (Q14 – National Staff Survey)

2015	2016	2017	2018	2019	2019 National Average
90.50%	90.60%	93.2%	91.10%	**88.90%**	**83.90%**

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	2018-19				2019-20			
VTE	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	*Q4
	Value	97.96%	97.63%	97.75%	97.58%	97.45%	96.97%	97.10%	
	National Average	95.63%	95.49%	95.65%	95.74%	95.63%	95.47%	95.33%	
	Highest National	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Lowest National	75.84%	68.67%	54.86%	74.03%	69.76%	71.72%	71.59%	

*2019-20 Q4 data not available at time of print

North East Trust benchmarking 2019-20

Trust	Q1	Q2	Q3	*Q4
County Durham and Darlington NHS Foundation Trust	96.37%	96.08%	96.09%	
Gateshead Health NHS Foundation Trust	98.26%	98.59%	98.95%	
North Tees & Hartlepool NHS Foundation Trust	97.45%	96.97%	**97.10%**	
Northumbria Healthcare NHS Foundation Trust	98.19%	98.16%	98.21%	
South Tees Hospitals NHS Trust	94.95%	95.02%	95.33%	
South Tyneside and Sunderland NHS Foundation Trust	98.51%	98.26%	96.98%	
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	97.65%	96.80%	97.21%	

*2019-20 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) Committee.

Venous thromboembolism (VTE) mandatory training 2019-20 **95%**

*Data obtained from the Trust training department

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 2019 Mar 2020	53	Not Available	Not Available	Not Available	Not Available
Apr 2018 – Mar 2019	31	16.40	12.20	79.97	0.00
Apr 2017 – Mar 2018	35	17.90	13.70	91.00	0.00
Apr 2016 – Mar 2017	39	18.80	13.20	82.70	0.00

* 2019-20 numbers as of 20 March 2020, additional detail 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 to 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 2018 – March 2019**

	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 18 Mar 19	**1,580**	**16.90**	**0.16**	**0.49**	**0.01**	**15**	**0.16**
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

Trust	October 2018 – March 2019	
	Degree of Harm (All) – Rate per 1,000 bed days	Degree of Harm (Severe or Death) Rate per 1,000 bed days
City Hospitals Sunderland NHS Foundation Trust	45.10	0.07
North Tees & Hartlepool NHS Foundation Trust	**16.90**	**0.16**
Northumbria Healthcare NHS Foundation Trust	47.30	0.09
Gateshead Health NHS Foundation Trust	38.80	0.47
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	39.80	0.13
County Durham and Darlington NHS Foundation Trust	49.60	0.10
South Tees Hospitals NHS Trust	35.00	0.09
South Tyneside NHS Foundation Trust	44.50	0.12

*Data for Oct 18 – Mar 19

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 Chief Nurse/Director of Patient Safety and Quality 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.

Part 3a:

Additional Quality Performance measures during 2019-20

This section is an overview of the quality of care based on performance in 2019-20. 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 2019-20 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 2019-20. 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

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 the classification of Fracture, Fall No Injury or Fall Injury No Fracture.

Falls with Fracture

During **2019-20** the Trust has experienced **18** falls resulting in fracture; this has *decreased* from **23** in the 2018-19 reporting period.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017-18	1	2	5	5	2	2	3	0	0	2	1	2	**25**
2018-19	1	1	1	1	1	1	1	3	4	2	3	4	**23**
2019-20	**1**	**3**	**0**	**2**	**1**	**2**	**0**	**0**	**0**	**0**	**9**	**0**	**18**

*Data obtained via the Trust's 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 **2019-20** the Trust has experienced **223** falls resulting in an injury and no fracture; this has *increased* from **284** in the 2018-19 reporting period.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017-18	20	29	20	36	23	31	28	32	24	32	27	25	**327**
2018-19	13	11	8	15	10	9	18	21	23	28	20	16	**192**
2019-20	**19**	**22**	**21**	**21**	**20**	**17**	**12**	**22**	**21**	**15**	**20**	**13**	**223**

*Data obtained via the Trust's Incident Reporting database (Datix)

Falls with No Injury

During **2019-20** the Trust has experienced **862** falls resulting in no injury; this has *decreased* from **1,022** in the 2018-19 reporting period.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017-18	97	72	75	88	85	95	79	99	106	90	106	105	**1,097**
2018-19	119	98	79	82	82	87	81	79	79	84	72	80	**1,022**
2019-20	**74**	**90**	**76**	**67**	**87**	**77**	**82**	**67**	**69**	**57**	**64**	**52**	**862**

*Data obtained via the Trust's Incident Reporting database (Datix)

Reporting for 2019-20 would indicate that there has been a reduction of 134 falls in the number of falls over the same period in 2018-19.

The proportion of falls with no harm, low harm and moderate harm remains similar, however there is an increase in no and low harm and a reduction in moderate harm incidents, which account for just 1.40% of the total patient falls. The number of patients sustaining a fractured neck of femur remains similar to the same period last year (April – Jan).

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 2015 the Trust has had **5** Never Events and they are broken down as follows:

2015-16	2016-17	2017-18	2018-19	2019 20
2	1	0	1	**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 2019-20, this occurred in June 2019. The never event was for a wrong site surgery.

Additional Patient Safety indicators are in Part 2 of these accounts.

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 **2019-20** has been developed to make use of existing audits to avoid duplication and to provide a robust review.

This audit is overseen by the Deputy Chief Nurse and led by the Heads 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 **153** visits undertaken during the 2019-20 visits:

Patient	92.83%
Staff	93.19%

2019-20

93.64%

Number of Surveys Completed 2019 20
153

*Data obtained from the Trusts Patient and Staff Experience Audits

The Patient and Staff Experience Survey was stopped in December 2019. This was due to Trust Accreditation process performing this process and therefore removing the unnecessary duplication.

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 **2018-19** there were **775** medicines incident reports via Datix. In **2019-20** there has been **713** 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	2019-20
Prescribing	124	147	224	138	141	172	**162**
Administration	256	314	321	413	386	468	**376**
Dispensing	41	43	48	72	78	61	**83**
Other	56	50	16	62	65	74	**57**
Total	**477**	**554**	**609**	**685**	**670**	**775**	**713**

* Data from the Trusts Datix system

2019-20 Trust Medication Error Categories

Trust Medication Error Category	Q1	Q2	Q3	Q4	Total
Administration or supply of a medicine from a clinical area	96	110	110	80	**396**
Medication error during the prescription process	37	57	40	39	**173**
Preparation of medicines / dispensing in pharmacy	28	26	17	13	**84**
Monitoring or follow up of medicine use	16	11	7	10	**44**
Patient's reaction to Medication	2	4	2	2	**10**
Supply or use of Over The Counter medicines	2	0	1	0	**3**
Advice	0	0	2	1	**3**
Total	**181**	**208**	**179**	**145**	**713**

* 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.

Pharmacy have rolled out monthly one minute medicines optimisation and safety briefings included in ward MDT huddles. This has recently included antibiotics awareness, insulin safety and medicines shortages.

Electronic prescribing and medicines administration continues to be developed further and rolled out in the Trust. 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

The recent employment of an Informatics Lead Pharmacist will assist in the further development of prescriber support and safety metrics to measure the above factors.

Pharmacy have successfully secured funding to support the Pharmacy Automation Project that is currently underway. This involves the installation of a state of the art robot to reduce picking errors in the dispensing process and encourage closed loop stock management for clinical areas utilising Omincell technology. It will also enable seamless compliance with the Falsified Medicines Directive, providing assurance of medicines authenticity in the supply chain.'

'Work-streams around self-checking and developing a safety conscious culture in the Pharmacy department are ongoing.'

Ward based pharmacy services have now been rolled out to two further wards. This service provides 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.

A trial of a Saturday morning roaming pharmacist is presently being undertaken to support weekend ward based discharges.

> “I have memory problems and the nurses remind me to take my medication. Very happy with them.” [sic]

> “Waiting times unfair, general care disappointing and available medication poor. Triage Nurse had lack of understanding no empathy or care very disappointed.” [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 2018-19 data and against the 2019-20 performance target.

	2018-19 Performance	2019-20 Target	Q1	Q2	Q3	*Q4	2019-20 Performance
Stroke – 80% of people with stroke to spend at least 90% of their time on a stroke unit	92.44%	**80%**	90.00%	95.20%	95.10%	88.89%	**92.41%**
Percentage high risk TIA cases treated within 24 hours	91.814%	**75%**	81.00%	100%	92.90%	88.62%	**88.52%**

*Data from Trust Clinical Effectiveness Team

> “I was seen within 15 minutes of my appointment and a comprehensive explanation of what had occurred during my stroke and subsequent treatment, what follow-up would happen, so it was clear to I should expect in the future.”

> “3 members of staff, whom attended to my mam who could not speak due to having strokes, treat her with dignity, care and compassion. I could not thank them enough for taking the time needed to care for her, to communicate in a way my mam could answer for herself and be understood. Yes I told them what to do but they listened to me and my mam felt included in her own care and wishes. [sic]”

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.

Stage 1 - Informal	Dealt with at the time of complaint at ward level/ or by the Patient Experience Team (PET) to resolve.
Stage 2 - Formal	A meeting arranged with the complainant to discuss the complaint with the Senior Clinical Matron, consultant and relevant personnel involved in the complaint with hopefully a resolution at this stage.
Stage 3 - Formal	If Stage 1 or Stage 2 did not resolve the issue or the complainant did not want to go through those routes, a formal Stage 3 is then raised.

Number of Complaints – 2019-20

The Trust received **1,208** complaints in 2019-20; the following demonstrates how many were concluded during stage 1, stage 2 and stage 3.

Stage 1 - Informal	981
Stage 2 - Formal	77
Stage 3 - Formal	150

Total

1,208

*Data for 2019-20 obtained from Datix

2019-20 Complaints by complaint type:

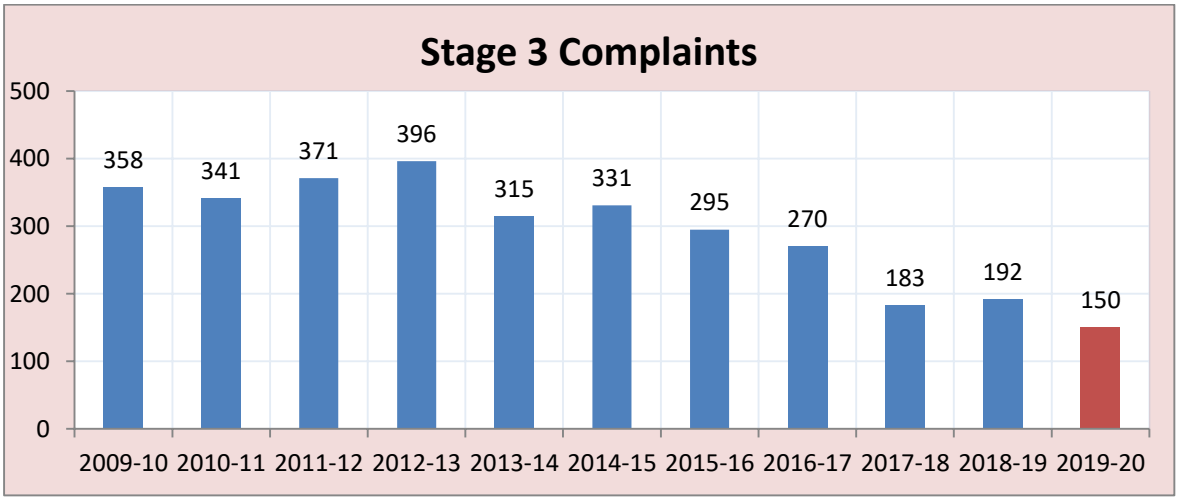
Please see below the breakdown of the ***top 10 complaint types*** from the 1,208 complaints in 2019-20.

Complaint Subject	Total
Communication - verbal / non-verbal	267
Treatment and procedure delays	131
Attitude of staff	107
Delay to diagnosis	92
Care and compassion	78
Length of time to be given apt	67
Car Parking	54
Outpatient delay	44
Competence of staff member	42
Communication (written)	35

*Data obtained from Trust complaints dept. as of Feb 2020

Since April 2019, the Trust has received **1,208** complaints of which **150** have gone onto the formal complaint process, this only equates to **12.42%** 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 feb 2020

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-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Compliance Rate	83%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	100%

*Data obtained from Trust complaints department

Additional Info: Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

Number of complaints

The number of complaints received into the Trust has risen for 2019-20 with an increase from the previous year. The number of stage 3 concerns has reduced for the year from 206 for 2018-19 down to 150 for 2019-20 representing more complaints managed locally with faster resolution for complainants.

Referred to PHSO

No cases were referred to the Public Health Service Ombudsman.

Complaints upheld

Up until November 2019, 4 Cases were closed by the Public Health Ombudsman, of these 2 were not upheld, 1 was partially upheld with service improvement recommendations which are now complete and 1 was upheld including service improvements and financial remedy.

Complaint Themes by Stage

Stage 1 Informal Complaints

Complaint Category	Q1	Q2	Q3	Q4	Total
Communication verbal/non-verbal	58	58	46	45	208
Treatment and procedure delays	17	24	29	26	96
Attitude of staff member	17	19	20	27	83
Length of time to be given an appointment	13	22	11	20	66
Delay to Diagnosis	7	24	17	9	57

Stage 2 Formal Meeting

Complaint Category	Q1	Q2	Q3	Q4	Total
Communication verbal/non-verbal	7	6	6	7	26
Treatment and procedure delays	2	1	8	3	14
Care and compassion	0	2	6	2	10
Delay to diagnosis	4	4	1	0	9
Attitude of staff member	2	4	2	0	8

Stage 3 Formal Letter

Complaint Category	Q1	Q2	Q3	Q4	Total
Communication verbal/non-verbal	7	9	10	7	33
Delay to diagnosis	9	8	5	4	26
Treatment and procedure delays	5	4	6	6	21
Attitude of staff	1	6	6	3	16
Competence of staff member	3	2	4	7	16

Communication verbal/non-verbal has been identified as the main theme over the course of 2019-20, the numbers of complaints relating to Delay to diagnosis saw a sharp increase throughout quarter 2, after improvement measures were put in place the number of delay to diagnosis complaints decreased throughout quarter 3 and quarter 4.

Action taken to improve services

The trust takes all complaints raised seriously and actions are taken to improve service issues identified. The most common theme identified for 2019-20 was communication, customer service training is available to all staff in order to improve the communication they provide to patients and carers.

Trust policies and procedures have been reviewed following feedback from service users to improve the experience, maternity services procedures following miscarriage have been reviewed to limit emotional distress for patients.

Patients families informed the trust that they felt that they had difficulty in discussing their relatives care whilst they were an inpatient in hospital. An appointment system has been developed whereby patient's relatives and carers are able to make an appointment with the staff (medical, nursing, therapy) who are looking after the patient and be informed of their care, only if appropriate consent is received from the patient. Posters are displayed on wards detailing the appointment systems in place.

A Trust Accessibility group has been established, following feedback from a complaint, which meets monthly and includes trust staff, external stakeholders and representatives of expert patients.

Workshops have been completed with staff to encourage local resolution of complaints, identifying and dealing with complaints locally is beneficially for both patients and staff as it allows for fast resolution of issues and appropriate escalation at the time of any issues.

All staff involved in complaints are informed so they are able to reflect on their practice.

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.

2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
5,414	9,296	11,357	11,367	11,818	11,732	11,849	**11,768**

*Data obtained from Trust dashboard database

To improve the numbers and qualitative data around compliments, the Trust has established a Greatix system within the existing incidents platform to capture the relevant data.

"Quick, friendly & efficient. [sic]"

"Made to feel relaxed. [sic]"

"Good service, lovely nurses. [sic]"

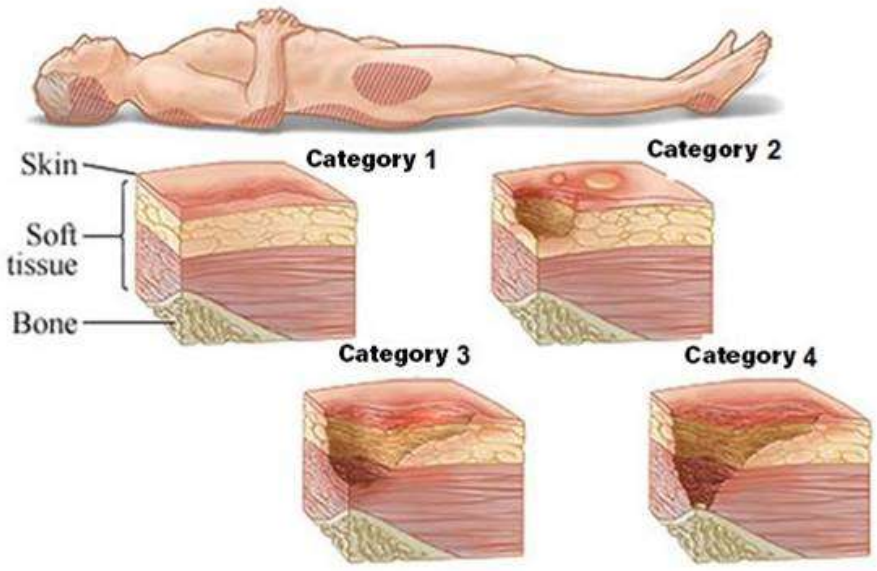
"very helpful staff. [sic]"

"Good service, friendly staff. [sic]"

"Excellent service. Excellent staff. Felt as though they really cared. [sic]"

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	2019-20
Category 1	114	78	39	38	54	92
Category 2	326	258	128	189	198	299
Category 3	18	12	9	20	35	34
Category 4	2	1	1	2	2	3
Total	**460**	**349**	**177**	**249**	**289**	**428**

*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	2019-20
Category 1	118	83	68	159	55	59
Category 2	667	337	253	359	173	152
Category 3	74	21	36	85	69	75
Category 4	25	8	5	21	9	19
Total	**884**	**449**	**362**	**624**	**306**	**305**

*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. All incidents are quality checked, after reporting, by the Tissue Viability Nurses. 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. An annual pressure ulcer prevalence audit is also undertaken for patients on the community nurse caseload and patients in hospital in-patient beds. 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 has developed an In-House Pressure Ulcer Collaborative which is supporting education, learning and sharing best practice across directorates. This is empowering the staff and reducing unwarranted variation providing the very best care to every patient, every day. The collaborative is underpinned by evidence, research and best practice with measurable outcomes ensuring we do the right thing at the right time. A successful and inclusive collaborative pilot is being widened across clinical areas with a focus on improving risk assessments and reducing potential for patient harm.

