County Durham
and Darlington
NHS Foundation Trust

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Annual Report and Accounts

1 April 2018 – 31 March 2019

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

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1. INTRODUCTION

It is my pleasure to provide the introduction for the County Durham and Darlington NHS Foundation Trust's (CDDFT's) Annual Report for the financial year 2018/19.This past year has once again seen numerous enhancements to patient care and our services throughout the Trust. The creativity, compassion and commitment of our staff and volunteers is just exceptional and enormously appreciated. Through their research and innovation we have seen individuals and teams being nominated and in receipt of many awards. All Board members have experienced the enthusiasm and motivation of staff at first hand through our many Trust wide visits over the year.

This report is the culmination of some of our achievements as well as bringing to your attention our performance against regulatory targets. We are, by and large, pleased with our outcomes for the year, whilst acknowledging the ever increasing pressure on our resources. There is always a lot more to be done in order to meet the increasing demands associated with ill health and wellbeing. Our commitment to a system-wide approach to delivering care services continues to prove beneficial and this is evident through, for example, the implementation of the community contract. We have continued to strengthen our engagement with all partnership organisations in health and social care. There are new arrangements in place with neighbouring Trusts in relation to vascular and urology specialities which sustain services for all our patients. Recruitment of staff to our Trust has seen a continued improvement over the past year.

You will not be surprised to read that the NHS has restructured and we are now encompassed within a much larger region. New proposals have emerged in relation to Integrated Care Systems (ICS) and Integrated Care Partnerships (ICPs) and we are fully engaged in these discussions. It is essential that we fully understand any implications for our Trust but, more importantly, our patients and the public. Our Governors have been briefed on these proposals to date and they will have a key role in comprehending the significance of any outcomes for their localities.

Our Charity has grown from strength to strength with the appeal for the MRI scanners now closed, having generated a fund of £750,000 helping us to install fully operational scanners at Bishop Auckland and Darlington Memorial Hospitals. The Charity itself has provided much needed skills and equipment to wards and in the community. Our appeal for this forthcoming year is for a new chemotherapy centre at University Hospital North Durham. The generosity of the public, sponsors, and commitment of fund raisers and volunteers is much appreciated.

I do hope you take the opportunity to read this report so that you are aware of the many improvements we have made and will continue to make for our patients. The patient experience is the core of everything we do so feedback is very important to us. There are many ways you can communicate with us not least by attending our Open Board or Annual General meetings.

Professor Paul Keane OBE
Chairman

1.2. Chief Executive Officer's Review

It is with great pleasure that I am able to reflect on the year 2018/19 and take this opportunity to share with you some of the highlights and achievements seen across County Durham and Darlington.

There is no doubting the fact that the NHS is facing unprecedented challenges and financial constraints. However, thanks to the care, compassion and commitment of the #TeamCDDFT workforce – together with our communities - we are able to look back on another largely successful year for the organisation.

It was a year in which we were able to complete our £30m investment in operating theatres at Darlington Memorial Hospital, which also included the development of a new bereavement suite and mortuary on the site. This will increase the number of operations we are able to deliver while also providing a much improved patient experience and staff working environment.
Another major development for us in 2018/19 was our successful bid to provide community services across County Durham and Darlington. While we have been a combined provider of community and acute services since 2011, the new contract marks an exciting period of transformation as we establish more integrated services working much more closely with health and social care partners including the local authorities and colleagues in primary care. The contract is in its early stages; however, we are already seeing examples of positive transformation which are making a real difference to patient care and experience. Teams Around Patients are supporting more patients closer to home working across organisational boundaries, which is reducing duplication in services but also providing a more seamless pathway of care for patients. The positive impact of this integrated, transformational work is already demonstrating measurable improvements in areas such as reducing unnecessary hospital admissions.

Within County Durham and Darlington we have a long history of supporting successful innovation and embracing technology. We are delighted that this continues to grow and develop, the Teams Around Patients are supporting communities with a new venture known as the 'virtual ward', which links into the technologically-advanced patient management system 'NerveCentre' running in our hospitals.

The theme of integration and partnership working is central to the NHS Long Term Plan and, during the course of 2018/19, we were also involved in developments in terms of an emerging Integrated Care System for North Cumbria and the North East. We will continue to be part of these conversations over the coming year and ensure we have a strong voice in shaping the future of healthcare for our local communities and beyond.

In a year which marked the 70th anniversary of the NHS, it is impossible to not acknowledge the role technology and advancements have made in improving health care and services and the changes we have seen over the previous seven decades have had a dramatic effect on patient outcomes and life expectancy. There is a real passion for innovation which runs through the organisation and during the course of this year we have continued developing proposals for an electronic patient record, supported the launch of an innovation panel so that colleagues can come forward with ideas and proposals from any area of the organisation and continued our commitment to being a research-active trust. In 2018, the organisation was involved in 95 research trials which involved more than 2,000 patients. As healthcare continues to develop at such a fast pace, it is important for both the organisation and our healthcare professionals to be part of the very latest techniques and developments and being involved in research and clinical trials supports us with this knowledge and experience and helps ensure we are at the forefront of patient care.

The NHS 70th Anniversary provided us a fantastic opportunity to recognise and celebrate our #TeamCDDFT workforce and we held a number of engagement events across our sites and communities. It also proved to be another great opportunity for us to connect with our local communities and partners who play such a fundamental role in the success of the organisation.
In terms of performance, in line with national trends, the Trust's main operational challenges were felt in unscheduled care, access to elective treatment within 18 weeks of referral and some of the cancer services standards.

These pressures have meant that at the end of 2018/19, we were unable to achieve some of the national performance targets. However, it is worth taking a moment to consider this within the wider national context, the majority of Trusts up and down the country have been unable to meet these performance targets and therefore nationally the Trust has performed comparatively very well.
Over the course of 2018/19, we witnessed a continued increase in A&E and non-elective (emergency

/ unplanned) activity. Attendances across our two Emergency Departments (ED) increased by over 2% and non-elective admissions also increased by more than 2%, this meant that, apart from in two months of the year, we were unable to meet the targets agreed with NHS Improvement regarding the A&E four hour waiting standard. We did, however, continue to perform above the national average and we further deployed the use of the ED safety checklist to ensure that our patients were safely cared for in our A&E departments regardless of demand pressures.

Financially, despite those continuing national challenges and constraints we ended the year with a small financial surplus of £52,000, before accounting for asset impairments. This was due to the tireless efforts of our workforce to balance and manage these challenges and has helped to position us well, in comparative terms, for the year ahead. That said, we recognise that we fell short of our control total and, with partners, are redoubling our efforts to ensure that we provide services to our local communities that are financially sustainable.

The Trust's strategy 'Our Patients Matter' sets out a number of key plans which are supporting us as an organisation in working towards achieving our vision, which is to be delivering care which is 'Right First Time, Every Time' ensuring that we provide safe, compassionate and joined up services for the population we serve.

One of our key plans is 'Quality Matters' which sets out our targets and priorities for safety, effectiveness and the patient's experience. We have made great strides during 2018/19 in taking forward plans and improvements which are all positively supporting our quality agenda. These include the development and implementation of a dedicated multi-disciplinary falls prevention team which in its first few months had supported a 10% reduction in falls within hospital while also working in community settings to help reduce the risk of patients falling at home. We also continue to perform well nationally in terms of infection control and targets relating to C-Difficle and MRSA. Although Clostridium Difficile infections exceeded the threshold of 18 cases, with 19 cases being reported in year, rates per 1,000 bed days remained among the best nationally.

While we continue to perform well we are not complacent and know there is further to go and will continue to build on these performances and strive for further improvements in 2019/2020. CDDFT plays an important role in the local economy and community employing more than 7,000 staff across a wide range of careers and bringing families and business to the area. We are fortunate to have an excellent Council of Governors drawn from our communities as well as our staff and more than 11,000 members who have a say in how we operate.

In addition to this we have hundreds of volunteers supporting our services in many different ways including directly helping with patient care. We are grateful as well for the support we receive from the 'Friends' groups at a number of our hospitals and the County Durham and Darlington NHS Foundation Trust Charity. It has been a transformative year for our Charity as generous donations supported us in installing two new MRI Scanners at Bishop Auckland Hospital and Darlington Memorial Hospital. This year, the Charity's main fundraising will focus on proposals to improve the chemotherapy unit at University Hospital of North Durham as well as the much appreciated general donations and support which make a real difference to enhancing patient care and experience in so many ways.

We have been truly humbled by the continued support we receive through our Charity and are indebted to all of our supporters. We could not manage our Trust without them, our committed and loyal workforce and our partners across the health and social care system.

I hope you will enjoy reading this report and look forward, with us, to another year in which #Team CDDFT continues to serve our patients and communities to the very best of our ability.

Sue Jacques
Chief Executive

1.3. Highlights of the Year 2018/19

We are proud to share just some of the many highlights for the Trust during 2018/19, ranging from major building work, to our successful bid to deliver community services across County Durham and Darlington.

Each of these demonstrates the commitment of our talented #TeamCDDFT to deliver on the Trust's four strategic aims – best outcomes, best experience , best efficiency and best employer - and achieve our vision of providing care which is 'Right First Time, Every Time'.

NHS 70th Anniversary
On 5th July 2018, the NHS celebrated its 70th anniversary. Events across our sites marked this historical occasion, including a garden party at Darlington Memorial Hospital (DMH), a public open day at The Richardson Hospital, Barnard Castle and a staff celebration at University Hospital North Durham (UHND). Our patients enjoyed a specially prepared three course lunch featuring favourite dishes from previous decades, and an afternoon tea. Many of our ward teams took time to make it a day to remember. We enjoyed extensive local and national media coverage including an item on the BBC national six o' clock news with our Governor Ethel Armstrong – the only person to have worked for the NHS throughout its 70 years – discussing with a student nurse the many advances she has witnessed both in healthcare and the nursing role. Volunteer Alan Klottrup, who supports the Emergency Department team at University Hospital of North Durham, won the BBC One Show's NHS Unsung Hero Award, which was announced live on air, following a public vote.

Transforming our community services
In October 2018, and following a competitive process, we were delighted to be awarded the contract to provide community services across County Durham and Darlington through district nursing teams, and therapies such as physiotherapy, dietetics, podiatry and speech and language therapy.

This is an exciting opportunity to focus on meeting the needs of patients by working closely with social care services and health partners – including grouping community teams around clusters of GP practices – a concept proved ahead of the game, as it is now part of the new Long Term Plan for the NHS.

We've welcomed a number of staff who've transferred into #TeamCDDFT from other organisations and identified priority areas with a significant focus on how we support frail patients to remain at home for longer. For example, as we have done with great success in other services in previous years, we are introducing innovative use of digital technology in care homes. Staff take regular routine observations from residents to monitor the early stages of decline and we ensure support is available before the situation turns into a health crisis. Residents whose health is cause for concern now receive more coordinated care through a 'virtual ward' where a multi-disciplinary team discuss them in the same way as they would be discussed during a hospital ward round. As a result, we're seeing a reduction in both emergency calls from homes and in the number of A&E attendances from care homes.

Phase two of new theatre and surgical complex opens

Following the opening of six new state of the art operating theatres at Darlington Memorial Hospital in June 2017, the second phase of the new theatre and surgical complex opened in January 2019 – the result of a £30 million investment. Five existing theatres were transformed to the same high standards as the new ones. Around 10,000 operations are performed at Darlington each year, offering a wide range of surgeries from life-saving cancer treatments to procedures across specialities including orthopaedics, gynaecology, plastics, ophthalmology and general surgery. One of the theatres is dedicated to eye procedures for which there is much demand while two theatres have integrated laparoscopic equipment used for keyhole procedures. The theatres have been designed to accommodate new techniques as they become available. In addition, the theatre suite includes a spacious recovery area where patients can rest and be monitored in privacy and peace. There is also a new day surgery ward, consultation rooms and changing facilities – all designed to make the patient experience the best it can be.

Staff rooms, offices, a new mortuary, and bereavement service facilities complete the new complex. We are delighted that the new facilities have boosted recruitment with surgical nurses and medical staff keen to come and work in such a great environment.

Putting patients first

Ensuring our patients have the best possible outcome and experience is at the heart of all we do and during 2018 we introduced a number of new initiatives with this goal. #NextStepHome aims for patients to undergo investigations and receive a diagnosis and treatment quickly. There's lots of evidence that elderly patients in particular benefit from being in hospital for the shortest time possible so they can return to the familiarity of home. #NextStepHome involves our community and ward, therapy and pharmacy teams working together to ensure any on-going care required after discharge, is in place. We also have a menu of services to support patients, particularly the elderly, to live independently.

A number of specific initiatives have had very positive results including new shift patterns in our Emergency Departments to support busy periods. The streaming process in our Emergency Departments has been refined and a new social worker role introduced in the department. Ward teams also look at which patients are likely to be ready for discharge the following day and begin preparations for that.

There's also evidence that encouraging patients who are well enough to do so, to change into day clothes when not in bed, promotes mobility and a sense of well-being and 'normality', ultimately leading to shorter hospital stays in many cases. In Summer 2018, we participated in the national #EndPJparalysis campaign, supporting patients to be up and dressed when appropriate and also to wear comfortable shoes rather than slippers.

We regularly seek patient feedback on their experience and our Invest in Rest Charter was introduced based on patient comments. The charter focuses on creating a peaceful night-time ward environment so patients can relax and sleep, aiding recovery. Keeping staff conversations low, reducing the volume of telephones and other devices overnight, turning off overhead lights at a specified time and dimming corridor lights, are all features of the charter. We're also introducing 'soft close' hinges to ward doors and bins with 'soft close' lids.

Our initiatives aimed at reducing patient falls in hospital and encouraging confidence and mobility after a fall continue to show results. In addition to a falls assessment, on admission patients now also have their blood pressure checked when they're standing and lying down, looking for any concerns. Patients and families are also given our Falls Prevention in Hospital leaflet. When a patient falls in hospital there's quite a high risk they'll sustain an injury so we're pleased that the measures we've introduced have reduced inpatient falls by 8.3% this year.

Second new MRI scanner installed thanks to generous donations
Following the installation of a new MRI scanner at BAH, a second scanner has been installed at DMH. Both scanners were purchased thanks in part to our charitable fundraising campaign. The Darlington scanner is housed in a new spacious MRI suite, with excellent changing facilities and dedicated areas for patients who need to be cannulated or have other interventions, prior to their scan. The advanced technology in modern scanners provides detailed and high quality images. This plays an important part in helping our consultants diagnose and determine treatment plans for what can be life threatening or life limiting conditions, including many types of cancer and heart disease.

MRI scans usually take between 30 and 40 minutes which is a long time to lie still. Our new scanners have wider tunnels, known as 'bores' and are much quieter than older models. Patients can also choose from a selection of lighting programmes which change during the scan. In the past, children and some adults required sedation or a general anaesthetic in order to tolerate being scanned, but we're finding this is now much less likely. Our new scanners are giving patients a much improved experience.

A&E and UCC at DMH transformed
Building work to transform access to our A&E and Urgent Care services at DMH was completed in April 2019. Patients not arriving by ambulance now use a new entrance where they are streamed by a senior clinician, in order that they are seen as soon as possible by the most appropriate person to lead their care. Patients arriving by ambulance continue to use the previous entrance, going straight through to the Emergency Department team.

There's no doubt that introducing this additional entrance and layout has helped improve the flow of patients when they first arrive, so the sickest patients, in particular, are seen quickly. This was evidenced during a very busy winter when demand on the services was high. The emergency and urgent care teams continue to be integrated, working in collaboration to deliver quality care to patients. The new building includes a large reception and waiting area, a separate large children's waiting room and treatment rooms.

Commitment to research
We're a research-led trust and our research team has established a national and international reputation for their commitment to research studies, giving our patients and clinicians access to the latest medications, treatments, pathways and investigations. As healthcare develops at such an amazing pace, participation in trials also gives our clinicians and other healthcare professionals opportunities to learn the very latest techniques and treatments. The team liaises with specialists within our services who then lead on the recruitment of patients. The criteria for participating patients is often strict yet on more than one occasion we have recruited the first patient for a trial – we've even been known to recruit the first ten patients. During the year to March 2019 we took part in 95 trials, involving over 2,000 patients.

Moving towards electronic patient records (EPR)
Our progress towards the delivery of an integrated care record system continues. EPR offers an exciting opportunity to change the way we deliver care and ensure the highest standards in a more efficient way. Amongst other things, our EPR will give us access to all historical patient assessments and remind us when an assessment is due or not completed. It will also upload patient observations when they are taken and push test results automatically to the relevant clinicians. Essentially it will give us improved information technology as well as simplified and much better processes; giving clinicians more time to care for patients.

A number of potential suppliers demonstrated their systems for clinical and other staff and a preferred supplier, Cerner, was identified. South Tees NHS Foundation Trust has also expressed an interest in working in partnership with us on our EPR project. In January 2019 our Trust Board agreed to proceed to implement EPR, in partnership with South Tees NHS Foundation Trust and subject to securing a source of funding and the approval from NHS Improvement required for any major investment.

EPR Electronic Patient Record
Delivering excellence in healthcare

Opportunities for all – training/development
We offer a wide range of clinical and non-clinical training and development opportunities for colleagues in all roles and at all levels, helping us deliver better and more effective care. Sensory awareness training, for example, helps us understand what it's like to 'walk in the shoes' of patients and others with whom we might come into contact that have a visual or hearing impairment. Other training includes our management development programme, IT, wound management and infection control. In 2018/19, we delivered an amazing 73,000 training sessions, including over 23,000 e-learning sessions which can be undertaken when convenient and from any location – up from just over 7,000 e-learning sessions the previous year.

Our commitment to continuous development, supported by funding from Health Education England, enabled almost 350 nurses and Allied Health Professionals to keep up and enhance their skills through local university programmes.

Working with Derwentside College, Teesside and Sunderland universities, we offer apprenticeship opportunities, combining training with work. We 'grow our own talent' through apprenticeships for those over 16 wishing to join CDDFT and who may not have the qualifications necessary for the role they aspire to. We also grow our existing pool of talent by offering existing apprenticeships to existing members of staff, enabling them to improve their skills or train for a different role, whilst continuing to work. In total we offer 23 types of apprenticeship, including a Masters qualification, in areas such as business administration, customer service, health and social care, associate nurse practitioner, leadership and IT.

We're also very proud of our involvement in Project Choice which is a supported internship for people with learning difficulties or disabilities, disabilities or autism.

Recognition at the highest level
Three members of our nursing team were honoured by the Queen for their service to nursing. Sue Snowden, specialist Paediatric Epilepsy Nurse and Mary Richardson, District Nurse, received British Empire Medals in the Queen's 2018 birthday honours. Sister Kath Dawson, Paediatric Continence Specialist Nurse, was awarded the British Empire Medal in the Queen's 2019 New Year's Honours.

Awards
Individuals and teams across our services won or were shortlisted for over 30 regional and national awards, demonstrating our commitment to excellence and innovation.

2. GOVERNANCE

2.1. Trust Board of Directors

The Trust's Board of Directors ('the Board') is responsible for exercising all of the powers of the Trust and is the body that sets its strategic direction, allocates its resources and monitors its performance.

The Board is made up of six Non-Executive Directors, including a Non-Executive Chairman, and five Executive Directors including the Chief Executive. The Chairman and Non-Executive Directors are appointed by the Nominations Committee of the Council of Governors for varying terms not exceeding three years. All of the Non-Executive Directors identified in Table 1 on page 17 were assessed as independent, or reassessed as such on reappointment, and in the opinion of the Council of Governors remain so. The Executive Directors are appointed by the Nominations Committee of the Board on permanent contracts. The appointments of Non-Executive Directors are for fixed terms and may be terminated for a number of reasons specified within their terms and conditions. Principal reasons include: failure to maintain compliance with the criteria for appointment and / or the Board's Standing Orders; unsatisfactory performance or attendance; and failure to retain the Council of Governors' confidence.

The Board has established a framework of regulation and control for the Trust's business which includes the Trust's Constitution, Standing Orders, a Scheme of Decisions Reserved to the Board and a Scheme of Delegation. The Board: sets the strategic aims of the Trust, taking account of the Governors' and members' views; approves annual plans and budgets; and monitors performance across the whole range of Trust business. The Board delegates the relevant statutory functions to its Audit, Nominations and Remuneration Committees and has established further committees charged with ratifying management policies and seeking assurance on delivery and risk management. Management functions and financial powers are delegated to Executive Directors in line with their portfolios, within the limits imposed by the Scheme of Delegation, Standing Orders and Standing Financial Instructions.

The Board has an annual schedule of business which ensures that it focuses on its responsibilities and the long term strategic direction of the Trust. It meets no less than six times per year to conduct its business and there is a Board Development Programme comprising seminars and training events throughout the year.

The following persons served as Board members for County Durham and Darlington NHS Foundation Trust during the year April 2018 to March 2019. Table 1 below includes details of each Board member's professional background, committee membership and attendance. The Board remains confident that it has a sufficiently balanced and complete range of skills appropriate to the leadership of a Foundation Trust.

2.1.1 Board Membership

Table 1: The Board of Directors 2018/2019

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Prof Paul Keane OBE Trust Chairman Appointed 1st March 2015 until 28th February 2018. Re-appointed 1st March 2018 until 28th February 2021. 	Qualified and registered nurse. Successful career initially in the NHS and then as the Dean of the School of Health and Social Care at Teesside University. An Appointed Governor of the Trust from 2007 until appointed as the Trust's Chairman.	20/20		3/3	4/4

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr Michael Bretherick Non-Executive Director Appointed 1st June 2016 to 31st May 2019. Re-appointed 1st June 2019 to 31st May 2022 	Experienced Non-Executive Director, having served on the Board of North Tees and Hartlepool NHS Foundation Trust and with Tees Valley Housing. Formal Principal and Chief Executive of Hartlepool College of Further Education. Serves on the Boards of tw local charities and as a Director of a local primary school.	18/20	5/5	3/3	4

Table 1: The Board of Directors 2018/2019

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mrs Jennifer Flynn MBE Non-Executive Director and Senior Independent Director. Appointed 1st October 2014 until 30th September 2017. Re-appointed 1st October 2017 until 30th September 2020. 	Qualified solicitor. Former Non-Executive Director on the Board of Durham Dales PCT and County Durham PCT previously. Member of the Joint Audit Committee for the Office of the Police and Crime Commissioner and Durham Constabulary. Awarded an MBE for services to her community of Tow Law in 2001 and in 2005 was appointed a Deputy Lieutenant for County Durham.	20/20		2/3	3

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr Paul Forster-Jones Non-Executive Director. Appointed 1st June 2016 to 31st May 2019. Re-appointed 1st June 2019 to 31st May 2022. 	Management Consultant with experience in performance, turnarounds, re-engineering, contract negotiation and supply chain. Has held a variety of Board roles for blue chip companies, gaining extensive experience in the Pharmaceuticals sector, and has held Non-Executive (including Chairman) positions with several third sector organisations. Non-Executive Director of the Trust's wholly owned subsidiary, Synchronicity Care Ltd.	18/20		2/3	2

Table 1: The Board of Directors 2018/2019

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr Simon Gerry Non-Executive Director. Appointed 1st June 2017 to 31st May 2020. 	Chief Executive of a national charity. Previous roles in the Ministry of Defence covering resource management, estates, governance and human resources. Formerly the Trust's Lead Governor until his appointment as a Non-Executive Director.	19/20	5/5	3/3	1

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr Andrew Young Non-Executive Director and Vice Chair. Appointed 1st July 2010 until 30th June 2013. Reappointed 1st July 2013 until 31st May 2016. Reappointed 1st June 2016 to 31st May 2017. Reappointed from 1st June 2017 to 31 May 2018. Left from 1st June 2018. 	Former Chief Executive of Durham and Chester-le-Street Primary Care Trust and Durham Dales Primary Care Trust. Former Director of Commissioning and Deputy Chief Executive of County Durham and Darlington Health Authority.	3/3	2/2	1/1	1

Table 1: The Board of Directors 2018/2019

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr Steve Crosland Non-Executive Director. Appointed 1st June 2018 to 31st May 2021. 	Owner and Director of a HR Consultancy firm. Extensive experience at Director level in the utility and aviation sectors focusing on HR strategy, governance and commercial delivery. Previous roles in economic regeneration in the public sector. Non-Executive Director of Port of Tyne and Trustee of a major leisure service provider.	15/18	3/3	2/2	2

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mrs Sue Jacques Chief Executive 	Appointed as Chief Executive on 1st March 2012, having previously held the position of Deputy Chief Executive and Chief Operating Officer at the Trust. A Director of Finance for more than 10 years before that and holds an MA in Financial Management.	20/20			3

Table 1: The Board of Directors 2018/2019

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr David Brown Executive Director of Finance. Appointed from 25th May 2017. 	Fellow of the Association of Chartered Certified Accountants and NHS finance professional, with many years' experience in senior finance roles in a range of Trusts and commissioning organisations.	20/20			1

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr Jeremy Cundall Executive Medical Director. 	Consultant Surgeon for the Trust since 2008 and Care Group Director for Surgery from August 2014 to 31st January 2017. Trained at St George's Hospital Medical School in London, graduating in 1995 and then completed a thesis at Hull before completing his higher surgical training in the North East.	20/20			2

Table 1: The Board of Directors 2018/2019

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Mr Noel Scanlon Executive Nursing Director. 	Registered nurse for over 30 years, including 10 years' experience of Executive roles within the NHS.	17/20			3

Name and position	Background	Trust Board, Joint Board & CoG, and AGM*1	Audit Committee*1	Nominations & Remuneration Committees*1	Council of Governors**2
Ms Carole Langrick Executive Director of Operations. 	Former Director of Strategic Development and a former Chief Executive. Extensive health service career commencing as a nurse and encompassing a variety of clinical, managerial and leadership roles in hospital and community services, as well as working in commissioning and Strategic Health Authorities areas.	19/20			4

**Note 1: Information recorded = number of attendances at meetings / number of meetings required to attend.*

***Note 2: Board attendance at Council of Governors meetings is not compulsory; board members attend by invitation to specific meetings or otherwise on attend on a voluntary basis.*

2.1.2 Audit Committee

The Audit Committee comprises three Non-Executive Directors. During 2018/19, the Committee was chaired by Mr Andrew Young to 31st May 2018 and by Mr Simon Gerry from 1st June 2018. Mr Michael Bretherick and Mr Steve Crosland also served on the Audit Committee during the year. The Committee met on six occasions during the year with the Executive Director of Finance, the Senior Associate Director of Assurance and Compliance and both the Trust's internal and external auditors in attendance. Members' attendance is shown in Table 1 above.
The Audit Committee completed an annual programme of work, as agreed with the Board and in line with its terms of reference, to: seek assurance in respect of the Trust's risk management, control and governance systems: monitor the effectiveness of both internal and external audit services; review the Trust's accounting policies and financial statements; seek assurance on anti-fraud controls; and examine the extent to which controls ensure efficiency, effectiveness and economy in the use of resources.

The table below summarises the key elements of the Committee's work during the year and in respect of the 2018/19 financial statements:

Table 2: Key elements of the Audit Committee's work

Financial statements	The Audit Committee received a detailed briefing on the accounts from the Associate Director of Finance (Financial Services) which enabled them to review significant judgments made in areas such as asset valuations, doubtful debts, provisions and deferred income. The Committee reviewed the conclusions of the external auditors in respect of the risks identified in their external audit plan and satisfied themselves of the reasonableness of the Trust's approach and accounting judgments. In particular, the Committee considered the extent to which judgments made in preparing the accounts were balanced and were pleased to note the external auditors' views that judgments made reflected a generally balanced approach.
Operations	The Committee agreed a wide ranging programme of Internal Audit work covering all aspects of the Trust's operations, supplemented by reports on the assurance framework and key risks from the Senior Associate Director of Assurance and Compliance. The Committee oversaw the delivery of internal audit plans by both the mainstream Internal Auditors and specialist Information Management and Technology Auditors. Significant matters identified by both auditors are summarised in the Annual Governance Statement on page 94 of this report. The Audit Committee reviewed the adequacy of the management response, including meeting with relevant Executive Directors where it considered necessary, and sought evidence that remedial actions were implemented in respect of weaknesses highlighted. The Committee reviewed the conclusions of the external auditor with respect to the Trust's Quality Accounts and value for money arrangements, acknowledging the 'subject to' qualification of the opinion on the latter. The Committee further reviewed and assured itself with respect to management's response to the external auditor's findings.
Compliance	The Committee received and scrutinised reports from the Senior Associate Director of Assurance and Compliance at regular intervals during the year, which included reporting on regulatory compliance with the CQC's fundamental standards and the licence conditions with NHS Improvement. These reports supplemented information included in the Board Assurance Framework. The Committee also monitored on-going work to develop a more detailed compliance assurance framework, and to update the Trust's arrangements to manage conflicts of interest in line with national policy.

The Trust's external auditor is KPMG LLP. The Committee evaluated the effectiveness of the external audit service by assuring themselves that the audit was performed in line with the auditors' engagement letter and plan, that the audit plan covered credible and relevant risks and that the auditors' reporting was clear, robust and informative. Credit was also given for the extent to which the auditors have engaged directly with the Governors in involving them in understanding and informing the scope of the external audit. The Committee recommended the reappointment of KPMG LLP for 2018/19, and their recommendation was approved by the Council of Governors.

KPMG LLP provided non-audit services to the Trust during the year with respect to the audit of the Quality Accounts, which is permitted under the Trust's Policy, IT assurance services to North East Patches (NEP), hosted by Northumbria Healthcare and a follow-up review of the Trust's well-led arrangements. NEP provides the financial ledger system used by the Trust and a number of others, and is part-funded by the Trust. The value of the work relating to the Trust was £2,180. The Audit Committee approved this work in line with the Trust's policy on non-audit services. The well-led review followed up recommendations made by KPMG LLP in their 2017 review of the Trust's arrangements and it was important to retain KPMG for continuity of knowledge. Again, the Audit Committee approved the work in line with the Trust's policy on non-audit services. The value of the work was £14,400 net of VAT. The total amount of non-audit services, including work on the Quality Accounts was £23,900 and 23% of the statutory audit fee.

Internal audit services to the Trust were provided in the year, primarily, through 'Audit One': an NHS consortium, hosted by Northumbria, Tyne and Wear NHS Foundation Trust. Audit One completed an annual plan of work, agreed with the Trust Board Audit Committee, covering financial, operational, governance and related systems based on an annual risk assessment.

During the year, Audit One's work was supplemented by specialist internal audit of IM&T systems, which was contracted out to Price Waterhouse Coopers. Both sets of internal auditors agreed charters and key performance indicators with the Audit Committee and performance was formally monitored.

2.1.3 Charitable Funds Committee

The Trust is the Corporate Trustee of the County Durham and Darlington NHS Trust Foundation Trust Charity, which is comprised of over 130 individual charitable funds. The Board, as corporate trustee, delegates oversight of the management and use of charitable funds to the Charitable Funds Committee. During 2018/19, the Committee was chaired by Mrs Jenny Flynn MBE who was joined on the Committee by the Trust Chairman, the Director of Finance, a representative from the Council of Governors and a representative of the individual charitable fund managers.

Income from voluntary sources (Appeals, donations, fundraising events and legacies) increased compared to the previous year, to a total of £466,824.

During the year the Committee approved a range of patient-focused projects such as:

- £146,000: for the provision of high quality technology and equipment as an essential component of an effective cancer multi-disciplinary team meeting (MDT).
- £86,000: on bladder scanners which can be used as a non-invasive, diagnostic tool in order to prevent unnecessary invasive medical procedures and for the prevention of relatem infections.
- £15,000: on purchasing various gym equipment for rehabilitation and weight loss.
- £7,000: used to purchase a C-mac system and accessories. This equipment is used to ensure endotracheal tubes are placed in the correct position during difficult intubations.
- £2,000: to provide training programmes which allow both staff and the general public an opportunity to learn and master how to perform effective cardio pulmonary resuscitation.
- £4,000: for people who want to actively manage their diabetes simply and confidently via diabetes sensors. These devices provide continuous glucose monitoring for up to 3 months via an implantable sensor.
- £1,000: to produce a health promotion booklet for community services and an inpatient fall's safety leaflet (fall prevention).
- £2,000: to help empower Nursing and Medical staff, through training and education (both knowledge and skill) with effective oral care skills.

In total, the individual charitable funds spent £344,256 to enhance services, facilities and amenities for our patients during the financial year.

Work is currently underway to mobilise the community to help back the campaign to raise a total of £1.8 million which would ensure that there is the ability to deliver a purpose built chemotherapy unit at University Hospital North Durham that will deliver excellence in cancer care for patients in County Durham and Darlington NHS Foundation Trust. The appeal has been adopted by the Northern Echo newspaper as its chosen appeal for its 150th year with the intention to raise £1million for the appeal.

2.1.4 Nominations and Remuneration Committees

The Board has a Nominations Committee in place to oversee the appointment of Executive Directors and a Remuneration Committee in place to oversee Executive Directors' remuneration. In practice the two Committees have common membership and meet as one Committee.

During the year, the Board's Nominations and Remuneration Committees agreed the objectives and performance measures for all of the Executive Directors, together with their remuneration.

The Council of Governors has established a separate Nominations Committee to oversee the appointment of the Chairman and Non-Executive Directors and a Remuneration Committee to oversee their remuneration. These two Committees also share a common membership and meet, in practice, as one Committee. Recommendations are taken to the full Council of Governors for ratification. Meetings are chaired by the Trust Chairman, except where the subject matter concerns his own appointment or remuneration.

During the year, the Governors' Nominations and Remuneration Committee endorsed the reappointment for a further three years of both Mr Michael Bretherick, and Mr Paul Forster-Jones as Non-Executive Directors. The Committee also agreed recommendations from a review of the remuneration policy for Non-Executive Directors. It also nominated Committee members to support the Chairman in completing the appraisals of the Chairman and Non-Executive Directors and agreed the process for appraisals.

Further information on attendance and the work of the Remuneration Committees can be found within the Remuneration Report on pages 68 to 75.

2.1.5. Directors' Register of Interests

A register is maintained of the interests of Directors in companies or related parties that are likely to do, or may seek to do, business with the Trust. This register is available on our website www.cddft.nhs.uk for inspection by the public, or by arrangement with the Trust Secretary. Contact details for the Trust Secretary are outlined in the section "How to find out more" on page 310 of this report.

2.2 Council of Governors

The Council of Governors is comprised of thirty-nine seats representing the Trust's public and staff constituencies and those stakeholder organisations which are entitled to appoint governors under the Trust's constitution.

The Council of Governors has a number of statutory duties, most importantly holding the Non-Executive Directors to account, individually and collectively for the performance of the Board, and representing the views of the Trust's members and stakeholders. Specific responsibilities include: the appointment and removal of the Chairman and Non-Executive Directors, the appointment of the Trust's auditor and the approval of changes to the constitution of the Trust. The Trust values the contribution of its Governors and the particular perspectives that they bring to the development of services. Consequently, the Governors are active in supporting the development of the Trust's

strategies and its Annual Plan, providing views through their own Strategy and Planning Committee. Governors act as a conduit between the Trust, its members, members of the public and, in the case of Appointed Governors, the bodies they represent, by canvassing opinions and providing feedback at meetings of the Council of Governors and at sub-committees.

The Council of Governors has strong working links with the Board. Joint meetings between the Board and Governors are held at different times during the year and Board members attend relevant Council of Governors' meetings, committee meetings and participate in joint seminars. Similarly, elected governors are engaged in some Committees and working groups established by the Board. The Board considers that these arrangements are an effective way to understand the views of the Council of Governors and maintain engagement with the Trust's members.

The Trust's nominated Lead Governor is Dr Richard Scothon, Public Governor for Durham City. Dr Scothon has been the Trust's nominated Lead Governor since 1st June 2017.

2.2.1 Council of Governors Elections

Governors from the public and staff constituencies are elected to office for varying terms up to three years and may seek election for further terms up to a maximum of three. Elections were held in 15 constituencies during the year as shown in Table 3 below. A by-election commenced on 15th March 2019 to attempt to fill current vacancies, comprising those where no nominations were previously received and a small number of other seats becoming vacant following resignations.

Table 3 - Elections to Council of Governors 2018/19

Constituency Type	Name of Constituency	No of candidates	No of Votes cast	Turnout	No of Eligible voters	Date of election
Public	Chester-le-Street	1	n/a	*elected unopposed*	n/a	12/12/2018
Public	Darlington	7	339	13.79%	2,457	12/12/2018
Public	Derwentside	2	178	11.75%	1,515	12/12/2018
Public	Durham City	3	243	12.8%	1,898	12/12/2018
Public	Easington	2	31	12.35%	251	12/12/2018
Public	Gateshead, South Tyneside, Sunderland	*No nominations received*	n/a	n/a	n/a	12/12/2018
Public	Sedgefield	*No nominations received*	n/a	n/a	n/a	12/12/2018
Public	Sedgefield	*No nominations received*	n/a	n/a	n/a	12/12/2018
Public	Tees Valley, Hambleton, Richmondshire	*No nominations received*	n/a	n/a	n/a	12/12/2018
Public	Wear Valley and Teesdale	3	298	12.77%	2,334	12/12/2018
Staff	Community Based Staff	*No nominations received*	n/a	n/a	n/a	12/12/2018
Staff	Nursing and Midwifery	3	67	2.79%	2,401	12/12/2018
Staff	Nursing and Midwifery	3	67	2.79%	2,401	12/12/2018
Staff	Medical	*No nominations received*	n/a	n/a	n/a	12/12/2018
Staff	Admin, Clerical & Managers	3	107	7.73%	1,384	12/12/2018
Staff	AHP, Prof & Tech and Pharmacists	2	80	3.45%	2,317	12/12/2018
Staff	Ancillary	*No nominations received*	n/a	n/a	n/a	12/12/2018

During 2019/20 we plan to work with our CCGs, other system partners and local networks to seek to elicit nominations for seats where we have found it difficult to attract candidates in the current year.

2.2.2 Council of Governors Membership

The overall makeup of the Council of Governors over the year, together with details of the appointments of individual governors and their attendance at council meetings is shown in Table 4 overleaf:

The overall makeup of the Council of Governors over the year, together with details of the appointments of individual governors and their attendance at council meetings is shown in Table 4 below:

Table 4 - Council of Governors Members 1st April 2018 to 31 March 2019

Governor	Appointment	Constituency	Meetings*[1] from 01 April 2018 to 31 March 2019
Public Governors			
Kathryn Featherstone	Elected: February 2015 Re-elected: 3 years from February 2018	Chester le Street	12/13
Dr Carmen Martin Ruiz	Elected: February 2013 Re-elected: February 2016 Re-elected: 3 years from February 2019	Chester le Street	4/11
Kath Fawcett	Elected: 3 years from February 2018	Darlington	10/12
Borsha Sarker	Elected: 3 years from February 2017	Darlington	12/17
Marian French	Elected: 3 years from February 2019	Darlington	0/2
Dr John Sloss	*Elected: 3 years from May 2017* *Retired: February 2019*	*Darlington*	*11/12*
David Lindsay	Elected: 3 years from May 2017	Derwentside	6/14
Ethel Armstrong	Elected: February 2016 Re-elected: February 2019	Derwentside	6/12
Iain Beange	Elected: 3 years from May 2018	Derwentside	5/11
Cliff Duff	Elected: February 2016 Re-elected: February 2019	Durham City	5/12
Carole Reeves	Elected: February 2015 Re-elected: 3 years from February 2018	Durham City	9/12
Dr Richard Scothon	Elected: February 2014 Re-elected: 3 years from February 2017	Durham City	7/11
Chris Boyd	Elected: May 2017 Re-elected: 3 years from February 2019	Easington	10/13

Governor	Appointment	Constituency	Meetings*[1] from 01 April 2018 to 31 March 2019
Vacant	Vacant	Gateshead, South Tyneside, Sunderland	
Oliver Colling	*Elected: February 2018* *Resigned: August 2018*	*Hambleton, Richmondshire and Tees Valley*	*2/4*
Vacant	Vacant	Hambleton, Richmondshire and Tees Valley	
Henry Ballantyne	*Elected: February 2016* *Deceased: August 2018*	*Sedgefield*	
Vacant	Vacant	Sedgefield	
David Taylor	Elected: 3 years from February 2018	Sedgefield	12/15
Muriel Browne	*Elected: February 2018* *Resigned: August 2018*	*Sedgefield*	*2/7*
Vacant	Vacant	Sedgefield	
Colin Wills	*Elected: February 2018* *Resigned: November 2018*	*Wear Valley & Teesdale*	*2/8*
Alan Cartwright	Elected: 3 years from February 2017	Wear Valley & Teesdale	15/16
Dr Ken Davison	Elected: Feb 2012 Re-elected February 2015 Re-elected: February 2018 Re-elected: 2 years from February 2019	Wear Valley & Teesdale	13/14
Ian McArdle	Elected: 3 years from February 2019	Wear Valley & Teesdale	3/3
Staff Governors			
Neil Williams	Elected: February 2016 Re-elected: 3 years from February 2019	Administrative, Clerical and Managers	12/14
Revd. Kevin Tromans	*Elected: February 2014* *Re-elected February 2016* *Retired: February 2019*	*AHPs, Professional & Technical & Pharmacists*	*8/11*
Joanne Ashton	Elected: 3 years from February 2019	AHPs, Professional & Technical & Pharmacists	*2/2*

Governor	Appointment	Constituency	Meetings*[1] from 01 April 2018 to 31 March 2019
Ronnie Nicholson	*Elected: May 2017* *Retired: February 2019*	*Ancillary*	*0/9*
Vacant	Vacant	Ancillary	
Kevin Morley	Elected: April 2016 Re-elected: 3 years from February 2017	Community Based Staff	5/14
Vacant	Vacant	Community Based	
Dr Mike Jones	*Elected: 1 year from February 2018* *Resigned: February 2019*	*Medical*	*6/13*
Vacant	Vacant	Medical	
Jason Joseph Grand	Elected: 2 years from February 2019	Nursing & Midwifery	1/2
Andrea Herkes	*Elected: 2 years from May 2017* *Resigned: February 2019*	*Nursing & Midwifery*	*1/9*
Bill Sloane	Elected: 3 years from February 2019	Nursing & Midwifery	*1/3*
Patricia Gordon	Elected: June 2013 Re-elected: February 2014 Re-elected: February 2017	Nursing & Midwifery	11/14
Appointed Governors			
Cllr Joy Allen	Appointed: June 2015	Appointed by Durham County Council	7/13
Jennifer Boyle	Appointed: October 2015	Appointed by North East Ambulance Service NHS Trust	4/11
Mr Joseph Chandy	Appointed: September 2013	Appointed by the Clinical Commissioning Group – Durham Dales, Easington and Sedgefield	1/8
Cllr Andy Scott	Appointed: June 2017	Appointed by Darlington Borough Council	2/8
Gordon Mitchell	Appointed: November 2016	Appointed by Universities for the North East	6/11

Governor	Appointment	Constituency	Meetings*[1] from 01 April 2018 to 31 March 2019
Dr Alison Macnaughton-Jones	*Appointed: December 2017 Resigned: May 2018*	*Appointed by the Clinical Commissioning Group - Darlington*	
Dr Boleslaw Posmyk	Appointed: May 2018	Appointed by the Clinical Commissioning Group - Darlington	5/5
Dr David Robertson	Appointed: November 2016	Appointed by the County Durham Local Medical Committee	0/8
Patrick Scott	*Appointed: February 2016 Resigned: August 2018*	*Appointed by Tees, Esk and Wear Valleys NHS FT*	*2/3*
Levi Buckley	Appointed: August 2018	Appointed by Tees, Esk and Wear Valleys NHS FT	*3/4*
Dr David Smart	Appointed: September 2014	Appointed by the Clinical Commissioning Group – North Durham	5/8
Shared Post: **Dr Robert Upshall** (1st May to 31st October)	Appointed: November 2017	Appointed by Healthwatch (Darlington)	8/11
Brian Jackson (1st November to 30th April)	Appointed: July 2018	Appointed by Healthwatch (County Durham)	1/5

**Note 1: Information recorded = number of attendances at meetings / number of meetings required to attend*

2.2.3 Council of Governors Register of Interests

A register is maintained of the interests of governors in companies or related parties that are likely to do, or may seek to do, business with the Trust. This register is available on our website www.cddft.nhs.uk for inspection by the public, or by arrangement with the Trust Secretary. Contact details for the Trust Secretary are outlined in the section "How to find out more" on page 310 of this report.

2.3 Membership

Our members play a vital role in representing the views of our public and patients and in reinforcing our public accountability. In recent years one of our key priorities has been to increase our membership engagement, alongside strengthening links between the Governors and the Board. Feedback from our Governors, as part of the Chairman's appraisal and the Council of Governors' self-assessment, has acknowledged improvements year on year, whist highlighting an on-going need for the Trust to support Governors to most effectively engage with members in their constituencies. The Trust has two membership groups; a public membership and a staff membership. Public membership is open to anyone over the age of 14 who resides within the geographic area served by the Trust. The public membership group is divided into the following nine public constituencies:

- Chester-le-Street;
- Durham City;
- Darlington;
- Derwentside;

- Easington;
- Gateshead, South Tyneside, Sunderland and beyond;
- Sedgefield;
- Tees Valley, Hambleton, Richmondshire and beyond; and
- Wear Valley and Teesdale.

Of the nine public constituencies above, six reflect local authority borough or ward boundaries and the remaining three reflect traditional links with our hospitals either through the provision of sub-regional services beyond our main catchment areas or because of ease of access.

At 31 March 2019, there were **11,225** members in the public constituency as shown in Table 5 overleaf.

Table 5 - Public Constituency Membership 2018/19

Public Constituency Membership 2018/19	Number of Members
At year start (1st April 2018)	11,370
New Members	290
Members leaving	435
At year end (31st March 2019)	**11,225**

Members of Constituency Class	Number of Members	Percentage of Membership
Chester-le-Street	716	6%
Darlington	2,456	22%
Derwentside	1,491	13%
Durham City	1,890	17%
Easington	251	2%
Gateshead, South Tyneside, Sunderland & beyond	171	2%
Sedgefield	1,571	14%
Tees Valley, Hambleton & Richmondshire & beyond	335	3%
Wear Valley & Teesdale	2,344	21%
Grand Total	**11,225**	

Staff who are employed directly by the Trust and / or a wholly owned subsidiary organisation, on permanent contracts or who are employed on temporary or fixed term contracts for more than twelve months have automatically become members, unless they inform the Trust that they do not wish to do so. In addition, staff working for Trust contractors such as our PFI partners may join a staff constituency after twelve months. Staff members are split into six constituencies which represent the major staff groups in the Trust, as follows:

- Administration, Clerical and Managers;
- AHPs, Professional and Technical & Pharmacists;
- Ancillary;
- Community Based Staff;
- Medical; and
- Nursing and Midwifery.

As at 31 March 2019, there were 6,743 members in the staff group.

The Trust's membership strategy envisages maintaining the public membership constituency but with a strong focus on engaging with the membership. The Trust considers the geographical spread of the membership to be broadly representative, as it reflects the major population centres and demand for the Trust's services.

Membership recruitment activities in 2018/19 included direct recruitment of members by hosting stands in public areas of the Trust such as the restaurant areas. Additionally, Trust officers attended open days and recruitment fairs at local Universities and Colleges which proved very successful.

Other recruitment activities for the year comprised:

- Passive recruitment using TV screens in restaurants and Outpatients Departments, ensuring that there are stocks of membership forms available, banner headlines on the website home page and the Chairman's Twitter Account;
- Wide and varied distribution of membership application forms, via Governors, staff and thirdparties; and
- Governors' own recruitment efforts.

Opportunities for the Trust's Directors and Governors to meet the membership were provided through our Board and Council of Governors meetings, and Annual General Meeting which are held in public. In keeping with our focus on increasing public engagement, the Trust Chairman held a number of member meetings at all main sites, to enable members to meet with the Chairman and with Governors on an informal basis. These meetings provided an opportunity for feedback and for members to ask questions. A "Medicine for Members" event was held in January 2019. This was run jointly with North East Ambulance Service NHS Trust and covered the topic of 'an emergency patient's pathway', with clinical representatives and speakers from both Trusts. The event was very well received and the Trusts are looking to repeat the event in summer 2019.

Members were sent a twice yearly magazine ("Your Trust") informing them of the latest news and notifying them of events and meetings which they could attend. Public Members also received a personal invite from the Trust's Chairman to attend the Trust's Annual General Meeting. The Trust runs a "health market stall" event prior to its AGM, where specialist staff are on hand to provide members of the public with information about their specific service.

The Trust's website includes a facility for members to contact their local Governor and to provide feedback on specific issues. The Trust is working with a new website provider to redevelop the website and Governors were invited to take part in a workshop in January 2019.

Despite seeking to engage members through the various forums and events noted above, attendance and engagement remains lower than the Council of Governors would wish; therefore, for 2019/20 Trust teams will support Governors in engaging with members out in their communities, seeking opportunities for Governors to speak or have stands at large-scale community events. At least one such event will be supported for each major constituency, and evaluated as to its success. We also plan to email articles to members, by constituency, introducing their Governors and seeking to prompt them to share their views on particular services, proposed changes or issues, via the Trust's website facility.

Members wishing to find out more about the Trust, or to provide views to their local governors, are invited to do so through the Foundation Trust Office. Contact details can be found in the section 'How to Find Out More' on page 310.

2.4 Links between the Board, Governors and Members

The Trust has consolidated arrangements to ensure that the views of Governors and Members are effectively communicated to the Board, and in particular Non-Executive Directors, during 2018/19. These arrangements now include:

- Meetings at the Trust's sites with members. Key messages were fed back to the Board by the Chairman;
- Non-Executive Directors have attended Council of Governors meetings to explain their roles and listen to Governors' views;
- Non-Executive Directors are linked with relevant Governor sub-committees and attend two of those sub-committee meetings per year;
- Executive Directors are well represented at Council of Governors meetings and frequently take questions and listen to Governors views;
- Joint meetings are held between the Board and Governors, in which the views of Governors can be shared;
- The Chairman meets with the Chairs of the Council of Governors' Committees and the Lead Governor regularly, and makes himself available before Council meetings for informal contact with Governors. The Chairman feeds back key matters from these meetings to the Board;
- All Governors are encouraged to attend public meetings of the Board, with the Chairs of the Governors Committees being allowed to remain, as observers, for any matters discussed in private.
- Governors are invited to provide feedback on the Chairman's progress against objectives as part of the annual appraisal process and two Governor representatives carry out the appraisal, alongside the Senior Independent Director; and
- Newly introduced for 2018/19 appraisals, Governors are asked to feedback on objectives and carry out the appraisal, alongside the Chairman, for Non-Executive Directors, using the same approach as for the Chairman's appraisal.
- Board members and Governors undertook a joint planning seminar to identify the key planning priorities for the Trust for 2019/20, in September 2019.

3 PERFORMANCE REPORT

3.1 Overview of Performance

This overview of performance is intended to provide a short summary with sufficient information to allow our members and the public to understand who we are, what we do, the key risks to the achievement of our objectives and how we have performed during 2018/19.

Chief Executive's Statement

In terms of performance, in line with national trends, the Trust's main operational challenges were felt in unscheduled care, access to elective treatment within 18 weeks of referral and some of the cancer services standards.

These pressures have meant that at the end of 2018/19, we were unable to achieve some of the national performance targets. However, it is worth taking a moment to consider this within the wider national context, the majority of Trusts up and down the country have been unable to meet these performance targets and therefore nationally the Trust has performed comparatively very well. Over the course of 2018/19, we witnessed a continued increase in A&E and non-elective (emergency / unplanned) activity. Attendances across our two Emergency Departments increased by over 2% and non-elective admissions also increased by more than 2%, this meant that, apart from in two months of the year, we were unable to meet the targets agreed with NHS Improvement regarding the A&E four hour waiting standard. We did, however, continue to perform above the national average and we further deployed the use of the ED safety checklist to ensure that our patients were safely cared for in our A&E departments regardless of demand pressures

Financially, despite those continuing national challenges and constraints we ended the year with a small financial surplus of £52,000, before accounting for asset impairments. This was due to the tireless efforts of our workforce to balance and manage these challenges and has helped to position us well, in comparative terms, for the year ahead. That said, we recognise that we fell short of our control total and, with partners, are redoubling our efforts to ensure that we provide services to our local communities that are financially sustainable.

The Trust's strategy 'Our Patients Matter' sets out a number of key plans which are supporting us as an organisation in working towards achieving our vision, which is to be delivering care which is 'Right First Time, Every Time' ensuring that we provide safe, compassionate and joined up services for the population we serve.

One of our key plans is 'Quality Matters' which sets out our targets and priorities for safety, effectiveness and the patient's experience. We have made great strides during 2018/19 in taking forward plans and improvements which are all positively supporting our quality agenda. These include the development and implementation of a dedicated multi-disciplinary falls prevention team which in its first few months had supported a 10% reduction in falls within hospital while also working in community settings to help reduce the risk of patients falling at home. We also continue to perform well nationally in terms of infection control and targets relating to C-Difficle and MRSA. Although Clostridium Difficile infections exceeded the threshold of 18 cases, with 19 cases being reported in year, rates per 1,000 bed days remained among the best nationally.

While we continue to perform well we are not complacent and know there is further to go and will continue to build on these performances and strive for further improvements in 2019/2020.

Sue Jacques
Chief Executive

3.1.2 Our, Purpose, Activities, Business Model and Strategy

County Durham and Darlington NHS Foundation Trust is one of the largest hospital and community healthcare providers in the NHS, serving a core population of approximately 600,000 people across County Durham and Darlington, together with patients and service users from further afield in North Yorkshire, the Tees Valley and South Tyneside.

We are also one of the largest employers in County Durham, with approximately 7,000 staff employed by the Trust and its wholly-owned subsidiary Synchronicity Care Ltd, across our hospital sites and in the community, delivering integrated hospital and community based health and wellbeing services for patients.

The Trust holds a provider licence from, and is regulated by, NHS Improvement. The quality of our care provided by the Trust is regulated by the Care Quality Commission.

The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England. Services provided by the Trust are commissioned, to meet the health needs of the local population, by the three Clinical Commissioning Groups serving the County Durham and Darlington area with some specialist services being commissioned by NHS England, and some public health services commissioned by the two local authorities in County Durham and Darlington. Services are funded by our commissioners, and were paid for – in 2018/19 – either on a block contract basis or in line with activity depending on the specific service and contract. The Trust seeks to retain annual surpluses to build up reserves for capital investment to maintain and upgrade the infrastructure to provide services, on an on-going basis.

Services provided include:

- Acute and planned hospital services: including emergency medicine and trauma, emergency surgery and also planned surgery, diagnostics, paediatric, maternity and outpatient services.
- Community based services: including adult and specialist services provided in the community, in the home and in health centres across the county.
- Health and wellbeing services: including health improvement support and advice, such as stop smoking, alcohol reduction, improving diet and taking exercise.

The Trust provides acute hospital services from:

- Darlington Memorial Hospital (DMH)
- University Hospital of North Durham (UHND)

and a range of planned hospital services for patients across County Durham at Bishop Auckland Hospital, as well as outpatient, urgent care and diagnostic services for local people. We also provide community services in patients' homes, and in around 80 premises in the community, including community hospitals at:

- Shotley Bridge;
- Chester-le-Street;
- Stanhope (Weardale Community Hospital);
- Sedgefield; and
- Barnard Castle (Richardson Hospital).

Please see page 310 for details of how to find out more about County Durham and Darlington NHS Foundation Trust, or visit our website: www.cddft.nhs.uk

'Our Patient Matters' – Our strategy

The Trust's ambition is to provide:

- Services that are evidenced based, accessible, safe, sustainable and effective;
- Care that delivers improvements in health outcomes and reduces inequalities; and
- Patient pathways that are integrated across providers.

Our strategy 'Our Patients Matter' provides the framework through which we direct operations and developments, year on year, to achieve this ambition. The key components of the strategy are set out below.

Our vision and goals

Our vision – "Right First Time, Every Time", has been agreed with staff. It summarises how we envisage services in the future: provided by the right professional, in the right place – in hospital or close to home – at the right time, first time, every time, 24 hours a day, where necessary.

Our mission - "with you all the way" describes our commitment to put patients at the centre of everything we do in delivering the safest, most compassionate, joined up healthcare to our patients.

Underpinning the delivery of our Mission are our four 'touchstones', as follows:

- The best health outcomes for patients – we need to achieve the highest possible standards of care and improved results for patients;
- The best patient experience – because evidence shows that better outcomes are linked to a better experience;
- The best efficiency – reducing our costs so we can continue to invest for the future; and,
- Being a best employer – because high levels of staff motivation and satisfaction are closely related to better patient care.

Component strategies

We have defined strategic aims under each touchstone and put in place the following strategies

- Our Clinical Services Strategy, which is focused upon:
    - Sustaining and improving services: working collaboratively with commissioners and neighbouring providers to provide the best possible services for patients across our localities. Much of this work is undertaken through the emerging Integrated Care Partnerships in the region;
    - Improving our infrastructure and facilities for key services; for example, we plan to develop a new and expanded Emergency Care Centre on our site at University Hospital North Durham;
    - Taking care closer to home: working with commissioners, primary care and social care to transform community-based services to: support patients in their own homes; reduce unnecessary hospital admissions and facilitate earlier discharge.
- Our Quality Strategy "Quality Matters", which sets out 16 priorities for investment and improvement in patient safety; patients' experience in our care; and clinical effectiveness, and includes the roll out of our 'IMPS' quality improvement methodology. IMPS draws on best practice approaches to streamline and improve processes. Staff members at all levels have been offered training to three levels: novice, practitioner and champion. To date over 150 staff have been trained as novices, with a number progressing to the practitioner level and already implementing improvement projects.
- Our Workforce Strategy "Staff Matter", which sets out how we plan to attract, retain, engage, develop and support high calibre staff in all our clinical and support services.
- Our Information Strategy, central to which is the development of an Electronic Patient Record, with up-to-date information on each patient, made readily available to those

responsible for their care, both within the hospital and within their GP surgery and other supporting services.

- Enabling strategies, setting out how we will deploy our estate and finances, and how we will communicate and engage with all stakeholders, to support the implementation of our core strategies noted above.

3.1.3 Our history

County Durham and Darlington NHS Foundation Trust was authorised as a Foundation Trust on 1st February 2007. In 2011, the Trust took on the community services formerly provided by County Durham and Darlington Community Health Services, with the aim of integrating care pathways requiring both community and hospital based care.

The Trust established a wholly owned subsidiary, Synchronicity Care Ltd (SCL), which commenced trading as County Durham & Darlington Services (CDD Services) on 1st April 2017. Through a managed healthcare contract model CDD Services provides estates, facilities, procurement, materials and supply chain management, equipment maintenance and transport services to the Trust.

Whilst CDD Services' primary focus is the provision of efficient, effective and quality estates and facilities services to the Trust for the benefit of patient of patient care, it operates as a separate legal entity, along commercial lines, with separate governance arrangements and the ability to employ its own staff and to deliver services to other organisations. The Company's operating model enables it to access the commercial benefits of a private company with the ethos and culture of a quality in-house service to maximise efficiencies and income generation opportunities.

3.1.4 Key risks to the achievement of our objectives

Our principal objectives and the risks to their achievement are summarised in Table 6 below.

Table 6 – Objectives and risks

Our key objectives	The key risks which we manage to achieve them
• Provide services which are safe, clinically effective and responsive to the needs of patients and their carers, and in compliance with recognised and regulatory standards • Provide services which are caring and which provide patients with the best possible experience • Acquire sufficient skilled staff delivering services which meet our standards • Engage, motivate and support staff in delivering high quality and caring patient services • Acquire and maintain the physical capacity, equipment and facilities needed to deliver services which meet our standards in a positive patient environment • Secure and maintain the financial resources required to invest in service sustainability and improvements, meeting financial targets agreed with our regulator • Create and maintain excellent relationships with our stakeholders, recognising the need for collaborative working to implement the best services and achieve the best outcomes for patients • Develop our IT systems to support clinicians in making effective clinical decisions and providing the best possible clinical care	• Provide services which are safe, clinically effective and responsive to the needs of patients and their carers, and in compliance with recognised and regulatory standards • Provide services which are caring and which provide patients with the best possible experience • Acquire sufficient skilled staff delivering services which meet our standards • Engage, motivate and support staff in delivering high quality and caring patient services • Acquire and maintain the physical capacity, equipment and facilities needed to deliver services which meet our standards in a positive patient environment • Secure and maintain the financial resources required to invest in service sustainability and improvements, meeting financial targets agreed with our regulator • Create and maintain excellent relationships with our stakeholders, recognising the need for collaborative working to implement the best services and achieve the best outcomes for patients • Develop our IT systems to support clinicians in making effective clinical decisions and providing the best possible clinical care

The above sets out a generic outline of the risks handled during 2018/19. The Trust is working collaboratively: with neighbouring providers, with respect to clinical services and financial sustainability; with commissioners and local authorities in County Durham as part of an Integrated Care Partnership, and through similar more informal arrangements in Darlington, and with all NHS bodies and local authorities as part of a wider Integrated Care System for Cumbria and the North East. It is expected that this work will result in reduced uncertainty, and collective opportunities to manage risks for the benefit of all our patients, going forwards. Within this context the specific key risks managed by the Trust during the year were:

- Improving our safety and reliability: The Trust reported 11 never events in 2016/17; despite improvements during 2017/18, there remained a need to fully embed improvements moving into 2018/19, as reported by CQC in their inspection report issued in March 2018. Ensuring

changes in practice are embedded continues to be a key focus for the Board. We have increased our auditing of compliance with safety protocols, including introducing observational audits to observe the implementation of safety procedures in situ; we have significantly increased reporting rates for, and learning from, no harm and near miss incidents and have continued to reinforce our safety culture through our twice-yearly 'highly reliable' conference. Reductions in incidents from falls and improvements with respect to Sepsis screening and treatment have also been achieved.

- Meeting the demand for emergency and unscheduled care: Despite system-wide initiatives to reduce demand, the Trust has seen a sustained increase in the complexity of patients attending its Accident and Emergency Departments and an associated increase in non-elective admissions. During 2018/19, we improved our discharge pathways, achieving excellent performance on delayed transfers of care and length of stay (particularly for long-staying patients) and gained a national award for our work on criteria-led discharge. These measures have helped us to manage the increase in demand during the last year.
- Financial pressures: Achievement of financial targets and, in particular, implementation of the planned cost improvement programme proved challenging in the context of the increased demand for unscheduled care noted above. Despite close working with our commissioners, who were able to provide further funding to recognise some of the in-year impact, the Trust fell short of its control total. The Trust did, however, achieve a small surplus of £52,000 (before accounting for asset impairments) after accounting for Provider Sustainability Funding.
- Workforce pressures: Regional and national shortages of staff for certain specialist services impacts on NHS Trusts generally and the Trust continues to be impacted in services such as Rheumatology, Dermatology and Radiology. Workforce strategies are in place for each of these services, including where appropriate international recruitment and other innovative developments such as home working, to secure and sustain sufficient numbers of staff. We are also working with neighbouring trusts in our integrated care partnerships on collaborative, network-based, pathways for some clinical services to maximise the benefit to patients from the workforce available across the locality. The Trust introduced changes to Paediatric Services at Darlington in 2018/19 in response to medical staff shortages; these were managed safely and sustainably with no detrimental impact on patients or the wider system.
- Estates and IT systems renewal in the context of financial pressures: One consequence of the financial pressures experienced by the Trust in 2018/19 and previous years has been the need for prioritisation of backlog estates works and replacement of IT systems and infrastructure. Decisions on priorities have been made by Executive Directors on the basis of detailed risk assessments provided by specialist estates and IT capital sub-groups. Key risks were addressed in year; however, going forwards the Trust intends to build a new Emergency Care Centre at UHND and to introduce an Electronic Patient Record (EPR) system to replace a number of IT systems. Bids for public dividend capital funding have, so far, proved unsuccessful.
- Community Services: The Trust was awarded the contract to provide Adult Community Services to County Durham and Darlington for the next five years. The contract requires us to develop and roll out services which are integrated with primary care, social care and with the voluntary and independent sector in a ring-fenced operation reporting through integrated governance structures. The complexity of the arrangements, and the requirement to mobilise services working with a wide range of partners by 1st October 2018 posed risk; however, the successful implementation of the service model provides a huge opportunity to improve care for patients with long-term conditions in County Durham and Darlington and to ease pressure on our acute services. The contract was mobilised on time, integrated governance arrangements are working well and there service has already transformed processes in a number of areas; for example, in supporting early discharge of patients from hospital back into the community.
- Staff engagement: The Trust's prime asset is its staff. As such, Executive Directors and the Board have focused closely on engaging and supporting staff in the context of demand pressures and financial pressures noted above, as well as the potential uncertainties which can arise from change such as the new community services contract noted above, and work on clinical services taking place in the integrated care partnerships of which we are a member. Data on staff engagement is variable: the NHS Staff Survey 2018 suggests little improvement in engagement over the year however, the results of the Staff Friends and Family Test point to increased scores for staff recommending the Trust as a place to work and

to receive treatment. A Workforce Experience Team has been established to co-ordinate the numerous engagement activities taking place, as part of a holistic programme of work endorsed by the Board.

During the year, the Board has been updated in public session on the national expectations on Trusts related to the United Kingdom leaving the European Union. The Trust has complied with all relevant national requirements. The Board has reviewed the potential risks, and has concluded that this is not a significant strategic risk for the organisation given the matters being dealt with directly by NHS central bodies and HM Government.

The risks outlined above are expected to persist, in large part, over the next 12 to 24 months and the Trust will continue to deploy the actions outlined above in order to continue to manage them. The roll out of transformation plans for community services, as part of an integrated approach with commissioners, primary and social care, and the development of four year strategic plans for both the Cumbria and North East system and its constituent integrated care partnerships, all present a real opportunity to address these risks both collaboratively and strategically across the wider system going forwards.

3.1.5 Going concern

The Trust did not achieve its 2018/19 control total therefore the 2019/20 plan approved by the Trust Board prior to being submitted to, and accepted by, NHS Improvement, included the requirement for a further revenue loan of £6m. This loan facility will be applied for in June 2019, therefore is not confirmed at the time of the accounts, however the Department of Health have recently issued a statement confirming the following:

- The long-term plan published in January 2019 and the 5-year settlement announced in summer 2018 which will introduce an extra c£33 billion a year (nominal) into the NHS by 2023-24, represent the Government's and consequently the Department's commitment to continue to fund the core activities of the NHS. The government have set the NHS five financial tests in return for this investment, which will support improvement in the underlying financial position of all NHS providers and commissioners.
- The Department is considering next steps following the recommendations provided in an independent review on NHS financing, which alongside complimentary work by NHS England and Improvement on the broader financial architecture in the system, should support the longer-term recovery plans for NHS providers.
- In advance of wider reforms, the Department recently agreed extensions to loans due during the 2018-19 financial year to November 2019. The Department will continue to take refinancing decisions on loans due in the coming year.
- Such options, as well as the ongoing availability of interim support, are available to ensure that NHS providers remain operationally viable.

After making enquiries, and taking account of the revenue loan support received in April 2018 and available during 2019/20 the Directors have adopted a going concern basis in preparing these accounts as they do not intend to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity nor do they believe there is no realistic alternative but to do so.

3.2 Performance Analysis

3.2.1 How we measure performance

We manage and monitor the implementation of our business plans using a systematic Performance and Risk Review framework. This links all aspects of performance from the strategic objectives of the Trust to the appraisal and training of individual staff.

Figure 1: Integrated Performance Framework

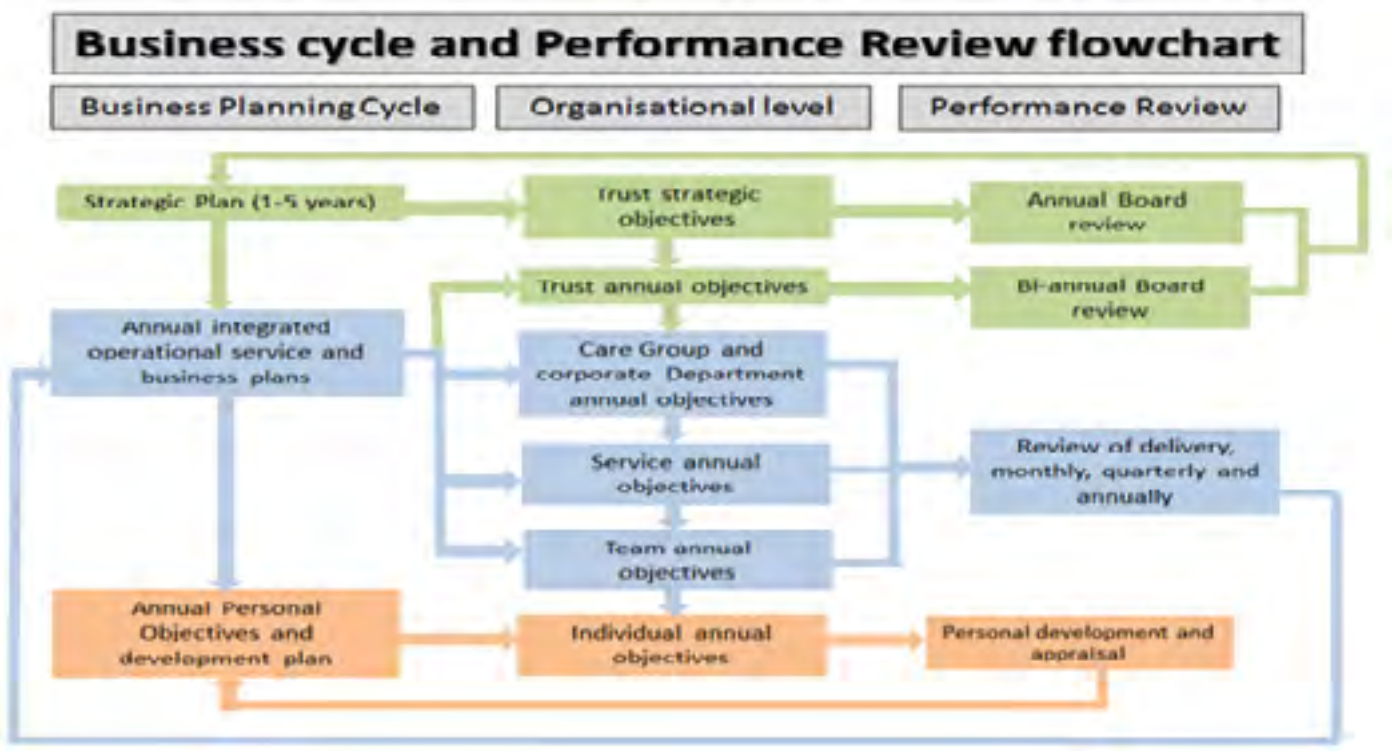


Figure 2: Executive oversight and assurance

The Trust measures and reports performance against each of its four key touchstones: Best Outcomes, Best Experience, Best Efficiency and Best Employer. The main features of the performance framework are:

- Each Care Group has a comprehensive monthly performance review, which allocates a risk rating showing the level of support and scrutiny required in relation to each touchstone.

- Matters requiring executive scrutiny and discussion are escalated to bi-monthly executive reviews.
- Each month, Integrated Performance Reports summarising major operational performance issues, risks and mitigating actions are submitted to the Board, the Integrated Quality and Assurance Committee (IQAC) of the Board, and the Executive and Clinical Leadership Committee (ECL).

More detailed operational scrutiny of performance takes place in a range of more regular forums. For example, the Referral to Treatment (RTT) and cancer standards are monitored at the weekly Patient Tracking (PTL) meeting chaired by the Director of Performance; progress against A&E standards is managed through the Transforming Emergency Care Programme; variance from targets and emerging risks are reported to the weekly Executive and Clinical Leadership Committee (ECL) meeting.

Other assurance mechanisms include scrutiny by Internal Audit of the robustness of services, systems and data; and oversight and review by external auditors, including CQC and NHSI/E.

3.2.2 Detailed Performance Analysis

3.2.2.1 Operational Performance

In line with national trends, the Trust's main operational challenges continued to concern:

- Unscheduled care pressures, including increased attendances and increased complexity of attendees to the Trust's A&E departments, impacting on waiting times' performance;
- Access to elective treatment within 18 weeks of referral (RTT); and
- Cancer service standards.

Reflecting the needs of an ageing population and demands arising from new guidance, these trends occurred in spite of increased investment in Primary Care and community services in our local health economy.

The Office of National Statistics (mid-2012 population estimates) suggests that the population of the Trust's core catchment area will increase by 1.4% by 2020, with 4.8% growth in the 65-79 age-group and 14.5% in the 80-plus group. By 2026, the 80-plus age group is projected to have increased by 40.5%. This is likely to put pressure on all health services, including those provided by CDDFT.

The Trust agreed trajectories with NHSI for the year including principally 18 weeks Referral to Treatment (RTT), 62-day cancer treatment, and the A&E 4-hour wait. Meeting the agreed trajectory for A&E waiting times earns income from the national Provider Sustainability Fund; failure to meet the trajectory results in the loss of that income.

Unscheduled Care/A&E

A&E and non-elective activity continued to grow. Over the year, A&E attendances rose by 2.6%, including a 3.9% rise at UHND and a 1.2% rise at DMH. The acuity of those attending also increased. Non-elective admissions also grew by 2.4%, including 1% in medicine, 8.5% in Surgery and 9.6% in Paediatrics. As a consequence, the Trust fell short of the NHSI 4-hour wait trajectory in all but two months of the year, despite being in the second quartile of Trusts for most of the year, occasionally climbing to the first quartile. Some 22,446 patents waited in A&E longer than four hours for treatment compared to 18,300 in 2017-18.

Table 7 - A&E 4-hour wait target

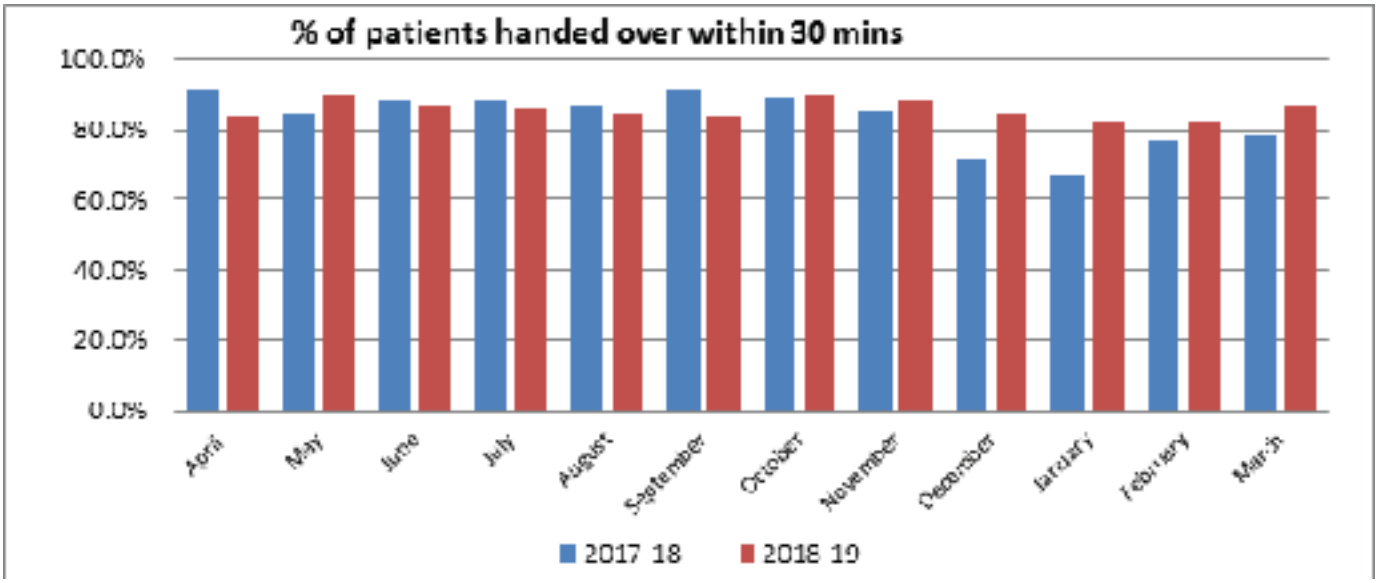
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHSI Trajectory	94.81%	90.79%	93.13%	93.70%	95.16%	96.76%	95.62%	93.71%	84.81%	83.26%	90.50%	95.00%
Performance (a)	89.74%	93.61%	89.97%	90.00%	91.08%	88.59%	92.76%	90.01%	88.59%	83.76%	85.68%	90.64%
Performance (b)							94.12%	91.93%	91.11%	87.18%	88.47%	92.43%
England	88.6%	90.4%	90.8%	89.3%	89.7%	88.9%	89.0%	87.6%	86.4%	84.4%	84.2%	86.6%

Notes:
1. Green = achieved both NHSI trajectory and 95% standard; Amber = failed either NHSI or national standard; Red = failed both NHSI and the national standard.
2. Performance (a): Includes Urgent Care walk-ins.
3. Performance (b):Includes Urgent Care walk-ins and booked appointments.
4. National data not available for March at the time of writing.

The Trust now publishes performance under method (a) and (b) and considers that booked appointments should be included in the calculation of performance to enable fair comparisons between Trusts. At present, the national methodology – methodology (a) – excludes booked appointments resulting in a comparative boost in performance to those Trusts which do not book appointments and therefore have higher numbers of walk-in patients who are easier to see and treat within the four hour window. Booked appointments are better for the patient; hence the Trust is committed to providing them.