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 care industry. The annual Tissue Viability champions day is a full day of study and is planned for July 2020. The focus of this day will be Risk Assessment and pressure ulcer prevention. The annual “Stop the Pressure” event was again very successful in November 2019 with “David’s story” acting as the focus of the day. A social media campaign had a potential reach of over 5000 interactions. The “Stop the Pressure” event will be repeated in 2020.

The Trust is an active participant in the regional pressure ulcer collaborative where neighbouring Trusts attend to discuss how best to achieve regional consensus on issues including pressure ulcer reporting and pressure ulcer policy. 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. Referral to triage times and referral to treatment times are audited and are within the times given in the service specification of the Tissue Viability Team.

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	2019 20 Performance	2018 19 Performance	Achieved (cumulative)
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	N/A	97.18%	N/A
Cancer 31 day wait for second or subsequent treatment – surgery (2019-20 Provisional)	94%	95.00%	98.84%	✔
Cancer 31 day wait for second or subsequent treatment – anti cancer drug treatments (2019-20 Provisional)	98%	99.22%	100.00%	✔
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) (2019-20 Provisional)	85%	82.79%	84.83%	x
Cancer 62 Day Waits for first treatment (from NHS cancer screening service referral) (2019-20 Provisional)	90%	94.53%	96.25%	✔
Cancer 31 day wait from diagnosis to first treatment (2019-20 Provisional)	96%	98.69%	99.38%	✔
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected) (2019-20 Provisional)	93%	92.73%	94.11%	x
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected) (2019-20 Provisional)	93%	94.70%	96.16%	✔
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways (2019-20)	92%	93.42%	94.21%	✔
Referral to Treatment 52 Week Waits (2019-20)	0	0	0	✔
Number of Diagnostic waiters over 6 weeks (2019-20)	99%	93.82%	98.69%	x
Community care data completeness – referral to treatment information completeness (Apr 19 - Feb 20)	50%	96.20%	96.11%	✔
Community care data completeness – referral information completeness (Apr 19 - Feb 20)	50%	95.62%	96.66%	✔

Community care data completeness – activity information completeness (Apr 19 - Feb 20)	50%	95.20%	96.84%	✔
Community care data completeness – patient identifier information completeness (Shadow Monitoring) (Apr 19 - Feb 20)	50%	95.20%	96.84%	✔
Community care data completeness – End of life patients deaths at home information completeness (Shadow Monitoring) (Apr 19 - Feb 20)	50%	83.72%	83.65%	✔
Compliance with access to healthcare for patients with learning disabilities	100%	Full compliance	Full compliance	✔
Other National and Contract Indicators	**2019 20 Target**	**2019 20 Performance**	**2018 19 Performance**	**Achieved**
Cancelled Procedures for non-medical reasons on the day of op (2019-20)	0.80%	0.51%	0.41%	✔
Cancelled Procedures reappointed within 28 days (2019-20)	100%	95.57%	99.41%	x
Eliminating Mixed Sex Accommodation	Zero cases	0	0	✔
A&E Trolley waits > 12 hours	Zero cases	0	0	✔
Choose and Book slot issues (Apr 19 – Feb 20)	<4%	4.60%	3.60%	x
Stroke – 90% of time on dedicated Stroke unit (Apr 19 - Feb 20)	80%	92.81%	91.73%	✔
Stroke – TIA assessment within 24 hours (Apr 19 - Feb 20)	75%	85.45%	91.67%	✔
Delayed transfers of care (2019-20)	<3.5%	2.09%	2.99%	✔
VTE Risk Assessment (2019-20)	95%	97.21%	97.72%	✔
Sickness Absence Rate (Feb 20)	4.0%	4.52%	4.39%	x
Mandatory Training Compliance (Mar 20)	80%	90.00%	89.00%	✔
Turnover Rate (Mar 20)	10.0%	9.42%	8.70%	✔
Operational Efficiency Indicators	**2019 20 Target**	**2019 20 Performance**	**2018 19 Performance**	**Achieved**
New to Review Ratio (2019-20)	1.45	1.33	1.30	✔
Outpatient DNA (new) (2019-20)	5.40%	7.86%	7.98%	x
Outpatient DNA (review) (2019-20)	9.00%	10.02%	9.76%	x
Length of Stay Elective (Jan 19 – Dec 19) (HED)	3.33	2.16	1.67	✔
Length of Stay Emergency (Jan 19 – Dec 19) (HED)	4.26	3.43	3.48	✔
Readmission Elective (Apr 19 to Jan 20)	0.00%	4.29%	4.58%	x
Readmission Emergency (Apr 19 to Jan 20)	9.37%	14.49%	14.79%	x
Occupancy (Trust) (2019-20)	85%	89.43%	90.06%	x

Quality Indicators	Standard/Trajectory	2019 20 Performance	2018 19 Performance	Achieved
Clostridium Difficile – variance from plan (objective) (2019-20)	56	53	35	✓
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia (2019-20)	0	0	4	✓
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia (2019-20)	21	26	25	x
Escherichia coli (E.coli) (2019-20)	50	52	43	x
Klebsiella species (Kleb sp) bacteraemia ((2019-20)	N/A	10	29	N/A
Pseudomonas aeruginosa (Ps a) bacteraemia (2019-20)	N/A	3	5	N/A
Trust Complaints - Formal CE Letter (Stage 3) (2019-20)	<270	150	183	✓
Trust Complaints Compliance within agreed timescales (Apr 19 – Jan 20)	95%	97.60%	96.00%	✓
Trust Falls with Fracture (2019-20)	<20	18	26	✓
In Hospital Pressure Ulcers Grade 4 (Apr 19 – Feb 20)	1	3	2	x
Medication Error (2019-20)	<685	713	670	x
Friends and Family Test - Would Recommend (2019-20)	95%	95.00%	95.10%	✓
Never Event (2019-20)	0	1	0	x
Hand Hygiene (2019-20)	95%	98.00%	97.00%	✓
Hospital Standardised Mortality Ratio (HSMR) (Dec 18 – Nov 19)	< 102	91.3	103.12	✓
Summary Hospital-level Mortality Indicator (SHMI) (Nov 18 – Oct 19)	< 106	98.53	105.91	✓
SPEQS (Apr 19 – Dec 19)	90%	93.64%	92.23%	✓

Additional Assurance:

The following indicators have been subject to assurance by the independent auditors PricewaterhouseCoopers:

Further assurance indicators	Criteria Identified
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period ("incomplete pathways indicator"	Not applicable due to COVID-19
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Not applicable due to COVID-19

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) and Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group, for NHS North Tees and Hartlepool Hospital Foundation Trust (NTHFT) Quality Account 2019-20 – 29 May 2020

NHS
County Durham
Clinical Commissioning Group

NHS
Tees Valley
Clinical Commissioning Group

First floor, 14 Trinity Mews
North Ormesby Health Village
Middlesbrough
TS3 6AL

29th May 2020

Mrs. Julie Lane
Director of Nursing
Trust Headquarters
North Tees and Hartlepool NHS Foundation Trust
Stockton-On-Tees
Cleveland
TS19 8PE

Dear Mrs Lane

NTHFT Quality Account 2019 – 2020 Response on behalf of NHS Tees Valley and County Durham CCGs

Collaborative statement from NHS Tees Valley Clinical Commissioning Group (CCG) and NHS County Durham Clinical Commissioning Group (CCG) for North Tees and Hartlepool NHS Foundation Trust (NTHFT) Quality Account 2019/20.

NHS Tees Valley CCG commissions healthcare services for the population of Hartlepool, Stockton-On-Tees and Darlington and NHS County Durham CCG commission services for the populations of North Durham, Durham Dales, Easington and Sedgefield. 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 priority for 2020/21 and it was useful to note from the Chief Executive's overview that the Trust maintained its improved performance in relation to both mortality values, being within the "as expected" range and below the national average. It is also noted going forward that the quality indicators that stakeholders have requested be prioritised for 2020-21 grouped around Patient Safety, Effectiveness of Care and Patient Experience also includes two new additions, Accessibility and Violent Incidents.

The CCGs recognise the Trust's initiatives and innovations to improve infection, prevention and control and applaud the Trust's achievement of 53 cases of Clostridium difficile against the challenging target of no more than 56 hospital onset acquired infections, acknowledging that infection prevention and control remains a priority in 2020/21.

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NHS
County Durham
Clinical Commissioning Group

NHS
Tees Valley
Clinical Commissioning Group

We are pleased that the Chief Executive's overview to the Quality Account confirms the continued commitment to improve the Trust's CQC rating towards achieving an "Outstanding" outcome. The development of the Trust's "Excellence as our Standard" strategy supports the Trust's aim to embed excellence in all that the organisation delivers, acknowledging the commitment and passion of the staff, volunteers, governors, members and other partners that supports the Trust's work and ambitions for the future.

The CCGs acknowledge that the Trust has achieved improvements in both mortality metrics and these are now consistently in the "as expected" range. We also acknowledge the established clinical link between consultants and the Trust's Clinical Coding Department and how this has improved the depth of coding. It is noted that the increase in the number of co-morbidities is being captured and documented per patient, which provides a more accurate reflection of the patient's true level of sickness, as well as positively affecting the mortality metrics. The CCGs will continue to provide robust scrutiny and challenge in relation to mortality outcomes during 2020/21 and will continue working with the Trust to identify opportunities for shared learning across the health economy.

The CCGs recognise the challenges that the health economy faces in terms of the dementia agenda and the increasing trend in the number of patients admitted to the Trust with a diagnosis of Dementia / Delirium. We fully support the Trust's commitment to improving care for patients with dementia through training undertaken by both staff and volunteers to raise awareness, whilst developing skills and roles such as Trust Dementia Champions.

The CCGs note the Trust's intention to benchmark current and future practice in relation to mental health against the "Treat as One" Guidance by establishing a "Treat as One" group chaired by an Executive Board Member, with audit results being reported to the Audit & Clinical Effectiveness and Performance & Quality Standards Committees.

The CCGs acknowledge the continued efforts to raise the profile of adult safeguarding and the visibility of the adult safeguarding team within the Trust in the form of walkabouts, increased teaching and attendance at staff meetings. Also that new level 2 training has been developed to give key staff more intensive training and understanding of adult safeguarding. The CCGs welcome the positive mandatory training compliance in 2019/20.

The CCGs would like to offer support to understand the rise in concerns around physical abuse experienced by patients and, in particular, the large increase around neglect and domestic abuse across the localities.

The CCGs support the amalgamation of the Trust's strategy group for adult safeguarding, learning disability and dementia and are pleased to see this supports sharing of information and lessons learnt for work streams in future.

The CCGs acknowledge the amount of work that has been undertaken to embed the '*was not brought*' policy for children whose parents / carers do not bring them to hospital appointments. This provides assurance and evidences the learning from a local safeguarding child practice review in early recognition of 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 alongside those that do not attend.

The CCGs supported and welcomed the opportunity to be involved in the Trust's review of the Safeguarding Children Policy which is progressing through the governance process to sign off.

The CCGs are pleased to note that the Trust actively developed the immobile baby pathway for the Tees Partnership Procedures Group and that this is now embedded across the Trust. This requires all professionals to refer bruising in non-mobile babies and children to Children's Social Care for assessment by a Consultant Paediatrician.

It is pleasing to see that key priorities for 2020/21 are to achieve 100% compliance for all local safeguarding children quality requirements and to continue to enhance the Trust's safeguarding children training programme.

The CCG's would like to congratulate the Trust on the improved Looked After Children (LAC) performance in terms of Initial Health Assessments and Review Health Assessments and note that new LAC are now flagged within the child's health care record, including SystmOne and TrakCare, enabling early identification of vulnerability.

The Trust's continued focus on Health Care Associated Infection (HCAI) and building on the service improvement through the UTI Collaborative with NHSI has resulted in an overall reduction in the number HCAIs. The CCGs congratulate the Trust for achieving the challenging target of less than 56 cases of Trust attributed Clostridium difficile infections from April 2019 and acknowledge the sustained improved performance for Methicillin-Resistant Staphylococcus Aureus (MRSA) infections in 2019/20 with a positive outcome of zero cases. It is also very positive to see the significant reduction in the number of both Klebsiella bloodstream infections and Pseudomonas aeruginosa infections reported by the Trust compared with 2018/19 and note that the enhanced data collection around each case has helped to reduce the number of cases.

The CCGs recognises that there was a slight deterioration in the number of cases of Methicillin-Sensitive Staphylococcus Aureus (MSSA) in 2019/20 from the previous year and supports the Trust to improve clinical practices to reduce the number of infections.

Building on the good work undertaken by the Trust for the Sepsis CQUIN (Commissioning for Quality and Innovation), the CCGs acknowledge the Trust's further actions to improve the recognition and treatment of sepsis including the implementation of NEWS2, the ongoing roll-out of E-observations and note the planned use of TrakCare to provide a live sepsis reporting dashboard.

The CCGs would like to congratulate the Trust for the sustained improvement shown in the number of patients experiencing a delayed transfer of care from the hospital and note that collaborative working with partners in Social Care and commissioning has ensured that throughout 2019/20 the Trust remained under the 3.5% national target for Delayed Transfers of Care. This has been underpinned by the Trust's weekly auditing of 'super stranded' patients and the successful implementation of the Discharge and Trusted Assessor pathways in partnership with Hartlepool & Stockton Borough Council.

It is acknowledged that the Trust's continued engagement in the Learning Disabilities Mortality Review programme has identified areas of improvement such as use of the hospital "passport"

and involvement of families and carers through the "John's Campaign". The CCGs are pleased to note that the Trust is implementing learning disability training for all staff.

The CCGs note the Trust's use of the Perinatal Mortality Review Tool to review stillbirths and neonatal deaths to identify lessons learnt and drive improvement around the use of risk assessments and improved communication to involve and support families.

Following the successful pilot of the AMBER Care Bundle to improve the quality of care of people who are at risk of dying during their episode of care, the CCGs are pleased to note that full implementation is being planned by the Trust, reflecting the high priority given to the management of deteriorating patients.

In 2019/20 the Trust reported one never event in relation to wrong site surgery, which is consistent with 2018/19 and it is noted that since 2015 the Trust reported 5 Never Events. All serious incidents are 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 2019/20. 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 2019/20 and the CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2020/21.

Yours sincerely

Jean Golightly
Director of Nursing and Quality
NHS Tees Valley Clinical Commissioning Group

Hartlepool Healthwatch – 29 January 2020

Healthwatch Hartlepool – Response to Annual Quality Account of North Tees and Hartlepool NHS Foundation Trust presentation

First, may I thank you and Fiona for attending our Healthwatch meeting 14th January 2020.

As agreed, please find below some information you may wish to consider when crafting the Trust's Quality Accounts Priorities 2020-2021.

In respect of Patient Safety Healthwatch members were extremely encouraged regarding the latest mortality data given this has featured in our Third-Party narrative in recent years. We would also hope a greater focus and examination can be made regarding Safeguarding, in particular DOLS, which seems to have had a huge rise in cases.

Our other areas that we would hope can be included in the priority of Patient Experience relate to Transport, Accessibility and adherence to the Equality Act 2010. We ask this for several reasons one of which is the failure of the Trust to implement their assurance to Healthwatch Hartlepool over a number of years to promote the Healthcare Travel Costs Scheme (HTCS) at the time the Trust notifies patients of their appointments. Transport is quite often a barrier to attendance at appointments and the high level of DNA's. We would therefore encourage a greater promotion of funded assistance to access hospital / promoting use of patient transport to those who qualify.

Other items that cut across greater accessibility and equality relates to better communication. Correspondence, where possible, should be sent in alternate formats ensuring patients can access and understand. Other considerations could be the provision of information leaflets etc. to patients in all accessible formats as well as ability for those with any kind of disability etc to have access of website. Patients with communication support needs should be able to independently contact relevant department to book appointments. There also needs to be a simple system for requesting appropriate communication from professionals in a timely manner (need flagged in patient records/not responsibility of the patient to identify).

In respect of the physical access - Access routes should be clearly identified and appropriate signage displayed / use of plain English and easy read where possible; accessible toilets/changing places conveniently located to promote dignity and independence. For discharge - Delayed discharge data should be collected for patients with communication/other support needs. Information at discharge should always be accessible (i.e. Deaf patients not given telephone number to call ward for advice post discharge). There should always be communication support at discharge to ensure patients understand the outcome of the treatment, future appointments as well as patients understanding what prescribed medication is for, how to take correctly and known side effects etc.

You also may wish to include waiting times and the impact on waiting times for patients with communication/other support needs. Finally, you may wish to scrutinise cancelled appointments flagging where cancellation is a result of support needs i.e. interpreter not booked / did not arrive.

I sincerely hope the above is helpful in the Trust formulating their draft quality account and please contact me should you require any further information.

Yours Sincerely,

Christopher Akers-Belcher

Chief Executive - Healthwatch Hartlepool

Stockton Healthwatch – 7 May 2020

North Tees and Hartlepool NHS Foundation Trust Quality Accounts

Healthwatch Stockton 3rd Party Declaration

Healthwatch Stockton-on-Tees are pleased to report back on the 2019/20 Quality Accounts and note there is clear useful data explaining how North Tees and Hartlepool NHS Foundation Trust is performing against other Trusts in the region and nationally. The report is comprehensive and provides an excellent overview of how the Trust demonstrates quality of healthcare, its general performance and how it manages its services. It was also pleasing to note that the Trust took up our recommendation to acknowledge our engagement with the Trust pointing out the importance of partnership working especially around the Healthwatch role in undertaking Enter & View visits.