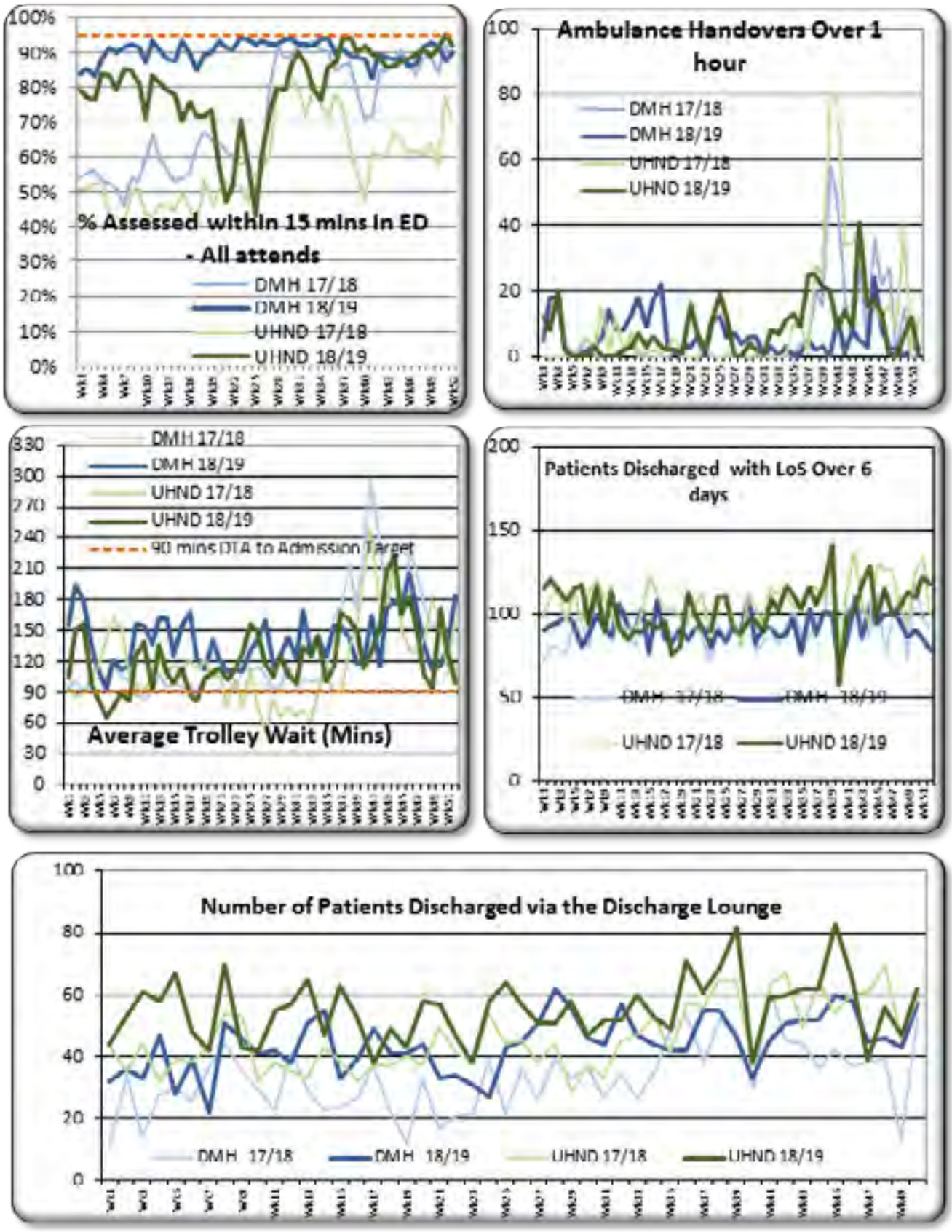
Although the Trust was not able to meet the agreed performance trajectories for A&E waiting times, some significant improvements were made, not least in reducing ambulance delays. In spite of the fact that North East Ambulance Service (NEAS) ambulance attendances grew by 2.9% over the year, accelerating to 6.1% over the period October to March, the percentage of patients being handed over to our care by ambulance crews within 30 minutes improved – compared to the previous year - in every month from October.

Figure 3 – Ambulance Handover Performance



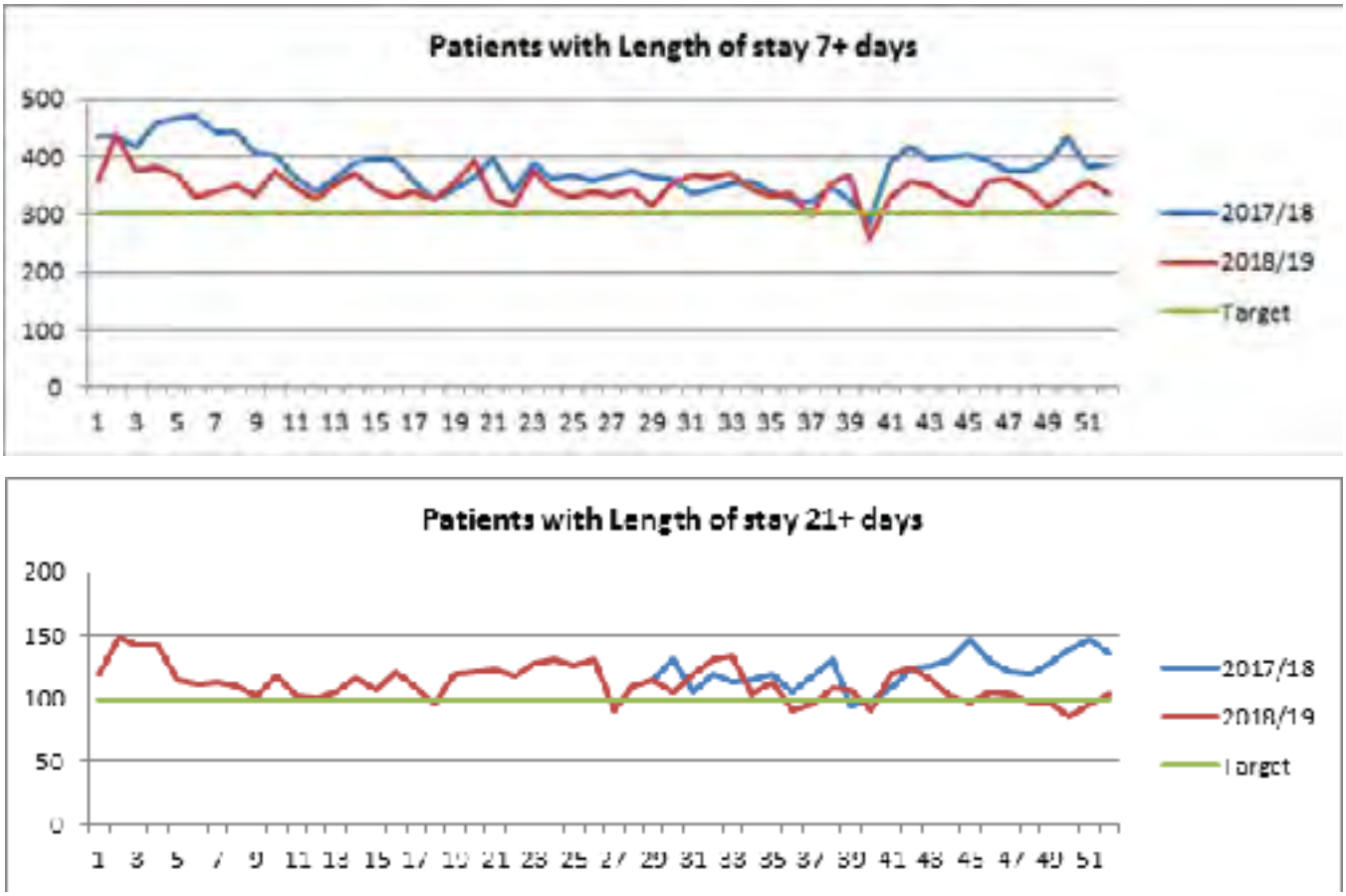
Over the year, each ambulance was delayed on average by 3.7 minutes at DMH and by 3.6 minutes at UHND. Other improvements were achieved in a wide range of non-elective quality markers, such as: patients assessed within 15 mins, ambulance handovers completed in less than one hour, trolley wait times, patients discharged after a stay of 6 days or longer, and use of the discharge lounges.

Figure 4 – Performance improvements



The number of patients staying in hospital over seven days and those staying over 21 days has also declined over the course of the year with particular year on year improvements noted over the recent winter weeks.

Figure 5 – Length of Stay Improvements

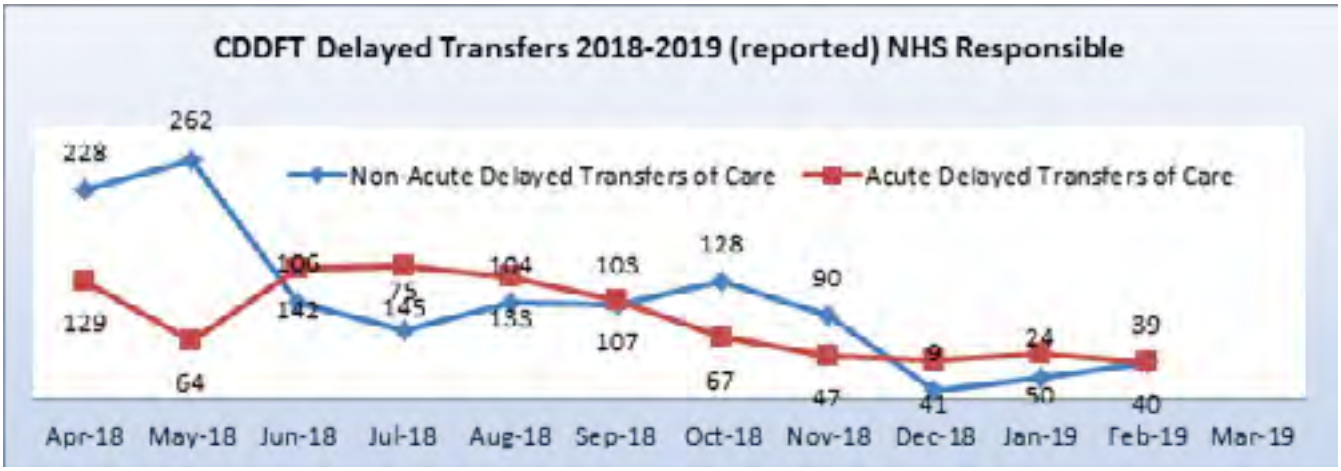


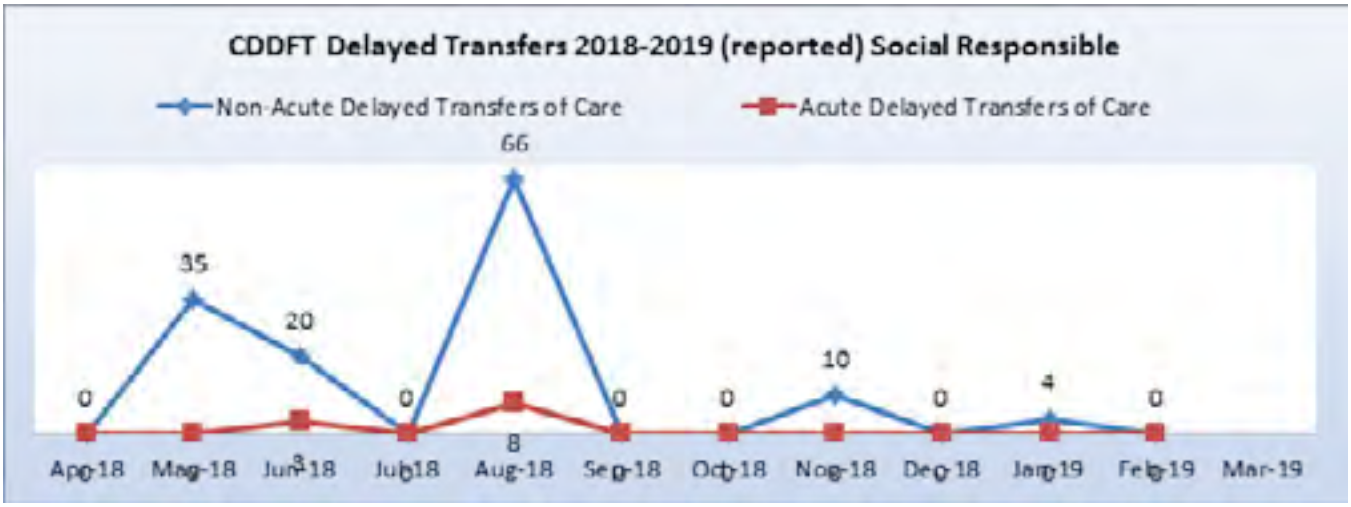
Delayed transfers of care (DTOCs)

The Trust and its partners have worked together to achieve significant reductions in DTOC as shown below.

Delayed transfers of care remained low throughout the winter. The NHS was responsible for 2133 days' delay compared to social care's 146. The majority of NHS delays were caused awaiting assessments (842 days), other NHS services, such as intermediate care (400), nursing home delays (294), patient choice (260), and care package at home (112). The main social care delays were for: residential homes (60), care package at home (43) assessments (40).

Figure 6 – Delayed Transfers of Care





Winter pressures

The Trust put a number of changes in place for winter. Many were improvements to processes, such as: the "Referrer Decides" policy to enable A&E consultants to move patients to in-patient beds more rapidly; hourly Board rounds in A&E and wards to ensure no patient was kept waiting unnecessarily, criteria-led discharge to enable nurses to discharge patients without waiting for a consultant to make the decision; and improved daily communications between wards and community teams.

Others involved reconfiguration of services or additional investments, such as: increased staffing in the evenings when A&E is at its busiest; nurses dealing specifically with ambulance handovers; extended hours pharmacy and discharge lounge opening; additional operational managers in place to support nursing staff in resolving problems and delays and additional pathology staffing.

The most significant change involved the temporary transfer of 40 beds from Surgery to Medicine and the move of elective orthopaedics activity to BAH to protect it from the non-elective pressures on the acute sites. Although the bed transfer resulted in the cancellation of some theatre lists when beds were not available to Surgery, the benefits for medical patients being cared for in a dedicated ward were significant. This change also provided more certainty for Surgery that elective activity would be less likely to be cancelled. As a result, cancer and other urgent elective work was able to continue over the winter period.

The result was that, in spite of the fact that over the core winter period (November 2018 – February 2019), the Trust had 4.1% more non-elective admissions than in in the same period for 2017/18, plus 5.4% more A&E attenders including 5.7% more ambulance arrivals, the number of breaches of the A&E four hour waiting times standard reduced by 0.6%.

The main vehicle for A&E performance improvements continues to be the Transforming Emergency Care Programme led by the Integrated Medical Specialties Care Group.

Diagnostics

The national target is for 99% of diagnostics to be completed within six weeks of referral. In previous years, delays were experienced in endoscopy but since endoscopy bookings have been centralised this has not occurred. As a result, performance remained ahead of the target throughout 2018/19.

Table 8 - Diagnostics

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Actual	99.7%	99.7%	99.9%	100%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	100%	99.9%

Note: target is 99% of diagnostics completed within 6 weeks

Referral to Treatment (RTT)

Commissioners continue to be largely successful in restricting referral growth. However, the Trust has continued to see growth in some specialties, with Non-GP referrals are also increasing.

Table 9 - Referrals

	2017-18	2018-19	Variance	% variance
GP	97,158	97,699	541	0.6%
Non-GP	168,411	172,226	3,815	2.3%
Total	**265569**	**269925**	**4356**	**1.6%**

Several major specialties have experienced demand pressures, either due to rising referrals or to staffing difficulties. These include breast surgery, dermatology, rheumatology, orthopaedics and ophthalmology. As a result the Trust has begun to fall short of the 18 week Referral to Treatment (RTT) target agreed with NHS Improvement (NHSI) at the beginning of the year. Performance remains, however, comfortably above the national average.

Table 10 - 18 weeks RTT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	92.4%	93.0%	92.5%	93.0%	92.1%	91.3%	91.9%	91.4%	90.0%	91.0%	90.4%	90.7%
England	87.5%	88.1%	87.8%	87.8%	87.2%	86.7%	87.1%	87.3%	86.6%	86.7%	87.5%	N/A

National standard: 92%; NHSI trajectory: 92.5%
Key: Green = achieved 92% national standard and monthly NHSI trajectory; Amber = achieved one of the above; Red = achieved neither of the above

The main reasons for his trend in performance include:

- Of the major specialties the most significant growth in GP referrals has taken place in breast surgery (13.1%). This is in addition to the surge in demand which took place following the closure of the City Hospitals Sunderland service some time ago. The Trust is supporting the regional position with a service which is heavily reliant on a small group of key radiology staff, pending the outcome of regional discussions.
- The transfer of 40 Surgery winter beds to Medicine enabled the Trust to manage winter pressures more effectively but also led to some elective cancellations, with orthopaedics suffering most as their backlog comprises mostly routine, rather than urgent, operations. Other specialties have more cancer work which cannot be cancelled.
- Medical staffing shortages in some specialties, including particularly Dermatology, Rheumatology, Paediatrics and Ophthalmology. In these specialties, alongside efforts to recruit senior medical staff, the Trust has received support from the independent sector and has been developing alternative pathways. Each Specialty has developed a trajectory and action plan to enable it to consistently achieve the RTT target going forward, with the Trust aiming to be performing in line with the national target, overall, by the middle of 2019/20.

  For other specialties, the Trust has worked with other Trusts and commissioners to reconfigure services to ensure a high quality of care is provided for patients. The Urology service in South Durham and Darlington has been transferred to South Tees NHS FT; and, from 1st May 2019, the Trust's Vascular Surgery Service has transferred from University Hospital North Durham to City Hospitals Sunderland NHS FT and South Tees Hospitals NHS FT, in line with the requirements of Specialist Commissioners, informed by the outcome of an independent review, and plans endorsed by the Health and Wellbeing Overview and Scrutiny Committees for County Durham and for Darlington.

Other pathways where major change is taking place include:

- Pain Management, in which a Tier 2 service has been introduced, allowing CDDFT to concentrate on complex cases.
- Dermatology, in which the Trust and local CCGs are introducing a tele-dermatology service to provide more rapid access to a consultant opinion for patients referred for potential skin cancer. This will improve the timeliness of diagnosis and access to treatment.

Cancer waiting times

Performance against the main 31-day standards has continued to be strong, largely because the whole pathway is within the control of and is managed by the Trust. Performance on 62-day waits for treatment is less secure because we rely on the involvement of tertiary centres. Breast symptomatic performance has been particularly affected by strong referral growth and reliance of the service on a small group of key staff.

Table 11- Cancer Waiting Times Performance

		Quarter 1				Quarter 2				Quarter 3		
	Target	CDDFT	N.E.	National		CDDFT	N.E.	National		CDDFT	N.E.	National
2 week waits (ww)	93%	91.56%	93.24%	91.40%		94.02%	94.37%	91.60%		94.48%	94.65%	92.90%
2ww breast	93%	92.51%	91.56%	83.90%		92.66%	94.76%	90.20%		93.97%	93.97%	88.70%
31-day	96%	99.44%	98.25%	97.50%		98.56%	97.33%	96.80%		98.90%	98.90%	96.70%
62-day	85%	88.27%	83.92%	80.90%		87.68%	81.17%	78.60%		87.96%	87.96%	79.50%

	January					February	
	Target	CDDFT	N.E.	National		CDDFT	N.E.
2ww	93%	92.74%	92.04%	91.70%		93.65%	91.45%
2ww breast	93%	79.63%	85.10%	82.80%		81.96%	84.63%
31-day	96%	99.42%	95.97%	95.40%		98.64%	97.46%
62-day	85%	86.19%	79.83%	76.20%		77.44%	75%

Note: February data is not yet finalised. Figures are provisional.

Although the Trust intermittently failed to achieve some of the cancer targets, performance has been consistently better than the national average with the recent exception of breast symptomatic referrals. As outlined above, this service has been affected by a significant growth in referrals alongside dependence on a small number of staff.

The growth in two week wait referrals for Dermatology also contributed to the variable two week wait performance. Many of these referrals were not appropriate so, with the assistance of commissioners, the Trust has development a tele-dermatology service with new pathways which will enable consultants to triage patients away from two week wait clinics and into routine clinics or back to Primary Care, thus making better use of limited existing capacity.

Other actions which have been taken in the course of the year include:

- Regular use of the independent sector and forced overbooking of clinics to manage breast cancer referrals.
- Commissioners authorised funding for Cancer Navigator posts to improve the Trust's ability to track cancer patients' progress and deal with potential blockages.
- Review of colorectal pathways
- Cancer waiting lists are now reviewed in the weekly PTL meeting, which has been redesigned to allow more time for discussion of pathway issues.
- The Service Improvement Facilitator has developed a video to educate CDDFT patients and staff on cancer pathways;
- Implementation and embedding of the first stage of the national optimum lung pathway involving straight to scan referrals for patients with suspicious chest X-ray;
- On-call managers being alerted daily to potential breaches to prevent unwitting cancellations of theatre sessions on the day; and
- Dialogue with the screening centres to improve information sharing when patients are referred, including highlighting treat-by dates to the treating department.

3.2.2.2 Quality

The Trust's Quality Report, commencing on page 110 of this report, provides a detailed review of our quality performance.

The Trust's Quality Strategy, Quality Matters, sets out improvement priorities under three key headings:

- Patient Safety: Improving how we report and learn from incidents; strengthening our safety culture and reliability; reducing harm from falls; reducing harm from Sepsis and rolling out Local Safety Standards for Invasive Procedures (LocSSIPs).
- Patient Experience: Improving how we listen to and learn from patients and their families; improving our care of patients with dementia; improving end of life care; improving elderly care and improving nutritional care.
- Clinical Effectiveness: Reducing mortality and learning from deaths; improving our emergency care services; improving cancer care; implementing national standards for seven day services; enabling patients to live healthier lives and sustaining and improving our services.

These priorities, along with national requirements and other annual priorities agreed with key stakeholders from the focus of an annual quality plan which is reported upon in the Quality Report. In summary, the Trust has made good progress with respect to the 16 key priorities, in Quality Matters, with notable successes and areas for further improvement summarised below:

- We have appointed a multi-disciplinary team to lead on Falls Prevention and are implementing a Falls Strategy agreed with our partners in primary care and across the local health economy. We have seen an 8% reduction in the number of falls in hospital, and a reduction in falls causing harm where investigation has highlighted issues with care. Numbers of falls, per 1,000 bed days, in both our acute and community hospitals are now within the national benchmarks.
- The Trust now screens all patients for Sepsis appropriately on in-patient wards and in our Emergency Departments and has improved significantly, year on year, with respect to administration of antibiotics within the first hour. By March 2019, 100% of patients were screened and 100% of patients requiring antibiotics had them administered in the first hour.
- The Trust has undertaken a wide programme of activity to raise awareness and embed safety protocols and learning in response to a cluster of never events reported in 2016/17. We have increased auditing of compliance with the World Health Organisation's Theatres Safety Checklist and introduced observational audits to monitor compliance with safety protocols in situ. The number of never events has reduced – in both 2017/18 and 2018/19 to four, which is 'about the same' as other Trusts when related to activity levels, based on CQC's monthly 'Insights' publication. Our ambition remains, however, to eliminate never events and demonstrate high reliability in our systems and processes.
- All required procedural LocSSIPs have been rolled out and overarching area LocSSIPs developed.
- A Patient Experience and Community Engagement Strategy was approved by the Trust Board in April 2018, and is now being rolled out. Our Patient Experience Forum including representatives from Healthwatch, Governors and local champions from wards and teams has a remit to consider and take forward initiatives to improve patients' experience. One such initiative, the development of the 'Invest in Rest' Charter is included in the Highlights of the Year (section 1.3 of our annual report).
- End of Life Care has continued to be strengthened with additional medical staff appointments and improvements in service provision, monitoring and audit processes. We have been able to help more patients to end their life with dignity in their preferred place of death, year on year and have implemented a seven day palliative care service in the community. Feedback from patients, carers and relatives has confirmed the improvements in their care over recent years.
- Quality indicators for nutrition, including patient screening and care planning are being achieved. We have rolled out tools within our electronic patient observations system – NerveCentre – which reinforce screening and care planning requirements.
- We have improved the dementia-friendliness of our patient environment year on year and have now implemented tools in Nerve Centre to support screening, assessment and referral of patients for dementia. Well over 90% of patients are being screened, assessed and referred

in accordance with the requirements. All staff have received Dementia Awareness training during the year.

- The Trust remains within statistical parameters for key mortality ratios, which measure variation between actual and expected deaths. There are two key indicators: the Summary Hospital Mortality Index and the Hospital Standardised Mortality Ratio. The mortality review processes required under 'Learning from Deaths' are now embedded. Reviews of deaths meeting the criteria and of mortality alerts have concluded that patients are generally well cared for whilst at the same time ensuring that learning is taken in the rare cases where substandard care is identified.
- Details of our performance with respect to A&E targets and planned improvements are included in 3.2.2.1 above. Demand pressures have inhibited our ability to achieve agreed performance trajectories for A&E waiting times, despite improvements during 2018/19 in ambulance handover times, time to initial assessment and with respect to discharge pathways and length of stay. Friends and Family Test results are better than the national average and the Trust's peer group, suggesting that, despite the pressures, the significant majority of our patients would recommend our A&E Departments for their care.
- Performance with respect to cancer care has remained strong overall, as outlined in 3.2.2.1 above and a range of actions are being taken to further improve our services.
- The North East Tobacco and Alcohol Offices, known as 'Fresh' and 'Balance' are hosted by the Trust. Both continue to support public health gains with respect to reductions in smoking and alcohol related disease. The Trust has improved screening rates for patients for alcohol and tobacco use, over the course of the year.
- The Trust meets the four standards for seven day services mandated nationally, and has performed well in audits against them, particularly with respect to medical staff review of 0patients.

With respect to other quality indicators covered in the Quality Report, and more generally:

- The Trust continues to perform strongly with respect to pressure ulcer prevention with overall rates of pressure ulcers in line with national and international high-performers.
- Likewise, the Trust has performed well with respect to the risk of infections. Although Clostridium Difficile infections exceeded the threshold of 18 cases, with 19 cases being reported in year, rates per 1,000 bed days remained among the best nationally.
- Over several years, the Trust has seen sustained reductions in Cardiac Arrest rates in line with high-performing trusts.

There is, however, further to go if the Trust is to reach its ambitions in a number of other areas:

- The Trust is currently in line with the majority of Trusts for the numbers and profile of incidents reported. We continue to aspire to reporting rates in line with the top quartile of reporters, with particular emphasis on reporting of no harm, near miss and minor harm incidents as the more of these incidents that are captured, the greater the information to draw on for learning. As a result of campaigns undertaken in 2018/19, we have increased reporting of near miss and no harm incidents by over 20%
- Whilst 92% of electronic discharge summaries are issued within 24 hours, we continue to be challenged to meet the target of 95%.

The Trust has implemented all 'Must Do' actions and 25 of the 29 'Should Do' actions agreed following the Care Quality Commission's most recent inspection of Trust services reported in March 2018. These have included:

- Ensuring that facilities for the assessment of patients with mental health conditions, in our A&E Departments, are compliant with the standards of the Psychiatric Liaison and Assessment Network;
- Overhauling our policies and procedures for the assessment of patients' mental capacity and compliance with regulations on Deprivation of Liberty, reinforced by an assessment tool within Nerve Centre;
- Strengthening staffing, education, training, morale and safety practice in theatres as part of our 'Theatre Matters' improvement programme; and
- Reinforcing good practice for medicines management in our Emergency Departments.

Full details of the actions taken are set out in our Quality Accounts on page 110 of the annual report.

3.2.2.3 Financial Performance

NHS Improvement's Report on NHS Providers' financial performance in the third quarter of 2018/19 confirmed that demand for hospital services had continued on its upward trend of the last two years. Providers treated more emergency patients within the key operational standards in response to the sustained demand for care. However, record demand for services and variation in performance across the sector had led to a decline in finances as at December 2018, although the deficit was less than the same period last year. The national financial environment in which the Trust operates has become increasingly challenging with the NHS Provider Sector, which covers 230 separate trusts, reporting an overall forecast deficit of £661m for 2018/19, some £267m worse than planned. Key contributing factors cited by providers include difficulties in achieving planned efficiency savings, operational cost pressures relating to temporary staffing and substantive workforce pressures including the extent to which the Agenda for Change pay awards are fully funded, contracting difficulties, quality investment and unplanned emergency activity displacing elective income.

Like much of the NHS, therefore, in 2018/19 we faced unprecedented challenges in terms of increasing demand for our emergency and unplanned care and significant financial pressures. The Trust's financial performance must therefore be seen in the context of an increasingly challenging environment. Despite these challenges, we continued to deliver major achievements thanks to the efforts of our committed workforce operating within a health and social care system dedicated to improving the health and wellbeing of our local populations.

The NHS Long Term Plan, published in January, clearly sets out a focus on integration and more collaborative working across health and social care organisations. We are already working with our system partners to move in this direction through the emerging North Cumbria and North East Integrated Care System and the developing Integrated Care Partnerships. We are already achieving transformation through the integration of community services which is facilitating the delivery of high quality patient care across organisational boundaries between hospital services and community teams and with health and social care partners.

Our regulator, NHS Improvement, assesses our financial performance with reference to how far we achieve the financial plan agreed with them, the underlying surplus or deficit and a Use of Resources Risk Rating (UoR rating). The UoR rating is a composite risk indicator which takes into account: the Trust's income and expenditure result; its performance against plan; its liquidity; its ability to service capital and its ability to control agency spend. Accordingly the Trust measures performance against these indicators, as well as underlying targets for cost control and cost reduction in year.

The Trust ended the year with a UoR risk rating of 3, which was in line with the plan, reflecting the financial performance noted above as well as the Trust's underlying liquidity and its ability to service capital. A rating of 1 is regarded as the lowest level of risk and a rating of 4 is regarded as carrying the highest level of risk.

The consolidated accounts for 2018/19 incorporate the results for the Trust, for our wholly owned subsidiary, Synchronicity Care Limited, and for our charitable funds, with the Group posting a deficit for the year of £14.011m which includes:

- £13.918m relating to an impairment resulting from the downward revaluation of the land and buildings on the Trust's balance sheet by the Trust's valuer. This impairment does not impact on cash earnings or on how NHS Improvement assesses the Trust's performance.
- £755k relating to the movement of the Trust's charitable funds. Expenditure exceeded income generated during year as a result of deliberate policy to seek to use accumulated funds for charitable purposes.
- (£610k) relating to income received by the Trust for donated assets

The Trust and NHS Improvement focus on the surplus/ (deficit) for the year, excluding impairments, revaluations and movements in charitable funds; this is the primary financial key performance indicator used for regulatory purposes. After excluding those items the Group is reporting a £52k surplus.

During 2018/19, the Trust was eligible to receive £18.09m from the Provider Sustainability Fund

(PSF) if it was able to deliver its financial control total and also its performance targets in relation to Accident and Emergency Services. As outlined in 3.2.2.1 above, the Trust failed to meet trajectories agreed for Accident and Emergency waiting times during 2018/19; consequently £5.4m of PSF funding attached to this measure was lost.

The Trust flagged to NHS Improvement during the year that there was a forecast risk against delivering the 2018/19 control total given the increasing challenges that NHS Providers were facing. Following system wide discussions it was anticipated that the risk could be mitigated by risk reserves held within the system. However, additional risks subsequently crystallised which impacted on the level of risk reserve available and resulted in the Trust not achieving its control total by £5.9m at the year-end which led to a further loss of £4.4m of PSF in quarter 4.

Due to providers' inability to deliver their financial and performance targets and consequently receive the PSF funding, NHS Improvement established the following additional PSF funds for 2018/19:

- General distribution – for all providers that signed up to a control total in 2018/19;
- Incentive scheme – to reward providers that were able to deliver a financial position better than the 2018/19 control total; and
- A bonus fund – paid to providers which delivered their individual control total.

Whilst the Trust did not achieve its control total, as a result of signing up to its 2018/19 control total it received a share of the general PSF distribution with a total of £7.75m being received. This resulted in total PSF funding of £16m being received for 2018/19, which is included in the overall surplus of £52k.

As noted above there were significant challenges which needed to be managed in-year:

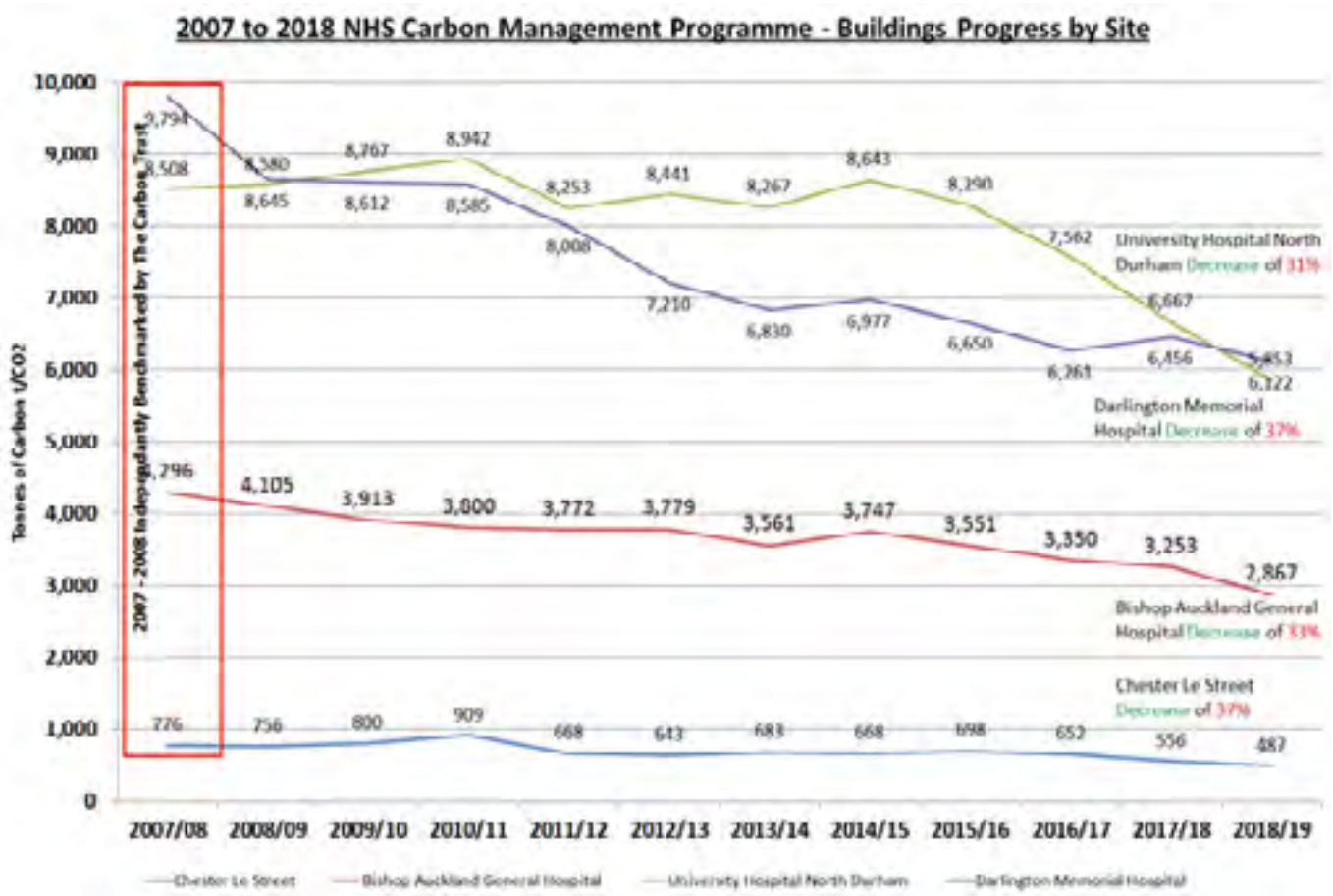
- The financial pressure of the continued shortage of key clinical staff required to maintain safe services resulting in expenditure on agency staffing of £8.9m, down £2.8m on the previous year. The Trust implemented a Medical Staff Bank in the year to replace expenditure previously made on agency staff and also via extra contractual payments which would have been included within substantive costs;
- Challenging cost improvement targets: the Trust achieved £24.6m of its £33.4m cost improvement target.
- An inability to reduce the bed base in the Acute Hospitals due to increased emergency and unplanned care activity and patients presenting with higher acuity levels than in prior years.
- A requirement to cancel elective activity due to winter pressures resulting in increased use of the Independent Sector to maintain performance standards.
- An inability to reduce the structural deficit of specific service lines without a health-economy wide solution, which requires formal public consultation.

The Trust spent £20.6m on capital investment in its estate, information technology and medical equipment assets. The Trust completed the rebuilding and improvement of the DMH theatre suite and the installation of new MRI scanners at both DMH and BAH. These schemes are major investments in state of the art facilities for patients.

3.2.3 Information about Environmental Matters

Throughout 2018/19 the Trust has again maintained a proactive approach to the Carbon Reduction and Sustainability programme, to form an integral part of delivering high quality healthcare efficiently.
At all four of our main sites the carbon associated with gas and electricity has reduced. The Carbon Trust measured our 2007 buildings carbon footprint as 23,374t/CO2. In 2018/19 we have reduced the carbon footprint to 15,329 t/CO2 thus a buildings overall reduction of 34.5%.

Figure 7- Carbon Reductions



We are committed to being a sustainable organisation caring for the environment; working within financial, social and environmental limits by ensuring the efficient and effective use of resources so that we meet our regulatory targets and obligations.

As a healthcare provider, employer and purchaser of goods and services, the Trust recognises that we have a significant impact on the environment and acknowledges our role in promoting sustainability and improving environmental performance. We are committed to meeting the obligations in the UK's Climate Change Act 2008 which has legally binding targets of reducing carbon emissions by 34% by 2020 and 80% by 2050. The Trust has achieved the 2020 target two years early.

In 2009, the Trust Board approved a Carbon Management Strategy committing the organisation to continuous improvement in minimising the impact of its activities on the environment with recognition of our corporate social responsibility.

Current Position
Our on-going efforts, and schemes carried out over this and previous years, continue to generate both revenue and consumption savings including:-

- Estate rationalisation for the significant insulation and removal of steam pipework;
- Continued installation of energy efficient lighting with lighting controls across the site;
- Replacement of car park lighting with LED fittings;
- Installation of automatic doors to reduce heat loss from the building; and
- Building Management System software updates

Summary Performance – Non Financial and Financial

The table below summarises our performance last year with reference back to the preceding two years.

Table 12 – Greenhouse Gas Emissions Performance

Greenhouse Gas Emissions							
Area		Non-Financial data 2016/17	Non-Financial data 2017/18	Non-Financial data 2018/19	Financial data 2016/17	Financial data 2017/18	Financial data 2018/19
Finite Resources	Scope 1 Emissions						
	Carbon Reduction Commitment	11,844 tCO	10,567 tCO	Information not available until September 2019	£196,810	£175,744	Information not available until September 2019
	Electricity	84,834 GJ	68,517 GJ	62,684 GJ	£3,304,890	£3,116,541	£3,242,356
	Gas	190,345 GJ	196,883 GJ	197,742 GJ			
	Oil	1,311 GJ	481 GJ	1,235 GJ			
	Electricity	10,588 tCO_2	7,317 tCO_2	6,691tCO_2			
	Gas	9,729 tCO_2	10,072 tCO_2	11,298 tCO_2			
	Oil	210 tCO_2	40 tCO_2	92 tCO_2			
Waste	Scope 3 Emissions						
	Total Waste	2,260.8 t/volume	2,109.3 t/volume	1,978.1t/volume	£378,710	£383,080	£479,725
Hazardous waste	Clinical waste to alternative treatment or incineration	781.4 t	830.7 t	739.9	£238,168	£261,141	£368,435
Non Hazardous Waste	Landfill	-	-		-	-	
	Reused/Recycled	1,133.98 t	316.6 t	314.8	£97,093	£13,886	£13,426
	Incinerated with energy recovery	342.69 t	945.9 t	992.1	£39,531	£104,210	£94,055
	Electrical waste (WEEE)	22.8 t	16.1 t	21.3	£3,920	£3,843	£3,209
Travel	Scope 3 Emissions						
	Commercial Vehicles Diesel	290,159 miles	273,888 miles	315,348 miles	£58,651	£49,572	£57,076
		67.77 tCO2e	65.93 t.CO2e	76.9 t.CO2e			
	Leased Vehicles Petrol	794,317 miles	906,255 miles	798,660 Miles	£95,310	£109,432	£95,839
		155.37 tCO2e	149.75 tCO2e	129.88 t/CO2e			
	Leased Vehicles Diesel	1,750,008 miles	1,769,876 miles	798,288 Miles	£297,501	£206,182	£95,795
		328.69 tCO2e	297.48 tCO2e	134.90 t/CO2e			
	Business Miles Petrol	3,090,910 miles	3,574,092 miles	3,122,207.35	£1,501,132	£1,374,664	£1,670,362
		1,132.68 tCO2e	1,063.15 tCO2e	928.54tCO2e			
	Business Miles Diesel	33,437 miles	20,600 miles	255,452 miles	£13,985	£9,905	£134,514
		8.31 tCO2e	5.02 tCO2e	62.23 tCO2e			
Water	Water Consumption	126,655 m^3	150,974 m3	£160,124 m3	£375,211	£382,640	££390,239

CDDFT Carbon Reduction Commitment

The Trust is one of 3,000 mandatory public and private sector participants to the Governments (CRC) scheme, now in its second phase. Utilising technology, it may be seen that we are reducing our impact on the environment and reducing this carbon tax. Continued investment in new technologies and improved use of existing plant, combined with continued monitoring of energy inefficiencies and consumption plus lifecycle costing will ensure compliance with Government CRC targets.

The Trust's Estates service continues to deliver benefits to patients and staff through the delivery of the Trust's investment programme. This program looks to improve the environment, in terms of quality, safety, efficiency and sustainability. Continuing to focus on energy efficiency and sustainability we are committed to continuing investment in energy efficiency and sustainable developments.

A £30m investment in the new Theatre and Mortuary block known as **"STEM"** project has now being completed. The design strategy aimed to minimise energy consumption and also carbon production. The following features were included in the design to ensure these objectives were met:

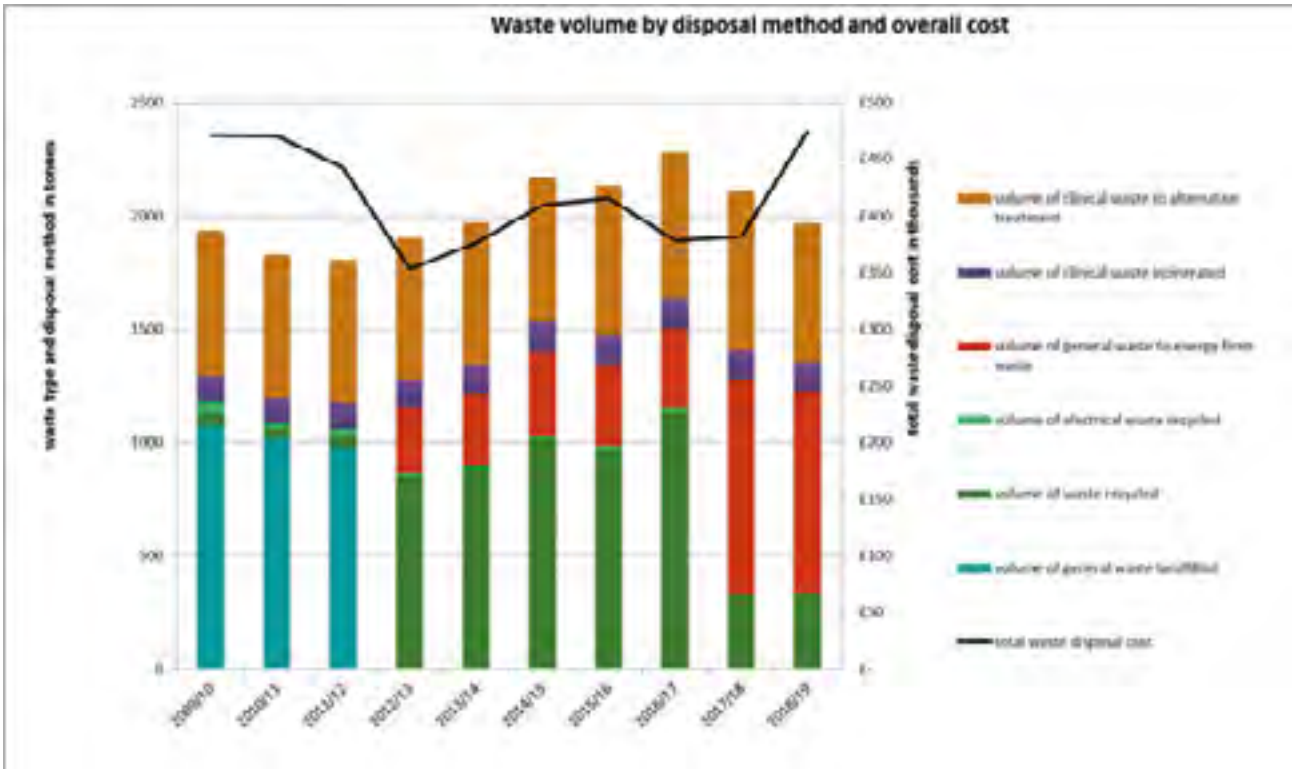
- The building construction utilises high levels of thermal insulation and air tightness thus reducing heat losses;
- High performance glazing is utilised to limit solar gain;
- Lighting is provided by high efficiency/LED luminaires controlled using both absence and presence detection;

- Heating and ventilation utilises Low Temperature Hot Water rather instead of the previous Steam distribution system;
- The nature of the STEM building means it requires a high level of ventilation provision. In order to minimise the energy consumed to provide the ventilation a number of features have been incorporated into the design of the air handling plant to include high efficiency (65% minimum) cross plate heat exchangers to recover energy from extract air systems
- Fan motors are equipped with variable speed drives to minimise power consumption, and match operation to the prevailing demand.
- Heating and chilled water coils are controlled utilising two port modulating control valves.

Chilled water is utilised to provide cooling to the STEM building. Four high efficiency chillers are provided, each having multiple compressors. This allows the required load to be provided in the most efficient manner by matching the number of chillers/compressors to the prevailing cooling load.
All plant and equipment on the STEM project is controlled by the site-wide Building Management System; this will allow optimisation of energy usage via close monitoring of plant operation. We hope to continue to make significant improvements throughout 2018/19 and are investigating further energy saving schemes including a site-wide LED lighting scheme on the DMH site.

Waste Management
There has been a notable decrease in the overall volume of waste produced across the Trust in 2018/19, with a 7% reduction against the 2017/18 level and 12% against the 2016/17 level. This reduction was seen across both the clinical and general waste streams and represents an improvement in baseline environmental performance.
A total of 26% of non-clinical and non-hazardous waste was recycled which represents a moderate increase on the previous year. General waste, which is not recycled, is sent to a facility that creates refuse derived fuel with the waste ultimately being used to generate electricity.

Figure 8 – Waste Volumes



The last 12 months saw some significant disruption within the clinical waste industry, with the Trust having to instigate short-term contingency measures and sign a new disposal contract. This led to an overall increase in waste costs within 2018/19.

3.2.4 Social, Community and Human Rights Issues

The Trust continues to increase its focus on Equality, Diversity and Inclusion, building on the solid foundations established in previous years by rolling out robust policies and procedures, applying to our staff and service users and to track our performance through regional and national reporting.

Equality Delivery System (National Report)
Following a national review, the Equality Delivery System (EDS) outcomes were refreshed and rebranded to EDS2 in 2016. The EDS has four objectives:

1. Better health outcomes for all;
2. Improved patient access and experience;
3. Empowered, engaged and well-supported staff; and
4. Inclusive leadership at all levels

Each of the four objectives has an associated set of 18 outcomes. The Trust gathered a portfolio of evidence for our staff, patients, stakeholders and local communities in order to review and grade our performance against each outcome.

The grading helps the Trust understand where its arrangements are underdeveloped, developing, achieving or excelling:

- Excelling – **Purple**
- Achieving – **Green**
- Developing – **Amber**
- Undeveloped – **Red**

The grading comparisons For EDS reports from 2012 to 2018 for the Trust can be found below.

Table 13 – EDS2 Objectives

Goal 1 Better Health Outcomes for all

Outcome Measure	**Overall Grade Achieving**		
	2012	**2016/17**	**2017/18**
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	**Achieving**	**Achieving**	**Achieving**
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	**Developing**	**Achieving**	**Achieving**
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	**Developing**	**Achieving**	**Achieving**
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	**Developing**	**Achieving**	**Achieving**
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	**Developing**	**Developing**	**Achieving**

Goal 2 Improved Patient Access and Experience			
Outcome Measure	**Overall Grade Achieving**		
	2012	**2016/17**	**2017/18**
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**Achieving**	**Developing**	**Excelling**
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	**Achieving**	**Achieving**	**Excelling**
2.3 People report positive experiences of the NHS	**Achieving**	**Achieving**	**Achieving**
2.4 People's complaints about services are handled respectfully and efficiently	**Achieving**	**Achieving**	**Achieving**

Goal 3 A Representative and Supported Workforce			
Outcome Measure	**Outcome Measure**		
	2012	**2016/17**	**2017/18**
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	**Developing**	**Developing**	**Achieving**
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	**Developing**	**Achieving**	**Achieving**
3.3 Training and development opportunities are taken up and positively evaluated by all staff	**Developing**	**Developing**	**Achieving**
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	**Developing**	**Achieving**	**Achieving**
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	**Developing**	**Achieving**	**Achieving**
3.6 Staff report positive experiences of their membership of the workforce	**Developing**	**Developing**	**Achieving**

Goal 4 Inclusive Leadership at all Levels			
Outcome Measure	**Overall Grade Achieving**		
	2012	**2016/17**	**2017/18**
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	**Developing**	**Achieving**	**Achieving**
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	**Developing**	**Achieving**	**Achieving**
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	**Under Developing**	**Developing**	**Achieving**

Workforce Race Equality Standard (WRES National Report)
The WRES was first mandated in July 2015 to ensure that employees from black and minority ethnic (BME) backgrounds were granted equal access to career opportunities and received fair treatment in the workplace. The Trust Board agreed and published the 201718 WRES baseline data against the nine metrics on 1 August 2018. This standard works alongside the Equality Delivery System (EDS2) to help review performance, set equality objectives and deliver on the Public Sector Equality Duty.

The WRES includes data from the 2017 staff survey which show the following results:

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months:
The information for this indicator shows that BME staff are less likely to experience harassment, bullying or abuse from patients, relatives or the public in the last 12 months at 27% for BME staff compared to 30% for white staff – the national acute average for this indicator is 27%

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:
BME staff who are experiencing harassment, bullying or abuse from staff in the last 12 months is 32% which is a worse score compared to the white staff score of 24% for this indicator and when compared to the national acute average score of 29%. This figure in 2016 was, however, 35% so there has been a year on year improvement.

Percentage believing that the Trust provides equal opportunities for career progression or promotion:
The percentage of BME staff believing that the trust provides equal opportunities for career progression or promotion is 85% which is lower than the overall white staff score of 90% but much better than the national acute average score of 73%.

Percentage of staff in the last twelve months who have experienced discrimination at work from Management/ team or a colleague:
The percentage of BME staff that have personally experienced discrimination at work from a manager/ team leader or a colleague in the last 12 months is 14% which is a worse score than the white staff score of 7% but is lower than the national acute average of 15%.

Translation and Interpretation Service – Everyday language Service
Over 2018/19 2750 interpretation sessions were carried out across the Trust, the top ten languages requested were:

Table 14 – Top 10 Languages

Language	Number of translation sessions
Polish	657
Arabic	642
British Sign Language	352
Mandarin	224
Romanian	125
Kurdish	124
Bengali	116
Cantonese	105
Lithuanian	45
Punjabi	43

Disabled Persons
We undertook a review of the existing EDI networks within CDDFT and three online network groups were established aimed at protected characteristic groups - with one being the Disability Staff Network Group
In November 2018 we launched our Health Passport - which is an undertaking entered into between a line manager and an employee, who has declared they have a disability or have a long term health condition. It is designed to support employees during their time with the organisation and to ensure that that support is continued and in place should they move around the organisation.
The Trust currently holds the Disability Confident Standard – this supports people with disabilities not only during the recruitment process but encourages line managers to continue to offer support to staff with disabilities during their whole employment with the trust
As a Trust we continue with our aim to support and employ staff with a learning disability through our continued commitment of signing up to the NHS Learning Disability Employment Pledge which we have been have been awarded at Level 2. This work is supported through our involvement with the 'Project Choice' and 'Apprenticeships for All' projects.
To collect staff feedback we have conducted a Disability and Long-term Health Conditions Staff Survey. The data and information from these will be used in our national report Workforce Disability Equality Standard for 2018/2019

Equalities, Diversity and Inclusion (ED&I) Strategy – 'Diversity Matters'
In April 2018, the Trust launched its Equalities, Diversity and Inclusion Strategy which seeks to engender the development of an organisational culture that fosters inclusion and leads to exceptional standards of patient care. In addition to the reporting activities noted above, we have also carried out activities to deliver on the objectives set out in 'Diversity Matters'.

Equalities, Diversity and Inclusion (ED&I) Activity
During 2018/19, we undertook an extensive communications project working with stakeholders across the Trust to promote and raise awareness on for example religious festivals and other key dates in the diversity calendar.

We have also carried out a number of promotional events across all main and community sites to promote and launch key new documents and processes such as ED&I staff surveys and new Staff Network Groups.

Work has been carried out in partnership with the Patient Experience and Informatics teams to review implementation of the Accessible Information Standard which is a formal, proactive approach to supporting patients, their families and/or carers who have communication needs, and finding out how to meet and support their needs.

We also reviewed and evaluated how well we have met the Disability Confident Standard in September 2018. This standard supports people with disabilities, not only during the recruitment process but encourages line managers to continue to offer support to staff with disabilities during their whole employment with the Trust.

We continue to aim to support and employ staff with a learning disability, having signed up to the NHS Learning Disability Employment Pledge, and having been recognised with a Level 2 award.

Other work on this agenda includes our continued involvement with the NHS Project Choice which is a supported internship hosted by the Trust and managed by Health Education England North East. The project is designed to give young people with learning difficulties, disabilities or autism the chance to gain work experience, undertake an employability qualification and complete a work-based internship. The project is tailored to the needs of the young people which enable them to meet and develop their individual skills.

Since September 2018, the Trust has been participating in a training pilot: "Apprenticeships for All". The aim of the programme is to cascade training to upskill managers in inclusive recruitment practices for apprentices with disabilities/ learning disabilities or difficulties. The first cohort of 22 was recruited in October 2017 and finished in June 2018. Of these, one secured an apprenticeship with the Trust and two secured apprenticeships with Durham County Council. Another student has gone on to volunteer within the Trust and one student has secured a further placement with a medical equipment supplier. In October 2018 a second cohort of 15 young people commenced with the Trust and all students are encouraged to apply for apprenticeships and jobs. One student has already secured employment with another organisation.

To improve and raise awareness of Equality and Diversity we have reviewed all our Equality and Diversity policies focussing more on outlining a process, giving supporting information and/or guidance for managers and staff. We will be continuing to develop additional policy documents around more of the nine protected characteristics. As an example of this work, development of a new Transgender framework will provide guidance to support colleagues who are proposing to undergo, are currently undergoing or have undergone a process (or part of a process) of gender reassignment – "transgender colleagues". It supports line managers in operating within the law and in line with the Trust's Behaviours Framework.

We have launched three closed Facebook groups (Disability Staff Network Group, The Ethnic Minority Network Group and the LGBT Staff Network Group) in November 2018. A draft Staff Network Groups Framework has been developed which outlines the code of conduct, terms of reference for membership and an outline of who would be encouraged to join these groups. In addition we are continuing to update and add more information to the Equality and Intranet site to support the information contained in the Equality, Diversity and Inclusion policy documents as well as providing staff and managers with additional relevant information.
A new contract was awarded to Everyday Language Solutions (ELS) to deliver our Interpretation and Translation service. As part of the new contract ELS will continue to supply all the previous data and KPI's but in addition they will also include a full breakdown of the cost for their services by Care Group. As part of the contract ELS will offer training on using their services to all Trust staff.

We have designed two Equality, Diversity and Inclusion staff surveys, an Ethnic Minority Staff Survey and a Disability and Long-term Health Conditions Staff Survey, to collect staff feedback to inform the future focus of our ED&I activities. We have also conducted a comparison based on the demographics of our staff in relation to the community demographics of the area we serve. The data and information from both this comparison, and the staff surveys, will be used in our national reports, Equality Delivery System, Workforce Race Equality Standard and the Workforce Disability Equality Standard for 2018/ 2019

We continue to work with external partners including the Police, City Councils, Healthwatch and Pride to raise our profile as an employer of choice. Further development and expansion of links with other public sector organisations and community networks is a one of our areas of focus for 2019/20.

The promotion of relevant courses from the North East Leadership Academy, most notably the "Stepping Up" programme, which targets Black, Asian and Minority Ethnics staff at Pay Bands 5 to 7 and the "Ready Now" programme for Black, Asian and Minority Ethnics staff in Bands 8a and above has continued throughout 2018/19.

Following the completion of the 2018 Workforce Race Equality Standard report robust action plans have been developed and are currently being worked on to improve the workplace experiences, promotion opportunities and inclusion for staff from a BME background.

In November 2018 we launched our Health Passport - which is completed as an undertaking entered into between a line manager, on behalf of the organisation, and an employee, who has declared they have a disability or have a long term health condition.

During 2018/19 as part of the ESR Manager Self Service roll out, we continue to encourage staff to update their personal records; in particular, with respect to their protected characteristics, to ensure that we have representational information on all staff demographics.

The Trust was successful in bidding for one of six places on the national Building Leadership for Inclusion (BLFI) pilot. BLFI is an NHS system wide programme of work that seeks to: raise the level of ambition on inclusion; quicken the pace of change, and ensure that leadership is equipped to achieve and leave an ever increasing and sustainable legacy of inclusion. We established an internal team drawn from all levels across the Trust, which was representative of its broad geographical and functional areas. The Team also reflected the Trust's diversity dimensions, cutting across age, gender, race, disability, religion and sexual orientation.

The team worked with external facilitators in order to conduct a diagnostic of diversity and inclusion within the Trust. Several workshops were held with this team and its members were further tasked with holding conversations with other staff and collecting data as part of the diagnostic work. Data was collated and sent to the external facilitators who produced an extensive diagnostic report as well as a list of suggested next steps. Focus groups were also undertaken with our BME staff and a separate report is in the process of being compiled. Key work priorities were also agreed, particularly the establishment of an ED&I Strategic Group which will help to drive forward and govern the equality, diversity and inclusion agenda within the Trust.

We have also launched a #100faces campaign to celebrate the diversity within #TeamCDDFT. One hundred staff and volunteers were invited to take part by having their photograph taken and sharing an aspect of their identity, life story or experience in a short piece of writing (100 words or less). The aim is to draw out the many different communities that make up #TeamCDDFT. Contributors may choose to talk about their sex, nationality, race, faith, gender expression, disability, age, class, sexual orientation, family status or any other aspect of their life story or experience.

A new Migraine Support Group has been established to target staff that experience severe or painful migraines to offer mutual support, shared experience and information in a safe and confidential area.

Colleagues from across the Trust took part in #TimeToTalk, supporting and promoting good mental health and being kind to one another.

To mark stress awareness month the Occupational Health and Wellbeing Team ran two sessions during April 2019 at DMH and UHND. The team invited staff to visit stalls to talk to members of the team, explore stress-busting activities and get information and advice.

The Trust Board signed the NHS SmokeFree pledge signalling our commitment as a Trust to be SmokeFree by 1 October 2019. This programme is shaped around the Ask - Advise - Act approach, recognising smoking as a relapsing long term condition rather than a lifestyle choice. How we treat tobacco dependency when patients are in our care, and often at their most vulnerable, must reflect this understanding. A Steering Group was set up, led by an Executive Sponsor, with good representation across care groups. SmokeFree champions have been identified to support the programme and disseminate information.

All Adult Cancer Nurse Specialists have been adopted by Macmillan Cancer Support which will provide these staff with access to a wide range of learning and development courses, available exclusively to Macmillan professionals, a free coaching service and branded materials, merchandise, information, toolkits and resources. Through this additional support, MacMillan will be able to: provide staff with service improvement and problem solving support; support cancer service development; and provide information and insight around the local and wider cancer environment, including the broader needs of people affected by cancer.

One of only five national pilot programmes has been launched in County Durham, and is seeing great success. The Macmillan funded "Joining the Dots" service, delivered by the Trust's Health

Improvement team and the Pioneering Care Partnership, has been developed to support people living with and beyond cancer in County Durham. While there are lots of excellent clinical services available and some very good support services and networks in the community, it is often very hard to navigate through all that is on offer.

Joining the Dots is a free, countywide service for anyone aged 18 or over living in County Durham who has been diagnosed with cancer, or their family and friends. The service helps patients and families to access the right support with practical issues such as welfare rights and benefits, transport arrangements for appointments, spiritual needs and introductions to local groups. The service also helps with the emotional support that may be needed and the team can help navigate the plethora of charities support groups, grants, and advice available.

#NextStepHome is the name of a new initiative, which aims to create a shared purpose with staff engagement focused upon improving patient care by improving flow. The perfect discharge pathway supports people's timely, effective discharge from an NHS inpatient setting, to a setting which meets their individual needs and is their preferred choice amongst available options. It applies to all adult inpatients in NHS settings, and is utilised before and during admission to ensure that those who are assessed as medically fit for discharge can leave hospital in a safe and timely way.

We also have 'home from hospital' services for patients needing extra support on discharge. These services include a "meet and greet" service to help patients settle back in to their home; for example, by ensuring that keys are available and that the heating is on.

A new leaflet has been delivered to clinical areas. 'Preventing Falls in Hospital' which has useful tips for patients over 65 or who are identified as being at particular risk of falling, aiming to keep them safe and steady during their time with us. There is also information for their families and carers. In addition, teams of physiotherapists and occupational therapists work together running falls courses for those who may, for example, be recovering from a fracture that affected their mobility confidence.

Innovative 'red bags' that help care home residents admitted to hospital be discharged sooner have been rolled out across the Trust. The bags, which contain key paperwork, medication and personal items like glasses, slippers and dentures, are handed to ambulance crews by carers and travel with patients to hospital where they are then handed to the doctor or nurse in charge. Care home staff are trained how to pack the bag correctly, and ensure that the accompanying checklist is completed, and know who needs to take responsibility for the bag when an emergency admission arises. The same happens at hospital when the patient returns home.

Clown Doctors visited Treetops children's ward at UHND to help our younger patients have the best experience possible while in our care. Funded by the Children's Foundation, the Clown Doctors support the recovery of both emotional and physical health using storytelling, music, improvisation, humour and play. They have been entertaining children in hospitals in the region for over 12 years and more visits are planned to Treetops, doing what they do best - prescribing laughter as medicine

The Trust's "Wellbeing for Life" team continues to do an amazing job in supporting people to live well across our communities. This great work contributes to the improvement of both physical and mental health for those who require help from the service.

Our healthcare scientists celebrated British Science Week by opening their doors to schoolchildren. Staff including scientists from Biochemistry, Nuclear Medicine, Cardiology, Audiology, Medical Illustration and Clinical Engineering showcased their work with fun and interactive demonstrations and provided advice on pursuing a career in healthcare science.

A new role within our midwifery team has been introduced – Professional Midwifery Advocates (PMAs), offering support for midwives so they can provide the best possible care for women and their babies. The role takes on some of the previous Midwifery Supervisors' responsibilities but with a completely fresh approach, aiming, through staff empowerment, support and development, to make improving quality of care an intrinsic part of each midwife's role. They will also help meet the emotional needs of midwives and to support the development of resilience and the creation of 'thinking space' through discussion, reflective conversation, supportive challenge & open and honest feedback. PMAs will also ensure that action to improve quality of care becomes an integral part of the midwifery role in all parts of the system.

Our midwives are encouraging mums to engage with an initiative from an international charity that reinforces some of the key health & safety messages for parents-to-be. The Baby Box Co offers new and future parents online advice and information on how to give their baby the healthiest start in life and care for them safely and we're one of the first Trusts in England to recognise the benefits for parents. The advice comes online in bite-size sections which each end in a series of questions to help parents check they've absorbed and understood what they've read. Once all the sections have been completed, parents qualify to receive a free Baby Box filled with useful goodies, which many use as a travel cot or keep it at a grandparent's house.

CDDFT supported a national campaign encouraging pregnant women to be very aware of any changes in their baby's movement, including reduced activity and, most importantly, not to delay contacting their midwife if they have concerns. The campaign aims to minimise the risk of stillbirths. Our midwifery team went out and about to public areas in County Durham & Darlington sharing the message and giving out handy purse-size cards with the key messages and a contact number providing expectant mums with access to the pregnancy assessment unit of their choice.

The Trust held an open day showcasing 'what it's like to be a Midwife'. Students were invited from schools and colleges across Durham & Darlington to chat with #TeamCDDFT midwives about their profession.

Our plans for 2019/20 Moving to Good – Culture and Leadership Programme
This year sees a focus on the engagement agenda with us embarking on a culture and leadership journey using methodology from the 'Moving to Good' Programme which has been developed using an evidence base of national and international research which identifies the concepts associated with high quality care cultures. Resources have been developed which are aimed to support the organisation in developing a more positive workforce culture. Further details are provided in Section 4.3.6, Workforce and OD.

3.2.5 Modern Slavery Act

All clinical and non-clinical staff within the Trust have a responsibility to consider issues regarding modern slavery and to incorporate their understanding of these issues into their day to day practice.

In accordance with the Modern Slavery Act 2015, County Durham and Darlington NHS Foundation Trust is committed to preventing acts of modern slavery i.e. human trafficking and slavery, within both its business and supply chain. Furthermore, the Trust imposes those high standards on its suppliers.

The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, we have a strict set of ethical values that we use as guidance with regard to commercial activities.

In compliance with consolidation of offences relating to trafficking and slavery within this Act, we review our supply chains with a view to seeking confirmation that suppliers have arrangements to present trafficking or slavery.

3.2.6 Important Events since the end of the financial year affecting the FT

On 1st May 2019, the Trust's vascular surgery service transferred to City Hospitals Sunderland and South Tees NHS Foundation Trust, in line with the requirements of Specialist Commissioners.

3.2.7 Details of Overseas Operations

The Trust has had no overseas operations in the year.

4 ACCOUNTABILITY REPORT

4.1 Directors' Report

4.1.1 Details of Directors serving during the year

Details of the Directors serving during the year are set out in Section 2.1.1 (pages 17 to 22) of this report: Trust Board of Directors.

4.1.2 Statement of Compliance with Cost Allocation and Charging Guidance Issued by HM Treasury

The Trust has complied with the costs allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance.

4.1.3 Better Payment Practice Code

4.1.3.1 Public Sector Payment Policy

Unless other terms are agreed, we are required to pay our creditors within 30 days of the receipt of goods or a valid invoice, whichever is the later. This is to ensure that we comply with the Better Payment Practice Code.

The Trust's performance against this metric is shown in Table 15 as follows:

Table 15 – Better Practice Payment Code Compliance

Non NHS Creditors		NHS Creditors	
Target:	95.00%	Target:	95.00%
Result by number:	60.89%	Target:	44.19%
Result by value:	68.22%	Result by value:	52.98%

A detailed breakdown of the figures is shown on the next page:

Table 16 – Better Practice Payment Code Detailed Breakdown

	Non NHS Creditors		NHS Creditors	
	Number	£000's	Number	£000's
Total bills paid in the year to 31 March 2019	102,474	334,125	2,874	41,278
Total bills paid within target	62,394	227,928	1,270	21,868
Percentage of bills paid within target	60.89%	68.22%	41.19%	52.98%

During 2018/19 the Trust, along with many other trusts across the country, experienced cash shortages as a result of the pressures felt across the NHS. This resulted in payment for inter NHS invoices being withheld completely during October to December 2018, and non NHS invoices experiencing payment delays. Additional Interim Cash Support provided by Department of Health in January 2019 allowed all overdue invoices to be settled.

4.1.3.2 Late Payment Interest

Legislation is in force which requires Trusts to pay interest to small companies if payment is not made within 30 days, known as the Late Payment of Commercial Debts (Interest) Act 1998. The Trust and its subsidiary paid £542 in claims under this legislation.

The total potential liability to pay interest on invoices paid after their due date during 2018/19 would be £863,440. There have been minimal claims under this legislation, therefore the liability is only included within the accounts when a claim is received.

All of this amount relates to non NHS invoices, and none relates to NHS healthcare contracts.

4.1.4 Statement of Disclosure to Auditors

The Board of Directors of County Durham and Darlington NHS Foundation Trust is responsible for preparing this annual report and the annual accounts. The Board of Directors considers the annual report and accounts, taken as a whole, to be fair, balanced and understandable and to provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware and the Directors have taken all steps that they ought to, as Directors, to make themselves aware of any relevant information and to establish that the Trust's auditor is aware of that information.

4.1.5 Political Donations

The Trust made no political donations during 2018/19.

4.1.6 Meeting NHS Improvement and CQC's Well-Led Framework

The Trust has arrangements in place to implement good practice as defined in the Well-Led Framework. These are summarised in the table below, for each of the 10 Domains within the framework, signposted to other sections of this report where more detail is available. The Board completed a detailed self-assessment against the framework in 2016/17, which was validated by a subsequent external review, for which the final report was received in July 2017. The reviewer's

assessments are also noted in the table below. All but one domain was assessed as 'Amber-Green', which in essence denotes no significant omissions in good practice arrangements and credible action plans to address gaps; one area was rated 'Amber-Red' which again denotes no major omissions from the framework, but further and more concerted action being required to address areas for improvement. During 2018/19, the reviewers undertook a follow up review and uprated their assessment of the Strategy Domain to 'Amber-Green' on the basis of actions taken and feedback from external stakeholders and Trust staff.

The Trust has taken into account the results of its own, and external assessments under the well-led framework in preparing the Annual Governance Statement on page 94 of this annual report. The Board has identified no material inconsistencies between the corporate governance statement made to NHS Improvement in June 2018, the annual governance statement, the Quality Report and the most recent CQC inspections that require disclosure in this report.

Table 17 – Well-Led Framework

Domain	Arrangements in place
Credible Strategy	The Trust's Strategy, outlined in section 3.1.2 above, is refreshed and approved by the Board annually and progress against all elements of the Strategy is monitored by a Strategic Change Board – comprising Executive Directors and Clinical Leaders – meeting once per month. The vision and mission were consulted on with staff and wider stakeholders and improvements have been made, in year, with respect to stakeholder consultation on our strategic plans and service strategies. Executive Directors and Non-Executive Directors have engaged with staff on the development and roll out of our strategy through listening events and regular engagement activities such as ward walk-arounds and the Chief Executive's breakfast meetings with groups of staff.
Board Understanding and Management of Risks	A comprehensive risk management strategy is place, supported by training of risk owners, monitoring and oversight by a specialist Assurance and Compliance team and review of risk registers by a Risk Management Committee. More detail is included in the Annual Governance Statement starting on page 94
Board Capacity and Capability	The current experience of the Board is set out in Section 2 of this report. The Board annually reviews the skills, capacity and capability it requires and a range of training is provided through Board seminars. Five Board development sessions were held during the year, with four provided as part of NHS Improvement's Moving to Good programme.
Board engendering of a Quality-focused culture	Quality is the first item on the Board's agenda for each meeting. The Board has a dedicated Integrated Quality and Assurance Committee, the agenda for which covers all quality assurance requirements except for Safe Staffing, which is reported to the Board directly in line with the recommendations of the National Quality Board. Board members perform regular ward walk-arounds and have ready access to Care Group leadership teams to enable them to listen to staff, promote the quality agenda and triangulate assurance. More detail on the Executive Committees in place to drive the quality agenda and the work of the Integrated Quality and Assurance Committee are set out in the Annual Governance Statement starting on page 94.
Culture of Learning and Improvement	The Board has undertaken development activities as outlined above. A Strategic Leadership Development Programme is in place for senior managers in the Trust, as part of an overall Talent Management approach. The Trust has invested in facilities to support learning for clinical staff, including a training centre at Prospect House and a Clinical Simulation Centre, used to simulate situations (including some based on incidents) to support learning and improvement. The Trust has engaged a team from Salford Royal Hospitals in working with all Care Groups on quality improvement projects and dissemination of quality improvement skills. The Trust now has a CDDFT quality improvement methodology, known as IMPS, which is being rolled out widely, with over 150 staff trained to date. A number of staff are being trained as practitioners and undertaking improvement projects. The Board has placed considerable emphasis on the development and roll out of IMPS and all Board Members have been trained to enable them to act as Ambassadors for the programme. During 2019/20, we aim to have developed capacity and capability in the use of IMPS in all teams within the Trust
Governance processes	Governance structures are outlined in detail in the Annual Governance Statement starting on page
Processes to manage risk, issues and performance	Processes to manage risk, issues and performance are summarised in the Annual Governance Statement starting on page 94. Information on the Integrated Performance Framework is included in 3.2.1 above.

Domain	Arrangements in place
Patient and Public Engagement	The Trust uses the Friends and Family Test interviews, analysis of complaints and compliments, patient stories, local and national surveys to obtain the views of patients on services. This is information is shared with operational teams to improve services by ward or team and with Board Committees for executive direction and assurance. Expert patient groups and Healthwatch are engaged in discussions at service level and through the Trust's Patient Experience Forum, which has a remit to identify and take through service improvements. Arrangements to engage our membership through our Governors are set out in section 2.3 above.
Information and reporting	Key reports to the Board include the Integrated Performance Report outlined in Section 3.2.1 above, the quarterly Assurance and risk report (including the Board Assurance Framework) Monthly Finance Report, and the Monthly Patient Safety and Experience Report. These reports are being reviewed and improved, taking on board learning from the Moving to Good programme, in particular re: the use of statistical process control charts. More information on how reports are scrutinised and challenged through the Board Committee structures is set out in the Annual Governance Statement starting on page 94.
Reliability and quality of information systems	Arrangements to assure the reliability of information systems are summarised in our Annual Governance statement starting on page 94. The Trust's Information Services team applies a series of validation controls to key datasets, including kite-marking for some of the most important datasets used to report on regulatory compliance and key performance targets. Internal Auditors carry out testing, based on a risk assessment, of key datasets and further assurance of key datasets used to report mandatory indicators in the quality accounts can be taken from external audit testing.

CQC rated the Trust's Well-Led arrangements as 'Good' based on their most recent inspection. The Trust identified a number of improvement actions based on CQC's report, which it has implemented in full.

4.1.7 Income Disclosures

The Trust has met the requirement, within Section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2013) that income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purpose.

Other income received during the year related primarily to funding for education and training (for mainly clinical staff) and income from non-patient care services to other bodies. Income from the latter is used to offset the costs of providing such services and any surplus used to support the provision of goods and services for the purposes of the health service in England.

4.2 Remuneration Report

4.2.1 Annual Statement on Remuneration

The Trust has two separate Remuneration Committees:

- The Board's Remuneration Committee, which sets and directs the implementation of remuneration policy for senior managers; and
- The Council of Governors' Remuneration Committee, which sets and directs the implementation of remuneration policy for Non-Executive Directors.

As the Chairman of both Committees, it is my pleasure to set out this Remuneration Report for 2018/19.

The major decisions made by the Committees during the year consisted of:

Decisions by the Board's Remuneration Committee:

- Approval of an increase in pay for Directors' and senior managers. Initially the Committee approved an increase of 1%; this was then amended to ensure that all staff on Very Senior Manager (VSM) scales were provided the flat rate uplift of £2,075 per annum, in line with the national recommendation from Government ministers notified by NHS Improvement in December 2018.
- Agreement of the remuneration package for the Director of Finance for our subsidiary SCL, who commenced in post on 7th January 2019. This was a new post and remuneration was set to take into account the incoming officer's experience and responsibilities.

Decisions by the Council of Governors' Remuneration Committee

- Having considered national benchmarking information from NHS Providers, including the Trust's relative position, the Committee recommended no increase in remuneration for the Trust's Non-Executive Directors during 2018/19. This recommendation was endorsed by the Council of Governors.

These decisions were made within the context of the Trust's remuneration policies, which remained unchanged during the year, and on the basis of advice from the Trust's Workforce and Organisation Development Director and her senior team, complemented by external benchmarking where appropriate.

In agreeing the remuneration for senior management appointments, the Board's Remuneration Committee balances the need to attract and retain high calibre managers capable of implementing the strategic changes required within the Trust over the next five years, with the need for any remuneration levels to be justifiable in the context of benchmarking, constraints on the pay of our general staff, and the productivity and efficiency targets which the Trust must meet.

Professor Paul Keane OBE
Chair of the Board's Remuneration Committee, and
Chair of the Council of Governors' Remuneration Committee

4.2.2 Senior Management Remuneration Policy

Tables 18 and 19 shown below and overleaf summarise the components of remuneration for the Trust's senior managers and Non-Executive Directors respectively. Differences in policy relating to Directors of Synchronicity Care Ltd (SCL) are noted in the table.

Table 18 - Future Policy– Senior Managers

Component	Alignment to strategic objectives	Rules of operation
Annual salary	Salaries are set at a level capable of attracting and retaining high calibre managers with the skills to develop, direct and implement change in line with the Trust's strategic objectives and underpinning strategic plans.	Annual salaries are fixed. Annual uplifts are agreed by the Board's Remuneration Committee on the basis of recommendations from the Director of Workforce and OD, which are presented by the Chief Executive and supported by benchmarking and an assessment of performance against objectives reviewed by the whole Committee. For 2018/19, the Committee agreed to an uplift of 1% for all Directors, on the recommendation of the Director of Workforce and OD and, as necessary, a further update in line with the flat rate recommended nationally by ministers and advised to the Trust by NHS Improvement in December 2018. For the Chief Executive, annual uplifts to the salary are agreed by the Board's Remuneration Committee based upon recommendations from the Director of Workforce and OD, which are endorsed by the Chairman and supported by both benchmarking and an assessment of performance against objectives reviewed by the whole Committee. The Trust does not set predetermined maximum limits in respect of annual salary increases. Performance against objectives is reviewed over the financial year. The Trust does not apply weightings to particular performance objectives or attach pre-determined levels of increase to particular performance objectives. The Board's Remuneration Committee considers performance against individual objectives, and Directors' contributions to the Trust's overall objectives alongside benchmarking and the prevailing rates of pay for similar posts in neighbouring and similar Trusts; however, none of the Executive Directors' pay is directly linked to performance. The Committee has discretion not to increase salaries where it considers that increases are not merited.
Access to the NHS Pension Scheme	Determined by the salary level which is set to secure appointments capable of implementing the Trust's clinical and quality strategy.	In line with the rules of the scheme.
SCL Directors	Salary Pension entitlements	Under the company's Articles of Association, Directors salaries are determined by the Trust. This is done through the Board's Remuneration Committee as noted above. One Executive Director transferred to SCL under TUPE on a spot salary and with access to the NHS Pension scheme. The Director's salary was increased in line with the national recommendations during the year. Any newly appointed Directors' salaries will be determined as above. Pension entitlements will be accrued in the NEST scheme rather than the NHS Pension Scheme, in line with the rules of that scheme. A Finance Director was appointed in the year and their remuneration approved by the Board' Remuneration Committee, having been set to take into account the incoming officer's experience and responsibilities.

There have been no new elements introduced into senior managers' remuneration packages during the year and no changes have been made to existing elements.
The Trust's policy with respect to remuneration of senior managers remains consistent with its general policy on employees' remuneration.

Each Director's annual objectives are agreed by the Chief Executive following review and approval of a draft by the Board's Remuneration Committee. The Chief Executive's objectives are agreed by the

Chairman following review of a draft by that Committee. The Chief Executive and Executive Directors are appraised annually, with performance against objectives reviewed by the Committee in year.

Senior managers paid more than £150,000
Three Executive Directors were paid more than £150,000 during 2018/19, comprising the Chief Executive, the Executive Medical Director and the Executive Director of Operations.
The Chief Executive's remuneration was set on the basis of benchmarking information and external advice when she took up her post in 2012, and the level of remuneration was deemed to be that necessary to attract and retain a candidate of suitable calibre. Subsequent increases have been approved based upon consideration of national pay recommendations, review of performance and benchmarking information.

The remuneration of the Executive Medical Director was – for his duties as Medical Director - capped at the same level as the previous incumbent and set in line with rates of pay for Medical Directors regionally and nationally. Pay for clinical sessions is in line with that paid to senior consultants within the Trust for similar clinical activities. Subsequent increases have been approved based upon consideration of national pay recommendations, review of performance and benchmarking information.

The remuneration of the Executive Director of Operations was set – at the time of her appointment - on external advice from Gatenby Sanderson who provided benchmarking information to assist the Board's Remuneration Committee in agreeing a remuneration package designed to attract and retain a candidate with suitable skills and experience. The post has a wide range of responsibilities including the requirement for the post-holder to deputise for the Chief Executive. Subsequent increases have been approved based upon consideration of national pay recommendations, review of performance and benchmarking information.

Table 19 - Future Policy – Non-Executive Directors (NEDs)

Component	Alignment to strategic objectives	Rules of operation
Annual salary	Remuneration is determined at a level capable of attracting and retaining high calibre NEDs with the skills to support the direction and implementation of change in line with the Trust's strategic objectives and underpinning strategic plans.	The Chairman is paid an annual remuneration in accordance with terms and conditions approved by the Council of Governors. Non-Executive Directors' remuneration is specified in their contracts, and agreed with the Council of Governors. All NEDs receive the same basic salary, set in accordance with regional and national benchmarking.
Additional salary payments for additional responsibilities	Payable in respect of additional time required from NEDs to chair Committees which are closely involved in scrutinising the achievement of strategic objectives and the management of strategic risk or to fulfil duties on behalf of the Trust with external stakeholders which further the strategy.	Any such additional payments must be recommended by the Council of Governors' Remuneration Committee and approved by the Council of Governors. All NEDs now chair Board Committees and / or have other elements of additional responsibility. Such payments currently do not exceed £3,500 and have been frozen for the three years from 2017/18.
SCL Directors	Salary Responsibility allowance	The Chairman of SCL's pay is aligned to the salary paid to Trust Non-Executive Directors, adjusted for any difference in the expected time commitment. No responsibility allowance is paid. There is no payment to the Trust's Non-Executive Director appointed to the SCL Board. Payment is deemed to be covered by his responsibility allowance paid through the Trust. Decisions on SCL Director's pay are made by the Trust's Board rather than the Council of Governors.

Annual performance objectives for the Chairman are proposed by the Council of Governors' Remuneration Committee and approved by the Council of Governors. The Committee appraises the Chairman's performance annually, a process facilitated by the Senior Independent Director.
Trust Non-Executive Directors' objectives are set annually by the Chairman, taking account of the

views of Governors. Annual performance evaluations are carried out by the Chairman, supported by two senior Governors, and reported to the Council of Governors' Remuneration Committee.

Service contracts obligations
There are no specific service contract obligations in the senior managers' contracts other than the six month notice period for Executive Directors and for the Workforce & Organisation Development Director, together with standard national NHS redundancy provisions. It is not proposed that any others will be entered into. The standard national NHS redundancy provisions are capped and the Trust has applied this cap in its contracts with senior managers.

Policy on payments for loss of office
The principles on which determination of pay for loss of office will be based are as detailed above although the Board's Remuneration Committee and the Council of Governors' Committee can apply some discretion as they consider necessary. Senior manager performance is not formally relevant in the exercise of discretion, although it is likely to be taken into account. Any severance payment outside of contractual terms must be approved by the Board's Remuneration Committee following receipt of appropriate advice and any required regulatory approval.

Consideration of employment conditions elsewhere in the Trust
The pay and conditions of other employees were considered when setting the pay and conditions of senior managers to ensure that they were in keeping save for any differences arising from specific circumstances.
The Foundation Trust did not consult employees when setting the senior managers remuneration policy. However, as noted above, in 2018/19, pay increases for senior managers were limited in line with the national recommendation made by Ministers.
No external advice was taken in respect of senior managers' and Non-Executive Directors remuneration during the year.

4.2.3 Annual Report on Remuneration

Table 20 shown below summarises the components, contract terms and notice periods for those senior managers and Non-Executive Directors serving on behalf of the Trust for all or part of 2018/19:

Table 20 - Senior Managers' Service Contracts (Trust)

Name	Contract date	Term / expiry	Notice period
Mrs S Jacques, Chief Executive	1 March 2012	Permanent contract	Six months
Mr D Brown, Executive Director of Finance (from 25th May 2017)	25th May 2017	Permanent contract	Six months
Mr J Cundall, Executive Medical Director	1 March 2017	Permanent contract	By agreement.
Mrs C Langrick, Executive Director of Operations	9 February 2015	Permanent contract	Six months
Mr N Scanlon, Executive Director of Nursing	4 June 2015	Permanent contract	Six months
Mrs M Smith, Workforce and Organisation Development Director	1 June 2015	Permanent contract	Six months
Professor P Keane OBE (Chairman)	1 March 2018	28 February 2021	None specified
Mr M Bretherick, Non-Executive Director	1 June 2016	31 May 2019	None specified
Mrs J Flynn MBE, Non-Executive Director	1 October 2017	30th September 2020	None specified
Mr P Forster-Jones, Non-Executive Director	1 June 2016	31 May 2019	None specified
Mr S Crosland, Non-Executive Director	1 June 2018	31 May 2021	None specified
Mr S Gerry, Non-Executive Director	1 June 2017	31 May 2020	None specified
Mr A Young, Non-Executive Director	1 June 2017	31 May 2018	None specified

The Council of Governors has approved the reappointment of Mr Bretherick and Mr Forster-Jones from 1st June 2019.

Table 21 shown below summarises the components, contract terms and notice periods for those senior managers and Non-Executive Directors serving on behalf of the Trust's subsidiary (SCL) for all or part of 2018/19:

Table 21 - Senior Managers' Service Contracts (SCL)

Name	Contract date	Term / expiry	Notice period
Ms A McCree, Executive Director	1 April 2017	Permanent contract	Six months
Ms S Judson, Executive Director	7th January 2019	Permanent contract	Three months
Mr I Robson, Chairman	1 June 2017	Non-specified.	Non-specified.
Mr P Forster-Jones (Non-Executive)	1 April 2017	Under Trust contract (see above)	Non-specified

4.2.4 Membership of the Remuneration Committees

Membership of the two Remuneration Committees is provided in Table 22 shown below. It should be noted that Governors' terms of office may expire at different points during the year and that the Remuneration Committee's membership is refreshed in February each year; hence the number of meetings which would be expected to be attended over a 12 month period varies for different Governors.

Table 22 – Remuneration Committee Membership

Board Remuneration Committee		**Council of Governors Remuneration Committee**	
Member	**Meetings attended**	**Member**	**Meetings attended**
Prof. P Keane OBE	3/3	Prof. P Keane OBE	3/3
Mr M Bretherick	3/3	Mr C Boyd, Public Governor, Easington	1/1
Mrs J Flynn MBE	3/3	Dr K Davison, Public Governor, Wear Valley and Teesdale	3/3
Mr P Forster-Jones	3/3	Ms P Gordon, Staff Governor (Nursing and Midwifery)	1/3
Mr S Crosland	2/2	Mr David Lindsay, Public Governor, Derwentside	1/3
Mr S Gerry	3/3	Ms Carmen Martin-Ruiz, Public Governor, Chester-le-Street	2/3
Mr A Young	1/1	Mr Gordon Mitchell, Appointed Governor (Universities)	3/3
		Mr Kevin Morley, Staff Governor, Community Services	0/2
		Dr R Scothon, Public Governor, Durham City	0/2
		Mr W Sloane, Staff Governor (Nursing and Midwifery)	0/1
		Mr J Sloss, Public Governor, Darlington	0/2
		Mr N Williams, Staff Governor (Admin, Clerical and Management)	1/2
		Mr C Wills, Public Governor, Wear Valley and Teesdale	1/1

The Board's Remuneration Committee met on the following dates during the year:
- 16th May 2018;
- 28th November 2018; and
- 27th February 2019.

The Council of Governors' Remuneration Committee met on the following dates during the year
- 5th April 2018;
- 8th January 2019; and
- 20th March 2019.

4.2.5 Expenses paid to Governors and Directors

Governors may claim for basic expenses necessarily incurred in the performance of their duties (such as mileage to and from meetings) in accordance with Trust policies and in compliance with HMRC regulations or other legislation. Mileage and travel expenses are reimbursed in line with the standard rates applied for NHS staff. The time and travel commitment for each Governor differs, depending on which committees they must attend and the location of the meetings/events attended on behalf of the Trust.

Directors may claim reimbursement for basic expenses necessarily incurred in the performance of their duties. Expenses are claimed in compliance with Trust policies and (where applicable) are subject to income tax and national insurance deduction in accordance with HMRC regulation and other legislation.

Table 23 – Expenses paid to Governors and Directors

	2018/19			2017/18		
	Number in office	Number claiming expenses	Total sum paid £'00	Number in office	Number claiming expenses	Total sum paid £'00
Governors	41	22	60	35	13	30
Directors	14	13	120	16	13	100

4.2.6 Senior Managers' Remuneration and Fair Pay Multiple

Information in this section has been subject to audit as part of the external audit of the Trust's financial statements.

Table 24 – Salary and Pension-related Benefits of Senior Managers

	Role	Salary banding £'000s	Taxable expenses and benefits in kind £'000s	All pension-related benefits £'000s	Total £'000s	Effective period
		nearest £5,000	nearest £100	nearest £2,500	nearest £5,000	
Mrs S Jacques	Chief Executive	205-210	0	50.0-52.5	255-260	
Mrs M Smith	Director of Workforce and Organisation Development	110-115	0	0	110-115	
Mr N Scanlon	Executive Director of Nursing and Patient Experience	125-130	0	0	145-150	
Mr D Brown	Executive Director of Finance	120-125	0	60.0-62.5	195-200	
Mrs C Langrick	Executive Director of Operations	150-155	0	0	150-155	
Mr J Cundall	Executive Medical Director	170-175	0	0	170-175	
Miss A McCree	Director - SCL	100-105	4	7.5-10.0	130-135	
Mrs S Judson	Director of Finance - SCL	80-85	0	0	80-85	
Prof P Keane	Chairman	55-60	0	0	55-60	
Mr A Young	Non-Executive Director	15-20	0	0	0-5	Left 31st May 2018
Mrs J Flynn	Non-Executive Director	15-20	0	0	15-20	
Mr M Brethenick	Non-Executive Director	15-20	0	0	15-20	
Mr P Forster-Jones	Non-Executive Director - Trust and SCL	15-20	0	0	15-20	
Mr S Gerry	Non-Executive Director	15-20	0	0	15-20	
Mr S Copyland	Non-Executive Director	15-20	0	0	15-20	From 1st June 2018
Dr I Robson	Chairman - SCL	15-20	0	0	15-20	
		a	b	c	f	
2017-18		Salary banding £'000s	Taxable expenses and benefits in kind £'000s	All pension-related benefits £'000s	Total £'000s	Effective period
		nearest £5,000	nearest £100	nearest £2,500	nearest £5,000	
Mrs S Jacques	Chief Executive	200-205	0	57.5-60	260-265	
Mrs M Smith	Director of Workforce and Organisation Development	110-115	0	25-27.5	135-140	
Mr N Scanlon	Executive Director of Nursing and Patient Experience	125-130	0	52.5-55	180-185	
Mr P Dawson	Executive Director of Finance	30-35	0	-1.0-1.25	25-30	To 30th June 2017
Mr D Brown	Executive Director of Finance	100-105	0	137.5-140.0	240-245	From 25th May 2017
Mrs C Langrick	Executive Director of Operations	150-155	0	0	150-155	
Mr J Cundall	Executive Medical Director	165-170	0	400-402.25	565-570	
Miss A McCree	Director - SCL	100-105	2	67.5-70.0	170-175	
Prof P Keane	Chairman	55-60	0	0	55-60	
Mr A Young	Non-Executive Director	15-20	0	0	15-20	
Mrs J Flynn	Non-Executive Director	15-20	0	0	15-20	
Mr M Brethenick	Non-Executive Director	15-20	0	0	15-20	
Mr P Forster-Jones	Non-Executive Director - Trust and SCL	15-20	2	0	20-25	
Mr S Gerry	Non-Executive Director	15-20	0	0	15-20	From 1st June 2017
Dr I Robson	Non-Executive Director of the Trust	0-5	0	0	0-5	To 31st May 2017
Dr I Robson	Chairman - SCL	10-15	0	0	10-15	From 1st June 2017

** The prior year salary banding for Mr P Forster-Jones included expenses in error. The analysis between salary and expenses has been corrected in the table above.

In addition to his role as Executive Medical Director, Mr Cundall has continued to practice as a Colorectal Surgeon within the Trust. The salary and total pay quoted in the table above cover both roles, with £151,659 relating to his Executive role, and the remaining £19,295 relating to his clinical role.

Total remuneration includes salary, non consolidated performance related pay, benefits in kind, but not severence payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Where senior managers in the above table are members of a the NHS Pension Scheme, pension-related benefits have been determined in accordance with the rules set out, for defined benefit schemes, in the Foundation Trust Annual Reporting Manual. These include:

- The increase in the lump sum which would be payable to the individual, calculated by com paring the amount payable at the beginning and end of the year;
- The increase in the pension-benefit payable, calculated in the same way, extrapolated over an assumed 20 year payment period.

The application of the assumed 20-year payment period for pension benefits can therefore result in significant increases in benefits for senior managers that have received increases in salary as a result of promotions or additional responsibilities taken on during the year. The amounts should not be confused with monetary contributions paid into a defined contribution scheme.

The Board's Remuneration Committee has determined that, in the light of the assets managed by Synchronicity Care Ltd since 1st April 2017 and the Trust's dependence on the estates, facilites and

services provided from that date by 1st April 2017, the Directors of SCL – namely Dr I Robson, Miss A McCree and Mrs S Judson exercise significant inluence on group operations and strategy and should therefore be included in the above table. Prior to the transfer of estates, facilities and procurement services to SCL on 1st April 2017, SCL existed only as a small-scale trading venture with marginal impact on the Trust and the wider Group's operations. Ms A McCree left the Trust to become a full-time Director of its subsidiary company, Synchronicity Care Ltd with effect from 1st April 2017. Dr I Robson ceased to be a Non-Executive Director of the Trust from 31st May 2017, but remained as the Chairman of SCL. Ms Judson was appointed from 7th January 2019.
Six employees earned more than the highest paid director.
The midpoint of the banded remuneration of the highest paid director during 2018/19 was £206,095 (2017/18: £202,500). This is 7.95 times (2017/18: 8.0 times) the median remuneration of the workforce, which was £25,934 (2017/18: £25,298). The calculation includes remuneration based on the whole time equivalent of all staff employed within the CDDFT Group at 31st March 2019.
Senior Managers' Total Pension Entitlements
Information in Table 25 below/overleaf has been subject to audit as part of the external audit of the Trust's financial statements.

Table 25 – Pension Benefits

Name and 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 2019	Lump sum at pension age related to accrued pension at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 01 April 2018	Real Increase in Cash Equivalent Transfer Value	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	To nearest £100
CDDFT								
Mrs S Jacques	2.5-5.0	0-2.5	70-75	160-165	1313	1,091	160	0
Mr N Scanlon	0.0-2.5	0-2.5	55-60	165-170	1295	1,139	104	0
Ms M Smith	0.0-2.5	0.0-2.5	5-10	0-5	0	71	-73	0
Mr J Cundall	-7.5-10	-15-17.5	50-55	120-125	880	852	-10	0
Mr D Brown	2.5-5.0	0-2.5	40-45	90-95	650	518	84	0
SCL								
Ms A McCree	0.0-2.5	0.0-2.5	40-45	110-115	890	766	68	0

Ms S Judson has elected not to join the NHS Pension Scheme.

4.2.7 Payments for loss of office and payments to previous senior managers

There were no payments for loss of office or payments to previous senior managers made during 2018/19.

Sue Jacques
Chief Executive

4.3 Staff Report

4.3.1 Analysis of Staff Costs

Table 26 – Staff Costs Analysis

	2018/19				2017/18
	Total	Permanently employed total	Business with other WGA bodies (permanently employed)	Business with bodies external to Government (permanently employed)	Total
Staff costs	**£000**	**£000**	**£000**	**£000**	**£000**
Salaries and wages	[illegible]	[illegible]		[illegible]	[illegible]
Social security costs	[illegible]	[illegible]	[illegible]		[illegible]
Apprenticeship levy	[illegible]	[illegible]	[illegible]		[illegible]
Pension cost - employer contributions to NHS pension scheme	27,335	27,335	27,335		25,892
Pension cost - other	0	0			
Other post employment benefits	0	0			
Other employment benefits	0	0			
Termination benefits	[illegible]	[illegible]		[illegible]	[illegible]
Temporary staff - external bank	0	0			
Temporary staff - agency/contract staff	8,870	0			11,690
[illegible]	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	-245	-245		-245	-122
Recoveries from other bodies in respect of staff cost netted off expenditure	- [illegible]	- [illegible]		- [illegible]	-[illegible]
TOTAL STAFF COSTS	**306,900**	**298,030**	**51,216**	**246,814**	**299,203**
Included within:					
Costs capitalised as part of assets	788	788		788	665

4.3.2 Analysis of Average Staff Numbers

The staff group breakdown is based on the average staffing count throughout the financial year. These figures include staff that have transferred out of the Trust and highlight fluctuations due to starters and leavers. The analysis is provided separately for Trust employed and subsidiary employed staff.

Table 27 – Average Staff Numbers

CDDFT Average Headcount 2018/19		
Staff Group	**Permanent**	**Temporary**
Add Prof Scientific and Technic	199	5
Additional Clinical Services	1362	42
Administrative and Clerical	1255	73
Allied Health Professionals	429	0
Estates and Ancillary	43	11
Healthcare Scientists	151	3
Medical and Dental	364	201
Nursing and Midwifery Registered	2226	76
Students	7	4
Total	6036	416

SCL Average Headcount 2018/19		
Staff Group	**Permanent**	**Temporary**
Additional Clinical Services	9	1
Administrative and Clerical	78	4
Estates and Ancillary	367	5
Healthcare Scientists	13	1
Nursing and Midwifery Registered	1	0
Total	468	11

4.3.3 Breakdown of Staff

Table 28 – Breakdown of staff by gender

CDDFT Gender Summary as at 31st March 2019	Female	Male
Directors	3	8
•Non-Executive Director/Chair	1	5
•Executive Directors	2	3
Senior Managers/Managers	157	71
•Senior Managers Including Other Directors	85	43
•Managers B6+	45	23
•Nurse Managers B6+	27	5
All Other Employees	6293	1138
All Staff	6453	1217

SCL Gender Summary as at 31st March 2019	Female	Male
Directors	2	2
•Non-Executive Director/Chair		2
•Executive Directors	2	
Senior Managers /Managers	9	13
•Senior Managers Including Other Directors	5	9
•Managers B6+	4	4
All Other Employees	372	147
All Staff	383	162

The gender summary details the number of female/male staff in post on 31st March 2019. Staff members are only counted once where they hold they hold multiple posts in the organisation.

4.3.4 Sickness Absence Data

The health and wellbeing of our staff is a priority for the Trust. In an effort to identify absence trends and ensure appropriate interventions are in place to assist staff in maintaining their wellbeing, monthly sickness absence data is reported across all areas of the organisation.

The absence summary details the total number of absences due to sickness over the financial year broken down into long and short term episodes and by staff group. The analysis shows CDDFT staff and the Trust's subsidiary company's staff separately.

Table 29 – Staff Absence Summary

CDDFT Absence Summary			
Staff Group	Absence Occurrences	LT Absence Occurrences	ST Absence Occurrences
Add Prof Scientific and Technic	283	37	246
Additional Clinical Services	2,259	382	1877
Administrative and Clerical	1,126	192	934
Allied Health Professionals	469	59	410
Estates and Ancillary	50	12	38
Healthcare Scientists	115	4	111
Medical and Dental	220	23	197
Nursing and Midwifery Registered	3,027	427	2600
Students	12	1	11
Grand Total	**7,561**	**1137**	**6424**

SCL Absence summary			
Staff Group	Absence Occurrences	LT Absence Occurrences	ST Absence Occurrences
Additional Clinical Services	6	0	6
Administrative and Clerical	52	8	44
Estates and Ancillary	443	98	345
Healthcare Scientists	5	1	4
Grand Total	506	107	399

4.3.5 Staff Policies and Actions

Relevant policies and procedures are set out in Section 3.2.4 of our annual report: Social, Community and Human Rights Issues

4.3.5.1 Disabled Persons

Our policies and procedures, and developments in year have been summarised in Section 3.2.4 of our annual report: Social, Community and Human Rights Issues.

4.3.5.2 Employee Communications, Consultation, Involvement and Engagement

The Trust's Joint Consultative and Negotiating Committee meets bi-monthly and is the forum in which we work closely with our trade union colleagues on activities relating to our workforce. This long-established partnership approach will continue in the coming year as it is recognised that employment policy, practice and delivery of service have a direct impact on the workforce. Maintaining an excellent working relationship with our trade union colleagues is important in ensuring change is well managed.

The Trust actively consulted with and involved clinical teams as we progressed work on our clinical services strategy and will continue to do so in the year ahead.

Work continued on implementing the Trust's people strategy "Staff Matter", which sets out the strategic workforce priorities for the three years covering 2017–2020 and the actions required to realise our workforce ambitions. As we move into the final year of our existing strategy we will review the impact it has had and how we further develop our people strategy for the future.

Each Care Group and Corporate area has their own Staff Matter action plan. These plans have guided Trust-wide and departmental work on staff engagement. The action plans are monitored on a quarterly basis by the Trust's Strategic Change Board and Integrated Quality Assurance Committee. The plans will be reviewed to reflect current priorities and monitored in the same way throughout 2019/20. Monitoring activity relating to staff satisfaction will also form part of our work plan for the coming year.

The Trust provides information to employees via a number of routes – weekly Trust Bulletins, the Senior Manager and Heads of Department Forum, Team Briefings, one-to-one meetings.

Retention Strategy

Our retention strategy, "Retention Matters" outlines the approach that we will take to addressing areas of high staff turnover, by understanding patterns and trends in respect of retention and taking our learning from the good practice that is in existence across the organisation. The Strategy underpins the overarching Trust Staff Matter strategy and was co-developed during 2017/18. This document together with the underpinning plan will seek to inform activity for next three years. The strategy was designed in partnership with our dedicated employees who shared their experiences

of working for the Trust. Their feedback was used to assist us in celebrating our successes and in developing effective and innovative approaches to improve retention. Ultimately, our aim was to understand how we can create a working environment in which all of our valued staff can reach their potential, and remain motivated and productive, alongside creating a workplace in where people can thrive and continue to achieve their goals year on year.

The Implementation Plan sets out key activities aimed at addressing our retention challenges. These activities are set out across seven main themes (domains):

- Reward, Recognition & Appreciation;
- Staffing Levels;
- Flexible Working;
- Equipment / Facilities & Physical Working Environment,
- Communication & Engagement;
- Learning Organisation; and
- Leadership / Management Practices.

The primary purpose of our retention strategy is to establish a Trust-wide framework designed to assist Care Groups and Corporate departments in improving and sustaining strong retention levels. Whilst voluntary turnover within the Trust remains within the target range set and benchmarks well from both a regional and national perspective, it is vital that we maximise staff retention by ensuring a positive employee experience and allowing our workforce to develop and grow. Retention is particularly pivotal in areas where demand outweighs supply and there are particular skills shortages known to us. Our strategy will remain flexible to meet the needs of the organisation taking into account the future agendas for healthcare organisations as articulated within the NHS Five Year Forward View. The Trust will make reference to lessons learned from national reports where staffing has been a focus; for example, the Cavendish Review and Francis Report.

In addition, the Trust will build upon the positive feedback gained from focus groups held in the year. Key themes identified from the feedback will inform the Implementation Plan to ensure ongoing improvement and positive reporting.

The Trust has seen many benefits from the creation and development of this strategy; a number of successful interventions have been implemented across the Trust which will continue to focus on continuous improvement and employee engagement.

To build upon the foundations of this strategy and ensure that learning is taken from many sources the Trust has attended national events and participated in programmes of work with both NHS Employers and NHS Improvement. This latter programme of work saw the design of the national Retention Toolkit, and provided a useful and informative opportunity to benchmark our approach together with the sharing of good practice nationally.

Supporting line managers in engaging with their staff

The Trust recognises the importance of great line management in staff engagement and provides a comprehensive range of leadership and management development programmes to support managers in acquiring the necessary skills. Examples include the courses outlined below.

- **Strategic Leadership Development Programme**

The Strategic Leadership Programme is a broad framework covering a range of topics and is designed as a foundation programme for leaders, both clinical and non-clinical. The programme focuses on developing effective leadership skills using internationally recognised psychometric tools; evidence based research on leadership; and Trust specific data analysis and feedback metrics; to ensure both theory and practice are considered within the context of CDDFT and the future needs of the Trust. The programme has been rolled out across the Trust, with priority originally being given to the Care Group management teams. The programme has since been extended to include corporate areas and by the end of March 2019, 166 senior leaders have benefited from the programme.

- **Leadership Conferences**

The Trust has a programme of leadership conferences featuring guest speakers from the world of leadership, staff and patient engagement and healthcare. The aims of the sessions are to challenge our thinking around how we operate as leaders at both Trust and individual level. The first conference took place in April 2018. The October 2018 conference was combined with the Trust's Leading a Highly Reliable Conference. In total 481 senior leaders attended and the next combined conference is planned for June 2019.

- **Operational Management**

The Great Line Management Fundamentals Programme was first introduced in 2017/18. This programme consists of a portfolio of activities designed to develop managers as leaders and prepare them for the SLDP. Great Line Management Fundamentals focuses on developing an individual's understanding of their role as a manager and the skills needed to influence and work effectively through others; for example, people management skills. The programme offers a comprehensive range of workshops beginning with an introductory day, followed by a series of free-standing modules covering key areas such as staff engagement, personal resilience, effective communication, workforce policy and processes. In addition to a wide range of workshops, "HR for Managers" mini guides are available and include information on topics such as recruitment and selection and disciplinary and grievance procedures. The programme has been reviewed and refreshed to meet the changing needs of the organisation.

- **Shadow Board Programme**

During 2018 CDDFT piloted the National NHS Leadership Academy Shadow Board Programme. This was a development programme aimed at aspiring leaders who wish to become the Directors of the future. The programme ran from May to October 2018 with 10 senior leaders attending. The programme was evaluated by the North East Leadership Academy and results of the evaluation were shared across the region.

Some 19 staff are now working towards leadership apprenticeships up to and including Masters Level which compliments the internal training provided and leads to formal qualification.

- **Building Leadership for Inclusion Pilot**

As part of our approach to staff engagement we were successful in bidding for one of six places on the national Building Leadership for Inclusion (BLFI) pilot - an NHS system wide programme of work that seeks to: raise the level of ambition on inclusion; quicken the pace of change and ensure that leadership is equipped to achieve and lead an ever increasing and sustainable legacy of inclusion. This work involved the establishment of an internal team drawn from all operational levels across the Trust which is representative of its broad geographical and functional areas. The Team also reflects the Trust's diversity dimensions, cutting across age, gender, race, disability, religion and sexual orientation. The first phase of the project was to conduct an in-depth diagnosis of our approach to equality, diversity and inclusion. A report was produced and presented to Executive Directors in October 2018.

Following on from this work key priorities have been agreed and work on these has taken place over the last quarter of this financial year.

4.3.5.3 Information on Health and Safety Performance

Compliance with Health and Safety legislation and regulations has continued to be monitored and managed by the Trust's specialist Health and Safety Team. The Team investigates all staff-related and contractor/visitor incidents and accidents, monitors trends and, as part of a rolling programme, audits each ward and team's risk assessments and local safety documentation.

Reports are produced for the each Care Group to support learning and action to maintain a safe working environment, including implementation of safety measures in their areas of responsibility.

During 2018/19, there were 414 staff accidents/incidents and 23 contractor/visitor accidents/incidents reported, excluding incidents involving security and violence and aggression. There was an increase from 15 incidents in 2017/18 to 22 in 2018/19 reported to the Health and Safety Executive with regards to incidents that fall under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995 (RIDDOR). Nine of the incidents reported to the Health and Safety Executive

related to falls, both within Trust premises and also within the community when visiting patient's homes, and eight of the incidents related to manual handling incidents. All incidents were investigated at the time by either the Health & Safety Team or the Back Care Team depending on the type of incident.

Following the Trust's Core Essential Training programme being aligned to the UK Core Skills training Framework, all staff were provided with fire training during 2018/19. Health and Safety and Fire training is also provided to all new staff and volunteers as part of the Trust's Corporate Induction Training.

In the last 12 months the Health and Safety Team have audited local safety documentation and risk assessments, including those relating to use of Display Screen Equipment and control of substances hazardous to health, in 92 wards and departments. All managers were advised of any corrective actions to improve their health and safety. The outcome of any audits graded Red or Amber are also reported to the monthly Care Group Governance meetings and the Health & Safety Committee. If a Ward/Department is graded Amber an action plan is provided and Managers are advised that it must be completed and returned to the Health & Safety Team within six months, otherwise the Department will be automatically graded Red and be subject to a re-audit. If a Ward/Department is graded Red, the Ward/Department are advised of the corrective actions and a re-audit is carried out in three months. Wards/Departments that have been graded green for two consecutive audits are audited every other year

There have been no Health and Safety Executive (HSE) inspections in 2018/19 and no Improvement or Enforcement Notices issued during the last 12 months.

In response to an Alert issued by NHS Improvement regarding the assessment of ligature risks, the Health and Safety Team developed a policy which addressed the environmental risks posed within a clinical service. The Policy included guidance and instruction for identifying and assessing potential ligature points and ligature risks. The Policy did not cover other risk factors in suicide prevention as these were included within the clinical risk assessment and policies associated with patient safety.

In accordance with the Trust's Policy, environmental ligature risk assessments were undertaken in the following areas by the Health and Safety Team and shared with the clinical departments, Care Groups and the Executive Patient Safety Committee:

- Emergency Departments
- Urgent Care Centres/Minor Injuries Units
- Acute Medical Units
- Paediatric Wards

Both the Care Groups Governance Teams and the Executive Patient Safety Committee will monitor the management action plans arising from the environmental ligature risk assessments.

The Health and Safety Team assisted with the introduction of safer sharps processes across the Trust in accordance with the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013. The Trust is committed to reducing the number of needlestick injuries each year and in 2018/19 achieved a 21.76% reduction in reported needlestick injuries compared to 2016/17. In addition, to meet the requirements of the Regulations, the Health and Safety Team are continuing to develop risk assessments for all existing devices, both safe and non-safe, that are used within the Trust as well as for new safe sharp devices as they are introduced. The Health and Safety Team carried out nine sharps audits which focused on ensuring sharps risk assessments were available within departments and training records held. These audits are also identifying where sharps risk assessments need to be completed for devices.

Two Committees oversee Health and Safety and Security.

The Trust remains committed to providing a safe and healthy working environment to minimise risks, incidents of fire and false alarms through training and education. All sites are audited with continuous improvements implemented in fire detection, and in reduction and elimination of fire risks and unwanted fire alarms.

The Health & Safety Committee, which

- meets on a quarterly basis with staff, unions and PFI staff in attendance;
- monitors Health and Safety incidents/accidents, trends and audits;
- initiates actions and recommendations to improve staff health, safety and wellbeing; and
- escalates any serious issues to the Risk Management Committee.

The Security Group, which:

- meets on a quarterly basis with staff, PFI staff and the local Police in attendance;
- discusses security incidents/accidents and implements remedial actions where appropriate; and
- escalates serious issues to the Risk Management Committee.

4.3.5.4 Staff Health and Wellbeing

The Trust is fully committed to supporting and improving the health and wellbeing of all employees to enhance staff engagement and reduce sickness absence rates. Without staff that are well and at work the Trust cannot deliver quality and effective care to patients.

The Occupational Health & Wellbeing Service strives to maintain the highest degree of health, safety and wellbeing of all staff by working in partnership with all employees, line managers and Work-force & Organisation Development (OD) Colleagues to achieve a healthy working environment and encourage a shift in attitude to ensure that everyone recognises not only the importance of preventing ill-health, but also the key role the workplace can play in promoting health and well-be-ing.

The Staff Health & Wellbeing Strategy describes the aims of the Trust for a healthy workforce and is underpinned by a three year Action Plan (2016–2019); both of which are currently under review. The Action Plan supports and reinforces the Strategy and includes key priorities to ensure that staff are engaged in their health and wellbeing thus reducing sickness absence rates.

The Trust's Occupational Health & Wellbeing Service gained the national accreditation as a Safe, Effective, and Quality Occupational Health Service (SEQOHS) in 2014 (for five years). A full and comprehensive five-year assessment will take place in 2019.

A full Employee Assistance Programme is available to all staff. This is a free, confidential, information and counselling service available via a free-phone number 24 hours a day, 365 days a year.

A comprehensive Directory of Support Services and a variety of self-help advice sheets have been developed for staff

During 2018/19 the Trust was awarded, for the sixth consecutive year, 'Continuing Excellence Status' from the North East Better Health at Work Awards. Health Advocates are in place and they support the Occupational Health & Wellbeing team in promoting health and wellbeing to colleagues throughout the Trust, playing an integral part in supporting health and wellbeing events. A variety of health campaigns were undertaken in 2018/19 including Alcohol Awareness, Mental Health Awareness Tea & Talk Days, Monthly Health Campaigns linking to National events i.e. Flu, Healthy Eating, Stop Smoking, Sun Safety Awareness, HIV/Aids Awareness Day, and Nine Health & Wellbeing Roadshows both on main hospital sites and community hospital sites. The Annual Flu Vaccination Campaign resulted in 78.3% of our frontline healthcare workers being vaccinated (compared to 75.7% in 2017/18).

The Occupational Health & Wellbeing service supports staff by acting as independent advisers to both employees and managers, through early intervention, prevention and rehabilitation and provision of advice and guidance for staff to improve their health and wellbeing.

Occupational health staff have worked in partnership with Learning & Development colleagues who deliver training for staff in personal resilience and managing stress in others which have been very popular with staff.

4.3.5.5 Information on Policies and Procedures with respect to Countering Fraud and Corruption

The Trust's counter fraud service is provided by Audit One, an NHS shared service providing internal audit, IT audit and counter fraud services to the public sector in the North of England. An Anti-Fraud Policy is in place which outlines the Trust's approach to fraud and identifies the specified fraud reporting lines. In addition, a Raising Concerns (Whistleblowing) Policy is in place which provides contact details for reporting concerns in respect of any potentially fraud related issues. This is in line with the NHS national whistle-blowing policy. Our Local Counter-Fraud Specialist (LCFS) reports to the Audit Committee and performs a programme of work designed to provide assurance to the Board with regard to fraud and corruption. The LCFS provides fraud awareness sessions and induction packs to our staff, investigates any concerns reported by staff and liaises with the national NHS counter fraud service, the Police and the Crown Prosecution Service as appropriate. If any issues are substantiated, we take appropriate criminal, civil or disciplinary measures.

4.3.6 Staff Survey Results

From 2018 the staff survey report identifies results by ten key themes and the scores for each indicator together with that of the average scores for combined acute and community trusts are presented in the table below.

The overall Staff Engagement score was 6.6 (out of 10, where 10 is the most and 1 is least engaged). This was slightly lower than the 2017 score of 6.7 but is not a statistically significant change. The score remains below the national average which is 7.0 for combined acute and community trusts, hence it is clear that we still have work to do to fully engage our staff. The trusts approach to staff engagement and the feedback arrangements in place are outlined in section 4.3.5.2.

The response rate to the 2018 survey was 26% in 2018 compared to 49% in 2017. The Trust's response rate for 2018 was 15% lower than the national average for combined acute and community trusts in 2018.

Table 30 – Results by Theme

	2018/19		2017/18		2016/17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, Diversion and Inclusion	9.3	9.2	9.3	9.2	9.4	9.3
Health and Wellbeing	5.8	5.9	6.0	6.0	6.1	6.1
Immediate Managers	6.7	6.8	6.7	6.8	6.6	6.8
Morale	6.0	6.2				
Quality of Appraisals	4.8	5.4	4.9	5.3	4.9	5.4
Quality of Care	7.5	7.5	7.4	7.5	7.3	7.4
Safe Environment – bullying & harassment	7.9	8.1	8.1	8.1	8.3	8.2
Safe environment - Violence	9.4	9.5	9.4	9.5	9.5	9.5
Safety culture	6.4	6.7	6.6	6.7	6.6	6.7
Staff Engagement	6.7	7.0	6.7	7.0	6.6	7.0

The 2018 report focuses on trend data as this can help to establish if there is genuine change in the results (if the results are consistently improving or declining over time), or whether the change between years is just a minor year-on-year fluctuation. There was no statistically significant change in any of the 10 themes when comparing the Trust results for 2018 against the Trust results for 2017. There was also no statistically significant change when comparing the Trust against the national average for combined acute and community trusts.

Areas of Improvement and Deterioration from 2017 to 2018
Table 31 – Positive trends

Questions	2018		2017		Trust improvement/ Deterioration
	Trust	National Average	Trust	National Average	
Q11b. Percentage of staff experiencing musculoskeletal problems due to work activities in the last 12 months	22%	27%	24%	25%	Improvement in Trust score, also better than national average (lower score the better)
Q14. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	90%	86%	90%	85%	Trust score maintained and higher than national average (higher the score the better)
Q19a. Percentage of staff being appraised	93%	88%	90%	87%	Increase on Trust score and better than national average (higher the score the better)
Q19g. Percentage of staff receiving support from line manager to receive training, learning and development	61%	54%	52%	52%	Improvement on Trust score better than national average (higher the score the better)

Table 32 – Key areas for Development

Overall Theme/Questions	2018		2017		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
Theme. Quality of appraisals	4.8	5.4	4.9	5.3	No statistically significant change on 2017. Below the national average
Q21c. Staff recommending the organisation as a place to work	48%	61%	49%	60%	Slight deterioration on 2017. Below the national average
Q21d. Staff recommending the organisation as a place for family and friends to receive treatment	58%	70%	58%	70%	No change in Trust score but lower than the national average
Q17a. Staff feeling the organisation is treating people fairly when involved in a near miss or incident	46%	59%	48%	55%	Deterioration in Trust score and below the national average

Progress
In 2017 the trust undertook a full staff survey and actions were developed and incorporated into staff matter action plans. In order to allow time for these actions to be fully worked through and implemented the decision was taken to undertake a sample survey in 2018 as a sense check to ensure the work being undertaken was still relevant. The 2018 results confirmed previous findings therefore work will continue as planned. During 2018/19, we continued to focus our efforts on staff

engagement activity to improve the responses for staff recommending the Trust as a place to work and receive treatment. Key programmes and work streams that have been undertaken and introduced are outlined below.

The results of the Staff Survey are widely shared with all managers and staff and used to identify the key priorities for the Trust. Staff Matter Action Plans identify the actions necessary to address the issues arising from the staff survey.

In addition to a range of Trust-wide actions we have supported teams/services where issues or concerns have been raised. This has been done by designing and delivering bespoke interventions designed to address the needs of the service. This work will be intensified for 2019/20 in response to the survey outcomes noted above.

Many of the core elements of our staff engagement programme have already been covered in 4.5.3.2 above, other elements include:

- **Talent Management**

2018 saw the implementation of the talent matters strategy recognising that Talent Management is the systematic attraction, identification, development, engagement, retention and deployment of those individuals who are of particular value to an organisation, either in view of their 'high potential' for the future or because they are fulfilling business/operational-critical roles.

Within CDDFT, we have aligned talent management to our annual appraisal and role review framework, which acts as an umbrella framework for all staff groups both clinical and non-clinical. This process includes a 'talent conversation' for all staff and ensures both staff and managers discuss the performance, potential, ambition and readiness for progression of all staff across the Trust. These four elements form the basis of a structured approach to the development of staff for personal and career development at an individual basis, and to ensure the Trust is able to meet its workforce planning needs for future critical roles by having robust and managed succession planning.

Talent Management within CDDFT is an inclusive process which focuses on the identification of individuals' strengths in order to further develop the capability of teams across the Trust. It also recognises that not everyone is seeking career progression, but that should not preclude them from development opportunities.

Under the umbrella of "grow your own" further work has been undertaken during 2018/19 and the apprenticeship levy is now being used to develop career pathways for all key roles across the Trust. The apprenticeship offer currently includes 20 apprenticeships including Health Care at level 2, 3 and 5; Nursing Associate, Business Administration at levels 2, 3, and 4; Management level 3 4,5,6,7; IT level 2 and HR at levels 3 and 5, Customer service 2 and 3; Accountancy 4 and 7. Operating Department Practitioner is a much awaited addition to the apprenticeship offer in 2019 allowing a career pathway for many staff in surgery and with Advanced Clinical Practice coming in at the beginning of the New Year this really allows funded career pathways for staff within clinical areas.

More and more apprenticeships are being introduced so it is anticipated these numbers will increase in the coming years. Prior to the levy the Trust had 439 apprentices, 341 were existing staff and 98 young people. Post levy we have 200 apprentices as at January 2019 with 170 converters or existing staff and 30 young apprentices. Public sector bodies with 250 or more staff have a target to employ an average of at least 2.3% of their staff as new apprentice starts over the period of 1 April 2017 to 31 March 2021. CDDFT currently stands at 2.42% which is very pleasing indeed.

- **Personal Resilience**

The percentage of staff feeling unwell due to workplace stress has increased since 2015 and in order to address this issue a personal resilience module for staff members to consider implementing suitable coping mechanisms during times of stress has been successfully delivered and a "Managing Stress in Others" workshop for managers has been delivered to support managers in recognising and dealing with stress in others to support their teams.

- **Appraisal**

For the past three years the Trust has had 95% rate of appraisal completion. In response to staff feedback about the quality of appraisal a new process and associated paperwork was rolled out

from the 1 April 2018. Following on from the development of team objectives, the focus of the appraisal is on the value of the conversation with individuals. The appraisal takes a collaborative approach, and considers not just performance, but also future aspirations and possible career progression. Guidance has been developed and the Appraiser and Appraisee training was refreshed to reflect the new approach, with training sessions taking place from March 2018 onwards. Evaluation of the new appraisal process highlighted a positive response from staff who responded thought that the new process and paperwork was better than the previous one. Staff responding to the survey also felt that the appraisal made them feel their work is valued by CDDFT and that the new paperwork was easy to use.

- **Staff Annual Awards**

This recognises staff for their outstanding contribution in eight categories which are: the Shining Star Award; the Making a Difference Award; the Supporting Change Award; Research and Innovation; the Enhanced Patient Care Award; the Chief Executive's Team Award; the Governors' Making You Feel Better Award, and the Chairman's Quality Award. In addition Learner and Service Loyalty awards are also awarded.

The second annual apprenticeship awards took place in early 2019 with apprentice of the year for clinical new apprentice and clinical converter as well as non-clinical new apprentice and non-clinical converter. 70 apprentices were awarded their certificates by the Chairman on the first day of national apprenticeship week.

- **'Breakfast with Sue'**

These sessions provide a random selection of staff with a genuine opportunity to meet the Chief Executive and talk to her about working life at the Trust. These events were held each month during 2018/19 and were small and personal rather than a large group event, thereby providing every attendee the chance to speak. Latterly the Chairman has supported the Chief Executive at these events, to hear staff views first hand. In addition, Board members undertake frequent visits to wards and teams, on both our acute and community sites, to meet with staff members, listen to any concerns and observe the excellent and compassionate care which they provide.

Our plans for 2019/20 Moving to Good – Culture and Leadership Programme

Work has started on this key project and the year ahead sees a focus on engagement with us embarking on a culture and leadership journey using methodology from the 'Moving to Good' Programme supported by NHS Improvement. This will provide a platform for improvement for workforce experience through the development and implementation of a staff engagement strategy as part of our organisational culture journey. The programme has been developed using an evidence base of national and international research identifying the concepts associated with high quality care cultures.

The resources and approach of the design rest on the principles that cultures – 'the way we do things around here' – drive outcomes, which we know happens at all levels of the NHS – within teams, departments, organisations and in cross organisational collaborations. Cultures that support high quality care display 'compassionate and inclusive leadership'. Collective leadership means the type of culture where staff at all levels are empowered as individuals and in teams to act to improve care within and across trusts – 'leadership of all, by all and for all'.

By strengthening our work around this important agenda we aim to improve the overall workforce experience of our people thus allowing our staff to concentrate on delivering a first class service placing the patient at the centre of all we do.

Our ultimate aim is to have a more engaged workforce which will be evidenced through improvements in engagement scores and supporting data which in turn it is hoped will create potential tangible benefits including:

- A culture which supports the organisation to achieve its objectives
- Outstanding leaders at all levels
- Motivated and engaged staff delivering better patient outcomes
- An integrated and sustainable workforce across the health and social care system
- Workforce plans and systems which are fit for the future
- Improved morale and wellbeing with healthy and flourishing staff

4.3.7 Trade Union Facility Time

The Trade Union (Facility Time Publication Requirement) Regulations 2017 took effect on 1 April 2017. NHS employers are now required to publish certain information on trade union officials and facility time on their websites

The Workforce team have worked actively with our local union colleagues to improve the internal reporting arrangements on union facility time, and this has seen an improvement on the activity captured for 2018/19.

Table 33: 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*
43	39.12

The Trade Union (Facility Time Publication Requirement) Regulations 2017 took effect on 1 April 2017. NHS employers are now required to publish certain information on trade union officials and facility time on their websites

The Workforce team have worked actively with our local union colleagues to improve the internal reporting arrangements on union facility time, and this has seen an improvement on the activity captured for 2018/19.

Table 33: Relevant union officials
What was the total number of your employees who were relevant union officials during the relevant period?

Table 34: 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 time?

Percentage of time	*Number of employees*
0%	22
1-50%	21
51%-99%	0
100%	0

Table 35: 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	£64,615.19
Provide the total pay bill	£294,221,465
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.022%

Table 36: 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 the 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	21.28%

4.3.8 Expenditure on Consultancy

Expenditure on consultancy for the year amounted to £13,822 (2017/18: £66,420).

4.3.9 Off Payroll Engagements

Table 37 – Off Payroll Engagements

For all off-payroll engagements as of 31 Mar 2019, for more than £245 per day and that last for longer than six months	2018-19 Number of engagements Number
No. of existing engagements as of 31 Mar 2019	26
Of which:	
Number that have existed for less than one year at the time of reporting	9
Number that have existed for between one and two years at the time of reporting	14
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	3

For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2018 and 31 Mar 2019, for more than £245 per day and that last for longer than six months	2018/19 Number of engagements Number
Number of new engagements, or those that reached six months in duration between 01 Apr 2018 and 31 Mar 2019	19
Of which:	
Number assessed as within the scope of IR35	19
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust payroll	19
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

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2018 and 31 Mar 2019	8A3 2018/19 Number of engagements Number
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.	16

4.3.10 Exit Packages

Exit packages are summarised below. Redundancy and other departure costs have been paid in accordance with the provisions of the appropriate NHS scheme. Exit costs provided are the full costs of departures agreed in the year. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 38 - Exit Packages 2018/19

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
Less than £10,000	1	43	44	0	0
£10,000 - £25,000	4	5	9	0	0
£25,001 - £50,000	4	0	4	0	0
£50,001 - £100,000	1	0	1	0	0
£100,001 - £150,000	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0
>£200,000	0	0	0	0	0
Totals	**10**	**48**	**58**	**0**	**0**

Comparative information is provided below:

Table 39 - Exit Packages 2017/18

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
Less than £10,000	**5**	**32**	**37**	**0**	**0**
£10,000 - £25,000	**3**	**5**	**8**	**0**	**0**
£25,001 - £50,000	**4**	**0**	**4**	**0**	**0**
£50,001 - £100,000	**2**	**0**	**2**	**0**	**0**
£100,001 - £150,000	**0**	**0**	**0**	**0**	**0**
£150,001 - £200,000	**1**	**0**	**1**	**0**	**0**
>£200,000	**0**	**0**	**0**	**0**	**0**
Totals	**15**	**37**	**52**	**0**	**0**

Table 40 – Exit packages: non-compulsory departure payments

	2018/19		2017/18	
	Agreements	Total value of Agreements	Agreements	Total value of Agreements
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs	**0**	**0**	**0**	**0**
Mutually agreed resignations (MARS) contractual costs	**0**	**0**	**0**	**0**
Early retirements in the efficiency of the service contractual costs	**0**	**0**	**0**	**0**
Contractual payments in lieu of notice*	**48**	**228**	**37**	**164**
Exit payments following Employment Tribunals or court orders	**0**	**0**	**0**	**0**
Non-contractual payments requiring HMT approval**	**0**	**0**	**0**	**0**
Total	**48**	**228**	**37**	**164**

As a single exit package can be made up of several components each of which will be counted separately, the total numbers above will not necessarily match the total numbers in the exit packages table which will be the number of individuals.

**any non-contractual payments in lieu of notice are disclosed under "non-contractual payments requiring HMT approval" below.*
***includes any non-contractual severance payment following judicial mediation, and non-contractual payments in lieu of notice. No (zero) non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary.*

The remuneration report includes disclosure of exit payments payable to individuals named in that report.

4.4 The NHS Foundation Trust Code of Governance Disclosures

The NHS Foundation Trust Code of Governance ("the Code") is published by NHS Improvement. Its purpose is to further the development of corporate governance in individual Foundation Trusts by making Governors and Directors aware of the principles of good governance and how to develop best practice in their application.

The Board ensures compliance with the Code through the arrangements it puts in place for its governance structures, policies and processes and how it keeps them under review. These arrangements are set out in documents that include:

- The Constitution;
- Schedule of Matters Reserved to the Board;
- Standing Orders;
- Standing Financial Instructions;
- Scheme of Delegation and Decisions Reserved to the Board;
- Terms of Reference of the Board and Council of Governors' Committees;
- Dispute Resolution Procedure; and
- Codes of Conduct.

County Durham and Darlington NHS Foundation 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.

A full review of compliance has been completed by the Trust Secretary and reviewed by the Trust's Audit Committee. The Directors consider that the Trust complied with the provisions of the Code in full during 2018/19.

4.4.1 Other Disclosures in the Public Interest

The Trust has sought to cover all of the content required by NHS Improvement's NHS Foundation Trust Annual Reporting Manual 2018/19, and additional information to allow the public to understand the Trust's position and prospects elsewhere in this report. The Trust considers that there are no further matters required to be included in the public interest.

4.5 Regulatory ratings

4.5.1 NHS Improvement's Single Oversight Framework

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

- Quality of care;
- Finance and use of resources;

- Operational performance;
- Strategic change; and
- Leadership and improvement capability.

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 included in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Following the most recent Quarterly Review Meeting with NHS Improvement held on 12th February 2019, the Trust was confirmed as remaining in Segment 2, as it had done throughout 2018/19. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

NHS Improvement has not considered it necessary to take enforcement action or to mandate any support to the Trust. We did, however, request and receive additional support in specific areas primarily through NHSI's national 'Moving to Good' programme for Trusts with ratings of 'Requires Improvement' from CQC who are looking to move to an overall rating of 'Good' in the short-term.

The 'Finance and use of resources' theme is based upon measures from '1' to '4', where 1 reflects the strongest performance. These scores are then weighted to given 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 is not the same as the overall finance score here.

Table 41 – Finance and Use of Resources Scores

Area	Metric	2016/17 Quarter 3 score	2016/17 Quarter 4 score	2017/18 Quarter 1 score	2017/18 Quarter 2 score	2017/18 Quarter 3 score	2017/18 Quarter 4 score	2018/19 Quarter 1 score	2018/19 Quarter 2 score	2018/19 Quarter 3 score	2018/19 Quarter 4 score
Financial sustainability	Capital servicing capacity	4	4	4	4	4	3	4	4	4	4
	Liquidity	3	4	4	4	4	4	3	4	4	3
Financial efficiency	I&E margin	1	1	4	4	4	4	4	4	4	2
Financial controls	Distance from financial plan	1	1	1	1	2	1	2	2	3	3
	Agency spend	1	1	1	1	1	1	1	1	1	1
Overall score		3	3	3	3	3	3	3	3	3	3

4.5.2 Care Quality Commission

The Care Quality Commission inspected the Trust in September and October 2017, reporting in March 2018. Overall, the Trust was rated as 'Requires Improvement' with DMH and UHND rated as 'Requires Improvement' and our Community Services rated as 'Good'. All 'Must Do' actions required by CQC were fully implemented during 2018/19 and all but four of the 'Should Do' actions have been fully completed. Those that remain involve ongoing recruitment activity, changes to clinical pathways and actions to sustain improvements in performance on A&E waiting times. Further details of the ratings for individual services and the actions taken since the inspection can be found in our Annual Governance Statement on page 94 and in our Quality Report on page 110.

4.6 Statement of the chief executive's responsibilities as the accounting officer of County Durham and Darlington 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 County Durham and Darlington 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 County Durham and Darlington NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.
In preparing the accounts, the Accounting Officer 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.

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

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

Sue Jacques
Chief Executive

4.7 Annual Governance Statement

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.

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 ongoing process designed to: identify and prioritise risks to the achievement of the aims and objectives of County Durham and Darlington NHS Foundation Trust; evaluate the likelihood of those risks being realised and the impact should they be realised; and manage them efficiently, effectively and economically. The system of internal control has been in place in County Durham and Darlington NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the Annual Report and Accounts.

The Trust relies on the system of control to manage risks to the fulfilment of its core purpose: providing safe, high quality patient care to our patients in County Durham and Darlington and neighbouring areas, in line with our mission 'with you all the way' and our vision 'Right First Time'. 'With you all the way' encapsulates our commitment to put patients at the centre of everything we do, providing the safest, most compassionate and joined up healthcare to the population we serve. 'Right First Time, Every Time' captures our intention for services to be provided by the right professional, in the right place – in hospital or close to home – at the right time, first time, every time, 24 hours a day, where necessary.

Our Strategy 'Our Patients Matter' provides an overarching framework for the direction of the business, comprising component strategies covering clinical services, quality, staff, informatics and continuous improvement, and enabling strategies covering communications and engagement, finance and estates.

Capacity to handle risk

As Chief Executive and Accounting Officer I am responsible for risk management. However, the day to day responsibility for clinical risk management is delegated to the Medical Director and the Director of Nursing. Management of risks to operational performance is delegated to the Director of Operations; financial risk management is delegated to the Director of Finance and responsibility for the overall risk management framework is delegated to the Senior Associate Director of Assurance and Compliance.

Managers with responsibility for the risk management process, patient safety, health and safety, information governance, operational performance and financial risk support the Executive Leads. They also provide support to managers across the Trust on risk assessment, risk management, staff training and the development of good practice. Members of staff receive training via a range of training programmes to ensure that they achieve the appropriate levels of competence and expertise. The Trust has an Assurance, Risk and Compliance (ARC) Team in place to provide expert review of operational risk registers including coaching, challenge and support to risk owners. This team provides formal training in the risk management process to senior and middle managers, together with informal coaching and support provided through ARC team members' support for risk management meetings at Trust, Care Group and directorate levels.

Awareness, understanding and ownership of risk is reinforced by coverage of key risks as part of monthly performance and risk reviews with each Clinical Care Group's management team.

The risk management process is informed by the analysis of incidents, patient feedback, risk identification exercises, performance data, planning processes, national guidance, legislation and audits. There is a commitment within the Trust to being candid when things go wrong and to learn lessons from adverse events and near misses. The Trust has implemented systems to ensure that all staff are aware of their professional and statutory duties of candour and tracks compliance with the statutory duty of candour through its incident management system.

The risk and control framework

Risk management strategy

The Trust's risk management strategy covers the period 2017 to 2020. The overall objectives of the Trust's risk management strategy are to:

- Anticipate and effectively manage: risks to the delivery of safe, effective and responsive care; risks to the achievement of strategic objectives; and risks to operational delivery and regulatory compliance; and
- To support the achievement of the Trust's strategic objectives, and the delivery of the strategic plans which underpin them.

The strategy is published on the Trust's intranet site together with supporting operational policies and procedures. Progress against the strategy is reported to the Risk Management Committee and outcome-based KPIs are in place.

The key elements of the Trust's risk management strategy are:

- Agreed standards for the management of risk within the organisation;

- A clear framework of accountability and responsibility for the management of risk, including a requirement for regular, documented reviews of risk registers and emerging risks within each Clinical Care Group and corporate directorate, in accordance with the above standards;

- A defined committee structure, which supports decision making and actively seeks assurance in response to organisational risk. This includes the Risk Management Committee which reviews the assessments and mitigation plans for significant risks, and which seeks assurance on the operation of the risk management process within Clinical Care Groups and corporate directorates;

- Systems for the identification, analysis, prioritisation and mitigation of risk, with reference to a view of risk appetite endorsed by the Board;

- Monitoring of the status of principal inherent risks to the achievement of objectives, including strategic risks, through the Board Assurance Framework;

- Patient Safety and Health and Safety teams to support risk control processes and the development of capacity within the Clinical Care Groups and Corporate Directorates;

- On-going review, coaching, challenge, training and support from the ARC team to embed risk management processes into the day to day activities of the Trust;

- Communication processes which aim to ensure that, when things go wrong lessons learned are disseminated at all levels of the Trust;

- Quarterly reporting to the Board on all risks with current risk scores beyond the Board's risk appetite within the risk register and the full Board Assurance Framework; and
- External communication with stakeholders and the public through the Council of Governors and other established forums.

Quarterly Risk and Assurance Reports are prepared with reference to the Board's risk appetite. During 2018/19 reports were aligned to the risk appetite and risk tolerances defined by the Board in February 2019. The Board reassessed both its risk appetite and set new risk tolerances, for 2019/20, on 24th April 2019.

Trajectories are in place for the principal business risks within the Board Assurance Framework, showing anticipated progress towards target risk scores over time. The Board monitors reductions in risk against the agreed trajectories and seeks further mitigation where required. These trajectories were set in March 2018, alongside the review of risk appetite and the setting of risk tolerances, and reviewed in March 2019.

The role of the Board and Committees

The Trust Board sets the strategy and policy framework within which the Trust's operations are handled. The Board has implemented structures and processes to allow it to exercise oversight of Trust affairs, and to provide reasonable assurance that significant risks to the achievement of key Trust objectives are identified and mitigated through the effective operation of systems of control. The Board receives a quarterly report on the Board Assurance Framework and all risks beyond its risk appetite within the Trust's risk register.

The Board delegates oversight of the risk management process to a Risk Management Committee, comprising all of the Executive Directors and senior leaders within each Care Group and corporate function. I chair meetings of the Risk Management Committee, with four meetings being held during 2018/19 to review the significant risks escalated by Care Groups and corporate functions, including validating the assessment of risk and seeking assurance as to the adequacy and implementation of mitigating actions. All risks beyond the Board's risk appetite were scrutinised through the Risk Management Committee meeting, through other Executive Committees, or through more frequent risk and performance review meetings. Once validated, significant risks are presented to the full Board through quarterly Assurance and Risk Reports.

The Board delegates its oversight of Trust business to two Board assurance committees: the Finance Committee and the Integrated Quality and Assurance Committee. Both Committees are constituted from full Board members, are chaired by Non-Executive Directors and include a second Non-Executive Director. The Finance Committee met every month during 2018/19; the Integrated Quality and Assurance Committee met eleven times over the course of the year

The terms of reference of each Committee require the Committee to satisfy itself with respect to the identification of risks and the assurance available that mitigating actions and controls are effective. Both Committees are focused on seeking assurance that action is being taken and achieving desired outcomes where risks and issues are identified. Each Committee reviews the Board Assurance Framework, for the principal objectives within their remit.

The Finance Committee focuses closely on the management of risks to in-year financial performance and the future financial sustainability of the Trust, receiving and reviewing reports on performance against the financial plan and the delivery of cost improvement programmes at each meeting.

The Integrated Quality and Assurance Committee seeks assurance in respect of: the safety and effectiveness of the Trust's clinical practice and operations, and on the patient experience resulting from them, together with assurance in respect of workforce, operational performance, IT systems and the patient environment. The Committee uses a number of sources of assurance including: triangulation of data on incidents, complaints and litigation; the results of compliance audits of individual wards; patient feedback; clinical audit; internal audit and third party visits. Workforce, operational performance, Information Systems and Governance and the patient environment are monitored with reference to key performance indicators, management reports and the results of independent reviews from internal auditors and third parties. The Committee enables the Board to seek a more holistic view of assurance, taking account of the close linkages between quality, workforce and operational performance. Two Executive Committees - the Executive Patient Safety and Experience Committee and the Clinical Effectiveness Committee - both report into the Integrated Quality and Assurance Committee for assurance purposes.

Both Committees provide formal reports on the outcomes of each meeting, including escalation of any risks, to the Board. They are also able to request that relevant managers recognise risks in the risk register for their particular department or Care Group. Where they are not assured as to performance or the robustness of actions to address emerging risks or actions, the Committees will seek further assurance from the relevant Executive Directors.

The Executive and Clinical Leadership Committee (ECL), a further Board sub-committee, is the Trust's senior and clinical leadership team and meets weekly to: seek clinical consensus on strategic and significant operational issues; review and communicate action on behalf of the Board, on policy and service issues; and to set performance frameworks in place for Care Groups and corporate functions. ECL is the forum which directs and monitors actions to address risks and issues requiring co-ordinated Trust-wide effort and meets regularly.

A Strategic Change Board (SCB), comprising all Executive Directors and clinical leaders, meets once per month to facilitate on-going grip on the development of strategy and the delivery of major programmes and projects in support of strategic objectives. The SCB also reviews business cases for investment in support of strategic programmes and related post-implementation reviews.

Two further Executive Committees are in place to provide oversight and direction of quality: the Executive Patient Safety and Experience Committee, chaired by the Director of Nursing, and the Clinical Effectiveness Committee, chaired by the Medical Director. The former Committee meets every month and the latter bi-monthly albeit has moved to monthly meetings during the course of 2018/19. Both Committees report to the Integrated Quality and Assurance Committee for assurance purposes; both were established to provide Executive-level oversight and co-ordination of the quality agenda, including the identification and response to emerging quality risks and issues.

The Trust has an Integrated Performance Framework in place. This framework requires Clinical Care Groups to monitor their own performance, and to identify and escalate risks for Executive Directors' support where necessary. Each Care Group has a monthly meeting with heads of corporate monitoring functions to validate and, as necessary, strengthen their local risk assessment with key issues identified then forming the agenda for quarterly reviews with all Executive Directors. Key risks are also reviewed within these meetings. Any significant risks requiring urgent decision-making, which are identified in-between performance review meetings, are escalated to ECL for support or action as necessary.

The Trust Board has established an Audit Committee charged with seeking reasonable assurance of the adequacy of risk management, control and governance systems within the Trust, including the Trust's overall governance structures. The Committee consists of three Non-Executive directors with extensive, relevant experience. During 2018/19, the Committee met five times and sought assurance based on reports from the Trust's internal auditors (including separately appointed IM&T auditors), external audit, third parties, and through its own enquiries of senior managers. The membership of the Committee includes Non-Executive Directors sitting on the two Board assurance committees, helping to ensure that the assurance agenda is co-ordinated.. The Chair of the Committee provides updates to the Board on significant matters arising through formal escalation reports.

The Trust has a wholly owned subsidiary, Synchronicity Care Ltd (SCL), which provides estates, facilities and procurement services to the Trust on an arms-length basis. The Risk Management Committee has sight of SCL's risk register and is able to review any risks impacting at group level. The Audit Committee, Board assurance committees and Risk Management Committee are all constituted with remits covering the group rather than solely the Trust. Accordingly: the Finance Committee reviews SCL's in-year financial performance; there is a quarterly assurance report on the Patient Environment to the Integrated Quality and Assurance Committee which includes performance against KPIs and assurance outcomes for services delivered by SCL and the Audit Committee is able to seek assurance with respect to SCL's governance and management processes from Internal Audit and SCL's senior management team.

Clinical Care Groups

The Trust's healthcare services are provided through five Clinical Care Groups aligned to care pathways. Four of the Care Groups have a leadership team comprising a Clinical Director, Lead Nurse and Associate Director of Operations, with similar teams in place at the general management and speciality levels. Each of these Care Groups has a dedicated Governance structure and a governance support team working to Trust-wide standards. The smaller Clinical Specialist Services Care Group, which looks after diagnostic services and Pharmacy, is led by an Associate Director of Operations with risk management and governance systems embedded within each department.

The Board Assurance Framework and Risk Register

A Board Assurance Framework is in place, which captures the significant risks to the achievement of the Trust's objectives, together with both the controls in place to mitigate them and the specific evidence available to provide assurance that these controls are effective. Gaps in controls and gaps in assurance are identified and action plans put in place to address them. The Board uses this framework to identify and track the mitigation of strategic risks towards target risk positions, and monitors the progress of action plans against agreed trajectories.

All operational risks are captured in a single risk management system (Safeguard) allowing risk registers to be generated for each Clinical Care Group and corporate directorate, and for reports on significant risks to be extracted for the Risk Management Committee and the Board. SCL's risks are also included, in a separate risk register, in Safeguard. The risk register captures the nature of each risk, its relative priority with regards to other risks, the risk owner and the action plan in place to mitigate or manage it. Decision making about risk management priorities is made by the Risk Management Committee. Priorities are then fed into decision making including the allocation of resources.

The Audit Committee seeks assurance on the robustness of the Board Assurance Framework through periodic scrutiny of reports from the Senior Associate Director of Assurance and Compliance and reports from the Trust's internal auditors. As noted above the Board receives a quarterly report on the Assurance Framework.

The Safeguard system is also used by the Trust for incident reporting. It is available to all staff via a link from the intranet home page ensuring that all staff members have the opportunity to report incidents easily. The Trust has an Incident Management Policy in place which requires that all incidents are investigated within specified timeframes.

The Trust recognises that it is neither possible nor always desirable to eliminate all risks and that systems should not stifle innovation. When all reasonable control mechanisms have been put in place there will inevitably remain some residual risk and this level of risk must be accepted. Risk acceptance within the Trust is systemic and transparent. Risk is assessed both in terms of its current likelihood and impact, and in terms of the target likelihood and impact following implementation of mitigations. Current risk levels can be compared against the Board's risk appetite and, where different, its risk tolerance. Target scores are reviewed by the Risk Management Committee. Once the target position is reached, the risk can be closed. Significant inherent risks continued to be monitored through the Board Assurance Framework.

Further information on risk and assurance with respect to subsidiary companies

SCL provides an Operated Healthcare Facility at Darlington Memorial Hospital and additional estates, facilities and procurement services to the Trust, operating as 'County Durham and Darlington Services (CDD Services). CDD Services maintains a register of risks which are shared with, or which could impact significantly on the Trust. These risks are captured in reports to the Trust's Risk Management Committee and senior officers from CDD Services are able to escalate risks requiring more urgent action by the Trust to the Trust's Executive Directors Group and Executive and Clinical Leadership Committee where required. The risk management approach is consistent across the CDDFT Group.

The Integrated Quality and Assurance Committee reviews quarterly assurance reports with respect to estates and facilities services on all Trust sites. These reports capture the outcomes of management monitoring processes and independent sources of assurance such as inspections and accreditations. They also set out the outcomes of the contract monitoring reviews for CDD Services and our PFI providers. These reports effectively collate the outcomes from assurance work on the patient environment, which are reported to the full Board, every quarter, through the Board Assurance Framework.

The Finance Committee monitors the overall performance of SCL in meeting its financial plan, data for SCL being included as an appendix to the Director of Finance's monthly reports. The Finance Committee also reviews the implementation of cost improvement schemes involving savings on procurement, where there is dependence on SCL's Procurement Service to the Trust and considers

the relative efficiency of the service in the light of benchmarking information such as the 'Model Hospital' datasets.

The Audit Committee commissions a number of audits annually from our Internal Auditors, to provide independent assurance to the Trust Board with respect to the adequacy and effectiveness of corporate governance, financial control and operational performance within SCL. The results of these audits are reported to the Committee and inform quarterly Assurance and Risk Reports to the Board.

Foundation Trust Governance (including 'well-led' arrangements, quality governance and principal risks and mitigations)

The Board actively reviews and seeks assurance over the principal risks to compliance with Condition FT4 of its provider licence, relating to governance. Principal inherent risks include lack of clarity and effectiveness within the governance structure, unclear reporting lines and accountabilities between the Board, its sub-committees and the executive team, omissions or errors in key datasets, and inability to secure succession for key executive and non-executive posts. The Board has approved terms of reference and work plans covering the decision-making and assurance seeking roles of each Board Committee and reviewed its needs from each Committee during the year..

A programme of data quality testing is in place through the internal audit plan, which comprises cyclical testing of indicators relied on by NHS Improvement as part of their Single Oversight Framework. This is supplemented by external audit testing of certain quality account indicators, to provide the Board with assurance over the reliability of performance information. Data kite-marking procedures are in place for those indicators relied on for regulatory monitoring by NHS Improvement and data validation procedures are operated by the Trust's Information Services team.

Sources of assurance with respect to the Trust's arrangements for risk management, control and governance are captured and reported to the Board through the Board Assurance Framework. The Assurance Framework, supported by further evidence collated by the Senior Associate Director of Assurance and Compliance, provides the evidence on which the Board is able to consider and make submissions to NHS Improvement, including the self-certification statements required annually. When making these declarations in May and June 2018, the Board took account of the outcomes of an independent review against the well-led framework, the final report for which was issued in July 2017 and the well-led review undertaken as part of the Care Quality Commission's inspection of the Trust in October 2017, together with assurance from Internal Audit on the implementation of actions arising from the first review The Trust received a 'Good' rating for the well-led domain overall at the last CQC inspection.

The Trust follows the Quality Governance requirements within the Well-Led Framework set out by NHS Improvement and the Care Quality Commission. The Trust has a quality strategy "Quality Matters", which defines the key quality priorities for the Trust together with measures of success, owners and key actions. The strategy informs the setting of annual quality priorities within the Annual Quality Report and reflects annual consultation on quality priorities with stakeholders both inside and outside the Trust. This includes consultation with our Public Governors who represent the views of their members.

The Board receives reports at each of its meetings from the Executive Director of Nursing and Executive Medical Director which include performance against annual and longer-term quality priorities, together with any on-going risks to particular services and issues identified from benchmarking (for example, mortality and morbidity information). The Integrated Performance Report provides further detail of performance against key quality metrics. Risks to the achievement of strategic goals are reflected in the Board Assurance Framework and reported on through the quarterly Risk and Assurance reports to the Board. There are six objectives within the Quality Domain covering: mortality; minimising patient harm; providing care in the right place at the right time; clinical effectiveness; patient experience and the patient environment. Sources of assurance include third party reviews, such as an independent follow-up review of the Trust's well-led arrangements and an external review of clinical governance, practice and management in our operating theatres.

Non-Executive Directors chair and participate in the Trust's Integrated Quality and Assurance Committee, providing challenge to quality governance and leadership of the quality agenda. A network of lower-level committees is in place to give attention to specialist areas: examples include the Clinical Standards and Therapeutics Committee and the Trauma Committee. All such Committees are overseen by two Executive Committees: the Executive Patient Safety and Experience Committee and the Clinical Effectiveness Committee.

At the Executive-Level, patient outcomes and patient experience comprise two of the four strands of performance (along with workforce and financial performance) monitored through the Integrated Performance Framework. Quality-related risks are also monitored more frequently at fortnightly Patient Safety Forum and Healthcare Acquired Infections Reduction Forum meetings led by the Executive Director of Nursing.

Staff members are actively encouraged to make suggestions to improve quality, and to report harm and errors. Based on national benchmarking data from the National Reporting and Learning System the Trust's incident reporting rates are in line with the majority of similar organisations. Work continues to increase reporting rates in line with the upper quartile, in support of the Trust's focus on becoming a highly reliable provider, resulting in an increase of over 20% in reporting of near miss incidents during 2018/19.There are defined processes and structures in place for escalating issues through the governance chain to the Board, and for developing and monitoring action plans in respect of issues identified.

The Audit Committee monitors the effectiveness of internal audit processes, together with the implementation of the Trust's Freedom to Speak Up arrangements. The Freedom to Speak Up Guardian reports to the Board every six months and the Trust is developing a network of 'Freedom to Speak Up Champions' to support the Guardian and facilitate ready access to support for staff wishing to report concerns across our sites and teams.

A variety of mechanisms is in place to collect patient feedback and to consult with external stakeholders on the design of new pathways and processes. A Patient Experience Forum is in place, reporting to the Executive Patient Safety and Experience Committee to co-ordinate such arrangements.

Regulatory risks, including risks to compliance with the Care Quality Commission's standards are monitored through the Board Assurance Framework. Systematic, monthly audits take place to monitor compliance with nursing and regulatory standards at ward and team level – with built in triggers to highlight strong performance and to escalate where performance needs to be improved. In addition, a periodic peer review process is undertaken where teams from one site audit clinical practice on another site, with reference to each of the CQC's Fundamental Standards. Further details of the CQC's most recent inspection of the Trust, and the actions taken are set out on page 65.

With respect to financial governance:

- A Programme Management Office (PMO) is in place to support the development of, and monitor the delivery of, cost improvement programmes. During 2018/19 closer working relationships were developed between the PMO and our commissioners' PMO, to support the coordination of system-wide schemes.
- Weekly oversight of the Cost Improvement Programme, together with run rates for income and expenditure, by Executive Directors and Care Group Associate Directors' of Operations.
- Monthly reporting on the all aspects of in-year financial performance, and the cost improvement programme in particular to the Finance Committee. The Finance Committee examines each Care Group's plans and performance in some detail at least twice per annum.

Data Quality and Security

The Trust Board has in place a programme of independent validation of datasets used to report against NHS Improvement's quality governance indicators, taking into account the results of internal and external audit testing, supplemented by other sources of assurance through the Board Assurance Framework.

In my capacity as Senior Information Risk Owner, I have direct oversight of information governance and data security. The Trust has robust procedures in place for the management of risks associated with the holding and processing of personal information. The Trust has a dedicated manager with responsibility for information data security and protection. The Trust has in place a full information risk management structure and I am regularly updated on all incidents and risks monthly. Information Asset Owners are responsible for the information held in their areas, recording information on Information Asset Registers, assessing risks and implementing actions to mitigate those risks as required. Procedures have been audited by our IM&T internal auditors during the year and their recommendations implemented.

Emergency Planning, Resilience and Response (EPRR)

The Trust Resilience Forum, which reports into the Risk Management Committee, meets every quarter to co-ordinate, and seek assurance with respect to, arrangements for contingency planning, handling of major incidents and emergency preparedness. The Trust has assessed itself as fully compliant with four out of five national standards. The Board has agreed a work plan to address the remaining standard, and the implementation of the actions within this plan is monitored by the Trust's Resilience Forum.

Governors and third parties

As a Foundation Trust, the Trust's Board of Directors is accountable to the Council of Governors. The Council of Governors receives updates on performance and is able to ask questions of Directors at each of its four meetings per annum. The Council has established sub-committees, with particular roles for the Strategy and Planning Committee, and the Quality and Healthcare Governance Committee in respect of risks and controls.

The Strategy and Planning Committee scrutinises draft plans and strategies (including component strategies) and the management of the strategic risks within the Board Assurance Framework on behalf of the Council of Governors. During 2018/19, planning processes were strengthened with the introduction of a joint seminar for Board members and Governors to consider planning priorities for the year ahead.

Quality related risks are discussed by the Council of Governors' Quality and Healthcare Governance Committee. This Committee also reviews the Complaints, Litigation, Incidents and Patient Advice and Liaison Service (CLIPs) report at every meeting and reports on these matters to the Council of Governors. During 2018/19, the Committee received updates on the implementation of the Quality Strategy, audits of nursing standards, medical and nursing staffing, quality-related risks, and patient feedback.

In addition, the Trust reports all Serious Incidents to its commissioners as part of its contractual arrangements and works with the local Overview and Scrutiny Committees, and with Healthwatch, to address issues of concern raised by the public or local councillors.

Head of Internal Audit Opinion – areas for control improvement

Whilst providing good assurance in respect of the Trust's control environment overall, the Head of Internal Audit Opinion for 2018/19 highlighted a number of areas from audits completed during the year where controls were deemed to be in need of improvement. In addition, two high risk audit reports were issued by the Trust's IM&T Auditors. These are summarised below, together with the action taken by the Trust.

- Duty of Candour: Internal Audit testing found gaps in the evidence of compliance with the statutory duty of candour in patient records for some of the cases included in sample testing including recording of when the apology was provided. The Patient Safety Team has provided further training to ensure that staff are aware of the requirements and introduced six monthly audits of compliance. Monitoring of adherence to regulatory timescales has also been strengthened. .
- Medical Devices Management: There were inconsistencies between planned maintenance schedules and manufacturer's recommendations for some items of equipment; some delays in filling maintenance requests; inconsistencies between testing dates in the maintenance

system and on stickers attached to equipment and a lack of robust follow-up of cases where equipment could not be found. Updates have been made to maintenance schedules where required; a quarterly review of items of equipment not found and delays in maintenance is now undertaken by senior management and procedures for tagging of equipment have been reinforced.

- Incident Reporting: Internal Audit identified a need for more robust monitoring of the closure of low harm incidents and related actions, including further assurance reporting to the Integrated Quality and Assurance Committee. That Committee has agreed its further reporting needs, and reports are being received on a quarterly basis. Additional monitoring of the status of actions for low and no harm incidents is now in place. .
- Cash management: Internal Audit concluded that, as a result of the extent of supervision by senior managers, cash had been managed to maintain positive balances during the year. They did, however, identify: the absence of formal procedure note for cash flow forecasting and management; some errors in linkages between spreadsheets, and formula errors within them; a dependence on a key individual without sufficient contingency planning and delays in updating forecasts to take account of changes in key assumptions. Financial Services have documented procedures, reassigned responsibilities, updated spreadsheet links and formulae and introduced revised procedures for forecasting where in-year developments change planning assumptions.
- Job Planning: The majority of job plans for 2018/19 were not prospective and there was a need to further develop controls to allow job plans to be reconciled to the payroll system and to monitor adherence to job plans in practice. Well over 80% of job plans for 2019/20 were completed before the start of the year and were prospective. Work continues on the medical staff rostering system to allow reconciliation with the payroll system and each service is developing procedures to monitor delivery of job plans in practice.
- Cloud-hosted systems and Supplier Assurance: During the year our IM&T Internal Auditors examined a small sample of cloud-hosted systems and issued a 'critical' report highlighting the absence of a supplier management framework, to hold the relevant suppliers to account for delivery of appropriate key performance indicators on – for example – the availability and resilience of the system. One of the systems examined, was subject to contract renewal and a full review of monitoring requirements shortly after the report was issued and the Trust is rolling out a supplier management framework. The IM&T Auditors have confirmed that – as a result of the Trust's proactive response to the issues in year – the residual risk has reduced from the 'critical' level and the remaining control weaknesses to be addressed are not significant control weaknesses for the purposes of my evaluation of the system of control.
- Business continuity and Disaster Recovery Testing of a sample of systems, and business continuity planning, by our IM&T Internal Auditors identified the absence of contractual requirements for IT disaster recovery requirements and a lack of assurance on supplier's business continuity and disaster recovery plans. They also noted delays in completion of supplier audits and exercising of plans and recommended that the resourcing of business continuity activity be reviewed. This resulted in a 'high risk' report. As part of national and regional contingency planning exercises dependencies on all supplies, including those providing IT systems have been identified and risk assessed, leading to the development of contingency plans. Resources for business continuity planning and management, and contingency plans are monitored through the Trust Resilience Forum.