It is good to see the Trust has continued to improve in areas of local special interest especially around the continued dementia improvement work which includes John's Campaign, including support to staff in understanding the role of informal carers and awareness raising, training more staff to be dementia champions, the Stirling Environmental Audit assessment and being part of Dementia Friendly Stockton. These steps will reduce disruption to the lives of very vulnerable people whilst in hospital.

It is also noted that Healthwatch Stockton-on-Tees shares similar priorities to that of the Trust in particular its work around improving services for people with mental health issues. This includes the Trust's need to focus in future on integration of mental, physical and social care which will hopefully ensure improvements in general mental health care.

We are pleased to see that the Trust report having a staff team who are committed and positively making progressive improvement. They have maintained their "Good" CQC inspection reported outcome by following through on recommendations and therefore deserve the acknowledgment of being one of the best performing Trusts in the country. Training of staff is acknowledged in many areas including understanding the needs of people with learning disabilities and safeguarding, providing welcomed mandatory supervision for all staff coming into contact with children and young people.

It is good to see the Trust continue to recognise that people remain the centre of all they do. We welcome the focus on listening to people, meeting their needs and providing excellent clinical care and delivering it with dignity, compassion and professionalism. They are also prioritising the improvement of infection, prevention and control for 2020/21. In this respect it is good to see a general decline in the number of cases of reportable infections especially MRSA and E-Coli. Healthwatch Stockton-on-Tees also welcomes the Trust's utilisation of NEWS2 providing a process for identifying early warning scores for people at risk of deterioration especially around the diagnosis of sepsis.

We welcome the reporting of a reduction in the number of overall falls, both resulting in a fracture, no fracture and no injury to people using the hospital. In addition, it is welcoming to see a reduction in the number of medication incidents/errors reported. The number of Stage 3 formal complaints has also fallen. We are therefore disappointed to see that acquired pressure sores have increased year on year but welcome the positive actions being taken to now focus on this in 2020/21.

In terms of Effectiveness of Care, we welcome the focus on discharge processes and note the reported significant reduction in delayed discharges with changes to the procedure reducing the number of assessments unnecessarily carried out in hospital. The use of the Trusted Assessor model is welcomed as this seems to lead to a safe and timely transfer of people back home which is being supplemented by the welcomed introduction of new volunteer based services such as "Home from Hospital" and "Home but not Alone" scheme and the introduction of 7 day working for pharmacists, physiotherapists and patient transport enabling weekend discharges. We particularly like the new In Reach district nursing service, supporting the coordination of complex discharges including the fast tracking of end of life cases to home. We are now keen to see how the Trust, having introduced these processes, will assess the quality of experience from the person and carer perspective.

We welcome the introduction of the new Yellowfin business intelligence software as this will help improve the processing and quality of data and allow demonstration of useful information via automated dashboards. We also welcome the acknowledgement of and focus on improved staff record keeping as this will provide better inter-professional communication and assist in improved data collection and support the provision of seamless care. We are also now interested on how this will be proved to impact positively on people's care.

We note the planned introduction of a new "Medical Examiner" role as this will impact in the area of reported concerns from families around the death of a loved one and we look forward to hearing how this impacts on the current COVID-19 infection situation. We are also interested to receive the Trust's review report and understand the reasons behind the reduction in the number of people seen by the Specialist Palliative Care Team in the last two years. The reason for the declining use of the "Family Voice Diary" is of particular interest to see why this is not being used as extensively as it was when it clearly supports families and carers at the end of life of a loved one.

Finally, we welcome the introduction of the "text based" system of surveying and getting feedback from people in the Friends and Family Test, whilst recognising the continued use of existing systems for some people. There is impressive and dramatic increase in the number of people providing information for this test and is a much improved system for gaining public feedback which we believe could be used more widely across the Trust.

It is good to note our own Healthwatch Stockton-on-Tees improvement priorities are also shared by the Trust in 2020/21with some clear stretched targets to achieve improvements in services especially around dementia and mental health and we welcome the addition of the monitoring of accessibility and violent incidents.

Healthwatch Stockton-on-Tees has built a strong working relationship with the Trust over the last couple of years and we will continue to work with and support the Trust with the aim of further improving the quality of services provided and maximising a positive person experience.

Statement from Adult Services and Health Select Committee, Stockton-on-Tees Borough Council – 5 May 2020

SBC Adult Social Care and Health Select Committee

NTHFT Quality Account 2019-2020 – Third Party Declaration

Following another year of constructive engagement with the Trust, the Committee once again welcomes the chance to provide its views on this Quality Account for 2019-2020.

Representatives of the Trust attended a recent Committee meeting to present an overview of the previous year's performance, and this allowed Members to reflect and comment on developments in relation to the identified quality improvement priorities.

As acknowledged by the Trust's Chief Executive, the continued improvement in relation to the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) mortality values (reporting within the 'as expected' range and below the national average) is hugely positive. The Trust has made significant advances in these measures since 2014, much of which can be attributed to its focus on improving documentation and better capturing co-morbidities, an endeavour which has seen their impressive rise to being the third best Trust in the country in terms of depth of coding.

Dementia care remains a growing trend as each year passes, a result of better diagnosis as well as a rise in cases that is likely due to an ageing population. The Committee was assured around the continued positive collaboration with Tees, Esk and Wear Valleys NHS Foundation Trust, and the presence of linked Nurses on each ward area (who have greater knowledge and awareness of dementia). Strengthening the workforce in response to this expanding issue was a pleasing development, as was the work undertaken around staff dementia training levels and enhancing the role of the Trust's 'Dementia Champions'.

Similar to last year, the draft Quality Account contains limited information on progress against the Mental Health priority. This has again been included as a priority for 2020-2021, and the Committee remain keen to understand how the Trust is performing against its stated aims (in particular, details of the mind and body care approach).

Infection control data remains relatively stable, though it was pleasing to observe larger decreases in Klebsiella and Pseudomonas rates, and that there had again been no cases of hospital onset MRSA. The Committee has sought further information around the changes to the C Difficile measure, and would also welcome a response on how the Trust are aiming to reduce the high number of catheter-associated urinary tract infections.

In January 2020, the Committee began a review of Hospital Discharge, and in a subsequent evidence-gathering session, received a comprehensive presentation from Trust representatives. The information provided, along with the progress outlined within the Quality Account, demonstrates a number of positive developments including weekend discharge arrangements, the trusted assessor model, and the further embedding of discharge pathways. Members commend the Trust's achievement in remaining under the national target for delayed transfers of care, as well as the emphasis on partnership-working with Councils and other local organisations to facilitate safe and timely discharge from hospital. Complementing the work around mortality, it was reassuring to see the variety of approaches undertaken in relation to learning from deaths, in particular the finding that, of all cases investigated, no patient deaths had (more likely than not) been due to problems with care. Similarly, the breadth of work

outlined around palliative care is welcomed, and it was pleasing to note the national recognition of the Trust's Family Voice Diary as a best practice tool.

Continuing to seek and act on feedback from patients and staff is a critical aspect in driving service improvement, and the Committee appreciated the detailed survey data included within the Quality Account. Whilst a number of areas of good practice had been identified via the national Children and Young People 2018 and Cancer 2018 surveys, several areas for improvement were noted from the national Inpatient 2018 and Maternity 2019 surveys. The Committee look forward to learning about how the Trust has addressed those areas deemed 'could do better'.

Members were encouraged by the early response rate to the new text-based survey for the Friends and Family Test (FFT) that was introduced from January 2020 to complement the existing paper-based system. It is hoped that the increase in the quantity and quality of feedback will help the Trust understand and act on issues to further improve the overall service.

The Committee expressed concern around the significant increase in stage 1 (informal) complaints (up 35% from last year), though noted that this may be due to more robust documentation of the issues raised. More encouragingly, the significant reduction in stage 2 and 3 (formal) complaints compared to 2018-2019 may suggest that a higher number of concerns are being addressed earlier, avoiding the need for them to escalate. Members also acknowledged the level of compliments received by the Trust, and fully supported the need to ensure that these are relayed back to the teams / individuals they relate to.

Noting that the Trust are no longer reporting the four-hour A&E waiting standard (though were previously among the best Trusts for meeting this target), the Committee would be interested in learning more about the impact of this on both the hospital and its patients. A response regarding those cancer standards that were not achieved is also desired.

A review of Care Homes for Older People was completed by the Committee in February 2020, and Members would like to thank the Trust for its contribution towards this work. It was reassuring to hear how the relationship between the Trust and local care homes had developed, with support provided via Community Matrons (aligned to each home), the Community Integrated Assessment Team, the Integrated Discharge Team, and District Nursing Services. Recent improvements in the Borough's care home CQC ratings are a testament to the work of all health and social care partners.

The Committee are supportive of the quality improvement priorities for 2020-2021, though recognise that the progress of these are likely to be inhibited by the impact of the ongoing Coronavirus pandemic. To that end, Members would like to extend their thanks to the Trust's staff who have conducted themselves with the utmost bravery and professionalism in such challenging circumstances.

The Trusts Council of Governors – 21 May 2020

On behalf of the Council of Governors, members of the Quality Account Working Group are able to confirm the Governors involvement regarding key aspects of the Trust's Annual Quality Account throughout the year in relation to the Trust's performance.

The role of the Governor Quality Account Working Group is to review the draft Annual Quality Account and provide appropriate challenge and scrutiny as to the content and general comments regarding its design. To keep the Council of Governors fully appraised in respect of priority areas and future developments a number of forums are available which include the formal Council of Governor meetings; development/information sessions; pre-Council of Governor meetings and the more informal sub-committee structure. During 2019-20 sessions were held around: the NHS National Staff Survey; Good Governance Institute Governor Development; Organisational Form proposed changes and how the Board gains assurance regarding quality and safety aspects. In addition, events were arranged that included trust members to showcase the work being undertaken in respect of population health and the Tees wide clinical research network. Both of which were well received. The Trust is very active in supporting proposals for system wide changes to the provision of health and care across the area it serves and has ensured that the Governors are involved in those planned changes.

The schedule of reports for the Council of Governor meetings and the Sub-Committees are regularly reviewed to make sure that topical matters are being reported in a timely manner. 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.

Within the sub-committee structure the Strategy and Service Development Committee reviews new developments and monitors performance. During 2019-20 this group received presentations regarding a refresh of the Trust's Corporate Strategy; Community Matron Scheme; Complaints and Patient Experience process; Winter Planning; Emergency Preparedness, Resilience and Response; the Trust Volunteer Service; NHS Operational Plan; the Trust's Business Planning cycle and the Project Management Improvement Office function in addition to being presented with the Integrated Performance Report at every meeting. These meetings provide the opportunity for detailed debate and interaction with the Governors to seek their views and knowledge. A valuable supplement to the main Council of Governor meetings. Despite another challenging period for the Trust and health service as a whole, the Trust has continued to perform well and has ensured quality remains the top priority.

The other Sub-Committees include the: Nominations Committee; Membership Strategy Committee, and the External Audit Working Group, which is only required to meet when the Trust's external audit provision is under review. The group met once in 2019 and will be scheduled to meet in 2020 to undertake a tendering process.

To utilise the variety of skills and backgrounds Governors are also considered to become involved with other groups such as the Healthcare User Group; Trust Patient Information Panel; Trust Research Awareness and Governance Group; Menu Review Group and Essential Nutrition Group. This is hoped to be expanded on as the work around system wide plans gather pace.

The Governors value the range and depth of information provided to them and this has been particularly evident during the COVID-19 pandemic.

Hartlepool Borough Council – Audit and Governance Committee – 1 May 2020

Audit and Governance Committee – Third Party Declaration

Following consideration of the North Tees and Hartlepool NHS Foundation Trust Quality Accounts on 12 March 2020, Hartlepool Borough Council's Audit and Governance Committee agreed the following:

In relation to quality improvement priorities identified for 2019/20, the Committee commended the Trust on their success in:

Patient Safety;
Effectiveness of care
Patient Experience; and
Early diagnosis of patients with dementia/delirium.

The Committee supported the quality improvement priorities identified to be carried forward for 2020/21 as follows:

Patient Safety;
Effectiveness of care; and
Patient Experience; with additional work around.

In addition, the Committee asked for the following areas to be included for 2020/21:

Violence towards staff;
Accessibility; and
Palliative/End of Life Care.

Members of the Committee indicated that they would welcome real time data transmission and roll out of audits and positive impact of the introduction of digital changes to the friends and family survey format.

Yours faithfully

COUNCILLOR GERARD HALL

Healthcare User Group (HUG) – 28 April 2020

Third Party Statement from the Healthcare User Group (HUG)

The Healthcare User Group (HUG) a small group of volunteers made up of members of the general public with its main purpose being to assist the Trust with their Patient and Public Involvement (PPI) agenda. To do this, members make independent visits to inpatient wards and outpatient clinics as well as Accident and Emergency Department and the Integrated Urgent Care Clinics, talking to both staff and patients with the singular aim of hearing the patients' view of their care and experience during their care pathway.

The group also represents the public by attending several of the 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), Organ Donation Committee, Research and any other groups created to improve patient treatments and choices.

A member representative also attends the Trust Board Meetings and is also helping to represent the 'patient with lived experience' on work currently taking place within the Trust as it moves towards changing procedures and pathways within the organisation with a view to implementing the changes to working practices, in line with the NHS Long Term Plan.

The HUG has reviewed the Quality Accounts and concludes they are a true representation and fair reflection on what we have seen during our visits to the Trust's wards and clinics over the last year. We again commend the fantastic work being done within the Trust to improve mortality rates and these continue to fall, year on year.

Dementia has made many headlines over a number of years and now most Wards, and especially the Elderly Care Wards, have almost all staff Dementia trained and The Dementia Champions programme and training is always oversubscribed. We have evidenced this great work from our inpatient visits and feedback from patients and their carers. The Trust has researched the inequalities of care of this cohort of patients and is now engaging to a more holistic approach when treating these patients and training is being developed to accommodate this revolving around the "Treat as One" concept. It will be interesting to see how this impacts on the changes in care achieved for people living with dementia. We also look forward to taking part in Dementia training ourselves, as we feel sometimes it is difficult to converse and report their wishes in an appropriate way.

Over the past year the Trust has seen more of its work becoming embedded within digit systems as TrakCare® has matured and become a more central part of reporting. It is clear that many of the improvements throughout the Trust's operations have benefitted from the use of these systems which can make quality and safety improvements inherent in the way clinicians work, report and prescribe. The fact that clinical notes, E-prescribing and even E-obs are now used throughout the Trust can be seen as a major departure from pen-and-paper methods, meaning there is less chance of error in transcribing or translation. As the Trust moves forward we expect in the next year we will see less noticeboards with data handwritten upon them and instead see patient and nursing dashboards on digital displays, updated by software to show current status of all activities.

The Trust has recently engaged with Business Intelligent Software and are now beginning to see the benefits and possibilities of a reporting tool which can work with real-time data. Still relatively early in its development and use within the Trust, as more and more staff become engaged with Yellow Fin as a reporting tool, the Trust will continue its push towards improving efficiencies this is becoming a valuable tool to integrating all clinical patient data. This is an ongoing project and in the 'greener' world in which we live, the challenge to become "paperless" continues.

As part of our interviews with patients we ask them to answer the "Friends and Family Test" questions and, almost always they confirm they would happily recommend the Ward or Department to friends and family.

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, outpatient clinics and off-site facilities.

The key priorities for 2020/21 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 2020

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 2019-20* 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 2019 to April 2020
  - papers relating to Quality reported to the Board over the period April 2019 to April 2020
  - feedback from commissioners dated 29 May 2020
  - feedback from governors dated 21 May 2020
  - feedback from local Healthwatch organisations dated 7 May 2020 & 29 January 2020
  - feedback from the Adult Services and Health Select Committee and Audit and Governance Committee dated 01 May 2020 & 05 May 2020
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q4 2019-20
  - the latest national patient survey 2018
  - the latest national staff survey 2019
  - 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

Date 24 June 2020

Chief Executive

Date 24 June 2020

Chairman

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

Due to COVID-19, there was no requirement for the Quality Accounts to be externally audited.

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?

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In your Opinion, how could we improve Our Quality Account?