The Head of Internal Audit Opinion highlights further weaknesses in controls for which final internal audit reports have yet to be issued relating to:

- Limitations in the reporting suite for the Trust's financial ledger, following the upgrade of the Oracle General Ledger system in December 2018, which impacted upon Internal Audit's ability to obtain evidence of the operation of some key controls. Further work has taken place on the reporting suite since the changeover, and there has been no material impact on the Trust's year end accounts highlighted by the annual statutory audit.
- Discrepancies in employees' training records held in the personnel system and monitoring reports issued to Care Groups, potentially impacting on compliance with training targets. Week to week monitoring of compliance has been undertaken by ECL and detailed monitoring through the Policy Leads Group. This work has involved identification and resolution of discrepancies with Workforce Information.
- Gaps in records held to evidence compliance with the Trust's Attendance Management Policy in the Integrated Medical Specialties Care Group. Agreed recommendations from this audit

will be implemented to enhance controls as required. Risks arising are mitigated, in part, through the close involvement of the Human Resources Lead in supporting the Care Group with longer-term sickness absence cases.

Well-Led Review

The Trust underwent an external review of compliance with the well-led framework for NHS Trusts published by NHS Improvement and CQC in February and March 2017. The reviewers assessed the Trust as Amber-Green for nine out of the 10 key domains and Amber-Red for the domain relating to Strategy. Since the review Internal Audit reviewed evidence supporting the implementation of all agreed actions and were able to provide substantial assurance that actions had been completed. The external reviewers completed a follow up review during 2018/19, confirming the effective implementation of improvement actions for Strategy and uprating their assessment for that domain to 'Amber-Green'. Our external reviewers therefore rate all domains as 'Amber-Green', which that there are no significant gaps or weaknesses in the Trust's arrangements compared to the well-led framework. The external reviewers' judgment was that credible action plans were in place to deliver further improvements and, in most cases, the remaining action was to embed changes already made.

CQC Inspections

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

CQC inspected the Trust in September and October 2017, inspecting four core services: Maternity, Accident and Emergency Services; Medicine and Surgery. CQC awarded an overall rating of "Requires Improvement". The Trust has since implemented all of the 'Must Do' actions agreed with CQC following the inspection and 25 out of 29 'Should Do' actions have also been implemented. Work on the remaining four actions is ongoing. Implementation of actions has been monitored by the Executive Patient Safety and Experience Committee and assured through the Integrated Quality and Assurance Committee and the Trust Board.

In summary, the actions taken have improved:

- Facilities for the safe assessment and care of patients with mental health conditions attending our Accident and Emergency Departments;
- Processes for the assessment of mental capacity and compliance with Deprivation of Liberty Standards;
- Safety culture and practice, particularly in Surgery; and
- A range of specific medicines management and record-keeping practices.

More details of the actions taken and oversight arrangements are set out in our Quality Report on page 110 of the Annual Report.

NHS Improvement

The Trust has remained within Segment 2 of the Single Oversight Framework throughout 2018/19.

Other matters

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.

The Trust has implemented the following arrangements to meet the recommendations of NHS Improvement's publication 'Developing Workforce Safeguards':

- Staffing levels are monitored on a daily basis, with a defined escalation route to senior Care Group managers, and ultimately through the senior manager or Executive Director (Silver and Gold Command) in command where risks are identified. Silver and Gold Command can

authorise additional bank or agency staffing and other counter-measures. Resilient nursing and medical staffing banks are in place, together with neutral and master vendor arrangements to access agency staff.

- The Board receives regular reports on compliance with the National Quality Board's recommendations for nursing staffing, for all inpatient areas, with a formal assurance statement from the Director of Nursing including details of fill rates, risks and mitigating actions. Each inpatient service, and our maternity and A&E services review their staffing using evidence-based tools, professional judgement and evidence of outcomes twice annually, with the results signed off by the Director of Nursing and reported to the Board. A similar assessment has been performed for Allied Health Professionals.
- The business planning process includes the development of annual workforce plans, to address anticipated service needs and risks, with plans being signed off by the Executive Directors' Group. The overall workforce plan forms part of the annual plan submitted to NHS Improvement, signed off by the Chief Executive, and approved following review by the Board and Council of Governors.
- The Medical Director meets with each Care Group to review the medical workforce strategy for each service at frequencies determined by risk. A range of recruitment options can be put in place to address future staffing needs.
- Any change to a service requires a Quality Impact Assessment approved by the Medical and Nursing Directors.
- Information is available to the Medical and Nursing Directors which enables ward and or team-level workforce indicators and quality outcomes to be considered together.
- Workforce-related risks are captured in the Trust's risk register and the Risk Management Committee monitors the sufficiency and progress of mitigating actions every quarter. The Board Assurance Framework reports on all risks outside of the Board's risk appetite to the Board and provides a macro-level overview of workforce-related risks.
- The Trust is working as part of two integrated care partnerships on the development of clinical service pathways to optimise the use of the medical staffing workforce in each area.
- The Medical and Nursing Directors have overall responsibility for quality, which includes a clear remit and full authority to make decisions, as necessary, to modify or suspend services where they consider staffing to be unsafe. No such modifications were necessary in 2018/19.
- A Workforce Planning Group and Workforce Committee are being established.

The Foundation Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by NHS England's 'Managing Conflicts of Interest" guidance. The Trust is reviewing and broadening the definition of decision-making staff to be included in the register for 2019/20.

Control measures are in place to ensure that all of the Trust's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Principal risks managed during the year

The principal risks managed by the Trust during the year were:

- **Improving our safety and reliability:** The Trust reported 11 never events in 2016/17; despite improvements during 2017/18, there remained a need to fully embed improvements, as reported by CQC in their inspection report issued in March 2018. Ensuring changes in practice are embedded continues to be a key focus for the Board. We have increased our auditing of compliance with safety protocols, including introducing observational audits to observe the implementation of safety procedures in situ; we have significantly increased reporting rates for, and learning from, no harm and near miss incidents and have continued to reinforce our safety culture through our twice-yearly 'highly reliable' conference. Reductions in incidents from falls and improvements with respect to Sepsis screening and treatment have also been achieved.

- **Meeting the demand for emergency and unscheduled care:** Despite system-wide initiatives to reduce demand, the Trust has seen a sustained increase in the complexity of patients attending its Accident and Emergency Departments and an associated increase in non-elective admissions. During 2018/19, we improved our discharge pathways, achieving excellent performance on delayed transfers of care and length of stay (particularly for long-staying patients) and gained a national award for our work on criteria-led discharge. These measures have helped us to manage the increase in demand during the last year.
- **Financial pressures:** Achievement of financial targets and, in particular, implementation of the planned cost improvement programme proved challenging in the context of the increased demand for unscheduled care noted above. Despite close working with our commissioners, who were able to provide further funding to recognise some of the in-year impact, the Trust fell short of its control total. The Trust did, however, achieve a small surplus of £52k after accounting for Provider Sustainability Funding.
- **Workforce pressures:** Regional and national shortages of staff for certain specialist services impacts on NHS Trusts generally and the Trust continues to be impacted in services such as Rheumatology, Dermatology and Radiology. Workforce strategies are in place for each of these services, including where appropriate international recruitment and other innovative developments such as home working, to secure and sustain sufficient numbers of staff. We are also working with neighbouring trusts in our integrated care partnerships on collaborative, network-based, pathways for some clinical services to maximise the benefit to patients from the workforce available across the locality. The Trust introduced changes to Paediatric Services at Darlington in 2018/19 in response to medical staff shortages; these were managed safely and sustainability with no detrimental impact on patients or the wider system.
- **Estates and IT systems renewal in the context of financial pressures:** One consequence of the financial pressures experienced by the Trust in 2018/19 and previous years has been the need for prioritisation of backlog estates works and replacement of IT systems and infrastructure. Decisions on priorities have been made by Executive Directors on the basis of detailed risk assessments provided by specialist estates and IT capital sub-groups. Key risks were addressed in year; however, going forwards the Trust intends to build a new Emergency Care Centre at UHND and to introduce and Electronic Patient Record (EPR) system to replace a number of IT systems. Bids for public dividend capital funding have, so far, proved unsuccessful.
- **Community Services:** The Trust was awarded the contract to provide Adult Community Services to County Durham and Darlington for the next five years. The contract requires us to develop and roll out services which are integrated with primary care, social care and with the voluntary and independent sector in a ring-fenced operation reporting through integrated governance structures. The complexity of the arrangements, and the requirement to mobilise services working with a wide range of partners by 1st October 2018 posed risk; however, the successful implementation of the service model provides a huge opportunity to improve care for patients with long-term conditions in County Durham and Darlington and to ease pressure on our acute services. The contract was mobilised on time, integrated governance arrangements are working well and there service has already transformed processes in a number of areas; for example, in supporting early discharge of patients from hospital back into the community.
- **Staff engagement:** The Trust's prime asset is its staff. As such, Executive Directors and the Board have focused closely on engaging and supporting staff in the context of demand pressures and financial pressures noted above, as well as the potential uncertainties which can arise from change such as the new community services contract noted above, and work on clinical services taking place in the integrated care partnerships of which we are a member. Data on staff engagement is variable: the NHS Staff Survey 2018 suggests little improvement in engagement over the year however, the results of the Staff Friends and Family Test point to increased scores for staff recommending the Trust as a place to work and to receive treatment. A Workforce Experience Team has been established to co-ordinate the numerous engagement activities taking place, as part of a holistic programme of work endorsed by the Board.

During the year, the Board has been updated in public session on the national expectations on Trusts related to the United Kingdom leaving the European Union. The Trust has complied with all relevant national requirements. The Board has reviewed the potential risks, and has concluded that this is not a significant strategic risk for the organisation given the matters being dealt with directly

by NHS central bodies and HM Government.

Principal risks going forward

The risks outlined above are expected to persist, in large part, over the next 12 to 24 months and the Trust will continue to deploy the actions outlined above in order to continue to manage them and further actions as outlined below:

- **Safety and reliability:** Continuing to embed local safety standards for invasive procedures and protocols in place to prevent incidents and never events, reinforced through observational audits; and; implementing the recommendations of the national confidential enquiry 'Treat As One' to improve the care of patients with mental health conditions.
- **Demand pressures on Unscheduled Care:** Continuing to implement good practices with respect to patient flow within our Emergency Departments, aided by the completion of building adaptations, and throughout our acute hospitals; and to develop and deploy capability within the community to support earlier discharge where it is in the patients interests; and progressing the design and implementation of the new Emergency Care Centre at Durham. Critically, the Trust will be working closely with commissioners and other system partners, on measures to reduce demand and / or to support access to increased capacity to meet demand where necessary.
- **Financial sustainability, estates and IT:** Delivering on the financial plan, agreed with NHS Improvement, with support from our commissioners to assist with the management of current pressures and to coordinate joint initiatives to improve productivity and efficiency, and securing funding for our new Emergency Care Centre at Durham and EPR system.
- **Medical workforce:** Following through on recruitment plans for specialties with medical staffing vacancies, and working with commissioners and neighbouring providers, through our integrated care partnerships, to optimise service provision to patients in line with the available workforce.
- **Staff engagement:** Refreshing our 'Staff Matter' strategy, including Trust-wide and local engagement plans; rolling out our engagement programme with the support of the newly formed Workforce Experience Team.

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

The Trust Board monitors performance against the Trust's Annual Plan on a monthly basis, receiving detailed monthly reports on financial performance, associated risks, and the actions in place to mitigate them, as well as delivery of the Cost Improvement Plan throughout the year. The Trust Board has also reserved to itself decision making with respect to major capital investment and disinvestment. As outlined above, a Finance Committee is in place to provide focus on, and scrutiny over, the identification and realisation of productivity and efficiency improvements and the management of financial risks both in-year and with respect to the Trust's future financial sustainability.

The Trust has a framework of controls, set out in its Standing Financial Instructions, designed to achieve economy, efficiency and effectiveness in the use of resources. The Trust Board receives assurance from the following sources via the Audit Committee:

- Internal Audit reports, including "value for money" reports;
- Counter-fraud preventative work and investigations; and
- External Audit reports.

The Trust uses benchmarking information from a variety of sources to evaluate the economy, efficiency and effectiveness of its corporate services and its productivity and efficiency in the delivery of healthcare, including reference cost data. Efficiency opportunities highlighted by Model Hospital datasets and local benchmarking for back office services are investigated and schemes developed where appropriate. The Trust's reference cost suggests that it is relatively more efficient than the majority of North East Trusts.

The Trust's external auditors have reported, in all significant respects the Trust had in place adequate arrangements to secure economy, effectiveness and efficiency in the use of resources, subject to the planning of finances effectively to support the sustainable delivery of the Trust's strategic priorities. This amounts to a qualification of one specific aspect of the Trust's arrangements. It is important to note that the auditors obtained sufficient evidence with respect to informed decision-making by the Board and the deployment of resources to achieve planned and sustainable outcomes. In essence, the auditors were unable to obtain assurance with respect to forward financial planning, taking into account:

- The Trust's 2018/19 financial performance – which fell short of the control total agreed with NHS Improvement by £5.9m;
- The Trust's delivered cost improvements in 2018/19 of £24.6m – which fell short of the target by £8.8m.
- A current shortfall in schemes identified to meet the cost improvement target for 2019/20 of £6.6m; and
- An expected reliance on interim revenue support from the Department of Health for the medium term beyond the repayment date for the current facilities with £30.1m having been drawn down in year.

The audit opinion flags a need for more robust financial planning given the challenging financial context in which the Trust operates rather than any breakdown in the operation of controls. The Trust accepts this view and has plans in place to develop a more robust financial strategy going forwards. It is, however, important for the reader to understand the financial context in which we are currently operating; the constraints on our financial planning which it imposes and the way in which the Trust is working as part of the wider NHS system in the Cumbria and the North East to address the challenges.

Using reference cost data as a benchmark, the Trust is relatively more cost-efficient than most Trusts in the North East and Cumbria and more efficient than all other Trusts in the two integrated care partnerships in which we operate. There is a significant financial deficit across the North East, which is reflected in our localities and which has necessitated difficult decisions on resource allocation by our commissioners. As a result, the Trust has been set very challenging cost improvement targets in recent years, including a target of £33.4m for 2018/19. However, throughout 2018/19, the Trust faced system pressures resulting in high levels of demand for unscheduled care services, which impacted on the capacity of managers and clinical leaders to deliver the cost improvement programme and required us to maintain, and on many occasions, increase all of our operating capacity throughout the year. Both with respect to in-year performance and forward plans, the Trust cannot unilaterally cut operating capacity to meet financial targets at risk to the quality of the services it provides. We were not able to deliver our cost improvement programme for these reasons, and our commissioners were, ultimately, unable to fully recognise the impact of system pressures on the Trust due to pressures elsewhere in the system. There is now a regional programme of work in place to develop both the four-year plan required by the Department of Health and a strategy to restore the system to financial sustainability. The Trust is contributing proactively to this programme. Moreover, we have agreed a plan for 2019/20 with commissioners that requires delivery of a cost improvement programme much closer to the levels which we have delivered in previous years coupled with joint programme office arrangements to develop and coordinate the delivery of joint schemes. Whilst there is a shortfall in identified schemes at present, this is anticipated to be made good as a result of macro-level system working and joint work with our commissioners. Achievement of the plan will help to restore the Trust to financial balance by 2020/21.

Pending the development of the four year system-wide plan noted above, and the associated financial sustainability plan, the Trust has not been able to identify reliable assumptions to underpin its longer-term financial plans. Plans beyond the current year, and up to and including 2021/22, would not necessarily be credible until such firm assumptions were identified.

Taking into account the context in which the Trust is operating, the Trust therefore considers that it has taken appropriate steps – in agreeing its 2019/20 financial plan and in participating in system-wide and local work with commissioners - to plan for and deliver financial sustainability, whilst acknowledging that uncertainties will remain pending the development and crystallisation of a system-wide long-term plan and financial strategy.

Information Governance

The Trust reported four data security and protection incidents via the Data Security and Protection Toolkit during 2018/19. Two incidents concerned records not being available for meetings and resulted in no harm. The first meeting involved a staff member and the second was a meeting with a patient concerning a complaint. The two further incidents were formally reported to the Information Commissioner and involved:

- A response to a Subject Access Request which inadvertently included notes relating to another patient.
- A patient received a referral letter with set of notes attached in error.

Corrective and preventive actions were implemented and the Information Commissioner required no further action from the Trust in each case.

The Trust has submitted a return for the Data Security and Protection Toolkit V1 2018/2019 and are awaiting formal publication by NHS Digital. Of the 100 mandated requirements the Trust has met 98 and this indicates a 'standards not met' status. An improvement plan has been developed and is currently being implemented with completion date of 30th September 2019. The plan has been submitted to NHS Digital and it is anticipated that once reviewed the Trust's published status will be updated to 'standards not met (improvement plan in place)'. Implementation is being monitored by Informatics Strategy Steering Committee and reported to the Trusts Senior Information Risk Owner (SIRO) on a monthly basis.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement 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.

A number of steps have been taken to provide assurance to the Trust Board that the Quality Report for 2018/19 presents a balanced view and that appropriate controls are in place to ensure the accuracy of data.

These include the following:

- The Executive Director of Nursing provides executive leadership on all aspects of the Quality Report;
- The Trust Board receives monthly performance, patient safety and patient experience reports, the data from which informs the Quality Report. Datasets are subject to validation controls and review with the Trust's Information Services Department;
- The Quality Report priorities were formulated through discussion with the Trust Board, the Council of Governors, staff, commissioners, the local authority Overview and Scrutiny Committees and other stakeholders;
- Both the Board's Integrated Quality and Assurance Committee and the Governors' equivalent committee receive updates on progress against Quality Report targets during the year;
- Controls over the completeness quality and timeliness of data were rated as Amber-Green in the external well-led review. Actions arising have been fully implemented.
- Prior to formal approval of the Quality Report it is reviewed by the Integrated Quality and Assurance Committee; a Joint Meeting of the Trust Board Audit Committee and the Governors Audit and Governance Committee, and a Joint Board and Council of Governors meeting; and
- The Trust obtains independent assurance with respect to the adequacy and effectiveness of the systems of control over data collection and reporting, including controls to ensure the accuracy of reported data, for the Quality Report, through periodic testing of data systems by Internal Audit and year end testing by External Audit.

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 managers and clinical leads within the NHS Foundation Trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report contained within this Annual Report and other performance information available to me. My review is also informed by the external auditors in their reports to those charged with governance and reports from other third party reviewers.

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, the Finance Committee, the Integrated Quality and Assurance Committee and the Risk Management Committee. Plans to address weaknesses and ensure continuous improvement of the system are in place, consolidated through the Board Assurance Framework.

My review of the effectiveness of the system of internal control has been further informed by the outcomes of internal audit work, the Head of Internal Audit Opinion, third party reviews and the outcomes of regulatory assessments, including our quarterly review meetings with NHS Improvement and inspections. In addition, I have taken into account the results of the external follow-up review of the Trust against NHS Improvement and CQC's well-led framework and the implementation of actions from CQC's own well-led review as outlined above.

Conclusion

My review has identified no significant control weaknesses; however, I have outlined some areas for improvement in controls elsewhere in this Annual Governance Statement, in particular in the references to:

- The annual Head of Internal Audit Opinion;
- The CQC's most recent inspection; and
- Key risks managed during the year.

Action plans have been, or are being, developed and implemented to strengthen controls in these areas.

During 2018/19 the Trust has continued strengthen its arrangements for governance, performance management, and operational management, and implemented improvements in services agreed with CQC. Our risk management, governance and internal control systems remain in line with good practice and are continually reviewed and strengthened to fully support the achievement of our objectives.

Sue Jacques
Chief Executive

This Accountability Report set out above, and which forms Section 4 of our overall annual report, was approved by the Board on 28th May 2019.

Sue Jacques
Chief Executive

5 QUALITY REPORT

WELCOME AND INTRODUCTION

County Durham & Darlington NHS Foundation Trust is one of the largest integrated care providers in England. Our 7,000 strong workforce serves a population of around 650,000 people.

We provide acute hospital services from:

- Darlington Memorial Hospital
- University Hospital of North Durham
- A range of planned hospital care at Bishop Auckland Hospital

We provide services including inpatient beds, outpatients and diagnostic services in the local network of community hospitals:

- Shotley Bridge
- Chester le Street
- Weardale
- Sedgefield
- The Richardson in Barnard Castle

We provide community services in patients' homes, and in premises including health centres, clinics and GP practices.

Our mission "With you all the way" represents our commitment to put the patient at the centre of everything we do.

All the way - means across the care pathway for:

- Prevention
- Treatment
- Rehabilitation

And in different care settings:

- In the home
- In community facilities
- In local hospitals

Working with our partners:

- Our patients
- Our staff
- Our stakeholders

A Guide to the Structure of this Report

The following report summarises our performance and improvements against the quality priorities we set ourselves in the 2018/2019 period. It also outlines those we have agreed for the coming year (2019/2020).

The Quality Accounts are set out in three parts:

Part 1:	Statement from the Chief Executive of County Durham & Darlington NHS Foundation Trust.
Part 2:	Priorities for improvement and statements of assurance from the Board
Part 3:	A review of our overall quality performance against our locally agreed and national priorities.
Annex:	Statements from the NHS Commissioning Board, Local Healthwatch. organisations and Overview & Scrutiny Committees.

There is a glossary at the end of the report that lists all abbreviations included in the document.

What are Quality Accounts?

Quality Accounts are annual reports to the public from the providers of NHS healthcare about the quality of the services they deliver. This quality report incorporates all the requirements of the quality accounts regulations as well as the priorities identified with Stakeholders.

Whilst we continue to see significant improvement and success in some of our goals, it is acknowledged that for some we have not reached our Trust ambition. We will continue to aim for the standards that we have set, and are committed to ensuring that we continue the work in place to meet and move further ahead with meeting those challenges.

This report can be made available, on request, in alternative languages and format including large print and braille.

PART 1: Statement from Chief Executive

QUALITY ACCOUNTS

I am delighted to introduce to you our Quality Account and Quality Report for County Durham and Darlington NHS Foundation Trust for 2018/19.

'Our Patients Matter' is the strategy driving how we manage our business and ultimately the care and experience we are delivering to patients each and every day and night.

The Trust's vision is to deliver care which is 'right first time, every time' and our strategy sets out how, through a number of key plans, we plan, manage and measure our services and activity to ensure we are providing the very best experience and outcomes for our patients, while also supporting our talented workforce.

Like much of the NHS, in 2018/19 we faced unprecedented challenges in terms of increasing demand for our emergency and unplanned care and significant financial pressures. Despite these, we continued to deliver major achievements thanks to the efforts of our committed workforce operating within a health and social care system dedicated to improving the health and wellbeing of our local populations.

I am proud to present an overview of our achievements and successes against our quality priorities over the past 12 months.

2018/19 has been about further embedding good practice in line with the priorities set out in the Trust's 'Quality Matters' plan. Working with colleagues and partners, we set ourselves a number of quality priorities for the three year period, to improve patient safety, clinical outcomes and the experience of those who need our care. These are the areas where we know we can make the greatest difference.

Just as importantly, however, we are working to equip and support our staff with the tools, techniques, training and support needed to deliver quality improvements in all areas, day in day out. This led to the launch, this year, of the Trust's own quality improvement plan – 'Improvement Matters'.

During 2018/19, the consistent focus on our priority areas has been rewarded with improved performance and positive movement in terms of meeting targets.

Highlights include the establishment of a dedicated falls prevention team. The team is making a significant impact in reducing falls, supported by the development of a three year falls strategy, as well as quality improvement work in partnership with NHS Improvement.

The Trust's innovative Acute Intervention Team continues to build on the important role it is playing in supporting the recognition and management of deteriorating patients and working together with ward staff on an educational basis. We know from personal experiences shared by bereaved families that this different way of working makes a real difference to the end of life care and experience for both patients and their loved ones.
Patient safety is a continual area of focus and key priority. This year saw the Trust introduce our 'mortality review process' in response to the national policy 'Learning from Deaths' and positive work continues on the development, implementation and embedding of a series of national and local safety standards (LocSSIPs).

We also know, however, that we have challenges and areas where we need to continue to improve and retain focus. Whilst pleased to see a significant reduction in the number of never events which occurred this year, our aim is to record zero incidences. A never event does not imply that significant harm has occurred but does identify those incidents which can occur if processes or procedures are not fully embedded. The report gives more detail on these incidents. We also know that there are improvements which can made on the quality indicators recorded within our emergency departments and action plans are in place to support this improvement work.

We have continued to recognise and engage our workforce and partners in this safety agenda through our 'Becoming a Highly Reliable Organisation' (BAHRO) conferences which this year extended their scope to enable the inclusion of a leadership element and move forward our discussions. These large scale engagement events have proved to be fantastic learning opportunities bringing together internal audiences with national experts and speakers to share experiences and support improvements.

Nationally and locally there continues to be an increasing demand for services against a challenging financial climate, however based on our track record of success I am confident that #TeamCDDFT will continue to rise to these challenges and I hope this Quality Account provides you with a clear picture of how important quality improvement and patient safety are to us at County Durham and Darlington NHS Foundation Trust.

I would like to take the opportunity to thank all #TeamCDDFT colleagues, partners and stakeholders for their continued commitment and support as we continue to work together on delivering our vision; 'Right First Time, Every Time'.

I can confirm that to the best of my knowledge this Quality Account is a fair and accurate report of the quality and standards of care at County Durham & Darlington NHS Foundation Trust.

Sue Jacques
Chief Executive

PART 2: Priorities for Improvement and Statements of Assurance from the Board

Review of our key priorities for 2018/2019

Last year we set 20 priorities. These have been set under the following headings:

- Safety
- Patient Experience
- Clinical Effectiveness

A summary of our progress and achievements is shown below and further detail on each priority is included in the pages that follow.

☒	Improvement not demonstrated
☑	Trust ambition achieved
⊖	Trust ambition not achieved but improvements made

		2017/18	2018/19 Ambition	2018/19 Position	
Safety					
Falls	Patient falls – reduce falls/ 1000 bed days community hospital	5.9 ☑	8.0	6.0	☑
	Patient falls – reduce falls/1000 bed days acute hospital	6.2 ☒	5.6	5.5	☑
	Follow up patients with fragility fracture	37.6% ☒	50%	41.2%	⊖
	Complete root cause analysis for falls resulting in fractured neck of femur	All complete ☑	All complete	All complete	☑
Care of patients with dementia	Development of a dementia pathway and monitoring of care, to include enhancements to environment	Complete ☑	Introduce dementia strategy and produce an action plan to monitor	Complete	☑
Healthcare Associated Infection (HCAI)	Meticillin Resistant Staphylococcus aureus (MRSA) post 48 hour bacteraemia	4 ⊖	0	2	⊖
	Clostridium difficile post 72 houria	21 ☒	18	19	⊖
Pressure Ulcers	To have no avoidable grade 3 or above pressure ulcers within acute or community services	4 ☒	0	10	☒

		2017/18	2018/19 Ambition	2018/19 Position	
Venous thromboembolism (VTE)	Maintain venous thromboembolism assessment compliance at or above 95%	96.45% ☑	95%	96.1%	☑
Discharge	Discharge summaries	91.9% ☒	95%	92.2%	⊖
Incidents	Rate of patient safety incidents reported via National Reporting and Learning System (NRLS)	Reporting to within 50% ⊖	Reporting to within 75%	Reporting to within 50%	⊖
	Rate of patient safety incidents resulting in severe injury or death from National Reporting and Learning System (NRLS)	Oct17-Mar18 data 0.1% (local) ☑	Within national average	Mar18-Sep18 data 0.1% (local)	☑
Sepsis	To improve management of patients identified with sepsis	Improvement demonstrated ☑	Ensure patients are screened appropriately	Improvement demonstrated	☑
Duty of Candour	To monitor implementation	Complete ☑	Demonstrate compliance and monitoring	Embedded in practice	☑
Local Safety Standards for Invasive Procedures (LocSSIPs)	To deliver a programme of work to review LocSSIPs across the Trust	Progressing as plan	Demonstrate compliance and monitoring	Progressing as plan	☑
Patient Experience					
Nutrition and Hydration	Move nutrition assessment to Nervecentre 16/17 ambition and 17/18 to complete To audit against new indicators	Complete ☑ Monitoring and refinement introduced	Complete To continue to refine	Complete Programme continues	☑ ⊖
End of Life Care	Death in usual Place of Residence increasing Achievement of Preferred Place of Death Increasing	50% 88%	To improve and monitor care of patients at end of life as per Trust plan	52% 95%	☑

		2017/18	2018/19 Ambition	2018/19 Position	
Patient personal needs	Responsiveness to patients personal needs	**2017** 79% ☑	Within national average 68.6%	**2018** 69.3%	☑
Percentage of staff who would recommend the provider to family or friends needing care	To achieve average national performance against staff survey	2017 58% ☒	Within national average 70%	2018 58%	☒
Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months		2017 Managers 24% ☑ Colleagues 17.7% ☑	Within national average 12.1% 18.4%	2018 Managers 12.1% Colleagues 16.5%	☑
Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion		2017 90% ☑	National Average 86%	2018 90%	☑
Friend and family test	To increase Friends and Family response rates	16% (March 16 – Feb 17) ⊖	Over 20% in Emergency Department	14.4%	☒
		32% ☑	Over 30% Inpatient areas	26.2%	☒
Clinical Effectiveness					
Reduction in risk mortality indices	To monitor mortality indices (HSMR and SHMI) on a monthly basis – indices as expected	YTD 2017/2018 (Jan17-Dec17) SHMI: 104.48 ☑ HSMR: 96.05 ☑	To remain within expected parameters for mortality indices To introduce Learning from Deaths national policy	YTD 2018/20 (Jan18-Dec18) SHMI: 109.93	☑

		2017/18	2018/19 Ambition	2018/19 Position	
Reduction in readmission to hospital (within 28 days)	To reduce emergency readmissions (provisional data results)	0-15 years 11.8% ☒	7%	0-15 years 12.4%	☒
		16 years and over 12.7% ⊖		16 years and over 13.5%	☒
		Total 12.5% ⊖		Total 13.3%	☒
To reduce length of time to assess and treat patients in accident and emergency department	Patient impact indicators: - Unplanned re-attendance no more than 5% - Left without being seen no more than 5%	1.5% ☑ 2.4% ☑	<5%	1.8% 2.3%	☑ ☑
	Timeliness indicators: -95% to be treated/ Admitted/discharged within 4 hours -Time to initial assessment no more than 15 minutes -Time to treatment decision no more than 60 minutes	91.4% ☒ 57mins ☒ 43mins ☑	95% 15mins 60mins	89.6% (Including Urgent Care Centre appointments) 91.5% 42mins (Annual Average) 42mins (Annual Average)	☒ ☒ ☑
Patient Reported Outcome Measure (PROM) EQ-5D Index	To gain better understanding of patient's view of their care and outcomes -Hip -Knee -Hernia	2016/17 (provisional) 0.433 ☑ 0.331 ☑ 0.072 ☒	National Average	2017/18 (provisional) 0.468 0.344 0.090	 ☑ ☑ ☑

		2017/18	2018/19 Ambition	2018/19 Position	
Maternity Standards (new indicator following stakeholder event)	To monitor compliance with key indicators: -Breastfeeding -Smoking in pregnancy -12 week booking -Complete gap analysis against @Saving Babies lives" NH England document	58.7% ⊖ 17.6% ☑ 90.9% ☑ Gap analysis complete ☑	60.0% 22.4% 90.0% Implementation	59.4% 16.6% 90.3% Underway	⊖ ☑ ☑ ☑
Paediatric care (new indicator following stakeholder event)	Improved paediatric pathways for urgent/ emergency care	Year 2 improvement demonstrated ☑	Demonstrate improved pathway	Improvement demonstrated	☑

Introduction to 2019/2020 priorities

Key priorities for 2019/2020 have been agreed through consultation with staff, governors, Healthwatch, commissioners, health scrutiny committees and other key stakeholders. As an integrated organisation it is important that our priorities are applicable to both acute and community services. The priorities therefore cover both of these care providers wherever appropriate. Throughout the year we have updated both our staff and stakeholders on progress against our quality improvement targets. In addition an event was held earlier in the year where a series of presentations were given to a wide range of staff and stakeholders. All were in agreement that these events were very useful in informing the priorities for the coming year and identifying the areas for continued monitoring.

The table below summarises the specific priorities and objectives that have been agreed for inclusion in the 2019/2020 Quality Accounts. The table also indicates where this is a new or mandatory objective and where this is a continuation of previous objectives. While most of the priorities are not new we have introduced different methods for monitoring where the priority has changed or the service objectives have changed.

Priority	Rationale for choice	Measure
SAFETY		
Patient Falls$_1$ **(Continuation)**	Targeted work continued to reduce falls across the organisation and the introduction of the dedicated falls team To ensure continuation and consolidation of effective processes to reduce the incidence of injury. To continue sensory training to enhance staff perception of risk of falls. To continue a follow up service for patients admitted with fragility fractures.	- To continue the introduction of the Trust Falls Strategy, covering a 3 year period. - To agree a plan of year 2 actions. - To monitor implementation of year 2 actions against the Strategy.

Care of patients with dementia[1] **(Continuation)**	Continued development and roll out of a dementia pathway and monitoring of care for patients with dementia.	- The dementia screening tool has been incorporated into the electronic nerve centre, and removes the need for paper base assessment. - The next step is to migrate the data from nerve centre to formulate the national reporting criteria. This generates the statistics for measuring compliance with undertaking the dementia assessment. This will be migrated the end of the year. - Action plan developed from the NAD the intention is to utilise the finding from the 2018 NAD to see if there have been any changes in practice/improvements. - Carers survey has been completed. The recommendations are to be monitored alongside the national dementia audit recommendations. The action plans have been merged and form the Strategy Action Plan 2019/2020.This will be monitored. - Participate in a 5 year research project of dementia services within the Durham area to continue during 2019/2020. Participation to continue. - Continue the study in the development of a good practice audit tool for assessing patient care and services for those living with dementia. Participation to continue.
Healthcare Associated Infection **MRSA bacteraemia[1,2]** **Clostridium *difficile*[1,2]** ***(Continuation and mandatory)***	National and Board priority. Further improvement on current performance.	- Achieve reduction in MRSA bacteraemia against a threshold of zero. - No more than 45 (see new reporting mechanism) cases of hospital acquired Clostridium *difficile.* - Both of these will be reported onto the Mandatory Enhanced Surveillance System and monitored via Infection Control Committee.
Pressure ulcers[1] ***(Continuation)***	To have zero tolerance for grade 3 and 4 pressure ulcers	- Implement new national reporting metrics - Review of all identified grade 3 or 4 pressure ulcers - Continued education programme
Discharge summaries[1] **(Continuation)**	To improve timeliness of discharge summary completion.	- Data collected via electronic discharge letter system and monitored via monthly performance reviews and Board reporting. - Care Groups undertake

Rate of patient safety incidents resulting in severe injury or death [1,2] **(Continuation and mandatory)**	To increase reporting to 75th percentile against reference group.	- Cascade lessons learned from serious incidents. - NRLS data. Enhance incident reporting to 75th percentile against reference group. - Continue to embed Trustwide work to embed and improve reporting of near miss and no harm incidents.
Improve management of patients identified with sepsis [3] **(Continuation)**	To maintain improvement in relation to management of sepsis	- Continue to implement sepsis care bundle across the Trust. - Continue to implement and embed post one hour pathway. - Continue to audit compliance and programme. - Hold professional study days.
EXPERIENCE		
Nutrition and Hydration in Hospital [1] **(Continuation)**	To promote optimal nutrition and hydration for all patients.	- Continue to work closely together on hospital menu development and nutritional analysis. - Continue to work closely with Speech and Language Therapy colleagues within the Trust towards achieving International Dysphagia Diet Standardisation Initiative (IDDSI) ward menus and nutritional products. - In terms of hydration we will consider how we maintain and monitor sufficient hydration status of patients requiring both artificial (intravenous or enteral) and non-artificial hydration support. - We will explore how CDDFT might require alternative ways of measuring oral fluid intake at ward level.
End of life and palliative care [1] **(Continuation)**	We now have an effective strategy and measures for palliative care. The measures are derived from the strategy and will support each patient to be able to say: *"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)"*	- We will work with CCG and NEAS to agree a comprehensive approach to personalised care planning. - We will work with regional partners to develop electronic sharing of key palliative care information (ePaCCS). - We will support and monitor new out of hours advice service. - We will continue to deliver palliative care mandatory training for all staff. - We will implement actions from postal questionnaire of bereaved relatives (VOICES). - We will implement actions and learning from Care of Dying Audit.
Responsiveness to patients personal needs [1,2] **(Continuation and mandatory)**	To measure an element of patient views that indicates the experience they have had.	- Continue to ask the 5 key questions and aim for improvement in positive responses in comparison to last

Percentage of staff who would recommend the trust to family or friends needing care$_{1,2}$ **(Continuation and mandatory)** **Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months$_{2}$** **(Mandatory measure)** **Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion$_{2}$** **(Mandatory measure)**	To show improvement year on year bringing CDDFT in line with the national average.	- To bring result to within national average. - Results will be measured by the annual staff survey. Results will be reviewed by sub committees of the Trust Board and shared with staff and leaders and themes considered as part of the staff engagement work. - In addition we will continue to report results for harassment & bullying and Race Equality Standard.
Friends and Family Test$_{1}$ **(Continuation)**	To increase Friends and family response rates	- During 2019/2020 we will increase or maintain Friends and Family response rates. All areas participating will receive monthly feedback and a quarterly report of progress and will be monitored by the Trust Board.
EFFECTIVENESS		
Hospital Standardised Mortality Ratio (HSMR)$_{1}$ **Standardised Hospital Mortality Index (SHMI)$_{1,2}$** **(Continuation and mandatory)**	To closely monitor nationally introduced Standardised Hospital Mortality Index (SHMI) and take corrective action as necessary. To embed "Learning From Deaths" policy	- To monitor for improvement via Mortality Reduction Committee. - To maintain HSMR and SHMI within expected levels. - Results will be captured using nationally recognised methods and reported via Mortality Reduction Committee. We will continue to benchmark both locally and nationally with organisations of a similar size and type. Updates will be submitted to Trust Board via the performance scorecard. - Trust mortality review process, allocation of priority reviews to central review team for completion will continue to ensure any learning, positive and negative, is embedded in patient care. - Embed "Learning from Deaths" policy. - In line with national changes the post of Lead Medical Examiner has been advertised. The successful post holder will lead the introduction of the Medical

To reduce length of time to assess and treat patients in Accident and Emergency department[1,2] **Continuation and mandatory)**	To improve patient experience by providing safe and timely access to emergency care.	- Daily monitoring of performance indicators against NHSI and national 95% standards. - Monitoring through monthly performance reviews and Board reporting. - Transforming Emergency Care programme. - Review of escalation procedures.
Patient reported outcome measures[1,2] **(Continuation and mandatory)**	To improve response rate.	- To aim to be within national average for improved health gain. - NHS England have removed groin hernia and varicose vein from mandatory data collection, hip and knee will continue.
Maternity standards (new indicator following stakeholder event)	To monitor compliance with key indicators.	- Continue to monitor for maintenance and improvement in relation to breastfeeding, smoking in pregnancy and 12 week booking. - Monitor actions taken from gap analysis regarding "Saving Babies Lives" report.
Paediatric care (new indicator following stakeholder event)	Embed paediatric pathway work stream.	- Continue development of more direct and personal relationships with individuals within Primary and Secondary care by building on the work already undertaken.
Excellence Reporting (new indicator following stakeholder event)	To ensure that CDDFT continues to embed learning from excellence into standard culture and practice through Excellence Reporting.	- A monthly report to the Executive and Clinical Leadership Committee (ECL) incorporating total Excellence Reports for the preceding month, a Care Group breakdown, highlights of departments with the most excellence reports and common themes. - A quarterly report to the Integrated Quality Assurance Committee (IQAC) summarising the ECL report and encompassing summary from learning from excellence group.

1 - continuation from previous year
2 - mandatory measure
3 - new indicator following stakeholder events

Review of performance against priorities 2018/2019
The following section of the report focuses on our performance and outcomes against the priorities we set for 2018/2019. These will be reported on individually under the headings of Safety, Patient Experience and Clinical Effectiveness. Wherever available, historical data is included so that our performance can be seen over time.

Changes to Services
In May 2018, the Trust agreed with the Council of Governors, that it would include high-level commentary setting out its assessment of the impacts of significant service change taking place, or impacting in the year. The commentary on the withdrawal of the Out of Hours Ophthalmology Service at Darlington Memorial Hospital, and further changes below, has been included in response to this agreement.

The commentary below should, however, be read in the context of the many improvements in services which the Trust has implemented during the year, just a few examples of which are quoted below.

- Expansion of services offered by Teams Around Patients, and in community hubs, to support patients in the community, reduce unnecessary hospital admissions and support early discharge. One example is a telehealth solution in place which we have piloted to support Care Homes. This enables trained Care Home staff to send observation data for an unwell resident to relevant clinical staff so that a clinical decision can be made regarding the resident. The system enables both Care Home staff and clinical staff to work more efficiently and improves service delivery. System benefits include a 25% reduction in visits to Care Homes by Health staff and a 50% reduction in inappropriate hospital admissions. Care home staff benefit from increased assurance and confidence that service user health is monitored and call-out of NHS staff is not always necessary.
- Expansion of diagnostic and treatment services for patient with respiratory illness, so that they do not have to travel to neighbouring Trusts to access these, including: high-flow oxygen treatment; a new lung cancer pathway with earlier access to CT scans, and development of a local endobronchial ultrasound service on our sites to reduce patient travel and delays.
- Provision of blood transfusions at community hospitals with support from GPs in response to patient need and to reduce the need for patients to travel.

Many more improvements in access to, or the responsiveness of, our services have been implemented across the whole spectrum of our services: including in A&E and patient discharge; elective surgery; maternity; end of life care and medical specialties including diabetes and gastroenterology.

Out of hours Ophthalmology Service at DMH

In April 2017, the Trust closed its urgent out of hours' service for Ophthalmology patients at Darlington Memorial Hospital. At that time the Ophthalmology service as a whole was experiencing workforce shortages and the decision to withdraw the service was taken in recognition of:

- The relatively small number of patients affected – around one patient per week;
- The cost and difficulty of sustaining a service which could not be fully relied on because of the workforce pressures being inexperienced;
- The availability of an out of hours' service at Middlesbrough.

The Trust has received no formal complaints with respect to either the withdrawal of the service or the operation of out of hours' arrangements since the withdrawal. However, the Trust has received some feedback from Governors representing patients in Darlington, and an Optometrist working with patients in the area, suggesting that – in addition to the inconvenience of patients needing to travel to Middlesbrough or, in some cases, to Sunderland or Newcastle out of hours, there have been some occasions where patients have not been able to easily access out of hours support or inpatient facilities at these sites. The Trust has recorded one safety incident – between 1st January 2018 and 31st March 2019, where a patient experienced difficulty in accessing out of hours support at another site.

The Ophthalmology Service has made a number of substantive and long-term locum appointments in the last 12 months and is now in a position to review and strengthen its future service strategy. Such a review is taking place; however, as a number of the consultants have only recently commenced employment, it will take some time to conclude. This work will involve consideration of out of hours' service provision. The Clinical Director for the service is aware of the feedback on the out of hours service noted above, which will be taken into account as part of this review.

Operating Theatres and Endoscopy

During 2018/19, the Trust amended theatre schedules at Shotley Bridge Hospital, in response to a shortage of theatre staff and had to withdraw endoscopy services on that site as a result of an equipment failure. Patients were able to have operations and endoscopy at University Hospital

North Durham. North Durham Clinical Commissioning Group is leading a wider process of public engagement on future service provision at Shotley Bridge, which the Trust is supporting. The views of the public with respect to all services provided in that locality will therefore be taken into account as part of this review.

Urology

The Trust's Urology Service at Darlington Memorial Hospital transferred to South Tees Hospitals NHS FT during the year. The service was provided by visiting consultants from South Tees. The transfer does not affect patients' ability to access the service on the DMH site. It simply enables South Tees to manage the end to end service improving its resilience.

PATIENT SAFETY
Patient Falls

☑	Patient falls – reduce falls/1000 bed days community hospital. Upper threshold 8
☒	Patient falls – reduce falls/1000 bed days acute hospital. Upper threshold 5.6

Our Aim
Our aim is for full commitment and focus on continued improvement in all areas of the organisation to identify high risk patients and put in place falls prevention strategies. This will be realised with the work identified for year two of the multi agency falls strategy. Data is captured in the monthly incident report and as part of the Board performance monitoring data.

Progress
For monitoring purposes the Trust continues to measure the number of falls against the national mean. This remains at 5.6 per 1000 bed days for acute and 8.0 per 1,000 bed days for community and we have achieved below this for 2018/19. During 2018/2019 there have been 31 falls reported as serious incidents. Of these, five were identified where care could have been improved. During 2017/2018 there were 26 falls reported as serious incidents. Of these there were 10 identified where care could have been improved. This shows that whilst there has been an increase in this category, there is improvement with the appropriateness of assessment and care to avoid the fall.

Over 1,000 staff members have been trained in sensory awareness focusing on the vulnerability and risk factors which also link with falls risk and cognitive impairment problems. The actions from year one of the strategy has seen an 8% reduction in inpatient falls and we aim to have the same success during the second year.

The Royal College of Physician (RCOP) inpatient fracture neck of femur audit has commenced and the Trust is fully engaged with data collection for this.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services:

The priority focus for Year 2 of the Falls Prevention Strategy is to be on collaborating with other agencies aligned to the Falls Strategy. These are Clinical Commissioning Groups, North East Ambulance Service, Durham County Council and Darlington Borough Council. Early prevention work will focus on health & wellbeing of the patient.

Care of Patients with Dementia

☑	Trust ambition achieved

Our Aim
To provide appropriate care for patients with cognitive impairment and monitor effectiveness of interventions using the Trust dementia strategy as the principle monitoring tool. To ensure patients with dementia and their families have a positive experience of the care provided by the Trust.

Progress
As stated this action plan was shared with all matrons and department leads, ward sisters in 2017, as the national audit of dementia (NAD) 4th round took place 2018, to utilise resources effectively the intention is to use the evidence from the NAD 4th round to see if there has been any improvements.

The Trust dementia strategy has been introduced and an action plan to monitor implementation of this has been developed. The areas for action and improvement are identified below and these have been shared across the Trust.

Outcome	Actions
Cognitive tests assessed on admission and again before discharge.	➢ Highlight at training sessions for medics and nurses. ➢ Promote amongst clinical leads. ➢ Promote in team meetings, handovers and in supervision.
Record factors which may cause distress and the action or actions which can help calm the patient.	

Outcome	Actions
Promote the use of *"This is me"* booklet involving patients and carers.	Ward managers and clinical teams to promote the use of the booklet in initial training, team meetings, handovers and in supervision.
Implement the use of personal patient information from "this is me/hospital passport "into care plans.	Ward managers and clinical teams to promote the use of the booklet in initial training, team meetings, handovers and in supervision.
Information regarding the episode of delirium recorded on the electronic discharge summary.	➢ Highlight at training sessions for medics and nurses. ➢ Promote amongst clinical leads. ➢ Promote in team meetings, handovers and in supervision.
Implementation of carers' passport to enable carers to be given appropriate support.	➢ Highlight at training sessions for medics and nurses. ➢ Promote amongst clinical leads. ➢ Promote in team meetings, handovers and in supervision.
Staff are trained in mental capacity, consent, best interest's decision making, lasting powers of attorney and supportive communication with family/carers on these topics.	➢ Safeguarding lead to ensure training is in place for medical and nursing staff. ➢ Highlight at training sessions for medics and nurses. ➢ Promote amongst clinical leads. ➢ Promote in team meetings, handovers and in supervision.

Outcome	Actions
Site nurse practitioners and bed managers to develop expertise in dementia care to ensure support for staff 24 hours per day 7 days per week.	➢ Dementia care to be built into Trust training. ➢ Clinical supervisors to promote attendance at training by relevant staff.
Ensure staff receive training in delirium and its relationship with dementia, manifestations of pain, behavioural & psychological symptoms treatment, care.	

Outcome	Actions
Further develop, implement and promote the finger food menu.	➢ Nutritional steering group to continue to lead nutritional improvements. ➢ At local level, appoint nutritional champions. ➢ Ward managers and clinical teams to promote the use of the booklet in initial training, team meetings, hand-overs and in supervision.
To promote the variety of ward based snacks available to patients in their area.	

Outcome	Actions
Further develop, implement and promote the finger food menu. To promote the variety of ward based snacks available to patients in their area.	➢ Nutritional steering group to continue to lead nutritional improvements. ➢ At local level, appoint nutritional champions. ➢ Ward managers and clinical teams to promote the use of the booklet in initial training, team meetings, hand-overs and in supervision.

Outcome	Actions
Patients, families/carers are involved in discharge planning. Carers are identified at first contact or as soon as possible after this. Before a person is discharged, their physical, psychological and social needs will be assessed. The person with dementia and someone involved in their day-to-day care should be fully involved in this assessment. Plans about the date and time of discharge should be discussed with the person and their carer. Any organisations that will be providing services must be informed of the date and time of the person's discharge, and when they should start to provide the services. Documented evidence in the notes that the discharge planning and support needs have been discussed with the multi – disciplinary team , patient, family, carer, care home.	➢ Discharge policy embodies good practice principles. ➢ Discharge management, Ward teams and discharge lounges work together with patients, carers and with other agencies to ensure discharge care packages take account of the dementia-related needs of patients.

Theme 6: Governance

Action/s agreed	By whom?
Continue to offer dementia awareness training to all staff.	➢ Dementia training to be provided for all medical and nursing staff. Training is delivered to junior doctors twice yearly and a basic awareness programme to all staff regardless of their role. ➢ The focus for this coming year is to focus on front line staff more in depth training
Compliance with training and good practice is encouraged and supported.	➢ Feedback to Trust dementia lead via Learning & Development and monitoring via Training Priorities Group ➢ Use of national Audit data and processes.

Next Steps

County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services:

- Formal monitoring against the elements of the strategy as identified above with clear escalation for support if there is any lapse in implementation

MRSA bacteraemia

⊖ Improvement demonstrated but ambition not achieved

Clostridium difficile

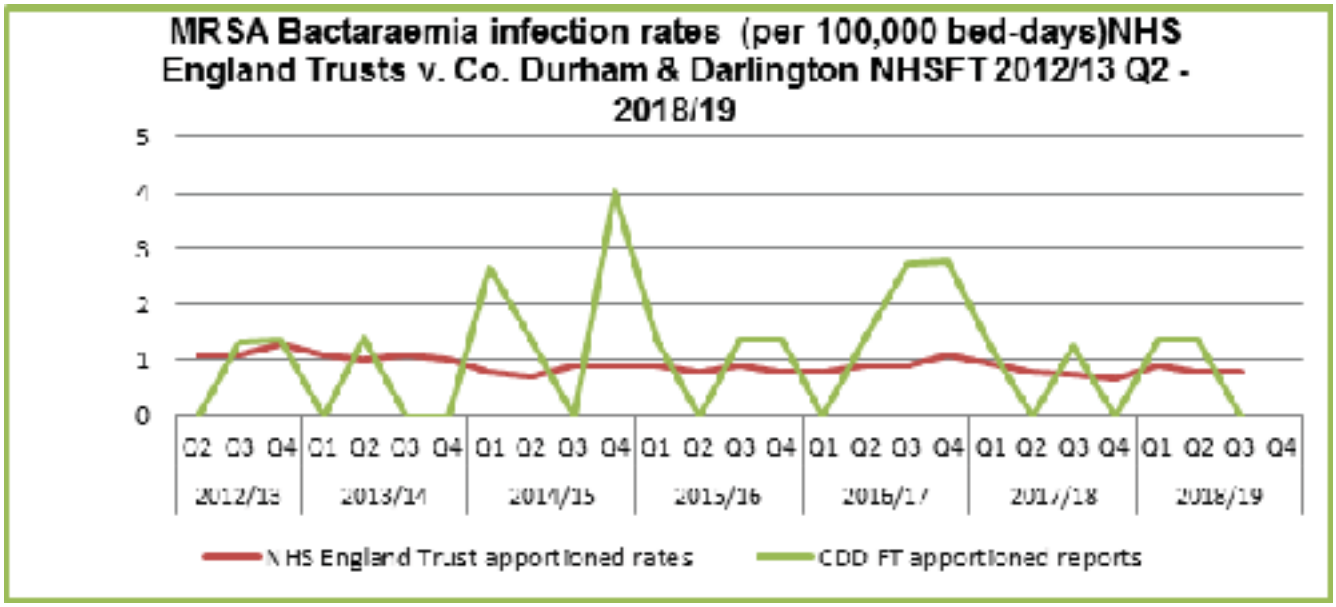
⊖ Improvement demonstrated but ambition not achieved

What is MRSA? Meticillin resistant Staphylococcus aureus is a bacterium found on the skin and in the nostrils of many healthy people without causing problems. It can cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or during a medical procedure. If the bacteria enter the body, illnesses which range from mild to life-threatening may then develop. Most strains are sensitive to the more commonly used antibiotics, and infections can be effectively treated. MRSA is a variety of Staphylococcus aureus that has developed resistance to meticillin (a type of penicillin) and some other antibiotics used to treat infections.

Our aim
The Trust aims to deliver on the zero tolerance approach to MRSA Bloodstream infections NHS commissioning boards planning guidance "Everyone Counts; planning for patients 2014/2015 to 2018/2019" and reiterated in Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections from April
2014 (version 2) March 2014

Progress
CDDFT has reported 2 cases of MRSA Bacteraemia since April 2018 which puts the Trust above its annual threshold of zero avoidable infections. Post infection review has been carried out for both cases. The source of infection could not be determined for case 1, and the source of bacteraemia for case 2 was thought to be cannula related. The findings of the post infection review have been shared at many forums within the organisation

Graphs below indicate the trust end of year position performance against trajectory from Q2 2012/13.

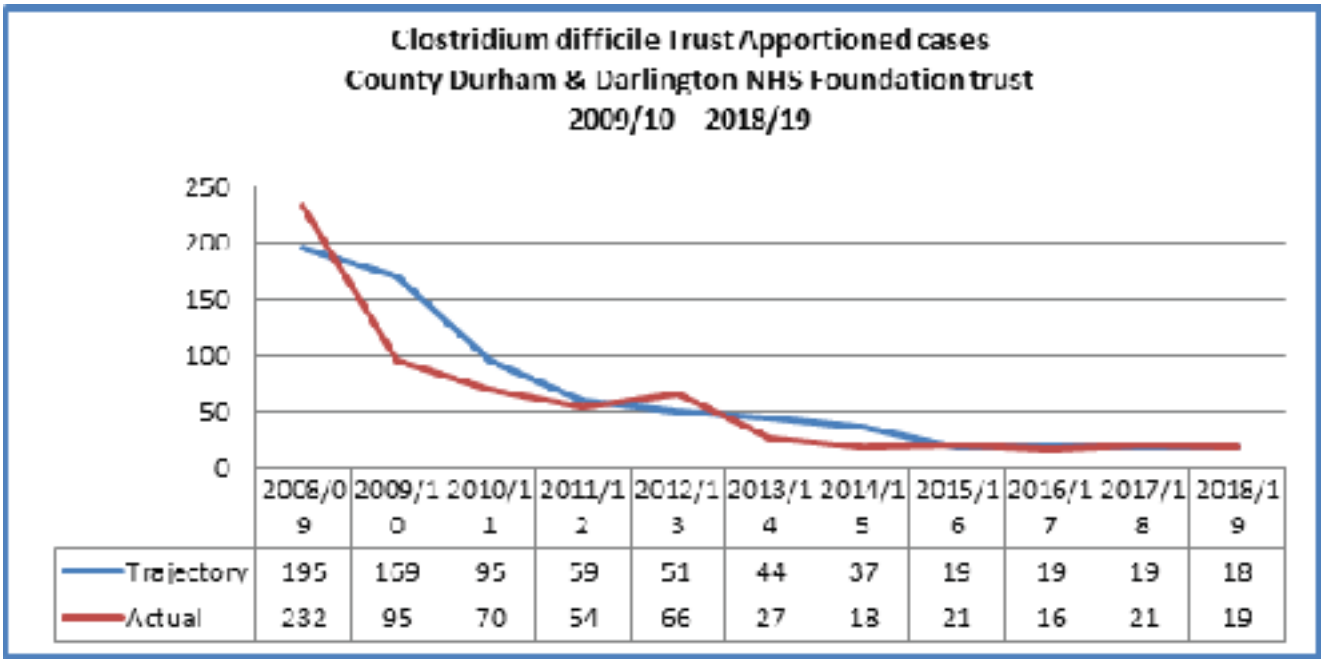


Actions for improvement
- Focus on MRSA Screening and decolonisation
- Focus on monitoring Intravenous line care

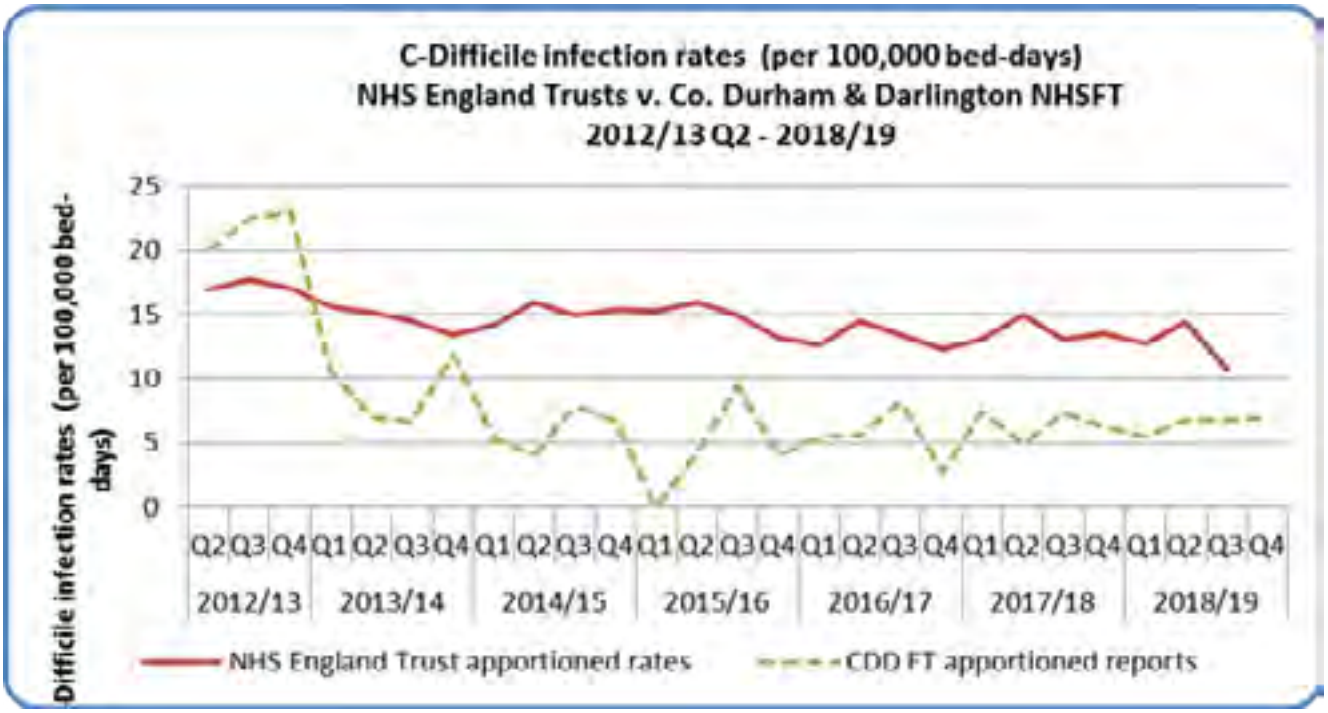
Clostridium difficile

What is Clostridium difficile? It is a bacterium that can live in the gut of a proportion of healthy people without causing any problems. The normal bacterial population of the intestine usually prevent it from causing a problem. However, some antibiotics used to treat other illnesses can interfere with the balance of bacteria in the gut which may allow Clostridium difficile to multiply and produce toxins. Symptoms of Clostridium difficile infection range from mild to severe diarrhoea and more unusually, severe bowel inflammation. Those treated with broad spectrum antibiotics, with serious underlying illnesses and the elderly are at greatest risk. The bacteria can be spread on the hands of healthcare staff and others who come into contact with patients who have the infection or with environmental surfaces contaminated with the bacteria.

From a trajectory of 18 cases, the year-end number of Clostridium difficile cases attributed to the organisation was 19. Benchmarking data below demonstrates that although the set threshold has been exceeded the Trusts performance in terms of rate per 100,000 bed days, remains consistently low when compared with regional data.



	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Trajectory	195	139	95	59	51	44	37	19	19	19	18
Actual	232	95	70	54	66	27	18	21	16	21	19



Clostridium difficile appeals process

Clostridium difficile appeal meetings have been held with CCG and NHS England local area team where 4 cases have been presented for appeal and were upheld. This means that following a review of each case no lapses of care have been identified as a cause or contributory to the Clostridium difficile infection.

Actions for Improvements

- Focus on early identification and isolation
- Targeted work with the areas where Clostridium difficile has been identified
- Continue with Antimicrobial stewardship programme

Next steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services:
A comprehensive action plan is being developed for 2019/2018 for all hospital acquired infection improvement goals.

NHSI document "Clostridium difficile infection objectives for NHS organisations in 2018/19, guidance on sanction implementation and notification of changes to case attribution definitions from 2019" outlined changes to the CDI reporting algorithm for the financial year 2019/20 these are:
- Reducing the number of days to identify hospital onset healthcare associated cases from ≥3 to ≥2 days following admission
- Adding a prior healthcare exposure element for community onset cases.

For 2019/20 cases reported to the healthcare associated infection data capture system will be assigned as follows:
- Healthcare onset healthcare associated: cases detected three or more days after admission
- Community onset healthcare associated: cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous four weeks
- Community onset indeterminate association: cases detected within two days of admission where the patient has been an inpatient in the Trust reporting the case in the previous 12 weeks but not the most recent four weeks
- Community onset community associated: case detected within two days of admission where the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

All patients with CDI cases have an electronic alert placed on their records. The infection control team can track patients as soon as they are admitted and ensure robust management plans are in place.

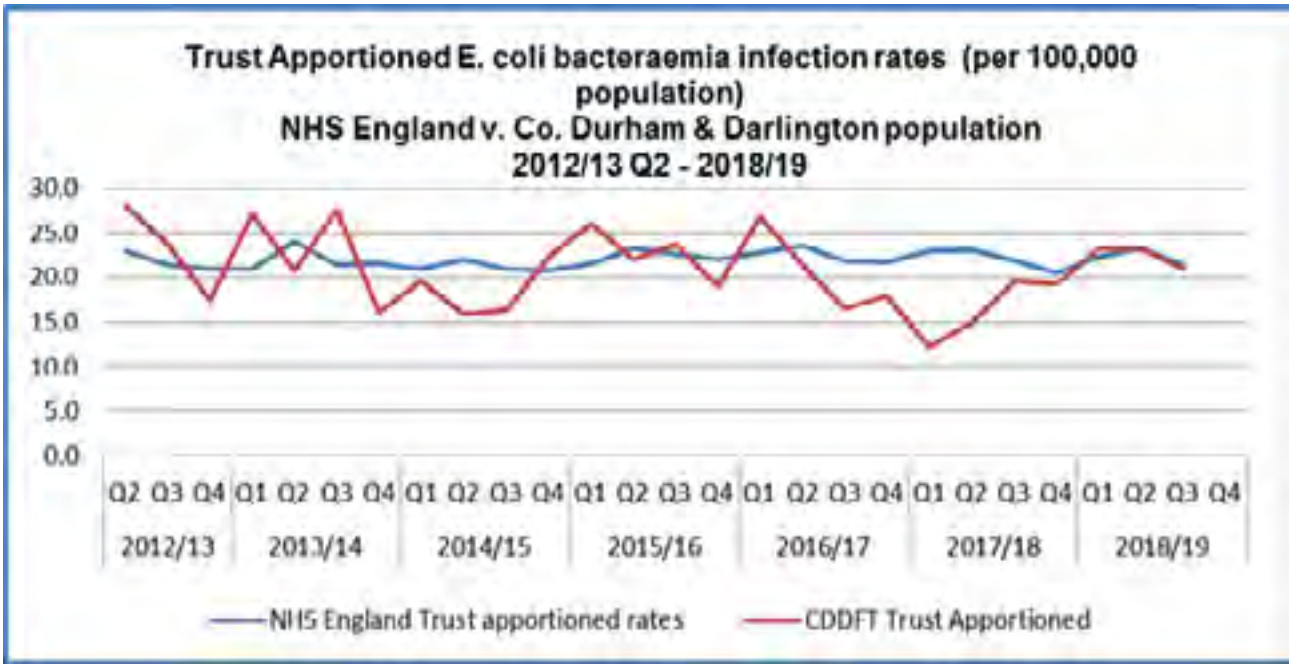
For this year we have re considered the current process and made some changes to ensure a robust review of all cases is carried out in collaboration with IC from both acute and CCG, antimicrobial pharmacy and consultant microbiologists/ Infection control doctors. 2 weekly meetings have been planned to discuss each case and agree actions and shared learning and how the learning will be cascaded. We will look to develop a shared document for our jointly reviewed cases.

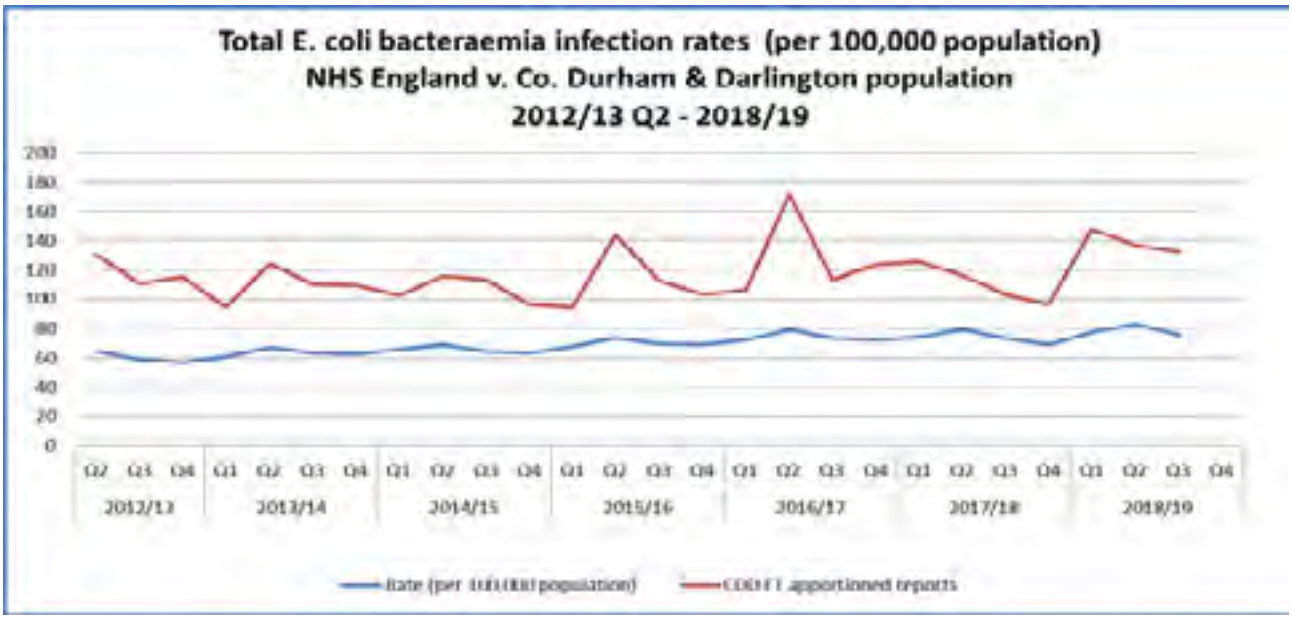
E-Coli Bacteraemia

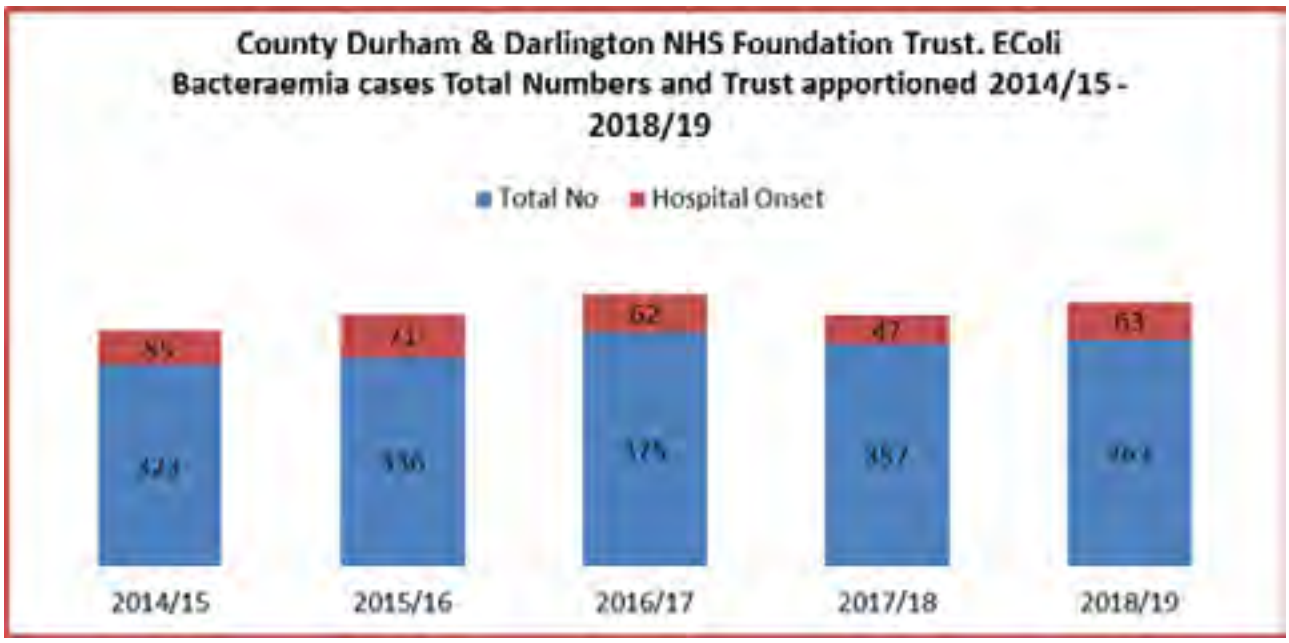
What is Escherichia coli? Escherichia coli (abbreviated as E. coli) is a Gram-Negative bacteria found in the environment, foods, and intestines of people and animals. Although most strains of E. coli are harmless, others can make you sick. Some kinds of E. coli can cause diarrhoea, while others may cause urinary tract infections, respiratory illness pneumonia, blood stream infections and other illnesses. In May 2017 the Secretary of State for Health launched an ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021.The initial focus is on reducing E.coli Blood stream infections by 10%

It is known that 75% of E coli bacteraemia are community onset so we are working closely with CCG colleagues on a whole health economy action plan.

From 1st June 2011 the Trust has reported all E coli bacteraemia. For the year 2018-2019 the Trust reported a total of 397 cases of E coli Bacteraemia and 63 hospital onset cases. This is an increase in total numbers from 2017/18 and a slight rise of hospital onset cases.







Note: 2018/19 data shown as at February 2019. There were 397 cases to the year end.

Pressure Ulcers

☒ Trust ambition not achieved

Our aim
For patients within our care to have no avoidable grade 3 or above pressure ulcers.

Progress
We have continued to carry out a full review of all patients identified with grade 3 and above pressure ulcers whilst in our care. Whilst we have seen increased focus and improvement in this area, we still have further to go and are disappointed that there have still been incidences of these throughout the year as identified below.

Although there has been an increase within community of Category 3/4, review of these cases has found that sometimes the patient has chronic illness and makes choices on the interventions offered.

Acute Services Hospitals – DMH, UHND, CLS, Shotley Bridge	**Avoidable Category 2**	**Avoidable Category 3/4**
2012/13	34	3
2013/14	16	4
2014/15	13	7
2015/16	2	1
2016/17	4	1
2017/2018	0	1
2018/2019	5	3

Community Services Richardson Hospital, Weardale Community, Sedgefield Community and all patients under care of DN teams	**Avoidable Category 2**	**Avoidable Category 3/4**
2012/13	23	3
2013/14	2	3
2014/15	2	2
2015/16	0	4
2016/17	2	3
2017/2018	0	3
2018/2019	0	7

This will remain a primary priority for 2019/2020 as we continue with improvement measures to achieve our aspiration of zero avoidable pressure ulcers.

Next steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services:

We are implementing the NHS Improvement recommendations and will be reporting Moisture Associated Skin Damage (MASD) and the following classification of pressure ulcers, Category 2, 3 and 4. This will also now include medical device related pressure damage, unstageable ulcers and deep tissue Injuries. A short root cause analysis will be undertaken for all newly acquired grades 3 and above incidents so that any remedial actions are identified, addressed and if necessary a full review meeting will be undertaken. Newly acquired Category 2 ulcers will have a questionnaire completed by the manager and any necessary actions put in place.

Tissue viability education across acute hospitals has been rolled out across all areas and will be commencing in April for all community areas with a dedicated module and competency assessments.

There is an ongoing implementation of new higher specification mattresses as standard across the Trust. Whilst the current mattresses have pressure relieving properties which are acceptable, when a mattress requires change it will be with the higher specification. There is no time frame for this as it will happen as mattresses become degraded and require replacement. New bedframes were installed in 2018 concluding the bed frame replacement programme.

New innovative work is ongoing within the Project team for Tissue Viability, including centralisation of dressings.

Discharge Summaries

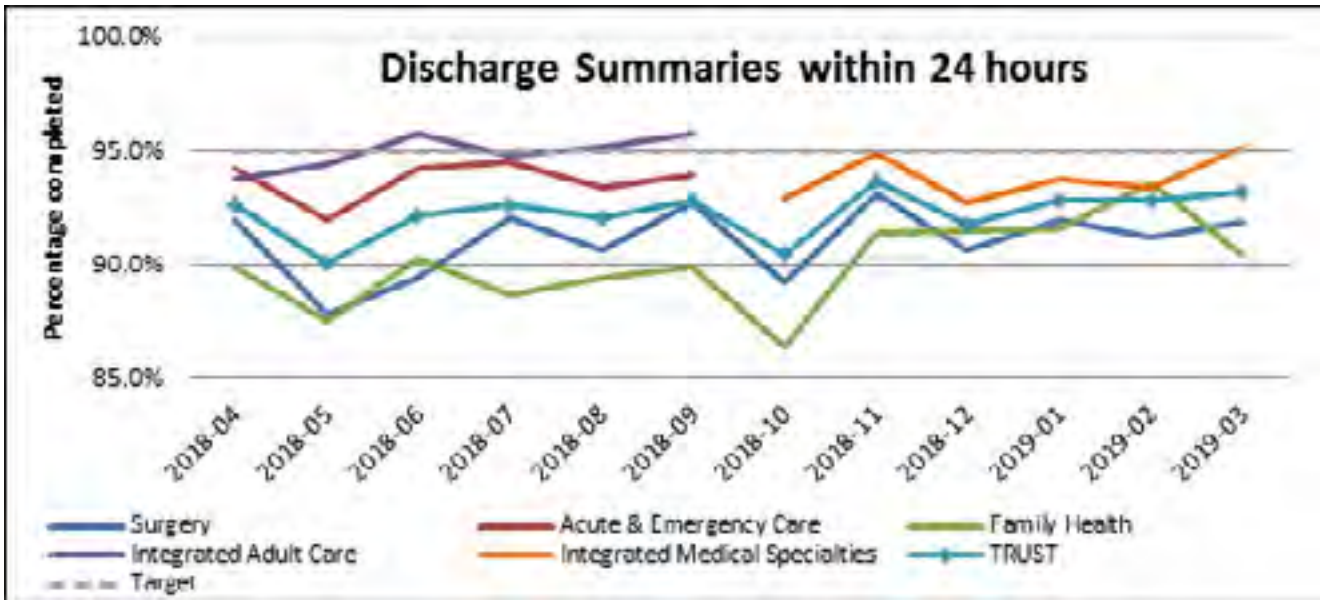
☒ Trust ambition not achieved

Our aim
To send 95% of discharge letters within 24 hours of discharge.

Progress
This remains a high priority for GPs. Without timely discharge information it is difficult for them to provide effective and safe follow-up care for their patients after a hospital stay.

At Trust-level, performance regularly exceeds 90% but consistently falls just short of the 95% target. In Q4, for example, the Trust-wide average was 92.2%. The risk of a dip in performance is greatest in the Autumn when the latest intake of junior doctors arrive; and during the main holiday periods. Care Groups emphasise the importance of this target during the junior doctor induction process, and through their governance meetings, in order to minimise this risk.

Each Care Group has a responsible lead manager and a comprehensive weekly dataset is sent to Care Groups to enable them to identify variation and manage performance at specialty, consultant and ward level. Care Groups provide training for new junior doctors and regular reminders are sent emphasising the importance of this target. The performance of each Care Group is monitored in Performance Reviews and Executive-led reviews. Progress is also reported monthly to the Executive and Clinical Leaders Group, the Integrated Quality and Assurance Committee and to the Trust Board.



Next steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services
Current reporting arrangements will continue and the Trust will continue to re-emphasise to all front-line staff its clinical importance.

Rate of patient safety incidents resulting in severe injury or death (from NRLS)

⊖ Improvement demonstrated but ambition not achieved

The National Reporting and Learning Service (NRLS) system enables safety incident reports to be submitted to a national database on a voluntary basis and is designed to promote learning. It is mandatory for NHS Trusts in England to report all serious incidents to the Care Quality Commission as part of the registration process. The Trust's NRLS results for April 2017 to September 2017 show that we are in the mid 50% of reporters. This is calculated as a comparison against a national peer group, which is selected according to type or trust.

Never Events
Disappointingly, the Trust reported four never events during the period. A never event is defined as an incident that should not occur if correct procedures and policies are in place. The Never Events are shown below alongside a brief description of actions implemented to prevent recurrence. These are also described below.

Overdose of insulin due to abbreviations or incorrect device

Insulin drawn up into a U100 Insulin syringe from a U300 Insulin pen

- Patient was administrated a dose that was 3 fold of what the dose should have been.
- This is a reminder to all staff that insulin **must not** be withdrawn from an insulin pen or pen refill and then administered using a syringe and needle.
- Please ensure you are familiar and comply with the Trust Medicine Policy (POL/MM/0001) which stipulates that:
- **Insulin doses must only be measured and prepared for administration using an insulin syringe or commercial insulin pen device.**

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Wrong Ureteric stent

- During bilateral replacement of failed stents for Ureteric obstruction a previously removed stent was re-inserted into the patient.
- Policy to be reinforced at every handover for two weeks in terms of:
  - All items removed from patient to be immediately placed in waste sack.
  - Before opening pack onto theatre trolley all new implants to be checked for size, expiry and integrity of packaging with product labels to be inserted into theatre log and care plan.
  - Identification of side to be written on product liability label.
- Implant pause to be introduced.