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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
AHP	Allied Health Professional
AMT	Abbreviated Mental Test
AquA	Advancing Quality Alliance
BI	Business Intelligence
CAB	Citizens Advice Bureau
CABG	Coronary Artery Bypass Graft (or “heart bypass”)
CAUTI	Catheter-associated urinary tract infection
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
CMR	Crude Mortality Rate
CNS	Clinical Nurse Specialist
COHA	Community onset Healthcare Associated
COPD	Chronic Obstructive Pulmonary Disease
CLIP	Complaints Litigation Incidents Performance
CPIS	Child Protection Information System
CPMS	Central Portfolio Management System
CSE	Child Sexual Exploitation
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
Datix	Datix is the Trust incident reporting system
DH	Department of Health
DLT	Discharge Liaison Team
DNA	Did Not Arrive
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation
DoLS	Deprivation of Liberty Safeguards
DSCP	Durham Safeguarding Children Partnership
DSPT	Data Security Protection Toolkit
DToC	Delayed Transfer of Care
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
ED	Emergency Department
EMSA	Eliminating mixed sex accommodation
EPMA	Electronic Prescribing and Medication Administration
EPR	Electronic Patient Record
EOL	End of Life
ESR	Electronic Staff Record
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
FTSU	Freedom To Speak Up
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
HENE	Health Education North East
HES	Hospital Episode Statistics
HLSCB	Hartlepool Local Safeguarding Children Board
HMB	Heavy Menstrual Bleeding
HOHA	Hospital Onset Healthcare Associated
HQIP	Healthcare Quality Improvement Partnership
HRG	Healthcare Resource Group – a group of clinically similar treatments and care that require similar levels of healthcare resource
HSCB	Hartlepool Safeguarding Children Boards
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
HSSCP	Hartlepool and Stockton Safeguarding Children Partnership
HUG	Healthcare User Group
IBD	Inflammatory Bowel Disease
ICC	Infection Control Committee
ICE	
ICNARC	Intensive Care National Audit and Research Centre
ICO	Information Commissioners Office
ICS	Intensive Care Society
IG	Information Governance
IHA	Initial Health Assessment
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
ICE	Integrated Clinical Environment
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

ISPA	Integrated Single Point of Access
Kardex (prescribing 245ardex)	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
Kleb sp	Klebsiella Species (type of infection)
KPI	Key Performance Indicator
LAC	Looked After Children
LADO	Local Authority Designated Officer
LAR	Looked After Review
LD	Learning disabilities
LeDeR	Learning Disabilities Mortality Review
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
LMS	Local Maternity System
LPMS	Local Portfolio Management Systems
LPS	Liberty Protection Systems
LQR	Local Quality Requirements
LSCB	Local Safeguarding Children's Board
MARAC	Multi Agency Risk Assessment Conferences
MATAC	Multi Agency Tasking and Co-ordination
MBRRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK
MCA	Mental Capacity Act
MDT	Multidisciplinary Team
ME	Medical Examiner
MEG	Missing Exploited Group
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
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NCEPOD	The National Confidential Enquiry into Patient Outcome and Death
NCPES	National Cancer Patient Experience Survey
NCRN	National Cancer Research Network
NDG	National Data Guardian
NEAS	North East Ambulance Service

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
NRLS	National Learning and Reporting System
NTHFT	North Tees and Hartlepool Foundation Trust
OD Banding	Overdispersion (statistical indicators)
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
PET	Patient Experience Team
PHE	Public Health England
PIC	Patient Identification Centre
PICANet	Paediatric Intensive Care Audit Network
PMRT	Perinatal Mortality Review Tool
PREVENT	the government's counter-terrorism strategy
PROMs	Patient Reported Outcome Measures
Psa	Pseudomonas Aeruginosa (Type of Infection)
Pseudonymisation	A process where patient identifiable information is removed from data held by the Trust
QAF	Quality Assessment Framework
Quality Improvement	
R&D	Research and Development
RA	Recruitment Activity
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
RHA	Review Health Assessments
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
SCR	Serious Case Review
SEPSIS	Life-threatening reaction to an infection
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
SLSCB	Stockton Local Safeguarding Children Board
SMPG	Safety Medical Practices Group
SOF	Single Oversight Framework
SOP	Standard Operating Procedures
SPA	Single Point of Access
SPC	Specialist Palliative Care
SPCT	Specialist Palliative Care Team
SPEQS	Staff, Patient Experience and Quality Standards
SPICT	Supportive & Palliative Care Indicator Tools
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
SUS	Secondary User Service
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
TIA	Transient Ischemic Attack
TNA	Training Needs Analysis

Tough-books	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
TRAKCARE	Electronic Patient Record System
TSAB	Tees-Wide Safeguarding Board
UCC	Urgent Care Centre
UHH	University Hospital of Hartlepool
UHNT	University Hospital of North Tees
UKST	UK Sepsis Trust
UNIFY	Unify2 is an online collection system used for collating, sharing and reporting NHS and social care data.
UTI	Urinary Tract Infection
UV	Ultra Violet
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 Foundation 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 2020 and of the Group's and Trust's income and expenditure and the Group's and Trust's cash flows for the year then ended to 31 March 2020; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

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 2020; the Consolidated Statement of Comprehensive Income for the year then ended; the Consolidated and Trust's Statement of Cash flows for the year then ended; the Consolidated and Trust's Statement 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 Trust is currently operating under interim financial arrangements. Interim financial arrangements have only been confirmed for the four months to 31 July 2021. At this stage, it is unclear how exactly financial funding will flow to the Trust after these initial financial arrangements. Consequently, the Trust is unable to confirm a cash position for the remainder of the financial year as explained in note 1.2 to the financial statements.

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 and Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Group and Trust were unable to continue as a going concern.

Explanation of material uncertainty

In the year, the Trust achieved its Control Total for the year ended 31 March 2020 and had agreed a Control Total with NHS England and NHS Improvement ("NHSE&I") for the year ending 31 March 2021. However, due to recent events concerning COVID-19, the financial planning process for 2020/21 has been suspended nationally and interim financial arrangements put in place, initially covering the period from April to July 2020.

Providers have been notified that they should continue to expect NHS funding to flow for the next 12 months to July 2021, at similar levels to that previously provided where services are reasonably still expected to be commissioned. However, the timings and values remain uncertain and therefore the Trust is unable to confirm a cash position for the remainder of the financial year.

What audit work we performed

In considering the appropriateness of the going concern basis used in the preparation of the financial statements, we obtained the 2020/21 financial plan and cash flow forecasts to July 2021, and:

- compared the Trust's 2019/20 financial performance and outturn against budget to assess management's forecasting ability;
- understood the Trust's response to the COVID-19 pandemic and the interim guidance and measures in place from NHSE&I;
- assessed the reasonableness of the original plan assumptions before the interim financial arrangements; and
- inspected correspondence from NHSE&I outlining funding arrangements for 2020/21.

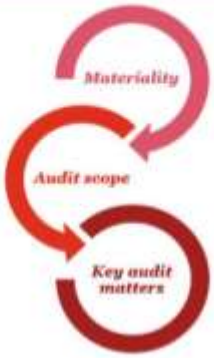
Our audit approach

Context

Our audit for the year ended 31 March 2020 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 apart from one key audit matter that was new this year in respect of the Trust's response to COVID-19.

Our audit also involved forming a conclusion on the arrangements for securing economy, efficiency and effectiveness in the use of resources (the "3 Es"), in accordance with the Code of Audit Practice.

Overview



- Overall Group materiality: £6,511,380 (2019: ££5,769,100) which represents 2% of total revenue.

- 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.

- Risk of fraud in revenue and expenditure recognition and management override of controls
- Valuation of Property, Plant and Equipment
- COVID-19

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 the conclusion on the arrangements for securing economy, efficiency, and effectiveness in the use of resources, 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. 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 2020 the carrying value of PPE is £114.7m of which 77% 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 2019/20 by the Trust's valuation experts. 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. The group's valuers noted that the Covid-19 pandemic has impacted on property valuations.	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 economic 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 obtained 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. Due to the uncertainty created by the COVID-19 pandemic regarding the valuation of the Trust's land and buildings, we asked for additional disclosures to be added to the financial statements to reflect the impact of COVID-19 on the valuation process as at 31 March 2020. The Trust has disclosed this as part of note 20 of its financial statements. No issues were noted on our work in respect of this key audit matter.
COVID-19 – Group, Trust, and 3 Es During the audit, both management and the engagement team considered the impact that the ongoing COVID-19 pandemic has had on the activities, suppliers and wider economy of the Group and its financial statements. In response to the current crisis, NHSE&I have introduced interim guidance and measures that were outlined in their joint letter dated 17th March 2020. This letter outlines the interim financial arrangements until July 2020. A further letter has been issued on the 27th May 2020 stating Providers should continue to expect NHS funding to flow at similar levels to that previously provided however exact arrangements are not yet in place. At this stage, it is therefore unclear the exact cash funding flow from August 2020. Discussions are ongoing nationally around proposals for returning to normal levels of elective activity and levels of future funding. Management's assessment is that they are unable to determine the future cash position for the next 12 months and due to the significance of the pandemic, the financial statements in note 1.2 include disclosure of this. As a result of this, we determined that the impact of COVID-19 should be a key audit matter.	We performed the following procedures to address the impact that COVID-19 has on the financial statements: • We evaluated the processes and models used by management in its assessment of COVID-19 • We evaluated whether the assumptions are realistic and achievable and consistent with the guidance and measures outlined in the letter from NHSE&I • We have considered the appropriateness of the disclosures made by management and the board of the potential impact of COVID-19. We concluded that management's assessment of the impact of COVID-19 on the financial statements and the arrangements for securing economy, efficiency and effectiveness (the "3Es") in its use of resources is reasonable as disclosed in page 90 of the Annual Report.

Key audit matter	How our audit addressed the key audit matter
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. Given these incentives, we considered the key areas of focus to be: • Recognition of revenue and expenditure; • Manipulation through journal postings; and • Items of income or expenditure whose value is dependent upon estimates. *Income* The Trust's principal source of income is from Clinical Commissioning Groups ("CCGs") and NHSE, accounting for 87% and 12% 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 2019/20. *Assertions* The Trust signed up to a Control Total with NHSE&I for 2019/20 with Provider Sustainability Funding attached based on achievement. On this basis we have considered the risk to be that income could be recognised in advance or fictitiously increased for 2019/20. The risk in relation to expenditure is that it may be incomplete or deferred into 2019/20 in order to assist in the achievement of the 19/20 Control Total. Our work therefore focused on the existence of income; and completeness of expenditure.	*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* We obtained the Trust's mismatch reports received from NHSE, which identified balances (debtor, creditor, income or expenditure balances) that were different with the counterparty. We checked that management had investigated all differences over £300k (based on the National Audit Office's reporting criteria). We read correspondence with the counterparties, which was consistent with these results. We then considered the impact, if any, that the remaining disputed amounts would have on the Trust's financial statements. 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. *Manipulation through journal postings* We selected a sample of manual and automated journal transactions that had been recognised in both income and expenditure, focusing in particular on those with unusual account combinations. We traced these journal entries to supporting documentation (for example, invoices, good received notes and cash receipts and payments) to check that the transaction was valid and had been correctly accounted for within the financial statements. Our testing identified no issues that required further reporting. *Management estimates* We evaluated and tested management's accounting estimates, focusing on; accruals, provisions, accrued and deferred income; and Property, Plant and Equipment Valuation (see specific area of focus below). We evaluated and challenged the key accounting estimates on which management's estimates were based and the basis of their calculation on a sample basis by comparing the assumptions used by management in the calculation of their estimate with independent assumptions and investigating any differences. Our testing identified no matters that required amendment within the financial statements of the Trust.

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 arrangements for securing economy, efficiency, and effectiveness in the use of resources 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	£ 6,511,380 (2019: £5,769,100)	£6,222,207 (2019: £5,708,040)
How we determined it	2% of total revenue (2019: 2% of revenue)	2% of total revenue (2019: 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 £8,600 to £6,222,207. 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) (2019: £50,000) and £50,000 (Trust audit) (2019: £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 2019/20 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 2020 is consistent with the financial statements and has been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

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 2019/20.

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 37, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20, 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.

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 2020. Key audit matters relating to this reporting requirement are set out in the Key audit matters table above, and identified as relating to the 3 Es conclusion, and in the Basis for qualified opinion paragraph below.

The scope of our work in respect of arrangements for securing economy, efficiency and effectiveness in the use of resources

The scope of our work is determined by the requirements outlined in Auditor Guidance Note 3 'Auditors' Work on Value for Money Arrangements' ("AGN 03") issued by the National Audit Office In November 2017. We tailored the scope of our work to address the evaluation criterion specified in AGN 03, that in all material respects, the Group had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

Qualified opinion

Except for as set out in the basis for qualified opinion paragraph below and key audit matter included in the table above, we have nothing to report as a result of this requirement.

Basis for qualified opinion and key audit matter

The Trust delivered a surplus for the year ended 31 March 2020 excluding revaluation impairments of £11m, due to the realised performance-based funding of £10.2m secured through the achievement of the Control Total as agreed with NHSE&I . Without the performance-based funding, the Trust would have achieved a deficit position. In addition, the Trust has partially complied with section 11 of the Health and Social Care Act 2012 paragraph 1 (strategy) of the Enforcement Undertakings, namely 1.3 (investment appraisal) but some actions remain outstanding and ongoing. The Trust have in place a 5-year financial plan to return the Trust to financial stability, and progress against this plan is monitored. The Trust delivered ahead of this financial plan for the year ended 31 March 2020.

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 2019/20 outturn, future budgets and achievement of cost improvement targets;
- Considered the level of agency spend considering 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 how the Trust interacts with partners and third parties to increase efficiency and reduce costs;
- 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

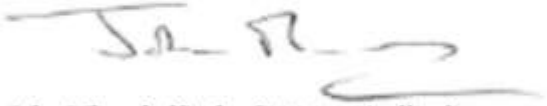
We are required to report to you if:

- the statement given by the directors on page 37, 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 47, 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 2019/20 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.



John Minards (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Newcastle upon Tyne
24 June 2020

7 Financial Performance 2019-20

7.1 Foreword to the accounts

These accounts for the year ending 31 March 2020 have been prepared by North Tees and Hartlepool NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS 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 2020 including its income and expenditure for the period.

This report contains the four primary financial statements:

- the statement of comprehensive;
- 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
24 June 2020

7.2 Financial Performance 2019-20

The challenging demands on NHS services and wider economic environment continues to impact on the Trust, however, there remains a continuing focus on delivering high quality patient care, which has been achieved throughout the year, as demonstrated by CQC rating the Trust as good in all categories including well-led. In conjunction with this, the Trust has managed to significantly reduce the underlying deficit when compared to 2018-19, and continues to make substantial progress towards ensuring financial sustainability, in line with the Trust's long term financial plan.

The Trust complies with IAS 27 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 wholly owned subsidiary companies into the Group position for 2019-20.

The Trust continues to consolidate 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 third year the Trust has also consolidated North Tees and Hartlepool Solutions, a wholly owned NHS subsidiary company, which commenced trading on 1 March 2018.

The Trust achieved the 2019/20 control total posting an overall surplus of £0.7m. This position included the full £10.2m PSF/FRF/MRET income. The improvement in the financial position demonstrates the Trust is continuing to improving its underlying deficit position and is underpinned by efficient and effective cost containment controls and processes.

Analysis of Surplus/(Deficit) for the year	Group	
	2019-20	**2018-19**
	£000	**£000**
Surplus/(Deficit) from continuing operations – before consolidation of the charity	**(17,010)**	**(16,048)**
Movement in fair value of investment property and other investments	17,618	135
Gain losses on asset disposals	-	-
Remove capital donations/grants I&E impact	62	(324)
Surplus/(Deficit) for the financial period before impairments, revaluations and charitable funds including PSF – Performance against control total	**671**	**(16,237)**
Remove impact of PSF/FRF and MRET Income	(10,208)	-
Surplus/(Deficit) for the financial period before impairments	**(9,538)**	**(16,237)**
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/(NHSE/I). 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 £16.743m. This includes an exceptional item of £17.618m of asset impairments, which, along with donated asset and asset disposal adjustments, does not count against NHS England and Improvement control total target.

The reason for the impairment is due to the Energy Centre and the fact that many of the costs that had been attributed to the build are not actually related to building costs as such, but are ancillary costs such as demolitions and ground works.

The Trust has also incurred additional project costs, financing, and site remediation costs which should not be compared with the actual DRC valuation for financial accounting asset valuation purposes which assumes an “instant build” and reflect only the actual construction costs. In addition, most of the internal plant, which is the majority cost of the facility, is already included in the hospital build costs per m2 adopted and therefore it’s replacement will not alter the Gross Replacement Cost of the assets.

Statement of Comprehensive Income (SoCI) Group Position excluding charity			
Reporting period 1 April 2019 to 31 March 2020	**Actual**	**Exceptional Items**	**Revised Position**
	£000	**£000**	**£000**
Income – excluding donated asset income	**314,614**	**0**	**314,614**
Pay expenditure	(216,360)	0	(216,360)
Non pay expenditure	(96,035)	0	(96,035)
Total expenditure	**(312,395)**	**0**	**(312,395)**
EBITDA	**2,219**	**0**	**2,219**
Depreciation – excluding donated assets	(9,467)	0	(9,467)
Interest receivable	189	0	189
Interest payable	(598)	0	(598)
PDC	(1,881)	0	(1,881)
Interest. Depreciation and PDC	**(11,757)**	**0**	**(11,757)**
Surplus/(Deficit) before impairments, excluding donated asset income and before PSF/FRF/MRET	**(9,538)**	**0**	**(9,538)**
PSR/FRF and MRET Income	10,208	0	(10,208)
Surplus/(Deficit) before impairments and excluding donated assets – i.e. control total	**670**	**0**	**(9,538)**
Impairment	(17,618)	17,618	0
I&E impact of capital grants and donations	(62)	0	(62)
Total Trust Surplus/(Deficit)	**(17,010)**	**7,410**	**(9,600)**

The Trust accepted the allocated control total from NHS England and Improvement at the start of the financial year, and therefore was entitled to PSF and FRF income, subject to the in-year financial targets being met. The control total was achieved, and therefore the Trust subsequently received £10.2m of PSF, FRF and MRET income.

The Trust strengthened its management and governance arrangements; 2019-20 saw the implementation of Clinical Care Groups within the organisation, which has given autonomy for Care Group Directors, Senior Clinicians and Senior Managers to operate within a well-established financial framework. This framework will be maintained throughout 2020-21, whilst being adapted to allow the Trust to support clinicians as effectively as possible throughout the COVID-19 pandemic.

Operational pay budgets for the Care Groups have remained under pressure with recourse to locum and agency and enhanced care staff to meet the demand for services. As in 2018-19, the Trust successfully kept agency costs under the allocated ceiling from NHS England and Improvement.

The delivery of the continued improved financial position is due in part to the robust financial governance and reporting framework that has operated during 2019/20 which has maintained ‘grip and control’ over the Trust’s financial position.

The significant Efficiency Savings £15.2m Programme was delivered and included a risk share agreement with commissioners for £6m.

The table below summarises the financial performance 2019-20 and 2018-19.