Transfusion/ transplantation of ABO-incompatible blood components or organs

ABO mismatched blood transfusion

- Patient with A negative blood type was administered a small volume of B positive blood transfusion, which was prescribed for a different patient.
- The patient was not wearing an identification wrist band and positive identity was not confirmed.
- This is a reminder to all staff of the importance of pre-transfusion checks and positive patient identification as per the Administration of Blood and Components policy (POL/Transfusion/0001):
  - Two Qualified nurses/Midwives or the doctor & Qualified nurse/Midwife must check **at the patient's bedside** the Blood Transfusion pathway, compatibility label on blood pack, and patient's identity band and ensure the following details are identical on all of them prior to administration:-
    a) Full name
    b) Date of Birth.
    c) Hospital Number
    N.B. Where possible, ask the patient to state his/her full name and date of birth.
    Ensure the patient is wearing a correctly completed identity band, NO WRISTBAND NO TRANSFUSION

- Please ensure you are familiar and comply with the policy for correct identification of patients (POL/N&Q/0004) which stipulates the procedures for patient identification wristbands, and the positive identification of patients (including for patients that are unable to identify themselves).

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Wrong side of toenail removed

- Patient due to have partial nail avulsion of medial section of nail, inadvertently had lateral section of nail also removed.
- Staff to ensure that they check marked sites and proposed procedures both with the patient and against the consent form.
- Standard Operating Procedures and LocSSIP checklists must be used effectively to ensure safety.

In considering the Never Events the following key themes have been identified:

- Human factors – whereby organisational, environmental and job factors can influence the way people work.
- Failure to comply with policy/procedures.
- Increased stress regarding site capacity and workload.

The Never Events that have occurred and learning identified (as shown in the tables above) have been shared Trust wide via bulletins, posters and at educational sessions and through communications and presentations. The identified learning has been shared with local NHS organisations when staff involved in the incident have been employed with an external organisation, to ensure multi agency learning.

Regulation 28
The Trust received no Regulation 28 letters of the Coroner's Investigation Regulation during 2018/19.

Serious incidents
The Trust reported 108 serious incidents during 2018/19 (two of which were de-logged). All of these incidents have a full root cause analysis review and themes are identified from these.

Falls remain the highest reported incidents and actions taking place are reported in the falls section of the report.

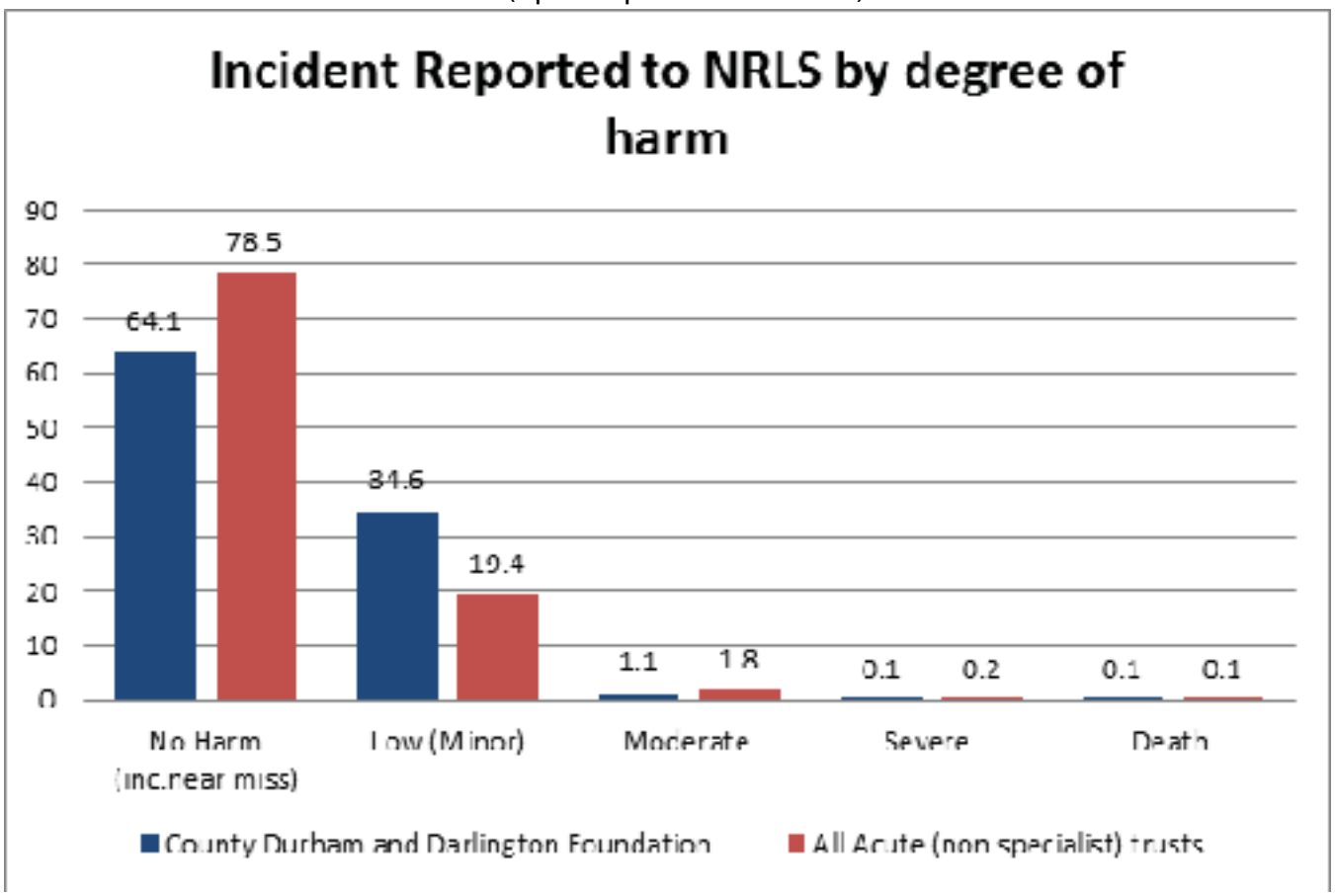
County Durham & Darlington NHS Foundation Trust considers that this rate is as described for the following reasons:
- The data is cleansed by a member of the patient safety team prior to upload.
- The data within this category is agreed through Safety Committee and at Executive level prior to upload to NRLS.

Period	Apr15 Sept15	Oct15 Mar16	Apr16 Sept16	Oct 16 Mar17	Apr 17 Sept 17	Oct 17 Mar 18	Apr 18 Sep 18
Patient safety incidents	6100	5998	5238	5527	5334	5324	6703
CDDFT %age reporting Rate (1000 bed days)	40.5	38.85	35.17	37.66	36.75	35.64	47.24
CDDFT %age severe injury & death	0.2	0.4	0.3	0.2	0.4	0.1	0.1
National %age reporting rate (1000 bed days)	38.25	39.31	40.02	40.12	* Not available	* Not available	* Not available
National %age severe injury & death	0.4	0.4	0.4	0.3	* Not available	* Not available	0.2

**From April 2018 the release of the organisation patient safety incident data workbook (official statistics) the NRLS organisation level summary report no longer include national average statistics.*

Our aim
- To continue to aim for an increase in incident reporting to within the top 75% of reporters.
- To improve timeliness of reporting to and completion of reviews for moderate harm incidents.
- To encourage and support staff to report all incidents and near-misses so that we are sure there is an accurate and complete picture of patient safety issues.
- To monitor timeliness of reporting and completing serious incident reviews as per national guidance.
- To ensure that if a patient suffers moderate or above harm from an incident whilst in our care, they are given the opportunity to discuss this in full with relevant clinical staff and are assured that a review has taken place.

Progress
Incident Rate and National Median (Apr – Sep 2018 NRLS Data)



Harm rating
The Trust remains an under reporter of no harm incidents (no harm and near miss on Safeguard) compared to the cluster average, whilst the percentage of low harm incidents reported is higher than average but further improvements have been seen in this period with both figures moving in the right direction.

Further work has been undertaken by the Patient Safety team to identify why we are under reporting no harm incidents and through analysis of the no harm and low harm incidents reported it seems that the incidents aren't always graded appropriately during the management process. In relation to the incidents reported and the percentages as outlined below by grading, CDDFT would be in line with other Acute (Non-specialist) organisations if the grading of some of the low harm incidents were correctly graded as no harm.

Therefore work is underway to encourage the managers to review the grading of harms when reviewing incidents, whilst encouraging staff to increase reporting of no harm and near miss incidents across the trust.

The patient safety team have been undertaking the "learning from near misses" campaign throughout 2018-19 and has seen an increase in 39% increase in near miss incidents being reported. This campaign will continue in 2019/20 to further improve learning from lower harm incidents to prevent serious incidents occurring.

Next steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services.

- Progress against the themes highlighted above will be monitored at the bi-weekly Patient Safety Forum and Safety Committee dashboards.
- Care Groups will be expected to complete reviews within the specified time period and include the position in their Integrated Governance report that is produced quarterly.
- To undertake audit of current reporting of incidents to establish innovations to improve reporting of near miss/ no harm incidents within 2018/2019.

- To explore the standardisation of lessons learnt documentation.
- To consider the sharing of incident themes by speciality to involve staff in learning from
- incidents and mitigate the potential risk.

Improve management of patients identified with sepsis

☑ Trust ambition achieved

Our Aim
To continue to ensure that patients within our care with sepsis are rapidly identified and receive timely treatment.

Progress
The regional sepsis screening tool is integrated within Nervecentre for inpatients and Symphony for ED patients, meaning that all patients within CDDFT are automatically screened for sepsis. For those inpatients screening positive for sepsis the Sepsis bundle is also within Nervecentre allowing the staff to complete it electronically. A post one hour sepsis bundle has been piloted in the clinical areas in 2018/19.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services. The further actions identified to ensure compliance is maintained are to:

Continue to closely monitor the e-screening and timeliness of bundle delivery to target education in specific areas of weakness and improve the quality of care for patients with Sepsis.

Evaluate the pilot of the post 1 hour bundle and implement it across the Organisation.

Complete Trust wide audit and monitor sepsis mortality.

Duty of Candour

☑ Trust ambition achieved

What is Duty of Candour?
From the 27 November 2014 Duty of Candour placed a statutory requirement on health providers to be open and transparent with the 'relevant person' (usually the patient, but also family members and/or carers) should an incident resulting in harm occur. The Care Quality Commission Regulation 20 prescribes health providers to inform and apologise to the 'relevant person' if the provider has caused harm. The statutory duty is activated when a 'notifiable' patient safety incident occurs which causes harm. The definitions of harm are:

- The **death** of a patient occurs when due to treatment received or not received (not just the patient's underlying condition).
- **Severe** harm is caused – in essence permanent serious injury as a result of care provided.
- **Moderate** harm is caused – in essence, non-permanent serious injury or prolonged psychological harm (a minimum of 28 days).

Our Aim
The regulation outlines that where the harm threshold has been breached; specific reporting requirements need to be followed. Therefore the Trust has implemented the process below for moderate harm and above events, to ensure they meet statutory requirements:

- An apology must be given as soon as possible following identification of a patient safety event that is considered moderate or above harm.
- All information must be documented in the patient notes, which includes that a verbal apology has been given and letter of apology is being prepared to be sent within the 10 day framework, using the agreed Duty of Candour template.

- A written apology must be sent or given to the patient and/or relatives/carers within 10 working days of event being identified. A copy of the letter of apology should be attached to the Ulysses Incident Management system.

This information is recorded by staff completing the manager's actions on the electronic Ulysses Incident Management system, which is extracted fortnightly to illustrate compliance with the duty of candour process.

Progress
The Trust current compliance with Duty of Candour is 94%.
Since the implementation of the Duty of Candour regulation the Trust has undertaken a number of actions to ensure compliance as outlined below:

- Ulysses Incident Management system enables staff to record the elements of Duty of Candour to allow monitoring of Trust compliance.
- The development of an agreed sticker for staff to place in the patients notes to record that Duty of Candour has been completed e.g. verbal apology that is to be scanned into the patient's record. This has been incorporated into the Trust Being Open/Duty of Candour Policy.
- Internal and external audits have been undertaken with 2018/19 and recommendations have been implemented to strengthen the Duty of Candour process within the Trust.
- Duty of Candour continues to be included in various Trust wide training programmes such as corporate staff induction, essential training, and root cause analysis.
- A standalone training programme is available for Duty of Candour; however, the uptake continues to be poor.
- Fortnightly Duty of Candour compliance reports are reviewed at the Patient Safety Forum.
- Care Group Leads alongside their Service Manager(s) will ensure that Duty of Candour is recorded in Ulysses Incident Management system.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services. The further actions identified to ensure compliance is maintained are to:

- Continue to monitor Duty of Candour compliance fortnightly in Patient Safety Forum and to highlight incidents that have not met the agreed timescales for further learning.
- Further education with staff groups in recording Duty of Candour via Trust wide training programmes and bespoke training days.
- To embed the use of the patient record sticker to document that Duty of Candour has been completed and evaluation of the implementation within 2019/2020.

MATERNITY STANDARDS

Maternity Standards: Breastfeeding

⊖	Trust ambition not achieved but improvements made

Our Aim
To improve breastfeeding initiation rates – Target 60%.
This data collected is CSC breastfeeding intention in relation to this indicator.

Progress
Year to date performance 2018/2019 – 59.4%.

Next Steps
County Durham & Darlington NHS Foundation Trust is taking the following actions (outlined below) to improve this number and/or rate, and so the quality of its services:

- The Infant Feeding Team is currently under reconfiguration and all options are being considered to ensure optimum benefits for the service.

- Preparation for UNICEF UK Baby Friendly Accreditation re-assessment is progressing; this will take place in 2020.
- Alongside the UNICEF UK re-assessment we are working towards achieving the UNICEF UK Gold Award which recognises sustainment of standards, within this award all senior manager and managers expected to support proportionate responsibility and accountability and help to foster an organisation that protects and promotes the Baby Friendly Standards.
- The Infant Feeding Team are involved in the Maternity Neonatal Collaborative project in supporting high risk mothers to obtain breast milk for their babies. This includes Colostrum harvesting from 36 weeks of pregnancy.
- Many other mothers who have previously formula fed are Colostrum harvesting by choice. This also reduces the need for formula supplementation for high risk babies.
- The Infant Feeding Training Curriculum has been revised to recognise further developments in infant feeding and all staff are expected to attend an annual 4 hour update followed by practical assessments.
- The development of a Specialist Infant Feeding Clinic to provide information and support to mothers with complex needs is under discussion with a priority to promote the value of breastfeeding.

Maternity Standards: Smoking in Pregnancy

☑ Trust ambition achieved

Our Aim
To reduce the number of women smoking at delivery – Target 22.4%.

Progress
2018/2019 performance – 16.6%.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services. The further actions identified to ensure compliance is maintained are to:

- There has been a change to Carbon Monoxide (CO) monitoring in antenatal women, all women have CO monitoring done on every contact and the policy is being updated to reflect that.
- Introduction of CO monitors on the Maternity Wards to enabling monitoring of women on Antenatal or Postnatal Wards.
- The Trust is involved with the Local Maternity Systems Reducing Smoking in Pregnancy Project. This includes additional Very Brief Awareness training for staff and development of a Regional Tobacco Dependency in Pregnancy Pathway.
- A reduction in threshold is currently being agreed to improve results further.

Maternity Standards: 12 week booking

☑ Trust ambition achieved

Our Aim
To increase the number of women booked for maternity care by 12 weeks + 6 days – Target 90.0%.

Progress
2018/2019 Performance 90.3%.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions to improve this number and/or rate, and so the quality of its services. The further actions identified to ensure compliance is maintained are to:

- Include information about early booking on maternity web page.
- Continue to monitor weekly data.
- Continue to validate weekly data.
- Continue to communicate with Information Department on women who transfer into Trust during pregnancy.
- Circulate information to wider health population including Health Visitors.
- Work with GP surgeries to ensure enough capacity for Midwives to carry out Booking Clinics, providing a service which ensures women have access to early booking appointments.
- The development of Early Bird classes is being explored.

Saving Babies Lives

☑	Trust ambition achieved

- **Element 1** – Reducing smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) & referring to stop smoking services as appropriate.
- **Element 2** – Identification and surveillance of pregnancies with fetal growth restriction.
- **Element 3** – Raising awareness amongst pregnant women of the importance of detecting & reporting reduced fetal movement (RFM) & ensuring providers have protocols in place, based on best available evidence to manage care for women who report RFM.
- **Element 4** – Effective fetal monitoring in labour.

Gap Analysis

Element	Achieved Yes/No	Planned Actions
Element 1	Yes	Post-delivery CO monitoring of all women.
Element 2	Yes	GROW implemented and subject to continuous audit. Presentation of specific audit of outcomes for SGA/IOL/NNU admissions etc. On-going scanning pathway & capacity work stream.
Element 3	Yes	Exploring barriers to women accessing services promptly in presence of reduced fetal movements.
Element 4	Yes	Central CTG monitoring & archiving system including Dawes-Redman capacity.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services. The further actions identified to ensure compliance is maintained are to:
Continue to monitor against the standards identified in "Saving Babies Lives" to ensure that the elements remain embedded in practice

Element 1 – Reducing smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) & referring to stop smoking services as appropriate - see above for update. We are pleased with the improvement seen with regards to this indicator and are working with Commissioners to agree the threshold for 2019/2010 to reset the challenge for further improvement.

Element 2 – Identification & surveillance of pregnancies with fetal growth restriction.
All Community Midwives have received GROW training including assessments of measuring Symphysis Fundal Height and completion of online learning. There are also regular updates provided.

SABINE task and finish group set up to monitor achievements towards the above measures.
SABINE champions in all Maternity areas.
Continuous audit in place to monitor the success of the GROW initiative which is linked to the Perinatal Institute.

Element 3 – Raising awareness amongst pregnant women of the importance of detecting & reporting reduced foetal movement (RFM) & ensuring providers have protocols in place, based on best available evidence to manage care for women who report RFM.

Further work being undertaken with commissioners to look at barriers to women attending as there have been delays in women accessing services when they have had episodes of reduced foetal movements.

Trust has been involved in the Tommy's Sleep on your Side campaign aimed at reducing stillbirths in the third trimester.

Trust embarked on a media campaign in June 2018, to highlight and educate on the importance of foetal movements. This was shared on all social media platforms and local intranet. A single telephone number for triage and assessment was put in place to ease access to advice for all women. A local radio station supported the campaign and also supported a roadshow across the region in which maternity staff and user representatives were involved. Posters are in place on Lifts in both acute hospitals as visual aids and a branded theme was used. This was partly funded by SANDS and our own charitable funds. We perform well when measured against the standards for raising awareness of reduced foetal movement

Element 4 – Effective foetal monitoring in labour.

All Obstetric and Midwifery staff to complete K2 training package. A mandatory test has been added to this package that all midwives must complete on an annual basis as part of their essential training moving into our new training year 2019/20.

Fresh eyes have become hourly review, fresh ears now implemented hourly for all low risk labours including home births.

As part of the electronic patient record (EPR) project, implement a Central CTG monitoring & archiving system including Dawes-Redman capacity (an assessment tool for antenatal CTG to assess whether the tracing is normal). The Business Case was on hold until the procurement exercise for the Trust EPR was complete. Our local Business Case has now been updated and sits with procurement prior to Care Group approval.

Version two of the Saving Babies' Lives Care Bundle (SBLCBv2), has been produced to build on the achievements of version one and was launched in March 2019. It aims to provide detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. A fifth element has been introduced within the bundle which is focused on the reduction of preterm birth. The maternity service will develop a strategy to address this element.

Within the Maternity Service there has been a tremendous amount of work targeted at improving communications and information for women and their families in line with 'Better Births' and this has resulted in the update and development of the service website which now includes up to date information on all aspects of care and provides details on local, regional and national contacts available for further information.

Paediatric Care

☑	Trust ambition achieved

During 2018/19 specialist paediatric assessment has been further developed on the Darlington site, with the delivery of a dedicated Paediatric assessment area on the inpatient ward , operating 24 hours per day , 7 days per week.

The area has a separate assessment nursing team, where an ambulatory care focus is evident. Children and young people referred by either Primary care or through other non elective pathways (Emergency Departments and Urgent Care Centres) receive a targeted assessment from the assessment team of paediatric nurses, advanced paediatric nurse practitioner, and medical staff.

We aim to assess children and discharge home as soon as is safe, with support from children's community nursing team if appropriate.

This assessment model of care supports early discharge, admission avoidance and preserves in-patient beds for those children who are unstable, critically ill or have complex disease.
Treetops ward offer a similar assessment model, with children and young people receiving their assessment in a front of house area of the ward, and again only transfer to inpatient beds if options for care at home are unsuitable.

The role of the children's community nursing team in supporting children at home is integral to an ambulatory model of care. It is recognised that there may be some scope to further impact on admission avoidance through the development of new referral pathways to this team directly from GPs and Emergency Departments.

All children have an assessment process and this is recorded. If they then require admission they are admitted to the ward. During 2018/19 there has been a corresponding decrease in the number of children who are formally admitted to a children's inpatient facility, with more than two thirds receiving their care in an assessment environment, prior to discharge.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services. The following actions will continue to be embedded

- The role of the children's community nursing team is being jointly explored with CDDFT Paediatric team and commissioning colleagues, and is expected to progress this year, with the aim of supporting direct referrals to the team and avoiding admission to hospital.

Excellence Reporting

☑	Trust ambition achieved

Why is this a priority?
Excellence in healthcare is prevalent but has not previously been formally captured. CDDFT have developed and implemented a trust-wide system for reporting excellence of our staff, by our staff. Our peer reported excellence system provides us with qualitative and quantitative data and the Trust's Learning from Excellence Group will provide outputs to inform quality improvement and celebrate excellence within the Trust.

Our aim
To ensure that Excellence Reporting is embedded within CDDFT and that learning from excellence provides both qualitative and quantitative data for the Trust to ensure we can learn from the everyday excellence that is peer reported.

Next steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services. The following actions will continue to be embedded

- The Trust has developed an Excellence Reporting Policy and Learning from Excellence Group, which brings together representatives from all Care Groups.
- Learning from Excellence outputs will include celebration of excellence as well as learning outcomes.

- The Learning from Excellence Group will ensure that both qualitative and quantitative data outputs are produced.
- Care Groups receive monthly reports into governance meetings.
- The learning from excellence group has developed a trust wide bulletin.
- This is shared at ECL prior to full Trust circulation.

PATIENT EXPERIENCE

The Patient Experience and Community Engagement Strategy was developed in 2017/2018 to provide an overarching strategy underpinned by the principles of Dignity for All, "Think Like a Patient".

We aimed to create an environment within which "delivering excellence" in patient experience is seen as essential to the management and delivery of health services and the strategy outlines our engagement principles.

Our vision for services is 'right first time, every time' and our mission is with you all the way which means that we put our patients at the centre of all we do. The engagement of our patients, members, staff and public is key in understanding how we are performing against our vision and mission and how we develop and evaluate our services to ensure that the care we are providing is meeting the needs of our patients. The strategy sets out how we will increase engagement and involvement within our local communities which will promote trust in our services, support reputational management and help position us as the provider of choice.

The Patient Experience agenda encompasses a wide variety of objectives at CDDFT. The below chart highlights the Patient Experience Team objectives ensuring the patient / carer is central to all Trust activity.

The Trust will continue to raise staff awareness and continue to capture data advising Care Groups of their compliance rates and of areas where actions are required for improvement.

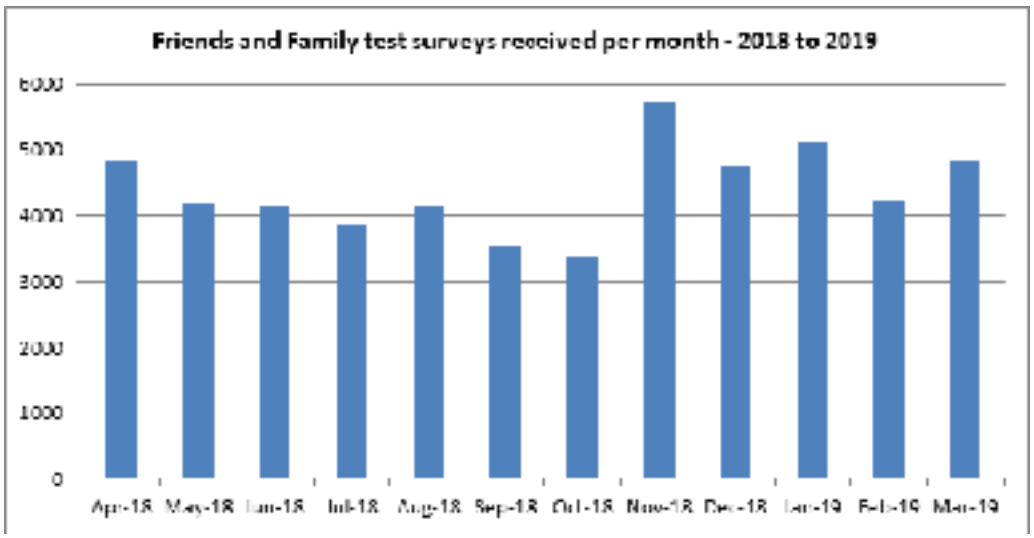
Friends and Family Test (FFT) for patient feedback

Throughout 2018-19, all patients were provided with the opportunity to complete a questionnaire asking if they would recommend the service they had received to a friend or family member.

The data is collected monthly and response rates are returned to UNIFY, Department of Health. Data is available via the NHS Choices website.

Data collected from Emergency Departments are combined with Urgent Care Centres. Similarly, Inpatient data is combined with Day case data.

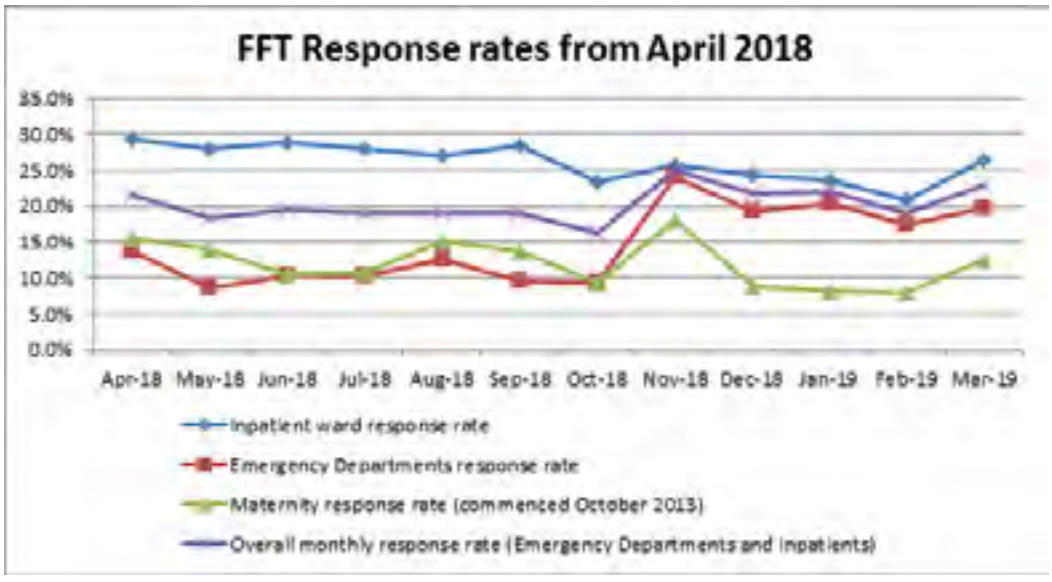
The table below shows the surveys received each month. The Trust compares similarly with national benchmarking with this.



The table below demonstrates the Trust's response rates for 2018/19 for Emergency Department/Urgent Care Centres, Inpatient / Day case areas and Maternity, showing the response rates since adopting a new internal process.

In November 18 the 20% response rate was achieved for the Emergency Departments and whilst subsequent months have not achieved the 20%, the threshold has only been missed by a narrow margin. The response rates for Maternity have continued to fluctuate across the year, especially since December 18, with response rates slowly dropping despite increasing efforts within the speciality to improve return rates.

April, May and June 18 saw our best response rates for Inpatients. Whilst we have not achieved the 40% threshold for returns we believe that we have sustained the improvements made. The significance of positive engagement with this process has been encouraged via meetings with senior nurse and midwifery teams as well as sisters, charge nurses and ward managers. Where negative comments emerged these are shared back to the individual wards and departments when the forms are collated. Most importantly the outcome of the returns indicates high satisfaction rates with the services.



All areas are requested to complete "you said we did" posters and display in their respective areas. These posters can be seen on notice boards within ward areas.

FFT Headline Measure

The percentage measures are calculated as follows:

$$\text{Recommend (\%)} = \frac{\text{extremely likely} + \text{likely}}{\text{extremely likely} + \text{likely} + \text{neither} + \text{unlikely} + \text{extremely unlikely} + \text{don't know}} \times 100$$

$$\text{Not recommend (\%)} = \frac{\text{extremely unlikely} + \text{unlikely}}{\text{extremely likely} + \text{likely} + \text{neither} + \text{unlikely} + \text{extremely unlikely} + \text{don't know}} \times 100$$

The following chart shows the Trust-wide recommendation score from April 2018 for Emergency Department / Urgent Care Centres, Inpatient / Day cases and Maternity Services:

Month	Inpatient		A&E		Maternity	
	% Rec	% Not	% Rec	% Not	% Rec	% Not
April 2018	96	1	94	2	98	1
May 2018	97	1	94	1	98	0
June 2018	97	1	95	1	97	0
July 2018	97	1	95	1	97	0
August 2018	98	1	94	2	98	1
September 2018	98	1	95	1	100	0
October 2018	98	0	95	1	99	0
November 2018	97	1	92	1	98	1
December 2018	97	0	92	1	99	0
January 2019	97	0	93	1	97	1
February 2019	98	0	92	2	96	1
March 2019	97	1	94	1	98	1

FFT Feedback

The Patient Experience Team provides all wards and departments with individual ward reports and trust wide reports on a monthly basis. This provides wards and departments with the opportunity to develop improvements in service based on patient feedback, an example of a "you said, we did" poster is demonstrated below:

Training
Training sessions and presentations are provided by the Patient Experience Team on a regular basis to internal and external stakeholders in order to promote the importance of patient/carer feedback within CDDFT.

The Patient Experience Team continues to deliver training at student nurses and medical students programmes upon invitation. When available, service users attend these sessions and relay their experience which provides valuable insight from a patient perspective. The sessions are evaluated and feedback has been extremely positive. Awareness sessions and updates have been delivered to Trust governors. The Customer Care e learning package is available to all staff groups. Bespoke customer care programmes have been taken forward within individual care groups, and the Great Expectations customer care course is available to all CDDFT staff and volunteers.

National Patient Survey (NPS) Reports

National Inpatient Survey – Reported June (2018)

The National Inpatient Survey was reported in June 2018.

CDDFT received the rating from the CQC as "about the same"

There were 5 questions where CDDFT performed statistically better than the 2016 survey results, as shown below

- Patients feeling they did not have to wait a long time to get to a bed on a ward
- Patients feeling there were enough nurses on duty to care for them

Patients feeling that staff caring for them worked well together

- Patients having confidence in decisions made about their condition or treatment
- Patients being told how to expect to feel after your operation or procedure

There were no questions with a 'significant' decrease in performance in 2017 compared with the 2016 CQC report.

Whilst the Inpatient Survey suggests that we are "about the same" we are able to analyse the data further. We can also use this data to benchmark against other Trusts by patient perspectives.

There are two scores that place the Trust in the top 20% of Trusts:

- Was discharge delayed due to a wait for medicines / to see a doctor / for an ambulance
- How long was the delay

There are no questions that place the Trust in the bottom 20% of Trusts

This is a significant improvement from 2016, where CDDFT were in the bottom 20% for 14 questions (23%).

Recommendations

Based on this overall, quality account, patient perspective peer groups and overall CQC survey results (quantitative and qualitative), it suggested that the areas for improvement relate to:

From quantitative data

- Changes to admission dates
- Enough help from staff to wash or keep clean
- Information about your condition or treatment
- Enough privacy when discussing condition and treatment

From qualitative data
- The discharge process and / or information
- Communication / information given by staff
- Facilities (this includes things like equipment)
- Food and drink
- Noise and disruption

Care Group thematic action plans included the issues identified within this survey where further action was required at local level. An organisational level an action plan was implemented to augment the organisational issues.

National Maternity Survey – Reported January (2018)

The results of the National Maternity Survey were published in January 2019.

For CDDFT, 123 maternity service users responded to the survey. The response rate for the Trust was 35.67%.

The Trust's results were better than most Trust's for three questions:
- Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?
- If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?
- When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?

The Trust's results were worse than most Trust's for two questions:
- During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (around 6-8 weeks after the birth).

Comparative data shows the Trust's results were significantly higher this year for one question:
- Thinking about your care during labour and birth, were you spoken to in a way you could understand?

The Trust's results were significantly lower this year for one question:
- Thinking about your antenatal care, were you spoken to in a way you could understand?

The Trust's results were about the same as other Trusts for 46 questions. There were no statistically significant differences between last year's and this year's results for 47 questions. These results have been shared with the care group to share the areas of good practice and support the development of the areas for improvement.

The above issues form part of the National Survey action plan which is monitored and reviewed at the Patient Experience Forum.

Post Discharge Survey

The Post Discharge Survey is posted to a sample of 400 patients on a quarterly basis; this represents 1600 patients a year which is twice the sample used in the national survey. The questions mirror that of the National Inpatient Survey in order that we capture issues in real time and develop actions to address identified issues in a timely manner.

The data below shows the responses to 5 key questions and compares our survey results against the National Inpatient Survey results for 2017 (reported 2018). The table below shows that we score above the national average for this survey when compared with last year's average.

Patient Experience Indicator Questions	National In-patient 2017	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Did you feel involved enough in decisions about your care and treatment?	75%	86%	82%	85%	81%	87%	79%
Were you given enough privacy when discussing your condition or treatment?	83%	91%	93%	88%	83%	87%	88%
Did you find a member of staff to discuss any worries or fears that you had?	58%	84%	84%	79%	81%	83%	84%
Did a member of staff tell you about any medication side effects that you should watch out for after you got home in a way that you could understand?	51%	69%	67%	68%	61%	66%	66%
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	80%	82%	81%	88%	75%	75%	81%

Post Discharge Survey Reports are presented quarterly at Patient Experience Forum and qualitative and quantitative data and themes are shared with senior staff to disseminate and action where appropriate.

Themes for 2018-19 are identified below:

Theme	Q2 17-18	Q3 17-18	Q4 17-18	Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19
Food	7	1	1	4	4	4	2
Medication	2		3	2			
Treatment and care			8	9	8	7	5
Response to buzzers / for help		3					1
Communication	3	13	12	5	6	6	3
Feeling safe	1	3			1		1
Attitude	1	5	3	3	3	2	2
Personal care	1		2	1	1		
Discharge	2	2	2	2	2	2	3
Noise at night / disturbance	1	1	1	3	2	2	1
Transfer between wards	1	2	3		2	3	
Cleanliness	2				3	3	1
More information / choice	1	1					
Environment/TV/entertainment	1	3	2		3		3
Confidentiality	1	1	1			2	
Privacy & Dignity		1	4			1	1
Staffing		5	5	3	5	2	1
Parking		1		2			

Compliments

The below table and chart highlight the number of compliments received for 2018/19 in comparison to previous years. A quarterly report is available to all staff via the Trust intranet. Patients and carers are also encouraged to share their comments on the Trust's website, as well as NHS Choices.

Quarter	2013-14	2014- 15	2015-16	2016-17	2017/2018	2018/19
1	5297	5288	6058	4761	4409	4226
2	5782	5473	7406	4953	4339	5260
3	4523	6123	6078	5355	4628	4733
4	4863	6228	3902	4093	4195	5181
Total	20,465	23,112	23,444	19,162	17,571	19,400

Working in Partnership with Healthwatch

CDDFT work in partnership with Healthwatch, County Durham and Darlington. Healthwatch play a vital role liaising with the general public and capturing feedback about health services which is shared with the trust in order that we can learn from general trends or specific issues.

Representatives of Healthwatch County Durham and Healthwatch Darlington are members of the trust's Patient Experience Forum which is held 6 times per year. Healthwatch provide constructive feedback from service users and members of the community. Healthwatch teams have provided invaluable support and feedback and are currently supporting the Invest in Rest project.

Healthwatch members continue to support a peer review process whereby current anonymised complaint reports and responses are reviewed to ensure a fair and balanced response is provided to patients. Feedback is shared at Integrated Quality and Assurance Committee.
Learning from Experience

From the quarterly analysis of patient feedback, themes are identified and included in thematic action plans which are presented to the Care Groups for action, these action plans are monitored through the Complaints, Litigation, Incidents and Pals (CLIP) reports and discussed at Safety Committee.

Learning from Experience

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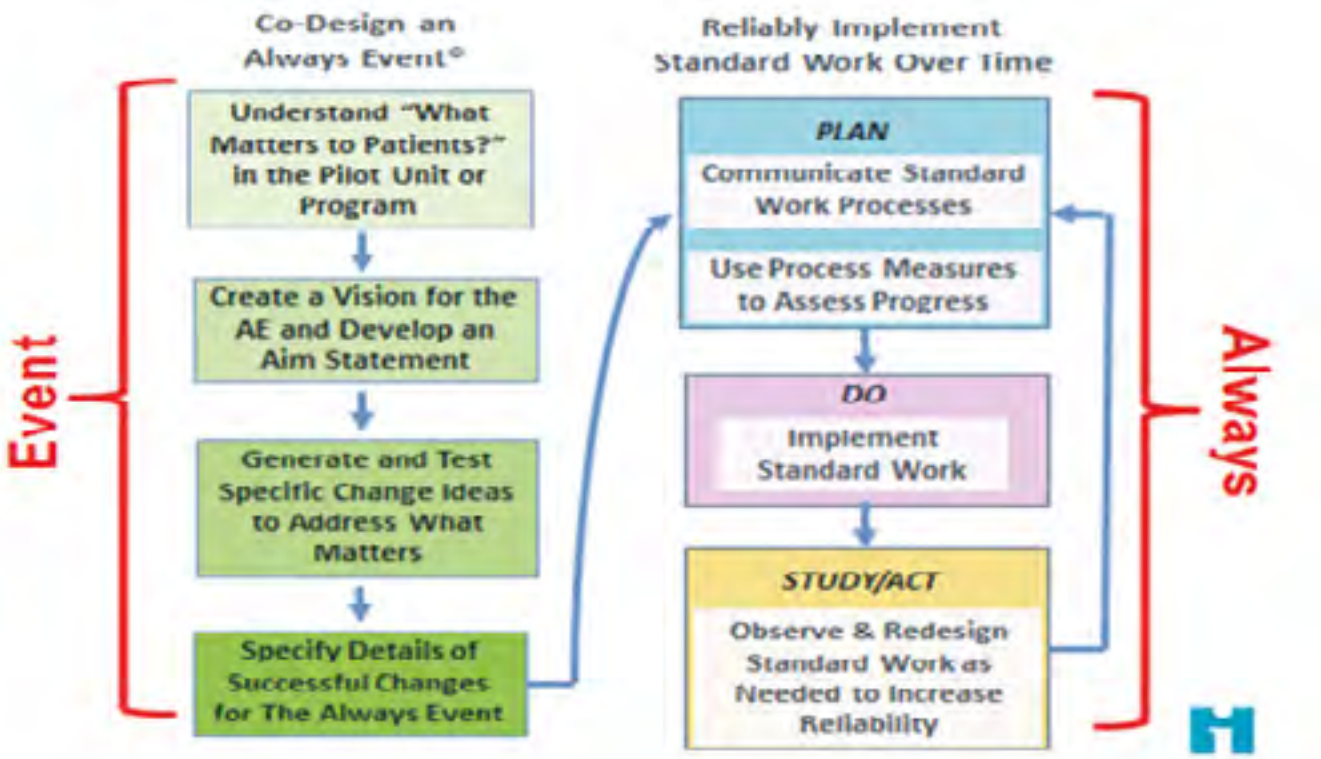
Individual action plans are developed in response to partly and founded complaints and shared with the complainant. Examples of action plans and "You said, we did" posters are mentioned earlier in this report. To ensure learning across the organisation the Patient Experience Team continue to produce the newsletter called 'Quality Vibes' which identifies examples of lessons learned throughout the quarter, this is disseminated via the weekly bulletin and available on the intranet.

Always Events Initiative

This is a national project lead by NHS England with 10 pilot sites nominated. In February 2018, CDDFT became an Always Event pilot site to look at co-designing / co-production delivery , supported by front line teams. Always Events are aspects of care that should always occur when patients, carers, service users interact with healthcare professionals and the healthcare delivery system.



The first project taken forward as an Always Event is the "Invest in Rest" project, in response to feedback from a variety of patient experience measures highlighting noise and discomfort at night as a concern for patients.

The project has been a great success and has seen the development of the Invest in rest Charter which aims indicates that we will our best to

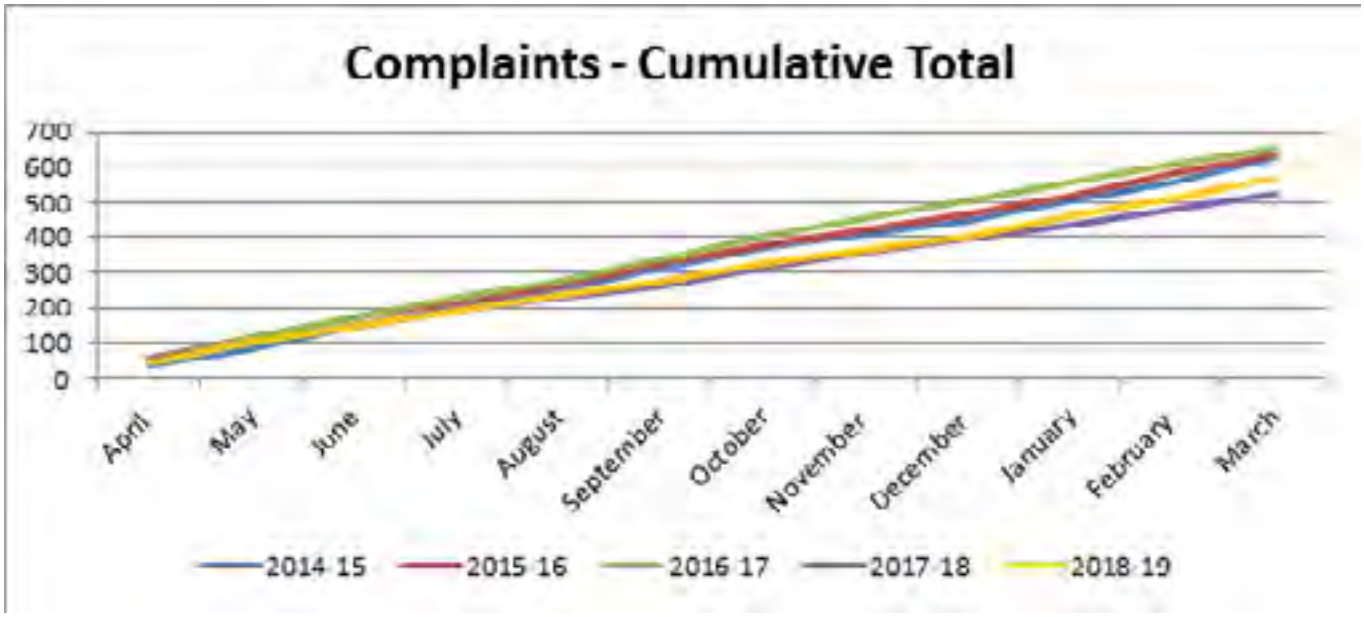
- Create a calm and restful environment for our patients to help recovery
- Provide a night pack of eye and ear plugs for patients requesting them
- Have a specified time for turning off the main overhead lights and using bedside lights
- Always keeping conversations low and appropriate
- Reduce the volume of the telephones and two way communication radios
- Answer nurse call bells and alarms promptly
- Do our best to complete medication rounds before 11pm
- Keep bed movements to a minimum

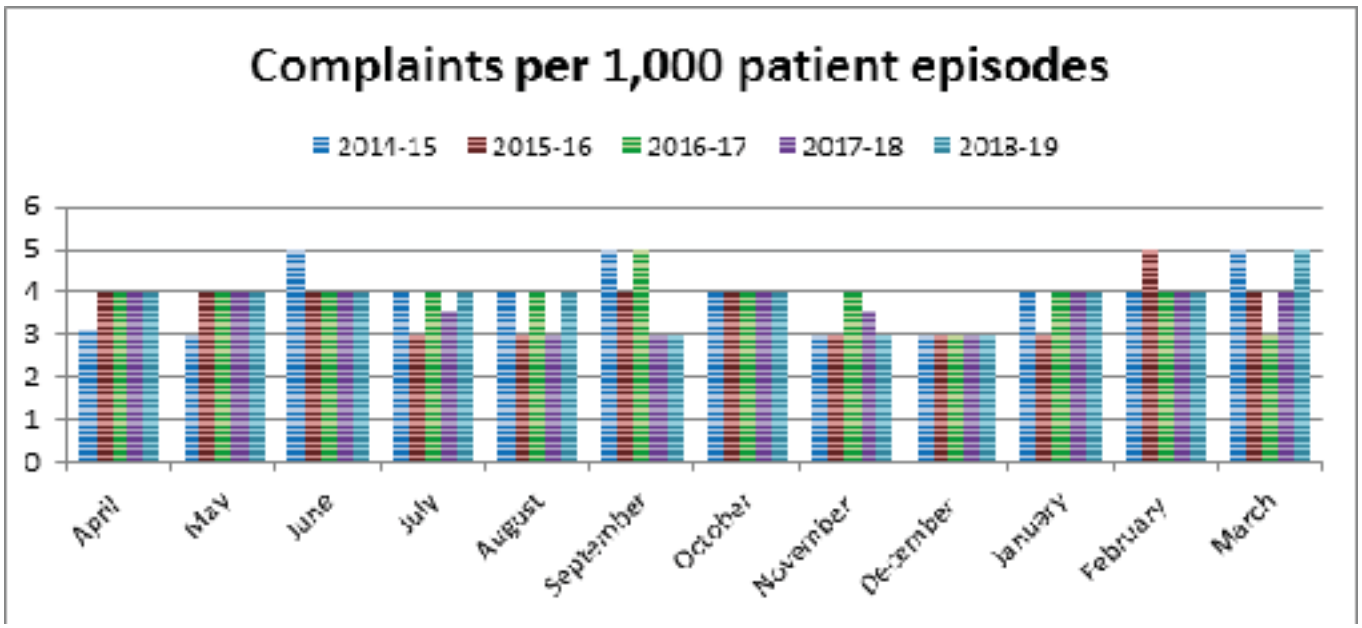
This will be monitored via the Patient Experience Forum with the Director of Nursing as the Executive Sponsor.

Complaints

As well as proactive patient feedback the Trust also receive formal complaints and informal concerns via the patient experience team. The Trust follows the NHS complaints procedure and accepts complaints either verbally or in writing. If complaints are founded or partially founded the complainant receives an action plan to address the issues identified as well as a response. Complainants are offered a meeting and or a written response and are encouraged to participate in action planning to turn 'complaints into contributions'. Unfounded complaints are measured against national criteria and included in the annual complaints report. The Trust has had more unfounded complaints, than partially founded or founded during the period.

The below charts show the number of formal complaints received Trust-wide throughout 2018/19 as well as number of complaints per 1000 patient episodes in comparison to previous years. Analysis of this shows a slight increase of around 8% but still a sustained reduction over previous years.

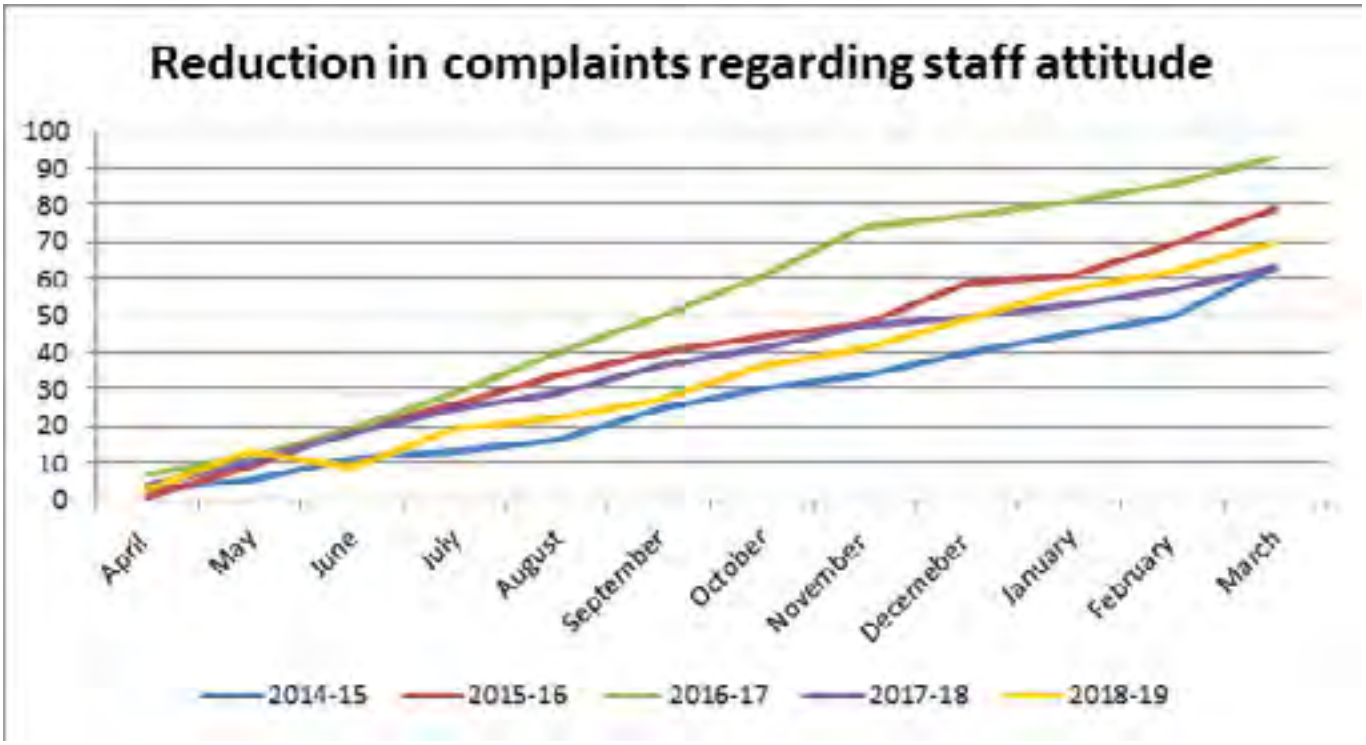




Complaints Monitoring

The Trust continues to monitor complaints in relation to staff attitude. Our aim is to remain below the threshold set in the 2012-13 Quality Accounts of 70 per year. This threshold was set as an internal CQUIN target in 2014 but due to the importance of this indicator, has continued to be monitored.

This has been monitored closely at Integrated Quality and Assurance Committees and Executives. Throughout 2018-19 we have received 70 complaints regarding attitude of staff as a primary cause of concern, which is an increase on 2017-18, this represents a slight increase from the previous year but remains within the threshold of the tolerance that we set ourselves. Due to the nature of these concerns this is something that we continue to monitor. The actions are agreed at local level and themes discussed at Integrated Quality Assurance Committee.



Patient Stories

Patient stories continue and have been instrumental formulating lessons learned and actions for staff to improve patient experience. We listen to both positive and negative stories from our patients and share these with commissioners, staff and governance committees within the Trust.

However during 18-19 we have adapted our methodology to provide a more systematic review of the themes of concerns in order to Provide thematic review of high level concerns over a quarter to look at bigger issues of concerns.

- Less focus on single patient story and look at wider strategic impact.
- Use patient voice to highlight patient concerns as part of the review by using audio or video but more than one voice.
- Present overview in standardised template demonstrating key issues for the organisation.
- Analysis of the complaint themes rather than singular issue. Therefore providing wider organisational context and learning.

However, if story is powerful enough we won't dismiss the impact of sharing.

A Patient Story is shared quarterly at Integrated Quality and Assurance Committee. Appropriate actions where required are highlighted and monitored. Where possible we encourage service users to attend strategic meetings and share their experiences, which has been very powerful and constructive.

Nutrition and hydration in hospital

⊖	Trust ambition not achieved but improvements made

Nutrition

Our aim
To ensure that inpatients are adequately screened for under nutrition and dehydration and that they have onward referral as appropriate. To ensure that inpatients are regularly monitored for their risk of under nutrition and hydration and that remedial action is taken in a timely fashion. To ensure that where therapeutic dietetic intervention is identified, these inpatients are referred as appropriate.

Progress
The Quality Metrics have now been introduced and these provide a monitoring tool to audit compliance with nutritional standards.

In addition the dietetic service has also consolidated the Nutrition Trustwide role and in 2018/2019 the following areas have become business as usual.

- Nutritional Assessment (Must) in Nerve Centre.
- End of life nutritional care pathway.
- Nutrition policy
- Parenteral Nutrition policy
- Nutrition Subgroups (Parenteral and Enteral Nutrition Group and Nutrition, Hydration Improvement Team) to review parenteral and enteral nutrition, nutritional screening, nutrition and hydration.
- Registered Nurse Nutrition Training offered monthly by Nutrition Nurse Specialist.
- WASP framework for nasogastric training in Registered Nurses
- Nasal retention device policy
- Radiologically inserted gastrostomy pathway
- Further roll out of metrics capture via Quality Matters audit
- Extended scope WASP frameworks for Dietitians in the areas of gastrostomy care

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services.

The service will in 2019/2020 continue to work to review the Nutrition Bundle documentation in line with Quality Matters audit and Nerve Centre work. We will provide greater focus on effective nutrition care planning.

The Nutrition and Dietetic Department and Catering Service continue to work closely together on hospital menu development and nutritional analysis. We continue to work closely with Speech and Language Therapy colleagues within the Trust towards achieving International Dysphagia Diet Standardisation Initiative (IDDSI) ward menus and nutritional products.

In terms of hydration we will consider how we maintain and monitor sufficient hydration status of patients requiring both artificial (intravenous or enteral) and non-artificial hydration support.

In addition, we will explore how CDDFT might require alternative ways of measuring oral fluid intake at ward level. This may include evaluation of a trust wide initiative linked to hydration – similar to the campaign from 2012-13 'Hydrate, Estimate, Escalate' or further innovative measures such as water drop stickers or simple measure mugs.

Patient Led Assessments of the Care Environment

2018 PLACE Assessments
The Department of Health and the NHS Commissioning Board requires all hospitals, hospices and independent treatment centres to undertake an annual Patient Led Assessment of the Care Environment (PLACE).

April 2013 saw the introduction of PLACE, which is the system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments primarily apply to hospitals and hospices providing NHS-funded care in both the NHS and private/independent sectors but others are also encouraged and helped to participate in the programme.

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care, which include Cleanliness; the Condition, Appearance and Maintenance of healthcare premises; the extent to which the environment supports the delivery of care with Privacy and Dignity; how well the needs of patients with dementia are met; how well the needs of patients with a disability are met and the quality and availability of Food and Beverages.

The table below details the dates on which the PLACE assessments were undertaken.

Site	Assessment Date
Weardale	5th April
Chester-Le-Street	6th April
Shotley Bridge	10th April
Richardson	18th April
Sedgefield	25th April
Bishop Auckland	26th April
DMH	3rd May
DMH	9th May
DMH – Food – (evening meal)	17th May
UHND	15th May
UHND	18th May
UHND – Food – (evening meal)	22nd May

The teams consisted of Facilities and Clinical staff and Patient assessors who made up the 50% requirement within each team.

Following completion of the site assessments, the information was inputted onto the central website hosted by the NHS Digital for analysis and publication by the required deadline date June 4th 2018

Action plans were produced by ward/department. These will be tracked by CDDS Facilities Management to ensure actions are progressed.

The charts below show the positive results reported during the period

Organisation Name	Cleanliness	Condition Appearance and Maintenance	Privacy, Dignity and Wellbeing	Food & Hydration Overall Score	Dementia	Disability
National Average 2018	**98.5%**	**94.3%**	**84.2%**	**90.2%**	**78.9%**	**84.2%**
County Durham & Darlington NHS Foundation Trust – 2018	99.52%	96.48%	91.44%	96.19%	81.94%	89.02%

Site	Cleanliness	Condition Appearance and Maintenance	Privacy, Dignity and Wellbeing	Food & Hydration Overall Score	Ward Food Score	Organisation Food Score	Dementia	Disability
Bishop Auckland Hospital	99.9%	95.71%	93.42%	95.57%	96.36%	94.92%	85.36%	90.81%
Chester Le Street Community Hospital	100%	99.02%	97.86%	98.09%	98.89%	97.47%	93.57%	97.89%
Darlington Memorial Hospital	98.97%	95.13%	92.88%	96.9%	96.57%	98.25%	81.65%	87.31%
Richardson Hospital	100%	100%	95.24%	98.15%	98.96%	97.47%	90.51%	95.19%
Sedgefield Community Hospital	100%	95.1%	88.0%	97.85%	98.34%	97.47%	76.84%	81.1%
Shotley Bridge Community Hospital	99.81%	95.29%	89.73%	90.38%	82.09%	96.66%	71.73%	85.77%
University Hospital North Durham	99.92%	97.95%	88.86%	95.59%	94.90%	98.41%	80.5%	90.16%
Weardale Community Hospital	100%	99.6%	95.45%	95.25%	92.8%	96.66%	92.22%	94.32%

Scores highlighted in green indicate above the national average score.
Scores highlighted in orange indicate below the national average score.

Food Hygiene
The NHS has had a legal obligation to comply with the provisions and requirements of food hygiene regulations since 1987, there are now several pieces of legislation governing food safety, including the requirement to have a food safety management system based on Hazard Analysis Critical Control Point (HACCP) principles.

Food Safety Officers (authorised by the Council) inspect food premises to assess compliance with food hygiene legislation which includes, Food Hygiene and Safety, Structure, Cleaning and Confidence in Management and Control Systems to ensure food is being prepared in a safe, clean environment and all relevant records are being maintained.

All main kitchens must be inspected at regular intervals by Environmental Health Officers (EHO). The frequency of these inspections depends on the type of business. A star rating system is used of which 1 is the lowest and 5 is the highest. Table 1 illustrates dates of the last inspection for food premises within CDDFT along with the star rating.

Environmental Health Officer inspections	Last Inspection	Star Rating
Darlington Memorial Hospital	February 2019	✡✡✡✡✡
University Hospital North Durham	October 2018	✡✡✡✡✡
Bishop Auckland Hospital	March 2016	✡✡✡✡✡
Chester le Street Hospital	September 2018	✡✡✡✡✡
Shotley Bridge Hospital	July 2018	✡✡✡✡✡
Sedgefield Community Hospital	September 2014	✡✡✡✡✡
Weardale Community Hospital	June 2015	✡✡✡✡✡
Richardson Community Hospital	November 2016	✡✡✡✡✡

As a result of the Trust providing food to external companies and to provide additional safeguards, we also commission an annual independent food safety inspection by a company known as Support Training Services (STS). STS are UKAS accredited and undertake audits for food suppliers, including manufacturers and distributors. The Catering Department has held STS accreditation since the year 2000. Previously the external Support Training Services (STS) accreditation has been based on the Code of Practice and technical standard for food processors and supplies.

Since August 2017 the catering department is assessed at a higher level of accreditation which is aimed at food suppliers for the public sector. The higher level audit places more emphasis on effective environmental monitoring programmes to reduce the risk of the growth of listeria monocytogens which is a higher risk within a cook chill environment.

The following table illustrates the external accreditation held by Facilities:

Accreditation	Service	Last Audit	Next Audit/ Inspection
STS (Support Training Solutions)	Catering DMH	6th February 2019	August 2019

End of Life Care

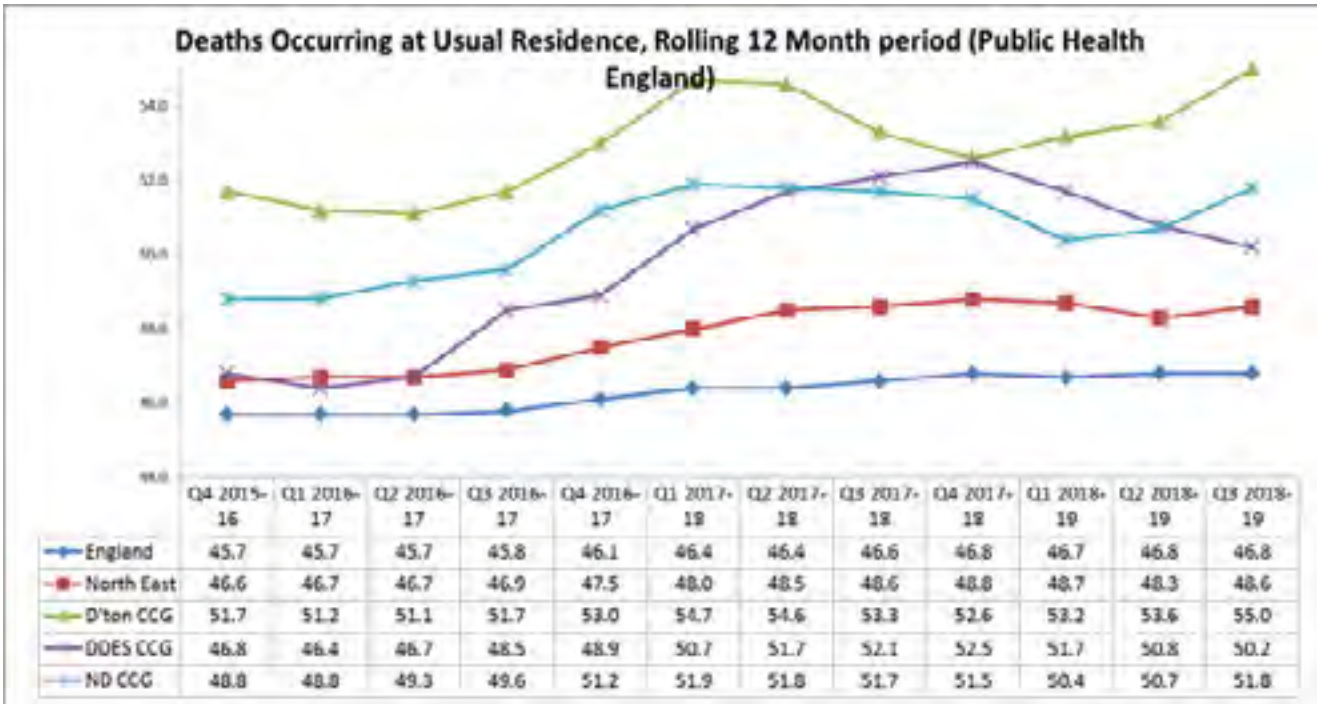
☑ Trust ambition achieved

Our aim
We want each patient approaching the end of their life to be able to say "I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

Progress
CDDFT is the largest provider of palliative care services in County Durham and provides care to most of the people who die in our area and specific palliative care to at least a third of those. The specialist service continues to improve and deliver more care. It also plays a key role in supporting other specialties and services with training and service improvement.

Death in Usual Place of Residence
The national proxy measure for improvements in palliative care is 'death in usual place of residence'. County Durham and Darlington continues to improve on this measure and is above the English National Average. (see graph below)

Percentage of Patients who died in their Usual Place of Residence



	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18	Q1 2018-19	Q2 2018-19	Q3 2018-19
England	45.7	45.7	45.7	45.8	46.1	46.4	46.4	46.6	46.8	46.7	46.8	46.8
North East	46.6	46.7	46.7	46.9	47.5	48.0	48.5	48.6	48.8	48.7	48.3	48.6
D'ton CCG	51.7	51.2	51.1	51.7	53.0	54.7	54.6	53.3	52.6	53.2	53.6	55.0
DDES CCG	46.8	46.4	46.7	48.5	48.9	50.7	51.7	52.1	52.5	51.7	50.8	50.2
ND CCG	48.8	48.8	49.3	49.6	51.2	51.9	51.8	51.7	51.5	50.4	50.7	51.8

Source: Public Health England

Our local measure is achievement of preferred place of death. Over the last year this has increased from 88% to 95%.

Our care of the dying audit shows that our care has improved and has identified areas for education and action.

The survey of bereaved relatives (VOICES) project has shown improvements in many domains of care compared to the 2015 national baseline and identified several important areas for education and further exploration.

Our End of Life Strategy was agreed by the board on March 2017 and we have made good progress. We now have a robust 24/7 specialist advice service and a seven day (9 to 5) community specialist palliative care nurse service. We have two new consultants in post providing a more robust medical service in all localities. Our mandatory palliative care education is in place and on track. We continue to work with other services and organisations to improve personalised care planning.

The Trust and service are well positioned to make substantial further improvements in the coming year as outlined in next steps below.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services. The further actions identified to ensure compliance is maintained are:

- Work with CCG and NEAS to agree a comprehensive approach to personalised care planning.
- Work with regional partners to develop electronic sharing of key palliative care information (ePaCCS).
- Support and monitor new out of hours advice service.
- Continue to deliver palliative care mandatory training for all staff.
- Implement actions from postal questionnaire of bereaved relatives (VOICES).
- Implement actions and learning from Care of Dying Audit.

Percentage of Staff who would recommend the provider to friends and family

☒ Trust ambition not achieved

Our aim
To increase the weighted score of staff who would recommend the provider to friends and family as a place to work or receive treatment within the national average for acute trusts.
Work continues to engage with staff at all levels of the organisation and the Organisation Development Strategy "Staff Matter" complements the Quality strategy. Due to changes in the national staff survey for 2018 the results are now reported in a different format and the tables below provide the information from the NHS Staff Survey National Co-ordination Centre in relation to this ambition:

Questions	2018		2017		Trust improvement/ deterioration
	Trust	**National Average**	**Trust**	**National Average**	
Q21c. Staff recommending the organisation as a place to work	48%	61%	49%	60%	Slight deterioration on 2017. Below the national average
Q21d. Staff recommending the organisation as a place for family and friends to receive treatment	58%	70%	58%	70%	No change in Trust score but lower than the national average

As can be seen from the table there has been no statistically significant change in the Trust's score from 2017 to 2018 in relation to staff recommending the organisation as a place to work and we also remain below the national average with regard to this question. In respect of staff recommending the organisation as a place for family and friends to receive treatment there has been no change in the Trust score and we remain below the national average. This means that we have not met our ambition to achieve the national average with regard to staff recommending the organisation to friends and family either as a place to work or receive treatment.

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

☑ Trust ambition achieved

The Trust continues to meet its ambition with regard to the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. However work will continue to improve this further.

There are two questions relating to this ambition in the new style staff survey report and the results are outlined in the table over the page:

Questions	2018		2017		Trust improvement/ deterioration
	Trust	**National Average**	**Trust**	**National Average**	
Q13b. Staff reporting experiencing harassment, bullying or abuse from managers in the last 12 months	12.1%	12.1%	12.1%	11.8%	No statistically significant change in the Trust score and we remain in line with the national average.
Q13c. Staff reporting harassment, bullying or abuse from colleagues in the past 12 months	16.5%	18.4%	18.1%	17.7%	There has been an improvement in the Trust score in comparison to 2017. CDDFT is also better than the national average

- Work with CCG and NEAS to agree a comprehensive approach to personalised care planning.
- Work with regional partners to develop electronic sharing of key palliative care information (ePaCCS).
- Support and monitor new out of hours advice service.
- Continue to deliver palliative care mandatory training for all staff.
- Implement actions from postal questionnaire of bereaved relatives (VOICES).
- Implement actions and learning from Care of Dying Audit.

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

☑ Trust ambition achieved

The NHS Staff Survey results for Q14 (percentage of staff believing that Trust provides equal opportunities for career progression or promotion) has remained at 90% in 2018. This is better than the national average which stands at 86% for 2018. The % of white staff believing that the trust provides equal opportunities for progression has also remained at 90% in 2018. The Trust score for this group is better than the national average for Combined Acute and Community Trusts which is 88%. The % of black and minority ethnic staff believing there is equal opportunity for career progression has remained at 85% in 2018. This response is significantly better than the national average for this group, which is 75% for 2018.

Overall Staff survey results identified in the table below:

Questions	2018		2017		Trust improvement/ deterioration
	Trust	**National Average**	**Trust**	**National Average**	
Q14. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	90%	86%	90%	85%	Trust score maintained and higher than national average (higher the score the better)

Progress
During 2018/2019 CDDFT has continued to focus effort on staff engagement activity to improve the responses for staff recommending the Trust as a place to work and receive treatment. Key programmes and work streams that have been undertaken and introduced include:

Staff Survey
Work continues to engage staff at all levels of the organisation. The results of the Staff Survey are widely shared with all managers and staff and used to identify the key priorities for the Trust. Focus groups have been undertaken within some areas of the Trust in order to explore the staff survey results in more detail and Staff Matter Action Plans identify the actions necessary to address the issues arising from the staff survey. Progress is monitored via the Staff Matters action plans.

In addition to the Trust wide actions we have supported teams/services where issues or concerns have been raised. This has been done by designing and delivering bespoke interventions designed to address the needs of the service. Requests for support are taken to the panel which is made up of staff who work in HR, Workforce Experience, Health & Wellbeing, Learning and Development. Each case is examined and the most appropriate resource is allocated depending on need. Examples include diagnostic work with teams followed up by interventions designed to improve team working; working with teams to look at their staff survey results to see how staff engagement can be improved.

Staff Matter
The people strategy document Staff Matter sets out the strategic workforce priorities CDDFT have agreed for the period 2017- 2020 (reviewed annually). Each Care Group and Corporate area produced a staff matter action plan for 2018/2019 and these plans have guided the work around staff engagement. The action plans are monitored on a quarterly basis via Strategic Change Board and Integrated Quality Assurance Committee. The plans will be reviewed to reflect current priorities and monitored in the same way throughout 2019/2020. There has been no statistically significant change in the staff survey since 2017. Each area monitor their action plans at a local level and submit this to workforce experience on a quarterly basis. A report on progress is monitored via Integrated Quality Assurance Committee.

Senior Managers and Heads of Departments (SMHODs)
Senior Manager and Heads of Department monthly meetings with the Chief Executive and Directors are an opportunity for open, frank two way discussions on important topical issues. Every quarter an extended SMHOD's is organised to focus on development needs that have been identified for the senior leaders within the Trust. Over the last 12 months these have concentrated on issues such as staff engagement, improving quality and patient safety, ongoing changes within the NHS. Further sessions are planned for 2019.

Leadership and Management Development Framework
Based on the priorities falling out of the staff survey and discussions with managers and staff CDDFT's Leadership and Management Framework has been further developed to provide a comprehensive programme of development activities, aimed at the key stages of strategic and operational management. The various options available for leadership development are brought together within the framework, which will enable Managers to access the most appropriate development activity for them. The framework will also facilitate talent management and succession planning. It identifies the corporate offering; development activities available from the North East Leadership Academy and National Leadership Academy and external provision such as level 3, 5 and 6 vocational qualifications.
The leadership and management development programmes are divided into three routes and cover a mix of both transformational and transactional skills and behaviours:

- Strategic and Clinical Leadership – to develop key skills appropriate for a senior leader whether in a Clinical or non-clinical role
- Operational Management – to develop managers as leaders
- Entry Level Management – to develop some people management skills appropriate to an aspiring manager's first management role.

The Framework continues to be reviewed and refreshed on a regular basis to ensure it is fit for purpose.

Strategic Leadership Programme
The Strategic Leadership Programme (SLP) is a broad framework covering a range of strategic leadership topics and is designed as a foundation programme for leaders, both clinical and non-clinical. The programme focuses on developing effective leadership skills using internationally recognised psychometric tools; evidence based research on leadership; and Trust specific data analysis and feedback metrics; to ensure both theory and practice are considered within the context of CDDFT and the future needs of the Trust.

The programme has been rolled out across the Trust throughout 2018/19 and feedback from delegates has been extremely positive providing a rating of eight out of ten in terms of impact on

their leadership style. At the end of March 2019 166 Senior Leaders have attended the programme. There will be a further 2 programmes running during 2019/20 to capture the staff identified by managers for inclusion.

Shadow Board Programme
During 2018 CDDFT piloted the Shadow Board Programme on behalf the Northern Region. This was a development programme aimed at aspiring leaders who wish to become the Directors of the future. The programme ran from May to October 2018 with 10 senior leaders attending. The programme was evaluated by the North East Leadership Academy and results of the evaluation were shared across the region.

Leadership Conference
The Trust has a programme of bi-annual Leadership conferences featuring guest speakers from the world of leadership, staff and patient engagement and healthcare. The aims of the sessions are to challenge our thinking around how we operate as leaders at both Trust and individual level. A further two leadership conferences have been rolled out during this financial year, with the second one being combined with the Becoming a Highly Reliable Organisation conference. A total of 481 leaders attended the conferences this year.

Developing Managers as Leaders
The Great Line Management Fundamentals Programme consists of a portfolio of activities designed to develop managers as leaders and prepare them for the strategic leadership programme. Great Line Management Fundamentals focuses on developing an individual's understanding of their role as a manager and the skills needed to influence and work effectively through others e.g. people management skills which is the area most managers find difficult to master. The programme offers a comprehensive range of workshops beginning with an introductory day, followed by a series of free-standing modules covering key areas such as staff engagement, personal resilience, effective communication, managing staff absence and interview skills. In addition to a wide range of workshops, HR for Managers mini guides are available and include information on topics such as recruitment and selection and disciplinary and grievance procedures. The programme has been reviewed and refreshed to meet the changing needs of the organisation. This programme has been fully refreshed during 2018/19.

As part of a bridging programme for Band 7 staff two additional modules, Patient Safety and Operational Performance took place during 2018/19.

Personal Resilience
Given the unprecedented change facing the NHS, staff development sessions promoting personal resilience strategies have continued throughout 2018/19. The percentage of staff feeling unwell due to workplace stress has increased since 2015 and in order to address this issue a personal resilience module for staff members to consider implementing suitable coping mechanisms during times of stress has been successfully delivered and a "Managing Stress in Others" workshop for managers has been delivered to support managers in recognising and dealing with stress in others to support their teams.

Talent Management
The Trust has taken an inclusive approach to talent management which consists of a "grow your own" approach

Under the umbrella of "grow your own" further work has been undertaken during 2018/19 particularly with the introduction of the apprenticeship levy which is now being used to develop career pathways for all key roles across the Trust. The apprenticeship levy is a Government initiative where large employers must pay 0.5% of their payroll bill into the levy which can only be used to fund apprenticeship training and CDDFT have in the region of £1.1million in their levy pot.

The apprenticeship offer currently includes 20 apprenticeships including Health Care at level 2, 3 and 5; Nursing Associate, Business Administration at levels 2, 3, and 4; Management level 3 4,5,6,7; IT level 2 and HR at levels 3 and 5, Customer service 2 and 3; Accountancy 4 and 7.

Operating Department Practitioner is a much awaited addition to the apprenticeship offer in 2019

allowing a career pathway for many staff in surgery and with Advanced Clinical Practice coming early in the New Year this really allows funded career pathways for staff within clinical areas. More and more apprenticeships are being introduced so it is anticipated these numbers will only grow in the coming years.

Prior to the levy the Trust had 439 apprentices, 341 were existing staff and 98 young people. Post levy we have 200 apprentices as at January 2019 with 170 converters or existing staff and 30 young apprentices. Public sector bodies with 250 or more staff have a target to employ an average of at least 2.3% of their staff as new apprentice starts over the period of 1 April 2017 to 31 March 2021. CDDFT currently stands at 2.42% which is very pleasing indeed.

The Trust were fortunate in 2018 to take on an NHS Graduate Management programme as an HR specialist and it is hoped that many more graduates will be welcomed into the Trust to support their career aspirations.

2018 saw the implementation of the talent matters strategy recognising that Talent Management is the systematic attraction, identification, development, engagement, retention and deployment of those individuals who are of particular value to an organisation, either in view of their 'high potential' for the future or because they are fulfilling business/operational-critical roles.

Within CDDFT, we have aligned talent management to our annual appraisal and role review framework, which acts as an umbrella framework for all staff groups both clinical and non-clinical. This process includes a 'talent conversation' for all staff and ensures both staff and managers discuss the performance, potential, ambition and readiness for progression of all staff across the Trust. These four elements form the basis of a structured approach to the development of staff for personal and career development at an individual basis, and to ensure the Trust is able to meet its workforce planning needs for future critical roles by having robust and managed succession planning.

Talent Management within CDDFT, is an inclusive process which focuses on the identification of individuals' strengths in order to further develop the capability of teams across the Trust. It also recognises that not everyone is seeking career progression, but that should not preclude them from development opportunities.

A corporate pilot was agreed to inform the strategy and 2 cohorts of corporate managers were trained to deliver talent review boards. Further training will be rolled out in the rest of the Trust in early 2019 to support the process being linked to the appraisal process commencing April 2019.

Both the Strategic Leadership Programme and the Great Line Management Fundamentals programme will provide leadership and management skills for graduates and those staff who have demonstrated potential and an interest in moving into a management or leadership role, thereby developing our leaders and managers of the future.

The Trust has taken an inclusive approach to talent management which consists of a "grow your own" approach coupled with involvement in the national graduate training scheme.
Under the umbrella of "grow your own" further work has been undertaken during 2017/2018 particularly with the introduction of the apprenticeship levy which is now being used to develop career pathways for all key roles across the Trust. The apprenticeship levy is a Government initiative where large employers must pay 0.5% of their payroll bill into the levy which can only be used to fund apprenticeship training and CDDFT have in the region of £1.1million in their levy pot.

Current pathways include Nursing, Leadership and Management, Procurement and Pathology and we have staff enrolled on 20 different apprenticeships at present with more to be introduced during 2018/2019. Our apprenticeship programmes currently offer Health Care at level 2, 3 and 5; Business Administration at levels 2, 3, and 4; Management level 3 4,5,6,7; IT level 2 and Cyber Crime and HR at levels 3 and 5, Customer service 2 and 3; Accountancy 4 and 7.

Prior to the levy the Trust had 439 apprentices, 341 were existing staff and 98 young people. Of the young people, 65 were healthcare apprentices and 33 Business and administration and 55 of them still work for the Trust

Public sector bodies with 250 or more staff have a target to employ an average of at least 2.3% of their staff as new apprentice starts over the period of 1 April 2017 to 31 March 2021. CDDFT currently stands at 2.03% which is very pleasing indeed. In the past 5 years we have had 559 apprentices within the Trust, 439 Existing staff and 120 young people and we hope to build on this success in the coming year.

Both the Strategic Leadership Programme and the Great Line Management Fundamentals programme will provide leadership and management skills for graduates and those staff who have demonstrated potential and an interest in moving into a management or leadership role, thereby developing our leaders and managers of the future.

Staff Annual Awards
2018 saw a review of the Staff Annual Awards. New categories have been drafted linked more closely with the Trust's Vales and Behaviours and proposals have been prepared to change the format of the event, how it is funded and a new nomination process are currently under discussion with the Chairman. The award categories have been refreshed for 2019 to align them more closely with the Trust's values.

Building leadership for Inclusion Pilot
As part of our approach to staff engagement CDDFT was successful in bidding for one of six places on the national Building Leadership for Inclusion (BLFI) pilot. BLFI is an NHS system wide programme of work that seeks to raise the level of ambition on inclusion, quicken the pace of change and ensure that leadership is equipped to achieve and leave an ever increasing and sustainable legacy of inclusion.

This work has involved the establishment of an internal team drawn from all levels across the Trust and representative of its broad geographical and functional areas. The Team also reflects the diversity dimensions, cutting across age, gender, race, disability, religion and sexual orientation.

The first phase of the project was to conduct an in-depth diagnosis of CDDFT's approach to equality, diversity & inclusion. A report was produced and presented to Executive Directors in October 2018.

Following on from this work key priorities have been agreed and work on these has taken place over the last quarter of this financial year.

Breakfast with the Chief Executive
'Breakfast with Sue' gives a random selection of staff a genuine opportunity to meet the Chief Executive and talk to her about working life at the Trust. These events held each month are small and personal rather than a large group event which gives every attendee the chance to speak. These sessions continue to be popular and are planned for 2019/2020. In addition the "Board to ward" walk arounds where the executive team along with Non Executive Directors carry out Trust wide visits to discuss any issues and provide support to staff.

Appraisal
For the past three years the Trust has had 95% rate of appraisal completion. In response to staff feedback about the quality of appraisal a new process and associated paperwork was rolled out from the 1 April 2018. Following on from the development of team objectives, the focus of the appraisal is on the value of the conversation with individuals. The appraisal takes a collaborative approach, and considers not just performance, but also future aspirations and possible career progression. Guidance has been developed and the Appraiser and Appraisee training was refreshed to reflect the new approach, with training sessions taking place from March 2018 onwards. Evaluation of the new appraisal process highlighted that over 80% of staff who responded thought that the new process was better than the previous one and was a more positive experience. Staff responding to the survey also felt that the appraisal made them feel their work is valued by CDDFT and that the new paperwork was easy to use.

Equalities, Diversity and Inclusion (ED&I)
Prior to this financial year the Trust's focus for ED&I has been on building secure foundations by ensuring robust policies and practices have been developed for staff and patients, together with activities to promote excellence in this field. In April 2018 the Trust's Equalities, Diversity and

Inclusion Strategy was officially launched and this focuses on developing new and innovative ways of progressing this important agenda in order to achieve an organisational culture that fosters inclusion and leads to exceptional standards of patient care.

As a Trust we continue in our aim to support and employ more staff with a learning disability through our continued commitment of signing up to the NHS Learning Disability Employment Pledge which we have been have been awarded at Level 2.

Other work around this agenda includes our continued involvement with the NHS Project Choice which is a supported internship hosted by CDDFT and managed by HEENE. The project is designed to give young people with learning difficulties, disabilities or autism, the chance to gain work experience, undertake an employability qualification and complete a work-based internship. The project is tailored to the needs of the young people which enable them to meet and develop their individual skills.

The first cohort of 22 was recruited in October 2017 and finished June 2018. Of these one secured an apprenticeship with the Trust and two secured apprenticeships with Durham County Council. Another student has gone on to volunteer within the Trust and one student has secured a further placement with Mediquip. In October 2018 a second cohort of 15 commenced with the Trust and all students are encouraged to apply for apprenticeships and jobs. One student has already secured employment with another organisation.

In addition the Trust has been successful in being selected to take part in the pilot Apprenticeships for All which is a fully interactive programme for managers focusing on the sharing of understanding, good practice and experiences to date of employing staff with a learning disability. The pilot also offers individual focused coaching around new approaches to accessible recruitment. So far the Trust has trained 64 staff members as part of this programme.

To improve and raise awareness of equality & diversity we have reviewed the number of equality & diversity policies we have and replaced these, where appropriate, with a framework document outlining a process, giving supporting information and/or guidance for managers and staff. We will be continuing to develop additional framework documents around more of the nine protected characteristics.

Development of a new Transgender framework will provide guidance to support colleagues who are proposing to undergo, are currently undergoing or have undergone a process (or part of a process) of gender reassignment – "transgender colleagues". It supports line managers to operate within the law and in line with the Trust's Behaviour's Framework.

We launched three closed Facebook groups (Disability Staff Network Group, The Ethnic Minority Network Group and the LGBT Staff Network Group) in November 2018.
A draft Staff Network Groups Framework has been developed which outlines the code of conduct, TOR for membership and an outline of who would be encouraged to join these groups.

In addition we are continuing to update and add more information to the equality & diversity Intranet site to support the information contained in the framework documents as well as providing staff and managers with additional relevant information around equality, diversity and inclusion.

We continue to work with external partners – Police, County Councils, Healthwatch and Pride to raise the profile of CDDFT as an employer of choice. Over the next year we plan to continue to develop links with other public sector organisations and community networks.

The promotion of NELA leadership courses Stepping Up programme (targeting Black, Asian and Minority Ethnics staff grades 5 to 7) and the Ready Now programme for Black, Asian and Minority Ethnics staff in bands 8a and above) continues across the Trust.

Following the completion of the 2018 Workforce Race Equality Standard report a robust action plans has been developed and is currently being worked on to improve the workplace experiences, promotion opportunities and inclusion for staff from a BAME background.

Work is currently underway with Workforce Services in preparation for the new national report Workforce Disability Equality Standard to ensure we are ready for its launch in April 2019.

In November 2018 we launched our Health Passport - which is completed as an undertaking entered into between a line manager, on behalf of the organisation, and an employee, who has declared they have a disabled or have a long term health condition.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions to improve staff experience and the quality of its services, thereby improving results:

Moving to Good
Work has started on this key project and the year ahead sees a focus on engagement with us embarking on a culture and leadership journey using methodology from the 'Moving to Good' Programme supported by NHS Improvement. This will provide a platform for improvement for workforce experience through the development and implementation of a staff engagement strategy as part of our organisational culture journey. The programme has been developed using an evidence base of national and international research identifying the concepts associated with high quality care cultures.

The resources and approach of the design rest on the principles that cultures – 'the way we do things around here' – drive outcomes, which we know happens at all levels of the NHS – within teams, departments, organisations and in cross organisational collaborations. Cultures that support high quality care display 'compassionate and inclusive leadership'. Collective leadership means the type of culture where staff at all levels are empowered as individuals and in teams to act to improve care within and across trusts – 'leadership of all, by all and for all'.

By strengthening our work around this important agenda we aim to improve the overall workforce experience of our people thus allowing our staff to concentrate on delivering a first class service placing the patient at the centre of all we do.

Our ultimate aim is to have a more engaged workforce which will be evidenced through improvements in engagement scores and supporting data which in turn it is hoped will create potential tangible benefits including:

- A culture which supports the organisation to achieve its objectives
- Outstanding leaders at all levels
- Motivated and engaged staff delivering better patient outcomes
- An integrated and sustainable workforce across the health and social care system
- Workforce plans and systems which are fit for the future
- Improved morale and wellbeing with healthy and flourishing staff

Leadership and Management Development Framework
The leadership and management development framework will be reviewed and refreshed for 2019/2020 to ensure it meets current and future leadership and management development needs.

Strategic Leadership Programme (SLP)
Following a review of the SLP programme the final cohorts will be rolled out throughout 2019/20.

Leadership Conference
The fifth Leadership Conference will take place in June 2019 and will once again be combined with the Becoming a Highly Reliable Organisation conference. The keynote speaker for this conference is Paul Redmond who will be sharing his thoughts and expertise on generational diversity.

Talent Management
- The Trust will continue to utilise the apprenticeship levy to further develop apprenticeship opportunities across a range of career pathways (including traineeships).

- Both the Strategic Leadership Programme and the Great Line Management Fundamentals programme will continue to be used to provide leadership and management skills for

graduates and those staff who have demonstrated potential and an interest in moving into a management or leadership role, thereby developing our leaders and managers of the future.

- Pilot the talent review board approach

Appraisal
The monitoring of appraisal completion and quality audits will continue throughout 2019/2020 to in order to evaluate the new appraisal process.

Equalities, Diversity and Inclusion
The next phase of this work over 2019/20 involves:

The establishment of the Strategic ED&I Group in order to drive the ED&I agenda and establish priorities for the coming year. The Group will be jointly chaired by the Director of Nursing and Transformation, Noel Scanlon and the Family Health Care Group Clinical Director Ria Willoughby

An ED&I working group will also be established this group will be responsible for actively driving the ED&I agenda across the wider organisation into all ward, service areas and departments

Workshops have been organised with representation from across all the Care Groups. From a national reporting point of view using these groups will ensure we have Trust wide input into all the final NHS national reports we produce and enable the Trust to set more effective and relevant action plans

The continued update of additional information to the equality & diversity Intranet site to support the framework documents as well as providing staff and managers with additional relevant information around equality, diversity and inclusion

Staff engagement will continue to be measured via the quarterly Staff Friends and Family Test. Results will be used to further inform staff matter action plans.

Continued use of quarterly survey monkey questionnaires to look at key themes from staff survey, well-led, CQC and which link to Health and Wellbeing CQUIN targets.

The Trust has put in place a programme of structured cross-site visits by Executive and Non-Executive Directors to support the work being done to understand the feeling of the organisation and collect evidence to inform action plans.

Arrangements for Staff to Speak Up

The Trust has essentially three channels through which staff can speak up, and raise concerns regarding quality of care, bullying, harassment and patient safety.

- The Trust has a 'Raising Concerns' policy which is in keeping with the National Freedom to Speak Up Strategy. The policy encourages staff to raise and resolve concerns through the management chain, where appropriate and they feel comfortable in doing so.
- However, where concerns are serious and staff consider that they would be unable to use the management chain, they can raise concerns formally under the policy and / or raise matters through the Trust's Freedom to Speak Up Guardian. Any cases raised formally with the Guardian are logged and overseen by her. Cases raised through Human Resources are logged and overseen through a case management system. In either case, providing feedback to staff and ensuring that staff do not suffer any detriment are cornerstones of the Trust's approach.
- Staff can raise concerns around safety through the incident management system, Safeguard, for investigation and action in line with the defined protocols. Reports can be made anonymously where staff wish to do so. Serious reports are routed to Trust senior managers for follow up, and the Associate Director of Nursing (Patient Safety) monitors reports to identify serious matters or themes for follow up work to be agreed with the Medical and Nursing Directors.

The Trust's Freedom to Speak Up Guardian has a critical role to play in ensuring that these arrangements work effectively. She has been in post for 30 months, is a qualified nurse by background and a former staff advocate for the Royal College of Nursing. The role has been well-publicised through the Trust's intranet site, staff bulletins, staff meetings and, on appointment, a tour of wards and teams. Positive feedback from staff who have used the Guardian is quoted in communications to encourage others to feel confident in raising matters with her. The Freedom to Speak Up Guardian actively participates in national and regional networks in order to identify and implement good practice within the Trust, which has included providing feedback to those raising concerns on the actions taken by the Trust, progress and outcomes, as well as continuing to liaise with the member of staff for several months after the conclusion of the matter, in order to identify – at the earliest opportunity – any detriment which might have occurred. At the Guardian's request, the Trust reopened one matter and took further action in response to evidence of potential detriment. Over 40 concerns have been raised with and the Guardian since her appointment in October 2016 and she has overseen the Trust's response to all cases. The Guardian is currently supported by a Freedom to Speak Up Champion, who provides a confidential sounding board for staff considering raising a concern, and is able to signpost them to the Guardian. A much wider network of champions is envisaged and work is underway to recruit these.

The Freedom to Speak Up Guardian is supported by the Senior Associate Director of Assurance and Compliance and by a Non-Executive Director on the Board. The Board has agreed a Freedom to Speak Up Strategy which aims to develop and strengthen the role of the Guardian, in particular through the development of the network of champions noted above.

CLINICAL EFFECTIVENESS

Reduction in Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Indicator (SHMI)

☑ Trust ambition achieved

There are a number of different published mortality indices that seek to provide a means to compare hospital deaths between trusts. Mortality measurement is a complex issue and much has been written about the usefulness of mortality ratios with academics and trusts getting involved in wide debate regarding their accuracy and validity.

NHS England use the Summary Hospital-level Mortality Indicator (SHMI) as their standard indicator. SHMI reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC).

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. The indicator includes deaths in hospital and within 30 days of discharge.

The Trust's information providers, Healthcare Evaluation Data (HED) and the North East Quality Observatory Service (NEQOS), supply the SHMI data as well as the Hospital Standardised Mortality Ratio (HSMR) as comparators of mortality.

The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups in a specified patient group. The expected deaths are calculated from logistic regression models with a case-mix of: age band, sex, deprivation, interaction between age band and co-morbidities, month of admission, admission method, source of admission, the presence of palliative care, number of previous emergency admissions and financial year of discharge.

The Trust also uses 'Crude Mortality' as a measure of mortality rates. This is simply the number of deaths as a percentage of the total number of discharges. It does not, unlike other indices, take into account any other factors.

In keeping with our commitment to openness and transparency we continue to review and analyse our mortality data in a continuing attempt to understand what the data is telling us.

Our aim
To be comparable to the national average and regional peers for mortality rates, and aim to be lower than comparable to regional peers.

Progress
County Durham & Darlington NHS Foundation Trust considers that this data is correct for the following reasons:
The data is collected as prescribed nationally and reported as per national guidelines.
The data presented is as shown by the Health and Social Care Information Centre.
The next series of graphs shows our comparative position when measured across hospitals in England and an indication of what that means.

HSMR
The timelines below shows that HSMR has generally been close to the 100 standard with the usual seasonal rises in winter months, but with an additional peak in June (114.7) and July (113.6) before falling. Weekend HSMR follows the seasonal trends, but remains high over the summer month, reaching a peak of 132.3 in July before beginning to fall.

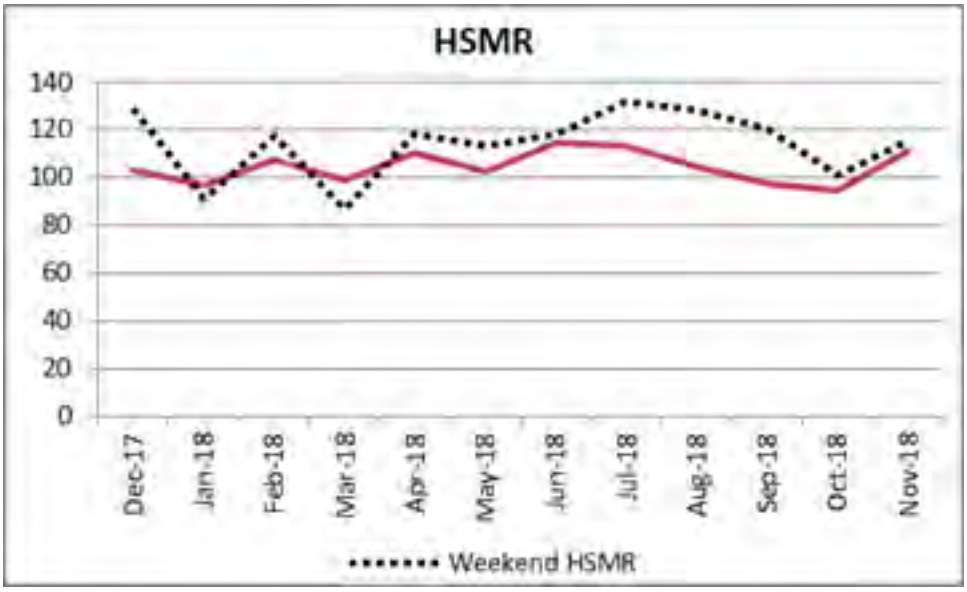


Figure 1 – HSMR timeline (Dec17-Nov18)

The funnel plot for this time period displays expected number of deaths versus HSMR (Figure 2) and shows that the Trust sits between the upper and lower control limits, with Trust HSMR in the 'as expected' range.

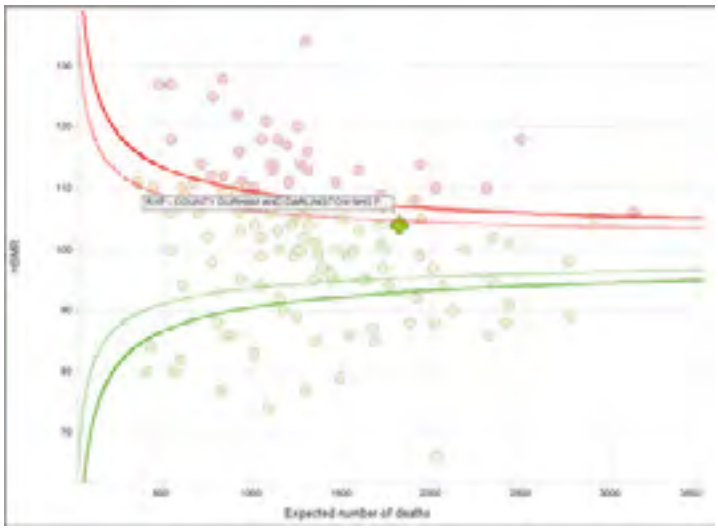


Figure 2 - Funnel plot showing expected number of deaths and HSMR (Dec17-Nov18)

SHMI

The SHMI data (Figure 3) shows a seasonal rise from Dec 17 to Apr 18, peaking in Jan 18 (127.5). All other months were close to the 100 standard and SHMI didn't see the rise in summer months shown in HSMR.

For the 12 months up to Nov18, the Trust is approaching the upper control limit in funnel plot (Figure 4), but is not classed as an outlier.

Figure 3 – SHMI timeline (Dec17-Nov18)

This is SHMI data as extracted from the HED Benchmarking tool and as such is not a direct correlation with the nationally published positions.

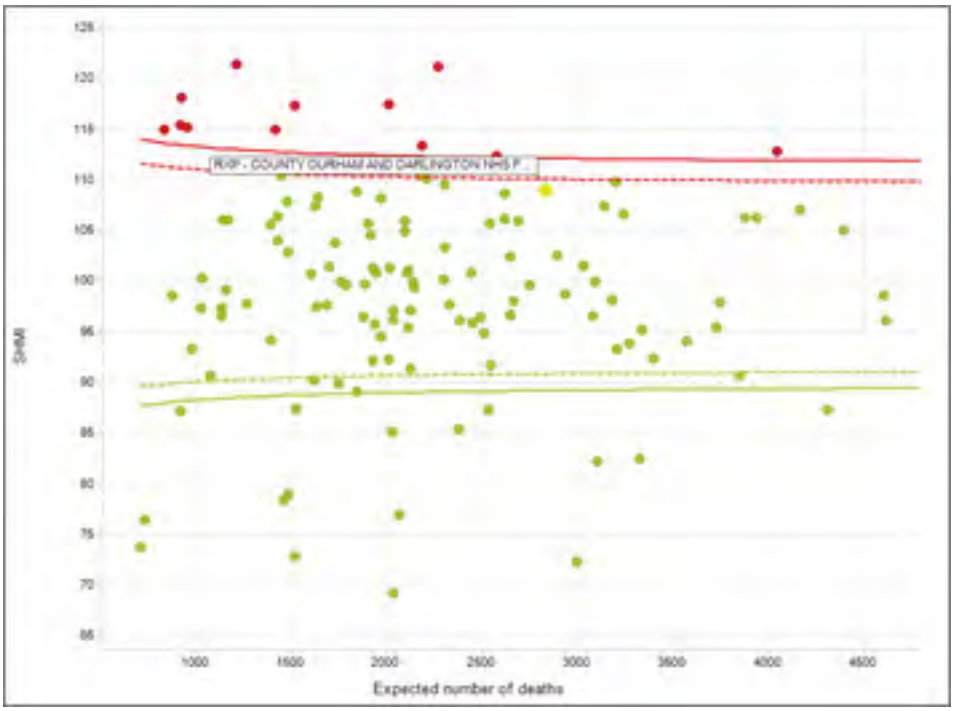


Figure 4 - Funnel plot showing expected number of deaths and SHMI for period Dec17-Nov18.

Crude Mortality

The Trust's crude mortality had a 12 month average of 4.7%, reached a peak of 6.1% in January 18, and showed similar seasonal trends to SHMI.

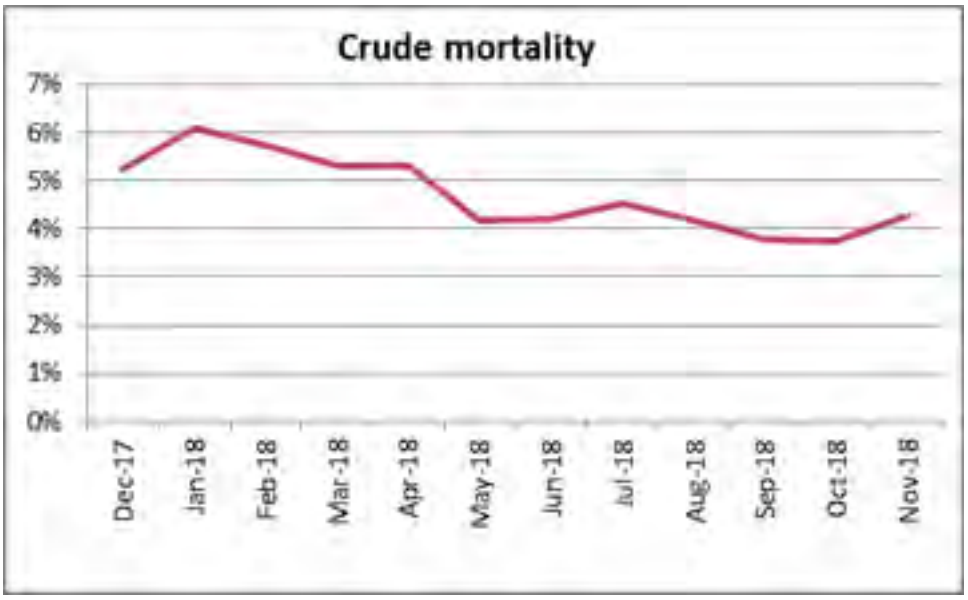


Figure 5 – Crude Mortality timeline (Dec17-Nov18)

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services:

- Ensure that mortality remains a strong focus for the Trust, by;
- Continuing to adhere to the recommendations of the CQC's report 'Learning, candour and accountability', and the National Quality Board's National Guidance on Learning from Deaths for Trusts March 2017.
- Having embedded the Learning from Deaths policy in 2018/19 the Trust will continue to build on the mortality review process within the organisation.
- Ensure care group review dashboards and associated learnings are provided for review and any necessary action within care group governance meetings.
- Continue to work with Regional and Primary Care colleagues to ensure joint learning. The Trust have appointed a Mortality Lead who is continuing to embed Learning from Deaths policy and has improved the triangulation between mortality review and patient safety and incident reporting.

The Trust has defined which deaths are mandated for a case note mortality review, and this criteria is detailed within the Trusts Learning from Deaths policy which is published on the Trust website. A central mortality review team will review these deaths, along with a sample of other deaths. The outcome of these reviews is presented on the Trust Mortality review Dashboard at the Trust board quarterly. Mortality reviews completed outside the central review team, for example from surgical M&M meetings, are now captured and reflected within the Trust Dashboard. Maternity and paediatrics have a separate mortality review process that fulfils statutory requirements in these areas. This work is co-ordinated the Associate Director for Mortality and Deputy Medical Director for Safety and Governance. All data is reported into the Trust's Mortality Reduction Committee.

Whilst undertaking mortality reviews are essential it is equally important the information and learning gained from the reviews is translated into the care delivered in CDDFT.

Learning from mortality reviews is discussed at the central team monthly meetings and also disseminated within the relevant committees to which the learning relates for example escalation planning discussed within Resuscitation and Deteriorating Patient Committee.

In 2019/20 the Trust will explore how the foundations of sharing learning can be built upon and that both the positive and negative learning is incorporated into future care delivery. In the first instance this will include regular updates within the Trust wide Medical Directors podcasts, it is proposed to include updates in leading a highly reliable organisation. From a medical workforce perspective,

this will be disseminated via the Medical Directors bulletin.

The Trust continues to collaborate with peers across the region and with colleagues in primary care to share learning and to undertake joint work to improve patient care, facilitated by discussion of learning at the Trusts Clinical Effectiveness Committee. The new Care Group Director within Community services will support and enable us to further work with primary care colleagues to share learning. Regionally there are projects looking at the management of sepsis, acute kidney injury and the deteriorating patient that have been generated from the regional mortality work.

Medical Examiner
There is a multi-disciplinary Task and Finish group ongoing to implement the Medical Examiner System, with the post of lead Medical Examiner currently out to advert. This will be a phased implementation, pending further guidance centrally.

To reduce the number of emergency readmissions to hospital within 28 days of discharge

☒	Trust ambition not achieved

Our aim
The Trust aims to minimise avoidable re-admissions.

Progress
Re-admissions in 2018-19 were up 6% compared to last year, due to more re-admissions following a non-elective spell:

Re-admissions following an elective spell fell by 4%, perhaps partly due to the reduction in general elective activity over the winter period, during which time Surgery gave up 40 beds to Medicine to deal with winter non-elective pressures.

This probably reflects the greater non-elective pressures facing the Trust; perhaps particularly at DMH where readmissions following a non-elective spell rose by 10%. The overwhelming majority of re-admissions took place within a day of discharge, a large proportion from short-stay wards. The short-stay and medical assessment units at UHND account for 25% of the total. The two ambulatory care units (RAMAC) account for only 3.8% (DMH) and 3.7% (UHND) of the total.

Next Steps
County Durham & Darlington NHS Foundation Trust intends to take the following actions (outlined below) to improve this number and/or rate, and so the quality of its services:
Building on existing Intermediate Care provision, developments in the Community Care Group, such as the locality-based Teams Around Patients (TAPS), have as one of their chief goals a reduction in the incidence of both admissions and re-admissions.

Other actions to reduce admissions and re-admissions include:
- Improved discharge processes including Home to Assess (assessing people in their own home rather than whilst in hospital), Levels of Care criteria (which spell out which services are appropriate for which patients), Criteria-led discharge (enabling nurses to discharge patients if discharge criteria are met).
- Introduction of Consultant Connect, providing GPs with an opportunity to seek immediate advice from a medical consultant as an alternative to sending a patient to A&E or for direct admission. This project commenced in January.

To reduce the length of time to assess and treat patients in Emergency Department

⊖	Trust ambition not achieved but improvements made

Our Aim
We aim to assess and treat all patients in A&E in a timely and safe manner. Key standards are:
- 95% patients are assessed and treated within 4 hours of arrival at A&E.

- Ambulance crews can hand over the care of patients to CDDFT staff within 30 minutes of arrival.

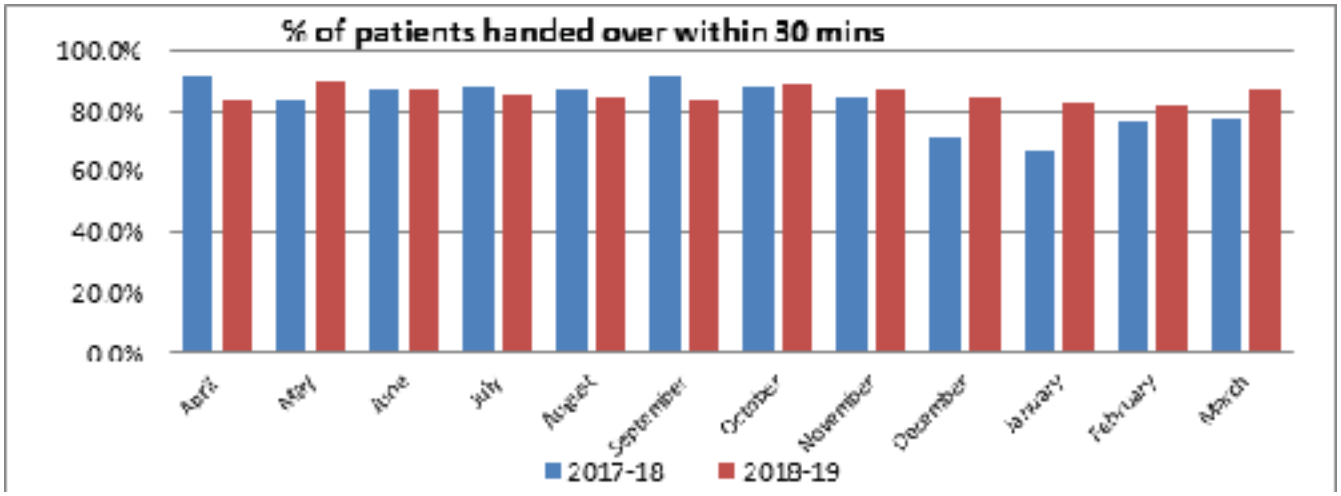
Progress
A&E and non-elective activity continued to grow. Over the year, A&E attendances rose by 2.6%. Non-elective admissions also grew by 2.4%, including 1% in medicine, 8.5% in Surgery and 9.6% in paediatrics. As a consequence, the Trust fell short of the NHSI 4-hour wait trajectory in all bar two months of the year; although it has generally been above the England average.

Table - A&E 4-hour wait target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHSI Trajectory	94.81%	90.79%	93.13%	93.70%	95.16%	96.76%	95.62%	93.71%	84.81%	83.26%	90.50%	95.00%
Performance (a)	89.74%	93.61%	89.97%	90.00%	91.08%	88.59%	92.76%	90.01%	88.59%	83.76%	85.68%	90.64%
Performance (b)							94.12%	91.93%	91.11%	87.18%	88.47%	92.43%
England	88.6%	90.4%	90.8%	89.3%	89.7%	88.9%	89.0%	87.6%	86.4%	84.4%	84.2%	86.6%

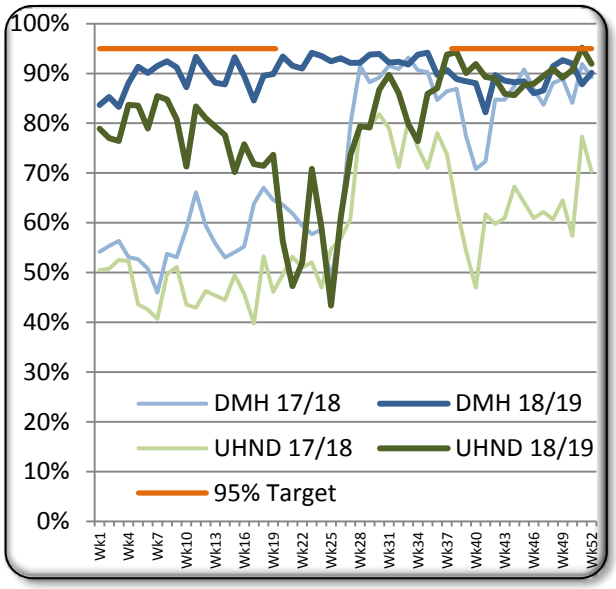
Notes:
5. Green = achieved both NHSI trajectory and 95% standard; Amber = failed either NHSI or national standard; Red = failed both NHSI and the national standard.
6. Performance (a): Includes Urgent Care walk-ins.
7. Performance (b):Includes Urgent Care walk-ins and booked appointments. (The Trust is in dialogue with NHSE about what activity can be counted within 4-hour wait statistics. Currently, only Urgent Care walk-in appointments are counted, but CDDFT considers booked appointments should also be included. CDDFT now publishes both figures. The Trust's position is supported by NHSI.
8. National data not available for March at the time of writing.

Nevertheless, significant improvements were made, not least in reducing ambulance delays. In spite of the fact that NEAS ambulance attendances grew by 2.9% over the year, accelerating to 6.1% over the period October to March, the percentage of patients being handed over to CDDFT care by ambulance crews within 30 minutes improved in every month from October.

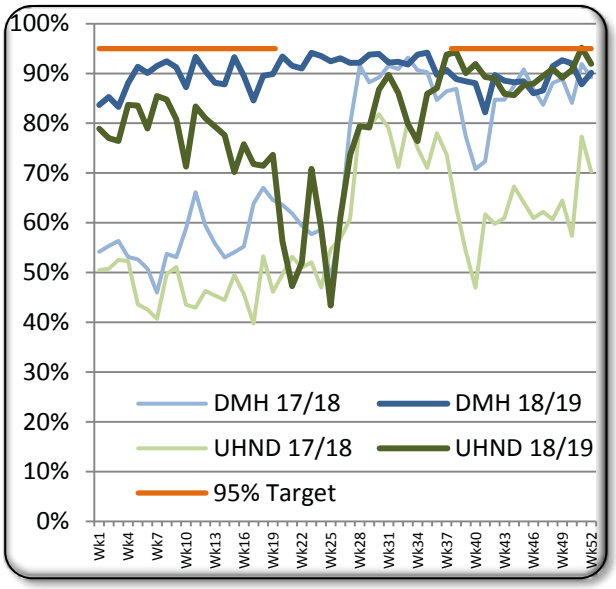


Over the year, each ambulance was delayed on average by 3.7 minutes at DMH and by 3.6 minutes at UHND. Other improvements took place in a wide range of non-elective quality markers, such as: patients assessed within 15 mins, ambulance handovers completed in <1 hour, trolley wait times, and patients discharged after a stay of 6 days or longer.

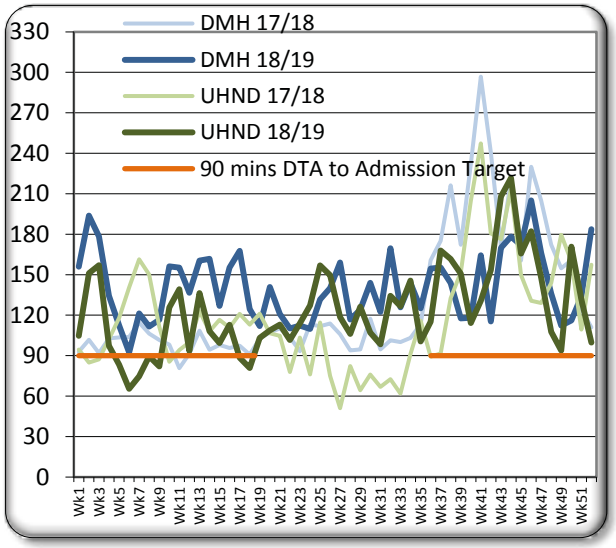
% Assessed within 15 mins in ED - All attends



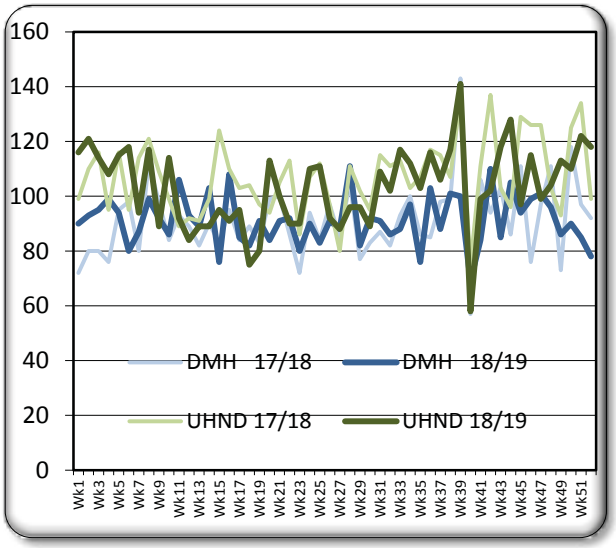
Ambulance Handovers Over 1 Hour



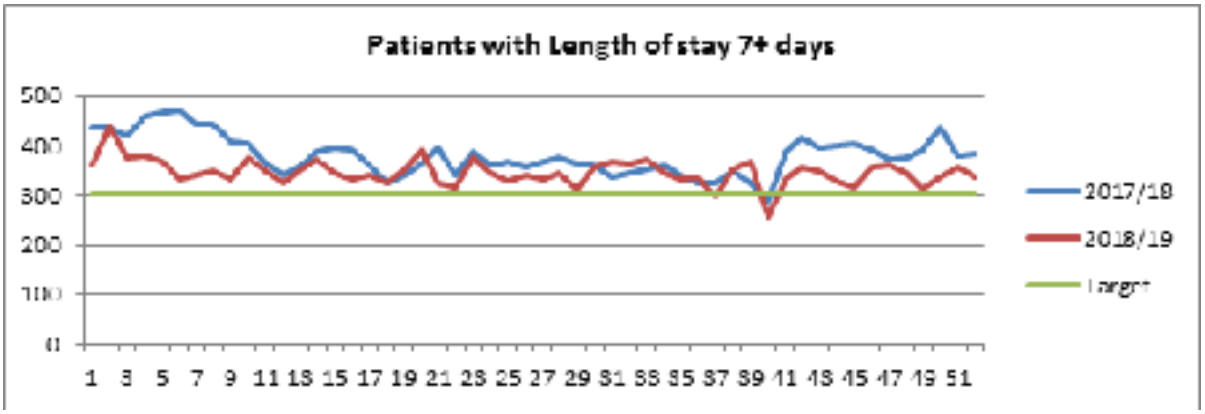
Average Trolley Wait (Mins)

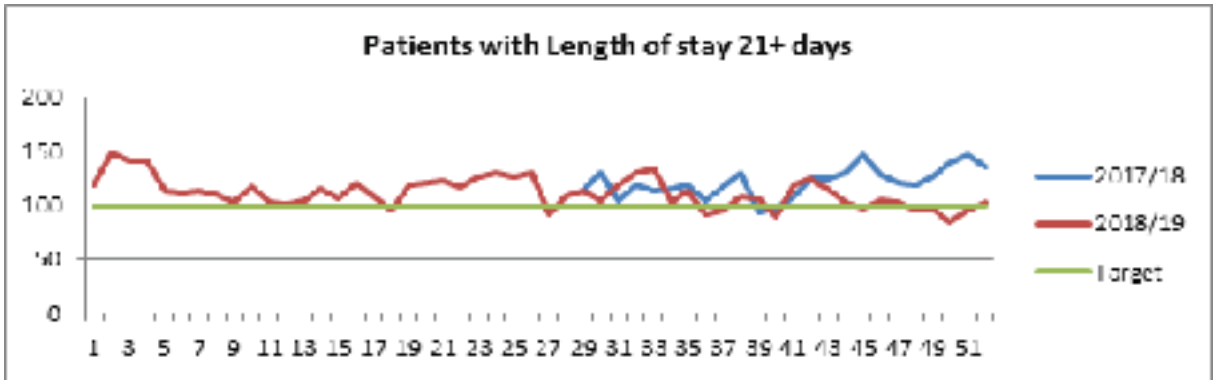


Patients Discharged with LoS over 6 Days



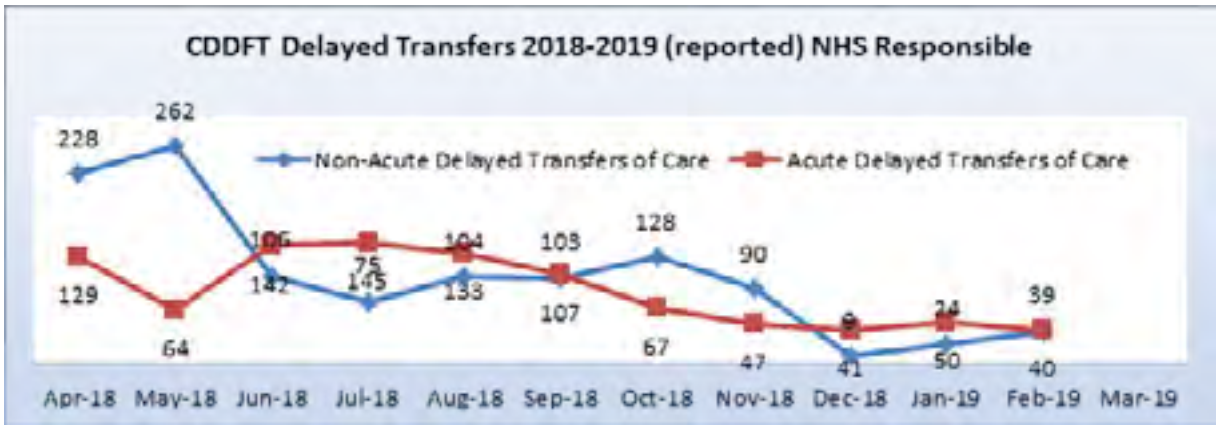
The number of patients staying 7+ days and those staying 21+ days has also declined in almost every week of the year with a particular difference noted over the recent winter weeks.

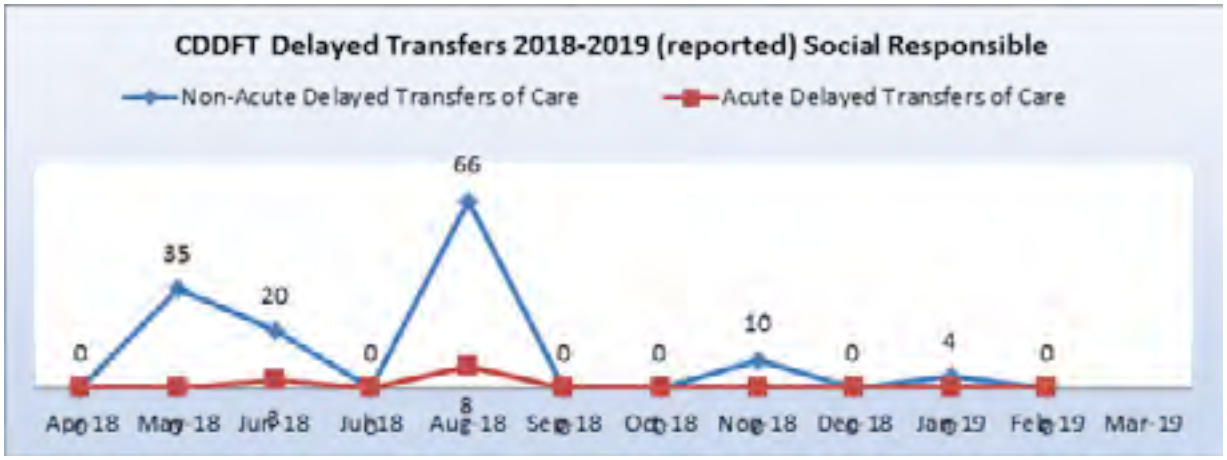




Delayed transfers of care (DTOCs)

Delayed transfers of care remained low throughout the winter. The NHS was responsible for 2133 days' delay compared to social care's 146. The majority of NHS delays were caused awaiting assessments (842 days), other NHS services, such as intermediate care (400), nursing home delays (294), patient choice (260), and care package at home (112). The main social care delays were for: residential homes (60), care package at home (43) assessments (40).





Winter pressures

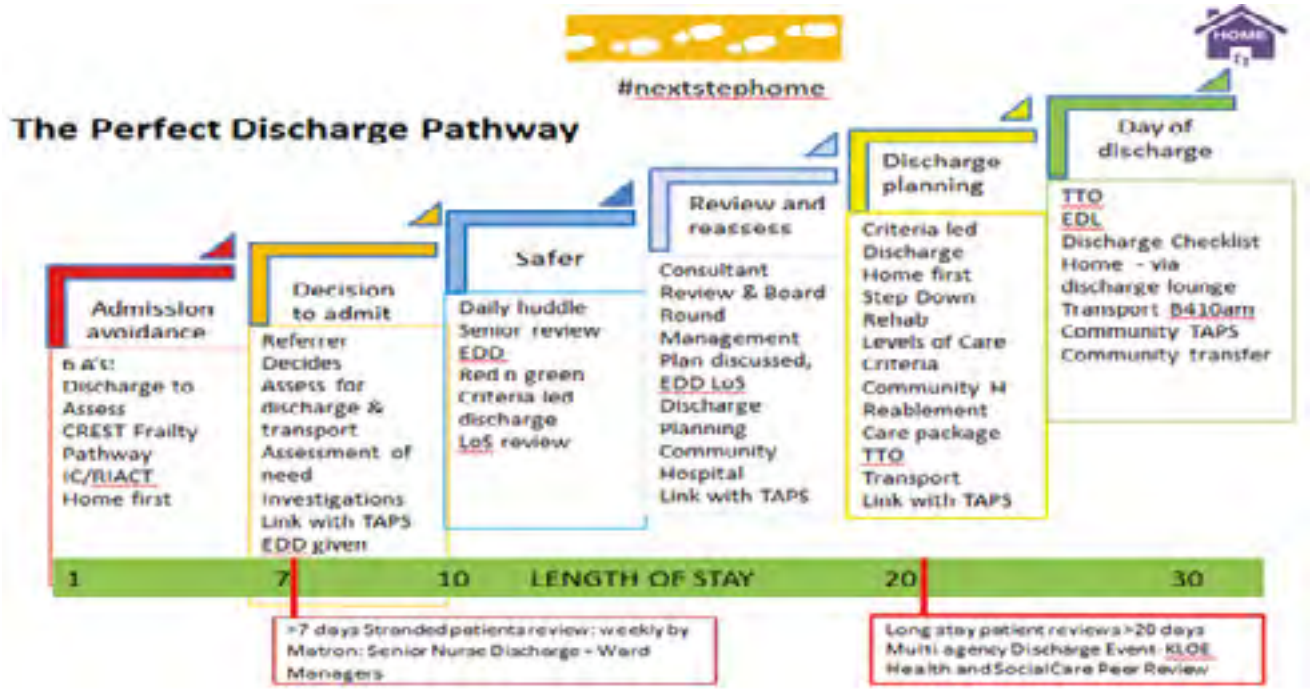
The Trust put a number of changes in place for winter. Many were improvements to processes, such as the Referrer Decides policy to enable A&E consultants to move patients to in-patient beds more rapidly, hourly Board rounds in A&E and wards to ensure no patient was kept waiting unnecessarily, criteria-led discharge to enable nurses to discharge patients without waiting for a consultant to make the decision, and improved daily communications between wards and community teams.

Others involved reconfiguration of services or additional investments, such as: increased staffing in the evenings when A&E is at its busiest, nurses dealing specifically with ambulance handovers, extended hours pharmacy and discharge lounge opening, additional bronze commanders and pathology staffing.

The most significant change involved the temporary transfer of 40 beds from Surgery to Medicine and the move of elective orthopaedics activity to BAH to protect it from the non-elective pressures on the acute sites. Although the bed transfer resulted in the cancellation of some theatre lists when beds were not available to Surgery, the benefits for medical patients being cared for in a dedicated ward were significant. It also provided more certainty for Surgery that elective activity would be less likely to be cancelled. As a result, cancer and other urgent elective work was able to continue over the winter period.

The result was that in spite of the fact that over the core winter period (Nov 18 – Feb 19), the Trust had 4.1% more non-elective admissions than in Nov 17-Feb 18, plus 5.4% (2,348) more A&E attenders including 5.7% more ambulance arrivals, it incurred 0.6% (59) fewer 4-hour breaches.

The main vehicle for A&E performance improvements continues to be the Transforming Emergency Care Programme led by the IMS Care Group. The programme's scope is summarised in the "Perfect Discharge Pathway":



7 Day Service Standards

CDDFT are committed to delivering high quality care for patients. The Transforming Emergency Care (TEC) programme has been established to drive service improvements in emergency care, ensure timely assessment and treatment for patients. This programme of work is a key to the delivery of the 4 national priority standards; ensuring patients;

- don't wait longer than 14 hours to initial consultant review.
- get access to diagnostic tests.

- get access to specialist, consultant-directed interventions.
- with high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds.

As part of the plan to continue to drive improvements, the trust participated in national audits. The last audit was conducted in May 2018 and the results were reported in September 2018. The findings were:

- 100% patients with high dependence care needs receiving twice daily review.
- 92% of patients were seen within 14 hours of admission to hospital by a consultant a significant improvement from 2017 when it was 80%.
- The Trust has appropriate access to diagnostic tests
- The Trust has access to specialist, consultant directed interventions.

From 2019 onwards the priority 7 Day Standards will be assessed as part of the Trust's Board Assurance Framework and work is currently ongoing to establish the appropriate mechanism to do this.

To increase patient satisfaction as measured Patient Reported Outcome Measures (PROMs)

☑ Trust ambition achieved

What are they? PROMs measure quality from the patient perspective by using questionnaires. In 2018 the national requirement for collection of PROMs changed in NHS Trusts. Previous to this, the outcomes of four clinical procedures were collected – hip replacements, knee replacements, hernia and varicose veins. This requirement from NHS England has now changed in that NHS Trusts are measured against outcomes following Total Knee and Total Hip replacement surgeries only. PROMs calculate the health gain after treatment using surveys carried out before and after the operation. PROMs are a measure of the patient's health status or health related quality of life at a single point in time. They provide an indication of the outcome or quality of care and comprise of the patient being provided with two questionnaires (one before surgery - given at pre-assessment and one after surgery – usually after a minimum of 3 months).

All patients irrespective of their symptoms are asked to participate by completing a common set of questions about their health status.

The post-operative questionnaires also contain additional questions about the surgery, such as patient perception in respect of the outcome of surgery and whether they experienced any post-operative complications.

Our aim
During 2017/2018, the Surgery Care Group and third party provider worked collaboratively to improve participation with the completion and compliance with questionnaire 1, which is provided during the pre-operative assessment. Since the commencement of this work, which involved training and education in respect to the benefits and realisation of the significance of collecting PROMs data our monthly compliance has significantly and sustainably improved. During 2018/2019 and due to this increased uptake in the participation rates for questionnaire 1 and having a defined Clinical Lead to review the specific outcome data, the Care Group has commenced greater analysis of our outcome data utilising the complete data from both questionnaires. In doing this it is anticipated that we will have greater understanding of our PROMs outcomes. Due to the time lag for data validation this is not expected to be fully realised for up to 2 years, as questionnaire 2 is sent approximately 6 months following surgery.

The Surgery Care Group has discussed ceasing to collect PROMs data for groin hernia and varicose vein surgery with our commissioners and this has been agreed.

County Durham & Darlington NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

The data is collected by a dedicated team within the organisation.
The data collected is made available by the Health and Social Care Information Centre as stated previously.

STATEMENTS OFASSURANCE FROM THE BOARD

During 2018/2019 County Durham & Darlington NHS Foundation Trust provided and/or sub-contracted 96 relevant services.

The County Durham & Darlington NHS Foundation Trust has reviewed all of the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2018/2019 represents 97 per cent of the total income generated from the provision of relevant health services by the County Durham & Darlington NHS Foundation Trust for 2018/2019.

Review of Services

The Trust's performance against national priorities is shown in Part 3 of this report.

The Trust Board receives a regular Integrated Board report covering the Trust's four key Touchstones: best experience, best outcomes, best efficiency and best employer. The report includes an integrated performance scorecard.

Each Care Group is reviewed monthly using key metrics relating to the four Trust Touchstones. Matters requiring senior discussion are escalated for executive review.

In addition to reports to the Board, the key performance risks and the outcomes of the Performance Reviews are reported monthly to the Executive team and to the Integrated Quality and Assurance sub-committee of the Board.

Participation in Clinical Audits and National Confidential Enquiries

During 2018/2019 43 national clinical audits and 4 national confidential enquiries covered NHS services that County Durham & Darlington NHS Foundation Trust provides.

During 2018/2019 County Durham & Darlington NHS Foundation Trust participated in *98% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. (* the Trust as part of the North East Region instead of participating in the National Mortality Case Record Review Programme uses PRISM(2) method and is compliant with the recommendation from NHS Improvement document 'Learning from Deaths'. The National Mortality Case Record Review Programme is aware of this.

The national clinical audits and national confidential enquiries that County Durham & Darlington NHS Foundation Trust was eligible to participate, participated in and for which data collection was completed during 2018/2019 are contained within the table 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:

National Audit/National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18– Mar 19	% cases submitted
Women's and Children's Health				
Maternal, infant and newborn programme (MBRRACE-UK)* (Also known as Maternal, Newborn and Infant Clinical Outcome review Programme)	✓	✓	On-going	100%
Neonatal intensive and special care(NNAP) -	✓	✓	✓	100%
National Maternity and Perinatal Audit (	✓	✓	✓	N/A Organisational Audit
National Audit of Seizures and Epilepsies in Children and Young People (RCPCH)	✓	✓	✓	N/A Organisational Audit only 2018
Paediatric intensive care (PICANet)	X			

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18 – Mar 19	% cases submitted
Acute Care				
Adult critical care (Case Mix Programme) –	✓	✓	On-going data collection. Final quarter to be submitted May 19	100% Oct – Dec 18
British Thoracic Society (BTS) – Adult Community Acquired Pneumonia	✓	✓	Data submission deadline 31/5/2019	N/A
National emergency laparotomy audit (NELA)	✓	✓	✓	*DMH 78% UHND 100%
Hip, knee ankle, shoulder elbow replacements (National Joint Registry)	✓	✓	On-going	24/4/2019 93%
Major Trauma Audit (Trauma and Audit Research Network TARN)	✓	✓	On-going. Data still being collected	Jan-Jul 2018 UHND 100+% DMH 100+%
VTE risk in lower limb immobilisation (Royal College of Emergency Medicine)	✓	✓	✓	**100.0%
Vital Signs in Adults (care in emergency departments) (Royal College of Emergency Medicine)	✓	✓	✓	**100.0%
Feverish Children (care in emergency departments) (Royal College of Emergency Medicine)	✓	✓	✓	**100.0%
National Clinical Audit of Specialist Rehabilitation for patients with complex needs following Major Injury (NCASRI)	X			

* *Case ascertainment required is >85% of expected cases between 1/12/17and 30/11/2018*

** *Sample required by the Royal College of Emergency Medicine has been submitted unless there were not enough patients that met the inclusion criteria over the audit period 1/8/18- 31/1/19.*

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18– Mar 19	% cases submitted
Long Term Conditions				
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) Adult Asthma - Secondary Care Audit . Chronic Obstructive Pulmonary Disease (COPD) - Secondary Care Audit	 ✓ ✓	 ✓ ✓	 Ongoing data collection began in Nov 2018 ✓	 N/A Apr - Sep 18 79%
National Audit of Pulmonary Hypertension (NHS Digital)	X			
UK Cystic Fibrosis Registry (Cystic Fibrosis Registry)	X			
British Thoracic Society (BTS) – Non Invasive Ventilation Adults	✓	✓	Data collection completion date 30/06/2019	N/A
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	✓	✓	Ongoing data collection first data extraction for reporting 8/5/2019	N/A
Diabetes (National Adult Diabetes Audit)	✓	✓	✓	100% of cases on System One and databases
Diabetes (RCPH National Paediatric Diabetes Audit)	✓	✓	✓	100% cases on database sent
National Pregnancy in Diabetes (NPID)	✓	✓	✓	100%
National Diabetes Inpatient Audit. (NaDIA)	✓	✓	✓	N/A Organisational Audit only 2018
NaDIA Harms	✓	✓	To December 2018 only nil submissions	N/A
National Diabetes Footcare Audit (NDFA)	✓	✓	✓	*100%
Inflammatory Bowl Disease (IBD) Programme (IBD Registry) National Clinical Audit of Biological Therapies	 ✓	 ✓	 on-going data collection	 N/A

* *Data entered for all patients that consented to participate in the audit.*

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18 – Mar 19	% cases submitted
Mental Health Conditions				
Prescribing in mental health services (POMH)	X			
National Clinical Audit of Psychosis (NCAP)	X			
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with mental illness(NCISH)	X			

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18– Mar 19	% cases submitted
Older People				
Falls and Fragility Fractures Audit Programme (FFFAP):				
Fracture Liaison Service Database (FLS-DB)	✓	✓	✓	43% of expected fragility fractures
Hip fracture (National Hip Fracture Database)	✓	✓	✓	100% Validated up to Dec 18
Inpatient falls (RCoP)	✓	✓	Data collection started 1/1/2019.Still ongoing.	N/A
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	On-going 18/19 final 4 months data to be submitted by 6/5/2019	>80% (A) case ascertainment Oct-Dec 18
National Audit of Dementia Royal College of Psychiatrists	✓	✓	✓	*100%

* *A minimum of 50 patients for each hospital site was required*

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18 – Mar 19	% cases submitted
Heart				
Acute Coronary Syndrome or Acute Myocardial Infarction & other ACS (MINAP)	✓	✓	On-going	Data to be submitted 30/06/2019
National Adult Cardiac Surgery Audit (Adult Cardiac Surgery)	X			
Cardiac Arrhythmia (HRM)	✓	✓	On-going	100%
Heart failure (Heart Failure Audit)	✓	✓	On-going	Data to be submitted 30/06/2019
Cardiac arrest (National Cardiac Arrest Audit)	✓	✓	✓	100%
National Vascular Registry (elements will included CIA Carotid Interventions Audit, National Vascular Database, AAA, peripheral vascular surgery/VSGBI Vascular Surgery Database.	✓	✓	On-going	As of the 31/12/2018 Carotids = 100% AAA = 100% Amputations 62%
National Audit of Cardiac Rehabilitation (University of York)	✓	✓		
National Audit of Percutaneous Coronary Interventions(PCI)	X			
National Congenital Heart Disease (CHD)	X			

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18 – Mar 19	% cases submitted
Cancer				
Lung cancer (National Lung Cancer Audit)	✓	✓	✓	100%
Bowel cancer (National Bowel Cancer Audit Programme)	✓	✓	**✓	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	✓	✓	***✓	100%
National Prostate Cancer Audit.	X	X		
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	On-going monthly data submissions	100%

** Data collection deadline in 2018/2019 for patients covering period Jan – Dec 2017*
*** Data collection deadline in 2018/2019 for patients covering period 1st Apr 2017 – 31st Mar 2018*
**** Data collection deadline in 2018/2019 for patients covering period 1st Apr 2017 – 31st Mar 2018*

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18 – Mar 19	% cases submitted
Other				
Elective surgery (National PROMs Programme)	✓	✓	N/A	N/A
Learning Disability Mortality Review Programme (LeDeR Programme)	✓	✓	✓	100%
National Mortality Case Record Review Programme	✓	*X		
National Ophthalmology Audit (NOD)	✓	✓	✓	100%
National Bariatric Surgery Registry (NBSR)	✓	✓	Prospective Ongoing data collection	100%
National Audit of Intermediate Care	✓	**X	X	*N/A
Serious Hazards of Transfusion (SHOT) :UK national haemovigilance scheme	✓	✓	No incidents for CDDFT	N/A
National Audit of Care at the End of Life (NACEL)	✓	✓	✓	Acute 39.6% Community 100% of deaths in audit period
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	✓	✓	N/A	N/A
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antibiotic Consumption -Public Health England	✓	✓	N/A	N/A
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antibiotic Consumption - Public Health England	✓	✓	N/A	N/A
Surgical Site Infection Surveillance Service (SSISS) - Public Health England	✓	✓	Data for Oct - Dec 18 will be submitted April 2019	100%
Seven Day Hospital Services (NHS England)	✓	✓		
National Audit of Anxiety and Depression	X			

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18 – Mar 19	% cases submitted
National Neurosurgery Audit Programme	X			
BAUS Urology Audits: Nephrectomy Audit	X			
BAUS Urology Audits: Percutaneous Nephrolithotomy	X			
BAUS Urology Audits: Radical Prostatectomy Audit	X			
BAUS Urology Audits: Cystectomy	X			
BAUS Urology Audits: Female stress urinary incontinence	X			

** The Trust in common with the rest of the Northern East Region will be not be adopting the SJR method but PRISM 2 instead. NMCRR already aware of this.*
*** As the rest of the local health economy were not participating there was no benefit in Trust submitting the Organisational Audit only again.*

National Audit/ National Confidential Enquiry Title	Applicable to Trust Services	Participation	Data collection completed Apr 18 – Mar 19	% cases submitted
Other				
Blood transfusion and Transplant				
2018 Audit of the use of O neg red cells (National Comparative Audit of Blood Transfusion)	✓	✓	✓	100%
2018 Audit of Massive Haemorrhage (National Comparative Audit of Blood Transfusion)	✓	✓	✓	100%
2018/19 Audit of Maternal Anaemia (National Comparative Audit of Blood Transfusion)	✓	✓	Still On-going	N/A
2018 Audit of the use of Fresh Frozen Plasma, Cryoprecipitate and other blood components In Neonates and Children (National Comparative Audit of Blood Transfusion	X			
National Confidential Enquiries – Medical and Surgical Clinical Outcome Review Programme				
Peri-operative management of surgical patients with diabetes	✓	✓	✓	77%
Pulmonary Embolism	✓	✓	✓	89%
Acute Bowel Obstruction	✓	✓	On-going	N/A
Long Term Ventilation	✓	✓	On-going	N/A
National Confidential Enquiries – Medical and Surgical Clinical Outcome Review Programme				

- *The reports of *28 national clinical audits were reviewed by the provider in 2018 and County Durham & Darlington NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.*

** For the National Cardiac Arrest Audit (NCAA) 17/18, National Bariatric Surgery 17/18, National Ophthalmology Audit there was compliance with standards.*

National Clinical Audits reviewed in 2018/2019	Action
National Audit of Dementia Assessment of Delirium 2017/18	Education and Training of Staff. Identify Trust clinical lead for Delirium.
Royal College of Emergency Medicine – Fractured neck of Femur Audit 2017 (Darlington Memorial Hospital).	To improve the documentation of pain assessment /relief given pre-hospital. Reinforce at induction for doctors and nurses to undertake pain assessment score within the RCEM national standard. Reinforce at induction for doctors and nurses to ensure that patients in severe pain should receive appropriate analgesia within the RCEM national standards. Reinforce at induction for doctors and nurses to ensure that patients in moderate pain should receive appropriate analgesia within the RCEM national standards. Improve documentation when check undertaken and patient comfortable.
Royal College of Emergency Medicine – Fractured neck of Femur Audit 2017 (University Hospital of North Durham).	To embed pain scoring within the triage process Ensure clinicians are aware of appropriate drugs for different levels of pain. Embedding pain score in ED after first dose of analgesic.
Royal College of Emergency Medicine – Pain in Children 2017 (Darlington Memorial Hospital).	Reinforce RCEM standard that pain is assessed within 15 minutes of arrival at doctor and nursing induction training. Matron not reinforce that patients in severe pain should receive appropriate analgesia according to local guidelines within 60 minutes of arrival or triage whichever is earlier at the Emergency Department Governance Meeting. To reinforce that all patients in moderate pain should receive appropriate analgesia according to local guidelines within 60 minutes arrival or triage whichever is the earliest at doctors and nurses induction training. To reinforce that patients in severe or moderate pain should have documented evidence of re-evaluation and action within 60 minutes of receiving the first dose of analgesic at doctors and nurses induction training. To reinforce that If analgesia is not prescribed and the patient has moderate or severe pain the reason should be documented in the notes at doctors and nurses induction training.
Royal College of Emergency Medicine – Pain in Children 2017 (University Hospital of North Durham).	Implementation of Emergency Department Paediatrics Analgesia Pathway.

National Clinical Audits reviewed in 2018/2019	Action
Royal College of Emergency Medicine – Procedural sedation 2017 (Darlington Memorial Hospital).	Reinforce that all patients undergoing procedural sedation in the ED should have documented evidence of pre-procedural assessment, including a) ASA grading, b) Prediction of difficulty in airway management and c) pre-procedural fasting status. Include the requirement for documented evidence of the patient's informed consent unless lack of mental capacity has been recorded in both: Junior Doctor Induction training Nursing Induction Training. Include the requirement that all procedural sedation should be undertaken in a resuscitation room or one with dedicated resuscitation facilities in both : Junior Doctor Induction training Nursing Induction Training. All doctors and nurses to fully complete the procedural sedation proforma, Include the requirement that appropriate oxygen therapy should be given from the start of sedative administration until the patient's condition is returned to baseline in both : Junior Doctor Induction training Nursing Induction Training. Implement LocSSIP. Refresher Training to be given on the use of LocSSIP to doctors and nurses. To design a patient information leaflet giving post-procedural sedation advice.
Royal College of Emergency Medicine – Procedural sedation 2017 (University Hospital of North Durham).	Revise Procedural Sedation Pathway and Documentation. Implement appropriate LocSSIP's.
National Diabetes Audit (Adult) 16/17.	New Model of Diabetes implemented across all 3 CCG's in 2017/18. Live Dashboards for all 8 care processes are monitored monthly at the Diabetes Governance Board. New Model of Diabetes meant majority of Type 2 patients being cared for in primary care thereby stream lining secondary care specialist clinics. This will enable improvements in all the care process to meet the national benchmarks.
National Diabetes in Pregnancy Audit 2016 Darlington Memorial Hospital.	Letter sent by Diabetic lead from Darlington Memorial Hospital. To continue the education of Primary Care Trust on the use folic acid 5mg supplement prior to pregnancy. Continue to work on first trimester/ongoing control and provide robust antenatal/diabetic care.
National Diabetes in Pregnancy Audit 2016 University Hospital of North Durham.	Letter sent by Diabetic lead at University Hospital of North Durham. To continue the education of Primary Care Trust on the use folic acid 5mg supplement prior to pregnancy. Continue to work on first trimester/ongoing control and provide robust antenatal/diabetic care.

National Clinical Audits reviewed in 2018/2019	Action
National Diabetes Inpatient Day Audit 2017 Darlington Memorial Hospital.	Continue to educate primary care colleagues for screening for active foot disease in primary care Continue education of inpatient teams re: appropriate use of insulin infusions
National Diabetes Inpatient Day Audit 2017 University Hospital of North Durham.	Plans to increase consultant recruitment and foot clinics in the next 24 months. Recruitment to Diabetes Specialist Nurse posts. Seven day extended Diabetes Specialist Nurse service will reduce insulin infusion use. New Consultant recruited will improve care provision of active foot disease patients. Online e-learning module (an introduction to insulin safety) is now mandated for all nursing staff. Develop self-administration of insulin policy. Ongoing plans to provide education to nursing and medical staff. Plans to enhance pharmacy support Development of an Insulin/hypo card for Junior Doctors. Online e-learning module (safe management of hypoglycaemia) is now mandated for all nursing staff. POCT testing. Accu-check inform II glucose meter training is held monthly with the support of the POCT testing co-ordinator. A 6 monthly audit of the system is fed back to ward managers to action.
MINAP 16/17	Identify professionals and elements of patient flow responsible for patients allocation and discuss poor allocation of patients to specialty ward - diagnosis (Acute Physician), consultation (Cardiologist of the Day), appropriate ward assignment (Bed Manager), transfer (Ward Manager) Improve communication between the team identifying patients with a myocardial injury early after admission and Ward managers (Heart Nurses team and Ward managers) Encourage active transfer of care to Cardiology Ward in justified cases (ward managers to be aware of misallocated patients and contact relevant teams for transfer of responsibility) A Cardiologist of the Day to be mindful of the transfer and to confirm its suitability.
National Heart Failure Audit 16/17	At the University Hospital of North Durham site support the use of Discharge Management Plans At University Hospital of North Durham /Darlington Memorial Hospital audit a sample of patients from each site to determine the reasons why patients may have not receive discharge planning. To review the contents of a discharge plan and compare both sites.

National Clinical Audits reviewed in 2018/2019	Action
National Diabetes Footcare Audit 16/17.	To continue education of Primary Care Physicians about pathway and early referral to the MDT.
National Hip Fracture Database Audit 17/18.	Investigate increasing the availability of the Ortho-geriatrician. Look at increasing staff levels University Hospital of North Durham to provide comparable mobilisation of patients levels with Darlington Memorial Hospital. Use the screening tool to identify patients at risk of delirium earlier. Investigate what proportion of delays in surgical operations are the result of avoidable inefficiencies in pre-operative planning. Also in the organisation of theatre lists. Investigate 1) Low rates of THR in eligible cases. 2) Low rates of SHS for A1/A2 fractures. Acute Hip Fracture teams must examine their approach to 120 day follow-up. Reflect on elements of care which have influence on aspect of the outcome, even after the patient leaves the acute trust.
National Emergency Laparotomy Audit (NELA) Dec 17-Nov 18 (Trustwide).	Look into funding of more critical care beds. Cancel elective admissions over emergency cases.
Maternal, Newborn and Infant Clinical Review Programme - Saving Lives and Improving Care - Confidential Enquiry Maternal Deaths and Morbidity 2013-15	Guideline to be reviewed in relation to pre-conceptual counselling of women with epilepsy. Guideline for women presenting with a stroke being developed. Guidelines being developed for women presenting with medical and general surgical disorders.
Maternal, Newborn and Infant Clinical Review Programme - Saving Lives and Improving Care - Perinatal Confidential Enquiry - Term, singleton, intrapartum stillbirth and intrapartum-related neonatal deaths	Review of the content of the Trusts fetal monitoring training underway. Current guideline available - Newborn Resuscitation will be reviewed in 12 months' time.
Maternal, Newborn and Infant Clinical Review Programme - Saving Lives and Improving Care - Perinatal Mortality Survey Jan -Dec 16.	Guidelines have been changed and all placentas are sent with foetus to the perinatal pathologist. Placenta is stored for any baby unexpected admitted to the neonatal unit.
Sentinel Stroke Audit Programme (SSNAP) 17/18	Re-iterations with staff to get patients admitted directly to stroke ward / Review CT scan request procedure. Review current processes and service development opportunities. Applicable patient to be screened for nutrition and seen by a dietician by discharge. All patients to receive mood and cognition screening. Continue with business case to support Early Supported Discharge (ESD) in 2018/19. Continue with escalation to CCG / business case development for access to psychologist.

National Clinical Audits reviewed in 2018/2019	Action
National Joint Registry 2018 Annual Report (2017 data)	System introduced to improve the documentation of consent.
National Comparative Blood Transfusion Programme - Transfusion Associated Circulatory Overload 2017	Developing a new transfusion pathway document which will have indication for transfusion to be documented. Developing a new transfusion pathway document which will have a TACO checklist detailed for completion. To be documented on transfusion request from at time of request. TACO risk assessment encourages single unit transfusion TACO checklist completed. Education for prescribing clinicians
National Bowel Cancer Audit 16/17	To ensure patient information is documented on the Somerset patient record at MDT. To review ERAS with a view to reducing length of stay.
Serious Hazards of Transfusion (SHOT) :UK national haemovigilance scheme 2017	Change request raised against Antibody Identification SOP no to avoid delayed transfusion. All BMS staff asked to record the name of the person returning the blood component in the LIMS using the audit comment box. Update the following documentation:- • Collection and Issue of Compatible Blood • LP/PA/TR100 Fridge Level Issue Training Manual – document to be amended to be used for training and competency re-assessment purpose

Confidential Enquiries

County Durham and Darlington NHS Foundation Trust has participated/is still participating in 4 enquiries during the course of 2018/2019. The Trust has submitted/is submitting either patient or organisational data for all studies which were deemed relevant.

Confidential Enquiries reviewed in 2018/2019	Action
NCEPOD – ' Each and Every Need "-Chronic Neurodisability	Agree coding and standards for data collection. All children with suspected cerebral palsy should be referred to Community paediatricians from outset. Education to ensure all paediatricians document learning disability. Include oral health and dental care as a routine requirement. Improve liaison between acute and community services. Consider improving facilities and resources at all sites where disabled children are seen. Improvement of website presentation.

The reports of 19 local clinical audits were reviewed by provider in 2018/2019 and County Durham & Darlington NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Local Clinical Audits reviewed in 2018/2019	Action
Serious Disease Notification (SDN), copy letter to the patient and Clinical Specialist Nurse (CSN) compliance audit	Nurses remind doctor to fill in SDN. Mark the patients with cancer diagnosis on list, in order to the doctor an SDN form prior to seeing the patient. Consultant supervisor has signed actions as complete
Pre-septal and Orbital Cellulitis in Paediatrics.	Maintain excellence compliance to treatment protocol for Pre-septal Cellulitis. Educate stakeholders regarding protocol for Orbital Cellulitis e.g. posters, education sessions
Ophthalmology Consent Audit	All new staff to be given detailed training at induction. Staff to complete the Be-Informed E-learning module.
Completion of Level 1 Medicines Reconciliation in Orthopaedic Clerking Documentation	Education of all those clerking orthopaedic admission regarding need to document “no regular medications” if appropriate to demonstrate that this has been checked, and use of MiG via iSoft. Re-education of all those clerking orthopaedic admission regarding the importance of documenting allergy status in the designated field in the clerking document.
Medical Clerking Documentation.	Produce a laminated poster for Ward 16, Ward 4 and ANP office Bishop Auckland Hospital to raise awareness of standards. Lead has confirmed actions complete
Lens touch cataract following intravitreal injections.	To stop the injections being done by locum doctors and only substantive trained staff to take over. Supervisor has signed off actions as complete
HIV clinical indicator testing in Intensive Care	Production of Trust wide HIV testing guideline for intensive care. Trust wide HIV testing guideline implemented and signed as complete
Quality referrals to ENT Emergency Clinic	Revised guideline to be shared for ease of access. Including F1 and F2 doctors form general surgery in ENT Induction teaching. Use tabulated format/ register for booking patients. Supervisor has signed off as complete
CIN 2 Audit	Safeguarding where notes are lost from digital records. Safeguarding where patients are lost to follow up. Improved colposcopic examination documentation with regard to reason for referral, documentation of colposcopic findings, site of biopsies. Improved consistency in treatment depths with respect to TZJ type.
Audit on compliance of Dermatology with BAD standards for PUVA treatment. (PUVA guidelines)	Staff training on MPD calculation. All clinicians to ensure PIL on consultation is documented in clinic letters. More clinicians to consider oral PUVA treatment to reduce topical treatment. Action plan signed off as implemented

National Clinical Audits reviewed in 2018/2019	Action
Pulmonary Embolism, Ventilation/Perfusion scan and the practicalities.	Poster on the correct completion of V/Q scan request forms. Liaising with iSoft team to include Well's score and D-dimer results in text fields in requests. Training, particularly to junior doctors on the importance of accurate and complete referral information and about the legal duties of the referrer tests that include ionising radiation.
Physiotherapy Hip Sprint Audit.	If medically suitable make sure staff prioritise early mobilisation of patients including walking, standing, transferring to chair on day 1 regardless of their cognitive impairment. (implemented) If medically suitable assess by day 3 if patients are suitable for rehab or return to care home/home with support. Put rehab guidelines in place to intensify rehabilitation to include strength, mobility, endurance and where possible balance. Investigate with Nursing and other MDT staff options for continuing re-hab when Therapy staff are unavailable. Refer patients from the acute trust to the correct on-going re-hab session, ie MSK outpatients, Community Physio, Day Hospital. (implemented) Collaboration between Acute and Community teams to improve current pathway(Trusted Assessor).
Tobacco and alcohol CQUIN Audit.	The Nurse assessment is to be included in the Nervecentre System which will improve compliance re: • Tobacco screening • Tabacco brief advice • Tobacco referral and medication offer • Alcohol screening • Alcohol brief advice or referral. Action plan implemented
Family Heath Consent Audit	Educate staff to complete proforma. To review the proforma to see if changes are needed. Action plan implemented
Re-audit of Obstetrics and Gynaecology Handover	To separate the audit process for Obstetrics and Gynaecology. Amend handover sheet – Clarify Obs 1st & 2nd. Condensing key information. Consideration to protect handover time – Engage with staff & educational intervention. Action plan implemented
DVT and thromboprophylaxis in Pregnancy	Agreement with the anaesthetics department if advanced gestation, patient to be referred to the on-call anaesthetist. To raise awareness among consultants and trainees of the importance of timely referral to the obstetrics medicine antenatal clinic and MDT (via email and risk management meeting)

National Clinical Audits reviewed in 2018/2019	Action
DHS Leg Screw Audit	Ensure screw is in the correct and desirable position at all times. Ensure adequate X-ray's are available at all times. Action plan implemented
Hyperemesis Gravidarum.	Consideration & educational intervention Formal teaching with staff on how to devise and complete a Pregnancy -Unique Quantification of Emesis questionnaire that is adequate enough to guide a patients journey.
Upper GI Bleed Audit	Consultants reminded to enter all endoscopy procedures including out of hours on the endosoft system. Re-designed upper GI bleed form containing both Rockall and Blatchford scores with space to enter completed scores.

Research & Innovation

The number of patients receiving relevant health services provided or sub-contracted by County Durham & Darlington NHS Foundation Trust in 2018/2019 that were recruited during that period to participate in research approved by a Research Ethics Committee was 2068 participants. The table below shows the areas research has taken place within CDDFT.

Managing Specialty	FY1819
Gastroenterology	709
Reproductive Health and Childbirth	108
Critical Care	225
Cancer	165
Surgery	15
Infection	61
Dermatology	102
Stroke	53
Cardiovascular Disease	41
Children	38
Health Services Research	207
Musculoskeletal Disorders	33
Diabetes	16
Hepatology	3
Injuries and Emergencies	16
Primary Care	23
Mental Health	0
Respiratory Disorders	1
Haematology	3
Metabolic and Endocrine Disorders	6
Ear, Nose and Throat	11
Dementias and Neurodegeneration	4
Renal Disorders	8
Anaesthesia, Perioperative Medicine and Pain Management	217
Neurological Disorders	2
Genetics	1
	0
Total	**2068**

County Durham & Darlington NHS Foundation Trust is committed to participation in clinical research and innovation and our continued successful recruitment to clinical research studies demonstrates our desire to improving the quality of care we offer and to making our contribution to wider health improvement locally, regionally and nationally. Through research our clinical staff remains informed of the latest possible treatment possibilities and it has been shown research-active institutions provide better care and have better patient outcomes than those NHS Trusts that conduct less clinical research.

During 2018/19 County Durham & Darlington NHS Foundation Trust was involved in conducting National Institute for Health Research (NIHR) Portfolio clinical research studies in the following new areas of sexual health and ENT.

Building on national strategy, Research & Innovation have developed a Research & Innovation Strategy 2018-2021 with the aim of continuing to work towards developing:

- A culture that values and promotes research and to continue to provide opportunities for patients to be recruited to new studies.
- Increase the opportunities for all people across the region to participate in health research
- Provide researchers with the practical support they need to make clinical research studies happen in the NHS
- Improve the efficient delivery of high quality clinical research.
- Increase commercial clinical research investment and activity to support the Trust's growth
- Provide a coordinated and innovative approach to local and national research priorities.
- Assist CDDFT in retaining a high quality workforce through education and training, targeted strategic investment of both medical and nursing, midwifery and allied health professionals and creating opportunities for professional and leadership development and strategic contribution.

We have 90 Principal Investigators (PI's) across all specialties and disciplines with 38 currently leading multiple clinical research studies across the organisation demonstrating a good platform from which to build ensuring research is firmly embedded as core Trust business and have successfully increased the number of NMAHP PI's with two of the top five recruiting PI's for 2018/2019 being nurses. In 2019/2020 we aim to continue to develop more Chief Investigators within CDDFT therefore the number of Investigator Initiated studies in line with national priorities.

2018/2019 also saw further embedding of the Clinical Research Department and the Innovation team facilitating a fully integrated Research & Innovation Department within the Trust. In addition we have a collaboration agreement with Teesside University and partnership working with North and South Tees Trusts.

Information on the use of the Commissioning for Quality and Innovation (CQUIN) framework

CQUIN schemes are in place covering services which CDDFT provides for its main NHS commissioners: the Clinical Commissioning Groups, Specialist Commissioners, Public Health and Youth Justice.