Income and expenditure Summary as at 31 March (including consolidation of Charity)	Group	
	2019-20	**2018-19**
	£000	**£000**
Operating income from patient care activities	291,857	269,495
Other operating income	33,826	22,057
Operating expenses	(322,375)	(304,034)
Operating surplus(deficit) from continuing operations excluding impairment	**3,308**	**(12,482)**
Impairment	(17,618)	(135)
Operating surplus(deficit) from continuing operations	(14,310)	(12,617)
Finance income	228	148
Finance expenses	(598)	(687)
PDC dividends payable	(1,881)	(2,596)
Net finance costs	**(2,251)**	**(3,135)**
Other gains/(losses)	(182)	(332)
Surplus/(deficit) for the year	**(16,743)**	**(16,084)**
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	(4)	-
Revaluations	4,246	1,205
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	(37)	98
Total comprehensive income/(expense) for the period	**(12,538)**	**(14,781)**
Surplus/(deficit) for the period attributable to:		
North Tees and Hartlepool NHS Foundation Trust	(16,743)	(16,084)
Total	**(16,743)**	**(16,084)**
Total comprehensive income/(expense) for the period attributable to:		
North Tees and Hartlepool NHS Foundation Trust	(12,538)	(14,781)
Total	**(12,538)**	**(14,781)**

Table 1 – Financial Performance against Plan 2019-20

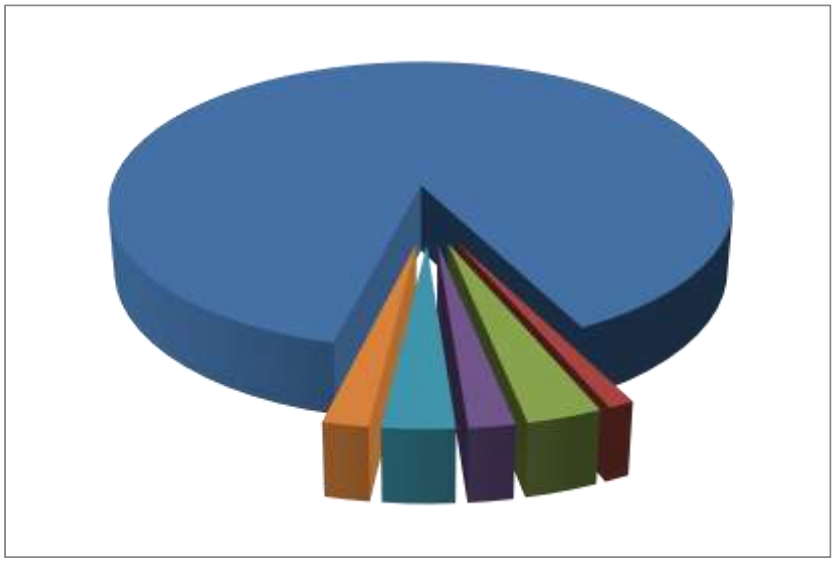
	Plan	Actual	Variance
Closing Cash Balance (Excluding Charitable Funds)	5,818	16,697	10,879
Delivery of Cost Efficiencies - Recurring & Non-Recurring	15,200	15,200	0
Control Total (including PSF, FRF & MRET)	0	671	671

7.3 Income and contract performance

Income in 2019-20 totalled £325.569m. The majority of the Group's income (£288.147m, 89%) 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 2019 to 31 March 2020

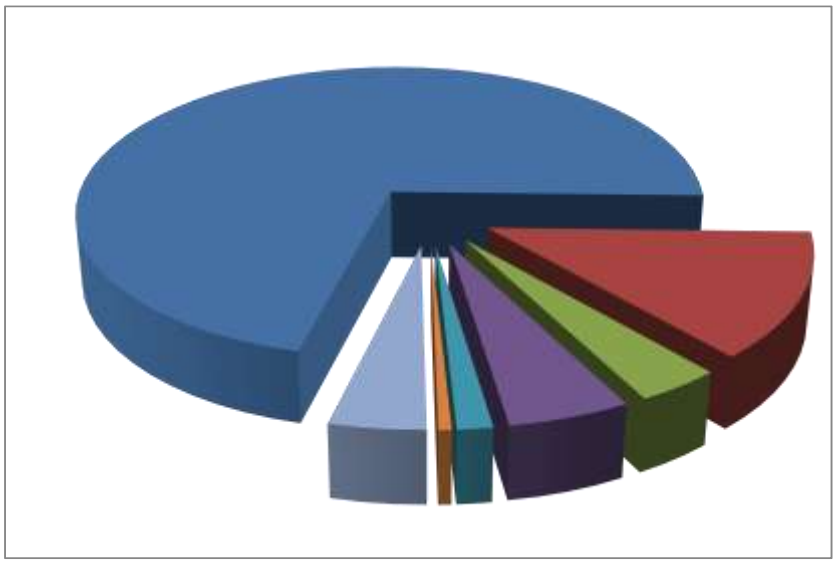


Operating Income	£m	%
CCGs and NHS England	288.161	89%
Other Patient Care Income	3.696	1%
Education, Training and R&D	10.577	3%
Non-patient Care Services to Other Bodies	6.472	2%
PSF, FRF and MRET	10.208	3%
Other	6.455	2%
Total Operating Income	**325.569**	**100%**

Services provided to the patients of Hartlepool and Stockton CCG accounted for 72% 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 2019 to 31 March 2020

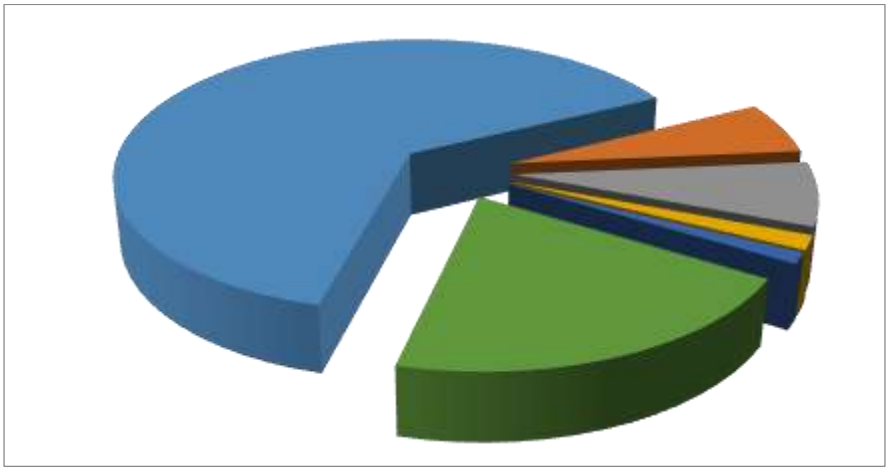


CCGs and NHS England	£m	%
NHS Hartlepool & Stockton-on-Tees CCG	206.043	72%
NHS Durham, Dales, Easington & Sedgefield CCG	38.068	13%
Cumbria, Northumberland, Tyne and Wear Area Team	10.729	4%
North East Commissioning Hub	15.260	5%
NHS South Tees CCG	4.412	2%
NHS Darlington CCG	1.622	1%
Other CCGs and NHS England	12.027	3%
Total CCGs and NHS England Income	**288.161**	**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 2019 to 31 March 2020

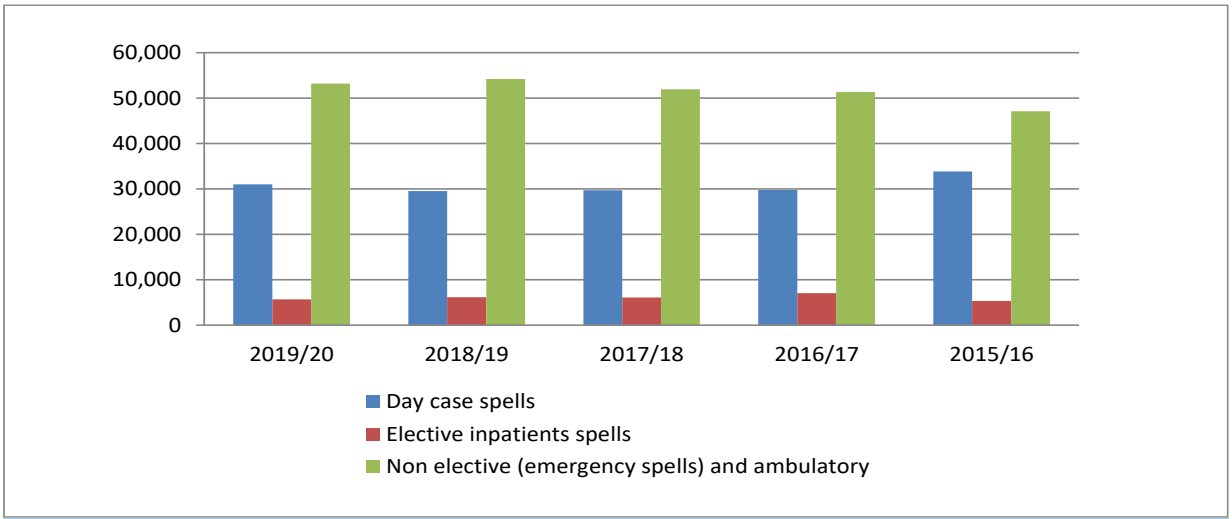


Operating Expenses	£m	%
Employee Expenses	216.444	64%
Drugs Costs	20.367	6%
Supplies and services - clinical (excluding drug costs)	24.621	7%
Supplies and services - general	5.440	2%
Services from NHS Organisations	4.108	1%
Other Costs	68.898	20%
Total Operating Expenses	**339.878**	**100%**

Tables 5 and 6 overleaf show the Trust's activity profile over current and previous years. The key highlights to note are as follows:

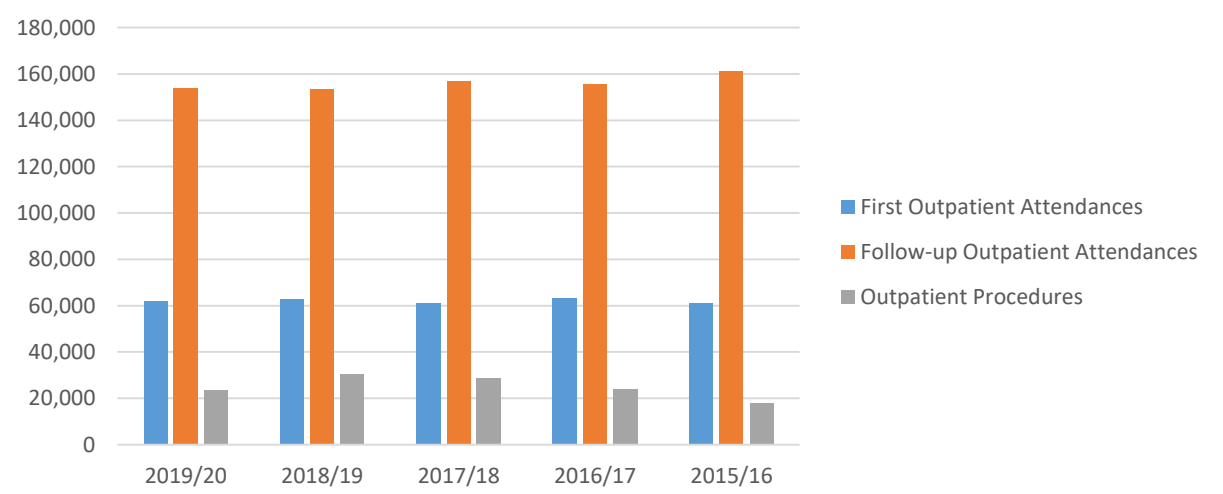
- Elective performance shows a decrease of 780 (-2%) spells compared to 2018-19;
- Non-elective performance shows a decrease of 1,003 (-2%) spells;
- First outpatient attendances have decreased by 2,073 (-10%);
- Follow-up attendances have decreased by 1,011 (-1%); and
- Outpatient procedures have decreased by 1,498 (-6%).

Table 5 – Analysis of the financial components of the 2019-20; 2018-19; 2017-18; 2016-17; and 2015-16 Contract Activity



Analysis of Activity	2019 20	2018 19	2017 18	2016 17	2015 16
Day Case Spells	30,997	29,490	29,671	29,747	33,839
Elective Inpatient Spells	5,677	6,123	6,099	7,038	5,318
Non Elective (Emergency Spells) and Ambulatory	53,172	54,172	51,907	51,317	47,069

Table 6 – Analysis of the 2019-20; 2018-19; 2017-18; 2016-17; and 2015-16 Contract Outpatient Activity



Analysis of Activity	2019 20	2018 19	2017 18	2016 17	2015 16
First Outpatient Attendances	61,862	62,840	61,204	63,330	61,004
Follow-up Outpatient Attendances	153,722	153,672	156,632	155,484	161,277
Outpatient Procedures	23,419	30,522	28,794	23,957	18,098

The COVID-19 pandemic affected the number of patients able to access our services in the month of March 2020 to a significant level, though not material in the context of the full year's activity. Although Non-Elective saw a reduction year-on-year in terms of number of patients treated, their acuity was markedly increased leading to increased one to one nursing care requirements and increased drugs costs.

7.4 Capital Investment

During 2019-20, the Trust maintained its commitment to the improvement of clinical services and invested £13.859m in the following areas during 2019-20:

- Medical Equipment – £2.625m
- ICT schemes – £1.804m
- GDEFF - £1.254m
- Service developments and transformation – £3.978m
- Estates and backlog maintenance schemes – £3.628m
- Donated Assets from Charitable Funds – £0.570m

7.5 Financial Outlook for 2020-21

Financial Outlook

Due to the COVID-19 pandemic, contracting arrangements with commissioners have been altered for the first four months of 2020-21. Block contracts between commissioners and providers have been mandated, with values calculated based on 2019-20 with a percentage uplift applied. It is anticipated that there will be a transitional arrangement back to standard contracting procedures following the pandemic.

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.

The NHS is going through a situation that is unprecedented in recent generations. In order to ensure a robust and effective response to the COVID-19 pandemic, the NHS was given a substantial cash injection to increase resilience levels. Significant investment has been undertaken in a matter of weeks in order to ensure the maximum possible resilience is created at a Trust, regional and national level.

The financial consequences of the COVID-19 pandemic have meant that a number of routine annual processes have been temporarily suspended in order to prioritise resource appropriately. The annual planning process whereby the Trust submits planned financial, workforce and activity figures to NHS England and Improvement has been halted, as have all contract negotiations between commissioners and providers.

The day-to-day operations of the Trust are funded from agreed contracts with NHS commissioners. The uncertainty and financial risk relating to COVID-19 has been mitigated in the first four months of 2020-21, with the mandatory implementation of temporary four-month "block contract" payments between commissioners and providers. These contracts are based on 2019-20 values with the scope for alteration with 'top ups' retrospectively paid to providers if there is a material shortfall in funding.

The Trust has strengthened its management and governance arrangements; 2019-20 saw the implementation of Clinical Care Groups within the organisation, which has given autonomy for Care Group Directors, Senior Clinicians and Senior Managers to operate within a well-established financial framework. This framework will be maintained throughout 2020-21, whilst being adapted to allow the Trust to support clinicians as effectively as possible throughout the COVID-19 pandemic.

Planning and Recovery

At the time of writing this annual report, the Trust was in the process of developing a comprehensive and robust operational recovery plan as a result of the impact of COVID-19, which will ensure we continue to provide safe, efficient and effective services to our patients.

Capital Planning

Significant capital investment will be required on the North Tees site in the next 5 years and the 2019-20 capital programme reflected this position. The capital plan for 2020-21 includes PDC funding drawdown and carry forward external funding of £4.915m and internal funding of £9.548m. The main element of PDC funding within 2020-21 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 £14.463m in 2020-21 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:

	2020 21
	£m
Estates Backlog	4.1
Medical Equipment and Service Developments (including Donated)	3.6
ICT & Electronic Patient Record & GDEFF	5.9
Investment in New Build (Energy Centre)	0.9
Total	**14.5**

7.6 Summary

In setting the financial plan for 2020-21 the Board of Directors recognise the need to maintain high quality and safe care and deliver financial balance.

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.

7.7 Key Performance Targets

The Trust will meet a number of targets, as set out by NHS England and 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 2020-21.