In previous years CQUIN income has been contingent upon achieving the required targets. This year, the Trust has a block contract with its main three commissioning CCGs so no penalties are levied for underperformance. Nevertheless, the Trust recognises the need to deliver excellent performance, and strives to do so, as CQUIN targets are important quality markers. Quarter 4 evidence of CQUIN delivery is currently being collated and demonstrates considerable improvement on key indicators including: identification and treatment of sepsis, support for regular A&E attenders with mental health problems, wound care, alcohol and smoking screening and advice services and others. The Trust has also been working with NHSI as a national exemplar in introducing the national electronic eRS referral system for all Specialties and for offering consultant telephone advice and guidance services to GPs in all its specialties.

CQUIN schemes linked to Specialist Commissioners, Public Health and Youth Justice all attract penalties for non-delivery. Q4 submissions are being prepared and the Trust is confident it has made significant progress, particularly in the efficient use of medications and in securing increased uptake of bowel cancer screening.

The 2018-19 CQUINs follow on from those in 2017-18.

CQUIN
Staff Survey: 5% Improvement on responses to two questions from Staff Survey about the Trust's approach to staff health and well-being:
Healthy Food: improve availability of healthy food at UHND, DMH, BAH, CLS, Shotley.
Staff - Flu Vaccinations – 70% uptake
Sepsis screening in ED – 90% screened
Sepsis screening in In-patients – 90% screened
Sepsis treatment within one hour in ED – 90% treated
Sepsis treatment within one hour in IPs – 90% treated
Antibiotic review within 72 hours (Acute) – 90%
Reducing antibiotic usage (IP and OP): (Acute): 1. Total 2. Carbapenem 3. Piperacillin-tazobactam
Improving services for MH patients in A&E (Acute) and reduce by 20% A&E attendances by a defined group of frequent attenders with mental health problems
Offering Advice & Guidance (Acute)
E-Referrals (Acute) 100% Consultant OP clinics on C&B and slot issues reducing to 4%.
Wound care (Community) - Number of wounds which have failed to heal after 4 weeks that receive a full wound assessment
Personalised Care / Support Planning (Community)
Preventing ill health: alcohol & tobacco (Community Hospitals)
SpecComm, Public Health and Youth Justice CQUINs
Chemotherapy Dose Banding
Medicines Optimisation. Adoption of best value drugs
Dental - Populate a quarterly Dashboard and contribute to development of a Managed Clinical Network
Bowel Screening - Patient feedback
Aycliffe Nursing - Patient feedback

Registration with Care Quality Commission
County Durham & Darlington NHS Foundation Trust is required to register with the Care Quality Commission, the Trust's current registration status is described below under each specified location:

University Hospital of North Durham, Durham City
Assessment or medical treatment for persons detained under the Mental Health Act 1983.
Diagnostic and screening procedures.
Family planning.
Maternity and midwifery services.
Surgical procedures.
Termination of pregnancies.
Treatment of disease, disorder or injury.
Transport services, triage and advice provided remotely.

Chester-le-Street Community Hospital, Chester-le-Street
Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures.
Family planning.
Treatment of disease, disorder or injury.

Shotley Bridge Community Hospital, Shotley Bridge
Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures.
Family planning.
Maternity and midwifery services.
Surgical procedures.
Treatment of disease, disorder or injury.
Transport services, triage and advice provided remotely.

Richardson Community Hospital, Barnard Castle
Diagnostic and screening procedures.
Treatment of disease, disorder or injury.

Weardale Community Hospital, Stanhope
Diagnostic and screening procedures.
Treatment of disease, disorder or injury.

Sedgefield Community Hospital, Sedgefield
Diagnostic and screening procedures.
Treatment of disease, disorder or injury.

Bishop Auckland Hospital, Bishop Auckland
Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures.
Family planning.
Maternity and midwifery services – service currently suspended due to workforce capacity
Surgical procedures.
Termination of pregnancies.
Treatment of disease, disorder or injury.
Transport services, triage and advice provided remotely

Darlington Memorial Hospital, Darlington
Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures.
Family planning.
Maternity and midwifery services.
Personal Care – registered as HQ for delivery in the community.
Surgical procedures.
Termination of pregnancies.
Treatment of disease, disorder or injury.
Transport services, triage and advice provided remotely.

Dr Piper House, Darlington
Treatment of disease, disorder or injury.
Diagnostic and screening procedures.

Peterlee Community Hospital, Peterlee
Treatment of disease, disorder or injury.
Diagnostic and screening procedures.
Transport services, triage and advice provided remotely.

Seaham Primary Care Centre, Seaham
Treatment of disease, disorder or injury.
Diagnostic and screening procedures.
Transport services, triage and advice provided remotely.

County Durham and Darlington NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against County Durham and Darlington NHS Foundation Trust during 2018/2019.

County Durham & Darlington NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Care Quality Commission Ratings

The Trust is rated 'Requires Improvement' following the CQC's last inspection of the Trust, carried out in September and October 2017 and reported in March 2018. This inspection covered the following services at both Darlington Memorial Hospital (DMH) and University Hospital North Durham (UHND): Urgent and Emergency Care; Medicine; Surgery and Maternity. Services were selected according to a risk assessment. CQC's report, published in March 2018, set out ratings tables which combined the outcomes of the latest inspection with ratings for those services not inspected, which were brought forward from the comprehensive inspection reported in September 2015.

Overall ratings by Domain are set out below:

Are services safe?	Requires Improvement (RI)
Are services effective?	Requires Improvement (RI)
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

CQC publish ratings for each of our main acute hospitals as well as ratings for the Trust overall. Both DMH and UHND are rated as 'Requires Improvement' for Well-Led overall which is because two of the eight core services – end of life care and surgery – are rated 'Requires Improvement' for Well-Led. Under CQC's ratings methodology, where two or more out of the eight care services are rated Requires Improvement, that rating applies to the hospital site also. The well-led rating for the Trust as a whole is, however, 'Good', as it is not based on aggregation of the ratings for each site but reflects the outcome of a detailed three-day assessment of Trust leadership arrangements against specific key lines of enquiry covering eight Well-Led domains.

Ratings grids for each Hospital / Community Services are:

Darlington Memorial Hospital (DMH)

Ratings for Darlington Memorial Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Requires Improvement → ← Mar 2018	Good ↑ Mar 2018	Requires Improvement → ← Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018
Surgery	Requires Improvement ↓ Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Requires Improvement ↓ Mar 2018	Requires Improvement ↓ Mar 2018
Critical care	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Maternity	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good ↑ Mar 2018	Good → ← Mar 2018
Services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Requires Improvement Sept 2015	Requires Improvement Sept 2015	Good Sept 2015	Good Sept 2015	Requires Improvement Sept 2015	Requires Improvement Sept 2015
Outpatients and Diagnostic imaging	Good Sept 2015	N/A	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Requires Improvement → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Requires Improvement → ← Mar 2018	Requires Improvement → ← Mar 2018

University Hospital North Durham (UNHD)

Ratings for University Hospital of North Durham

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Requires improvement → ← Mar 2018	Good ↑ Mar 2018	Requires improvement → ← Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Requires improvement → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good ↑ Mar 2018
Surgery	Requires improvement ↓ Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement ↓ Mar 2018
Critical care	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Maternity	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Good ↑ Mar 2018	Good → ← Mar 2018
Services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Requires improvement Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Outpatients and Diagnostic imaging	Good Sept 2015	N/A	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Requires improvement → ← Mar 2018	Requires improvement → ← Mar 2018	Good → ← Mar 2018	Good → ← Mar 2018	Requires improvement → ← Mar 2018	Requires improvement → ← Mar 2018

Community Service

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health inpatient services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community end of life care	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015
Urgent care	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015

Context and key issues

It is important to note that End of Life Care was not included in the inspection taking place in September 2017, at each hospital site. The Trust believes that it has made significant improvements in the safety, effectiveness and leadership of End of Life Care, based upon surveys of those relying on the service and a review by NHS Improvement. The Trust looks forward to further inspection by CQC in due course.

In their inspection report, CQC acknowledged that actions from the 2015 inspection were, in the main, fully implemented and noted a number of positive developments, including:

- In most areas nurse staffing had improved.
- Staff investigated incidents quickly, and shared lessons learned.
- Wards and department areas were clean and equipment was well maintained. Staff followed infection control policies that managers monitored to improve practice.
- Staff provided care and treatment based on national guidance and evidence and used this to develop new policies and procedures.
- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients, families and carers gave positive feedback about their care.
- The hospital escalation policy and procedural guidance was followed during busy times.

Requirements and recommendations included in CQC's final reports can be summarised by theme as follows:

- The need to further embed learning from never events, including further strengthening of the culture and staffing within operating theatres. CQC acknowledged the work undertaken by the Trust in response to a high number of never events reported in 2016/17, together with an active programme to improve staffing and culture in theatres but concluded that both work-streams needed to go further.
- The need to strengthen policies, training and education and systems with respect to the application of the Mental Capacity Act and Deprivation of Liberty Standards and related matters such as the administration of covert medications.
- The need to review and improve the safety of facilities within the Trust's Emergency Departments used to assess and treat patients with Mental Health conditions, in line with national best practice.
- Actions and recommendations in respect of specific findings concerning administration and security of medications and oxygen; nursing assessments and record-keeping.

Improvement Plans and Progress
The Trust submitted a 51 point action plan to CQC in March 2018. This captured both initial actions, which had been taken in response to verbal feedback and CQC's draft reports, and the further actions required to address 'Must Do' requirements and 'Should Do' recommendations included in the final reports.

All 'Must Do' actions have now been implemented, together with 25 out of 29 'Should Do' actions. Monitoring processes remain in place to seek assurance that changes implemented are being embedded. A rigorous governance process has been in place, throughout 2018/19, to monitor the implementation, and authorise the closure, of actions. The Executive Patient Safety and Experience Committee, chaired by the Director of Nursing, has reviewed all open actions at each of its monthly meetings and provided approval for closure of actions, once satisfied that sufficient evidence of implementation has been provided. The Board's Integrated Quality and Assurance Committee, chaired by a Non-Executive Director, has sought assurance on both the process to monitor the implementation of actions and the sufficiency of the actions being taken. To ensure that there was collective ownership of actions and full oversight of progress, the Trust Board has also received monthly progress reports.

The four actions which remain open concern: the ongoing need for recruitment of medical staff to work in our Emergency Departments; improvements in pathways for children attending our Emergency Departments overnight; and actions embedded within a system-wide programme of work to improve Urgent and Emergency Care Pathways.

The tables below summarise the improvements which we have made since the last inspection.

Urgent and Emergency Care	• Rooms used to assess patients with Mental Health conditions and adjacent wash rooms have been modified to comply with best practice guidance on minimising opportunities for patients to harm themselves and others. • A comprehensive risk assessment has been completed with respect to other potential ligature risks within our Emergency Departments. Action plans are being worked through to mitigate risks as far practicable. • Record-keeping and reconciliation procedures for controlled drugs have been standardised and subjected to frequent spot checks and audits to confirm compliance. • Intravenous infusions for potassium are now stored separately from other drugs, and lockable cupboards used in short stay rooms to secure patients own medications. • A formal protocol for oxygen prescribing in our Emergency Departments has been implemented. • Nursing staffing rotas have been revised to ensure that resource is matched to the daily demand profile and there is a programme of ongoing recruitment for medical staffing posts. • Ambulance handover bays have been introduced, together with changes to procedures for booking in, triage and streaming of patients resulting in substantive reductions in ambulance handover delays and time to initial assessment. There is a comprehensive system-wide programme of work in place, drawing on best practice and expert advice from NHS Improvement, which is overseen by the Local Accident and Emergency Delivery Board to optimise pathways for Urgent and Emergency Care, including patient flow and discharge. There remains further to go; however, Friends and Family Test results highlight that the Trusts' patients have a generally positive experience of our Urgent and Emergency Care compared to the national average and our peer group. In addition, the Trust has introduced monthly audits of compliance with the patient safety checks recommended nationally by CQC, to ensure that patient safety is not compromised at times of high demand. • The Trust is developing plans, taking account of good practice elsewhere in the region, to strengthen pathways for the care of children requiring emergency care out of hours, recognising the challenge of recruiting sufficient specialist paediatric emergency care nurses to provide 24 hour cover, seven days per week.
Medicine	• The Trust's policies for compliance with the Mental Capacity Act have been overhauled with support from external specialists. Training programmes have also been reviewed and strengthened and prompts and tools for assessment have been built into our 'Nervecentre' application, which is used for patient assessments and observations. • Weekly monitoring has been established with respect to the application of Deprivation of Liberty Standards (DOLS), where appropriate, for patients subject to supervision or cohorting due to the risk of falls. • The Trust has substantially increased resources for Mental Capacity and Safeguarding Adults, to facilitate increased auditing and monitoring of compliance, and to enable ward-based staff to access advice, coaching and support with much greater frequency. • The Trust's policy on administration of covert medications has been revised in line with good practice, and rolled out to all wards with training provided by the Safeguarding Adults team.

Broader developments

The Trust enrolled in NHS Improvement's 'Moving to Good' programme, which is designed to support Trusts with an overall 'Requires Improvement' rating in moving to a Good rating. The Trust Board has participated in four seminars with the Moving to Good team, covering organising, governing and measuring for quality improvement and cultural factors, as a result of which the Board has agreed on its key quality priorities for the coming year and is now working on the measures and reporting processes to monitor them. The Trust is also rolling out a Trust-wide Quality Improvement Approach, known as "IMPS", with sponsorship from the Trust Board. Over 100 staff have been trained to the initial 'bronze' level of competence to date, and training to the practitioner

or 'silver' level has commenced. Through the Moving to Good programme the Trust has secured further resource for peer reviews and training for a wide range of staff in the use of improved quality measurement tools, in particular Statistical Process Control Charts which are now being deployed more widely.

A wider piece of work is also being undertaken with Tees, Esk and Wear Valleys NHS Foundation Trust to implement the good practice with respect to patients with Mental Health conditions, set out in the National Confidential Enquiry "Treat As One" in our acute hospitals.

Conclusion

The Trust has continued to work with CQC, and with support from NHS Improvement, to address all requirements and recommendations and is now focusing on embedding and sustaining improvements in quality with the aim of achieving a "Good" rating at the next inspection.

Data Quality

Indicator	Target	2018/19 Months 1 - 12
Data completeness community services - RTT*	50%	100.0%
Data completeness community services - Referrals*	50%	99.8%
Data completeness community services - Treatment activity*	50%	99.4%
% of SUS data altered*	10%	18.0%
Valid NHS number field submitted via SUS - Acute	99%	99.7%
Valid NHS number field submitted via SUS - A&E	95%	98.5%

County Durham & Darlington NHS Foundation Trust submitted records during 2018/2019 to the Secondary Uses services for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Please note the latest available report for the following is M12

- which included the patients valid NHS number was:
  99.5% for Admitted Patient Care
  99.8% for Outpatient Care
  95.7% for Accident and Emergency Care
- which included the patient's valid General Medical Practice Code was:
  100.0% for Admitted Patient Care
  99.9% for Outpatient Care
  99.8% for Accident and Emergency Care

CDDFT have submitted a return for the Data Security and Protection Toolkit V1 2018/2019 and are awaiting formal publication by NHS Digital. Of the 100 mandated requirements the Trust have met 98 and this indicates a 'standards not met' status. An improvement plan has been developed and is currently being implemented with completion date of 30th September 2019. The plan has been submitted to NHS Digital and it is anticipated that once reviewed the CDDFT published status will be updated to 'standards not met (improvement plan in place)'. Implementation is being monitored by Informatics Strategy Steering Committee and reported to the Trusts Senior Information Risk Owner (SIRO) on a monthly basis.

County Durham & Darlington NHS Foundation Trust was not subject to the Payment By Results clinical coding audit during 2018/2019 by the Audit Commission, however, internal audit carried out by our accredited audit yielded the following accuracy scores:-

- 94.5% Correct for Primary Diagnosis (Mandatory)
- 90.8% Correct for Secondary Diagnosis (Advisory)

- 96.1% Correct for Primary Procedure (Advisory)
- 95.3% Correct for Secondary Procedure (Advisory)

The results should not be extrapolated further than the actual sample audited. The specified areas do not constitute a representative sample of overall Trust performance but are an indication of sound controls and processes. The programme included data testing of a random sample of episodes as there were no specific areas to be addressed or highlighted by commissioner input. The sample size had a combined denominator of 1,622 clinical codes.

County Durham & Darlington NHS Foundation Trust is taking the following actions to improve data quality:-

- Monthly spot samples of discharges, comparing transfer and discharge times within the notes to the system recorded times.
- Monthly data quality group with corporate and care group representation feeding up to the Information Quality Assurance agenda with SIAO meeting.

- Junior doctor training in relation to discharge summary completion and accuracy.

- Specialty specific Consultant/coding joint working to ensure correct documentation and wording is used in the correct locations to be picked up by Clinical Coding.

- Continued audits of individual coder accuracy with attention given to depth and relevance of coding.

- Coding team to be aligned with Care Group specific specialty structured to aid better team working, coverage and skill mix and experience. Specialty specific workshops will be carried to facilitate this new way of working.

- Co-morbidity validation reporting at record level shared within clinical teams for validation and recode if documented Co-morbidity clinically signed off. Approximately 300-350 validation records created and distributed every month.

- In depth NHS Number status review process being carried out as mobilisation preparation for EPR implementation. This will move into contact and activity records during the mobilisation phase.

- Review of Community services data quality following initiation of Community Dataset transmissions to the National portal.

Cyber-security

The Trust remain committed to achieving and maintaining the highest standards of data security and continue to invest in world class technical controls and counter measures in order to protect the availability, integrity and confidentiality of all of its data assets.

The Trusts board approved cyber-security strategy continues to develop in line with changing business needs and an ever increasing threat landscape, but the principle of good governance, process management, user education and awareness coupled with highly focussed reporting and vigilance remain at its core. This strategy and its delivery continues to remain a highly effective means of maintaining protection and mitigation against threats whilst still providing effective and usable systems to our staff and partners. CDDFT are actively engaged with NHS Digital and its partner organisations in a continuous program of Cyber-Security improvement and have now been chosen as a contributor and pilot adopter of a new developing Unified Cyber Risk Framework which is intended to help all NHS organisation achieve an effective level of protection.

Learning from Deaths

During 2018/2019 1921 of County Durham and Darlington NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

514 in the first quarter;
444 in the second quarter;
464 in the third quarter;
559 in the fourth quarter.

By 31/03/19 463 case record reviews and 9 investigations have been carried out in relation to 1921 of the deaths included above.

In 9 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:

201 in the first quarter;
158 in the second quarter;
80 in the third quarter;
24 in the fourth quarter.

Seven, representing 0.36% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.
In relation to each quarter, this consisted of:

2 representing 0.39% for the first quarter;
2 representing 0.45% for the second quarter;
3 representing 0.65% for the third quarter;
0 representing 0% for the fourth quarter.

These numbers have been estimated using the PRISM 2 mortality review methodology or through County Durham and Darlington NHS Foundation Trust Serious Incident Reporting Process.

The key learning themes identified through those deaths identified in 2018/2019 have been in relation to adherence to policy, ensuring all observations are documented within Nervecentre and documentation. Learning identified through case record review overall has included escalation planning, recognition that a patient is reaching the end of their life, documentation
Actions that County Durham and Darlington NHS Foundation Trust has taken in relation to the learning identified from those deaths in 2017/2018 form part of comprehensive SMART action plans monitored through the Trust governance processes. The key actions are in relation to ensuring robust application of policy and procedure and taking steps to improve communication pathways and documentation.

A quality improvement project to support clinicians with escalation planning and recognition of patients nearing the end of their lives has commenced at the end of 2018/19 and will continue for twelve months.

The impact of the learning is carefully monitored through audit, ongoing surveillance of deteriorating and acutely unwell patients and through mortality reviews.

No case record reviews and no investigations were completed after 1st April 2018 which related to deaths which took place before the start of the reporting period.

No cases, 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 mortality review methodology or the Co Durham and Darlington NHS Foundation Trust Serious Incident Investigation Process.

Three, representing 0.15% of the patient deaths during 2017/18, were judged to be more likely than not to have been due to problems in the care provided to the patient.

PART 3 ADDITIONAL INFORMATION

Financial Review

Despite a very challenging economic environment the trust delivered a financial performance surplus including PSF of £0.052m in 2018/2019, after removing the impact of both impairments and any capital donations/grants which is the metric against which our financial performance is monitored against control total by NHSI.

For reference impairments totalled -£13.918m and the capital donation / grants removed were £0.610m which gives an unadjusted deficit of £13.256m.

Performance Framework

The Trust's operational scorecard is built upon the four Touchstones. Figures shown below were as at the March month end. As some data is collected and validated in arrears, there may be differences between some of the figures shown below and the latest data used to report performance against agreed quality indicators earlier in this report and the latest data reported to the Board subsequently to the date on which this document was written. These differences are relatively minor and not sufficiently significant to change our performance against agreed quality priorities.
*Month: March 2019 * One month in arrears ** Two months in arrears ***Three months in arrears, etc*

Experience	
Indicator	YTD
RTT - % Incompletes waiting <18wks	91.7%
RTT waits over 52 weeks	1
A&E % seen in 4hrs - Trust Total	89.6%
A&E % seen in 4hrs - All UCC 'Walk-ins' Type 3	100.0%
Ambulance handovers >15-30mins	9552
Ambulance handovers >30-60mins	2581
Ambulance handovers >60mins	735
Ambulance Handovers - no. >120 minutes	39
12 Hour Trolley Waits	0
% Diagnostic Tests <6wks	99.91%
Cancer 2WW*	93.28%
Cancer 2WW Breast Symptoms*	92.00%
Cancer 31 Days Diagnosis to Treatment*	99.08%
Cancer 31 Days Subsequent Treatment - Surgery*	97.99%
Cancer 31 Days Subsequent Treatment - Anti Cancer Drug*	100.00%
Cancer 62 Days to First Treatment*	87.08%
Cancer 62 Days Consultant Upgrade*	100.00%
A&E % Seen in 4hrs - DMH	86.1%
A&E % Seen in 4hrs - UHND	81.0%
A&E CI - Unplanned Re-attendance rate	1.8%
A&E CI - Time to treatment (median)	00:42
6 hour wait in Urgent Care Centres	99.6%
Maternity 12 week bookings	90.3%
Maternity Breast Feeding at Delivery	59.4%
Maternity Smoking at Delivery	16.6%
% Emergency C-Section births (grade 1-3)	13.2%
Stroke - 90% of time on a stroke unit*	93.3%
Stroke - Scan within 1 hour*	45.4%
Sleeping Accommodation Breach	32
ERS - ASI % of DBS Bookings	24.7%
Cancelled Operations - Breaches of 28 Days	13
Urgent Operations cancelled for 2nd time	0
Delayed transfers of care (% of all admissions delayed at last Thu of Month)*	0.02%

Outcome

Indicator	Target	YTD
Clostridium difficile cases*	18	19
MRSA Bacteraemia*	0	2
MSSA*		21
Ecoli*		397
VTE*	95%	96.1%
Sepsis Screening AE (Quarterly)		
Sepsis Screening IP (Quarterly)		
Duty of candour	Compliance	
Never events	0	4
Serious Incidents reported within 2 working days of identification		100%
Total number of incidents reported (Monitoring trends)		17904
Serious Incidents Interim reports within 72 hours		100%
SUIs reported via STEIS as a proportion of all incidents involving severe injury or death within a Trust		99
Serious Incident RCAs submitted within 60 working days* **		97%
Readmissions within 30 days of previous discharge following elective*		951
Readmissions within 30 days of previous discharge following emergency*		6871
Crude Mortality* **		4.60%
HSMR* **		102.70
SHMI* **		107.39
Dementia - eligible admissions screened*	90%	93.1%
Dementia - AMTS compliance*	90%	81.8%
Dementia - onward referrals*	90%	100.0%

Indicator	Target	YTD
Quality Account Indicators *not elsewhere reported*		
Falls - Acute (Incident Report)		1382
Falls - Community (Incident Report)		179
Reduction in Falls - Acute (per 1000 beddays) (Cumulative)	5.6	5.5
Reduction in Falls - Community (per 1000 beddays) (Cumulative)	8	6.0
Continuation of Sensory Training into staff education programmes*	180 per Q	
Falls & Fragility fractures - patients screened**		
Falls & Fragility fractures - % eligible patient receiving follow up assessment for osteoporosis**	50%	
Falls & Fragility fractures - % patients with appropriate referral for axial scan (as a proportion of eligible patients)**		
Falls & Fragility fractures - % patients commenced on bone sparing drugs (as a proportion of eligible patients)**		
Grade 3 & 4 newly acquired avoidable pressure ulcers - Acute	0	2
Grade 3 & 4 newly acquired avoidable pressure ulcers - Community	0	7
Grade 2 newly acquired avoidable pressure ulcers - Acute	Monitor	5
Grade 2 newly acquired avoidable pressure ulcers - Community	Monitor	0
% adult patients that are correctly screened for undernutrition within 6 hours	85%	96.55%
% adult patients re-screened weekly for undernutrition	89%	97.06%
% adult patient identified at moderate or high risk of undernutrition have evidence that a nutrition care plan has been implemented, which fulfils recommendation on the 'MUST' nutritional tool	79%	96.30%
% adult patients identified at moderate or high risk of undernutrition have evidence of well completed food and fluid record charts	89%	94.25%
Rate of patient safety incidents resulting in severe injury or death	Within national average	
Rate of patient safety incident reporting	75th %ile	
Did you feel involved enough in decisions about your care and treatment?*		79.0%
Were you given enough privacy when discussing your condition or treatment?*		88.0%
Did you find a member of staff to discuss any worries or fears you had?		84.0%

Indicator	Target	YTD
Did a member of staff tell you about any medication side effects that you should watch out for after you got home in a way that you could understand? *		66.0%
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital? *		81.0%
% of staff who would recommend the trust to family and friends needing care (Staff Survey) Annual*		
Friends and Family Test - increased response rate in Inpatients		26.2%
Friends and Family Test - increased response rate in A&E		14.4%
Friends and Family Test - increased response rate in Maternity		12.0%
Friends and Family Test - increased response rate in Community*		3.4%
Summary Hospital Mortality Indicator (SHMI) ***		107.55
Hospital Standardised Mortality Ratio (HSMR) ***		102.70
Crude Mortality (HSMR) ***		4.60%
Deaths with a palliative care code (Z515)***		41.3%
Readmissions within 28 days*	7%	13.2%

Efficiency

Indicator	Target	YTD
Data completeness community services - RTT*	50%	100.0%
Data completeness community services - Referrals*	50%	99.8%
Data completeness community services - Treatment activity*	50%	99.4%
% of SUS data altered*	10%	18.4%
Discharge summaries within 24 hours	95%	92.2%
Valid NHS number field submitted via SUS - Acute	99%	99.7%
Valid NHS number field submitted via SUS - A&E	95%	98.5%
GP referrals		89,240
Non GP referrals		68,368
Outpatient attendances		536,063
Elective daycase admissions		43,457
Elective inpatient admissions		6,625
Theatres (utilisation)	85%	78.9%
Non-elective admissions		70,664
Digital Dictation - upload to approve		6.62
Summary Income and Expenditure (£000s) (cumulative)		-420,600
Agency cap (£000s) (cumulative)		-8162
Cost Reduction (£000s) (cumulative)		-8,411

Workforce

Indicator	Target	2018/19		
		Qtr 1	Qtr 2	Qtr 3
Trust Sickness	<4%	4.42%	4.55%	4.75%
Appraisal Figures - All staff	95.0%	14.00%	40.00%	77.00%
Essential Training - All staff	95.0%	33.00%	60.00%	90.00%
Voluntary Turnover	9.0%	7.00%	6.90%	6.82%
Total Turnover	Information	12.82%	12.53%	12.42%
Vacancy Rates -Effective shortfall	<5%	4.56%	4.61%	5.06%

Month: March 2019 * One month in arrears ** Two months in arrears

Performance Risks

Non-elective pressures

The Trust's main operational and performance risk remains the non-elective pathway. A&E and non-elective activity continued to grow. Over the year, A&E attendances rose by 2.6%, including a 3.9% rise at UHND and a 1.2% rise at DMH. Non-elective admissions also grew by 2.4%, including 1% in medicine, 8.5% in Surgery and 9.6% in paediatrics In Q4 of 2018-19, A&E attends accelerated by 14.2% (4419 more patients than in the same period of 2017-18 and more than any other N.E Trust).

There were also 8.2% more emergency admissions via A&E and 6% more emergency admissions in total.

A&E 4-hour wait target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHSI Trajectory	94.81%	90.79%	93.13%	93.70%	95.16%	96.76%	95.62%	93.71%	84.81%	83.26%	90.50%	95.00%
Performance (a)	89.74%	93.61%	89.97%	90.00%	91.08%	88.59%	92.76%	90.01%	88.59%	83.76%	85.68%	90.64%
Performance (b)							94.12%	91.93%	91.11%	87.18%	88.47%	92.43%
England	88.6%	90.4%	90.8%	89.3%	89.7%	88.9%	89.0%	87.6%	86.4%	84.4%	84.2%	86.6%

Notes:
1. Green = achieved both NHSI trajectory and 95% standard; Amber = failed either NHSI or national standard; Red = failed both NHSI and the national standard.
2. Performance (a): Includes Urgent Care walk-ins.
3. Performance (b):Includes Urgent Care walk-ins and booked appointments. (The Trust is in dialogue with NHSE about what activity can be counted within 4-hour wait statistics. Currently, only Urgent Care walk-in appointments are counted, but CDDFT considers booked appointments should also be included. CDDFT now publishes both figures. The Trust's position is supported by NHSI.
4. National data not available for March at the time of writing.

Moreover, in spite of the fact that NEAS ambulance attendances grew by 2.9% over the year, accelerating to 6.1% over the period October to March, the percentage of patients being handed over to CDDFT care by ambulance crews within 30 minutes improved in every month from October. One of the keys to this success is the employment of nurses exclusively dedicated to receiving patients brought to the Emergency Department by ambulance.

In addition, several winter initiatives, with a focus on timely patient flow through, and discharge from, acute care have enabled the Trust to maintain stable performance levels. These include the Patient Choice policy, criteria-led discharge, SAFER initiatives, trusted assessor approaches to reduce duplication of assessments by different agencies, etc.

Elective pressures

Elective pressures have grown over the latter half of the year, although commissioners continue to be largely successful in restricting referral growth

Referrals

	2017-18	2018-19	Variance	% variance
GP	97158	97699	541	0.6%
Non-GP	168411	172226	3815	2.3%
Total	**265569**	**269925**	**4356**	**1.6%**

Of the major specialties breast surgery (12.9%) has experienced the strongest growth in GP referrals. Others include: General Surgery (8.7%), obstetrics (9.5%) and gynaecology (7.1%). Major specialties experiencing the largest falls include: ophthalmology (-13.6%), pain management (-41%) and thoracic medicine (-16.1%).

Growth in non-GP referrals is largely driven by growth in referrals across a wide range of specialties by A&E and consultants. However, referrals from optometrists have grown 16.6% compensating to some extent for the fall in GP referrals to ophthalmology. Successful outreach by the CDDFT bowel screening service has also resulted in referrals to gastroenterology rising by 43%.

18 weeks RTT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	92.4%	93.0%	92.5%	93.0%	92.1%	91.3%	91.9%	91.4%	90.0%	91.0%	90.4%	90.7%

National standard: 92%; NHSI trajectory: 92.5%
Key: Green = achieved 92% national standard and monthly NHSI trajectory; Amber = achieved one of the above; Red = achieved neither of the above

Some key pressures lie behind this performance:

- transfer of Surgery winter beds to Medicine led to regular elective cancellations, with orthopaedics suffering most as a large percentage of their backlog is routine.
- Medical staff shortages in several specialties.
- Dermatology: staffing shortages caused by consultant vacancies and medical sickness; plus 5.4% referral growth (Apr 2018-Feb 2019).
- Rheumatology: staffing shortages caused by consultant vacancies resulting in 16% fall in new out-patient activity.
- Ophthalmology: staffing shortages caused by consultant vacancies resulting in falls in activity.
- Orthopaedics: 5.8% growth in referrals but falls in new appointments, including independent sector support as a result of financial pressures.
- Plastics: reduction in w/end lists; cancer and other urgent work taking priority over electives; different surgeons have different sub-specialties and widely differing waiting list sizes.

The actions being taken in the Specialties most affected include:

- All Specialties: have developed recovery trajectories and are updating operational plans.
- Dermatology: continuing short-term Independent sector (IS) support; tele-dermatology 2ww referral project (provisional start date: 1st May); agreement with Sunderland CCG to transfer some acute work into the community.
- Orthopaedics: continuing short-term Independent sector (IS) support; Orthopaedics strategy including
    - transfer up to 95% of elective activity to BAH,
    - consider full day or extended day lists and telephone follow-up, etc.
- Ophthalmology: worked with CCGs to move follow-up work closer to home; continuing Saturday in-house sessions at BAH; newly recruited consultants commencing employment.
- Rheumatology: roll-out of new models of physio and pharmacy – led care; IS support; discussion with other Trusts regarding sub-regional service reconfiguration.
- Plastics: working with consultants to try to equalise waiting list sizes and times.

Cancer

The main cancer targets are for two week waits (2ww), 31 days and 62 days. The 31-day targets are not problematic because the entire pathway is under the control of the Trust.

The more challenging targets are the 2-week wait and 62-days to first treatment targets. Nevertheless, the Trust has achieved these targets relatively consistently throughout the year and has performed better than the national average with the recent exception of breast symptomatic and, in February, the 62-day standard.

Cancer targets

		Q1				Q2				Q3		
	Target	CDDFT	N.E.	England		CDDFT	N.E.	England		CDDFT	N.E.	England
2ww	93%	91.56%	93.24%	91.40%		94.02%	94.37%	91.60%		94.48%	94.65%	92.90%
2ww breast	93%	92.51%	91.56%	83.90%		92.66%	94.76%	90.20%		93.97%	93.97%	88.70%
31-day	96%	99.44%	98.25%	97.50%		98.56%	97.33%	96.80%		98.90%	98.90%	96.70%
62-day	85%	88.27%	83.92%	80.90%		87.68%	81.17%	78.60%		87.96%	87.96%	79.50%

	January					February		
	Target	CDDFT	N.E.	England		CDDFT	N.E.	England
2ww	93%	92.74%	92.04%	91.70%		93.65%	91.45%	Not available
2ww breast	93%	79.63%	85.10%	82.80%		81.96%	84.63%	Not available
31-day	96%	99.42%	95.97%	95.40%		98.64%	97.46%	Not available
62-day	85%	86.19%	79.83%	76.20%		77.44%	75%	Not available

Breast symptomatic

Breaches relates to the longstanding shortage of key radiology staff, which reflects the national picture. Regional discussions continue with a view to the creation of a sustainable service using a hub and spoke model of care based on the two local screening centres, the QE Gateshead and North Tees.

62-day 1st treatment

The February performance has been anticipated for some time due to the number of delays which built up since Christmas. There is no single responsible factor; rather, it is an accumulation of issues, including:

- Number of breaches in high volume tumour sites like Skin due to lack of theatre capacity arising from cancellations for non-elective work.
- Dealing with the backlog which built up over Christmas and into January as a result of lack of bed capacity.
- Number of long waiters at tertiary centres.

The Trust expects to recover the position in March. Actions being taken include: plastics attempting to reduce number of list cancellations; weekly Cancer waiting list meetings with each specialty; on-call managers are alerted daily to potential breaches to prevent cancellations of theatre sessions on the day, where possible; increased tracking; cancer pathway navigators coming into post; colorectal pathway review; video to educate patients and staff on cancer pathways; tele-dermatology project (provisional start date: 1st May).Other key performance risks:

Staffing: in common with many Trusts, CDDFT continues to rely heavily on locum and agency nursing and medical staff in some Specialties. Some successful recruitments have taken place (for example, several ophthalmology consultants have been recruited). In other specialties, the Trust is taking the opportunity to introduce different service models. For example, rheumatology is creating new pharmacy and physio-led roles and clinics. In other cases, such as paediatrics, specialties have adapted pathways to take account of consultant vacancies.

Finance: four of the five Care Groups, Community being the exception, have been in financial escalation throughout the year mainly due to the difficulties they face in achieving the cost improvement targets. The situation is regularly reviewed by executives.

Health Care Infections: the Trust faces challenging targets, but so far is performing better than last year. During 2018/19, it has had two cases of MRSA against a target of 0; and 19 cases of Clostridium difficile compared to an end-of-year target of 18. All cases are subject to root cause analysis.

Never Events: the Trust has had four never events during 2018-19. All such events are subject to a rigorous root cause analysis and the lessons learned are publicised throughout the Trust.

Priorities for 2019/2020

The table below illustrates the results for the organisation against the national mandated indicators. The national average, national high and national low results are stated as available. Where gaps are shown this is because data is not available but updates for some will be available prior to publication. The source of the data is stated below the table.

YEAR	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19 (provisional)
Readmission within 28 days of discharge[1]									
CDDFT Age 0-15 years	10.4	10.3		11.8	12.1	11.8	13.5	12.2	12.5
National high	14.1	14.9		17.2	19.0	17.4	17.9	18.3	20.8
National low	0.0	0.0		0.0	0.0	3.9	0.0	2.7	4.4
CDDFT Age 16 + years	12.0	12.1		12.7	12.1	12.5	12.5	12.7	13.7
National high	14.1	13.8		18.0	16.3	16.3	15.9	16.7	18.1
National low	0.0	0.0		7.8	7.6	7.8	6.8	9.8	10.2
CDDFT MRSA per 100,000 bed days[3]	1.4	1.1	0.9	0.6	1.8	0.7	1.7	0.7	0.7
North East	2	2	1	1	1	0.8	1.1	0.7	0.6
England	3	2	1	1	0.8	0.9	0.9	0.8	0.8
National high	9	9	10	11	3.2	6.5	2.7	5.8	5.3
National low	0	0	0	0	0	0	0	0.0	0.0
CDDFT - Post 72 hour cases of Clostridium difficile per 100,000 bed days (aged 2 years and over)[3]		24.5	16.5	20.3	8.4	7.4	5.3	7.2	7.9
England	29.7	22.3	17.4	14.7	15	14.9	13.2	13.7	14.6
National high		71.2	58.2	30.8	37.1	58.11	28.4	31.56	31.9
National low		0	0	0	0	0	2.8	3.98	2.6
Patient Reported Outcome measures (PROM) – case mix adjusted health gain[1]	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
CDDFT PROM Groin Hernia	0.100	0.120	0.098	0.081	0.064	0.075	0.072	0.090	
England	0.080	0.090	0.085	0.085	0.084	0.088	0.086	0.089	
National high	0.140	0.120	0.140	0.150	0.140	0.160	0.135	0.137	
National low	0.010	0.030	0.030	0.010	0.010	0.020	0.006	0.292	
CDDFT PROM Hip	0.430	0.380	0.380						
England	0.410	0.410	0.410						
National high	0.480	0.470	0.470						
National low	0.290	0.260	0.320						
CDDFT PROM Hip Replacement Primary				0.405	0.440	0.394	0.433	0.468	
England				0.436	0.436	0.438	0.445	0.456	
National high				0.540	0.540	0.510	0.537	0.566	
National low				0.320	0.310	0.320	0.310	0.376	
CDDFT PROM Hip Replacement Revision				NA	NA	NA	NA	NA	
England				0.260	0.277	0.283	0.290	0.289	
National high				0.350	0.370	0.370	0.362	0.322	
National low				0.170	0.160	0.220	0.239	0.142	
CDDFT PROM Knee	0.320	0.290	0.300						

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/2018	2018/19
CDDFT VTE assessment Trust				95.10%	95.65%	95.99%	96.83%	96.45%	96.10%
National Low				82.10%	92.00%	79.93%	76.68%	84.77%	76.22%
National High				100.00%	100.00%	99.76%	99.88%	99.53%	99.46%

YEAR	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/2018	
CDDFT Responsiveness to personal needs of the patient[1]	71.5	67.9	68.5	73.3	65.3	68.8	66.0	69.3	
England	67.3	67.4	68.1	68.7	68.9	69.6	68.1	68.6	
National high	82.6	85	84.4	84.2	86.1	86.2	86.2	85.0	
National low	56.7	56.5	57.4	54.4	59.1	58.9	54.4	60.5	

YEAR	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/2018	2018/19 provisional
CDDFT Percentage of staff who would recommend the trust to their family or friends[1]	49%	50%	57%	53%	57%	57%	61%	55%	57%
England					68%	70%	71%	72%	73%
National high		94%	94%	93%	92%	91%	90%	97%	92%
National low		35%	40%	35%	31%	43%	43%	31%	23%

	Reporting Period	Highest	Lowest	CDDFT Trust	Peer	Comments
SHMI	Jan 12 - Dec 12	119.2	70.3	104.1	102.2	
	Apr 12 - Mar 13	117	65.2	104.5	101.9	
	Jul 12 - Jun 13	115.6	62.6	104.3	101.9	
	Octr 12 - Sep13	118.6	63	103.8	101.1	
	Jan - Dec 13	117.6	62.4	102.4	100.8	
	Ap 13 - Mar 14	119.7	53.9	101.9	100.9	
	Jul 13 - Jun 14	119.8	54.1	102.5	101.0	
	Oct 13 - Sep 14	119.8	59.7	103.1	101.3	
	Jan – Dec 14	124.3	65.5	100.9		Peer was via CHKS
	Apr 14 – Mar 15	121	67	101		Peer was via CHKS
	Jul 14 – Jun 15	120.9	66.1	100.7		Peer was via CHKS
	Oct14 – Sep 15	117.7	65.2	99.6		Peer was via CHKS
	Jan 15 - Dec 15	117.3	66.9	102.3	102.1	
	Apr 15 - Mar 16	117.8	67.8	103.2	103.7	
	Jul 15 - Jun 16	117.1	69.4	104.7	103.2	
	Oct 15 - Sep 16	116.4	69	106.7	103.1	
	Jan 16 - Dec 16	119.8	69.2	106.1	104.2	
	Apr 16 - Mar 17	122.6	71.5	105.2	103.8	
	Jul 16 - Jun 17	122.8	73	104.9	105.3	
	Oct 16 - Sep 17	124.7	72.7	104.6	101.9	
	Jan17-Dec17	121.81	72.04	104.48	102.4	
	Apr17-Mar18	123.21	69.94	106.11	103.3	
	Jul17-Jun18	125.72	69.82	108.21	103.4	
	Oct17-Sep18	125.41	69.53	109.22	102.0	
	Jan18-Dec18 (provisional)			109.93		

	Reporting Period	Highest	Lowest	CDDFT Trust	Peer	Comments
The banding of the summary hospital-level indicator	Apr 12 - Mar 13			2 (As Expected)		7 Trusts higher than expected
	Jul 12 - Jun 13			2 (As Expected)		9 Trusts higher than expected
	Octr 12 - Sep13			2 (As Expected)		8 Trusts higher than expected
	Jan - Dec 13			2 (As Expected)		7 Trusts higher than expected
	Ap 13 - Mar 14			2 (As Expected)		9 Trusts higher than expected
	Jul 13 - Jun 14			2 (As Expected)		9 Trusts higher than expected
	Oct 13 - Sep 14			2 (As Expected)		9 Trusts higher than expected
	Jan – Dec 14			2 (As Expected)		11 Trusts higher than expected
	Apr 14 – Mar 15			2 (As Expected)		16 Trusts higher than expected
	Jul 14 – Jun 15			2 (As Expected)		14 Trusts higher than expected
	Oct14 – Sep 15			2 (As Expected)		18 Trusts higher than expected
	Jan 15 - Dec 15			2 (As Expected)		14 Trusts higher than expected
	Apr 15 - Mar 16			2 (As Expected)		16 Trusts higher than expected
	Jul 15 - Jun 16			2 (As Expected)		11 Trusts higher than expected
	Oct 15 - Sep 16			2 (As Expected)		10 Trusts higher than expected
	Jan 16 - Dec 16			2 (As Expected)		10 Trusts higher than expected
	Apr 16 - Mar 17			2 (As Expected)		10 Trusts higher than expected
	Jul 16 - Jun 17			2 (As Expected)		12 Trusts higher than expected
	Oct 16 - Sep 17			2 (As Expected)		12 Trusts higher than expected
	Jan17-Dec17			2 (As Expected)		13 Trusts higher than expected
	Apr17-Mar18			2 (As Expected)		13 Trusts higher than expected
	Jul17-Jun18			2 (As Expected)		15 Trusts higher than expected
	Oct17-Sep18			2 (As Expected)		15 Trusts higher than expected
	Jan18-Dec18 (provisional)			2 (As Expected)		

	Reporting Period	Highest	Lowest	CDDFT Trust	Peer	Comments
The percentage of patient deaths with palliative care coded	Apr 12 - Mar 13	44.00%	0.10%	12.80%		
	Jul 12 - Jun 13	44.10%	0.00%	14.00%		
	Octr 12 - Sep13	44.90%	0.00%	14.10%		
	Jan - Dec 13	46.90%	1.30%	15.90%		
	Ap 13 - Mar 14	48.50%	0.00%	17.80%		
	Jul 13 - Jun 14	49.00%	0.00%	18.70%		
	Oct 13 - Sep 14	49.40%	0.00%	19.00%		
	Jan – Dec 14	48.30%	0.00%	17.70%		
	Apr 14 – Mar 15	50.85%	0.00%	17.18%		
	Jul 14 – Jun 15	52.90%	0.00%	17.39%		
	Oct14 – Sep 15	53.53%	0.20%	18.59%		
	Jan 15 - Dec 15	54.75%	0.19%	21.12%	26.14%	
	Apr 15 - Mar 16	54.60%	0.58%	24.22%	27.55%	
	Jul 15 - Jun 16	54.83%	0.57%	26.58%	27.84%	
	Oct 15 - Sep 16	56.27%	0.39%	28.19%	28.06%	
	Jan 16 - Dec 16	55.90%	7.30%	30.20%	28.30%	
	Apr 16 - Mar 17	56.90%	11.10%	31.40%	28.17%	
	Jul 16 - Jun 17	58.60%	11.20%	31.90%	28.84%	
	Oct 16 - Sep 17	59.80%	11.50%	36.20%	29.14%	
	Jan17-Dec17	60.34%	11.70%	38.86%	29.48%	
	Apr17-Mar18	59.02%	12.58%	42.76%	30.10%	
	Jul17-Jun18	58.70%	13.40%	44.80%	30.53%	
	Oct17-Sep18	59.20%	14.30%	43.12%	31.50%	
	Jan18-Dec18 (provisional)			41.37%		

Data from NHS Digital quarterly SHMI publicatio

Local Priorities for the Trust
The information below indicates the progression of these priorities, where appropriate.

SAFETY

Falls and falls resulting in injury
Why is this a priority?
Nationally falls are the most frequently reported patient safety incidents
Our aim
We have seen a reduction in falls resulting in injury but further work is required. We want to see a reduction in falls to within or below the national average, and a continued reduction in falls resulting in fractured neck of femur. We aim to reduce falls to 5.6 per 1000 bed days for acute wards and 8 per 1000 bed days for community based wards.
Our actions
We will implement actions from the published National Falls Audit
We will formulate an action plan and begin embedding the priorities identified from year one of the Falls Strategy and agree priorities for year two.
We will introduce improvement cycles in relation to falls reduction
Measuring and monitoring
We will continue to collect information on all patient falls and review this with our clinical teams at Falls Group.
This information is collected internally using data retrieved from the Safeguard incident reporting system and contained within the monthly trust Incident Report. This data is not governed by standard national definition.

Care of patients with dementia
Why is this a priority?
Hospitals have seen an increase in patients requiring care in their services for patients who have a background of dementia. These patients are particularly vulnerable and we want to ensure that they are receiving a high standard of care.
Our aim
We want to ensure that patients who have dementia have a positive experience when under our care and that all needs are considered.
Our actions
We will continue to roll out key elements of the dementia strategy and introduce monitoring tools to measure compliance against this
Measuring and monitoring
Key metrics will be introduced to monitor implementation of the strategy
This data is not governed by standard national definition.

MRSA Bacteraemia
Why is this a priority?
MRSA blood stream infections can cause serious illness and this is a mandatory indicator.
Our aim
We aim to have zero patients with avoidable hospital acquired MRSA bacteraemia as set by as set by NHS England guidance.
Our actions
We will continue to hold regular meetings with senior staff to ensure that any actions identified are monitored and implemented. The action plan can be accessed via the infection prevention and control team.
Measuring and monitoring
All hospital acquired bacteraemia cases identified within the trust will be reported onto the Mandatory Enhanced Surveillance System. This data is governed by standard national definitions. Any reported cases will be discussed at Infection Control Committee and reported to Trust Board. Reported cases will be subject to post infection review to ensure that any remedial actions are addressed.

Clostridium difficile
Why is this a priority?
Clostridium difficile can be a serious illness that mainly affects the elderly and vulnerable population and this is a mandatory indicator.
Our aim
To have no more than 45 identified with Clostridium difficile infection that are attributed to the trust, as set by NHS improvement guidance.
Our actions
We will continue with regular meetings with senior staff to ensure that any actions identified are monitored and implemented. The action plan can be accessed via the infection prevention and control team.
Measuring and monitoring
All cases identified within the trust will be reported onto the Mandatory Enhanced Surveillance System. This data is governed by standard national definitions. Any reported cases will be discussed at HCAI reduction group, Infection Control Committee and reported to Trust Board. Reported cases will be subject to a comprehensive review to ensure that any remedial actions are addressed.

Pressure ulcers
Why is this a priority?
Pressure ulcers are distressing for patients and can be a source of further illness and infection. This can prolong the treatment that patients need and increase the need for antibiotic therapy.
Our aim
To continue with the programme of monitoring of patients with pressure ulcers and carry out a full review of all pressure ulcers graded 3 or above to advise any change in practice, and take remedial action where necessary to ensure learning within the Trust. We aim to have zero avoidable grade 3 and 4 pressure ulcers and see a decrease in grade 2 avoidable pressure ulcers.
Our actions
We will ensure that all of our patients both within hospital or community settings continue to be

assessed for their risk of pressure ulcers and that this is regularly reviewed during the admission period. We will ensure timely provision of pressure relieving equipment if required, and access to specialist tissue viability advice as indicated.

Measuring and monitoring

We will continue to monitor that all patients are assessed for their risk of developing pressure ulcers and report this through the ward performance framework. Pressure ulcers will continue to be reported and reported to Trust Board via the performance scorecard.

Whilst this indicator is not governed by national standard definitions, the assessment of grade of pressure ulcer is used using national definitions.

Discharge summaries

Why is this a priority?

Communication should be of a high standard when patients are discharged back to the care of their own GP. If not, the GP does not know what prescription or other changes have taken place or are recommended by the discharging Consultant. In addition, if a patient has died in hospital, it is important for the GP to be advised quickly in case the Practice tries to contact the patient or relatives for some reason, unaware of the patient's death.

Over a three year horizon progress has been excellent, but in 2018/2019 performance has fluctuated within a fairly narrow range just short of target but with the Integrated Medical Specialties Care Group, in particular, occasionally achieving the target.

Our aim

To complete and send 95% of discharge summaries within 24 hours of a patient discharge.

Our actions

The Care Groups will continue to review, develop and implement improvement plans.

Measuring and monitoring

This will continue to be monitored by directors in the monthly Performance Review meetings and thence to the Board and its IQAC sub-committee. This standard is governed by a national definition.

Rate of patient safety incidents resulting in severe injury or death

Why is this a priority?

We want to improve our incident reporting to ensure that we capture all incidents and near misses that occur. This will allow us to understand how safe our care is and take remedial action to reduce incidents resulting in harm.

Our aim

To ensure that accurate and timely data is uploaded to the national reporting system and those incidents are reviewed in a timely fashion so that lessons can be identified for learning. To remain within the national average for both incident reporting and the rate of incidents results in severe injury of death.

Our actions

To ensure that our staff are fully educated in the importance of reporting incidents and near misses. We will do this by continuing with an educational programme. We will ensure that serious incidents are fully reviewed so that lessons can be learned and cascaded across the trust.

Measuring and monitoring

We will continue to monitor compliance with timeliness of report completion via Safety Committee. A monthly report will give detail on incidents reported and reviews undertaken and will be submitted to Safety Committee and Care Groups. We will monitor our relative position against the national reporting system.

Whilst this data is not governed by standard national definition, the trust uses the reporting grade as recommended by Department of Health.

EXPERIENCE

Nutrition and hydration in hospital

Why is this a priority?

Many of our patients are elderly and frail and require assistance to ensure that their nutritional needs are met to aid recovery and prevent further illness. Therapeutic dietetic advice can aid their treatment and recovery for specific conditions and we ensure that these patients dietetic requirements are assessed.

Our aim

To ensure that nutritional and hydration needs are met for patients who use our services.

Our actions
We will continue to use already established systems and documentation to record that patients who have been assessed as being at risk are continually monitored and corrective actions taken as required.
Measuring and monitoring
We will continue to monitor compliance using the newly produced ward quality metrics. We did not reach full compliance against our goals last year but there were improvements in all outcome measures. The indicator relating to nutrition care planning remains an area for improvement. Nutrition care planning has been incorporated into the Registered Nurses mandatory training. This is an area we will continue to monitor closely, providing support to ward areas where required. This data is not governed by standard national definition but is based on the nationally recognised MUST score.

End of life and palliative care
Why is this a priority?
Palliative Care has been recognised as an area for improvement by the trust, the CQC inspection and the Health and Wellbeing Board.
Our aim
Each patient to be able to say "I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."
Our actions
- Further improvement to personalised care planning through education, incident monitoring and cultural change
- Work with regional partners to develop ePaCCS
- Continue to deliver palliative care mandatory training for all staff.
- Support and monitor new out of hours advice service
- Develop and deliver actions from VOICES survey

Measuring and monitoring
- Achieve interim targets for mandatory three year education programme (33% at end of year 1)
- Continuing improvement in palliative care coding
- Continuing improvement in "death in usual place of residence" (DIUPR)
- Maintain Achievement of Preferred Place of Death (specialist Palliative Care Service) at over 90%

This data is not governed by standard national definition but is based on the nationally recognised end of life national documents.

Responding to patients personal needs
Why is this a priority?
Responding to patients needs is essential to provide a better patient experience. Ensuring that we are aware of patients views using 5 key questions allows us to target and monitor for improvement. This is a mandated priority as set by the Department of Health.
Our aim
To maintain improvement in results from inpatient surveys and remain within or better than national average for the indicators
Our actions
Quarterly in house measurement of the 5 questions will continue to ensure that we are aware of any emerging themes for action.
Measuring and monitoring
Quarterly results will be reported to Integrated Quality Assurance Committee and emerging themes discussed so that actions can be taken. Results of the national survey will be published to allow benchmarking against other organisations.
This data is governed by standard national definition as outlined in the national inpatient survey questions.

Percentage of staff who would recommend the provider to family or friends needing care
Why is this a priority?
The annual national survey of NHS staff provides the most comprehensive source of national and local data on how staff feel about working in the NHS. All NHS trusts take part in the survey and this is a mandated priority as set by the Department of Health.
Our aim
To achieve average national performance against the staff survey.
Our actions
To continue with a programme of staff engagement and development to build on current successes and improve areas where our performance is below average.
Measuring and monitoring
Results will be measured by the annual staff survey. Results are reviewed by sub committees of the Board and Trust Board and shared with staff and leaders so that actions and emerging themes can be considered as part of staff engagement work.
This data is governed by standard national definition as outlined in the national staff survey.

EFFECTIVENESS

Mortality monitoring
Why is this a priority?
We want to measure a range of clinical outcomes to provide assurance on the effectiveness of healthcare that we provide and this is a mandatory indicator as set by the Department of Health.
Our aim
To remain at or below the national average for the mandated indicator.
Our actions
We will continue to monitor the Trust's mortality indices to understand how we compare regionally and nationally. We will continue to undertake patient specific mortality reviews in line with any agreed national process that is mandated and to share the themes from these reviews with clinicians and colleagues in primary care. In addition, we will continue to use multiple sources of information to ensure we understand where any failings in care may have occurred and to use this information to inform the process of pathway review to improve patient care. This process will continue to be reviewed by the Mortality Reduction Committee, to ensure that mortality is fully reviewed and any actions highlighted implemented and monitored.
Measuring and monitoring
We will continue to benchmark ourselves against the North East hospitals and other organisations of a similar size and type. We will publicise our results through the Quality Accounts. We will provide a monthly update of crude and risk adjusted mortality to Trust Board via the performance scorecard. We will measure compliance against "Learning from Deaths" policy. These data are governed by standard national definition.

Reduction in readmissions to hospital
Why is this a priority?
It is not possible to prevent all re-admissions but they can be distressing for patients and carers, and can be an indicator of a lack of care and ineffective use of resources. This is a mandated indicator by the Department of Health.
Our aim
The Trust aims to deliver the best and most effective care to patients by eliminating unnecessary re-admissions to hospital.
Our actions
Together with partners in Primary and Social Care, the Trust has developed a range of intensive short-term intervention services to prevent avoidable admissions and re-admissions, and to improve the support available to patients being discharged from hospital. The development of Teams Around Patients (TAPs) will also improve the delivery of robust multi-disciplinary care.
Measuring and monitoring
The Trust and local partners recently held an audit in March 2018 to review the reasons for a sample of recent re-admissions. The majority of re-admissions took place because of limited front-of-house services (including particularly surgery services). The newly re-organised Community Care Group is responsible not only to the Trust but also to the Director of Integration, employed the Durham CCGs and County Council.

To reduce the length of time to assess and treat patients in the Emergency Department (ED)
Why is this a priority?
Patients want to be treated in a timely manner. If this does not happen, cubicles in A&E become blocked slowing the process of care for everyone, creating additional risk and inconvenience for all patients, and leading to ambulance handover delays.
Our aim
We aim to assess and treat 95% of patients within four hours in line with national standards.
Our actions
Pressures in A&E rise are an indicator of pressures in the wider health system. The Trust's Transforming Emergency Care Programme is the main improvement vehicle with progress monitored through the multi-agency Local A&E Delivery Board (see section in Patient Experience above).
Measuring and monitoring
This issue is governed by national definitions and reporting arrangements. In addition to internal monitoring, monthly reports are provided to the Local A&E Delivery Board, chaired by the Trust's Chief Executive and, where performance falls short of the agreed NHSI trajectory, to NHSI. Financial benefits are linked to the attainment of targets agreed with NHSI.

To reduce the length of time that ambulance services have to wait to hand over the care of the patient in the Emergency Department (ED)
Why is this a priority?
Ambulances waiting at A&E to hand over patients to the care of the Trust are not available to respond to emergencies in the community. Such delays are potentially dangerous and distressing for patients and carers.
Our aim
We aim to take over the care of ambulance patients as soon as possible following their arrival at A&E.
Our actions
We continue to work with partners in the local A&E Delivery Board to implement the Transforming Emergency Care Programme and associated initiatives as described earlier.
Measuring and monitoring
This issue is governed by national definitions and reporting arrangements. We review all instances in which an ambulance cannot hand over care within 2 hours. Ambulance handover performance is governed by standard national definition, national and local quality requirements. Regular reports are provided for LADB and for internal monitoring bodies, including Trust Board and its Integrated Quality and Assurance sub-committee.

RTT
Why is this a priority?
Patients have a right under the NHS Constitution to be treated in a timely manner.
Our aim
To provide treatment for all CDDFT patients within 18 weeks of referral by services as close to home as possible.
Our actions
We continue to work with CCG and social care partners, reviewing and modernising care pathways and increasing the provision of advice and guidance services for GPs to reduce unnecessary referrals and in-patient admissions, and to provide more care closer to home.
Measuring and monitoring
This issue is governed by national definitions and reporting arrangements. This is a statutory target which is reviewed in a range of regular forums, including regular reports to the Trust Board.

Cancer
Why is this a priority?
Early diagnosis and treatment is important for successful treatment and outcomes for cancer patients.
Our aim
To provide timely treatment for all potential cancer patients.
Our actions
We have increased the Trust's cancer tracking capabilities. We will continue to work with CCG partners to introduce the proposed tele-dermatology scheme and with our tertiary partners on improving shared pathways.

Patient Reported Outcome Measures
Why is this a priority?
PROMs measure the quality of care received from their perspective so providing rich data and this is a mandated priority as set by the Department of Health.
Our aim
We will continue to focus on the rates for health gain and hope to see that this is within national average.
Our actions
We will continue to drive the agenda for encouraging participation through identified staff. We will continue to educate staff on the importance of this priority and the benefits of using this alternative care as an indicator of the care we provide. We will continue to monitor ourselves against national benchmarking data to assess the impact for the patient in terms of health gain.
Measuring and monitoring
Results of the PROMs health gain data will be monitored on the Care Group performance scorecard and reviewed at performance meetings. Results will be included in scorecards presented to Trust Board.
This data is governed by standard national definitions.

Maternity Care
Why is this a priority?
Nationally the five year forward plan and the national maternity review place maternity care as a priority. NHS England have also produced a report "Saving Babies Lives" and this reports on standards required to ensure safe, effective care in this area.
Our aim
We want to ensure that patients who receive care have a positive experience when under our care and that all needs are considered.
Our actions
We will continue to embed learning from the gap analysis around compliance with this standard and agree any actions that result from this.
Measuring and monitoring
Key metrics will be introduced to monitor implementation of any identified actions
This data is not governed by standard national definition.

Care of patients requiring paediatric care
Why is this a priority?
The care of children in emergency/ urgent care settings will be delivered using bespoke pathways for that care and it is important that pathways are enhanced to ensure that practice continues to be evidence based and triangulates all areas of speciality.
Our aim
We want to ensure that children continue to receive care which is evidence based using pathways to inform decision making. This will also have the aim of enhancing the child's experience and ensuring that care between primary and secondary settings is streamlined by the provision of increased education and improved accessibility to GPs.
Our actions
We will continue to introduce pathways of care for paediatric patients.
Measuring and monitoring
With the introduction of paediatric pathways.
This data is not governed by standard national definition.

ANNEX 1

Feedback from Darlington, Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups

NHS Darlington Clinical Commissioning Group
NHS Darlington CCG
Dr Piper House
King Street
Darlington
DL3 6JL

NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group
NHS Durham Dales Easington
and Sedgefield CCG
Sedgefield Community Hospital
Salters Lane
Sedgefield
Stockton-on-Tees
TS21 3EE

NHS North Durham Clinical Commissioning Group
NHS North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

30th April 2019

Mr Noel Scanlon
Executive Director of Nursing and Patient Experience
County Durham and Darlington NHS Foundation Trust
Darlington Memorial Hospital
Hollyhurst Road
Darlington
DL3 6HX

Re: County Durham and Darlington NHS Foundation Trust (CDDFT) Quality Account 2018/19.

Corroborative statement from North Durham, Durham Dales, Easington, Sedgefield and Darlington Clinical Commissioning Groups, for County Durham and Darlington NHS Foundation Trust (CDDFT) Quality Account 2018/19.

North Durham, Durham Dales, Easington and Sedgefield and Darlington Clinical Commissioning Groups welcome the opportunity to review and comment on the Quality Account for County Durham and Darlington NHS Foundation Trust for 2018/19 and would like to offer the following commentary:

As Commissioners, North Durham, Durham Dales, Easington and Sedgefield and Darlington Clinical Commissioning Groups (CCGs) are committed to commissioning high quality services from County Durham and Darlington NHS Foundation Trust and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

The CCGs continue to hold regular clinical quality review group meetings with the Trust which are well attended and provide positive engagement for the monitoring, review and discussion of quality issues. Commissioners feel that the quality account prepared is an accurate representation of the services provided during 2018/19 within the Trust.

The report provides a comprehensive description of the quality priorities which have been the Trust focus during 2018/19. The report provides an open account of where improvements in priorities have been made.

Commissioners would like to congratulate the Trust on the work they have done in 2018/19 to achieve a large number of the proposed ambitions, particularly in areas such as the reduction in the number of patient falls; providing appropriate care and effective interventions for patients with dementia in support of the Trusts Dementia strategy. In the majority of areas where ambitions were not met, the Trust has been able to demonstrate an improvement from previous years.

Whilst thresholds for MRSA and C.diff were exceeded (2/0 and 19/18 respectively), Commissioners acknowledge the work the Trust has undertaken to reduce this and welcomes the action plan that is in place to improve hospital acquired infection in 2019/20.

Commissioner's note the number of avoidable Pressure Ulcers has increased in 2018/19 from 2017/18 and hope that the actions put in place going forward; particularly the implementation of NHSi recommendations which will assist the Trust in reducing numbers in the coming year.

CCGs are disappointed that the Trust reported 4 never events but are confident that learning has taken place following investigation and lessons learned identified which have also been communicated to the Clinical Quality Review Group.

Commissioners are pleased that the Trust has had no Regulation 28s issued this year and would wish to see this continue into 2019/20.

The Trust is commended on the work they undertake in relation to reporting and investigating of Serious Incidents. A total of 90 serious incidents were reported in 2018/19. It is noted that the highest reported incidents are in relation to falls and we appreciate the Trust's participation in the southern region fall and pressure ulcers learning sessions facilitated by Commissioners. The Trust is encouraged to continue to report incidents to ensure they have visibility on patient safety issues within the organisation. In line with this, the Trust are commended on their achievement of 95% compliance on Duty of Candour, ensuring patients and or their relatives/carer are aware of any incidents that occur and offered a suitable apology.

CCGs note that the majority of the Maternity Standards ambitions were achieved and improvements made. Regular updates are provided to the Clinical Quality Review Group which is appreciated. Commissioners also acknowledge the Trusts participation in the Health Service Investigation Branch's work on Each Baby Counts and looks forward to receiving progress updates on this.

The Trust are praised for the work they do in relation to improving patient experience and participation in Friends and Family Test and other surveys such as the National Inpatient survey, Maternity survey and Post Discharge survey. Commissioners expect that learning from the results of these is fed into improving every day service offerings. We note that the number of compliments received in 2018/19 exceeds the number received in the previous year which is pleasing; however, the number of complaints has also increased this year. Unfortunately the specific numbers have not been included in the account. In recognition of the increase in complaints relating to staff attitude it would be useful to demonstrate the actions being taken by the Trust to address this.

The results from the 2018 PLACE assessments are pleasing as the Trust scored higher than the national average in the majority of domains and where improvements are required; actions plans are in place to achieve this.

The progress made in relation to end of life care and in particular, patients dying in their preferred place are commended. The achievement has increased from 88% to 95% and Commissioners encourage the Trust to continue to work to improve this further.

Commissioners note the Trust's intention to take forward a number of recommendations/actions that have been identified from the results of the National Staff Survey. Specific areas pinpointed for focus include quality of appraisals, staff morale and creating a safe environment (in relation to bullying and harassment). It is noted that updates on this work will be provided to the Clinical Quality Review Group.

CCGs are assured that the Trust are participating in the LeDeR programme and note the organisation's reduction in HSMR and SHMI. We also note that the Trust is recruiting to the post of Medical Examiner which will support the Trust's mortality work.

Commissioners recognise the Trust's involvement in numerous clinical audits and National Confidential Enquires and are encouraged to continue to do so to ensure that the Trust can contribute to improving quality of healthcare services at both a local and national level.

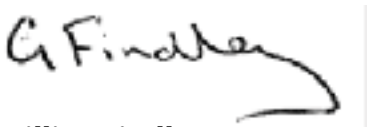
In relation to the ongoing actions plans that are in place to improve the CQC rating from "requires improvement" to "good" CCGs will continue to support the Trust whenever possible and will continue to monitor the Trust's action plans to ensure progress is made and the recommendations highlighted by the CQC are carried out.

North Durham, Durham Dales, Easington and Sedgefield and Darlington Clinical Commissioning Groups welcome the specific quality priorities for 2019/20 highlighted in the report and feel that they are appropriate areas to target for continued improvement which link in with CCG commissioning priorities. CCGs would expect to see an increased focus on learning from never events, reduction in falls and cultural changes within the organisation in line with the actions planned.

North Durham, Durham Dales, Easington and Sedgefield and Darlington Clinical Commissioning Groups can confirm that to the best of their ability, the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2018/19. It is clearly presented in the format required and the information it contains accurately represents the Trust's quality profile.

It is felt that overall the report is well written and presented and is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2019/20.



Gillian Findley
Director of Nursing/Nurse Advisor
NHS North Durham and DDES CCGs

Feedback from Darlington Borough Council Health and Partnerships Scrutiny Committee

County Durham and Darlington NHS Foundation Trust – Draft Quality Account 2018/19

The Health and Partnerships Scrutiny Committee remit covers the Governance arrangements of the Trust and it has the responsibility to comment on the Quality Accounts, in line with its Health Scrutiny Powers. The Members of the Scrutiny Committee are committed to being involved, at an early stage with the Foundation Trusts Quality Accounts and received regular updates on performance information from the Trust.

Members of the Health and Partnerships Scrutiny Committee have considered the draft Quality Accounts 2018/19 for County Durham and Darlington NHS Foundation Trust and have attended Stakeholder events over the past year.

Members believe this has enabled them to have a better understanding and more detailed knowledge of performance to evidence their commentary on this year's Quality Accounts. Members maintain that this process has been successful and are certain that it has also benefited the Foundation Trust. Members wish to place on record their thanks to the Associate Director of Nursing (Patient Safety and Governance) for her attendance at the meetings.

In respect of the Quality Improvement Priorities for 2018/19 Members have the following comments to make:-

Safety:

Patient falls – The Scrutiny Committee were pleased to note the Trust's commitment to continued improvement and the introduction of the new Trust Falls Strategy coming into its second year of operation. Members acknowledged the Multi Agency action plan which has been mapped out and agreed and the quality improvement work underway and the improved position in the reduction of patient falls.

Care of Patients with dementia – Members were pleased to note the completion of the strategy and action plan to monitor its implementation and the continued development of a dementia pathway.

Healthcare Associated Infections – Members were concerned to note that, although the Trust had a zero tolerance for MRSA, there had been two reported cases however did acknowledged that this was an improvement on last year. Members also noted that the number of cases of clostridium difficile had exceeded the target set by one case but were pleased to note that these will be reported onto the Mandatory Enhanced Surveillance System and monitored via the Infection Control Committee.

Pressure Ulcers – The aim of the Trust was to have no avoidable grade 3 and 4 avoidable pressure ulcers for patients in its care so it was disappointing to note that there had been nine instances during the year. Members were, however, pleased to note that this is to remain a primary objective for 2019/20.

Venous Thromboembolism (VTE) – The Scrutiny Committee were pleased to note that the target for this mandatory priority had been achieved and the Trust was now fully compliant and that this indicator will now move to background monitoring.

Discharge Summaries – Members noted that although the Trust was not yet consistently at 95 per cent noted that good progress had been made with the establishment of the Task and Finish Group and going forward the focus will be on the quality of discharge summaries.

Rate of Patient Safety Incidents Resulting in Severe Injury or Death – Members were concerned that the Trust remains in the 50 percentile which was below the 75th percentile target, however noted that the Near Miss reporting improvement work stream underway with the support from Care Groups was showing significant improvement and look forward to the formal reporting on this in the future. Members also noted the Four 'Never Incidents' and the Action plans that had been developed and the monitoring in place.

Management of Patients with Sepsis – Members were very pleased to note that the Trust was fully compliant in Sepsis screening and that the Trust had integrated its Regional Sepsis Screening Tool within Nervecentre for inpatients and Symphony for Emergency Department patients thus ensuring all patients within The Trust were automatically screened for sepsis. Members noted that the administration of antibiotics required further improvement and welcomed that this will be closely monitored.

Local Safety Standards for Invasive Procedures (LocSSIPs) – Members were pleased that the project to support the implementation of developed LocSSIPs was on track and recognised as good practice by NHS Improvement.

Experience:

Nutrition and Hydration in Hospital - The Scrutiny Committee were pleased to note that monitoring was in place and nutritional assessment into Nervecentre had been piloted and ready to roll out.

Members were also pleased to learn that the Trust continue to use nutritional bundle for weekly nutritional care planning of patients at risk and the trust wide menu implementation of finger foods and welcomed the focus on hydration in the next phase.

End of Life and Palliative Care – Members welcomed the strategy and measures in place for palliative care to support each patient and that the End of Life Steering Group was now fully embedded to ensure that this agency moves forward.

Responsiveness to Patient Personal Needs – The Scrutiny Members were pleased to note that targets had been met and were within the national average.

Percentage of Staff who would Recommend the Trust to Family and Friends Needing Care – Members noted that the results for this target were not yet available but noted the work that had been undertaken within the draft report to show improvement year on year and to bring the Trust within the national average.

Percentage of staff who have experienced harassment, bullying or abuse from staff in the last twelve months – Members noted that the results for this target were not yet available but noted the work that had been undertaken within the draft report to show improvement year on year and to bring the Trust within the national average.

Percentage of staff believing that the Trust provided equal opportunities for career progression or promotion – Members noted that the results for this target were not yet available but noted the work that had been undertaken within the draft report to show improvement year on year and to bring the Trust within the national average.

Friends and Family Test – Members noted The Trust's aim to increase Friends and Family response rates by raising staff awareness and continuing to capture data to advise Care Groups of their compliance rates and of areas where actions were required for improvement. Members also noted that some improvements had been seen but response rates were below the threshold.

Clinical Effectiveness:

Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Index (SHMi) – Members noted that the Trust were within the expected range and that the Mortality Reduction Committee had now been embedded along with the 'Learning from Deaths' process; and were pleased to note that mortality reviews were being undertaken and linked with incident monitoring process.

Reduction in 28 day readmissions to hospital – Members noted that, although this ambition had not yet been met, acknowledged the agreement with stakeholders to review this threshold as there was an agreement that it was too low and Members agreed that the aim for 11-12 per cent would be more realistic.

Reduction of the length of time to assess and treat patients in Accident and Emergency Departments – Members were concerned that this target had not been achieved however, acknowledged that there had been capacity issues, particular at the Durham site and acknowledged the challenges faced by the Trust with regard to this target and were pleased to note that this will be continued monitored.

Patient Reported Outcome Measures – Members were pleased to note that the Trust was within the national average for improved health gain.

Maternity Standards – The Scrutiny Committee welcomed the continual monitoring for improvement in relation to breastfeeding, smoking in pregnancy and twelve week booking targets and that targets were on track. Members were particularly pleased to note that the priorities of 'Each Baby Counts' policy were in place.

Paediatric Care – Members welcomed the continued development of more direct and personal relationships with individuals within Primary and Secondary Care by building on the work already undertaken as the Trust moves into the next year.

Excellence Reporting – Members noted this new indicator following the stakeholder event and were pleased to learn that the Trust continues to embed learning from excellent into standard culture and practice through Excellence Reporing.

Quality Priorities for 2019/20

Members are pleased with the number of Priorities being carried over from 2018/19 and note the introduction of different methods for monitoring where the priority has changed or the service objectives have changed.

Conclusion

Overall, Members welcome the Quality Accounts and are pleased with the Trusts progress against the chosen priorities, in a challenging year for all NHS organisations. Moving forward, Members are particularly interested in care of patients with dementia, maternity and paediatric services,

discharge summaries, A&E/Urgent Care Services and the Stroke Pathway and will continue to monitor progress in these areas.

Having gained a detailed understanding of the process of the Quality Accounts this year, Members would like to continue to receive six monthly reports to monitor progress being made against the priorities during 2019/20.

Councillor Wendy Newall
Chair, Health and Partnerships Scrutiny Committee

Feedback from Healthwatch Darlington

County Durham and Darlington Foundation Trust (CDDFT) Quality Accounts 2018-2019.

These comments are on behalf of Healthwatch Darlington Limited:

Healthwatch Darlington (HWD) have again welcomed the opportunity to be involved in the County Durham and Darlington Foundation Trust (CDDFT) Quality Accounts this year.

We would like to congratulate the Trust on all areas of their Quality Accounts where actions have been achieved and rated green and the work carried out to ensure quality and safety is paramount with in the Trust. We recognise that some work is still to be done in those not achieved and appreciate the Trust's open and honest responses.

It is pleasing to see that patient falls and dementia care have both seen improvements over the year with the Trust's ambitions being achieved.

HWD recognise the work the Trust is putting into reducing healthcare associated infection and acknowledge the Trust's target was not achieved but we recognise that they do remain one of the best nationally in clostridium difficile.

The Trust have reported an increase in avoidable grade 3 and above pressure ulcers over the year, the Trust has set themselves a target of 0 tolerance, although this is a disappointing result, it is good to see that the Trust are making this a priority and have an action plan in place with a project team for tissue viability.

It is disappointing to see that the Trust had 4 Never Events. Assurance has been given that these have all been investigated with identified learning shared widely. The Trust also reported 90 serious incidents with all these incidents having a full root cause analysis carried out. Again, this is pleasing to see along with the encouragement for all staff to report any incident no matter.

HWD are encouraged to see the continued work being carried out to improve access to and waiting times for the Emergency Department.

Patient Experience and Community Engagement Strategy continues to train staff on the principles of Dignity for All 'Think like a Patient' providing a service that is 'Right first Time, Every time'. HWD are happy to participate in the patient experience forum enabling 2-way feedback on patient experience giving insight to how the Trust gathers this information and the results throughout the year. HWD along with HWCD were also pleased this year to be involved with gathering patient feedback from an independent view which was then fed back into the Trust to gain learning from what was overall a very positive feedback.
Following the CQC report of March 2018, when the Trust was rated "requires improvements", it is pleasing to see that the Trust has reported that all the 'must do' have been actioned along with 25 out of the 29 'should do' with a monitoring process in place to ensure changes are embedded.

Healthwatch Darlington agree with the priorities set out by the Trust for 2019-20 and thank you for involving Healthwatch Darlington in the stakeholder events and the feedback sessions. Healthwatch Darlington have enjoyed the opportunity to work with County Durham and Darlington NHS Foundation Trust. We look forward to working with the Trust in 2019-2020.

Feedback from Durham County Council Adults Wellbeing and Health Overview and Scrutiny Committee

DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2018/19

The Committee welcomes County Durham and Darlington NHS Foundation Trust's Quality Account and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.
The Committee has engaged with the Trust on a number of issues during the course of 2018/19 including NHS England's review of specialised vascular services; Stroke Rehabilitation services; Community Hospitals; Shotley Bridge Community Hospital; Ward 6, Bishop Auckland Hospital; Durham Health and Wellbeing system plan 2019/20 and also progress against the Trust's 2018/19 Quality Account priorities.
The Quality Account is clearly set out and the Committee welcomes the positive performance set out against the 2018/19 priorities relating to patient falls; care of patients with dementia; sepsis management; end of life care and improvement against mortality indices.

The Committee has previously sought assurances from the Trust that it continues to address those actions highlighted as part of the Care Quality Commission inspection and re-inspection of the Trust which delivered a "requires improvement" judgement. The Committee is pleased to see that of the 51 actions identified for improvement by the Trust and submitted to the CQC, only 4 remain to be delivered and the Committee would support the Trust focusing on embedding and sustaining improvements in quality with the aim of achieving a "Good" rating at the next inspection.

Whilst the Committee is disappointed that the Trust has not achieved its ambitions in relation to reducing the length of time to assess and treat patients in the Emergency Department, this has proven difficult given sustained demand pressures. It is pleasing to see that there were fewer ambulance handover delays than for 2017/18.

In respect of the proposed Quality Account priorities for 2019/20, the Committee supports the continued work in respect of patient falls, dementia care and the Emergency Department. The new monitoring of compliance arrangements that are proposed in respect of maternity standards and paediatric care are welcomed. The proposed monitoring for maintenance and improvement in relation to breastfeeding, smoking in pregnancy and 12 week maternity booking will undoubtedly contribute to the Joint Health and Wellbeing Strategy objective that "every child has the best start in life."