7.8 Annual Accounts 2019-20 including Financial Statements and Notes

Consolidated Statement of Comprehensive Income for the year ended 31 March 2020		Group	
		2019 20	2018 19
	Note	£000	£000
Operating income from patient care activities	3	291,857	269,495
Other operating income	4	33,826	22,057
Operating expenses excluding impairment	6	(322,375)	(304,034)
Operating deficit from continuing operations excluding impairment		**3,308**	**(12,482)**
Impairment		(17,618)	(135)
Operating deficit from continuing operations		**(14,310)**	**(12,617)**
Finance income	11	228	148
Finance expenses	12	(598)	(687)
PDC dividends payable		(1,881)	(2,596)
Net finance costs		**(2,251)**	**(3,135)**
Other losses	13	(182)	(332)
Deficit for the year from continuing operations		**(16,743)**	**(16,084)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		**0**	**0**
Deficit for the year		**(16,743)**	**(16,084)**
Other comprehensive (expense)/ income			
Will not be reclassified to income and expenditure:			
Impairments	7,20	(4)	0
Revaluations	20	4,246	1,205
Other reserve movements		-	0
May be reclassified to income and expenditure when certain conditions are met:			
Fair value (losses)/gains on financial assets mandated at fair value through OCI	21	(37)	98
Total comprehensive expense for the period		**(12,538)**	**(14,781)**
Deficit for the period attributable to:			
North Tees and Hartlepool NHS Foundation Trust		(16,743)	(16,084)
TOTAL		**(16,743)**	**(16,084)**
Total comprehensive expense for the period attributable to:			
non-controlling interest, and		0	0
North Tees and Hartlepool NHS Foundation Trust		(12,538)	(14,781)
TOTAL		**(12,538)**	**(14,781)**
Adjusted financial performance (control total basis):			
Deficit for the period		(16,743)	(16,084)
Remove impact of consolidating NHS charitable fund		(267)	36
Remove net impairments not scoring to the Departmental expenditure limit		17,618	135
Remove I&E impact of capital grants and donations		62	(324)
Adjusted financial performance surplus / (deficit)		**670**	**(16,237)**

Statement of Financial Position		Group		Trust	
		31 March 2020	31 March 2019	31 March 2020	31 March 2019
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	15,16	9	22	2	15
Property, plant and equipment	17,18	114,673	124,062	114,673	124,062
Other investments / financial assets	21	1,118	1,155	0	0
Receivables	25	1,955	1,050	28,428	32,352
Total non-current assets		**117,755**	**126,289**	**143,103**	**156,429**
Current assets					
Inventories	24	5,071	5,728	4,826	5,549
Receivables	25	17,201	11,794	24,977	15,093
Cash and cash equivalents	27	17,152	12,948	15,014	12,605
Total current assets		**39,424**	**30,470**	**44,817**	**33,246**
Current liabilities					
Trade and other payables	28	(35,223)	(34,702)	(42,161)	(53,486)
Borrowings	30	(1,297)	(1,292)	(1,297)	(1,292)
Provisions	32	(8,723)	(1,751)	(8,723)	(1,752)
Other liabilities	29	(3,029)	(527)	(2,819)	(527)
Total current liabilities		**(48,272)**	**(38,272)**	**(55,000)**	**(57,057)**
Total assets less current liabilities		**108,907**	**118,487**	**132,920**	**132,618**
Non-current liabilities					
Borrowings	30	(22,355)	(23,444)	(22,355)	(23,444)
Other financial liabilities	31	0	0	(26,745)	(15,152)
Provisions	32	(2,042)	(1,344)	(2,042)	(1,344)
Other liabilities	29	(2,121)	(1,754)	(2,121)	(1,744)
Total non-current liabilities		**(26,518)**	**(26,542)**	**(53,263)**	**(41,695)**
Total assets employed		**82,389**	**91,945**	**79,657**	**90,923**
Financed by					
Public dividend capital		141,621	138,639	141,621	138,639
Revaluation reserve		6,630	2,388	6,630	2,388
Income and expenditure reserve		(67,417)	(50,407)	(68,594)	(50,104)
Charitable fund reserves	23	1,554	1,324	0	0
Total taxpayers' equity		**82,389**	**91,943**	**79,657**	**90,923**

The notes on pages 271 to 319 form part of these accounts.

Julie Gillon
Chief Executive
24 June 2020

Consolidated Statement of Changes in Equity for the year ended 31 March 2020

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 2019 - brought forward	**138,639**	**2,388**	**(50,407)**	**1,324**	**91,945**
Deficit for the year	-	-	(17,010)	267	**(16,743)**
Impairments	-	(4)	-	-	**(4)**
Revaluations	-	4,246	-	-	**4,246**
Fair value losses on financial assets mandated at fair value through OCI	-	-	-	(37)	**(37)**
Public dividend capital received	2,982	-	-	-	**2,982**
Taxpayers' and others' equity at 31 March 2020	**141,621**	**6,630**	**(67,417)**	**1,554**	**82,389**

Consolidated 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**	**101,253**
Deficit for the year	-	-	(16,048)	**(36)**	**(16,084)**
Revaluations	-	1,205	-	**-**	**1,205**
Fair value gains/(losses) on available-for- sale financial investments	-	-	-	98	**98**
Public dividend capital received	5,633	-	-	**-**	**5,633**
Public dividend capital repaid	(160)	-	-	**-**	**(160)**
Taxpayers' and others' equity at 31 March 2019	**138,639**	**2,388**	**(50,407)**	**1,324**	**91,945**

Statement of Changes in Equity for the year ended 31 March 2020

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£00(
Taxpayers' and others' equity at 1 April 2019 - brought forward	**138,639**	**2,388**	**(50,104)**	**90,923**
Deficit for the year	-	-	(18,490)	**(18,490)**
Impairments	-	(4)	-	**(4)**
Revaluations	-	4,246	-	**4,246**
Public dividend capital received	2,982	-	-	**2,982**
Taxpayers' and others' equity at 31 March 2020	**141,621**	**6,630**	**(68,594)**	**79,657**

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	-	-	(16,070)	**(16,070)**
Revaluations	-	1,205	-	**1,205**
Public dividend capital received	5,633	-	-	**5,633**
Public dividend capital repaid	(160)	-	-	**(160)**
Taxpayers' and others' equity at 31 March 2019	**138,639**	**2,388**	**(50,104)**	**90,923**

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
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 irrevocable election at recognition.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Merger reserve
This reserve reflects balances formed on merger of NHS bodies.

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 23.

Statement of Cash Flows

		Group		Trust	
		2019 20	2018 19	2019 20	2018 19
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating deficit		(14,310)	(12,617)	(16,057)	(13,812)
Non-cash income and expense:					
Depreciation and amortisation	6.1	9,702	9,551	9,702	9,551
Net impairments	7	17,618	135	17,618	135
Income recognised in respect of capital donations	4	(173)	(324)	(173)	(324)
Decrease/(Increase) in receivables and other assets		(6,394)	10,124	(5,960)	(5,899)
Decrease/(Increase) in inventories		657	(492)	723	(428)
Increase/(decrease) in payables and other liabilities		2,391	(3,427)	1,926	12,577
Increase/(decrease) in provisions		7,650	1,583	7,699	1,604
Movements in charitable fund working capital		(6)	147	-	-
Other movements in operating cash flows		(411)	43	(479)	359
Net cash flows from operating activities		**16,724**	**4,723**	**14,969**	**3,763**
Cash flows from investing activities					
Interest received		189	106	189	980
Purchase of PPE and investment property		(12,857)	(18,296)	(12,857)	(18,296)
Receipt of cash donations to purchase assets		584	291	584	291
Net cash flows from charitable fund investing activities		39	42	-	-
Net cash flows used in investing activities		**(12,045)**	**(17,857)**	**(12,084)**	**(17,025)**
Cash flows from financing activities					
Public dividend capital received		2,982	5,633	2,982	5,633
Public dividend capital repaid		-	(160)	-	(160)
Movement on loans from DHSC		(1,088)	12,232	(1,088)	12,274
Capital element of PFI, LIFT and other service concession payments		-	(39)	-	(39)
Interest paid on loans		(574)	(651)	(574)	(651)
Interest paid on PFI, LIFT and other service concession obligations		-	(36)	-	(36)
PDC dividend paid		(1,796)	(3,126)	(1,796)	(3,126)
Net cash flows from / (used in) financing activities		**(476)**	**13,853**	**(476)**	**13,985**
Increase in cash and cash equivalents		**4,203**	**719**	**2,409**	**633**
Cash and cash equivalents at 1 April – brought forward		**12,948**	**12,229**	**12,605**	**11,973**
Prior period adjustments		**-**	**-**	**-**	**-**
Cash and cash equivalents at 1 April – restated		**12,948**	**12,229**	**12,605**	**11,973**
Cash and cash equivalents at 31 March	27	**17,152**	**12,948**	**15,014**	**12,605**

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 2019-20 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 Trust, in preparing the annual statement of accounts has undertaken an assessment of its ability to continue as a going concern. The management of the Trust has not, nor does it intend to apply to the Secretary of State for the dissolution of the foundation trust and therefore the accounts should be prepared on a going concern basis.

In terms of the provision of services into the future; a four-month block contract to July 2020 has been nationally mandated between all commissioners and providers during the COVID-19 pandemic. This is to ensure sufficient funding / cash is available to support the national response across the NHS. In due course, commissioners will be required to ensure clinically and financially sustainable services within the hospital and have agreed in principle a contract arrangement with no penalty or other deductions for 2020-21. At present, we are awaiting national planning guidance as to the arrangements following the four-month emergency period, with the expectation that the in-principle contracting arrangements agreed for 2020-21 will be implemented. The accounts should therefore be prepared on a going concern basis.

The draft operational plan and financial plan have been reviewed by NHSI, and at no point has reference been made to the organisation of it not being a going concern. The accounts should therefore be prepared on a going concern basis.

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. The view from the Department of Health is that as long as there is cash available to cover liabilities then NHS organisations remain a going concern.

The Trust has a comprehensive cash management process in place with weekly cash flow forecasting that is updated on a daily basis. The Trust has also reviewed the process for applying for Planned Term Support should the need arise over the course of the financial year. The Trust does not intend to utilise this support, nor anticipates the need to do so. The accounts should therefore be prepared on a going concern basis.

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.

It should be noted that the interim financial arrangements have only been confirmed for four months of 2020-21 and consequently, the Trust is unable to confirm a cash position for the remainder of the financial year. 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. This position is replicated across all providers in the NHS and is a consistent position nationally and represents a material uncertainty as the **t**iming and value of the future cash receipts are unknown. This is being considered nationally by the Department of Health, NHS Improvement and The Treasury. It remains the case that the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. While these allocations may be subject to minor revision as a result of the Covid-19 financial framework, the guidance has been clarified to inform CCGs that they will be provided with sufficient funding for the year. Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this.

Note 1.3 Consolidation

NHS Charitable Funds

North Tees and Hartlepool NHS Foundation 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 amounts consolidated are drawn from the published accounts of the subsidiaries for the 12-month year to 31 March 2020for 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. Revenue from contracts with customers

When 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).

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 period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income from 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 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. The accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

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 performance obligations have been satisfied. In practical terms this means that treatment has been given, 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.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Grants and Donations

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. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from 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 from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

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 1.6 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 period 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 period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care 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: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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 1.7 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 1.8 Property, plant and equipment

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; and
- the cost of the item can be measured reliably.
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250k, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous 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, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

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 period in which it is incurred.

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 period. 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.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a

modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Buildings where the construction would be completed by the Trusts subsidiary - North Tees and Hartlepool Solutions LLP and the costs have recoverable VAT for the Trust.

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.

Depreciation

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.

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.

Revaluation, gains and losses

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 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 expenditure.

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.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset is available for immediate sale in its present condition.

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.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time. The donation/grant is then deferred within liabilities to match the associated depreciation charges associated with donated assets through the statement of comprehensive income. This is in line with IAS20 but not in line with the GAM.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

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 HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent 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.

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	19	89
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 1.9 Intangible assets

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 where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g. 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, e.g. application software, is capitalised as an intangible asset.

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 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.

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.

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 1.10 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 1.11 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 1.12 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions, however due to the Trust having 'Good Quality Combined Heat and Power units (CHP's)' it has not been subject to the CRC scheme in 2019-20 and therefore not liable for CRC taxation for this financial year.

Note 1.13 Financial assets and financial liabilities

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, i.e., when receipt or delivery of the goods or services is made.

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 not 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.

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.
- 75% expected credit losses is assumed on average for invoices between 9 months and 12 months.
- 50% expected credit losses is assumed on average for invoices between 6 months and 9 months
- 10% expected credit losses is assumed on average for invoices between 3 months and 6 months
- 0% 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 overseas visitors, 100% expected credit losses has been assumed on all outstanding 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

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 1.14 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.

The Trust as a 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 period 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.

The Trust as a 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 1.15 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 HM Treasury's discount rates effective for 31 March 2020:

		Nominal Rate
Short-Term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation Rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

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 33.3 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 1.16 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 33 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 33 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 1.17 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.

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 and grant 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 1.18 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 1.19 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 period. The Foundation Trust has assessed that no tax liability arises from North Tees and Hartlepool Solutions LLP.

Note 1.20 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.22 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.

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 1.22 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 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019-20.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5k, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate (1.27%). The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2020 for existing finance leases.

For leases commencing in 2021-22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5k). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

This standard was initially supposed to be implemented in 2020-21 and the trust had estimated the impact of applying IFRS 16 in 2020-21 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions. However, due to the deferral to April 2021, the trust will need to re-assess within financial year 2020-21 in preparation for implementation in 2021-22. Disclosing the quantifying impact is impracticable at the present time.

Other standards, amendments and interpretations

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 2019-20. This standard is still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2021-22.

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. There are also other operating expenditure such as managed service contracts which will also be included in the statement of financial position. A great deal of work has been completed to review all potential contract affected and this will be reviewed and amended as appropriate through 2020-21 in preparation for the 2021-22 accounting change. There will be no significant impact from the other standards.

Note 1.25 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 2020-21 in relation to CIP delivery and associated conditional funding from NHSI.
b) Material provision for flowers court case.
Flowers provision. This is a court case in relation to overtime and annual leave entitlement. In May 2019, the court of appeal has concluded that voluntary overtime is likely to form part of "normal pay" and to be relevant to the calculation of holiday pay in many cases unless it is exceptional.
c) MEA land and buildings valuation
This is referenced in note 20.

Note 1.26 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 relating to 2019-20, where these contracts are not yet settled. These risks specifically relate to contract challenges relating to coding and counting. The Trust continues to pursue recovery but has judged these revenues sufficiently uncertain to derecognise revenues associated them.

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 period are set out in the table below. Further information can be found in note 39, Related Party transactions.

	2019 20	2018 19
Hartlepool and Stockton-on Tees Clinical Commissioning Group	65%	66%
Durham Dales, Easington and Sedgefield Clinical Commissioning Group	12%	12%
Cumbria, Northumberland, Tyne and Wear Area Team	3%	4%
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.

Note 3.1 Income from patient care activities (by nature)

	2019 20	2018 19
	£000	£000
Acute services		
Elective income	38,296	33,407
Non elective income	114,487	92,743
First outpatient income	13,887	13,868
Follow up outpatient income	12,912	13,195
A & E income	15,111	13,955
High cost drugs income from commissioners	13,481	13,686
Other NHS clinical income	41,097	51,855
Community services		
Community services income from CCGs and NHS England	33,827	32,710
Income from other sources (e.g. local authorities)	710	564
All services		
Private patient income	125	-
Agenda for Change pay award central funding*	-	3,512
Additional pension contribution central funding**	7,642	-
Other clinical income	281	-
Total income from activities	**291,857**	**269,495**

*Additional costs of the Agenda for Change pay reform in 2018-19 received central funding. From 2019-20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019-20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2019 20	2018 19
Income from patient care activities received from:	**£000**	**£000**
NHS England	34,392	25,049
Clinical commissioning groups	253,755	237,282
Department of Health and Social Care	-	3,512
Other NHS providers	582	645
NHS other	288	284
Local authorities	710	828
Non-NHS: private patients	125	167
Non-NHS: overseas patients (chargeable to patient)	101	139
NHS injury cost recovery scheme	1,126	735
Non NHS: other	779	854
Total income from activities	**291,857**	**269,495**
Of which:		
Related to continuing operations	291,857	269,495
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider

	2019 20	2018 19
	£000	**£000**
Income recognised this year	101	139
Cash payments received in-year	31	97
Amounts added to provision for impairment of receivables	107	268
Amounts written off in-year	151	-

Note 4 Other operating income (Group)

	2019 20			2018 19		
	Contract Income	Non contract income	Total	Contract Income	Non contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,141	-	1,141	1,233	-	1,233
Education and training	9,383	-	9,383	9,530	-	9,530
Non-patient care services to other bodies	6,465	-	6,464	5,666	-	5,666
Provider sustainability fund (PSF)	5,617	-	5,617	-	-	-
Financial Recovery Fund (FRF)	2,867	-	2,867	-	-	-
Marginal rate emergency tariff funding (MRET)	1,724	-	1,724	-	-	-
Receipt of capital grants and donations	-	173	173	-	324	324
Charitable and other contributions to expenditure	-	-	-	-	-	-
Rental revenue from operating leases	-	519	519	-	499	499
Charitable fund incoming resources	-	574	574	-	443	443
Other income	5,363	-	5,363	4,362	-	4,362
Total other operating income	**32,560**	**1,266**	**33,826**	**20,791**	**1,266**	**22,057**
Of which:						
Related to continuing operations			33,826			22,057
Related to discontinued operations			-			-

'- Other income includes £2,119k of Car Parking income, £943k from Catering income, £559k from Leased Cars income and £426k from QC Lab income. The remaining £1,202k is made up of a number of smaller contracts.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019 20	2018 19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	317	2,138
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2020	31 March 2019
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised		
within one year-	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	-	-

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:

	2019 20	2018 19
	£000	£000
Income from services designated as commissioner requested services	280,001	258,417
Income from services not designated as commissioner requested services	44,994	33,135
Total	**324,995**	**291,553**

Note 6.1 Operating expenses (Group)

	2019 20	2018 19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,108	3,932
Purchase of healthcare from non-NHS and non-DHSC bodies	554	311
Purchase of social care	-	-
Staff and executive directors costs	216,444	201,794
Remuneration of Non-Executive directors	84	84
Supplies and services - clinical (excluding drugs costs)	24,621	23,693
Supplies and services - general	5,440	4,594
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	20,367	20,049
Inventories written down	66	125
Consultancy costs	572	546
Establishment	4,756	4,522
Premises	16,823	16,639
Transport (including patient travel)	350	395
Depreciation on property, plant and equipment	9,689	9,530
Amortisation on intangible assets	13	21
Net impairments	17,618	135
Movement in credit loss allowance: contract receivables / contract assets	-	(1,199)
Movement in credit loss allowance: all other receivables and investments	(2,254)	3,973
Increase/(decrease) in other provisions	7,441	1,551
Change in provisions discount rate(s)	93	237
Audit fees payable to the external auditor		
audit services- statutory audit	107	67
other auditor remuneration (external auditor only)	18	13
Internal audit costs	271	256
Clinical negligence	9,024	9,852
Legal fees	241	226
Insurance	370	348
Research and development	14	14
Education and training	822	674
Rentals under operating leases	1,200	1,285
Early retirements	-	-
Redundancy	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	57
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	22	21
Hospitality	-	-
Other NHS charitable fund resources expended	258	437
Other	861	(13)
Total	**339,993**	**304,169**
Of which:		
Related to continuing operations	339,993	304,169
Related to discontinued operations	-	-
Other expenditure is broken down as follows:		
Clinician pension tax liability provision	575	
Optimus donation to charitable funds	175	
Other miscellaneous	107	
	857	

Note 6.2 Other auditor remuneration (Group)

	2019 20	2018 19
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	18	13
Total	**18**	**13**

Note 6.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1m (2018-19: £1m).

Note 7 Impairments of assets (Group)

	2019 20	2018 19
	£000	£000
Net impairments charged to operating surplus/deficit resulting from:		
Changes in market price	17,618	135
Total net impairments charged to operating surplus/deficit	**17,618**	**135**
Impairments charged to the revaluation reserve	4	-
Total net impairments	**17,622**	**135**

Changes in market price £17,618k relate to MEA valuation for March 2020 and corresponding decreases in individual building valuations. The revaluation reserve has increased by £4,241k. The main reason for the material impairment is due to the energy centre which transferred to buildings from assets under construction in July 2019 and the MEA valuation for the energy centre results in an impairment of £17,268k.

Note 8 Employee benefits (Group)

	2019 20	2019 20
	Total	Total
	£000	£000
Salaries and wages	166,870	162,831
Social security costs	14,557	14,052
Apprenticeship levy	771	751
Employer's contributions to NHS pensions	25,091	17,165
Pension cost - other	214	122
Temporary staff (including agency)	8,857	6,823
NHS charitable funds staff	84	80
Total gross staff costs	**216,444**	**201,824**
Recoveries in respect of seconded staff	-	-
Total staff costs	**216,444**	**201,824**
Of which		
Costs capitalised as part of assets	-	30

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 2019-20 there was 1 early retirement from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £50k (£228k in 2018-19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8.2 Directors' remuneration

The aggregate amounts payable to directors were:

	Group	
	2019 20	2018 19
	£000	£000
Salary	1,510	1,606
Taxable benefits	11	10
Other remuneration	10	-
Employer's pension contributions	177	189
Total	**1,708**	**1,805**

Further details of directors' remuneration can be found in the remuneration report.

Note 10 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 period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period 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 2020, is based on valuation data as 31 March 2018, updated to 31 March 2020 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.

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 their 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 employer contribution rate for 2019-20 is 20.6%.

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.

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.

	2019 20	2018 19
	£000	£000
Operating lease revenue		
Minimum lease receipts	519	499
Total	**519**	**499**
	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	523	499
- later than one year and not later than five years;	1,933	1,934
- later than five years.	1,958	1,828
Total	**4,414**	**4,261**

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 period. Other agreements include the provision of medical equipment.

	2019 20	2018 19
	£000	£000
Operating lease expense		
Minimum lease payments	1,200	1,285
Total	**1,200**	**1,285**
	31 March 2020	**31 March 2019**
	£000	**£000**
Future minimum lease payments due:		
- not later than one year;	1,269	905
- later than one year and not later than five years;	3,604	2,307
- later than five years.	117	227
Total	**4,990**	**3,439**
Future minimum sublease payments to be received	-	-

Note 11 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2019 20	2018 19
	£000	£000
Interest on bank accounts	189	106
NHS charitable fund investment income	39	42
Total	**228**	**148**

Note 12 Finance expenses (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2019 20	2018 19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	578	631
Main finance costs on PFI and LIFT schemes obligations	-	36
Total interest expense	**578**	**667**
Unwinding of discount on provisions	20	20
Total finance costs	**598**	**687**

Note 13 Other gains / losses (Group)

	2019 20	2018 19
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	(182)	(332)
Gains / losses on disposal of charitable fund assets	-	-
Total losses on disposal of assets	(182)	(332)
Fair value gains/(losses) on charitable fund investments & investment properties	-	-
Total other losses	**(182)**	**(332)**

In 2018-19 the Trust carried out full physical asset verification of all areas. A rolling programme has been carried out in 2019-20, so that each area will complete verification once within a 12-month period. This has been achieved in 85% of all Trust areas, however 15% of areas will need to be verified within 2020-21. Disposal forms have been completed for all disposals listed.

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 deficit for the period was £16,743k (2018-19: £16,084k). The trust's total comprehensive income/(expense) for the period was £12,343k (2018-19: £14,781k).

Note 15.1 Intangible assets - 2019-20

Group	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**214**	**214**
Valuation / gross cost at 31 March 2020	**214**	**214**
Amortisation at 1 April 2019 - brought forward	**192**	**192**
Provided during the year	13	**13**
Amortisation at 31 March 2020	**205**	**205**
Net book value at 31 March 2020	**9**	**9**
Net book value at 1 April 2019	**22**	**22**

Note 15.2 Intangible assets – 2018-19

Group	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2018 – as previously stated	**469**	**469**
Valuation / gross cost at 1 April 2018 – restated	**469**	**469**
Disposals/derecognition	(255)	**(255)**
Valuation / gross cost at 31 March 2019	**214**	**214**
Amortisation at 1 April 2018 – as previously stated	**426**	**426**
Amortisation at 1 April 2018 – restated	**426**	**426**
Provided during the year	21	**21**
Disposals/derecognition	(255)	**(255)**
Amortisation at 31 March 2019	**192**	**192**
Net book value at 31 March 2019	**22**	**22**
Net book value at 1 April 2018	**43**	**43**

Note 16.1 Intangible assets - 2019-20

Trust	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**207**	**207**
Valuation / gross cost at 31 March 2020	**207**	**207**
Amortisation at 1 April 2019 - brought forward	**192**	**192**
Impairments	13	13
Amortisation at 31 March 2020	**205**	**205**
Net book value at 31 March 2020	**2**	**2**
Net book value at 1 April 2019	**15**	**15**

Note 16.2 Intangible assets – 2018-19

Trust	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**462**	**462**
Prior period adjustments	(255)	**(255)**
Valuation / gross cost at 31 March 2018 - restated	**207**	**207**
Amortisation at 1 April 2018 - as previously stated	**426**	**426**
Provided during the year	21	**21**
Disposals/derecognition	(255)	**(255)**
Amortisation at 31 March 2019	**192**	**192**
Net book value at 31 March 2019	**15**	**15**
Net book value at 1 April 2018	**36**	**36**

Note 17.1 Property, plant and equipment - 2019-20

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
Valuation/gross cost at 1 April 2019 - brought forward	**6,018**	**76,274**	**230**	**20,748**	**27,359**	**775**	**18,663**	**1,464**	**151,533**
Additions	-	4,389	10	234	3,501	-	5,674	51	**13,859**
Reclassifications	-	19,422	-	(20,711)	1,526	-	1,317	(1)	**1,553**
Impairments	(135)	(20,403)	(10)	-	-	-	-	-	**(20,548)**
Reversals of impairments	-	784	-	-	-	-	-	-	**784**
Revaluations	-	1,847	-	-	-	-	-	-	**1,847**
Disposals / derecognition	-	-	-	-	(966)	(8)	(19)	-	**(993)**
Valuation/gross cost at 31 March 2020	**5,883**	**82,313**	**230**	**271**	**31,420**	**767**	**25,635**	**1,514**	**148,033**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**-**	**-**	**-**	**17,283**	**657**	**8,462**	**1,067**	**27,471**
Provided during the year	-	4,534	6	-	2,187	28	2,846	88	**9,689**
Reclassifications	-	1	-	-	1,552	-	-	-	**1,553**
Impairments	-	(1,660)	(6)	-	-	-	-	-	**(1,666)**
Reversals of impairments	-	(476)	-	-	-	-	-	-	**(476)**
Revaluations	-	(2,399)	-	-	-	-	-	-	**(2,399)**
Disposals / derecognition	-	-	-	-	(783)	(8)	(19)	-	**(810)**
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**20,239**	**677**	**11,289**	**1,155**	**33,362**
Net book value at 31 March 2020	**5,883**	**82,313**	**230**	**271**	**11,181**	**90**	**14,346**	**360**	**114,673**
Net book value at 1 April 2019	**6,018**	**76,275**	**230**	**20,748**	**10,076**	**117**	**10,201**	**396**	**124,062**

Note 17.2 Property, plant and equipment – 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
Valuation/gross cost at 1 April 2018 – as previously stated	**6,018**	**77,063**	**230**	**11,742**	**31,591**	**909**	**17,312**	**1,519**	**146,386**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation/gross cost at 1 April 2018 – restated	**6,018**	**77,063**	**230**	**11,742**	**31,591**	**909**	**17,312**	**1,519**	**146,386**
Additions	-	2,088	6	8,892	2,886	13	3,431	118	**17,434**
Reclassifications	-	-	-	114	(3)	-	(111)	-	**-**
Impairments	-	(1,891)	-	-	-	-	(4)	-	**(1,895)**
Reversals of impairments	-	(121)	-	-	-	-	-	-	**(121)**
Revaluations	-	(865)	(6)	-	-	-	-	-	**(871)**
Disposals / derecognition	-	-	-	-	(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 – as previously stated	**-**	**-**	**-**	**-**	**21,718**	**772**	**7,328**	**1,146**	**30,966**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2018 – restated	**-**	**-**	**-**	**-**	**21,718**	**772**	**7,328**	**1,146**	**30,966**
Provided during the year	-	3,950	6	-	2,382	33	3,069	90	**9,530**
Impairments	-	(618)	-	-	-	-	(1)	-	**(619)**
Reversals of impairments	-	(1,262)	-	-	-	-	-	-	**(1,262)**
Revaluations	-	(2,070)	(6)	-	-	-	-	-	**(2,076)**
Disposals / derecognition	-	-	-	-	(6,817)	(148)	(1,934)	(169)	**(9,068)**
Accumulated depreciation at 31 March 2019	**-**	**-**	**-**	**-**	**17,238**	**657**	**8,462**	**1,067**	**27,471**
Net book value at 31 March 2019	**6,018**	**76,275**	**230**	**20,748**	**10,076**	**117**	**10,201**	**396**	**124,062**
Net book value at 1 April 2018	**6,018**	**77,063**	**230**	**11,743**	**9,875**	**136**	**9,984**	**371**	**115,418**

Note 17.3 Property, plant and equipment financing - 2019-20

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 2020									
Owned – purchased	5,883	81,873	230	271	10,142	90	14,238	269	**112,996**
Owned – donated	-	440	-	-	1,039	-	108	90	**1,677**
NBV total at 31 March 2020	**5,883**	**82,313**	**230**	**271**	**11,181**	**90**	**14,346**	**350**	**114,673**

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	**122,692**
Owned – donated	-	484	-	-	529	-	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 18.1 Property, plant and equipment - 2019-20

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 2019 - brought forward	**6,018**	**76,274**	**230**	**20,748**	**27,359**	**775**	**18,663**	**1,464**	**151,533**
Additions	-	4,389	10	234	3,501	-	5,674	51	**13,859**
Reclassifications	-	19,422	-	(20,711)	1,526	-	1,317	(1)	**1,553**
Impairments	(135)	(20,403)	(10)	-	-	-	-	-	**(20,548)**
Reversals of impairments	-	784	-	-	-	-	-	-	**784**
Revaluations	-	1,847	-	-	-	-	-	-	**1,847**
Disposals / derecognition	-	-	-	-	(966)	(8)	(19)	-	**(993)**
Valuation/gross cost at 31 March 2020	**5,883**	**82,314**	**230**	**272**	**31,419**	**768**	**26,635**	**1,514**	**148,035**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**-**	**-**	**-**	**17,283**	**657**	**8,462**	**1,067**	**27,471**
Provided during the year	**-**	**4,534**	**6**	**-**	**2,187**	**28**	**2,846**	**88**	**9,689**
Reclassifications	**-**	**1**	**-**	**-**	**1,552**	**-**	**-**	**-**	**1,553**
Impairments	**-**	**(1,660)**	**(6)**	**-**	**-**	**-**	**-**	**-**	**(1,666)**
Reversals of impairments	**-**	**(476)**	**-**	**-**	**-**	**-**	**-**	**-**	**(476)**
Revaluations	**-**	**(2,399)**	**-**	**-**	**-**	**-**	**-**	**-**	**(2,399)**
Disposals / derecognition	**-**	**-**	**-**	**-**	**(783)**	**(8)**	**(19)**	**-**	**(810)**
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**20,238**	**679**	**11,289**	**1,156**	**33,362**
Net book value at 31 March 2020	**5,883**	**82,313**	**230**	**271**	**11,181**	**90**	**14,346**	**360**	**114,673**
Net book value at 1 April 2019	**6,018**	**76,275**	**230**	**20,748**	**10,076**	**117**	**10,201**	**396**	**124,062**

Note 18.2 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 – as previously stated	**6,018**	**77,063**	**230**	**11,742**	**31,591**	**909**	**17,312**	**1,519**	**146,386**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation/gross cost at 1 April 2018 – restated									
Additions	-	2,088	6	8,892	2,886	13	3,431	118	**17,434**
Reclassifications	-	-	-	114	(3)	-	(111)	-	**0**
Impairments	-	(1,891)	-	-	-	-	(4)	-	**(1,895)**
Reversals of impairments	-	(121)	-	-	-	-	-	-	**(121)**
Revaluations	-	(865)	(6)	-	-	-	-	-	**(871)**
Disposals / derecognition	-	-	-	-	(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 – as previously stated	**-**	**-**	**-**	**-**	**21,718**	**772**	**7,328**	**1,146**	**30,966**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2018 – restated	**-**	**-**	**-**	**-**	**21,718**	**772**	**7,328**	**1,146**	**30,966**
Provided during the year	-	3,950	6	-	2,382	33	3,069	90	**9,530**
Impairments	-	(618)	-	-	-	-	(1)	-	**(619)**
Reversals of impairments	-	(1,262)	-	-	-	-	-	-	**(1,262)**
Revaluations	-	(2,070)	(6)	-	-	-	-	-	**(2,076)**
Disposals / derecognition	-	-	-	-	(6,817)	(148)	(1,934)	(169)	**(9,068)**
Accumulated depreciation at 31 March 2019	**-**	**-**	**-**	**-**	**17,283**	**657**	**8,462**	**1,067**	**27,471**
Net book value at 31 March 2019	**6,018**	**76,275**	**230**	**20,748**	**10,076**	**117**	**10,201**	**396**	**124,062**
Net book value at 1 April 2018	**6,018**	**77,063**	**230**	**11,743**	**9,875**	**136**	**9,984**	**371**	**115,418**

Note 18.3 Property, plant and equipment financing - 2019-20

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under constructio	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned – purchased	8,883	81,873	230	271	10,142	90	14,238	269	**112,996**
Owned – donated	-	440	-	-	1,039	-	108	90	**1,677**
NBV total at 31 March 2020	**5,883**	**82,313**	**230**	**271**	**11,181**	**90**	**14,346**	**359**	**114,673**

Note 18.4 Property, plant and equipment financing – 2018-19

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under constructio	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	**122,692**
Owned – donated	-	484	-	-	529	-	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 19 Donations of property, plant and equipment

Fixed asset donations 2019-20 were as follows

	£000
Digital Mammography machine	220
Replacement Centralised Patient Monitoring Station and associated infrastructure	108
Cardiovascular Ultrasound system	83
Lead Multi-Channel Electrocardiograph	39
Bladderscan Prime Plus	38
Double Arm Retractor for Breast Unit	14
Clinisys Solutions Interface between ICE & Endoscopy System	12
Chameleon Info Management System and Licence for Gastro patients with IBD	12
Combined Data Logger / Alarm for monitoring temperature/gases	11
Belmont Clesta II-MC (E) Cart Delivery Dental System	11
GE Healthcare Bike EL Stress Ergometer	10
Gynaecology colposcope	8
Link Lockers and Shelving for Ward 40	7
IT Dementia Package Touchscreen PC & Tablet for WD 32	6
Gynaecology Couch	4
	583

Total donations for 2018-19 were £291k

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:

	2019 20	2018 19
	£000	£000
Impairment charged/(credited) to the Statement of Comprehensive Income		
Dwellings	-	-
Land	135	-
Buildings excluding Dwellings	17,483	132
Total	**17,618**	**132**

Increase in Revaluation Reserve	2019-20	2018-19
	£000	£000
Buildings excluding dwellings	4,246	1,202
Dwellings	(4)	3
Land	-	-
Total	**4,242**	**1,205**

The effective date of the DV valuation is 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020, the valuer has declared a 'material uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inforrm the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and remains the best information available to the Trust.

The only element of the estate however that is valued at market value, is the non-operational land at Hartlepool and the valuer has applied a 9% impairment to this land in an attempt to account for the COVID-19 impact on market valuation. This is the £135k land impairment in the table above.

Note 21 Other investments / financial assets (non-current)

	Group		Trust	
	2019 20	2018 19	2019 20	2018 19
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**1,155**	**1,257**	**-**	**-**
Prior period adjustments	-	-	-	-
Carrying value at 1 April - restated	**1,155**	**1,257**	**-**	**-**
Movement in fair value through OCI	(37)	98	-	-
Disposals	-	(200)	-	-
Carrying value at 31 March	**1,118**	**1,155**	**-**	**-**

Note 21.1 Other investments / financial assets (non-current)

	Group		Trust	
	2019 20	2018 19	2019 20	2018 19
	£000	£000	£000	£000
Loans receivable within 12 months transferred from non-current financial assets	**-**	**-**	**-**	**-**
Deposits with the National Loans Fund	-	-	-	-
Other current financial assets	**-**	**-**	**-**	**-**
Total current investments / financial assets	-	-	-	-

Note 22 Disclosure of interests in other entities

The Trust Group Accounts include North Tees and Hartlepool NHS Foundation Trust and 2 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 Analysis of 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 2020	31 March 2019
	£000	£000
Unrestricted funds:		
Unrestricted income funds	467	259
Restricted funds:		
Other restricted income funds	1,087	1,065
	1,554	**1,324**

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 a specific future purpose 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 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Drugs	1,214	1,184	969	1,005
Consumables	3,857	4,544	3,857	4,544
Total inventories	**5,071**	**5,728**	**4,826**	**5,548**
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £81,803k (2018-19: £40,412k). Write-down of inventories recognised as expenses for the year were £66k (2018-19: £125k).

The stock counts for 2019-20 year-end were carried out for all areas where 2018-19 stock values were £15k or more. These stock counts were all performed as close as operationally possible to 31 March 2020. The theatres stock take was performed at the end of February and has been adjusted for March activity.