In summary, it is considered from the information received from the Trust that the identified priorities for 2019/20 are a fair reflection of healthcare services provided by the Trust and the Committee note the progress made against the 2018/19 priorities.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee would request a six monthly progress report on delivery of 2019/20 priorities and performance targets in November 2019.

Councillor John Robinson,
Chair of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee

Transformation & Partnerships
Durham County Council, County Hall, Durham DH1 5UF
Main Telephone 03000 26 0000

Text Messaging Service 07860 093 073

Feedback from Health and Wellbeing Board

Contact: Cllr Lucy Hovvels
Direct Tel: 03000 268 801
email: lucy.hovvels@durham.gov.uk
Your ref:
Our ref:

Durham County Council

Joanne Todd
Associate Director of Nursing (Patient Safety & Governance)
County Durham and Darlington NHS Foundation Trust
Darlington Memorial Hospital
Hollyhurst Road
Darlington
DL3 6HX

10 May 2019
Dear Joanne

Re: County Durham and Darlington NHS Foundation Trust Quality Account 2018/19

Thank you for the opportunity to comment on the County Durham and Darlington NHS Foundation Trust Quality Account 2018/19. The County Durham Health and Wellbeing Board appreciates this transparency and would like to provide the following comments on the document.

We acknowledge performance against the three priority areas of improvement over 2018/19 which were under the following three headings:

- Safety
- Patient Experience
- Clinical Effectiveness

These priorities align with the County Durham Joint Health and Wellbeing Strategy.

It is important that the Quality Account aligns, where appropriate to the County Durham Joint Health and Wellbeing Strategy, Durham Health and Wellbeing System Plans and the Better Care Fund Plan which have been agreed through the County Durham Health and Wellbeing Board.

A great deal of positive partnership working exists within CDDFT and other partners, including Durham County Council and Clinical Commissioning Groups to ensure a holistic approach is provided for users of services. It is important that the Quality Account continues to evidence this joint work to recognise the contributions partners make to service users.

The Health and Wellbeing Board supports the Trust's 2019/20 priorities for improvement under the following three headings:

- Safety
- Experience
- Effectiveness

From these eighteen priorities, there are a number which we believe specifically align to the following draft strategic objectives in the Joint Health and Wellbeing Strategy which is being developed for 2019-23 and were agreed by the Health and Wellbeing Board at its meeting in November 2018.

It is to be noted that further work is taking place with partners to ensure the strategic objectives reflect the range of work taking place across the county, so these may be amended slightly moving forward, to ensure they remain fit for purpose:

	CDD FT – Key Priorities 2019/20	**Joint Health and Wellbeing Strategy 2019/23 – Strategic Objectives**
1	Patient falls (continuation priority)	Support positive behaviours
2	Care of patients with dementia (continuation priority)	Support positive behaviours
3	Discharge summaries (continuation priority)	Improving health outcomes by addressing the social determinants of health
4	End of life and palliative care (continuation priority)	Better quality of life for all
5	Reduction in 28-day readmissions to hospital (continuation priority)	Improving health outcomes by addressing the social determinants of health
6	Maternity standards (new indicator)	Every child has the best start in life
7	Paediatric care (new indicator)	Every Child has the best start in life

The Health and Wellbeing Board acknowledges the significant improvements and success in some of your goals and welcomes the transparency that although some targets have not been reached, commitment to aim for these standards remains.

The Board recognises the work taking place in community and acute settings to reduce patient falls as outlined in the falls prevention strategy and acknowledges that this remains a real challenge for the Trust, particularly in the elderly populations, and those who have suffered from a stroke. The Board are assured that there has been a significant decrease in falls since the introduction of the falls strategy and are pleased to note that the Trust's targets were met in 2018/19. The Board acknowledges the additional work taking place to evaluate the reason behind falls in acute settings. The falls leaflet for patients and relatives is noted as good practice in addressing the falls issue and it is hoped further positive outcomes are achieved on the back of this.

The Board notes the continued work around the care of patients with dementia and understands that dementia and falls are often linked. The continued development of the dementia pathway will support this work, along with the dementia friendly work, which is something that is advocated by the Board.

It is noted that the Trust's ambition on discharge summaries was not achieved but is acknowledged that improvements have been made. The training for the 2019 intake of junior doctors will help with this, and we must continue to work together to ensure that where possible there will be minimal delays to ensure that discharges attributed to social care continue to be taken forward in a timely way.
The work on end of life and palliative care is recognised, and the strategy and measures that are in place demonstrate good progress over the year. The Board recognised that more people are dying at home and also note the positive impact the seven-day Macmillan palliative care service is having on patient discharge.

It is recognised that the Trusts ambition on the number of emergency readmissions has not been achieved, however it is understood that one of the goals of the TAPs over the coming year is a reduction on both admission and readmissions. It is believed that this, alongside improved discharge processing will have a positive impact.

The introduction of TAPs aligns to the Health and Wellbeing Board's commitments to health and social care integration work. In County Durham there is a strong track record of integrated working based of effective partnerships to provide comprehensive and personalised care to individuals, based on their needs.

The maternity standards work aligns to the work of the Board to address key challenges across the life-course in smoking levels and breastfeeding. The evidence in the Joint Strategic Needs Assessment outlines that in County Durham health inequalities still remain, with regards to breastfeeding and babies born to mothers who smoke.

Smoking prevalence is higher in the more deprived areas of the county, and the Board supports the regional ambition to reduce smoking prevalence to 5% by 2025.

As smoking in pregnancy is a particular focus of the Board, we are delighted to see that the Trust's smoking in pregnancy ambition was achieved, and that further steps have been taken to introduce CO2 monitors on maternity wards to enable further monitoring in both ante-natal and post-natal care. The Board also welcomes the development of a regional tobacco dependency in pregnancy pathway to further reduce smoking in pregnancy rates.

It is noted that the Trust's ambition for breastfeeding has not been achieved, but is acknowledge that improvements have been made to achieve this moving forward, with the reconfiguration of the infant feeding team, and the work with mothers to harvest colostrum.

The Board welcomes the work around 'saving babies lives' and notes the continued work to monitor standards identified within this to ensure the elements remain embedded in practice. The work to improve communications around 'Better Births' is also recognised as providing valuable information on all aspects of care.

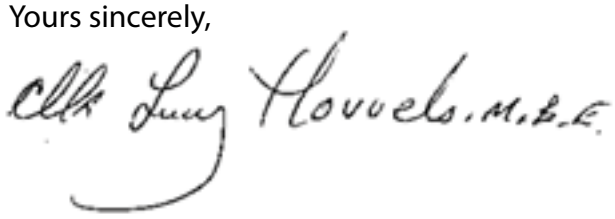
The Board have noted a continued number of Never Events, four in both 2017/18 and 2018/19. Although the Board are assured that lessons learned have been identified and shared widely and Never Event posters have been displayed across the Trust, we will be looking to see improvements in the Trust's next Quality Account in the interests of safe and effective services for the people of County Durham.

It is noted that the Trust reported 90 serious incidents during 2018/19. Although it is acknowledged that these incidents have been subject to a full root cause analysis review with themes and areas of improvements identified, we will be looking to see a reduction of serious incidents in the trust's next Quality Account.

We would like to acknowledge the positive outcomes you have achieved in your three priority areas, whilst recognising that there are some areas which need improvement.

If you require further information please contact Andrea Petty, Strategic Manager Partnerships on 03000 267312 or by email at andrea.petty@durham.gov.uk.

Yours sincerely,



Councillor Lucy Hovvels MBE
Cabinet Portfolio Holder for Adult and Health Services

Feedback from Healthwatch County Durham

Healthwatch County Durham (HWCD) is pleased to read the quality accounts and have the opportunity to comment. The commitment from CDDFT to the development and roll out of a dementia pathway and ongoing support to patients and family members is particularly well received as this was a 2018/19 priority for HWCD, following our public vote.

We were pleased to see the commitment to increase the FFT response rates, but would also like to see action plans from the feedback as well as monitoring by the Board. It is disappointing that the Trust's ambition around reducing assessment and treatment times in A&E has not been met, as this is in line with feedback received by HWCD, but the commitment by the Trust to improve patient experience in this area is encouraging.

It is concerning to read about the four 'never events' and 90 serious incidents, but it is clear how seriously these are being taken by the Trust. Conversely, it's very positive to see the CDDFT as one of ten pilot Trusts for 'always events' and we are encouraged to see the Trust embracing excellence reporting and learning from excellence.

We were pleased to see the Trust achieving its ambition to reduce the number of women smoking in pregnancy and delivery but would have liked to see support being offered to women as well as monitoring. Our feedback when we spoke to mothers who smoke in pregnancy highlighted the challenges and need for support. We were also encouraged by the Trust achieving its ambition around paediatric care and this is in line with the excellent feedback received from patients and families during our Enter and View visit to Treetops.

We welcome the Patient Experience and Community Engagement Strategy, in particular the roll out of 'you said, we did' posters to demonstrate that patient feedback is listened to and acted upon. The inclusion of 'food and drink' and 'noise disruption' as recommendations is also welcomed as these were themes during the six Enter and View visits carried out by HWCD and Healthwatch Darlington. These visits also highlighted how caring patients found staff in both UHND and DMH, which is consistent with the CQC rating of 'good' across the board within 'caring'. We were also pleased to see the action plans that have come out of the PLACE assessments. HWCD volunteers took part and will be encouraged to know their feedback has been used.

Statement of Directors' Responsibility in Respect of the Quality Report

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.

Monitor 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 the 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
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2018 to March 2019;
- papers relating to quality reported to the board over the period April 2018 to March 2019;
- feedback from commissioners dated 30th April 2019;
- views of governors shared at meetings of the Council of Governors Quality and Healthcare Governance Committee during 2018/2019 and the joint Trust Board and Council of Governors meeting held on 22nd May 2019;
- feedback from local Healthwatch organisations dated 7th May 2019 and 14th May 2019;
- feedback from Durham County Council Adults Wellbeing and Health Overview and Scrutiny Committee dated 14th May 2019;
- feedback from Durham County Council Health and Wellbeing Board dated 9th May 2019.
- feedback from Darlington Borough Council Health and Partnership Scrutiny Committee dated 8th May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2017 national patient survey;
- the 2018 national staff survey;
- the 2018/2019 Head of Internal Audit's annual opinion over the trust's control environment; and

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported 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 reported in the Quality Report is robust and reliable, confirms 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 Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the requirements in preparing the Quality Report.

By Order of the Board:

NB: Sign and date in any colour ink except black

24/05/19
……Date ……26th May 2017……Chairman

24/05/19
……Date ……26th May 2017……Chief Executive

5.2 INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST ON THE QUALITY REPORT

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of County Durham and Darlington NHS Foundation Trust to perform an independent assurance engagement in respect of County Durham and Darlington NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge;
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers;

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 30 April 2019;
- feedback from governors, dated 10 May 2019;
- feedback from local Healthwatch organisations, dated May 2019;
- feedback from Overview and Scrutiny Committee, dated 14 May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2017 national patient survey, dated March 2017;
- the latest national staff survey, dated March 2018;

- Care Quality Commission Inspection, dated 27/07/2018;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 17 May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of County Durham and Darlington NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and County Durham and Darlington NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by County Durham and Darlington NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Quayside House
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Newcastle upon Tyne
NE1 3DX

29 May 2019

6 ANNUAL ACCOUNTS

6.1 Annual Accounts for the year ended 31 March 2019

Foreword to the accounts

County Durham and Darlington NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by County Durham and Darlington NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Name: Mrs S Jacques
Job title: Chief Executive
Date: 24th May 2019

Statement of Comprehensive Income

		Group	
		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	445,487	430,879
Other operating income	4	42,362	43,992
Operating expenses	6, 8	(486,110)	(460,979)
Operating surplus from continuing operations		**1,739**	**13,892**
Finance income	11	223	174
Finance expenses	12	(14,024)	(13,583)
PDC dividends payable		(1,493)	(1,400)
Net finance costs		**(15,294)**	**(14,809)**
Other gains / (losses)	13	73	(10)
Corporation tax expense		(529)	(214)
Deficit for the year		**(14,011)**	**(1,141)**
Other comprehensive income			
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI	19	(8)	47
Total comprehensive expense for the period		**(14,019)**	**(1,094)**
Deficit for the period attributable to:			
Non-controlling interest, and		-	-
County Durham and Darlington NHS Foundation Trust		(14,011)	(1,141)
TOTAL		**(14,011)**	**(1,141)**
Total comprehensive expense for the period attributable to:			
Non-controlling interest, and		-	-
County Durham and Darlington NHS Foundation Trust		(14,019)	(1,094)
TOTAL		**(14,019)**	**(1,094)**

The results in these accounts are for the group of organisations which comprise County Durham and Darlington NHS Foundation Trust, its wholly owned subsidiary Synchronicity Care Ltd and its associated charity County Durham and Darlington NHS Foundation Trust Charity. The 'Group' columns relate to the results of all three organisations consolidated into one, the columns marked 'Trust' only show the results relating to the foundation trust.

The deficit attributable to the Trust only is £13.279m (£1.298m 2017/18) prior to consolidation adjustments.

As permitted by the NHS GAM no separate statement of comprehensive income is presented in respect of the trust.

Impact of Property, Plant & Equipment revaluations	2018/19	2017/18
(Deficit) / Surplus before Property Plant & Equipment valuation adjustments	(93)	6,932
Net reduction in the value of trust property, plant & equipment	(13,918)	(8,073)
Deficit for the year	(14,011)	(1,141)

Statement of Financial Position

	Note	Group 31 March 2019 £000	Group 31 March 2018 £000	Trust 31 March 2019 £000	Trust 31 March 2018 £000
Non-current assets					
Intangible assets	15	1,142	1,807	1,142	1,807
Property, plant and equipment	16	170,819	173,086	170,819	173,086
Investments in associates and joint ventures	19	-	-	17,803	17,803
Other investments / financial assets	19	2,878	3,429	-	-
Receivables	23	-	-	36,889	37,993
Total non-current assets		**174,839**	**178,322**	**226,653**	**230,689**
Current assets					
Inventories	22	9,164	8,602	7,429	7,162
Receivables	23	32,196	32,015	34,963	34,125
Cash and cash equivalents	25	7,862	3,778	7,802	3,586
Total current assets		**49,222**	**44,395**	**50,194**	**44,873**
Current liabilities					
Trade and other payables	26	(41,562)	(53,834)	(43,732)	(54,187)
Borrowings	28	(6,252)	(4,906)	(8,960)	(7,522)
Provisions	30	(483)	(477)	(483)	(477)
Other liabilities	27	(2,788)	(2,521)	(2,788)	(2,521)
Total current liabilities		**(51,085)**	**(61,738)**	**(55,963)**	**(64,707)**
Total assets less current liabilities		**172,976**	**160,979**	**220,884**	**210,855**
Non-current liabilities					
Borrowings	28	(111,132)	(84,602)	(162,194)	(138,372)
Provisions	30	(2,757)	(3,152)	(2,757)	(3,152)
Total non-current liabilities		**(113,889)**	**(87,754)**	**(164,951)**	**(141,524)**
Total assets employed		**59,087**	**73,225**	**55,933**	**69,331**
Financed by					
Public dividend capital		114,959	115,078	114,959	115,078
Revaluation reserve		681	681	681	681
Merger reserve		541	541	541	541
Income and expenditure reserve		(59,795)	(46,538)	(60,248)	(46,969)
Charitable fund reserves	21	2,701	3,463	-	-
Total taxpayers' equity		**59,087**	**73,225**	**55,933**	**69,331**

The notes on pages 7 to 58 form part of these accounts.

Statement of Changes in Equity for the year ended 31 March 2019

Group	Public dividend capital £000	Revaluation reserve £000	Merger reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**115,078**	**681**	**541**	**(46,538)**	**3,463**	**73,225**
Deficit for the year	-	-	-	(13,996)	(15)	**(14,011)**
Fair value losses on financial assets mandated at fair value through OCI	-	-	-	-	(8)	**(8)**
Public dividend capital received	120	-	-	-	-	**120**
Public dividend capital repaid	(239)	-	-	-	-	**(239)**
Other reserve movements	-	-	-	739	(739)	-
Taxpayers' and others' equity at 31 March 2019	**114,959**	**681**	**541**	**(59,795)**	**2,701**	**59,087**

Statement of Changes in Equity for the year ended 31 March 2018

Group	Public dividend capital £000	Revaluation reserve £000	Merger reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**112,682**	**681**	**541**	**(45,722)**	**3,741**	**71,923**
Surplus/(deficit) for the year	-	-	-	(1,251)	110	**(1,141)**
Fair value gains on available-for-sale financial investments	-	-	-	-	47	**47**
Public dividend capital received	2,396	-	-	-	-	**2,396**
Other reserve movements	-	-	-	435	(435)	-
Taxpayers' and others' equity at 31 March 2018	**115,078**	**681**	**541**	**(46,538)**	**3,463**	**73,225**

Statement of Changes in Equity for the year ended 31 March 2019

Trust	Public dividend capital £000	Revaluation reserve £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	115,078	681	541	(46,969)	69,331
Deficit for the year	-	-	-	(13,279)	(13,279)
Public dividend capital received	120	-	-	-	120
Public dividend capital repaid	(239)	-	-	-	(239)
Taxpayers' and others' equity at 31 March 2019	114,959	681	541	(60,248)	55,933

Statement of Changes in Equity for the year ended 31 March 2018

Trust	Public dividend capital £000	Revaluation reserve £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	112,682	681	541	(45,671)	68,233
Deficit for the year	-	-	-	(1,298)	(1,298)
Public dividend capital received	2,396	-	-	-	2,396
Taxpayers' and others' equity at 31 March 2018	115,078	681	541	(46,969)	69,331

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.

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 financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 21.

Statement of Cash Flows

	Note	Group 2018/19 £000	Group 2017/18 £000	Trust 2018/19 £000	Trust 2017/18 £000
Cash flows from operating activities					
Operating surplus / (deficit)		1,739	13,892	2,666	14,035
Non-cash income and expense:					
Depreciation and amortisation	6	9,622	9,361	9,622	9,361
Net impairments	7	13,918	8,073	13,918	8,073
Income recognised in respect of capital donations		-	-	-	(39)
(Increase) / decrease in receivables and other assets		(327)	(3,031)	115	(2,578)
(Increase) / decrease in inventories		(562)	(1,369)	(267)	71
(Decrease) / increase in payables and other liabilities		(8,808)	3,404	(8,430)	4,114
Decrease in provisions		(399)	(1,737)	(399)	(1,737)
Movements in charitable fund working capital		270	103	-	-
Tax paid		(366)	-	-	-
Net cash flows from operating activities		**15,088**	**28,696**	**17,225**	**31,300**
Cash flows from investing activities					
Interest received		103	44	1,487	1,461
Investment in Subsidiary		-	-	-	(17,803)
Purchase of intangible assets		(127)	(120)	(127)	(120)
Purchase of PPE and investment property		(21,159)	(19,951)	(19,124)	(19,951)
Sales of PPE and investment property		17	504	17	56,900
activities		551	463	-	-
Movement on loans to subsidiary				(2,616)	(40,382)
Net cash flows used in investing activities		**(20,615)**	**(19,060)**	**(20,363)**	**(19,007)**
Cash flows from financing activities					
Public dividend capital received		120	2,396	120	2,396
Public dividend capital repaid		(239)	-	(239)	-
Movement on loans from DHSC		30,108	-	30,108	-
Capital element of finance lease rental payments		(471)	(319)	(471)	(315)
Capital element of PFI, LIFT and other service concession payments		(4,726)	(3,811)	(4,726)	(3,811)
Interest on loans		(172)	-	(172)	-
Other interest		(1)	-	(1)	-
Interest paid on finance lease liabilities		(150)	(104)	(2,407)	(1,850)
Interest paid on PFI, LIFT and other service concession obligations		(13,516)	(13,392)	(13,516)	(13,392)
PDC dividend (paid) / refunded		(1,342)	(1,555)	(1,342)	(1,555)
Net cash flows from / (used in) financing activities		**9,611**	**(16,785)**	**7,354**	**(18,527)**
Increase / (decrease) in cash and cash equivalents		**4,084**	**(7,149)**	**4,216**	**(7,114)**
Cash and cash equivalents at 1 April - brought forward		**3,778**	**10,927**	**3,586**	**10,700**
Cash and cash equivalents at 31 March	25	*7,862*	*3,778*	*7,802*	*3,586*

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 financial statements 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 financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

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 did not achieve its 2018/19 control total therefore the 2019/20 plan approved by the Trust Board prior to being submitted to, and accepted by, NHS Improvement, included the requirement for a further revenue loan of £6m. This loan facility will be applied for in June 2019, therefore is not confirmed at the time of the accounts, however the Department of Health have recently issued a statement confirming the following :

• The long-term plan published in January 2019 and the 5-year settlement announced in summer 2018 which will introduce an extra c£33 billion a year (nominal) into the NHS by 2023-24, represent the Government's and consequently the Department's commitment to continue to fund the core activities of the NHS. The government have set the NHS five financial tests in return for this investment, which will support improvement in the underlying financial position of all NHS providers and commissioners.
• The Department is considering next steps following the recommendations provided in an independent review on NHS financing, which alongside complimentary work by NHS England and Improvement on the broader financial architecture in the system, should support the longer-term recovery plans for NHS providers.
• In advance of wider reforms, the Department recently agreed extensions to loans due during the 2018-19 financial year to November 2019. The Department will continue to take refinancing decisions on loans due in the coming year.
• Such options, as well as the ongoing availability of interim support, are available to ensure that NHS providers remain operationally viable.

After making enquiries, the Directors have adopted a going concern basis in preparing these accounts as they do not intend to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity nor do they believe there is no realistic alternative but to do so.

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 financial statements:

Valuation of Property Plant and Equipment

The trust's buildings are valued on a 'modern equivalent asset value' basis. An alternative site has been identified and a revised specification has been identified that would better fit with the current services provided at the trust's hospitals.

A desk top valuation was carried out during the final quarter of the year by Cushman & Wakefield, who are qualified surveyors, registered with the Royal Institute of Chartered Surveyors. This valuation reflects the current economic conditions within County Durham.

These assets have been valued net of VAT. MEA valuations require the inclusion of VAT only to the extent that it is an irrecoverable cost. It is assumed that all future building costs will be incurred in such a way that VAT will be recoverable. This may be through a PFI scheme as the majority of the trust's assets were built through PFI, or through the use of the trust's commercial subsidiary.

Embedded Lease

The Trust has identified embedded leases within the Operated Healthcare Facility Agreement with its subsidiary, Synchronicity Care Limited (see note 29).

At inception of an arrangement, the Trust determines whether such an arrangement is, or contains, a lease. This is determined to be the case through a judgemental assessment of whether the following 2 criteria are met:

The fulfilment of the arrangement is dependent on the use of a specific asset or assets; and
The arrangement contains the right to use the asset(s).

At inception or on reassessment of the arrangement, the Trust separates payments and other consideration required by an arrangement into those for the lease and those for other elements (generally services) on the basis of their relative fair values. If the Trust identifies a finance lease arrangement an asset and a liability are recognised at an amount equal to the lower of the fair value of the underlying asset and the present value of the minimum lease payments, discounted using the rate implicit in the lease.

Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the Trust's incremental borrowing rate.

Income Recognition
The trust recognises income when it is due and revenue relating to patient care spells that are part-completed at the year end are apportioned across the financial period on the basis of bed occupancy as at 31 March 2019, compared to expected length of stay.

Note 1.2.1 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:

Valuation of Property Plant & Equipment
The trust's buildings are valued on a 'modern equivalent asset value' basis. An alternative site has been identified and a revised specification has been identified that would better fit with the current services provided at the trust's hospitals.

A valuation was carried out on 31st March 2019 by Cushman & Wakefield, who are qualified surveyors, registered with the Royal Institute of Chartered Surveyors. This valuation reflects the current economic conditions within County Durham.

The Group's valuation as at 31 March 2019 has been produced through indexing the full valuation supported by inspection that was carried out as at 1 April 2016. Indexing the valuation requires judgement as to the choice of indices, whether averaging is used and the appropriateness of regional factors. The Trust has determined that the most reliable method of valuation is to adopt the BCIS all in tender price index as at the balance sheet date and to adopt a ten-year average for the regional factor applied in order to reduce volatility.

These assets have been valued net of VAT. MEAV valuations require the inclusion of VAT only to the extent that it is an irrecoverable cost. It is assumed that all future building costs will be incurred in such a way that VAT will be recoverable. This may be through PFI, as the majority of the trust's assets were built under PFI, or through the use of the trust's commercial subsidiary.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 16.

Note 1.3 Consolidation
NHS Charitable Funds

The trust is the corporate trustee to County Durham and Darlington NHS Foundation Trust 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.

Other subsidiaries
In addition to the charitable funds the trust has a wholly owned subsidiary Synchronicity Healthcare Ltd.

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 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 draft financial statements of the subsidiaries for the year to 31st March 2019.

Note 1.41 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a

similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4.2. Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the 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 NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition
Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting 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.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other

expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable ie:

'- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

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, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Where the PFI contract includes an element of lifecycle replacement, this is capitalised as the payments are made.

Note 1.7.6 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life	
	Years	Years	
Land	97	97	
Buildings, excluding dwellings	1	88	
Dwellings	47	47	
Plant & machinery	-	23	
Transport equipment	-	6	
Information technology	-	10	

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Note 1.8.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life	
	Years	Years	
Software licences	-	7	

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method other than Pharmacy stocks which are valued at average cost.

Note 1.10 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values."

Note 1.11 Carbon Reduction Commitment scheme (CRC)
The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation."

Note 1.12 Financial assets and financial liabilities

Note 1.12.1 Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.12.2 Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is 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 and financial liabilities at amortised cost
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.

Financial liabilities classified as subsequently measured at amortised cost.

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 measured at fair value through other comprehensive income
A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

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).

The Trust identifies receivables into defined categories and applies an impairment percentage based on historic results, other than the Compensation Recovery Unit income where the percentage provided by DoH is used.

Receivables are identified as :
- Overseas Visitors - 43% Credit Risk
- Medical records - 41% Credit Risk
- Pharmacy Prescriptions - 22% Credit Risk
- Compensation Recovery Unit income - 21.89% Credit Risk
- Staff Charges - 10% - Credit Risk
- Private Patients - 4% - Credit risk
- Local Authorities - 3% - Credit Risk
- Other - 2% - Credit Risk

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.12.3 Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The trust as lessee

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires."

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. "

Note 1.13.2 The trust as lessor

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases."

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 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note XX 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 1.15 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 31 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 31, 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 1.16 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts."

Note 1.17 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 1.18 Corporation tax

Synchronicity Care Limited is a wholly owned subsidiary of County Durham & Darlington NHS Foundation Trust and is subject to corporation tax on its profits.
Tax on the profit or loss for the year comprises current and deferred tax. Tax is recognised in the profit and loss account except to the extent that it relates to items recognised directly in equity or other comprehensive income, in which case it is recognised directly in equity or other comprehensive income. Current tax is the expected tax payable or receivable on the taxable income or loss for the year using tax rates enacted or subsequently enacted at the balance sheet date, and any adjustments to tax payable in respect of previous years. Deferred tax is provided on provided on temporary differences between the carrying amounts of assets and liabilities, for financial reporting purposes and the amounts used for taxation purposes. The amount of assets and liabilities, using tax rates enacted or substantively enacted on the balance sheet date. A deferred tax asset is recognised only to the extent that it is probable that future taxable profits will be available against which the temporary difference can be utilised.

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Note 1.20 Third party assests

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 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 2018/19.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

There are accounting standards, amendments and interpretations that have been issued by the IASB and IFRIC which have not yet been applied to the Trust in these financial statement:

• IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019 but not yet adopted by the FReM; early adoption is therefore not permitted;
• IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by the FReM; early adoption is therefore not permitted;
• IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

The adoption of IFRS 17 and IFRIC 23 is not expected to have a material effect on the financial statements. In the case of IFRS 16, there will be a requirement for the Trust to recognise the underlying assets (represented by the present value of the lease payments) and corresponding liabilities inherent in all of its lease agreements (and contracts containing leases), in addition, the income statement will be charged with depreciation and interest instead of the lease payments, which is expected to 'front load' the expense to the earlier part of the agreement, the value of such adjustments is still being quantified."

Note 2 Operating Segments

The Trust has identified the 'chief operating decision maker' as being the Trust Board and attributes all of its income to one segment : Healthcare

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)	2018/19 £000	2017/18 £000
Elective income	45,599	47,916
Non elective income	123,114	121,193
First outpatient income	34,089	33,001
Follow up outpatient income	26,617	28,486
A & E income	18,301	17,760
High cost drugs income from commissioners (excluding pass-through costs)	33,608	31,695
Other NHS clinical income	67,092	57,592
Community services		
Community services income from CCGs and NHS England	81,242	82,490
Income from other sources (e.g. local authorities)	7,865	6,832
All services		
Private patient income	23	50
Agenda for Change pay award central funding	4,379	-
Other clinical income	3,558	3,864
Total income from activities	**445,487**	**430,879**

Note 3.2 Income from patient care activities (by source)	2018/19 £000	2017/18 £000
Income from patient care activities received from:		
NHS England	30,611	31,314
Clinical commissioning groups	396,707	387,021
Department of Health and Social Care	4,379	36
Other NHS providers	318	486
NHS other	35	90
Local authorities	11,584	9,987
Non-NHS: private patients	23	51
Non-NHS: overseas patients (chargeable to patient)	280	126
Injury cost recover scheme	1,481	1,657
Non NHS: other	69	111
Total income from activities	**445,487**	**430,879**
Of which:		
Related to continuing operations	445,487	430,879
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018/19	2017/18
	£000	£000
Income recognised this year	280	126
Cash payments received in-year	190	42
Amounts added to provision for impairment of receivables	(37)	10
Amounts written off in-year	37	14

Note 4 Other operating income (Group)

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	197	175
income)	11,403	12,632
Non-patient care services to other bodies	10,432	11,394
(PSF / STF)	15,983	16,371
Income in respect of employee benefits accounted on a gross basis	13	13
Other contract income	2,962	2,820
Other non-contract operating income:		
Education and training - notional income from apprenticeship fund	434	139
Charitable and other contributions to expenditure	226	-
Rental revenue from operating leases	163	165
Charitable fund incoming resources	469	283
Total other operating income	**42,362**	**43,992**
Of which:		
Related to continuing operations	42,362	43,992
Related to discontinued operations	-	-

* Material figures within 'Other' other operating income
£1,143,000 (2017/18 £1,265,000) arises from catering services
£1,235,000 (2017/18 £1,073,000) arises from car parking
£243,000 (2017/18 £285,000) arises from accommodation charges
£202,000 (2017/18 £218,000) arises from sponsorship income

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2018/19 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	546
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	(17)

Note 5.2 Transaction price 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.

All consideration therefore relates to the current accounting period.

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.

	Group and Trust	
	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	445,487	430,879
Total	**445,487**	**430,879**

The proportion of income which relates to the provision of goods and services for the purposes of health services in England is 92.8% (90.7% in 2017/18) of total trust income.

Note 5.4 Profits and losses on disposal of property, plant and equipment

Profits and losses on sale all relate to disposals of plant & machinery therefore do not relate to protected assets.

Note 6.1 Operating expenses (Group)

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,949	1,340
Purchase of healthcare from non-NHS and non-DHSC bodies	6,941	7,185
Staff and executive directors costs	306,023	298,450
Remuneration of non-executive directors	179	176
Supplies and services - clinical (excluding drugs costs)	39,706	38,056
Supplies and services - general	2,028	8,389
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	40,451	36,145
Consultancy costs	650	767
Establishment	4,581	4,506
Premises	20,835	11,611
Transport (including patient travel)	2,635	2,530
Depreciation on property, plant and equipment	8,867	8,152
Amortisation on intangible assets	755	909
Net impairments	13,918	8,073
contract assets	(649)	-
investments	-	787
Change in provisions discount rate(s)	(61)	8
Audit fees payable to the external auditor		
audit services - statutory audit	80	71
other auditor remuneration (external auditor only)	22	8
Clinical negligence	13,897	12,211
Legal fees	141	75
Insurance	616	603
Research and development	52	24
Education and training *	1,600	1,410
Rentals under operating leases	1,595	1,600
Early retirements	-	1
Redundancy	89	88
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	17,334	17,658
Losses, ex gratia & special payments	12	8
Other NHS charitable fund resources expended	670	304
Other **	994	(630)
Total	**486,110**	**460,979**
Of which:		
Related to continuing operations	486,110	460,979
Related to discontinued operations	-	-

* Education and Training includes £0.5m (£0.7m in 2017/18) of training provided by the North East Leadership Academy, which has been hosted by the trust since 2010.

** Material items included within 'Other operating expenses':

£338,000 (£332,000 in 2017/18) relates to National Quality Control and accreditation fees
£261,000 (£271,000 in 2017/18) relates to Internal Audit Fees
£198,000 (£132,000 in 2017/18) relates to professional fees

Note 6.2 Other auditor remuneration (Group)

The remuneration to the trust's external auditors was all in relation to the audit of the trust, subsidiary and charity annual financial statements

The audit of the trust's statements (£53.9k)	
The audit of the Subsidiary's statements (£11.1k)	
The audit of the charity accounts (£4k)	
Non Audit Services in 2018/19 included:	
The review of the trust's quality report (£7.3K)	
The 'Well led' review (£14.4k)	

Note 6.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

Note 7 Impairment of assets (Group)

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	288	
Changes in market price	13,630	8,073
Total net impairments charged to operating surplus / deficit	**13,918**	**8,073**
Impairments charged to the revaluation reserve		
Total net impairments	**13,918**	**8,073**

Impairments (and their reversals) are primarily due to the change in fair value identified as a result of the annual revaluation undertaken.
The Vascular surgery service is transferring to City Hospitals Sunderland NHS FT from 1st May 2019 however the associated equipment remains with the trust and cannot be used in any other service. It has therefore been impaired as obsolete.

Accounting Standards require all reductions in the value of assets to be charged to the revaluation reserve where one exists for that asset. Where no revaluation reserve exists for a specific asset, the drop in value is charged straight to the Statement of Comprehensive Income

Note 8 Employee benefits (Group)

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	247,003	237,507
Social security costs	22,732	22,077
Apprenticeship levy	1,150	1,061
Employer's contributions to NHS pensions	27,335	26,969
Termination benefits	89	88
Temporary staff (including agency)	8,870	11,690
Total gross staff costs	**307,179**	**299,392**
Recoveries in respect of seconded staff	(279)	(189)
Total staff costs	**306,900**	**299,203**
Of which		
Costs capitalised as part of assets	788	665

Note 8.1 Retirements due to ill-health (Group)

During 2018/19 there were 6 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £283k (£181k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division

Note 8.2 Directors remuneration

	Group	
The aggregate amounts payable to directors were :		
	2018/19 £000s	2017/18 £000s
Salary	887	1,161
Taxable benefits	4	2
Employer's pension contributions	203	746
	1,094	**1,909**

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 10 Operating leases (Group)

Note 10.1 County Durham and Darlington NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where County Durham and Darlington NHS Foundation Trust is the lessor.

	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Operating lease revenue				
Minimum lease receipts	163	165	145	165
Total	**163**	**165**	**145**	**165**

	31 March 2019 £000	31 March 2018 £000	31 March £000	31 March £000
Future minimum lease receipts due:				
- not later than one year;	117	103	143	103
years,	393	169	393	169
- later than five years.	539	334	1,256	334
Total	**1,049**	**606**	**1,792**	**606**

The operating lease income relates to :
WRVS Shop at Bishop Auckland Hospital
WH Smith shop at Darlington Memorial Hospital
North East Ambulance Service lease of the ambulance station at Chester-le-Street Hospital
The Trust's operating lease income includes the lease of land at Darlington Memorial Hospital

Note 10.2 County Durham and Darlington NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where County Durham and Darlington NHS Foundation Trust is the lessee.

	Group	
	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	1,595	1,699
Total	**1,595**	**1,699**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	1,463	1,691
years;	765	1,777
- later than five years.	112	112
Total	**2,340**	**3,580**
received	-	-

The trust's leasing arrangements relate to building leases, car leases and photocopying and other minor equipment leases.

Note 11 Finance income (Group)

Finance income represents interest received on assets and investments in the period

	2018/19	2017/18
	£000	£000
Interest on bank accounts	110	47
NHS charitable fund investment income	113	127
Total finance income	**223**	**174**

Note 12.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	348	-
Finance leases	150	104
Interest on late payment of commercial debt	1	3
Main finance costs on PFI and LIFT schemes obligations	7,221	7,554
Contingent finance costs on PFI and LIFT scheme obligations	6,294	5,838
Total interest expense	**14,014**	**13,499**
Unwinding of discount on provisions	10	84
Total finance costs	**14,024**	**13,583**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2018/19	2017/18
	£000	£000
Total liability accruing in year under this legislation as a result of late paym	863	689
Amounts included within interest payable arising from claims made under this legislation	1	3

Note 13 Other gains / (losses) (Group)

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	17	19
Losses on disposal of assets	(21)	(37)
Gains / losses on disposal of charitable fund assets	-	8
Total gains / (losses) on disposal of assets	**(4)**	**(10)**
investment properties	77	-
Total other gains / (losses)	**73**	**(10)**

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 £13.3 million (2017/18: £1.3 million deficit). The trust's total comprehensive expense for the period was £13.3 million (2017/18: £1.3 million comprehensive expense).

Note 15.1 Intangible assets - 2018/19

Group and Trust	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	6,154	6,154
Additions	90	90
Disposals / derecognition	(131)	(131)
Valuation / gross cost at 31 March 2019	6,113	6,113
Amortisation at 1 April 2018 - brought forward	4,347	4,347
Provided during the year	755	755
Disposals / derecognition	(131)	(131)
Amortisation at 31 March 2019	4,971	4,971
Net book value at 31 March 2019	1,142	1,142
Net book value at 1 April 2018	1,807	1,807

Note 15.2 Intangible assets - 2017/18

Group and Trust	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	6,026	6,026
Additions	128	128
Valuation / gross cost at 31 March 2018	6,154	6,154
Amortisation at 1 April 2017 - as previously stated	3,438	3,438
Provided during the year	909	909
Amortisation at 31 March 2018	4,347	4,347
Net book value at 31 March 2018	1,807	1,807
Net book value at 1 April 2017	2,588	2,588

Note 16.1 Property, plant and equipment - 2018/19

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	**6,270**	**134,840**	**756**	**10,447**	**31,126**	**58**	**22,492**	**205,989**
Additions	-	6,909	-	6,217	4,948	-	2,465	**20,539**
Impairments	-	(15,244)	-	-	(1,010)	-	-	**(16,254)**
Reclassifications	-	12,656	-	(13,007)	-	-	351	-
Disposals / derecognition	-	-	-	-	(1,345)	-	(2,404)	**(3,749)**
Valuation/gross cost at 31 March 2019	**6,270**	**139,161**	**756**	**3,657**	**33,719**	**58**	**22,904**	**206,525**
Accumulated depreciation at 1 April 2018 - brought forward	-	**186**	-	-	**17,213**	**55**	**15,449**	**32,903**
Provided during the year	-	2,373	12	-	3,073	2	3,407	**8,867**
Impairments	-	(1,608)	-	-	(722)	-	-	**(2,330)**
Reversals of impairments	-	-	(6)	-	-	-	-	**(6)**
Disposals / derecognition	-	-	-	-	(1,324)	-	(2,404)	**(3,728)**
Accumulated depreciation at 31 March 2019	-	**951**	**6**	-	**18,240**	**57**	**16,452**	**35,706**
Net book value at 31 March 2019	**6,270**	**138,210**	**750**	**3,657**	**15,479**	**1**	**6,452**	**170,819**
Net book value at 1 April 2018	**6,270**	**134,654**	**756**	**10,447**	**13,913**	**3**	**7,043**	**173,086**

Net book value at 31 March 2018	6,270	134,654	756	10,447	13,913	3	7,043	173,086
Net book value at 1 April 2017	6,300	120,219	707	18,895	14,420	1	9,064	169,606

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	6,300	120,343	707	18,895	29,045	54	21,047	196,391
Additions	1,670	41,863	-	25,391	8,662	5	1,445	79,036
Impairments	-	(10,065)	-	-	-	-	-	(10,065)
Reversals of impairments	-	(54)	49	-	-	-	-	(5)
Reclassifications	-	18,300	-	(18,385)	81	4	-	0
Disposals / derecognition	(1,700)	(35,547)	-	(15,454)	(6,662)	(5)	-	(59,368)
Valuation/gross cost at 31 March 2018	6,270	134,840	756	10,447	31,126	58	22,492	205,989
Accumulated depreciation at 1 April 2017 - brought forward	-	124	-	-	14,625	53	11,983	26,785
Provided during the year	-	2,048	11	-	2,925	2	3,466	8,452
Impairments	-	(706)	-	-	-	-	-	(706)
Reversals of impairments	-	(1,280)	(11)	-	-	-	-	(1,291)
Disposals / derecognition	-	-	-	-	-	-	-	(337)
Accumulated depreciation at 31 March 201	-	186	-	-	17,213	55	15,449	32,903
Net book value at 31 March 2018	6,270	134,654	756	10,447	13,913	3	7,043	173,086
Net book value at 1 April 2017	6,300	120,219	707	18,895	14,420	1	9,064	169,606

Note 16.4 Property, plant and equipment financing - 2017/18

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	6,270	46,039	-	10,447	13,391	3	7,043	83,193
Finance leased	-	-	-	-	277	-	-	277
On-SoFP PFI contracts and other service concession arrangements	-	88,615	756	-	-	-	-	89,371
Owned - donated	-	-	-	-	245	-	-	245
NBV total at 31 March 2018	6,270	134,654	756	10,447	13,913	3	7,043	173,086

Note 17 Donations of property, plant and equipment
The trust received grants of cash of £739,038 (2017/18: £38,809) from the County Durham and Darlington NHS Foundation Trust charity to purchase equipment.

Note 18 Revaluations of property, plant and equipment
During 2018/19 an annual revaluation was carried out that reduced the value of assets by £13.9m (£8.1m reduction in 2017/18). This revaluation adjustment has been charged to the income statement. The revaluations were performed in line with the valuation approach set out in the trust's accounting policies. For specialised operational property, in selecting the site on which the modern equivalent asset would be situated, the valuer considered, in discussion with the trust, whether the actual site remains appropriate. For certain assets it was determined that alternative sites would be appropriate.

Note 19 Other investments / financial assets (non-current)

	Group and Trust		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Carrying value at 1 April - brought forward	3,429	3,709	17,803	-
Acquisitions in year	113	-	-	17,803
Movement in fair value through income and expenditure	77	-	-	-
Movement in fair value through OCI	(8)	47	-	-
Disposals	(733)	(327)	-	-
Carrying value at 31 March	2,878	3,429	17,803	17,803

Charitable funds 'other investments' relate to the funds invested in shares on behalf of the Charity

These have been classified as fixed assets on the basis that they are likely to be held for more than twelve months.

The trust invested in shares in its subsidiary Synchronicity Care Ltd

Note 20 Disclosure of interests in other entities

The accounts of Synchronicity Care Ltd, a wholly owned subsidiary of the trust, are consolidated into these accounts.

	2018/19 £000s	2017/18 £000s
Operating Income	26,875	37,897
Operating Expenditure	(26,809)	(37,723)
Operating Surplus	66	174
Interest Receivable	1,902	1,990
Interest Payable	(1,377)	(1,414)
Corporation Tax	(529)	(214)
Net surplus / (deficit) for the year	62	536

Note 21 Analysis of charitable fund reserves

The accounts of County Durham and Darlington NHS Foundation Trust Charity have been consolidated within these accounts

	31 March 2019 £000	31 March 2018 £000
Unrestricted funds:		
Unrestricted income funds	2,301	3,319
Restricted funds:		
Endowment funds	-	1
Other restricted income funds	400	143
	2,701	**3,463**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 22 Inventories

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Drugs	2,846	2,120	2,847	2,120
Consumables	6,129	6,301	4,425	4,898
Energy	189	181	157	144
Total inventories	**9,164**	**8,602**	**7,429**	**7,162**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £42,056k (2017/18: £35,389k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 23.1 Receivables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Contract receivables*	27,688	-	30,115	-
Trade receivables*	-	19,649	-	24,987
Accrued income*	-	6,138	-	1,566
assets*	(960)	-	(883)	-
Allowance for other impaired receivables	-	(2,167)	-	(2,090)
Prepayments (non-PFI)	2,745	2,507	2,449	2,353
Interest receivable	13	6	13	-
PDC dividend receivable	449	600	449	600
VAT receivable	1,804	1,656	2,363	609
Other receivables	454	3,621	457	6,100
receivables	3	5	-	-
Total current receivables	**32,196**	**32,015**	**34,963**	**34,125**
Non-current				
Other receivables **	-	-	36,889	37,993
Total non-current receivables	**-**	**-**	**36,889**	**37,993**
Of which receivable from NHS and DHSC group bodies:				
Current	22,862	24,777	22,467	20,831
Non-current	-	-	-	-

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

** A current and long term debtor in the trust's accounts relates to a loan made to its subsidiary Synchronicity Care ltd in 2017-18
interest.

Note 23.2 Allowances for credit losses - 2018/19

	Group		Trust	
	receivables and contract assets	All other receivables	receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2018 - brought forward	-	2,167	-	2,090
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	2,167	(2,167)	2,090	(2,090)
New allowances arising	431	-	431	-
Changes in existing allowances	(1,080)	-	(1,080)	-
Utilisation of allowances (write offs)	(558)	-	(558)	-
Allowances as at 31 Mar 2019	960	-	883	-

Note 23.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Group	Trust
	All receivables	All receivables
	£000	£000
Allowances as at 1 Apr 2017	4,002	4,002
Increase in provision	787	710
Amounts utilised	(2,622)	(2,622)
Allowances as at 31 Mar 2018	2,167	2,090

Note 23.4 Exposure to credit risk

Group and Trust

Type of Debt	£000s	Credit Risk %	Provision £000s
Overseas Visitors	277	43%	119
Pharmacy Prescriptions	3	22%	1
Compensation Recovery Unit Income	3,296	21.89%	722
Staff or former Staff	168	10%	17
Private Patients	10	4%	0
Local Authorities	465	3%	16
Other Debtors	362	2%	8
Trust Exposure to Credit Risk			**883**
Specific Risk Provision *	77		77
Group Exposure to Credit Risk			960

* relates to the provision for South Tees Hospitals NHS FT debt owed to Synchronicity Care Ltd

Note 24 Non-current assets held for sale and assets in disposal groups

	Group and Trust 2018/19 £000	2017/18 £000
Assets classified as available for sale in the year	-	-
Transfer to FT upon authorisation	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	-

South Moor was identified as surplus to requirements when clinical services moved to other NHS facilities close by.
offer value at that time
The property was sold on 13th September 2017.

Note 25.1 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	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
At 1 April	**3,778**	**10,927**	**3,586**	**10,700**
Net change in year	4,084	(7,149)	4,216	(7,114)
At 31 March	**7,862**	**3,778**	**7,802**	**3,586**
Broken down into:				
Cash at commercial banks and in hand	135	288	75	96
Cash with the Government Banking Service	7,727	3,490	7,727	3,490
Total cash and cash equivalents as in SoFP	**7,862**	**3,778**	**7,802**	**3,586**
Total cash and cash equivalents as in SoCF	**7,862**	**3,778**	**7,802**	**3,586**

Note 25.2 Third party assets held by the trust

County Durham and Darlington NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Bank balances	1	3
Total third party assets	**1**	**3**

Note 26 Trade and other payables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Trade payables	14,051	20,400	17,297	21,707
Capital payables	1,104	4,550	4,041	5,451
Accruals	11,665	9,789	8,395	8,729
Other taxes payable	9,671	8,496	9,356	8,320
Other payables	4,874	10,488	4,643	9,980
NHS charitable funds: trade and other payables	197	111	-	-
Total current trade and other payables	**41,562**	**53,834**	**43,732**	**54,187**
Of which payables from NHS and DHSC group bodies:				
Current	5,842	9,930	5,784	9,632

Note 27 Other liabilities

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	2,788	2,521	2,788	2,521
Total other current liabilities	**2,788**	**2,521**	**2,788**	**2,521**

Note 28 Borrowings

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Loans from DHSC	176	-	176	-
Obligations under finance leases	1,136	183	3,844	2,799
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	4,940	4,723	4,940	4,723
Total current borrowings	**6,252**	**4,906**	**8,960**	**7,522**
Non-current				
Loans from DHSC *	30,108	-	30,108	-
Obligations under finance leases	1,365	-	52,427	53,770
Obligations under PFI, LIFT or other service concession contracts	79,659	84,602	79,659	84,602
Total non-current borrowings	**111,132**	**84,602**	**162,194**	**138,372**

* The long term DoH loans were issued as three year loans, but may be repaid early and that the Trust would look to repay £7.5m in 2019/20

Note 28.1 Reconciliation of liabilities arising from financing activities

Group	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2018	-	183	89,325	89,508
Cash movements:				
Financing cash flows - payments and receipts of principal	30,108	(471)	(4,726)	24,911
Financing cash flows - payments of interest	(172)	(150)	(7,221)	(7,543)
Non-cash movements:				
Additions	-	2,789	-	2,789
Application of effective interest rate	348	150	7,221	7,719
Carrying value at 31 March 2019	30,284	2,501	84,599	117,384

Trust	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2018	-	56,569	89,325	145,894
Cash movements:				
Financing cash flows - payments and receipts of principal	30,108	(3,087)	(4,726)	22,295
Financing cash flows - payments of interest	(172)	(2,051)	(7,221)	(9,444)
Non-cash movements:				
Additions	-	2,709	-	2,709
Application of effective interest rate	348	2,051	7,221	9,620
Carrying value at 31 March 2019	30,284	56,271	84,599	171,154

Note 29 Finance leases

Note 29.1 County Durham and Darlington NHS Foundation Trust as a lessor

The Trust has no finance lease receivables

Note 29.2 County Durham and Darlington NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	**2,918**	**230**	**79,300**	**81,129**
of which liabilities are due:				
- not later than one year;	1,473	230	5,991	4,747
years;	1,400	-	16,718	11,979
- later than five years.	45	-	56,591	64,403
Finance charges allocated to future periods	(417)	(47)	(23,031)	(24,560)
Net lease liabilities	**2,501**	**183**	**56,269**	**56,569**
of which payable:				
- not later than one year;	1,136	183	3,844	2,799
years;	1,321	-	10,288	5,511
- later than five years.	44	-	42,137	48,259
Total of future minimum sublease payments to be received at the reporting date	-	-	-	-
period	-	-	-	-

Obligations under finance leases relate to the following non PFI leases.

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Lease of pathology equipment within a managed service contract	-	183	-	183
Lease of a Maldi bio-typer system for the microbiology service.	153	-	153	-
Lease of data centre equipment	1,538	-	1,538	-
Lease of radiology equipment within a managed service contract	010		010	
Lease of Darlington Memorial Hospital Site *	-	-	53,770	56,386
	2,501	**183**	**56,271**	**56,569**

* The Trust has entered into an arrangement with its subsidiary company Synchronicity Care Limited to provide an Operated Healthcare Facility on the Darlington Memorial Hospital site with effect from 1 April 2017. The land, buildings and equipment on this site have been sold to Synchronicity Care Limited as part of the Asset Transfer Agreement. The finance lease included within the accounts of the Trust relates to the embedded lease of these assets back to the Trust under the operated heathcare facility agreement.

Note 30.1 Provisions for liabilities and charges analysis (Group)

Group and Trust	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2018	**2,100**	**1,388**	**141**	**-**	**3,629**
Change in the discount rate	(18)	(43)	-	-	**(61)**
Arising during the year	-	43	74	25	**142**
Utilised during the year	(232)	(131)	(47)	-	**(410)**
Reversed unused	-	-	(70)	-	**(70)**
Unwinding of discount	6	4	-	-	**10**
At 31 March 2019	**1,856**	**1,261**	**98**	**25**	**3,240**
Expected timing of cash flows:					
- not later than one year;	229	131	98	25	**483**
years;	918	525	-	-	**1,443**
- later than five years.	709	605	-	-	**1,314**
Total	**1,856**	**1,261**	**98**	**25**	**3,240**

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within the pensions provisions.

The provisions all relate to the Trust therefore a separate note is not shown.

(a) Pensions Provisions are anticipated to be released evenly over the remaining years.

(b) Legal Claims relating to Public and Employers liability cases should all be settled within twelve months.

* The Trust has recalculated its outstanding pensions provisions using a discount factor of 0.29% provided by HM Treasury (from 0.10% in 2017/18) in order to more accurately reflect the ongoing liability.

Note 31 Contingent assets and liabilities

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(46)	(94)
Gross value of contingent liabilities	**(46)**	**(94)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(46)**	**(94)**
Net value of contingent assets	-	-

Note 32 Contractual capital commitments

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Property, plant and equipment	22,797	6,345
Total	**22,797**	**6,345**

Capital Commitments in 2018-19 includes £22.2m relating to a fourteen year contract which commenced on 1st November 2018 for a managed service for radiology, which included equipment.

Capital Commitments in 2017-18 included £3.8m relating to the contract with Integrated Health Projects for the design and construction of the Surgical Theatres and Enhanced Mortuary (STEM) project at Darlington Memorial Hospital

Note 33 Other financial commitments

The group / trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
not later than 1 year	503	492	28,585	22,574
after 1 year and not later than 5 years	443	321	112,772	89,280
paid thereafter	-	-	505,479	423,553
Total	**946**	**813**	**646,836**	**535,407**

Other Group financial commitments relate to payments for the trust's patient record system, and the financial systems.

The Trust financial commitments includes the commitments with its subsidiary Synchronicity Care Ltd for an operated healthcare facility and non operated healthcare facilities. The figures for 2017-18 did not include the non operated healthcare facility.

Note 34 On-SoFP PFI, LIFT or other service concession arrangements

County Durham and Darlington NHS Foundation Trust currently has three PFI Schemes

	£000
PFI 1 : University of North Durham Hospital	
Estimated capital value of the PFI Scheme at 1st April 1998	113,693
Contract Start date:	01/04/1998
Contract End date:	31/03/2028

Our Partner from the Private sector, Consort Healthcare, designed and built the three storey acute hospital and run non-clinical services in the new hospital whilst the Trust continues to run all clinical services.

PFI 2 : Bishop Auckland General Hospital	£000
Estimated capital value of the PFI scheme at 28th June 2002	48,514
Contract Start date:	28/06/2002
Contract End date:	27/06/2032

Criterion are the PFI partners for this scheme which redeveloped Bishop Auckland General Hospital on the old site. It included the re-provision of all existing clinical services into new buildings plus the refurbishment of the existing administration block.

	£000
PFI 3 : Chester le Street Hospital	
Estimated capital value of the PFI Scheme at 1st May 2002	10,000
Contract Start date:	01/05/2002
Contract End date:	20/04/2032

Robertsons Group are the PFI partners for this scheme. They have designed and built the new two storey building on the site of the former Chester le Street General Hospital.

In July 2015, the trust set up a wholly owned subsidiary which would allow any modern equivalent assets to be built net of VAT, reducing their value.

Note 34.1 Imputed finance lease obligations

The following are obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**243,979**	**268,635**
Of which liabilities are due		
- not later than one year;	18,529	18,701
- later than one year and not later than five years;	78,829	77,777
- later than five years.	146,621	172,157
Finance charges allocated to future periods	(159,380)	(179,310)
Net PFI, LIFT or other service concession arrangement obligation	**84,599**	**89,325**
- not later than one year;	4,940	4,723
- later than one year and not later than five years;	22,919	20,912
- later than five years.	56,740	63,690

Note 34.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession	**488,074**	**539,799**
Of which liabilities are due:		
- not later than one year;	39,911	39,824
- later than one year and not later than five years;	170,846	170,475
- later than five years.	277,317	329,500

Note 34.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group and Trust	
	2018/19	2017/18
	£000	£000
Unitary payment payable to service concession operator	**38,849**	**38,765**
Consisting of:		
- Interest charge	7,221	7,554
- Repayment of finance lease liability	4,723	3,811
- Service element and other charges to operating expenditure	15,993	16,094
- Capital lifecycle maintenance	4,618	5,468
- Contingent rent	6,294	5,838
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	1,341	1,564
Total amount paid to service concession operator	**40,190**	**40,329**

Note 35 Financial instruments

Note 35.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the Trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament . As a result of its 2018-19 results the Trust has identified a further potential cash shortage in July 2019 and will apply to the Secretary of State for a £4.0m three year revenue support loan, to assist with its short term cashflow issues. The Trust is not, therefore, exposed to significant liquidity risks, however it must now generate an operating surplus in order to generate sufficient cash to repay this loan in 2022 and its previous loans of £30.1m which are due in 2021.

Note 35.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively 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 Carrying values of financial assets as at 31 March 2019 under IFRS 9	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Trade and other receivables excluding non financial assets	27,120	-	27,120
Cash and cash equivalents	7,845	-	7,845
Consolidated NHS Charitable fund financial assets	20	2,878	2,898
Total at 31 March 2019	**34,985**	**2,878**	**37,863**

Group Carrying values of financial assets as at 31 March 2018 under IAS 39	Loans and receivables £000	Available-for-sale £000	Total book value £000
Trade and other receivables excluding non financial assets	23,217	-	23,217
Cash and cash equivalents	3,638	-	3,638
Consolidated NHS Charitable fund financial assets	140	3,429	3,569
Total at 31 March 2018	**26,995**	**3,429**	**30,424**

Note 35.2 Carrying values of financial assets		
Trust	**Held at amortised cost**	**Total book value**
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**
Trade and other receivables excluding non financial assets	58,820	**58,820**
Cash and cash equivalents	7,802	**7,802**
Total at 31 March 2019	**66,622**	**66,622**
Trust	**Loans and receivables**	**Total book value**
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**
Trade and other receivables excluding non financial assets	62,135	**62,135**
Cash and cash equivalents	3,586	**3,586**
Total at 31 March 2018	**65,721**	**65,721**

Note 35.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively 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	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	30,284	30,284
Obligations under finance leases	2,501	2,501
Obligations under PFI, LIFT and other service concession contracts	84,599	84,599
Trade and other payables excluding non financial liabilities	30,949	30,949
Provisions under contract	3,240	3,240
Consolidated NHS charitable fund financial liabilities	197	197
Total at 31 March 2019	**151,770**	**151,770**

Group	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Obligations under finance leases	183	183
Obligations under PFI, LIFT and other service concession contracts	89,325	89,325
Trade and other payables excluding non financial liabilities	41,812	41,812
Provisions under contract	3,629	3,629
Consolidated NHS charitable fund financial liabilities	111	111
Total at 31 March 2018	**135,060**	**135,060**

Trust	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019		
Loans from the Department of Health and Social Care	30,284	30,284
Obligations under finance leases	2,501	2,501
Obligations under PFI, LIFT and other service concession contracts	84,599	84,599
Trade and other payables excluding non financial liabilities	33,743	33,743
Provisions under contract	3,240	3,240
Total at 31 March 2019	154,367	154,367

Trust	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018		
Obligations under finance leases	56,569	56,569
Obligations under PFI, LIFT and other service concession contr	89,325	89,325
Trade and other payables excluding non financial liabilities	35,740	35,740
Provisions under contract	3,629	3,629
Total at 31 March 2018	185,263	185,263

Note 35.4 Fair values of financial assets and liabilities

Note 35.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
In one year or less	37,880	47,306	43,185	43,739
In more than one year but not more than two years	6,139	5,276	8,942	7,984
In more than two years but not more than five years	49,654	16,980	55,819	19,783
In more than five years	58,097	65,498	100,192	113,757
Total	151,770	135,060	208,138	185,263

Note 36 Losses and special payments

Group and trust	2018/19 Total number of cases Number	2018/19 Total value of cases £000	2017/18 Total number of cases Number	2017/18 Total value of cases £000
Losses				
Fruitless payments	10	1	-	-
Bad debts and claims *	120	50	314	28
Stores losses and damage to property	22	29	6	17
Total losses	**152**	**80**	**320**	**45**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	114
Ex-gratia payments	20	11	24	5
Total special payments	**20**	**11**	**25**	**119**
Total losses and special payments	**172**	**91**	**345**	**164**

* The individual cases mainly relate to small value invoices for prescription charges that proved uneconomical to pursue further.

Note 37 Gifts

The trust made no gifts in 2018/19, nor in 2017/18

Note 38.1 Initial application of IFRS 9
IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £0k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £2,422k.

Note 38.2 Initial application of IFRS 15
IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 30 Related parties

County Durham and Darlington NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year there were transactions between parties related to two of the Board Members of County Durham and Darlington NHS Foundation Trust, and to six of the Governors of the trust the values of which are listed below :

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party *
	£000s	£000s	£000s	£000s
Board Members				
Mrs S Jacques - Chief Executive	5	-		-
Ms J Flynn	40	-	-	-
Governors				
Ms B Sarker	-	3	-	2
Mr R Scothan	-	-	-	63
Mr M Jones	-	2	-	-
Dr D Robertson	310			
Dr J Chandy	23	-	1	-
	378	**5**	**1**	**65**

Mrs S Jacques is a Director and Trustee of the Healthcare Financial Management Association

Mrs J Flynn has declared interests in Durham Constabulary, Tow Law Community Association and Durham Community Action

Ms B Sarker has declared an interest in BMI Woodlands Hospital

Mr R Scothan has declared an interest in the University of Durham

Mr M Jones has declared an interest in Royal College of Physicians of Edinburgh

Dr D Robertson has declared an interest in Durham Dales Health Federation

Dr J Chandy has declared an interests in the Shinwell Medical Group, the Carodoc Practice and the Dr Joseph Chandy Charitable Trust

Mr O Colling declared an interest in HC- One Ltd, but the transaction is less than £500

All payments and receipts relate to the declared organisations, other than where the interest is with an NHS or other Whole Government Accounting Body organisation

6.2 Independent Auditor's Report to the Council of Governors of County Durham and Darlington NHS Foundation Trust in respect of the Financial Accounts

KPMG

Independent auditor's report

to the Council of Governors of County Durham and Darlington NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of County Durham and Darlington NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Group and the Trust's affairs as at 31 March 2019 and of the Group and Trust's income and expenditure for the year then ended; and
- the Group and the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

Overview		
Materiality: Group financial statements as a whole	£6m (2018:£5.75m) 1.2% (2018: 1.2%) of total income from operations	
Coverage	100% (2018:100%) of group income	
Risks of material misstatement		**vs 2018**
Recurring risks	Valuation of land buildings and accounting for impairments	◀▶

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group and Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, 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. We summarise below the key audit matters (unchanged from 2018) in arriving at our audit opinion above, together with our key audit procedures to address those matters and our findings ("our results") from those procedures in order that the Company's members as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed , and our results are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon , and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

All of these key audit matters relate to the Group and the parent Trust.

	The risk	Our response
Valuation of land and buildings and accounting for impairments (Land and buildings £144.5 million; 2018: £140.9million. Impairment charge £10.8m 2018: £9.1m) *Refer to Annual Report section 7.1.2 Audit Committee Report, Accounts pages 7,8, 11 and 12 (accounting policy) and pages 32-35 (financial disclosures).*	**Subjective estimate** Land and buildings are required to be maintained at up to date estimates of current value in use (EUV). For specialised assets where no market value is readily ascertainable, EUV is the depreciated replacement cost of a modern equivalent asset that has the same service potential as the existing property (DRC). The DRC basis requires an assumption as to whether the replacement asset with the same level of service provision would be situated on the existing site or, if more appropriate, on an alternative site, with a potentially significant effect on the valuation. The Trust has assumed that, if replaced, the four current sites would be amalgamated into two sites which remains a significant judgement in determining the valuation. Determining whether VAT should be included in DRC valuations is dependent on a judgement as to whether VAT could be recovered on a new capital development and has a material impact on the valuation. The Group's external valuers produced a valuation at 31 March 2019 through indexing their full valuation supported by inspection as at 1 April 2018. The valuers inspected significant capital additions in the period. The valuation is underpinned by data, including floor areas, compiled by the Group which can be inherently difficult to measure and compile. Indexing the valuation requires judgement as to the choice of indices, whether averaging is used and the appropriateness of regional factors. **Accounting treatment** Consideration is also required as to whether revaluation gains and impairment losses are processed through other operating income/expenses, or recognised in other comprehensive income. This treatment could have significant impact on the reported surplus or deficit for the year. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole, and possibly many times that amount.	Our procedures included: — **Assessing the valuer's credentials:** We assessed the competence, capability, objectivity and independence of the Trust's external valuer and considered the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the NHS Group Accounting Manual; — **Methodology choice:** We assessed the appropriateness of the basis of the full valuation at 1 April 2018 and of the method used to index the valuation to the current year end, including the updates RICS guidance issued in the year; — **Our sector experience:** We challenged the assumptions relating to what a replacement asset would comprise and how equivalent service provision could be achieved with reference to our knowledge of the Group and of the local NHS Health economy; — **Historical comparisons:** We considered the Group's history of VAT recovery through its PFI arrangements and commercial subsidiary and critically assessed the consistency of this judgement with the evidence presented; — **Data comparisons:** We critically assessed the source of data used by the valuers with reference to our experience from previous years' audits; — **Benchmarking assumptions:** We challenged the appropriateness of the factors used to index the valuation with reference to third party indices and sector practice; — **Accounting analysis:** We re-performed the gain or loss on revaluation for all applicable assets and checked whether the accounting entries are consistent with the NHS Group Accounting Manual; and — **Assessing transparency:** We considered the adequacy of the disclosures about the key judgements and degree of estimation involved in arriving at the valuation and the related sensitivities. **Our results** — We found the estimated valuation of land and buildings, and the accounting for impairments, to be acceptable.

3. Our application of materiality and an overview of the scope of our audit

Materiality for the Group financial statements as a whole was set at £6.0 million (2018: £5.75 million), determined with reference to a benchmark of total operating income (of which it represents approximately 1.2% (2018: 1.2%)). We consider operating income to be more stable than a surplus or deficit related benchmark.

Materiality for the parent Trust's financial statements as a whole was set at £6.0 million (2018: £5.75 million), determined with reference to a benchmark of operating income of which it represents approximately 1.2% (2018: 1.2%).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.3 million (2018:£0.25 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

The Group team performed the audit of the Group as if it was a single aggregated set of financial information. The audit was performed using the materiality set out above.

KPMG

4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Group's and Trust's business model and analysed how those risks might affect the Group's and Trust's financial resources or ability to continue operations over the going concern period. The risks that we considered most likely to adversely affect the Group's and Trust's available financial resources over this period were:

- Uncertainty over the achievement of cost improvement programmes
- Uncertainty over the availability of working capital loans
- The impact of Brexit on the Group and Trust's operations

As these were risks that could potentially cast significant doubt on the Group and Trust's ability to continue as a going concern, we considered sensitivities over the level of available financial resources indicated by the Group's Trust's financial forecasts taking account of reasonably possible (but not unrealistic) adverse effects that could arise from these risks individually and collectively and evaluated the achievability of the actions the Accounting Officer considers they would take to improve the position should the risks materialise. We also considered less predictable but realistic second order impacts, such as the impact of Brexit.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.2 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Group's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 90, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They 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; assessing the Group and parent 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 they have been informed by the relevant national body of the intention to dissolve the Group and parent Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

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REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006;
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

Our conclusion in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources is qualified

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

Qualified conclusion

Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects County Durham and Darlington NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2019.

Basis for qualified conclusion

The Trust's outturn position for 2018/19 was a deficit of £15.9 million before impairments and PSF income against a planned deficit of £10.0 million. During the year, the Trust received £30.1 million of interim revenue funding from the Department of Health and Social Care (DHSC).

The Trust's financial plans for 2019/20 show a forecast deficit before PSF of £1.2m and a forecast surplus including PSF of £9.5m. This includes cost savings of £24.2 million of which £17.6m are currently identified. The plan includes an assumption of further DHSC revenue support of £6 million in the financial year.

Whilst the Trust has identified efficiency schemes that will support the achievement of the Trust's short term financial plans, it is still expected that interim revenue support will be required in the medium term beyond the repayment date for the current facilities.

Given the performance against control total in 2018/19, the under delivery against the cost improvement programme and the reliance on interim revenue funding from DHSC for the short and medium term we concluded that these issues are evidence of weaknesses in the Trust's arrangements for planning finances effectively to support the sustainable delivery of the Trust's strategic priorities.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

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 the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had 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 and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

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Significant Risk	Description	Work carried out and judgements
Delivery of Cost Improvement Programme (CIP)	The Trust should be able to demonstrate delivery against a CIP at the planned level of improvement and have delivered planned savings. The Trust had an original CIP target of £33.4m for 2018/19. The Trust achieved £24.6m which is £8.8m behind the original target. There is therefore a risk that this indicated that the Trust does not have proper arrangements in place to deliver recurrent cost improvements.	**Our work included:** — We held discussions with the Programme Management Office and obtained documentation supporting the Trust's approach to meeting targets agreed with NHSI; and — We viewed evidence of the Trust having planned for the target set by NHSI and assessed why targets had not been achieved. **Our findings on this risk area:** — We concluded that whilst the Trust did have controls in place to manage the CIP process, that given the performance was significantly behind target and given the impact on the Trust's financial performance and cash position, we concluded that this is evidence of weaknesses in the Trust's arrangements for planning finances effectively to support the sustainable delivery of the Trust's strategic priorities.
Management of the Trust's cash position	The Trust is currently reliant on a £30m facility from NHSI and needs to continue to closely manage its cash position to ensure that the trust has sufficient cash to meet its working capital requirements. There is therefore a risk that this indicates that the Trust does not have proper arrangements in place for managing working capital and monitoring cash flows.	**Our work included:** – Reviewing the Trust's cash flow forecasts and the use of distress funding; – Reviewing correspondence with NHS Improvement around the Trust's current financial health, financial risk ratings and requirements for further distress funding; – Confirming the terms of the loans to consider the timing of future repayments and the availability of funding; — We assessed the process in place for forecasting and monitoring cash levels and the associated financial controls; and — We made an assessment of the Trust's funding arrangements and consideration of borrowing facilities put in place. **Our findings on this risk area:** We are satisfied that the Trust has appropriate arrangements in place to: – Manage working capital, including forecasting cash flow requirements on a regular basis; – Monitor cash flow against forecasts to identify any unexpected variances; – Forecast and communicate the level of required cash flow, such that DHSC cash can be accessed in a way that enables the Trust to continue to meet its obligations as they fall due; and – Produce accurate and complete monthly finance reports for Trust Board. The Trust's financial plans for 2019/20 show a forecast deficit before PSF of £1.2m and a forecast surplus including PSF of £9.5m. This includes cost savings of £24.2 million of which £17.6m are currently identified. The plan includes an assumption of further DHSC revenue support of £8 million in the financial year. During 2018/19 the Trust received £30.1 million of interim revenue funding for a fixed term of 3 years. Whilst the Trust has identified efficiency schemes that will support the achievement of the Trust's short-term financial plans, it is still expected that interim revenue support will be required in the medium term beyond the repayment date for the current facilities. Given the performance against control total in 2018/19, the under delivery against the cost improvement programme and the reliance on interim revenue funding from DHSC for the short and medium term we concluded that these issues are evidence of weaknesses in the Trust's arrangements for planning finances effectively to support the sustainable delivery of the Trust's strategic priorities.

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THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Countess of Chester Hospital NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Rachel Fleming
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
Quayside House, 110 Quayside,
Newcastle upon Tyne, NE1 3DX

29 May 2019

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7 GLOSSARY OF TERMS

Accident and Emergency (A&E) - hospital department that assesses and treats people with serious injuries and those in need of emergency treatment (also known as Emergency Departments).

Acute – describes a disease of rapid onset, severe symptoms and brief duration.

Benchmarking – process that helps professionals to take a structured approach to the development of best practice.

BAH - Abbreviation used to refer to Bishop Auckland Hospital

Board of Directors – the powers of a Trust are exercised by the Board of Directors (also known as the Trust Board). In a foundation Trust, the Board of Directors is accountable to governors for the performance of the Trust.

Clinical Care Group / Care Group – one of the Trust's five operating divisions, which include Acute and Emergency Care, Surgery, Clinical Specialist Services, Integrated Adult Care and Family Health.

CDDFT – Abbreviation used to refer to County Durham and Darlington NHS Foundation Trust

CHP – Abbreviation used to refer to Combined Heat and Power

Clinical Commissioning Groups (CCGs) – Entities which are responsible for commissioning many NHS funded services under the new Health and Social Care Act 2012, established 1 April 2013.

Clostridium difficile (C.Difficile or CDIFF) – a health care associated intestinal infection that mostly affects elderly patients with underlying diseases.

CoG - Abbreviation used to refer to a Council of Governors.

Commissioning for Quality and Innovation (CQUIN) – a payment framework developed to ensure that a proportion of a providers' income is determined by their work towards quality and innovation.

Community based health services – services provided outside of a hospital setting, usually in clinics, surgeries or in the patient's own home.

Community hospitals - local hospitals providing a range of clinical services.

DDES – Durham Dales, Easington and Sedgefield Clinical Commissioning Group

DMH – Abbreviation used to refer to Darlington Memorial Hospital

ED – Abbreviation used to refer to Emergency Department

FFT – Abbreviation used to refer to the Friends and Family Test

Foundation Trust (FT) – NHS hospitals that are run as independent public benefit corporations and are controlled and run locally.

GP – Abbreviation used to refer to a General Practitioner

Healthcare Associated Infection (HCAI) – infections such as MRSA or Clostridium difficile that patients or health workers may acquire from a healthcare environment such as a hospital or care home.

HDU – Abbreviation used to refer to a High Dependency Unit

HES - Abbreviation used to refer to Hospital Episode Statistics

Hospital Standardised Mortality Ratio (HSMR) – the number of deaths in a given year as a percentage of those expected.

Health and Wellbeing Boards (HWB) – Boards comprised of health and social care commissioners and the consumer watchdog (Healthwatch), in place to oversee the development and delivery of a joint health and well-being strategy and plans for the geographical areas which they cover.

Infection Control – the practices used to prevent the spread of communicable diseases.

Integrated Business Plan (IBP) – An operating plan for a Clinical Care Group covering all performance objectives.

Intensive Therapy Unit (ITU) – specialised hospital department delivering life support therapies to patients who are critically ill.

LED – A Light Emitting Diode.

Methicillin-Resistant Staphyloccus Aureus (MRSA) – bacterium responsible for several difficult to treat infections.

MUST - Abbreviation used to refer to Malnutrition Universal Screening Tool

National tariff (tariff) – centrally agreed list of prices for particular procedures; linked to the Payment by Results policy.

NCEPOD - Abbreviation used to refer to National Confidential Enquiry into Patient Outcome and Death

NEQOS - Abbreviation used to refer to the North East Quality Observatory System

Never Events - Serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

NHS – Abbreviation used to refer to National Health Service

NHS Improvement (NHSI) – the national body which awards the Trust its provider licence

and regulates the Trust against it.

NHSFT – Abbreviation used to refer to NHS Foundation Trust

NHS Constitution – establishes the principles and values of the NHS. It sets out the rights and responsibilities of public, patients and staff to ensure that the NHS operates fairly and effectively.

NICE - Abbreviation used to refer to National Institute for Health and Care Excellence

Non-Executive Directors (NEDs) of foundation Trusts – lay people appointed by the Governors to sit on the Board of Directors. The Chair of the foundation Trust will be a Non-Executive Director.

NRLS - Abbreviation used to refer to National Reporting and Learning System

Operated Healthcare Facility – The provision of a fully operating healthcare facility, including estate, facilities, consumables and equipment, in this case provided under contract by the Trust's subsidiary, SCL.

OSC - Abbreviation used to refer to an Overview and Scrutiny Committee

Patient Advice and Liaison Services (PALS) – services that provide information, advice and support to help patients, families and their carers

PIR – A Passive Infared Sensor, most commonly used for motion detection for security or energy control purposes

PPI - Abbreviation used to refer to Patient and Public Involvement

Primary care – the collective term for family health services that are usually the patient's first point of contact with the NHS; includes general medical and dental practices, community pharmacy and optometry.

PROM - Abbreviation for Patient Recorded Outcome Measure, which is a measure of health improvement reported by a patient following an operation.

Referral to Treatment (RTT) Time – the description for the performance measure relating to how long a patient has to wait for an elective operation following a referral. The performance measure is that 92% of patients must be seen within 18 weeks.

Secondary care – care provided in hospitals.

Summary Hospital-level Mortality Indicator (SHMI) – New indicator which uses standard and transparent methodology for reporting mortality at hospital level.

Sustainability and Transformation Plan (STP) – Commissioner-led plans for whole health economies designed to improve and ensure the sustainability of healthcare services. There are two STPs impacting upon County Durham and Darlington, one for the North (including North Durham) and one for the South, including all other Durham localities and Darlington as well as neighbouring localities in Teesside and North Yorkshire.

Trust Board – another name used for the Board of Directors.

8 HOW TO FIND OUT MORE

For further information about County Durham and Darlington NHS Foundation Trust, including details of all our public meetings please visit the Trust's website: **www.cddft.nhs.uk**

In addition, please feel free to contact the Trust Secretary or a member of the Foundation Trust (FT) office team, if you would like more information about:

- becoming a member or Governor of the County Durham and Darlington NHS Foundation Trust;
- where to view the register of Directors' or Governors' interests;
- how to contact the Chairman or a member of the Board Directors or Council of Governors;
- to find detailed information about our Board of Directors' or Council of Governors' meetings which are open to the public; and
- how to obtain further copies of this report.

Write to: Foundation Trust Office
County Durham and Darlington NHS Foundation Trust
Executive Corridor
Darlington Memorial Hospital
Hollyhurst Road
Darlington
DL3 6HX

FT Office (Membership) T**elephone:** 01325 743 625
FT Office (Membership) **Email:** cdda-tr.foundation@nhs.net

Useful Contacts

Below is a list of useful contacts for enquiries of a more general nature than that listed above:

- **Darlington Memorial Hospital** Telephone Number: **01325 380100**;
- **University of Hospital of North Durham Hospital** Telephone Number: **0191 333 2333**;
- **Bishop Auckland Hospital** Telephone Number: **01388 455000**;
- **Chester-le-Street Community Hospital** Telephone Number: **0191 387 6301**;
- **Richardson Hospital** Telephone Number: **01833 696500**;
- **Shotley Bridge Community Hospital** Telephone Number: **0191 333 2333**;
- for communications, press office and media enquiries EMAIL: **cdda-tr.communications@nhs.net**
- for Freedom of Information requests EMAIL: **cdda-tr.cddftFOI@nhs.net**
- for general enquiries EMAIL: **cdda-tr.generalenquiries@nhs.net**
- for compliments, concerns, comments or complaints please contact County Durham and Darlington NHS Foundation Trust's Patient Experience Team: Telephone: **0800 783 5774** or EMAIL: **cdda-tr.patientexperienceCDDFT@nhs.net**

This report can be made available, on request, in alternative languages and formats including large print and Braille.

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County Durham and Darlington
NHS Foundation Trust

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