Note 25.1 Receivables

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Contract receivables	12,992	11,464	15,870	16,759
Allowance for other impaired receivables	(1,719)	(3,973)	(1,719)	(3,973)
Prepayments (non-PFI)	3,263	2,149	2,474	-
PDC dividend receivable	291	376	291	376
VAT receivable	2,224	1,583	1,440	1,758
Other receivables	136	184	6,621	174
NHS charitable funds: trade and other receivables	14	11	-	-
Total current receivables	**17,201**	**11,793**	**24,977**	**15,094**
Non-current				
Contract assets	1,380	1,050	1,287	-
Other receivables	575	-	27,141	32,352
Total non-current receivables	**1,955**	**1,050**	**28,428**	**32,352**
Of which receivables from NHS and DHSC group bodies:				
Current	4,494	7,401	5,155	7,896
Non-current	690	-	-	-

Note 25.2 Allowances for credit losses – 2019-20

	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 2019 – brought forward	**-**	**3,973**	**-**	**3,973**
New allowances arising	-	814	-	814
Reversals of allowances	-	(3,068)	-	(3,068)
Allowances as at 31 March 2020	**-**	**1,719**	**-**	**1,719**

Note 25.3 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 – as previously stated	**-**	**1,199**	**-**	**1,199**
Allowances as at 1 April 2018 – restated	-	1,199	**-**	**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	**-**	**3,973**	**-**	**3,973**

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 2020 are in receivables from customers, as disclosed in the Trade and other receivables note.

26 Liabilities in disposal groups

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Categorised as:				
Provisions	-	-	-	-
Trade and other payables	-	-	-	-
Other	-	-	-	-
Total	-	-	-	-

Note 27 Cash and cash equivalents movements

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	
	2019 20	2018 19	2019 20	2018 19
	£000	£000	£000	£000
At 1 April	**12,948**	**12,229**	**12,605**	**11,973**
Prior period adjustments	-	-	-	-
At 1 April (restated)	**12,948**	**12,229**	**12,605**	**11,973**
Transfers by absorption	-	-	-	-
Net change in year	4,204	719	2,409	632
At 31 March	**17.152**	**12,948**	**15,014**	**12,605**
Broken down into:				
Cash at commercial banks and in hand	2,609	539	471	196
Cash with the Government Banking Service	14,543	12,409	14,543	12,409
Deposits with the National Loan Fund	-	-	-	-
Other current investments	-	-	-	-
Total cash and cash equivalents as in SoFP	**17,152**	**12,948**	**15,014**	**12,605**
Bank overdrafts (GBS and commercial banks)	-	-	-	-
Drawdown in committed facility	-	-	-	-
Total cash and cash equivalents as in SoCF	**17,152**	**12,948**	**15,014**	**12,605**

Note 27.1 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 foundation 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 2020	31 March 2019
	£000	£000
Bank balances	15	14
Monies on deposit	-	-
Total third party assets	**15**	**14**

Note 28.1 Trade and other payables

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Trade payables	8,258	10,608	4,543	29,164
Capital payables	1,568	566	804	566
Accruals	18,395	17,569	24,403	18,009
Social security costs	6,380	6,055	6,006	5,697
PDC dividend payable	-	-	-	-
Accrued interest on loans	-	-	-	204
Other payables	589	(132)	6,405	(155)
NHS charitable funds: trade and other payables	33	36	-	-
Total current trade and other payables	**35,223**	**34,702**	**42,161**	**53,485**
Of which payables from NHS and DHSC group bodies:				
Current	3,083	5,638	2,831	5,504
Non-current	-	-	-	-

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 2020	31 March 2020	31 March 2019	31 March 2019
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-

Note 29 Other liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	2,819	317	2,609	317
Deferred grants	210	210	210	210
Total other current liabilities	**3,029**	**527**	**2,819**	**527**
Non-current				
Deferred grants	2,121	1,754	2,121	1,754
Total other non-current liabilities	**2,121**	**1,754**	**2,121**	**1,754**

Note 30 Borrowings

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Loans from DHSC	1,297	1,292	1,297	1,292
Total current borrowings	**1,297**	**1,292**	**1,297**	**1,292**
Non-current				
Loans from DHSC	22,355	23,445	22,355	23,445
Total non-current borrowings	**22,355**	**23,445**	**22,355**	**23,445**

Note 30.1 Reconciliation of liabilities arising from financing activities

Group 2019 20	Loans from DHSC	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2019	**24,736**	**-**	**24,736**
Cash movements			
Financing cash flows – payments and receipts of principal	(1,088)	-	**(1,088)**
Financing cash flows – payments of interest	(574)	-	**(574)**
Non-cash movements			
Application of effective interest rate	578	-	**578**
Carrying value at 31 March 2020	**23,652**	**-**	**23,652**

Group 2018 19	Loans from DHSC	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2018	**12,300**	**162**	**12,462**
Prior period adjustment	-	-	**-**
Carrying value at 1 April 2018 - restated	**12,300**	**162**	**12,462**
Cash movements			
Financing cash flows – payments and receipts of principal	12,232	(39)	**12,193**
Financing cash flows – payments of interest	(651)	(159)	**(810)**
Non-cash movements			
Impact of implementing IFRS 9 on 1 April 2018	92	-	**92**
Application of effective interest rate	763	36	**799**
Carrying value at 31 March 2029	**24,736**	**-**	**24,736**

Note 30.2 Reconciliation of liabilities arising from financing activities

Trust 2019 20	Loans from DHSC	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2019	**24,736**	**-**	**24,736**
Cash movements			
Financing cash flows – payments and receipts of principal	(1,088)	-	**(1,088)**
Financing cash flows – payments of interest	(574)	-	**(574)**
Non-cash movements			
Application of effective interest rate	578	-	**578**
Carrying value at 31 March 2020	**23,652**	**-**	**23,652**

Trust 2018 19	Loans from DHSC	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2018	**12,300**	**162**	**12,462**
Prior period adjustment	-	-	**-**
Carrying value at 1 April 2018 - restated	**12,300**	**162**	**12,462**
Cash movements			
Financing cash flows – payments and receipts of principal	12,232	-	**12,232**
Financing cash flows – payments of interest	(651)	(162)	**(813)**
Non-cash movements			
Impact of implementing IFRS 9 on 1 April 2018	92	-	**92**
Application of effective interest rate	763	-	**763**
Carrying value at 31 March 2029	**24,736**	**-**	**24,736**

Note 31 Other financial liabilities – not required

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Derivatives held at fair value through income and expenditure	-	-	-	-
Other financial liabilities	-	-	-	-
Total current other financial liabilities	-	-	-	-
Non-current				
Derivatives held at fair value through income and expenditure	-	-	-	-
Other financial liabilities	-	-	(26,745)	(15,152)
Total non-current other financial liabilities	-	-	(26,745)	(15,152)

Note 32.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions early departure costs	Pensions injury benefits	Legal claims	Redundancy	UK National legal cases awaiting outcome	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	**725**	**746**	**134**	**1,296**	**-**	**195**	**3,096**
Change in the discount rate	34	59	-	-	-	-	**93**
Arising during the year	84	58	26	524	3,934	4,578	**9,204**
Utilised during the year	(83)	(49)	(24)	(303)	-	-	**(459)**
Reversed unused	-	-	-	(993)	-	(195)	**1,188)**
Unwinding of discount	12	8	-	-	-	-	**20**
At 31 March 2020	**772**	**822**	**136**	**524**	**3,934**	**4,578**	**10,766**
Expected timing of cash flows:							
- not later than one year;	80	136	46	524	3,934	4,003	**8.723**
- later than one year and not later than five years;	320	184	-	-	-	575	**1,079**
- later than five years.	372	502	90	(0)	-	-	**964**
Total	**772**	**822**	**136**	**524**	**3,934**	**4,578**	**10,766**

UK National legal cases awaiting outcome

- Flowers provision. This is a court case in relation to overtime and annual leave entitlement. In May 2019, the court of appeal has concluded that voluntary overtime is likely to form part of "normal pay" and to be relevant to the calculation of holiday pay in many cases unless it is exceptional.
- Hallet provision. This is a court case in relation to junior doctors breaks.

Other provisions

- Counting and coding provision with the CCG. The CCG have raised a challenge over income charged by the Trust, without having given appropriate notification under Counting and Coding rules and while the Trust are defending its' position, at this time the matter remains unresolved.
- Clinician pension tax liability for which there is a corresponding income accrual
- An additional pension provision

- A redundancy provision has been included within the accounts for 2019-20. This relates to the planning for an ICS pathology service. This will include certain cessation of the provision of some services by the Trust in 2020-21. Potential costs arise from decisions made and communicated in 2019-20. Three Foundation Trusts are involved in the re-organisation of these services and communications have gone to staff involved. Estimations have been made for the likely cost of this for the entire project and the Trust has provided for a share of this expected cost.
- A legal provision for a specific Trust court case
- LLP re-investment provision for 2020-21

Note 32.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions early departure costs	Pensions injury benefits	Legal claims	Redundancy	UK National legal cases awaiting outcome	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	**725**	**746**	**134**	**1,296**	**-**	**195**	**3,096**
Change in the discount rate	34	59	-	-	-	-	**93**
Arising during the year	84	58	26	524	3,934	4,578	**9,204**
Utilised during the year	(83)	(49)	(24)	(303)	-	-	**(459)**
Reversed unused	-	-	-	(993)	-	(195)	**1,188)**
Unwinding of discount	12	8	-	-	-	-	**20**
At 31 March 2020	**772**	**822**	**136**	**524**	**3,934**	**4,578**	**10,766**
Expected timing of cash flows:							
- not later than one year;	80	136	46	524	3,934	4,003	**8.723**
- later than one year and not later than five years;	320	184	-	-	-	575	**1,079**
- later than five years.	372	502	90	(0)	-	-	**964**
Total	**772**	**822**	**136**	**524**	**3,934**	**4,578**	**10,766**

* Same as for the Group

Note 32.3 Clinical negligence liabilities

At 31 March 2020, £195,364k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Tees and Hartlepool NHS Foundation Trust (31 March 2019: £198,004k).

Note 33 Contingent assets and liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Value of contingent liabilities				
Other	(250)	(50)	(250)	(50)
Gross value of contingent liabilities	**(250)**	**(50)**	**(250)**	**(50)**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**(250)**	**(50)**	**(250)**	**(50)**

The Trust has a contingent liability relating to a claim for rates rebates and potential legal costs. This is estimated at c. £50k. Also the Trust has a contingent liability in association with Brexit, estimated at c£200k (this is broken down to £100k drugs and £100k clinical services and supplies).

Note 34 Contractual capital commitments

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Property, plant and equipment	4,198	8,460	4,198	8,460
Intangible assets	-	-	-	-
Total	**4,198**	**8,460**	**4,198**	**8,460**

Note 35 Defined benefit pension schemes

The Trust (via its subsidiaries, North Tees and Hartlepool Solutions LLP and Optimus Health Ltd) offers the National Employment Savings Scheme (NEST) to employees. The Trust has consolidated twelve months of accounts from both subsidiaries into the Group accounts.

NEST payments	£000
North Tees and Hartlepool NHS Foundation Trust	162
North Tees and Hartlepool Solutions LLP	47
Optimus Health Limited	5
	214

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. The contract ended in November 2018.

Note 36.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Gross PFI, LIFT or other service concession liabilities	**-**	**-**	**-**	**-**
Of which liabilities are due				
- not later than one year;	-	-	-	-
- later than one year and not later than five years;	-	-	-	-
- later than five years	-	-	-	-
Finance charges allocated to future periods	-	-	-	-
Net PFI, LIFT or other service concession arrangement obligation	**-**	**-**	**-**	**-**
- not later than one year;	-	-	-	-
- later than one year and not later than five years;	-	-	-	-
- later than five years	-	-	-	-

Note 36.2 On-SoFP PFI, LIFT or other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**-**	**-**	**-**	**-**
Of which liabilities are due				
- not later than one year;	-	-	-	-
- later than one year and not later than five years;	-	-	-	-
- later than five years	-	-	-	-

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	
	2019-20	2018-19	2019-20	2018-19
	£000	£000	£000	£000
Unitary payment payable to service concession operator	-	132	-	132
Consisting of:				
- Interest charge	-	36	-	36
- Repayment of balance sheet obligation	-	39	-	39
- Service element and other charges to operating expenditure	-	57	-	57
Total amount paid to service concession operator	**-**	**132**	**-**	**132**

Note 37 Off SoFP PFI, LIFT and other service concession arrangements – not required

North Tees and Harelpool NHS Foundation Trust incurred the following charges in respect of off-Statement of Financial Position PFI and LIFT arrangements:

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Charge in respect of the off SoFP PFI, LIFT or other service concession arrangement for the period	-	-	-	-
Commitments in respect of the off SoFP PFI, LIFT or other service concession arrangements:				
Of which liabilities are due				
- not later than one year;	-	-	-	-
- later than one year and not later than five years;	-	-	-	-
- later than five years	-	-	-	-
Total	-	-	-	-

Note 38 Financial instruments

Note 38.1 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 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 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 2020 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 Financial Receovery Funding. Further details are given in Note 1 (Accounting Policies - Going Concern).

Note 38.2 Carrying values of financial assets (Group)

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 2020				
Trade and other receivables excluding non-financial assets	12,789	-	-	**12,789**
Cash and cash equivalents	16,697	-	-	**16,697**
Consolidated NHS Charitable fund financial assets	1,587	-	-	**1,587**
Total at 31 March 2020	**31,073**	**-**	**-**	**31,073**

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				
Trade and other receivables excluding non-financial assets	8,725	-	-	**8,725**
Cash and cash equivalents	12,754	-	-	**12,754**
Consolidated NHS Charitable fund financial assets	1,360	-	-	**1,360**
Total at 31 March 2019	**22,839**	**-**	**-**	**22,839**

Note 38.3 Carrying values of financial assets (Trust)

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 2020				
Trade and other receivables excluding non-financial assets	18,437	-	-	**18,437**
Cash and cash equivalents	30,191	-	-	**30,191**
Consolidated NHS Charitable fund financial assets	15,014	-	-	**15,014**
Total at 31 March 2020	**63,642**	**-**	**-**	**63,642**

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				
Trade and other receivables excluding non-financial assets	12,938	-	-	**12,938**
Cash and cash equivalents	30,256	-	-	**30,256**
Consolidated NHS Charitable fund financial assets	12,605	-	-	**12,605**
Total at 31 March 2019	**55,799**	**-**	**-**	**55,799**

Note 38.4 Carrying values of financial liabilities (Group)

Group	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 2020			
Loans from the Department of Health and Social Care	23,652	-	**23,652**
Trade and other payables excluding non-financial liabilities	28,810	-	**28,810**
Provisions under contract	10,765	-	**10,765**
Total at 31 March 2020	**63,227**	**-**	**63,227**

Group	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			
Loans from the Department of Health and Social Care	24,736	-	**24,736**
Trade and other payables excluding non-financial liabilities	28,611	-	**28,611**
Provisions under contract	3,095	-	**3,095**
Total at 31 March 2019	**56,442**	**-**	**56,442**

Note 38.5 Carrying values of financial liabilities (Trust)

Group	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 2020			
Loans from the Department of Health and Social Care	23,652	-	**23,652**
Trade and other payables excluding non-financial liabilities	62,899	-	**62,899**
Provisions under contract	10,765	-	**10,765**
Total at 31 March 2020	**97,316**	**-**	**97,316**

Group	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			
Loans from the Department of Health and Social Care	24,736	-	**24,736**
Trade and other payables excluding non-financial liabilities	62,943	-	**62,943**
Provisions under contract	3,095	-	**3,095**
Total at 31 March 2019	**90,774**	**-**	**90,744**

Note 38.6 Maturity of financial liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
In one year or less	39,405	31,654	73,494	50,833
In more than one year but not more than two years	1,423	-	1,423	-
In more than two years but not more than five years	4,269	504	4,269	504
In more than five years	18,130	24,284	18,130	39,437
Total	**63,227**	**56,442**	**97,316**	**90,774**

Note 39 Losses and special payments

Group and Trust	2019 20		2018 19	
	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	169	166	13	3
Stores losses and damage to property	4	-	2	-
Total losses	**173**	**166**	**15**	**3**
Special payments				
Ex-gratia payments	13	3	12	10
Total special payments	**13**	**3**	**12**	**10**
Total losses and special payments	**186**	**169**	**27**	**13**
Compensation payments received		-		-

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 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 Financial Statements.

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 2020				31 March 2019			
	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	-	-	-	-	-	-	-	-
Mr Neil Atkinson Treasurer, Durham Post Graduate Charity at County Durham and Darlington NHS FT	-	-	-	-	-	-	-	-
Mr Jonathon Erskine - Executive Director of European Health Property Network and Self Employed Research Consultant	-	-	-	-	-	-	-	-
Mr Brian Dinsdale Treasurer, St Marys Church, Nunthorpe	-	-	-	-	-	-	-	-
Mr Stephen Hall Trustee AdAstra Academy Trust, Hartlepool	-	-	-	-	-	2,394	-	-
Mr Stephen Hall Shareholder in Regional Training Partners Limited	-	-	-	-	-	-	-	-
Mr Kevin Robinson Consultant with Auriola Consulting (Justice Services)	-	-	-	-	-	-	-	-
Dr Graham Evans Designated Board member for Health Call, Chief Digital Officer for NENC Integrated Care System	-	-	-	-	-	-	-	-
Mrs Julie Lane Executive Reviewer for the Care Quality Commission	-	-	-	-	-	-	-	-
Mr Neil Schneider Director of Flying Geese Leadership and Development Company	-	-	-	-	-	-	-	-
Ms Elizabeth Ann Baxter Safeguarding Adult Board, Independent Scrutiny Darlington Safeguarding Partnership Ann Baxter Ltd – Independent Consultancy	-	-	-	-	-	-	-	-

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